PAIN AFTER KNEE REPLACEMENT

Visit Preparation Packet

Organize the timeline, records, images, and questions that can make a painful-knee-replacement consultation more useful.

This packet can help you

Show the sequence

What improved, what did not, and when the problem changed.

Bring the right material

Actual images, operative details, testing, and prior treatment records.

Leave with a plan

Clarify what is known, what remains uncertain, and what happens next.

Do not delay urgent care to finish paperwork

Contact the surgical team or seek prompt medical evaluation for new wound drainage, rapidly increasing redness or swelling, severe new pain, sudden inability to bear weight, deformity, severe calf symptoms, or major loss of function. **Chest pain or shortness of breath warrants emergency evaluation.**

How to use this packet

1. **Complete the one-page timeline.** A short chronology is more useful than a long narrative without dates.
2. **Gather records already available.** Missing items do not mean you must order new tests or postpone urgent evaluation.
3. **Choose your highest-priority questions.** Bring the packet to the operating surgeon, second-opinion clinician, or specialty program.

Privacy note

This printable packet is designed to be completed and stored by you. KneeLife does not need your name, date of birth, medical-record number, or symptom details to provide this educational resource.

Before scheduling

- [ ] Confirm that the clinician evaluates painful knee replacements performed elsewhere.
- [ ] Ask whether records must be reviewed before an appointment is offered.
- [ ] Ask how the office wants actual image files transferred.

What this packet does not do

- [ ] It does not diagnose the cause of pain.
- [ ] It does not determine whether revision, RFA, PNS, or another procedure is appropriate.
- [ ] It does not replace direct clinical assessment.

Your knee replacement story at a glance

Use approximate dates when exact dates are not available. Focus on changes in symptoms and function.

Knee: _____ Best point in recovery: _____

Surgery date: _____ Main concern now: _____

Surgeon / facility: _____ Main activity limited: _____

Which trajectory fits best?

☐ Never meaningfully improved ☐ Improved, then plateaued ☐ Improved, then worsened ☐ Sudden new change
☐ Uncertain

Date / time from surgery	Event, appointment, or treatment	What changed in pain or function?	Important finding or result
	Total knee replacement		Implant / operative details
	Current		What needs clarification?

Current functional limits

☐ Walking
☐ Rising from a chair
☐ Work
☐ Knee motion
☐ Stairs
☐ Sleep
☐ Exercise
☐ Confidence / stability

Most important goal for this visit

☐ Understand the leading explanations.
☐ Identify missing information.
☐ Discuss nonoperative or pain-focused options.
☐ Assess whether revision is justified.
☐ Clarify the next care pathway.

Keep the timeline factual. Pain location and symptom patterns can guide evaluation, but they do not establish a diagnosis by themselves.

Gather the most useful records

Bring what already exists. A reviewing clinician may not need every item, and missing records should not delay urgent assessment.

Original operation

- [ ] Operative report.
- [ ] Implant log, implant stickers, or implant card.
- [ ] Hospital discharge summary.
- [ ] Early postoperative clinic notes.
- [ ] Any later procedure reports, including manipulation or debridement.

Imaging

- [ ] Preoperative knee images, if available.
- [ ] First postoperative knee X-rays.
- [ ] All later knee X-rays, especially before and after a symptom change.
- [ ] Actual DICOM image files - not only written reports.
- [ ] CT, MRI, ultrasound, or nuclear-medicine images and reports already obtained.

Tip: Ask how the office accepts images: portal upload, image-sharing link, or disc.

Recovery and function

- [ ] Physical-therapy evaluation and recent progress notes.
- [ ] Range-of-motion measurements over time.
- [ ] Current walking aid, brace, or activity restrictions.
- [ ] A short statement of what the knee prevents you from doing.
- [ ] Prior injections, procedures, or pain treatments after replacement.

Infection-related testing, if performed

- [ ] ESR and CRP results with dates.
- [ ] Aspiration procedure note.
- [ ] Synovial-fluid cell count and differential.
- [ ] Culture results and documented culture duration.
- [ ] Crystal analysis and other synovial tests.
- [ ] Antibiotic names and dates relative to testing.
- [ ] Wound-drainage, debridement, or infection-treatment records.

Do not start, stop, or delay antibiotics based on this checklist. The treating team determines the safest timing of cultures and treatment.

Health information

- [ ] Current medication list.
- [ ] Medication and material allergies.
- [ ] Major medical conditions.
- [ ] Prior infections and recent hospitalizations.
- [ ] Relevant hip, spine, neurologic, or vascular history.
- [ ] Tobacco or nicotine status when relevant.

Scheduling and access

- [ ] Referral requirement confirmed.
- [ ] Insurance and prior authorization confirmed.
- [ ] Record-upload instructions received.
- [ ] Image-transfer method confirmed.
- [ ] Appointment date, location, and clinician confirmed.
- [ ] Plan for worsening symptoms while waiting.

Do not order a new CT, MRI, aspiration, or other test solely to complete this packet. Additional testing is most useful when selected to answer a defined question after the history, examination, radiographs, and prior workup are reviewed.

Records still requested: _____

Who is obtaining them: _____

Choose the questions that matter most

You may not receive a definitive diagnosis at one visit. The goal is a clearer account of what is known, what remains uncertain, and what should happen next.

1. **What are the leading explanations for my symptoms?**
2. **Which urgent or dangerous problems have been reasonably addressed?**
3. **Is there a defined problem that can be corrected?**
4. **What evidence supports that explanation?**
5. **What important information is still missing?**
6. **Would another test change the treatment decision? What exact question would it answer?**
7. **Could the pain be coming from outside the knee?**
8. **If no correctable target is found, should pain medicine or PM&R review rehabilitation, focal nerve evaluation, or other symptom-directed options?**
9. **If revision is proposed, what exactly would be changed, and what identified problem would that correct?**
10. **What degree of meaningful improvement is realistic, and which symptoms may remain?**
11. **What are the major risks and recovery burden of the proposed treatment in my situation?**
12. **What is the plan if the proposed treatment does not help?**

A useful consultation should clarify

- [ ] What is known.
- [ ] What remains uncertain.
- [ ] What should be evaluated next.
- [ ] Whether a suspected problem is correctable.
- [ ] Which options are reasonable now.

Before leaving

- [ ] Write down the working explanation.
- [ ] Confirm who orders the next test or treatment.
- [ ] Confirm when and how results will be reviewed.
- [ ] Ask what change should prompt earlier contact.

My single most important unanswered question: _____

Match the question to the right setting

This framework organizes care; it does not diagnose the problem or determine that revision is needed.

New or worsening postoperative issue
Operating surgeon or covering orthopedic team; urgent or emergency evaluation when warranted.

Persistent symptoms with an incomplete or unclear workup
Adult-reconstruction orthopedic surgeon who evaluates painful primary and revision knee replacements.

A defined orthopedic problem or complex reconstruction need
The orthopedic or revision-knee team equipped to address the identified infection, implant, bone, stability, stiffness, fracture, or extensor-mechanism problem.

Possible periprosthetic joint infection
Arthroplasty team with infection-workup capability; sometimes a coordinated joint-infection program.

No clear surgical target after a reasonable orthopedic evaluation
Pain medicine or physical medicine and rehabilitation may review function, nerve-related pain, rehabilitation, genicular RFA, PNS, or other symptom-directed options. This is not automatic procedure candidacy.

Suspected hip, spine, vascular, neurologic, or other source
The specialty that can evaluate the suspected source while coordinating with the knee team.

Scheduling-office questions

- [ ] Does the clinician evaluate knee replacements performed elsewhere?
- [ ] Is a referral required?
- [ ] Must records be reviewed before scheduling?
- [ ] How should actual image files be transferred?
- [ ] Are specific lab or aspiration records required?
- [ ] If no surgical target was found, does the program evaluate persistent pain after knee replacement?
- [ ] Does it require orthopedic or infection evaluation first?
- [ ] Which procedure or device is actually offered?
- [ ] Is my insurance accepted or prior authorization required?
- [ ] What should I do if symptoms worsen while waiting?

Visit notes and next steps

Topic	What I was told / next action
Leading explanation	
Important uncertainty	
Next test or treatment	
Who is responsible	
Follow-up date / method	
Reason to contact sooner	

Continue with KneeLife

Guide: kneelifehq.com/pain-after-knee-replacement
Evaluation: kneelifehq.com/pain-after-knee-replacement/evaluation
Pain-focused options: kneelifehq.com/pain-after-knee-replacement/pain-treatment-options
Find care: kneelifehq.com/directory/pain-after-knee-replacement
Private navigator: kneelifehq.com/tools/painful-knee-replacement-navigator

Sources supporting this resource

AAOS OrthoInfo. Joint Replacement Infection. Patient guidance on symptoms and evaluation.

Wylde V, et al. STAR care pathway for chronic pain after total knee replacement. Randomized controlled trial. 2022.

Johnson AJ, et al. Evaluation of the painful total knee arthroplasty. Review. 2019.

KneeLife source register. Full citations, evidence limitations, and review dates are maintained with the online content.