



Management after Total Knee Replacement – Top tips for the General Practitioner

Recovery following a Total Knee Replacement (TKR) should be relatively straight forward

Managing Patient Expectations Prior to Surgery

The best rehabilitation outcomes after knee replacement surgery are in those patients who are able to get fit before surgery.

The biggest challenge is with patients who have unrealistic expectations and find it difficult to focus on the balance between the knee recovery and day to day activities.

Remember...the treating surgeon should be informed of any significant problems

Recovery – Weeks 1-2

The focus for the GP should be on:

- Pain prevention
- Wound healing, and
- Reducing swelling

Rehabilitation

For most patients during the wound healing phase they are better off at home.

Inpatient Rehabilitation used to be routine in the past before the advances in surgical techniques and better pain prevention.

My ideal at St George Private Hospital is Rehabilitation in the home. The patients like the freedom and convenience.

For patients who have a fully healed wound, hydrotherapy offers effective outpatient rehabilitation and is generally regarded as a more effective use of resources.

Pain Management

Analgesia in the first 2 weeks should be based on regular over the counter medication e.g. Panadol or Panadeine. Also regular NSAID's when tolerated. Narcotics should be used only as required rather than on a regular basis.

Patients frequently spend too much time on their feet either walking or standing. This creates bone pain and is an important factor in poor sleep patterns.

Poor sleep exacerbates pain.

Regular elevation with ice packs reduces the need for narcotics.



Swelling

In this early phase patients need to be comfortable and reduce swelling to a minimum to achieve satisfactory ROM and obtain sufficient quads strength.

There is a definite balance between too much rest and too much activity.

Recovery – The next few months

The focus for the GP should be on:

- Strength, and
- Flexibility

Building Strength & Flexibility

Once the wound has healed most patients should only need the occasional narcotic analgesia.

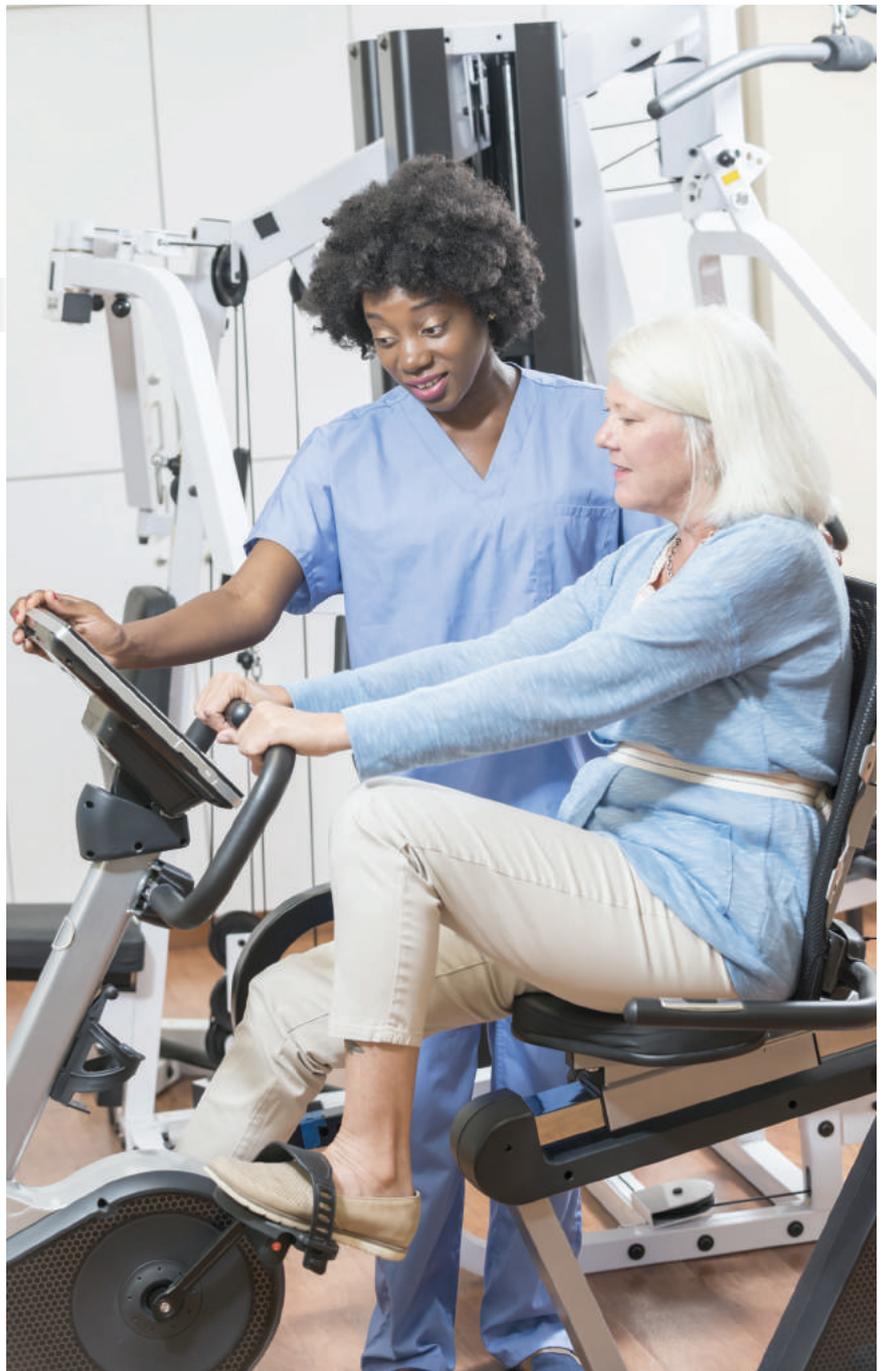
However, once again excessive walking or standing will lead to bone pain and swelling leading to a disruptive cycle of poor sleep.

Simply walking does not strengthen the quadriceps.

Most patients respond best to a fitness programme using an exercise bike and simple straight leg kicking in the pool.

Physiotherapy techniques are very helpful to achieve these goals.

Tip for improving flexibility – Use a weight boot and the patient can do supine and prone stretches while using an ice pack.



Warning Signs of a Surgery Complication

1. **A stitch abscess** - This causes a small area of redness and occasionally a small stitch knot will be discharged. A short course of flucloxacillin may help healing.
2. **Soft tissue reaction** - The use of Tranexamic Acid injections has considerably reduced swelling and bruising following knee replacement. However some blood in the soft tissues can occur and will make a knee swollen and can have the appearance of cellulitis. A screening blood profile (FBC ESR CRP) is helpful. These results can be slightly elevated in the first week. If in doubt repeat the tests.
3. **Pain management** - If managing pain is difficult or increasing reliance on narcotics is occurring the surgeon should be made aware.

It is preferable not to start antibiotics without discussing with the surgeon.
Remember...the treating surgeon should be informed of any significant problems.



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