The Patient's Guide to Knee Replacement

Chicago Orthopaedics & Sports Medicine, S.C.

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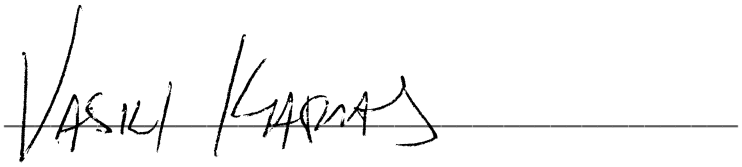
Preoperative Education, Surgeon promise, and patient consent

Surgeon Promise

Successful joint replacement surgery is a collaboration between the surgeon, the surgical and hospital team, and, most importantly, the patient. As your surgeon, it is my charge to offer you my technical expertise as well as my empathy in order to achieve the best possible patient experience. I promise to treat you in the best way I am able as a surgeon and, most importantly, treat you with the dignity and respect that, I believe, all patients and all people should be treated.



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Patient Consent

Patient Name: _____ DOB: _____

I have been through a preoperative discussion for my upcoming knee replacement/revision and have had my questions regarding the procedure, its risk and benefits, as well as other surgical and non-surgical treatment options, answered to my satisfaction. I understand that the procedure may not alleviate my pain or return my range of motion. I also understand that there are risks associated with the surgery including, but not limited to, problems with anesthesia (death), infection, dislocation, instability ("giving out of the knee"), differences in leg length/angulation/rotation, fracture of bones, loosening or failure of implants, hematoma (blood within the knee joint) which may require surgical evacuation, blood clots, pulmonary embolism, nerve injury (foot drop), and blood vessel injury. I realize that the implants may need to be removed or replaced if they wear out or if there is evidence of infection. I understand that scarring along the incision is normal and that there may be numbness or tenderness around the incision. I understand that my knee prosthesis will be made of metal and plastic and that I may experience clicking. I understand that blood loss can occur during or after the surgery which may require transfusion and that with this there is the risk of transfusion-associated diseases.

The rehabilitation program has been explained and I realize the restrictions on activity during the rehabilitation period and for the life of the implant. I understand that bracing may be necessary to protect the joint. I am able to, and will, comply with all recommendations regarding my activity.

Patient Signature: _____ Date: _____

Clinician Witness: _____ Date: _____

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Preoperative Checklist: Your Part in a safe surgery and Rapid Recovery

- Arrange for a family member or friend to accompany you to the hospital on the day of surgery
- Cancel any dental appointments 1 month prior to surgery and 3 months after surgery. If you have any loose or painful teeth please notify us immediately
- Avoid any injections to your surgical joint 3 months prior to surgery
- You will be discharged from the hospital as discussed at your office visit so please have transportation available or accommodations booked in accordance to your discharge date. We are happy to assist in these and there are special medical rates available to you in nearby hotels.
- Arrange for a friend or family member to stay with you the night you return home from surgery
- Adjust your work and social schedule in accordance to your anticipated recovery time.
    - Active work: Most people begin being able to return to active work (travelling, walking, manual work requiring you to be on your feet) at a minimum of six weeks after surgery and up to three months after surgery.
    - Desk work: If you have a job that does not require bring on your feet, we recommend you take a minimum of three weeks off. This is to ensure your incision heals and you have ample time to become comfortable with your physical therapy routine. Some people will require 6-12 weeks before they return to even a job that is not physically demanding.
- Ensure your home is "surgery safe"
    - Remove all small rugs or obstacles that may be in your path around your home.
    - If you have pets, ensure you have someone to assist in their care for the week after surgery
    - Buy several forms of hydration (water, Gatorade, juices) and protein snacks (protein bars, nuts, shakes) for your home before you present for surgery. You may not be able to go shopping for a few weeks after surgery and having these available will aid in your recovery.
- Pre-operative Exercises! See these and instructions at the end of this pamphlet (page 12)
- Driving
    - You will not be able to drive after surgery while on narcotic pain medications. This is typically for 3-6 weeks after surgery.
    - You will need to arrange for someone to bring you to your first post-operative appointment 3 weeks after surgery.
    - You will need to make arrangements to get to and from physical therapy.
- Tobacco Product Cessation
    - If you use tobacco products on a regular basis, you are at higher risk for complications during and after surgery. As discussed in your appointment, quitting, even just 6 weeks before and not smoking 6 weeks after surgery can have positive effects on your outcome.

Medications and Plan Before Surgery: What to Stop and start for an excellent outcome

What to STOP

*This is general list and is not inclusive of all your home medications. Please consult your primary care provider or the provider who is completing your preoperative clearance for further details.

- 10 days before surgery
  - Aspirin
- 7 days before surgery
  - Plavix, Pradaxa, Eliquis
  - Any anti-inflammatory medications except Celebrex
    - Examples: Advil, Ibuprofen, Aleve, Meloxicam
  - Any herbal supplements
- 5 days before surgery
  - Coumadin
- You can CONTINUE the following medications
  - Tylenol
  - Celebrex
  - Ultracet, Ultram (Tramadol)
  - Glucosamine Chondroitin
  - Iron Supplements

What to START

- 2 days before surgery
  - Senna-S
    - If you experience loose or watery stools please stop taking this medication and resume it the night of surgery.
- The Night Before Surgery
  - Nothing to eat or drink after midnight.
  - Good night's sleep.
  - OK to have ONE cocktail the night before surgery.

Surgery Time: When Will I Find Out?

- **Do not eat or drink anything after midnight the night before surgery, regardless of your surgical time.**
- You may call the office on the Friday prior to your surgery to find out an approximate time. Our team does our best to accommodate all of our patients and coordinate with the hospital. Sometimes the timing of the day will change based on a number of factors so we thank you for your flexibility in advance.
- The hospital will call you after 3:00pm on the day before your surgery. If you are having surgery on a Monday, they will call you the Friday prior. If you do not receive a call by 4:00pm please call:
    - For Presence St. Joseph: 773.665.3127
    - For Advocate Illinois Masonic: 773.296.5186
- If you are travelling for surgery, please call the above numbers and let them know where you can be reached the night before your scheduled surgery for the purposes of confirming your surgical time.

Morning of Surgery: Your Last Morning with a Painful Joint

- Take all medications as instructed by your primary care doctor and by our office.
- You will need to come to either:
    - Advocate Illinois Masonic Center for Advanced Care
        - 900 W. Nelson St, Chicago IL, 60657
        - There is valet parking available at the front entrance of the Center for Advanced Care and is FREE of charge.
    - Presence St. Joseph Hospital
        - 2900 N. Lakeshore Dr, Chicago IL, 60657
        - There is valet parking available at the front door. Give them the ticket attached to the map. SJH charges for parking but Dr. Karas will pay this fee for you.
- Bring
    - Photo ID, Insurance card
    - Cane or crutches. If you do not have these items they will be provided
    - Appropriate dress
        - Loose fitting pants with an elastic waist-band
        - Shoes with a non-skid sole you can easily put on and off keeping in mind swelling may be present.

Physical Therapy in the Hospital: Your First Steps Toward a Successful Outcome

You will be allowed to put all your weight through your new knee the day of surgery. Our team will ensure you get up and try when you get to your hospital room!

- Either the day of surgery or the morning after, you will meet with your inpatient physical therapist and get on the road to recovery.
- Your family and friends are invited and encouraged to participate in your therapy session with you.
- You will leave the hospital on a cane or with a walker. At some point during your hospital stay you will be asked to walk without an assistive device.

Physical Therapy After Discharge from the Hospital: Daily Effort Leads to Lifetime Success

An excellent surgery and patient experience for your short stay in the hospital is a springboard toward a successful recovery. From the moment you leave the hospital, it is up to you to work hard with physical therapy and on your own to achieve an excellent result!

- Veronica from our office will contact you prior to surgery to help setup your post-operative physical therapy.
- Therapy will start the day after discharge. If this does not happen, please contact Veronica or the COSM office and we will help you reconcile this.
- You will participate in home health physical therapy three visits per week for up to two weeks after surgery. After this, you will graduate to outpatient physical therapy. In some cases, if you are doing well with home physical therapy you will be able to begin outpatient physical therapy sooner.
- Outpatient Physical Therapy
    - **You are responsible for setting up your own outpatient physical therapy appointments.** We can aid you in this process but it is ultimately your responsibility
    - A physical therapy prescription for you will be in at the end of this packet for you.
    - You will participate in outpatient physical therapy three times per week for six weeks or until you have met your goal.

Post-Operative Medications: You are in Control

Scheduled Medications (take as prescribed)

- **Tylenol (Acetaminophen):** This is helps with pain control and is a central nervous system modulating medication. Take 2 (500mg each) tablets 3 times daily for 1 month. Do not exceed 3,000mg per day. You will be prescribed 90 tablets with 2 refills.
- **Ultram (Tramadol):** This is a pain medication for the treatment of moderate post-surgical pain. You should take 1 tablet (50mg) every 8 hours for 3 weeks after surgery. Then, you should take 50mg before and after physical therapy from week 3 to week 6 after surgery. You will be prescribed 60 tablets.
- **Mobic (Meloxicam):** Anti-inflammatory medication that helps in recovery and in reducing your need for other pain medications. Take 1 tablet (15mg) daily for 3 months after surgery. Take this medication with food. You will be prescribed 30 tablets with 3 refills.
- **Neurontin (Gabapentin):** This is a nerve modulating medication that helps with postoperative nerve pain. Take 1 tablet (200mg) every 8 hours for 1 month after surgery. You will be prescribed 90 tablets with no refills.
- **Protonix (Pantoprazole):** Stomach protector. Take one tablet (40mg) daily in the morning to protect your stomach from the other medications on your regimen. You should take this for a period of 3 months after surgery while taking your anti-inflammatory. You will be prescribed 30 tablets with 3 refills.
- **Senna-S (Senna-docusate):** This is a stool softener. Pain medication can often cause constipation so take 2 tablets 2 times daily beginning 2 days prior to surgery and continue taking until you are no longer taking tramadol or Oxycodone. We will prescribe you 30 with 3 refills. If you have loose or runny stools discontinue.
- **Aspirin:** This is to prevent deep vein thrombosis (blood clots). Please take 1 tablet (81mg or "baby aspirin") 2 times daily for 1 month. 60 tablets will be prescribed to you.

As Needed Medications (PRN)

- **Oxycodone (OxyIR):** Take 1 tablet as needed for pain every 4 hours. We will prescribe you 60 tablets with no refills.
- **Zofran (Ondansetron):** This is an anti-nausea medication. Take 1-2 tablets (4mg each) as needed for nausea. We will prescribe you 30 tablets.

IF PAIN NOT CONTROLLED (Do the following step by step)

- First, make sure you have been taking all of your scheduled medications as prescribed
- Rest, Ice, and Elevate the surgical extremity above the level of the heart
- Take an extra Ultram (tramadol). You may take up to 2 tablets or a total of 100mg of Ultram every 8 hours during times of acute pain.
- Take an extra oxycodone (OxyIR). You may take up to 2 tablets or a total of 10mg of oxycodone every 4 hours during times of acute pain.

For Refills, please call Veronica at (773) 433-3123 from 9am-4pm, Monday-Friday and we will help you obtain these. We will not prescribe oxycodone more than 6 weeks after surgery and will no longer prescribe tramadol more than 3 months after surgery.

Symptoms After Surgery: Is this Normal?!?

- **Redness/Swelling**: It is very common to experience swelling after surgery. Sometimes, you will not swell until several days after your surgery. Remember that your body is healing from the surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may experience. With that said, we do want you to remain active and participate in therapy. But, when sitting and resting, you can decrease the swelling by elevating your surgical leg and using ice. It is important to elevate your leg, with your knee above the level of your heart, 4-5 times a day for 15-30 minutes each time to help reduce your swelling. Your toes should be above your nose! You should call our office if you have swelling for several days that is accompanied by redness and heat or coolness in your surgical leg, or if the swelling does not resolve after elevating.

- **Bruising:** Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience redness around the incision; others will have bruising down the entire leg. Both are considered normal and will resolve over 10-14 days.

- **What is my incision supposed to look like?** Joint replacement surgery requires an incision in the skin to perform the operation. This incision may look red, have some bloody drainage, and itch for the first week after surgery. You will have a dressing over the incision that will keep it sterile and dry but you may see up to ½ of this dressing stained with blood. If more than ½ of the dressing is stained, please call our office.

- **I'm having trouble sleeping:** Make sure that your pain is well controlled throughout the day. During the day, be careful about taking naps. Try to plan your activities as near normal as possible. If you still cannot sleep, try melatonin which is an over-the-counter natural sleep aid. <u>You may sleep in any position you'd like to so get comfortable!</u> If you continue to have issues, please call one of the nurses to discuss.

- **Pain**: although we practice rapid recovery protocols and minimally invasive techniques, surgery can still be painful. If you are experiencing pain after surgery, please refer to the "if pain not controlled" section above. If that is not working for you do not hesitate to call our office.

- **Constipation**: Unfortunately, pain medicines may cause constipation post-operatively. It is best to continue drinking fluids to remedy these symptoms. Remember to take the Senna beginning 2 days prior to surgery and to continue taking 2 pills twice daily until you are having 1 bowel movement every 1 or 2 days. If you begin to have loose or watery stools discontinue this medication. If you continue to have constipation, you can take milk of magnesia or magnesium citrate orally. If this does not work, you may try a Dulcolax suppository or a Fleet's enema. All of these are over-the-counter medications that can be bought in the pharmacy.

- **I no longer need narcotic pain medicine, what can I take?** You should still be taking Mobic for 3 months after surgery which is an anti-inflammatory so you should not add Aleve or Advil to your regimen. You should take Tylenol or extra-strength Tylenol if your pain is not controlled.

- **Muscle soreness**: The muscles, not only immediately around the affected joint, but all the muscles of the affected thigh/leg may be sore after surgery. It is not uncommon to feel soreness for the first 6 weeks after your operation. Don't worry, this will improve with physical therapy and healing.

- **Bladder irritation**: You will require a foley catheter during surgery which helps keep your bladder empty and you comfortable during surgery. On occasion, you may experience pain or burning with urination after surgery for 24-48 hours due to the foley catheter.

- **Throat irritation**: Should you require general anesthesia, your throat, tongue or lips may experience soreness after surgery.

- **I hear some clicking in my knee:** You may hear clicking in the knee after surgery and this is normal. It is usually more noticeable after surgery when you have swelling. As the swelling decreases the clicking may become less noticeable.

- **Please call our office if you experience:**
    - Fever above 101.3F consistently
    - Increased drainage or swelling
    - Pain not controlled by pain medication
    - Inability to bear weight on your operative leg
    - Severe insomnia
    - Swelling in the foot or calf that is accompanied by coolness or decreased sensation in the foot
    - Confusion or disorientation

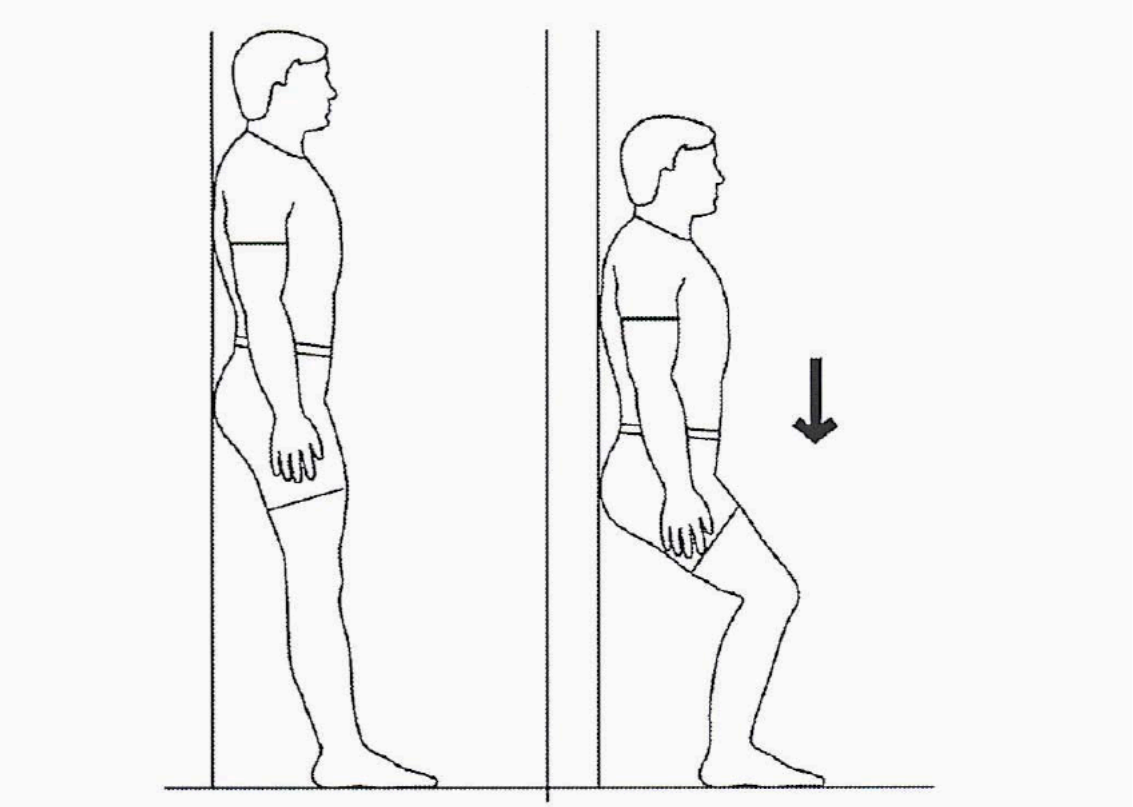
If you have any issues at all or would like to contact our office:

- Veronica, Dr. Kara's medical assistant: (773) 433-3123
- Chicago Orthopaedics and Sports Medicine reception: (773) 433-3130
    - If after hours or nights/weekends, the answering service will connect you to one of our on-call providers.
- Dr. Karas's Personal Telephone Number: (847) 834-4059

PREOPERATIVE EXERCISE: BUILD YOUR STRENGTH TO RECOVER

- If you are currently exercising please continue to do so!
- If you are not currently in an exercise program, please perform the below exercises on a daily basis for a total of ½ hour.

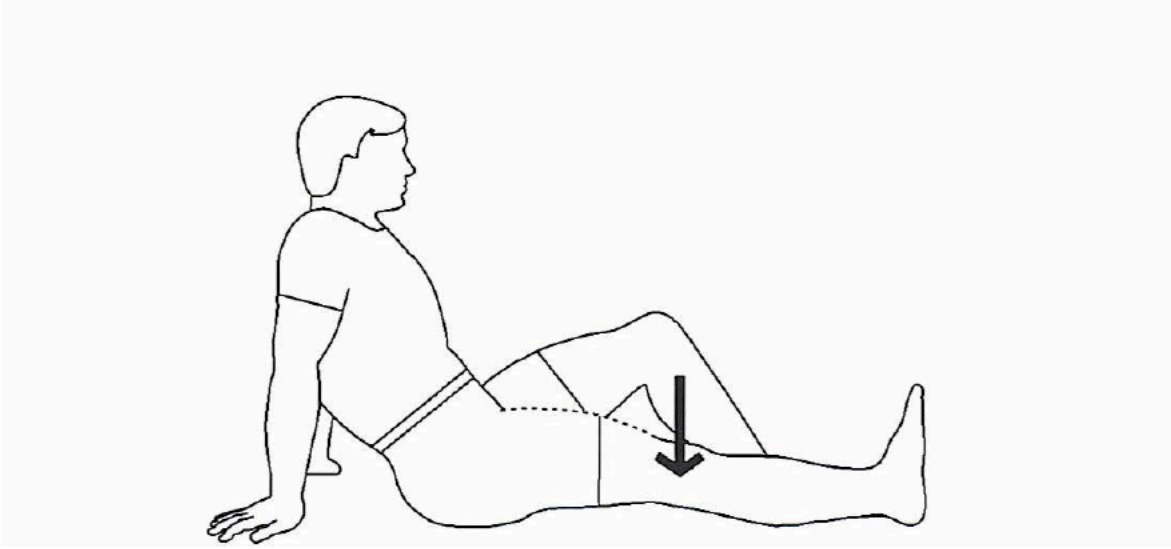
Mini Wall Squat



- Lean on wall, feet approximately 12 inches from wall, shoulder distance apart.
- Bend knees to 45 degrees.
- Hold 5 seconds.
- Return to starting position.

Perform 3 sets of 10 repetitions, once a day.
Rest 1 minute between sets.
Perform 1 repetition every 4 seconds.

Quad Set



- Sit with leg extended.
- Tighten quad muscles on front of leg, trying to push back of knee downward.

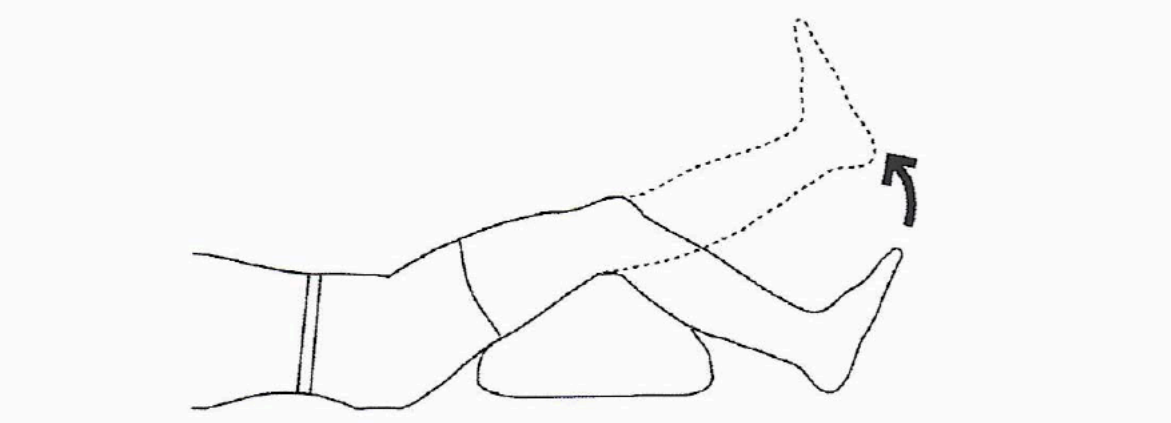
Perform 1 set of 10 repetitions, once a day.

Hold exercise for 10 seconds.

Special Instructions:

Do not hold breath.

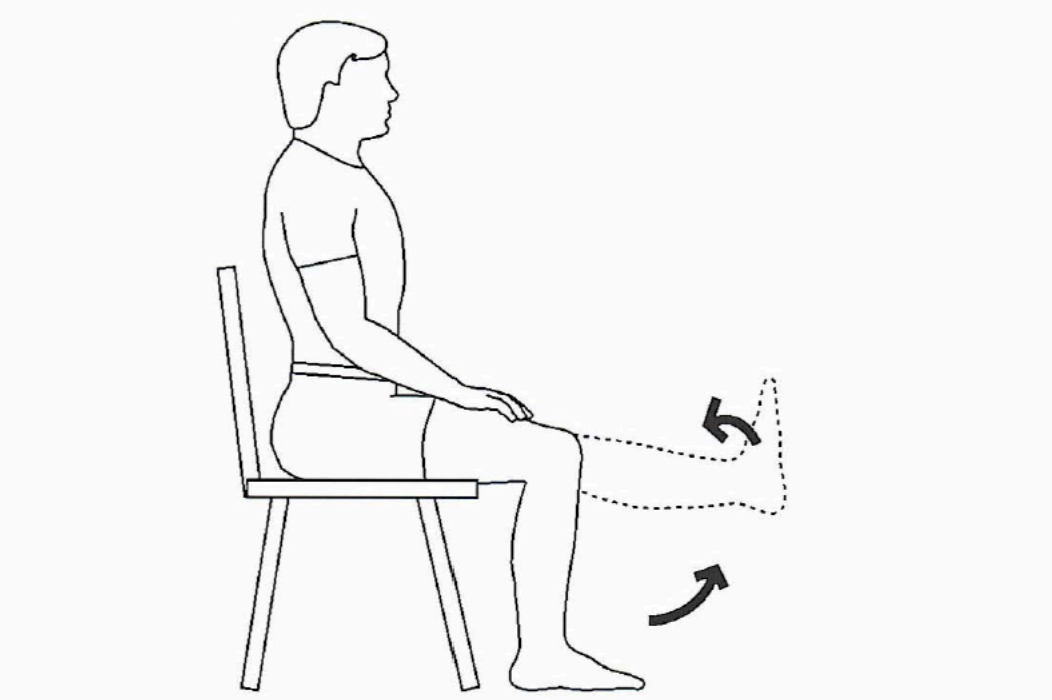
Supine Knee Extension



- Lie on back, with involved leg bend to 45 degrees, supported with a pillow, as shown.
- Straighten leg at knee.
- Return to start position.

Perform 3 sets of 10 repetitions, once a day.
Rest 1 minute between sets.
Perform 1 repetition every 4 seconds.

Seated Knee Extension



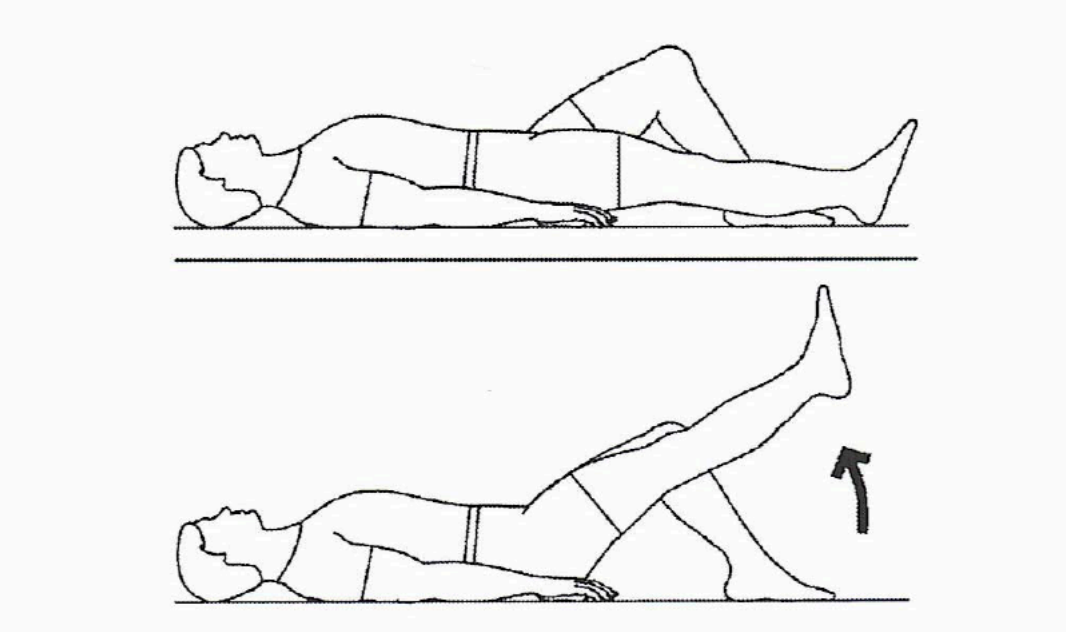
- Sit against a wall, chair, or on firm surface, knee bent.
- Keep a proper curve in low back, as shown.
- Flex left foot upward, while straightening knee.
- Repeat stretch with other leg.

Perform 1 set of 4 repetitions, once a day.
Hold exercise for 20 seconds.

Special Instructions:

Do not allow low back to lose the curve. It is common to experience shaking in the leg.

Straight Leg Raise



- Lie on back with uninvolved knee bent as shown.
- Raise straight leg to thigh level of bent leg.
- Return to starting position.

Perform 3 sets of 10 repetitions, once a day.
Rest 1 minute between sets.
Perform 1 repetition every 4 seconds.