

## Total Knee Arthroplasty FAQ

### Pre-Operative Questions

1. What is the recovery time?

A: Everyone heals from surgery at a different pace. Standard in our practice is use of walker or crutches for 2 weeks. After that patients usually transition to one crutch or a cane for the next few weeks. These devices are used for balance, patients are able to bear full weight after the procedure. By the 4-6 weeks mark after surgery many patients are not requiring any assistive device. It may take up to 3 months to return to normal function and patients continue to improve as far as pain relief, range of motion, and function for up to a year after surgery.

2. Will I go to a rehabilitation facility or home?

A: Our first choice is to get you home after surgery; however, you may go to a rehabilitation facility in order to gain the skills you need to safely return home. Many factors include the availability of having friends and family to assist you, a safe home environment, and post-operative functional status as determined by a physical therapist in the hospital, and overall evaluation by your hospital team.

3. When can I drive?

A: 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.

4. When can I travel?

A: You may travel by car short distance as soon as you feel comfortable. It is recommended that you get up and stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots. You may fly at 6 weeks post op.

5. When can I return to work?

A: 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.

6. What pre-operative testing will I need before surgery?

A: A pre-operative work-up is mandatory for all joint replacement patients. At this visit, you will be asked about your medical history, previous surgeries, illnesses and current state of health.

You will also undergo a series of tests, such as lab work, urinalysis, nasal swab, X-ray, EKG and / or stress test. If you see a cardiologist, you will need to make an appointment with them for a pre op risk assessment.

7. What medications will I need to stop before surgery?

A: Some medications thin your blood, increase the risk of bleeding after surgery, or interfere with healing. These medications may need to be stopped before surgery. If you take medications that contain aspirin, anti-inflammatories (such as ibuprofen, [Motrin<sup>®</sup>, Advil<sup>®</sup>], naproxen [Aleve<sup>®</sup>]), blood thinners (such as warfarin, [Coumadin<sup>®</sup>]) or arthritis medications, ask your surgeon when to stop taking these medications. Because blood-thinning medications affect clotting and bleeding, these medications (plus all your other medications) will be reviewed with you either at your pre-admission visit or by your surgical team. If you have any questions about your medications, please contact your surgeon's office.

8. What time is my surgery scheduled?

A: You should receive a call from the surgeon's office to confirm your procedure and the time you need to arrive at the hospital. If you do not receive a call by 3:00 p.m. the day before surgery, please call your surgeon's office. For Monday surgery, call Friday afternoon. You will be told which medications to take the morning of surgery with a small sip of water.

**Do**

- Remove nail polish. Gel or no chip polish is ok on fingernails.
- Shower and wash your hair the night before. Bathing helps reduce the amount of bacteria on the skin and may lessen the risk of infection after surgery. Use the antibacterial soap provided and follow the instructions.
- Sleep in clean pajamas or clothes.
- Sleep on freshly laundered linens.
- Get a good night's sleep – it's important to be well-rested before surgery.

**Do Not**

- Do NOT eat or drink anything after the time you were instructed; ice chips, gum, or mints are NOT allowed.
- Do NOT use lotions or powders.
- Do NOT shave before surgery.
- Do NOT shower the morning of your surgery

## Postoperative questions

1. When can I shower and get my incision wet?

A: Right away. You may let the water and soap run over your incision. Make sure incision is dry before getting dressed. Do not put any lotions or creams on incision for 4 weeks. Do not immerse in a bath tub, shower or hot tub for 4 weeks.

2. How long will I be on pain medication?

A: It is not unusual to require some form of pain medication for approximately 4 weeks. Most people are able to discontinue strong pain medication such as a narcotic within the first few weeks and switch over to an over-the-counter medication such as acetaminophen or ibuprofen.

3. How long will I be on a blood thinner?

A: Various options, including pills and injections are available to thin your blood and help prevent blood clots. Your surgeon will choose a therapy based on your medical history.

4. What are good and bad positions for my knee during recovery?

A: 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. Do not spend too much time in a recliner. Make sure you are lying flat several times a day with your toes elevated above your nose to prevent swelling.

5. Should I apply ice or heat?

A: 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.

6. Can I go up and down stairs?

A: 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 a month.

7. When can I resume sexual intercourse?

A: As soon as you are comfortable.

8. I am having a hard time sleeping. Is this normal, and what can I do about it?

A: Insomnia is a very common complaint following knee replacement surgery. Limiting naps during the day and using over-the-counter medications such as melatonin, Tylenol PM or another over-the-counter sleep aid may be effective.

### **Long term postoperative questions**

1. Will I set off the security at the airports? Do I need a doctor's letter?

A: You will probably set off the alarms 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 not provide patients with a credit card that identifies them as having knee replacements anymore. Patients will usually be screened by security.

2. Do I need antibiotics before having dental work or any other invasive medical procedures?

A: 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. Avoid any dental cleaning and other non-urgent procedures for approximately 3 months following knee replacement surgery. You will also need to call us before a colonoscopy so we can send in antibiotics to your pharmacy.

3. Can I kneel?

A: 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.

4. My knee makes an intermittent clicking or bumping noise. Is this normal?

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

5. Why does the skin around my knee feel numb?

A: 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 outside aspect of the incision. Often, this improves over the course of one year, but may always feel somewhat different.

