

Knee replacement

FREQUENTLY ASKED QUESTIONS

People facing joint replacement surgery typically ask the same questions. However, if you have questions that are not covered in this section, please ask your surgeon or the joint care team. We are here to help.

What is arthritis and how does it affect my knee?

Arthritis is an inflammation of the joint that occurs when bone rubs against bone. In a healthy knee there is a cushion or cartilage located between the end of the thigh bone (femur) and the shin bone (tibia) that prevents the two bones from rubbing against each other.

Over time, the cartilage begins to wear away causing bone-on-bone contact. The nerve endings surrounding the bones become irritated resulting in the pain, swelling and stiffness associated with arthritis.

What is a total knee replacement?

The term total knee replacement is misleading. The knee is not totally removed and a new knee inserted. Rather, the ends of the femur and tibia are shaped and then capped with an implant device referred to as a prosthesis. The process is similar to having a crown put on your tooth. A plastic spacer is attached to the prosthesis that creates a smooth cushioning effect much like the original cartilage. Relieving the bone-on-bone contact eliminates the pain and allows you to return to an active, healthy lifestyle.

Is it possible to have both knees done at the same time?

It is possible to have both knees done at the same time. This is called a bilateral total joint replacement. Bilateral knee replacement can be done, but you need to discuss this with your surgeon as to whether you are a candidate. Unilateral joint replacement (one knee at a time) is done more often because it is easier to walk and exercise if only one knee is undergoing the healing process. Typically after the

first knee is healed, the second knee is done within a few months.

What holds the new knee components in place after surgery?

A prosthesis (femoral and tibial knee component) with a smooth finish is cemented or glued into place. Over time, new bone will grow and attach to the porous coating anchoring the prosthesis firmly into place.

What is the success rate for total knee replacements?

Approximately 90-95% of patients report good to excellent results in terms of pain relief. Most are able to significantly increase activity and mobility and return to the low impact activities they participated in prior to the onset of arthritis pain.

Am I too old for this surgery?

Your overall health is more of a determining factor than your age. Prior to the surgery, you will be asked to see your family doctor to assess any health risks. All measures will be taken to prepare you for a successful surgical outcome.

How long will my new knee last?

There are no guarantees on how long your new knee will last. Various factors such as weight, activity type, activity level, etc., can affect the usable life of your new knee prosthesis. Current studies indicate that the average knee prosthesis lasts for more than 20 years. With new materials and procedures, this expectation may change.

Will I need to have my knee replaced again in the future?

Some people have a knee replacement that lasts their entire lives; other people need to have the procedure repeated. If the bone does not bond properly to the first replacement, the prosthesis

becomes unstable and needs to be replaced. If the plastic spacer that cushions the joint becomes extremely worn, this may also require replacing.

Are there major risks associated with this type of surgery?

All surgeries carry a certain amount of risk. However, because of our proactive approach in preventing possible complications, most of our joint patients are just fine and are ready to leave the hospital in a few days.

We take special care to safeguard you from infection following surgery. You will be given antibiotics both before and after the surgery. To further minimize the risk of infection, we have streamlined the surgical procedure to take less time. The less time your wound is open, the less chance of infection.

Following surgery, blood clots can be a problem. You will be given medication to reduce the risk of blood clots forming. Your surgeon may prescribe an anticoagulant. Getting you up and walking soon after surgery is another way to reduce the risk of blood clots.

How long does knee replacement surgery take?

The surgery itself takes about one or two hours. After the surgery you will be monitored closely in a special unit called the Post Anesthesia Care Unit (PACU) until the anesthesia wears off. Once you are awake and stable, you will return to your room.

Who will be doing the surgery?

Your orthopedic surgeon will be performing the surgery. An assistant often helps during the surgery. You may be billed separately for the assistant's services.

Will I be awake during the surgery?

You and your anesthesiologist will discuss which method is best for you prior to your surgery. The type of anesthesia you receive is based upon your medical condition. Feel free to discuss any concerns/questions you may have.

What will my scar look like?

There are several different techniques used for knee replacement. The type of technique will determine the number, location and length of the

scar(s). Your surgeon will discuss which technique is right for you.

There may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears over time.

Other than the scar, will my joint be any different?

Some people notice a minor clicking sound when they bend their joints. This is the result of the prosthesis, or artificial parts, coming in contact with each other. It is normal and is no cause for concern. Kneeling may be a bit uncomfortable during the first year. This normally becomes less noticeable over time.

Will I be in a lot of pain?

Our joint center specializes in joint replacement surgery. As such, we have considerable experience in caring for patients after surgery. We do want you to understand that you will experience pain following surgery, but should improve daily. The goal of pain medication is to make your pain bearable.

Will I need a private nurse after surgery?

There will be no need for a private nurse. Our staff is trained to care for joint replacement patients. They will assist in your care and ensure your discharge needs.

Will I need a blood transfusion after surgery?

Blood transfusion is rare following joint replacement surgery, but does occur. This may be related to your medical history. Your doctor will explain if a blood transfusion is necessary.

How soon can I get up out of bed after surgery?

On the day of your surgery, you may get up and begin your therapy or sit in a chair. Your care team will advise you when it is safe to get up. Early the next morning, you will be up and dressed to start the day's activity. Usually, most patients will be walking with a walker or crutches.

How long will I be in the hospital?

Joint replacement length of stay is individual to each patient. Before you are discharged you must reach certain goals with your therapy. You will be instructed about these goals and how to achieve them by the nursing and Physical Therapy staff.

Will I need a walker, crutches or cane?

Everyone begins with a front wheeled walker. This device provides a smooth, steady gait and provides stability. Your doctor or therapist will tell you when it is safe to walk independently.

Can I go directly home or do I have to go to a nursing home/rehab center?

Most patients will be able to go directly home upon discharge from the hospital. Occasionally, some patients may need a short stay in a rehabilitation facility, but this is the exception rather than the rule. Your care team will be monitoring your progress on a daily basis and will determine if you need further rehabilitation.

Will I need help at home the first week?

Although you will be well on your way to recovery when you leave the hospital or subacute facility, arrange to have someone stay with you for at least for the first few days. Be sure to alert the joint care team if you live alone.

To make the transition to home easier, plan ahead. Prior to coming to the hospital, take care of such things as getting prescriptions filled, changing the beds, doing the laundry, washing the floors, arranging for someone to cut the grass, walk the dog, stocking up on groceries, etc. Your job after surgery is to focus on recovering, not household tasks.

Will I need physical therapy when I go home?

Your surgeon will determine if you need Physical Therapy. The need for more physical therapy after discharge will be based on your individual progress. To a large extent, your progress will be determined by how much effort you put into your exercise routines. Instructions for your pre- and post-op exercises are included in this book.

Why should I exercise before surgery?

The better the condition your muscles are in prior to the surgery, the easier and faster your recuperation is expected to be. It is important to learn the exercises and be comfortable with them prior to the surgery so that you can continue them once you return home. Starting the exercises now will build muscle tone and pave the way to a quick recovery.

Begin doing the exercises immediately. Your new joint will be happy that you did.

After leaving the hospital, when do I need to see my surgeon again?

You will be given specific instructions as to the follow-up appointment in your discharge paperwork.

Are there any activities that I should avoid initially?

Keeping your new joint moving will help your recovery process. However, you should return to your normal activities gradually. In some instances you may have to work your way up to a particular activity. Taking a five mile walk on your first time out, for example, is not realistic. Rather, walk until you begin to get tired. Add distance to each subsequent walk until you have reached your goal.

You will be instructed by your joint care team to avoid specific positions of the joint that could put stress on your new joint. Avoid high impact activities, such as jogging, singles tennis, basketball, downhill skiing, football, etc. Consult your surgeon prior to participating in any high impact or injury-prone sports.

Are any activities better than others?

Exercise is important to the entire body to maintain health. It is especially beneficial for your new joint. Ask your doctor when it is safe for you to incorporate low impact activities such as dancing, golf, hiking, swimming, bowling, gardening, etc. back into your normal routine.

When can I return to work?

The physical demands required for your job, as well as your own progress, will determine when you can return to work. Typically, people plan on taking a one month leave of absence from work. Some people with very sedentary jobs may be able to return sooner. Your surgeon will tell you when you can return to work.

When can I drive?

How soon you can return to driving will be determined by your Doctor.

Another consideration is the mechanics it takes to drive your car. If you have had a left knee replaced, you may be able to drive a car with an automatic transmission in as little as four weeks depending upon your own personal progress. If your surgery was on your right knee or you are driving a manual transmission requiring the use of both feet, then you may not be ready to drive for six or more weeks. It all depends on how far you have progressed.

Regardless of your progress, you should not consider driving if you are still taking prescription pain medication.

Will my new knee set off security sensors when traveling?

The prosthesis is made of a metal alloy and may or may not be detected when going through some security devices. Notify the Airport Security, at the airport, prior to flying that you have an artificial knee joint.

When can I resume having sexual intercourse?

After surgery, it will take time to regain your strength, as well as confidence in your new knee. Most people feel able, physically and mentally, to engage in sexual activity about four to six weeks after surgery. Although individuals vary in their healing rate, at the four to six week point the incision, muscles and ligaments are usually sufficiently healed to consider resuming sexual activity. Talk to your surgeon if you have any questions regarding this.

Will my medications affect my ability to engage in sexual intercourse?

Some medications can affect performance and/or enjoyment during intercourse. Many narcotic pain relievers and cortisone medications can decrease sexual performance. Other common medication-related side effects are a decreased interest in sex, vaginal dryness, abnormal erections and delayed orgasms.

If you sense that your medication is causing these side effects, try having sex in the morning before taking your first dose or in the evening before your last dose.

DO NOT adjust or stop taking your prescribed medicine without consulting your surgeon. Often, a simple adjustment or change of medication can eliminate unwanted side effects.

Are there any positions that should be avoided during sexual intercourse?

Positions involving kneeling on your new joint should be avoided at least initially. It is best to use a side lying position in the early recovery stages. Pillows may be used under the knee to provide support and comfort to the affected leg.

As your recuperation progresses, lying face up using a pillow or two under the knee to create a comfortable bend is an alternative to the side lying position.

Later in the recovery process as the knee swelling decreases and range of motion improves, the knee joint replacement patient can assume a top position. Do not use this position until your knee is comfortable and the incision is totally healed.

What if sexual intercourse doesn't go well?

Remember, you are still healing. Just like other activities that you are returning to, it may take some time to regain your former stamina. Realize that these changes to your sex life are temporary and are needed to protect your new knee joint. Just relax. You'll be back to your old self in no time.



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