

Total knee replacement

Preoperative discussion/Postoperative instructions

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Procedure

Partial or total knee replacement is an elective procedure performed only after all conservative treatments, including medication, therapy, injections and possible bracing, have been exhausted. Osteoarthritis is a condition where the protective cartilage surface on the bone completely wears away with underlying bony changes. There are multiple reasons why osteoarthritis develops including age, wear-and-tear, previous injury or surgery, obesity. The surgery is commonly performed as an inpatient in the hospital. This can be performed using general anesthesia or epidural anesthesia. Femoral nerve blocks can be used at certain hospitals to help control postoperative pain although you will still receive anesthesia. This will be part your discussion with the anesthesiologist. The procedure takes approximately 2 hours with risks that are described below. The edges of your joint will be sized and fitted with metal and high-grade plastic implants. You will receive postoperative pain medication usually through a patient-controlled anesthesia (PCA) and oral pain medication. You will receive physical therapy during your hospital stay along with the use of a continuous passive motion (CPM) machine to help reduce development of scar tissue and provide early range of motion exercises. Your hospital stay is approximately 3 days. After discharge, you can either go home or to a rehabilitation facility of your choice. We recommend you visit different rehabilitation facilities in the area and you could elect, once your surgery date has been set, to be preregistered at that facility. If the decision for inpatient rehabilitation is decided last minute, the hospital discharge coordinator

can still find a location for you although this may not be a location of your choice based on availability. After discharge, you will then begin either in-home therapy or our preference is to begin outpatient physical therapy with an established therapist.

Risks of surgery

This is an elective procedure done only when all conservative measures have failed. There are significant surgical risks for any surgical procedure.

- **Anesthesia:** includes risks of heart attack, stroke and death. These risks increase with patients with significant medical problems
- **Infection:** 1-3%. You will be given antibiotics prior to surgery in the operating room and postoperatively. The procedure is done in a sterile operating room with ultimate attention to preventing infection. If infection should occur, this may require repeat surgery including possibly removal of the knee prosthesis, intravenous antibiotics and repeat surgery to implant a new prosthesis once the infection is cleared
- **Blood clots:** 1-5%. You will be treated with blood thinners for a total of 6 weeks. Lovenox is given in the hospital and Coumadin is started for 3 weeks which requires bloodwork twice weekly. Then a 325mg aspirin daily for 3 weeks. This is the general treatment but may differ based on possible underlying medical issues. If you have problems taking these medications, this should be addressed with us prior to your surgery. In addition, you will have compressive stockings and foot pumps along with early mobilization to diminish this risk. Signs and symptoms of a blood clot include calf pain, calf swelling, calf redness and warmth, shortness of breath. This should be brought to a provider's attention either in the hospital or calling our office 24/7. 839-5858.
- **Limited longevity of the prosthesis:** You should be able to expect 20+ years of life expectancy from the total knee replacement. We generally use Depuy or Zimmer knee systems.
- **Problems with motion:** This is reduced with early mobilization through therapy and CPM machine. Usually, however, your preoperative range of motion most often dictates your postoperative range of motion. If you have significant loss of motion postoperatively, you may require manipulation under anesthesia to disrupt adhesive scar tissue. This is rarely necessary.

- Neurovascular injury: <1%. This may require further surgery or result in long-term disability

Pre-operative planning

- Preoperative medical clearance- will be obtained through your primary care physician. This will involve a visit to their office, obtaining appropriate labs, x-ray, EKG. We recommend, if you have underlying cardiac conditions, you make an appointment with your cardiologist once the surgery date has been set. They may need to proceed with additional testing.
- Discontinuation of blood thinners- is done prior to surgery. Generally, this involves discontinuation of Coumadin 3 days before surgery, Plavix/aspirin 7 days before surgery. We recommend you discuss this with your primary care physician or cardiologist in case bridging medication is necessary.
- Arranging post-operative rehabilitation- was described in the above paragraph

Postoperative instructions

Discharge from the hospital usually occurs on postoperative day 3 as discussed above. Discharge to home or rehabilitation was discussed above as well. You will be able to put all of your weight on the leg although you will likely require a walker or crutches initially for the first few weeks.

Motion You will need to work aggressively on your own to improve your motion. If you prefer, we have physical therapy in Amherst 833-8891 or Orchard Park 508-8252. This usually involves 2-3 visits per week. It is imperative that you perform home exercises daily.

Blood clot prevention You will be on blood thinners for 6 weeks. Perform ankle pumps 30 times per hour while awake for 2 weeks to minimize risks for blood clots. It is normal to have some leg and calf swelling but significant swelling or calf pain requires immediate attention. Swelling usually can be controlled by ice throughout the day, elevating her leg above your heart several times per day. In addition, you should continue the compression stockings that were provided to you in the hospital for 3 weeks after surgery.

Medication You will continue your normal preoperative medications as well as pain medication. You will be given a prescription for narcotics postoperatively.

Incision You will have either absorbable sutures or staples. Staples are generally removed by the rehabilitation staff or our physical therapist but can be done by us in the office 2 weeks postoperatively. A dry dressing should be applied daily until the incision is dry. You may shower usually after 3 days, but no swimming or pool therapy for 6 weeks. No creams or lotions need to be applied to the incision but can be used to the surrounding skin after the incision has healed. Concerning symptoms include fevers over 100, chills, excessive warmth and redness around incision or significant drainage/pus.

General Any acute problems need to be evaluated in the Emergency room including chest pain or shortness of breath. Medical problems need to be addressed by your primary care physician. Issues surrounding your surgery should be brought to our attention immediately including problems with your incision. You will not be able to drive for approximately 6 weeks depending on the operative side. You will need antibiotics prior to dental work for 2 years after surgery or lifetime if you are diabetic or other medical issues. Routine dental cleaning should wait until 3 months after surgery. Antibiotics can be obtained by calling our office or your dentist for a prescription a few days before the procedure.