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Total Knee/Partial Knee/Patellofemoral Joint Replacement

What is total knee replacement?

- A total knee replacement replaces the worn ends of the thighbone (femur) and the lower leg bone (tibia). Damaged bone will be removed and will be replaced with plastic and metal parts. These new parts may be attached to your bones with cement.

What is a partial knee replacement?

- A partial knee replacement is similar to a total knee replacement but only one side (inside or outside) of the knee is replaced because arthritis and/or cartilage wear is isolated to that part of the knee.

What is a patellofemoral joint replacement?

- A type of partial knee replacement in which the worn bone and cartilage surfaces of the patella and femur are removed and replaced.

What happens on the day of surgery?

- Surgery will take approximately 2 hours.
- You will have a Prineo bandage (mesh held on with glue) on your knee.
- You may be placed in an immobilizer/brace immediately after surgery. This can be removed when you are no longer numb in your leg.
- You may have a drain near the incision on the knee and this will be removed prior to leaving the hospital.
- You will have therapy or walk on the day of surgery. You will be evaluated for home by walking and doing stairs. You will use a cane or a walker for ambulation.
- You may go home the day after surgery if you are cleared by therapy and medically stable.

Immediate Post Op

- Limit activity for 24 hours.
- Be sure you have someone to drive you home and stay with you for 24 hours.
- Do not drive until instructed to do so.
- If you had general anesthesia, a sore throat may be experienced. Drink cold fluids, chew ice chips, or use throat lozenges to help relieve discomfort
- Rest today, increase activity tomorrow, as tolerated.
- Use ice packs one hour on/one hour off, especially for the first 24-48 hours.

Your Recovery

- Leave your dressing alone. Do not pick or pull at dressing. This will be removed on your first visit to the office.
- You may shower over the dressing. Pat dry when complete. No tub baths or whirlpools or other activities that your incision will be submerged under water.
- Depending on your progress at the hospital, underlying health conditions, and support at home, subacute rehabilitation or home care may be necessary for your recovery.
- Most patients are able to return to work in 4-12 weeks.
- Swelling in the operative leg is normal for 3-6 months after surgery. Normal swelling is reduced in the morning and will accumulate during the day. Reduce swelling by elevating your legs or lying down. You may use ice.
- Your knee will continue to improve for 6-12 months. You will probably use a walker for 1-3 weeks and then a cane. You will probably be able to walk on your own in 4-8 weeks.
- Follow the exercises given to you by the physical therapist.
- Take medicine as directed.
- **Pain medications can make you constipated. Use over the counter colace or miralax or your choice of stool softener/laxative.**
- **Take your blood thinner as prescribed. This is most often aspirin.**
- If you smoke, we strongly encourage you to stop. Smoking slows your body's ability to heal.
- Follow up with Dr Akre or the nurse practitioner 10-14 days after surgery.

Call the doctor if:

- Pain does not get better after taking pain medicine
- Unusual drainage from your surgical site
- Fever above 101° and chills
- Inability to urinate
- Loose stitches or incision comes open
- Incision bleeds through large bandage
- Signs of infection: pain, swelling, warmth, redness, drainage, red streaks from incision, fever.
- Signs of blood clot: pain in the calf, back of the knee, thigh or groin, redness and swelling in your leg and groin.
- **IF YOU EXPERIENCE CHEST PAIN AND/OR DIFFICULTY BREATHING, CALL 911.**