

AUSTIN BONE AND JOINT CLINIC

PROFESSIONAL ASSOCIATION

1015 EAST 32ND STREET, SUITE 101

AUSTIN, TEXAS 78705

(512) 477-6341

ORTHOPEDIC SURGERY

WITH SPECIAL INTEREST IN

TOTAL JOINT REPLACEMENT

ARTHROSCOPY AND KNEE SURGERY

HAND AND SHOULDER RECONSTRUCTION

PEDIATRIC ORTHOPEDICS

FOOT SURGERY

ELWOOD J. EICHLER, M.D.

L. DON GREENWAY, M.D.

CHRISTOPHER S. CHENAULT, M.D.

C. BRUCE MALONE, M.D.

STEPHEN M. PEARCE, M.D.

JOHN C. PEARCE, M.D.

EARL J. KILBRIDE, M.D.

TOTAL KNEE REPLACEMENT

A total knee replacement, or arthroplasty, has been recommended for treatment of your knee pain. You have not received adequate relief from the nonsurgical treatment, and you have chosen a joint replacement. This information paper will cover some of the concerns about your hospitalization and surgery not covered in the booklet.

After surgery is elected, I usually recommend that your medical doctor examine you to see if there are any medical reasons that surgery would be too risky. If you are on certain medications, they may have to be stopped before surgery. Please tell us if you are on Insulin, blood thinners, or blood pressure medications. For your safety, infections anywhere in your body will delay the surgery. We are very concerned if you have tooth or gum infection. Let me know if an infection occurs anytime before your surgery.

Prior to surgery, you will be asked to sign an operative permit, which is a form created by state law, and lists almost all of the possible hazards and complications. It can be scary, but I want you to read it in detail. The major risks of this knee surgery are: blood clots forming in your legs and going to your lungs; infection; loosening of the prosthesis, causing pain; dislocation of the prosthesis, requiring relocation; failure to relieve all of your pain. Loosening or severe infection can cause the artificial joint to have to be removed. In cases of loosening, the joint will be replaced. In cases of infection, the joint usually has to be removed and can usually be replaced at a later date. After studying your problem, I think the risks of the surgery are outweighed by the potential benefits. However, only you can make this decision.

On the day of surgery, you will be taken to an operating room with special air conditioning, which cleans the air, and lowers the risk of infection. I also administer an antibiotic during and after the operation to reduce the infection risk even further. The equipment I use is state of the art technology to assure your safety and the best possible result.

After surgery, you will receive a pain medication from either a machine that you control, or by shots on a schedule to protect you from getting too much narcotic. Epidural analgesia is also possible and is supervised by an anesthesiologist. I may use post surgical drains for a day or two, to keep blood from gathering in your knee joint.

In some cases, I use special equipment to regain motion after surgery called a Continuous Passive Motion machine. The CPM helps get your joints, muscles, and tendons moving early. It also decreases overall pain, increases circulation, and, with exercises, will help you get your strength back. When your wound has stabilized, you will get out of bed with help from a physical therapist. You may be dizzy at first, but the physical therapist will help you walk safely. The postoperative therapy to gain range of motion, strength, and good, safe walking, usually takes about four to six days. With good progress, you can go home any time after you are walking safely with a walker; are on pain pills instead of shots; and are without fever. Your wound closure, sutures, or skin clips, can be removed either in the hospital or in the office, depending on your speed of healing.

When you go home, you will still have some joint stiffness, and will use a walker or crutches to protect your new joint until all of the tissues heal. An elevated toilet seat also helps protect your new joint, and makes it more comfortable to go to the bathroom.

The Orthopedic Surgeons at the Austin Bone & Joint Clinic are all trained in total joint replacements. We have over twenty years experience in this type of surgery, and we keep up with the latest advancements every year at training sessions all over the United States. All of our doctors are board certified by The American Board of Orthopedic Surgery.

If you have questions after reading this paper, either write them in the space provided below, or in the margins, so we can go over these concerns prior to surgery.

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