

TOTAL KNEE REPLACEMENT

# Introduction

The decision to have a knee replacement is a life changing decision. You are taking steps to improve not only your pain but also your mobility. With this decision comes many emotions from, eagerness and excitement to fear and anxiety. We are here to walk with you through this journey and to help you get back to doing the things that you love.

## What is a total knee?

Arthritis begins in the knee when there is a wear down of cartilage cap that covers the bone and the cartilage that cushions the knee joint. This can occur from a variety of sources most common is overuse or traumatic injury. When you begin to lose that cartilage you begin to loose function of the knee joint itself.

A total knee replacement involves making five cuts on the femur and one cut on the tibia, removing the damaged cartilage and replacing this with metal components. The damage cartilage on the back side of your knee cap is also removed and replaced with a plastic button. These metal and plastic components are strong and durable. The components allow for natural function of the knee joint. The components come in different sizes and the surgeon measures your knee during surgery for the correct size.

Preparing for surgery

* Prior to surgery you will be required to see your Primary Care Provider for medical clearance to proceed with surgery. You will also be required to see any other specialist (Cardiologist, Pulmonologist, Endocrinologist, etc.) that you see on a regular basis for surgical clearance from their standpoint.
* You will have a preoperative appointment at our office, as well as, at the hospital. These appointments will consist of going over your surgical consents, the risk and benefits of the surgery, and your preoperative lab work. Your preoperative lab work will include baseline labs in addition to chest x-ray and EKG if required.
* Your lab results will be reviewed by the surgeon and will be sent to your Primary Care Provider for review. If any of the results are found to be abnormal you may be required to undergo additional testing prior to surgery.
  + In addition to baseline labs other specific labs that we look at are, your HgbA1c if you are a diabetic. Our goal for HgbA1c is less than 8. If it is greater than 8 increases your risk of infection postoperatively.
  + We also will look at your serum Albumin. This is a protein you carry in your body and helps to promote healing after surgery. If this is less than 3.5 we will have you to drink BOOST shakes and take a multivitamin prior to surgery to ensure proper healing.
* Your medications will be reviewed with you at your preoperative appointments. There are some medications that you will be required to hold for 7-14 days prior to surgery. These include Aspirin or Aspirin containing products, Ibuprofen, NSAIDs, and Vitamin D products. These products can increase your risk of bleeding in the postoperative period.
* There are some medications that you will be allowed to take up to surgery and the day of surgery. These will be discussed with you at your preoperative appointment.
* If you smoke or drink alcohol in excessive amounts it is important for you to try and cut back or stop for 6 weeks prior to surgery. Both of these can slow down your healing process, along with making your recovery more difficult and increasing your risk of infection postoperatively.
* You will be provided with antibacterial soap from the hospital at your preoperative appointment and will begin to use this prior to surgery to help prevent infection.
* It is important to not get any cuts or scrapes on the surgical leg prior to surgery.
* It is important that you prepare your home prior to surgery.
  + Make sure your home is free of obstruction and that a walker can be moved around easily.
  + Move common and important items to easily reached places.
  + Make plans for a family member or friend to be with you for 7-14 days after surgery to do strenuous task for you or until you are able to complete activities of daily living.

## day of surgery

* You will receive a phone call the day before surgery with instructions on when to arrive to the hospital. We typically have you there 2-3 hours before surgery to get ready.
* You will receive instructions the day before surgery on when you can last eat or drink. Typically you cannot eat or drink anything after midnight the day before surgery. You will also receive instructions on any medications you are allowed to take the morning of surgery with a small sip of water.
* Wear loose fitting clothing that is comfortable the day of the surgery.
* Have your bag packed for the hospital with 1-2 comfortable outfits. Leave all jewelry and valuables at home.
* You will not be allowed to wear any make up, nail polish, lotions, or strong perfumes/colognes the day of the surgery.
* It is normal to feel anxious the day of the surgery. Prior to surgery Anesthesia will come and talk you, it is important to tell them any prior problems with anesthesia. They will discuss with you the risk and benefits of anesthesia.
  + You will receive a femoral nerve block from anesthesia prior to surgery that will help manage your pain in the postoperative period. This will not eliminate your pain but will allow us to make it more manageable.
  + You will also receive general anesthesia during the surgery which means that you will be completely asleep during the entire procedure.
* The procedure itself will take approximately an hour. After the procedure the surgeon will talk to your family and let them know how everything went. You will be taken to PACU to recover and then taken to your hospital room to begin your recovery.

## Hospital stay

* The length of your hospital stay depends on how your recovery goes. You may be able to go home that afternoon or you may have to stay 1-2 nights in the hospital.
* If you are going to an inpatient rehab or a skilled nursing facility postoperatively you will be required to stay 2-3 nights depending on your insurance.
* During your hospital stay you will receive IV antibiotics for 24 hours to help prevent infection.
* You will also be receiving Oral and IV pain medication to help control your pain. Remember your will not be 100% pain free but our goal is to control your pain and allow you to recover appropriately.
* You will also receive medication to help prevent blood clots.
* You will have compression stockings on and compression devices on your calf’s to help prevent blood clots.
* You will have a straight leg knee brace to where when up and walking until you have good quad control?
* You will have therapy the day of the surgery. The physical therapist will get you up and out of bed and begin to help you walk with your new knee. Be sure to tell your therapist if you have stairs at home and they will work with you on this.
* You will also have a continuous passive motion machine (CPM) that will work on knee range of motion postoperatively. You will go home with this and use this for 1 month.
* You will have a water proof bandage on postoperatively that will remain in place until your follow up in 7-10 days.
* Your labs will be monitored in the hospital for anemia.

## Discharge planning

* Qualifications to discharge include; being able to get up and down on your own, dress yourself, walk approximately 25 yards with your walk, be able to go to the bathroom on your own, and have your pain under control.
* You will receive instructions from the Ortho Coordinator on the floor about what you can and cannot do at home.
* You will be given all necessary medical devices that you need at home (walker, cane, bedside commode, cpm, etc).
* You will be sent home with pain medications, nausea medications, a muscle relaxer and an anti-inflammatory to take while at home.
* You will go home with a straight leg knee immobilizer that you will need to wear until you have good quad strength. Your physical therapist will help you with this.
* You will be set up with Physical therapy to be started within 1-2 days after discharge from the hospital. You will go to therapy 2-3 times a week for 10-12 weeks.
* You will follow up at our office with a nurse in 7-10 days post op to remove your bandage and for a wound check.
* You will follow up with your Primary Care Provider within 1-2 weeks for a post op check and to check you labs.
* You will follow up with your Surgeon approximately 1 month post op. After that you will follow up at 3 months, 6 months, and 12 months post op. Once you are a year out, as long as, you are doing well we will see you on a yearly basis for x-rays.

## Frequently asked questions

**How do I know if I have an infection?**

* Red flags to watch out for include
  + Increase in redness. It is normal to have some redness from postoperative bleeding, but if you have an area of redness that gets redder or continues to grow call our office.
  + Fever of 101 or greater. After surgery if you are not taking deep breaths you can have a spike in fever due to fluid in your lungs. If you have a fever of 101 take Tylenol and work on coughing and deep breathing. If your temperature stays elevated call our office.
  + Foul odor drainage. It is normal to have bleeding postoperatively. If you saturate your bandage or if you have foul odor drainage call our office immediately.
  + Swelling. It is normal to have a moderate amount of swelling postoperatively from surgery. It is concerning if swelling does not go down after icing and elevating knee above the level of your heart or if your calf becomes tight and tender to the touch.
  + Calf pain or tenderness can signify a blood clot. Call our office immediately and go to ER for evaluation.
  + If you have any chest pain, loss of consciousness, or shortness of breath you need to go to the ER for evaluation.

**When can I shower?**

* You can shower immediately after surgery. We encourage you to wrap your knee and keep bandage dry while in the shower to ensure that incision does not get wet.

**How do I sleep at night?**

* There are no restrictions to how you sleep. You may find it difficult to sleep on your stomach for a couple of weeks. You can sleep on your back or either side and use a pillow for comfort and to keep your knee stable at night.

**When can I drive?**

* Typically with your right knee you cannot drive for 1 month. You will be evaluated by the surgeon prior to being released to drive. With your left knee once you are off all pain medication you are cleared to drive. This can be anywhere for 2-3 weeks and differs from patient to patient.

**How long do I wear my compression stockings?**

* You will be required to wear these until you are up more than you are down. So, if the majority of the day you are sitting in bed or in a chair and others are helping you throughout the day, you need to continue to wear your compression stockings. Once you are moving around a majority of the time on your own you can discontinue these.

**How long do I have to wear my knee brace?**

* You have to wear your knee brace until you have adequate quad control. Your physical therapist will evaluate you; once you can easily lock your leg out and do 10 straight leg raises you can discontinue this with ambulation.

**How long do I use my CPM?**

* You will be required to use your CPM 3 times a day in 2 hour increments. You will keep your CPM for approximately 21 days to 1 month.

**When can I return to work?**

* This varies from patient to patient. Depending on your job duties you may be off work anywhere from 1-3 months postoperatively. Check with your employer prior to surgery about getting your FMLA paper work filled out.

**Do I need antibiotics prior to dental work?**

* Yes. You will need antibiotics before all dental procedures within the first year of your surgery. You can call our office prior to your dental appointments and these can be faxed to your pharmacy.

**Do I need a card to get through the airport?**

* No. The new technology at the airports does not require you to carry a card stating you have a knee replacement. You can tell the TSA agent prior to being scanned.

**What can I not do with a knee replacement?**

* There is not much you cannot do with a knee replacement other than you cannot run. Many patients get back to their normal activities of daily living in addition to being able to enjoy activities they were unable to prior to surgery.

**When will I be back to normal?**

* It will take time to recover from your knee replacement. At a month you are feeling better than before surgery but still weak. At 3 months your strength is getting better and you are able to get back to many of your normal activities. At 6 months your strength is close to better than before surgery and you are performing all your normal activities. At 1 year you are performing all your normal activities and back to activities that you could not perform prior to surgery.
* In some cases it can take a full year to get back to normal, especially if you were immobile prior to surgery. Most important thing is to be diligent in therapy and to continue with home exercises once you have completed therapy.

**How long does a knee replacement last?**

* The components that are used in your knee are strong and durable. On average research has shown that a total joint can last anywhere from 15-20 years. Many times they last longer.

**Do I get refills on my pain medications?**

* Yes. There are new laws in place that restrict the amount of pain medication we can give in the postoperative period. You will receive one refill of your narcotic and after that we will step you down to a nonnarcotic pain medication.

**Why is it difficult to kneel?**

* Sometimes you may find it difficult to kneel directly on your knee. This can be due to the numbness around the incision. Many people find getting knee pads helps with this.

**Is it normal to hear clicking?**

* You may hear clicking when you walk at times. There is a plastic insert between your two metal components. When this is put in, it is put in to all natural movement of the knee itself and not too tight so that it restricts your motion. Sometimes you may have a clicking between the metal and plastic components. As long as there is no pain this is normal.