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Total Knee Replacement What to Expect?

Surgery Date: _____

The surgery center or the hospital will call you the day before your surgery with the estimated surgical time and check-in time. If you have not heard from the surgery facility regarding your surgery time, please call them directly. Dr. Lawrence's office cannot give you your surgery time.

Pre-op Testing: _____

You will need to have preoperative testing within 30 days of your surgery. This will consist of lab work, urinalysis, EKG, chest x-ray and evaluation by the Hospitalist to ensure that you are healthy enough for surgery. If you have ever seen or been treated by a Cardiologist or Pulmonologist, you may be required to have further testing or appointments. Preoperative testing is mandatory! Failure to attend this appointment will result in your surgery being rescheduled. Please bring all home medications in original bottles to this appointment and to the hospital on the day of surgery.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY.

You may take medicine **blood pressure/heart medication, stomach medication, anti-seizure medication** the morning of surgery with a tiny sip of water. Anything else you might eat or drink the morning of the surgery will necessitate canceling your surgery.

DO NOT take insulin/oral diabetic medication or diuretics (water pills) the morning of surgery. Please notify the pre-op nurse when you arrive that you are diabetic.

STOP all aspirin products/blood thinners/arthritis medications 10 days prior to surgery. Please review your list of medications with the nurse and note which ones should be discontinued prior to surgery. Bring all home medications in original bottles with you to the hospital on the day of surgery. If you have any questions regarding your medications, please contact our office.

Please advise Dr. Lawrence if you are currently taking blood thinners, have a history of heart surgery or history of blood clots in your legs or lungs. Failure to do so could result in your surgery having to be rescheduled.

DO NOT chew gum, dip or smoke the morning prior to surgery.

You must remove all jewelry and body piercings prior to surgery. Metal attached to the body is not allowed in the operating room. Please remove all fingernail and toenail polish.

Preoperative Instructions for Total Joint Medications

CHG Cloth/Hibiclens – Scrub surgical site beginning 4 days prior to surgery and the morning of surgery

Peridex Mouthwash – Gargle and rinse the morning of surgery and every morning for 10 days after surgery

Bactroban Nasal Ointment – Swab each nostril starting 4 days before surgery, the morning of surgery and every morning for 10 days after surgery

Please bring the Peridex and Bactroban with you to the hospital. You will be using these while you are there.

In the Hospital

You will be admitted to a private room following the procedure. Breathing exercises will start the day of surgery. This includes turn, cough & deep breath and incentive spirometer exercises. Physical Therapy will start the same day or day after surgery. It is imperative that you work aggressively with physical therapy in order to regain your strength and motion. You will have TED stockings (anti-embolic) on both legs, which you will remove only for bathing. You will start using a continuous passive motion machine (CPM) on the surgical knee 4-6hrs per day. You will be assisted out of bed and the therapist will instruct you on walking with a walker.

Week 1

You will go home with or without home health or outpatient physical therapy in approximately 2 days. Please make arrangements to have someone home with you for at least the first week after surgery. When you go home, you will remain on a blood thinner medication for 2 weeks. While you are taking the blood thinner medication you should not take aspirin (ASA). Use your walker at all times when ambulating to protect your knee and avoid any unnecessary stress on the leg. If home health is ordered, a home health nurse will come to your home to change your dressing. The home health physical therapist will come to your home to provide physical therapy as instructed by Dr. Lawrence or you will attend physical therapy at an outpatient physical therapy center, which will be arranged prior to discharge from the hospital. Continue using the CPM, increasing knee flexion daily. Ice knee 3-4 times per day.

Week 2

You will see the physical therapist 2-3 times per week. The therapist will assure you are doing your exercises correctly and monitor your progress. Continue wearing your TED stockings and taking blood thinners. Your staples will be removed and steri-strips will be applied at your follow up appointment with Dr. Lawrence. At the end of the 2nd week, you may discontinue blood thinners. Continue using walker for ambulation and icing knee 3-4 times per day. CPM may be discontinued at this time and returned to the company.

Week 3-5

Continue to see the physical therapist 2-3 times per week. If home therapy is discontinued, then you will need to begin outpatient therapy. The therapist may add new exercises to your program. Continue wearing the TED stockings on the operative leg. At this point, you may begin weaning from your walker but may still require the assistance of a cane.

Week 6

Continue to see your physical therapist 1-2 times per week. At six weeks you may discontinue the TED hose to the operative leg.