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