



Frequently Asked Questions About Total Knee Replacement

Dr. Samuel Carlson

WHAT HOSPITAL DO YOU USE?

Dr. Carlson's team performs surgery at Crosstown Surgery Center, Eagan Orthopedic Surgery Center and Fairview Southdale. Please visit TCOmn.com/Samuel-Carlson to view the most current list of locations and hospital affiliations.

WHAT TYPE OF ANESTHESIA DO YOU USE?

Spinal anesthesia is our preference in the great majority of patients. If, however, our anesthesia providers determine you cannot have a spinal, we will use general anesthesia. This is a decision for the patient, Dr. Carlson, and the anesthesiologists to make together before surgery.

HOW LONG IS THE SURGERY?

The surgery itself usually takes 1-2 hours. However, when you factor in the entire time in the OR including time for the spinal and waking up from surgery, it is usually a 2.5-3 hour event.

WHAT APPROACH DO YOU USE?

Midline knee incision.

WHAT ARE THE RISKS INVOLVED WITH THIS SURGERY?

Risks include, but are not limited to, infection, blood loss, blood clots, and damage to nerves and arteries. Every precaution is taken to minimize these risks, including the use of pre- and post-operative antibiotics, short-term use of anticoagulants or compression devices and careful surgical technique.

WHAT IS THE RATE OF INFECTION?

It varies in the literature, but for primary total knee arthroplasty, the rate of infection is somewhere between 1-3%.

WHAT CAN I USE FOR PAIN AFTER SURGERY?

You will have pain after surgery. Our goal is to make sure this pain is well-controlled on oral pain medication. At our joint replacement center we use a multimodal pain management strategy combining Tylenol, NSAIDs, and short acting narcotics for a limited time as appropriate. We have pain management specialists available for difficult cases as well.

WHO PRESCRIBES MY MEDICATION?

Any medication not prescribed by Dr. Carlson should continue to be prescribed by the physician who initially prescribed it for you. Dr. Carlson and his team do not manage high blood pressure, heart disease, diabetes, asthma, and other chronic medical conditions. He will typically give you pain medication in the immediate postoperative period and short-term use of anticoagulants.

HOW LONG SHOULD I WAIT AFTER MY KNEE REPLACEMENT SURGERY TO HAVE DENTAL WORK DONE?

3 months

DO I NEED PROPHYLACTIC ANTIBIOTICS PRIOR TO DENTAL PROCEDURES?

We recommend prophylactic antibiotics prior to dental procedures within the first year after surgery. Your dentist should be willing to prescribe these. If the dentist does not prescribe them, Dr. Carlson and his team are more than happy to prescribe the medicine.

WILL I NEED TO TAKE MEDICATIONS TO PREVENT BLOOD CLOTS? WHAT?

Yes, you will need to be anticoagulated in an effort to decrease your risk for blood clots (DVT) after surgery. The most important thing you can do to decrease the risk of DVT is get up and mobilize frequently after surgery.

The majority of patients will be prescribed Aspirin 81 mg twice daily for 6 weeks. If a patient is determined to be at an increased risk for DVT, we will prescribe a stronger anticoagulant such as Lovenox, Eliquis, Xarelto, etc.

All of these options will be discussed with you prior to scheduling your surgery and the final decision depends on your medical risk.

HOW LONG WILL I BE IN THE HOSPITAL?

You will be discharged home when you are medically stable, you pass physical therapy, and your pain is controlled. Most patients stay one night in the hospital.

HOW SOON CAN I TAKE A BATH OR SHOWER?

The majority of patients will have a waterproof dressing and can shower right away after surgery when ready. We recommend letting water run over the dressing and pat it dry.

You will not be able to take a bath or submerge the incision for 4-6 weeks after surgery once the wound is completely healed.

HOW DO I TAKE CARE OF MY INCISION?

You will have a waterproof bandage that will be put on that time of surgery. This is left in place for 1 week and can then be removed. Once it is removed, you do not need to put any additional dressing over the incision. Monitor the incision for drainage and redness. Please contact Dr. Carlson's team if you have questions or concerns about your incision.

WHAT DO I DO ABOUT POSTOPERATIVE CONSTIPATION?

It is very common to have constipation postoperatively. 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.

Mobilizing after surgery can help decrease the risk of constipation.

WILL I GO TO A REHABILITATION FACILITY OR HOME AFTER A TOTAL JOINT REPLACEMENT?

The great majority of patients will discharge home after surgery. There is significant scientific evidence that recovering at home is the safest and best place for patients to recover. There are reasons patients need to discharge to a rehab facility such as availability of friends and family to help after surgery, medical considerations, postoperative functional status and safety considerations.

Our ultimate goal is for you to discharge to an environment in which you will be safe and recover well.

SHOULD I USE ICE OR HEAT AFTER TOTAL JOINT REPLACEMENT SURGERY?

Ice should be used for the first several weeks after total hip replacement surgery. Ice can help with pain and swelling. Do not place ice directly on the skin, place it over clothing or a towel. Do not keep the ice in place for more than 30 min.

I HAVE INSOMNIA AFTER TOTAL KNEE REPLACEMENT SURGERY. IS THIS NORMAL? WHAT CAN I DO ABOUT IT?

Insomnia is a common complaint following hip 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?

You cannot drive while taking narcotic pain medication. Once you are off narcotic pain medication, you can drive once you have full control of your leg moving it from the gas to the brake and you are no longer using a walker. If it is your right knee that is replaced, this will take a little longer than if your left knee is replaced.

Do not use your involved leg to operate machinery for at least 6 weeks after surgery.

WHEN CAN I RETURN TO WORK OR HOBBIES?

Discuss returning to work or hobbies with Dr. Carlson and his team. There is a lot of variability in return to work depending on the occupation. Ask your occupational therapist how your activity restriction will affect your work and hobbies.

WHEN WILL I BE ABLE TO WALK AFTER SURGERY?

You will be able to walk the day of surgery and you will start working with PT as soon as you are ready.

IS SWELLING IN MY KNEE, LEG, ANKLE AND FOOT NORMAL?

Yes. Swelling involving your entire lower extremity can be normal even for 3-6 months after surgery. To decrease swelling, elevate your leg and apply ice for 20 minutes at a time (3-4 times per day). If swelling is unresponsive to ice/elevation and/or associated with calf pain or shortness of breath, contact Dr. Carlson's team immediately.

WHAT PRECAUTIONS SHOULD I KEEP IN MIND?

Inform doctors and dentists of your hip replacement before having any surgery, podiatry procedures, dental work or other tests or procedures.

WHEN DO I FOLLOW-UP WITH DR. CARLSON AND HIS TEAM?

- Your first appointment will be a wound check 10-14 days after surgery.
- Your second appointment will be at 6 weeks from surgery.
- Your third appointment will be at 3 months and we will obtain a new x-ray at this time. If you are doing very well at 6 weeks, you can call and cancel that appointment and we will see you at 3 months.
- We will then see you at 6 months and then 1 year at which time we will get another x-ray.

You can always contact Dr. Carlson's team between visits if you have questions or concerns and we are happy to see you anytime.

WHEN SHOULD I CALL DR. CARLSON'S TEAM?

- Your surgical leg is cool to the touch, dusky in color, numb or if it tingles.
- You develop a temperature of 101 degrees Fahrenheit or higher.
- Your incision is red, tender, has drainage or signs of infection (pain, swelling, redness, odor, warmth and/or 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 your typical pain medication dose.
- You notice calf pain and leg swelling that won't decrease with elevation or you have sudden onset of difficulty breathing at rest.

WHEN CAN I RESUME SEXUAL ACTIVITY?

You can resume sexual activity after 2-3 weeks. A firm mattress is recommended. Be the passive partner for the first 6 weeks after surgery.

WILL I BE ABLE TO KNEEL ON MY TOTAL KNEE?

There is no restriction against kneeling on your total knee. However, most patients do find this uncomfortable. Therefore, if you are going to kneel on your total knee, we recommend wearing a knee pad or padding the ground prior to kneeling.

HOW SOON CAN I PLAY GOLF?

It is okay to begin swinging a club at 6 weeks post-op. Start with putting and chipping and advance as comfortable. Most patients are playing and hitting a driver at least 3 months post-op.

Unfortunately, we do not guarantee that surgery will lower your handicap!

Our team's goal is to provide the best possible care we can. Thank you for trusting us with your care.

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