



## **Knee Replacement Surgery**

***How to best prepare for your surgery and optimize your Hospital or Surgery Center experience.***

***PLEASE READ THIS THOROUGHLY BEFORE YOUR COUNSELING APPOINTMENT AND BRING IT TO YOUR COUNSELING APPOINTMENT WITH DR BENTS. USE THE LAST PAGE TO WRITE DOWN ANY QUESTIONS YOU MAY HAVE.***

### **Hospital Information and Instructions**

**ALWAYS FOLLOW DR. BENTS' INSTRUCTIONS!!!!**

- When you are discharged from the hospital, the hospital staff will give you hospital instructions but you need to follow PARAGON INSTRUCTIONS
- If you have questions call Paragon Orthopedics (541-472-0603).

### ***Common Questions:***

#### **When is the right time to have a Joint Replacement?**

- If you struggle with activities that are important to you. You will know when its time.
- If Conservative Care isn't controlling your arthritis symptoms
- If you wait until you lose the ability to do the things you enjoy you may never get them back.

#### **When can I have Surgery?**

- About 3-8 weeks from the time you talk to our surgical coordinator.
- To schedule surgery you must be medically stable. Your diabetes (HbA1c < 7) and high blood pressure must be controlled. Any heart problems must be stable and your BMI (Body Mass Index) must be less than 36. You will need medical clearance from your PCP. If you have a heart condition you will need to be cleared by your cardiologist. Let us know if you are on a blood thinner
- You must be compliant with a home exercise program and walk 6 hours per week in addition to your normal daily activities. You must not smoke tobacco in any form for at least 3 mos prior to surgery.

### **How do I get ready for Surgery?**

- For you to do well after surgery, you need to prepare yourself physically before surgery.
- The single most important element in your recovery is continuing (or starting) a home exercise program and walking 4-6 hours a week until surgery. Any combination of water walking, elliptical striders, stair climbers, Nordic Trac or walking on natural/cushioned surfaces is best.
- Many patients say they cannot exercise because they have arthritis pain. You can do it! You just have to find what program is right for you. If you don't exercise before surgery, you won't do well after surgery
- If you have medical or heart problems, set up an appointment with your PCP or cardiologist immediately. Tell them you want to have a joint replacement and need to be seen for clearance for surgery. The number one reason for delay in your surgery is not getting medically evaluated by your PCP and/or cardiologist soon enough before surgery.
- All dental treatment should be completed prior to surgery

### **Why do a trial of Narcotic Pain Medications before surgery?**

- Without a pain medication program individualized to you, recovery from total joint replacement surgery can be very painful. With it, you will have very little pain, progress more rapidly and go home sooner.
- We need to know what narcotic pain medications and dosages work for you to supplement your Tylenol (acetaminophen) and NSAID pain medications (your primary pain medications).
- The best way to prevent blood clots is to get out of bed and walk the day of surgery. Knowing which narcotic pain medications & doses work for you makes this possible.
- It is much easier to figure this out before surgery, rather than have to experiment on you after surgery when you are in pain.

### **Why doesn't Paragon like to use Vicodin, Lortab, Norco, or Hydrocodone/APAP?**

- They all have Tylenol (acetaminophen/APAP) in them. Tylenol is one of your primary non-narcotic pain medications. We cannot give you the full dose of Tylenol if you are taking one of these and you will need narcotics longer.

### **How long will I need pain medications after surgery?**

- Your primary pain medications are non-narcotic medications including Tylenol and a NSAID (Meloxicam, Celebrex or other). You will take them for 2-3 months after surgery. You should not stop them until you are pain free.
- Your secondary pain medications are the narcotics. They are needed for about 2 days to 2 weeks after you go home. Stop taking them as soon as you are ready. They are addictive.

### **How long is surgery time?**

- Surgery time is about 1- 2 hours for a full knee replacement.

### **How do we prevent blood clots?**

- Getting out of bed the day of surgery is the best way to prevent clots!!! It is important that we make sure we know how to control your pain after surgery so you can walk the day of surgery! Take your pain medication trial very seriously.
- Unless you regularly take a blood thinner, you will take one aspirin (325 mg) a day for 6 weeks after surgery.
- You should perform ankle pumps and knee exercises as shown

### **When do I go home from the Hospital or Surgery Center?**

When you are "SAFE" for home!

- Many total knee patients are able to go home the same day as surgery.
- Everyone else is ready to go home the day after surgery. The nursing staff and Dr. Bents will determine when you go home, based on your condition after surgery.

### **Going home the same day as surgery.**

- Patients who aggressively prepare themselves before surgery can often go home the same day as surgery. Many people who have a high deductible or co pay like this option.
- Those patients who have discussed same day discharge with Dr. Bents **BEFORE** surgery can be discharged late afternoon or early evening on the day of surgery IF they are SAFE to go home. They must be independent with: getting in and out of bed and a car, getting on and off of the toilet, walking 350 feet with a walker, go up and down stairs AND have their pain under control!

### **When do I get my prescriptions?**

- Almost all of your prescriptions will be electronically sent to your pharmacy the day of your pre-surgery appointment at Paragon. You will get a written prescription for your narcotic medication at that appointment. If discharged the same day of surgery, you should take a prescribed antibiotic (such as Keflex) for 7 days.

### **When can I drive after surgery?**

- 6 weeks; studies say you are not safe until then.

### **When do I get my home instructions?**

- You will be given both your pre-surgery and post-surgery instructions when you are seen for your pre-surgery appointment at Paragon.

### **What help will I need when I go home?**

- Someone to drive you home from the hospital.
- A responsible person to stay with you for 48-72 hours after your discharge.
- You will need some help with cooking, cleaning and shopping. You will need someone to drive you to physical therapy and doctors appointments until you are able to drive again.

### **From out of the area?**

- We suggest you come to town the day before surgery. It will be less stressful on you and you won't miss your surgery because of weather or car problems.
- If you leave the hospital the day of or first day after surgery, you should spend the night in Grants Pass. You are generally discharged from the hospital after 2 pm. If you have problems or need something, my office is here for you!
- We suggest you stay at the Family House next to Three Rivers Hospital. It is next door to the hospital and it is the best deal in town. It is very comfortable. 541-479-4590

## **What to Expect The Day of Surgery**

### **What time do I have to be at the Hospital or Surgery Center?**

- The hospital and surgery center have the final say on all scheduling.
- The hospital/surgery center will call you with the time you need to check in at the facility.
- Things can change! Make sure the hospital has your cell phone/contact number!

### **What anesthesia will I have?**

In most cases a SPINAL anesthetic is used along with a nerve block.

- There is less bleeding, fewer blood clots, less infections, less nausea/vomiting, and you wake up in the recovery room without any pain!
- You should not be nervous about being awake and hearing things. Tell your anesthesia provider how "out" you want to be. You can be as sedated or awake as you like.
- Even with heavy sedation, you may have some vague recollections of music and the noise of my tools. You will not experience pain!
- Some patients CANNOT have spinals because of medical problems or a history of back problems/surgery/fusions.

### **I always get sick with anesthesia. What do I do?**

Tell your anesthesia provider. The spinal anesthesia helps a lot to prevent nausea.

- We always give a mix of anti-nausea medications pre surgery. Our standard works well for most patients, but if you are a special case remind us the morning of surgery.

### **What happens before surgery?**

You will be admitted to the preoperative holding area where you will be prepared for surgery.

- Your family or friends can be with you for most of this time.
- Nursing, Anesthesia and I will confirm your health history, medications, allergies, surgery and site of surgery. I will answer any last minute questions and sign/mark your surgical site.
- Nursing will start your individualized pain control program (from your medication trial), start your IV, and shave your surgical site.
- Please bring in your medications in their original bottles. We may need to verify the doses. We will keep any special medications the hospital or surgery center doesn't stock for your use. The others will be sent home with your family. If the staff tells you not to bring them, ignore them!
- Remind your anesthesia provider if you have had previous problems with anesthesia!
- Your anesthesia provider will give you relaxing/sedating medications and put in your nerve block in the thigh

### **When do I get to eat real food?**

As soon as you can hold down liquids without nausea or vomiting.

- Often you start eating in the Recovery Room.
- When you get to your room, there should be a menu and a phone at your bedside. The menu has instructions on how to order your meals and has the phone number to call. To get what you want, you must order dinner by 4:00 pm and breakfast by 7:00 pm.
- If the meal service folks won't let you order, your diet status needs to be changed in the computer. Remind your nurse.

### **Why is my leg numb and not moving normally? Is something wrong?**

Nothing is wrong. This is normal. Your spinal anesthesia may make your leg weak and wobbly for 6-18 hrs. It may slow you down a bit, but numbness is your friend after surgery.

## **After You Are Home**

### **How will I take my medications when I go home?**

- Follow the instructions given to you by Paragon.
- If you have questions about the medications after you go home, call the office at 541-472-0603 between 8 AM and 5 PM.

### **How do I know I need more pain medication?**

**Just before you go to sleep the day you have surgery, test your pain.**

- If it is worse than an hour ago, ask for more pain medication. If you ignore it, you will wake up at 3AM in terrible pain. DO NOT IGNORE PAIN THAT IS ON ITS WAY UP (escalating)! Ask for extra pain medications!
- If you ignore your pain, it will get out of control. You could have severe pain around Midnight. It will take about 2 hours to get your pain back under control. Don't let this happen. Stay on top of the pain!

### **How do I know if I am taking too much pain medication?**

**You are probably taking too much narcotics IF**

- You feel sedated, nod off while others are talking, or your mind feels clouded.
- You feel faint or your blood pressure drops when you get out of bed.

### **If I have nausea and vomiting, what do I do?**

**Eat something with each dose of pain medications. Not eating something is the #1 reason for an upset stomach!**

- You need more than a cracker. Eat a ¼ of a sandwich or some yogurt.
- You are receiving the same anti-nausea medication we trialed before surgery. If you are still having nausea, call Paragon.

### **How long should I take Tylenol and NSAIDs?**

These are your primary pain medications. Don't stop them and take narcotics only!

- Plan to take them for up to 2-3 months, at least 6 weeks after surgery. They work especially well for night pain. Tylenol is 650 mg 4 times a day.
- You can stop taking them when you feel you no longer need medication to control your pain.
- These are non narcotic pain relievers. Use them to reduce or eliminate your need for narcotics.

### **How long do I take narcotic pain medications?**

- Most patients need them for 3 days to 2 weeks after surgery.
- These are temporary pain medications, stop them as soon you can.
- If you still need them after two weeks, start decreasing the dose that you are taking.
- Do not take them as a sleep aide. They are addictive and often will cause sleep disturbance.

**What Exercises will I do when I go home?**

- Follow the protocol that Physical Therapy taught you prior to surgery. Your therapist will adjust these exercises as needed after surgery.

**Prevent Swelling and Edema in your legs**

- Elevate your feet above your heart for 15 minutes 4 times a day for about a month. If you don't, you will get swelling in your lower legs. Pump the ankle

**GET YOUR KNEE FLAT! (Straight) Do the knee extension stretching program 15 minutes 4 times a day until you get your knee fully flat. If you don't get it flat in the first 7-10 days you will never get it flat. You can also lie on your stomach with your leg hanging off the bed**

**Who makes all my appointments for after surgery?**

**My office staff has prearranged all of your appointments.**

- My surgical coordinator has made your post surgery office appointments.
- Your physical therapist should call you to make your first appointment no later than 3 days after surgery. Be proactive---Call them first to get the times and therapist you want.
- The discharge planner at the surgical facility will confirm your follow-up appointments.

**How do I prevent Constipation?**

Please see the Paragon Orthopedic Bowel Program handout.

**Will my knee every feel normal?**

A knee replacement is performed for knee pain and arthritis. It is not the same as your original knee however. You may hear or feel clicking or clunking as the replacement includes plastic and metal parts. There is commonly some numbness around the incision or lower leg. You may have some mild warmth for the first few months. The average time off work is 8 weeks depending on the job. At one year most patients feel they have reached maximum improvement and they are very satisfied with their knee.