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Dr. Lowry's Post-Op Instructions

KNEE ANTIBIOTIC SPACER FOR INFECTION STAGED REVISION

1. To decrease the risk of a blood clot, you will be prescribed the following:
 - a. ECASA 81mg T PO BID Qday x 4 wks. If you are at higher risk, then you will be given either Xarelto or Lovenox.
 - b. Knee-high compression hose x 4 wks.
2. To improve your bone health, you will be prescribed Vitamin D3 & Calcium.
3. Dressings: leave the aquacel dressing on (it's waterproof); it will be removed in my office at your first appointment in two weeks. Call if: >60% drainage OR the silicone seal is broken on the aquacel dressing. No bathing or swimming for 4 wks after surgery. The drain site dressing will need to be changed each time you shower. Immediately dab your incision dry, apply a thin layer of Neosporin ointment, place a new bandage & replace the compression stockings.
4. You will also have a "cryo cuff" or "polar care" placed over your dressings. This is a device that circulates cold water around the knee to keep down the initial swelling after surgery. Your nurse will instruct you & your family on how to properly use it. **NEVER PLACE IT DIRECTLY ONTO YOUR SKIN. THIS WILL CAUSE BURNS.** If you are not given one of these devices, then simply apply two properly sealed ice packs to your knee for 72 hours after your surgery.
5. Use your walker for **Partial Weight-Bearing** on your operative leg. The antibiotic spacer is not strong enough (nor is the infected bone) to hold your body weight.
6. Most patients have Home Health Nursing & Physical Therapy arranged for discharge home. However, you may require either a formal transfer to an inpatient rehab hospital or skilled nursing facility. Your Physical Therapist will determine this during your hospital stay & your Case Manager will work with you & your family to find the best facility & agency that meets all of your needs, per my recommendations.
7. **PLEASE AVOID PLACING ANY PILLOW UNDER YOUR KNEE.** A pillow under your knee may feel better, BUT it comes at a cost: you can lose extension, develop a flexion contracture & may need either a manipulation or another surgery.
8. Your antibiotics will be managed by your infectious disease physician, usually for 6 weeks via a "PICC Line".
9. We will plan for re-implantation of your new hip in 8 weeks, if your infection labs improve.
10. Please make an appointment within 14 days after your surgery.

Dr. Jason K. Lowry, MD FAAOS,1