Total Knee Replacement FAQs

What is a minimally invasive total knee replacement?

This is a total knee replacement performed through a smaller incision. With a decrease in the amount of soft tissue trauma, end results can include:

- Decrease in post-surgical pain
- Possible speedy return to daily activities

Why should I consider a total knee replacement?

The main reasons to consider a total joint replacement include:

- Pain relief
- Increased joint stability
- Corrected malalignments of the lower leg
- Improved overall function during daily activities

Would I be a candidate for a minimally invasive total knee replacement?

The minimally invasive procedure is for individuals who suffer from limited activities of daily living due to severe arthritis of the knee. The final decision is based on:

- Body size
- Body weight
- What your surgeon feels will be most beneficial for you

What are the chances for success?

"Success" should be measured in the ability to answer "yes" to the following questions:

- Are you glad you had the operation?
- Did it fulfill your expectations?
Would you do it again?

Approximately 98% of the patients will answer "yes" to all the noted questions one year out from surgery.

How long will my total knee last?

This varies from patient to patient, but on average it should last 15-20 years or more.

What is the recovery time for a total knee arthroplasty?

Every person heals at a different pace. In the majority of cases, patients are restricted to the use of a walker, crutches, or cane for 2-3 weeks post-operatively.

The return to normal function without any assistance is very gradual, taking around 3 months. However, this can vary from patient to patient.

What kinds of activities am I allowed to do following surgery?

Return to activities depends a lot on what you can tolerate. Such activities include:

- Gardening
- Golfing
- Walking

Activities that help with range of motion include:

- Swimming
- Riding a stationary bicycle

Activities to avoid include:

- High-impact stresses
- Running
- Jumping
- Vigorous sports

Can I drink alcohol during my recovery?

You should avoid alcohol if:

- You are taking coumadin (warfarin) as a blood thinner
- You are taking any narcotic medication

Any alcohol usage should be in moderation and at your own discretion.
Can I go up and down stairs?

Yes! Remember "Up with the good and down with the bad!"

- Lead with your non-operated leg when going up stairs
- Lead with your operated leg when coming down stairs

This task will become easier as your muscles get stronger and your range of motion increases.

Will I set off the alarms at the airport? Would a doctor's note help?
The security alarms at the airport probably will sound as you progress through them. Ways to handle this type of situation include:

- Inform security personnel about the prosthesis and that you will probably set off the alarm
- Wear clothing that you will be able to expose the incision if needed
- A letter from the physician or wallet card is no longer very helpful at the security checks

When will I be able to kneel?

Several months after surgery is when you are allowed to try kneeling. It can be painful, however, not harmful or damaging. A majority of the discomfort is from kneeling on the incision and healing tissues. This action should become more comfortable as time progresses. You should use a pad under your knee when kneeling.

When do I need to follow up with my surgeon? Follow up appointments are usually made 3-4 weeks postoperatively, followed by 3 months, 1 year, 2 years, 5 years, 7 years, and 10 years. These appointments are necessary to monitor for loosening of the prosthesis and wear of the plastic insert.

When may I drive?

If your surgery was on your right knee:

- You should not drive for at least 3-4 weeks.
- After 1 month you may return as soon as you feel comfortable.

If your surgery was on your left knee:

- You may return as you feel comfortable if you have an automatic transmission

Do not drive while taking narcotic pain medications!

When can I travel?

You may travel as soon as you feel comfortable. To prevent blood clots:
Post-Operative Questions

Should I apply ice or heat?

Ice is used to help keep the amount of swelling down. After several weeks, heat may be helpful, but you should choose whichever works best for you.

When can I be fully immersed in a bath or swimming pool?

You must wait 3 to 4 weeks after surgery before completely immersing your knee in water. The wound must also be completely healed.

What positions are good and bad for my knee during the recovery period?

Each day you should work on flexion and extension of your knee.

- Change positions every 15-30 minutes
- Avoid placing a pillow or roll under your knee
- Placing a roll under the ankle can improve extension and help prevent a contracture

What should I do if I become constipated?

This is a common side effect and is usually from the narcotic pain medication, but other factors can contribute. Over-the-counter stool softeners are the best prevention for this problem. A suppository or enema may be required in rare situations. Be sure to drink plenty of water.

I feel depressed, is this normal?

This is not uncommon. Various factors can contribute to this including:

- Limited mobility
- Discomfort
- Increased dependency on others
- Side effects from medications

As you return to your regular activities, these feelings should begin to disappear. If they do not fade, it is recommended you consult your internist.

What type of range of motion do I need in normal day life?
Most people require the following in everyday life:

- 70° of flexion to walk normal on level ground
- 90° to ascend stairs
- 100° to descend stairs
- 105° to get out of a low chair
- Within 10° of being fully straight to walk and stand efficiently
- Postoperatively, the average patient achieves 115° of flexion by 1 year out

**My leg length feels different, is this possible?**

In certain cases, the leg is lengthened, but in a majority of the cases the length is unchanged. The difference would be from factors such as straightening a knee that had a significant bow before surgery. It may feel unnatural, but most people become accustomed to the difference. In some cases, a shoe lift has been necessary to solve the difference on the non-operative leg.

**Will I be allowed to return to downhill skiing?**

Downhill skiing does pose some risk. The risks do not come from the act of skiing, but more from the potential injury due to a fall or collision. It is recommended you avoid the expert or black diamond runs. If you decide to hit the slopes, be aware of the risks and always ski in good conditions and always under control.

**How long will I be on pain medication?**

It is not uncommon to require some form of pain medication for approximately 3 months.

Initially:

- Pain management will include strong medications such as narcotics

As time passes:

- Most are able to wean off the strong pain medication after 1 month
- They typically switch to an over-the-counter medication such as:
  - Acetaminophen
  - Ibuprofen

**How long should I wear compression stockings?**

Wear the TEDS, or compression stockings, for 2 weeks, removing once a day, following discharge from the hospital if you notice swelling in the calf or ankle.

- Continue wearing during the day until the swelling returns to normal.
- Remember to wear the stockings for several months when traveling distances in a car or plane.
What should I do about Physical Therapy?

Follow the daily exercise routine as instructed by your physician, nurse and in-patient physical therapist beginning the day after surgery.

- Will be scheduled according to your progress and function.
- Will be determined at the time of discharge from the hospital.
- Please contact our office if you are not scheduled for physical therapy at the time of discharge from the hospital.
- Ice for 20 minutes, 3 times per day.
- Keep leg elevated with a pillow under your calf as much as possible for 48-72 hours after surgery.
- DO NOT put a pillow under your knee.
- Do your home exercise program twice per day.
- Walk around your home three to five times per day.
- Refer to your booklet or consult your physical therapist for specific details on home exercise program.

How do I care for my incision?

Your sutures are absorbable and will not need to be removed. It is suggested you complete the following:

- Bandage remains for about one week. Change daily to new, dry, sterile gauze. Remove the dressing the second day after surgery. Leave the small tape strips that cover the incision in place.
- After surgery, the incision may be sore and bruised.
- Your knee will experience major swelling and bruising. This is normal and will get better.
- You may have swelling in your knee, lower leg, and foot up to four months after your surgery.

How do I tell if my incision is infected?

If your incision is draining, keep it covered until it stops.

- Inspect your incisions daily for increased redness, swelling, and drainage.
- Notify the office if these symptoms develop.

When may I begin showering?

You may begin showering 2 days after surgery.

- The bandage and incision site must stay dry for 5 days post surgery.
- Be sure no drainage is present at the incision site.
- If the incision does get wet, pat it dry.
• Cover it with a piece of plastic if you wish to take a shower.
• Do not soak in a tub bath.
• Be careful not to slip and fall.

Wear your white elastic (TED) stockings during the day until you see your physician at your first post-operative visit in the clinic.

**When am I allowed to be weight bearing?**

After surgery, your knee will be placed in an immobilizer.

• Should be used while lying in bed and with ambulation.
• Continue use until you are able to independently perform a straight leg raise and are given clearance by your physician or physical therapist.
• Duration is usually about 1 week postoperatively.

You may weight-bear:

• As tolerated using crutches, a walker or cane as needed for up to 3-4 weeks after surgery. When starting to walk without the crutches, cane or walker you need to walk with a smooth, normal heel to toe gait. Do not limp.

**How long will I be off work?**

If applicable, the length of time off of work will vary with type of employment.

• Consult with your physician on specific time frame.
• Sedentary employment can be about 1 month
• Rigorous employment can be around 3 months
• Every patient is different, these are just estimates
• Work restrictions will be evaluated at your first post-operative appointment.

Please allow two weeks for completion of any postoperative forms. This includes forms related to disability, return to work, activity restrictions, or medical leave.

**When may I go back to my normal diet?**

You may return to your normal diet as soon as you are able after surgery. Your body needs food energy to heal and prevent infection.

• Drink six to eight glasses of water per day.
• Do not skip meals.
• Eat three well-balanced meals each day.
• Eat fiber (whole grains, raw fruits and vegetables) to prevent constipation.
If you become constipated, try to eat prunes or take Metamucil or Milk of Magnesia. Avoid alcohol products while taking pain medication.

**What special steps do I need to take if I am having a dental exam after my surgery?**

It is suggested that you try to refrain from any dental work for 6 weeks post knee surgery. If you need to have dental work done over the next 2 years, the following preventive antibiotics are suggested:

- If you can take oral medications and are not allergic to penicillin, 2 grams (or 4 tablets) of one of the following should be taken one hour before the procedure.
  - Amoxicillin
  - Cephalexin
  - Cephradine
- If you cannot take oral medications and are not allergic to penicillin, one of the following should be administered by injection one hour before the procedure.
  - 2 grams of Ampicillin
  - 1 gram of Cefazolin
- If you are allergic to penicillin, 600 milligrams of Clindamycin should be taken orally or administered by injection one hour before the procedure.

**Please call the office one week prior to appointment to request orders for medications.**

**What other symptoms may I experience that are normal, but seem odd?**

- Intermittent clicking sensation inside the knee
- Area of skin numbness on outside part of the knee
- Swelling
- After exercise
- At the end of the day
- Warmth around the knee
- Palpable sutures under the skin that are not apparent until the swelling begins to resolve

**When should I call my physician?**

- If you have a temperature of at least 101°F Fahrenheit.
- If you have excessive bleeding or drainage from the incision site.
- If the incision site is extremely swollen, warm, red or painful.
- If there is a foul smelling drainage from the incision.
- If the drainage from the incision gets worse or lasts longer than 5 days.
- If you have a tender or painful calf.