

TOTAL KNEE REPLACEMENT

Frequently Asked Questions



Q: How long will I be in the hospital?

A: You will be in the hospital for 1-2 nights. At your pre-operative appointment the facility will go over with you what to bring to the hospital, including any medications. The discharge planning coordinator at the hospital will arrange home health, transfer to a rehab facility, medications, and any equipment you may need after surgery. Following discharge you may return home or go to a rehab facility.

Q: When will I start rehab?

A: Rehab begins immediately in the recovery room. We expect that you will immediately begin pumping your ankle up and down and tightening the quadriceps muscle on the front of your thigh. Your first visit with the physical therapist will be on the day of your surgery. We expect that you will be out of bed that day to begin transfers and applying pressure on your operated leg. There are 2 simple exercises that must be performed for successful rehabilitation after a total knee replacement. These exercises will begin in the hospital and will continue during your recuperation at home.

Q: What modifications should I do to prepare my home?

A: Recommendations to make your recovery easier would be:

- Secure handrails in the shower or a shower chair
- A stable chair with a firm seat cushion (height of 18-20 inches), a firm back and two arms
- A footstool for intermittent leg elevation
- A bedside commode and/or an elevated seat riser with arms
- Remove any loose carpets, cords or anything that could be a trip hazard
- If applicable, arrange for sleeping downstairs, as stairs may be difficult early in recovery

Q: How long will I need to use a walker?

A: You will need a walker until you have developed sufficient leg strength, balance, and coordination to transition to a cane. This interval is usually between 1 and 2 weeks. You will need to use a cane until you develop sufficient strength, balance, and coordination to walk safely without it.

Q: When may I shower?

A: You may shower once you are home. The dressing applied at the hospital is water-resistant. If it becomes saturated, the home health nurse will change it. You may get the incision area wet after staples are removed, and there is no drainage and the incision is sealed.

Q: Will a nurse be visiting me at home?

A: Arrangements will be made for a home health nurse and physical therapist to come to your home after discharge from the hospital. Home health will assist you the day after you are home for up to 3 weeks from surgery. The nurse will instruct you on proper care of your incision area and how to change your dressing. The nurse will also remove your staples when appropriate. The nurse and physical therapist will be alternating visit days to your home. The requirement to continue home health is that the patient remains homebound after surgery until safe to leave the home, usually 3 weeks.

Q: If I need dental work or routine cleaning when can I do this, do I need to take antibiotics, and for how long?

A: It is recommended that you wait 2-3 months after surgery before having routine dental procedures performed. It is recommended to take antibiotics for all dental procedures, including cleanings, indefinitely. Notify your dentist that you have had a joint replacement.

Q: I am taking pain medication and am having itching, nausea, vomiting, and constipation. Am I having an allergic reaction?

A: These are common side effects and medications can be given to help relieve these symptoms.

Q: I am concerned with the risk of blood clots after surgery and what are symptoms of a blood clot?

A: You will be on a blood thinner postoperatively to reduce the risk of blood clots. Most patients take 325 mg of aspirin as a blood thinner. If you have a history of blood clots a more aggressive medical treatment to prevent blood clots will be discussed. Communication with the home health nurse, physical therapist, and our office is important if you develop any of these symptoms:

- Increasing pain and warmth to your calf
- Tenderness or redness above or below your knee
- New or increasing swelling in your calf, ankle or foot

A pulmonary embolism is another outcome that can follow a blood clot in the leg that travels to the lungs.

This is a serious and potentially fatal condition. The best means of preventing a pulmonary embolism is to prevent a clot formation in the leg, detect it early, and treat it appropriately.

Q: I am concerned about infection after surgery, what precautions should I take and what are symptoms?

A: Always remember to keep the incision area clean, dry and covered until instructed to do otherwise. Do not get the incision wet or go in any water until given approval. Remember to communicate with home health and our office if you have any changes in your recovery. The following are possible signs of infection:

- Persistent fever higher than 100.5 orally
- Shaking chills
- Increasing redness, tenderness or swelling of the knee or wound

- Drainage from the knee incision area along with increasing pain with activity and rest

Q: Will I have a machine after surgery to help me move my knee?

A: Experience has shown that these machines are not necessary, nor are they beneficial in regaining motion after surgery. Early active motion gives better results than the passive motion machine.

Q: When may I drive after surgery?

A: You may drive between 3 and 6 weeks after surgery, depending on your progress.

Q: How long will my recovery take?

A: Every patient is different with recovery and it can take up to 12 weeks.

Q: How long will my knee replacement last?

A: Most total knee replacements will last for 20-30 years.

Any further questions, please feel free to contact our office at 941-497-2663.