

# FREQUENTLY ASKED QUESTIONS REGARDING TOTAL KNEE ARTHROPLASTY – (TKA)

## **Introduction**

Total knee replacement is an extremely successful and frequently performed surgical procedure that dramatically relieves the pain and stiffness and dysfunction (and sometimes deformity) caused by advanced osteoarthritis of the knee. Often times the recovery can be long and difficult, though with recent advances in surgical techniques and surgical implants, recovery, though still difficult, is often much easier than it used to be. With a major operation such as a knee replacement, there are significant risks associated with the procedure, including infection, blood clots, stiffness postoperatively, and exacerbation of pre-existing medical conditions. Fortunately, these complications do not occur in 95% or more of patients.

## **Preoperative questions**

*What is the recovery time?* Patients heal from surgery at a different pace. In most cases, however, you will begin with a walker or crutches, and then advance to a cane at your own pace, being prudent and moderately cautious, and most people are using a cane only, at the one month point. Full weightbearing with no external support occurs anywhere from a few weeks to a couple of months, depending on the patient. Most patients go home two days after the surgery (two nights in the hospital), some one day postop, some three days postop.

*Will I go to a rehabilitation facility or home?* It depends. Most patients will be able to go home and will want to go home after their surgery. However, you may need to go to a rehabilitation facility, if you have medical issues or if you are in a serious state of deconditioning preoperatively, or if you have no one at home with you. I certainly do not want patients going home alone immediately after surgery. Some of this can be planned before your admission to the hospital, and the details will be worked out by our very helpful social worker on the orthopedic floor in the hospital during your hospital stay.

*When can I drive?* Most people do not feel comfortable driving for the first month or so. The real answer is you may drive whenever you are moving well enough to get in and out of a car safely, and when you are able to walk once you have arrived at your destination. This would be another example where being prudent and cautious is most certainly in your best interest. Obviously, you will not want to drive a vehicle if you are still taking narcotics.

*When can I travel?* This is pretty much the same answer as driving, with an important additional point being that if you are a passenger, you very much want to get up and stretch or walk at least

once an hour, maybe more often, in the early postoperative period, to minimize the risk of blood clots.

*When can I return to work?* This depends on what your profession is, and how well you do, and how hard you want to push it. Obviously, the more sedentary the profession the sooner you can get back to work. Return to work can be anywhere from two weeks, all the way up to three months or so if you have a very physical job.

*What activities are permitted following surgery?* You may return to pretty much anything that you want to do postoperatively, once your recovery is complete, though I strongly recommend that you avoid high-impact activities on any type of regular basis. You may walk and hike and golf and bicycle and do those types of low-impact activities without any restriction. Running and jumping and cutting sports would be a problem with respect to wearing out your knee replacement prematurely.

*How long will my TKA last?* Survival of knee implants is patient dependent, and activity dependent, but with the current quality of the implants we are using, this number seems to be at the 20-30 year point quite predictably.

### **Perioperative Questions (In Hospital)**

*When can I shower?* You may shower five days after your operation, letting water run over the staples. After the shower, blot the incision dry, and reapply a light dressing, the purpose of the dressing being to protect the staples from catching on your clothing.

*When can I immerse my knee totally such as in a bath or swimming pool?* You may immerse the knee totally when the incision is completely healed, anywhere from two weeks to four weeks.

*When will my staples be removed?* Staples are removed 8-10 days postoperatively by the home health nurse or by the nursing staff at the rehabilitation center.

### **Perioperative Questions (Out of the Hospital)**

*How long will I be on pain medication?* This of course is patient dependent, with the goal being to have adequate pain relief, but to take no more of the narcotics than absolutely necessary because of their side effects including drowsiness and constipation. A lot of patients are down to very minimal use of narcotics during the daytime at about the one to three week point, reserving narcotics for nighttime use. More and more patients are getting off of the serious narcotics early, and switching to Tylenol type products within a week or two.

*How long will I be on a blood thinner?* This is very variable, in general I use Coumadin and/or aspirin for about a month postoperatively.

*Can I drink alcohol during my recovery?* Once again, prudence is necessary, but one drink per evening is probably fine. That presumes that you are taking minimal narcotics at the same time.

*How long should I take iron supplements?* Some type of iron supplement for three or four weeks after surgery is helpful to rebuild your blood counts.

*Should I apply ice or heat?* Initially, ice is most helpful to keep down the swelling and inflammation. After several weeks, stopping the ice or even trying some heat is appropriate, whatever is most comfortable.

*Should I wear compression stockings?* I have stopped using compression stockings routinely, because it did not appear that they were particularly helpful, and they were very difficult to get off and on.

*Can I go up and down stairs?* Yes, you will be shown how to use stairs in the hospital, and the home physical therapists will also help you successfully negotiate stair climbing and descending.

*I am constipated, what should I do?* It is very common to have constipation after surgery. This is due to a number of factors and is aggravated by the need to take narcotic pain medication. A simple over-the-counter stool softener is the best prevention for this problem. In rare cases, you may require a suppository or enema.

*What if I feel depressed, is this normal?* It is not uncommon to have feelings of depression after TKA. This may be due to a variety of factors, such as limited mobility, discomfort, increased dependency on others, and medication side effects. Feelings of depression will typically fade as you begin to return to regular activities. If your feelings of depression persist, consult your internist.

*I have insomnia, is this normal? What can I do about it?* This is a common complaint following TKA. Nonprescription remedies such as Tylenol PM or melatonin may be effective. If this continues to be a problem, prescription medication may be necessary.

### **Postoperative Questions (Long-term)**

*Can I use weights when I exercise?* Generally, weights are not used for the first two months. As you progress with your physical therapy program, your physical therapist may recommend the use of weights. Clearly, starting with light weights and then gradually working up is the appropriate process.

*Will I set off the security monitors? Do I need a doctor's letter?* You will probably set off the alarm as you progress through the security checkpoint. Be proactive and inform the security personnel that you have had a TKA that will most likely set off the alarm. A letter from your physician or a wallet card is not much help when passing through security checkpoints anymore.

*Do I need antibiotics before dental work or an invasive medical procedure?* Yes, for the first one year. Avoid any dental cleaning or non-urgent procedures for two or three months following TKA.

*When do I need to follow-up with my surgeon?* Follow-up appointments are usually made four weeks postoperatively for a visit in the office, eight weeks postoperatively for a phone call progress report from you to me, and then a one year follow-up office visit that also includes x-rays. This one year visit is necessary to monitor the prosthesis fixation and potential wear.

Do I need antibiotics? Then the security monitors, then the weights, and then when do I need follow-up with my surgeon.