

## WNY Knee and Orthopedic Surgery PC

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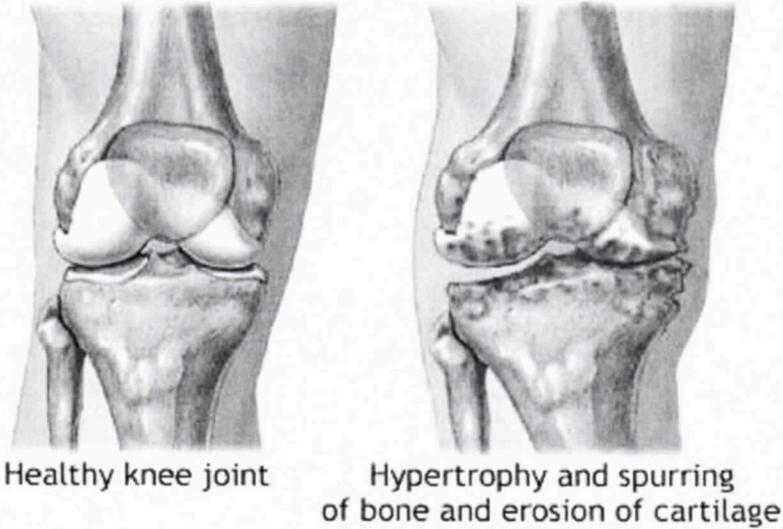
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### **Total Knee Replacement**

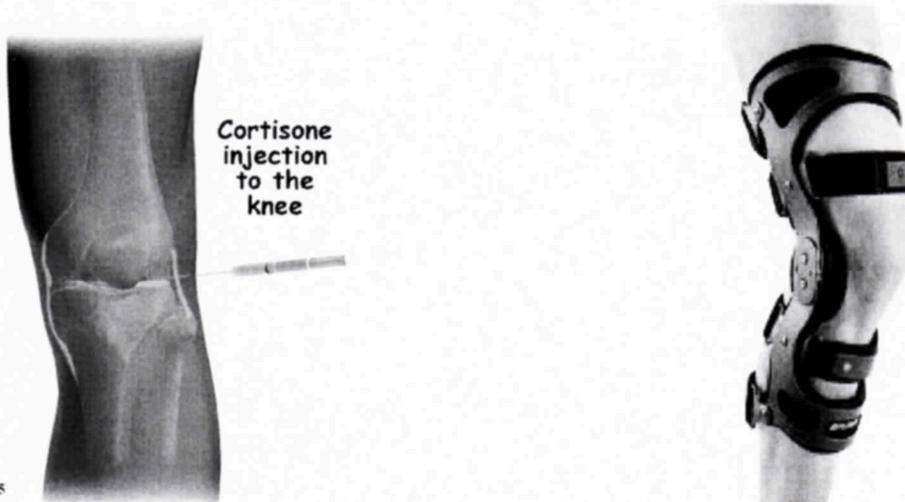
Total knee replacement is performed for the treatment of osteoarthritis of the knee joint. A normal knee glides smoothly because cartilage covers the ends of the bones. Osteoarthritis of knee damages this cartilage, progressively wearing it away. Over time, the cartilage can wear away completely causing the joint to rub together (bone on bone), causing pain, swelling, deformity, and inflammation in the joint.

## Osteoarthritis



ADAM.

Total Knee Replacement is an inpatient, totally elective procedure, generally performed only after a number conservative options have been exhausted. Conservative measures include living with it, activity modification, weight loss, NSAIDs, steroid injections, viscosupplementation(synvisc or euflexxa), bracing, and/or physical therapy.



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Unloader bracing

## Preparing for Surgery

If you decide to go ahead with total knee replacement, you will need medical clearance and a complete physical examination, as well as blood-work, EKG, and chest x ray with your family physician before surgery. They will assess your health and identify any problems that could interfere with your surgery.

Before surgery, if you are taking **Plavix, Pradaxa, Coumadin, or any other blood thinners** you will need to stop them before surgery. Please notify us if you are taking any of these. You may continue to take Aspirin normally. **Please notify the office if you have a history of blood clot, DVT, or pulmonary embolism.**

Most patients, whether previously on blood thinners or not, will start Coumadin therapy 2 nights prior to the surgery. Our office will provide you with the prescription for Coumadin as well as the instructions for use prior to the surgery date. You will take 2.5mg two nights before and 5mg the night before your surgery. We have you take Coumadin this way because it takes 72 hours to work effectively in the body. In order to best prevent blood clots, we would like you to be therapeutic the day after surgery.

Arranging post-operative rehabilitation: You will stay in the hospital for 3 days following surgery. After discharge, you can go home if you are feeling well and feel that you have a good support system. You may also go to a rehabilitation facility of your choice if deemed necessary by social work and physical therapy. There are a number of very good rehab centers in WNY. We suggest that you visit a few prior to surgery to help decide on a facility that you will be most comfortable with. We encourage all patients to do outpatient physical therapy at our Southtowns office (508-8252) or our Amherst office (839-5858). **If you go home you will begin outpatient physical therapy the day after you are discharged. If you go to a rehab facility you will have physical therapy there and you will begin outpatient PT the day after you are discharged from the facility.** You must call and make the physical therapy appointment.

## The Procedure

Total knee replacement is done in a hospital setting and will be performed at Millard Fillmore Suburban Hospital located at 1540 Maple Rd. Williamsville, NY 14224. The phone number there is (716)-568-3600.

## Arrival

A member of our office staff will contact you the day before your surgery to let you know what time you should arrive at the hospital. Be prepared for this to change the day of your surgery!!!!!! You will likely be asked to arrive at the hospital two to three hours before your

surgery. Do not eat or drink anything after midnight the night before your surgery. **IF YOU DO EAT OR DRINK YOUR SURGERY WILL BE CANCELLED!**

## **Anesthesia**

When you arrive for surgery, a member of the anesthesia team will talk with you. They will talk to you about a femoral nerve block. This is done prior to the surgery to help control your pain post-operatively. They will also talk to you about the anesthesia. Total knee replacement is done under general anesthesia in addition to the block.

## **Procedure**

The actual replacement takes approximately one hour but set up and closure adds another 45-60 minutes. Dr. Parentis will make a long incision starting above the knee and ending below the knee. Once inside the knee joint, he will make various cuts of the femur, tibia, and patella using guides. He will then trial different sized components to find the size that fits you best. Once we have the correct component sizes, they are placed in the knee with cement.

Dr. Parentis uses a mobile-bearing knee replacement which mimics natural movement because it allows the knee to rotate when flexed. He uses the Johnson and Johnson mobile bearing sigma knee. You can look at this on the following website: <http://www.depuy.com/patients>



We will then close your incision with absorbable sutures and staples. The staples will stay in until your 2 week post-operative appointment in our office or they will be removed in rehab. We will wrap the knee with gauze, a polar-care ice machine, and 2 ACE bandages. You will be taken to recovery and then up to your room in about an hour.

You will be able to bear full weight on your leg right away. While in the hospital, you will be seen by the physical therapists daily. You will also use a machine called a CPM (continuous passive motion) machine that will help you bend and straighten your knee for a total of 6 hours each day. You will stand on the knee the first day after surgery and learn how to transfer. PT will walk you in the hall and up and down steps the second and third day after surgery.

## **Swelling**

Ice is a very most important aspect of your post-operative treatment. Apply the ice 30 minutes on the leg and 10 minutes off. Ice will be helpful for up to 6 weeks after the procedure.

## **Recovery**

### **Physical Therapy**

Physical therapy is the most important aspect of your post-operative regimen. You will also need to work aggressively on your own to regain your motion. Most people will end up with 110-120 degrees of flexion. Regaining motion after knee replacement is a grueling and painful process. You will have to work very hard to regain your motion and this must be done in the first 1-6 weeks after surgery. If you are unable to gain the appropriate motion after surgery, we may have to take you back to the OR to bend your knee under anesthesia. This is called manipulation under anesthesia. This occurs because scar forms rapidly, preventing further motion. This is generally done between 6-8 weeks after the procedure if necessary. Less than 5% of patients need a manipulation.

**WE HIGHLY ADVISE THAT YOU ATTEND OUTPATIENT PHYSICAL THERAPY AT OUR ORCHARD PARK LOCATION IN THE SOUTHTOWNS OR AT OUR AMHERST LOCATION ONLY!!!! THE ORCHARD PARK PHONE NUMBER IS 715-508-8252 AND THE AMHERST LOCATION IS 833-8391. WE HAVE A VERY ACCELERATED PT PROGRAM AND FEEL STRONGLY THAT YOU WILL DO BETTER WITH OUR THERAPISTS THAT UNDERSTAND OUR PROTOCOL. WE ALSO WORK WITH THEM CLOSELY ON A DAILY BASIS AND ARE AVAILABLE IF ANY ISSUES ARISE.**

### **Dressing Care**

You cannot get your incision wet for 2 weeks following surgery! The incision can be left open to air once you leave the hospital or it can be covered with a dry gauze pad.

## **Driving**

You will not be able to drive for between 3-6 weeks after surgery. This will depend on your recovery and which knee is replaced. If the right knee is done, it will take longer.

## **Medications**

You will continue with your normal preoperative medications as well as pain medication prescribed by our office. You will also remain on Coumadin for approximately 2 weeks following surgery. This will require you to get a blood test every Monday and Thursday and our office will dose the Coumadin based on your lab results. If you go to rehab, they will dose your Coumadin. Once off the Coumadin, you will take one enteric coated aspirin (325mg) daily for one month. We want to wean you off narcotic medication as soon as possible. We typically use Percocet after the surgery and will only fill 1 additional prescription to avoid addiction. The refill will be a weaker narcotic than Percocet, such as Lortab or Tylenol with codeine.

## **Complications and Warning Signs**

As with any surgery, there are significant risks associated with total knee replacement. These occur infrequently but certainly can occur. These are included in our informed consent sheet which you must review and bring with you to your procedure.

## **Complications**

Potential postoperative problems with total knee replacement commonly include, but are not limited to:

- Infection- this may require more surgery to wash out the knee, as well as removal of components and placement of an anti-biotic spacer for at least 3 months
- Blood clots -DVT or PE can be life threatening.
- Accumulation of blood in the knee- Hematoma may require more surgery
- Stiffness- This would require a manipulation
- Wound healing problems

- Continued pain after surgery or failure to relieve symptoms
- Need for another surgery
- Nerve injury causing numbness, loss of function, or foot drop
- Crepitance or clicking which may be painful
- Dislocation
- Diabetics: your risk for infection, wound problems, and poor healing are directly related to blood glucose control. The better you glucose control, the less risk for all complications.
- Smokers: we suggest you quit smoking immediately. Smoking increases all of the above risk factors 20-30% especially infection and failure to heal.

## **Warning Signs**

Call our office immediately if you experience any of the following:

- Fever over 100
- Chills
- Persistent warmth or redness around the knee after your dressing is off
- Persistent or increased pain
- Significant swelling in your knee
- Increasing pain in your calf muscle
- Odor from the incision

**GO TO THE ER IMMEDIATELY IF YOU DEVELOP SHORTNESS OF BREATH OR CHEST PAIN!!!!**

## **Outcome**

The majority of patients are able to return to regular activities after 3 months. Most patients can return to a desk job in 8 weeks and a more physical job in 3 months.

Most patients do very well with total knee replacement. The general success rate is 90%. Some people do complain of pain after the procedure. The most common source of pain is the knee cap. Please remember total knee replacement is a purely elective decision and is done for quality of life reasons.

Any medical problems need to be addressed immediately by your primary care physician. No dental cleaning can be performed for 12 weeks after surgery. You will need prophylactic antibiotics for any dental work for a lifetime. This can be arranged by calling the office for a prescription. Any other questions or concerns can be addressed by calling the office.

If you have any questions regarding anything about your procedure or this handout please call us at 716-839-5858 (Amherst location) or 716-508-8252 (Orchard Park location).