

Total Knee Replacement

Procedure Guide and Patient Instructions

Pre-Admission Clinic

You will be required to attend a pre admission clinic.

At the clinic you will be told about the admission process and have the following test performed

Blood tests - You will have simple blood tests to make sure your blood count is normal and you have no other major medical problems.

Your blood will also be tested for HIV and hepatitis.

ECG - A cardiograph of your heart will be taken to make sure you have no underlying cardiac problems.

X-rays - You may require new X-rays of the knee and a chest X-ray.

Urine sample - This is required to make sure you do not have a urinary tract infection.

Pre-operative Instructions

Medications

- Cease aspirin and anti-inflammatory medications (e.g. voltaren, feldene) 10 days prior to surgery as they can cause bleeding
- Cease any naturopathic or herbal medications 10 days before surgery as these can also cause bleeding
- Patients taking blood thinners or those with diabetes will have special instructions but in general you should stop taking aspirin, Plavix (clopidogrel) and warfarin 5-10 days prior to surgery.
- Continue with all other medications unless otherwise specified
- Begin Metamucil 1 week prior to surgery.

Home Preparation

1. Arrange for someone to help out with everyday tasks like cooking, shopping and laundry

2. Put items that you use often within easy reach before surgery
so you won't have to reach and bend as often
3. Remove all loose carpets and tape down electrical cords to
avoid falls. Make sure you have a stable chair with a firm
seat cushion, a firm back and two arms
4. Make sure your shower or bath is safe and easy to get in and
out of. Handrails, non slip mats and suitable stools to sit
on are helpful for personal safety and comfort

The Procedure

- The anaesthetist will see you before the surgery. They will discuss with you then if they are going to do a spinal, epidural or general anaesthetic.
- When you are in the operating theatre you will be set up for surgery which includes a tourniquet on your thigh.
- You most likely will have a urinary catheter put in your bladder.
- Special instruments are used to make very accurate cuts in the bone to fit the prosthesis.
- Trial components are put in first to make sure everything fits properly. The bone is then cleaned to remove debris.
- The real components are then inserted with or without cement.
- Drains are usually inserted.
- The wound is then carefully closed.
- A dressing is applied and you are taken to recovery.

After the Operation

- Your leg will be bandaged from the groin to the toes.
- Your fluid input and output is measured carefully. A drip in the arm will be used to give you fluid, replace blood (if required) and give antibiotics.
- Pain is normal after the operation, but if your pain is not reduced be sure to tell the nurse. Pain medication may be injected into a muscle or delivered by IV into the blood stream. Patient Controlled Analgesia (PCA) allows you to control your own pain medication. When you push a button, pain medication is pumped through your drip.
- The drip, drains and catheter are usually removed about 24 hours after surgery.
- Blood will be taken 24 and 72 hours after the operation to check your haemoglobin and blood chemicals.
- Your exercise regime will begin as soon as you are capable and this will continue during your stay in hospital and

once you are at home. A physiotherapist will supervise this.

- The strong pain killers can make you constipated. Regular fluid, fruit and aperients will be used.

Recovery

- You will be in hospital until you can manage at home.
- After hospital, you will need to continue your physiotherapy.
- When you leave hospital you will probably still require tablets for pain. Wean your medications down to paracetamol as soon as possible.
- You lose 60 to 80 percent of your pain by six weeks and 95 percent of your pain by twelve weeks.
- Regaining movement early is extremely important, getting the knee straight is as important as bending. Do not put anything under the knee even though it feels comfortable as it prevents it from straightening.
- People usually can return to work somewhere from eight to twelve weeks. Heavy manual work may take longer.

How Your Knee is Different

- You may feel some numbness in the skin around your incision.
- You also may feel some stiffness. Restoration of full motion is uncommon. The motion of your knee replacement after surgery is predicted by the motion of your knee prior to surgery. Most patients can expect to nearly fully straighten the replaced knee and to bend the knee sufficiently to go up and down stairs and get in and out of a car.
- Kneeling is usually uncomfortable, but it is not harmful.
- Occasionally, you may feel some soft clicking of the metal and plastic with knee bending or walking. These differences often diminish with time and most patients find these are minor, compared to the pain and limited function they experienced prior to surgery.
- Your new knee may activate metal detectors required for security in airports and some buildings. Tell the security agent about your knee replacement if the alarm is

activated.