

Total Knee Replacement

A total knee replacement, also called a total knee arthroplasty, is a surgical procedure in which the worn out or damaged surfaces of the knee joint are removed and replaced with artificial parts. Arthritis, injury, or other diseases of the joint can damage the protective layer of cartilage, causing extreme pain and difficulty in performing daily activities. The goal of a total knee replacement is to relieve pain and restore the alignment and function of your knee.

Things to think about before your surgery:

When preparing for your joint replacement it is important to plan ahead to reduce any anxiety or unnecessary stress during the recovery process.

Dentist:

It is recommended that you go to the dentist for a checkup and clean prior to your joint replacement. While dentistry and joint replacements may seem like very different fields, an infection in one can cause an infection in the other. Good oral hygiene can help reduce this risk. Invasive dental work should be avoided for 3 months after your joint replacement unless it is an emergency (tooth abscess or pain). If you need invasive dental treatment within 3 months of your joint replacement, you will require antibiotic coverage. A routine checkup and clean is okay. Please check with your surgeon if you are unsure. If you require antibiotic coverage- please ring your surgeons' rooms and ask for the "recommended antibiotic regimen for dentists".

Meal Preparation:

If you live alone, or you are the main cook in the household, it may be helpful to have some meals prepared in the freezer to have readily available for when you return home.

Washing:

If you live alone, make sure you have clean sheets on the bed and clean towels available for your return home.

Carers:

If you are a carer for someone at home, it is important to make arrangements for them prior to your hospital admission.

Medication:

Bring all your regular medications to the hospital in original packs (not in webster packs) and check that they are all in date.

Walking Aids/Equipment:

If you normally use a walking aid, please bring this into hospital and make sure it is clearly labelled with your name.

You may require an over the toilet frame (if your toilet is quite low) to make it easier and safer to get on and off the toilet.

You may require crutches or a walking frame such as a 4 wheeled walker.

Ice packs (have a few on hand to rotate out of the freezer) or an ice therapy device such as an iceman machine.

Day of Surgery

1. Take your usual morning blood pressure and heart tablets with a sip of water. Ask our staff about any other medications you take.
2. Do not wear any make-up on the day of surgery.
3. Do not wear any fingernail polish.
4. Wear your glasses instead of contacts on the day of surgery. If you must wear your contacts on the day of surgery, bring a container for your lenses.
5. All jewellery must be removed, including all body piercing jewellery.
6. Wear comfortable clothing

Night before Surgery

1. Take nothing by mouth after midnight the night before your surgery or six hours prior to surgery. This includes NOT drinking any liquids, eating food, chewing gum, having a mint or smoking cigarettes.
2. You MAY shower or bathe the night before surgery, or on the morning of surgery.

24 Hours before Surgery

Do not smoke or drink alcohol 24 hours prior to surgery.

72 hours before Surgery

Start to use the Octenisan Body Wash as per the information sheet for 72 hours before surgery and the morning of surgery.

One Week before Surgery

1. Avoid non-prescription products containing aspirin and/or aspirin-like compounds. This includes NSAID (anti-inflammatory) analgesics.
2. If possible, avoid prescription AND non-prescription products containing Ibuprofen.
3. If possible, avoid prescription AND non-prescription products containing Naproxen sodium.
4. Avoid Vitamin E. We also recommend not taking some natural herbs, such as St. John's Wort, Ginko Biloba and Feverfew.
5. Panadol products are OK.

If you develop a cold, persistent cough, fever, or any other health-related problems, or if you need to cancel your surgery, please notify your surgeon.

After surgery- What to expect:

Early Mobilisation

How early?

Depending on your recovery time, you can expect to mobilise the same day of surgery, if deemed safe to do so by your nurse and/or physiotherapist. If you have had a spinal anesthetic it may take up to 4 hours from arriving to the ward for your movement, sensation, and quadriceps control to return to a safe level to stand and mobilise.

At first, you will mobilise with the assistance of a nurse, physiotherapist and/or orderly while using a forearm support frame (FASF).

During your hospital stay, progression towards independence with smaller mobilisation aid will be the ultimate goal.

Moving around will not only speed up your recovery but will also increase the circulation to your legs and feet which will reduce your chance of getting a blood clot.

After surgery and anaesthetic, you are a higher falls risk, do not mobilise without staff assistance until deemed safe by your physiotherapist.

At home:

For the first two weeks until your follow up appointment, you may do the exercises provided to you by the physiotherapist from the hospital. If an exercise is very painful, stop doing it or do it within the limits of motion that are not painful. **Avoid uneven, wet and slippery surfaces.**

Major therapy gains are not achieved during the first two weeks. This is mainly a recuperative period.

Deep Vein Thrombosis (DVT)

One of the risks of a joint replacement surgery is deep vein thrombosis (DVT), a **serious** condition in which a blood clot develops in a vein deep within the body.

Although a DVT can occur in any deep vein, blood clots most frequently develop in the operative leg. This means patients who have had joint replacement surgery are at greater risk of clots. Signs and symptoms of a DVT can be calf pain, swelling and redness.

DVT Prevention:

- Blood thinners- Your surgeon will prescribe blood thinners while you are in hospital in either injection (Clexane) or tablet form and you will be on blood thinners when you go home.
- Early mobilisation- if safe to do so.
- Compression Stockings (while in hospital)
- SCD's- sequential compression device (while in hospital)
- Adequate hydration

Wound care

Your wound will be covered with a waterproof dressing, which is to remain in place until your follow up appointment at 2 weeks post-surgery. It is entirely safe to shower with these dressings, so long as the seal remains intact.

Signs and symptoms of infection

- Sudden increase of pain or swelling
- Persistent fever
- Wound redness, drainage, or increased skin temperature around the incision

If you are experiencing any of the above signs or symptoms, or you are worried, please notify your surgeon as soon as possible.

Pain Relief

Medication

While in hospital, the nurses will work with you to establish an effective pain relief regime to enable you to perform daily activities and exercises. We may not be able to rid you of all your pain, but we can lower your pain to a level you can tolerate.

You will be discharged home with pain medication and instructions on how to take it. Use the medication as prescribed and do not drive, drink alcohol, or perform duties that require concentration while on narcotic medication such as Endone or Palexia. Ensure you are taking regular paracetamol (e.g. Panadol or Panadol Osteo) as your first line of pain relief.

Ice and Swelling Management

Swelling from the thigh and down into the foot is common after a knee replacement. The swelling gradually decreases with time and can take a few weeks to months to disappear.

Elevating your leg plays a crucial role in minimising the swelling. By raising your leg, you reduce the gravitational pull on fluids, which helps decrease swelling. One of the immediate benefits of leg elevation is the relief of post-operative pain. When your leg is elevated, it helps in reducing the pressure on the knee joint and surrounding tissues. Keeping the swollen area elevated is a simple yet effective way to speed up your recovery.

It is recommended that you ice your surgery site. Ice in a bag (or other alternative ice therapy devices/brace) with a cloth covering can be used consistently for the first 24 to 48 hours to help diminish the swelling. After the 48-hour period, if it is comfortable for you, you may apply ice packs to the area 3-4 times per day for 30 minutes on and 30 minutes off.

Bruising

Due to the nature of joint replacement surgery, bruising is to be expected. If you notice an area of bruising that is tense/firm or you are concerned, please inform your surgeon.

Who to call:

If you have any problems, please call Dr Alfredson's Rooms on (07) 2101 2650.

You should have a post-op appointment scheduled in 14 days.

If you do not, please call (07) 2101 2650.