



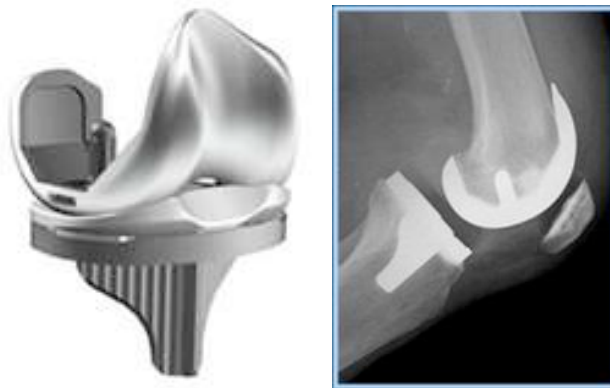
Total Knee Arthroplasty (TKA)

Total knee replacement, or total knee arthroplasty, is a surgical procedure in which parts of the knee joint are replaced with artificial parts (prostheses). Most knee replacement joints attempt to replicate your knee's natural ability to roll and glide as it bends.

A normal knee functions as a hinge joint between the upper leg bone (femur) and lower leg bones (tibia and fibula). The surfaces where these bones meet can become worn out over time, often due to arthritis, which can cause pain and swelling.

The most common reason for knee replacement is that other treatments (weight loss, medicines, and injections) have failed to relieve arthritis-associated knee pain.

The goal of knee replacement is to relieve pain, improve your quality of life, and maintain or improve knee function. Most people who have a knee replacement experience significant pain relief, improved mobility and a better overall quality of life.



In Hospital Care and Physical Therapy:

Early efforts at mobilizing the patient are made on the day after surgery. Usually a Continuous Passive Motion machine (CPM machine) is applied to the operative leg on the day or day after surgery to start early range of motion. The patient is helped up to a chair the evening of surgery. Extensive walking is avoided for 12 to 18 hours post-operatively till the effects of the nerve blocks wear off and muscular control of the leg has returned (a small price to pay for the comfort provided).

On the day following surgery, the surgical drain (if utilized) is removed. The post-op compressive dressing is changed to a light dressing on post-op day # 2. Immediate full weight bearing is allowed. Range of motion and strengthening exercises are begun. Ambulation is encouraged. Stair climbing is taught.

The goal of therapy is to reduce swelling and pain, normalize gait, restore strength, range of motion and balance.

Hospital Stay:

The hospital stay is brief. Many patients are usually discharged home or to a rehabilitation facility on the third day after surgery.

Showering Post-operatively:

It is safe to get the wound wet after the sutures/staples have been removed at the 1st post-op visit, until then showers are allowed with a waterproof dressing. If any drainage persists, the wound should be kept clean and dry with a sterile gauze dressing applied and changed as necessary and the incision cleaned with alcohol till it completely stops.

Physical Therapy after Hospital Discharge: Three options are available for post hospital therapy.

1. Home therapy – This is now the most commonly employed option. Most patients have insurance coverage for home therapy. The quality of home therapy is quite excellent. Duration varies, but is generally employed for 1 to 2 weeks.
2. Outpatient therapy - Outpatient therapy in a physical therapy department has the advantage of better equipment vs. what is available in home. More mobile patients often opt for outpatient care. Patients often migrate from home to outpatient therapy as they become more mobile.
3. Rehab facility transfer – Direct transfer from the hospital to a rehab facility after total knee replacement surgery. This option is most appropriate for older patients who live alone. Insurance coverage for rehab stay varies and needs to be investigated in advance. Duration of rehab stay can be as short a few days or as long as a couple of weeks and depends on the speed of recovery and the amount of support each patient will have when returning home.

Prevention of Blood Clots:

Some type of blood thinner is used in all cases to prevent the formation of blood clots. Oral Coumadin (Warfarin) or fractionated Heparin (Fragmin) subcutaneous injections for 2 weeks will be utilized. If Coumadin is used twice weekly blood work is performed to ensure that the blood is not “too thin” and the dosing is correct to reduce the risk of blood clots. ECASA 325 mg twice daily is recommended for the next 2 weeks after the Coumadin or Fragmin is stopped. Compressive stockings (TEDS) will be utilized for 1 month after surgery.

Time on Walker or Crutches:

Full weight bearing is allowed immediately after surgery. Most patients can wean off the walker or crutches as their muscle function, swelling and soreness allows. Many patients have moved to the use of a cane by 7 to 14 days post-op.

Time on a Cane:

Once off the walker or crutches, the use of a cane in the opposite hand is helpful for another week or two. Most physically fit patients are off all ambulatory aids including a cane by 2 to 3 weeks post-op.

Time until Return to Driving:

Patients should not return to driving until cleared to do so post-op. In part this is due to liability issues if an accident should occur. Driving is possible in four to six weeks post-operatively if you can bend your knee far enough to sit in a car and you have enough muscle control to properly operate the brakes and accelerator (shorter for a left knee, longer for a right knee). You cannot drive if you are still taking narcotic analgesics!

Time until Returning to Work:

Predicting a return to work date is difficult. Motivational issues play an important role. Great variability exists. In general, patients returning to a sedentary job tend to return to work 2 to 4 weeks post-op and those with more physically demanding jobs tend to return at 2 to 3 months post-op.

Time until Returning to Recreational Athletics:

Patients can begin to return to light recreational sports such as golf by 6 to 8 weeks post-op. More strenuous sports, such as tennis may require 12 weeks or longer before a return is possible. After you've recovered, you can enjoy a variety of low-impact activities, such as walking, swimming, playing golf or biking. But higher impact activities, such as jogging, skiing, tennis (unless doubles), and sports that involve contact or jumping, may be out.