

## Total Knee Replacement

Total Knee Replacement is one of the more successful Orthopaedic interventions done today. The majority of patients undergoing TKR wish that they had done it sooner. Success of the procedure is determined largely by the patient as therapy after surgery to regain motion and strength is as important as the procedure itself. Most of the therapy gains occur in the first three months but clearly full recovery can take as long as 12 months. Return of straightening and bending of the knee is **critical** in the first 2-4 weeks. Patients should do what is necessary to make themselves comfortable enough to fully participate in postoperative therapy. Below are the most common risks associated with total knee replacement:

1. Infection is a rare but devastating complication following TKR. It can require removal of the prosthesis and 6 weeks of IV antibiotics in order to eradicate the infection. If it is recognized early after surgery, the prosthesis can sometimes be salvaged. It is important to make certain that any pending dental work be done prior to your surgery as there is a risk of seeding your knee implant during and after TKR. A urine culture will also be done as part of your pre-operative evaluation to make certain you do not have an asymptomatic urinary tract infection. We strongly recommend that patients take prophylactic antibiotics prior to dental work after knee replacement on a long term basis.
2. Stiffness is a recognized complication after TKR. It is critical that the patient push themselves in the early postoperative period to regain the ability to both bend and straighten their new knee. A small percentage of patients may require further surgery in order to optimize their motion after knee replacement.
3. Blood clots (DVT) are another recognized complication of knee replacement surgery. You will be given a blood thinner before and after surgery to minimize the risk of DVT. This medication will be continued for close to a month following surgery. A nurse will help you to monitor blood levels of this medication once you are at home.
4. Bleeding can occur both during and after knee replacement surgery. It will sometimes be severe enough that a transfusion will be necessary to replenish your blood supply.
5. There are many causes for both early and late failure after knee arthroplasty. Fortunately, most of today's designs produce better than 90% survival of the implants at 15 years after implantation.
6. Anesthesia risks are always a concern with any surgical intervention. Your risk with anesthesia is closely tied to your overall medical health. The anesthesia staff will give you a better sense of what your anesthetic choices are and the inherent risks of each.

### After Surgery:

1. You will typically be in the hospital for 3-5 days after surgery.
2. Depending on your home situation, you may require a rehab stay after hospitalization and prior to returning home.
3. A physical therapist from the VNA will come to your home after your return from the hospitalization.
4. Blood draws will be done on Mondays and Thursdays when you return home in order to adjust your blood thinning medication. You should wait to hear from the office on those days before taking your medication. Please take your Coumadin at night once you return home so that these adjustments can be made without disrupting your scheduled dosing.
5. You may or may not require outpatient physical therapy after the VNA therapy is completed. This will be decided at your follow-up visit with information from your home therapist.

### Follow-up Visits:

- 7-10 days for suture removal \*
- 4 weeks with x-rays
- 8 weeks
- 12 weeks
- 6 months
- 12 months with x-rays

\*sutures may sometimes be removed by VNA nurse at your home.