

Partial Knee Arthroplasty

Scheduling Handout and Information

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The decision to seek surgery for relief of severe knee pain is one that must be made in a clear and informed manner. We appreciate you trusting us for this important decision. Dr Wind performs over 700 hip and knee replacement procedures each year. This is by far the most of any surgeon in central Virginia. You can rest assured that you are in good hands. We here at OrthoVirginia, and specifically in Dr. Wind's office, promise to offer excellent and experienced care both before and after your surgery. Dr. Wind welcomes your questions and concerns at any time. Please feel free to contact his assistants, Jessica, Katie or Dierdre, at any point (direct line 804-939-6669 or call center 804-379-8088). Chris Mahan and Amber Sykes are certified Physicians Assistants who work closely with Dr Wind in all aspects of your care. Any of these providers are available to address your concerns at any point. Hopefully this handout will help answer many questions about knee replacement and will allow you to know what to expect at each stage of the process. Additional information can also be obtained at Dr. Wind's website www.drMichaelWind.com

What is a Partial Knee Arthroplasty?

Partial knee arthroplasty is a procedure involving only the replacement of one compartment of the knee. During this procedure an incision is typically made over the anterior aspect of the knee. The knee is exposed and small cuts, usually less than 1 cm, are made to remove arthritic bone from affected portion of the knee. Prosthetic components are then used to resurface the worn parts of the knee. Knee arthroplasty is one of the most predictable and reliable procedures in all of medicine. It is an excellent option for relieving hip pain due to arthritis. The first month requires a strong dedication to rehabilitation. The vast majority of patients are able to resume a relatively normal activity level quite quickly and are very satisfied with the outcome. Like any surgery, partial knee replacement is not without risks. Potential risks are small but do include anesthetic risks, blood clots, infection, neurovascular compromise, damage to surrounding structures, and wear of the components. In spite of this, the potential benefits of pain relief and return to activities far outweigh the risk involved.

What to Expect

During your scheduling visit Dr. Wind will obtain x-rays to assess your knee pain and talk to you about treatment options. Should you decide to pursue surgery, you will be given an information sheet (this packet) and you will begin to decide on a date for surgery. You may need to visit another physician/ specialist (for example, Cardiology) to obtain a letter stating that you are medically fit for a knee replacement. This will be discussed individually based on your medical history. You will receive a call from the hospital to set up a Pre-Admission Testing (PAT) appointment at Johnston-Willis Hospital where you will receive a medical workup and routine preoperative tests. You will also receive a call to be scheduled for the HCA Joint Class which is a program designed to educate patients on what to expect in the hospital when undergoing joint replacement surgery. This class is an excellent resource and is mandatory for all patients. Family members are also welcome to attend. The call to set up PAT and the HCA Joint Class will take place within 2-3 weeks of your surgery. If you do not receive this call from the hospital then please contact our office so we can assist you. Please take any medical clearance notes from specialists to your PAT appointment and/or make sure that these notes are faxed to our office in advance. At your PAT appointment you will receive additional instructions from the hospital on preparing for your surgery.

Pre-operative Instructions

At your pre-operative appointment you will receive some basic instructions for the week before surgery. **You should stop any blood thinning medications (Examples – Aspirin, Anti-Inflammatories, Coumadin, Plavix) 7 days before surgery unless otherwise instructed.** In certain cases you may be placed on a short-acting blood thinner, such as **Lovenox or Xarelto**, during the time you are off of your typical medications. **If this is the case then make sure to stop the Lovenox or Xarelto at least 36 hours before surgery. The night before surgery do not eat anything after midnight.** You may have clear liquids, such as water, up until 2 hours to prior to your departure time to the hospital day of surgery. You may take your oral medications with a small sip of water during that time. The evening before surgery you will use a scrub brush to clean your skin to help reduce the risk of infection. This brush along with instructions for use will be given to you at your PAT appointment scheduled at the hospital. **In the weeks leading up to surgery we recommend that you begin on an oral iron supplementation program or prenatal vitamin (unless you have a specific contraindication). Oral iron can be purchased at any pharmacy, just an over the counter supplement, no brand specific.** Follow the instructions on the packet. The most common complication of this medication is constipation. If this occurs then an over-the-counter stool softener can be added. The reason for this medication is to improve your blood counts (red blood cells/hemoglobin) prior to surgery.

In the Hospital

You should arrive at the hospital on the day of surgery at the instructed time. You will call the hospital the business day prior to surgery to obtain your arrival time. After your surgery you will be transferred to the Joint Replacement Floor where your recovery will begin. We will attempt to start physical therapy on the day of surgery if possible. We will work aggressively to control pain and nausea to keep you comfortable during the postop period. You will be seen by physical therapy typically twice each day while in hospital. Our goal is to have you up and walking within 12-24 hours of surgery. Physical therapy is extremely important to the successful outcome of your joint replacement. It is your job to work hard with the therapists each day. We will start you on blood thinners the day after surgery to reduce the risk of blood clots. You will need to be on this medication for several weeks as instructed upon discharge. The social work department will help you set up a safe and effective discharge plan. The expected hospital stay is 1 night.

The First Month

Upon leaving the hospital you will be set up for outpatient physical therapy at a local PT office. Most patients schedule this to start 3-5 days after surgery at a convenient time and location. Some patients may have special needs that require a short course of in-home physical therapy however the vast majority of our younger and healthier patients go directly to outpatient physical therapy. **We prefer outpatient physical therapy if at all possible due to the ability of the therapist to progress your recovery more rapidly.** The therapists and social worker will assist you at each step of the way. Generally, one of my physician assistants (Chris Mahan PA-C or Amber Sykes PA-C) will see you back in my office at two weeks post-operatively. At this visit we will assess your progress and order routine xrays. If problems arise we are happy to see you at any time.

Trusting Your Surgical Team

Dr Wind and his team are committed to bringing you world class care for your joint replacement surgery. The first step in this process is for you to have confidence and trust in your surgical team. Dr. Wind has extensive experience in both primary and revision total joint replacement. He is the regional leader in hip and knee replacement surgery performing more of these procedures annually than any other surgeon in central Virginia. His two physician assistants, Chris Mahan and Amber Sykes, each have over 10 years of experience working in orthopaedics. In short, you are in good hands here with Dr Wind and can rest assured that you will receive world class care.

Please feel free to visit Dr Wind's website at www.drMichaelWind.com for more information about your team and your procedure.