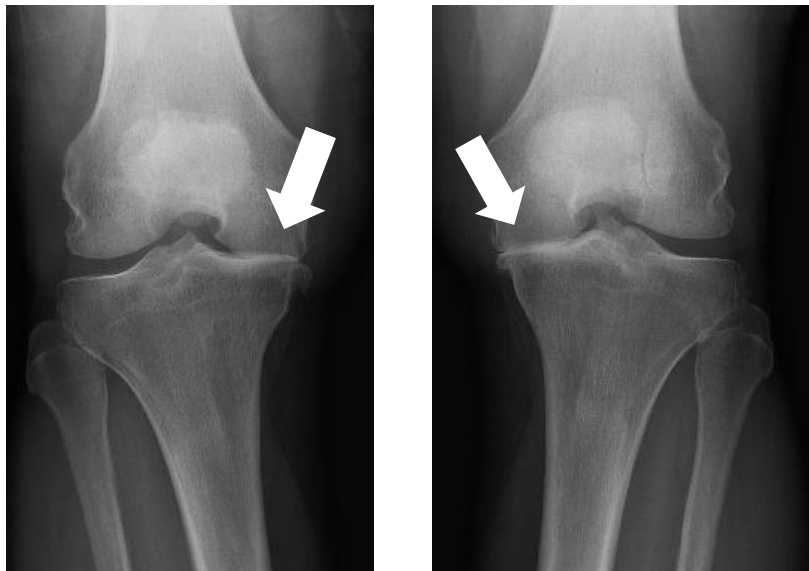


Total Knee Arthroplasty

Indications for Surgery

Arthritis is the physical wearing away of the protective cartilage surface covering the ends of our bones at a joint. When functioning, this cartilage surface allows smooth and painless joint motion. However, as the cartilage wears out over time, the contacting bones cause pain, swelling, etc. Arthritis symptoms generally progress over time at an unpredictable rate (months, years, decades). Arthritis should initially be treated conservatively with physical therapy, injections, medications, and activity modifications. Total knee replacement is a last resort and is appropriate for treating arthritis when all reasonable conservative measures have been exhausted and pain continues to significantly affect your quality of life.



Arrows point to a loss of joint “space” between the bones indicating a loss of the protective weight bearing cartilage surface

Contraindications to Surgery

- Persons who demonstrate an inability or unwillingness to complete the necessary postoperative rehabilitation program should not have surgery.
- Infection of the knee, current or previous, is a concern, but not an absolute contraindication



STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Potential Surgical Risks and Complications

- Infection
- Injury to nerves (numbness) in the skin around the knee. It is not uncommon to have some small area of numbness, temporary or permanent, around the incisions.
- A post-operative infection can require implants to be removed to eradicate the infection.
- Knee stiffness (loss of knee motion) requiring prolonged rehabilitation or repeat surgery pain from the implants
- Clot in the veins of the calf or thigh (deep venous thrombosis, phlebitis) that may break off in the bloodstream and go to the lungs (pulmonary embolus)

Hospitalization and Anesthesia

- Inpatient surgery (you will stay in the hospital two to three nights)
- General anesthesia and spinal nerve block

General Surgical Technique

Through one open incision along the front of the knee, all of the damaged and arthritic joint surfaces are resurfaced and replaced with artificial materials. These implants (prosthesis) are typically fixed in position on the ends of the bone with methylmethacrylate bone cement. The soft tissues surrounding the knee (muscle, tendons) remain and total knee replacements have very successful outcomes regarding pain relief and achieving functional motion.

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Do not eat or drink anything from midnight, the evening before surgery

Post-Operative Course

- Weight bearing as tolerated, crutches, or walker for comfort
- Keep the wound clean and dry for the first ten to 14 days after surgery. Showering lightly is allowed after two weeks but wounds cannot be submerged under water for three weeks
- Driving at four to six weeks once motion and strength is returned (if right lower extremity)
- Return to sedentary work in about two weeks as long as the extremity can be elevated
- Physical therapy to restore motion, strength, and proprioception (balance) for about four months



STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Return to Activity

- Return to walking and regular daily activities as soon as comfortable
- Return to most activities at about three to four months post-op
- High impact activities are not recommended

Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or contactus@chudikmd.com to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment for ten to 14 days after surgery to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen



STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Inpatient Discharge Considerations

For many patients following a shoulder or knee replacement, going home with or without a home health agency offers benefits over being discharged to a post-acute facility. For those patients who live alone, the overwhelming majority recover equally well in terms of mobility, pain, function, and quality of life, and many experience fewer complications if they go home directly from the hospital rather than discharging to a rehab facility¹. Discharge to home can result in better outcomes and increased satisfaction² with fewer complications³.

Lower Risk of Complications³

- Lower risk of infection⁶
- Lower risk of falls³
- Lower readmission rates³
- Lower risk of delirium³
- Lower risk of skin conditions³
- Adverse events were experienced by 29 percent in inpatient rehab and 33percent in skilled nursing facilities⁶

Better Patient Satisfaction²

- More convenient⁵
- Less noise/better sleep⁶
- Lower caregiver stress²
- Increased access to friends and family
- More privacy
- Better food options and quality

Hinsdale Orthopaedics is dedicated to help you achieve your goals and attain the best possible post-operative outcome. Please discuss the best discharge plan for your individual situation with your surgeon and/or surgeon's team.

Sources

1. Brody, Jane E. "After Knee or Hip Replacement, No Place Like Home." *The New York Times*. N.p., 24 Apr.2017. Web. 5 July 2017.
2. Buntin, Melinda Beeuwkes, Anita Datar Garten, Susan M. Paddock, Debra Saliba, Mark E. Totten and Jose J. Escarce. How Much is Post-Acute Care Use
3. Affected by its Availability? Santa Monica, CA: RAND Corporation, 2004. http://www.rand.org/pubs/working_papers/WR159
4. Landers, S. "Why Health Care Is Going Home," *New England Journal of Medicine*, October 20, 2010.
5. From a RAND corporation study addressed in an article by the Visiting Nursing Association of Western New York, "For Hip or Knee Replacement Patients
6. Home Health Setting Producing Best Outcomes, is Most Cost-Effective, Researchers find," May 10, 2005.
7. Leff, Bruce, et al. "Satisfaction with hospital at home care." *Journal of the American Geriatrics Society* 54.9 (2006): 1355-1363.
8. Crane, Kristine. "Sent Home Too Soon? The Difficult Art of Hospital Discharge." *US News & World Report*, January 29, 2015
9. <http://health.usnews.com/health-news/patient-advice/articles/2015/01/29/sent-home-too-soon-the-difficult-art-of-hospital-discharge>

