

Knee Replacement - Preventing Post Op Complications

Introduction

Severe arthritis in the knee can lead to serious pain and inability to walk. To relieve the pain and improve your ability to walk, your surgeon has performed a knee replacement surgery.

Knee replacement surgery is a very successful and safe operation. The majority of patients who have this surgery are able to resume most of their activities and live active and painless lives.

However, any surgery can result in complications. It is important that you understand these possible complications and what you and your healthcare team can do to prevent them from happening.

This reference summary will help you better understand the surgical treatment and how you can help to prevent complications.

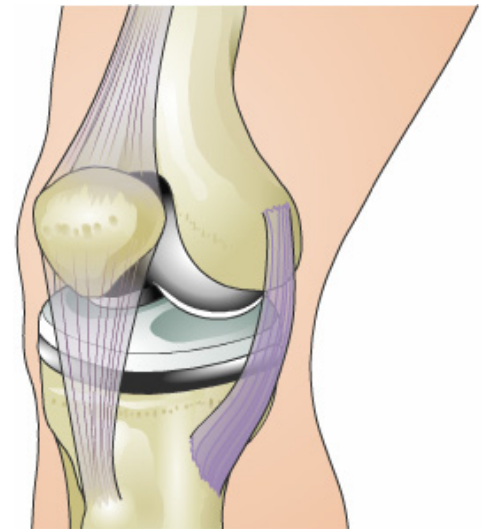


Surgical Treatment

The operation is done through an incision in the knee area. The ends of the femur and tibia are then cut and removed where they meet at the knee. The removed parts are replaced by artificial surfaces known as prostheses.

Depending on the type of prosthesis, it may need to be cemented to the bone. Some prostheses do not need to be cemented. The bone surrounding the prosthesis grows into it and acts like cement.

At the end of the operation the skin is closed. A drain may be used to remove excess fluid.



Prosthesis (Artificial Knee)

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Preventing Complications

This operation is very safe. There are, however, several complications which are unlikely but possible. You need to know about them just in case they happen. By being informed you may be able to help your health care provider detect complications early. The complications can be related to anesthesia, to any type of surgery or to this specific surgery. We will show you some ways to prevent complications.

Complications related to anesthesia include, but are not limited to, heart attacks, strokes, pneumonia and blood clots in the legs.

Blood clots can form in the legs. They usually show up a few days after surgery. Blood clots cause the leg to swell and hurt a lot. These blood clots can be dislodged from the legs and go to the lungs. This may cause shortness of breath, chest pain and possibly death. Sometimes the shortness of breath can happen without warning. It is therefore extremely important to let your health care provider know if you have symptoms of a blood clot in the legs or lungs. Report any shortness of breath or chest pain to a health care provider. Getting out of bed shortly after surgery may help decrease the risk of blood clots in the legs. You may also receive blood thinners and use compression boots to prevent clots from forming.



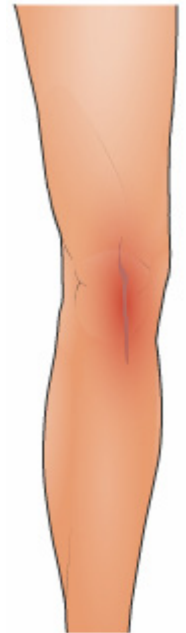
General Anesthesia

Some complications are seen in any type of surgery. These include:

1. Infection deep or at the skin level. If the infection involves the prosthesis, the prosthesis may need to be removed. You may be given antibiotics through your IV line before and after surgery to prevent infection from occurring.

Since your ability to walk steadily will be impaired during the first few days after surgery, you may have a catheter inserted into your bladder, to minimize walks to the bathroom.

To prevent you from getting any infections related to the use of the catheter, it is usually removed on the second day after surgery. Report any problems with urination after removal to your health care provider. This includes difficulty starting the urine stream and pain during urination.



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2. Bleeding, either during or after the operation. Some bleeding and drainage is to be expected after surgery. A health care provider will monitor your blood levels to determine whether a transfusion or other blood replacement therapy is needed.

A drainage tube called a Hemovac® may be inserted near the surgical site to prevent extra fluid and blood from building up around the knee. It is sometimes possible to collect the blood, filter it and give it back to you as a transfusion to keep your blood levels up after surgery.

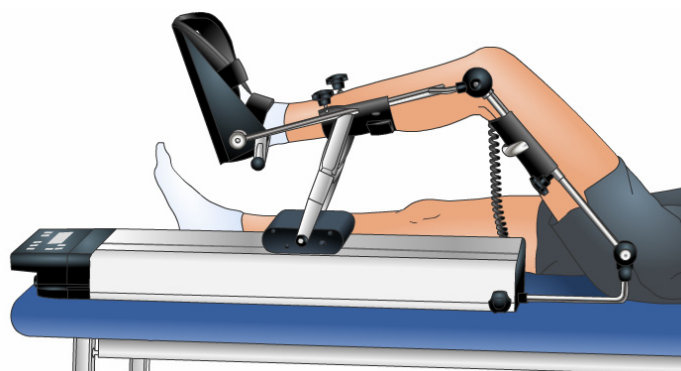
3. A skin scar that may be painful or ugly.

Other complications are related specifically to this surgery. These, again, are rare. However, it is important to know about them. Organs in the knee area close to the surgery may be injured. However, these injuries are rare. Arteries and veins going to the leg may be injured. Nerves going down to the leg may also be injured, causing leg weakness or decreased sensation. Be sure to tell your health care provider about any change in or loss of sensation, as well as any suddenly increased pain in the surgical leg.

The prosthesis may become loose from the adjoining bone or it may dislocate. A difference in leg length may happen in rare cases. The knee may not move as well as a normal knee joint. It may feel stiff. The pain may not be relieved by the operation. It may even be worse than before surgery. However, this happens only in rare circumstances. In extremely rare cases, the patient may have a potentially fatal allergic reaction to the cement used.

After the Surgery

After the operation, a continuous passive motion machine may be used for physical therapy. This machine bends your leg back and forth to help increase the leg's mobility while you rest in bed. Your goal is to wear the continuous passive motion machine for 2 hours at a time, 2 times per day. You may use it more or less than this, or even not at all, depending on your surgeon's recommendation and your pain level while using it.



Continuous Passive Motion Machine

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Over time, you will be able to increase your activities under the direct supervision of a physical therapist. You may resume most of your activities eventually as you gradually strengthen your thigh and leg muscles. At first you may need the help of a cane or a walker to take the pressure off your new knee. Over time, you will more than likely be able to walk without any aid.

Preparing for Discharge

As soon as the day after surgery, you may be visited by a Discharge Planning Nurse. He/she will assist you with making arrangements for equipment and assistance you may need at home.

If your health care provider orders any special medications requiring a shot, such as blood thinners, for use at home, you or your family member will be taught how to give the injections.

The usual stay for after this surgery is 2 - 3 days. If you require intensive physical therapy or specialized nursing, a short stay at an extended care facility may be needed to improve the outcome of the surgery. If you need this, the discharge planner will help you with the arrangements.

Summary

Knee replacement is very successful in helping decrease the level of pain and improve your quality of life.

This operation is safe with good results. However, as you have learned, complications may happen. Knowing about them will help you detect them early if they happen.

Working with your healthcare team to prevent complications will help you to have a more comfortable stay and lead you towards home.



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