



Total Knee Replacement Manual

Edward Szalapski, MD

PREPARING FOR SURGERY

- **Make a pre-operative physical exam with your Primary Care Physician**
 - This is necessary to make sure you are healthy to undergo surgery. Please wait to make this appointment until you have scheduled surgery with Jessica, our care coordinator as the hospital or surgery center needs the physical performed during a particular time frame. You may need further testing (i.e. cardiologist)
- **Make a post-operative appointment**
 - We request that you follow up to clinic 2-3 weeks following your surgery. At that time, you will see Dr. Szalapski's Physician Assistant, Tracy. Typically at this appointment, we will perform a range of motion check and take x-rays.
- **Taking time off work**
 - This varies between patients and the type of job you have. Typically, patients need a minimum of 4-6 weeks off work. If you have a very physically demanding job you should plan to be off work around 10-12 weeks. If you need paperwork filled out for your employer, please bring this to the office prior to your surgery and **avoid** bringing any paperwork to the hospital.
- **Preparing your house for your return after surgery**
 - We recommend going home with outpatient physical therapy following your surgery. You will need help from a family member or friend around the clock, especially the first 24 hours after you leave the hospital. It is critical to plan available help at the time when you schedule your surgery. By going home, you will help decrease your risk of infection, increase mobility more quickly and have better pain control. Also, there are some things we recommend doing prior to surgery to make your transition home easier. These include removing tripping hazards (such as throw rugs), preparing for meals for after surgery and moving items you use regularly to a place that is easy to access. In terms of discharge to a rehab facility, this is no longer an option except in rare cases. This would need to be addressed with Dr. Szalapski **BEFORE** you arrive at the hospital.
- **Medications to have at home**
 - **Extra-strength Tylenol 500mg:** Tylenol is great to help supplement your pain control regimen. We recommend avoiding anti-inflammatories (Aleve, Ibuprofen, Advil, etc.) until you have finished your course of anticoagulation (most patients will receive Aspirin following surgery). Please note you **SHOULD NOT** use Aleve, Ibuprofen or Advil if you have a history of kidney disease or stomach ulcer.

- **Stool Softener Supplements** (Miralax, prune juice)- Many patients develop constipation following surgery from a combination of narcotic pain medications and being sedentary. We will send you home with a prescription for Senokot but these can be used in addition to help supplement. Other ways to help alleviate constipation include, getting up to walk frequently, drinking plenty of water and having a diet rich in fiber (wheat bran, oats, fresh fruits and vegetables).
- **Dental appointments**
 - In order to prevent infection in your total knee, we ask that you wait 3 months after surgery to have routine dental work done. Please plan ahead and get your dental work up to date prior to surgery. Following surgery, we will prescribe antibiotics prior to all future dental appointments for further infection prevention.
- **Total Joint Class**
 - After scheduling your surgery, Jessica, our care coordinator will send you information about a total joint class that the hospital provides. We ask that you attend this class as it provides more information on the surgery and more testing is completed at that time.

DAY OF SURGERY

- You will get a notification from the hospital prior to surgery about when you need to arrive. After you arrive at the hospital, you will meet with Dr. Szalapski in the pre-operative area to review any last minute questions prior to surgery. An anesthesiologist will also meet with you at the hospital to go over different anesthetic options (nerve blocks, spinal blocks and general anesthesia).
- Surgery will typically take 2-3 hours. This time includes positioning, time needed for anesthesia, and time for the operation.

ADMISSION TO THE HOSPITAL

- **What to expect:** Plan to stay in the hospital for 1 night. This has changed in recent years, and there are new regulations and guidelines surrounding this. You will not stay more than 1 night unless there is a serious medical reason to stay longer. During your admission, you will receive physical therapy twice a day. Before your discharge, we will make sure you have the equipment needed for your discharges such as a walker. To prevent blood clots, you will receive a medication.
- **Post-operative pain:** Majority of patients receive a nerve block, this typically keeps you comfortable for the first day and wears off during the first night. We work closely with nursing staff to help keep your pain controlled however, you can expect to feel some discomfort. Our goal is to make your pain reasonable, but we cannot make you pain free. We try to control your pain with oral medications- typically these include Oxycodone or Dilaudid. Please let us know if you have had poor side effects in the past with any pain medications. In general, narcotic pain medications can cause dizziness, drowsiness, constipation and sometimes nausea. If you take narcotics prior to surgery, it can make postoperative pain somewhat difficult to manage. It is important to try to wean off this as much as possible prior to surgery.

- **Incision:** Your wound will be closed with a combination of sutures under your skin. The sutures typically dissolve away on their own in 6-8 weeks. Your wound healing will be evaluated at your 2-3 week post op follow up appointment.

DISCHARGE FROM THE HOSPITAL

As previously described, plan on being in the hospital for 1 night. Your discharge will be planned with Dr. Szalapski and his PA Tracy, physical therapists, and if needed, a social worker. You will be discharging to home, as current regulations mandate this with very rare medical exceptions.

- **Medications**
 - **Oxycodone/Dilaudid:** We will discharge you home with the pain medication you were receiving in the hospital. In the first couple days, it is important to stay ahead of the pain and keep your doses on a schedule. We do not recommend waking yourself up at night to take narcotics. In addition, we recommend that you supplement with Tylenol as needed for pain. Continue to wean off narcotics as you can tolerate. Everyone heals differently but most patients are completely off narcotics in 4-6 weeks. In general, it is useful to take narcotics prior to therapy appointments. In addition, it is always helpful to ice the surgical area often.
 - **Aspirin:** You will receive Aspirin following surgery to help minimize your risk of serious blood clots.
 - If you were taking Coumadin or other prescriptive blood thinners prior to surgery, you will transition to this after a short course of Lovenox.
 - **Senokot:** This is a stool softener we recommend using while taking narcotics, as narcotics can cause constipation. Other ways to alleviate constipation include, increasing your activity, supplementing with Miralax or prune juice, drinking plenty of fluids, and eating a high fiber diet (fruits, vegetables, and bran for example).
- **Medication Refills:** Please call us for any refills of medications, allowing at least 24 hours for refills to be processed. Any refills requested before the weekend should be submitted on the Thursday before. Narcotic pain medications (Oxycodone/Dilaudid) cannot be prescribed over the phone. You will have to arrange a family member or friend must drive to the clinic to pick up the physical prescription. If you live farther away and are unable to get to clinic during business hours, we can mail you a prescription but please allow 3-4 business days from the time you call in the request. **THE ON CALL PHYSICIAN IS UNABLE TO PRESCRIBE NARCOTICS FOR YOU.**
- **Swelling/Bruising:** You should expect to have some swelling and bruising following surgery. This will commonly affect the knee, calf, ankle and foot. Ice often and try to keep the foot elevated above the level of your heart to help your body resorb this fluid.
- **Incision:** Following your stay in the hospital, you should apply a light dressing (gauze and tape) over your incision. You should perform daily dressing changes or as needed if soiled or wet. It is common for the incision to drain in the first week. Avoid applying any topical ointments or creams to the incision. Keep the incision clean and dry. You may only shower if you are able to keep the incision dry. Taking a bath or swimming is not recommended as this can cause infection. You may leave the incision open to air if it is no longer draining.

- **Physical Therapy:** Therapy starts while you are at the hospital and typically continues for 2-3 months. If you are discharged home, we will help you get set up with outpatient physical therapy at a location that is most convenient for you. You should plan on attending physical therapy 2-3 times per week and continue exercises given to you which you will perform at home several times a day. Physical Therapy focuses on restoring range of motion, gait training and strengthening as you can tolerate. The primary goal is to prevent permanent stiffness following a knee replacement. Ideally, you should be flexing or bending your knee to 90 degrees within the first 2-3 weeks after surgery.
- **Driving:** You will not be able to drive following surgery. You will need to arrange rides to your therapy appointments, clinic appointments and other errands. You may return to driving once you are no longer taking narcotics and when you can safely navigate a car. Remember, it will take longer to return to driving following a right knee replacement as this is the extremity that you operate the pedal with.

LIFE AFTER TOTAL KNEE REPLACEMENTS

- **Dental antibiotics:** Following your surgery, we recommend that you wait 2-3 months before scheduling a dental appointment. Once you go back to the dentist, we recommend taking antibiotics prior to any dental appointment for lifetime. This helps to prevent bacteria from your mouth getting into your bloodstream and causing an infection in your knee replacement. We are happy to provide antibiotic prescriptions for you; these can be called in to your pharmacy.
- **Traveling:** You will be able to travel following your total knee replacement but we recommend avoiding travel for a minimum of two months. Sometimes, complications occur after surgery and can delay your healing process so it is best to avoid planning trips. Please discuss your travel plans with us so that we may help you plan it accordingly, keeping in mind that you may need a short course of blood thinners to prevent blood clots. Your joint replacement will set off security alarms. Simply inform the security check point that you have a joint replacement and they will screen you accordingly. We recommend that you allow extra time at the airport for this process. The TSA does not accept joint replacement cards.
- **Activity restrictions:** Our goal is to help you get back to activities of daily living. However, your knee cap is much thinner following a total knee replacement. For that reason, we ask that you always kneel on a thick cushion or gardening pad. In general, if this is still tender or painful, try to avoid kneeling altogether.

Should any question arise before or after surgery, please call us!

Jessica - Care Coordinator for Dr. Szalapski: 952-456-7199

Tracy - Physician Assistant for Dr. Szalapski: 952-456-7194