Dr. Tozzi’s and Dr. Roehrig’s

Patient Guide to Total Knee Replacement

This guide is meant to help you better understand your upcoming knee surgery. It is generalized information, and individual patients have unique, individual circumstances which can impact their operation and their surgery experience. Contact your surgeon with any particular questions or concerns.

Arthritis is the process of wear and destruction of the cartilage (the “cushion”) in your knee, leading to inflammation, swelling, pain, and sometimes deformity. Total knee replacement removes arthritic bone and cartilage, replacing it with metal and high-grade plastic, providing you with a well-aligned, well-functioning knee that does not have arthritic pain.

-----------------------------------

· Your knee replacement will be performed at Jersey Shore University Medical Center.

· Average time spent in the hospital is 2–3 days.

· The surgery takes about 60–90 minutes to complete. The entire surgical process (anesthesia, preparing and sterilizing, x-rays) adds another hour or so for the family that is waiting to hear that all the work went well and is completed.

· Most patients then go directly to an inpatient rehabilitation facility for a variable length of time, depending on their mobility and home situation. This is strongly recommended, as it allows for therapy multiple times per day and teaches techniques for caring for yourself at home.
You will receive **physical therapy** in the hospital, at Rehabilitation, and as an outpatient. This usually includes walking, stairs, motion exercises, and a continuous passive motion (CPM) machine that bends and straightens your knee for you while you are in bed.

**Recovery time** is variable. In the early months of healing, try not compare your knee replacement to other patients’ or to your other knee (if replaced). Each knee is unique and recovers at a different rate. Most patients can progress from a walker to cane within 2–3 weeks, not require the cane in 4–6 weeks, and be functioning well at 2–3 months. Comfort, mobility, function, and strength continue to improve up to **one year after surgery**.

**Risks an Potential Complications:** The following is a (non-comprehensive) list of risks and possible complications that you will also find on your consent form for surgery. Fortunately, most are very uncommon.

- Bleeding, infection, wound healing difficulties, stiffness, instability or looseness, blood clots, nerve or blood vessel damage, very rare loss of extremity, fracture, loosening of the implants, wearing away or breakage of the implants, “clicking or crunching” sensations in the knee, tendon damage or failure, failure of surgery to relieve all of the pain, loss of function, need for more surgery, and anesthesia risks not limited to stroke, heart attack, death

**Knee Range of Motion:**

- Maintaining the full extension (fully straight position) achieved at the time of your surgery is as important as how far you are able to bend your knee after complete healing. You will be taught exercises to help with this important goal.
How far you can bend your knee after complete healing depends on how stiff the knee is before surgery and each individual’s healing/scarring response to the surgery, and is therefore very difficult to predict. A knee replacement that can fully (or nearly fully) straighten, and bend >110 degrees will function well in activities of daily living. Kneeling is sometimes uncomfortable after a knee replacement, but will not harm the knee.

**The Incision:**

- Your first post-operative visit to your surgeon’s office is about 2–3 weeks from your surgery date. The staples that close your incision will either be removed at rehab or in the doctor’s office approximately 2 weeks from surgery.

- The incision must be kept dry until the staples are removed. You should not immerse the knee in water (bath, pool, lake, ocean) for 4 weeks from surgery.

**Blood thinners** will be prescribed for 2–3 weeks after your surgery to help reduce the risk of blood clots, a well-known concern with joint replacements. Examples of these medications include Xarelto, Arixtra, Lovenox, Coumadin, and Aspirin.

**Driving** may resume after:

- **LEFT** knee replacement – when off narcotic pain medicines and able to get in and out of the car on your own

- **RIGHT** knee replacement – when off narcotic pain medicines and able to step on the brake quickly and firmly (usually ~6 weeks)
· **Returning to work** varies on your recovery and your duties at work. It may be as soon as a few weeks, or as long as a few months.

· You may **travel** when you are comfortable and have finished the post-operative course of blood thinners (2–3 weeks), but we strongly recommend taking a break every hour during long trips to get up and stretch and walk. The risk of blood clots is higher than usual in the post-operative period.

· **Sports and activities** that you can participate in are numerous. You should avoid **high or repetitive impact** activities like running, jumping, and open field sports including soccer, football, and aggressive basketball.

· **Dental work**: Antibiotics will be prescribed to you prior to any dental work or invasive medical procedure in the future. This will help lessen the risk of bacteria in your mouth reaching your blood stream and your knee joint. Please call your surgeon for this prescription a few days before your appointment. Avoid non-urgent dental work and procedures for 3 months following your knee replacement.

· **What else to expect:**
  
  o It is normal for the knee to be swollen and warmer than the other knee. Icing the knee regularly will be helpful during the first month or two.

  o Numbness of the skin to the side of your incision is very common and usually improves with time, but may always feel different to the touch. The knee replacement will sometimes feel like it “clicks” or “clunks”. This is normal and is due to the metal and plastics parts touching each other. If it is persistent or painful, notify your surgeon.
Your new knee may set off metal detectors (airport, courthouse, etc.) and no letter or card from your doctor will change how security workers handle this. Wear loose fitting clothes to easily allow you to show them your incision during the screening process.

Knee replacements can last a very long time. There is an 80–90% chance that your joint replacement will still be functioning well 20 years after your surgery. It is impossible to predict how long your new knee will last before more surgery may be necessary to change out worn or loose parts. The newest technology is improving the lifespan of these implants.

Minimally invasive surgery and computer-assisted surgery have a role in certain situations. Please refer to the following link for the American Association of Hip and Knee Surgeons position statement on these issues:

http://www.aahks.org/patients/resources/MIS_Patients.pdf

http://www.aahks.org/patients/resources/CAOSpositionstatement.pdf

Things to be concerned about include:

- Painful leg swelling
- Worsening redness
- Persistent drainage from the incision
- Fever >101 degrees

*These symptoms should prompt a call to your surgeon’s office.