



24 Hours Pharmacy



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Making lives healthy

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We are glad you are considering SevenHills Hospital to care for your knee.

We believe that education is the best way to prepare for surgery. This brochure is intended to be a brief introduction to modern knee replacement. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that you need answered, please feel free to ask Orthopaedic Surgeons in our Knee Clinic or use our email address: web@sevenhillshospital.com

What is arthritis and why does my knee hurt?

In the knee joint there is a layer of smooth cartilage between the end of the thighbone and the top of the calf bone. This cartilage serves as a cushion and allows for smooth motion of the knee. Arthritis is a wearing away of this cartilage. Eventually it wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness. Pain is commonly in the knee but may radiate to the thigh, calf or back of the knee. It will often hurt worse after periods of immobility. Most knees wear out on the inside first followed by the outside and kneecap.

What is a total knee replacement?

A total knee replacement is an operation that removes the arthritic bone and damaged cartilage from the knee joint. The cartilage is replaced with a metal and plastic covering that simulates the natural cartilage. This creates a smoothly functioning joint that does not hurt. The natural tendons and muscles are left in place to allow the joint to function smoothly.

What are the results of total knee replacement?

95% of our patients experience good or excellent results after the initial healing period. They have little to no pain and are able to enjoy a wide variety of activities with few restrictions. Most can pursue moderate exercise, walk long distances, dance or play active sports.

gardening.

Will I notice anything different about my knee?

In many cases, patients with knee replacements think that the new joint feels completely natural. The leg with the new knee may be slightly longer than it was before, either because of previous shortening due to the knee disease or because of a need to lengthen the knee to avoid dislocation. Most patients get used to this feeling in time or can use a small raise in the other shoe. Some patients have aching in the thigh on weight bearing for a few months after surgery.

Recovery

The goal is to restore joint function and patient activity level as quickly and safely as possible. It encompasses preoperative, postoperative and long term care of the patient and the affected knee or knees. The goal is to take every aspect of the surgery into account and optimize outcomes by standardizing what we know to be best practices.

The program includes:

- Preoperative counseling
- Thorough medical clearance
- Advanced knee replacement components
- Advanced pain management
- Progressive physical therapy
- Lowered risk of dislocation, blood clots and infections
- Postoperative accelerated rehabilitation
- Long term follow up

The whole team will try and make your stay in the hospital as comfortable as possible.



Will I need physical therapy when I go home?

Yes, you will have to arrange for a physical therapist to provide therapy at your home. Following this, you may go to an outpatient facility two to three times a week to assist in your rehabilitation. The length of time required for this type of therapy varies with each patient.

How long until I can drive and get back to normal?

If the surgery was on your left knee and you have an automatic transmission, you could be driving at four weeks. If the surgery was on your right knee, your driving could be restricted as long as six weeks. Getting "back to normal" will depend somewhat on your progress.

When will I be able to get back to work?

We recommend that most people take at least six weeks off from work, unless their jobs are quite sedentary and they can return to work with crutches.

How often will I need to be seen by my doctor following the surgery?

You will be seen for your first postoperative office 6 weeks after the surgery. The frequency of follow-up visits after that will depend on your progress. Many patients are seen at six weeks, four months and then yearly.

Do you recommend any restrictions following this surgery?

Knee patients are advised not to sit cross legged not to sit on floor and are advised to use Western type of toilet if necessary with a raise.

What physical/recreational activities may I participate in after my surgery?

You are encouraged to participate in low-impact activities such as walking, dancing, swimming, bowling and

When should I have this type of surgery?

The decision is based on your history, exam and x-rays. There is usually no harm in waiting if conservative, non-operative methods are controlling your pain & discomfort. When these methods no longer control your pain, surgery is usually indicated.

Am I too old for this surgery?

Age is not an issue if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new knee last and can a second replacement be done?

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition. A total joint implant's longevity will vary in every patient. The current combination of components used have more than 90% survival rate at more than 10 years. In some patients these implants may last much longer.

Why might I require a revision?

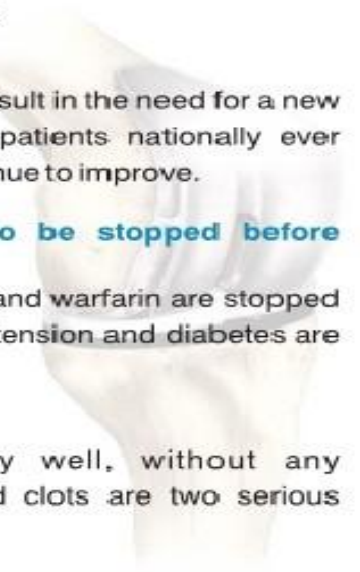
Wearing of the plastic spacer may result in the need for a new liner. However, less than 10% of patients nationally ever require a revision and implants continue to improve.

What medicines are required to be stopped before surgery?

Medicines like Aspirin, clopidogrel, and warfarin are stopped before surgery. Medicines for hypertension and diabetes are to be continued.

What are the major risks?

Most operations go extremely well, without any complications. Infection and blood clots are two serious



complications that can occur. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions like HEPA filters, laminar airflow in the operating room to reduce the risk of infections.

Should I exercise before the surgery?

Yes, exercise will do no further harm to your knee and will help to make rehabilitation easier after the surgery.

Will I need blood?

The chance of needing blood after the surgery is about 20%. This rate is lower in men and in relatively healthy woman.

How long am I incapacitated?

You will probably stay in bed the day of your surgery and MAXimu 2 to 3 days. The next morning most patients will get up, sit in a chair or bedside and should be walking with a walker or crutches later that day. Most patients can try steps the second day after the surgery.

How long will I be in the hospital?

Most knee patients will be hospitalized for five to six days after their surgery. There are several goals that you must achieve before you can be discharged. Our Preventive & Rehabilitation Medicine (PRM) physicians will evaluate your progress two days after the surgery, and recommend a rehabilitation stay if necessary. This stay may last anywhere from three days to two weeks.

How do I make arrangements for surgery?

Contact our Admission Desk on Number 022 – 67676767 Extension 71378. GRE (General Relationship Executive) will have the appropriate information about admission and be able to help with planning.

How long does the surgery take?

We reserve approximately 2 - 3 hours for surgery. Some of this

time is taken by the operating room staff to prepare for the surgery and to prepare the room for the next operation. The actual surgery takes about one hour.

Do I need to be put to sleep for this surgery?

You may have a general anesthetic, which most people call "being put to sleep." Most patients will have a combination of spinal anesthetic and an epidural Anaesthesia which numbs only your legs and does not require you to be asleep. However, choice is made individually for each patient after discussion with the anesthesiologist.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with Epidural infusion and the appropriate medication. Most patients control their own medicine with a special pump that delivers the drug directly into their IV (PCA) for the first day. Generally most patients are able to stop very strong medication within a few days.

Who will be performing the surgery?

Consultants themselves will perform the surgery. We often have a resident doctor there to assist and to help take care of you after the surgery.

Will I need a walker, crutches or cane?

Yes, for about three weeks we do recommend that you use a walker or crutches. The hospital will help provide these items if necessary. Most patients can use a cane for three to four weeks after the walker or crutches are discontinued. Your physical therapist will help to determine when you will advance from walker to cane to no assistance.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge.