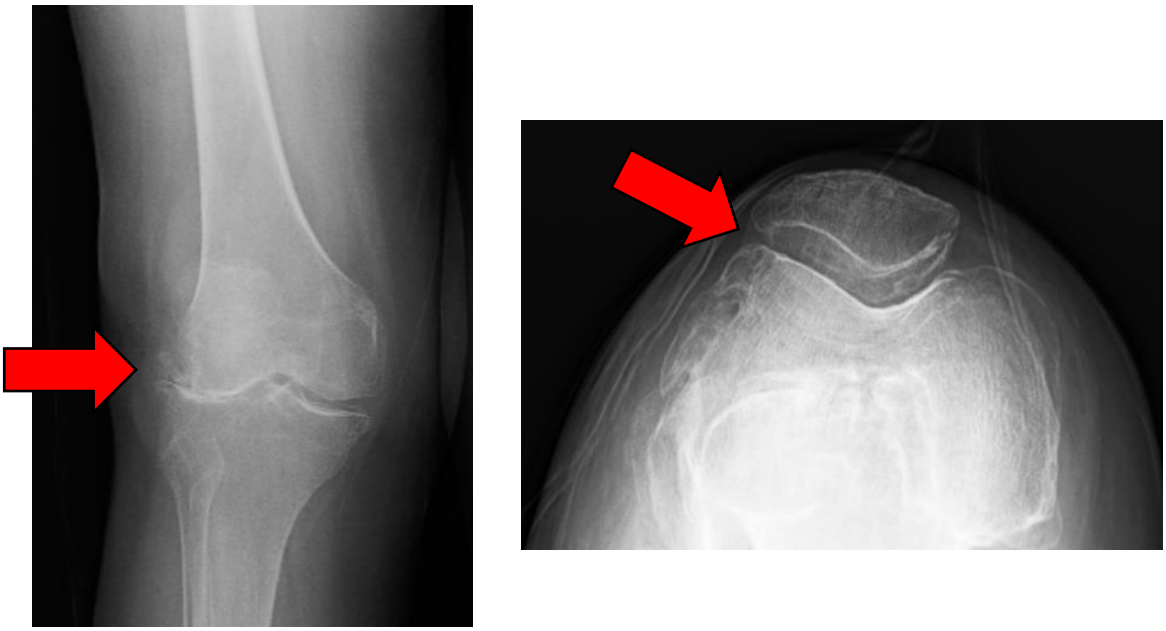
Total Knee Arthroplasty

Indications for Surgery

Arthritis is the physical wearing away of the protective cartilage surface covering the ends of our bones at a joint. When functioning, this cartilage surface allows smooth and painless joint motion. However, as the cartilage wears out over time, the contacting bones cause pain, swelling, etc. Arthritis symptoms generally progress over time at an unpredictable rate (months, years, decades). Arthritis should initially be treated conservatively with physical therapy, injections, medications, and activity modifications. Total knee replacement is a last resort and is appropriate for treating arthritis when all reasonable conservative measures have been exhausted and pain continues to significantly affect your quality of life.



Arrows point to a loss of joint "space" between the bones indicating a loss of the protective weight bearing cartilage surface

Contraindications to Surgery

- Persons who demonstrate an inability or unwillingness to complete the necessary postoperative rehabilitation program should not have surgery.
- Infection of the knee, current or previous, is a concern, but not an absolute contraindication

Potential Surgical Risks and Complications

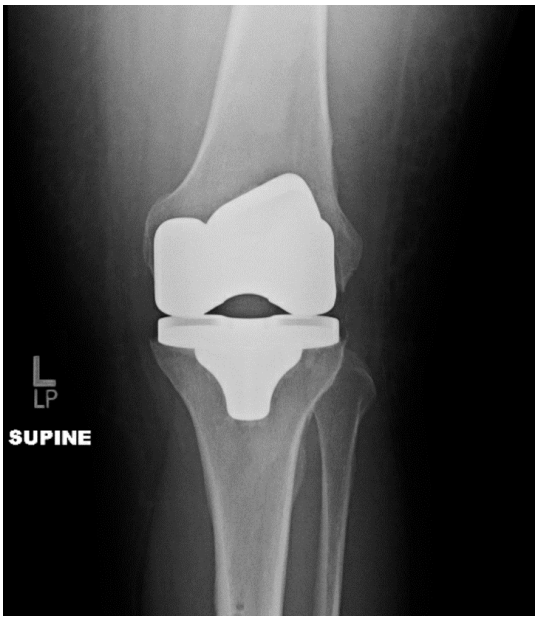
- Infection
- Injury to nerves (numbness) in the skin around the knee. It is not uncommon to have some small area of numbness, temporary or permanent, around the incisions.
- A post-operative infection can require implants to be removed to eradicate the infection.
- Knee stiffness (loss of knee motion) requiring prolonged rehabilitation or repeat surgery pain from the implants
- Clot in the veins of the calf or thigh (deep venous thrombosis, phlebitis) that may break off in the bloodstream and go to the lungs (pulmonary embolus)

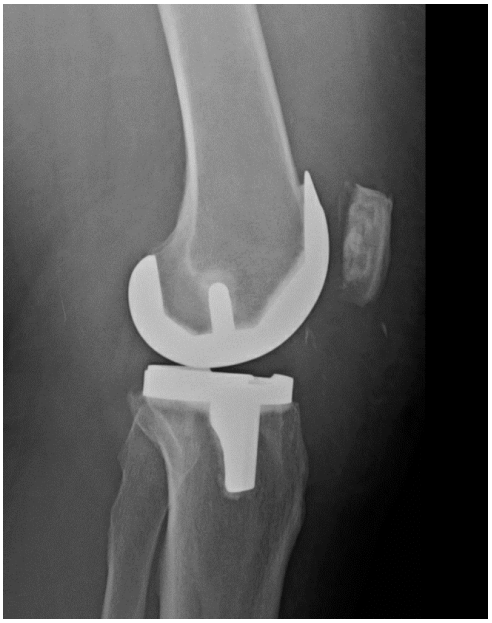
Hospitalization and Anesthesia

- Outpatient surgery. Most patients go home the day of surgery.
- General anesthesia and adductor and IPACK regional nerve blocks

General Surgical Technique

Through one limited open incision along the front of the knee, all of the damaged and arthritic joint surfaces are replaced with implants of artificial materials. These implants (prosthesis) are typically fixed in position on the ends of the bone with methylmethacrylate bone cement or by using implants with specialized bony ingrowth surfaces. The soft tissues surrounding the knee (muscle, tendons, ligaments) remain and total knee replacements have very successful outcomes regarding pain relief and achieving functional motion. Dr. Chudik has used the latest technology including preoperative planning software, intraoperative patient specific guides, computer navigation, and robotic assistance to produce the best results.





630-324-0402 ● **contactus@chudikmd.com**
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Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin®, Lovenox®, Xarelto®, Eliquis® according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil®, Motrin®, Naprosyn®, Alleve®, etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing
- Diabetics must maintain good glucose control to avoid infection

Do not eat or drink anything from midnight, the evening before surgery

Post-Operative Course

- Most patients are discharged home on the day of surgery.
- Weight bearing as tolerated, crutches, or walker for comfort
- Keep the wound clean and dry for the first 10 to 14 days after surgery. Showering lightly is allowed after two weeks but wounds cannot be submerged under water for three weeks
- Driving at four to six weeks once motion and strength is returned (if right lower extremity)
- Return to sedentary work in about two weeks as long as the extremity can be elevated
- Physical therapy to restore motion, strength, and proprioception (balance) for about four months

Return to Activity

- Return to walking and regular daily activities as soon as comfortable
- Return to most activities at about three to four months post-op
- High impact activities are not recommended

Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or ***contactus@chudikmd.com*** to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment for 10 to 14 days after surgery to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen

Schedule online now

Going Home After Joint Replacement Surgery

For a majority of patients following a shoulder or knee replacement, going home after surgery offers benefits over being admitted to the hospital and skilled nursing facilities. The overwhelming majority of patients recover better in terms of mobility, pain, function, and quality of life, and many experience fewer complications if they go home after surgery. This has been shown to result in better outcomes and increased satisfaction with fewer complications.

Lower Risk of Complications

- Lower risk of infection
- Lower risk of falls
- Lower readmission rates
- Lower risk of delirium
- Lower risk of skin conditions
- Adverse events were experienced by 29 percent in inpatient rehab and 33% in skilled nursing facilities

Better Patient Satisfaction

- More convenient
- Less noise/better sleep
- Lower caregiver stress
- Increased access to friends and family
- More privacy
- Better food options and quality
- Encouraged self-reliance, independence, and confidence in patients own ability to participate in their recovery
- Outpatient physical therapy is superior

Hinsdale Orthopaedics is dedicated to help you achieve your goals and attain the best possible post-operative outcome. Please discuss the best discharge plan for your individual situation with your surgeon and/or surgeon's team.