



## Total Knee Replacement FAQ

### **Q. Why should I come to HSS for my surgery?**

A. Hospital for Special Surgery more joint replacements of any hospital in the world. This allows us to optimize your care in every way. It is well established that fewer post-operative complications occur if surgery is performed at a joint replacement center.

HSS is the top orthopedic hospital according to *U.S.News & World Report* (2011). Our nursing staff has also been recognized with the prestigious Magnet Award for Nursing Excellence.

At HSS, you will find the best surgeons, the best hospital, and the best nurses – a winning combination for successful outcomes.

### **Q. Is there a better time of year to have the surgery?**

A. This is a personal decision; some patients like to have the surgery in good weather so that they may walk outdoors as part of their recovery; others prefer to do the surgery in the winter so that they may recover in time to participate in springtime activities.

### **Q. Why do you use computer assistance for total knee replacement?**

A. I have been doing TKR with computer guidance for over 3 years. This system is like a "GPS for the OR" and allows for precise implant positioning. All implants have a limited life expectancy that depends on several factors including a patient's weight, activity level, quality of bone stock and compliance with the doctor's orders. However, alignment and positioning of the implant are also very important factors affecting the life expectancy of an implant. The goal of the computer assisted total knee replacement is to achieve the absolute best alignment and positioning for your implant to help it last as long as possible. Most studies have demonstrated that the implant is placed in the optimal position 90% of the time with computer assistance vs only 75% of the time with conventional techniques.

### **Q. Do I need a special card to tell the airport screeners that I have a metal implant?**

A. You do not need a card to get through the airport; however, your implant will likely set off the metal detector. In this day and age, you will need to be hand-screened, so please leave extra time when you travel. We do provide an implant card for your convenience, which will be available postoperatively.

### **Q. Can I get an MRI?**



A. Yes, MRI are perfectly safe with a joint replacement. An MRI in the area of the joint implant, however, will not yield good pictures because of artifact created by the metal. MRI of a joint replacement should be performed at a facility with experience with techniques used to suppress the metal artifact.

**Q. When can I shower?**

A. I do not like your stitches or staples to get wet. Therefore, you may shower when you get home, but the incision will need to be covered. I recommend using saran wrap around the area to prevent it from getting wet. The stitches or staples will be removed at the first follow up appointment 7-14 days after the surgery; thereafter, it is safe to get the incision wet.

**Q. How long should I use the pain medication?**

A. This is different for each patient; some are able to use Tylenol or Advil after you leave the hospital, and others require pain medication as needed for 2-3 weeks. A general rule is that you should try to decrease your use of these medications as time passes.

**Q. When should I go to outpatient therapy?**

A. I like to see you in follow up before you go as an outpatient; that way I can tailor your PT to what you need. However, if you feel that it is essential that you begin outpatient PT right away, you can call my office and we will provide a prescription and a list of places.

**Q. When can I drive?**

A. You should not drive as long as you are taking narcotic pain medication. If it is your left knee, you can resume driving when you feel your reaction times are back to normal (about 3 weeks). If it is your right knee, I would like to evaluate you prior to your return to driving. I usually allow driving 6 weeks after TKR.

**Q. I feel "clicking" inside the knee, is this normal?**

A. The clicking is a result of the soft tissue moving across the joint, or the metal parts coming into contact with one another. This sensation usually diminishes as your muscles get stronger.

**Q. I am experiencing a lot of swelling, is this normal?**



A. Fluid can accumulate in the legs due to the effect of gravity. It is not unusual that you didn't have it in the hospital, but it got worse when you went home (because you are doing more!) To combat this, you should elevate your legs at night by lying on your back and placing pillows under the legs so that they are above your heart. There are also TEDS stocking (the white stockings from the hospital) that you can put on during the day - have someone help you on with them in the morning, use them during the day, and then take them off at night. If you did not get the TEDS from the hospital, you can purchase knee high, medium (15-20 mm Hg) compression surgical stockings at most drug stores.

**Q. When can I return to work?**

A. It depends on your occupation. It is never a mistake to take more time off in the beginning of your recovery, as it will give you time to focus on your surgery. I recommend taking at least 6 weeks off for total knee replacement. Keep in mind that you may still be using a cane at 6 weeks and it may be difficult to commute.

**Q. When can I go to the dentist?**

A. Please wait until 3 months after surgery, as the joint is still healing and there is increased blood flow to this area.

**Q. Can I travel?**

A. In general, I like to see you before you fly. If you are traveling by car, you should be sure to take frequent breaks so that you don't feel too stiff when getting up. On an airplane, I like you to wear compression stockings (if within 2 month postop), and take a couple of walks during the flight. Having an aisle and bulkhead seat will help you get more space.

**Q. Should I be taking any medications or supplements for bone health after a total knee replacement?**

A. Yes, I recommend that everyone take calcium and vitamin D to help maintain bone strength. Generally 1000-1500 mg of calcium citrate and 400 IU of Vitamin D are adequate. Occasionally I will also prescribe a medication to help promote bone strength.