

What to Expect After Surgery

Expectations for 0-2 Weeks

Bruising	<i>Bruising might be small or involve the majority of your leg. Bruising alone does not indicate a problem. It is expected.</i>
Swelling	<i>Can occur anywhere from your thigh to your foot. Foot and ankle swelling are common and can be dramatic. Swelling can be a source of pain. Use ice and elevation of your feet ("toes above the nose") to decrease swelling. Pain, numbness, and tingling in the leg, ankle, and foot may occur with swelling and can last several weeks.</i>
Pain Control	<i>Most patients need some opioid pain medication and other adjunct medications. Use opioids for the shortest time possible. Try to get off them within one or two weeks.</i>
Activity	<i>Get up several times per day and walk around your home. Most patients need a walker or cane during this time, and your therapist can help decide when to stop using them. If you can do so comfortably and safely, you can take short walks outside. Don't overdo it or you might delay your recovery.</i>
Range of Motion	<i>Your therapist will guide you here, but we like to see you get completely straight (0 degrees) and flex to 90 degrees minimum by the end of week 2. Many patients meet this milestone much earlier than that.</i>
Physical Therapy	Begin PT approximately 7 days after surgery. <i>Start with 2 days per week and adjust per your therapist's recommendations. You should be doing the therapy exercises at least three times per day on your own at home. The therapist is there to coach and check your progress.</i>
DVT Prevention	<i>Your primary blood clot prevention is movement, walking, knee exercises and ankle pumping exercises. With rare exceptions, all patients should be on some form of medication to prevent blood clots during the first two weeks after surgery.</i>
Surgeon Appointments	<i>Most surgeons will see you 10-14 days after surgery. The purpose is to check your incision, educate you, answer questions, and reassure you. If you had any medical issues in the hospital, consider an appointment with your primary care doctor.</i>

Expectations for 2-6 Weeks

Bruising	<i>Some bruising will persist, change color (brown, yellow, or green), and move down your leg toward the foot. It will improve with time.</i>
Swelling	<i>While decreasing, almost every patient has some swelling in the knee, and possibly in the foot and ankle.</i>
Pain Control	<i>Many patients are off opiates by this time. Work toward being only on over-the-counter pain medications like NSAIDs and acetaminophen.</i>
Activity	<i>Resume your normal home routine. Increase outdoor walking distance. You can still overdo it and delay recovery.</i>
Range of Motion	<i>Your therapist will guide you, but most patients are able to get their knee completely straight (0 degrees) and bend to 110-120 degrees by end of week six. Don't worry if it is taking you longer, especially if you went into surgery with a stiff knee.</i>
Physical Therapy	<i>Therapy can be dialed back if you are meeting all the milestones and are consistent about your home exercise program. Heed the advice of your therapist as to how often you should see them.</i>
DVT Prevention	<i>Risk for blood clots drops some after two weeks, but you should still use activity to prevent them. Depending on your surgeon's medication protocols, you may still be on a blood thinner during this time.</i>
Surgeon Appointments	<i>You will be seen by your surgeon at about 6 weeks after surgery.</i>

* Returning to Work

Returning to work is an individualized goal that varies greatly from patient to patient and is based on job duties, allotted time off, function, and desire to return.

This is your decision, and you should seek guidance from your surgeon, your family, and your employer.

^ Travel

Orthopedic surgeons may limit travel in the first several weeks after knee replacement due to concerns about blood clots with prolonged sitting in confined space.

Check with your surgeon for any travel restrictions.

+ Driving After Surgery

There are two criteria you must meet before driving after knee surgery.

First, you must be off all medications that might impede your ability to drive. These are primarily the opioid pain medications, but there might be others.

Secondly, you must be able to operate the vehicle safely. Ultimately it is your decision when you are safe to drive. Your surgeon and therapist cannot make this decision for you.

What to Expect After Surgery

Expectations for 6-12 Weeks

Bruising	<i>Bruising is resolved for most patients by eight weeks after surgery.</i>
Swelling	<i>Swelling should be decreasing and minimal in most patients by 12 weeks post-op.</i>
Pain Control	<i>You should be off opiates for sure, and off most other pain medications. Instead of taking scheduled doses, most patients can begin to take medications as needed, such as at night before bed, or before an active day.</i>
Activity	<i>You should be back to your daily routine. Most patients are back to work and most are driving. Walking longer distances outdoors should not be limited by your knee at 12 weeks.</i>
Range of Motion	<i>Look at this time as your last chance to gain motion in the knee. It becomes far more difficult after 12 weeks. The goal for most patients is full extension to over 120 degrees of flexion. Your motion before surgery will influence your final motion after surgery.</i>
Physical Therapy	<i>Most patients complete physical therapy six to eight weeks out from surgery, but if you and your therapist see a benefit to continuing, keep going. Make sure that at your last appointment you are given a clear guideline for what you should be doing long-term to keep your knee healthy and strong.</i>
DVT Prevention	<i>At this point, your risk for a blood clot is close to what it was before surgery, so most patients can discontinue blood-thinning medications unless your medical providers advise otherwise, or you have underlying conditions that require them.</i>
Surgeon Appointments	<i>You should see your surgeon at 12-14 weeks after surgery.</i>