



OMAR M. KADRI, M.D.
HIP & KNEE RECONSTRUCTIVE SURGEON



Omar M. Kadri, MD
Orthopaedic Surgery and Sports Medicine
Phone: 951-296-6676, Fax: 951-296-6675

www.kadriortho.com
www.ossmcorona.com

MEDICATIONS

- **Oxycodone** 5 mg 1 tab every 4-6 hours as needed for pain
- **Tylenol** 1000 mg 1 tab every 8 hours for pain
- **Celebrex** 200mg 1 tab twice a day with meals x 28 days for pain and inflammation
 - Do not take if you are on a blood thinner or have chronic kidney disease
- **Gabapentin** 300 mg 1 tab nightly x 21 days to help with sleep
- **Dexamethasone** 4 mg 1 tab twice a day x 4 days to help with pain and nausea
 - If you are diabetic, you should not take this medication
- **Aspirin** 81 mg 1 tab twice a day for 28 days for prevention of blood clot
 - If you are on a blood thinner normally you will continue your home medication after surgery instead of the aspirin
- **Sennakot** 1 tab twice a day (stool softener)
 - If constipation is an issue you can also add over the counter medications such as magnesium citrate, miralax or even an enema if needed
- **Cefadroxil** 500 mg 1 tab twice a day x 7 days
 - not all patients receive this medication

You should have received pain medications after your preoperative visit and should have them at home ready. If you do not, please contact my office so we can send your medications.

Diet

You may resume your normal diet. It is important to maintain a healthy and balanced diet. Include plenty of fluids as pain medications tend to cause constipation. I also recommend a low sodium, and anti-inflammatory diet. This includes whole, unprocessed foods with no added sugar: fruits, vegetables, whole grains, legumes (beans, lentils), fish, poultry, nuts, seeds and olive oil.

In addition, post-operative supplementation with protein shakes like Ensure (1-2/day) is advisable to optimize wound healing.

Incision/Wound Care

- Remove your knee ACE bandage (wrap) the day after you leave the facility if this has not already been done
- Keep the deep adhesive waterproof dressing until you see me in the clinic at ~2 weeks post-op.
- After the first clinic appointment steri strips will be placed
- Ok to shower with these. They will fall off over 1-2 weeks
- Do not scrub the incision
- Use a clean towel to pat it dry
- NO submersion in a tub or pool until the incision has healed completely and there is no scab: approximately 6-8 weeks
- DO NOT put any ointments or lotion on the incision, ok to use lotion on rest of the leg BUT not on the incision until cleared by me (usually 6-8 weeks)

Dressing

- Sealed dressing
 - Ok to shower with the dressing on
 - Dressing will be removed ~14 days after surgery during clinic appointment
 - If bleeding through can be changed by the home health nurse
 - Contact my office if dressing continuing to saturate
- Wound vac/PICO device:
 - Ok to shower with the wound vac on by following these steps:
 - 1) Turn device off
 - 2) Disconnect tubing from device
 - 3) Shower
 - 4) Reconnect tubing to device
 - 5) Turn device on
 - If device is not working properly, there is a helpline that can be contacted to troubleshoot.
 - The dressing will stay on until you see me for a clinic visit.

Drainage

- **It is normal to have a little drainage for the first week or two**
- The dressing should stay on until you see me for our first post-operative appointment unless it is saturated (completely soaked underneath)
 - If that is the case, please contact the office—your home nurse or our office can change the dressing for you
- If drainage continues to be an issue please call my office and we will see you as soon as possible to check the wound

Activity

Weight-bearing

You should limit your weight bearing if possible the first week after surgery while using an assistive device. After the first week you may put as much weight as is comfortable on your operative leg with activity. Use a walker or crutches while walking for 2-3 weeks. At that time, it is advised to use a cane until you are safe/comfortable walking unassisted. **BE SAFE. DO NOT FALL.**

Impact Loading

Week 1: 750 steps/day maximum.

Week 2: 1200 steps/day maximum.

Week 3: 2000 steps/day maximum

Progress by a 1000 steps/day in each subsequent week letting pain/swelling be the guide

Limiting stair ascent and descent as much as possible the first 2 weeks will help with controlling swelling. Low-impact activities such as golf, stationary bicycling and slow dancing may begin in 6 weeks. Swimming is allowed at 6 weeks after surgery.

Icing

Ice your knee 40 minutes/hour (20 on and 20 off) for the first 14 days. While icing you should elevate your limb (toes above nose). Wrap ice or an ice pack in a thin towel or pillowcase so ice pack is not directly on your skin. You may use anything cold: ice, frozen veggie bags, polar ice machine, etc.

PT

A physical therapist from an assigned home health care agency will be touch with you to set up your first-in-home appointment. Plan to schedule PT to start following the day after surgery or discharge, and continue approximately 1-2 weeks, 2-3 times per week. Once discharged from home physical therapy you will continue to outpatient physical therapy. I will give you that script during our first post-operative visit.

Exercises

Perform your exercise program several times daily for short periods of time each session. To gain full extension (straightening) of the leg, it is important to continue elevating your heel on a pillow, coffee table, or chair multiple times per day for at least 30 minutes. Focus on your range of motion → goal of 0 to 110 by post-operative day 14.

Work on range of motion exercises 5-8 minutes per hour while awake:

- seated knee flexion/heel slides (10/hr)
- passive/active assisted knee extension (10/hr)
- 10 ankle pumps/hr
- Walk 5-10 steps/hr
- 10 minute heel hang 3x/day

Bathing

Because it is difficult to get in and out of a bathtub, I recommend using a shower for bathing. A shower stall with a low entry step is recommended. You may use a chair or bench in the shower if there is space. You can shower with your dressing. Pat it dry with a towel. Do not soak or submerge your dressing/incision for 6 weeks from the date of your surgery.

Driving

The time frame to return to driving is different for everyone. You may drive once you are no longer taking pain medications during the day, you have transitioned to using a cane, and you feel safe/comfortable operating the vehicle. While you are traveling as a passenger for the first 4-6 weeks following surgery, it is advised that you get out of the car at least hourly and take a short walk.

Returning to work

The decision to return to work will be based on the type of work you do, your physical stamina, and whether you have other medical conditions. This can range anywhere from 2-3 months following the procedure. We recommend that you avoid making any major changes in your work or retirement plans until your recovery is complete.

Call our office at 951-296-6676 if you have:

- Temperature of 101° or higher
- Drainage from your incision
- Increasing redness around your incision
- Increasing pain around the incision, unrelieved by pain medication
- Excessive calf pain & swelling that does not go away with elevation and rest.

If you have problems arise on weekdays after 5:00 p.m., or on weekends, the answering service from my office will contact myself or one of my associates. Your primary physician should be called for non orthopaedic medical conditions, such as diabetes, constipation, heart, and lung conditions.

I want you to have the best outcome and experience possible. If there are any questions about the above or if you are having issues please do not hesitate to contact us and we will reach back out as soon as possible. If you have trouble reaching my office please go to my website below and click the “contact us” tab and fill and submit the form.

Sincerely,



Omar M. Kadri, MD
Orthopaedic Surgery and Sports Medicine