

Owner's Guide to Your New Total Knee

Pre-Op, Day of Surgery, and Post-Op Guidelines

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Pre-operative instructions

The physician's assistant will call you on Thursday or Friday prior to surgery to schedule your arrival time.

- **To do list**

- ✓ Read this packet—It is VERY informative and will answer many of your questions.
- ✓ Fill all prescriptions given in clinic.
 - Your prescription says *brand only* and we suggest you purchase the brand name of that medication. Many of the generic versions either do not work as well or patients have suffered increased occurrences of adverse reactions.
 - A generic only has to be an 80% match to the name brand. Common fillers like caffeine can cause increased side effects.
- ✓ Locate a therapy center and begin pre-operative physical therapy.
- ✓ Get pre-operative medical clearance from your primary care/internal medicine doctor
 - If you have cardiac, respiratory, and/or any other serious medical conditions you will also need clearance from your respective specialists.
- ✓ Stop all blood thinners including over-the-counter ones like aspirin, Aleve, and ibuprofen ten (10) days prior to surgery. If you are using prescription medication such as Coumadin or Plavix, discuss stopping them with your prescribing doctor.
- ✓ Anesthesiology consult to discuss surgery planning 713-441-5035 22nd floor OPC
- ✓ Register with the OPC 713-394-6805
- ✓ Purchase ice bags. We recommend a *cyrocuff*, (*preferably the automated one*) from a medical supply store or online at <http://orthoticsandbeyond.com>, and a wedge pillow for elevation.
- ✓ If you don't already have one, fill the prescription for a walker at a medical supply store. You will need this for at least the first week.
 - You don't need to bring it to the hospital with you. Your physical therapist will have one that you can use.

- **Prescriptions:** Fill the **prescriptions** given to you in the office



- Ambien (Zolpidem) is a sleep aid and is typically needed for 2 days before surgery and 1-2 weeks after surgery.

- Celebrex is an anti-inflammatory that helps reduce swelling and aching pain.

- Lyrica helps with the nerve pain that causes the burning-like sensation around the incision.

- Norco (hydrocodone) is a narcotic pain medicine taken post-operatively to help with pain. We recommend the brand name for this medicine, as it presents fewer side effects and provides better pain relief.

- ***Constipation is a common side effect so make sure you have over the counter remedies such as senna and miralax available.

- Zofran is for nausea that can occur because of the anesthesia or as a side effect to the medications.

- We do NOT prior authorize medications. You may call your insurance company to request that forms be sent to our office 713-333-4101

- We do NOT recommend pre-operative pain medicines. Taking them before surgery they will cause them to be less effective after surgery *when you really need them.*

- **Physical Therapy**

- We recommend physical therapy prior to surgery, for conditioning, in order to help your post-operative recovery go smoother. It also helps you develop a relationship with the PT center, and is important in finding a facility to like.

- Prescriptions for pre physical therapy are in your packet. The post operative Rx will be given to you by the physician assistant

- You must see a licensed physical therapist.

- You can choose whichever physical therapy facility you like best. We will communicate back and forth to make sure they follow our protocol.



- **Pre-Operative Medical Clearance**

- This is required for all patients.

- We require you meet with a Methodist Hospital doctor so they will be able to see you during your hospital stay. If you do not have a doctor here we can help you find one.

- A list of required testing, including bloodwork, chest Xray, and EKG, is in your packet

- **What to do**

- Stay as active as possible to condition the muscle and respiratory systems. Biking, elliptical machines, swimming/aquatherapy and Nordic track/skiing machines are great low-impact options on days you don't have physical therapy.



- Try out your cyrocuff to make sure you know it works and how to operate it.
- Make sure our office has an updated medication list.
- Look up driving directions to the outpatient center to ensure there is no confusion on the day of surgery.

- **What NOT to do**



- Do NOT delay in getting medical clearance. Labs and other tests can take some time to be completed and sent to our office. Getting your clearance early will help ensure that your surgery takes place when expected and is not postponed.
 - Do NOT take narcotic pain medicines. Using narcotic pain medication prior to surgery will lessen their effectiveness after surgery.
- Do NOT ignore fever, cough, or other illness symptoms. Make sure you get checked out by your doctor prior to surgery so we can be sure you are ready for surgery.

Day of Surgery & Hospital Stay

- **To do**

- ✓ Show up on time. There are several preparatory steps required before surgery can start. Allow adequate time to allow for all steps be performed properly.
 - The Outpatient Center (abbreviated OPC on some signs) operating room is on the 19th floor. You will see a check-in desk upon exiting the elevator. There is a large lobby where family members can wait.
- ✓ Bring clothes you will be comfortable wearing out of the hospital and a robe or sweats to wear in the hospital if you wish.
- ✓ Bring your cyrocuff and/or wedge if you purchased them. These items are not available at the hospital
- ✓ If you use a CPAP or BiPAP machine or other breathing devices please bring it with you to the hospital.

- **Medications**



- **Day of surgery-** Take any necessary medications with a sip of water. Do take beta blockers (medicine for high blood pressure, usually ends in -olol).
 - The nursing staff will have a copy of your home medications and they will be restarted for you.
- Your pain medicine, anti-inflammatory, sleep medicine, and nausea medicine, along with something for itching and constipation are pre-ordered for you and all you have to do is ask your nurse to receive them and will be available for you.

- Be sure to ask for the medication 30 minutes before you need them, as the nurses have to chart the medicines and are caring for multiple patients.
- **Blood thinners-** Due to the risk of clots (DVTs) you will be placed on a blood thinner after surgery.
 - For low risk patients it will be Aspirin 325mg twice a day for 6 weeks. This should be purchased over the counter and started the day you get home.
 - For patients with a history of clots, high risk, or major surgery within the last four (4) months Lovenox or Xarelto will be given.
- A pharmacist will review all your medicines to ensure there are no interactions prior to you going home.

• Physical Therapy



- The evening after the surgery, on the day of surgery, you will stand and walk with the nursing staff. Yes, you are able to put weight on the leg that soon!

- The day after surgery, PT will meet with you twice in the morning to teach you exercises to do at home.

- If PT clears you then you are able to go home that day!
- Be sure to let PT know if you have **STAIRS** at home so they can show you the proper way to go up and down.
- **MAKE SURE** you have your therapy scheduled for that week.
 - Monday patients start Thursday and Tuesday patients start Friday.

• What To Expect

- It is normal to have some down time while being checked in—bring a book, MP3 player, etc.
- The actual procedure takes about one (1) hour plus the time needed for anesthesia to prepare the patient.
- The recovery time in post anesthesia care unit (PACU) is typically 3 hours. After that you will move to your room, typically on hospital floor Dunn 7 East.
- Dr. Lionberger will come out after surgery to meet with any family or friends to discuss and update them on them procedure. If a phone call is required provide us with a name, number, and relationship when you check in.
- **Discharge-**Most patients leave the day after surgery around 1 p.m. This quick return home allows you to recover in the comfort of your own home and control the timing of your medicine better. Also, the shorter the time in the hospital the lower your risk of infection due to contact with other patients.

- **What NOT to do**



- Do NOT purchase or rent a continuous passive movement (CPM) machine. It will not be effective in helping regain post-operative range of motion and limits time for elevation.
 - Do NOT take home medicines without informing the nurse or pharmacist on the floor.

Post-Operative Instructions

- **To do**

- ✓ Keep all PT appointments and do the home exercises. All the work of minimally invasive surgery is mute if you do not do the work the first few weeks after surgery.
- ✓ Make a follow up appointment to see Dr. Lionberger for 3 weeks after surgery (713) 333-4103. If everything goes well you will have full range of motion and be walking without any assistance at this time. 76% of our patients achieve this goal!
 - X-rays will be taken at this visit.
 - The second follow up with the PA will be made based on the results of this visit.
- ✓ Find a comfy spot where you can elevate your leg higher than your eyeballs, as you will be elevating most of the day for the first 2 weeks.
- ✓ Disability/Return to work—Send any required forms to the PA. These may take up to a week to complete since they often require forms from both the office and hospital, so be sure to allow time for this to be properly completed. A \$30 administration fee (cash or check) will be charged.
 - Two (2) months after the surgery date is given as the return to work date. A work note can be provided if any specific directions are required.

- **Medications**

- Pain medicine is best if taken consistently (every 4 hours) for the first 2-3 days. After take them only as needed. However, please **MAKE SURE** to take them one (1) hour before physical therapy.
 - These medicines are notorious for causing constipation so be sure to have over-the-counter (OTC) laxatives available.
- Continue taking Celebrex, as the narcotic will not assist with the aching pain associated with swelling.



- In order to prevent clots from forming, take your blood thinner for the entire duration prescribed. Do NOT take medicines like Aleve or ibuprofen since they can make your blood too thin.
- Restart home medications unless you are told not to by our office, the hospital pharmacist, or your internist.
- You will not be sent home on an antibiotic unless ordered by your internist. We give you strong antibiotics before, during, and after surgery to prevent infection.
- **Refills-** Call the pharmacy and have them fax a refill request. This make take 2 business days so do NOT let your bottles go empty. "Called in" or new prescriptions get flagged as duplicated and have to be reviewed so having the pharmacy fax us is the most efficient way.
 - You do NOT need to refill the lyrica, ambien, or zofran.
 - There is a maximum of 3 refills on the narcotics

- **Wound Care**

- We will show you how to care for your wound on the morning after surgery. You will need to buy 4X4 gauze, hydrogen peroxide, and tape to do it at home.
 - All you need to place over the navigation track site on your shin is a simple band-aid.
- While showering keep the incision dry with plastic kitchen wrap (press and seal works the best). After you get out of the shower each day is the best time to change your dressing.
- The wound will drain for about 3-5 days, after which a dressing is no longer necessary.
- **Sutures-** All the stitches are under the skin so there is nothing to remove in the office.
- You may notice a small end of suture come up through the skin causing redness (known as a stitch abscess). If this occurs, clean the area with peroxide and make an appointment to have the suture removed in the office.
- Gentle massage and stretching over the incision can diminish its appearance as well as applying sunscreen (wait until 1 week after surgery).

- **Rehab/PT**



- Three (3) times per week for the first three (3) weeks. If range of motion, strength, and gait goals are not met PT visits may be extended. However, with hard work it is possible to be completely completed with therapy prior to your first follow-up visit!
 - After two (2) weeks you can progress with walking and continue with home exercises if cleared by the PT.

- DO your home exercises! Even the best therapist can't get your range back in just 3 hours a week so a portion of the responsibility. A large portion of for your recovery will depend on you working at home.
 - Limit walking and activity when not in PT. The key for the first two (2) weeks is range of motion and limiting swelling, neither of which are helped by walking.
 - Remember: quality over quantity when regaining range of motion.
 - Recommended home exercises include *(images)*
 - Straight leg raises—lifting the leg twelve (12) inches for five (5) seconds.
 - Quadriceps strengthening—tensioning the muscle to move the knee cap while the leg stays flat
 - Heel drags—bring the heel towards the buttocks along the ground by bending the knee
- We do NOT recommend in-home rehab or rehab facilities because patients tend to do best with outpatient PT. However, if due to general health or home support issues this will be required, please let us know.
 - We CANNOT preplan this but we can let the case manager on the floor know so they can speak with you when you are in the hospital.

• What To Expect

- Bruising—swelling and bruising is normal for the first few weeks. You may notice bruising around the thigh caused tourniquet used to control bleeding during surgery.
- Swelling—You will have swelling after surgery. If it's not controlled it will cause increased discomfort and limit progress with PT. Be SURE to ice and elevate the leg higher than your heart most of the day for the first 2 weeks. Also, take your Celebrex as prescribed.
 - For every 15 minutes sitting or standing elevate for **1 hour** for the first 2 weeks. It seems excessive but it really works. Also, limit long car rides or waiting time at offices or PT.
- Bleeding—It is ok to have some draining for 3-5 days after surgery. It may be more noticeable after your first physical therapy appointment since you are moving the knee more.
 - The navigation site may ooze since it is sealed in the OR but is too small for stitches. If this happens, put gauze over it and allow it to drain.
- Stiffness or “gelling” is typical after you sit for a long period of time. Once you take several steps it should disappear.
- Noises—Hearing clicking in your new joint is normal. There is a combination of metal and plastic in the knee and when the two surfaces rub together they can make this noise.

- Numbness—Numbness of the skin around the incision may occur since a branch of the saphenous nerve is disrupted during surgery. It becomes less noticeable with time.

- **When to call the doctor**

- Fever higher than 101 degrees
- Pus or foul-smelling drainage from the wound
- Lovenox can cause increased oozing from the incision and bruising if it becomes too great call the office to adjust the dosage.
- Extreme pain in the calf along with increased swelling, rapid pulse, chest pain that worsens with deep breathing, or sudden shortness of breath are all sign of clots. If these occur go to an emergency facility immediately and call the office.

- **What to do**



- Let family and friends support you—That's what we have them for! You will need help after surgery for rides to PT, meal preparation, and other tasks.
 - Make follow up appointments—you will see Dr. Lionberger three (3) weeks after surgery.
 - Bring home the incentive spirometer (breathing machine with the 3 balls) we give you in the hospital and USE it. This will keep your lungs open and prevent complications. The most common cause of fever after surgery is fluid in the lungs.
- Keep up with range of motion exercises at home especially on the weekends.

- **What NOT to do**



- Do NOT be a hero—we prescribe pain medicine for a reason. It is easier to control pain than try to stop it once it has escalated.
 - Do NOT drive for the first 2 weeks and any time after that if you are taking narcotic pain medicine. You will need to arrange transportation to PT.
- Do NOT walk or stand for long periods of time (longer than 20 minutes). There are very few times in life when it is ok to be selfish. The two (2) weeks after surgery is one of them!
- Do NOT take Aleve, ibuprofen, or other NSAIDs while you are on blood thinner.
- Do NOT use any ointments until the incision is completely healed.

Long Term Instructions

- Antibiotics are required after joint replacement for surgical, dental, dermatological, colonoscopies, or urological procedures. The doctor performing the procedure will order these for you.
 - We recommend Cephalexin or Amoxicillin 2 grams one (1) hour prior to the procedure. If you are allergic take Clindamycin 600mg one (1) hour prior to the procedure.
- You will have follow-ups every 1 to 2 years to get updated X-rays and ensure the new joint is in proper working order.
- You are able to have **MRIs or ultrasounds** without risk.
- You can resume recreational activities after six weeks. We do NOT recommend power lifting, running, singles' tennis, or racket sports even after the knee is healed. You may return to your previous level of activity but do NOT pursue a higher level (e.g., if you are a level II snow skier stay a level II).
 - We recommend kneepads for gardening, etc.
- **Air Travel**—We no longer give out cards for security stating you have a total joint. Airports no longer accept them since they could be easily faked. Simply tell the ticket agent you have a metal implant and they will put you through a scanner (request the newer whole body scanner if it is available as it will speed up the process).
 - You may actually get through security faster if you tell them upfront!

Dr. Lionberger's closing remarks

A total knee is a man-made product and will never feel the same as a God-given knee. We at Southwest Orthopedic Associates strive to continue research and development on better implants, improved applications, and precision installation via computer-assisted navigation, gender and anthropologic matching, and functional outcomes analysis. We hope that that same enthusiasm exists in our society. However, we live in a world where economic gain sometimes overshadows the importance of quality care. Nonetheless, my office staff and I value our partnership and relationship with you as a patient and make it our responsibility and commitment to provide the best possible care. We want to follow up with you every 2-5 years as a crucial step to ensuring that level of quality and keep you up to date on the latest

developments and breakthroughs. We hope to maintain our relationship with you for years to come and will continue to hold your care and wellbeing in the acme of our criteria of care in the future.