

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.,