



HOW TO PREPARE FOR TOTAL KNEE REPLACEMENT

Date of Surgery:

Location: HSS – 535 East 70th Street, New York, NY, 10021

Medical Clearance:

You are required to see an HSS primary physician for a medical evaluation prior to your surgery. If required, we will schedule you for this appointment.

Pre-Admission Testing:

The hospital may require you to undergo perioperative testing prior to your surgery. This may include labs (complete blood count, complete blood chemistries, prothrombin and partial thromboplastin), urinalysis, a 12-lead electrocardiogram (EKG) and/or chest radiograph. Depending on the type of surgery and your medical history you may be required to complete additional testing. The type and screen lab results expire after 28 days so we will schedule you for your Pre-Admission Testing within 28 days of your surgery.

Consent Form:

You are also required to thoroughly read and sign a consent form prior to your surgery. If you have any questions feel free to call us before signing this form. When you have completed reading and understanding the form, sign your name at the bottom of the form. If the person having surgery is under the age of 18 years old, their parent or legal guardian must complete this form for them.

Information on Total Knee Replacement

The knee is a complex joint consisting of 3 bones: the femur (thigh bone), the tibia (shin bone), and the patella (kneecap). A TKR (Total Knee Replacement) involves removing the damaged bone and cartilage and replacing the entire knee joint with implants (prostheses) to restore natural function of the knee. During the TKR surgery, your surgeon will shave down the damaged bone area and fix implants over the ends of the bone so that they glide smoothly against one another. These implants are generally made of metal and/or plastic and each implant is selected for the individual to provide maximum compatibility.

Type of Surgery/Date: Total Knee Replacement

Risks

Infection: At HSS our infection rates are the lowest in the country and serious infections leading to permanent injury are very rare. However, infection can occur after any surgery despite the highest level of precaution. Infections can develop shortly following surgery related to bacteria entering the wound. Infections can also develop at a later time related to the introduction of a prosthetic device into the body. Infection after a TKR can require the need for additional surgery, the need for oral and/or IV antibiotics, and some infections can result in necessary removal of the implant. The need for antibiotics may be temporary or permanent.

Nerve injury: Even in a properly performed TKR, injury to the nerves can occur. These injuries can occur because the nerves are stretched during the movement of the knee joint during surgery or as a consequence of surgical exposure. The nerves can also be affected by standard intra-operative bleeding or typical intra-operative manipulation. Most nerve injuries from TKR are temporary and resolve although permanent injury to the nerve can occur. Because nerves involve sensation as well as muscle power, nerve injury can produce numbness in the leg or foot as well as weakness or paralysis of the lower extremity.

Persistent pain: Pain can last many months but it is often improved from the pre-operative pain levels.

Need for revision: TKR implants are mechanical parts. Despite advances that have resulted in long life expectancy of the implant, implants experience wear even when properly placed and used. If an implant wears out or “fails”, it may require removal or revision surgery.

Fracture of bone: This can occur during implant insertion. In addition, a loose TKR component can move against the surrounding hip bone, compounding the loss of bone. If bone loss is severe enough, a spontaneous fracture (break) in the bone can occur.

Phlebitis and clot: Although patients are given anti-coagulation medications after surgery, blood clots or phlebitis can still occur. Blood clots can migrate to the lungs and have the potential of being life threatening. Certain factors including smoking, obesity, and estrogen all increase the risk of blood clot formation.

Stiffness/heterotopic bone formation: Stiffness can persist, often due to surgical scarring. In some instances, non surgical manipulation is required to improve motion. Heterotopic bone formation is a condition in which the body mistakenly forms bone in an area where there is normally muscle; treatment may be required to prevent this new bone from interfering with joint movement.

Vascular injury: Major blood vessels pass by the area of the knee joint. These vessels run very close to the knee region and although very rare, there is a risk of damage to these blood vessels.

Need for transfusion/blood loss: An intraoperative or postoperative blood transfusion may be required in the event of unanticipated blood loss. Minor changes in the body’s immune system, including mild symptoms, such as a fever, chills, or hives may be experienced with a blood transfusion which typically requires little or no treatment.

Wound/skin complications: Skin issues may result from a sustained intraoperative positioning for an extended period of time and may affect the surgical wound healing process. Complications associated with open wounds may include infection, cellulitis, over growth of scar tissue, bleeding, sepsis and necrosis (tissue death).

Component positioning: Due to variability of a patient’s anatomy and variability in guides used in the surgical placement of the prosthesis, less than optimal positioning of the TKR component may occur.

CRPS (chronic regional pain syndrome): In some instances, although rare, it is possible for patients to develop severe burning pain with changes in the skin without an obvious cause that would explain the pain. The incidence of CRPS is unpredictable and can result from any trauma, including surgery. Patients subsequently require pain management services by a pain management physician. If left untreated, muscle weakness and contractures may develop.

Pain Management: While we do our best to control pain while minimizing exposure to opioid pain medications, your surgery may require their use. Even at Low dose, these medicines have risk, including the risk of addiction.

Benefits:

It has been explained to me and I fully understand that there are possible benefits associated with TKR surgery. However, it has been explained to me and I fully understand that there is no certainty that I will receive these benefits. No guarantee has been made to me about the outcome of this surgery. The benefits include, but are not limited to:

- Preventing or reducing pain
- Preventing or reducing physical disability
- Enhancing social adaptation
- Better quality of life

Alternatives:

The alternatives to this surgery, including no surgical treatment at all, have been explained to me. The advantages and disadvantages of each of the alternatives have been explained to me. I have decided to proceed with TKR surgery. The alternatives include, but are not limited to:

- On-going physical therapy
- Use of ambulation assistive devices and orthotics
- Pain management
- No surgery

I have read and been provided with a copy of this information sheet regarding **TOTAL KNEE REPLACEMENT** surgery. I have been given the opportunity to ask any questions I may have regarding this procedure, including its risks, benefits, and alternatives.

It has been explained to me and I fully understand that there are possible benefits associated with surgery. However, it has been explained to me and I fully understand that there is no certainty that I will receive these benefits. No guarantee has been made to me about the outcome of this surgery.

The alternatives to this surgery, including no surgical treatment at all, have been explained to me. The advantages and disadvantages of each of the alternatives have been explained to me. I have decided to proceed with **TOTAL KNEE REPLACEMENT** surgery.



I know that during the operation unexpected conditions may require additional or different procedures than those described to me. Since at the time I may be under anesthesia or otherwise unable to give consent, I give permission and ask that the physician performing this operation and his assistants or designees, perform procedures which the physician thinks are necessary and desirable, including, but not limited to procedures involving surgery. This permission includes treating all conditions that the physician thinks require treatment, even if the condition was not known when the operation began.

I understand that drugs and devices may occasionally be utilized in my care and treatment for purposes other than the medical uses specifically approved by the Food and Drug Administration (FDA). Once a drug or device is approved by the FDA, physicians commonly will use such drug or device for purposes other than those approved by the FDA (called "off-label" use). I acknowledge that there may be unknown risks and that the long-term effects and risks of such off-label use may not be known. I will be given the opportunity to ask questions. I am willing to accept the potential risks of using drugs and devices off-label.

I understand that transfusion of blood and blood products may be necessary in case of intra-operative or post-operative bleeding.

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