

TOTAL KNEE REPLACEMENT

Introduction

Total knee replacement involves replacing the disease in the arthritic knee joint with a metal and plastic device. This requires an incision in the front of the knee, moving some muscles out of the way (not cutting them) and then removing the ends of the bone and either cementing a device in place or on rare occasions putting in a device that is “cementless”. This operation generally takes less than one hour.

Prior to Surgery

It is important to see your medical doctor, internist, family practitioner, cardiologist, or pulmonologist to be evaluated and “cleared” for surgery. You should do this as expeditiously as possible so that your surgery will not be delayed. It is a good idea to try to get your body weight down as low as possible. It is also a good idea to make your leg as strong as possible. Riding a bike if possible, is good. I suggest 20-30 minutes of cardiovascular activity daily for several weeks prior to your operation. I also strongly suggest that you do 300 6 inch supine straight leg raises daily. These exercises should be done in as brief a period as possible. Try to avoid doing 100 in the morning and the next 100 at lunchtime and the remainder after dinner. Try to get all 300 done in as short a period of time as possible.

You should stop taking aspirin or aspirin like products for 14 days prior to surgery. You should stop taking anti-inflammatories drugs like Advil, Aleve, Lodine, Relafen, Naprosyn, etc. at least 7 days prior to surgery. You should stop Coumadin at 5 days prior to surgery. Xaralto needs to be stopped at least 4 days prior to surgery. Celebrex can be taken up until the day before surgery.

Do not eat or drink at least 12 hours prior to your surgery. If you have medicines that you normally take in the morning, you can take them with a tiny sip of water.

You will be given Celebrex to take prior to surgery. I suggest that you take one pill the night before surgery and two pills with a tiny sip of water early on the morning of surgery. You will not be given this drug if you are allergic to sulfa drugs.

When you come to the hospital, you will meet the anesthesiologist who will suggest a spinal anesthetic with a nerve block. Patients with a spinal anesthetic and a nerve block have less nausea and less pain after surgery and are therefore able to get up and move more quickly than patients that receive a general anesthetic.

After Surgery

After the operation, when the spinal anesthetic has worn off, you will be encouraged to start moving your knee continuously. Wiggling your toes, moving your ankles, lifting your leg and

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bending your knees helps prevent blood clots. The more you are able to do this, the safer you shall be.

It is important to get up and walk as soon as possible after the operation. This decreases the risk of blood clots. Getting up sooner will also help you shorten your hospital stay. Shortening the hospital stay will probably decrease the risk of difficult to treat “hospital acquired” infections.

When you are resting, it is important to rest with your knee straight. This helps prevent flexion contractures. If you rest with your knee bent, your knee will tend to stay bent.

You will be encouraged and allowed to put as much weight on your leg as you can. You will be encouraged and allowed to get rid of your crutches, walker or cane as soon as you can.

My goal is to get you home within one day of the operation. If you have not done well enough to go home, you will have to go to an inpatient rehabilitation facility. Inpatient rehab facilities are appropriate for people who cannot safely go home to the environment in which they normally live. In other words, if you have not done well in the hospital, you have to go to rehab. Rehabilitation facilities have some disadvantages. You are surrounded by sick people and may catch their germs. Infection rates are higher if an inpatient rehab stay is necessary. Also, the risk of blood clots is heightened in rehab facilities because patients are sometimes kept in a wheelchair for much of the time. This immobility may lead to blood clots. Therefore, it is generally better to be home resuming your normal life as quickly as possible, rather than spending time in rehab.

Typically, a waterproof bandage is applied after the operation. This can get wet in the shower as soon as you get home. **Please do not scrub, or handle this bandage. It will be removed by me at your postoperative visit.**

For a period of one to three weeks after surgery, you will be visited by a home physical therapist and a nurse from the visiting nurse association in your area. They will help you in your recovery. As soon as you are mobile enough to get out of the house, you can switch over to outpatient physical therapy. This usually continues for six to eight weeks after the operation.

As soon as you can move your leg well enough to manipulate the controls of the car, and you are completely off narcotic medication you will be allowed to drive yourself. There are no arbitrary time limits or restrictions, though it is true that your reaction time might be somewhat slower after the operation. I encourage you to go to an empty parking lot and practice driving before you “take it to the street”.

After surgery, you must work hard for two to three months to achieve the full benefit of your surgical procedure. If you work hard, you will get your life back more quickly and enjoy the likelihood of a good result.

POST OPERATIVE INSTRUCTIONS FOR TOTAL KNEE REPLACEMENT

Medications

You will take a Lovenox shot daily for four days beginning on the first full day at home. When this is complete, you will take one 81 mg aspirin two times daily for one month. If you take Coumadin, Xaralto, or other blood thinners regularly, you will resume that drug as prescribed by the ordering doctor and skip the Lovenox and aspirin.

I suggest you take Celebrex 200 mg twice a day after surgery. If you are allergic to sulfa drugs, you will not take this medication. Extra strength Tylenol should be taken after the operation; take two pills four times/day.

Narcotic pain medicines are usually required after this operation. Typically, Oxycodone will be prescribed. You can take 1-2 of these pills every 4 hours as needed for pain. Occasionally, you will be prescribed a long acting form of this drug called Oxycontin. This stays in the system for approximately 12 hours and may enable you to sleep through the night. If it is prescribed, be sure to take it 12 hours before you want a clear head in the morning. Occasionally drugs such as Dilaudid or Tramadol will be prescribed. If so, you will receive the appropriate prescription.

Please avoid the use of Advil, Aleve, Mobic or similar anti-inflammatory drugs for six weeks after surgery.

The use of stool softeners, like Colace, and laxatives (i.e. Milk of Magnesia, Dulcolax) is advisable. This will help you from becoming constipated.

Exercises

You should walk short distances frequently. I suggest you exercise 4 times/day: breakfast, lunch, dinner and at bedtime.

The first exercise consists of sitting so that your leg dangles, then spend 10-15 minutes bending and straightening your knee as far as you can. Occasionally, take your other leg and use it to gently push your operated knee into greater flexion.

The second exercise is straight leg raises. Lie down on your back, lock your knee straight, and lift it up 6 inches and slowly lower it. Repeat this until your leg is on fire and you cannot do another repetition.

The third exercise consists of lying down with the knee completely straight and relaxed for 30 minutes. This exercise is the most efficient way you can get your knee straight. Getting your knee straight is just as important as getting it bent and getting it strong.

When you are able, getting on an exercise bike is a good idea. You can do this as soon as feel you are able, assuming you have access to one.

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General Care

You will be sent home with an ice machine. I encourage you to use this when your knee is sore and when it is swollen. If you prefer, you can substitute a simple ice pack. Under no circumstances, are you to put heat on your knee.

Wound Care

As previously stated, your bandage is waterproof, and so it can get wet in the shower. Do not rub it, or handle it. Just leave it be. I will remove it at your post operative visit.

Things to Worry About

Severe pain that does not respond to pain medicine as prescribed, is a good reason to call me. A temperature above 101 degrees should probably prompt a call.

A low grade temperature of 99.8 or 100.2 if not associated with severe pain is probably nothing to worry about. If however, a low grade temperature is associated with great pain, call me.

Swelling is quite common for several months after surgery. Swelling that improves with elevation is nothing to worry about. Swelling that gets progressively worse overnight and/or despite elevation, is something to be concerned about. It may be a sign of a blood clot so it should prompt a phone call to the office.

If you think you have a problem, call sooner rather than later. There are so silly questions or phone calls.

Post Operative Appointment

Make an appointment to see me between 12 to 14 after the surgery. If you have any problems or questions, do not hesitate to call the office at 973-538-2334, extension 593. If there is a question or a problem during the day, it is best to call sooner rather than later in the day. There are no silly questions.