

## Knee Replacement FAQ

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### DO I NEED A KNEE REPLACEMENT?

- Based on your history, exam, and xrays, you may be indicated for a knee replacement by Dr. Schmiesing
- Even once this happens, it is recommended patients try an assortment of non-operative treatment options including: OTC medication, ice, heat, modifying activity, PT, injections, bracing
  - As long as these treatments are effective at maintaining your quality of life, patients should continue without surgery
- Ultimately, the decision to proceed with knee replacement is up to the patient
  - Typically, patients decide to move forward with surgery when “they can’t take it anymore”
    - Quality of life is significantly impacted
    - Non-operative treatment is not providing adequate relief of pain

### WHAT ARE THE RISKS OF SURGERY?

- Infection
  - Infection after hip replacement can be a devastating complication.
  - Infection often requires multiple revision surgeries and a long course of IV antibiotics, possibly additional oral antibiotics after this.
  - If necessary, working to optimize medical conditions and delaying joint replacement surgery is very important.
  - See the risk factors for infection section.
- Wound healing issues
- Stiffness
  - Knee range of motion is something to work hard on after surgery.
  - Achieving full extension is very important in the first 2 weeks
  - Goal of at least 90° of flexion by your 6 week follow up visit
  - Goal of you full desired flexion by three months after surgery, though you may still gain some flexion after this
  - Manipulation of the knee under anesthesia is sometimes done to break up scar tissue around the knee and help gain more flexion.
    - Typically around 3-4 months after surgery for patients who are not able to get past 90°.
- Blood clot
  - To try and prevent this, patients will be taking Aspirin for 6 weeks after surgery.
  - If you have had previous DVT/PE or other risk factors, a stronger blood thinner may be used. Please let Dr. Schmiesing or his team know.

- Anesthesia risks:
  - Heart attack, stroke, death
  - These are extremely rare
  - For patients with significant medical problems, working with your primary care doctor to optimize your medical conditions (ex. Blood pressure, anemia, heart failure) will minimize your risk and should be done before any surgery

## WHAT ARE RISK FACTORS FOR HAVING AN INFECTION AFTER SURGERY?

- Weight
  - BMI > 40 is a known risk factor for infection
    - The presence of other medical conditions such as diabetes, high blood pressure, elevated cholesterol increase the risk even further
  - Many orthopedic systems do not offer joint replacement surgery in these cases because of the elevated risk
  - Work with your primary care doctor, a nutritionist, and/or possibly a bariatric surgeon to lose weight in a healthy way that avoids malnutrition to optimize your chances of doing well with a joint replacement
- Tobacco use
  - Anybody using tobacco should quit 6 weeks before any joint replacement surgery
  - Tobacco use increases the risk of infection and having problems with incision healing
- Uncontrolled diabetes
  - This dramatically increases the risk of infection after joint replacement
  - Elevated Hemoglobin A1c is a hard stop for any arthroplasty surgery
    - HGB A1c < 7.5 is needed prior to surgery
- Anemia
  - Low blood counts increase the risk for blood transfusion and infection
  - HGB > 13 for men and 12 for women is ideal
- Poor Nutrition
  - Maintaining a healthy diet high in protein helps with wound healing
  - Protein supplements around the time of surgery can be helpful
  - Albumin blood level under 3.5 is a risk factor for poor wound healing
- Lower extremity edema
  - Edema in the lower extremity is also a risk for infection or problems with the incision healing
  - Prior to pursuing knee replacement, this should be resolved or at least minimized as much as possible
  - Seeking out care with a Certified Lymphedema Therapist (CLT) may be recommended.

## WILL MY KNEE REPLACEMENT FEEL LIKE A NORMAL KNEE?

- For a lot of patients yes, but not for everybody
- Some patients have dramatic improvement in pain, but continue to say the knee doesn't feel like a normal knee
- Rarely, patients will have a knee replacement that continues to hurt even if everything looks good from the outside and on imaging

## WHERE WILL MY SURGERY TAKE PLACE?

- One of a few locations:
  - Surgery center: High Pointe
  - Hospital: Woodwinds, Osceola Medical Center, or Lakeview

## WILL I STAY OVERNIGHT AFTER SURGERY?

- Yes, majority of patients stay one night after surgery
  - Surgery center: You will be transported by TCO to a hotel care suite where you will work with PT, have nursing care, and spend one night
  - Hospital: You will stay in the hospital, likely only 1 night.

## HOW WILL MY PAIN BE MANAGED AFTER SURGERY?

- Please see the pain management FAQ

## WILL I HAVE ANY RESTRICTIONS AFTER SURGERY?

- No restrictions after surgery.
- Expect to walk with a walker the day of surgery.

## WILL I NEED PHYSICAL THERAPY?

- Physical therapy should start 3-5 days after surgery
- Expect to do PT twice a week for at least a few weeks
- This will focus on walking, strengthening, and range of motion

## WHAT ABOUT MY RANGE OF MOTION AFTER SURGERY?

- Getting your range of motion back requires hard work
- Controlling pain and swelling with icing frequently, using compressive sleeve or wrap, elevating, and pain medicine as needed is essential to allowing you to stretch as you should
- Achieving full extension is very important in the first 2 weeks
- Goal of at least 90° of flexion by your 6 week follow up visit
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- Manipulation of the knee under anesthesia is sometimes done to break up scar tissue around the knee and help gain more flexion.

- Typically around 3-4 months after surgery for patients who are not able to get past 90°.

### HOW WILL WE TRY TO PREVENT BLOOD CLOTS (DVT/PE)?

- You will take Aspirin daily for 6 weeks to help prevent blood clots.
- Walking and other exercises are also helpful.

### HOW WILL I MANAGE MY INCISION?

- The surgical dressing can be left in place until your follow up visit
- You can shower right over this dressing.
- Do not soak your incision until 4 weeks from surgery.

### WHAT TYPES OF THINGS ARE NORMAL AFTER SURGERY?

- Pain is normal. See pain management handout.
- Bruising around the incision, sometimes up on the thigh
- Warmth and swelling of the knee, this may persist a few months
- Swelling of the leg, ankle, and foot are normal after surgery
  - This can persist for a couple of months
  - Compression socks/wrap, ankle pumps, elevation can help.

### WHAT TYPES OF THINGS SHOULD I CONTACT THE SURGICAL TEAM ABOUT?

- Fever over 101
- Drainage from your incision after the first few days
- Increasing redness around your incision.
- Sudden increases in pain

### WHEN CAN I DRIVE?

- This depends on which leg had surgery
- Must be off narcotics and must be able to slam on the breaks
- Practice driving in an empty parking lot to determine if you are ready.

### WHEN WILL FOLLOW UP BE?

- 10-14 days after surgery for a wound check
- 6 weeks after surgery to evaluate progress with PT, range of motion, and take x-rays

### WHERE TO GO WITH QUESTIONS?

- If you have questions for the surgical team, please call Dr. Schmiesing's Care Coordinator at 651-351-2621.
- To make an appointment, call 651-439-8807