

YOUR TOTAL KNEE REPLACEMENT SURGERY

STEPS TO RETURNING TO A LIFESTYLE YOU DESERVE

A close-up, low-angle shot of a person's legs running on a paved road. The person is wearing white and orange athletic shoes. The road has a white dashed line on the right side. In the background, there are hills under a clear blue sky. A blue speech bubble is overlaid on the right side of the image, containing the text 'IT'S TIME FOR RUBBER TO MEET THE ROAD AGAIN'.

IT'S TIME FOR
RUBBER TO
MEET THE
ROAD *AGAIN*

IMPORTANT. PLEASE NOTE.

This brochure offers a brief overview of knee anatomy, arthritis and knee replacement surgery. This information is for educational purposes only and is not intended to replace the expert guidance of your orthopaedic surgeon. Please direct any questions or concerns you may have to your orthopaedic surgeon.



The knee is the largest joint in the body. The knee is made up of the lower end of the thigh bone (femur), which rotates on the upper end of the shin bone (tibia), and the knee cap (patella), which slides in a groove on the end of the femur.

The joint surfaces where these three bones touch are covered with articular cartilage, a smooth substance that cushions the bones and enables them to move easily.

All remaining surfaces of the knee are covered by a thin, smooth tissue liner that releases a special fluid to lubricate the knee. This eliminates friction almost completely in a healthy knee.



HEALTHY KNEE

ARTHROTIC KNEE

Normally, all of these components work in harmony. But disease or injury can disrupt this harmony, resulting in pain, muscle weakness and increased friction.

Osteoarthritis, the most common form of arthritis, is a condition that causes “wear and tear” to your joint cartilage. It develops after years of constant motion and pressure in the joints. As the cartilage continues to wear away, the joint becomes increasingly painful and difficult to move. If conservative treatment options, such as medication, physical therapy or lifestyle changes like losing weight, fail to provide relief, your surgeon may recommend total knee replacement.



**MORE THAN
500,000
PROCEDURES
PERFORMED
EVERY YEAR**

TOTAL KNEE REPLACEMENT

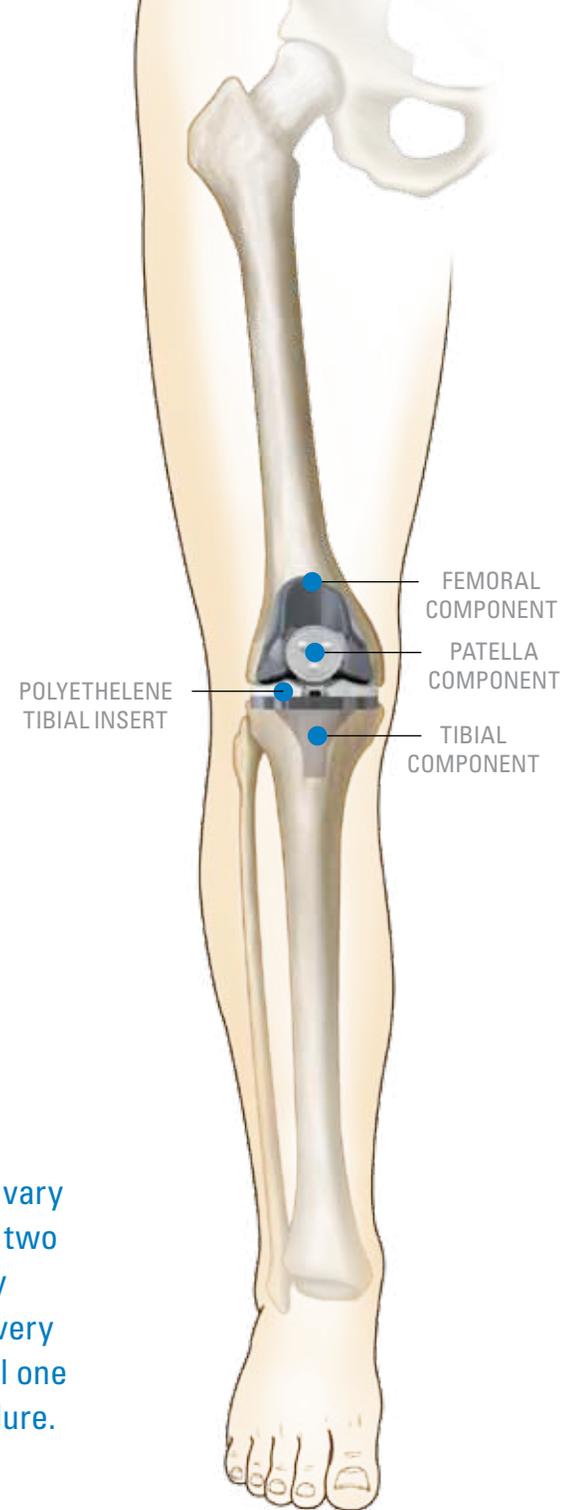
TOTAL KNEE REPLACEMENT IS ONE OF THE MOST SUCCESSFUL SURGICAL PROCEDURES.

Today, more than half a million procedures are being performed every year in the United States alone.¹ It is a fairly routine procedure. Total knee replacement, also called Total Knee Arthroplasty, involves removing the diseased or damaged portion of the bone and cartilage and replacing it with metal and/or plastic implants.

The word “replacement” gives the impression that your surgeon is removing the entire knee. However, your surgeon will only resurface the damaged bone and cartilage of your joint. During surgery, the joint is exposed by an incision, made down the center or off to the side of the knee. The damaged bone ends are removed and replaced with components designed to re-create the natural contours of the bones in a healthy knee. The metal and polyethylene (plastic) implants allow the bones to smoothly glide against each other, like your natural cartilage.

Total knee replacement is performed while you are under anesthesia. There are various types of anesthesia available and your surgeon will explain the options before your surgery.

The length of surgery may vary from approximately one to two hours. Care before surgery and time spent in the recovery room can add an additional one or two hours to the procedure.



COMPLICATIONS/RISKS

Joint replacement surgery is a major operation, including general surgery, joint replacement and device-specific risks. Some of these are related to the anesthesia, while others are associated with the joint surgery itself. Every possible effort is made by the medical team to prevent complications, but this cannot be accomplished without your participation.

Therefore, it is important that patients know about the risks, which include, but are not limited to, infection, blood clots, implant breakage, malalignment and premature wear. Any of these can require additional surgery. Although implant surgery is extremely successful in most cases, some patients may experience complications.

There are many things that your surgeon will do to minimize the potential for complications. Your surgeon may have you see your family physician before surgery to obtain tests. You also may need to have any upcoming dental work completed or prepare your home to avoid any post-surgery falls.

AFTER SURGERY

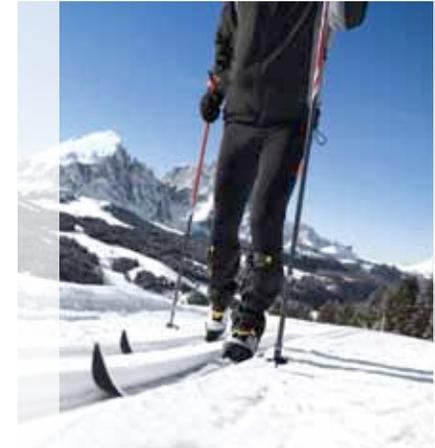
After surgery you will receive pain medication and begin physical therapy. It is important to start moving your new knee as soon as possible after surgery to promote blood flow, to regain knee motion and to facilitate the recovery process. You may be out of bed and walking with crutches or a walker within 24 hours of your surgery.

You will be shown how to safely climb and descend stairs, how to get into and out of a seated position and how to care for your knee once you return home. It is a good idea to enlist the support of family or friends to help you when you return home.

You will be shown a variety of exercises designed to help you regain mobility and strength in your knee.

Most patients are ready to go home between three to five days after surgery; however, some people may go to a separate rehabilitation facility, which your surgeon should discuss with you before surgery. Many patients will go directly home and begin supervised therapy either at home or as an outpatient.

**MOST PATIENTS
ARE READY
TO GO HOME
3-5 DAYS
AFTER SURGERY**



RECOVERY

Exercise is necessary for proper healing. Therapy will begin in the hospital and usually continues after discharge for approximately six weeks.

Physical therapy, a healthy diet and willingness to follow all of your surgeon's recommendations will contribute to a more successful recovery after surgery. Most patients are able to walk without support and drive three to six weeks after surgery. Activities such as golf, doubles tennis and swimming can usually be resumed, but only after a thorough evaluation by your surgeon. Recovery time will vary for each patient.

High-impact activities or contact sports are typically not recommended. These types of activities place an extreme amount of pressure on the joints, which could lead to complications. Your surgeon will discuss this with you.

YOUR SURGEON WILL SCHEDULE A FOLLOW-UP APPOINTMENT FOR SIX MONTHS AND EVERY YEAR FOLLOWING YOUR SURGERY TO EVALUATE YOUR PROGRESS. IT IS IMPORTANT TO SEE YOUR SURGEON IF YOU NOTICE ANY UNUSUAL CHANGES REGARDING YOUR NEW JOINT.

SUMMARY

This brochure is not intended to replace the experience and counsel of your orthopaedic surgeon. Surgery is one of the most important decisions you will make. Total knee replacement has allowed millions of persons to return to more active lifestyles. Your surgeon will help you decide if it's the right choice for you.

REFERENCE

1. National Center for Health Statistics website. Inpatient Surgery.
<http://www.cdc.gov/nchs/fastats/insurg.htm>