



Dr. Cynthia A. Kahlenberg
 Hip & Knee Replacement Surgeon
 Hospital for Special Surgery
 203-705-2376
www.DrKahlenberg.com

Thank you for choosing Dr. Kahlenberg for your Total Knee Replacement Surgery.

Dr. Kahlenberg’s practice is committed to providing you with the highest quality personalized care, from your preoperative appointments through your postoperative recovery. We understand and recognize that communication with our team is essential. Therefore, we want to make sure you have appropriate office and other important contact numbers.

Office Telephone Number

The main office line, **203-705-2376**, is going to always be your first point in contact during normal business hours, M-F 9AM-4:30PM.

Office Fax Number: 203-705-2116

Important telephone numbers at Stamford Hospital:

| | |
|--|----------------------------|
| Case Management/Social Worker: | 203-276-4761/ 203-276-5914 |
| Patient cost estimates, deductibles: | 203-276-4483 |
| Payment plans or financial assistance: | 203-276-7572 |
| Patient Education: | 203-276-7263 |

Between now and surgery:

- **Pre-operative clearance will be scheduled by our office**, and you will be contacted with a date and time. This must be completed 2-3 weeks prior to your surgical date. Your pre-operative clearance visit will include medical evaluation/optimization, preoperative PT visit, specialist consultations (if needed), imaging tests, presurgical screening labs and EKG. Please allow several hours for this visit.
 - **All preoperative testing will be completed at the Tully Health Center**
- **Notation of surgical Cancellation:** We appreciate that personal schedules can change. However, preparing for a joint replacement surgery takes a significant amount of time and resources for each patient. Last-minute surgical cancellations result in a delay of care for other patients. **Please note if you cancel your surgery within 21 days** of your surgical date for non-medical reasons this may follow with a fee of \$500. If your surgery must be delayed for serious medical conditions that make it unsafe for elective surgery and/or current hospitalization for other conditions, you will be exempt from a fee.

Day of surgery:

- You can expect a call from a member of the HSS nursing staff between the hours of 12pm-4pm the day before surgery to inform you of the time of surgery, arrival time, and when to stop eating and drinking.
- Items to bring with you to the hospital: Photo ID, insurance card, medication list, eyeglasses, loose comfortable clothing, cell phone and charger.
- You will see both Dr. Kahlenberg and your anesthesiologist prior to the procedure and will have an opportunity to ask questions.
- Average surgical time is typically 1-2 hours. You could spend up to 3-4 hours in total in the operating room, which includes set up, anesthesia, positioning, surgery, and closure.
- **Plan for Discharge:** Most patients either go home the same day or spend 1 night in the hospital following surgery. To be discharged, you must pass physical therapy, be medically stable, and have your pain controlled on oral pain medications.

Early Recovery:

- You may shower when you get home from the hospital. Your bandage is water resistant but **do not submerge the incision in a pool, bath, etc. until after your 6 week visit.**
- You will be given a prescription for narcotic pain medication (as well as other important medications) when you leave the hospital. We recommend weaning yourself from narcotics as soon as possible to minimize side effects. Take narcotic medication with anti-nausea medication as needed. Take narcotic medication with anti-nausea medication as needed.
- Remove your bandage 7 days after your surgery. Call the office if you notice any active drainage from the incision.
- You can expect bruising and swelling which typically **worsen** in the first 1-2 weeks after surgery, then begin to get better during week 3. Frequent icing (at least 3 times per day for 20 minutes) helps decrease swelling.
- Walking and range of motion exercises are most important after total knee replacement. We recommend walking at least 2-3 times per day after surgery. A physical therapist will come to your home 2-3 times per week for the first 2 weeks after surgery. After that, please call our office and let us know your physical therapist of choice so that we can fax a prescription for continued PT. The goal for range of motion is to have full extension and reach 90 degrees of flexion by 3-4 weeks after surgery.



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Potential Complications of Knee Replacement Surgery:

In general, knee replacement is a safe and effective operation with a low complication rate. However, any surgery carries the risk of complications. Potential medical complications of surgery in general will be reviewed by the medical doctor performing your pre-operative clearance and the anesthesiologist. Complications specific to knee replacement will be discussed below. This list reviews the most common complications but is not all-inclusive.

- 1. Infection:** Infection in the knee joint is one of the most serious complications that we see after knee replacement surgery. At HSS, we take this risk very seriously and do everything that we can to minimize this risk. We have been recognized as a hospital with an extremely low infection rate, but this rate is not zero. The risk of infection after undergoing knee replacement surgery at HSS has consistently been less than 1%. If you do get an infection in the knee joint, further surgery is necessary to get rid of the infection. This sometimes means multiple further surgeries and often requires exchange of the implants.
- 2. Fracture:** Fracture of the femur, tibia, or patella bones is a rare complication during or after knee replacement surgery. This occurs less than 1% of the time. If it does occur, it may require restricted weight-bearing or further surgery.
- 3. Bleeding:** There have been major advances in the field of blood management around the time of surgery that have greatly diminished the amount of blood loss with a knee replacement. We typically now give you a medication during surgery that significantly decreases the amount of bleeding. If we are able to give you this medication, then your risk of requiring a blood transfusion with surgery is less than 1%.
- 4. Blood vessel injury:** There is a major blood vessel called the popliteal artery that sits directly behind the knee joint. The risk of injury to this blood vessel at the time of surgery is less than 1 in 1,000.
- 5. Nerve injury:** There are major nerves that run past the knee joint that can be injured at the time of surgery. If this occurs it can leave you with numbness in the lower leg and foot or weakness in the foot. These nerve injuries usually recover but can take months to recover fully and sometimes are permanent. The risk of permanent injury to one of these nerves is less than 1 in 1,000.
- 6. Blood clots:** There is a risk of blood clot in the leg after any lower extremity surgery. You will be put on a blood thinner following surgery to minimize this risk. This blood thinner can be Aspirin, Coumadin, Xarelto, Eliquis or Lovenox depending on the specific risk factors that you may have for blood clots. A blood clot in the leg will cause swelling in the leg. The major concern with blood clots after surgery is the risk of them breaking off and going to the lungs where they can cause severe strain on your heart.
- 7. Scar tissue formation:** Our bodies heal with scar. Some people scar more than others. Some patients can develop excessive scar tissue formation called arthrofibrosis. This can present as a local lump of scar tissue in the knee that sometimes needs to be removed arthroscopically. More concerning is scar tissue forming throughout the knee joint. In mild cases this can make it harder to regain motion in the knee joint. In more severe cases this can require further surgery to remove scar tissue and in the most severe cases this can mean a permanent limitation in motion of the knee. Approximately 2% of patients will develop some form of arthrofibrosis in their knee.
- 8. Implant loosening or wear over time:** Our current materials for joint replacement have improved longevity over implants used in the past. However, wear and loosening can occur over time and require subsequent surgery.



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Limitations of Knee Replacement Surgery

Knee replacement surgery in general is a very effective treatment option for arthritis of the knee, but knee replacements are NOT normal knees. The following list will describe some **normal, expected** findings after recovering from knee replacement surgery.

1. **Numbness on the outside of the knee:** Everyone will have a numb patch of skin on the outer part of the knee after surgery. The small skin nerves are cut during the procedure. These nerves slowly regenerate and the area continues to get smaller in size for the first year after surgery but many people continue to have a small numb area around their incision.
2. **Swelling in the knee joint:** Most people will have some swelling in the knee joint after activity for the first 3 – 6 months. Some people continue to have swelling permanently. The skin and subcutaneous tissues thicken after surgery so it is very common for people to say that the surgical knee looks bigger than the non-surgical knee.
3. **Clicking of the knee joint:** A total knee replacement is made of metal and plastic parts that move on each other during normal activities. These parts make noises when they move against each other. These noises typically decrease over the first year but do not disappear.
4. **Pain kneeling:** Some patients continue to have an uncomfortable feeling when kneeling on the replaced knee. This is typically made better by kneeling on a knee pad or soft towel.
5. **Stiff feeling in the knee:** Stiffness in the knee after surgery is something that we hear from patients even after they have regained normal motion in the knee. Some people talk about a strap like sensation around the top of the knee joint. This sensation is not something that is fully understood at this time but is described by some patients after knee replacement surgery.
6. **Persistent Pain:** Despite implants being placed appropriately in the knee and no sign of mechanical complication, a small percentage of patients will continue to feel pain in the knee. This phenomenon is not well understood but can be permanent.

Total Knee Replacement FAQs

- **Can I expect swelling/bruising after surgery during my recovery?** Swelling and bruising of the entire leg are normal for up to 6 weeks after surgery, but it will slowly improve over time.
- **How long do I continue my blood thinner AFTER surgery?** 6 weeks.
- **What kind of medication will I be prescribed after surgery?** You will be given medications for pain (both narcotic and non-narcotic options), nausea, constipation, and blood clot prevention. Your specific regimen will be reviewed with you before you leave the hospital. We do NOT prescribe medications before surgery.
- **When should I stop my medications before surgery?** All your medications will be reviewed at your POP clearance appointment at the Tully center, and you will be given clear instructions on when you need to stop any medications or supplements prior to surgery.
- **When can I have dental cleaning/dental work?** No dental work for 2 weeks BEFORE or 3 months AFTER the surgery. You **MUST** take antibiotics 1 hour before any dental work. Please tell your dentist you have a joint replacement so that they can prescribe you antibiotics. If they do not prescribe you antibiotics, please call our office and we will prescribe them for you.
- **When will I be able to go swimming (pool, bath, etc.)?** Not until after your 6 week visit.
- **Will I be going home or to a rehab facility after surgery?** Home. We do not need to send patients to rehab facilities given our current surgical techniques. There is an **increased risk of infection** when patients go to rehab rather than home after surgery.
- **How much help will I need when I am home?** Most patients will benefit from having someone stay with them for the first 2-3 days after surgery. Some patients may need help longer depending on their needs before surgery.
- **When will I walk?** The same day as your surgery or the morning after! Most patients will use a walker or go straight to a cane for ~3 weeks. At 6 weeks after surgery, you should be walking pretty normally.
- **Do I have to do physical therapy after surgery?** We recommend doing PT for 2 weeks at home that is set up by the hospital, then progressing to outpatient PT. You can let our office know where to send your outpatient PT referral at any time as appointments tend to fill up quickly – please do not wait until the day of your first session. The goal for range of motion is to have full extension and reach 90 degrees of flexion by 3-4 weeks after surgery.
- **When can I fly?** We recommend waiting until 6 weeks after surgery. Sooner, on a case-by-case basis.
- **When can I drive?** You can drive a car when you feel comfortable and are off all narcotic medications. This is typically around 3-4 weeks after surgery.
- **When can I return to work?** Most patients return to a desk job between 3-5 weeks. For jobs that are more labor intensive, please discuss with Dr. Kahlenberg. Please advise a 7-10 day return period of all disability paper work.
- **When can I get a vaccine?** Avoid getting a vaccine 2 weeks before and 6 weeks after surgery.
- **Can I get an MRI after my surgery?** Yes, your knee replacement is safe to go in an MRI machine.
- **What is the implant made of?** Most implants are made of oxinium or cobalt chromium, titanium, and polyethylene (plastic) insert.
- **What's next?** Follow up with your medical clearance to be sure YOU ARE cleared and ALL images have been completed. **NO medical clearance = NO surgery.**