TOTAL KNEE ARTHROPLASTY

Frequently Asked Questions*

Total knee arthroplasty is a major event in every patient's life. Understandably, patients and their family have questions and concerns relating to the surgery itself as well as to their recovery process. We have tried to inform our patients about their procedures and recovery with our preoperative office discussions, as well as encouraging patients to attend a preoperative teaching class at the hospital. In order to further supplement this, we have adapted the following list of questions that patients and their families often raise with us, before, during, and after their surgery.

It should be noted that what follows is generalized information, and patients should always contact their physician with any particular questions or concerns.

I. PREOPERATIVE QUESTIONS:

Question: *What is the chance for success?*

Answer: In our practice, we define success by the ability to answer "yes" to the following three questions:

- Are you glad you had the operation?
- Did it fulfill your expectations?
- Would you do it again?

Approximately 97% of patients at one year answered yes to all three questions.

Question: *What is the recovery time?*

Answer: Everyone heals from surgery at a different pace. It is difficult to compare yourself with others, as individual situations lead some patients to recover faster than others; however, in general, patients will use a walker or crutches while in the hospital. These devices are typically for balance, and patients may weight-bear as their comfort allows. It is our experience that as patients comfort, confidence, and strength allows, they may progress to a cane. Similarly, when patient's comfort, confidence and strength allows, they progress off of the cane. Typically, patients may progress to a cane at 2-3 weeks. By 4-6 weeks' time, many patients are not requiring any external supports. It may take up to 3 months to return to normal function and patients continue to improve, as far as their comfort, mobility, and function for up to a year after their surgery.

Question: *Will I go to a rehabilitation facility or home?*

Answer: It depends. Many people are able to go home after their operation; however, you may go to a rehabilitation facility in order to gain the skills you need to safely return home. Many factors will be considered in this decision. These factors include the availability of having friends or family to assist you at home, a safe home environment, postoperative functional status as determined by a physical therapist in the hospital, and overall evaluation by your hospital team.

Question: *When can I drive?*

Answer: This varies from patient to patient depending upon one's comfort and confidence. Typically, patients may drive when they are using a cane comfortably and not taking narcotics. Do not drive if you are taking narcotics. Some surgeons do not allow the patient to drive until after they have been seen in the office at 4-6 weeks after surgery. Check with your surgeon.

Question: *When can I travel?*

Answer: You may travel as soon as you feel comfortable. It is recommended that you get up to stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots. It is our recommendation that if you are embarking on a long trip within the first three months following the surgery that you take one 325mg Aspirin twice daily beginning 2 days prior to your trip and completing this regimen 2 days following your trip. You may want to contact your primary care physician should you have a history of stomach ulcers or allergies.

Question: *When can I return to work?*

Answer: It depends on your profession. If a patient has a sedentary or desk job, they may return to work in approximately 3-6 weeks. If your work is more labor intensive, patients may require up to 3 months before they can return to full duty. In some cases, more or less time is necessary.

Question: *What activities are permitted following surgery?*

Answer: You may return to most activities as tolerated including: walking, gardening, golfing, and mild hiking. Some of the best activities to help with motion and strengthening are swimming and using a stationary bicycle. Other activities typically enjoyed are fitness machines such as an elliptical machine or Nordic Track gliding machine. High impact activities such as running, jumping, and open field sporting activities as well as singles tennis, squash or racquetball should be avoided.

Snow skiing is frequently enjoyed by patients who have a significant prior experience with skiing. It should be noted, however, that downhill skiing does pose a risk. The risk comes not from the act of skiing itself, but rather from potential injury due to a serious

fall or collision with another skier. Patients should avoid black diamond slopes and moguls. If you do wish to return to skiing, be aware of the risks and ski only under good conditions. It is ill-advised to take up skiing after surgery if you have had little experience with it previously.

Question: *How long will my knee surgery last?*

Answer: This varies from patient to patient. For each year following your knee replacement, you have a 1% chance of requiring additional surgery. For example, at 10 years postoperatively, there is a 90% success rate without the need for further surgery.

Question: *What medication should I stop prior to surgery?*

Answer: Ibuprofen and Aleve should be stopped 7 days prior to surgery. Aspirin (1 a day), Celebrex, do not need to be stopped prior to surgery.

Question: *Is there a role for "MIS" (minimally invasive surgery/minimal incision surgery)?*

Answer: It is true that today's incisions for total knee replacement are typically shorter than in the past. We find patients are recovering faster than previously due to a variety of factors including patient motivation, physical therapy advances and improvements in preoperative pain control. Further information regarding MIS surgery is best obtained from the American Association of Hip and Knee Surgeons Position Statement on MIS surgery. Please see the following link to this position statement for further information regarding this - *http://www.aahks.org/pdf/MIS_Patients.pdf*

Question: *Is there a role for computer assisted surgery?*

Answer: This is developing technology that perhaps may improve on an already very successful procedure. It may be especially useful in situations where patients have had prior surgery with retained hardware or unusual deformities. Your surgeon will discuss with you whether he believes there is a role for computer assisted surgery on an individual basis. For an unbiased summary of computer assisted surgery we refer you to the American Association of Hip and Knee Surgeons Position Statement on computer assisted surgery. Please see the following link for further information - *http://www.aahks.org/pdf/CAOSpositionstatement.pdf*

II. PERIOPERATIVE QUESTIONS (Questions that frequently arise while patients are hospitalized).

Question: *When can I shower or get the incision wet?*

Answer: If your dressing has been unstained for a 24-hour period and there is no drainage, then you can shower. You should avoid immersing your incision under water. When drying the incision, pat the incision dry, do not rub it.

Question: *When can I immerse my knee totally such as in a bathtub or swimming pool?*

Answer: Your knee can be totally immersed 4 weeks after surgery.

Question: *How often should I use the CPM (continuous passive motion) machine?*

Answer: If you are given a CPM machine, you will probably start soon after surgery and use it 6-8 hours per day while hospitalized. The amount of bending will be gradually increased. Schedules vary widely from patient to patient. Very rarely do patients go home with a CPM machine. There is no consensus among surgeons as to the absolute need for CPM.

Question: *How long do I need a bandage on my incision?*

Answer: A bandage is applied for approximately one week and changed daily to a new dry sterile dressing. Sometimes its use is continued to prevent irritation from clothing.

Question: *When will my sutures or staples be removed?*

Answer: Sutures are removed approximately 2 weeks after surgery. This may be done by a visiting nurse if you are at home, or by the rehabilitation staff if you are in a rehabilitation facility. Sometimes sutures dissolve on their own and do not have to be removed.

III. PERIOPERATIVE QUESTIONS (Questions frequently arising when patients have been discharged from the hospital).

Question: *How long will I be on pain medication?*

Answer: It is not unusual to require some form of pain medication for approximately 8-12 weeks. Initially, the medication will be strong such as a narcotic. Most people are able to discontinue the strong pain medication after approximately 4-6 weeks and switch to an over-the-counter medication such as acetaminophen or ibuprofen.

Question: *How long will I be on a blood thinner?*

Answer: Various options, including pills and injections are available to thin your blood and help prevent blood clots. Your surgeon will chose a therapy based on your medical history and possibly on tests done before you leave the hospital.

Question: *Can I drink alcohol during my recovery?*

Answer: If you are taking Warfarin (Coumadin), a blood thinner, you should avoid alcohol intake because alcohol modifies the effect of this medication. You should also avoid alcohol if you are taking narcotics. Beyond this, you can use alcohol in moderation at your own discretion.

Question: *What are good and bad positions for my knee during recovery?*

Answer: You should spend some time each day working on both flexing (bending) and extending (straightening) your knee. It is a good idea to change positions every 15-30 minutes. Avoid a pillow or roll under your knee. A roll under the ankle helps improve extension and prevent a contracture.

Question: *Should I apply ice or heat?*

Answer: Initially, ice is most helpful to keep down swelling. After several weeks you may also try using heat and choose what works best for you.

Question: *How long should I wear compression stockings?*

Answer: Recommendations may vary from surgeon to surgeon. After you are home, you may try going without the stockings and see whether or not your ankles or feet tend to swell. If they do, wear the stockings during the day until the swelling returns to what was normal before surgery.

Question: *Can I go up and down stairs?*

Answer: Yes. Initially, you will lead with your un-operated leg when going up stairs, and with your operated leg when coming down. As your muscles get stronger and your motion improves, you will be able to perform stairs in a more normal fashion, usually in about one month. A good rule of thumb to remember when deciding which leg to lead with is “up with the good, down with the bad.”

Question: *Will I need physical therapy.?*

Answer: Yes. A physical therapist plays an important role in your recovery. You will be seen by a physical therapist soon after your operation and throughout your hospital stay. Once you are home, your therapist will probably visit with you 2 to 3 times a week to assist with your exercise program. You will also be taught a series of exercises that you can perform on your own without supervision. A written list will be provided by your physical therapist. In addition, swimming and using a stationary bike are good exercise options. These exercises can be continued indefinitely, even after your recovery is complete.

Question: *When can I resume sexual intercourse?*

Answer: As soon as you are comfortable.

IV. <u>POSTOPERATIVE CONCERNS</u>.

Question: *I feel depressed. Is this normal?*

Answer: It is not uncommon to have feelings of depression after knee replacement surgery. This may be due to a variety of factors such as limited mobility, discomfort, increased dependency on others, and medication side effects. Feelings of depression will typically fade as you begin to return to regular activities. If your feelings of depression persist, consult your primary care physician.

Question: *I have insomnia. Is this normal, and what can I do about it?*

Answer: Insomnia is a very common complaint following knee replacement surgery. Over-the-counter remedies such as Benadryl, melatonin, Tylenol pm or another over-the-counter sleep aid may be effective. If this continues to be a problem, prescription medication may be necessary.

Question: *I am constipated. What should I do?*

Answer: It is very common to have constipation after surgery. This is due to a number of factors and is aggravated by the need to take narcotic pain medication. A simple over-the-counter stool softeners (such as Colace) is the best prevention for this problem. In rare cases, you may require a suppository or enema.

V. <u>POSTOPERATIVE CONCERNS</u> (LONG TERM)

Question: *How much range of motion do I need.?*

Answer: Most people require 70 degrees of flexion to walk normally on level ground, 90 degrees to ascend stairs, 100 degrees to descend stairs, and 105 degrees to get out of a low chair. To walk and stand efficiently, your knee should come within 10 degrees of being fully straight.

Question: *What range of motion should I expect from my knee after 6 weeks and after one year?*

Answer: Everyone's range of motion varies and depends on many individual factors. Your potential will be determined at the time of your surgery. The average patient achieves approximately 115 degrees of flexion by one year after surgery. Some patients achieve less, and others much more.

Question: *I think my leg feels longer now. Is this possible?*

Answer: In the majority of cases your leg length will essentially be unchanged. In some cases, however, the leg is lengthened. This is usually the result of straightening out a knee that preoperatively had a significant bow. At first the increased length may feel

awkward. Most people become accustomed to the difference, but occasionally, a shoe lift may be necessary in the opposite extremity.

Question: *Can I use weights when I exercise?*

Answer: Generally, weights are not used for the first 2 months after surgery. As you progress with your physical therapy program, your physical therapist may recommend the use of weights. These should be limited to light weights progressing from 1 lb. to a maximum of 5 lb.

Question: *Will I set off the security monitors at the airport? Do I need a doctor's letter?*

Answer: You will probably set off the alarm as you progress through the security checkpoint. Be proactive and inform the security personnel that you have had a knee replacement and will most likely set off the alarm. Wear clothing that will allow you to show them your knee incision without difficulty. We do provide patients with a credit card that identifies them as having knee replacement; however, patients will usually be screened by security as well.

Question: *Do I need antibiotics before having dental work or any other invasive medical procedure?*

Answer: Yes. This is in order to limit the possibility of an infection occurring in the knee due to bacteria in our mouths getting into the bloodstream and traveling to the knee joint. Typically patients take 2 grams of amoxicillin or cefazolin 1 hour prior to dental work. Patients with a penicillin allergy often take clindamycin 600mg 1 hour prior to dental work. You will be given a card that describes this in the mail. Avoid any dental cleaning and other non-urgent procedures for approximately 3 months following knee replacement surgery.

Question: *Can I kneel.*

Answer: After several months you may try to kneel. It may be painful at first, but will not harm or damage your knee replacement. Much of the discomfort comes from healing on your recent incision and the healing local tissues. Kneeling generally becomes more comfortable as time passes. Always use a pad under your knee.

Question: *Can I return to downhill skiing?*

Answer: Downhill skiing poses a risk. If patients have a significant prior skiing experience prior to their knee surgery, they may resume downhill skiing between 6 to 12 months following surgery. For who have not had experience with downhill skiing, it is inadvisable for patients to begin skiing.

The risk from skiing comes not from the act of skiing itself, but rather from potential injury due to a serious fall or collision with another skier. Avoid skiing black diamond slopes and moguls. If you ski, be aware of the risks and ski only under good conditions.

Question: *When do I need to follow-up with my surgeon?*

Answer: Follow-up appointments are usually made postoperatively at 4-6 weeks after surgery followed by yearly and then every other year visits. These appointments are necessary to monitor the fixation of the prosthesis and evaluate the potential wearing out of the plastic articulation.

Question: *My knee makes an intermittent clicking or bumping noise. Is this normal?*

Answer: Yes. This is normal as the metal articulation is contacting the plastic. This is not a harmful situation and the majority of patients do experience this.

Question: *Why does the skin around my knee feel numb?*

Answer: This is a normal and expected finding. The sensory nerves are interrupted with the knee incision resulting in an area of numbness around the knee, especially on the lateral aspect of the incision. Often, this improves over the course of one year, but may always feel somewhat different.

Question: *What should I be worried about?*

Answer: There are issues that are abnormal and require a call to the physician. These include:

- Increasing redness about the wound.
- Increasing pain and swelling, though it is normal to have increasing swelling following activity. It is also normal for the operated knee to feel warmer than the un-operated knee.
- A temperature of more than 101.0 as well as drainage from the incision should prompt a call to the physician.
- Leg or foot pain and swelling that does not resolve with overnight elevation and use of compression stockings as well as bleeding gums or blood in ones stool or urine should prompt a call to the physician's office.

At this time, we are using Johnson & Johnson Depuy Total Knee System.

* Scott RD: Total Knee Arthroplasty. Elsevier, Philadelphia, PA; 2006; pp141-144.