



ORTHOPEDIC CENTER FOR JOINT
REPLACEMENT & SPORTS MEDICINE, P.C.
520 SW Ramsey, Suite 102 Grants Pass, OR 97527
(541) 472-0603 Fax (541) 472-0609

FAQ - Frequently Asked Questions about Total Knees

Who is Dr Van Horne?

I am an orthopaedic surgeon who specializes in total joint replacement. I am Harvard Fellowship trained in total joint replacement/adult reconstructive surgery, meaning I took an extra year of specialty training in Boston to be able to do the difficult hips/knees and revision hip/knees. I did over 800 total joints that year. My extra training and experience makes the regular hips and knees much easier as well. A Fellow of the American Academy of Orthopaedic Surgeons means I am both Board Certified and a member of orthopaedics most prestigious society. I take regular exams and continuing education to remain a member.

My professional interests include research and design of new equipment. At present I am involved in national hip and knee outcome studies, viscosupplementation of the hip and knee and designing new total hip equipment.

I speak regularly at meetings on total hip replacement, total knee replacement, and joint lubricants. I have taught courses on how to perform revision knee replacements.

Why did he come to Grants Pass?

It is the Climate! I got tired of a 1 ½ hour commute each way every day, I wanted a nice place for my kids to grow up, and someone with my special skills was needed in southern Oregon. I have patients come to me from all over southern Oregon especially for revision or infected hip and knee replacements.

1) How long is the surgery?

About 2-3 hours.



FAQ - Frequently Asked Questions about Total Knees

2) How long will I be in the hospital?

3 to 4 days. Most people go home on the third day and some on the fourth day. The bottom line is I don't send you home until the physical therapists tell me you are safe!

3) Do I need to go to a rehabilitation hospital or can I go home?

To go home safely you must be able to:

Walk 150-250 feet with a walker/ crutches.

Perform your knee exercises independently.

Get in and out of the bed by yourself.

Get in and out of the bathroom by yourself.

Get in and out of the house by yourself.

Move up and down any stairs you have at home.

Get in and out of a car by yourself.

If you cannot do these activities or do not have adequate help at home, you will need a short stay at a rehabilitation hospital.

4) What do I have to arrange for my return home?

You need someone to drive you home. You will need someone to drive you to physical therapy, on errands, and to doctors' appointments for 8 weeks. For the first week you are at home, you will need someone to check on you to make sure you are O.K.. They should be able to help you with things like putting on socks, getting in/out of the shower, laundry, cooking, & cleaning. Over the next 6-8 weeks as your activity level increases, your need for assistance will decrease in your daily activities.



FAQ - Frequently Asked Questions about Total Knees

5) Will my insurance pay for a rehabilitation hospital?

Medicare, and most insurances, will pay for stay at a rehabilitation hospital if you are not safe to go home or do not have adequate help at home. They won't pay for it if you are.

6) What kind of knee replacement does Dr. Van Horne use?

I use the PFC Sigma Total Knee replacement. Johnson and Johnson/ DePuy Orthopaedics, the largest maker of total joints in the world, makes it. It was designed at Harvard, and I have been using it since 1990.

7) How successful are total knee replacements?

95-98% of the PFC Total Knee replacements used are still functioning well at 10 years. A total knee replacement will eliminate 85-95% of your pain and 95% of patients love their total knee replacements.

8) What kind of fixation is used for the knee - cemented or bone ingrowth?

Cement. At this time, no one has shown better results than with cement.

9) What kind of motion can I expect from my knee replacement?

The Sigma knee is designed to give a maximum of 0-130 degrees of motion. In the operating room, I will get your knee out straight and bending as much as your leg will allow, but your muscles remember what they have been doing. If you haven't straightened or bent your knee all the way before



FAQ - Frequently Asked Questions about Total Knees

surgery, the muscles have shortened. Don't expect your muscles to stretch out without hard work and struggle. The more you work on motion, strength, and muscle stretching before surgery, the easier it will be to get the motion after surgery.

10) What if I cannot get my knee to bend well after surgery?

Sometimes I have to take you back to the operating room to break up scar tissue by manipulating your knee while you are under anesthesia. I can break up the scar tissue, but only you can make the muscles stretch. Rare people are severe scar formers, and we may never get as much bend as we would like.

11) What kind of a weight-bearing surface will I have?

Plastic on Chrome Cobalt. At the time of surgery, I will decide which variation of the Sigma Knee is best for you.

12) Does Dr. Van Horne do Minimally Invasive Knee Surgery (MIS)?

No, the equipment and techniques are still being developed. Give it a few years for the knee. I already do it for the hip.

13) Will my legs be the same length?

Generally, nothing I do during a knee replacement will make your leg 'longer'. Realize I will straighten your leg out so it may seem long in comparison to the other. If you have had arthritis for a long time your back, pelvis and gait may have accommodated to your abnormal leg. With time (3 months)



FAQ - Frequently Asked Questions about Total Knees

and exercise we can usually get you level. Some people will never level out.

14) Why does my leg feel long?

Even if I make your legs exactly the same length, you will probably feel long for the first 2-3 months. Among other things, you have been walking out of kilter, your leg was bent, and your pelvis was tilted. You will feel long until we get you leveled out.

15) How many total joint replacements does Dr. Van Horne do per year?

Between 180 and 200.

16) Should I donate my own blood?

If you are in good health, generally you can donate two pints of blood. For a first time knee replacement, if you donate blood, you shouldn't need other blood.

17) Can my family donate blood?

Blood banks charge approximately \$400.00 per pint to have a family member donate blood. This is normally not covered by insurance.

18) Is blood bank blood safe?

The risk of getting AIDS is about 1 in 875,000.
The risk of getting hepatitis is about 1 in 120,000.



FAQ - Frequently Asked Questions about Total Knees

19) How long do I use a walker or crutches?

8 weeks.

20) When can I put weight on my leg?

Unless you have a special situation you can put full weight on your leg the day after surgery. You will use a walker or crutches.

21) When can I drive?

8 weeks – Insurance companies say you aren't safe until then.

22) When can I shower?

About 5 days after surgery, if your wound is okay. Physical therapy will tell you when it is safe. No baths, pools, rivers or hot tubs until several days after the staples are removed and we are sure the wound is well closed.

23) How long do I wear the compression stocking?

2 weeks or when you get your staples removed

24) When do I get my staples out?

2 weeks – your physical therapist will do this for me.

25) Why do I have to wear the knee immobilizer at night?

To help you get your knee straight. You will be working hard every day to stretch out your shortened muscles (to get your knee into full extension – out straight). During sleep, most people flex their knees. If you sleep with your knees flexed 6-8 hrs a night, it will make it harder to keep the muscles



FAQ - Frequently Asked Questions about Total Knees

stretched out to length. Holding your knee straight at night will make stretching out your muscles go faster.

26) How long and when do I have to wear the knee immobilizer?

At night, until you get and keep your knee straight. The physical therapist will tell you when to get rid of it.

27) When can I kneel on the ground?

After the staples are removed, the wound has healed, and you are comfortable doing so. About 1 in 10 people are never comfortable kneeling on hard surfaces and will need to use a pad.

28) Does Dr. Van Horne do the surgery?

Yes, I have assistants who help me, but I do the surgery.

29) When can I have sex?

As soon as you are comfortable.

30) Why do I have to take a blood thinner after surgery?

There is a small chance of blood clots (DVT – a deep vein thrombosis) forming in your legs, breaking off and going to your lungs (PE – a pulmonary embolism). This could kill you. The compression stockings, foot squeezers, injectable blood thinner and aspirin all work to prevent blood clots.



FAQ - Frequently Asked Questions about Total Knees

31) Why is my lower leg swollen after surgery?

The most common cause is fluid retention. If you are on a water pill (diuretic), it may need to be adjusted – call your primary care physician. Bleeding in your leg after surgery can cause thigh, scrotal, and leg swelling. It will go away with time. New swelling in the lower leg or calf pain can be a sign of a blood clot. Call your medical doctor or me immediately.

32) Why is my knee swollen?

It is normal for your knee to be swollen for the first few months after surgery. You have fluid in your knee. It is part of the healing process. As you heal, the fluid will decrease. Your knee will be larger than your other knee for at least six months. It is not uncommon to go several weeks with decreasing swelling then have an episode of increased swelling because of a change in activity or increase in exercise.

33) Why is my knee hot?

For several months after surgery, you have increased blood flow to the knee. This is part of healing. This makes your knee feel hot. If your knee suddenly becomes very hot and painful, this could be a sign of infection – Call Me Immediately!

34) When can I travel?

Anytime after 6 weeks, but you will be at an increased risk for blood clots and will need to take precautions for 6 months, i.e. an aspirin a day before and while you travel.



FAQ - Frequently Asked Questions about Total Knees

35) After my surgery, when will I get out of bed and walk?

The average patient will be able to:

Day One: Get out of bed, sit in chair and take a few steps using a walker or crutches.

Day Two: Walk 50-100 feet using a walker or crutches.

Day Three: Walk 150-250 feet and be able to go up and down steps using a walker or crutches.

36) Will I have therapy after I go home?

You will have a physical therapist and/or occupational therapist come to your home for 1-2 visits. They will make sure your home is safe and that you are doing your exercises correctly. Then you will go to outpatient therapy for 2-6 weeks. My outpatient therapists have the most success and experience with getting your knee moving.

37) Why only a few visits of physical therapy at home?

If I leave patients at home to do their therapy, they almost always seem to go backwards! Getting out of the house and going to therapy is part of your work out. Besides, the outpatient therapists are meaner. Remember not to blame your therapist for anything they do to you, I am the one writing the orders!

38) Should I do exercise before my knee surgery?

Yes, the more active and stronger you are before surgery the faster you will recover. I recommend a water wellness or water aerobics program for 1 or 2 months before surgery.



FAQ - Frequently Asked Questions about Total Knees

39) When can I go back to regular exercise after surgery?

I will review your progress at 8 weeks post surgery. I generally recommend a return to water exercise for two months if you don't need more physical therapy. Some people are ready at 4 weeks for a water program.

40) Will I set off the metal detectors at the airport?

Yes, I will give you a card explaining that you have had a knee replacement. Still, expect them to search you.

41) When are my appointments after surgery?

Your first appointment will be at 4 weeks with my physician assistant or nurse practitioner. They will check your wound, check your progress, answer your questions, and renew your physical therapy prescription. Medicare and most insurances now require us to see you every 4 weeks just to renew your therapy. At 8 weeks, I will review your progress, answer your questions and progress your activity.

42) Why don't I see Dr Van Horne more often in the first 8 weeks after surgery?

Frankly, there isn't much for me to do the first 8 weeks after surgery. I did 5% of the work. Now you have to do the other 95% of the work. The therapists will show you the way, but you have to do the job.



FAQ - Frequently Asked Questions about Total Knees

43) Will I need antibiotics for surgery or dental work to protect my knee from infection?

Yes, it is recommended you have antibiotics for dental work, many kinds of dental procedures and some other surgeries for 2 years after total knee replacement. Always tell your dentist or surgeon that you have a knee replacement. Your dentist, surgeon or I will write a prescription for your antibiotics.

44) How do I get refills for my pain medications?

Call your pharmacy Monday thru Thursday 9am-3pm. Because of narcotic seeking drug addicts, the doctor on call will not refill your pain medication at other times

45) How long will I need pain medication?

Everyone is different, but 2-6 weeks is average.

46) Why does Dr. Van Horne change my pain medicine?

Your body becomes rapidly accustomed to narcotics and it is better to switch them every few weeks.

47) What kind of anesthesia does Dr. Van Horne use?

I prefer a continuous femoral nerve block, a one shot sciatic nerve block and a general anesthesia/spinal. The nerve block will control most of your pain for 3 days. It does a great job with about 85% of the pain on the top of your knee, but pain in the back of your knee will be less well controlled. You need fewer narcotics with the nerve block, so your chances of nausea, vomiting, pneumonia, over sedation and falling are greatly reduced. If you need pain medicines ask for them.



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48) What can I do to get myself ready for my knee replacement?

Exercise. Water wellness and water aerobics are best. The more active you are and the more you exercise before surgery the faster you will bounce back from your knee replacement. Work hard at getting your knee bending and straightening now. The better it bends before surgery the easier it will go after surgery.

49) Does Dr Van Horne ever do both knees at once?

Yes, but only in special situations. Even then, I only do it about 4-5 times a year.