New Knee Owner’s Manual

(Hospital inpatient)

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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 knee replacement surgery and how to achieve the highest possibility of long lasting success. Did you 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. Dr. Bright suggests that you go to 2 weeks of physical therapy before surgery. This will help you learn the exercises you need to do after surgery, as well as get you in shape to recuperate faster after 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 you should 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 was his pain scores SO MUCH BETTER than everyone else? After an investigation, it was discovered that his patients understood more about what they should expect and how he was going to help them. Quite simply, his patients were not anxious or afraid, and were more physically and mentally prepared. They improved more and had less pain because of this. 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, you must 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 hospital, 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.

Before surgery, you should lose weight and stop smoking. Patients who are obese on average have worse outcomes with knee replacement, and additionally are at a higher risk of complications such as wound problems and infection and blood clot. If your BMI is >40, you will be unable to have surgery until you lose weight. Smoking has been shown to double the chances of wound infection and blood clot, so you must quit at least 2 weeks before surgery. 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 and exercise to help prevent this. After the surgery, you should also 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.

**Home Preparation:** 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. Purchase a couple of large ice packs to apply to the knee to help pain and swelling.

**Surgery:** The night before surgery and again on surgery morning, you should thoroughly wash your knee with antibacterial soap and water. Do not eat any food after midnight the night before surgery, and on surgery morning you should drink one glass of water at least 3hours before your surgery time. Your surgery will be performed with spinal anesthesia if the anesthesiologist thinks that it is safe for you. Spinal anesthesia has a lower chance of bleeding, a lower chance of blood clots, and lower levels of pain than with general anesthesia. The nurse or physical therapist will see you later the same day as your surgery and you must get out of bed that first day since waiting until the next day to get out of bed results in a higher chance of blood clots and pneumonia. The physical therapist will help you get up safely and show you the exercises to perform after the knee replacement.

**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, the nurse will remove the initial gauze, and then the wound can be left 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 baby oil or Vaseline or any oil product on the wound, since this will dissolve the wound closure. After 3 weeks, you can soak it with baby oil for a minute and then peel it off. Your knee wound should remain dry. If the knee wound starts to leak after surgery, 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.

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.

**Homeward Bound:** You should try to leave the hospital and return home as soon as it is safe, since prolonged stays in hospitals increases your chance of complications (pneumonia, blood clots, medication errors, etc.). Going to a skilled nursing home center has a 5times higher chance of infection and a 6times higher chance of complications overall, so it must be avoided and it is not recommended.

**Exercise**: Exercise is critical to the success of your knee replacement. The physical therapist or nurse will see you later the same day as your surgery to help you safely start walking and moving your knee. 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 who will use a wand and make sure you aren’t also carrying a gun or other weapons. 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. For the first two years, you should take antibiotics a half hour before any dental cleaning or procedures to prevent infection.

If you develop significant pain or other problems, 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. 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)

**Final Words:** Dr. Adam Bright and his physician case manager, Dr. Rose Bright, are the two people who will know the most about you during the critical first 90days of your recovery. During the first 90 days, you must avoid any other medical procedures such as dental work or colonoscopy, since this could lead to infection in your hip. If you have any questions or ANY health issues, regardless of whether you think it may or may not be related or affect your knee, PLEASE call us so we can make sure that you receive the safest, highest quality of care possible.

Home Care Instructions Knee Replacement:

SCD machine when in bed or not ambulating

Exercise: Full weight bear. Keep knee extended (straight) when in bed for first week. Safe walking in house until ambulating safely (first 3days), THEN construct on full flexion and full extension of knee. When can flex knee to 120deg, then start longer distance walking and knee extension strengthening and chair squats and straight leg raises.

Wound Care: leave dermabond open to air. Do NOT remove dermabond. May shower POD1 with dermabond without dressing. If wound drainage then call Dr. Bright

Aspirin 325mg PO daily for 2wks

Tylenol 325mg 2tab 4times/day

Oxycodone 5mg every 6hrs prn SEVERE pain.

Celebrex 200mg daily for 4wks

Iron sulfate 325mg BID for 4wks. DC if constipation.

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

Zofran 4mg PO q4hr prn nausea from narcotics

Walker. Elevated Commode if needed.

Encourage cough and 10 deep breath every hour

Notify Dr. Bright if Temp >101.5 or sign of infection or DVT or wound drainge.