CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES

Total Knee Replacement

HANDBOOK

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A MESSAGE FROM YOUR SURGEON

We hope that this booklet will be helpful to you as you prepare for your surgery. You are encouraged to take the booklet to the hospital to record any notes you wish to keep regarding your individual care plan.

INTRODUCTION

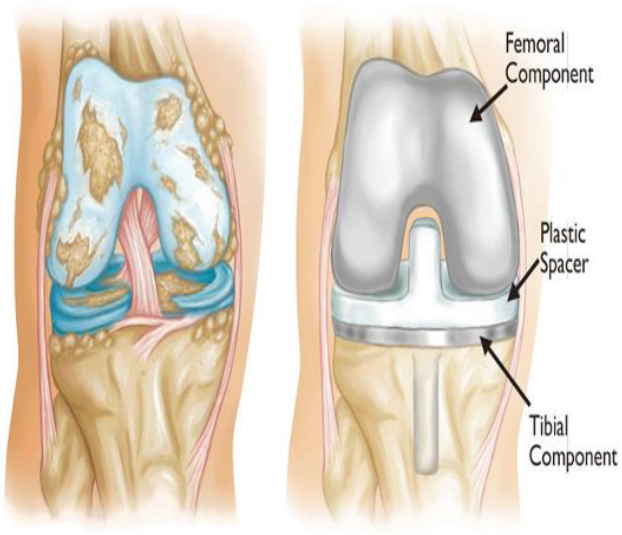
The information in this handbook will help familiarize you with the total knee arthroplasty procedure, with information to prepare for surgery, what will occur on the day of your surgery, and what you can expect during your postoperative period. We also describe your home care after surgery. Once you and your physician have decided that knee replacement surgery is needed, you will naturally have many questions. It is important to us that all our patients know what to expect preoperatively and postoperatively. We believe the guidelines in this booklet will help you achieve the greatest satisfaction from your knee replacement.

TYPES OF KNEE REPLACEMENTS

TOTAL KNEE REPLACEMENT

"What exactly is a total knee replacement?"

- The simplest answer is that it is a replacement of the worn cartilage and arthritic surfaces of the knee joint. In this procedure all parts of the joint that contact each other as the knee bends are covered with an artificial surface that allows pain free full motion and gliding.
- With arthritis, the cartilage covering the ends of the bone within the knee joint is badly worn. In a knee replacement, the damaged cartilage, along with a very small amount of bone, is removed with precise guides and instruments. The knee replacement implant, which is made of titanium, cobalt chrome, and polyethylene plastic, is then fitted, and shaped to the bone cuts to provide an artificial surface that reduces pain.



PARTIAL KNEE REPLACEMENT

Surgeons at Carolina Orthopedics and Neurosurgical Associates are highly trained and experienced with unicompartmental, or partial knee replacements. This procedure greatly benefits patients who have localized types of knee arthritis. In this procedure only the inside (medial), outside (lateral) portion or kneecap of the knee is replaced. If you and your surgeon agree that a partial knee replacement is best for you, this is usually suggested to patients whose pain persists after conservative treatment.

- Partial knee replacements are less extensive with *smaller incisions*
- *Shorter operative time*- healthy portions of the knee are maintained
- *Faster and easier recovery*, often with *less pain* that a total knee replacement

Because there is less bleeding and pain, the procedure can be done safely with an outpatient or short hospital stay. Following a unicompartmental knee replacement, patients can go home the day of surgery.

Looking to a patient's future, another benefit of minimally invasive unicondylar surgery, especially for today's active patients, is the ease with which it can be changed to a complete replacement if the first replacement wears out. In most instances, the revision of a unicompartmental surgery is straightforward and yields very good results. Although we can be 80-90% sure before an operation that a partial knee replacement is best for a patient, we make the final decision between a partial or total knee replacement during surgery, in the event the arthritis is more extensive than appears on x-ray.

REVISION TOTAL KNEE REPLACEMENT

About one out 10 (10%) total knee implants will fail over a 20-year period and will require a revision of the prosthesis. The reasons for revision are extensive. Since a revision is performed to replace failed knee implants, a revision is more complex and often requires a specially designed implant that assists the complex nature of bone loss of loosening. Often, the bone is not as strong when an implant is removed, and the ligaments supporting the knee may be damaged or loose. A revision prosthesis can help address these problems.

For example, the surgeon can fit a stem inside the canal of the bone to provide more support for the prosthesis. Your surgeon and staff will be glad to answer your questions about revision surgery and will review the advantages and disadvantages of different techniques with you should the issue arise.

ROBOTIC KNEE REPLACEMENT

Your knee replacement will be performed with the assistance of a robot. Robotic surgery will require either a CT scan or a special x-ray. The robot assists in achieving a balanced knee while creating stability. This may potentially alleviate post operative pain and potential revision.

POSSIBLE COMPLICATIONS

Along with the benefits of a knee replacement, there is a small chance of complications 1-2% for a total and partial knee replacement and 4-6% for a revision. Complications may include blood clots, infection, fracture, or nerve/tendon damage. There may be stiffness and wound complications. The risks of these problems are small, and the problems are almost always correctable.

- A possible complication of any knee surgery is a DVT (a blood clot in the leg). If a blood clot occurs, treatment may include medication to prevent additional blood clots.
- Infection occurs in less than 1% of all patients, but increases with revision; however, when it does occur, it is serious. The implants may be removed so that the infection can be treated with antibiotics. After the infection is cured, new knee components can be re-implanted with antibiotic cement in most cases. Most high-risk replacements and revisions will be sent home with oral antibiotics.
- Nerve injuries occur in less than 1% of knee replacement patients and usually result from
- scar tissue from previous surgeries forming around the nerve.
- Fractures during surgery also occur in less than 1% of patients. A fracture is more common in revision surgery, with weaker bone or when removing implants. Treatment is often restricted weight bearing, immobilization, or a further fixation with plates, screws, or cables, depending on the nature and location of the fracture.

This list above covers the most common complications associated with knee replacement surgery. We hope that in discussing your procedure with you – its risks and benefits, our techniques, alternative treatments, and expected outcomes – we can assure you we are providing the best care possible.

PREPARING FOR A KNEE REPLACEMENT

YOUR JOINT REPLACEMENT TEAM

A team of professionals will help you through all phases of your surgery. This team includes your physician and his clinical staff, physical therapist, case manager, nurse practitioner, nurse, and support personnel.

SCHEDULING SURGERY

If you do not schedule surgery at the time of your office visit, our scheduling assistant, **Kim (864) 327-3504,** who will help you select a surgery date, is available to answer any questions regarding surgery and scheduling. To allow adequate time for the necessary preparations, a surgery date is usually set well in advance of your decision to proceed with knee replacement surgery. You will initially get a date for surgery, but the time of your surgery will not be determined until the day before the surgery date. You will be informed in advance of this time and when to arrive at the hospital or surgery center.

PREOPERATIVE PLANNING

Once you have a surgery date, you will need to prepare for surgery. This includes preoperative interviews, medical clearance and tests which will need to be done within thirty days of your surgery date. This will include clearance and discussion with the Joint Coordinator, (864-285-9311). We encourage you to bring someone with you to help you get to your appointments and function as your "coach" and advocate throughout the joint replacement process.

DISCHARGE PLANNING

Most patients recuperate much better at home with the help of family and friends and research supports this; therefore, our comprehensive team promotes discharge to your home whenever possible. Your team will assist in identifying the kind of help you may need after discharge and advise you of care options, such as any medical equipment that is necessary or home care.

MEDICATIONS AND SUPPLEMENTS:

You should stop taking all over the counter supplements and herbals **10 days prior to surgery**. Many of these have known and possible unknown reactions to anesthesia and the medicines you will take during your hospital stay and post operative. Laxatives and stool softeners are OK to continue taking. If you have any questions about when to stop medications, please reach out to your primary care provider.

- Amphetamines/Stimulants such as Adderall, Concerta, Phentermine, Focalin, and Ritalin need to be stopped 14 days prior to surgery.
- DMARD's (Disease-modifying antirheumatic drugs) such as Enbrel, Humira, Orencia and Plaquenil need to be stopped 14 days prior to surgery.
- Coumadin – 48 hours prior to surgery
- Plavix – 5 days prior to surgery
- Eliquis – 5 days prior to surgery

MEDICAL CLEARANCE

All patients must be evaluated by a medical doctor prior to surgery to determine if it is safe to proceed. This visit will include a medical history, physical examination, and laboratory tests (blood count, chemistry profile, and urinalysis). You may also need a chest x-ray and electrocardiogram (EKG) that has been done within the past year. Additional testes may be required if you have other specific medical problems. The examination must be completed within 30 days of your surgery.

- All surgical candidates must have a Hemoglobin A1C (a test that determines your glucose levels over a few months) less than or equal to 7 and have 8 weeks of smoking cessation.
- Weight Loss may be recommended to prevent an increased risk of complications.

REDUCING THE RISK OF INFECTION

Any source of bacteria within your system must be eliminated before your surgery. Abscessed teeth and pending dental work should be taken care of prior to your knee surgery. A urinary tract infection is an additional source of contamination. Although frequency, urgency, and burning are symptoms of a urinary tract infection or prostate problems, you may have an infection without symptoms. The doctor who clears you for surgery will order a test of your urine. If an infection is found, antibiotic treatment may be required prior to your knee operation.

Our goal is to reduce the number of bacteria you carry on your skin prior to surgery. We will instruct you to use antibacterial wipes provided to you at Joint Camp for Spartanburg Surgery Center patients. If your surgery is at Mary Black Hospital, you will be provided with wipes when you attend your Joint Class/Pre-Op Testing Appointment. Because certain bacteria are carried in your nostrils, we may instruct you to use an ointment to treat these bacteria. Furthermore, the skin around your knee and entire operative extremity should be free of any open lesions such as cuts, scrapes, bug bites, etc. Please do not shave your knee/leg prior to surgery. If you have any questions, please call your Joint Coordinator at 864-285-9311.

STOPPING MEDICATIONS BEFORE SURGERY

- Patients should **STOP** taking aspirin and other non-steroidal anti-inflammatory medicines at **LEAST SEVEN DAYS BEFORE SURGERY** to avoid increased bleeding associated with these medications. You may take Tylenol for pain during this time.
- If you are taking blood thinners, such as Plavix, Coumadin or Pradaxa, these also can create bleeding problems; it is important to discuss their use with the prescribing physician to determine the stop days that will best prepare you for surgery.
- Ten days prior to the surgery, you should also discontinue the use of most herbs/supplements: Echinacea, ephedra, feverfew, garlic, ginger, gingko biloba, ginseng, goldenseal, kava, saw palmetto, St. John's Wort, valerian, vitamin E, glucosamine chondroitin, and fish oil.

FINANCIAL ARRANGEMENTS

Carolina Orthopaedics & Neurosurgical Associates will make every effort to assist you in meeting the policy requirements of your insurance company. Our office will pre-certify your surgery and obtain insurance benefits. You will be contacted by our financial department to make appropriate payment arrangements prior to your surgery.

The CONA billing office and our staff are available to assist you with questions about reimbursement and billing procedures. Please contact Heather Elliott at 864-582-6396 ext. 7309 for assistance.

PREOPERATIVE PHYSICAL THERAPY SESSION

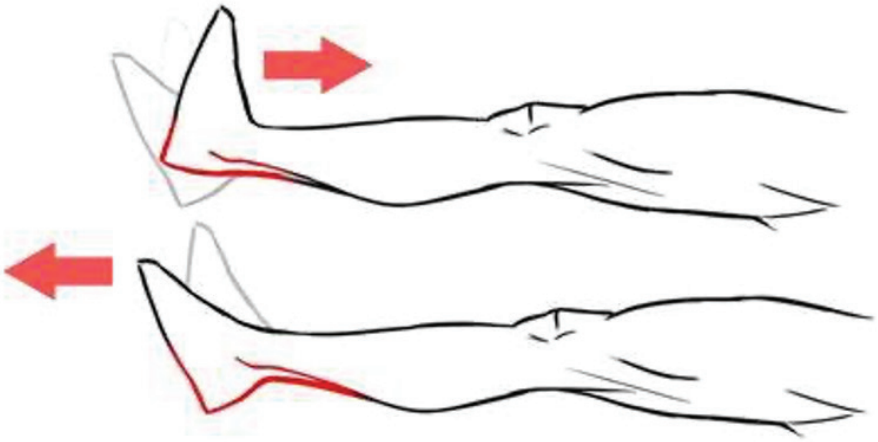
Because of the many months of pain and decreased physical activity you may have experienced before surgery; your muscles may be fatigued and weaker. We have found that patients potentially do better AFTER surgery if they do exercises BEFORE surgery. Joint Education/Joint camp Class Instructors will teach you strengthening exercises at the pre-operative education class. Our Durable Medical Equipment Department will discuss any special home equipment needs and safety precautions. The "coach" who will assist you after discharge is encouraged to attend this session your pre-operative class.

PREOPERATIVE EXERCISES

Many of the preoperative exercises that are beneficial are the same exercises that are part of your postoperative therapy program. We recommend that you work on the following exercises several times throughout the day. *If you are unable to tolerate any of the exercises due to pain, DO NOT continue. Listen to your body and try to stay active.*

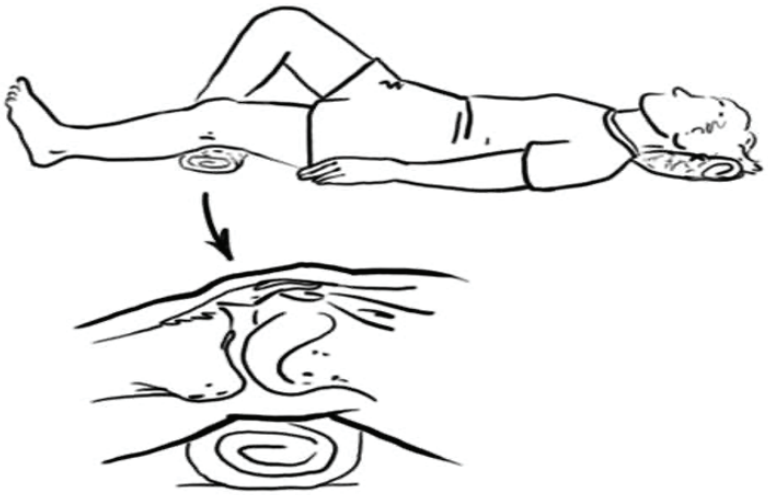
Ankle Pumps

- Move your foot up and down. Repeat up to 25 repetitions, twice daily.



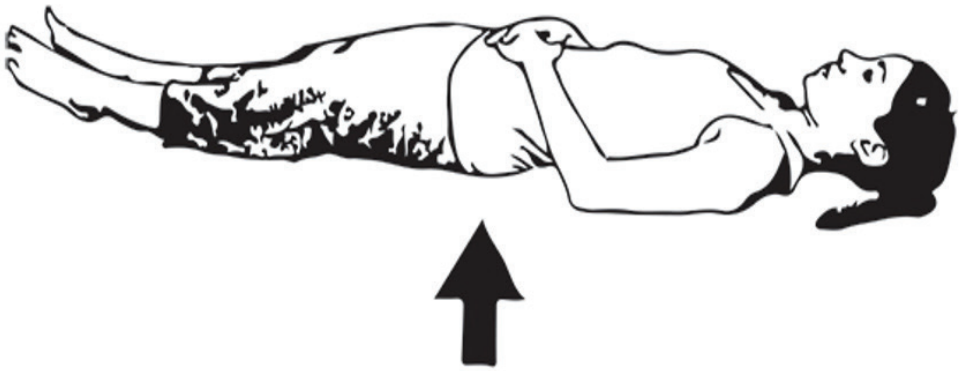
Quad Sets/Knee Tighteners

- Lying on your back with your legs straight, push down the back of the knee against the bed. Maintain the muscle contraction in the thigh for five seconds. Relax. Repeat up to 25 repetitions, twice daily.



Gluteal Sets/Buttock Tighteners (The Clencher)

- This exercise can be done lying down, sitting, or standing. Squeeze the buttock muscles together and hold for five seconds. Relax. Repeat up to 25 repetitions, twice daily.

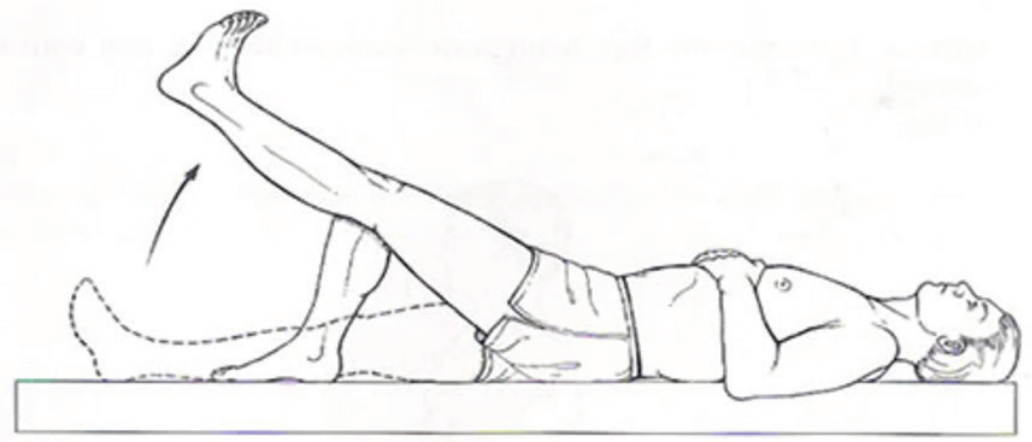


Isometric Adduction/Abduction

- Sitting in a chair, place your hands along the outside of your thighs. Tensing your thighs, pretend as if you are trying to push your them apart; maintain the tension for 5 seconds. Then, place your hands on the inside of your thighs and pretend you are pushing your thighs together by tensing them for 5 seconds. You should be exerting your thigh muscles, not your hands or arms. Repeat up to 25 repetitions, twice daily.

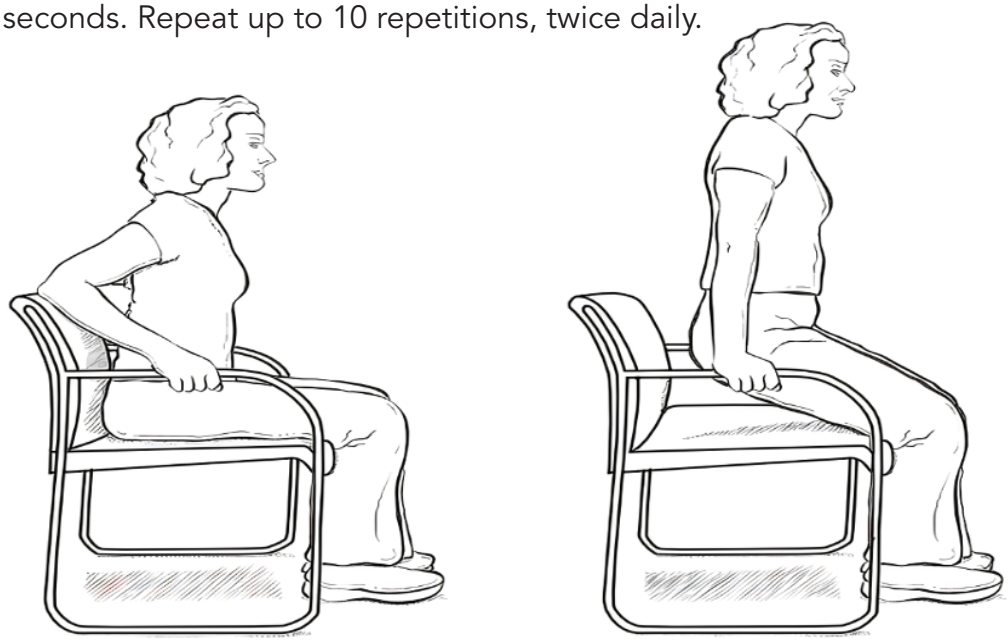
Straight Leg Raise

- Lie on your back with your right leg bent. Tighten your left knee and thigh and lift your left leg off the bed. Hold for the count of three. Do the same exercise with the opposite leg. Repeat the exercise using your right leg. Repeat up to 10 repetitions, twice daily. Do not perform this exercise if it causes you pain.



Chair Push-Ups

- Sitting in a chair with arm rests, push yourself up using your arms. Begin by using your feet to assist you, then progress to putting more weight onto your arms to lift yourself. Hold three seconds. Repeat up to 10 repetitions, twice daily.



DAY OF SURGERY

REPORTING TO THE HOSPITAL OR SURGERY CENTER

On the day of surgery, you will report to the Intake or Registration Desk for the operating room. Bring your photo ID and Insurance Cards for verification. You will be escorted to an area where you will change into a hospital gown and an identification bracelet will be placed. A nurse will make sure that your medical work-up has been completed. An intravenous line (IV) will be started. You will see your surgeon and the anesthesiologist before going into the operating room. You will receive a call the day before your surgery with your arrival time.

CLOTHING

Hospital gowns are suggested during the day of surgery. You are encouraged to bring loose fitting jogging clothes, t-shirts, pajamas, sweatpants, or shorts for the rest of your stay, so that you will be more comfortable when you are walking around. Tennis shoes, loafers, or comfortable support shoes should be worn.

ANESTHESIA

On the day of your surgery, you will meet with the anesthesiologist and anesthesia staff (nurse anesthetist) to go over your medical history and the type of anesthesia that will be utilized for the surgery. Most patients will have spinal/epidural anesthesia and will also be given medication that allows them to sleep during the procedure. This avoids the use of a breathing tube during the operation. *A spinal/epidural anesthesia is generally our preferred method of anesthesia for joint replacement surgery, however, there are some situations in which it may not be indicated, and the anesthesiologist will discuss any such situation with you. If your surgery is at the Spartanburg Surgery Center, you will have general anesthesia.*

POST-ANESTHESIA CARE UNIT (PACU)

A typical knee replacement operation takes approximately 45-90 minutes. Revision surgery often takes longer since it is more complex. After surgery, you will be moved from the operating room to the post-anesthesia care unit (PACU), often referred to as the recovery room, where the nurses will monitor your vital signs and oversee your recovery from anesthesia. Your stay in the PACU lasts approximately 1-2 hours, depending on your recovery from anesthesia. If you are scheduled to go home the same day of your surgery, Physical Therapy will visit you in the recovery room. You may receive oxygen through nasal breathing tubes for up to 24 hours. Pneumatic compression stockings are also placed on both feet/legs to help improve circulation. This rhythmic change in pressure promotes blood flow and helps prevent blood clot formation.

FAMILY WAITING AREA

Family members are usually not permitted to visit with patients in the PACU. At the end of the surgery, the surgeon will call and discuss the details of the procedure with your family members. If family members leave the waiting area, they should call and let the staff know where they will be. If members of your family are unable to be present on the day of surgery but would like to talk with your surgeon, they should leave a phone number where they can be reached.

POSTOPERATIVE COURSE

PAIN MEDICINE

We want you to be comfortable but also awake and alert enough to do exercises, including breathing exercises to prevent lung congestion and leg exercises to prevent blood clots. When you have recovered from anesthesia, your pain usually is managed by oral or intravenous pain medications. We recognize that post op pain is a significant source of fear for patients. Adequate pain control is very important to us. We have designed a comprehensive program to improve your experience by decreasing pain with a "multimodal" pain program. This process starts before surgery, using a combination of different medications that work together to reduce the amount of narcotic medications you require and to maximize your pain control. The narcotic medications can cause side effects such as nausea, itching and constipation, which we would like to avoid.

**You will likely receive a nerve block or spinal anesthesia preoperatively which will also aid in pain control.*

YOU WILL RECEIVE BY PRESCRIPTION

- **Percocet or Oxycodone**
  - These are narcotic pain medications you can take every 4 hours AFTER surgery if needed for pain. If you do not need it, do not take it. If you do not need to take it every 4 hours, you can cut back based on your pain level.
    - *These are narcotics. If you need more of this medication, please call the nurse for a refill. Please allow 24-48 hours for any request.* ***Medications cannot be refilled over the weekend or afterhours.*** *The nurse will call you when your prescription is ready for pick up.*
    - ***Do not take Tylenol products while taking this medication****.*
    - ***Total Knee Replacement patients will receive 4 weeks of narcotics – no exceptions***

- **Ultram (Tramadol)**
  - This is a pain medication you can take very 4-6 hours AFTER surgery, if needed for pain. If you do not need it, do not take it. If you do not need it as often, you can cut back.
    - *Do not take Tramadol and Hydrocodone at the same time. You may alternate on or the other up to every 3 hours if needed.*

- **Celebrex or Lodine**
  - This is an NSAID (anti-inflammatory) medication you should take AFTER surgery. It helps with inflammation that causes your leg to be sore and ache.
  - Do not take with other NSAID's such as Ibuprofen, Aleve, or Advil

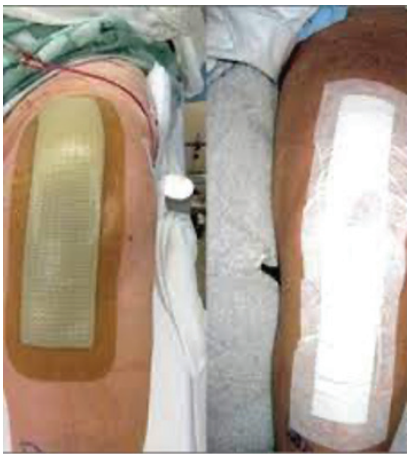
- **Zofran ODT (as needed):**
  - This is a medication for nausea. If you feel nauseated, you can take one pill every 6 hours as needed.

****YOU WILL NEED TO PICK UP OVER THE COUNTER**:**

- Aspirin 325 mg daily:
  - Take on full strength aspirin daily after surgery for **30 days** to prevent blood clots
- Colace-
  - A stool softener to help prevent constipation, taken **twice daily** while taking narcotics

- **If outpatient surgery or same day surgery:**
  - Keflex or Clindamycin:
    - You will be given a prescription for ONE of these antibiotics to take AFTER surgery. Total Knee Replacements will take for 48 hours; Knee Revisions will take from 10-30 days

WOUND CARE



Your wound will be covered by a dressing after surgery, often a clear plastic waterproof dressing. It should usually be removed after 7-10 days. You can shower if there is no drainage from the wound beginning Post op day 2.

- After the dressing is removed, **DO NOT** apply any cream, ointment, or lotion to the wound unless specific instructions are given by your surgeon for 6 weeks.
- Do not submerge yourself in water (Bath, Swimming Pool, Lake, Ocean etc.) until MD releases you to do so. This can introduce bacteria into your incision, and it cause an infection.

Most of the time, your stitches will be under the skin and will dissolve on their own. If you have staples or external stitches, they can be removed 10-14 days after surgery if there is no drainage.

Drainage:

- **If the wound is draining, the dressing should be changed daily**.
- The wound should be dry and without drainage by about five to seven days postoperative.
- **If there is persistent drainage from the wound after this time period, you should call our office immediately (864-582-6396)**.
- **If there is worsening redness around the incision, you should also call our office immediately (864-582-6396).**

- These may be signs of a superficial or deep wound infection, and you may have to return to the office for an evaluation by one of our staff.

Other common concerns after knee replacement surgery include swelling, bruising, and possible blistering. These can be quite significant in nature and can appear anywhere from the thigh to the toes. These are typically worse at night which can contribute to trouble sleeping comfortably for more than one to two hours at a time. It is critical to maintain elevation of the knee above the level of the heart and apply ice frequently. This will help with bruising and swelling.

REHABILITATION

Regaining muscular control of your leg is our first and most important goal after surgery. All patients receive therapy to help strengthen muscles and to reinforce postsurgical precautions. We want to encourage your independence and discharge to the comfort of your own home.

Your coach(es) (Family members or friends who may be assisting you after discharge) are encouraged to attend therapy sessions to learn about the appropriate techniques and the amount of assistance that they should offer you after your joint replacement. By being independent, you will be using your own muscles to strengthen and protect your new joint.

BEFORE DISCHARGE, ALL JOINT REPLACEMENT PATIENTS SHOULD HAVE PRACTICED HOW TO:

- Dress and bathe
- Get in and out of a bed, chair, shower or bathtub, and a car
- Walk with a walker or crutches
- Go up and down stairs
- Carry out the specific home exercise program

POSTOPERATIVE PHYSICAL THERAPY

A comprehensive physical therapy regime is important to your full recovery. Physical Therapy will start the day of the surgery and will continue at home. Your first session will include a group of simple exercises in bed, standing at the side of the bed, and walking as soon as you are able. You can expect to use a walker, two crutches, or a cane for a period of four to six weeks after surgery. Therapy programs are individually designed and progressed by your surgeon and therapist. Most patients are allowed full weight bearing with the use of a walker or crutches for support. In the weeks that follow surgery, transitioning to a cane is encouraged as patients begin to feel more comfortable with walking.

The physical therapist reviews the list of activities you can and cannot do after surgery and provides practice sessions to reinforce precautions against dislocation, to improve arm and leg strength, and to increase overall endurance before you go home.

If you have any questions about sexual relations after surgery, please discuss your questions with the physical therapist or your surgeon at the follow-up visit.

DISCHARGE INFORMATION

FINAL DISCHARGE INSTRUCTIONS/PRESCRIPTIONS

Your nurse will see you before discharge and answer any questions you may have. At the time of discharge, the nurse will review discharge instructions and medications. Your prescriptions are usually sent electronically. Most patients have some discomfort at home when they perform their exercises. You will receive a prescription for pain medication, but once home, you should begin to decrease the number of pills you take and increase the interval of time between doses. Pain medication should be taken before therapy or sometimes at bedtime, as needed for your comfort; a non-narcotic medicine can be used in between such as Celebrex or Tramadol. Applying ice to your knee after therapy helps to control discomfort.

WRITTEN DISCHARGE INSTRUCTIONS

You should receive a copy of our discharge instructions to remind you that:

- **It is normal to have swelling and bruising in your lower legs after surgery.** Walking frequently during the day and doing your exercises will help strengthen your muscles and reduce the swelling. **If you have swelling, we recommend you elevate your legs, and apply ice to your knee for 15 minutes every hour**. If the swelling continues to worsen, or becomes increasingly painful, please call your surgeon's office (864-582-6396).
- You can take a start showering on post op day two when your wound is dry. If you have a plastic dressing, it is waterproof. If you have a telfa bandage, wrap in saran wrap and tape at the top and bottom of the wrap to ensure a waterproof seal.
- You should have a copy of your home exercises from the physical therapist. Do your exercises three times a day.
- You should be walking in your home, frequently, as you are able. Use your crutches, cane, or walker as instructed by your therapist. You are encouraged to walk outside with assistance. Often people will notice some clicking in the knee with activity. This is normal and does not mean there is something wrong with the prosthesis.
- Your knee will be sore, but pain will dissipate over time. You will be given a prescription for pain medicines that can be used primarily BEFORE THERAPY and AT BEDTIME. Extra-strength Tylenol (when not taking narcotics), Celebrex or Tramadol can be used instead of narcotics. To ease your discomfort, apply ice to the knee after activity.

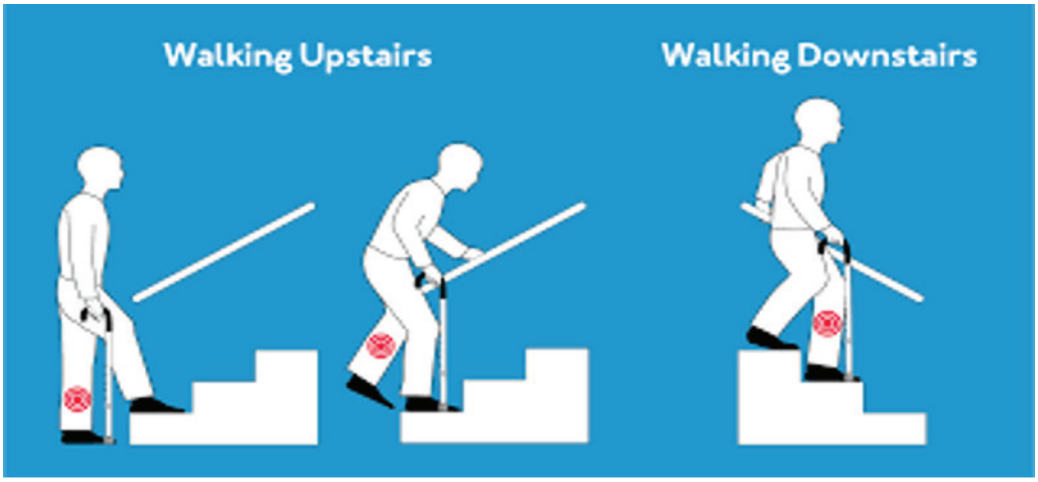
TRAVELING HOME

BY CAR – Patients can go home by car after knee replacement surgery. If your trip will take more than two hours, plan to allow one or more stops for walking and exercising your legs. It is imperative that you arrange your ride home prior to surgery.

BY AIRPLANE – If you need to travel by air, it is important to request a bulkhead or first-class seat, so that you will have enough room to stretch out your leg during the flight. It is advisable to have a travel companion, who can help with your luggage and with getting on and off the plane. Occasionally, your surgeon may recommend that a long airplane ride be postponed for several days after discharge from the hospital or surgery center.

GETTING INTO YOUR HOUSE & USING STAIRS

The physical therapist will teach you how to go up and down steps. You should have someone help you with steps until you are comfortable and secure with them. Remember that when you use a staircase, your crutches go under your arm on the opposite side from the railing. To go up the stairs, start with your unoperated leg; to go down, begin with crutches and the operated leg.



YOUR 1ST POSTOPERATIVE VISIT

Often your first visit will be with our Nurse Practitioner within 10-14 days after your surgery. Our staff will arrange this for you. This first follow-up visit will include an examination of the knee and X-rays of the operated knee will be obtained to evaluate the alignment and fixation of the implant. You will receive new instructions concerning your allowed activities and the amount of weight you can put on the operated leg.

FOLLOW-UP VISITS

You will have a follow up visit at 6 weeks, and 3 months after your surgery. Followed by visits 1, 2, 5 & 10 years after your surgery. We strongly recommend a return visit to Carolina Orthopedics and Neurosurgical Associates to confirm that your prosthesis is functioning well. These visits are important whether or not you are having problems with your knee. The plastic part of the implant eventually may show signs of deterioration. Deterioration can only be determined by studying your follow up x-rays and performing a physical exam.

COMMON QUESTIONS ABOUT KNEE REPLACEMENT

HOW LONG DOES THE SURGERY LAST?

The surgery lasts 45-60 minutes, depending on the condition of your knee at the time of surgery.

WHY DOES MY KNEE CLICK?

A knee prosthesis is made of hard metal and plastic. Gravity will create a slight separation of the components. When you tighten your muscles or swing your leg, the pieces come in contact and may make a clicking sound. ***This is normal***. It should not cause pain and does not mean that something is loose or wrong.

WHY DO I HAVE TO TAKE A BLOOD THINNER AFTER SURGERY AND HOW LONG WILL THIS CONTINUE?

A blood thinning medicine is recommended to prevent blood clots and is usually discontinued after 30 days after surgery

WHY DOES THE SKIN FEEL FUNNY AROUND MY INCISION?

The nerves in the skin cross the front of the knee in an inside-out direction. When an incision is made down the front of the knee, these tiny nerves are divided and the skin on the outside will feel fuzzy or numb. This sensation will lessen with time and is normal for all patients with knee replacement surgery.

WHY IS MY LEG DISCOLORED?

You may develop some discoloration (like a bruise) in the leg. This discoloration, which may extend to the hip or ankle, will slowly disappear over weeks.

WHEN CAN I GET MY KNEE WET?

You can take a shower on post op day two. If you have a plastic dressing, it is waterproof. If you have a Telfa (non-adherent) dressing, wrap in saran wrap making sure to tape around the leg at the top and bottom of the wrap to ensure a waterproof seal. Once your dressing is removed (after post op day 7), you may wash around the incision but do not scrub the incision. Water does not hinder the healing, but a strong soap could irritate the skin. **Be sure to gently pat the area dry.**

WHAT ABOUT COCOA BUTTER AND VITAMIN E OIL?

Do not use either of these until after your six-week postoperative visit. Ask for clearance to use during that visit. Your skin will heal fine with or without these topical applications.

A STITCH IS STICKING OUT. WHAT DO I DO?

We often suture the skin from underneath to reduce scarring. The knot at the end of the stitch sometimes will protrude from the skin. Redness and a small amount of drainage may appear. Cleanse the skin with peroxide. **Please notify your surgeon's office.**

WHEN CAN I DRIVE MY CAR?

Usually after 3 weeks. A patient's decision to drive sooner is a personal decision related to their mobility and pain control.

HOW LONG WILL I HAVE PAIN?

The surgical pain tends to resolve in the first week or two. You may continue to have some soreness, stiffness and swelling anywhere from six weeks to three months. Full recovery is generally four to six months. This should disappear gradually with exercise and increased activity. If you develop pain after exercising with weights or walking without a walker or crutches, you may be overworking the knee. The following should help - using the walker or crutches, decreasing the amount of weight used during exercises, and periodically elevating your leg with ice on it. If the pain does not resolve over 1-2 weeks, you should contact your surgeon.

WHEN CAN I GO IN THE SWIMMING POOL?

Ordinarily, patients may resume pool activities after your 6-week visit. Be sure to check with the surgeon at that time.

HOW LONG SHOULD I KEEP DOING THE EXERCISES?

You should do the exercises given to you at discharge until you return for your visit. At that time, you may be given a new set of exercises. You should continue to exercise until your muscles are pain-free and you can walk without a limp. It is a good idea to continue your exercises as a lifetime commitment to keeping your muscles strong.

Dr. Daniel Gerscovich

A native of Winter Park, Florida, Dr. Gerscovich attended the University of Virginia in Charlottesville VA as a collegiate swimmer for their Division 1 program. He achieved ACC championships in his first and second year. He then returned to Florida to complete his medical school training at the University of South Florida College of Medicine in Tampa, Fl, earning Deans List distinction each year. He went on to complete his residency in Orthopaedic Surgery at George Washington University in Washington DC.

He completed his fellowship training for specialization in primary and complex Adult Reconstruction for hip and knee at the world-renowned Anderson Orthopedic Clinic in Alexandria, VA. His particular surgical interests include partial and total knee replacement, robotic knee replacement, complex revision of failed knee replacements, revision for infection and treatment of knee pain in the younger adult population.

Dr Gerscovich has published articles in several major orthopedic journals, authored several book chapters and is a member of the American Academy of Orthopaedic Surgeons and is Board certified.

According to Dr. Gerscovich, “My foremost aspiration is to take care of each patient to the best of my ability and as if they were a part of my immediate family. I believe that a strong doctor patient relationship, adherence to surgical principles, and a motivated patient will result in the best possible outcome.”

In his free time, he enjoys fishing, cooking, and golfing, but he spends most of his leisure time with his children Grayson, Parker, Sadie, and his wife Missy. He and his family are very excited and proud to be a part of the Spartanburg Community and he considers it a privilege to be able to care for you.

NOTES / QUESTIONS

NOTES / QUESTIONS


THANK YOU
for allowing us to treat you.

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