

General Information

Frequently Asked Questions About Total Knee Surgery

We are glad you have chosen the Center for Joint Replacement to care for your knee. Patients have asked many questions about total knee replacement. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that you need answered, please ask your surgeon or the Total Joint Care Coordinator. We want you to be completely informed about this procedure.

What is osteoarthritis and why does my knee hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing bone ends. This can occur quickly over months or may take years to occur. Cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is a total knee replacement?

A total knee replacement is really a bone and cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an implant is inserted on the bone ends. This is done with a metal alloy on the femur and plastic spacer on the tibia and patella (kneecap). This creates a new, smooth cushion and a functioning joint that can reduce or eliminate pain.

What are the results of total knee replacement?

Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level, the patient's adherence to the doctor's orders, and participation with therapy.

When should I have this type of surgery?

Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam, X-rays, and response to conservative treatment. The decision will then be yours.



Before: Bone-on-bone contact.



After: A new surface creates a smoothly functioning joint.

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Am I too old for this surgery?

Age is generally not a factor if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new knee last and can a second replacement be done?

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?

Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Your surgeon will explain the possible complications associated with total knee replacement.

What are the major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infections.

Should I exercise before the surgery?

Yes, consult your surgeon about the exercises appropriate for you.

Will I need blood?

You may need blood after the surgery. You may use the community blood supply, have your relatives donate for you or donate your own blood, if you are able. For more information read "Blood Transfusions – Know Your Options" in The GuideBook appendix.

How long will I be incapacitated?

You will probably stay in bed the day of your surgery. However, the next morning most patients will get up, sit in a chair or recliner, and should be walking with a walker or crutches later that day.

How long will I be in the hospital?

Most knee patients will be hospitalized for three days after surgery. There are several goals that must be achieved before discharge.

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What if I live alone?

The social workers and the rehab team will be working with you to coordinate your discharge plan and your post acute therapy.

Will I need a second opinion prior to the surgery?

The surgeon's office secretary will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How do I make arrangements for surgery?

After your surgeon has scheduled surgery, the Total Joint Care Coordinator will contact you. The Total Joint Care Coordinator will guide you through the program and make arrangements for both pre-op and post-op care. The coordinator's role is described in the GuideBook along with a phone number.

How long does the surgery take?

The hospital reserves approximately two to two-and-one-half hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Do I need to be put to sleep for this surgery?

You may have a general anesthetic, which most people call "being put to sleep." Some patients prefer to have a spinal or epidural anesthetic, which numbs the legs only and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologist. For more information, read "Anesthesia" in your GuideBook appendix.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. After surgery, most patients control their own medicine with a special pump that delivers the drug directly into their IV. For more information, read about Patient Controlled Analgesia (PCA) in "Day of Surgery – What to Expect" in your GuideBook.

Who will be performing the surgery?

Your orthopedic surgeon will perform the surgery. An assistant often helps during the surgery.

How long, and where, will my scar be?

Surgical scars will vary in length, but averages approximately six inches long. Most surgeons will make it as short as possible. It will be straight down the center of your knee, unless you have previous scars, in which case your surgeon may use an existing scar. There may be some lasting numbness around the scar.

Will I need a private nurse?

No, you do not need a private nurse, but if you want one, we can help you make arrangements.

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Will I need a walker, crutches, or a cane?

Yes, for about two to six weeks we do recommend that you use a walker, a cane, or crutches. The Total Joint Coordinator can arrange for them if necessary.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. The Discharge Planner will help you with this decision and make the necessary arrangements. You should check with your insurance company to see if you have sub-acute rehab benefits.

Will I need help at home?

Yes, for the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. If you go directly home from the hospital, the Discharge Planner will arrange for a home health care nurse to come to your home as needed. Family or friends need to be available to help if possible.

Preparing ahead of time before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals will help reduce the need for extra help.

Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. The Discharge Planner will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, we will arrange for a physical therapist to provide therapy at your home. Following this, you may go to an outpatient facility three times a week to assist in your rehabilitation. The length of time required for this type of therapy varies with each patient.

How long until I can drive and get back to normal?

The ability to drive depends on whether surgery was on your right leg or your left leg and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could be driving at two weeks. If the surgery was on your right leg, your driving could be restricted as long as six weeks. Getting "back to normal" will depend somewhat on your progress. Consult with your surgeon or therapist for their advice on your activity.

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When will I be able to get back to work?

We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your orthopedic physician. You may also discuss this with your therapist.

How often will I need to be seen by my doctor following the surgery?

You will be seen for your first postoperative office visit two to three weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then every couple of years.

Are there any permanent restrictions following this surgery?

Yes, high-impact activities, such as running, singles tennis, and basketball are not recommended. Injury-prone sports such as downhill skiing are also restricted.

What physical/recreational activities may I participate in after my recovery?

You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, bowling, and gardening.

Will I notice anything different about my knee?

Yes, you may have a small area of numbness to the outside of the scar, which may last a year or more. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee, this is usually the result of the artificial surfaces.