



# SPORTS MEDICINE ASSOCIATES

*Any Athlete. Any Injury. Anytime.®*

EDWARD R. ANDERSON, MD PA  
21 SPURS LANE, SUITE 300  
SAN ANTONIO, TX 78240  
PHONE: (210) 495-9047 FAX: (210) 634-2393  
Email: AndersonTeam@SMASATX.com

**www.IGotYourBackSA.com**

**COMPREHENSIVE ADULT AND ADOLESCENT SPINE, ADULT TOTAL HIP AND KNEE RECONSTRUCTION,  
AND ORTHOPAEDIC TRAUMATOLOGY/FRACTURE MANAGEMENT**

## Post-Operative Instructions for Total Knee Replacement

*We want to make this experience as pleasant as possible for you and your family. If you have any questions before or after surgery, please contact our office at (210)642-4952*

**OR**

*Email: AndersonTeam@smasatx.com.*

PLEASE NOTE THAT IN SOME CASES, DUE TO UNFORESEEN EVENTS INCLUDING EMERGENCIES, SCHEDULING CONFLICTS, INSURANCE ISSUES, OR ABNORMAL PRE-OP TESTING, YOUR SURGERY MAY NEED TO BE POSTPONED OR RESCHEDULED.

### Post-Op Pain

It is not unusual to experience the following symptoms in the first few weeks after surgery:

1. Pain in and around the incision(s).
2. Mild swelling or redness at the incision(s) that is decreasing.
3. Pain on moving from bed to chair or standing position. It is not unusual to be uncomfortable during the first few days following surgery, and especially at night. This will improve steadily.
4. A sore throat that feels like something is caught when you swallow, or hoarseness when talking (from the endotracheal tube/breathing tube used during surgery).
5. Pain will be present but on a scale from 0-10, should be around 3-6 range with medication.
6. Itching around the surgical incision site

### Pain Medication

With regard to pain medication, your prescriptions will be electronically transmitted to your pharmacy on file with Sports Medicine Associates of San Antonio when you are discharged. You may also get a prescription for a muscle relaxant. Take them as needed and as directed. **No prescription refills will be called in at night or on weekends.**

Do not begin taking Non-Steroidal Anti-Inflammatory Drugs, or NSAIDs, (such as Advil, Motrin, Ibuprofen, Aleve, Naproxen, Celebrex, Meloxicam, etc.) until Dr. Anderson has approved them. This may be 8-12 weeks after surgery.

### Incision Care

There are staples, sutures, surgical glue (Dermabond), or paper band aids (steri-strips) holding the incision(s) closed. If your surgical site is splinted, do not remove the splint. Your initial dressing change will occur at your first post operative visit. Otherwise:

1. Change the dressing(s) daily for 10 days with 4x4 gauze and tape, or when the dressing is soiled. After that, if there is no drainage, you may remove the dressing. You may either let the incision air dry (*leave the*



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- Dermabond Tape or steri-strips in place*) or cover with an oversized band-aid. **Redness that is getting worse, and/or persistent or cloudy drainage, should be reported to our office AS SOON AS POSSIBLE.**
2. You may shower 48 hours after surgery. **AFTER** showering, remove the gauze cover bandage (*leave the Dermabond tape or steri-strips in place*). Water will not hurt the incision but do not tub bathe or soak the wound. After showering, re-cover the incision with a clean, dry dressing (*but leave the Dermabond tape or steri-strips in place*).
  3. Do not apply ointments or solutions to the incision. Mild anti-bacterial, non-perfumed soap (such as Dial Soap) and water are okay.
  4. If you notice a small clear suture at the end of the incision, do not remove. It will either dissolve or be removed in the office.
  5. If you develop blisters, redness, or irritation from the tape, discontinue its use.

### **Do's and Don'ts**

You should think of the first week after surgery as an extension of your hospital stay. In general, if any activity increases discomfort, don't do it. It will get easier each day. Your first post-op visit will be scheduled 10-14 days after surgery. You will see our Physician Assistant on the first visit and the doctor at your second post-op visit, approximately 4-6 weeks after surgery. An X-ray will be ordered on the day of your second post-op visit. If you have had a fall or any trauma during the time following post surgery discharge and your clinic appointment, let Dr. Anderson's staff know. Additional x-rays may be necessary.

1. Unless instructed otherwise, you are **FULL Weightbearing** with your operative extremity.
2. Do not drive for at least two weeks because of your recent surgery. After the two weeks, do not drive if you are taking prescription pain medications or a muscle relaxer. These medications may cause you to be drowsy. Once you are able to drive, make sure you can safely look over your shoulders without causing any pain. Do not ride in a car or plane for more than two hours without getting out/up and walking around for a few minutes.
3. Do not do any running or jogging, vacuuming, weight lifting, sweeping or mopping, laundry, shoveling or raking, and do not ride a lawn mower, wave runner, or anything that might irritate your back, until you have completely healed from your surgery.
4. You may resume sexual activity when you are comfortable to do so.
5. Do not use time off after surgery to complete projects at home.
6. Do not remain confined to bed during the day. Walk as much as you comfortably can. You may climb stairs. Do not sit or stand for more than 50 minutes at a time. You should move to avoid getting stiff.
7. Decisions regarding returning to work and physical therapy needs will be made on an individual basis by our medical staff. Outpatient or Home Health Physical Therapy has been ordered for you. Outpatient Physical Therapy is generally the best option, as it is more aggressive and restorative than Home Health Physical Therapy.
8. The pain medication and anesthesia can cause problems with constipation. Start a stool softener daily, increase your fluids, and walk as tolerated, to help with constipation. It is okay to use an over the counter suppository (such as Dulcolax) or an oral laxative (such as Dulcolax tabs, Milk of Magnesia, Miralax, etc.), as needed, if you have not had a bowel movement by 3 days after your surgery.



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9. Do not schedule dental work for 2 weeks prior to your surgery or for 4-6 weeks following your surgery.
10. It is okay to sleep on your sides, your back, or however you are most comfortable.
11. Hot tubs, swimming pools, lakes, oceans, bathtubs: **DO NOT SUBMERGE YOUR SURGICAL WOUND BELOW WATER** until cleared by Dr. Anderson.

Please remember it takes time for your muscles, bones, and nerves to heal. You may have complete relief of your pain immediately following surgery, but this is not typical. Because it takes time for this healing process to occur, we ask that you not do too much to irritate your operative extremity.

- Walk around your house at least every 1.5 – 2 hours while you are awake, to stay as active as possible, to keep your muscles strong, and to help prevent blood clots in your legs. Short frequent walks are better than walking for 1-2 hours in a single walk. Longer walks in the early post operative period are more inflammatory than shorter walks.
- Once you are comfortable with walking, you can gradually increase the amount or length of time that you walk.
- Do not push yourself to do too much, too soon. Increasing your pain may actually delay your recovery.
- Change your position often. Avoid lying down, standing, or sitting for long periods of time during the day.
- *If you do any activity that increases your pain, you should stop it immediately.*

**Ice:**

It is important to ice your knee in the beginning to help with some of the swelling that occurs from surgery.

- Place a towel over the surgical site to protect your skin, then use a gel pack for 30min, usually about 4 times per day.
- Do not leave the gel/ice pack on longer than 30 minutes, as it may actually increase your pain.

A gel pack can be made by placing liquid dish soap in a freezer Zip-Loc bag until it is 1/2 to 2/3 full. Place the bag flat on a freezer shelf to allow it to harden. It will form a gel that will conform to your body. It can be refrozen after use.

**Constipation:**

Decreased activity after surgery, along with your pain medications, may result in constipation. It is important for you to move your bowels regularly. Fruits, bran cereal, extra fluids, or over-the-counter laxatives, such as Miralax or Milk of Magnesia, will help you move your bowels regularly.



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### **Calling the Office**

We are here to help you. Please call or email with any questions. Email goes to the entire team and generally will be the quickest method for an answer.

**Call the office at (210) 642-4952, or email [AndersonTeam@smasatx.com](mailto:AndersonTeam@smasatx.com), if any of the following occur:**

1. Increasing redness or swelling around your incision with or without any soreness.
2. The edges of your incision start coming apart.
3. Drainage from your incision, especially if yellow/green and/or foul smelling.
4. Fever greater than 101.5°F.
5. Increasing or sudden bruising around the incision that wasn't there before.
6. Increasing pain that you cannot control.

### **Calling 911**

Please call 911 or go to the emergency room immediately if any of the following occur:

1. Difficulty breathing, shortness of breath or pain with breathing.
2. Chest pain, severe headache.
3. Leg pain – specifically calf tightness or swelling.

### **GAP-Flex Protocol**

- 6 times per day
- 6 minutes per therapy session
- Start with largest diameter foam ring/Therapy Level and remove outer rings to increase flexion range of motion. Remember that **Growth and Improvement only occur outside the comfort zone!**
- Record your Therapy Level on the Therapy Log and bring your log with you to your Doctor and Therapy appointments.



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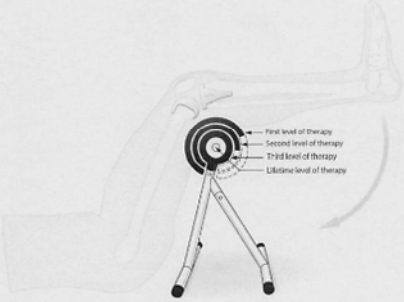
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**GAP-FLEX®**  
SYSTEM

**Patient Therapy Instructions**

**Therapy Part 1**

- Lie flat on the bed with the bed in a flat position.
- Flex the hip on the same leg as the surgically replaced knee to 90 degrees.
- Place the Gap-Flex under the knee with the Gap-Flex logo facing away from the patient. The Gap-Flex should be flush against the back of the thigh, and the padded T-Bar should be directly under the back of the knee, allowing the knee to bend over the padded T-Bar.
- Allow the knee to rest comfortably over the bar for 6 minutes up to 6 times per day.

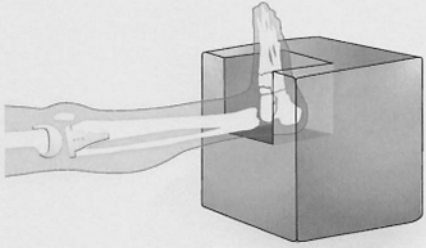


**Therapy Part 2**

Stand and walk as able for approximately 2 minutes.

**Therapy Part 3**

- Lie flat on the bed with the bed in a flat position.
- Place the foam Extender at the end of the bed and place the heel in the cutout area. Make sure that the leg is completely extended and straight.
- Allow the leg to rest comfortably in the Extender for 10 minutes following each treatment with Gap-Flex.



**Notes:**

- Stop treatment if patient experiences any significant pain or increased numbness in the knee, calf or foot.
- Record therapy times on the Gap-Flex Patient Therapy Log. Bring the log to each physician office visit.