ONS Guide to Outpatient Total Knee Replacement

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Knee Joint Replacement Surgeons

**Jonathan L. Berliner, MD**

**Medical School:** New York University School of Medicine  
**Residency:** University of California, San Francisco (UCSF)  
**Fellowship:** Adult Reconstruction and Joint Replacement, Hospital for Special Surgery

**Kevin J. Choo, MD**

**Medical School:** University of Chicago, Pritzker School of Medicine  
**Residency:** University of California, San Francisco (UCSF)  
**Fellowship:** Adult Reconstruction and Joint Replacement, Rothman Institute, Thomas Jefferson University

**Demetris Delos, MD**

**Medical School:** Weill Medical College, Cornell University  
**Residency:** Hospital for Special Surgery  
**Fellowship:** Sports Medicine and Shoulder Surgery, Hospital for Special Surgery

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Reclaim Your Quality of Life

Arthritis affects about 40 million Americans. That is one in every eight people.

ONS Joint Replacement surgeons are dedicated to helping patients counter the effects of arthritis. They are at the forefront of advanced surgical techniques that can help you reclaim the joy of pain-free movement.

Whether your favorite activity is spending time with family, enjoying a round of golf, riding a bicycle or walking for pleasure, being able to move without pain is essential for the enjoyment of life.

Total Knee Replacement (arthroplasty) is the surgical resurfacing of the damaged bone and cartilage of your knee. It is one of the most effective ways to reduce pain and restore mobility when knee arthritis has compromised function and quality of life.

The ONS Outpatient Knee Replacement Program eliminates hospital stays and supports your recovery in the comfort of your own home.

With extensive patient education and a comprehensive continuum of care, this program is designed to ensure you have the information, care and support you need every step of the way.
Partners for Your Success

If you and your physician have agreed that outpatient knee replacement is the right option for you, you have made the first step in your journey towards recovery.

Understanding the whats and whys of your surgery and recovery will help prepare you for a smoother and more comfortable experience.

Please read the following pages and be sure to make note of any questions or concerns to discuss with your doctor.

Our goal is to help you reclaim your quality of life.

You can begin today by starting the pre-surgical exercises in the exercise booklet to build strength and stamina, according to your abilities.

In addition, you will need to arrange for a responsible adult to be your “coach.” This health coach should be someone who can attend pre-surgical visits, take you home after surgery, and help you with day to day activities for the first few days once you’ve returned home.

It is critical that you share this booklet with your coach and all the other important people in your life who will help you. Your understanding, participation and commitment – and that of your coach – are tantamount to the success of your procedure.
Outpatient Total Knee Replacement

**WHAT IS IT?**
An outpatient knee replacement is an advanced alternative to traditional inpatient surgery performed to resurface the damaged portions of your knee.

The surgery can eliminate knee pain and allows for complete recovery in the comfort of your home.

**HOW LONG WILL THE SURGERY TAKE?**
Your surgery will take approximately two hours on average, to allow for anesthesia, positioning and actual operative time. Plan to be at the surgical center for about six to seven hours in total, to allow time in the recovery area.

**HOW IS THE KNEE RESURFACED?**
An incision is made on the front of the knee. The damaged bone is removed and the surfaces are prepared and shaped to hold the new components. The implants are aligned and secured to the thigh and shin bones and the kneecap.

**WHAT KIND OF ANESTHESIA WILL I HAVE?**
Typically, the surgery is done with either a spinal anesthetic that numbs the legs from the waist down or general anesthesia. A regional nerve block to more precisely target the sensory nerves of the knee, and sedation will also be administered.
Outpatient Total Knee Replacement

POTENTIAL RISKS

Our physicians are experts at performing outpatient knee procedures safely. However, while the risks are very low, there are potential complications associated with any surgery. Recent studies indicate that the outpatient procedure does not increase the risk of complication. Be sure to speak with your doctor about any questions or concerns. Though rare, the following are some complications that have been associated with knee replacement surgery.

INFECTION

All surgeries have a risk of infection. Your pre-admission test results will confirm you have no active infections before surgery. Antibiotics administered before and after surgery, and other precautions such as cleaning the surgical site with antimicrobials prior to surgery, and the application of a waterproof wound dressing will reduce the risk of infection.

BLOOD CLOTS

In order to reduce the risk of blood clots and promote circulation, you will be asked to pump your feet 10 times an hour and exercise your ankles during the recovery period.

After surgery, you will take one aspirin twice a day to further help prevent blood clots. A blood thinning injection given just under the skin or other medications may be used if there is an increased risk or history of blood clots. Additionally, we recommend patients wear thigh high compression socks for 2 to 4 weeks post-op during waking hours. You do not need to sleep in them.

PNEUMONIA

Breathing deeply after surgery and frequent coughing are important ways to prevent congestion from building up in your lungs, which can lead to pneumonia. Use the incentive spirometer 10 times an hour for the first week post-op. The deep breathing will help keep the lungs open.

BLADDER INFECTION

A bladder infection may also occur, so it is particularly important to drink plenty of fluids to help prevent this type of infection.

NUMBNESS

You will experience some numbness on both sides of your knee incision following surgery. This is normal and should not cause concern. During surgery, the nerves in the skin around the joint are disturbed. As these nerves heal, you may experience a tingling sensation. There is a chance that you may experience permanent numbness in a small area around your incision. However, the function of your knee will not be affected.

SEVERE COMPLICATIONS

As with all major surgery, there is a possibility that complications from any of the conditions mentioned, or from the anesthesia, could be severe enough to result in disability or death. Please discuss all questions and concerns with your doctor and your anesthesiologist.
Preparing for Surgery

SCHEDULING

Most insurance companies require pre-authorization prior to scheduling surgery. Our staff will call your insurance company to determine eligibility and get pre-authorization as needed. This may take several days, depending on the insurance company.

Once we have received approval from your insurance carrier, you will be contacted to discuss available dates for surgery and other important appointments.

MEDICATIONS

Please inform our office of all medications and supplements you are taking. If you are currently taking any of the following medications, they need to be discontinued prior to your surgery:

- Coumadin, all blood thinners 5 days
- Aspirin 10 days
- St. John’s Wort 10 days
- Prescription Diet Pills 1 day
- All vitamins and supplements 10 days
- Anti-inflammatory medications (Advil, ibuprofen, Aleve, Naprosyn, Relafen, Diclofenac) 10 days
- Hormone replacement therapy 7 days
Preparing for Surgery

MEDICAL HISTORY AND HEALTH STATUS

It is important for us to have accurate and complete information regarding your medical history and health status to determine your eligibility for the procedure and for insurance verification. Here are some questions you may be asked about your medical history.

- Do you have health problems such as blood clotting disorders, diabetes, heart disease or high blood pressure?
- Are you taking any medications? This includes over-the-counter products such as aspirin, ibuprofen, vitamins, supplements, herbs and teas. Please have your medication bottles and a complete medication list available for your physician to review, or update your list in the ONS Patient Portal.
- Do you use tobacco, alcohol or recreational drugs?
- Do you have allergies?
- Do you currently have a fever, cold, rash or history of recurring infection?
- Have you had previous surgeries or illnesses?
- Are you or could you be pregnant?
- Have you or any blood relatives had previous problems with anesthesia?
- Are you currently on a prescribed regimen for chronic pain?

Preparing for Surgery

PRE-SURGICAL TESTING

Your surgical coordinator will direct you to a local laboratory or diagnostic center for pre-operative testing. These tests may include:

- Chest X-ray
- Blood tests
- Nasal MRSA culture
- Urine test
- Electrocardiogram (EKG)

IMPORTANT: If you develop a fever, cold or rash in the days leading up to your surgery, call our office regarding your change of health. Your surgery may need to be postponed for your safety.
Preparing for Surgery

PRE-SURGICAL ORIENTATION

We ask that you schedule an office visit one to two weeks prior to your surgery for the purpose of pre-surgical orientation. ONS will arrange for an appointment with a home healthcare provider 1-2 weeks pre-surgery to assess your home for safety, demonstrate proper use of walkers, crutches, etc.

PRIOR TO SURGERY, WE WILL:

- Provide all necessary prescriptions for post-operative medications.
- Confirm that home health care visits have been arranged and approved by your insurance company.
- Explain the protocols home health care entails.
- Confirm the date and time of surgery with the surgery center.
- Review your home medication sheet and make sure you are aware of which medications to continue and which to discontinue before surgery.
- Review any pre-operative diagnostic studies.
- Review medical clearance information from your primary medical physician and/or specialist.

Preparing for Surgery

PREPARE YOUR HOME – CHECKLIST

Please review and complete the follow list of items prior to surgery. This will ensure a smooth transition from the surgery center to your home on the day of surgery.

- Prepare meals ahead of time and put fresh linens on your bed.
- Make sure you have an armchair with a firm cushion to sit on.
- Water beds are not recommended after your surgery. A flat, firm mattress should be in place.
- Have your prescription medications available.
- Pick up throw rugs and make sure long phone and electrical cords are out of the way.
- Put night-lights in bathrooms and dark areas.
- Have non-skid surfaces (strips, etc.) in place in tubs and showers.
- Arrange for pet care, if needed.
- Prepare a comfortable rest area with tissues, phone, TV, remote control, etc., nearby.
- If you are going to be alone part of the day, carry a portable phone and/or personal alarm with you to call for help in case of an emergency.
- Have footwear available with non-skid soles and a back.
- Arrange transportation for follow-up visits.
- Create a traffic pattern using doorways large enough to fit the walker.
- Make sure the shower chair, commode and safety bars have been installed, if you have purchased them.
Preparing for Surgery

ONE WEEK PRIOR TO SURGERY

☐ Fill all prescribed medicines: Celebrex, Zofran (to prevent nausea at home), post—surgical pain meds (oxycodone, Gabapentin), Lovenox.

☐ Receive antimicrobial wipes (Sage Wipes®), non-rolling walker, single-prong cane.

☐ Obtain over-the-counter medications: aspirin (325 mg), laxative, Extra-Strength Tylenol.

☐ Stop all anticoagulants, anti-inflammatories, aspirin, fish oil, Vitamin E and supplements.

☐ Arrange for a family member, significant other or care partner to be with you for 48 hours after discharge.

☐ Schedule your Physical Therapy visits at your preferred PT facility, to start about 10 days after surgery.

☐ Continue pre-surgical exercises.

Preparing for Surgery

TWO DAYS PRIOR TO SURGERY

☐ Continue pre-surgical exercises to build strength and stamina.

☐ Be sure to hydrate. Drink at least twice as much as you normally would.

ONE DAY PRIOR TO SURGERY

☐ Use Sage Wipes® after showering, the night before surgery.

☐ Have nothing to eat after midnight – including mints and gum. Your surgery may be canceled or delayed if you do. You may drink clear liquid such as water, black coffee or Gatorade (not red) up to 3 hours before surgery.

☐ Eat a ‘regular-sized’ dinner. The day before surgery is not the time to “feast” on large quantities of heavy or rich foods.

☐ Take all routine medications except those already stopped. Please check with our office if you have any questions about which medications are permitted.
Day of Surgery

**AT HOME BEFORE SURGERY**

☐ Use the last set of anti-microbial wipes over the surgical site – **DO NOT SHOWER.**

☐ Wear comfortable, loose clothing.

☐ Do not use lotions, talcum, perfume, make-up or nail polish.

☐ Take heart and blood pressure medications, if needed, with a sip of water.

☐ Do not take insulin or diabetes medications unless instructed to do so.

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**AT THE SURGERY CENTER**

☐ Bring walker or crutches.

☐ Bring photo-ID, bag for dentures, cases for contact lenses, glasses.

☐ A family member, care partner or significant other must accompany you to the surgery center.

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**IN THE PRE-OP AREA**

- You will sign surgical and anesthesia consent forms.

- An IV will be started and pre-op sedatives and antibiotics will be administered.

- A nerve block will be administered by the anesthesiologist.

- Your surgeon will meet you and your family in the pre-op area, confirm and mark the surgical site, and answer any remaining questions you may have.

- You will then be transferred to the OR. Friends and/or family members may wait for you in the reception area.
Day of Surgery

POST-OP/RECOVERY

At the end of the surgery, anesthesia will be reversed and you will be transferred to the recovery area.

The nurses will monitor your vital signs and keep you comfortable. Medications will be administered as necessary for pain or nausea.

You will be monitored in the recovery area for a few hours. You will be discharged home once we are sure that you are stable and comfortable. You must be able to urinate, tolerate a light meal and ambulate safely with your walker before going home.

The medications administered at the surgery center, as well as the nerve block, should provide adequate pain relief at home. It is extremely important, however, to follow the post-operative pain management protocol to ensure ongoing pain relief.

Prior to discharge, a physical therapist will have you walk and confirm that you are stable for discharge.

You will be given a brief home instruction sheet – detailed home instructions are on the next several pages of this booklet.

After Surgery

MANAGING YOUR PAIN

Our primary goal is to keep you as comfortable as possible following your surgery, however, there will be some degree of postoperative pain.

Your pain will be assessed from the time you leave the operating room until the time you leave the surgery center. You will be asked to rate your discomfort on a pain scale to help us determine if your current method of pain control is adequate or if changes need to be made. Oral or injected pain medications may be used to relieve discomfort.

HOME CARE

A visiting nurse will be scheduled to visit you after you are discharged to assist you with post-op care and assess your condition. The nurse will return for a final assessment at the end of your at-home physical therapy program.

A physical therapist will visit on the same day as surgery for the next 5 days, and then every other day until 10–12 days post-op. During this time, the therapist will lead you through exercises, evaluate and teach self-care of your wound. He or she will review your diet, hydration and evaluate your pain level. The therapist will help increase your strength and range of motion and assist you in accomplishing physical challenges such as climbing and descending stairs. You will be given a personalized home exercise program that needs to be followed several times a day as instructed.

HAND WASHING HELPS PREVENT INFECTION

A serious form of bacteria known as MRSA frequently inhabits the skin or nose of healthy people. When introduced into the home setting during recovery, it can be harmful to patients. Hand hygiene is the single most important method of controlling the spread of bacteria. We ask all visitors and caregivers to wash their hands with anti-bacterial soap and water before and after contact with patients and their surroundings. This simple act, several times a day, can provide for a safer environment for all.

NOTE: Alcohol-based hand sanitizers are ineffective against MRSA spores.
After Surgery

MOVING SAFELY FOR THE FIRST FEW WEEKS

SAFE USE OF YOUR WALKER
- Keep your hips straight when using the walker, supporting full body weight as able/tolerated.
- To sit, back up to the chair until you feel the front of the chair on the back of your legs. Reach down for the arms and lower yourself safely.
- Do not use the walker as a support when getting in or out of bed, up from a chair, or from a toilet. It is not stable enough.

TOILET
- Do not attempt to use your walker to pull yourself up to stand. Push up from the seat, reaching forward with one hand at a time to your walker.
- When out in the community, use the bathrooms that accommodate people with disabilities. They will have grab bars.

STALL SHOWER
- If your cane fits into the shower stall, step in with the affected leg first. If you are unable to fit the cane into the stall, step in backwards with your strong leg first.
- Make sure surfaces inside and outside the shower are non-skid to decrease your risk of slipping.
- Use a long-handled sponge or brush to wash and dry legs.
After Surgery
PRECAUTIONS

• Use your walker or cane when walking and weight bearing (as tolerated).
• Do not lift or carry things while walking.
• Avoid small pets, remove throw rugs, and secure electrical and phone cords on the floor where you may walk.
• Do not drive for two weeks or as instructed.
• Allow for adequate room at the side of your bed to walk.
• Avoid pivoting on your affected leg.
• Avoid slippery or unstable surfaces.
• Do not allow yourself to get exhausted.
• Use a cart to move items.
• Wear an apron with several pockets to keep your hands free.
• Avoid reaching far overhead or down low. It’s easier to take out the trash if you tie handles of the trash bag to your walker. Slide bowls, containers, pots and pans along the counter. Don’t carry them.

After Surgery
FIRST NIGHT POST-OP AT HOME

• Keep the surgical dressing dry and intact.
• Take one enteric-coated aspirin and one Gabapentin (300 mg) at 8 PM.
• Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart - do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
• Resume fluids and a healthy diet.
• Use oxycodone as needed and directed for pain.
• Use Zofran as needed for nausea.
• Take one dose of an over-the-counter laxative to prevent constipation.
• The muscle in the leg may be weak from the nerve block for about 24 hours – always use the walker for ambulation to prevent a fall.
After Surgery

DAY 1 POST-OP

• It is ok to shower with a waterproof dressing.
• Pain medications can be constipating, take an over-the-counter laxative for relief.
• Take one enteric-coated aspirin twice a day to further help prevent blood clots. Patients with a history of blood clots may be prescribed daily Lovenox injections or other medications.
• Take 200 mg of Celebrex (one tablet).
• Take Gabapentin (300 mg) before bed.
• Take oxycodone as prescribed for pain, if needed.
• Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart as needed for pain - do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
• Continue post-operative exercises and ambulation.
• You can move from your bed to chair, using a walker or cane.
• Continue to drink lots of fluids, especially if taking laxatives.

DAY 2 POST-OP

• Continue to hydrate and eat a healthy diet that is high in fiber and protein.
• Continue laxative to prevent constipation, as needed.
• Continue aspirin twice daily for 5 weeks post-op.
• Continue Celebrex (200 mg) daily for 30 days post-op.
• Continue Gabapentin (300 mg) at bedtime for 5 days post-op.
• Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart as needed for pain - do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
• Ambulate with walker.
• Transition to cane, if safe and stable.
After Surgery

DAY 3 POST-OP

• Continue enteric-coated aspirin, twice daily for 5 weeks post-op.
• Continue Celebrex (200 mg), daily for 30 days post-op.
• Continue Gabapentin (300 mg), once daily for 5 days post-op at bedtime.
• Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart as needed for pain - do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
• Diminish use of pain medication as tolerated.
• Continue home physical therapy exercise program.

DAY 4 - 13 POST-OP

• Continue home physical therapy and exercise program.
• Increase activity as tolerated.
• Continue enteric-coated aspirin, twice daily for 5 weeks post-op.
• Continue Celebrex (200 mg), daily for 30 days post-op.
• Continue Gabapentin (300 mg), once daily for 5 days post-op at bedtime.
• Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart as needed for pain - do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
• Begin outpatient physical therapy.
• Remove dressing on day 5 post-op. Please contact the office if there are any concerns about your incision. Bruising and swelling are to be expected. Active bleeding or redness should prompt a call to the office.

After Surgery

TWO WEEKS POST-OP

• Post-op office visit with your surgeon will include:
  • X-ray.
  • Incision check.
  • Review of physical therapists reports.
  • Evaluation of functional status, level of discomfort.
• Resume activity as tolerated.

Although you may feel that you are doing extremely well at this point, it is important to be seen in our office for routine follow-up at 6 weeks, 3 months, 6 months and 1 year after surgery.
CALL 911 OR GO TO AN EMERGENCY ROOM IF:

- Chest pain.
- Shortness of breath/difficulty breathing/painful breathing.
- A fall resulting in significant pain or immobility.
- Change in mental status or level of consciousness.

CALL YOUR CASE MANAGER AT 203-869-6990 IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Increased or unmanageable pain. New calf pain.
- Not tolerating physical therapy. Unsteady on feet and/or weak.
- Yellow/green wound drainage. Increased swelling. Open wound.
- Cough, fever, trouble breathing, chills with or without shaking.
- Uncertainty or questions about medications, dosages or timing.
- Pain or burning with urination. Cloudy or odorous urine.
- Abdominal pain/constipation/nausea/vomiting/diarrhea.

NO ACTION IS NECESSARY IF:

- Pain is well managed, no new or unusual pain anywhere.
- Tolerating physical therapy, steady on feet, no new weakness.
- Incision is clean and dry, mild to moderate swelling, wound is closed.
- No cough, fever or difficulty breathing.
- No questions about or difficulty with medications.
- No pain or difficulty urinating and urine is clear.
- No constipation, nausea, vomiting, diarrhea; improved appetite.
- No flying for three months following surgery unless you check with your surgeon.
- Discuss when you may drive at your follow up appointment with your surgeon.
- Do not schedule elective procedures for three months following your surgery (e.g. colonoscopy, cataracts, etc.).

Life with Your New Knee

Your new joint implant is the result of many years of research, but like any device, the life span depends on how well you care for it. To ensure the health of your new knee, it’s important you take care of it for the rest of your life.

SPORTS AND ACTIVITIES

Your new joint is designed for activities of daily living and lower-impact sports. Walking, swimming, golfing and cycling are recommended once you feel comfortable. Aggressive sports, such as jogging or running, jumping, repeated climbing and heavy lifting may impair or compromise the function and long-term success of your joint, and therefore, should be avoided.

INFECTION

Your joint components are made of metal and polyethylene, and the body considers them a foreign object. If you get a serious infection elsewhere in your body, bacteria can gather around the components of your knee joint and it may become infected. If you become ill with an infection or high fever, you should be treated immediately.

SURGICAL PROCEDURES

If you are scheduled for any kind of procedure, no matter how minor, you may need to take antibiotics before and after. Please make sure your physician, dentist or surgeon is aware prior to your procedure that you have a joint implant.
# APPOINTMENT CHECKLIST

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