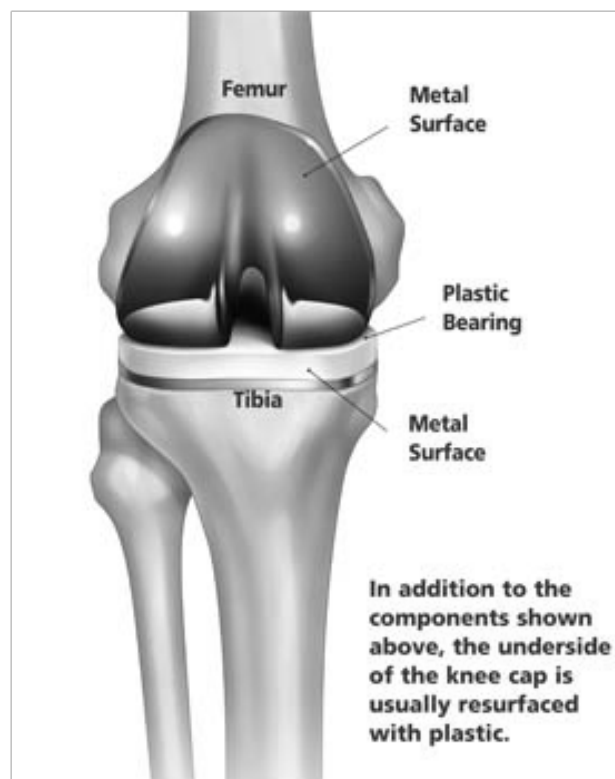




ADVANCED
ORTHOPEDICS
NEW ENGLAND

Knee Replacement



Patient Education

Dr. Matthew Grosso

***Refer to this packet for important information regarding your surgery.**

For additional information regarding knee replacement you can visit:

<https://hipknee.aahks.org/total-knee-replacement/>

This packet contains important information that you will need to know before and after your surgery.
Please read this packet prior to your surgery and contact us with any questions or concerns.

Please see below for important contact phone numbers:

I would like to...	Best person to contact...	How to reach them...
• Schedule, cancel, or re-schedule office appointments • Request medical records • Billing questions	AONE Main Number	860-728-6740 Mon-Fri 8:30am -4:30 pm
• URGENT clinical/post-op concerns	AONE Main Number	Rachel/Brian Fry, PA/Dr. Grosso: 860-728-6740 ext. 418 (office hours) <i>AONE Service Line - 860-728-6740 (after hours)</i>
• Non-urgent clinical/Surgery questions • Non-urgent post op surgery questions or concerns • Non-urgent medication questions • Medication refills • Get a return to work note • Have clinical forms completed • Renew Physical therapy • Go over results of studies	Clinical Team Voicemail Line	Rachel/Brian Fry, PA/Dr. Grosso: 860-728-6740 ext. 418 (office hours) Mon-Fri 8:30am-4:00 pm Fax: 860-286-9547
• Schedule or re-schedule my surgery • Ask questions about setting up pre-op appointments • Ask questions about referrals for pre-surgery appointments	Surgery Scheduler	Tina—860-728-6740 ext. 242 CJRI and LSC PASS- 860-714-4448 Fax: 860-947-2531
• Ask questions about discharge plans or aftercare needs before I go into the hospital • Ask a question about what to bring to the hospital • Discuss home equipment needs	CJRI/Mercy	CJRI Case Management – 860-714-0468 CJRI Peri-Op – 860-714-0981 CJRI and LSC PASS – 860-714-4448 LSC – 860-714-3939 Mercy– 413-748-9000

BEFORE SURGERY

Hospital Locations:

Connecticut Joint Replacement Institute, St. Francis Hospital – 114 Woodland St, Hartford, CT 06105 P: 860-714-0981

Lighthouse Surgery Center - 129 Woodland St, Hartford, CT 06105 P: 860-714-3939

Surgery Time:

The **hospital or facility** will contact you the day prior to your scheduled surgery with your time of arrival. If your surgery is on a Monday they will contact you the Friday prior.

Preoperative Telehealth Visit

You will be scheduled for a telehealth visit in the week immediately before your surgery with Brian Fry, PA. The purpose of this visit is to finalize the planning for your upcoming surgery, take added steps to ensure your safety, and to answer any questions you may have. You (the patient) must be present for this visit. A family member or friend is welcome to join if you'd like. Most encounters last for about 5-10 minutes. Before your visit, please read the entire surgical packet and write a list of all your questions. This will help ensure that you get the most out of your visit.

Surgery Clearance and Pre-Admission Testing

For the Connecticut Joint Replacement Institute and Lighthouse Surgery Center, you will be scheduled for a medical clearance appointment prior to surgery at the Pre-operative Assessment Screening and Surveillance (PASS) center. If you are scheduled to have surgery at Mercy Hospital, you will have a similarly scheduled appointment.

At this appointment you will have routine bloodwork done to make sure that you are cleared to have surgery. You will also meet with the pre-admissions nurse/anesthesia team and they will go over any specific questions you have about your time in the hospital. They will also go over your medication list with you and review which medications you can take up to the day of surgery and which medications you should stop.

You may also be instructed to get clearance from specialists such as your cardiologist or hematologist if necessary.

If you are diabetic we will need the results of a recent **Hemoglobin A1C**. Your Hgb A1C must be below 8 to proceed with joint replacement surgery. Elevated blood sugar can increase the risk of infection.

While **dental clearance** generally is not required, if you have any signs of pain, tooth decay or infection, it is recommended to schedule an appointment with your dentist prior to your pre-operative clearance to reduce the risk of infection to your new joint. If you do need to have any dental work done this should

be scheduled at least **30 days** before your surgery to reduce the risk of infection to your new joint replacement. Any invasive procedures within 14 days of surgery may lead to cancellation.

COVID Testing

COVID testing protocols are based on the hospital/surgery center policy. You will be notified if pre-operative testing is required.

Medications to Stop

If you are on prescription **blood thinners** (Coumadin, Xarelto, Eliquis, Pradaxa, Lovenox etc.) please contact the prescribing doctor to discuss when it will be safe to stop these medications prior to surgery.

If you take **rheumatoid medications** please consult with your surgeon's team on when these need to be stopped. Some of these medications should be stopped at least **4-6 weeks** before your surgery.

1 week before surgery - STOP all herbal medications, glucosamine, chondroitin, vitamins E & K, supplements, and fish oil

7 days before surgery - STOP non-steroidal anti-inflammatory medications (NSAIDS) such as Aleve, Advil, Motrin, Ibuprofen, and Naproxen. Celecoxib (Celebrex) and Meloxicam (Mobic) can be taken up to the day before surgery.

Aspirin (81 mg or 325 mg) does not need to be stopped, and it can be taken morning of surgery.

***You should not have any cortisone/steroid injections into the joint that is being operated on for at least **3 months** prior to your surgery. ***

Washing with Chlorhexidine Solution (Use 2 times a day for 2 days before surgery)

Chlorhexidine Gluconate (Hibiclens, Betasept) is an antiseptic soap that is available over the counter at your pharmacy. You can usually find it in the First Aid Section at the pharmacy. You will shower with the Chlorhexidine Solution twice a day during the two days immediately prior to your surgery (and may repeat again on the morning of surgery, if you shower that day).

To Use: First, wash with your normal soap and rinse well. Then, while still in the shower and with the water running, put some of the solution on a clean cloth or sponge. Wash from the neck down, avoiding your private areas, and rinse well. Be careful not to get it in your eyes.

Do not apply any lotions, powders, or perfumes to the body areas that have been cleaned with the product. Do not use hair removal products or shave at or near the surgical site 48 hours before your procedure.

You do not need to continue washing with this solution after your surgery.

Disability/FMLA Forms

To submit your Disability/FMLA forms please go to the AONE website (www.ctortho.com) for the link to this service. We typically require up to **10 days** to complete this paperwork so start this process ASAP. Patients will be allotted up to 3 months of continued disability and or FMLA. This is not a guarantee that your insurance or work place will approve or pay you for that amount of leave. Call your benefits representative if you have questions about your disability benefits. Disability after surgery is short term and your **disability start date is the date of surgery**. Contact your primary care provider if you feel you need to be disabled prior to your surgery date.

Day of Surgery Instructions

You should not eat anything after **12:00** midnight the night before your surgery. **If you are on a GLP-1 receptor agonist (Ozempic, Wegovy, Mounjaro, Zepbound, etc.) you need to be on a clear liquid diet for >24 hours prior to surgery.** Please follow the instructions from your pre-operative clearance visit.

You may drink 10 ounces total of fluids >3 hours before surgery. Approved fluids include water, Gatorade or other clear sports drinks, apple and cranberry juice, plain tea or black coffee (NO milk, cream, or dairy).

Please refrain from consuming alcohol or smoking 24 hours prior to surgery.

You may take only the medications you were instructed to take by the Pre-admissions nurse.

Remove all jewelry prior to going to the hospital. Do not wear any nail polish or makeup to the hospital.

You should make arrangements for someone to drive you to the hospital the morning of your surgery and home from the hospital when you are discharged.

Discharge Planning

Most patients are discharged to their own home the same day or after one night in the hospital. Rarely patients will go to inpatient rehab. We have found that most patients do better in their own home environment following surgery. The need for rehab admission is based on a variety of factors (your progress after surgery, medical status, home environment, insurance guidelines). We will not be able to tell you prior to your surgery if admission to rehab will be needed. Rehab is setup by the hospital discharge planner **after** your surgery if it is found to be needed, but you can contact them beforehand for discussion.

The physical therapist at the hospital will teach you how to go up and down stairs and how to get in and out of a vehicle before you are discharged.

Following discharge, Lighthouse Surgery Center patients will be encouraged to follow the at home exercises given in this pamphlet as well as the Force Therapeutics mobile app. Outpatient physical therapy typically starts after the two-week office visit. For patients at CJRI, an at home physical therapist will visit for a short time when home from the hospital, and then you will transition to outpatient physical therapy. For both Lighthouse and CJRI patients, these protocols may be modified based on a variety of factors (your physical progress after surgery, medical status, home environment, and insurance guidelines).

Before your surgery we recommend that you place all of your frequently used items (chargers, phones, medications, remotes, reading materials, tissues etc.) in one place to make things easier for you once you get home from the hospital.

We also recommend that you get together two weeks of ready-made foods and snacks before your surgery. Decreased appetite after surgery is common, so snacking is often more appealing. High fiber and protein foods like nuts, dried fruit, yogurt, hard cheeses, and fresh fruits or vegetables are beneficial for healing.

AFTER SURGERY

Recovery Time

Generally, your recovery time will be about **6-12 weeks** following surgery. Recovery time varies greatly from patient to patient. It can take up to a **year** to “get used to” your new joint replacement.

Post Op Appointments

At the time of scheduling your surgery, you will be made a first post op appointment. This appointment will be about **2 weeks** (7-21 days) after your surgery with Brian Fry, PA. If you do not have a post-op appointment, please contact 860-728-6740 to schedule. We will also see you in the office at about **6 and 12 weeks** after your surgery.

Precautions

You will not have any formal precautions following your knee surgery. You should **take it easy** and listen to your body to make sure that you do not over-do it. You may perform normal activities as you feel comfortable.

Therapy

For the first 2 weeks after your surgery we will not have you go to outpatient Physical Therapy. We encourage you to focus on walking and range of motion at home. (**See attached Range of Motion exercises**) We want your tissues and bone to heal and to keep the inflammation down. There is no specific distance or pace you need to walk at. You should walk to your own tolerance and listen to your body to avoid over-doing it. As you continue to feel better you can increase your walking. After your 2 week visit, you will begin outpatient Physical Therapy.

Driving

It is illegal to drive while taking any narcotic pain medications. Driving can be considered when you are off narcotic medications, and you are comfortable hitting the brakes. The average time is about **2 weeks** from LEFT knee surgery or **3 weeks** from RIGHT knee surgery. You are responsible for determining if you feel safe driving. We recommend that you start off in a parking lot to make sure you can drive safely.

Traveling

You should wait about 6 weeks from your surgery for any traveling. If you are going to fly or be in a car for over an hour we recommend you get up once every hour and walk around to reduce the risk of blood clot. We also recommend that you take 325 mg of Aspirin the night before and morning of your trip (unless contraindicated). **It is no longer necessary to show a joint replacement card at airport security.** You should make the security agent aware that you have a replacement prior to going through the security scanning device.

Returning to Work

When you are able to return to work will depend on the type of work you do and the speed of your recovery. On average it is about 4-6 weeks until patients are ready to return to work. Patients with more sedentary jobs may return within a few weeks from surgery, while those with more physically demanding jobs may take up to 3 months. Generally, all patients should be back to work within **3 months** of surgery. When you feel you are ready to return to work you can discuss this with your surgeons team and we can provide you with a return to work note if one is required by your employer.

See above information regarding **Disability/FMLA** paperwork.

IMPORTANT POST OP INFORMATION

Swelling

It is **NORMAL** for your leg to swell and bruise after surgery. You may even have swelling into your toes. If you're having a lot of swelling, you must spend more time elevating your leg well above your heart (see image below). You may need to elevate your leg on 4 or 5 pillows for 30-60 minutes at a time, 5 times a day. If your leg swelling is not improving, please let us know. Swelling can persist for weeks to months after the procedure. Your leg should remain straight when elevating (see picture below). Never put a pillow *just* under your knee so that your leg is in a bent position. Try to avoid sleeping with your knee in a bent position.

This is How to Elevate Your

Legs above Heart Level:

To Reduce Swelling and pain

Do this 30-60 mins at a time!

Do this 4 to 5 times a day!



Cryotherapy (ice therapy) is an important part of pain control and swelling after surgery. This can be done either with regular ice packs or with an ice machine. In general, you should use ice packs or an ice machine regularly while awake for the first week. It is recommended to place a thin towel between your knee and the cryo-cuff. You should use cryotherapy 4 times daily for 30 minutes each at a minimum. At a maximum, you may use cryotherapy whenever you are awake, alternating between 30 minutes on and 30 minutes off. You do not need cryotherapy while sleeping. After the first week, you may continue to use ice therapy as you wish for pain relief. It is always a good idea to use ice therapy after PT.

*When to worry about swelling – If you have swelling and pain along with any redness, warmth, or tenderness in your calf area contact our office.

Post-Op Medications

These are the medicines that are typically prescribed unless special considerations have been made ahead of time during the office visits or hospital stay. There may also be some changes based upon allergies and medical problems.

1. Medication for blood clot prevention. Please see Post Op Blood Thinner section below.
2. Oxycodone 5 mg, 1-2 tablets every 4 hours as needed: a narcotic pain medication. Please see Pain Medication section below.
3. Tylenol 500 mg, 2 tablets every 8 hours: for pain relief and fever prevention. Please take this medication consistently as prescribed, including while taking oxycodone. It will help reduce pain levels.
4. Meloxicam 15 mg every day for a total of 15 days: anti-inflammatory pain medication. Please take medicine consistently as prescribed, including while taking oxycodone. It will help reduce pain levels.
5. Senokot-S 8.6/50 mg, 1 tablet twice daily: used to prevent constipation while on narcotics. When you no longer need narcotic pain medication, this can be stopped
6. Methocarbamol 750 mg, 1 tablet every 6 hours as needed: this is classified as a muscle relaxer, but it has no direct action on muscle. It will help with pain control.
7. Zofran 8mg, 1 tablet dissolved under the tongue every 8 hours as needed: to be used as needed for nausea
8. Pantoprazole 40 mg, 1 tablet every day for 28 days: A medication to protect the stomach lining while on aspirin therapy for DVT prophylaxis
9. Tranexamic acid: 1950 mg, 3 tablets every day in the AM for 3 days: A medication to help with swelling.
10. Cefadroxil 500 mg, 1 table twice daily for 7 days: this is ONLY for patients at high risk for infection

Pain Medications

Prescriptions for your post-op medications will be given to you at the time you are **discharged** from the hospital. For Lighthouse Surgery Center patients, post-op medications are typically sent to your pharmacy 2 days prior to your surgery. **We will not prescribe narcotic pain medications prior to your date of surgery.** If you are taking narcotic medications prior to your surgery your prescribing doctor will help manage your post-operative pain medications. **DO NOT** drive while taking narcotic pain medications.

Common Post-Op Pain Medications:

Oxycodone or Percocet (Oxycodone/Acetaminophen)

Hydrocodone or Norco (Hydrocodone/Acetaminophen)

Tramadol

Very few patients will require narcotic refills beyond the initial post op prescription. You should wean from narcotic pain medication to Tylenol as soon as possible. You should not take over 3000mg of Tylenol (Acetaminophen) per day. We do not prescribe sleeping aides or muscle relaxers. Contact your primary care doctor if you feel you need these medications.

Constipation is a major side effect of narcotic pain medications. To help prevent constipation you can use the stool softener Senokot for 2-4 weeks, or as long as you are taking the narcotics. It is fine to take over-the-counter laxatives in addition to Senokot for constipation management. If you are not constipated or you experience diarrhea, stop taking the stool softener.

It is also common for pain medications to cause **nausea**. The Zofran prescription is helpful if you are experiencing nausea. Make sure to take medication with food.

***We do not prescribe narcotic medications after hours or on weekends.**

Post Op Blood Thinner

After surgery, it is important that you are on a blood thinning medication to prevent blood clots. For most patients this medication will be **Aspirin 81mg twice a day for 4 weeks**, unless you were already taking a prescription blood thinner.

If you were on a prescription blood thinner prior to surgery or have any history of blood clotting issues you should consult with the prescribing doctor on what medication you should be using after surgery to prevent blood clots.

**DO NOT leave the hospital without a clear understanding of your instructions regarding blood thinners!*

SURGICAL DRESSING/INCISION

Most likely, your incision will be closed using skin glue. You will leave the hospital with a special dressing over your incision. You may also have an ACE wrap over the dressing, which can be removed when you get home. The special dressing will stay on until your follow-up appointment. You can shower with this dressing on day 1. You may notice some blood under this dressing. It can be normal to have some spotting from the incision for the first few days after surgery. If drainage reaches the edges of the dressing or the dressing becomes saturated, please contact our office for further instructions.

You may also be given stockings in the hospital, which can help with swelling. These can be removed if uncomfortable, or if still on, after 2 days from surgery.

Once the dressing is removed at the follow-up appointment you can leave the incision open to air. If you prefer it be covered, you can cover with clean dry gauze daily. As long as there is no drainage, you can shower normally and let the clean water run over the incision. Do not scrub the area. Do not apply any lotions, creams, or ointments to your incision until fully closed and healed (4-6 weeks). Do not soak in a tub or swim until incision fully closed and healed (4-6 weeks).

It can be normal for some redness/pinkness to appear around the incision. Angry or bright redness should be a concern. If you notice any angry or bright red areas please contact our office.

It can be normal for the operative area to feel warm for several months following surgery.

Numbness

It can be normal to feel numbness around the incisional area and down the outside of your thigh. This may resolve in 6 months to 1 year, but may be permanent.

It may also be normal to feel a burning pain around the surgical area or near the incision. This can occur as your nerves are healing and will calm down as the swelling and inflammation lessens.

Bruising/Blisters

It can be normal to have bruising up and down the operative leg. This may take a long time to go away.

If you develop blisters on your skin on the operative leg, please call our office for further instructions and treatment.

Fever

An elevated temperature or **low grade fever can be normal** following surgery and may persist for a few weeks after surgery. Tylenol can help to bring down your temperature. If your temperature reaches **101.0 degrees** and does not decrease with Tylenol please call our office for further instructions.

Future Dental Appointments

The American Academy of Orthopedic Surgeons no longer recommends antibiotics for dental appointments for routine use following joint replacement surgery. Antibiotics at the dentist may still be used in special situations or for high-risk patients. This will be communicated by Dr. Grosso's team. You **SHOULD NOT** go to the dentist for **3 MONTHS** following your surgery.

Knee Extension Stretches

Knee extension stretching will get your leg straight!

- ✓ Sit forward on the edge of a chair.
- ✓ Place your heel on the top of a step or a stool.
- ✓ Place both hands on your knee just above your kneecap.
- ✓ Push smoothly and firmly – put your weight into it!
- ✓ Feel the stretch in the back of your knee!
- ✓ Count to 10.
- ✓ Do 5 sets at least 5 times/day = 25 times a day



Chair Slide Exercise

This is the most important exercise to get your knee to bend properly!



✓ Sit back in a chair with arm rests.

✓ Slide your foot back and bend your knee as much as possible.



✓ Keep your knee in the bent position with your foot on the ground.

✓ Slide your bottom forward on the chair and lean into your knee.

✓ Feel the stretch! Count to 10!



✓ Do 5 sets at least 5 times/day = 25 times a day