

PRINCIPAL DIAGNOSIS:, Knee osteoarthritis.,PRINCIPAL
PROCEDURE: , Total knee arthroplasty.,HISTORY AND
PHYSICAL:, A 66-year-old female with knee osteoarthritis.
Failed conservative management. Risks and benefits of
different treatment options were explained. Informed consent
was obtained.,PAST SURGICAL HISTORY: , Right knee
surgery, cosmetic surgery, and carotid sinus
surgery.,MEDICATIONS: , Mirapex, ibuprofen, and
Ambien.,ALLERGIES: , QUESTIONABLE PENICILLIN
ALLERGIES.,PHYSICAL EXAMINATION: , GENERAL:
Female who appears younger than her stated age.
Examination of her gait reveals she walks without assistive
devices.,HEENT: Normocephalic and atraumatic.,CHEST:
Clear to auscultation.,CARDIOVASCULAR: Regular rate and
rhythm.,ABDOMEN: Soft.,EXTREMITIES: Grossly
neurovascularly intact.,HOSPITAL COURSE: , The patient
was taken to the operating room (OR) on 03/15/2007. She
underwent right total knee arthroplasty. She tolerated this
well. She was taken to the recovery room. After uneventful
recovery room course, she was brought to regular surgical
floor. Mechanical and chemical deep venous thrombosis
(DVT) prophylaxis were initiated. Routine postoperative
antibiotics were administered. Hemovac drain was
discontinued on postoperative day #2. Physical therapy was
initiated. Continuous passive motion (CPM) was also initiated.
She was able to spontaneously void. She transferred to oral
pain medication. Incision remained clean, dry, and intact
during the hospital course. No pain with calf squeeze. She

was felt to be ready for discharge home on 03/19/2007.,DISPOSITION: ,Discharged to home.,FOLLOW UP:, Follow up with Dr. X in one week. Prescriptions were written for Percocet and Coumadin.,INSTRUCTIONS: , Home physical therapy and PT and INR to be drawn at home for adjustment of Coumadin dosing.,