

# Freedom to Pursue Life



**PATIENT EDUCATION**  
for Total Knee Replacement

**m a x x**  
orthopedics

# CONTENTS

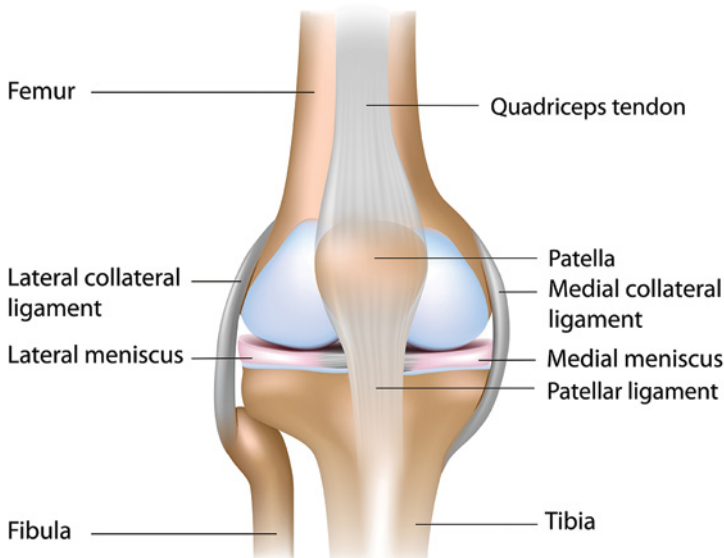
The Knee Joint	1
Arthritis	2
Arthritis and Your Life	3
Why Knee Surgery?	4
What Is Knee Replacement Surgery?	5
Preparation for Your Surgery	6
Preparation for the Hospital or Outpatient Surgery Center	7
Post-Operative Care	8
Preventing Complications	8

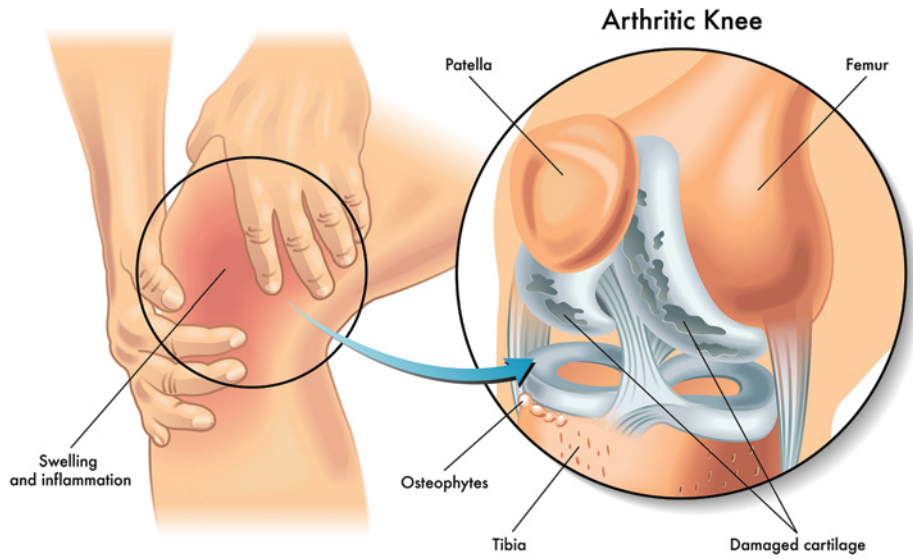
# The Knee Joint

The knee is the largest and one of the strongest joints in the body. It is also delicate and complex. It joins the thigh with the leg and is made up of bones, ligaments, tendons, and cartilage. It consists of two joints: one between the femur and tibia and another between the femur and patella.

The knee is classified as a pivotal hinge joint, meaning it can straighten and bend in one direction while it allows some twisting to occur. This is known as flexion and extension; you will often hear your surgeons refer to this when discussing your knee.

Movements at the knee joint are essential to everyday life such as walking, climbing stairs, standing and sitting. Because it is such an integral part of normal activity, the knee is often susceptible to injuries and arthritis.





# Arthritis

Knee Arthritis can make daily activities very difficult. There are three types of arthritis that you can have in your knee:

1. **Osteoarthritis (OA):** This type of arthritis is due to wear and tear on your joints over time. It causes the cartilage to deteriorate and can result in bone rubbing on bone.
2. **Rheumatoid arthritis (RA):** This type of arthritis is caused by an autoimmune disease that attacks various joints throughout the body. The disease is chronic and inflammatory in nature and damages ligaments and cartilage while softening the bone.
3. **Post-traumatic arthritis (PA):** This type of arthritis will develop after a trauma or injury to the knee. It may not develop until years after the injury.





## Arthritis and Your Life

Arthritis pain is more likely to develop gradually over time. You may first experience pain when waking up in the morning or when you stand up after sitting for a while. Some patients say changes in weather can bring on arthritis pain.

Eventually you may notice that the pain has taken control over your ability to complete everyday tasks. It may hurt to walk, climb stairs, or even sit down. You may not be able to bend or straighten your knee as you once could. You may also feel a grinding sensation in your knee or popping and cracking sounds when you walk. Arthritis can even wake you up in your sleep. The appearance of your knee may change and become deformed due to the breakdown of the joint. There may come a time when you decide that you need help.

# Why Knee Surgery?

Knee replacement surgery is considered when all other conservative options have failed to provide any relief. If you have tried all your doctor's recommendations and are still experiencing pain, stiffness, or lack of stability, then it is time to consider making a choice that will allow you to get your life back.

Over 750,000 knee surgeries are performed each year in the United States to help relieve knee pain. Most patients who undergo knee replacement surgery feel immediate pain relief and the majority of patients are satisfied with the procedure.

Patients can expect implants to last for at least 10-15 years with some lasting over 20 years. This allows you to have an active lifestyle performing normal daily activities for years to come.







## What Is Knee Replacement Surgery?



The goal of knee replacement surgery is to ease pain caused by arthritis and restore function and mobility to your knee. Your bone doctor (orthopedic surgeon) will remove the damaged or diseased portion at the end of the femur (thigh bone) and top of tibia (shin bone). Once removed, your surgeon will reshape the bones in your knee and place medical implants made of metal and plastic. Each bone is shaped to exactly fit the prosthesis. Components are then securely attached using a medical-grade cement.



# Preparation for Your Surgery

Your orthopedic surgeon will require a few activities to be completed before surgery that may include the following:

**Complete Physical Examination:** Your doctor will ask for a examination as well as some tests to be completed such as blood work, an EKG, and a chest x-ray.

**Surgical Consultation:** Your doctor will discuss the knee procedure with you, explain what happens after surgery, and answer any questions you may have. Your doctor will also:

- explain what to do the day before and morning of surgery
- review any test results from your medical examination
- ask if you have any allergies and discuss medications you currently take



# Preparation for the Hospital or Outpatient Surgery Center

Your orthopedic surgeon will provide a list of things you can and cannot do prior to hospitalization, such as:

- Do not eat or drink after midnight
- You may need to stop taking specific medications
- Shower with special surgical soap, but no lotions or deodorant
- No contact lenses the day of procedure (eyeglasses are permitted)
- Remove all jewelry
- Pack and prepare your hospital bag with loose-fitting clothing and sturdy shoes



Please follow any specific instructions provided by your orthopedic surgeon.

# Post-Operative Care

After your surgery is completed, you will be transported to the recovery room for close observation of your vital signs, circulation, and pain management. Once the nurses think you are stable, you will be transferred to your room. Once you wake up, you may notice the following:

- A drain near incision to collect drainage and monitor the amount coming out of the incision
- Elastic hose or compression stockings to help minimize risk of blood clots
- Bandage covering the incision area to maintain cleanliness and prevent infection
- Pain pump to manage pain levels
- Catheter inserted into your bladder
- Ice packs to reduce swelling in the knee area

## Preventing Complications

As with all surgical procedures, complications may arise in a small percentage of patients. Potential complications are listed below:

**Deep Vein Thrombosis (DVT):** Blood clots occurring in deep veins. Preventative measures are elastic hose, compression stockings, blood thinners and foot exercises to increase blood flow in the leg.

**Infection:** This can occur at the site of the incision. Preventative measures include a bandage on top of incision to absorb drainage and keep area clean. Antibiotics are usually given for 24 hours after the operation.

**Pneumonia:** Lungs can become under-active as the result of anesthesia, which may result in pneumonia. Preventative measures include deep-breathing exercises and use of an incentive spirometer to increase your lung function.

# Pursue Life™

---





**For more information, please visit:**

[www.maxxortho.com](http://www.maxxortho.com)