



FREQUENTLY ASKED QUESTIONS REGARDING TOTAL KNEE ARTHROPLASTY

1. What hospital do you use? Mercy Hospital in Coon Rapids
2. What type of anesthesia? General or spinal anesthetic is used for knee replacement surgery. The patient as well as Dr. Anderson and the anesthesiologist will make this decision together before surgery.
3. How long is the surgery? One to two hours
4. What approach is used and how long is the incision? The approach is a midline knee incision and incision will be as long as it needs to place the components in correct position so that the knee replacement gives excellent motion and function.
5. What type of components are used? Typically most patients are best treated with cemented type implants. Components are made of a combination of metals but typically include Titanium as well as cobalt Chrome along with a polyethylene articulating surface.
6. What are the risks involved with surgery? The risks include blood loss and infection, blood clots, damage to nerves and arteries and every precaution is taken to minimize these risks. Both pre and post op antibiotics are utilized as well as anti-coagulations to prevent blood clots. Dr. Anderson has not needed to give anyone a blood transfusion over the last five years doing knee replacement surgery.
7. What is the rate of infection at Mercy Hospital? The rate of infection is approximately one percent of the national average rate of infection which is 1.1 percent.
8. What pain medications are available after surgery? We use a multimodal pain management strategy which combines Tylenol non-steroidal anti-inflammatory medications as well as short and long acting narcotics. There is a pain management team available at Mercy Hospital in case of complicated or difficult cases.
9. Will I need to take medications to prevent blood clots? Anti-coagulation will be needed to decrease the risk of deep venous thrombosis after surgery. Several options exist including Aspirin, Lovinox injections, medications in a pill form including Coumadin and Xarelto. These options will be discussed prior to surgery and decisions made depending on the patient's preference, family history and personal risk.
10. How long is the typical hospital stay? Patient's are typically discharged two to three days after surgery when the patient is medically stable and pass physical therapy and the pain is well controlled.
11. How soon can I bathe or shower? Patients can shower as soon as there is no drainage from the incision typically three days after surgery. If there is ongoing drainage then the dressing should remain on and patient should not shower. If there is drainage past five days Dr. Anderson or his care team should be contacted regarding this ongoing drainage.



12. How do you take care of the incision? Typically a bandage is applied daily in the hospital and will be applied the day of discharge. This should be left in place for one to two days and then changed daily for any ongoing discharge. Any drainage past five days should be reported to Dr. Anderson or his care team.
13. Should I go to a rehab facility or home after a total knee replacement? Most patients are able to go home after total knee replacement surgery, however, if there is a specific desire or need to go to a rehab facility this can be arranged through Social Services at the hospital. There are many factors which determine this decision including availability of other family members to assist with daily living activities, home environment as well as post operative functional status as evaluated by the physical therapy team at the hospital.
14. When can I drive a car? Typically the patient should wait to drive a car at least until the first follow-up appointment at approximately two weeks. The patient should not drive while continuing to take narcotic pain medication as it affects judgment and ability to operate the car safely. Right knee replacement patients should not drive for at least four weeks after surgery but left knee replacement patients may start driving as soon as they have minimal use of narcotics.
15. What is the typical follow-up schedule? Dr. Anderson or his Certified Physicians Assistant, Michael Mastous, PAC usually sees patients ten to fourteen days after surgery for a wound check and removal of staples or other sutures, discuss ongoing pain management, and deep venous thrombosis management. At six weeks post op patients usually come in for a wound check, as well as an x-ray, and discuss any ongoing problems and activity restrictions. The next appointment typically occurs at one year for routine x-rays. At any time, patients can call and seek answers to their questions or make an appointment to be seen sooner as needed.
16. When should calls be made to Dr. Anderson's office regarding problems? Problems that need to be discussed on a more urgent basis are when the surgical knee is cool to touch or dusky color. If there is a temperature that is above 102 degrees Fahrenheit, if the incision has significant drainage or other signs of infection such as swelling, redness or unusual tenderness and if there is ongoing drainage greater than five days after surgery, bright red bleeding from the incision or if there is nausea and vomiting that will not stop. If there is typical pain that cannot be relieved with typical pain medications. If there is onset of difficulty breathing especially at rest. If there are other questions not answered here please feel free to contact Dr. Anderson and his care team.