



Dr. Matthew Tsuji
Orthopaedic Surgeon
Lakeridge Health Oshawa
(905) 404-6611
www.durhamorthopedics.ca

Frequently Asked Questions & Knee Replacement Surgery

GENERAL

Why do you advise I quit smoking?

Smoking delays bone growth around the implant and also delays soft tissue healing after your surgery. Smoking can increase the risk of wound complications such as infection and therefore I strongly advise you quit smoking to speed your recovery. Ideally, this is done well before your surgical date. If you cannot quit smoking, any reduction in your smoking is better than continuing at your current consumption.

How much weight can I bear on my leg after surgery?

This will vary depending on the type of surgery. Nearly all knee replacement patients are allowed and encouraged to bear full weight immediately. However, some surgeries, especially knee revision surgery or if there is an intra-operative complication such as a fracture, the surgeon may require that the patient limit their weight-bearing for a specified period post-operatively. This will be discussed with you by your surgeon as well as the physical therapists in the hospital will advise you regarding your weight bearing status. It will also be recorded in your discharge instructions.

How long do I need to wear the compression stockings?

Although it is not an absolute requirement to wear compressive stockings post-operatively, it may be highly recommended for some patients (high-risk patients for blood clots). In general, compressive stockings have been shown to be helpful in preventing blood clots and should be worn for at least the first 6 weeks on both legs. You may take them off occasionally to wash them. Stockings also help reduce swelling, improve motion and reduce pain. It is especially important that total knee patients have a thigh-high compressive stocking on their surgical leg to allow compression of the surgical knee. Tape should never be used to hold dressings in place over your knee incision.

How long am I on the blood thinning medication for?

This will depend on the patient and their pre-operative stratification into low or high-risk for blood clots. Depending on the patient and their medical history, medications such as low dose aspirin twice daily may be used as the blood thinner or other medications such as dalteparin/fragmin or rivaroxaban/xarelto. The duration is dependent on the medication selected and the patient risk factors. You will receive a prescription for the medication. Please finish the entire duration of this medication.

What do I take after I'm done with the blood thinner?

It is recommended that you take one baby aspirin tablet per day for the first six weeks. This does not apply if you are already on Coumadin or some other long-term blood thinner.

How active can I be after my surgery?

You may be as active as you can tolerate. Discomfort in your hip or knee should be your guide to how much you may do. You should try to be more and more active every day. The more effort you

put into your recovery, the faster you will recover. However, if you were told to limit your weight bearing, you should comply with this restriction until your surgeon advises you.

What about physical therapy after surgery?

You will be assigned an OHIP-covered physical therapist to assist you after surgery. This will be included in your discharge papers. I urge you to please contact them once you are discharged home to notify them of your discharge and to plan your first appointment. If you were not given a physical therapist contact information, please contact my office at (905) 404-6611.

Who takes out my staples? When is my first visit with Dr. Tsuji after surgery?

Your first post-operative visit with me is approximately 2 weeks after surgery. I try to see my post-operative patients in the fracture clinic on Thursday afternoons. This appointment will be scheduled for you before you leave the hospital. If you do not get this appointment in your discharge papers, please contact my office at (905) 404-6611. At this appointment, I will take out your staples, assess your incision, check your knee motion, review your progress and pain control, write new prescriptions if necessary, show you your knee x-rays and answer any questions you may have (write them in the notes section at the back of the booklet).

When can I drive?

I recommend you avoid driving until feel you are recovered and feel safe to do so. This would include being off all narcotic pain medication which can be sedating and being able to walk well which for most patients is 4-6 weeks post-operatively. In general, patients who drive an automatic car and have an operation on the left knee usually are able to return to driving safely earlier than patients who have a right knee operation or revision surgery to the knee. If you have questions about returning to driving, please contact my office at (905) 404-6611.

What if I need a refill of my medication?

Please contact my office at (905) 404-6611. Please call at least two days (48 hours) before you run out of your medication as I am often in surgery, it may take up to this long to get your medication refilled.

Wound Care

What should I do if I notice any drainage, excessive redness, pain or swelling around the incision?

Call my office as soon as possible as we may need to see you to be sure there is no infection. My office number is (905) 404-6611. If this is an evening or weekend where my office is not open, it may be advisable to seek medical assessment at your local emergency department.

When can I take a bath or get my incision wet?

There is no bathing in a bathtub, whirlpool, swimming pool or hot tub for the first six weeks after surgery. You may shower once you arrive home as long as your waterproof dressing is still in good condition and remains sealed around the border. Please pat dry the dressing to prevent peeling of the edges and loss of seal. If your dressing has lost its seal either replace your dressing with another waterproof dressing (if you were given another or purchased one from Dr. Tsuji) or cover the wound completely when taking showers to prevent water contact or avoid showers all together until follow-up at 2 weeks.

When are my staples removed?

Staples are removed approximately 14 days after surgery. This is generally done by Dr. Tsuji and his team at the fracture clinic.

Can I use ice for pain control and swelling?

You may place ice in a plastic bag and put it over the affected area to aid with pain control and swelling. Make sure the bandage or incision does not get wet. Use it for 15-20 minutes at a time. Alternatively, if you have purchased a cold-therapy unit for post-operative therapy, please follow instructions provided.

Should I be concerned that my knee feels warm during the first six months?

Warmth after a knee replacement is very common for at least the first 6 months. If there are no signs of infection, such as redness, swelling, pain, and fevers, then the warmth is probably normal. If you have concerns, please call the office at (905) 404-6611.

Is numbness around my incision normal?

Numbness about any surgical incision can be a very common, even expected occurrence following surgery. Knee replacements are usually numb along the lateral (outside) and inferior (lower) portion of the incision. This is expected and usually improves with time. It starts out with a large patch of numb skin and slowly decreases in size to what some may consider the size of a toonie after a year which is likely permanent. Any associated numbness should not affect the function of your new knee.

These are the three basic exercises that will be shown to you by your hospital therapist:

- Quad sets
- Straight Leg Raises
- Sitting Knee Flexion

How often should I do my knee exercises?

Please use the post-operative day 1-14 sheets located in this handbook to mark your exercises. If you follow this sheet, you are right on track. If you would like to do more than this, please go ahead. Push yourself and your new knee as hard as you can. Pain is to be expected when you are pushing your knee towards full extension and maximum flexion. You should take primary responsibility for your progress with range of motion and strength of your knee. Remember, your physical therapist is more of a coach who offers encouragement, answers your questions and ensures you are doing your exercises correctly. They can also give you additional exercises if you have mastered the 3 basic exercises.

Why should I not put a pillow under my knee after my knee replacement surgery?

If you leave your knee in a bent position for long periods of time post-operatively especially during the first six weeks of recovery, the tissues behind the knee can scar and contract, making it impossible for you to fully straighten your leg. You will not have a normal gait if your leg does not straighten as you will feel the operative leg is shorter given the flexion contraction that has developed. In severe circumstances, this may require revision surgery.

Will I have difficulty traveling and will my knee replacement set off a metal detector?

You should avoid travelling for at least the first 3-4 months. This gives you enough time to complete your full post-operative therapy and be near fully recovered. This also allows you to enjoy your travel and/or vacation and the risks with prolonged air flight and blood clots are back to baseline in most patients at this time. It is not uncommon to experience stiffness and difficulty initiating movement after sustained sitting, such as during airline travel. This is completely normal and should be expected. Standing and stretching your legs will help to lessen this stiffness when traveling. Patients have mixed reports on the difficulties experienced at airports with respect to metal detectors and Homeland Security. Notifying security, lifting up your pant leg to show the scar and the use of wands or other devices are

usually all that is needed to bypass security. Dr. Tsuji does not provide any letters or wallet identification cards.

PRE-OPERATIVE QUESTIONS:

What is the chance for success in knee replacement surgery?

In my practice, we define success by the ability to answer “yes” to the following three questions:

- Are you glad you had the operation.
- Did it fulfill your expectations.
- Would you do it again if you had the chance.

Approximately 95% of patients at one year answered yes to all three questions.

What is the recovery time from knee replacement surgery?

Everyone heals from surgery at a different pace. It is difficult to compare yourself with others, as individual situations lead some patients to recovery faster than others; however, in general, patients will use a walker or crutches while in the hospital. These devices are typically for balance, and patients may weight-bear as their comfort allows. It is my experience that as patients' comfort, confidence, and strength allows, they may progress to a cane. Similarly, when patient's comfort, confidence and strength allows, they wean themselves off the cane. Typically, patients may progress to a cane at 2-3 weeks after surgery. By 4-6 weeks' time, many patients are not requiring any external supports. It may take up to 3 months to return to normal function and patients continue to improve, as far as their comfort, mobility, and function for up to a year after their surgery.

Will I go to a rehabilitation facility or home?

The vast majority of patients undergoing knee replacement surgery will go home after a short stay in hospital. Some patients, especially elderly, patients who live alone or have no support system may require a short stay in a rehabilitation facility in order to gain the skills you need to safely return home. Many factors will be considered in this decision. These factors include the availability of having friends or family to assist you at home, a safe home environment, postoperative functional status as determined by a physical therapist in the hospital, and overall evaluation by your hospital team. There are many services available to ensure a safe return home and I urge you to do so (see Appendix C & D).

When can I drive after knee replacement surgery?

This varies from patient to patient depending upon one's comfort and confidence. Typically, patients may drive when they are using a cane comfortably and not taking any narcotics. Do NOT drive if you are taking narcotics.

When can I travel?

You may travel as soon as you feel comfortable. It is recommended that you get up to stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots. It is our recommendation that if you are embarking on a long trip within the first three months following the

surgery that you take one 325mg Aspirin twice daily beginning 3 days prior to your trip and completing this regimen 3 days following your trip. You may want to contact your primary care physician should you have a history of stomach ulcers or allergies.

When can I return to work?

It depends on your profession. If a patient has a sedentary or desk job, they may return to work in approximately 3-6 weeks. If your work is more labor intensive, patients may require up to 3 months before they can return to full duty. In some cases, more or less time is necessary. Dr. Tsuji can be of assistance in filling out any forms or letters that may be required for your job to inform them of your date of return to work and certain restrictions or job modifications that may be required upon your return.

What activities are permitted following surgery?

You may return to most activities as tolerated including: walking, gardening, golfing, and mild hiking. Some of the best activities to help with motion and strengthening are swimming and using a stationary bicycle. Other activities typically enjoyed are fitness machines such as an elliptical machine or Nordic Track gliding machine. High impact activities such as running, jumping, and open field sporting activities as well as singles tennis, squash or racquetball should be avoided. Snow skiing is frequently enjoyed by patients who have a significant prior experience with skiing. It should be noted, however, that downhill skiing does pose a risk. The risk comes not from the act of skiing itself, but rather from potential injury due to a serious fall or collision with another skier. Patients should avoid black diamond slopes and moguls. If you do wish to return to skiing, be aware of the risks and ski only under good conditions. It is ill-advised to take up skiing after surgery if you have had little experience with it previously.

How long will my knee surgery last?

This varies from patient to patient. For each year following your knee replacement, you have a 1% chance of requiring additional surgery. For example, at 10 years postoperatively, there is a 90% success rate without the need for further surgery.

What medication should I stop prior to surgery?

You will have a pre-operative assessment and usually during this time, your medications will be reviewed and you will be instructed which medications to stop taking and the date to do so. For your reference, medications and herbal supplements to stop are on page 20-21 of this handbook.

Is there a role for computer-assisted surgery?

This is developing technology that perhaps may improve on an already very successful procedure. It may be especially useful in situations where patients have had prior surgery with retained hardware or unusual deformities. Dr. Tsuji will discuss with you whether he believes there is a role for computer-assisted surgery on an individual basis.

PERI-OPERATIVE QUESTIONS

When can I shower or get the incision wet?

Dr. Tsuji uses a honeycomb dressing and as long as the edges are sealed, you may shower. If the see-through dressing looks soiled from blood and the honeycomb looks filled, the dressing must be changed. Please see the link on the website www.durhamorthopedics.ca on how to change a dressing. If the edges of the dressing are not sealed, you are not permitted to shower.

When can I immerse my knee totally such as in a bathtub or swimming pool?

Your knee can be totally immersed 4 weeks after surgery.

How long will I be on pain medication for?

It is not unusual to require some form of pain medication for approximately 6-8 weeks after surgery. Initially, the pain may require the use of a narcotic pain medication but this should only be used as a break-through type pain medication if your other non-narcotic pain medication (example: Tylenol) is not strong enough to control your pain. There is a risk of addiction to narcotic pain medication, so I strongly urge you to monitor your use of narcotic pain medication and continue to use a multi-modal pain treatment strategy.

How long will I be on a blood thinner?

Various options, including pills and injections are available to thin your blood and help prevent blood clots. Your surgeon will choose a therapy based on your medical history and possibly on tests done before you leave the hospital. Please ensure you pick up your prescription right away so there is no gap in your medication use especially with blood thinning medications. Complete the entire course of your blood thinning medications.

Can I drink alcohol during my recovery?

If you are taking Warfarin (Coumadin), a blood thinner, you should avoid alcohol intake because alcohol modifies the effect of this medication. You should also avoid alcohol if you are taking narcotics/opioids. Beyond this, you can use alcohol in moderation at your own discretion.

What are good and bad positions for my knee during recovery?

You should spend dedicated time each day working on both flexing (bending) and extending (straightening) your knee (see progress charts on page 45 and mark your progress with activities). It is a good idea to change positions every 15-30 minutes. Avoid a pillow or roll under your knee. A roll under the ankle helps improve extension and prevent a contracture. Being able to fully extend your knee by the end of post-operative week 1 is a positive predictor of a good outcome.

Should I apply ice or heat to my knee?

In the early post-operative period, ice is most helpful to keep down swelling. Maximal swelling to the knee occurs around post-operative day #2. Please continue to ice your knee to help bring the swelling down, which will help with your pain, motion and function to return. After several weeks you may also try using heat and choose what works best for you.

How long should I wear compression stockings?

Recommendations may vary from surgeon to surgeon. After you are home, you may try going without the stockings and see whether or not your ankles or feet tend to swell. If they do, wear the stockings during the day until the swelling returns to what was normal before surgery.

Can I go up and down stairs?

Yes. Initially, you will lead with your un-operated leg when going up stairs, and with your operated leg when coming down. As your muscles get stronger and your motion improves, you will be able to perform stairs in a more normal fashion, usually at the 1 month post-operative time point. A good rule of thumb to remember when deciding which leg to lead with is “up with the good (un-operative), down with the bad (operative).”

Will I need physical therapy?

Yes. A physical therapist plays a very important role in your recovery. You will be seen by a physical therapist soon after your operation and throughout your hospital stay. Once you are home, you will attend out-patient physiotherapy. Ideally, your first appointment will be within the first week after surgery but sometimes this may not be possible. You will also be taught a series of exercises that you can perform on your own without supervision, with most of these exercises located on pages 33-39. In addition, swimming and using a stationary bike are good exercise options. These exercises can be continued indefinitely, even after your recovery is complete.

When can I resume sexual intercourse?

As soon as you are comfortable.

POST-OPERATIVE**I feel depressed. Is this normal?**

It is not uncommon to have feelings of depression after knee replacement surgery. This may be due to a variety of factors such as limited mobility, discomfort, increased dependency on others, and medication side effects. Feelings of depression will typically fade as you begin to return to regular activities. If your feelings of depression persist, consult your family physician.

I have insomnia. Is this normal and what can I do about it?

Insomnia is a very common complaint following knee replacement surgery. Over-the-counter remedies such as Benadryl, melatonin, Tylenol pm or another over-the-counter sleep aid may be effective. If this continues to be a problem, a prescription medication may be necessary. Please consult your family physician.

I am constipated. What should I do?

It is very common to have constipation after surgery. This is due to a number of factors and is aggravated by the need to take narcotic/opioid pain medication. A simple over-the-counter stool softeners (example: Colace) is the best prevention for this problem. In rare cases, you may require a suppository or enema. Dr. Tsuji will include a stool softener with your post-operative prescription medications. Please start taking this even if you are not having constipation, as it is a preventative medication.

LONG TERM**How much knee range of motion do I need?**

Most people require 70° of flexion to walk normally on level ground, 90° to ascend stairs, 100° to descend stairs, and 105° to get out of a low chair. To walk and stand efficiently, your knee should come within 10° of being fully straight. It is Dr. Tsuji's goal to achieve full extension (0°) which equalizes leg lengths and provides the most efficient walking ability and at least 125° of flexion.

What range of motion should I expect from my knee after 6 weeks and after one year?

Everyone's progress with range of motion is different due to a host of many factors (example: pre-operative knee motion, body habitus, post-operative pain, ability to follow post-operative instructions, etc.) Your potential will be determined at the time of your surgery. The average patient achieves approximately 115 degrees of flexion by one year after surgery. Some patients achieve less, and others much more. Usually at 1 year after surgery, the motion you have achieved with your operative knee is likely what you can expect moving forward. Trying to change your motion a year after surgery is exceedingly difficult and therefore, putting in the work early and often when the "bang for your buck" is there, is your best bet at achieving a well-functioning knee.

I think my leg feels longer now. Is this possible?

In the majority of cases your leg length will essentially be unchanged. In some cases, however, the leg is lengthened. This is usually the result of straightening out a knee that pre-operatively had a significant bow to it. At first, the increased length may feel awkward. Most people become accustomed to the difference, but occasionally, a shoe lift may be necessary in the opposite extremity. Sometimes, once the other knee is replaced and both legs are straight, one may feel balanced again.

Can I use weights when I exercise?

Generally, weights are not used for the first 2 months after surgery. As you progress with your physical therapy program, your physical therapist may recommend the use of weights. These should be limited to light weights progressing from 1 lb. to a maximum of 5 lb.

Will I set off the security monitors at the airport? Do I need a doctor's letter?

You will probably set off the alarm as you progress through the security checkpoint. Be proactive and inform the security personnel that you have had a knee replacement and will most likely set off the alarm. Wear clothing that will allow you to show them your knee incision without difficulty. We do provide patients with a credit card that identifies them as having knee replacement; however, patients will usually be screened by security as well.

Do I need antibiotics before having dental work or any other invasive medical procedure?

Yes. This is in order to limit the possibility of an infection occurring in the knee d/t bacteria in our mouths getting into the bloodstream and traveling to the knee joint. Typically patients take 2 grams of amoxicillin or cefazolin 1 hour prior to dental work. Patients with a penicillin allergy often take clindamycin 600mg 1 hour prior to dental work. You will be given a card that describes this in the mail. Avoid any dental cleaning and other non-urgent procedures for approximately 3 months following knee replacement surgery.

Can I kneel after knee replacement surgery?

Dr. Tsuji does not have any restrictions to kneeling. Most patients when kneeling may have a discomforting or even painful feeling as the new implants load the knee somewhat differently after surgery and it may take some time getting used to this feeling. It is not harmful to your knee to kneel. Dr. Tsuji would recommend trying to kneel if necessary a couple months after surgery as well as use knee pads if planning to be kneeling for prolonged periods such as gardening.

Can I return to downhill skiing?

Downhill skiing poses a risk. If patients have a significant prior skiing experience prior to their knee surgery, they may resume downhill skiing between 6 to 12 months following surgery. For who have not had experience with downhill skiing, it is inadvisable for patients to begin skiing. The risk from skiing comes not from the act of skiing itself, but rather from potential injury due to a serious fall or collision with another skier. Avoid skiing black diamond slopes and moguls. If you ski, be aware of the risks and ski only under good conditions.

When do I need to follow-up with my surgeon?

Follow-up appointments are usually made post-operatively at 2 weeks in the fracture clinic for a wound check and review. Dr. Tsuji will then see you at approximately 6 weeks, 6 months and 1 year post-operatively. At this time, it will be decided if further follow-up is required.

My knee makes an intermittent clicking or bumping noise. Is this normal?

Yes. This is normal as the metal articulation is contacting the plastic. This is not a harmful situation and the majority of patients do experience this and it is not painful.

Why does the skin around my knee feel numb?

This is a normal and expected finding. The sensory nerves are interrupted with the knee incision and this results in an area of numbness around the knee, especially on the lateral aspect of the incision. Often, this improves over the course of one year, but may always feel somewhat different.

What should I be worried about?

There are issues that are abnormal and require a call to the physician. These include:

- Increasing redness about the wound especially early after surgery.
- Increasing pain and swelling, though it is normal to have increasing swelling following activity. It is also normal for the operated knee to feel warmer than the unoperated knee.
- A temperature of more than 101.0 as well as drainage from the incision should prompt a call to the physician. If it is during the evening or weekend, the safest thing would be to go to the emergency department for assessment.
- Leg or foot pain and swelling that does not resolve with overnight elevation and use of compression stockings as well as bleeding gums or blood in ones stool or urine should prompt a call to the physician's office – (905) 404-6611.