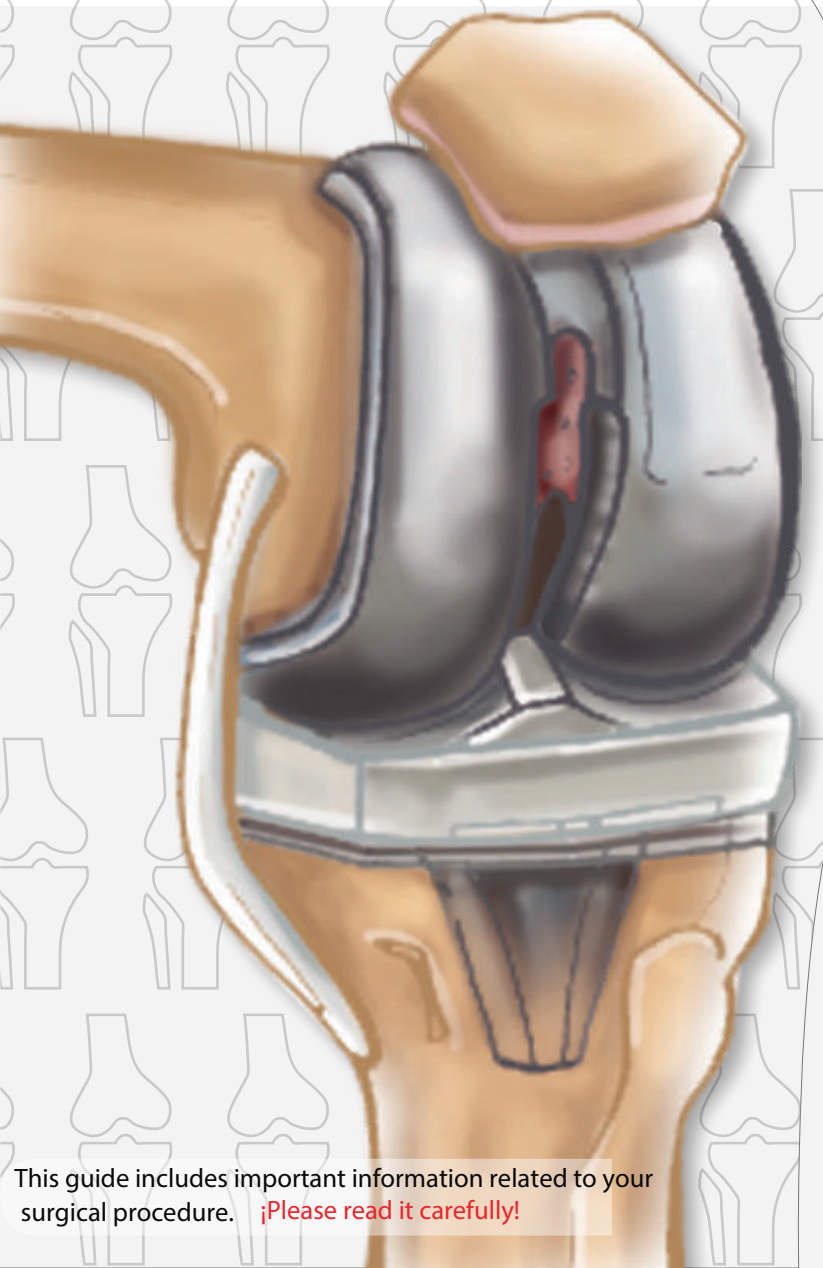
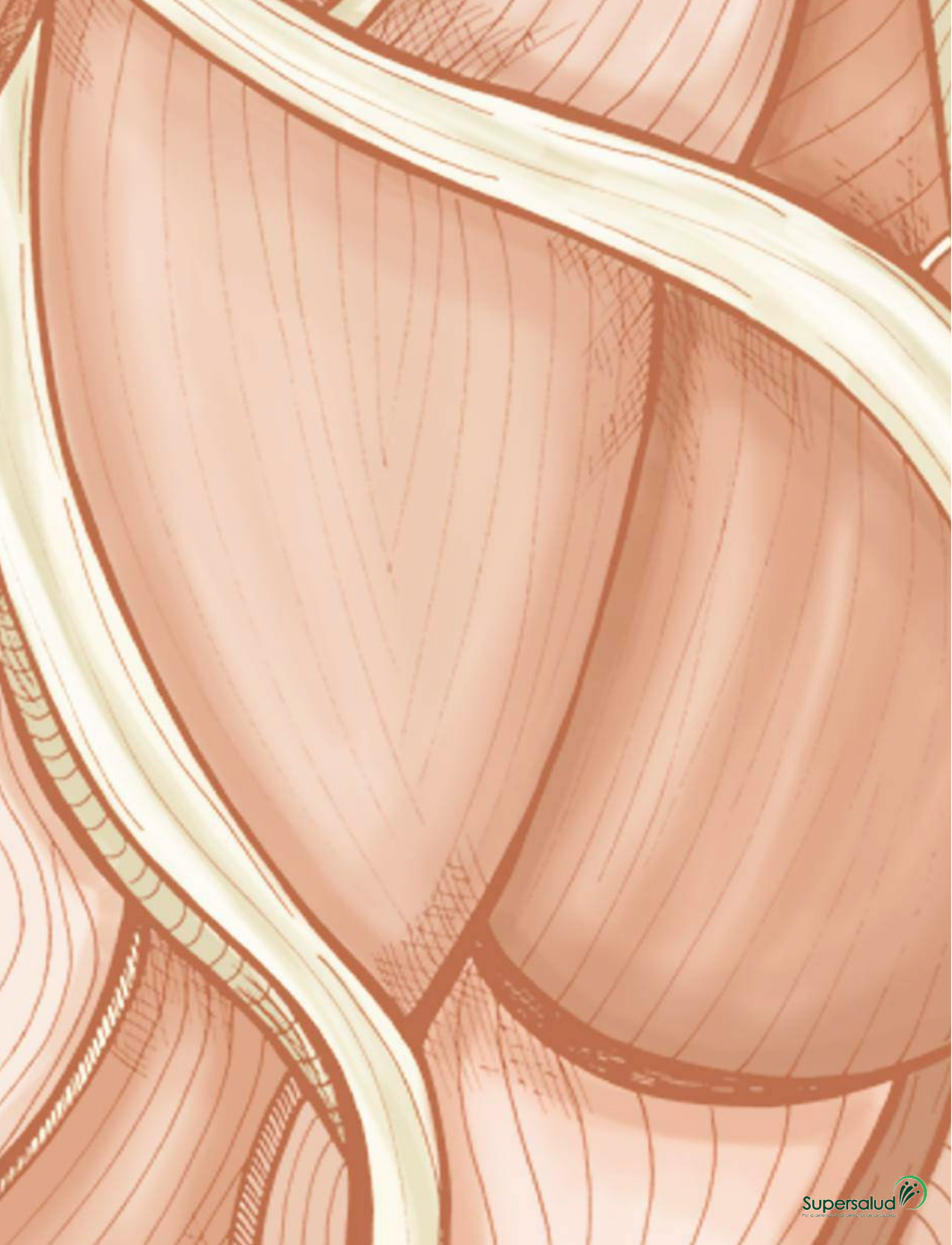


Patient's guide to

TOTAL KNEE REPLACEMENT

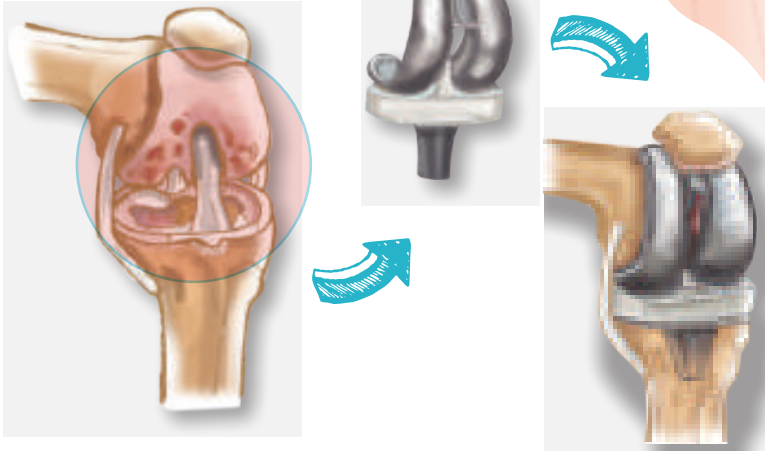


This guide includes important information related to your surgical procedure. **¡Please read it carefully!**



TOTAL KNEE REPLACEMENT

¿What is it?



1. Total Knee Replacement, or Arthroplasty, is a surgical procedure in which a damaged painful hip joint (due to arthritis, fracture, or other conditions) is replaced with a prosthetic joint that allows for pain relief and improvement of function. This prosthetic device is not visible from the outside. It is put in through the skin and soft tissues, leaving a visible scar.

2. It is considered a major surgery. It carries the risk of different complications that may occur in a low proportion of patients, related to the anesthesia or to the surgical procedure.

Most patients do not present any complications, but you should be aware of the related risks, including residual pain, stiffness, blood clotting, instability, leg length inequality, intraoperative fractures, infection, loosening, nervous or vascular injuries, healing problems, among others.

Sometimes it might be necessary to re-operate or exchange an implanted prosthesis (Revision Surgery). The average duration of the device varies but it is usually accepted to range between 15 to 20 years.

3. The prosthetic knee will never be the same as the original hip, however it might improve your quality of life. It must be taken care of always, avoid excessive weight, high-impact activities, or extreme turns of movement.

Instructions Prior to the Day of Surgery

4. Understanding the procedure, preparing for it, and getting ready for rehabilitation is of outmost importance for a faster and better result. Watching the instructional video, reading and understanding the recommendation guide, as well as undertaking the rehabilitation with discipline and adherence, will warrant a safe and early recovery.

5. You will receive indications to follow closely according to the type of procedure that your doctor will perform, including activities that you can perform before, during and after the surgery. Remember that there is a complete instructional video that you can watch on the hospital's web page.

6. You must STOP taking some medications in advance, prior to your surgery:
Stop natural remedies 30 days in advance (green tea, ginkgo Biloba, chia).

8 days in advance stop Aspirin (maintain intake only if your treating physician advises not to stop it) Allopurinol, Colchicine, Probenecid, Clopidogrel, naproxen, diclofenac.

1-2 months prior to surgery you must stop cigarette smoking and alcohol intake and keep this withdrawal until 6 months after surgery. Biological medications must be stopped according to their half-lives as recommended. Other regular medications can be continued as regularly.

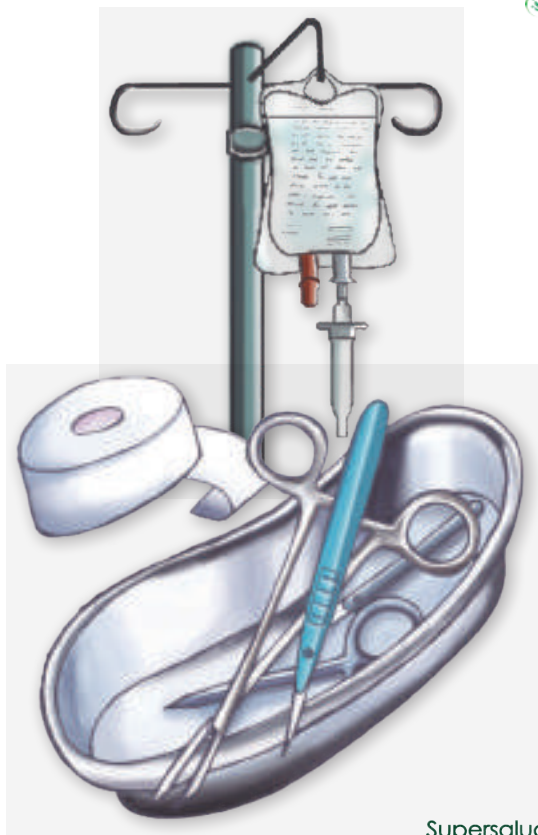
You must inform the surgical team about all your current medical conditions, known adverse reactions, previous surgery related complications, and regular prescribed medication without exception.

7. On the day of admission, you must bring all diagnostic images previously taken including X-rays, CT scans, and MRIs.

8. At home you must have available Alcohol-based Hand Rub (antiseptic rub) to be applied by the patient and by the people assisting them. Everyone who comes in contact with you must rub their hand with this antiseptic.

9. For the day of surgery, you must bring a pair of short antiembolism stockings (18-23 mmHg), or compression stockings (15-20mmHg), and a Walker.

10. DO NOT consume any liquids or solid food in the 8 hours prior to your surgery

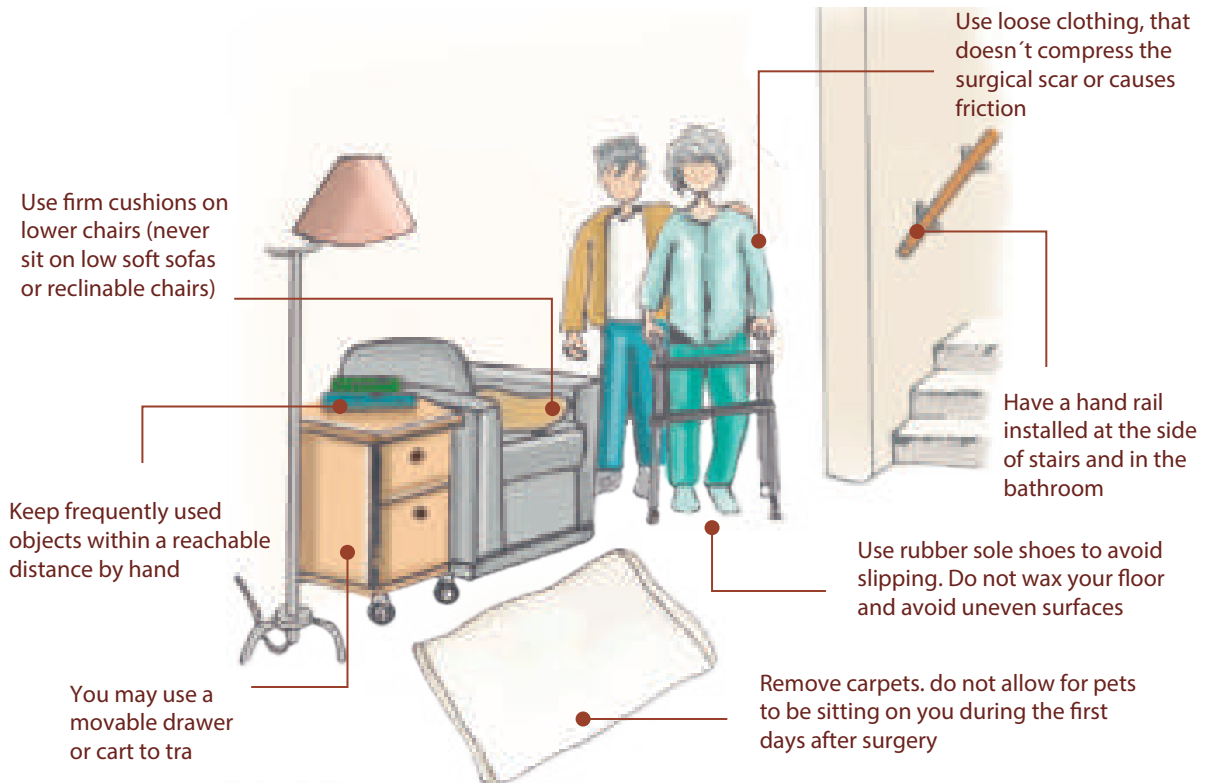


11. Remove all nail polish, make-up, jewelry and body piercings.

12. Do not shave or pluck the surgical area.

13. Do not put lotion around surgical area.

14. Remove lenses, hearing devices and dentures.



Caring for Yourself After Surgery

10. Work leave will be between 30 and 90 days, depending on the decision of your doctor, the progression of your recovery, and the job you carry out at work (you must establish a back-up plan)

11. Follow the complete prescription of medications issued by your treating doctor: Thromboembolic prophylaxis, pain medication (adequate pain control is mandatory for a better recovery). Take the medications even if you are not feeling any pain.

12. 7-15 days after the surgery, the dressings and sutures will be removed during the first post-op visit. After this is done, you can shower normally

13. Indications for Emergency Room visit include a red wound, constant drainage, severe pain, body temperature above 38°C, pain does not yield to medication, extreme swelling of limb, or chest pain

14. Painless swelling is expectable during the first 3 to 6 months after surgery.

15. Elevate your leg slightly and put an ice pack on it for 15 to 20 min every hour for the first 48 hours, without wetting or dampening the wound dressing.

16. Keep the compression stockings on at all times. Remove them only for hydration of the skin and remember to change the height of the elastic band to avoid pressure sores. They will be withdrawn only after you have regained full activity and swelling has gone down.

17. You must mobilize all your extremities. Especially your operated knee, starting immediately after the procedure. Always keep complete extension. You must never put a pillow or cushion behind your operated knee when lying down. Try to keep it as extended as possible. Debe movilizar las articulaciones,

18. You are allowed to sleep in the position that is most comfortable to you; except face down on your belly for the first 2 weeks.

19. You can restart your sexual activity, car driving, and return to work according to your doctor's instructions (in between 30 to 90 days)

20. Restart your regular medication after thromboembolic prophylaxis is finished. You will continue regular check-ups for your knee throughout the rest of your life.

21. Starting on day 1 after surgery, you can walk with full weight bearing assisted by a walker or a pair of crutches. Most of the time you must be out of the bed, either walking or sitting on high chair. You can move around your house and use the bathroom. When lying in bed, you must avoid staying in the same position for a long time and avoid wrinkles on your sheets to prevent pressure sores on your skin. If you feel burning, it might be a sign to change position.

22. Do not come in contact with animals or pets for 15 days.

Useful Advice



23. How to sit: the back side of the leg on the operated side must touch the chair. Extend the leg forward, put your arms on the side handles, lower your body into the chair slowly until you are fully seated.



24. How to rise: With the leg on the operated side extended forward and carrying the weight on the opposite leg, rise as you push upward with your arms. As you gain your balance, transfer to the crutches or walker.

25. How to lay down: Sit on the side of the bed and rise the operated extremity until it lays flat of the bed, then turn and get the rest of the body up.

26. How to get out of bed: Turn the body to the outer edge of the bed, sit on the side and bear the weight on the non-operated leg. Stand with the help of the arms leaning on the walker.



27. Use ice to reduce pain and swelling but remember that ice decreases sensitivity. Do not apply ice directly to the skin; use an ice pack or wrap it in a towel (first 48 hours).

28. Apply heat before the exercises to help with the range of movement. Use a heating pad or a hot damp towel for 15 to 20 minutes



29. Reduce your exercises if your muscles start to hurt, but don't stop doing them!

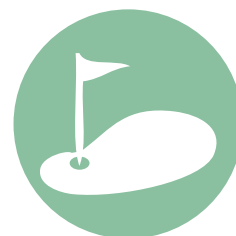
30. Walking not only helps to regain a normal comfortable pattern of gait, but it keeps you fit and prevents formation of blood clots in your legs. Start by 3-4 short walks daily, and increase time, distance and frequency of the walks gradually.



Patient Recommendations

About Physical Therapy

- Take the pain control medication before starting your physical therapy session.
- Continue performing taught exercises, safe positions, correct transfer from the bed to the floor and the opposite, and assisted walking with a walker or crutches with correct technique **for the first 15 days**. Remember to avoid pillows or cushions behind the knee when lying down. As you lay flat you must allow full extension of the knee.
 - **After 15 days** initiate physical therapy to gain progression of mobility and gait.
- The purpose is to reach at least 75 degrees of flexion by the end of the first week, and 90 degrees by week 3.
- Continue Quadriceps strengthening exercises in a gradual increasing way, increase strength and intensity after week 4.
- Allow in-pool exercises.
- You may climb up and down stairs with the correct technique.
- **At 4 weeks**, walking should be independent with minimal assistance, evaluate muscle strength, range of movement, prepare for work return and authorize sexual activity.
- At 8 weeks, full recovery of strength and independence should be recovered
- Return to work is allowed, with consent of your doctor.
- Driving is allowed.
- **At 3 months**, you may swim, play golf, ride bicycle and return to recreational activities





Rehabilitation and exercise are continuous, should be kept in some way throughout the rest of your life. To favor a longer duration of your prosthetic knee, it is mandatory to avoid unnecessary loading of the joint, such as:

- Keep a healthy weight, derived from an active and healthy lifestyle.
- Avoid contact or high strain exercises, such as running, skiing or aerobics. Consult your doctor before taking on a new sports activity and avoid movement that imply acceleration, deceleration and sudden turns.
- Avoid the repetitive use of stairs.
- Do not lift heavy objects, do not kneel and avoid low chairs.



Attention to Patients

In hospital:

Monday 1:00 p.m. a 3:00 p.m.

Consulta Externa 2° Piso

Phone and Whatsapp

Tuesday through Friday

1:00 p.m. a 3:00 p.m.

Contact

☎ 2959000 Ext. 9240 📞 320 704 9057

✉ rarticular@clinicaelrosario.com



INSTRUCCIONES para pacientes

Prótesis Articulares

Clínica
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