



ROSENBERG COOLEY METCALF
THE ORTHOPEDIC CLINIC AT PARK CITY

Athletic Knee Implant FAQ's

Q: How long do I stay in the hospital?

A: Average length of stay is three nights.

Q: What are the important risks?

A:

1. Infection – the chance of an infection is very low at 0.2% (1 in 500 patients). The risk is minimized by IV antibiotic administration before and after surgery and by healthy nutrition pre-op.
2. Blood clots – the chance of getting a blood clot is also low at 1%-2%. The risk is minimized by wearing TED stockings, taking blood thinners, using the motion device (CPM), and being active with ambulation starting the day of surgery
3. Incomplete range of motion recovery – 5% risk minimized by CPM machine, physical therapy, and cryo-therapy.

Q: How long do I wear the TED stockings?

A: You wear them on BOTH legs until your first follow-up appointment when skin staples are removed (approximately 2 weeks post-op), then on the operative limb for one more month.

Q: How long do I use the CPM device?

A: Insurance covers use of the device for 3 weeks from the date of surgery. We recommend using the machine 8-10 hours per day. Some people prefer to sleep with the device on. Advance the motion to 110 degrees of flexion by the time you come in to have your skin staples removed.

Q: Who makes arrangements for a physical therapist and/or a nurse to come to my home?

A: The discharge planners at the hospital make all the arrangements and also resolve insurance issues.

Q: When can I fly?

A: Long-haul flights are not recommended for 1-3 months because of the increased risk of a blood clot. Out-of-state patients may return home as early as 2 weeks after surgery, by learning precautions to reduce the risk of clots: (1) take blood thinners, (2) get up and walk up the aisle of the plane every hour, (3) avoid prolonged sitting with the knees bent, (4) perform quad muscle contractions and ankle pumps frequently while in your seat, (5) wear TED stockings and (6) perform deep breathing.

Q: How will my pain be managed?

A: During surgery; tissues inside the knee are injected with a local anesthetic mixed with morphine. In addition, non-narcotic toradol is given through the IV for the first 2-3 days unless you have experienced gastric ulcer disease within the last year. Either Demerol or morphine is given via intramuscular injection or IV. Oral pain medications include

Percocet or Lortab. At time of discharge from the hospital, a prescription for oral pain medication is provided. Patients should be off narcotic pain medication approximately 6 weeks after surgery.

Q: When can I shower?

A: An Ioban dressing is applied the third day after surgery. It is okay to shower once this dressing is in place. Do not allow water to get under your Ioban dressing. The Ioban dressing will be removed on your first follow-up visit in the clinic when skin staples are removed.

Q: When can I return to work?

A: You may return on a part-time basis as quickly as 2-3 weeks for light, office jobs with full time work beginning after 3 to 6 weeks. For laboring jobs, average time to return to work is 10-12 weeks.

Q: When can I drive?

A: 3 to 4 weeks after surgery if you are off narcotic pain medication and not using assistive devices (crutches or walker) to get around.

Q: Do I need antibiotics before dental procedures after my knee replacement?

A: The first year following surgery, antibiotics are indicated for dental procedures. We recommend amoxicillin or erythromycin one hour before the procedure. Diabetics and patients with compromised immune systems need antibiotics before dental procedures for life. For other invasive medical procedures, you may contact the respective physician.

Q: How will my blood thinners be managed?

A: You will begin Coumadin the night before surgery and daily thereafter for 2 weeks after discharge from the hospital. While in the hospital, blood tests will be taken daily to monitor coumadin's effectiveness with daily adjustments in dose. We will arrange to have a nurse come to your location to draw blood 1-2 times per week for 2 weeks. Once Coumadin is discontinued, 1 adult over-the-counter aspirin (325mg) should be taken daily for 1 month.

Q: What signs or symptoms should I be concerned about?

A: You should notify the office if you develop flu-like symptoms (fever, chills, body aches), increasing redness, heat or swelling, and/or calf pain.

Q: How do I know if my therapist is achieving desirable results?

A: You should feel he/she is pushing you. If you feel therapy is too easy, you are probably right. We like aggressive range of motion therapy early with focus on achieving 0 to 120 degrees of motion by 8-12 weeks after surgery.

Q: Am I a candidate for having both knees replaced at the same time?

A: Candidates for bilateral knee replacements should meet the following criteria:

- No major diseases (i.e. heart disease, diabetes, obesity)
- Aggressive rehab
- Above average pain tolerance