

Total Knee Replacement at the University of Chicago

Is knee replacement surgery right for me?

This pamphlet is designed to repeat what your surgeon has already discussed with you in the clinic, and help you answer the question: is knee replacement surgery right for me? Knee replacement surgery is an entirely elective procedure that is frequently offered to patients with severe knee pain. The primary goal of knee replacement surgery is to relieve knee pain. Relief of knee pain is commonly associated with an improved ability to walk and perform daily activities. If your surgeon has recommended knee replacement surgery for you, then he believes that the potential benefits far outweigh the potential risks of having surgery.

You are considered a candidate for knee replacement surgery when you have pain that significantly limits your ability to perform normal daily activities, and the arthritis in your joint is no longer controlled by arthritis medicines. However, the ultimate decision to have knee replacement surgery is entirely yours. When you feel that you are a candidate for knee replacement surgery, and you feel that the potential benefits from surgery are larger than the potential risks as explained to you by your doctor, it is time to have surgery. If you do not feel that you are a candidate for knee replacement surgery, or you feel that the potential risks explained to you by your surgeon are too great, then surgery may not be right for you at this time.

The remainder of this pamphlet will repeat much of what you have already heard from your doctor in the clinic, and list the potential benefits and the potential risks of having knee replacement surgery. A list of frequently asked questions is also provided. We suggest you discuss this information with family and friends as you try to answer the question: is knee replacement surgery right for me?

Potential benefits of having knee replacement surgery:

1. **Pain relief:** The relief of pain after having knee replacement surgery is often dramatic. By replacing your knee with a new artificial knee, the arthritis is removed and is no longer a cause for pain. Other sources of pain such as a bad back will not be relieved by having knee replacement surgery.
2. **Improved activity:** Without pain, most patients with knee replacements are able to walk better and farther. Also, most patients with knee replacements more easily perform routine daily activities. The most fit patients are able to return to swimming, biking, skiing, and even doubles tennis.

Potential risks of having knee replacement surgery:

It is impossible to list every potential risk; therefore this list includes the most common risks and complications associated with knee replacement surgery.

1. **Infection:** The risk of infection exists any time you have any type of surgery. The risk of infection after knee replacement surgery is between one in 100 and one in 200 for otherwise healthy people.

- Treatment of infection can be complex and include prolonged antibiotic use and repeated surgery. It is even possible that the new knee may need to be removed and possibly put back in at a later date.
2. **Blood clots:** The risk of blood clots exists any time you have any type of surgery on your legs. Blood clots are dangerous if they go to your lungs. The risk of blood clots occurring and then going to your lungs after knee replacement surgery is between one in 1000 and one in 5000. We reduce the likelihood of blood clots forming by thinning your blood after surgery with a medication for three weeks and by getting you up and walking as soon as possible after surgery.
 3. **Heart problems:** Arthritis surgeries are often performed on people who are middle-aged or older. Stress from the surgery may cause a heart attack in people who already have heart disease. If a patient has any signs of heart problems, we have them see a cardiologist prior to surgery. With the help of a cardiologist, we are often able to successfully operate on people with severe heart disease. In some cases, heart disease is considered too severe to allow surgery.
 4. **Bleeding:** Minor bleeding for the first few days after knee replacement surgery is normal. We monitor your blood counts every day and you receive only the appropriate amount of blood thinning medication. Blood transfusions are given only if absolutely necessary and only after discussing the matter with you. Repeat surgery for bleeding is extremely uncommon.
 5. **Nerve Damage:** In less than 1% of patients, knee replacement surgery may lead to nerve damage.
 6. **Stiffness and pain:** After your knee has been replaced, rigorous physical therapy is necessary to achieve full motion and strength. Knees without full motion and strength can become stiff and painful. Occasionally stiff knees must be manipulated under anesthesia in the operating room. Your effort in physical therapy is vital in achieving a good result after knee replacement surgery.
 7. **Death:** Although extraordinarily uncommon (less than one in 1000), death can occur during or after knee replacement surgery. Death is usually related to other medical conditions present before surgery.

Commonly asked questions:

How long does the surgery take? The surgery takes from 1 and ½ to 2 and ½ hours. After surgery you will be in the recovery room for up to 4 hours before going to your regular hospital room.

What kind of anesthesia will I have? Most patients have either “general anesthesia”, where you go to sleep, or “spinal anesthesia” like mothers have when giving birth. You will have an appointment with the anesthesia department to fully discuss your options.

Should I bring a family member or friend with me the day of surgery? Absolutely. Family and friends are very valuable during this process and should be included whenever possible. Your surgeon will call your family and friends in the waiting area after surgery.

Are there certain medications I should avoid prior to surgery? Yes. *Coumadin, Aspirin, Plavix, Arthritis medications* and *Ibuprofen* products such as Motrin and Advil may increase bleeding and must be stopped 7 days before surgery. If you are on any of these medications for a heart condition or due to a blood clot, we will contact your doctor regarding the stopping of these medications. Other medications for rheumatoid arthritis, except *Prednisone*, must be stopped two weeks before surgery. *Allopurinol*, a medication for gout should be stopped 2 weeks before surgery. If you take blood pressure medication or medication to control your heart rate you should continue to take them including the day of surgery.

Do I have to stop using lotion and oil on my skin in the area of the incision? Yes. You should not put lotion, oil, or any other skin product on your leg or buttock for 5 days before surgery.

How long will I be in the hospital? Most patients are in the hospital for three days.

Where do I go after leaving the hospital? Patients who have help at home may be able to go home.

Those who live alone or have no help usually go to a rehabilitation center for 5 to 10 days. The choice of rehabilitation center is usually dependent upon your insurance.

Will I have physical therapy after I leave the hospital or after I leave the rehabilitation center? Yes. Out patient physical therapy will continue until your motion and strength are adequate. We recommend that you go to physical therapy and not have home therapy. Since therapy is such a large part of your recovery, it is preferred that you have access to all the facilities at the therapist disposal.

Will I be able to stand on my new knee after surgery? All patients get out of bed the first day after surgery with the assistance of a certified physical therapist. You will be allowed to stand fully on your new knee immediately after surgery.

Will I need a walker? Yes. You will need a walker or crutches. How fast you move to a cane and then nothing at all depends upon your strength, your balance, and how well you work with your therapist after surgery.

Will I have a motion machine for my knee after surgery? Yes. You will have a machine you use two times a day that bends your knee.

Can I have a pain pump after surgery? In most cases, yes. After surgery, you will be given a pain pump that has a button you press to give yourself pain medication. The amount you receive is preset to prevent overdose, and is controlled by a small computer. This system is very safe and eliminates the time you must wait for a nurse to give you a shot.

Will I need a blood transfusion? Those patients who need a blood transfusion after knee replacement surgery usually have low blood counts to start. If your blood counts are high you probably will not require a blood transfusion. Your blood count will be checked before surgery and every day you are in the hospital. Blood transfusions are recommended for you if your blood counts get low enough to potentially put strain on your heart.

Can I donate my own blood or have someone else donate for me? Yes. However, patients who have low blood counts to start and are at risk for needing a blood transfusion after surgery may not be able to donate because their counts are too low. We do not recommend having friends or family members donate blood for you.

What is the risk of a blood transfusion? Most patients' concern is the risk of disease transmission. Blood bank blood is tested for Hepatitis and the HIV virus. The risk of HIV transmission is estimated at less than one in 500,000. The risk of Hepatitis transmission is slightly higher.

Will I have pain medication when I go home? Yes. You will get a prescription for the same medication you are taking in the hospital before you leave.

How long will I have to take the blood thinner? Most patients take the blood thinner for three weeks. You will need to have your blood tested two to three times a week while taking the medication to make sure that your blood is not too thin.

When can I get the wound wet? Once the dressing is off and the wound is dry (not draining) for two days, you can shower and let the water run over the wound. Do not scrub the wound. Do not soak the wound in a bath or pool until cleared by your surgeon.

When can I drive? You can drive when you are no longer taking pain medication and are able to easily get in and out of your car. Be sensible. Avoid putting yourself in a position where, in an accident, you could be considered an impaired driver.

When will my surgeon want to see me after I leave the hospital? Your surgeon will want to see you at 3 weeks, 6 weeks, 3 months, 12 months, and yearly after surgery.

Planning before surgery:

Once you decide to have surgery, we set up appointments for you to see an anesthesiologist and have necessary testing. These tests will be performed in DCAM 2E. You may also need to go the X-ray department to have special X-rays. You will also see a physical therapist and learn how to prevent dislocation of your new knee. Lastly, you should see your regular medical doctor prior to surgery. Our office will help coordinate these appointment times. In addition, you will be called by Jan VanderMolen (Dr. Manning's nurse) to determine any special needs you may have before and after surgery.

Medications:

You should begin taking iron supplements 3 weeks prior to your surgery to maintain an optimal blood count. You will be instructed to take one Coumadin tablet the night before surgery to reduce the risks of blood clots after surgery. You will also be taking one Vioxx tablet for 5 days before surgery to reduce pain and inflammation after surgery. If you have any contraindications to these medications, please inform Dr. Manning or Jan VanderMolen.

Infection after surgery:

After knee replacement surgery, there is some concern that infections elsewhere in the body may settle in the replaced knee. This concerns only bacterial infections. It does not concern viral infections such as flu and colds. Patients with knee replacements who get a bacterial infection should take antibiotics. Either your family physicians or our office will be happy to provide treatment. Although it is very unlikely, there is a concern that bacteria may travel through the blood stream during dental procedures. Currently, we are recommending that patients with knee replacements take one antibiotic pill one hour before any dental procedure. You will get a life long prescription from our office at your 6 week appointment.

If you are considering surgery, feel free to call our office with any further questions or concerns. We have found that patients who have a clear understanding of what their surgery will be like have less anxiety and easier recuperation.