

Knee Replacement

Indication for Surgery:

We feel that knee replacement surgery is indicated in people with severe arthritis of the knee who have failed to obtain pain relief and to maintain participation in activities with non-operative measures. These patients have typically tried multiple different treatments prior to considering surgical intervention. Motion and walking tolerance are usually quite limited. Radiographs generally demonstrate “bone on bone” changes. Some patients may have isolated arthritis in one of the three regions or “compartments” of the knee. These people may be candidates for a partial knee replacement. When the arthritis affects two or more compartments of the knee, a total knee replacement is the procedure of choice.

Preparation for Surgery:

Knee replacement surgery is considered elective. This means that more pressing health issues should be addressed first. You may be asked to consult with your primary care physician prior to surgery to ensure that your health is optimized. Your doctor will ask you to attend an educational class at the hospital where you will have your surgery. This class is an important way to obtain more information about the surgery and the recovery process. This helps familiarize you and your family with some of the important details that contribute to a successful knee replacement surgery. Blood work and other labs will be performed ahead of time. These tests help your doctor and your anesthesiologist keep you safe during the procedure. Many patients form a plan for rehabilitation after they leave the hospital.

Details of Surgical Procedure:

On the day of surgery you will arrive at the hospital several hours prior to the start of your surgery. You are not allowed to eat or drink anything starting at midnight the night before the surgery and this continues until your surgery is complete. You will be admitted to the pre-operative area where you will meet members of the nursing staff and your anesthesiologist. Your doctor will also stop by to mark the operative knee and answer any additional questions. You and your anesthesiologist will form a plan for anesthesia. You will then be taken to the operating room. One option for anesthesia is a general anesthetic which means that you will be completely asleep. This is often accompanied by a “nerve block” to help control pain over the front of the knee after the surgery. Another option is a spinal anesthetic which means that you will be numb from the waist down. This is usually accompanied by sedating medication so you are unaware of the surgery taking place. Antibiotics will be given through a vein. The operative knee will be prepped and covered with sterile drapes. The knee replacement surgery will then be performed. This generally takes between one and three hours.

Recovery Process:

After the surgery is complete, you will spend a short amount of time in the recovery unit. Careful monitoring is carried out to ensure that you recover from anesthesia without incident. After this time you will be transferred to the orthopaedic rehabilitation unit. If your surgery was in the morning, you will likely be seen by one of our physical therapists before the day is over. Otherwise therapy will start early on the morning after your surgery. Our nursing staff will monitor your vital signs, bring you pain medications, and attend to your other needs. You will be given antibiotics to minimize the risk of

infection. In most cases you will be started on a blood thinner to prevent blot clots in the legs or chest. You will likely stay in the hospital for two to three days. In almost all cases, you will be able to put full weight on the operative knee right away. The decision for when you leave the hospital depends on your level of pain and your ability to function on your new knee joint. This decision is made by you, your doctor, the physical therapy staff, and the nursing staff.

Most patients return home with a loved one or family member assisting with their care. In these cases, a visiting nurse and physical therapist stop by multiple times each week to work with you. Some patients choose to convalesce in a rehabilitation unit prior to returning home. You will likely use some sort of ambulatory aid like a cane or walker for the first several weeks after surgery. The pain will be most severe in the first two weeks, but this can persist for a while longer. Therapy is gradual and progressive. This focuses on range of motion, ambulation, gait training, and progressive strengthening. The recovery is variable, but most patients feel greatly improved as early as six weeks from the time of surgery. Improvement continues for up to a year after the surgery.

You will see your doctor 2, 6, and 12 weeks after surgery to check on your progress. After that, you need to follow up yearly for radiographs and a physical examination of the knee joint. This is important to ensure that the joint is functioning properly as some problems with knee replacements will not be perceived by the patient until they are severe in nature.