

A patient's guide to a Knee Replacement

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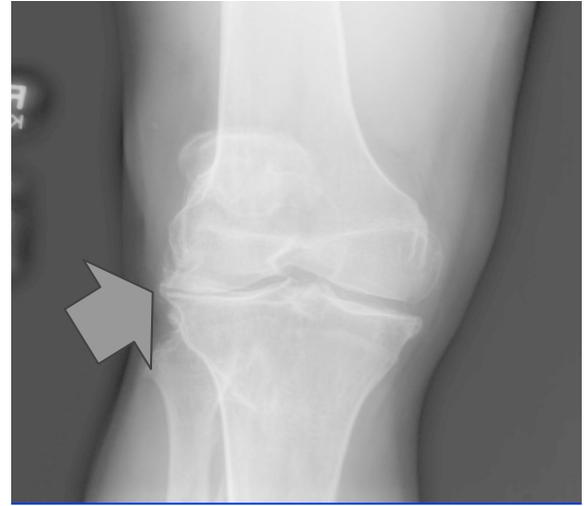


Why am I indicated for a Knee Replacement?

Normal Knee Xray

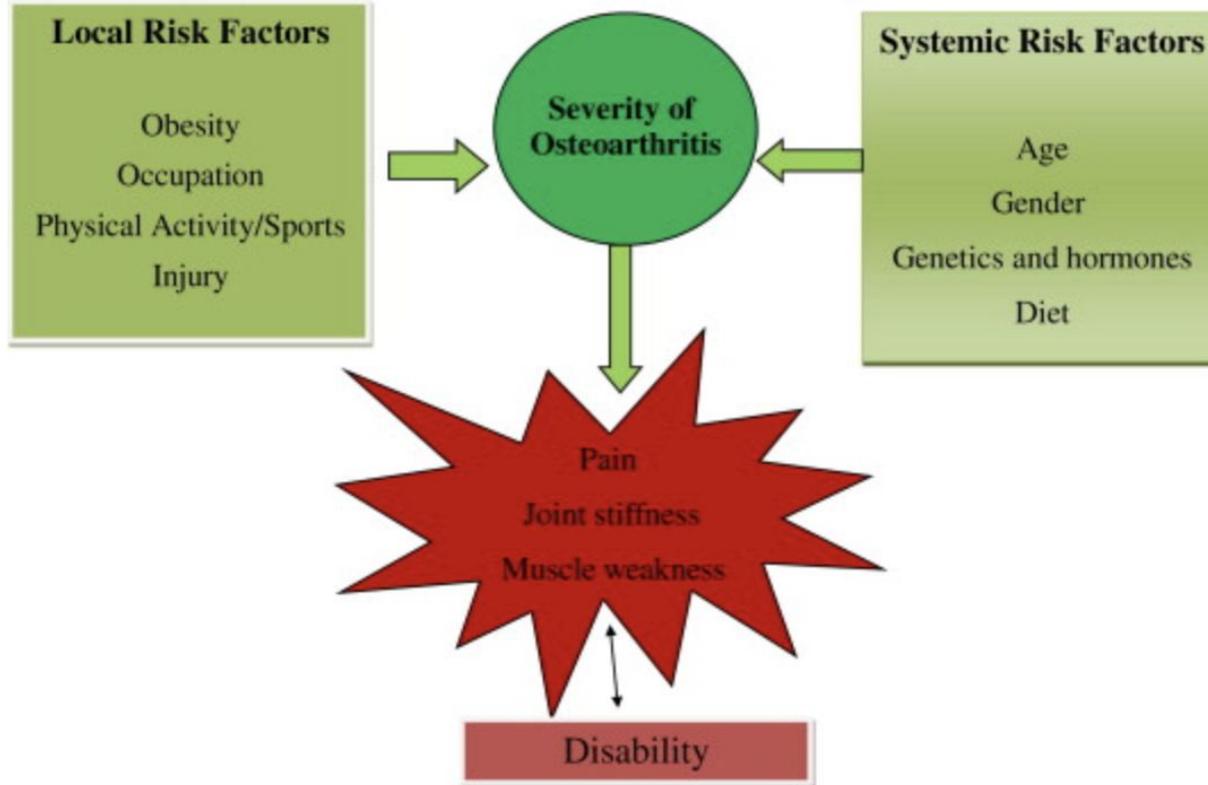


Degenerative Joint Disease
(Osteoarthritis)



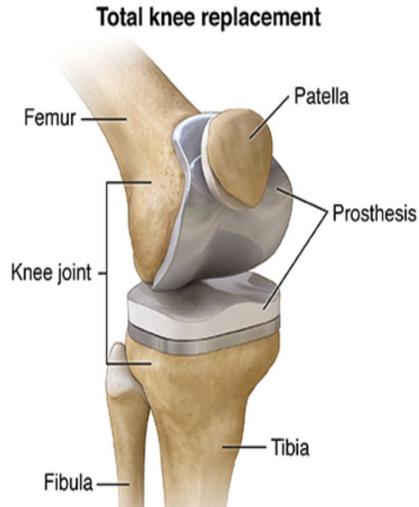
Due to multiple factors including genetics and pre-existing knee injuries, the smooth cartilage in our knee will start to breakdown losing the space in the knee joint. The X-ray above depicts the cartilage breakdown in the knee.

How does Osteoarthritis occur?



Types of Knee Replacements

Total Knee Replacement

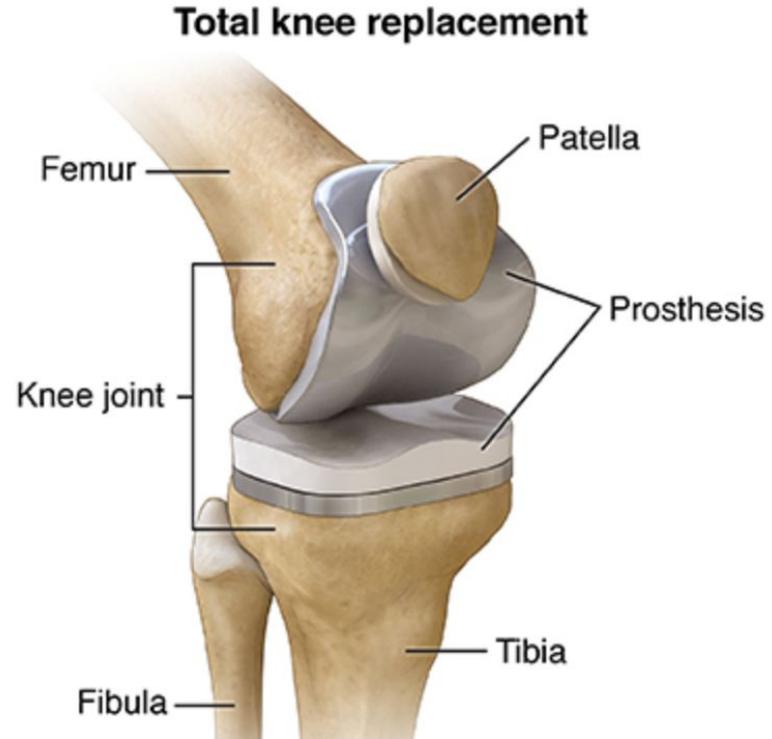


Partial Knee Replacement



Total Knee Replacement

A total knee replacement is when you replace all compartments of the arthritic knee and replace with metal and plastic components. We like to think of it as resurfacing because only millimeters of bone is removed.



Partial Knee Replacement

The knee is made up of 3 compartments. Sometimes, one portion of the knee breaks down while the other compartments are well preserved. When this is the case, you could be indicated for a partial knee replacement.



Candidates for Knee Replacements

- Patients who have failed conservative treatments
 - NSAIDS (ibuprofen, aleve, advil etc)
 - Injections
 - Lifestyle Modifications
- Arthritic changes that warrants a knee replacement
- Unable to perform normal daily activities due to the pain
- BMI under 40
- Well controlled diabetes
 - A1C under 7.5
- No smoking
 - If you do smoke, you will need to be nicotine free for 4 weeks with nicotine levels drawn before surgery.

What are the risks of surgery?

- Infection
 - This biggest risk with any joint replacement. The national average is approximately 2-5% with a primary joint replacement.
 - Dr. Swann's data is approximately 1%
 - This is why after your joint replacement, you will need to avoid any dental procedures 6 months after the joint replacement and take an antibiotic before any dental procedure for the rest of your life.
- Hardware Failure and or loosening
- Injury to nearby structures around the knee
- Blood Clots/Pulmonary Embolism/Heart Attack after surgery
 - You will be on a blood thinner of some sort after your surgery.
- Fractures
- In a recent study of multiple total knee replacements, there was a 20% dissatisfaction rate after surgery
 - This is multifactorial and is why Dr. Swann only indicates you for a joint replacement if you meet the criteria listed above.
- These risks are lower in partial knee replacements vs. total knee replacements

Preparation for Surgery

- House preparation
 - You should “safe proof” your house so that you decrease the risk of falls after surgery.
 - It is best if you could live on 1 level in your house. It is preferred that you have access to a bathroom and bedroom if possible. You will learn how to do stairs before leaving the hospital but you should attempt to stay on 1 level as much as possible.
- Will I need a Walker or Crutches?
 - It is recommended that you have a walker at the beginning after surgery for the first 1-2 weeks. Physical Therapy will assess you and decide when you can transition to a cane or crutches.
- Will I need an Ice Machine?
 - This is completely up to the patient, however these are encouraged for your recovery.
 - It is important to know that during the first 72 hours, you should be very cautious with the amount of time you have the ice machine on due to a nerve block causing numbness around the incision.
 - You should have a barrier between the ice and your skin whenever using the ice machine.

Preparation for Surgery

- Surgery Scheduling
 - You will receive a call within 1 week after you have been indicated for surgery.
 - Please give Dr. Swann's surgery scheduler time to call you. If you haven't had a call within 5 business days, please reach out to our surgery scheduler.
 - After the discussion with the surgery scheduler, she will send an email to you with important information.
 - This will have your follow up appointments pre-scheduled to save you time during your recovery.
 - It will also have some important packets that you will want to read through.

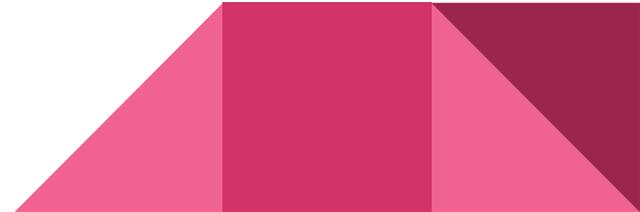


Preparation for Surgery

- Preoperative Clearance
 - Before your surgery, you will need to see your Primary Care Physician where you will get lab work completed, an EKG, and possibly a chest X-ray.
 - If you are having surgery at a hospital, there is a program where you can have a medical doctor at the hospital see you before surgery as well as get all of your lab work and everything complete by the hospital.
 - During this visit, you will be instructed on what medications you should stop taking before surgery.
 - Sometimes, you may need additional clearance from a specialist like a Cardiologist, Endocrinologist or Pulmonologist
 - This is on a case by case basis.
- Preoperative Visit
 - After you have your lab work and additional testing completed and you have clearance from your Primary Care Physician or the Medical Doctor at the hospital, you will come back to see Dr. Swann's Physician Assistant, Caleb Jennings.
 - Before this visit, you will want to go to coloradokneeandhip.com and read the "knee replacement protocol"

Preparation for Surgery

- Preoperative Visit with Caleb
 - During this visit, we will go over the risks again and ensure you understand all of these.
 - He will show you models of the surgery to ensure you understand what the surgery entails.
 - If you would like a video representation of the surgery, please go to coloradokneeandhip.com
 - You will discuss any questions or concerns that you will have before surgery.
 - You will receive medications for after surgery.
 - Address any questions about medications that you have before surgery.
 - You should have already stopped all blood thinners a minimum of 7 days before surgery.
 - Receive a special soap that should be used twice daily while showering before surgery for 3 total days.
 - If you go to the hospital for clearance, they will provide you with these.



The Day of Surgery

- Gatorade or a Special Pre-op drink
 - It is essential that you drink a gatorade **4 hours prior to your scheduled surgery time.**
 - We know that you will be told to not eat or drink before surgery, however this drink is critical for recovery after anesthesia which is known as the Enhanced Recovery after Anesthesia or “ERAS” protocol.
- You will arrive 2-3 hours before your scheduled surgery time.
 - This time changes due to the amount of rooms that we have the day your surgery is.
 - If we have 2 rooms, you will need to be at the hospital 3 hours before surgery. If we have 1 room, you will need to be there 2 hours prior to your scheduled surgery time.
- Anesthesia
 - You will meet with the anesthesiologist the day of surgery. They will discuss the risks and benefits of anesthesia.
 - Most individuals will receive a spinal anesthetic and a block for pain control
 - Continuous Adductor Canal Catheter
 - Helps significantly with pain control and helps avoid narcotics.



Hospital Stay

- Most people will go home the SAME DAY of surgery.
 - Individuals with health conditions will be monitored overnight.
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Pain Control

ON-Q Pump

On the day of surgery, the anesthesia team will place a special nerve block catheter that will help with pain control for approximately 5-7 days. This greatly reduces the need for opioids.



ON-Q

[\(Watch this VIDEO\) ON-Q: Avoid Addictive Painkillers](#)



Post op

Same Day

[\(WATCH VIDEO\) Post op Knee Replacement 2 hours after!](#)

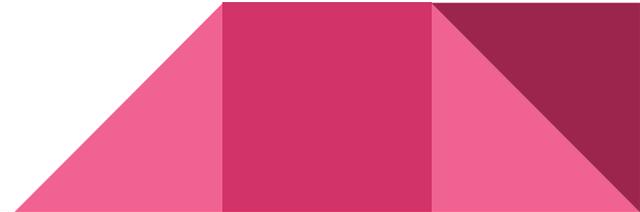
Post-op

2 weeks

[\(WATCH VIDEO\) Two Week Post-op
Bilateral Knees](#)

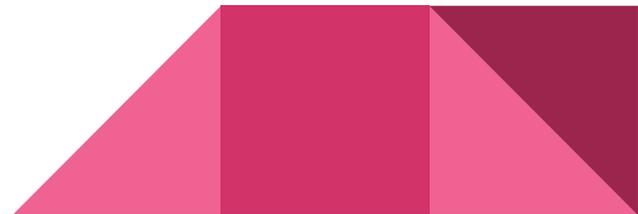
Physical Therapy

- For the first two weeks, we have Home Health Physical Therapy come into your house to ensure you are doing well as well as work with you on specific exercises.
- After the two week visit, we will then discuss the needs of Physical Therapy as an outpatient.



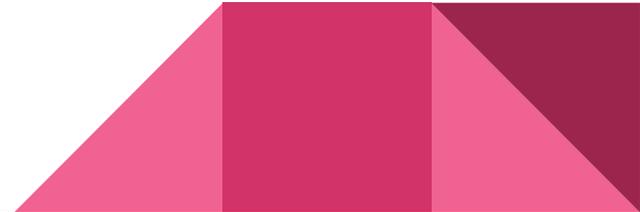
Return to work

- Total Knee Replacement
 - Approximately 6-12 weeks depending on what type of job you have.
 - Some patients with desk jobs can return earlier.
- Partial knee replacement
 - Approximately 4-6 weeks depending on the job you have.
 - Some patients can return to light duty within 2 weeks.

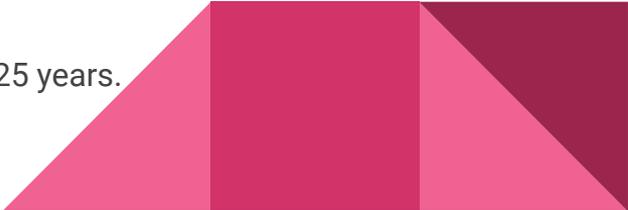


Recovery

- **Total Knee Arthroplasty**
 - For a total knee, typically patients are doing well around 3 months
 - We always tell patients that it takes a full year to recover from a surgery, but most patients are doing well at 3 months.
- **Partial Knee Replacement**
 - Typically, the recovery for a partial knee replacement is approximately 6 weeks. You can still have some discomfort and weakness which will require you to continue doing exercises to regain your strength.



Commonly Asked Questions

- I was told that there is a risk of having a metal allergy from the knee replacement
 - The risk of having a metal allergy after a knee replacement is EXTREMELY low. In fact, for a patient to have a true metal allergy to a joint replacement is about 0.0001%
 - My friend had a total knee replacement and is doing great! Why are you indicating me for a partial knee replacement instead of just doing the total knee replacement
 - Dr. Swann indicates patients for the proper surgery for each individual.
 - The risks discussed earlier are higher with a total joint replacement vs. partial knee replacement. If you only need one compartment replaced, this is the correct surgery for you.
 - There is a recent study that shows that surgeons should be doing more partial replacements that are actually being performed.
 - How long will a total knee last?
 - According to a recent study, 82% of total knees will last 25 years
 - How long will a partial knee last?
 - According to the same study, 70% of partial knee replacements will last 25 years.
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Concierge Program

- Dr. Swann's surgery schedule can be extremely busy. We understand that some patients want to have surgery sooner rather than later.
- For this reason, Dr. Swann has developed a concierge program where you will get to pick a date sooner than what is available.
- Benefits:
 - Direct communication with Dr. Swann via personal cell phone to communicate any questions or concerns.
 - Appointments will be with Dr. Swann personally. You may see Caleb if Dr. Swann's out of the office which is rare.
 - Improved access to surgery times and availability.



Questions?