

## Dr. Thomas X. Nguyen, MD

### Total Knee & Partial Knee Replacement Protocol

#### Preoperative:

- Take **5 daily consecutive chlorhexidine gluconate (CHG) showers (Hibiclens)** before and the morning before surgery, dispense 32 oz. bottle, no refill.
  - A) Use entire 118 mL (4 oz) of CHG per shower
  - B) Pause for 1-2 minutes before rinsing to allow CHG to bind to skin
  - C) Purpose: kills Gram + and Gram - surgical site infection pathogens
- **Mupirocin 2% topical, 22 gram tube**, apply every 12 hours in each nare for 5 days prior to surgery to prevent MRSA infection.
- Medical, dental, and cardiac clearance (if required)

#### Postoperative:

- Patient ambulates day of surgery and morning after surgery.
- Hinge-knee brace is to be used for the first two post-op days during ambulation. They may remove the brace while resting.
- Patient is to bear full weight, use walker for balance/assistance, for the first week as needed.
- Patient will go home on the day of surgery or postoperative #1 (unless medical issues prevent discharge).
- Can take down dressings 48 hours except for mesh covering skin incision.
- After 48 hours, can shower. **DO NOT USE MEDIPORE/PRIMAPORE/AQUACELL** or any other **type of tape**.
  - If allergic reaction to mesh: Benadryl 25 mg oral in the evening, Medrol dose pack for a week, Fluocinonide 0.05% cream apply sparingly twice a day until reaction resolves.
- If Staples is used for incision, can shower with Primapore dressing covering incision. Blot incision dry with a clean towel and place new dressing after shower.
- No drains used (unless infection present).
- Normal for dressing to be saturated for up to a week post-op. Reinforce/replace as needed.

#### Medications:

- Aspirin 81 mg every 12 hours for 14 days to decrease risk of blood clots, unless otherwise directed. Afterwards, take Aspirin 81 mg every day for 4 weeks.

- o Eliquis 2.5 mg every 12 hours for 4 weeks if you have history of blood clots.
- o Eliquis 2.5 mg every 12 hours for plane rides within 90 days after surgery.
- Cefadroxil 500 mg oral every 12 hours x 7 days to prevent infection.
- Tranexamic acid 3 tablets, each tablet 650 mg, for 4 days starting evening of surgery to decrease blood loss.
- Ketorolac 10 mg every 4-6 hours as needed for moderate pain.
- Percocet 5/325 mg every 4-6 hours as needed for severe pain.

### **Home Health:**

- o RN for wound management/dressing changes, remove mesh covering Postoperative Day #14 and apply steri-strips across incision (if patient cannot come to office).
- o Home PT x 2 weeks for ADLs, ambulation, ROM. NO SQUATS/LUNGES/RESISTANCE
- o Drainage from incision may soak dressing for up to a week. Reinforce/replace as needed.
- o \*\*\*Notify our office if abnormal/persistent drainage from incision\*\*\*

### **Activity:**

- Week 2-4: Work on self range of motion exercises. Goal is full extension and flexion of 120 degrees at 4 weeks. Outpatient therapy if not achieved at 4 weeks.
- At 6 weeks, you should have a minimum of 90 degrees flexion. If not, contact our office for an appointment.
- Can golf, play pickleball, and cycle in 4-6 weeks.
- If you have a partial knee replacement, you can run in 3 months.
- No driving for 4 weeks if the right side was performed.
- Can kneel at 2 months: start on a pillow and gradually kneel on stiffer materials to toughen up the skin.
- If you have a cementless knee (young patient with good bone), wait 8 weeks before doing aggressive PT to allow bone to heal around the implants. No lunges for 6 months.

### **Dental Work**

- Wait 90 days postoperatively for dental procedures.
- Premedicate with Amoxicillin 2 g within 60 minutes of dental procedure. If allergic to penicillin, take Clindamycin 600 mg.