Knee Replacement
Patient Information

summahealth.org/orthopedic
Dr. Pfefferle, a native of Tiffin, Ohio, received his degree in mechanical engineering from The Ohio State University. He also completed his medical school education at The Ohio State University where he was awarded the John B. Roberts award for excellence in orthopedic academic performance and research. Dr. Pfefferle then completed his orthopedic surgery residency training at Summa Health, where he routinely scored above the 98th percentile in the country on the annual orthopedic training exam. As a chief resident he was awarded Teacher of the Year. Dr. Pfefferle then completed an additional one year fellowship in adult hip and knee reconstruction at the prestigious Anderson Orthopedic Clinic in Alexandria, Va.

Dr. Pfefferle’s clinical focus is hip and knee replacement. Dr. Pfefferle has a special interest in rapid recovery and advanced pain control, anterior hip replacement, partial and total knee replacement as well as complex revisions of failed hip and knee replacement.

Dr. Pfefferle has published research in multiple orthopedic journals and received awards for excellence in research. He has presented his research at local, state and national conferences.

According to Dr. Pfefferle, “Hip and knee replacement are two of the most successful surgical procedures in modern medicine. With modern surgical techniques and implant design, today’s hip and knee replacements offer rapid recovery with less pain with greater durability.”

“My goal is to treat each patient as if they were a member of my own family. I enjoy helping each patient reach their own individual goals.”
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Introduction

Welcome to the Orthopedic Institute at Summa Health. The training and expertise of our staff will ensure a safe, comfortable, and satisfactory outcome of your surgery.

This booklet addresses many of the most frequently asked questions about knee replacement. Please remember that this information does not substitute for direct communication with your surgeon’s office. If you have questions, you are welcome to call to clarify any issues that concern you.

A typical total knee implant covers all parts of the knee joint that contact each other as the knee bends.

Types of Knee Replacements

Total Knee Replacement

Patients frequently ask, “What exactly is a total knee replacement?” The simplest answer is that it is a replacement of the worn and arthritic surfaces of the knee joint. We often tell our patients that a total knee replacement is similar to resurfacing a road full of potholes. In this procedure all parts of the joint that contact each other as the knee bends are covered with an artificial surface.

With arthritis, the cartilage covering the ends of the bone within the knee joint is badly worn. In a knee replacement, the damaged cartilage, along with a very small amount of bone, is removed with precise guides and instruments. The knee replacement implant, which is made of metal and plastic, is then fitted to the bone to provide an artificial surface that eliminates pain. In this operation little bone is actually removed; it is better to think of the procedure as a refinishing of the knee surfaces.
Partial Knee Replacement
This procedure greatly benefits patients who have localized types of knee arthritis. In this procedure only the inside (medial) or outside (lateral) portion or kneecap of the knee is replaced. We do not recommend this surgery for mild problems; rather, we suggest it to patients whose pain persists after conservative treatment.

Because the surgery is less extensive and because health portions of the knee are maintained, the procedure is safer and less painful. Patients recover more easily and quickly. Because there is less bleeding and pain, the procedure can be done safely with an outpatient or short hospital stay. Following a unicompartamental knee replacement most patients can go home the day of surgery.

Looking to a patient’s future, another benefit of minimally invasive unicompartmental surgery, especially for today’s active patients, is the ease with which it can be changed to a complete replacement if the first replacement wears out. In most instances, the revision of a unicompartmental surgery is straightforward and yields very good results.

Although we can be 80-90% sure before an operation that a partial knee replacement is best for a patient, we make the final decisions between a partial or total knee replacement during surgery. We only will opt to perform a total knee replacement if the patient’s arthritis proves to be so severe that a total knee replacement is necessary to improve knee function and relieve pain.

Revision Total Knee Replacement
About one in ten total knee implants will fail over a 20-year period and will require a revision of the prosthesis. Since a revision is performed to replace failed knee implants, a revision is more complex and often requires an implant specially designed for a knee replacement that has failed. The bone is not as strong when an implant is removed, and the ligaments supporting the knee may be damaged. A revision prosthesis can help address these problems. For example, the surgeon can fit a stem inside the canal of the bone to provide more support for the prosthesis.

Your surgeon or his assistants will be glad to answer your questions about revision surgery and will review the advantages and disadvantages of different techniques with you.
Possible Complications
Along with the benefits of a knee replacement, there is a small chance of complications, which may include blood clots, infection, fracture, or nerve damage. There may be stiffness and wound complications. The risks of these problems are small, and the problems are almost always correctable. We use the latest technology and techniques to give you the optimum care, but we also believe it is important that you are aware of potential complications so you will understand your surgery and our efforts to minimize risks.

A possible complication of any knee surgery is a deep venous thrombosis (a blood clot in the leg). If a blood clot occurs, treatment may include medication to prevent additional blood clots. Infection occurs in less than 1% of all patients; however, when it does occur, it is serious. The implants may be removed so that the infection can be treated with antibiotics.

After the infection is cured, new knee components can be implanted with antibiotic cement in most cases.

Nerve injuries occur in less than 1% of knee replacement patients and usually results from scar tissue from previous surgeries forming around the nerve. Fractures during surgery also occur in less than 1% of patients. A fracture is more common in revision surgery when bone loss has occurred or a well-fixed implant must be removed. Treatment can range from restricted weight bearing, wearing a cast, or surgery, depending on the nature and location of the fracture.

This list covers the most common complications associated with knee replacement surgery. We hope that in discussing your procedure with you – its risks and benefits, our techniques, alternative treatments, and expected outcomes – we can assure you we are providing the best care possible.
Preparing for a Knee Replacement

Your Joint Replacement Team
A team of professionals will help you through all phases of your surgery. This team includes your physician and his clinical staff, physical/occupational therapists, case manager, physician assistant, nurse and support personnel. Other important members of our Joint Replacement Team include our Orthopedic Residents; they are among the brightest young future orthopedic surgeons in the country. You may meet one of the doctors on your first visit to our office. Under the supervision of your physician, each resident assists in the clinic and in surgery, provides postoperative patient care with daily rounds, and participates in our research.

Scheduling Surgery
If you do not schedule surgery at the time of your office visit, our scheduling secretary, who will help you select a surgery date, is available to answer any questions. To allow adequate time for the necessary preparations, a surgery date is usually set well in advance of your decision to proceed with knee replacement surgery. You will initially get a date for surgery but the time of your surgery will not be determined until the week before the surgery date.

Preoperative planning
Once you have a surgery date, you will need to prepare for surgery. This includes preoperative interviews and tests which will need to be done within thirty days of your surgery date. We also have you attend a Joint Academy class prior to surgery. We encourage you to bring someone with you to help you get to your appointments and function as your "coach" and advocate throughout the joint replacement process including Joint Academy.

Discharge Planning
Most patients recuperate much better at home with the help of family and friends; therefore, our care map promotes discharge to your home. Your team will assist in identifying the kind of help you may need after discharge and advise you of care options. It is important that your discharge plan be worked out with the team before surgery.

Stopping Medications Before Surgery
Patients should stop taking aspirin and other anti-inflammatory medicines (Advil, Ibuprofen, etc.) at least ten days before surgery to avoid increased bleeding associated with these medications. You may take Tylenol for pain during this time.

If you are taking blood thinners, such as Plavix, Coumadin or Pradaxa, these also can create bleeding problems; it is important to discuss their use with the prescribing physician to determine the dosage program that will best prepare you for surgery.

Ten days prior to the surgery, you should also discontinue the use of most herbs/supplements: Echinacea, ephedra, feverfew, garlic, ginger, ginkgo biloba, ginseng, goldenseal, kava, saw palmetto, St. John’s Wort, valerian, vitamin E, glucosamine chondroitin, and fish oil.

Financial Arrangements
The Orthopedic Institute will make every effort to assist you in meeting the policy requirements of your insurance company. You need to determine whether your insurance requires pre-authorization for surgery and whether a second opinion is required. A call to your insurance carrier will answer these issues, if they are not clearly stated in your policy.

We accept a number of health care plans with fixed fee schedules and will be happy to provide you with information about our participation in your plan. The Orthopedic Institute will bill Medicare or your commercial insurance for the cost of the surgery. You as a patient are responsible for the balance stipulated by your type of insurance. The Orthopedic Institute billing office and our staff are available to assist you with questions about reimbursement and billing procedures. Your hospital or surgery center bills are handled by the hospital’s billing office. To contact billing with Summa Health, please call 330.315.0454.

If you are responsible for a deductible associated with the surgery, you will be responsible for paying this prior to the date of surgery.
Blood Donations and Iron Supplements
We no longer advise patients to donate their own blood before surgery. With less invasive surgery techniques there is less than a 5% chance you will need to be transfused.

You should take an iron supplement starting a week prior to your surgery. This can be purchased at your local drug store without a prescription. This iron supplements should be taken after meals. Iron will change the color of your stools to a tarry black. In addition, the supplement may be constipating, in which case a laxative may be needed.

Medical Clearance/Pre-Admission Testing
All patients must be evaluated by a medical doctor prior to surgery to determine if it is safe to proceed. This visit will include a medical history, physical examination, and laboratory tests (blood count, chemistry profile, and urinalysis). You may also need a chest x-ray and electrocardiogram that has been done within the past year. Additional tests may be required if you have other specific medical problems. The examination must be completed within 30 days of your surgery.

As you consider joint replacement surgery, our team is here to help you achieve the best surgical outcomes and recovery.

As a part of your Pre-Admission Testing (PAT), we have set criteria for BMI (Body Mass Index), A1C (Diabetes Control), Hemoglobin (blood level) and Albumin (Nutritional Measure).

Clinical research shows that if these four criteria are met prior to surgery, complications such as infection, hospital re-admission and blood transfusion can be avoided.

Reducing the Risk of Infection
Any source of bacteria within your system must be eliminated before your surgery. Abscessed teeth and pending dental work should be taken care of prior to your knee surgery. A urinary tract infection is an additional source of contamination. Although frequency, urgency, and burning are symptoms of a urinary tract infection, or prostate problems, you may have an infection without symptoms. The doctor who clears you for surgery will order a test of your urine. If an infection is found, antibiotic treatment may be required prior to your knee operation.

Our goal is to reduce the number of bacteria you carry on your skin prior to surgery. We will instruct you to use an antibacterial wash in the days prior to your surgery. Because certain bacteria are carried in your nostrils, we may instruct you to use an ointment to treat these bacteria. Furthermore, the skin around your knee and operative extremity should be free of any open lesions such as cuts, scrapes, bug bites, etc. If you have any questions, please call your physician’s office.
Preoperative Physical Therapy Sessions and Pre-Hab

Joint Academy
Patients who are having a hip/knee replacement will be scheduled to attend Summa’s Joint Academy class. In this class, you will learn important information related to what to expect from surgery, exercises to improve strength and motion before surgery, discuss and answer critical questions related to your support after surgery, evaluate your needs when you return home and much more. It is imperative that you have a support system at home to assist you initially. We require that you and your coach/support person attend the class with you.

Pre-Hab
This is a collaborative program between Summa and the Akron Area YMCA. This program provides you with a 90-day membership to the YMCA to be utilized to aid in your strength and motion before surgery and aid in your recovery after you are done with formalized outpatient rehabilitation. You may choose to take advantage of the pre-hab program that we have set up with local YMCA’s to assist you in this process. Ask your Joint Academy instructors for more information.

Presurgical Exercises
You will be instructed on the following exercises either in Joint Academy, pre-physical therapy or pre-hab. The exercises should be completed as instructed prior to your surgery. We recommend that you work on the following exercises several times throughout the day. If necessary, start out gradually and build up the number of repetitions. If you are unable to tolerate any of the exercises due to pain, DO NOT continue.

1. Ankle Pumps: Move your foot up and down. Repeat up to 25 repetitions, twice daily.

2. Quad Sets/Knee Tighteners: Lying on your back with your legs straight, push down the back of the knee against the bed. Maintain the muscle contraction in the thigh for five seconds. Relax. Repeat up to 25 repetitions, twice daily.

3. Gluteal Sets/Buttock Tighteners: This exercise can be done lying down, sitting, or standing. Squeeze the buttock muscles together and hold for five seconds. Relax. Repeat up to 25 repetitions, twice daily.

4. Isometric Adduction/Abduction: Sitting in a chair, place your hands along the outside of your thighs. Tensing your thighs, pretend as if you are trying to push your thighs apart; maintain the tension for 5 seconds. Then, place your hands on the inside of your thighs and pretend you are pushing your thighs together by tensing them for 5 seconds. You should be exerting your thigh muscles, not your hands or arms. Repeat up to 25 repetitions, twice daily.
5. Straight Leg Raise: Lie on your back with your right leg bent. Tighten your left knee and thigh and lift your leg off the bed just a few inches, making sure to keep your knee straight. Hold for the count of three. Do the same exercise with the opposite leg. Repeat the exercise using your right leg. Repeat up to 10 repetitions, twice daily. Do not perform this exercise if it causes you pain.

6. Chair Push-Ups: Sitting in a chair with arm rests, push yourself up using your arms. Begin by using your feet to assist you, then progress to putting more weight onto your arms to lift yourself. Hold three seconds. Repeat up to 10 repetitions, twice daily.
Day of Surgery

Reporting to the Hospital or Surgery Center
On the day of surgery, you will report to the Registration Desk. Bring your photo ID and Insurance Cards for verification. You will be escorted to an area where you will change into a hospital gown. An identification bracelet will be placed on your wrist. An admissions nurse will make sure that your medical work-up has been completed. You will then be escorted to an area where a nurse will make you comfortable and provide warm blankets. An intravenous line will be started. You will see your surgeon and the anesthesiologist before going into the operating room.

Clothing
Hospital gowns are suggested during the day of surgery. You are encouraged to bring loose fitting jogging clothes, t-shirts, pajamas, sweat pants, or shorts for the rest of your stay, so that you will be more comfortable when you are walking around. Tennis shoes, loafers, or comfortable support shoes should be worn; we do not recommend bringing new shoes.

Anesthesia
On the day of your surgery, you will meet with the anesthesiologist and anesthesia staff (nurse anesthetist) to go over your medical history and the type of anesthesia that will be utilized for the surgery. Most patients will have a spinal anesthesia with an adductor canal block and will also be given medications that allows them to sleep during the procedure. This avoids the use of a breathing tube during the operation. A spinal anesthesia with an adductor canal block is generally our preferred method of anesthesia for joint replacement surgery, however there are some situations in which it may not be indicated, and the anesthesiologist will discuss any such situation with you.

Post-Anesthesia Care Unit (PACU)
A typical knee replacement operation takes approximately one to one and one-half hours. Revisions surgery often takes longer since it is more complex.

After surgery, you will be moved from the operating room to the post-anesthesia care unit (PACU), often referred to as the recovery room, where the nurses will monitor your vital signs and oversee your recovery from anesthesia. Your stay in the PACU lasts approximately 1-2 hours.

You may receive oxygen through nasal breathing tubes for up to 24 hours. To empty the bladder, you may have a urinary catheter. Pneumatic compression stockings are also placed on both legs to help improve circulation. An air pump inflates and deflates air-filled pressure compartments within the stockings. This rhythmic change in pressure promotes blood flow and also helps prevent blood clot formation.

Family Waiting Area
Family members are usually not permitted to visit with patients in the PACU. At the end of the surgery, the surgeon or the resident will discuss the details of the procedure with your family members. If family members leave the waiting area, they should let the staff know where they will be. If members of your family are unable to be present on the day of your surgery but would like to talk with your surgeon, they should leave a phone number where they can be reached.
Postoperative Course

Pain Medicine
We want you to be comfortable but also awake and alert enough to do exercises, including breathing exercises to prevent lung congestion and leg exercises to prevent blood clots. When you have recovered from anesthesia, your pain usually is managed by oral or intravenous pain medications.

We recognize that post op pain is a significant source of fear for patients. Adequate pain control is very important to us. We have designed a comprehensive program to improve your experience by decreasing pain with a “multimodal” pain program. This process starts before surgery, using a combination of different medications that work together to reduce the amount of narcotic medications you require and to maximize your pain control. The narcotic medications can cause side effects such as nausea, itching and constipation, which we would like to avoid. The medication prescribed will not take all of your pain away but it will allow you to rest and make you as comfortable as possible.

Wound Care
Your wound will be covered by a dressing after surgery. It should usually be removed after 7-10 days. You can shower as long as there is no drainage from the wound. After the dressing is removed it is not recommended to apply any cream, ointment or lotion to the wound unless specific instructions are given by your surgeon.

Most of the time, your stitches will be under the skin and will dissolve on their own. If you have staples or external stitches they can be removed 10 days after surgery as long as there is no drainage.

If the wound is draining, the dressing should be changed daily. The wound should be dry and without drainage by about five to seven days postoperative. If there is persistent drainage from the wound after this time period, you should call our office immediately. If there is worsening redness around the incision, you should also call our office immediately. These may be signs of a superficial or deep wound infection and you may have to return to the office for an evaluation by one of our staff.

Other common concerns after knee replacement surgery include swelling and bruising. These can be quite significant in nature and can appear anywhere from the thigh to the toes. These are typically worse at night which can contribute to trouble sleeping comfortably for more than one to two hours at a time.
We prefer that you rest with your legs slightly elevated and straight. To prevent heel sores, place a pillow under your heel to keep it off of the bed. The pillow should not be placed under your knee, because it is important to keep the knee stretched out and flat.

Following knee replacement surgery, all patients receive therapy to help strengthen muscles and also to reinforce postsurgical precautions. Our team members work together to help strengthen your muscles and increase the motion in your knee. Our goal is to ensure your independence and to discharge you to the comfort of your own home.

Before discharge you should have practiced and be able to:

- Dress and bathe
- Get in and out of a bed, chair, shower or bathtub, and a car
- Walk with a walker or crutches
- Go up and down stairs
- Carry out the specific home exercise program

Your Rehab Team
We believe that your family is an important part of the rehab team that will work with you to develop goals based on your individual needs. The rehab team includes your surgeon, Orthopedic Residents, nurses, all therapists and case managers. Family members or friends are urged to attend both physical and occupational therapy sessions to learn appropriate techniques of care and how to assist you at home.

Postoperative Rehabilitation
A comprehensive therapy regimen is crucial to your recovery. Therapy will start the day of the surgery and continue at home. As soon as possible, we want you to try to lift your operated leg. Initially, you will have some discomfort with this exercise. After two or three leg lifts, the discomfort will decrease. Gaining muscle control to lift and move your leg will speed up your recovery and help you to get in and out of bed safely and easily.

Regaining knee motion early prevents stiffness that might interfere with the way you walk and will help ensure the successful result we want for your knee. Your therapists know from experience how much to push you, and you are encouraged to work hard for them. Your therapy will be uncomfortable at first, but taking pain medicine before therapy allows you to participate. Your rewards will be regaining motion and strength in your knee and a return to your favorite activities.
Usually, patients can bear full weight on the operated leg within several hours after surgery. After surgery, we conduct a thorough therapy session of exercises and walking. If you meet our goals, you can go home safely and comfortably.

You are given exercises to do at home and usually begin outpatient therapy in the days or weeks after surgery.

A spouse, family member, or friend who plans to assist you after discharge is encouraged to attend practice sessions to learn appropriate techniques and how much assistance to provide. By being independent you will be using your own muscles to strengthen and protect your new knee.

After discharge, you are encouraged to attend outpatient physical therapy several times a week. The activity of getting out of your house and going to a therapy center is part of your recovery. Therapy improves your knee motion, strength, and endurance. If you are not ready for outpatient therapy, your case manager will assist in arranging therapy in your home.
Going Home

Final Discharge Instructions/Prescriptions
Your nurse will see you on the day of discharge and answer any questions you may have. At the time of discharge, the nurse will give you your prescriptions and review discharge instructions. Most patients have some discomfort at home when they perform their exercises. You will receive a prescription for pain medication, but once home, you should begin to decrease the number of pills you take and increase the interval of time between doses. Pain medication should be taken before therapy or sometimes at bedtime, as needed for your comfort; a non-narcotic medicine can be used in between. Applying ice to your knee after therapy helps to control discomfort.

Written Discharge Instructions
You should receive a copy of our discharge instructions to remind you that:

1. It is normal to have swelling and bruising in your lower legs after surgery. Walking frequently during the day and doing your exercises will help strengthen your muscles and reduce the swelling. If you have swelling, we recommend you elevate your legs, and apply ice to your knee for 15 minutes. If the swelling continues to worsen, or becomes increasingly painful, please call your surgeon’s office.

2. You are permitted to shower at home if you do not have drainage. If you have drainage, you should take a sponge bath. Ask for assistance from a friend or family member when getting in and out of the shower.

3. You should have a copy of your home exercises from the physical therapist. Do your exercises three times a day.

4. You should be walking in your home, frequently. Use your crutches, cane, or walker as instructed by your therapist. You are encouraged to walk outside with assistance, weather permitting, for 20 minutes a day. Often people will notice some clicking in the knee with activity. THIS IS NORMAL and does not mean there is something wrong with the prosthesis.

5. Your knee will be sore but pain will dissipate over time. You will be given a prescription for pain medicines that can be used primarily BEFORE THERAPY and AT BEDTIME. Extra-strength Tylenol, anti-inflammatories or Ultram can be used in addition to or instead of narcotic. To ease your discomfort, apply ice to the knee after activity.

6. Some doctors and dentists recommend that joint replacement patients take antibiotics for dental and medical procedures. If so, they will prescribe the appropriate antibiotic. We leave this to their discretion.
Going Home By Car
Patients are able to go home by car after knee replacement surgery. If your trip will take more than two hours, plan on allowing one or more stops for walking and exercising your legs. Please be sure to arrange your ride home prior to surgery.

By Airplane
If you need to travel by air, it is important to request a bulkhead or first class seat, so that you will have enough room to stretch out your leg during the flight. It is advisable to have a travel companion, who can help with your luggage and with getting on and off the plane.

Occasionally, your surgeon may recommend that a long airplane ride be postponed for several days after discharge from the hospital.

Getting into Your House & Using Stairs
The physical therapist will teach you how to go up and down steps. You should have someone help you with steps until you are comfortable and secure with them. Remember that when you use a staircase, your crutches go under your arm on the opposite side from the railing. To go up the stairs, start with your unoperated leg; to go down, begin with crutches at the operated leg.

Returning for Your First Postoperative Visit
Our physician assistants see all our postoperative knee replacement patients approximately four to six weeks from the time of their surgery. This will be arranged for you by our staff.

This first follow-up visit will include an examination of the knee. X-rays of the operated knee will be obtained to evaluate the alignment and fixation of the implant. You will receive new instructions concerning your allowed activities and the amount of weight you can put on the operated leg. Arrangements can be made on an individual basis for out-of-state patients.
Use of Antibiotics to Prevent Knee Infections
Each year in the United States more than 800,000 knee and hip replacements are performed. The infection rate for these procedures is very low. Joint replacement surgeons attempt to lower the infection rate by using prophylactic antibiotics during surgery.

Infections that develop around the knee weeks or months after discharge are a rare but serious complication. Infections that occur after six months are usually the result of an infection elsewhere in the body, which spread by bacteria “seeding” and travels to the knee through the bloodstream. Urinary tract, skin, dental, or respiratory infections are potential causes of such knee infection and should, therefore, be treated aggressively.

In addition, since bacteria are normally found in the mouth and intestines, “seeding” might occur during some dental procedures, bronchoscopy, cystoscopy, or endoscopy and cause infection around your joint. Let your dentist and internist know that you have an implanted knee prosthesis. Your dentists or internist will decide whether you need to take antibiotics before and after dental or diagnostic procedures.

Annual Follow-Up Visits
We strongly recommend a return visit to your surgeon to confirm that your prosthesis is functioning well. These visits are important whether or not you are having problems with your knee. The plastic part of the implant eventually may show signs of deterioration. This can only be determined by studying your follow-up x-rays and doing a physical examination.

Common Questions asked about Knee Replacement

Q. Why does my knee click?
A. A knee prosthesis is made of hard metal and plastic. Gravity will create a slight separation of the components. When you tighten your muscles or swing your leg, the pieces come in contact and may make a clicking sound. This is normal. It should not cause pain and does not mean that something is loose or wrong.

Q. Why does the skin feel funny around my incision?
A. The nerves in the skin cross the front of the knee in an inside-out direction. When an incision is made down the front of the knee, these tiny nerves are divided and the skin on the outside will feel fuzzy or numb. This sensation will lessen with time and is normal for all patients with knee replacement surgery.
Common Questions asked about Knee Replacement  (continued)

Q. Why is my leg discolored?
A. You may develop some discoloration (like a bruise) in the leg. This discoloration, which may extend to the hip or ankle, will slowly disappear.

Q. When can I get my knee wet?
A. You can take a shower when your wound is dry. If you have a plastic dressing, it is waterproof. If you have a telfa dressing, remove it before you shower and replace after the shower. You may wash around the incision but do not scrub the incision. Water does not hinder the healing, but a strong soap could irritate the skin. Be sure to gently pat the area dry.

Q. What about cocoa butter and vitamin E oil?
A. Do not use either of these until after your four week postoperative visit. Ask for clearance to use during that visit. Your skin will heal fine with or without these topical applications.

Q. A stitch is sticking out. What do I do?
A. We often suture the skin from underneath to reduce scarring. The knot at the end of the stitch sometimes will protrude from the skin. Redness and a small amount of drainage may appear. Cleanse the skin with peroxide. Please notify your surgeon’s office.

Q. When can I drive my car?
A. Usually after 4 weeks. A patient’s decision to drive sooner is a personal decision related to their mobility and pain control.

Q. How long will I have pain?
A. The surgical pain tends to resolve in the first week or two. You may continue to have some soreness, stiffness and swelling anywhere from six weeks to three months. This should disappear gradually with exercise and increased activity. If you develop pain after exercising with weights or walking without a walker or crutches, you may be overworking the knee. The following should help: using the walker or crutches, decreasing the amount of weight used during exercises, and periodically elevating your leg with ice on it. If the pain does not resolve in a day or two, you should contact your surgeon.

Q. When can I go in the swimming pool?
A. Ordinarily, patients may resume pool activities after the first follow-up visit. Be sure to check with the surgeon or resident at that time.

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