

Frequently Asked Questions

Total/Partial Knee Replacement- Dr. Hanson

Questions prior to surgery:

1. What materials are used for the implant? What company does surgeon use?
Implant is made up of mostly titanium, cobalt chrome and polyethylene (plastic). Dr. Hanson uses DePuy primarily. Let us know if you have a true allergy to metals, like cheap jewelry. If so, we will order a specific test to confirm.
2. Where is the incision made?
The incision will be on down the center of the knee and will be about 4 - 6 inches long, but longer for larger people. For a partial knee you will have two additional incisions for the navigation pins.
3. What are the possible complications of the surgery?
This will be addressed during the pre-op when we go over the consent form. But, these surgeries are not to be taken lightly and are associated with potentially dangerous complications, some of which can be life threatening. Our goal is to prevent and mitigate conditions that would increase a patient's risk, like heart disease, lung disease, obesity, diabetes, DVT, etc.
4. Might I have any nerve damage?
You may notice some temporary 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. Major nerve damage is rare.
5. Will I have a leg length discrepancy?
He will make adjustments during the time of surgery to address this, but it is very uncommon in knee replacement (more common in hips).
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.
7. Will there be cement used in the implant?
Yes, cement is generally used used for fixation of the implants to the bones.
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 sips 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, Diclofenac/voltaren etc.) The only anti-inflammatory allowed is Celebrex (this does not have as much blood thinning effect.) Aspirin, fish oil, multi-vitamins, supplements should also be stopped, as well major blood thinners like Coumadin, Xarelto, Plavix, etc. Please discuss when to stop the prescription blood thinners 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?
Lower and upper body strengthening prior to surgery will help speed up recovery. We will also have you visit with PT prior to surgery to help prepare ("pre-hab") if desired.
11. How long will the joint replacement last?
This depends on a patient's size and activity levels ("mileage"). Typical joint replacements can last for 15-20 years, but this limitation varies by patient, and is the reason we hesitate to replace knees in young patients.
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. But, it can help to bring them for accurate identification and in case you are on something unusual that the hospital does not carry.
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 them 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 (the Gann act, Circa 1990). However, we do not recommend it based on national guidelines. The chances of needing a blood transfusion are less than 5%. If you do decide to donate blood you must do so at least 1-2 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 1-2%. But, it can be a devastating complication. There are many ways to minimize this risk which will be discussed at pre-op and at the total joint class.
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.
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 up and down stairs?
The physical therapist will work with you specifically on how to get up the stairs safely while you are in the hospital, and won't clear you to go home until you can.
20. What is the time of surgery?
You will get a phone call from the Hospital the day before the surgery to confirm the time.
21. What kind of tests do I need to have done prior to surgery? Do I need to see my PCP?
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. Your PCP or specialists might want more to "clear you".

During Hospital Stay:

1. How long will I be in surgery?
Typically the surgery will last 1.5-2.5 hours.
2. How much pain can I expect after surgery while in the hospital?
This is 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 in some pain, especially with the therapy. 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 are able to go home the next day, sometimes two. 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, as will the case managers and discharge planning staff that met you in the joint class.
4. When will I be able to walk on the operated leg?
Right away. You will get up with PT the day of surgery and use a walker, typically with all your weight on it.

Post op Care:

1. What kind of pain medications will I be taking?
Typically, we give Percocet (oxycodone) or hydrocodone for post-op pain. If there are allergies/intolerance will substitute with other pain medications. We STRONGLY encourage minimizing these medications because of their

side effects. Nausea and constipation, dizziness with falls are some of the more common things that take patients back to the hospital.

2. Will I be put on a blood thinner following surgery?

Yes, we will give you a prescription for a blood thinner, usually Xarelto unless you are already on another one, at your preop. 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. We encourage a baby aspirin (81mg) a day after that for a month.

3. When should I start Physical Therapy?

You will receive an rx for PT at your pre-op visit. We typically want outpatient PT to begin a few days 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 therapy appointment prior to your surgery to avoid delays in getting it started.

4. What will recovery be like?

Everyone's recovery is different. You should expect to have some pain or 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 and other complications increase with stays in a nursing facility. We strongly encourage patients to go home and get outpatient PT. This combination yields the best surgical outcome. We strongly encourage arranging someone to help you at home for a week or so.

6. What kind of PT will I have after surgery?

Outpatient PT, again to be arranged at the time of your pre-op, at a PT center near your home.

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, and even of pain. You want to make sure you are taking a stool softener (Senna, Ducolax etc.) while you are taking the pain medications. They will address these in the joint class.

8. When can I drive after surgery?

If it is your right knee we recommend about 6 weeks. You need to feel confident you can slam on a break to avoid an accident. It is a neurologic phenomenon as well as a pain issue. 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 ok by yourself and when you are off pain medications.

9. Will I be provided with a cold therapy ice machine?

No, not typically, but we do 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, we stopped that a few years ago because 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 2-3 months. Warmth of the knee is not necessarily an indicator of infection, rather is usually from inflammation. You may also have some bruising and swelling that will go down to the ankle, sometimes up your thigh. This is normal. If you experience calf pain or excessive swelling you should notify our office. This can be a sign of DVT.

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. This will depend on your ability to be independent, which is different for everyone.

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. We ask that you wait 6 months for any routine dental work.

16. When can I swim?

We want the incision to be completely healed prior to submerging the body. This is usually about 6 weeks. Any small openings in the incision that can develop can lead to infection.

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. The ER will usually not be able to solve the issue and you will likely be there for many hours.