



## POSTOPERATIVE DISCHARGE INSTRUCTIONS

### **KNEE MANIPULATION UNDER ANESTHESIA (MUA)**

**Garrett C. Davis, M.D.**

#### **Diet:**

1. Begin with liquids and light foods (jellos, soups, etc.).
2. Progress to your normal diet if you are not nauseated.

#### **Medications:**

1. Strong oral pain medication has been prescribed for the first few days. Use only as directed. Do not combine with alcoholic beverages.
2. When taking pain medication, be careful as you walk, drive, or climb stairs. Mild dizziness is a typical side effect. Do not take medications that have not been prescribed by your physicians.
3. If constipation becomes a problem, try over the counter Colace, Senna or Miralax. If you need more help, we recommend Milk of Magnesia.
4. You have been placed on Aspirin 81 mg 2 x daily for DVT prophylaxis. Take as prescribed

#### **For 24 Hours Following Surgery:**

1. You must be in the care of a responsible adult.
2. Do not drive or operate machinery until instructed by your physician.
3. Do not make important personal or business decisions or sign legal documents.
4. Do not drink alcoholic beverages.

#### **Activities:**

1. Returning to work depends on your type of employment; you will need to discuss this with your doctor at your follow-up appointment.
2. Ice for 20 minute periods as needed for the next 2 weeks.
3. Keep leg elevated as much as possible for the next 72 hours.
4. Begin Physical therapy as soon as possible.

#### **Weight Bearing:**

1. Weight bearing as tolerated.

#### **Call your physician if any of the following are present:**

- Increase swelling or numbness
- Unrelenting pain
- Fever or chills
- Redness around incisions
- Color change in foot, ankle, or toes
- Continuous drainage or bleeding from incisions (a small amount of drainage is expected)
- If you experience any shortness of breath, difficulty breathing, chest pressure, and/or pain, GO TO THE EMERGENCY DEPARTMENT for further evaluation.

**Follow-up Care:** Your discharge paperwork will have your post-op appointment, if the time does not work please contact the office. Please call with any questions or concerns 435-655-6600 or 435-657-3640.

These discharge instructions have been explained to the patient/significant other. I acknowledge that I understand these instructions and I have no further questions. A copy has been given to the patient/significant other.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Significant other

\_\_\_\_\_  
Physician/Nurse signature

\_\_\_\_\_  
Patient's signature

