

KNEE REPLACEMENT SURGERY

Getting ready for your surgery and
recovering afterwards



Dr Aidin Sadeghilar
Orthopaedic Surgeon

Contact information

Dr Aidin Sadeghilar

Clayfield Specialist Centre

Email: admin@draidin.com.au

Phone: 07 3193 7782

Address: 8/699 Sandgate Road, Clayfield, 4011, QLD

Getting healthy for your surgery

Being as healthy as possible before your knee surgery will help you recover faster and lower the risk of complications. Some health issues might even delay or cancel your surgery, so it's important to take care of yourself in the weeks or months leading up to it.

Exercise

Staying active before surgery helps you recover quicker.

Gentle exercises to strengthen your knee and keep it moving can reduce pain and stiffness now — and make recovery easier later.

Exercise is safe and helpful, even with knee arthritis.

Some people improve so much with exercise that they decide to delay or cancel surgery.



- Ask a physiotherapist or contact the Knee and Hip Arthritis Service (KAHAS) on **02 6641 8770** to get started.

Alcohol

Avoid alcohol for at least **24 hours before your anaesthetic**.



Drinking too much alcohol (more than 2 drinks a day or 4 at once) can slow down healing, increase bleeding, and affect how the anaesthetic works.

Healthy eating and weight

- Being overweight or underweight can increase the risks of problems during your surgery. It's a good idea to discuss weight management with your care team.
- Eat mostly healthy foods and limit unhealthy foods. Try to eat meals that are full of fruits, vegetables, whole grains, lean meats or fish, tofu or beans and low fat dairy.
- Drink plenty of water and avoid soft drinks that contain sugar.



Heart Health

- If you have heart issues or a pacemaker, make sure you've seen your heart specialist in the past 12 months.
- Ask your GP if you need a check-up before surgery.



Getting healthy for your surgery

See your GP

- Your GP can help you prepare for surgery.
- They'll help you manage any long-term health conditions before your operation



Smoking

- Try to quit smoking before surgery.
- Smoking increases the risk of infection, breathing problems, and blood clots.
- Quitting helps you heal faster after surgery.



Contacts to help quit smoking

Quitline www.quit.org.au or 13 78 48

Helping U 2 Quit Clinic 07 5506 7010

You can also contact your GP for help to quit smoking.

Help at home

- If you live alone or are a carer for someone, or if your knee is stopping you from being able to care for yourself or your loved ones, there may be help available to you both before and after your surgery.
- If you think you might need home help after your surgery, try to arrange it as soon as possible while you wait for surgery. This can help get you home safely earlier after surgery and put some of your worries at ease.



Contacts for help at home

- **My Aged Care** for people 65+ or 50+ for Aboriginal and Torres Strait Island people
1800 806 258 or <http://www.myagedcare.gov.au/getting-started>

Getting ready for your surgery

Occupational Therapy

An Occupational Therapist (OT) can help you stay safe and independent before and after surgery. They may recommend helpful equipment like:

- **Shower chair** – Sit safely while washing.
- **Raised toilet seat** – Makes using the toilet easier.
- **Bath board** – Helps you get in and out of the bath.
- **Long-handled aids** – Help you reach without bending.

Ask your OT or care team if you need any of these.

Before surgery checklist

- Confirm the date of your surgery.
Surgery date:
- Make physio appointment for 1 week after your surgery
Physio appointment date and time:
- Make GP appointment for 7-10 days after your surgery
GP appointment date and time
- Start your skin preparation 5 days before your surgery
- Discuss with your GP or Dr Sadeghilar regarding withholding certain medications including blood thinners, weight loss injections, and Diabetic medication.
- If you have been asked to do X-rays and blood investigations in preparation for your surgery, ensure that it has happened at least two weeks pre-surgery.
- Avoid any activities that puts your skin at risk (eg, scratches) which can cause your surgery cancellation.

Getting ready for your knee replacement surgery

Two weeks before surgery:

- Contact your GP to arrange an appointment for 7 - 10 days after your surgery. This is in case you have any medication requirements or other issues after the surgery.
- We will book your post op (after surgery) appointment with Dr Sadeghilar's rooms. Usually 2-3 weeks after surgery is a good time. If you live further away, 4 to 6 weeks after the surgery is also reasonable. In two weeks review Dr. Sadeghilar or his wound nurse will review your wound, answer your questions and go through exercises with you.
- Take care of your skin and try not to get any cuts or scratches. Don't do things that have a high risk of scratches, like gardening, mowing or playing with frisky puppies.

Please notify Dr Sadeghilar:

- if you have scratched yourself and have any cuts, scratches or infections on the leg to be operated on.
- if you become unwell or have any other new health issues in the 2 weeks leading up to your surgery.
- if you are taking strong pain killers without your GP knowing. This will affect your recovery after surgery

Canadian Crutches
(also known as forearm crutches)



Getting ready for your knee replacement surgery

One week before surgery:

- Read your post op (after surgery) instructions well and ask any questions.
- Read your medication directions. Check that you are clear about any medication you will have to take and how to take it.
- Read through the recovery from total knee replacement surgery information. Please ask any questions that remain unanswered.

Screening

- We currently screen and treat all patients for staph aureus prior to elective joint replacement surgery to reduce the possibility of a post operative infection. Staph aureus is a common bacteria that lives on the skin or in the nose of about 1 in 3 healthy people. If the staph aureus enters the body through a surgical incision or cut it may cause infection.
- All patients will be ordered an antibacterial wash to use prior to surgery. You will be advised to wash whole body below neck twice daily for 5 days before surgery including the morning of your knee replacement.
- We often test your urine prior to surgery to ensure you have no current infections which could pose a risk for a post operative infection.

One to two days before surgery

- The hospital may contact you the day before your surgery and let you know:
 - what time to arrive
 - what time you need to fast from (stop eating and drinking).
- What to pack for hospital:
 - Bring the information folder with you.
 - Walking aids, hearing aids and reading glasses
 - Loose comfortable clothes and pyjamas
 - Toothbrush and toiletries.

Recovery after your knee replacement surgery

Things that are normal:

- It is quite normal for your knee to be warm for weeks or months after a knee replacement.
- It is also common for a knee replacement to give some clicking or clunking feelings.
- Swelling for weeks or months is normal too.
- A numb patch on the outside of the cut is also normal.
- Some bruising up or down your leg is reasonably common. This happens if some blood tracks under the skin to cause a bruise.
- It is also common for patients to experience a tough week or a period where they go backwards for a little while. As long as things get better again, that's ok.
- People who have had 2 knees done often find a difference between the recovery in each knee.



Alerts and things to watch out for:

- Excess pain, or trouble with movement can be a sign something is wrong. Severe pain can be a sign of an emergency.
- Signs of infection like fever, pain, redness or fluid/pus leaking from the cut shouldn't be ignored. If you are worried you have an infected knee replacement it is best to see an Orthopaedic Surgeon rather than your GP. Antibiotic tablets by themselves will not be enough to treat an infected knee replacement.
- Significant leg or foot swelling can be a sign of a dangerous blood clot.
- Difficulty breathing or chest pain can be a sign of a clot on the lungs which is an emergency.

These issues, or any other concerns would be a reason to contact Dr Sadeghilar, attend a local emergency department, seek other urgent medical assessment or call an Ambulance if unwell.

Recovery after your knee replacement surgery

When you wake up from your surgery

- You will wake up in the Recovery Unit but may not remember this.
- Nurses will carefully check that you have recovered from the anaesthetic well.
- When all this is done, you will be taken back to the surgical ward. When you arrive there, it will be time to eat and drink something to get your energy up. Try to drink 2 or 3 cups of water.
- Your legs will have stockings on them to prevent blood clots and your feet may have some foot pumps too. A foot pump is a Velcro shoe device that squeezes your feet to encourage blood flow and prevent blood clots.
- An X-ray will be taken same day or the day after to confirm everything looks ok. Your Urinary catheter will be removed at the similar timeframe.
- Your leg will be bandaged which can be removed 1-3 days after surgery. Dressing underneath it is waterproof and can take shower safely.
- Your leg will be elevated in a flexion pillow called Braun pillow. If you are not walking, doing exercises or sitting for a meal, you should always keep your leg up in this pillow while lying down. It helps with pain and swelling.
- You may also notice a ice device is connected to your knee to keep your knee cold. It is called Iceman and it will immensely help you with your pain management. It can be disconnected to walk and do exercises. You are encouraged to keep it on all the time while you are in bed. You will be encouraged to continue using ice compression while you are at home for 2 weeks.
- Your leg will be a bright pink colour from the preparation for surgery.
- After eating and drinking, get dressed in your own clothes. These should be loose and comfortable. Ask the Nurses for help with this if necessary.

Getting up to walk

- When the feeling in your feet is back to normal and you don't feel dizzy, you can get up to walk.
- The first time you get up, make sure a nurse or a Physiotherapist is there to supervise.
- At first when you walk, you will use a frame, crutches or a stick for balance, whichever aid works best for you. You will be allowed to put your full weight through your leg.
- You are also encouraged to get your leg moving from the beginning.

Recovery after your knee replacement surgery

On the day of your surgery

How will my knee feel?

- It is normal to have very minimal or no pain for the first 24 hours or so after knee replacement. It is still important to rest, ice and elevate your knee, so it doesn't swell and get sore later.
- If you do have some pain, there are things we can do to get on top of it. Just ask your nurse or doctor.
- Your best pain modality is elevation on flexion pillow and Ice compression. Continue this all the time while you are in hospital.

Going home from the hospital

- You may be able to go home if:
 - You dressing stays dry
 - Your pain is under control
 - You mobilised safely with physio

If you're at home and your pain is too much, contact **Dr Sadeghilar**, see your **GP urgently**, or go to the **Emergency Department**.

Day 1 after surgery

How Will My Knee Feel?

It's normal to have little or no pain in the first 24 hours. If you do feel pain, don't worry — it can be managed.

Even if you feel good, don't overdo it. Rest, ice, and keep your leg up to stop swelling and pain later. Use an ice pack often.

If you're recovering well, feeling okay, and have someone to help you at home, you might go home the next day. You'll be sent home with medication.

Moving Your Knee

Start gentle exercises to help your knee bend and straighten.

If you can bend it to 90 degrees and fully straighten it, you may not need to do too many reps.

Your physiotherapist will tell you what to do.

Don't overdo exercises — a quiet knee is a happy knee. Too much can cause pain and bleeding.

Recovery after your knee replacement surgery

Days 2-3 after surgery

It's very common for the knee to get a bit sorier and feel heavier 2-3 days after your surgery. It will normally get easier again from here, so don't be disheartened if you feel you've gone a bit backwards after the first day.

- This is normally the hardest time. Your leg may feel heavy and more swollen. Sometimes people's thigh muscles temporarily shut down or "go to sleep" after knee replacement surgery. If that happens, they are usually the most "sleepy" around 48 hours after the surgery. Pain is also often felt more around this time - but it does get less again! People's energy levels or emotions are often lowest around this time. Don't be disappointed if you feel like you have gone backward or are feeling a bit low 2 days after the surgery, both of these things are common.
- Keep working at your rehab as instructed by your physiotherapist. It's important to take enough pain killers and to control swelling in your knee at this time too. Rest, ice, elevation and compression all play a significant role.

Days 4-7 after surgery

- Things should be getting easier again. It is still important to keep on top of pain and swelling. By now you may have started to get a feel for what activities or exercises work for you. If your knee comes out straight, you can walk reasonably well, and you can bend it to 90 degrees or more then you are doing fine.

Your knee shouldn't leak any fluid after day 7. Please notify Dr Sadeghilar or seek medical attention if it does.

Recovery after your knee replacement surgery

7-14 days after surgery:

- This is a good time to have an appointment with your physiotherapist. If possible, organise this before the surgery, in case appointments are hard to come by.
- This is also often a good time to catch up with your General Practitioner (GP), in case there are any medication or other issues that need addressing. Book this appointment in advance, before your surgery.

2-3 weeks after surgery:

- You will have an appointment with Dr Sadeghilar or Wound nurse. This appointment will normally involve a wound check and discussion about the rehabilitation progress so far. You may also discuss things like return to work and driving.
- After 14 days the dressing can be removed and the wound can get wet. If you haven't seen Dr Sadeghilar, you may remove the dressings yourself after 14 days.
- There are no stitches or staples to remove as they will dissolve by themselves. There is a sticky, slightly rubbery strip beneath the main dressing. If possible, keep this on a bit longer than 2 weeks. It will peal off by itself.
- The prescription for your blood thinner medication will normally run for 15 days after you go home from hospital. Keep taking the medication and using the compression stockings until this time.
- You are advised to wash your wound twice daily with Phisohex antiseptic wash for 4 weeks after removing dressing.

The first 14 days: If you are at home and your pain is not well controlled, please discuss this at your check up, or contact Dr Sadeghilar for advice.

2 to 6 weeks after surgery:

- This is a time to continue making progress with rehabilitation under the supervision of your Physiotherapist. You can gradually return to more strenuous activities as they are comfortable. Many people will start to feel better than before the surgery by 6 weeks. At 6 weeks after surgery, many people are also able to undertake the same activities as they could do before the surgery. Some people get better faster and some people do recover more slowly. It is totally normal not to feel 100% by 6 or 8 weeks post-surgery.

Recovery after surgery

Pain relief medications

Pain Management

Putting up with strong pain will hold your rehab back. Please let Dr Sadeghilar know if your pain isn't well controlled. These pain killers can play a part in your recovery. Swelling management is also important. Rest, ice, elevation and compression all play a part.

- It is important to have a good pain management schedule. Below is a summary table. There is more detail about these medications on the following pages.
- Pain killers can cause constipation. It is a good idea to continue Movicol and/or Coloxyl and Senna until things are back to normal. Make sure you drink plenty of water and eat enough fibre.

Pain medication	When to use	When to stop
Paracetamol/Panadol Osteo	Take regularly as per instructions on the packet	This is the last pain reliever you should stop.
Non-Steroidal anti-inflammatory drugs (E.g Voltaren rapid or Celebrex)	If you know you can take them safely, take it regularly as per instructions on the packet	Aim to stop them after 1 week.
Pantoprazole	Please take these when you are taking the non-steroidal anti-inflammatories regularly. This is to prevent any stomach upset.	Can stop this when you stop the non-steroidal anti-inflammatory drugs
Palexia	Strong pain killer – Take regularly as prescribed	Can be stopped early if you don't need them. It is also reasonable to need them for a few weeks.
Endone	Strong pain killer – Take as breakthrough if the regular Palexia is not enough	

Recovery after surgery

Pain relief medications

Pain Management

Following surgery or an injury it is normal to have pain. Each person's experience of pain can be different but it is expected to last between a few days and a few weeks.

In most people this pain can be well controlled. It is important for your recovery that you manage your pain well so that you are able to do rehabilitation activities. You may have a pain management plan to help you know what pain relieving medication to take, when, and for how long.

This leaflet is designed to help you manage this pain at home with either medication you have from your local pharmacy or medication from the hospital. Your doctor may want you to take a combination of these medications to help keep your pain under control.

You may have been recommended one or more pain relieving medications to take at home. They may be prescribed alone or in combination to control your pain.

My pain relief medications are:

Recovery after surgery Pain relief medications

Medications For Mild to Moderate Pain

Paracetamol (first line of pain control after surgery)

Paracetamol 500mg tablets (Brands include: Panadol, Panamax, Dymadon or Febridol)

or

Paracetamol 665 mg modified release tablets (Brands include Osteomol®, Panadol Osteo®)

The usual adult dose of Paracetamol is one or two 500mg tablets, FOUR times a day, **or** one or two 665 mg tablets THREE times daily. This may have been prescribed to be taken regularly. Taking the full recommended dose may help keep constant pain under control. Paracetamol is often important for people with stronger pain to help other medications work better, or to require less of the stronger medications.

If you take the recommended dose, the risk of side effects with this medication is low.

If you have liver disease you should consult with your doctor before taking paracetamol.

To avoid overdose **DO NOT EXCEED** a total of 4 grams of paracetamol in 24 hours.

This is 8 tablets of 500mg or 6 tablets of 665mg.



Note that Paracetamol is also in some combination products (with codeine such as Panadeine® or Panadeine Forte/Codalign Forte®) or Maxigesic® or Cold and Flu tablets. Always check the label for paracetamol.

Recovery after surgery

Pain relief medications

Medications For Mild to Moderate Pain

Anti-inflammatory Medication

This group of drugs include non-steroidal anti-inflammatory drugs (NSAIDs) and COX-2 inhibitors.

Drug Name (generic)	Common Brand Names
Ibuprofen	Brufen, Nurofen Maxigesic
Naproxen	Naprosyn, Naprogesic
Diclofenac	Voltaren
Indomethacin	Indocid
Piroxicam	Feldene
Meloxicam	Mobic
Celecoxib	Celebrex

These medications are used to control pain due to inflammation and swelling. Anti-inflammatories are used to treat mild to moderate pain. They can be combined with other pain medications to relieve severe pain.

Side effects are more common than with paracetamol. Common side effects include heartburn, stomach upset, dizziness, diarrhoea and headache.

To minimise these effects they must be taken with food.

If you experience side effects such as blackened stools, blood in vomit, skin rash, difficulty breathing or swollen ankles, contact your doctor immediately.

Anti-inflammatories have the potential to interact with other drugs e.g. warfarin, blood thinners and some blood pressure medication. Check with your doctor or pharmacist if you take any of these.



Before taking this medication it is important to let your doctor or pharmacist know if you:

- Have had a stomach ulcer or bleeding
- Have had asthma
- Have had kidney problems
- Have a history of heart failure
- Have had a previous allergy to any NSAIDs
- Are taking any other medication

Recovery after surgery

Pain relief medications

Medication for moderate to severe pain

Opioids

Oxycodone, Tapentadol, Codeine, Morphine, (Brands include: Targin, Oxycontin, MS Contin, Endone, Palexia)

Opioids are only to be used for moderate to severe pain and are often prescribed for temporary use after surgery. There are different types of opioids that you may be prescribed. They are available in tablets, capsules, patches and injections. These will often be used in addition to paracetamol and sometimes also anti-inflammatory slow-release should not be taken instead of these if they have been prescribed for you.

They are available in slow-release formulations which are usually taken at regular time intervals and instant release formulations taken for 'break through pain'. Often a pain management plan on discharge will involve gradually reducing the dose of these.

Common side effects include nausea, vomiting, itchiness, confusion, headache and dizziness. Drowsiness can occur with opioids and may mean that you need your dose reviewed. If affected do not drive a motor vehicle or operate machinery. Let your doctor know if you become excessively drowsy. Alcohol should also be avoided when taking opioids.

How long should I continue the pain relievers?

Once your pain starts to subside, you may reduce the amount of pain medication you take until you no longer need the medication. Normally, you should start by reducing the opioids first, followed by anti-inflammatory medication and then paracetamol. However this may depend on your pain management plan.

If your pain gets worse when you are at home, or your pain relief medication is no longer controlling your pain, please contact Dr Sadeghilar or your GP. If it is severe, or you are worried something is wrong, seek emergency attention at a hospital (Emergency Department).

Recovery after surgery

Pain relief medications

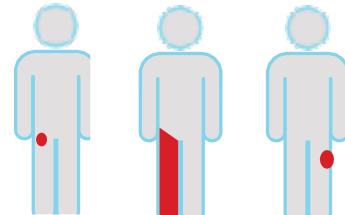
Narcotics

The brain and entire body are affected



Local Anesthetics

Only the area near the surgical site is targeted



Iceman device



Flexion pillow (Braun pillow)

Frequently asked questions: Is Knee Surgery for me?

How do I know if my knee is bad enough for a knee replacement?

- Firstly, an x-ray or scan is necessary to confirm bone-on-bone arthritis in your worn-out knee.
- After that it is important to realise that not everyone with a worn-out knee needs a knee replacement. There are sensible alternatives that you should try first. After this, if you are still having a bad time with miserable knee pain, then we would consider surgery.
- It is major surgery. It is not something you should undertake for a niggle or so that you can do something very demanding that isn't reasonable for your age group. It is, however, a very good operation for someone that is having significant trouble with day to day things due to knee arthritis.

What is arthritis?

- Osteoarthritis (OA) is when a joint wears down or fails so that it is rubbing bare bone-on-bone. Many people use the term 'arthritis' to dismiss vague aches and pains that they resign themselves to put up with. However, osteoarthritis is specific and usually treatable. It can cause pain, stiffness, bony lumps, bow or knock kneed legs and swelling. Hip and knee replacements are examples of major operations for osteoarthritis.
- Surgery for osteoarthritis is generally the last resort. There are many non-surgical treatments that can also be discussed with the doctor. Other types of arthritis, like rheumatoid or psoriatic arthritis, are often treated by a rheumatologist. An orthopaedic surgical opinion may be useful in these cases too if there is a lot of damage to the joints.

What is osteoporosis?

- Osteoporosis is a condition often associated with ageing, in which bones become weaker and break more easily. It is known to be associated with other medical conditions or medications. If you are concerned, ask your GP.
- If you are middle-aged or older and have broken a bone, it is also something to have checked. There are tests to rule out important causes and there are effective treatments, too. If someone has osteoporosis, it doesn't mean they can't have a knee replacement.

Frequently asked questions

Is Knee Surgery for me?

What are my options apart from surgery to manage my arthritis?

Exercise and physical activity is recommended for everyone with arthritis. The aim of exercise is to increase the strength of the muscles around the joints, maintain joint movement and increase your fitness. Exercise is safe to do for people with arthritis. Starting exercise is not always easy, so start slowly and gradually build up. A physiotherapist can assist in providing a tailored exercise program for you.

Being overweight can contribute to the pain you have in your joints. Healthy eating and physical activity are ways to lose weight. Maintaining or achieving your ideal weight reduces the stress on your joints.

Simple pain relief medication can help you keep moving. Your GP can provide advice on this. Heat and ice can also help manage your symptoms.

These options may help you reduce joint pain, improve your ability do things at home and work, and benefit your general health and well-being.

Do injections work for arthritis?

- There are different types of injections available. Any injection has a small risk of infection.
- Cortisone injections can give temporary pain relief. In general, these would be used to help pinpoint which pain was from where, rather than for on-going treatment. There are some lubrication-type injections, however these are expensive and the research to support them is inconclusive. In practice they are a bit “hit and miss”.
- Other injections include platelet-rich plasma or stems cells. These treatments are not yet at the point where they are useful in terms of making cartilage grow back. It is possible that stem cells may be useful in the future, but realistically that is a long way off. There are a lot of things wrong in a worn-out knee that would need fixing for cartilage cells to take.

What about a keyhole surgical clean out?

- Keyhole knee surgery is called arthroscopy. Keyhole surgery used to be done quite a lot for arthritis but research has shown that it isn't reliable. Some people feel better after it and some people are worse. Because of this, arthroscopic surgery for arthritis isn't usually recommended anymore.

Frequently asked questions about knee surgery

What is a knee replacement?

- A knee replacement is a resurfacing type of operation. A cut is made off to the side of the front of your knee. The kneecap and muscle are slid out of the way. The worn-out bits of bone are cut off to a depth of about 1 centimetre. Metal caps are then placed on the end of the thigh bone and top of the shin bone with a plastic cushion in between. The back of the kneecap is often replaced with plastic, keeping your normal front part of the kneecap. The components fit in amongst your own ligaments on the sides of the knee.
- Computer navigation/ or Robotic arm assisted is used to align the components accurately. Dr Sadeghilar aims to align the components to recreate the shape of your own knee before it wore out. This allows your ligaments to work as well as possible, which helps your new knee to work better.
- A typical, first time knee replacement does not involve any extensive stems inside the bones. Those have a role to play in redo or more complicated surgery after bone or ligament damage.
- The wound is closed with dissolving stitches and dressings are applied.

How long does the operation take?

- A knee replacement usually takes around 90 minutes. Having both sides done at once takes 3 to 4 hours. A patient will often be gone from the ward for 4 hours or more surrounding their operation, so tell your family not to worry if you are having joint replacement surgery and it seems to be taking a long time.

What sort of anaesthetic can I have?

- Most times the operation can be done under either general or spinal anaesthetic, but there can be situations where the anaesthetist would choose a specific anaesthetic for safety. A combination can also be very good.
- Many people are anxious about having to hear the surgery with a spinal anaesthetic. Be reassured that this isn't a problem, because the anaesthetist can easily make you doze with a spinal on board. If, for medical reasons, it isn't possible to do the operation under spinal then a general is fine.

Frequently asked questions about knee surgery

How much pain will there be after the surgery?

- The pain associated with major knee surgery isn't nearly as bad as it used to be. This is due to a combination of improvements in technique and pain relief. Many people now have no pain or only very minimal pain during the first 24 hours. It is great to be active, but don't over do it in that period.
- Occasionally someone will have significant pain after the operation, but we have many options to try to reduce your pain. Please ask your nurse or doctor if you feel your pain relief is not enough.
- The second or third day after the surgery is usually the hardest. This is when your leg will feel the heaviest and it can be when feelings of pain are a bit stronger. Don't be too disappointed if you have a period where you feel you have gone backward a bit. This is a very normal part of the recovery.

How long would I stay in hospital? Is Day Surgery for me?

- Patients are discharged when they are safe and comfortable to go home.
- To be able to go home you need to tick three boxes:
 - ✓ Your dressing should stay dry
 - ✓ Your pain should be under control
 - ✓ You should be cleared by Physiotherapist that you are safe to go home

When you tick these three boxes you can go home (usually 1-3 days)

Frequently asked questions about knee surgery

How long will the knee replacement last?

- The results of knee replacements are very good, and you can expect your joint replacement to last a long time. This does depend a bit on your age, activity level and the underlying condition that required joint replacement surgery.
- For most people (Over 90%) the knee replacement would last more than 20 years, and it may last for ever. There is, however, a small risk of failure at any time after knee replacement surgery for various reasons. There is even about a 1 in 100 chance of failure within the first year.
- Dr Sadeghilar takes certain steps to improve the chances of your joint replacement lasting a long time, including:
 - choosing a prosthesis based on The Australian National Joint Replacement Registry results
 - using computer navigation/ Robotic arm assisted knee replacement and careful technique during the surgery.

Can it be done again?

- In most cases it is possible to re-do a failed knee replacement. In most cases it is even possible to re-do it more than once. This is called a revision. Usually, it is a bigger operation with higher risks and worse results than a successful first (called primary) knee replacement. Very occasionally it may not be possible to re-do the failed joint but that really is unusual.

Frequently asked questions about knee surgery

What can go wrong after knee replacement?

- We take a number of steps and great care to avoid the risk of serious problems after a knee replacement.
- Serious problems after a knee replacement are very unusual and Dr Sadeghilar and his team take every step to prevent them. Despite these steps, problems can still occur. For example, infection can cause early failure or on-going pain. A late infection, years after the surgery, is also possible but very unusual. The overall risk of failure due to infection is less than 1%. Failure can also occur due to wear, loosening, breakage of the bones about the knee or for other reasons.
- Some degree of minor permanent pain is reasonably common after knee replacement, but on-going severe pain is very unusual. Occasionally the knee might set very stiffly or, conversely, it can be too wobbly. A large part of the surgery is getting this balance right.
- Sometimes the leg might end up bow legged or knock kneed, but this is also unusual with modern techniques. It is possible, but very rare, to have a serious nerve, tendon, ligament or blood vessel injury during the surgery. That can cause a permanent problem. In the very worst case scenario this can result in amputation. The risk of that is between 1 in 1000 and 1 in 5000.
- Other risks of the surgery include problems like heart attack, stroke or blood clots. Kidney and bowel problems are also possible. It is possible to die from a knee replacement. It is important to talk through the risks and benefits of the procedure and any specific concerns you have when making decisions about the surgery.

Frequently asked questions about knee surgery

Are blood clots a worry?

- There are different types of blood clots you can get after a knee replacement but there are good steps that can be taken to protect against them.
- A clot in the wound is called a haematoma. This can't spread to the lungs so it isn't dangerous in that way, but it is an infection risk. Very occasionally a knee replacement might need a haematoma cleaned out in the operating theatre. With current techniques the risk of a bad wound haematoma is very low.
- The other sorts of blood clots are ones in the leg veins (Deep Vein Thrombosis or DVT) that can travel to the lungs (Pulmonary Embolism or PE). A PE can be life threatening, but there are a lot of effective measures that the team of people caring for knee replacement patients always take to minimise the risk. **If you do get short of breath or chest pain during your recovery you should seek urgent medical attention.** Significant leg swelling is also a reason to see a Doctor in a timely fashion.
- Bruising-type colours up and down the leg after surgery are not clots. They are usually from some blood that has leaked out of the surgical area.

Is infection a worry?

- Infection can be a major problem, so we take a number of effective steps and great care to minimise the risk of infection spreading to a knee replacement. Before the operation we screen and treat people for staph if needed. About a third of people in the community carry staph on their skin and special treatment to clear it before surgery decreases the risk of infection. With this, and other steps the risk of infection is less than 1%.
- It is possible for infection to spread to a new knee many years after surgery, usually via the bloodstream. This is very unusual but it is still worth taking steps to protect against. To prevent this you can:
 - check with your Doctor if you need antibiotics before other operations or procedures in the future.
 - be aware if you are getting a recurrent infection somewhere, such as a kidney infection from a stone. It is very important to treat the infection and fix the underlying issue to minimise the risk of spread to your knee.

Frequently asked questions about knee surgery

Will I need a blood transfusion?

- Blood transfusions after knee replacements are very rare these days. However, it is important to tell your doctor if you have a bleeding problem. It is also important to discuss all your medications as some of these have a blood thinning effect. This includes over-the-counter medications and alternative treatments.
- You may have heard of pre-operative self-to-self blood donation. This is when blood is taken from you before your surgery so that you can be given your own blood if needed during or after your surgery. For knee replacement this is not offered anymore, as blood transfusions are so rare.

How long will it take until I am better? How long do I need off work?

- The recovery from major joint replacement surgery is much faster than it used to be, but it is different for everyone and even different from knee to knee for people who have had both done. Some people reach the point where they are back doing what was normal for them before the surgery, as early as 2 weeks after the surgery.
- For some people it takes 4 to 6 weeks until they are better than before the operation. For office type work it would be reasonable to allow at least 4 weeks off from work. If your work is more physical, it would be reasonable to allow 6 weeks or more.
- It is important not to be disappointed if your knee is getting better more slowly than average! Occasionally, people can experience a slower recovery. About 1 in 50 patients might take as long as 3 or even 6 months until they are pleased with the new knee. From then on the knee would continue to get slowly better until the new knee is fully “bedded in” which can take as long as a year.

How long until I can drive?

- Driving too early is dangerous for you and other people too. Patients who can walk well without any assistance, and aren't affected by strong pain killers are usually safe to drive. It would usually be reasonable to allow four weeks. Please discuss your plan regarding driving with Dr Sadeghilar.

Frequently asked questions about knee surgery

How much physio will I need after the operation? What about rehabilitation?

- The recovery after knee replacement surgery is generally much easier than it used to be and Dr Sadeghilar is continually fine-tuning his practice to make it as easy as can be. You will be allowed to put your full weight through your leg from the start and are encouraged to get it moving from the beginning. Crutches, a stick, or a walking frame will be used initially for balance.
- For many people intense physiotherapy is no longer necessary after the joint replacement. This is especially the case for people who have done a physiotherapy course prior to the surgery.
- Often, it is now simply a matter of doing some post-operative exercises, as advised by a physiotherapist, and getting on with life. Some patients will require specific attention to some aspect of their recovery, and this is something that is dealt with on a case by case basis.
- Rehabilitation in hospital is very rarely needed after a knee replacement these days. It is much better to go home and get on with life.

How active can I be after the operation?

- The main aim of knee replacement surgery is to reduce your knee pain and improve quality of life. Being more active in the lead up to and after knee replacement can have really important health benefits.
- Activities such as long walks, bike riding, swimming, golf or doubles tennis would be examples of reasonable levels of activities for most people after joint replacement surgery.
- The effect of high impact sports or activities such as running and jogging on knee replacements is not well known. If you are keen to do high impact activities after the surgery it is important to talk it over with Dr Sadeghilar. While it is generally recommended to avoid high impact activities there are some people who may be able to successfully return to this level of activity after joint replacement. There is no good long term evidence about the effects of high impact activities on how long your knee replacement will last.

Frequently asked questions about knee surgery

What is it like to have an artificial knee?

- It is very important to have a realistic idea of what to expect from a knee replacement. For example 1 in 5 people will have some minor ongoing pain for good after knee replacement surgery. This should be minor and manageable with simple pain relief. Severe on-going pain is very unusual or there wouldn't be any point in doing the surgery. Numb patches around the cut are very common. These usually become less noticeable with time, but some permanent numbness often persists.
- Some feelings of clunking or swelling are reasonably common and usually settle with time. Some people cannot comfortably kneel or squat after knee replacement surgery, but this is reported less and less as techniques improve. It is normal for the knee to be swollen and warm for some months after the surgery. Some degree of swelling or change in shape of the knee can be permanent. An artificial knee isn't a super knee. It isn't as good as the healthy knee of a young person, but it is normally much better than a painful worn-out one.

Will I trigger an alarm at the airport?

- This depends on what sort of metal you have implanted and how sensitive the scanner is. People ask if they should carry a card or certificate for the joint replacement. However there is no official document and this could easily be forged. Airport security staff are used to processing people who have had joint replacement surgery.

Knee Exercise after Surgery

Exercises to help your knee to straighten:

Standing knee extension

Stand and hold onto the back of a chair or the edge of a counter.

Tighten muscle on top of thigh by pushing operated knee backwards, so it is as straight as possible. Push heel into floor to help.

Hold for 2-3 seconds.



Straight knee stretch

Place rolled towel under your ankle

Relax in this position for a few minutes or as tolerated.

Use your muscles at the front of your thigh to push your leg down toward the bed.

If your knee is taking a while to straighten, your physio may advise you to add

A small weight to your thigh or lower leg to assist



Knee Exercises after Surgery

Exercises to help your knee to bend:

Knee flexion when sitting

Sit in a chair where you can comfortably reach the floor. Bend your knee by sliding your heel along the ground as far as you can. Once there, bring your bottom forward on the chair as far as you can. You should feel a strong stretch. Hold for 20 seconds, move bottom back slightly to ease the stretch. Repeat another 5 times going further each time.



Managing Swelling

It is important to try and lessen the swelling around your knee. After exercising your knee is a good time.

- Lie down with your leg elevated, but knee straight.
- Place ice into a plastic bag wrapped in two layers of towelling. Apply for 20 mins every two hours or as needed.
- Remove ice early if it becomes painful.
- It is important to keep your operated leg elevated either on a stool when sitting, or with pillows under your calf in lying if swelling is a problem.
- Use Tubigrip (compression bandage) – when needed.

Knee Exercise after Surgery

Sit to Stand

- Slide the operated leg underneath you to a comfortable bent position.
- Try to keep your weight even on both legs (if you can)
- This should improve over time after your operation.
- Stand up from a chair, use hand if needed but try to reduce hand use, as able.
- Upon standing try to straighten your operated leg.



Other Exercise

- It is ok to take your full weight and start walking straight after the operation. As a general guide, you should build up your walking gradually over the first few weeks.
- Some people find exercising in water useful after knee replacement. This shouldn't start until your wound has healed.
- A stationary bike or pedals can also be helpful after knee replacement.
- Chat to your Physiotherapist about the right type and amount of exercise for you.

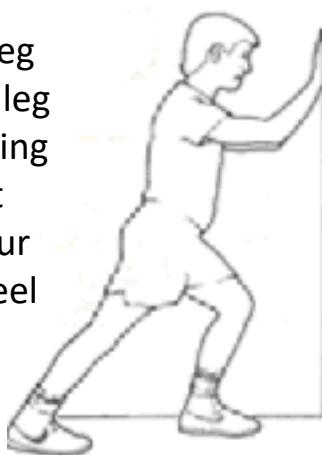
Everyone's recovery following knee replacement is unique. Some people will require very little Physiotherapy or follow up. Other people may benefit from a short period of supervised gym based exercise or hydrotherapy.

Other Knee Exercises

Additional Exercises that may be part of your recovery (as guided by your Physio)

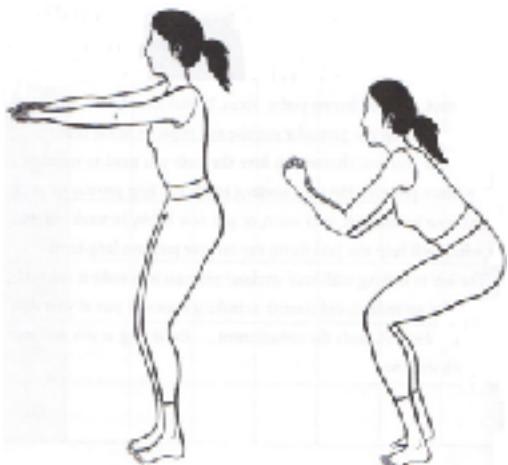
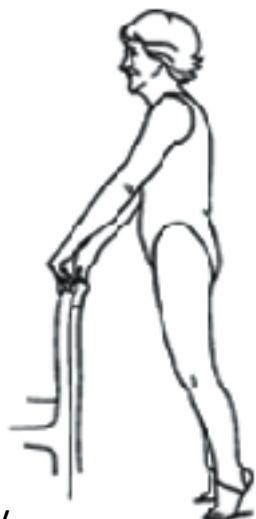
Calf stretch

Stand with your operated leg out behind and your other leg forward, with both feet facing forwards. Shift your weight over your front leg with your knee bent, and push the heel of back foot into the floor. You should feel a stretch in your calf muscle.



Heel raises

Stand holding onto support. Lift your heels off the ground as far as you can go. Do this exercise slowly.



Squats

With your hand holding onto a bench, slowly bend your knees. You need to keep your thigh muscles tight and your knees in line with your toes. It is also important that your weight is evenly distributed.



Step ups

Stand in front of a small step (or stairs) and hold onto a support. Place both feet shoulder width apart with toes facing forwards. Step up onto the step with operated leg first making sure the knee and toes point forwards. Then step down with non operated leg.

Knee Replacement Surgery Recovery Principles

Set Backs

It is normal to experience a few set backs in the early recovery (1 -3 months) following a knee replacement.

Most of the time an increase in your symptoms (pain or swelling) does not mean that you have done anything wrong or that there is anything wrong with your new knee.

If you are experiencing a set back or flare up of your symptoms DON'T PANIC!

Do:

Talk to your Specialist or Physiotherapist about any worries or concerns you have.

Keep MOVING but take it a bit easy for a few days.

Try to get back to MEANINGFUL and SOCIAL ACTIVITIES that you enjoy as soon as possible after your operation. This will assist your recovery.

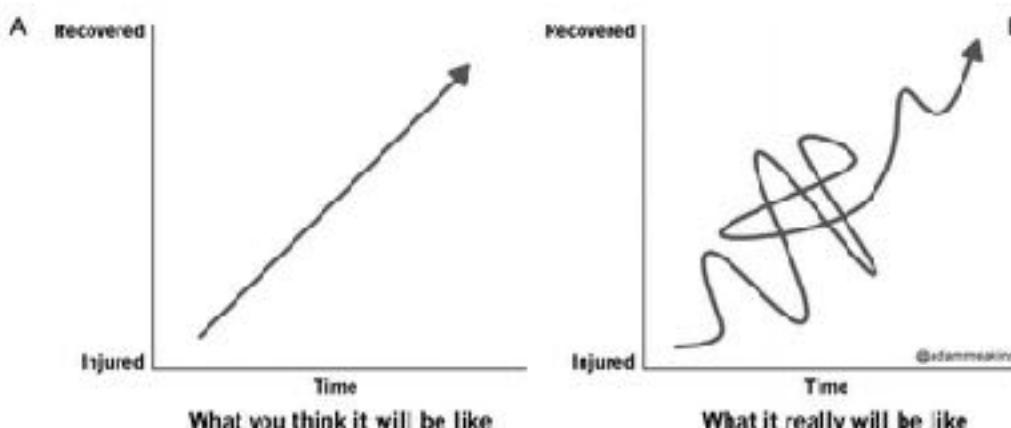
Try to get a good night's SLEEP. Sleep is an important part of your recovery, if your symptoms are stopping you from sleeping for a prolonged period talk to your Doctor.

Talk about any FEARS or WORRIES you are having with a supportive family member or friend, or your health care provider.

Sometimes during our RECOVERY period, we need to POKE INTO PAIN a little bit, other times we need to GIVE OURSELVES A BREAK, REST and allow things time to settle down.

Your PHYSIOTHERAPIST can help work out a plan that works for your needs.

REMEMBER: The road to recovery is rarely a straight line ...



Notes and questions