

## Knee Surgery - Frequently Asked Questions

These notes cover a lot of the questions that people have. Please note that they have been prepared by Prof Julian Feller and reflect his views and that they may not necessarily be the same as for other surgeons.

Information is set out under the following headings:

- Before Surgery
- After Surgery (There are further notes entitled "Knee Surgery - Postoperative Care" available through the website.)
- Arthroscopy
- Anterior Cruciate Ligament Reconstruction
- Knee Replacement
- Other

### Before Surgery

#### **I am taking blood thinners. Do I need cease this before surgery?**

Yes, for all blood thinners other than aspirin. Please check with the office at least a week before surgery.

#### **I am a diabetic. What should I do about my medication?**

This varies a lot and some medications need to be stopped a few days before surgery. Please discuss with the office. You will likely be asked to see a peri-operative physician before your surgery.

#### **Do I need to cease my anti inflammatory medication prior to surgery, including a joint replacement?**

No.

#### **Can I still take my regular tablets on the day of surgery e.g. blood pressure tablets, with a sip of water when I am fasting?**

Yes for most drugs. The exceptions are blood thinners other than aspirin and some diabetes medications. Please check with the office at least a week before surgery.

#### **I am taking weight loss medication. Do I need to stop this before surgery?**

Yes, in most cases. Please contact the office well before your surgery as you may need to stop the medication 1 month beforehand.

#### **When will I be admitted? When do I have to stop eating and drinking?**

The office will contact you to confirm these details prior to your surgery.

#### **Do I need someone to pick me up from hospital or can I go home by myself?**

You MUST have someone pick you up from hospital and someone with you at home on the night of discharge.

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

Generally around 9.30 to 10am.

### After surgery

#### **My postoperative appointment after my surgery isn't for another 2-4 weeks. Can I take my dressings off prior to this appointment?**

The dressings and the Steristrips can be removed after 5 days if you have just had an arthroscopy, or 2 weeks for all other procedures. Any small areas of bleeding can be covered with a band aid.

#### **How long after surgery can I get my leg wet?**

You will have waterproof dressings on your wound. You can shower straight away. You can get the cuts wet once the dressing have been removed (see above).

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

Keep wearing the Tubigrip until your first appointment.

#### **When I stand up it feels as if 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 knee surgery. If it just on 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 the Tubigrip is not too tight (cutting into the calf) and elevate the leg for 24 hours. If you can move your foot and ankle up and down without it hurting in the calf it is probably part of the normal response to surgery. If it does not improve it is worth getting it checked by your General Practitioner who may organise an ultrasound scan to exclude a deep vein thrombosis (blood clot in a vein). Alternatively, you can contact the office.

#### **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 2 to 3 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 postoperative visit?**

An appointment will be made for about 2 weeks after surgery.

Depending on your surgery, Telehealth may be an option. Please contact the office to ask about this.

**How long after an arthroscopy can I fly?**

2-3 days if returning home. We recommend against other interstate travel for at least 2 weeks (there may be an increased risk of a deep vein thrombosis). It is probably safer to avoid overseas travel for about 4 weeks. If you do have to fly, remove the Tubigrip bandage from your knee during the flight as it tends to bunch up behind your knee, which may obstruct the veins. Consider wearing compression socks or stockings.

**How long until I can return to work after an arthroscopy?**

This depends on what sort of work you do. If it is mainly deskwork, then you may be able to work within a few days. If heavy manual work is involved, it may be 4-6 weeks before you can consider return to work. For manual work, you may be able to do light duties from 1-2 weeks but would not be able to climb ladders for 3-4 weeks. Your knee will probably not be able to tolerate standing all day for about 2 weeks.

**How soon can I drive after an arthroscopy?**

Essentially you can drive whenever you feel comfortable and confident, but NOT on the day of surgery. Remember that your reflexes may be a bit slower, so take this into account and drive sensibly.

**Do I need to see a physiotherapist after an arthroscopy?**

You will have seen a physio in hospital who will have gone over the care of your knee. You will also have received a brochure covering rehabilitation or can download it from this website. Generally there is no need to go to a physio in the first 2 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 physio. If you are progressing through the program in the brochure without any problems, then there is no absolute need to go to physio. But if you are having problems physiotherapy will probably help you.

**How long do I wear the compression bandage?**

Keep it on until your postoperative visit. After this just wear it during the day until the swelling is gone. This is usually about 4-6 weeks.

**How long after an arthroscopy can I swim?**

You can get in a swimming pool once the cuts are healed. Consider using a pull buoy to start with. It may take a week or so 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**

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

An appointment will be made for about 3 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 3 months, 6 months and 9 months from surgery. We do take individual circumstances into consideration and may modify this to 4 months and 9 months and potentially organise a Telehealth review for one of the

appointments. The 9 month appointment is very important as this is when we test your strength and function prior to working towards your return to play.

**How long after an ACL reconstruction can I fly?**

2-3 days if returning home. We recommend against other interstate travel for at least 3 weeks (there may be an increased risk of a deep vein thrombosis). It is probably safer to avoid overseas travel for about 6 weeks. If you do have to fly, remove the Tubigrip bandage from your knee during the flight, as it tends to bunch up behind your knee, which may obstruct the veins. Consider wearing compression socks or stockings.

**How long until I can 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 within 2 weeks. If heavy manual work is involved, it may be 2-3 months before you can consider returning to work. For manual work, you may be able to undertake light duties from 3-4 weeks but would not be able to climb ladders for 6-8 weeks. Your knee will probably not be able to tolerate standing all day for about 6-8 weeks.

**How soon can I drive after an ACL reconstruction?**

Essentially you can drive whenever you feel comfortable and confident. This is usually 2 weeks for the left leg and two to three weeks for the right leg. Remember that your reflexes may be a bit slower for about 4 weeks.

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

You will have seen a physio in hospital who will have gone over the care of your knee during the first 3 weeks. You will also have received a brochure covering rehabilitation or can download it from this website. Generally there is no need to go to a physio in the first 2-3 weeks unless you are struggling. After that it really depends on how your knee is progressing, how independent you are and how easy it is to get to a physio. Most people will benefit from physio supervision of their recovery, but if you are progressing through the program in the brochure without any problems, then there is no absolute need to go to physio. A physiotherapist can also update and give you a more detailed rehabilitation program, as well as to help you stay motivated.

**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 probably 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!

**How long do I wear my compression bandage after my ACL reconstruction?**

Keep on until your postoperative visit. After this just wear it during the day until the swelling is gone. This is usually about 6-8 weeks.

**How long after an ACL reconstruction can I swim?**

You can get in a swimming pool once the cuts are healed. Use a pull buoy to start with. Avoid vigorous kicking until the 6-week mark.

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

This is common. Don't push the hamstring curls and work instead

on stretching the hamstrings. If it is more than 4 months from your surgery you should start some Russian/Nordic hamstring – see ACL Rehabilitation notes, also on the website.

## Knee replacement

### **It is 4 weeks from surgery and I am having difficulty sleeping at night due to pain. Is this normal?**

Pain at night is very common and can last for up to 8 weeks after surgery. Even if you are not needing much pain medication during the day, it is probably helpful to take some before you go to bed.

### **My knee is still warm. Is this normal?**

After knee replacement the knee can be warm for many months without it being a cause for concern. The same applies to swelling. However, if it is persistently painful or if you are feeling unwell, you should contact the office.

### **My leg and foot are still swollen, what can I expect?**

Swelling can go on for 4-6 months or even longer after a knee replacement. As long as it is not painful and goes down overnight or with elevation, it is not a great concern. You may find it more comfortable to wear a compression sock or stocking.

### **My dentist said I may need to take antibiotics prior to my upcoming dental treatment due to the fact I had a previous joint replacement?**

There is no evidence to support the use of prophylactic antibiotics in this setting. It is probably wise to avoid elective dental work in the first 3 months after surgery. If you do need work done in this early 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 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.

### **Can I have an MRI after having a total knee or hip replacement?**

Yes you can have an MRI. It will be fine for other regions of the body, but will probably not be helpful for your knee because of interference from the metal.

## Other

### **Do you perform meniscal transplantation?**

Yes, but only occasionally. The availability of meniscal transplants is quite limited in Australia and the indications for this kind of surgery are limited. There is no evidence that meniscal transplantation changes long term outcome in terms of osteoarthritis, but it can provide good pain relief for a period of time. The recovery from this sort of surgery is slow.

### **Do you perform artificial 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)?**

Not any more. In my opinion the long term results don't really justify the procedure. 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 Prof Julian Feller at OrthoSport Victoria. They are a general overview and do not constitute medical advice. The contents are provided for information and purposes only and not for the purpose of rendering medical advice. Please contact the office with any questions regarding medical conditions and treatment.*