New Knee Owner’s Manual

Outpatient

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Congratulations on your decision to have a knee replacement! Knee replacement is one of the most successful surgeries in modern medicine. Approximately 700,000 patients have their knees replaced each year in the United States. Patients’ with knee replacements nearly always (more than 90%) are highly satisfied, and typically are able to return to physical activity that they might otherwise have been unable (tennis, golf, cycling, skiing, and walking). This guide is meant to help you understand your outpatient knee replacement surgery and how to achieve the highest possibility of long lasting success. Did you know that knee replacements performed in a surgery center as an outpatient have a lower chance of blood clots and lower chance of infection than at a hospital, and that you will be up walking within hours of your surgery? Did you also know that most knee replacements last well more than 20years? I will now discuss some physical and mental and medical preparations that will get you ready for your surgery, and then later describe what we anticipate your postoperative rehabilitation will be, and lastly explain how to stay healthy with your new knee replacement.

**Physical Preparation**: Your knee replacement will be physically taxing/difficult. I know you have difficulty exercising because of your knee, but you should make an effort to get into better shape before surgery. You should start going for easy bike rides or short walks, and doing simple straight leg raise exercises and chair squats. Also start trying, after a short walk or bike ride, to stretch your knee all the way out straight and all the way bent. The week before surgery, you may continue to stretch but avoid prolonged exercises since you want to be totally rested and full of energy on surgery day.

 

Straight Leg Raise Chair Squat

**Mental preparation** is also very important. I was impressed earlier in my career from one of my colleagues in northern Florida, who practiced in a 20member orthopedic group. The nurses at the hospital wanted to do a study on pain management after knee replacement surgery, and were shocked when they discovered that my friend who had much lower pain scores used the same surgical technique and the same pain medications as his colleagues. Why were his pain scores SO MUCH BETTER when than everyone else? After an investigation, it was discovered that he spent considerably more time explaining to his patients before and after the surgery about what they should expect and how he was going to help them. Quite simply, his patients were not anxious or afraid, and they improved more and had less pain because of their mental preparation. So, before the surgery you should understand that it is NORMAL to have moderate pain after the procedure. However, the medications that are used before, during, and after the surgery will help you manage (not eliminate) this pain. You should also develop a strategy to overcome the pain by reading books or watching movies or doing crossword puzzles or knitting/sewing, which works to take your mind off of your pain. You will not be able to be on your feet as much as you normally are, and if you lie in bed with nothing to do to take your mind off the pain then your pain will escalate. It is normal to have more pain and stiffness and swelling in your knee for the first 1-2months after your surgery, and at about 1-2months to have pain levels similar to before surgery, and then at 3months to have pain levels that are better than you had before the surgery. You also have to understand that the knee replacement is generally a marvelous procedure, and you will get through it and be able to enjoy several decades of relief if you follow these instructions.

**Medical preparation**: Before the surgery, Dr. Bright suggests that you see your medical physician for a medical clearance. This is sort of like the check with flight control before we take the plane out of the gate. Your medical doctor will likely check your blood pressure and heart and lungs, and order or review blood work to make sure your blood and kidneys and everything else is in the best possible condition. Be sure you take a list of your medical conditions and your medications to both Dr. Bright AND your personal medical doctor AND the surgery center, since everyone wants to do a good job, and we can best accomplish this when we know the WHOLE story.

**Dentist:** You should also see a dentist if you haven’t done so within the last 6months. It turns out that more than half of the knee replacements that become infected have bacteria that can be directly traced back to your mouth, and bad teeth can cause you to have a bad knee surgery. If your dentist finds something suspicious, you should get it fixed BEFORE your knee surgery to prevent complications.

It is also suggested that you attempt to lose weight and stop smoking. Patients who are overweight on average have slightly worse outcomes with knee replacement, and additionally are at a higher risk of complications such as wound problems and infection and blood clot. Smoking has been shown to double the chances of wound infection and blood clot, so you must quit at least 2 wks before surgery. I realize that some people are unable to stop smoking and some are unable to lose weight, but there are resources that you can use. 1-800-stopnow is a hotline that is free to help stop smoking, and Weight Watchers is a great resource to help lose weight.

**Medications**: One week before the surgery, you should stop taking any anti-inflammatory medications such as advil, motrin, naproxen, mobic, and alleve. It is okay to take celebrex, since this medication does not cause bleeding and may help your pain before and after the surgery. You should also stop any herbal medications such as st john’s wort or garlic. You should also stop any oral estrogen products, since these will increase the chances of getting a blood clot. You should also stop taking any blood thinner medications such as aspirin, plavix, xarelto, or Coumadin (after coordinating with your medical doctor).

Prior to the surgery and continuing after the surgery, Dr. Bright suggests that you take Tylenol 4times/day and celebrex once a day. These medications will help control your pain and help improve your rehabilitation. Do not take celebrex if you are allergic to sulfur or anti-inflammatory medications or have kidney failure. In addition to Tylenol and Celebrex, Dr. Bright usually gives you a prescription for oxycodone, which is a narcotic and has a chance of significant side effects (constipation, nausea, dizziness, and addiction). Only take the oxycodone when you must, since studies have shown that the more that you take then the higher the chance of addiction and side effects. After surgery, it is common to develop constipation from the pain medications and inactivity, so you should also take a stool softener such as colace or pericolace and drink lots of fluids to help prevent this. After the surgery, you should take aspirin 325mg once a day to prevent blood clot. If you have had blood clots before or normally take a different blood thinner medication, then check with Dr. Bright about what you should do instead of aspirin. You will also be ordered an SCD machine that compresses your legs for your home to use for the first two week after surgery to prevent blood clot.

**Surgery**: Prepare your home before the surgery. Remove any rugs or bath mats or electrical cords that might trip you up. Stockpile easy to prepare (and digest) foods, especially clear liquids like Gatorade. Pick out loose fitting clothes as well as books and movies or crossword puzzles to occupy yourself after the surgery and distract you from the pain. Make sure your portable phone or mobile phone and charger will be within easy reach. Ask your friends and family if they can visit you after the surgery and bring food or movies, but also ask them to avoid you if they are ill or are a mental burden.

The night before surgery and again on surgery morning, you should thoroughly wash your knee with antibacterial soap and water. Do not eat or drink after midnight the night before surgery. . You should use the ice (or ice machine) for 30minutes every few hours.

**Wound Care:** Dr. Bright uses a water tight skin closure covered with dermabond (that is like superglue) without staples that is waterproof. The day after surgery, you can remove the initial gauze but NOT the transparent dermabond, and then leave the wound open to the air. You will be allowed to take a shower the day after your surgery. Do not attempt to stand in the shower on your new weak/stiff/painful knee since you may fall. Do not put any baby oil or Vaseline or similar lotions on the wound since this will dissolve the wound closure system. After 3weeks, you can soak the dermabond with baby oil and peel it off, and then may get in a pool. If the knee wound starts to leak or drain, then contact Dr. Bright.

It is normal to have a slight fever, up to 101.5 degrees, after the surgery. You should attempt to take 10 deep breaths every hour, and cough up any phlegm in your airways (and spit it out or swallow) so it doesn’t linger in your lung. If you experience significant shortness of breath, or a fever more than 101.5, then you should contact Dr. Bright.

It is normal to develop constipation after the surgery. You should take a stool softener, such as colace, to help prevent and treat constipation. It helps to drink fluids and get up and walk. The pain medications make constipation worse, so try to take only the amount that is necessary to manage your pain.

**Physical therapy**: PT is critical to the success of your knee replacement. When you are in bed, you should try to keep your knee out straight (extended) without a pillow behind it. If you keep pillows behind your knee, your knee can develop a contracture and then not straighten fully. When you are up in a chair, you should try to slide your foot backwards and make the knee bend. Slow, gentle, consistent pressure should help getting it to flex. Long term knee results are based on flexion of the knee, and our early goal is to avoid walking long distance but instead working on flexion. If you walk long distances or do a lot of strength exercises, then the knee can become painful and stiff and then be unable to bend the way we want. Once you have achieved consistently 120degrees of flexion, THEN you can start a strengthening and endurance program.

**Long Term, pops and clicks and more**: There are a few other things you should know. It is normal to have some slight numbness on the outside of your knee from the surgery. This does not affect the knee, but rather is a side effect of the surgical incision. Your knee may also swell slightly, and for the first few months can remain slightly warmer than your other knee.

Your knee replacement is made out of durable plastic and ceramic and can make pops and clicks. Your knee replacement will also likely cause the metal detectors to go off at the airport, so be considerate to the screeners. Special cards don’t seem to help the airlines, since the terrorists could make their own cards too, so don’t bother getting some special card. You should take antibiotics a half hour before any dental cleaning or procedures to prevent infection.

If you develop significant pain or clunking or other mechanical issues, then you should follow up with Dr. Bright. Your knee replacement is likely to outlive you, and is considered one of the best medical treatments available for quality of life gained. Please contact Dr. Bright with any questions. You can also find additional information about knee replacements on his website, [www.ABrightMD.com](http://www.ABrightMD.com)

Home Care Orders Knee Replacement:

Ice machine up to 30min at a time every 2-4hr until nerve block wore off and return of feeling on thigh, then may increase too few hours at a time

SCD machine when in bed or not ambulating

PT FULL weight bear on day of surgery. Fall precautions. Safety for transfers. Gait training. When knee is not bleeding and pain controlled and able to ambulate safely (usually within 2-3days), THEN Knee ROM exercises. Work on ROM to 120deg first THEN work on strength/endurance

Change or reinforce dressing with sterile gauze as needed. Dressing change on POD2 to silver mediplex dressing to cover entire surgical wound, then patient may shower with dressing in place. Leave mediplex silver dressing on for a week, then remove and if wound dry then may shower without dressing. If still wound drainage then call dr. bright

Aspirin 325mg PO daily for 2wks

Tylenol 325mg, 2tab four times a day

Oxycodone 5mg every 4hr when necessary for severe pain

Celebrex 200mg daily for 4wks

Colace 100mg PO BID, d/c when BM regular

Zofran 4mg PO q4hr prn IF you are prone to nausea

Walker. Elevated Commode.

Sleep with knee extended and NOT with pillow behind knee since can cause contracture.

Encourage cough and 10 deep breath every hour

Notify Dr. Bright if Temp >101.5 or sign of infection or DVT or significant bleeding.