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SURGERY SPECIFIC INFORMATION
Knee Surgery: Removal of Hardware

What is the procedure?

This procedure consists of small incision over the existing scar on the shin to remove the screws placed at the original surgery. You may also have a scope of the knee at the same time, in which the surgeon will make 2 small incisions to the knee to utilize a camera and observe the inside of the knee.

How long will I stay in the hospital?

This surgery is typically done as ambulatory surgery, meaning you will go home the same day of surgery.

What are the possible risks and complications of surgery?

As with any surgery there is a risk of DVT, nerve damage, and postoperative infection. Specific risks and complications include but aren't limited to swelling, bruising, post-op stiffness, and risk for fracture. When the screws are removed, it leaves a tunnel in the shin bone. Until your body fills in this tunnel (up to 3 months), you do have a small risk of fracture with high impact or twisting activities.

When can I drive?

You may not drive while taking pain medication. In addition, if it is your right knee that had surgery, you will not be able to drive for approximately 2 weeks after surgery.

When will I be back to all normal activities?

Depending when the surgery is completed in reference to the original surgery, it typically take 4-6 weeks to get back to the functional status you had going into surgery. If you were completely healed (a year or more after the original surgery), it may take 2-3 months to return to full activity. No high-impact or twisting activities for 3 months after surgery to avoid risk of fracture.

What is the recovery period like?

- Brace and Weight bearing precautions
 - o You will not need a brace. You will go home with an ace wrap bandage on the leg as well as an ambulation assistive device such as crutches, cane, or walker.
 - o Immediately after surgery you will be able to put as much weight as comfortable on the leg in conjunction with the assistive device.
 - o Continue to use the assistive device as needed until you have regained adequate quadriceps strength as determined by your Physical Therapist or surgeon.
- Physical Therapy
 - o Prior to starting, and in addition to formal PT, do the following home exercises:
 - Quad sets : 3 sets performed four times a daily.
 - Sit or lie on your back with leg straight. Tighten your quadriceps muscle on the front of the thigh. Hold for 3 seconds, relax. Repeat x 10.
 - Heel pumps: 3 sets preformed four times daily.
 - Sit or lie on your back with leg straight. Bend your foot up and down at your ankle joint, pumping the foot. Complete 10 pumps.
 - Straight Leg Raises: 3 sets preformed four times daily.
 - Lie on your back with leg straight, flat on the bed. Start by tightening your quads, lift your leg off the bed until your heel isn't touching it anymore. Lower your leg down. Repeat as tolerated, work up to 10.
 - o You will **start formal PT as soon as you feel comfortable**, typically within the first week of surgery, just prior to your first post-op visit. You will go 2x/week for about 3 months.

INSTRUCTIONS FOR IMMEDIATELY AFTER SURGERY:

- Activity
 - Apply ice to your knee but keep the bandages dry
 - Elevate your leg on 2-3 pillows or rolled up towels placed under the **heel** so that the heel is elevated higher than your knee. This will help reduce swelling and achieve full extension of the knee. **Avoid pillows under the knee.**
 - For the first 1-2 weeks after surgery, the **most important goal is to regain the ability to fully straighten the knee.** It is much more important initially than being able to bend the knee.
 - Follow the weight bearing precaution guidelines above.
 - Start your home exercise program
- Bandage and Incision Care
 - Under your brace is an ace wrap- leave this ace wrap on for the first 2-3 days. You may then remove the ace wrap. Underneath will be several waterproof bandaids. Keep these bandaids in place. However, if the bandaids become wet, dirty, or start to peel off, then replace with Nexcare waterproof bandaids. Under the bandaids is Dermabond, this is a surgical glue and tape that is used in conjunction with absorbable sutures to close the incision. Do not touch the Dermabond.
 - You may re-apply the ace wrap as this helps to decrease swelling.
 - Do not apply creams, ointment or lotions to your incisions for at least 3 weeks.
- Showering
 - You may shower after you have removed the ace wrap. Although the bandaids are waterproof, you should wrap the leg in saran wrap to provide an extra waterproof layer.
 - **Do not get the incision wet.** Be careful standing, we recommend the use of a shower chair, or if you have a bathtub-shower, sit in the tub. If you take a bath, keep the leg out of the bath. The leg should not be submerged.
- Pain Management and Cold Therapy
 - See POST-OP PAIN MANAGEMENT handout. Within days of surgery, you should only be taking the pain medication at night and after strenuous activity as needed.
- Normal sensations after surgery
 - Pain
 - Swelling and warmth up to 2 weeks
 - Small amounts of bloody drainage for first few days
 - Numbness around the incision area
 - Bruising
 - Low grade temperature less than 101.0 for up to a week after surgery.
 - Small amount of redness to the area where the sutures insert in the skin
- **IF ANY OF THE FOLLOWING OCCUR, CONTACT THE OFFICE IMMEDIATELY**
 - Calf pain or ankle swelling in either leg
 - Change is noted to your incision (i.e. increased redness or drainage)
 - Temperature greater than 101.0
 - Fever, chills, nausea, vomiting or diarrhea
 - Sutures become loose or fall out and incision becomes open
 - Drainage becomes yellow, puss like or foul smelling
 - Increased pain unrelieved by medication or measures mentioned above.
- Post-op visit
 - Please ensure that you have a post-op visit scheduled for 7-14 days after surgery.