

Frequently Asked Questions

Total/Partial Knee Replacement- Dr. Hacker

Questions prior to surgery:

1. What materials are used for the implant? What company does surgeon use?
Implant is made up of mostly titanium with some cobalt chrome and polyethylene plastic. Dr. Hacker uses the Stryker Triathlon Knee System with Mako Robotic Navigation.
2. Where is the incision made?
The incision will be on down the center of the knee and will be about 4 inches long. If he uses the robotic system for either a total or partial knee you will have two additional incisions for the navigation reflector arrays.
3. What are the possible complications of the surgery?
This will be addressed during the pre-op when we go over the consent form.
4. Will I have any nerve damage?
You may notice some numbness on the outside portion of your knee. This is usually due to the cutting of some the skin nerves that supply sensation to that area. The nerves will typically regenerate but the sensation can take about a year to return. In a very small proportion of patient's this can be permanent.
5. Will I have a leg length discrepancy?
Dr. Hacker will make adjustments during the time of surgery to help address this. Correcting a large deformity may make you taller. Typically there is no change in leg length during knee surgery
6. What type of anesthesia will be used?
There are two different options for Anesthesia: General or Spinal with light sedation. These options will be discussed with the Anesthesiologist. Be sure to tell him or her if you have had trouble with anesthesia in the past. There a pros and cons to both.
7. Will there be cement used in the implant?
Yes, a small amount of cement will be used to ensure the parts can't move after surgery. In some cases antibiotics are placed into the cement.
8. What medications should I take the day of surgery?
This will be addressed at the pre-op visit and you will receive a phone call from the Hospital with this information. Typically, they want you to take as little as possible as you can only take one sip of water.
9. What medications do I need to avoid prior to surgery?
One week prior to surgery we want you to avoid any medications that can thin your blood. These medications include: anti-inflammatories (i.e. Advil/ibuprofen, Aleve/Naproxen, Meloxicam, etc. The only anti-inflammatory allowed is Celebrex (This does not have as much blood thinning effect.) In addition, aspirin, fish oil, multi-vitamins, and herbal supplements will need to be stopped. Prescription blood thinners will need to be stopped as well. Please discuss when to stop these with the physician prescribing it for you. (Be sure you know the exact day to stop taking a medication before surgery)
10. Should I do exercises prior to surgery to prepare?
Quad strengthening prior to surgery will help speed up recovery. We will also have you do a visit with PT prior to surgery to help adequately prepare. There is plenty of data to support the importance of a 'pre-hab' program.
11. How long will the joint replacement last?
Depends on amount of use. Typical joint replacements last for at least 15-20 years, although they could last much longer!
12. Will there be local anesthesia or a nerve block?
Yes, Local anesthesia will be used and injected into the knee joint itself. You will have the option of getting a nerve block which you will discuss with the Anesthesiologist.
13. Do I need to bring my medications to the Hospital?
No. They will have your home medication list and will dispense the appropriate meds from the hospital supply.
14. Will I be provided with a walker or crutches? When do I receive them?

You will receive a front wheel walker while in the hospital. A discharge planner in the hospital will help set this up. PT in the hospital will help teach you how to use appropriately.

15. Should I donate my own blood transfusion prior to surgery? What is risk of needing a transfusion?
California law requires that we notify you of this, however, we do not recommend it. The chances of needing a blood transfusion are less than 5%. If you do decide to donate blood you must do so at least 2 months prior to surgery. If done too close to day of surgery you will deplete your own supply making you at higher risk for needing a transfusion.
16. What is the risk of infection following surgery?
Risk of infection is less than 5%. There are many ways to minimize this risk which will be discussed at pre-op and at the total joint class. One important way to avoid infection is to keep the incision covered with the bandage that was applied in the OR. DO NOT change it at home unless told to do so. Call the office if there are any issues.
17. Will I get antibiotics or need to take them prior to surgery?
You will not need to take antibiotics prior to surgery. You will get a large dose through an IV in the OR prior to surgery, and often a few more doses before you go home.
18. Any supplies I should get prior to surgery for the house?
They will go over this in joint class. It is a good idea to get a toilet seat riser and a shower chair.
19. I have stairs in my house? How will I get upstairs?
The physical therapist will work with you on how to get up the stairs safely while you are in the hospital and instruct you how to use the walker appropriately.
20. What kind of tests do I need to have done prior to surgery? Do I need to see my regular doctor?
Usually you will need some routine blood work and an EKG. You will get an rx for these tests and it will be explained at your pre-op.

During Hospital Stay:

1. How long will I be in surgery?
Typically the surgery will last 1.5-2 hours.
2. How much pain can I expect after surgery while in the hospital?
Difficult to answer as everyone is different. You will have some local anesthesia which should help for the first couple days. You should expect to be sore. You will be given pain medications in the hospital to help with the pain.
3. How many days will I need to stay in the Hospital?
You will stay in the hospital overnight and most patients go home the next day. You will see a physical therapist who will make sure you have met your goals and are safe to go home. The PA's and/or surgeon will round in the hospital while you are there.
4. When will I be able to walk on the knee?
Right away. You will get up with PT the day of surgery and use a walker.

Post op Care:

1. What kind of pain medications will I be taking?
Typically, we give Percocet for post-op pain. If there are allergies/intolerance will substitute with other pain medications.
2. Will I be put on a blood thinner following surgery?
Yes, we will give you a prescription for Xarelto at your pre-op. You will take one a day for 7 days following surgery. We would like this to be filled prior to surgery so it is ready to go at home. You will NOT take this until you get home from the hospital.
3. When should I start Physical Therapy?
You will receive a prescription for PT at your pre-op visit. We typically want outpatient PT to begin right away following the surgery (ex: if surgery is Monday, we would like PT set up that Thursday). We would like you to set this up ahead of time so you have a post op appointment ready to go prior to your surgery.

4. What will recovery be like?
Everyone's recovery is different. You should expect to have some soreness for the first few weeks. Usually by 6 weeks the pain is minimal. Some can take a few months.
5. Will I be going to a skilled nursing facility following surgery?
We strongly discourage skilled nursing facilities following surgery. The rate of infection increases with stays in a rehab facility. We strongly encourage patients to go home and get outpatient PT. This combination yields the best surgical outcome.
6. What kind of PT will I have after surgery?
Outpatient PT
7. Will I get constipated after surgery?
Yes, especially if you are taking the narcotic pain medications regularly. This can also be an effect of the anesthesia. You want to make sure you are taking an OTC stool softener (Senna, Docolax etc.) while you are taking the pain medications.
8. When can I drive after surgery?
If it is your right knee we recommend after 6 weeks. You need to feel confident you can slam on a break to avoid an accident. You also have to be off all Narcotic pain medications. For the left knee the answer would be when you feel confident getting in and out of car safely by yourself and when you are off pain medications.
9. Will I be provided with a cold therapy ice machine?
No, as most insurance companies will not pay for them. Despite this, we encourage using them! We offer a cold therapy knee brace which we will explain further in the pre-op visit.
10. Will I get a CPM after surgery?
No, studies have shown that using a CPM machine has no better outcomes for ROM than PT and a home exercise program.
11. Is swelling/bruising/warmth normal after my surgery?
Yes, you can expect swelling and warmth in the knee for up to 4months. Warmth of the knee is not a good indicator of infection rather is usually from inflammation. You may also have some bruising and swelling that will go down to the ankle. This is normal. If you experience calf pain or excessive swelling you should notify our office BEFORE you go to an Emergency Room.
12. How much help will I need in my home after surgery?
Ideally, we would suggest having a family member or friend around for the first week or so of recovery.
13. Can I shower after surgery?
Yes, we use a waterproof dressing that will allow you to shower (we do not want you to submerge the knee underwater in a bathtub) as soon as you get home. We ask that you check the bandage to make sure it is fully adhered to the skin prior to showering. If there are any issues with the bandage or it gets soaked please call our office. DO NOT change the dressing at home.
14. What kind of care do I need for dressings/bandage?
You will leave the bandage on until you see us in the office for your post op visit. We will remove at that time.
15. Will I need to take antibiotics for dental work after surgery?
Yes, we recommend taking the antibiotics 1 hour prior to any dental work (even cleanings). Our current recommendation is to continue this for life to protect against possible infection. This rx will be given to you at your first post op visit.
16. When can I swim?
We want the incision to be completely healed prior to submerging the body. This is usually about 6 weeks.
17. When can I resume my vitamins/supplements and OTC NSAIDs?
Once you are off the blood thinner.

*****VERY IMPORTANT:** If you have any questions or concerns following your surgery please call our office. If there are any issues that arise after hours or over the weekend call our regular office number. There is always a physician on call who can help answer your questions. **DO NOT** go to the Emergency Room unless it is truly a life-threatening issue.