

TOTAL KNEE REPLACEMENT/ ARTHROPLASTY (TKA)

When you get to New England Baptist Hospital (NEBH) you will need to check in. From there you will proceed to the Bond Center, change into your surgical gown and meet the preop nurse. Someone will start your IV.

You will meet the anesthesiologist or the CRNA who is a nurse that is qualified to give anesthesia. They will talk to you about your anesthesia. This may include the use of a “Regional Block” which will be discussed later.

You will need someone to drive you there and bring you home. You will not be allowed to have your surgery if there is no one to bring you home. This is a state and federal requirement.

REGIONAL BLOCK

A regional block is a method that the anesthesia department uses for pain control. This can be given before or after surgery. If it is given before, your body feels no pain and therefore the anesthesiologist uses less anesthesia agents to keep you asleep and comfortable.

The Block should last at least 12 hours. Sometimes it can last longer. You will need to protect your leg until the block wears off. This is because you will not have any, or limited control of your leg, while the block is in effect. When the block wears off you can expect tingling like when your arm or leg falls asleep and then wakes up. You do not want to shower until the block wears off since this could lead to a burn.

BANDAGE

You will have a big bulky bandage or dressing covering your knee. This dressing will be changed either on the first or second day after your surgery. In most cases there are no stitches to come out since they absorb. You will see steri strips. These strips will fall off in about 10 days. If they do not they will be removed at your first post-op visit.

The bandage can be taken off the morning of your 2nd post-op day. (If your surgery was Thursday this means Saturday morning).

DRAIN

You may or may not have a drain after surgery. This depends on the amount of bleeding you have prior to closure of the incision. The actual surgery is done under a tourniquet however this is let down prior to closure and most bleeding is addressed. Sometime there

is excessive bleeding from the end of the bone that requires a drain afterwards. This drain will be removed on the first post-op day.

BATHING

You can shower after you remove your bandage 48 hours after surgery. (postop day number two) The reason we wait until the second day to shower is that it takes this long for your incisions to be water tight. If you shower before this you may risk infection. You should take showers only. Do not submerge your incision. If you need a shower chair these can be provided.

DEEP VEIN THROMOSIS (DVT)

A DVT is a blood clot that occurs in the veins of your leg. These blood clots can be life threatening if they continue to grow then break off and go to your lungs. This is called a Pulmonary Embolis. It is extremely rare for this to happen during a knee arthroscopy but they do occur.

A DVT is suspected if you have an increase in pain in your calf, your calf gets hard or you have pain in your calf with bringing your toes upward. Shortness of breath is a sign that you may have a pulmonary embolis

Some factors that increase your risk of developing a DVT are being overweight, sedentary, a blood disorder that increases your risk of blood clots,

Unless contraindicated you will be placed on a blood thinner (Coumadin) while in the hospital. The levels are checked and adjusted while you are in the hospital. Prior to discharge you will be given an ultrasound. If you have no evidence of blood clots you will go home on one 325mg Aspirin twice a day. If you have a blood clot, or other risk factors, you may be continued on Coumadin for up to 6 weeks postop. It is also recommended that you try not to remain sedentary after your surgery

KNEE BRACE

You may come out of surgery with a brace. It is a "T-rom" brace. The T-Rom brace is a hinged brace that may be locked at different angles depending on your surgery. You will be given specific instructions after your surgery concerning the use of your brace post-op. Usually this brace is worn at night to keep your leg straight. You may come out of the brace during the day for range of motion exercises and to do the CPM

PAIN RELIEF

For the first 12 to 24 hours your regional block should be sufficient. You should use ice generously. It is your best friend. Not only does it help with pain but it also reduces swelling which slows healing. You will also have a prescription for pain medicine. It is important to note that Percocet and Vicodin contain Tylenol (Acetaminophen). Some Vicodin contains 500 mg of Tylenol. The FDA has mandated that this change however as of now this is still the case. If you take 2 pills every 4 hours you are at the maximum dose. To take more puts you at risk for liver failure. There are pain killers that do not have Tylenol in them. These drugs are just as effective as Percocet and Vicodin without the risk. Nucynta is one of them.

WEIGHT BEARING

After surgery you will be instructed as to what is allowed for putting weight on your leg, most of the time you will be allowed a progressive weight bearing status. This means that the day after your surgery you will begin to walk with your crutches and put a little weight on your knee. Every time you take a step you increase the weight you put on your leg.

PHYSICAL THERAPY

You need to start physical therapy the day after your surgery. The most common complication from a knee injury or surgery is a stiff knee (Arthrofibrosis). It is more important to maintain the ability to get your leg straight. Bending is important too but is easier to get. This is why you wear your T rom brace at night locked in extension. You get a good stretch at night. Invest in this for two weeks and you will have no problems.

REHAB

Depending on how you do after your surgery you may have to go to rehab.

COMPLICATIONS

Complications are rare but do occur. The most common are stiffness, infection, DVT, bleeding and nerve damage. Every time you cut the skin there is bleeding and minor nerve damage. This is usually not a problem. You may experience minor numb spots on your skin after surgery. These usually will resolve over a time but can be permanent. Infections are suspected if you start having increasing pain, fever or drainage from your incisions. Mild fevers less than 101degrees are common but fevers above this should be reported to the office.

Having surgery can be a very stressful situation. We try to make every effort to reduce this stress as much as possible. Please do not hesitate to contact us with any questions

Dr. Tierney and Staff