

Preparing for Knee Replacement Surgery:

Advanced Knee Care, PC

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Preparing for total joint replacement begins weeks before the actual surgery. In general, you may be told to:

01. Stop medications that increase bleeding – 2 weeks before surgery stop all herbal supplements, weight loss aids, vitamin E and all anti inflammatory medications. Such as ibuprofen (motrin) and naproxen (aleve). Celebrex and Tylenol are ok to take. Coumadin and Plavix need to be stopped but require special instructions for stopping these medications.
02. Have a general physical examination –Some patients should be evaluated by your primary care physician preoperatively. This would include patients with serious medical conditions and/or patients taking certain prescription drugs.
03. Get laboratory Tests – Your surgeon may prescribe blood tests, urine tests, an EKG or cardiogram to confirm you are fit for surgery. These tests should be performed within 30 days of the scheduled surgery in order to be acceptable. These tests are usually performed at the surgical facility or at your primary care physician's office.
04. Fast the night before – No eating or drinking after midnight before surgery; however, you may brush your teeth or have a few sips of water if you need to take medicines. Discuss the need to take medications such as insulin, heart or blood pressure pills with your doctor or nurse to make sure you don't miss them.
05. Plan for post-surgery rehabilitative care – Total joint replacement recipients may need help at home for the first week, including assistance bathing, dressing, preparing meals and with transportation. Arrange for someone to help you at home. If you need to stay in a rehabilitation or skilled nursing facility, a medical social worker can assist with arrangements. Dr Tarlow rarely uses home physical therapy visits. Better treatment is received by going to an outpatient physical therapy office.

06. Donate blood – Total knee procedures do not require blood transfusion. You will not need to use donor blood or plan ahead to make an autologous donation of your own. There is minimal surgical blood loss. A reinfusion drain is placed in your knee at the end of your knee replacement that saves a pint of blood which is given back to you the evening of surgery.
07. Have a dental examination – Although infections after joint replacement are not common, an infection can occur if bacteria enter the bloodstream. Therefore, dental procedures such as extractions and periodontal work should be completed before joint replacement surgery.

Packing Your Bags

Make sure to take these things with you to the hospital:

- Exercise shoes with closed-in heel and non-slip soles
- Knee length robe or cover-up for walking in the halls
- Grooming items such as shampoo, toothpaste, deodorant, etc.
- A list of medications you are currently taking at home, including the name, strength and how often you take each medication
- A list of allergies (to food, clothing, medicine, etc.) and how you react to each one.
- A copy of your Living Will and Health Care Power-of-Attorney, if you have either one. Hospital personnel are required by law to ask for these when you are admitted. They will make a copy for your medical record and return the original.
- A copy of your insurance card
- A walker if you already have one, and a list of other adaptive equipment you may have at home with your name on all equipment you take to the hospital
- Glasses, hearing aid, and any other items you use every day
- Short gowns, pajamas, underwear, socks/stockings and one set of street clothes to wear home
- Leave jewelry, credit cards, keys and checkbooks home. Bring only enough money for items such as a newspaper, magazine, etc.

The Day of Surgery

What to Expect Throughout

Your hospital stay will progress something like this:

Pre-Op

01. Arrive at the hospital at the appointed time. Please patient while waiting most surgery's are preformed within the hour of the scheduled time, but due to unexpected changes during the day you may have to wait a little longer
02. There will be several checks to make sure the correct joint is being replaced: your surgeon will mark the area to be operated on; nursing staff will check the consent form you signed to make sure it agrees with the procedure on the operating room list.
03. Final meeting with anesthesiologist and operating room nurse
04. Start IV (intravenous) catheter for administration of fluids and antibiotics
05. Transportation to the operating room

Body Changes

1. Your appetite may be poor because of surgery, fatigue and narcotic pain medication. Drink plenty of fluids to avoid dehydration.
2. You may have difficulty falling asleep or staying asleep. Do not nap too much. Call for prescription medicine if needed. Trouble sleeping may continue for 4-6 weeks.
3. Narcotic pain medication promotes constipation. Use a combination of stool softeners and laxatives. (Dulcolax suppositories, Metamucil, and Milk of Magnesium.)

Knee Precautions

- Never rest with a pillow under your knee – you may lose the ability to straighten your knee.
- Walk putting dull weight on your foot.
- Weight bearing as tolerated – as much as comfortable
- Use common sense to decide when to stop using walker.

- After the walker, use a cane or crutch in the opposite hand of the knee operated on until you are steady and safe. Most patients are walking freely in 2 weeks.

Incision Care

Keep your incision clean and dry and check it daily. Call your doctor if you notice any of these symptoms:

- Fever over 102°
- Chest pain
- Chest congestion
- Problems with breathing
- Calf pain or swelling in your legs
- Worsening knee pain and decreasing knee motion

Be reassured:

- Drainage from incision is normal
- Redness around incision is normal
- Increased swelling around incision
- Warmth of the incision is normal

Please shower or sit in a bathtub daily. Wash your knee incision. Water on the incision is fine and will not cause any harm.

Your incision will heal, and the swelling and bruising will get better over the next few weeks. No dressing is needed 2 days after the surgery. You may use gauze or an elastic wrap for incision comfort. Leave the steri strips (white adhesive tapes) on your incision until the first post-op visit.

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