

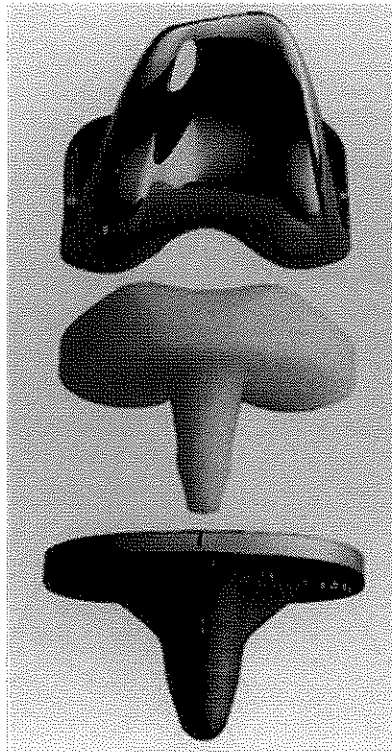
**PATIENT GUIDE**

**TO**

**TOTAL KNEE**

**REPLACEMENT**

**SURGERY**



## **WHAT IS A TOTAL KNEE REPLACEMENT?**

Replacing the worn out surfaces of the end of the thigh bone (femur) and top of the shin bone (tibia) and undersurface of the kneecap (patella) with metal and polyethylene (hard plastic) bearing surfaces. We use both fixed-bearing and mobile-bearing prostheses to maximize motion and longevity. This is done to relieve the pain associated with arthritis of the knee. This requires an inpatient hospital stay of 2 to 4 days. The procedure takes approximately 60-90 minutes to perform. A system of specific instruments, are used to insure correct placement and alignment of your prosthesis. The implants are fixed to your bones with bone cement.

### **Issues to discuss with your surgeon:**

- **Surgical Approach**

The overwhelming majority of total knees are performed with an anterior approach. The length of the skin incision varies depending on the size of the leg i.e. thinner, smaller legs require a shorter incision vs. heavier, larger legs.

- **Classical Alignment Instruments vs. Computer Assisted Surgery**

Both have demonstrated excellent results.

- **Implant Options**

Fixed bearing knees and mobile bearing knees both have an excellent track record. Implants with new coatings and made of different materials continue to be studied. Gender specific total knees are a marketing creation. High flex knees may help improve motion in patients with better pre-op motion.

- **Results**

Studies reveal 90%-95% of patients are happy with the results of their total knees. The recovery from a total knee requires dedication and hard work on the part of the patient. Range of motion is improved after surgery and is influenced by the amount of motion in the knee prior to surgery. Longevity of the implant varies depending on the patients age, weight and activity level. Published reports reveal survivorship of 90% at 15yrs follow-up after surgery. With better technologies and implants these results may improve in the future.

## **WHAT IS THE PROCESS?**

- Make the decision to have surgery.
- Pick a date for your procedure.
- Pre-op medical evaluation with a primary care physician and consults as needed.
- Pre-op labs and tests within 3 weeks of surgery.
- Attend informational seminar at the Center for Joint Replacement.
- Arrange for family and/or friends to assist you after you go home from the hospital.
- Arrange for outpatient physical therapy after hospital discharge.

## **Helpful Websites**

|   |  |
|---|--|
| All About Arthritis   | <a href="http://www.allaboutarthritis.com">www.allaboutarthritis.com</a>                         |
| American Academy of Orthopaedic Surgeons                                | <a href="http://www.aaos.org">www.aaos.org</a><br>(Click on Patient/Public information)          |
| Arthritis Foundation  | <a href="http://www.arthritis.org">www.arthritis.org</a>   |
| National Institute of Arthritis<br>And Musculoskeletal and Skin Disease | <a href="http://www.niams.nih.gov">www.niams.nih.gov</a>   |
| Valley Medical Center   | <a href="http://www.valleymed.org">www.valleymed.org</a><br>(Click on Joint Center/Barrett Blog) |
| DePuy Orthopaedics  | <a href="http://www.depuyorthopaedics.com">www.depuyorthopaedics.com</a>                         |
| American Association of Hip and Knee Surgeons                           | <a href="http://www.aahks.org">www.aahks.org</a>   |

## **UNDERSTANDING THE RISKS**

As with any surgery, there are certain risks. The following are some of the more common complications of which you need to be aware and things we do to try to prevent them.

- **INFECTION**

There is always a risk of infection with any surgery. You will receive antibiotics in surgery and several doses after surgery to reduce this risk. The risk of infection after Total Knee Replacement is approximately one percent.

- **BLOOD CLOTS**

When you have surgery on the knee, circulation is impaired during the procedure and recovery. A blood thinner medication will be prescribed for you, which will help to keep your blood a little thinner than normal to minimize the risks of blood clots. We begin the first dose on the evening of surgery. Each day in the hospital, blood will be drawn to check your blood thinning level. Another thing that will help to

prevent blood clots is to elevate both feet while sitting to prevent blood pooling in the lower legs and perform ankle-pumping exercises.

- **PNEUMONIA**

Breathing deeply after surgery and using an incentive spirometer are very important to prevent congestion in the lungs, which can lead to pneumonia. It is very important that you are up and out of bed often.

- **BLADDER INFECTIONS**

Bladder infections are more common when you have had a catheter. It is very important to drink a lot of fluids to help prevent an infection.

- **NUMBNESS AROUND THE KNEE**

It is important to know that you will experience some numbness on both sides of your knee. This is not a problem; it is very normal. During surgery the nerves around your knee are disturbed. You may feel tingling sensations as the nerves are healing. You may always feel some numbness around your incision, but this will not affect the function of your new knee. Rarely there can be permanent numbness or weakness as a result of trauma to the nerves.

- **STIFFNESS**

In the early postoperative period, all patients with a total knee replacement experience pain and stiffness of the knee. Pain medication will ease the pain, but it is very important that you work to increase your motion daily. You will not damage your knee by working to increase motion, despite the soreness.

- **SEVERE COMPLICATIONS**

With any major surgery there is a possibility that any of the above complications, as well as problems with anesthesia, could be severe enough to result in death. If there are any questions or concerns regarding these complications, please feel free to discuss them with your surgeon.

# **FREQUENTLY ASKED QUESTIONS AFTER TOTAL KNEE REPLACEMENT**

## **What is recovery time?**

Everyone heals from their surgery at a different pace. In most cases, however, you will be restricted to using a walker or crutches for 1 to 2 weeks after your operation. You will then be allowed to advance to a cane outdoors and no support around the house for several weeks. You will gradually return to normal function without any assistive devices.

## **How long will I be on pain medications?**

You will likely require some form of pain medication for about 2 months. Initially, you will be on a stronger medication (such as a narcotic). Most people are able to wean off their strong medication after 1 month and are able to switch to an over-the-counter pain medication (such as Tylenol or ibuprofen). If you are on Coumadin (warfarin), avoid taking any NSAIDs (e.g. aspirin, ibuprofen, Advil, Motrin, Aleve, Naprosyn) without first consulting your internist. If you take aspirin for heart reasons, continue to take this.

## **Do I need physical therapy?**

Yes! The physical therapist plays a very important role in your recovery. You will see a physical therapist soon after your operation and throughout your stay at the hospital. After discharge, you will be referred to an outpatient physical therapist. If you go to a rehabilitation hospital or ward, you will receive therapy there. The therapist will help you walk, regain motion, build strength, and help you reach your postoperative goals. Your therapist will keep your surgeon informed of your progress.

## **What exercises should I do?**

You will be instructed by your physical therapist on appropriate exercises and given a list to follow. In general, swimming and a stationary bicycle are good exercise options. These exercises should be continued indefinitely, even after your recovery is complete.

## **What are good positions for my knee? What positions should I avoid?**

You should spend some time each day working on straightening your knee (extension), as well as bending your knee (flexion). A good way to work on extension is to place a pillow underneath your ankle when you are lying down. A good way to work on flexion is to sit on a chair or stationary bicycle and bend your knee. Avoid using a pillow or towel roll behind the knee for any length of time.

## **Can I use weights?**

Generally, not for the first 4 weeks. However, as everyone's strength varies, consult with your physical therapist before using weights. Use light weights to begin with, and gradually progress.

## **I am constipated. What should I do?**

It is very common to have constipation postoperatively. This may be due to a variety of factors, but is especially common when taking a narcotic pain medication. A simple over-the-counter stool softener (such as Colace) is the best prevention for this problem. In rare instances, you may require a suppository or an enema.

## **When can I drive?**

If you had surgery on your right knee, you should not drive for at least a month. After 1 month, you may return to driving as you feel comfortable. If you had surgery on your left knee, you may return to driving as you feel comfortable, as long as you have an automatic transmission.

**DO NOT DRIVE IF TAKING NARCOTICS!**

## **When can I return to work?**

This depends on your profession. Typically, if your work is primarily sedentary, you may return after approximately 3 to 4 weeks. If your work is rigorous, you may require up to 2 to 3 months before you can return to full duty. In some cases, more time may be necessary.

## **When can I travel?**

You may travel as soon as you feel comfortable. It is recommended that you get up and stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots.

## **What activities are permitted following surgery?**

You may return to most activities as tolerated, including walking, gardening, hiking, and golf. Some of the best activities to help with motion and strengthening are swimming and riding a stationary bicycle.

## **What activities should I avoid?**

You should avoid impact activities such as running and jumping.

## **Can I have sex?**

Yes, as soon as you are comfortable.

## **Can I drink alcohol?**

If you are on Coumadin, avoid alcohol intake. Otherwise, use in moderation at your own discretion. You should also **avoid alcohol if you are taking narcotics** or other medications.

### **Should I use heat or ice?**

Ice should be used for the first several days, particularly if you have a lot of swelling or discomfort. Once the initial swelling has decreased, you may use ice and/or heat.

### **Can I go up and down stairs?**

Yes. Initially, you will lead with your non-operated leg when going up stairs, and lead with your operated leg when going down stairs. You can use the phrase, "Up with the good, down with the bad" to help you remember. As your leg gets stronger, you will be able to perform stairs in a more regular pattern (about a month).

### **Can I kneel?**

After 2 months, you may try to kneel. Although this may be uncomfortable initially, you will not injure your knee replacement by kneeling. Most people find the more you kneel, the easier it gets.

### **How much range of motion (ROM) do I need?**

Most people require 70 degrees of flexion (bending the knee) to walk on level ground, 90 degrees to ascend stairs, 100 degrees to descend stairs, and 105 degrees to get out of a low chair. Your knee should also come to within 10 degrees of being fully straight to function well.

### **Do I need antibiotics before dental work or an invasive procedure?**

Yes. You will be given a letter explaining this in detail at your first follow-up visit. Avoid any dental cleaning or non-urgent procedures for 12 weeks postoperatively.

### **I feel depressed. Is that normal?**

It is not uncommon to have feelings of depression after your knee replacement. This may be due to a variety of factors, such as limited mobility, discomfort, increased dependency on others, and/or medication side effects. Feelings of depression will typically fade as you begin to return to your regular activities. If your feelings of depression persist, consult your internist.

### **I have insomnia. Is this normal? What I do about it?**

This is a common complaint following knee replacement surgery. Nonprescription remedies, such as Benadryl or melatonin may be effective. This usually resolves by 2 months after surgery.

### **How long will my total knee replacement last?**

This varies from patient to patient. For each year following your knee replacement, you have a 0.5 percent chance of requiring additional surgery. For example, 10 years postoperatively, there is a 95 percent success rate.

## **When do I need to follow up with my surgeon?**

Most patients are discharged from the hospital on the third or fourth postoperative day. Follow-up office visits are routinely advised for:

1. 1-2 weeks after surgery for staple removal.
2. 4-6 weeks after surgery for an x-ray and exam of knee motion.
3. 3-6 months after surgery for exam and assessment of activities as indicated.
4. 1 year, and annually thereafter for x-ray and exam.

Please call our office appointment desk to schedule appointments: 425-656-5060

## **I'm out of pain medication.**

Refills for pain medicines may be obtained by contacting our office during business hours. It is the policy of our office that narcotic pain relievers will not be refilled or phoned in after hours or on the weekends. Prescription anti-inflammatories may be resumed 48 hours following the last Coumadin dose.

## **Normal things about your new knee:**

- Clicking noise with knee motion.
- Skin numbness on the outer (lateral) part of your knee.
- Swelling around the knee and/or lower leg.
- Warmth around the knee.
- "Pins and needles" feeling at or near your incision.
- Dark or red incision line. This will gradually fade to a lighter color.
- Bumps under the skin along the incision. Occasionally, the sutures used to close the wound can be felt.

## **Abnormal things about your new knee:**

Call the office immediately, if you experience any of these.

- Increased bruising, if on Coumadin.
- Increasing redness, particularly spreading from the incision.
- Increasing pain and swelling.
- Fevers > 101 degrees F.
- Persistent drainage from your wound.
- Calf swelling or pain, particularly associated with ankle motion.
- Ankle swelling that does not decrease or resolve overnight.