



Orthopaedic Associates of Central Maryland Division

Dr. Serino Knee Replacement Discharge Instructions

1. Important Contacts

Dr. Serino's Team:

- 7:30AM – 4:00PM: (410) 644-1880 x2133
- 24/7 Contact: please contact us through Klara

After-Hours Emergencies:

- (410) 644-1880 – first select option 7, then option 4

Surgical Scheduling & Billing:

- (410) 644-1880 – select option 8

Physical Therapy:

- (410) 644-1880 – select option 9

2. Medications

You should have received all post-operative medications and instructions at your preoperative visit. If you have not yet picked up these medications, please let the hospital staff know so we can make sure they are available prior to discharge.

If you are running low on pain medication, please contact Dr. Serino's office during business hours BEFORE you run out of medication so a refill can be processed.

Scheduled Pain Medications: Take these medications as prescribed every day regardless of your pain level. The purpose is to minimize your baseline level of pain so you do not have to rely on the narcotic pain medication as much. Please note that some of these medications may not have been prescribed depending on your medical history.

1. Tylenol – take 2 tabs every 8 hours for 14 days.
Do not take any additional over the counter or prescription medications that contain Tylenol (Acetaminophen).

2. Meloxicam – take 1 tab with breakfast for 30 days.
This is a non-steroidal anti-inflammatory drug (NSAID). If you were prescribed Meloxicam, do not take any additional over the counter NSAIDs (i.e. Ibuprofen, Motrin, Naproxen, Aleve).
3. Lyrica (Pregabalin) – take 1 tab twice daily for 14 days
4. Dexamethasone – take 1 tab twice daily for 4 days.
First dose should be the morning after surgery

“As Needed” Pain Medications: These are stronger narcotic pain medications you may take as needed when you start experiencing pain. DO NOT WAIT until the pain is unbearable. As your pain improves, please decrease the amount of narcotic pain medicine you are using. You may find that you can space out the frequency of usage from 4-6 hours to 6-8 hours or the number of tabs required from 2 tabs to 1 tab.

1. Tramadol – 1 tab every 6 hours as needed for pain
2. Oxycodone – take 1 tab every 4 hours as needed for pain. If necessary during the first few days after surgery, you may take 2 tabs at a time

Stomach/Bowel Medications: These medications are optional but can be helpful to avoid common issues after surgery.

1. Protonix – take 1 tab daily for 14 days to prevent stomach upset/reflux
2. Senna-Docusate – take 1 tab twice daily for 14 days to prevent constipation
3. Ondansetron – take 1 tab every 8 hours *as needed* for nausea/vomiting

Blood Clot Prevention: You have been prescribed a blood thinner (i.e. Aspirin, Eliquis/Apixaban, Xarelto/Rivaroxaban, Warfarin/Coumadin, Lovenox). Please take it as prescribed to prevent blood clots which can occur after surgery.

- Beyond taking these medications, please make sure that you are getting up and at least walking about your house once every 1-2 hours during your recovery to further prevent blood clots from forming.

Antibiotics: If you were prescribed oral and/or IV antibiotics, please take all of them as prescribed. Do NOT stop antibiotics before finishing the full course. If you have an infectious disease doctor, please make sure you have follow-up appointments scheduled with them.

3. Wound Care, Dressings, and Braces

Ace Bandage: Please remove your ACE bandage and cotton wrap approximately 24 hours after surgery. Please leave the dressing underneath intact.

Dressings: Keep all dressings clean and dry. If your dressing becomes loose or saturated, contact our office to replace it. You will have either an Aquacel (yellow) bandage or a Prevena (purple) incisional wound vac, and you will be given an extra Aquacel bandage before you go home from the hospital.

Aquacel (Yellow) Bandage:

- Keep in place for **7 days after surgery**.
- On day 7, remove the bandage and replace it with the second one you received at the hospital
- If drainage saturates more than half the bandage, remove it, clean gently with gauze, and apply the second bandage. Notify Dr. Serino's office if this occurs.

Prevena (Purple) Incisional Vac:

- Keep in place until the machine **automatically shuts down** (usually 5–7 days after surgery).
- Keep the unit plugged in while resting to preserve battery life. *If it "shuts down" early, it is likely a low battery—try charging before removing*
- Once it performs the automatic shutdown, remove the sponge and plastic dressing, and cover the incision with the Aquacel (yellow) bandage provided at the hospital
- If the Prevena beeps or appears to not be working properly, contact Dr. Serino's office for an appointment within 1–2 days.

Braces: Dr. Serino will explain instructions for any knee braces provided after surgery. If you are given a knee brace, it should be worn at all times (24 hours per day). If it must be removed temporarily for showering or changing, make sure your knee stays completely straight and does not bend. Please contact Dr. Serino's office if you have any questions about the brace.

Showering: your dressing is watertight, so you may shower once the ACE wrap is removed. Try to avoid having the water directly hit your dressing

- Always pat dry your dressing – do not rub
- If water gets under the dressing, it will be visible. In that case, remove your dressing, pat it dry with clean gauze or a towel, and replace it with a new dressing (either the extra

Aquacel or fresh gauze and tape/ACE wrap). Then contact Dr. Serino's office to schedule an appointment in 1-2 days.

- **Do not soak** (no baths, pools, or hot tubs) until cleared by Dr. Serino
- Do not apply any lotion, oil, powder, or other topical treatment near your dressing or incision unless specifically discussed with Dr. Serino

4. Activity and Physical Therapy

Elevation: Elevate your leg as much as possible after surgery to reduce swelling and pain, especially during the first week. This will help you recover faster and help your incision heal.

- "Toes above nose" – Lay down and elevate your leg by placing pillows or cushions only under your heel. Your toes must be higher than your nose for elevation to be effective.
- Let your knee "hang free" – Only your heel should be in contact with the pillows while elevating, so your knee can fully straighten. Nothing should be touching the back of your knee. This allows gravity to help you stretch the knee while also reducing swelling.
 - Your goal during the first week is to get your knee completely straight (not bent!), which only happens if you continually stretch the knee out straight.
 - Although placing pillows under the knee or keeping it slightly bent may feel more comfortable at first, this is the *exact opposite* of what you want to do and will limit your range of motion

Ice: Cold therapy is important help control swelling and pain after surgery. Cold packs, ice bags, ice machines, or even frozen bags of peas are all equally effective.

- Apply ice to your joint for 20 minute sessions, at least 4-6 times per day
- Always keep a cloth layer between your skin and ice to prevent frostbite
- After the first 3-5 days, you may gradually reduce the amount of cold therapy depending on how your joint feels

Compression Stockings: These will be provided to you at the hospital. Please wear them on both legs for 4 weeks after surgery, including while sleeping. You may remove them for showering.

Physical Therapy: PT should have been scheduled before surgery. If not, please call (410) 644-1880 (option 9) to do so.

- Unless discussed otherwise, outpatient physical therapy typically begins 4-7 days after surgery

- The first week after surgery should mostly involve rest, ice, and elevation to allow your body to heal. Although you are likely excited to try out your new joint, jumping too quickly or aggressively into physical therapy during the first week can be painful and actually limit your long-term recovery.
- For safe, gentle exercises to do at home before your outpatient physical therapy begins, please scan the QR code below
 - These can also be found under “Patient Materials” on Dr. Serino’s website (<https://www.mdbonedocs.com/provider/joseph-serino-md/>)
 - In particular, working on reaching full knee extension (so the knee is completely straight) is important during the first 1-2 weeks after surgery. Simply elevating your leg with pillows under the heel and allowing the knee to “hang free” is a simple and safe way to work on this.



5. Follow-Up

You will be seen in clinic in approximately 2-3 weeks after surgery. If you do not already have your first postoperative visit scheduled, please contact Dr. Serino’s office to do so.

6. Questions and Concerns

When to call: If you are concerned, we are concerned! Do not hesitate to contact our office if a concern arises that is not addressed on our discharge paperwork.

What’s Normal:

- Numbness around the incision or outside of the thigh
- Swelling around the hip and down to the knee
- Muscle tightness in the thigh or groin
- Slight drainage on your dressing. It's normal to change the dressing once.
- Bruising near the incision that may extend down to the knee

Call for Follow-Up Within 1-3 Days if You Have:

- Fever greater than 101.2°F
- Redness, skin blisters, or excessive warmth to the touch around the incision
- Uncontrolled/increased pain
- Persistent bleeding or drainage from your surgical site requiring a second dressing change
- Drainage that is foul smelling or looks like pus

Go to the Emergency Department or Call 911 if You Have:

- Chest pain
- Trouble breathing
- Uncontrollable nausea/vomiting
- Loss of bowel or bladder control
- Sudden weakness in your arms/legs
- New or worsening calf pain
- Any other medical concerns requiring emergency care