

Frequently Asked Questions about Knee Surgery

This information is set out under the following headings:

- Before Surgery.
- After Surgery.
- Arthroscopy.
- Anterior Cruciate Ligament Reconstruction
- Knee Replacement.
- Other.

BEFORE SURGERY

Do I need to cease using Aspirin prior to my procedure?

It is generally sensible to stop aspirin five to seven days prior to large procedures such as a joint replacement. For smaller procedures such as arthroscopy, it is not necessary to stop aspirin.

Can I still take my blood pressure tablets with a sip of water when I am fasting?

Yes.

What time will I be discharged from hospital if I am staying overnight?

Generally between 10am and 11am the day after your surgery.

I am a diabetic; should I take my medication on the day of surgery?

Your blood sugar levels can alter around the time of surgery. It is important to contact my office staff on 9038 5200 prior to your surgery to allow adequate time to plan your diabetic management.

AFTER SURGERY

My post-operative appointment after my surgery isn't for another two to three weeks. Can I take my dressings off prior to this appointment?

Dressings can be taken off 10 days after surgery. Leave Steristrips in place for 14 days following surgery. These can be removed at that time or left to fall off in the shower.

How long do I wear my compression bandage (Tubigrip)?

Keep it on until your post-operative visit. After this just wear it during the day until the swelling is gone. This varies depending on the procedure.

When can I get my leg wet?

You will have waterproof dressings on your wound. You can shower straight away, but should be careful not to saturate the dressings. It is a good idea to avoid baths, swimming pools etc. until the wounds have completely sealed over.

When I stand up it feels as though the blood is rushing into my leg. It makes it hard to stand. What can I expect?

This is common and will settle over a few days. If this is happening it is a good idea to hang your leg over the bed with the foot on the ground for a minute before you stand up. Keep moving your foot up and down to stop blood pooling in your calf.

My leg is swollen and painful. Do I need to worry?

This is a difficult question to answer. Pain and swelling in the leg are common after surgery. If it is just in the shin, it can usually be ignored, as it will settle with elevation and icing. If it is in the calf you should make sure that the Tubigrip is not too tight (cutting into the calf) and elevate the leg for 24 hours. If the pain and swelling do not improve then an ultrasound to exclude a blood clot may be necessary. This can be organised by your General Practitioner or after contacting my rooms.

My knee is bruised and it seems to be getting worse and moving down my leg. What can I expect?

Bruising is quite common and may not appear for up to a week after surgery. It is the result of bleeding into the tissues that occurred around the time of surgery. It moves down the leg as a result of gravity. Although it can be dramatic in its appearance and may be painful (especially over the shin) it is usually nothing to worry about if the wound itself is dry and healing.

The front of my knee is very sensitive and it hurts to kneel. What can I expect?

This is common. It takes up to two or three months for the sensitivity related to the cuts to settle. Massage of the area may help.

There is a numb patch on my knee/leg. What can I expect?

This relates to damage to small nerves in the skin. It is common and generally unavoidable. Usually the numbness will gradually resolve or the area will gradually get smaller. If the numbness persists your brain will tend to "forget" about it and you will probably not notice it later on.

When I touch the cut I can feel tingling in the skin nearby. What can I expect?

This relates to damage to small nerves in the skin. It is common and generally unavoidable. Usually the sensation will gradually resolve. Massage of the area may help.

ARTHROSCOPY

If I live interstate or a long distance away, do I have to return to Melbourne for my post-operative visit?

An appointment will be made for about two weeks after surgery. It is always preferable to see you after surgery at least once, however if you are not having any problems you can cancel this appointment, but please give the office a few days notice as there are always people wanting an earlier appointment.

When can I fly after arthroscopic surgery?

Two to three days if returning home. It is always preferable to wait four to six weeks after any lower limb surgery to fly. Short local or interstate flights earlier than this are probably acceptable, but the risk of blood clots is greater than normal. Taking extra precautions such as using compression stocking or “skins”, as well as taking a daily aspirin around the time of flying all may reduce the risk of clots developing. Occasionally for longer flights it is advisable to self-administer a type of anti-clotting medication called Clexane. It is important to discuss any planned post-operative flights with me, as there may be special circumstances to consider on an individual basis.

When can I return to work after an arthroscopy?

This depends on what sort of work you do. If it is mainly deskwork, then patients may be able to work within four or five days. If heavy manual work is involved, it may be four to six months before one can consider returning to work. For manual work, you may be able to do light duties from one to two weeks but would not be able to climb ladders for three to four weeks. Your knee will probably not be able to tolerate standing all day for about two weeks. As a very general rule, it is advisable to plan for two weeks completely off work after surgery, although it may be possible to return earlier.

When can I drive after an arthroscopy?

Essentially you can drive whenever you feel comfortable and confident. This is different for everyone. You must be able to stop suddenly if a two-year-old runs in front of your car. Remember that your reflexes may be a bit slower for about four to six weeks. It is also worthwhile checking with your car insurance company, as there may be periods of driving restriction after certain types of surgery.

Do I need to see a physiotherapist after an arthroscopy?

You will have seen a physiotherapist in hospital, who will have gone over the care of your knee. You will also have received a brochure covering rehabilitation. Generally there is no need to visit a physiotherapist in the first two to three weeks. After that it really depends on how your knee is progressing, how independent you are and how easy it is to get to a physiotherapist. If you are progressing through the program in the brochure without any problems, then there is no real need to go for physiotherapy, but if you are having problems physiotherapy will probably help you. Generally this is discussed at the two-week post-operative visit.

When can I stop wearing the compression bandage?

Keep on until your post-operative visit. After this just wear it during the day until the swelling is gone. This is usually about four to six weeks.

When can I swim?

You can get in a swimming pool when the wounds are completely healed or with a watertight dressing. It may take a few weeks until you are comfortable kicking.

I had an arthroscopy a few months ago and my knee has started clicking. What can I expect?

This is common and, as long as your knee is not painful, it doesn't matter. It is usually related to poor quadriceps muscle function. Work on strengthening the quadriceps (the muscle on the front of your thigh). The clicking should eventually settle.

ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION KNEE REPLACEMENT

If I live interstate or a long distance away, do I have to return to Melbourne for my post-operative visits after an ACL reconstruction?

An appointment will be made for about two to three weeks after surgery. This is an important visit as most potential problems can be detected at this time. After that the normal follow-up appointments are at three months, six months and twelve months from surgery. We do take individual circumstances into consideration and may modify this to four months and twelve months.

When can I fly after an ACL reconstruction?

Two to three days if returning home. It is always preferable to wait four to six weeks after any lower limb surgery to fly. Short local or interstate flights earlier than this are probably acceptable, but the risk of blood clots is greater than normal. Taking extra precautions such as using compression stocking or “skins”, as well as taking a daily aspirin around the time of flying all may reduce the risk of clots developing. Occasionally for longer flights it is advisable to self-administer a type of anti-clotting medication called Clexane. It is important to discuss any planned post-operative flights with me, as there may be special circumstances to consider on an individual basis.

When can I return to work after an ACL reconstruction?

This depends on what sort of work you do. If it is mainly deskwork, then you may be able to work after two weeks. If heavy manual work is involved, it may be two to three months before one can consider returning to work. For manual work, you may be able to do light duties from three to four weeks but would not be able to climb ladders for six to eight weeks. Your knee will probably not be able to tolerate standing all day for about six to eight weeks.

When can I drive after an ACL reconstruction?

Essentially you can drive whenever you feel comfortable and confident. This is different for everyone. You must be able to stop suddenly if a two-year-old runs in front of your car. Remember that your reflexes may be a bit slower for about four to six weeks. It is also worthwhile checking with your car insurance company, as there may be periods of driving restriction after certain types of surgery.

Do I need to see a physiotherapist after my ACL reconstruction?

You will have seen a physiotherapist in hospital who will have gone over the care of your knee during the first two weeks. You will also have received a brochure covering rehabilitation. Generally there is no need to see a physiotherapist within the first two weeks. Usually a physiotherapy appointment is made at the first post-operative visit. It is usually beneficial to have a physiotherapist help guide your rehabilitation until you are ready to return to sport.

I had a hamstring ACL reconstruction about three weeks ago and recently felt a snap in the back of my thigh. What can I expect?

This is very common, and is a strain of the scar tissue that has been laid down where the hamstring tendons have been taken from. It may be associated with some bruising. It may make straightening of the knee difficult for up to a week. Keep going with your exercises and ice the area - it will settle!

When can I stop wearing my compression bandage after my ACL reconstruction?

Keep it on until your post-operative visit. After this just wear it during the day until the swelling is gone. This is usually about eight weeks.

When can I swim?

You can get in a swimming pool when your wounds have completely healed or if you have a waterproof dressing. No kicking until eight weeks following surgery.

I am getting cramps in my hamstrings when I bend my knee after my ACL reconstruction. What can I expect?

This is common; don't push the hamstring curls and work on stretching the hamstrings. If it is more than 4 months after your surgery you should start some "Nordic curls" (also called "Russian curls"). These can be found in the PEP Program (go to the Useful Links page for the web address).

KNEE REPLACEMENT

My dentist said I may need to take antibiotics prior to my upcoming dental treatment due to the fact I have had a joint replacement. Is this correct?

There is no evidence to support the use of prophylactic antibiotics in this setting. It is probably wise to avoid dental work in the first three months after surgery. If you do need work done in this period then it is probably a good idea to have antibiotic cover. It is safer to have elective dental work done before surgery.

Can I have an MRI after having a total knee replacement?

Yes, you can have an MRI on other areas of the body. However, MRI of the affected joint will not work because of interference from the metal.

My leg and foot are still swollen. What can I expect?

Swelling can go on for four to six months after a knee replacement. As long as it is not painful and goes down overnight or with elevation, it is not of great concern. You may find it more comfortable to wear a compression sock or stocking.

Can I kneel after a knee replacement?

You are allowed to kneel if it feels comfortable. Sometimes the sensation over the front of the knee is abnormal and makes it uncomfortable to kneel. Sometimes a lack of flexion may also make it difficult. It may help to kneel on a pillow or cushion.

OTHER

Do you perform meniscal transplantation?

Not at present. The availability of meniscal transplants is very limited in this country. There is no evidence that meniscal transplantation changes the long-term outcome in terms of osteoarthritis.

Do you perform meniscal replacement?

Not at present. I do not think that the results are good enough to justify the procedure.

Do you perform autologous chondrocyte implantation (ACI/MACI or cartilage grafting)?

Yes, but very rarely. I have found that one can usually get similar results with other procedures that are either simpler or need to be done in any case if ACI is undertaken, e.g. a realignment procedure such as an osteotomy.

These notes have been prepared by orthopaedic surgeons at OrthoSport Victoria. They are general overviews and information aimed for use by their specific patients and reflects their views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.