

COASTAL ORTHOPEDICS

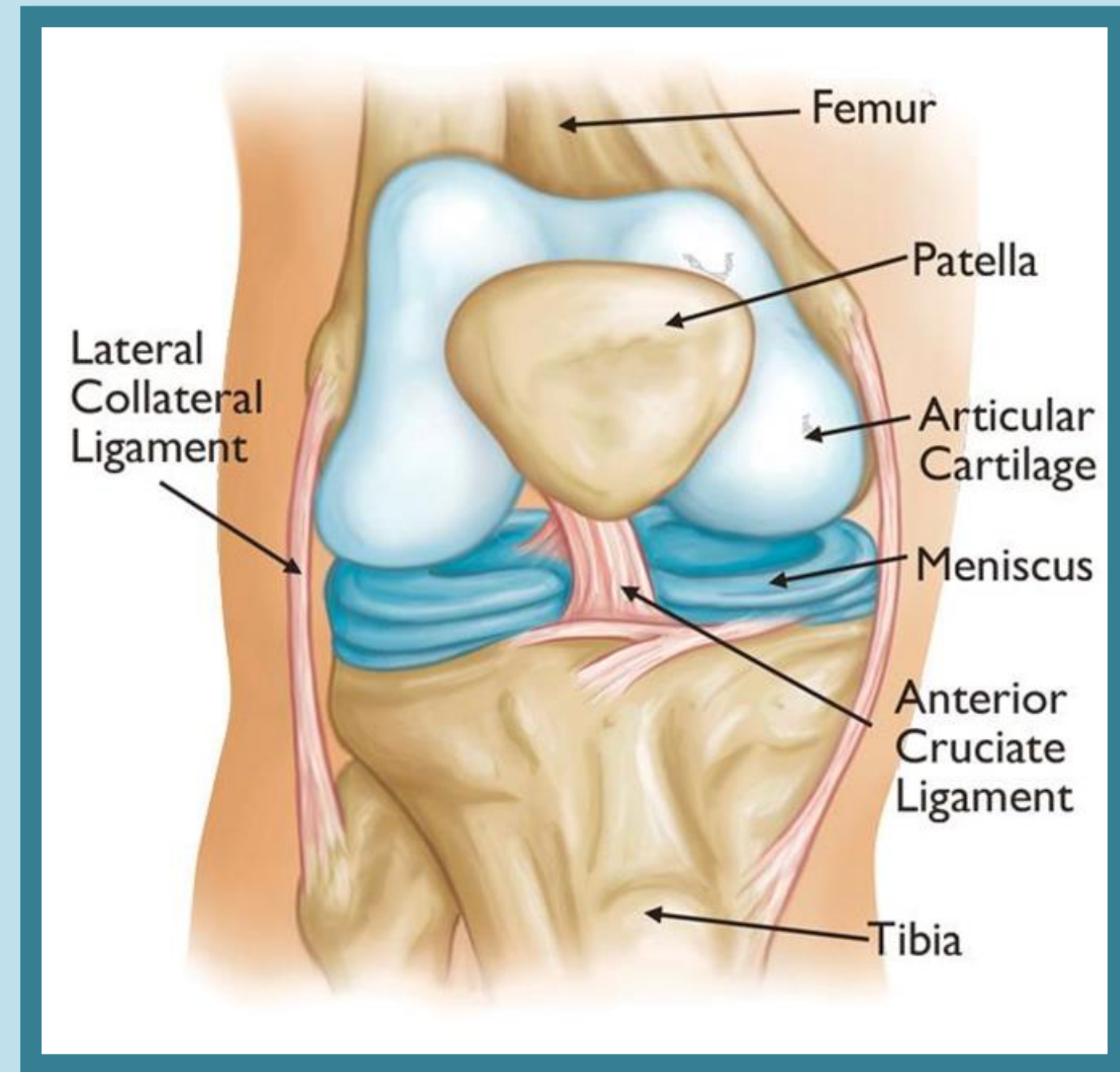
Knee Preoperative Planning

John Harkess, MD

Zoe Quinn-Kelly, PA-C

KNEE ANATOMY OVERVIEW

- Femur (thighbone)
- Tibia (shin bone)
- Patella (knee cap)
- Cartilage
 - Smooth tissue that cushions the ends of the bones and enables them to move



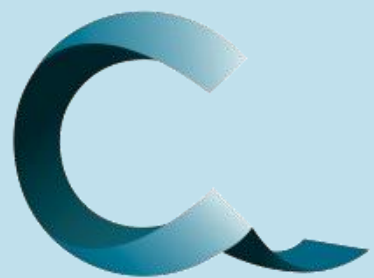
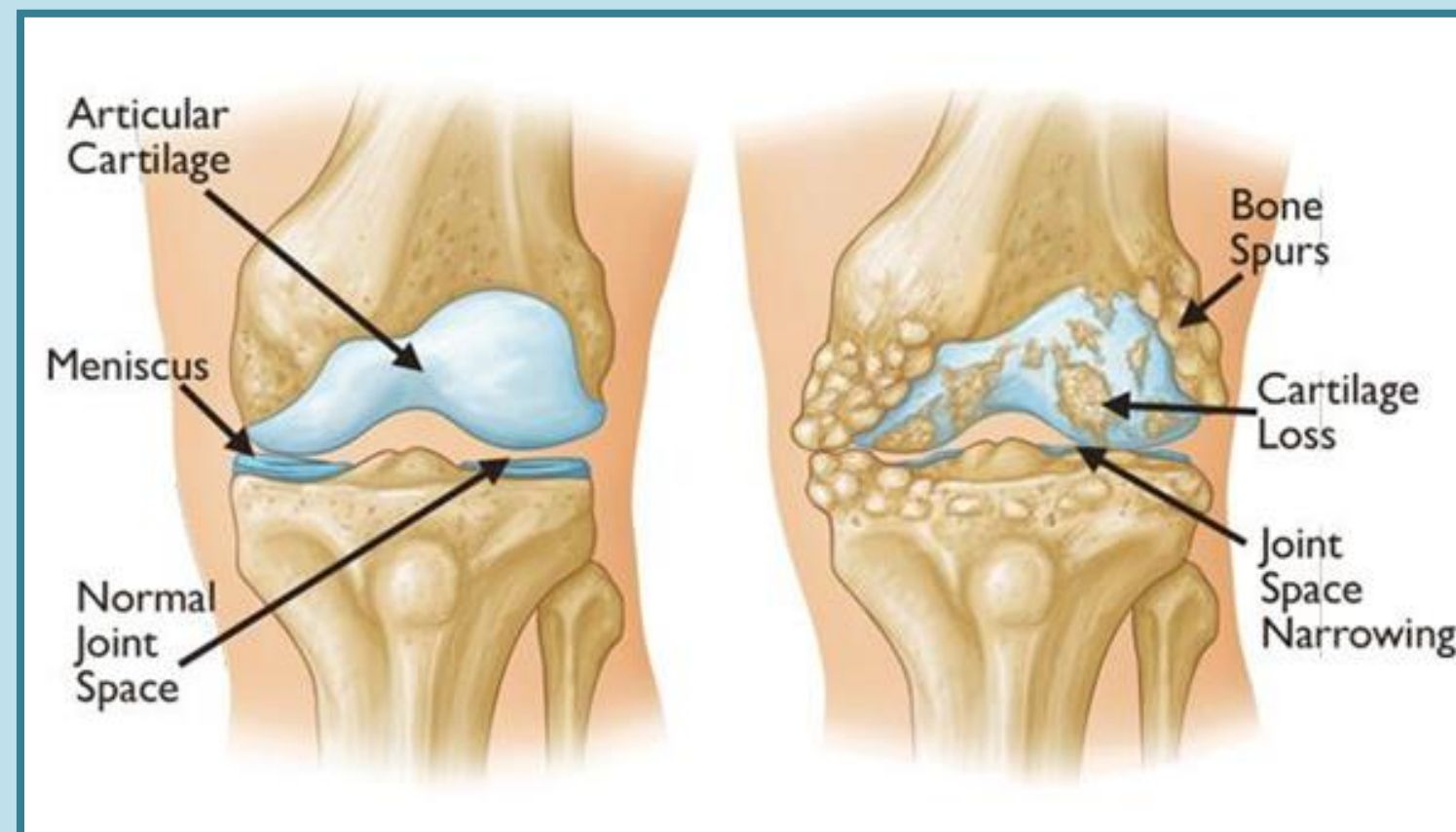
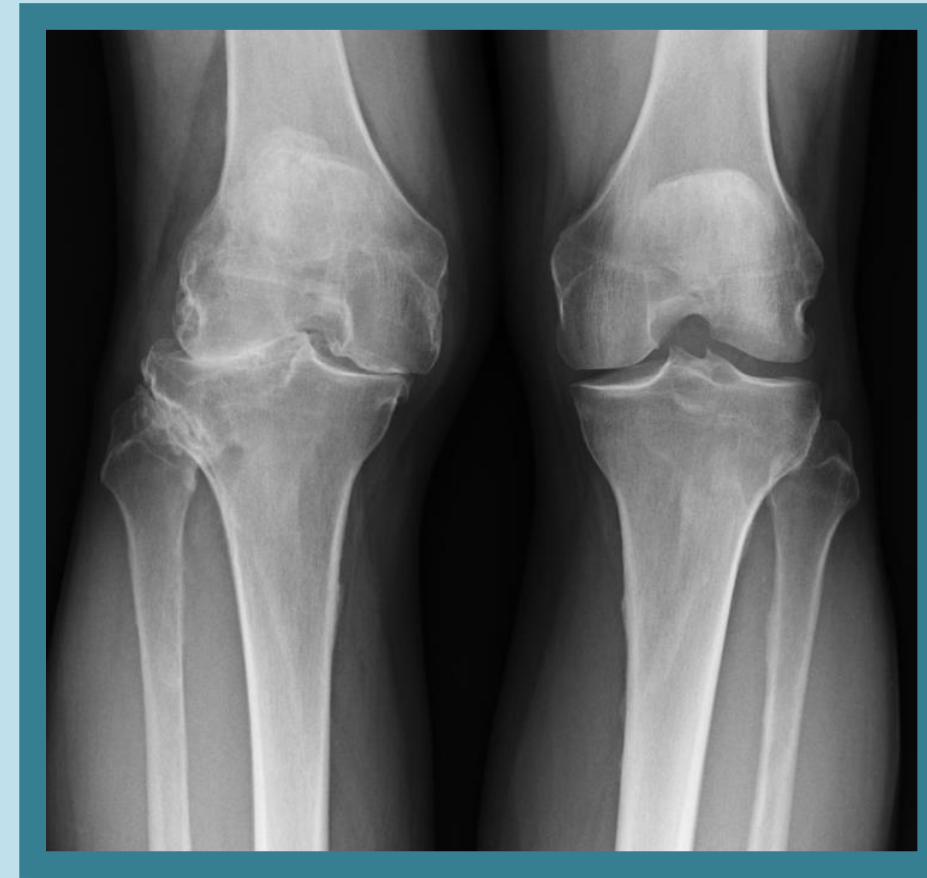
KNEE ANATOMY

Arthritis

- Inflammation and destruction of cartilage tissue

Types of Arthritis

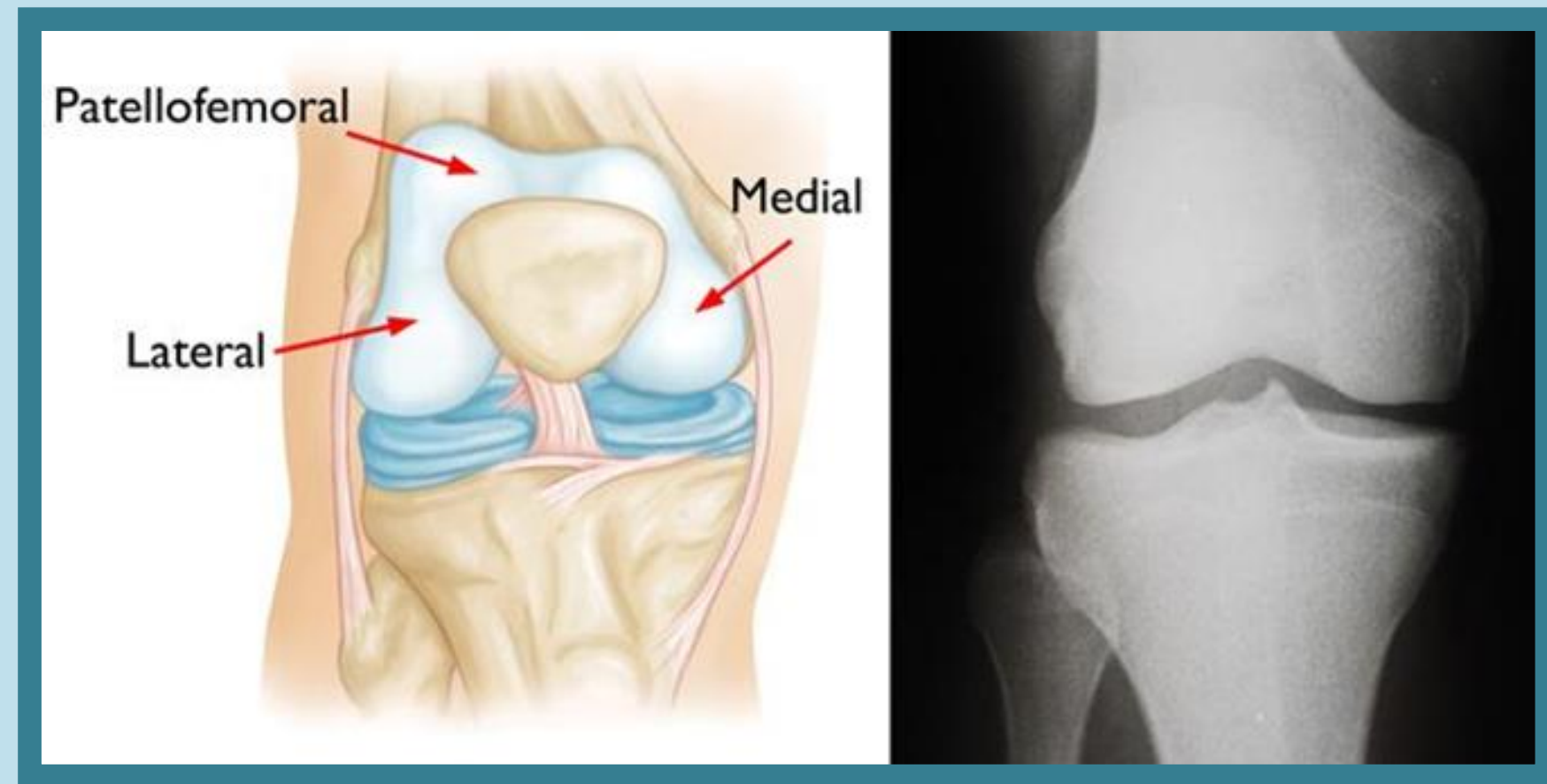
- Osteoarthritis
- Rheumatoid arthritis
- Post-traumatic arthritis



KNEE COMPARTMENTS

Compartments

- Medial
- Lateral
- Patellofemoral



Arthritis in one compartment- partial knee

Arthritis in 2 or more –total knee replacement



SURGICAL TREATMENT-TOTAL KNEE

Total Knee Replacement (TKA)

- Prepare the bone
 - Damaged surfaces are removed
- Position metal implants
 - Metal cemented to bone
- Insert a spacer
 - Medical grade plastic creates a smooth gliding surface
- Resurface the patella
 - Plastic button applied



Risks of Surgery

- Any time you have a surgery, we have to discuss the risks. We do not plan to have any of these things happening but you need to be aware of the possibility.
- Anytime you undergo anesthesia, there are risks of medical complications including heart attack and stroke, which is why it's important that you get clearance from your primary care provider and cardiologist (if you have one).

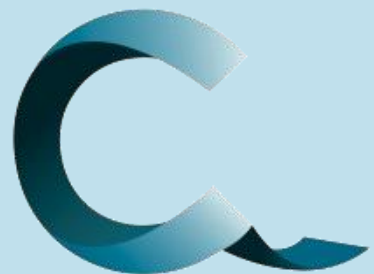
- Infection
- Bleeding
- Blood Clot/Pulmonary Embolism
- Hematoma
- Nerve Injury

- Loosening/Failure of Implant
- Residual Pain/Stiffness
- Fracture
- Clicking
- Insomnia



Pre-Surgical Checklist

- Have you...
 - Seen your primary care provider for medical clearance?
 - Seen your cardiologist (if you have one) for cardiac clearance?
 - Purchased or borrowed a walker, cane, toilet lift, shower chair, and ice machine?
 - If your surgery is scheduled at Coastal's outpatient surgery center, have you gotten your labwork and EKG?
 - If your surgery is scheduled at the hospital, have you gone to the hospital for your pre-op testing?



Ice Systems

Most patients find ice beneficial after surgery to help reduce swelling and pain. It is particularly helpful to ice after you have done physical therapy or have been on your feet for a while. You can use ice packs from the freezer or we have several icing systems that you can arrange through our office. There may be additional fees for these ice systems.

Coastal Orthopedics Ice Man (no compression)

Point of Contact: Surgery Scheduler
941-792-14040 ext 3244

Please call to arrange pickup of the Ice Man unit.

NICE- Intermittent Pneumatic Compression and Cold Therapy System

Point of Contact: Jeremy Duplissey

P: 941-761-5898

Email:

customerservice@quickrecoveryystems.com

Jeremy will coordinate a drop off and delivery date/time with you.

Purchase or rental available. Please contact Quick Recovery System to discuss financial aspect.



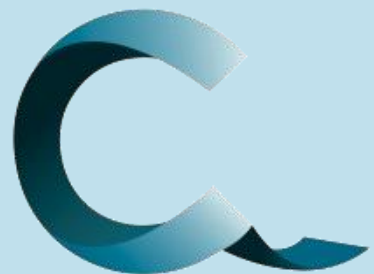
Preparing for Surgery

- Plan for your recovery at home and take adequate time off work. You will need someone with you to assist you in/out of bed, to the bathroom, getting dressed, etc for at least a couple of days after surgery.
- You will be unable to drive for a couple of weeks so please plan to have someone drive you to appointments.
- If your procedure is at Coastal's Outpatient Surgery Center, you will need to call them between 2-4 pm the day before to get your arrival time. Call 941-782-0101 option 2.
- If your procedure is at the hospital, they will call you the day before and give you your arrival time.
- Do **NOT** eat or drink anything after midnight prior to your surgical date
- Medications to stop 7 days prior to surgery:
 - NSAIDs (ibuprofen, Aleve, Motrin, naproxen), all vitamins and supplements, Aspirin, fish oil
 - You can continue to take Tylenol, Celebrex, and Meloxicam for pain prior to surgery
 - If taking a blood thinner, speak to your primary care or cardiologist for when to stop.
(Examples: Plavix, Coumadin, Warfarin, Eliquis, Xarelto)



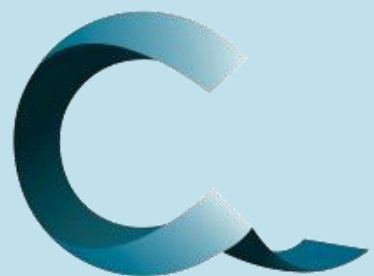
Day of Surgery

- Anesthesia will meet with you before your surgery to answer any anesthesia related questions. You may have a nerve block that wears off after 24 hours, so expect to have more pain on the day after surgery.
- We will use a tourniquet over your thigh to prevent bleeding during surgery. It is normal to feel pain over your thigh and have significant bruising where the tourniquet was placed. Gravity may bring that bruising all the way to your ankle.
- Once you wake up, you will be monitored until it is determined you are ready to go home.
- Your family members can visit you in the post operative area when you wake up.
- If your surgery is in the outpatient surgery center, you will be discharged home the same day.
- If your surgery is in the hospital, depending on how quickly you wake up after surgery, you may go the orthopedic unit for recovery. You will be discharged when you meet all discharge criteria, are fully awake, and able to take a couple of steps and transfer to a wheelchair successfully.



Your Incision

- The surgical incision will be closed with sutures underneath the skin that will dissolve on their own. Skin glue is added over the top as an additional layer of protection. We will apply an Aquacel dressing that stays on for 7-10 days. This dressing is flexible and waterproof so you can shower with it on.
- You are allowed to remove your dressing 7-10 days after surgery. If you are nervous to do so, it can be removed at your first post-op visit which is about 2 weeks after surgery.
- Once the dressing is removed, its OK to shower and let water gently flow over your incision. Do not scrub hard with soap or pick at the glue, it will eventually come off on its own.
- No soaking in a bathtub, pool, hot tub or the ocean for 6 weeks.
- No lotion or creams within 2 inches of your incision for 6 weeks unless directed otherwise.
- Protect your incision from direct sun exposure while it is healing so that scar will be less visible in the future.



TYPICAL PAIN PROTOCOL

Drug	Use	Dose/Frequency	Quantity	Duration
Tylenol	Pain management	1000mg / three times a day (6am, 2pm, 10pm)	90	2-4 weeks scheduled
Celebrex or Meloxicam	Anti-Inflammatory	200 mg/ once a day	30	30 days- scheduled
Tramadol	Mild to Moderate Pain	100 mg/ three times a day (6 am, 2pm, 10pm)	42	As needed
Oxycodone	Severe or Breakthrough Pain	5mg / every 4-6 hours as needed	42	As needed




Medications

You will receive a list of your medications which will be called to your pharmacy before your surgery.

- Daily acetaminophen /Tylenol
- Anti-Inflammatory -Celebrex or Meloxicam
- Pain medications (only use AS NEEDED)- Tramadol for mild or moderate pain, oxycodone for severe or breakthrough pain
- Blood clot prevention- Aspirin TWICE DAILY
- Stool softener – Colace
- Anti nausea medication- Zofran (If surgery is being done at the surgery center)

Constipation from narcotic medications is a common complaint. It is very important to stay hydrated by drinking lots of water, and make sure to keep moving. This will decrease your chances of narcotic-induced constipation.



 COASTAL ORTHOPEDICS		Postoperative Medication Plan PATIENT: Megan Test DATE OF BIRTH: 04/23/1985 MRN:005944118999
Pain Medications Taken Regularly		
For mild, moderate, and severe pain	Acetaminophen (Tylenol) 500 mg	Starting the day after Surgery, take 2 tablets every 8 hours, do not exceed more than 3000mg in a 24 hour period. Tylenol is the <u>last</u> medicine that you should wean from.
Anti-inflammatory	Celebrex (Celecoxib) 200mg	Take 1 tablet every day for 1 month. Beginning the morning after surgery This medication is very effective at decreasing pain and inflammation. Do not stop unless you no longer have pain and do not require narcotics.
Pain Medications Taken As Needed		
For mild and moderate pain	Tramadol 50 mg	Take 1-2 tablets every 4-6 hours as needed for pain. It is recommended that you avoid taking more than 8 pills in a 24 hour period. Take for any residual mild or moderate pain that occurs AFTER you have already taken the Tylenol and the anti-inflammatory.
Strong narcotic used for severe or breakthrough pain	Oxycodone 5mg	Take 1 tablet every 4-6 hours as needed. If the above medications are ineffective, then add this stronger narcotic as your <u>breakthrough</u> pain medication. It is common to need this medication in the first week after surgery, but should be the first medication you wean from.
Blood Clot Prevention Medication(s) Taken Regularly		
Blood clot prevention	Aspirin 81mg	Take 1 tablet twice daily for a total of 4 weeks. Do not stop taking this before 1 month from surgery date unless otherwise instructed. If you were taking a baby aspirin daily before surgery, after 1 month you may resume the once daily dose. Begin taking medication the <u>morning</u> after surgery.
Other Medications		
For constipation	Pericolace (Colace 2-in-1) 50mg	Take 2 tablets every night before bed for constipation. May increase to 2 tablets twice a day as needed. You may stop this medication once you have returned to having normal bowel movements.
For nausea	Zofran (Ondansetron) 4mg	Dissolve 1 tablet under the tongue; to take up to every 6 hours in case of nausea. If you do not have nausea, you do not need to take this medication.

SYMPTOMS AFTER SURGERY

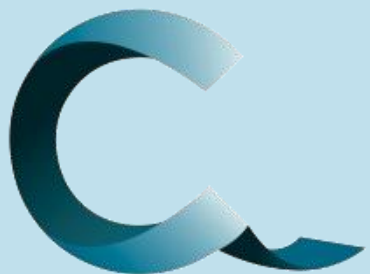
Common

- Swelling throughout leg
- Bruising throughout leg
- Warmth
- Incision redness
- Low grade temperatures (< 101.5)

** always feel free to call to discuss

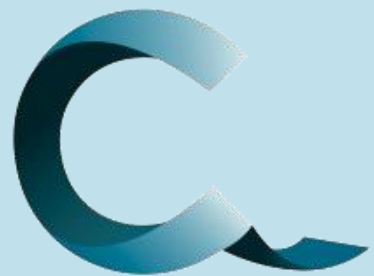
When to Call

- Calf pain, swelling, redness
- Fevers greater than 101.5
- Significant drainage
- Pain uncontrolled with medications
- Spreading redness



Activities After Surgery

- Expect to use a walker for 1-2 weeks after surgery, then you can progress to a cane if you still need assistance for balance.
- People usually start feeling up to running errands around 2-4 weeks after surgery. Plan short trips and bring a walker or cane with you in case you need it.
- You can expect to return to light activities or a desk job in about 4-6 weeks.
- After 3 months, you should be able to resume all normal activities. Please do not plan any big trips or strenuous activities until you have had time to heal.
- You will need physical therapy 3 times a week for at least 6 weeks. The physical therapists at Coastal Orthopedics are trained to guide you through the recovery process.
 - It is very important to move and bend your knee often to prevent stiffness.
- You must be off all narcotic medications before you can drive. If your surgery is on the right knee, no driving for at least 4 weeks. If your surgery is on the left knee, you can drive when you are done taking narcotic pain medications.



Follow Up Appointments

- You will have several follow up appointments with Dr. Harkess or Zoe to make sure your recovery is going as planned.
 - 2 weeks post op – X-rays, Wound check, dressing will be removed if still in place
 - 6 weeks post op – Cleared for swimming and lotions
 - 3 months post op – Cleared to see the dentist
 - 1 year post op – X-rays
 - Every 3-5 years after or as needed
- Please do not plan any dental appointments for 3 months after surgery. You will need an oral antibiotic for any dental work for the next 2 years. Let your dentist know you recently had a joint replacement surgery and they can send you an antibiotic.

