



The Lyman Knee Clinic

Jeffrey Lyman, M.D.

INFORMATION SHEET FOR TOTAL KNEE REPLACEMENT PATIENTS

With age and also with rheumatoid arthritis the weight bearing surfaces of the knee joint become worn away. They are no longer smooth and free running and this leads to stiffness and pain. Eventually the joint wears away to such an extent that the bone of the femur grinds on the bone of the tibia. A total knee replacement replaces these surfaces with plastic and metal. The femoral replacement is a smooth metal component, which fits snugly over the end of the bone. The tibial replacement is in two parts, a metal base sitting on the bone and a plastic insert, which sits between the metal base on the tibial and femoral component. If necessary the patellar surface (under the knee cap) is replaced with a plastic button, which glides over the metal surface of the femoral replacement.

WHAT IS INVOLVED IN A TOTAL KNEE REPLACEMENT

To be able to replace the surface of the knee joint a 20cm incision is made down the front of the knee and the joint opened. The bony overgrowth, which commonly occurs in arthritis of the knee, is trimmed away and the joint surfaces removed. This involves some shaping of the bone so that the joint replacement components sit firmly on the bone. In the replacements now being used the bone then grows into the roughened surfaces of the replacement, anchoring it down. In addition, bone cement is used to



hold the components in place.

WHAT IS INVOLVED FOR YOU AS THE PATIENT

Before admission into hospital:

You will need to book your surgery through our office. You will receive a package of information from us containing your admission, consent and questionnaire forms, which need to be completed and will be sent to the hospital. You will need to attend the KMC preadmission clinic before your surgery. One week before you need to have a chest x-ray performed and blood tests carried out. These can be done at your primary physician's office. You should also inform your surgeon and anesthetist of any medical conditions or previous treatments as this may affect your operation.

Prior to the operation any allergies you may have to medications, bandages and ointments should be brought to the attention of the surgeon. You should stop arthritis tablets for one week prior to surgery as they increase bleeding. Take only panadeine or panadol for pain relief during this period. Please notify your surgeon and anesthetist in advance if you are taking any anticoagulants (blood thinners), hormone tablets or suffer from diabetes.

You must contact our office before you go into the hospital if there is any evidence of pimples, ulcers or broken skin around the area to be operated on OR if you have a cold, cough or infection evident. If you are taking medication you must check with the doctor as to whether you need to stop taking any of the medication prior to your surgery.

Admission into the Hospital:

You are usually admitted to hospital on the morning of the surgery. In some cases you will be admitted the night before. The staff at the hospital will call you and let you know your admission time. You will need to take all current medications and their prescriptions.

When you wake after surgery you will be in the recovery ward. From here you will be transferred back to your ward.



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Mobilizing of the knee will cause some discomfort and swelling, however this is normal, and is just part of the healing process. If pain is preventing you from exercising effectively, you should discuss this with your nurse. An ice pack will be given after the bandages are removed and should be used regularly to help reduce the pain and swelling in your knee.

After your hospital stay:

The hospital staff will organize your rehabilitation to continue after you are discharged from hospital, either staying in a rehabilitation unit or going home. You will generally be able to leave with the aid of a single walking stick or crutches. If you are located close to the hospital they may arrange for you to return there for treatment during the day. While at home you should continue your straight leg raising and range of movement exercises, as well as walking regularly.

If at any stage you develop a fever or the wound becomes red or painful you should bring this to the attention of our office immediately. It is usual to be reviewed by Dr. Lyman at 6-8 weeks after surgery, with new x-rays.

After you have had this surgery you MUST take antibiotics prior to any other operations in the future, including dental work. This is to prevent germs lodging on the implant and causing infection in the joint.

QUESTIONS COMMONLY ASKED

Q. Anesthetic?

A. Either general or spinal anesthesia – discuss with your anesthetist at the preadmission clinic

Q. Duration of operation?

A. One knee: 1-2 hours, Two knees: 2-3 hours

Q. Pain?

A. Controlled by injection or drip initially, then with oral painkillers

Q. Length of stay in hospital?

A. 2-3 days

Q. Driving a car?

A. Avoid for 6 weeks

Q. How long will the new knee last?

A. New material and techniques make it difficult to forecast, some models have lasted between 10 and 20 years without problems

Q. What is the prosthesis made of?

A. The metal component of the prosthesis is made from cobalt chromium and the lining from high density polyethylene

Q. How long do I need off work?

A. This depends largely on the type of work you do. After the time in hospital you may need a few days to recover and settle down before returning to light duties. Work requiring a great deal of moving around should not be attempted for several weeks.

Potential Complications Related To Surgery:

- **Pneumonia:** After any general anesthetic there is always a risk of developing a chest infection. This risk can be minimized by early mobilization and performing deep breathing exercises after surgery. If you have any history of respiratory problem you should inform the staff at the hospital.
- **Deep vein thrombosis and pulmonary embolus:** A combination of immobilization of the limb, smoking and the oral contraceptive pill or hormonal replacement therapy all multiply to increase the risk of a blood clot. Any past history of blood clots should be brought to the attention of the surgeon prior to your operation. The oral contraceptive pill, hormonal replacement therapy and smoking should cease one week prior to surgery to minimize the risk.
- **Excessive bleeding resulting in a hematoma** is known to occur with patients taking aspirin or anti-inflammatory drugs. They should be stopped at least one week prior to surgery.
- **Surgery is carried out under strict germ free conditions** in an operating theatre. Antibiotics are administered intravenously at the time of your surgery. Despite these measures, following surgery there is a less than 3% chance of developing an infection. Most commonly these are superficial wound infections that resolve with a course of antibiotics. More serious infections may require further hospitalization and treatment.

For any questions please do not hesitate in contacting our staff: **(208)758-0716 direct line** (208)667-7717 fax line