

## **Christie Heikes, MD**

### **Frequently Asked Questions about Total Knee Replacement Surgery**

#### **What hospital do you use?**

- Fairview Southdale Hospital
- Excel Total knees
  - Crosstown Surgery Center
  - Eagan Orthopedic Surgery Center

#### **What type of anesthesia do you use?**

- This is a decision for the patient, Anesthesiologist and Dr. Heikes to make together before surgery. Options include:
  - General anesthesia with an additional nerve block
  - Spinal anesthetic with additional nerve blocks

#### **How long is the surgery?**

- 1-2 Hours

#### **What approach do you use? How long will my incision be?**

- Midline knee incision.
- The incision will be as long as it needs to be to place the components in correctly so that your knee replacement gives you the best motion and stability.

#### **What are the risks involved with this surgery?**

- Risks include infection, blood loss, blood clots, and damages to nerves and arteries. Every precaution is taken to minimize these risks, including the use of antibiotics, short term use of anticoagulants or compression devices and careful surgical technique.

#### **What is the prosthesis made of and how heavy is it?**

- Most knee replacement prostheses are made from cobalt chrome alloy and titanium. You will not notice the weight of the prosthesis.
- It is possible that metal detectors such as those at airports may be sensitive enough to detect the implant. Please let the TSA agent know that you have had a knee replacement as you may need additional screening with hand wand. As such it is advised that you allow for additional time in security when at the airport.

#### **What is the rate of infection?**

- The national average rate of infection is between 0.8-1.9% (2016)

#### **What can I use for pain after surgery?**

- At our Joint Replacement Center we use a multimodal pain management strategy combining, Tylenol, NSAIDS, short and long acting narcotics as appropriate.
- Icing, elevating and compression are also important for pain management.
- We have pain management specialists available for cases as well.

**Who prescribes my medication?**

- Any medication not prescribed by Dr. Heikes or Megan should continue to be prescribed by the physician who initially prescribed it for you. Dr. Heikes and her staff do not manage high blood pressure, heart disease, asthma, diabetes, and other chronic or acute medical conditions that are not orthopedic in nature
- Dr. Heikes will typically give you pain medication in the immediate post operative period, and will not extend beyond 6 weeks post-operatively.

**How long to wait after your knee replacement surgery to have dental work done?**

- 3 months
- Antibiotics will be needed for prophylaxis for any dental procedures for the first year following surgery

**Will I need to take medications to prevent blood clots?**

- Yes, you will need to be anticoagulated in an effort to decrease your risk for blood clots (DVT) after surgery
- Typically, Dr. Heikes uses 81mg Aspirin twice daily for 4 weeks following surgery
- Options will be discussed with you prior to scheduling your surgery and the final decision depends on your medical history as well as personal and family history of blood clots.

**How long will I be in the hospital?**

- You will be discharged home when you are medically stable, have passed physical therapy, and pain is controlled with oral medications. For most patients this is on the day following surgery.

**How soon can I take a bath or shower?**

- You can shower as soon as you feel comfortable doing so.
- You can remove your dressing and let water run directly over your incision.
- Once done with your shower, pat dry your incision and cover with a replacement bandage.
- You should not take a bath until the incision is completely healed, which is between 3-4 weeks typically.
- No pools/hot tubs for the first 6-4 weeks.

**What to do about post-operative constipation?**

- It is very common to have constipation post-operatively. This may be due to a variety of factors but is especially common when taking narcotic pain medication. A simple over-the-counter stool softener (such as Miralax) is the best prevention for this problem. In rare instances, you may require a suppository or enema.

**Should I use ice or heat after total joint replacement surgery? How do I elevate my leg?**

- Ice should be used for the first several weeks after total knee replacement surgery, particularly if you have a lot of swelling or discomfort. Once the initial swelling has decreased, you may use ice and/or heat.
- The best way to elevate after surgery is laying on your back with your leg propped up with pillows, or using a ramp/foam swelling pillow. Below is a picture for reference.



**If I have insomnia after total knee replacement surgery. Is this normal? What can I do about it?**

- Insomnia is a common complaint following knee replacement surgery. Non-prescription remedies such as Benadryl or melatonin may be effective. If insomnia continues to be a problem, medication may be prescribed for you by your primary care physician.

**When can I drive a car?**

- Do not drive while taking narcotic pain medicine because it can impair your judgment and ability to operate the car safely.
- You may start driving as soon as you are not taking narcotic pain medication during the day and walking with a cane, and feel comfortable to drive.

**When can I return to work or hobbies?**

- Discuss returning to work or hobbies with Dr. Heikes and her staff
- Ask your physical therapist how your activity restrictions will affect your hobbies.
- Depending on the job (manual labor or sedentary work) some will get back to work in 2-4 weeks. Usually you will begin to go back gradually, half days for example. Normally by 8-12 weeks you can be back to full time and effort.

**What precautions should I keep in mind?**

- Inform doctors and dentists of your knee replacement before having any surgery, podiatry procedures (pedicures), dental work, or other tests or procedures. You may need to take antibiotics.

**Will I be able to kneel on my new knee?**

- You may kneel on your knee, however most patients find this uncomfortable and may want to use a knee pad when doing so to make it more comfortable.

**When do you follow up with Dr. Heikes and her team?**

- 10-14 days Post operative: usually with Megan, Dr. Heikes' Physician Assistant
  - Wound check, range of motion check, x-ray, removal of staples, discussion of pain management
  - Goal range of motion at two weeks is 0-90°
- 6 weeks post op: usually with Dr. Heikes
  - Wound check, discussion of any problems and activities
- 1 year post op: usually with Dr. Heikes
  - X-ray and evaluation
- 5 years for x-ray and evaluation
- The above mentioned are scheduled follow ups. There may be a need for more frequent follow ups depending on your progress/any issues.

**Patients can always contact the clinic between visits for questions or concerns. When should you call Dr. Heikes' office?**

- Your surgical leg is cool to the touch, dusky in color, numb or if it tingles
- You develop a temperature of 101.5 degrees Fahrenheit or higher
- Your incision is red, tender, has drainage, or signs of infection: pain, swelling, redness, odor, and/or green or yellow discharge
- You develop bright red bleeding from your incision
- You have nausea and vomiting that won't stop
- You have severe pain that cannot be relieved with typical pain medication dose

**Contact information:**

- Kendra Collier, Care coordinator
  - 952-456-7122
  - [Kendracollier@tcomn.com](mailto:Kendracollier@tcomn.com)
- Megan Arceneaux, PA-C
  - [meganarceneaux@tcomn.com](mailto:meganarceneaux@tcomn.com)