BOCA RATON ORTHOPEDIC GROUP, INC.

TOTAL KNEE REPLACEMENT INSTRUCTIONS

I. Pre-operatively

a. Once a date has been set for your total knee replacement, you should advise your local medical doctor of your decision to have this surgery. We would like you to have clearance by your medical physician, which will include Electrocardiogram, Chest X-ray, urinalysis and blood test. If any abnormalities are noted, than your physician may send you to a specialist. We would like to have all of your medical problems evaluated prior to this type of surgical procedure. If you have any types of infection (in your gums, bladder, etc.) this is a very important thing to have settled before a major joint replacement surgery is performed. The workup can be done by your local physician or he may request that you have this done at the hospital, and then review the results. If you do not have a local physician, please advise us, and we will send you to an excellent internist, who is on our staff.

b. Please stop all aspirin and herbal remedies for two-weeks prior to your surgery, which would include Glucosamine and Chondroitin, since all of these can have some effect in your post-operative course.

c. Preemptive Analgesia: The latest perioperative care has been the use of preemptive analgesic drugs. It has been shown that taking medications prior to surgery can significantly reduce the amount of pain post-operatively. We ask you to take your Cox-2 inhibitor such as Celebrex, (2 tablets) along with 500mg tablets of Tylenol (2 tablets) the day before and the morning of surgery. These will be continued post-operatively as well. You should not have any food for 8 hours before surgery. You should not have any liquid for 4 hours except for the sips of water necessary to take your medication. Your regular medications may be taken the morning of your surgery, depending on what your local physician recommends.

d. You will be asked to arrive at the pre-operative surgical center approximately one hour before the surgery time. An intravenous line will be started, through which you will get medications. You will be given antibiotics prior to the surgery, along with some sedative medication. We ask family members or friends to joint you in the pre-operative area. I will then come in before surgery to discuss the situation and answer any questions. Family members are welcome to either stay in the waiting room, or often, it is advisable to go home, and I will be happy to call anyone immediately after surgery, because you will be in the recovery room for several hours, at

which time you will not be allowed any visitors. It is usually two to three hours after the surgery is finished before you are able to see people in your hospital room. There is a waiting room on the second floor, if your family would like to wait, and I will discuss the results with them afterwards. I would be happy to call either home or a cell phone if your family decides not to stay. If you experience any recent illnesses prior to your surgery, such as high fevers, or do not feel well, please call and let us know as soon as possible, since your surgery may have to be postponed. The anesthesiologist will come in and discuss the types of anesthetics pre-operatively with you. There are three choices (1) A general anesthetic, where intravenous medications are given to you and then you drift off to sleep and the surgery is performed. Post-operatively, you will then use the patient controlled analgesia with either Dilaudid or Morphine that you will control, giving this to yourself, through an intravenous line. This is a very effective way to treat post-operative pain. (2) Spinal Anesthetic – A spinal anesthetic involves injecting medications through a small needle into your back to numb the legs up, which then stays numb for four to six hours. The pain is then controlled with a PCA pump post-operatively. (3) My normal recommendation is an epidural anesthetic. An epidural is where a small plastic tube is inserted into your back, and then left for 48 hours. This is what many women have for labor and childbirth. This usually controls your pain by dripping medication in; your legs will not be numb, but they will hopefully have minimal pain with this procedure. Sometimes the catheter is not able to be inserted; sometimes the catheter is inserted and then moves, and then pain relief is not as complete, so we have to discontinue this and go to the patient controlled analgesia. If this all works well, which it does 85% of the time, you will have little or no pain for the first 48 hours. Usually the pain is then controlled by pain pills, which will be given to you on a regular basis after the epidural is removed. The normal stay in the hospital is four days. Many people then go to a rehab center, such as Pine Crest. Some people, if their house is small, and they have a quick recovery, they will be able to go home. Many of our operations are now done under minimally invasive type technique, which minimizes the blood loss and pain post-operatively and will result in a quicker recovery. These minimally invasive surgeries are typically done in people who have not had surgery before, and the legs are not terribly large or deformed. There are major risks involved in this type of operation. Infection is a primary concern. Infection rate is less than 1%. You will be given antibiotics intravenously for 24 hours. My staff and I wear exhaust suits to minimize any airborne particles and we have special

operating rooms with ventilation symptoms to minimize the possibility of infection. Infection still can occur, and can result in the need for irrigating the wound or even moving the prosthesis, long-term antibiotics and having this replaced. A second major concern is pulmonary emboli. There are various ways to avoid these deep venus thromboses, which can result in pulmonary emboli. You will be placed in a compression stocking. Air pumps will be placed on your feet. You will be placed in a continuous passive motion machine, and you will be up in a chair the next day. You typically will have some type of medication to thin the blood. In our low-risk patient's, I have been using aspirin 81mg once a day. In our higher risk patient's, which are defined as obesity, bilateral joint replacements or history of deep venous thrombosis, you will be placed on medication, usually given subcutaneously twice a day, for two-weeks. Even in spite of these measures, pulmonary emboli can occur. It can result in serious pulmonary problems and even death. Other complications such as stiffness, pain, laxity of the ligaments, fractures, clicking and discomfort in the knee can occur. The knee replacement allows the leg deformities to be corrected. It may take several months to regain full motion. Occasionally, people have stiffness that require manipulation of the knee, which means that if you come back at six-weeks and do not have good motion, I may suggest that I put you to sleep and bend your knee to break up adhesions or scar tissue. This is unusual, but occasionally, it is necessary. Post-operatively, you will be placed on a walker, and will be ambulating the next day. Full weightbearing as tolerated. The walker will be used anywhere from two to four weeks. As soon as you are comfortable, you can progress to a cane. If you decide to go to the rehab center, you will most likely be there for one-week, having therapy twice a day, and then discharged home. Your wound will be closed with metal staples and these will be removed by a nurse in approximately two-weeks time. If at any time you run temperatures more than 101°, if your wound becomes red, or starts to drain, please contact our office. Normally people will be able to drive in one-month if it is your right knee, and in several weeks, it is your left knee. Returning to work obvious depends on your job situation. In sedentary jobs, you will probably be able to return in one-month; more vigorous jobs may take longer. As far as return to activities, most people are able to start walking on a regular basis within several weeks. I encourage you to keep a log of your activities, walking every day for a measured amount, and trying to increase that each week. I also recommend the use of an exercise bike in your home as an excellent tool to help gain your motion. Once the wound is healed, you can also get into the pool. Golf is

usually anywhere from six to eight weeks, and if you are a tennis player, you may be able to return to tennis, but it may take up to three months. A full recovery can take as long as one year.

We here at the Boca Raton Orthopedic Group, Inc., appreciate your confident in allowing us to take care of your. We pledge to you that we will give you compassionate care in a timely fashion, with the most up-to-date techniques available. If you have any questions, please do not hesitate to call day or night, at 561-391-5515. Thank you for letting us participate in your care.

Charles E. Stewart, M.D./sfh
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