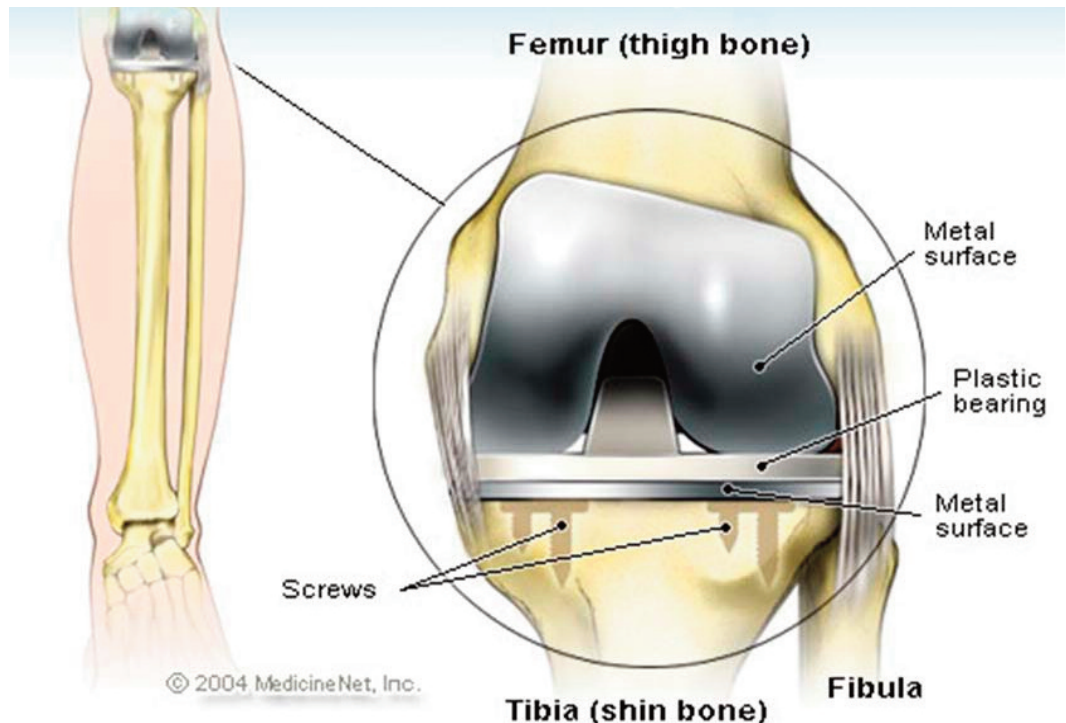




Total Knee Replacement Surgery



When is it Time to Think About Surgery?

You may need total knee replacement surgery if you are experiencing pain, stiffness or loss of motion in your knee joint. These symptoms may be caused by degenerative arthritis (osteoarthritis), rheumatoid arthritis or injured knee cartilage. When pain interferes with daily activities such as walking, climbing stairs or getting out of a chair, it's usually time to consider having surgery

About the Surgery

Total knee replacement involves removing diseased cartilage on your knee surfaces and replacing it with smooth artificial surfaces. This is done by removing your thigh (femur) bone surface and lower leg (tibia) bone surface and replacing it with a metal and plastic implant. A plastic "button" piece is also implanted under your kneecap surface. These three components make up your new knee replacement surfaces.

Preparing for Surgery

You should be examined by your family doctor to ensure you are healthy enough for the planned surgery. You will be encouraged to stop smoking before surgery to prevent lung complications and promote healing after surgery. Pre-admission testing (lab work, EKG, chest x-ray) and attendance at a "joint camp" will also be scheduled to further help you prepare for surgery. Anti-inflammatory medications, aspirin, and blood thinning medications should be discontinued one week before your surgery. These medications affect your blood clotting factors and could increase your risk of blood loss during surgery.

You will be given a prescription for a blood thinner such as Coumadin to take before surgery, or Xeralto or Lovenox to take after surgery, in order to prevent blood clots during the healing process.

Jeffrey K. Anhalt, D.O.
J. Christopher Eyke, M.D.
Daniel J. Fett, D.O.
Yousif I. Hamati, M.D., F.A.C.S.
Jack W. Heethouse, D.O.
Reginald W. Kapteyn, D.O.
Fredric D. Levin, D.O.
Mark J.R. Moulton, M.D.
Richard E. Moulton, M.D.
Martin M. Pallante, M.D.
Aaron D. Potts, M.D.
Jeffrey D. Recknagel, M.D.
Robert P. Schneeberger, D.O.
Anthony Wilson, M.D.

1400 Mercy Drive, Ste 100
Muskegon, MI 49444
231 733-1326 phone
231 733-5212 fax

www.oamkg.com

What to Expect After Surgery

You will awake in the recovery room after surgery with an IV for antibiotics and fluid replacement that will be continued for 24-48 hours. You may receive medication through an IV-regulated pump to control your pain. Depending on your doctor, you may also have a urinary catheter for 24 hours and compression stockings or a compression pump on your legs.

Physical therapy will begin the day after your surgery and you will be instructed on how to walk with the use of crutches or a walker. You may also be allowed to bear weight on the affected knee.

Complications and Risks of Surgery

Blood clots - You are encouraged to get up and move frequently as well as take your prescription blood thinner to help prevent clotting. Symptoms of clotting include pain, swelling or redness of your calf or thigh, and shortness of breath. Call the office immediately if you develop any of these symptoms.

Infection: Infection is rare, but can occur following surgery. You are at a higher risk for infection if you have diabetes, rheumatoid arthritis, chronic liver or kidney disease, or if you are taking steroids. Symptoms include fever or chills, drainage, redness, a foul smell or increased pain at the surgical site. Call the office immediately if any of these symptoms occur.

Blood loss: It is possible that you will need a blood transfusion following surgery. Your doctor will evaluate you daily to determine if there is a need for a transfusion.

Nerve damage: As your doctor makes his knee incision, many small skin nerves will have to regenerate. Some numbness may occur on the outside of your knee incision. This numb feeling may take months to diminish, or it may be permanent.

Anesthesia complications: Respiratory failure, shock, cardiac arrest, and death are always possible during surgery. Patients with long-term kidney, heart, liver, or lung disease are at a higher risk.

Pneumonia: Lung congestion is possible while you are recovering from surgery and are not as active. Coughing and deep breathing are encouraged to help you expand your lungs and clear any congestion.

Constipation: Bowel movements slow down with less activity and the use of pain medications. You will be encouraged to use stool softeners after you are discharged to promote regular bowel movements and prevent constipation.

Urinary tract infection: Infection to your urinary tract can occur after having a catheter in place following surgery. Symptoms include burning and frequent urination, as well as blood in your urine. Fever and weakness may also occur. Report any of these signs to your doctor. This type of infection is a major source of joint infection and should be treated with antibiotics quickly.

Implant malfunction: There is a slight risk that the prosthesis will fail to attach to your bone causing loosening of the implant.

Recovery Period

The average recovery period for knee replacement surgery is 2-3 months. Most patients are back to work in 2 months if their job is sedentary, and 3 months if they have a labor-intensive job. Exercise such as running, skiing, or contact sports are discouraged following knee replacement surgery. Activities like swimming, walking and biking are encouraged to promote knee strength and overall fitness.

Treating and Preventing Infection

Notify your family doctor if you develop any suspected infection so you can be placed on an antibiotic to prevent the spread of infection to your knee joint. Infections such as ear infections, ingrown toenails, bladder infections, sinus infections, and sore throats should be reported immediately. Make sure all your doctors know you have had a joint replacement so you can be pre-medicated with an antibiotic before any dental work, or bladder/bowel surgery.