



Partial Knee Replacement

Welcome to Newport Orthopedic Institute!

As you prepare for partial knee replacement surgery, you will probably have a number of questions. This booklet is designed to answer some of those questions and contains information on all aspects of your upcoming care, including preadmission, admission, surgery, rehabilitation and follow-up care.

Partial Knee Replacement is a surgical option for patients who have arthritis of one part of the knee. In general, patients can have a quicker recovery with a partial knee replacement than with a total knee replacement.

Pain is the main indication for partial knee replacement. With this procedure, we expect to be able to relieve most, if not all, of your pain. This is achievable more than 95% of the time in nationwide groups of patients and in our own patients. The other primary indication for partial knee replacement is poor function. A successful replacement will provide a stable limb that will provide good to excellent function in more than 95% of patients. Your surgical team will discuss with you the options of surgery and whether or not you are an ideal candidate for this surgery.

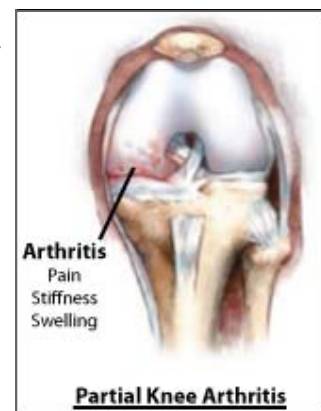
WHAT IS ARTHRITIS?

Arthritis simply means loss of cartilage within a joint. Cartilage is the joint's cushion. It covers the ends of bones and allows free movement. If it becomes rough, frays, or wears away, bones grind against each other. As a result, the joint becomes irritated, inflamed, stiff and swollen. Sometimes the irritation causes abnormal bone growths, called spurs, which increase swelling. Most partial knee replacements are done on the inside of the knee or the medial compartment. A small minority of patients have arthritis isolated to the outside of the knee or the lateral compartment.

The following two types of arthritis can be treated with a partial knee replacement:

Osteoarthritis, or degenerative arthritis, is the most common type of arthritis. The exact cause of osteoarthritis is not known, but excessive wear on joints is known to be an important factor. Obesity, bad posture, old injuries, and overuse can all cause extra wear on joints. Heredity also appears to play a role.

Post-traumatic arthritis is another major type of arthritis often treated with partial knee replacement. This problem is caused by an injury to the joint (such as with falls or car accidents) that destroys cartilage, bone, or both.



RISK OF COMPLICATIONS

A partial knee replacement is a major surgery. Complications are rare, but we feel you should be aware of these in order to make an informed decision. The following is a list of potential complications and risks associated with major surgeries.

- Complications from anesthesia
- Infection (rate less than 1%)
- Loosening of implants
- Injury to blood vessels
- Injury to nerves
- Fracture of your bone during implantation
- Leg length inequality
- Blood clots
- Reactions to materials used
- Lack of pain relief
- Tendon rupture
- Skin necrosis
- Wear and implant failure

Your physician is aware of these possible complications and takes many precautions to reduce these risks. If you have any other questions or concerns about these, or other complications of surgery, please discuss them with your physician.

PREPARATION FOR SURGERY

After it is determined that you are a candidate for surgery, scheduling surgery can be done during an office visit or over the phone with your physician's surgery scheduler. Prior to your surgery date, our surgery scheduler will contact you. He/she will review an important itemized checklist of instructions which includes:

- Your surgery date and estimated time
- Required arrival time to the hospital
- The date and time of your pre-op appointment visit
- Required pre-operative internal medical clearances

Some patients need special clearances (ie. cardiology) prior to surgery. This decision is based on your medical history.

PRIOR TO SURGERY

Medications to Avoid Before Surgery

- Do not take non-steroidal anti-inflammatory (NSAID's) medications for 7 days before surgery. The use of these medications can interfere with blood clotting and prolong bleeding times.
 - ♦ Examples include: Motrin, Nuprin, Advil (Ibuprofen), Indomethacin, Orudis, Aleve (Naproxen), Voltaren, etc.
- Stop taking Celebrex or Mobic 3 to 4 days before surgery.
- In general, stop taking aspirin or aspirin products 5 to 7 days before surgery.
 - ♦ If you are on aspirin (ASA) for medical or cardiac reasons, please discuss with your cardiologist.
- Tylenol or acetaminophen products can be taken up to the night before your surgery.
- If you are on a steroid, such as Prednisone, you should continue to take this until the day of your surgery.

Exercise, Diet, and Lifestyle

Exercise as much as you can tolerate prior to surgery. Your recovery will be smoother when you keep your muscles strong, improve endurance, and maintain the motion of your knee.

Eat a well-balanced diet. Avoid fried and greasy foods.

If you smoke, you must stop smoking before surgery. Your primary care physician or internist can help you with this. If you cannot stop smoking permanently, you must abstain from smoking for 14 days before surgery. It is essential to completely avoid smoking for at least 2 weeks after surgery. Smoking causes problems with wound healing and greatly increases infection and blood clotting risks. All hospital and surgery centers are non-smoking areas.

Preparing Your Home

Now is the time to prepare for your return home from surgery. It is important that your house be free of all hazards that could cause you to lose your balance and fall.

- Be aware of uneven surfaces both inside and outside of your home.
- Remove throw rugs to prevent tripping or slipping.
- Make sure showers have non-skid surfaces or safety mats. These can be found at stores such as Target or Home Depot.
- Temporarily rearrange furniture to open clear pathways.
- Move frequently used items to table or counter level.
- A detachable showerhead and grab bar installation in the shower are recommended. These items can be installed temporarily and are found at stores such as Target or Home Depot.

Pre-Operative Appointment

Before your surgery, you will return to our office for a pre-operative appointment. This will include the following:

1. A review of your past medical history and a complete list of your medications with exact dosages and how often you take them. It is very important to complete your medical history form.
2. Ensuring that your consent forms are signed and collected by a team member.
3. A review of the operative risks and review of educational materials if requested.
4. A brief physical examination of your knee.
5. Confirming and finalizing the type of implants to be used in your surgery.
6. Ensuring that appropriate x-rays have been taken and are available prior to your surgery.
7. Discussing plans for discharge from the hospital. You cannot go home alone. Someone must be available to you for the first 3 to 4 days, 24 hours a day.
8. Discussing the amount of weight bearing on your leg after surgery and your activity level.
9. Answering any last minute questions that you or your family might have. It is a good idea to make a list of questions to bring with you to the appointment.

Night Before Surgery

Do not eat or drink anything (including water) after midnight on the evening before your surgery. Do not eat or drink anything (including water or coffee) the morning of your surgery. If you are on blood pressure or heart medications, take them the morning of your surgery with a small sip of water.

Please bathe or shower the night before your surgery and use the SAGE cloths as instructed. On the day of your surgery, do not take a shower but use the SAGE cloths as instructed. This will be discussed with you at your pre-operative appointment.

DAY OF SURGERY

Wear loose, casual clothing. Do not wear makeup or jewelry to surgery. Get a good night's rest. If you wear dentures, contact lenses, or eyeglasses you will be asked to remove them before surgery.

Notify your surgeon if there is a change in your medical condition (cold, infection, fever, skin lesions or abrasions near the surgical site, etc.) prior to surgery. It may be necessary to reschedule your surgery.

Be sure to bring toiletries, closed-toed/non-skid slippers or shoes and additional loose-fitting clothing, including socks, shoes and undergarments to the hospital. Only bring medications to the hospital as directed and turn them into the pre-op nurse. Leave all valuables at home.

Arrival

Depending on where your surgery is scheduled, the check-in process may be a little different. If you are scheduled for surgery at the Hoag Orthopedic Institute, please come into the entrance lobby and check-in at the navigation/registration office.

If you are scheduled for surgery at the Orthopedic Surgery Center of Orange County, then please come into the lobby and check-in at the registration desk.

In both locations, you will be required to complete some admission forms. It is very important that you arrive on time. After completion of the nursing assessment and admission documentation, your family members or significant other will be invited to sit with you until surgery. The nurse will review pre-surgical instructions and begin post-surgical teaching. An intravenous line will be started and you may receive some sedation.

Operating Room

When you arrive in the operating room you will be given anesthetic. After you are asleep a foley catheter may be inserted into your bladder. You will be positioned onto a bed that is specially designed for knee surgery. Your knee will be scrubbed and the surgery will begin.

For a partial knee replacement, you will be positioned on your back for the surgical procedure. When the surgery is completed, you will be transported to the Post Anesthesia Care Unit (PACU) or Recovery Room.

Your surgeon will contact your family in the surgery waiting area to discuss your surgery and your condition.

Post Anesthesia Care Unit

In the PACU, you will be closely monitored until you are recovered from anesthesia and ready to transfer to the nursing unit. Your knee dressing will be checked. Approximately every 30 minutes your circulation and nerve function will also be checked.

Your pain should be under control. However if it is not, bring this to the attention of your nurse. X-rays may be taken as necessary. Most likely, you will be breathing additional oxygen through a nasal tube. You will be in the PACU for several hours. Many patients require a longer stay, but this is not necessarily a reason for concern. Visitors are allowed once the patient is stable.

Recovery

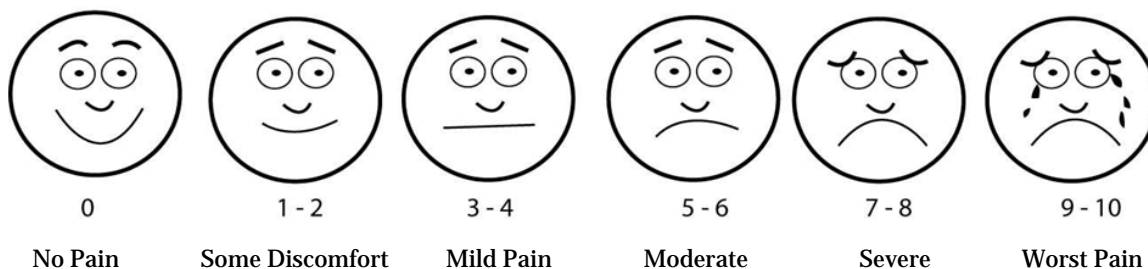
The duration of recovery and rehabilitation vary widely from patient to patient depending on factors such as: the type of procedure performed, age, weight and physical/medical conditions.

Depending on several factors, some patients are walking with assistance as soon as several hours after surgery. You may be given a front wheel walker or crutches to use. If your surgery took place at Hoag Orthopedic Institute, your hospital stay will usually be from one to two days. It is very important to take it easy and rest at home for the first 3 to 5 days post surgery. Your activity level should consist of getting up to go to the bathroom and walking in the house. Please keep your knee and leg elevated as much as possible to reduce swelling and pain. Icing may be helpful to decrease swelling.

PAIN MANAGEMENT

You may experience pain as part of your condition or treatment while in recovery. However you have a right to safe, effective pain relief. Unrelieved pain can have adverse physical and psychological effects, as well as delay your recovery process. Any time you experience pain, inform your physician or registered nurse (RN) even if they don't ask you.

Even the events leading up to your surgery can be painful. There will be several needle sticks for blood and to start an IV.



The potential for a great deal of pain is reduced by post-operative day 2. We recommend taking the pain medication on a regular basis for the first week or so. Most patients can also use anti-inflammatory agents such as Advil or Aleve to help control pain and swelling. Please feel free to discuss pain issues with any member of the joint team.

There is also some pain further out after knee replacement surgery. Some therapy will cause mild to moderate pain and swelling for some periods of time. If the pain persists, question the therapy or stop it.

Narcotics are discouraged before knee replacement surgery, as they make it very difficult to manage post-operative pain after surgery. Pain medication such as narcotics and non-steroidal anti-inflammatories are crucial to your recovery after knee replacement surgery. We do encourage their usage in the immediate post-operative period. Usually, patients have discontinued narcotic usage by 3 months after surgery. If pain is still an issue, a pain management specialist may be recommended.

Diet Immediately After Surgery

Immediately after surgery, your doctor will order “NPO” or “nothing by mouth” until your nurse can hear bowel sounds. You will then be given ice chips. If you tolerate these well, you will be advanced to a clear liquid diet.

Diet During Your Hospital Stay

Once you are tolerating liquids, your diet will be advanced. You will be able to choose your meals from the hospital’s menu. It is recommended that you avoid ordering foods that are spicy or acidic—such as orange or pineapple juice, tomato salsa, or tomato/marinara sauce.

Nausea

Nausea is a common side effect of surgery. Your diet can be modified as your nausea subsides to include more food that you enjoy. Let your common sense be the guide in choosing food to eat. Please discuss any discomfort or problems you have with food with your nurse.

DISCHARGE HOME

Prior to your discharge from the hospital, the case manager will obtain information from your physician and therapist on your discharge therapy needs. Depending on your status, home environment, social support and available transportation, a decision will be made whether you will have home therapy or be referred to out-patient therapy.

Home Health Physical Therapy

Home health physical therapy will begin the day following your surgery. Your therapist will teach you all the necessary precautions to allow proper healing and functioning of your new joint. You will be taught exercises, transfer techniques (for getting in and out of bed), walking with a walker and crutches, stair climbing, and activities of daily living (i.e. bathing and getting dressed). Your therapist will advance your therapy and activities as you progress. They are available by telephone to answer any questions you may have once you are home.

Outpatient Therapy

You may be referred to outpatient therapy at time of discharge or after you have completed your home health therapy. In outpatient therapy, you will have access to more advanced equipment and activities that will assist you in regaining your full strength and function.

WEIGHT BEARING RESTRICTIONS

The partial knee replacement is cemented in place, you will usually be allowed to put as much weight at you can tolerate on the leg right away after surgery. This will help you increase your recovery. Most patients are able to ascend and descend stairs right away after surgery with assistance. Your home health therapist/physical therapist will teach this to you.

POST-SURGICAL CARE

Dressings

After your surgery, we will have you return to the office in 3 to 5 days for a dressing change. Please DO NOT let anyone take the dressing off earlier. Keep the original dressings on from the hospital. At 10 to 14 days from the time of surgery, you will return to the office for an incision check and staple removal.

Showering

If you have a walk-in shower, you will be allowed to use it 2 days after your staples are removed without covering the wound. Water can flow over the incision. It is a good idea to wipe the incision with rubbing alcohol after a shower for 2 to 3 weeks.

You can shower prior to this if you cover the dressing with plastic or saran wrap to make it watertight. This will be discussed in the office when we change your dressing.

You are not allowed to use a bathtub, pool or Jacuzzi until your incision is completely healed and sealed with no scabs, open areas, or drainage. Not following these instructions increases your chances for post-operative wound infections, which could potentially involve the replaced joint.

Follow-up Visits

At 6 weeks, you will be seen for an incision recheck, examination, assessment of your ability to get along at home, and x-rays. At this time, the support stockings may be discontinued. New home exercises should be continued for at least 6 months post operatively. Most patients will go to outpatient physical therapy at this point.

Further follow-up visits will then occur at 3 months, 6 months, 1 year and then every other year. The visits will include those items listed for the six week visit. X-rays are a vital part of the follow-up visits because they can sometimes show problems long before you feel anything is wrong. So we feel that it is necessary for you to return to the office, even though you are doing well. However, if you are having problems, you can be seen sooner than your scheduled visit.

We also recommend that you see your regular internal medicine or primary care physician within 2 months from the date of your surgery. This visit will ensure that you are as physically fit as possible and allow you to maximize your recovery.

The post-operative follow-up visit schedule, as outlined, is for those patients progressing without problems. Should you have the need for more frequent follow-ups, you may be asked to return at shorter intervals. Should you desire to schedule a visit for any reason whatsoever, you are always welcome.

PROBLEMS TO WATCH FOR AFTER SURGERY

It is common for your surgical area to become bruised and swollen in the days following surgery. However, should the incision become red or angry looking, please call the office. If you notice an increase in any type of drainage through the incision site or drain site, please call the office. Should the area around the incision become excessively swollen and not respond to rest and elevation, please call the office. If you have a fever over 100.4°F that persists, please call the office. **A good rule of thumb is when in doubt, call us.**

Blood clots can form in your calf or thigh. This is the most frequent complication after joint replacement surgery. **Should you notice leg, ankle, or foot swelling that does not respond to rest and elevation, please call the office immediately.** There is usually tenderness in the calf or inner thigh along with swelling. Redness in those areas can also be present.

It is normal to have swelling, warmth, stiffness, and sometimes color change of the knee after surgery. Generally, this gets better gradually over time. It often takes 12-18 months for this to fully resolve.

Thank you for reading all the materials provided by our office. The entire joint team is committed to the successful outcome of your surgery!

Notes or Questions

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