

IMPORTANT QUESTIONS FOR KNEE REPLACEMENT SURGERY

- Q: Do I need to come in for another appointment before my surgery?**
A: No, you are not required to see Dr. Peters again after you have scheduled your surgery unless you have additional questions or concerns, and want to speak with him in person. However, if you do need another appointment, please call us as soon as possible to arrange it with Dr. Peters.
- Q: Where do I check in to the hospital on surgery day?**
A: Presbyterian Hospital of Dallas – Main Building, First floor – admitting office.
- Q: Where should my family wait during the surgery?**
A: Presbyterian Main Building surgery waiting room on the Lower Level.
- Q: Will I have a private room after surgery?**
A: If you request a private room you will be assigned one if possible. However, we can not guarantee a private room will be available. In the event you are assigned a semi-private room, notify your hospital floor nurse if you wish to be placed on the waiting list for a private room. Please note there will be additional charges for a private room, which your insurance may not pay. Presbyterian's business office can answer any questions regarding additional cost, etc. Their number is 214-345-4435.
- Q: How long will I be in the hospital after surgery?**
A: The average stay is 3 days if not going to the Rehab Unit. If you go to the Rehab Unit, you can expect a stay of 8 to 14 days total, which includes the days in the Main Hospital.
- Q: Do I need to order or purchase special equipment before surgery?**
A: Most of the equipment you will need is ordered by the physical therapist during your hospitalization. This packet includes a list of other items you will need & possible vendors in the Dallas area who carry them.
- Q: Should I go to a rehabilitation facility or home after my surgery and hospital stay?**
A: Many people are able to return home. However, some patients require a rehabilitation facility to help in the regaining of skills needed for a safe home return. Determining factors as to where you will spend your initial recovery depend on: the availability of family or friends to assist with daily activities, your home environment and safety considerations, your postoperative functional status as evaluated by a physical therapist, insurance, Medicare, and overall evaluation by your hospital team.

Q: Who will set up my home Physical Therapy, Nursing and equipment needs after surgery and discharge from the hospital?

A: Presbyterian Hospital has home care coordinators on staff to make all the necessary arrangements, while you are in the Main Hospital.

Q: What should I expect my recovery time to be?

A: Everyone heals at a different rate. For one month after the operation most people are restricted to the use of a walker or crutches. Patients then advance to a cane outdoors combined with no support around the house; this may continue for up to several weeks. Overall, a gradual return to normal function without any assistive devices occurs over 3 months for most patients, but may take longer.

Q: What activities are permitted following my knee replacement surgery?

A: You may return to activities as tolerated; beginning activities may include walking or even golf. Recommended activities to help with motion and strength recovery are swimming and the use of stationary bicycles. Activities to avoid consist of high-impact stresses such as running, jumping, and lower extremity weight lifting.

Q: When can I drive?

A: If surgery was completed upon your right knee, you should not drive for at least a month. Dr. Peters requires all post-op patients to remain home bound for 4 to 6 weeks after surgery. The only allowed travel outside of the home during this time is for other doctor's appointments.

A: After that initial month, you may drive as soon as you feel comfortable doing so. However, if surgery was completed upon your left knee, you may drive as soon as Dr. Peters releases you, given that you have an automatic transmission. You should never drive at any point during which you are taking narcotics.

Q: When can I travel?

A: You may travel as soon as you feel comfortable. On long trips, however, it is important that you stretch or walk at least once an hour to help prevent blood clots. **You should wear a TED hose on the operative leg and take a pre-trip Aspirin for all flights or drives greater than 2 hours. You should continue to do this for at least a year after surgery.**

Q: When can I return to work?

A: This depends upon your profession. If your work is mainly sedentary, you may return approximately after 1 month. If your work is more rigorous, you may require up to 3 months before you can return to full duty. Of course, everyone heals at a different pace, and more or less time may be necessary.

Q: What are my chances for a successful surgery?

A: If you are glad you had the operation; if the operation fulfilled your expectations; and if you would do it again, then your surgery is considered a success. 98% of patients answer "yes" to all three questions one year out from surgery.

Q: How long will the results from my knee surgery last?

A: Surgery success length varies from patient to patient. One year after your knee replacement, you stand a 1% chance of requiring further surgery. For further example, 10 years out from your initial surgery, you have a 90% chance for success rate without further surgery.

PERIOPERATIVE QUESTIONS IN HOSPITAL

Q: How often does Dr. Peters make rounds?

A: Dr. Peters and his P.A. (Angela) will round once a day while you are on the orthopaedic surgery floor. The Rehab doctor and Rehab staff will see you daily while you are in the Rehab Unit if you go there.

Q: How often should I use the CPM (continuous passive motion) machine?

A: If you are given a CPM machine, you will start use soon after surgery for up to 8 hours per day. While the amount of bend will be gradually increased, schedules vary widely from patient to patient.

Q: When should I wear the knee immobilizer? When can I discontinue it?

A: The immobilizer is worn at night for the first few days after surgery only when sleeping. Do not use the immobilizer following hospital or rehabilitation facility discharge.

Q: How long do I need a bandage on my incision?

A: A bandage should be used for 1 week and should be changed daily. However, bandage use may be discontinued when drainage is no longer present

Q: When can I shower or get the incision wet?

A: 3 days after your surgery, if there is no drainage present at the incision, you may shower with an aquaguard (a clear plastic protector). Try though to keep the incision dry. with plastic wrap. If it becomes wet, carefully pat dry. If your incision has staples, always cover the wound while showering.

Q: When can I immerse my knee totally such as in a bathtub or swimming pool?

A: If your wound is completely healed 2 weeks after surgery in addition to having the staples removed for a time period equal to or greater than 3 or 4 days, then your knee may be totally immersed. Immersion is also dependent on the type of surgery you have undergone and should be discussed upon the first post-surgical, follow-up appointment before actually performed.

Q: When will my staples/sutures be removed?

A: Sutures/staples may be removed about 10 days after surgery by a visiting nurse or by rehabilitation staff. However, some sutures dissolve on their own and do not need to be removed. This may also depend on your type of skin, and they may need to be removed.

PERIOPERATIVE QUESTIONS OUT OF THE HOSPITAL

Q: How long will I be on pain medication?

A: Some patients require pain medication for about 3 months. Initially, you will be prescribed a strong medication. Most people are able to discontinue these after one month and switch to a lower dose narcotic. Ultimately, you can take an over-the-counter medication such as acetaminophen or ibuprofen.

Q: How long will I be on blood thinner?

A: Your surgeon will choose a therapy of pills or injections to thin your blood and prevent blood clots. The method of therapy will be determined based upon your medical history and possibly on tests done before you leave the hospital. However, usually your surgeon will take you off of the thinner on your first post-operative visit.

Q: Can I drink alcohol during my recovery?

A: If you are taking Coumadin as a blood thinner, you should avoid alcohol. You should also avoid alcohol if you are taking narcotics. Beyond these limitations, you can use alcohol in moderation at your own discretion.

Q: Should I apply ice or heat?

A: Initially, ice helps to keep swelling to a minimum. Only after several weeks could you try applying heat. Choose what works best for you.

Q: How long should I wear compression stockings?

A: You should wear the compression stockings (TED) consistently until your first post-operative visit. Your surgeon will then further advise you. Until this point, keep the stockings on, but you may remove them for laundering and bathing purposes.

Q: What are good and bad positions for my knee during recovery?

A: You should spend time each day working on flexion and extension of your knee. Changing knee position every 15 to 30 minutes is recommended. While a roll or pillow under your ankle may help improve extension, you should avoid one directly under your knee.

Q: Will I need physical therapy?

A: Yes, physical therapy is a very important factor in making the surgery a success. You will be seen by a physical therapist soon after your operation and during your time at the hospital. Once you return home, you should be seen by a therapist 2 to 3 times weekly. You should be taught a progression of exercises which you may perform without a therapist's supervision. Your physical therapist will provide you with this knowledge.

Q: Can I go up and down stairs?

A: Yes. When going up stairs, lead with your unoperated leg. When go down stairs, lead with your operated knee. As you regain strength and motion during the first month following your surgery, you will be able to perform stairs in a more normal fashion.

Q: When can I resume sexual intercourse?

A: As soon as you are comfortable.

POSTOPERATIVE CONCERNS:

Q: I feel depressed. Is this normal?

A: It is not infrequent to be depressed following your surgery, and it may be attributed to an assortment of reasons. Such reasons include your constrained mobility, discomfort, increased dependency on others, and medication side effects. These depressed feelings usually fade as you begin regular activities. However, if your feelings of depression persist after resumption of regular activities and continued recovery, consult with your primary care physician.

Q: I have insomnia. Is this normal? What can I do about it?

A: Insomnia is a common complaint following a surgery such as yours. Over-the-counter remedies such as Benadryl or melatonin may prove helpful. If insomnia continues, a prescription medication may be necessary.

Q: I am constipated. What should I do?

A: Constipation is also a common complaint after surgery and may be attributed to narcotic pain medications and iron supplements. A stool softener such as Colace, or another over-the-counter product, is the best way to prevent constipation. An enema or suppository may be required, but should be used with caution in patients who have hemorrhoids or a predisposition to bleeding. A high fiber diet is also helpful.

POSTOPERATIVE CONCERNS (LONG TERM):

Q: How much range of motion do I need?

A: Walking generally requires 70 degrees of flexion, stair ascent requires 90 degrees, stair descent requires 100 degrees, and rising from a low-set chair requires 105 degrees. Proper walking and standing requires your knee to be 10 degrees or less from being fully straightened. To do most activities of daily living, Dr. Peters would like you to obtain full extension and a minimum of 120 degrees flexion.

Q: What range of motion should I expect from my knee after 6 weeks? After 1 year?

A: Regained motion depends on several individual factors, and your doctor will assess your potential at the time of surgery. On average, patients acquire about 135 degrees of flexion by the end of the first year after surgery. Other patients acquire more or less.

Q: I think my leg feels longer now. Is this possible?

A: Leg length will be practically unaltered in the majority of surgeries. However, in some cases, the leg may be lengthened due to the straightening out of a knee that, before surgery, had significant bow. The surgery should restore or maintain original leg length.

Q: Can I use weights when I exercise?

A: For 2 months following surgery, weights are generally not used. As your physical therapist follows your progress, he/she may introduce the use of weights into your recovery program. The use should be limited to light weights and increase in intervals no greater than 1 to 5 pounds at a time. These weights should be used isometrically with short arc knee extensions or straight leg raising.

Q: Can I return to downhill skiing?

A: This presents a risk not from the skiing itself, but rather from potential injury in case of a fall, collision, or other accident. You should definitely avoid skiing black diamond slopes. However, if you choose to ski, be aware of the risks, and ski only under optimal conditions.

Q: Will I set off the security monitors at the airport? Do I need a doctor's letter?

A: As you progress through a security check point, you "may" set off the alarm. Be proactive and inform security personnel ahead of this occurrence. Let them know that you have had a total knee replacement. Plan ahead and wear clothing that will allow you to show them your knee incision. Unfortunately, a letter or wallet card from your physician is no longer any help when attempting to pass through security check points.

Q: Do I need antibiotics before dental work or an invasive medical procedure?

A: Yes, this will be necessary for the rest of your life. In addition, for the first 6 weeks following your surgery, avoid any dental cleaning and other nonsurgical procedures.

Q: When do I need to follow up with my surgeon?

A: Appointments for follow up are typically made 4 to 6 weeks following surgery, then 6 months, 1 year, 2 years, 5 years, 7 years, and lastly 10 years. These appointments are necessary to monitor the fixation of the prosthesis and the potential wearing out of the plastic articulation.

ADDITIONAL NOTES FOR HIP/KNEE REPLACEMENT PATIENTS

It is important for the surgical patient to recognize that reinstating normal bowel function after surgery can be difficult for some. Many factors including age, what you eat, how much liquid you consume, how much you exercise or move around, medications you are taking, and pre existing conditions all affect bowel motility. It is critical to your recovery and well-being not to go too long between bowel movements.

The use of a good stool softener (Colace) or psyllium-mucilloid products (Metamucil or Citrucel) and mild laxatives such as milk of Magnesia are helpful. The key is to avoid constipation. Eating a wide variety of foods is an important factor in good nutrition and bowel management. Fluid intake is important too.

Since most joint replacement patients will be on a program of anti-coagulant (blood thinner) therapy, any rectal bleeding is a concern. Should this occur, please call our office immediately. You will be instructed to call your Primary Care Physician and it may be necessary to go the Emergency Room.

If you are taking the blood thinner Coumadin (Warfarin), it is important that you take it at the same time each evening. Do not take multi-vitamins that contain Vitamin K as it interferes with the clotting process. It is also important NOT to take aspirin, Advil, Nuprin, Ibuprophen, Aleve, naproxyn, Pepto-Bismal or other over the counter medications that may alter the clotting process.

Watch and call your doctor for:

Excessive or unexplained bruising

Red colored urine

Red or black bowel movements

Purple or reddish spots on the skin

Heavy bleeding from the gums or the nose

Coughing up blood

CALL 911 OR EMERGENCY IMMEDIATELY if you experience:

Sudden shortness of breath

Pain, coldness, numbness, or inability to move part of your body

Severe stomach pain, headache, or if you fall and hit your head

Wear your TED compression stockings until you see the doctor at your first post-op visit

Prophylactic Antibiotic Regime for Dr. Paul Peters

Dr. Peters requires his patients to take antibiotics for all dental appointments, including cleanings, for the rest of their lives.

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For patients who are able to take Penicillin:

Amoxicillin 2.0 grams orally, one hour prior to procedure

For patients who are allergic to Penicillin:

Azithromycin 500mg orally, one hour prior to procedure

Clindamycin 600 mg orally, one hour prior to procedure

Cephalexin 2.0 grams orally, one hour prior to procedure

Who can I call for other questions?

Mary Ellen (R.N.) to answer medical/surgical questions

Angela (PA-C) for technical surgical questions

Darlene (Dr. Peters coordinator) for scheduling questions

Elizabeth for handicapped permits, FMLA forms or medical records

All of Dr. Peters staff can be reached through the main number 214-220-2468.

To refill a prescription, please call your Pharmacy and have them call us. Please allow enough time for the Pharmacy to call us and for us to return their call. The Carrell Clinic does not refill prescriptions over the weekend or on holidays. It is important to plan ahead.