

Patient's Guide to Knee Surgery

Having surgery can be a stressful experience: you may have many questions for the doctors; your doctors have a lot of information to tell you. Please use this guide to answer many of the questions that our patients often have regarding surgery and recovery.

Preparing for surgery:

Diet: In addition to a balanced diet with good sources of proteins and vegetables, please take the following vitamins:

- A complete multivitamin, taken daily. Gummy multivitamins are recommended

Here are daily recommended doses if you aren't taking a multivitamin

- Vitamin C: take 500mg daily
- Vitamin B6: take 25mg daily
- Vitamin B12: take 2.4 micrograms daily (typically can find B6 and B12 combinations)
- Zinc: take 50mg daily
- Iron: take 325mg three times daily

Diet Supplementation: If you do not have a consistent diet, please consider using a supplemental protein shake

- Ensure or Boost drinks: one daily from 1 week prior to surgery
 - If you are diabetic, use Glucerna instead

The Night before Surgery

- Stop eating solid foods from midnight on the night before the procedure
- You may have **CLEAR LIQUIDS** up to 4 hours before your procedure (ie: juice, coffee without milk, water, Gatorade, tea without milk)
- It is recommended to drink a Gatorade before the procedure (up to 4 hours prior)

Hygiene:

- Wash with antibacterial soap for 6 weeks leading up to surgery

- Use chlorhexidine soap (Hibiclens) as directed – you will use this the day of surgery and the two days leading up to surgery (for three days)
- **DO NOT** shave the hair on the leg prior to surgery
- **DO NOT** use nail polish on the operative limb; please remove any polish from the toes

Medications:

Please discontinue the following **6 weeks** prior to surgery:

- Nicotine (smoking, chewing, hookah) – and please **DO NOT** resume use after surgery
- TNF α inhibitors – may resume 6 weeks after surgery
- Steroids – may resume 6 weeks after surgery
- Fish oil – may resume 6 weeks after surgery

Please discontinue the following medications **1 week** prior to surgery. You may use these immediately **AFTER** surgery with some exceptions

- NSAID's (ie: Aleve, Advil, Motrin, Ibuprofen, Naproxen, Mobic, Diclofenac)
- Arnica
- Turmeric (oftentimes found in Indian and Persian cuisine)
- Excedrin (contains aspirin)
- Aspirin and other blood thinners (Coumadin, Eliquis, Xarelto) – may restart these 1 week after surgery
 - You may start a blood thinner post-operatively the day after surgery if you have a fracture or joint replacement, or have a history of blood thinner use from prior stroke, cardiac stent, atrial fibrillation, etc

Day of surgery:

Please discontinue the following on the **day of surgery**: (these may be restarted immediately after surgery)

- Metformin
- Heparin
- Methotrexate

What can you expect from surgery and your hospital stay:

- **Stay length**: Your surgery will likely be outpatient
- **Pain control**: You may receive IV and oral pain medications
- **Physical therapy**: you may receive physical therapy, likely starting 2 weeks from surgery

- **Prescriptions:** Prescriptions will be provided during your pre-op visit, where the following medication will be sent to your pharmacy electronically:
 - **Pain medication:** either Norco or Percocet typically (1-2 tabs taken every 4-6 hours as needed for pain; #40 tabs.
 - **Stool softener:** Colace 100mg daily twice daily as needed for constipation
 - **Nausea medication:** Zofran 4mg every 8 hours as needed for pain
 - **Occasionally a blood thinner:**
 - **If having a knee scope or undergoing fracture care, expect:** baby aspirin 81 mg twice daily x 1 month
 - **Soap:** if you do not receive your Hibiclens from the hospital, you will be prescribed Hibiclens

After hospital recovery:

- **First visit after surgery:** Your first post-operative visit will already scheduled when you schedule a surgery date; this is typically a week after surgery
- **Typical Follow-up Schedule:**
 - **1 week:** dressing change
 - **2 weeks:** suture removal
 - **6 weeks:** will often advance activities
- **DO NOT** remove your dressing until seen in clinic for your first post-operative visit
- **DO NOT** let your incision get wet – sponge bathe until first post-operative visit unless you can cover the leg with a bag
- **Orange-colored Operative Limb:** The skin cleaner we use on your operative limb may stain your leg orange. This color fades during the next few weeks after surgery.
 - To easily remove the color, we recommend **gently** washing the skin but **DO NOT** scrub vigorously.
- **Pain Medication:** Dr. Schultzel provides **ONE** prescription for narcotic pain medication; all other refills must be obtained by your primary care physician
- **Weightbearing status:** typically patients should not do any gym workouts for the first two weeks; may use spin bike at week 2, but no weight lifting until 6 weeks from surgery
- **Infection prevention: DO NOT** submerge limb in water for 6 weeks after surgery
 - Use bag over leg while in shower
 - Stay out of the ocean, swimming pool, or jacuzzi
 - Do not sweat heavily for the first two weeks post-op; a short daily walk is recommended
- **DVT (blood clot) prevention:**
 - **DO NOT** cross your legs for the first two months after surgery
 - **SCD's (leg squeezers):** if you are using these, recommend using for at least 1 month after surgery; use whenever not standing up
 - **Long car rides:** if you are traveling a long distance home after discharge, make sure to get out of the care every 1.5 hrs to walk/stretch your legs

- **Flying:** It is not recommended to fly **within 6 weeks** after surgery; if you must fly, inform your doctor, and a blood thinner will be prescribed; make sure to get up and walk around frequently during long flights.
 - You may need a doctor's note for flying if you need extra assistance with boarding or transit through the airport during your recovery period.
- **Driving:**
 - **DO NOT** drive while taking narcotic medications. If you are pulled over, you will receive DUI for driving while impaired
 - **DO NOT** drive at dusk or at dawn; please *only* drive during the daytime
 - **DO NOT** drive in inclement weather
- **Alcohol use:** avoid while taking narcotic medication
- **Constipation prevention:** Anesthesia and pain medications can cause constipation. Please use the Colace as directed; please also drink plenty of water for the first week after surgery and consider using a fiber supplement (such as Metamucil or gummy fiber gels). If you encounter difficulties with constipation, please also start taking prunes or consider milk of magnesia if you have not had a bowel movement by post-operative day #3.
- **Scar management:** you may use any lotion or silicone strips after your 2nd post-operative visit
 - Gently massaging the scar may help to smooth it out and desensitize your skin
 - Apply sunscreen to the scar for 1 year after surgery to decrease size and help prevent darkening of the scar
- **Ice:** recommend icing frequently, either with ice packs or an ice machine, which may be started immediately after surgery
 - **DO NOT** place ice directly on the skin, as it may cause a skin burn
 - Use a thin pant or towel between your skin and the ice
 - Ice timing: 20 minutes on, 20 minutes off recommended
- **Clothing:** wear loose-fitting clothing

Frequently Asked Questions:

Q. When can I shower after surgery?

A. At the first post-operative visit, your stitches/staples will be removed and you may let the wound get wet. You may shower 2-3 days after surgery, but keep all incisions clean and dry.

Q. How long do I have to wear my brace for?

A. On average, until the 6th week post-operative mark. You may remove your brace to shower after the first visit, but otherwise it must remain on unless instructed otherwise, including while asleep or in public.

Q. What about physical therapy?

A. This will likely be discussed during your pre-op visit if physical therapy will be needed. This

typically starts between 2-6 weeks from surgery.

Q. How can I get a copy of my x-rays and operative note?

A. We will provide you with your operative note at your first post-operative visit. Imaging can be obtained via the Medical Records department at the hospital.

Q. I'm a few weeks post-op from surgery, and I really want to drive. May I?

A. If you are taking narcotic medications currently and/or are using a sling, law enforcement may cite for DUI and reckless driving citations if you are pulled-over. **DRIVING WHILE USING NARCOTIC MEDICATIONS MAY RESULT IN A DUI.** It is **NOT** recommended to drive until you are no longer taking pain medications and have *both* arms able to bear weight.

Q: Would you call in pain medication prescriptions to the pharmacy?

A. Under California law and DEA regulations, physicians are not allowed to call pharmacies for narcotic medication prescription requests; they require prescriptions electronically sent to the pharmacy. We will complete this task for you at your pre-op visit, so please let us know your pharmacy preference on check-in with our EMR system.

Q. I lost my prescriptions. Could I have a new one?

A. We are happy to provide you with prescriptions whenever necessary. California law and the DEA requires us to document if a prescription is lost with a form detailing the situation. A word of caution: pharmacies may choose not to accept prescriptions from our office or another physician's office if they feel that too many prescriptions have been filled in too short a time.

If you have any further questions or concerns, please feel free to contact anytime on Ravara or via the office at: 858-526-3842. We wish you a successful surgery and a speedy recovery. Thank you for allowing us to participate in your care!