

# Your Guide to Knee Replacement Surgery



*Revive Joint Replacement Program*

# Your Guide to Knee Replacement Surgery

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# Your Guide to Knee Replacement Surgery

## Section One:

## Before Surgery

### Welcome!

We are pleased you have chosen The Orthopedic & Robotics Center at Casa Colina to have joint replacement surgery. Our Revive Joint Replacement Program is dedicated to creating a positive joint replacement experience for all of the patients we are privileged to serve.

The goal of joint replacement surgery is to:

- Relieve your pain
- Restore your independence
- Return you to an active lifestyle

### Using this Guidebook

This Guidebook will assist you with:

- What to expect during the process
- What you need to do to prepare
- How to care for your new joint

Your doctor, nurse, or therapist may add or change any of the recommendations in this Guide. Always use their recommendations first and ask questions if you are unsure.

### Revive Joint Replacement Program

We offer a unique program designed to encourage discharge from the hospital typically within one day after surgery. Program features include:

- Nurses and therapists trained to work with joint replacement patients
- Orthopedic Care Coordinator(OCC) who manages pre-operative care and discharge planning
- Family or friends as your designated “Coach”
- Private rooms with comfortable sofa bed for your Coach
- Casual clothes rather than hospital gowns
- Group activities
- Group lunches
- This Guide to Joint Replacement Surgery
- Quarterly “reunion” luncheons for former patients
- Newsletters about arthritis and joint care
- Educational seminars



***We strive to enable patients to walk the day of surgery and resume normal activity in six to 12 weeks.***

# Your Guide to Knee Replacement Surgery

## Your Revive Joint Replacement Team

**Orthopedic Surgeon** - will perform the procedure to repair your damaged joint.

**Orthopedic Nurse Practitioner (NP)** - assists with plans of care and ensures a safe and appropriate discharge.

**Registered Nurse (RN)** - will ensure orders by your doctor are completed.

**Physical Therapist (PT)** - will guide you through functional daily activities and teach you exercises to regain your strength and motion.

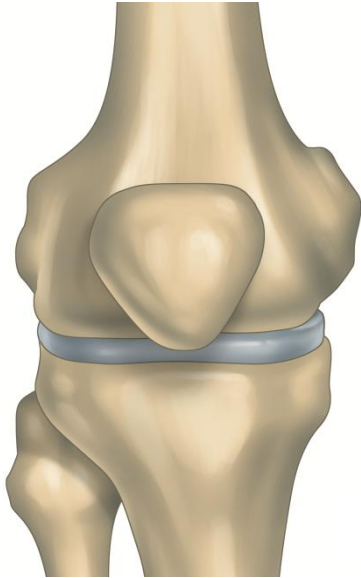
**Orthopedic Care Coordinator (OCC)** will:

- Review at-home needs after surgery.
- Assess and plan for anesthesia and medical clearance for surgery.
- Coordinate discharge plan.
- Act as your advocate throughout treatment.
- Answer questions and coordinate hospital care.
- Act as a liaison between patients, staff and your surgeon

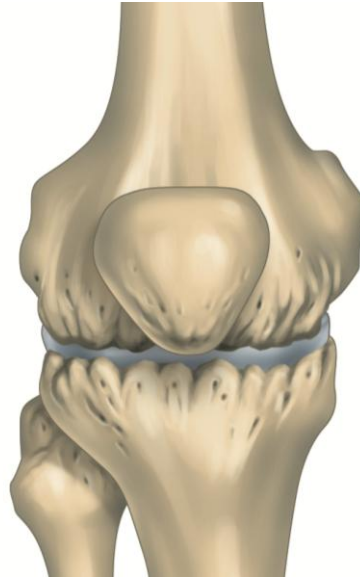


# Your Guide to Knee Replacement Surgery

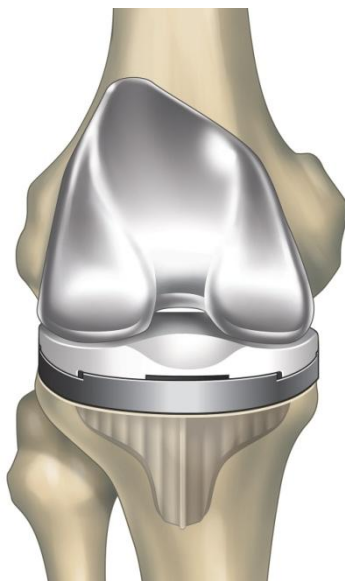
## Knee Replacement Illustrations



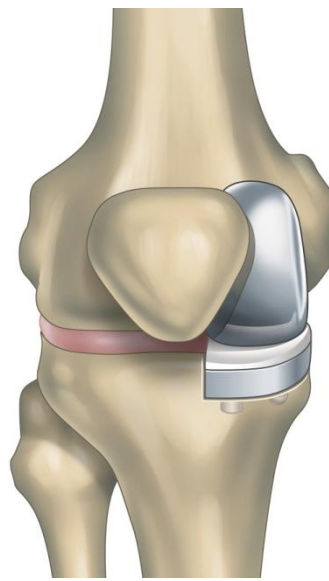
**Healthy Knee**



**Arthritic Knee**



**Total Knee Replacement**



**Partial Knee Replacement**

# Your Guide to Knee Replacement Surgery

## Joint Replacement Calendar

Write in the date for your appointments for pre-op labs or tests; pre-op class; and any additional appointments to see your primary care doctor or specialist.

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 6					
Week 5					
Week 4					
Week 3					
Week 2					
Week 1					



# Your Guide to Knee Replacement Surgery

## Medication List

Please fill out the Medication List with the requested information.

Name:		Family Doctor:	
Medication Name/Dosage	Instructions	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	When and how do you take this medication?	Why are you taking this medication?	How long have you been taking this medication?

# Your Guide to Knee Replacement Surgery

## Preparing for Surgery

### Confirm Your Appointments

Prior to your surgery, we require that you complete the following appointments:

- Joint Replacement Pre-operative Class
- Pre-admission Testing (PAT) - Call (909) 568-2180
- Medical clearance from your primary care provider

### Pre-operative Joint Replacement Class

Your surgeon's office should provide you with instructions to sign up for a pre-operative class at Casa Colina Hospital. If not, or if you need to change your class date for any reason, please call the orthopedic care coordinator to schedule your Joint Replacement Pre-operative Class. The class is designed to help you prepare for your surgery and what to expect at home after your surgery. This class is mandatory for all patients and their coaches undergoing joint replacement surgery. Please do not hesitate to call if you have any additional questions. The Orthopedic Care Coordinator (OCC) can be reached at (909) 643-3760.

### Pre-Admission Testing (PAT)

All joint replacement patients must have a pre-operative screening and work-up. At this visit, you will be asked about your medical history, previous surgeries, illnesses and your current state of health. You may also meet with a member of the anesthesia team to discuss your anesthesia plan. This anesthesia pre-screening helps to ensure you are in good health for surgery. Additional testing and clearances may be ordered at this visit. If you have questions or need to reschedule your appointment, please call the surgery scheduling desk (909) 568-2180.

A blood test called a "Type & Screen" will also be needed 1-2 days prior to your surgery in the event that you need a blood transfusion.

Dental clearance may also be required by your surgeon.

You will be contacted by 4:30 p.m. the day prior to surgery by a pre-op nurse with your surgery time and the time you will need to arrive at the Hospital. If your surgery is scheduled for Monday, you will be called the Friday before.

### Laboratory Testing

When your surgery is scheduled, you should receive a laboratory-testing letter from your surgeon. Please follow the instructions in this letter. These tests need to be completed prior to your PAT visit at Casa Colina Hospital.

### Medical Clearance

You should receive a medical clearance letter from your surgeon. The letter will tell you whether you need to also see your primary care doctor and/or a specialist prior to your surgery.

### Medications That Increase Bleeding

# Your Guide to Knee Replacement Surgery

Your doctor will notify you when to stop any medications before surgery. For example, discontinue all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for stopping the medication. The PAT nurse will instruct you about your other medications.

## Herbal Medicine

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines include turmeric, echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.



## Healthcare Decisions

Advance Medical Directives are printed instructions that communicate your wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, please bring a copy of the document with you to the hospital. If you would like to fill out a temporary advanced directive to cover this episode of your care, this can be done during your PAT visit.

## Stop Smoking<sup>1</sup>

Did you know that smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

If you quit smoking before surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

# Your Guide to Knee Replacement Surgery

## When you are ready:

- Decide to quit.
- Choose the date.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

<sup>1</sup>Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty <http://www.aaos.org/news/aaosnow/jun12/cover2.asp>. Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

## Equipment Needs

Discuss any equipment needs with your surgeon prior to surgery. If you do not have a walker, ask for one to be ordered for you. If you are having a total hip replacement, a raised toilet seat may be needed if your toilet height does not allow you to maintain your hip precautions. Most insurance providers do not cover this item, so please plan ahead. Your OCC can help you identify any equipment needs, so please ask.

## Diabetes Management

If your blood glucose is not kept within a normal target range, diet, exercise and medication, you are at risk for developing infection at the surgical site. If this occurs your healing will be delayed and you may be at risk for developing a pulmonary embolism, increased risk of deep venous thrombosis (DVT) or blood clots.

The best way to determine if your diabetes is under control is to perform a blood test called Hemoglobin A1C prior to your surgery. This test tells us what your average blood glucose levels have been over the last 3 months. The target range is 7%, which correlates with an estimated average blood glucose level of 170 mg/dl. If the result of your A1C is above 7%, your surgery may be delayed to protect your safety until your diabetes is under control.

### Importance of Your Coach

**Involving a friend or relative as your Coach is very important.**

Your Coach should plan to attend the Joint Replacement Pre-operative Class with you, visit during your hospital stay, provide support during exercise classes, and keep you focused on healing and recovery.

# Your Guide to Knee Replacement Surgery

## **Exercising Before Surgery**

Many patients with arthritis of the knee avoid using their painful leg. Muscles become weaker, making recovery slower and more difficult. Beginning an exercise program before surgery can help make recovery faster and easier.

Consult your doctor before starting pre-operative exercises. Eleven exercises are listed below that your doctor may instruct you to start and continue until your surgery. Take 15 to 20 minutes, twice a day to do your exercises. Perform exercises on both legs.

It is also important to strengthen your entire body, not only your legs before surgery. Strengthen your arms by doing chair push-ups because you will be relying on your arms when walking with the walker or crutches, getting in/out of bed and chairs, and moving on/off the toilet. Perform light endurance activities for your heart and lungs and walk 10 to 15 minutes each day.

***It is important to be as flexible and strong as possible before having joint replacement surgery.***

# Your Guide to Knee Replacement Surgery

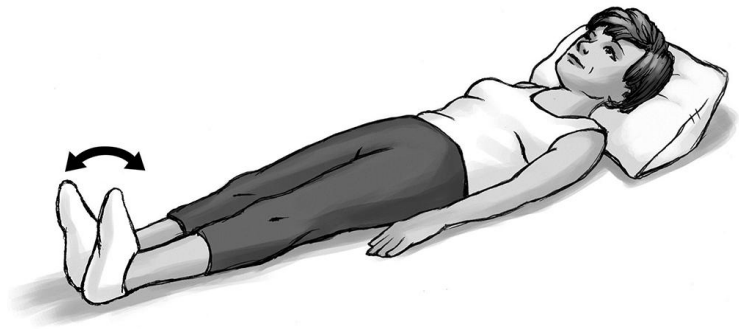
## Pre-operative Knee Exercises

Do not perform exercises that cause excessive pain.

1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Outward Heel Slides
5. Hip Flexion Heel Slides
6. Short Arc Quads
7. Hamstring Stretch
8. Straight Leg Raise
9. Armchair Push-ups
10. Long arc Quads
11. Seated Knee Flexion
12. Knee Extension Stretch

### 1 Ankle Pumps

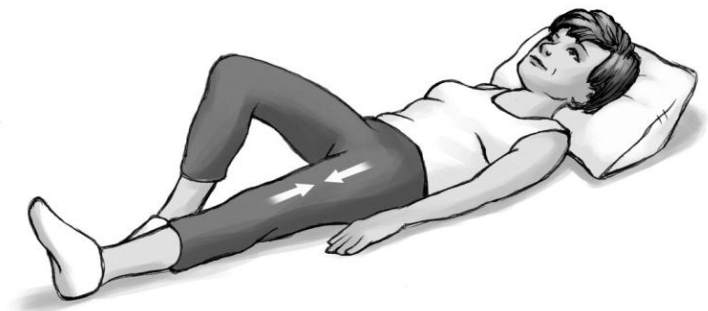
Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly. **Perform 20 times.**



### 2 Quad Sets

Lie on your back, press knees into mat by tightening muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath. **Perform 20 times.**

**Coach's Note:** Look and feel for the muscle above the knee to contract. Done correctly, the heel should come slightly off the surface. Be sure patients are not holding their breath during this and all other exercises.



# Your Guide to Knee Replacement Surgery

## 3 Gluteal Sets

Squeeze bottom together. Hold for a 5 count. Do NOT hold breath.

**Perform 20 times.**

**Coach's Note:** Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions. Be sure patients are not holding their breath during this and all other exercises.



## 4 Outward Heel Slides

Lie on your back with toes pointing toward the ceiling and knees straight. Tighten quad muscles and slide leg out to side and back to starting position.

**Perform 20 times.**

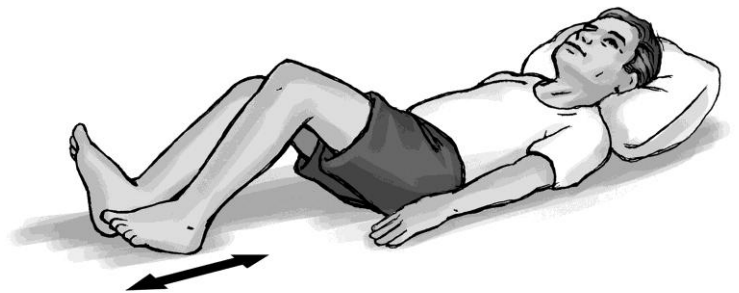


## 5 Hip Flexion Heel Slides

Patient should actively pull the heel up as far as possible. Once they have gone as far as they can, use a strap to assist with more knee bend.

**Perform 20 times.**

**Coach's Note:** Patient should actively pull the heel up. Assist slide with strap.

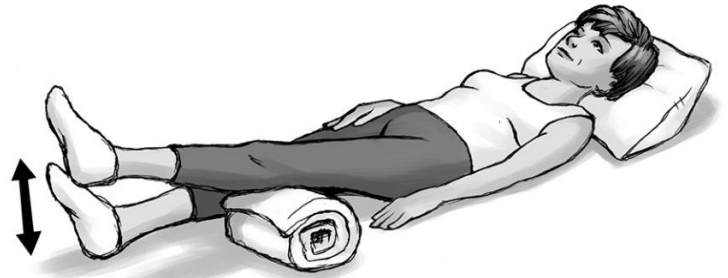


# Your Guide to Knee Replacement Surgery

## 6 Short Arc Quads

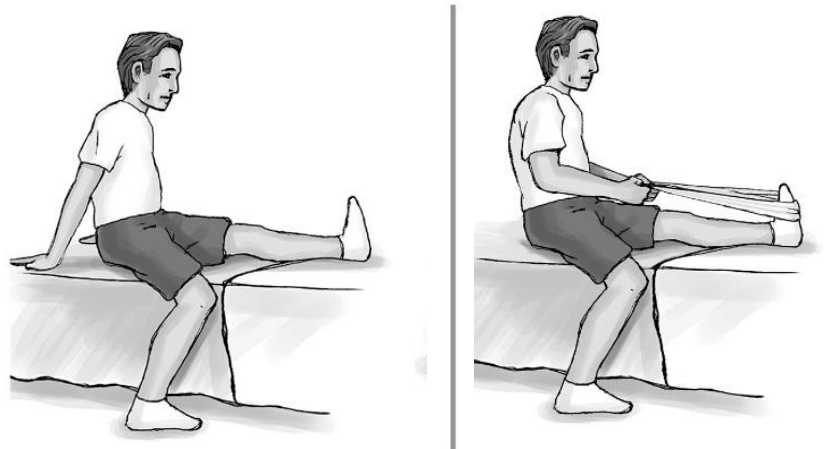
Lie on your back and place a 6-8 inch rolled towel under knee. Lift foot from surface, straightening knee as far as possible. Do not raise thigh off rolled towel. **Perform 20 times.**

**Coach's Note:** Work for full extension (straightening) of the knee. Assist with band or hand if needed to get full terminal extension.



## 7 Hamstring Stretch

Sit on couch or bed with exercised leg extended and other leg dangling off side. Keeping exercised knee straight, gently lean forward until slight stretch is felt in back of thigh. As you become more flexible, use strap to pull up on foot. Hold for 20 to 30 seconds. **Perform 5 times.**



## 8 Straight Leg Raises

Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head. **Perform 20 times.**

**Coach's Note:** If able, the patient can add a small ankle weight to their leg to increase their strength prior to surgery.



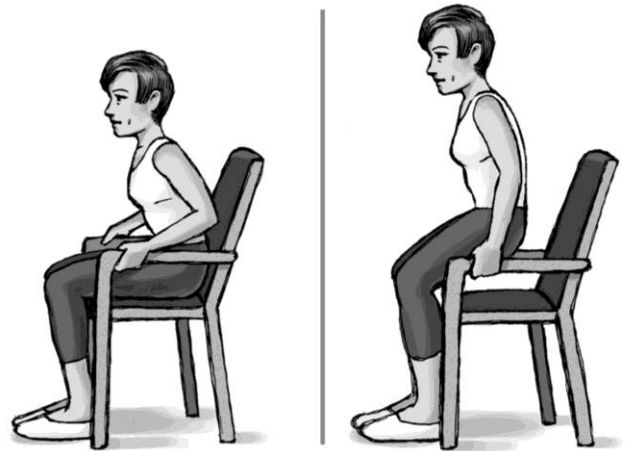


# Your Guide to Knee Replacement Surgery

## 9 Armchair Push-ups

Sitting in sturdy armchair with feet flat on floor, scoot to front of seat and place hands on armrests. Straighten arms raising bottom up from seat as far as possible. Use legs as needed to lift. Progress to using only arms and unaffected leg to perform push-up. Do not hold breath or strain too hard.

**Perform 20 times.**



## 10 Long Arc Quads

Start with your knee bent with your foot flat on the floor. Use the muscles (quadriceps) on the top of the thigh to straighten your knee until your knee is as straight as possible. Hold for a count of 5 and then slowly return to starting position. Keep the back of your thigh on the chair and do not bend forward at the waist.

**Perform 20 times**



# Your Guide to Knee Replacement Surgery

## 11 Seated Knee Flexion

Sitting in straight-back chair, bend affected leg as far as possible under chair (can use opposite foot to help). When maximum bend is reached, plant foot and slide hips forward further bending knee. Hold for 20 to 30 seconds.

**Perform 20 times.**

**Coach's Note:** *Each time bend until a stretch is felt and then a little more, if possible. The patient can use their non-surgical leg to apply some overpressure to increase the stretch in their surgical leg. Be sure hips remain flat on the chair.*



## 12 Knee Extension Stretch

Sitting in comfortable chair, prop affected foot on chair or stool. Place towel roll under ankle so calf is unsupported, and apply an ice pack and 3 to 5 pound weight (or bag of rice) on top of knee.

**Hold position for 15 minutes.**



## Prepare Your Home

- Put things you use often on a surface that is easy to reach.
- Check railings to make sure they are not loose.
- Complete house cleaning, do laundry, and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them.
- Cut the grass, tend the garden and other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install nightlights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.

# Your Guide to Knee Replacement Surgery

## **Breathing Exercises**

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

### **Deep Breathing**

- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out as if you were blowing out a candle. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

### **Coughing**

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

***Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.***

# Your Guide to Knee Replacement Surgery

## Surgery Timeline

### Four Weeks Before Surgery

#### *Start Vitamins, Iron*

- You may be instructed to take multivitamins, as well as iron. Iron helps build your blood count, which may help prevent the need for a blood transfusion.
- Avoid those with cold or flu like symptoms.

### Three Weeks Before Surgery

#### **Pre-operative Medical Clearance with Primary Care Provider**

- At this appointment, your provider will ensure you are in the best health for surgery.
- Your provider will determine if additional testing or treatment is needed.

#### **Pre-operative Class at Casa Colina Hospital**

- Attend a class for joint surgery patients. This class is mandatory. Bring your Coach; this person will be helping you during your recovery process. The following will be discussed in the class:
  - Preparing for your surgery
  - What to expect from your Coach
  - Hospital stay
  - Discharge planning/Needed equipment
- If you have any questions regarding the class, call the orthopedic care coordinator at **(909) 643-3760**.

### Two Weeks Before Surgery

#### **Preadmission Testing (PAT) Appointment**

- At this appointment, you will meet with the PAT nurse to review medical/surgical history and medications. Please bring all medications and supplements to this appointment in their original containers.
  - Please advise the nurse if there are any medications that you would not like to be substituted during your hospital stay.
- You may also meet with an anesthesiologist to discuss anesthesia.
- You will receive pre-operative instructions and education on surgical site infection prevention.

# Your Guide to Knee Replacement Surgery

## Ten Days Before Surgery

### Pre-operative Visit to Surgeon

Have an appointment in your surgeon's office within ten days prior to your surgery at your surgeon's discretion.

### Five Days Before Surgery

The following should be followed to prevent surgical site infections.

- Do not shave 5 days prior to surgery.
  - Hips and knees — Do not shave below the waist.
- Remove nail polish prior to surgery.
- Notify the surgeon's office if you have any open wounds, cuts, insect bites, rashes, sores, temperature > 99.0 F, cold or flu-like symptoms.

### Day Before Surgery

#### Find Out Your Arrival Time at the Hospital by 4:30 pm.

- A pre-op nurse will call you to let you know what time your procedure is scheduled. (If your surgery is on a Monday, you will be called on the Friday prior to your surgery.)

### Night Before Surgery

Follow the pre-operative instructions provided to you at your PAT appointment.

- Complete the pre-surgery shower using the Chlorhexidine soap provided to you. Remember not to use lotions, powders, creams, deodorant, or perfumes after your shower.
- Wear clean pajamas and sleep in clean sheets with no pets.
- Have your hospital bag packed with two pairs of clean loose-fitting clothing, and comfortable walking shoes with back strap.

### Day of Surgery

- Shower and use 2<sup>nd</sup> half of the Chlorhexidine soap repeating the same instructions as the night before surgery.
- Wear clean, loose, comfortable clothes.

Please arrive at the hospital at least two hours before surgery to give staff time to start IVs, prep, and answer any questions you may have. It is important you arrive on time as occasionally the surgery time is moved up.

# Your Guide to Knee Replacement Surgery

## Items to Take to the Hospital

- Personal hygiene items (toothbrush, deodorant, battery-operated razor, etc.)
- Watch or wind-up clock
- Loose fitting clothes (shorts, tops)
- Your walker, if you own one
- Slippers with non-slip soles; flat shoes or tennis shoes
- Battery-operated items (NO electrical items)
- Guidebook
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo I.D.
- Co-payment required by insurance company



## Special Instructions

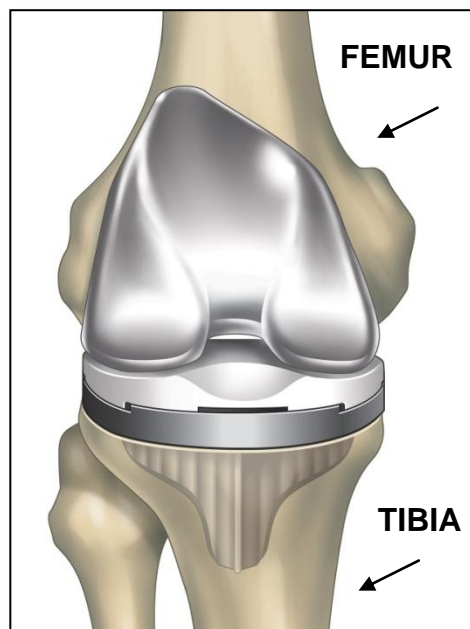
- Check with surgeon regarding diabetes or other medication which should NOT be taken the day of surgery.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure
- Do not wear body lotion.

# Your Guide to Knee Replacement Surgery

## Frequently Asked Questions (FAQs)

### What is osteoarthritis and why does my knee or hip hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Trauma, repetitive movement, or for no apparent reason, the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling, and loss of motion.



### What is total knee replacement?

The term total knee replacement is misleading. The knee is not replaced, but rather an implant is used to re-cap the worn ends of the bone.

This is done with a metal alloy on the femur and a plastic spacer on the tibia and patella (kneecap). This creates a new, smooth cushion and a functional joint that can reduce or eliminate pain.

### What is a partial knee replacement?

Unicompartmental (partial) knee replacement is a minimally invasive surgery in which only the damaged compartment of the knee is replaced with an implant. It is also called a partial knee replacement. The knee can be divided into

three compartments: patellofemoral, the compartment in front of the knee between the knee cap and thigh bone, medial compartment, on the inside portion of the knee, and lateral compartment which is the area on the outside portion of the knee joint.

### How long will my new knee last and can a second replacement be done?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A joint implant's longevity will vary in every patient. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last

# Your Guide to Knee Replacement Surgery

## What are the major risks?

Most surgeries go well, without complications. However, infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners.

## How long will I be in the hospital?

You will be asked to get dressed, stand at the edge of the bed and walk the day of surgery. The next morning, you will get up, get dressed, sit in a chair, and walk using a walker. Most patients will go home the day following their surgery. However, if you had a partial knee replacement, you may go home the same night without staying over in the hospital. Patients are generally discharged to home once they are able to sit, stand and walk safely with walker and medically cleared if requested by your surgeon.

## What if I live alone?

It is encouraged that you reach out to family and friends to help you, so you can go directly home. If that is not possible, sometimes the services of home physical therapy or a rehabilitation facility is needed. This should be discussed with your surgeon and the Orthopedic Care Coordinator prior to your surgery.





# Your Guide to Knee Replacement Surgery

## Section Two:

## At the Hospital

### Understanding Anesthesia

#### Anesthesiologists

Casa Colina's board-certified and board-eligible anesthesiologists oversee your pre-operative care, operating room care, and post-surgical care.

#### Types of Anesthesia

- **General anesthesia** - produces temporary unconsciousness.
- **Spinal/regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the body (spinal blocks, epidural blocks and leg blocks).

#### Side Effects

Your anesthesiologist will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

You will be given medications to treat nausea and vomiting which sometimes occurs with the anesthesia. The amount of discomfort experienced varies among each individual. Your discomfort should be minimal, but do not expect to be totally pain free. Staff will teach you the pain scale to assess your pain level.

### Understanding Pain

Pain can be chronic (lasting a long time) or intense (breakthrough) — and pain will change through the recovery process.



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: *Wong's Essentials of Pediatric Nursing*, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

#### Pain Scale

Using a number to rate your pain can help the Revive Joint Replacement Team understand and help manage it. "0" means no pain and "10" means the worst pain possible. With good communication, the team can make adjustments to make you more comfortable.

# Your Guide to Knee Replacement Surgery

## Hospital Care - What to Expect

### Before Surgery

- Your surgeon and anesthesiologist will meet with you prior to surgery to review your information and answer any final questions you may have. Your surgeon will initial the operative thigh.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).

### During Surgery

- The anesthesiologist will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.

### After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new joint may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and chills.
- You will then be taken to the specially designated Revive Joint Replacement Program Wing of the hospital.
- Your pain should be well controlled throughout your stay. If it is not, please inform your nurse.
- Only one or two very close family members or friends should visit on surgery day.
- You will need your own clothes after surgery. Please have your Coach bring them up once you are assigned to a room. Staffing and/or your Coach will help you get dressed prior to getting out of bed.
- At some point on this day, you will be assisted out of bed to walk or sit in a chair by a physical therapist or nurse. Mobility helps to relieve discomfort. It is important you begin ankle pumps. This will help to prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned.
- Your coach is welcome to stay overnight. If they do decide to go home, please remind them to return by 7 a.m. the next day. They play a vital role in your recovery and it's important to have them present throughout this process.

# Your Guide to Knee Replacement Surgery

## Hospital Care - What to Expect

### Post-op Day One

- Expect to be out of bed, dressed in your own clothes, and seated in a chair. Shorts/tops are best; long pants are restrictive. Please ask your coach to be present by 7 a.m.
- Your surgeon, orthopedic nurse practitioner and/or orthopedic care coordinator will visit
- A medical doctor or orthopedic nurse practitioner will evaluate you to provide medical clearance.
- Intravenous (IV) pain medication will be available if your pain is severe. We encourage oral pain medication as soon as possible.
- The physical therapist will evaluate you and determine if cleared for discharge. If evaluation was performed on the day of surgery and cleared by your physical therapist, you will be encouraged to walk the unit in the morning with our staff or your coach.
- You will have group therapy in the dayroom with other patients that have also had elective joint replacement surgery. Your coach is required to be present. This will give them the opportunity to know how to assist you once you are discharged home.
- For patients being discharged to homes with stairs, “stair training” will be performed.
- After group therapy, there will be a discharge class for all the patients being discharged.
- A group lunch will follow with other patients, staff, and your coach.
- Our goal is to discharge patients by 1 p.m.
- If you are not discharged the same day and require another day in the hospital, your therapy will continue in the afternoon.

## Physical Therapy Schedule

Please note that the schedule below is typical but actual times may vary. Your physical therapist (PT) will advise patients and family members if times change.

### Day of Surgery (DOS)

- Some patients may be seen by the PT today for their post-operative evaluation if you arrive on the floor by 2 pm.

### Post-op Day One

- For patients not evaluated on DOS, the PT will come to your room to evaluate you between 7 a.m. and 11 a.m. Coaches are encouraged to stay the night or be available the following morning by 7 a.m.
- A group therapy session will begin at 11 a.m. Coaches must attend.
- If you are not discharged and cleared by PT, you will have a physical therapy session in the afternoon. Exercises instructed by your physical therapist will be performed in your room.

# Your Guide to Knee Replacement Surgery

## Discharge Options

### Going Directly Home

- Arrange for someone to pick you up from the hospital.
- Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Confirm equipment delivery; the hospital will make arrangements if you do not already have a walker
- Take this Guide with you.
- Most patients going home will begin therapy at an outpatient physical therapy facility in approximately 1 week.
- If home health services are needed, they will be arranged by the case manager.



### If You Are Unable to Go Home

- If this is planned prior to admission, discuss the plan with your surgeon and let the OCC know.
- Case management will arrange for the evaluation.
- Transfer papers will be completed by nursing staff.
- Your doctor or a doctor from a sub-acute or acute rehabilitation facility will care for you in consultation with your surgeon.
- Sub-acute and acute rehabilitation stays must be approved by your insurance company. In order to transfer to a rehabilitation facility, you must meet admission criteria established by the facility in accordance with your insurance company or Medicare.
- If rehabilitation is not approved, you may still choose to go there and pay privately or the hospital will make alternate arrangements for home care.

# Your Guide to Knee Replacement Surgery

## Frequently Asked Questions (FAQs)

### What happens during surgery?

Hospital reserves approximately two to three hours for surgery. Time will be taken by operating room staff to prepare you for surgery. You may have general anesthetic - “being put to sleep.” Some patients will also have a spinal or epidural anesthetic which numbs the legs and blocks the pain messages to the brain. A local block may also be given. The choice is between you, your surgeon, and the anesthesiologist. These options will be discussed at your PAT visit and again on the DOS.

### Will surgery be painful?

You will have discomfort following surgery, but we keep you comfortable with appropriate medication. Most patients will receive oral pain medication with some additional IV medication for “breakthrough” pain. It is very important to follow your surgeon’s medication timeline once home to stay ahead of the pain.

### How long and where will my scar be?

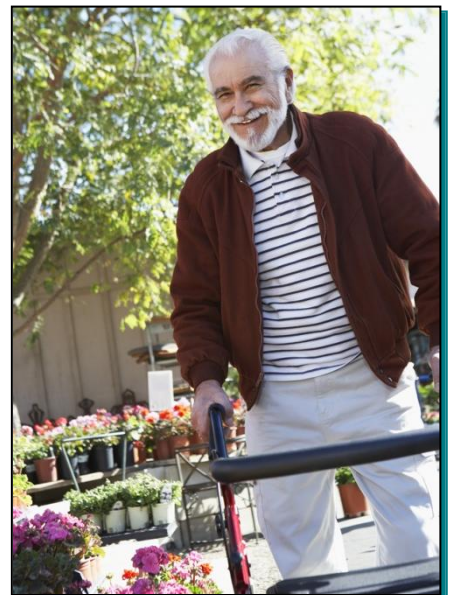
Surgical scars will vary in length, but most surgeons make the incision as small as possible. It will be straight down center of your knee, unless you have previous scars, in which case your surgeon may use an existing scar. There may be lasting numbness around the scar.

### Will I need a walker, crutches, or a cane?

Patients progress at their own rate. We recommend you use a walker and progress to a cane for four to six weeks. The Orthopedic Care Coordinator can arrange for equipment as needed.

### Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some patients may transfer to a rehabilitation facility if necessary. The Orthopedic Care Coordinator, physical therapist and surgeon will help with this decision and make necessary arrangements. Check with your insurance company if it will be covered.



# Your Guide to Knee Replacement Surgery

## Section Three:

## At Home After Surgery

### Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

*Try not to nap during the day so you will sleep at night.*

#### **Be Comfortable**

- Take pain medicine at least 30 minutes before physical therapy.
- Wean off prescription medication to non-prescription pain reliever. Take two Extra-strength Tylenol<sup>®</sup> tablets up to four times per day.
- Change position frequently (every 45 minutes – 1 hour) to prevent stiffness.
- Use ice for pain control at least 30 minutes each hour. Do not place ice directly on the skin. Use before and after exercise program.

#### **Body Changes**

- Appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids.
- May have difficulty sleeping.
- Energy level will be low; this may last for up to the next four weeks.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

#### **Blood Clots**

Aspirin or another blood thinner will be prescribed by your surgeon to avoid blood clots in your legs. This should be discussed with your surgeon prior to surgery.

#### **Swelling/Compression Stockings**

Swelling is normal and expected following your surgery.

- If swelling in operative leg is bothersome, elevate leg for short periods. Lie down and raise leg above heart level.

Your surgeon may require that you wear special stockings to compress veins in your legs. This helps keep swelling down and reduces chance for blood clots.

- Wear stockings continuously, removing to shower and wash.
- Notify the surgeon if pain or swelling increases in either leg not relieved with rest and elevation.
- Wear stockings for six weeks after surgery; ask surgeon when you can discontinue.

# Your Guide to Knee Replacement Surgery

## Incision Care

- Keep incision dry and follow the instructions given by your surgeon and at discharge.
- Do not remove the dressing or Steri-strips unless instructed by your surgeon. If you have an OnQ pump, you may have an extra dressing over the Steri-strips until the pump is removed.
- You may shower once you are home, unless otherwise instructed by your surgeon.
- After showering, pat the area dry with a clean towel.
- Notify surgeon if increased drainage, redness, pain, odor, or heat around the incision.
- Take temperature if feeling warm or sick. Call surgeon if temperature/fever exceeds 100.4 degrees.

## Recognizing and Preventing Potential Complications

### Infection

Signs of infection include:

- Increased rather than reduced swelling, warmth, pain, and redness at incision site.
- Change in color, amount, and odor of drainage.
- Fever greater than 100.4 degrees.

Prevention

- Take proper care of incision.
- Notify doctor and dentist you have a joint replacement.
- Notify dentist or surgeon before having dental work or other invasive procedures done—prophylactic antibiotics may be prescribed.

### Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Signs of blood clots include:

- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee, or groin area.
- Blood clots can form in either leg.

Prevention

- Perform ankle pumps.
- Walk several times a day.
- Wear compression stockings if prescribed.
- Take blood thinners as directed.

# Your Guide to Knee Replacement Surgery

## Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911**.

Signs of a pulmonary embolism include:

- Sudden chest pain.
- Difficult and/or rapid breathing.
- Shortness of breath.
- Sweating.
- Confusion.

Prevention

- Follow guidelines to prevent blood clot in legs.

## Post-operative Goals

### Weeks One to Two

**Our goal is to discharge you from the hospital the day following surgery. Most patients go directly home, but some may go to a rehabilitation center.**

- Continue with walker unless otherwise instructed.
- Walk at least 300 feet with walker or support.
- If you have stairs, climb and descend flight of stairs (12-14 steps) with rail once a day.
- Straighten knee completely.
- Shower following instructions provided at discharge.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.

### Weeks Two to Four

**Our goal is to help you gain more independence and return you to an active lifestyle. Follow home exercise program to achieve the best results.**

- Achieve one- to two-week goals.
- Begin weaning from narcotics as able.
- Move to cane or single crutch, as instructed by physical therapy.
- Increase walking distance gradually up to a quarter of a mile. Use pain and swelling as your guide on increasing distance.
- Climb and descend flight of stairs (12-14 steps) more than once daily.
- Bend your knee more than 90 degrees.
- Straighten knee completely.



# Your Guide to Knee Replacement Surgery

## **Weeks Two to Four (cont.)**

- Shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.
- Begin driving at two weeks if your operative extremity was your left and no longer taking narcotics or medication that affects your ability to operate a vehicle. Resume driving if right extremity was the operative extremity when you can safely and effectively operate a vehicle and are no longer taking narcotics or medication that affects your ability to operate a vehicle. Your physical therapist can help you determine when you are ready.

## **Weeks Four to Six**

**Our goal is your recovery to full independence. Home exercise program is important as you receive less supervised therapy.**

- Achieve one- to four-week goals.
- Walk with cane or no assistive device.
- Walk one-quarter to one-half mile.
- Progress on a stair from one foot to regular stair climbing (foot over foot).
- Actively bend knee 110 degrees.
- Straighten knee completely.
- Drive a car (regardless of which knee had surgery), if no longer taking pain medications that affect the ability to safely operate a vehicle. Use good judgment.
- Home exercise program twice a day.

## **Weeks Six to 12**

**Our goal is to have you resume all of your activities.**




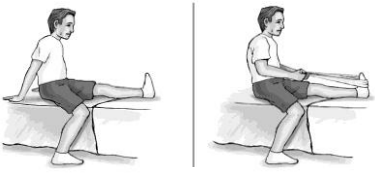


- Achieve one- to six-week goals.
- Walk without cane and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Bend knee to 120 degrees.
- Improve strength to 80%.
- Resume activities including dancing, bowling and golf.

## **Post-operative Exercises**

Exercise is important to achieve the best results from your joint replacement surgery. Consult your doctor before starting an exercise program. Receive exercises from a physical therapist, at an outpatient facility, or participate in a home exercise program. Do not do any exercise increases your pain.

# Your Guide to Knee Replacement Surgery

## At Home Exercises

<h3>1. Ankle Pumps</h3>	<h3>2. Quad Sets</h3>
	
<p>Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly.</p>	<p>Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for 10 count. <i>Coach's Note: Look and feel for the muscle above the knee to contract. Done correctly, the heel should come slightly off the surface. Be sure patients are not holding their breath during this and all other exercises.</i></p>
<h3>3. Heel Slides</h3>	<h3>4. Hamstring Stretch</h3>
	
<p>Lie on your back and slide heel up a flat surface bending knee. Your therapist may have you use a strap around foot to assist gaining knee bend. <i>Coach's Note: Patient should actively pull the heel up as far as possible. Once they have gone as far as they can, use a strap to assist with more knee bend.</i></p>	<p>Sit on couch or bed with exercised leg extended and other leg dangling off side. Keeping exercised knee straight, gently lean forward until slight stretch is felt in back of thigh. As you become more flexible, use strap to pull up on foot. Hold for 20 to 30 seconds.</p>
<h3>5. Short Arc Quads</h3>	<h3>6. Straight Leg Raise Knees</h3>
	
<p>Place a large can or rolled towel (about 8" diameter) under the leg. Straighten knee and leg. Hold straight for 5 count. <i>Coach's Note: Work for full extension (straightening) of the knee. Assist with band or hand if needed to the terminal extension.</i></p>	<p>Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head.</p>

# Your Guide to Knee Replacement Surgery

## 7. Knee Extension



Sitting in comfortable chair, prop affected foot on chair or stool. Place towel roll under ankle so calf is unsupported, and apply an ice pack and 3 to 5 pound weight (or bag of rice) on top of knee. Hold position for 15 minutes.

## 8. Long Arc Quads



Start with your knee bent with your foot flat on the floor. Use the muscles (quadriceps) on the top of the thigh to straighten your knee until your knee is as straight as possible. Hold for a count of 5 and then slowly return to starting position. Keep the back of your thigh on the chair and do not bend forward at the waist.

## 9. Knee Flexion



Sitting in straight-back chair, bend affected leg as far as possible. When maximum bend is reached, plant foot and slide hips forward further bending knee. Hold for 20 to 30 seconds. *Coach's Note: Each time bend until a stretch is felt and then a little more, if possible. The patient can use their non-surgical leg to apply some overpressure to increase the stretch in their surgical leg. Be sure hips remain flat on the chair.*

## 10. Heel Raises



Holding on to an immovable surface. Rise up on toes slowly for a 5 count. Come back to foot flat and lift toes from floor. *Coach's Note: When lifting up, do not lean backward.*

## 11. Standing Knee Flexion



Holding on to an immovable surface, bend the involved leg up behind you. Straighten to a full stand, with weight on both legs. *Coach's Note: The tendency is for the hip to come forward as the knee is bent. Encourage a straight line from the shoulder to knee.*

## 12. Sit to Stand



Scout to the edge of the chair. Place both feet under you to the best of your ability. Lean your trunk forward with your "nose over your toes." Pushdown with both feet using your legs muscles as you push down at an angle with both arms.

# Your Guide to Knee Replacement Surgery

## Advanced Exercises

Added by therapist after surgery. Do not do any exercise that is too painful.

### Bridge Exercise

Lie on your back with knees bent and feet flat on surface; push down on feet as you tighten buttocks and hamstring muscles and lift hips from surface. Concentrate on pushing equally through both feet. Hold for 5 count then return to start position. **Perform 20 times.**



### Side lying Abduction

Lie on your non operative side with unaffected knee straight, Place a pillow between your knees. Lift your operative leg off of your bottom leg as high as possible without rotation of your pelvis. Return to the starting position. **Perform 20 times.**



### Straight Leg Raise Knees Side Lying

Lie on your nonsurgical side. Lift your surgical leg toward the ceiling then slowly lower your leg to the starting position. Keep knee straight and toes pointed forwards. **Perform 20 times.**

**Coach's Note:** *If able, the patient can add a small ankle weight to their leg to progressively increase their strength.*



# Your Guide to Knee Replacement Surgery

## Straight Leg Raise Knees Prone

Lie on your stomach and lift your surgical leg toward the ceiling then slowly lower your leg to the starting position. **Perform 20 times.**

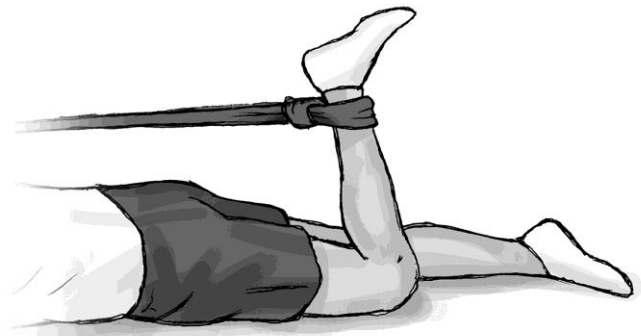
**Coach's Note:** *If able, the patient can add a small ankle weight to their leg to progressively increase their strength.*



## Quad Stretch

Lie on your stomach. Bend up surgical knee, raising your foot from the bed as far up toward your buttocks as you can. If able, place a folded bed sheet or exercise band around your ankle and pull your foot toward your bottom until you feel a stretch. Hold for 20-30 seconds. Lower foot back down to the bed. **Repeat 5 times.**

**Coach's Note:** *Be sure the thigh stays flat on the bed or floor during this exercise.*



## Standing Knee Extension

Standing against wall, with feet about 4-6 inches out, place 6-8" ball behind knee. Push ball into wall by tightening hip and quadriceps muscle. **Perform 20 times.**



# Your Guide to Knee Replacement Surgery

## Wall Slides

With feet shoulder-width apart and back to wall, slide down wall as far as comfortable. Make sure your knees do not go past your toes. Your therapist will guide you on how far to slide down wall. Make sure you keep equal weight on both legs. Push back up equally through both legs and come to standing. **Perform 20 times.**

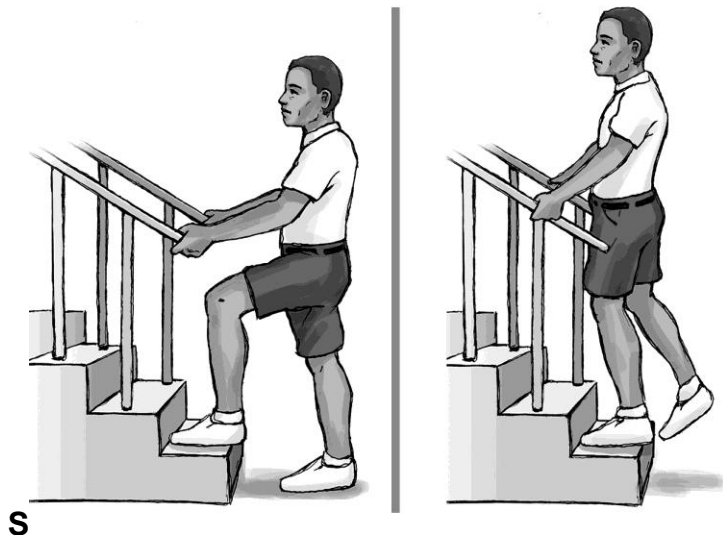


## Advanced Stair Exercises

Started 6-12 weeks after surgery; the physical therapist will instruct you on what step height on which to start. Do not do any exercise that is too painful.

### Single Leg Forward Stairs

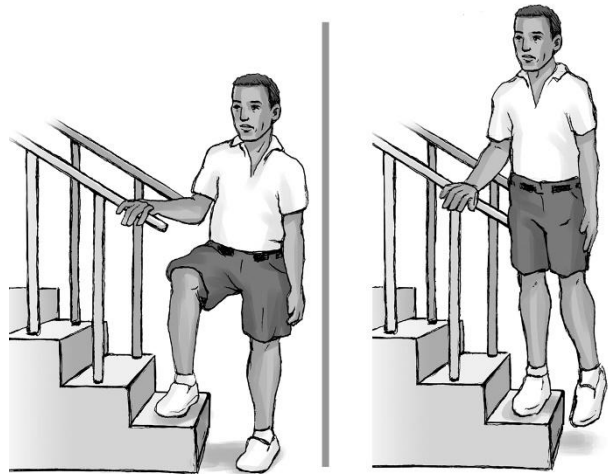
Hold onto stair railing – place affected foot on first step. Step up on stair with affected leg. Return to start position. May need to begin with 2-4” step (book/block) and progress to higher step as tolerated. **Perform 20 times.**



# Your Guide to Knee Replacement Surgery

## Single Leg Lateral Stairs

Face railing, with affected leg nearest step. Holding onto railing, place foot on step and slowly step up lifting unaffected leg from floor; slowly lower foot to start position. May need to begin with 2-4" step and progress to higher step as tolerated. **Perform 20 times.**



## Heel Toe Raise Stairs

Stand, holding onto railing, with toes on stair and over edge. Relax and let heels hang down. Hold for 20 seconds. **Perform 5 times.**

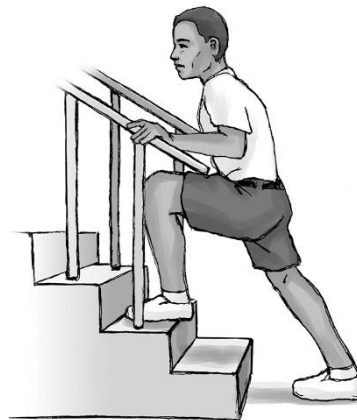


## Knee Heel Stretches

Stand, holding onto railing and place surgical foot up on first or second step (Your therapist will instruct on which level to begin). Keeping non-surgical leg straight and on floor, stretch forward, bending surgical knee. Hold for 20 seconds. **Repeat 5 times.**

Then repeat with surgical foot on floor, and non-surgical foot on step.

**Coach's Note:** *Both heels should be flat on floor and the toes pointed straight ahead.*



# Your Guide to Knee Replacement Surgery

## Activities of Daily Living

### Standing With Walker

**Do NOT pull up on walker to stand! Sit in chair with armrests.**

1. Bend knee and weight-bear as tolerated into both lower extremities.
2. Scoot hips to front edge of chair.
3. Push up with both hands on armrests as you lean forward with your nose over your toes. If a chair doesn't have an armrest, place one hand on walker while pushing off side of chair with other.
4. Balance before grabbing the walker.

### Sitting With Walker

1. Back up to the center of the chair until you feel the chair on the back of your legs.
2. Reach back for armrest one at a time.
3. Slowly lower body to chair trying to bend both knees equally.

### Lying in Bed:

1. Do not place pillow/towel roll under the knee joint.
2. Use a towel roll under the ankle to work on knee extension.
3. If needed, place a rolled up towel or pillow on outside of leg to prevent leg from rolling out.





# Your Guide to Knee Replacement Surgery

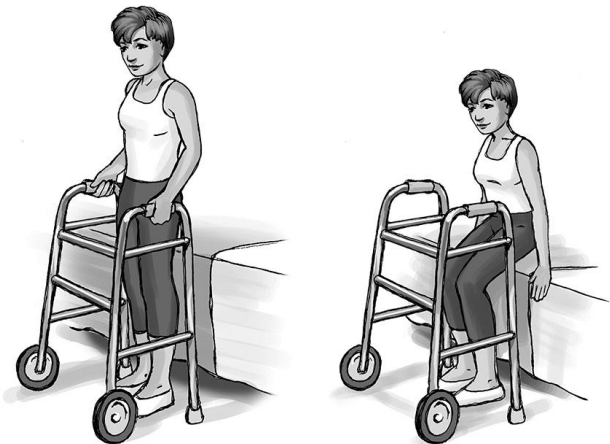
## Bed Transfers

### Getting Into Bed

1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with both hands, sit down on edge of bed and scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Move walker out of way, but keep it within reach.
4. Scoot hips around so you are facing foot of bed.
5. Lift leg into bed while scooting around (if this is surgical leg, you may use other leg, a cane, rolled bed sheet, belt, or elastic band to assist with lifting leg into bed).
6. Keep scooting and lift other leg into bed.
7. Scoot hips toward center of bed.

### Getting Out of Bed

1. Scoot hips to edge of bed.
2. Sit up while lowering non-surgical leg to floor.
3. Scoot to edge of bed.
4. Use both hands to push off bed. If bed is low, place one hand in center of walker while pushing off bed with other.
5. Balance before grabbing walker.



# Your Guide to Knee Replacement Surgery

## Walking

1. Push rolling walker forward.
2. Step forward placing foot of surgical leg in middle of walker area.
3. Step forward the non-surgical leg. Do NOT step past front wheels of walker.



- Note:
- Take small steps. Keep walker in contact with floor, pushing it forward like shopping cart.
  - If using a rolling walker, advance from basic technique to normal walking pattern. Holding onto walker, step forward with surgical leg, pushing walker as you go; try to alternate with equal step forward using non-surgical leg. Continue to push walker forward. When you first start, this *may not* be possible, but you will find this gets easier. Make sure that your foot does not go past the front of the walker when taking a step. Ideally, the foot should land in the center of the walker.

# Your Guide to Knee Replacement Surgery

## Stair Climbing

1. Begin climb (ascend) with non-surgical leg first (up with good).
2. Go down (descend) with surgical leg first (down with bad).
3. Always hold on to railing if available!

## Tub Transfers

### Getting Into Tub Using Bath Seat

1. Place bath seat in tub facing faucet.
2. Back up to tub until you feel it at back of knees. Be sure you are in line with bath seat.
3. Reach back with one hand for bath seat. Keep other hand in center of walker.
4. Slowly lower onto bath seat
5. Move walker out of way, but within reach.
6. Lift legs over edge of tub, using upper body to lift surgical leg, if necessary. Hold onto shower seat or railing.

### Getting Out of Tub Using Bath Seat

1. Lift legs over outside of tub.
2. Scoot to edge of bath seat.
3. Push up with one hand on back of bath seat while holding on to center of walker with other hand.
4. Balance before grabbing walker.

- Note:
- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they may not be necessary. **They are typically not covered by insurance.**
  - Use rubber mat or non-skid adhesive on bottom of tub or shower.
  - To keep soap within reach, make soap-on-a-rope by placing bar of soap in toe of old pair of pantyhose and attach it to bath seat.

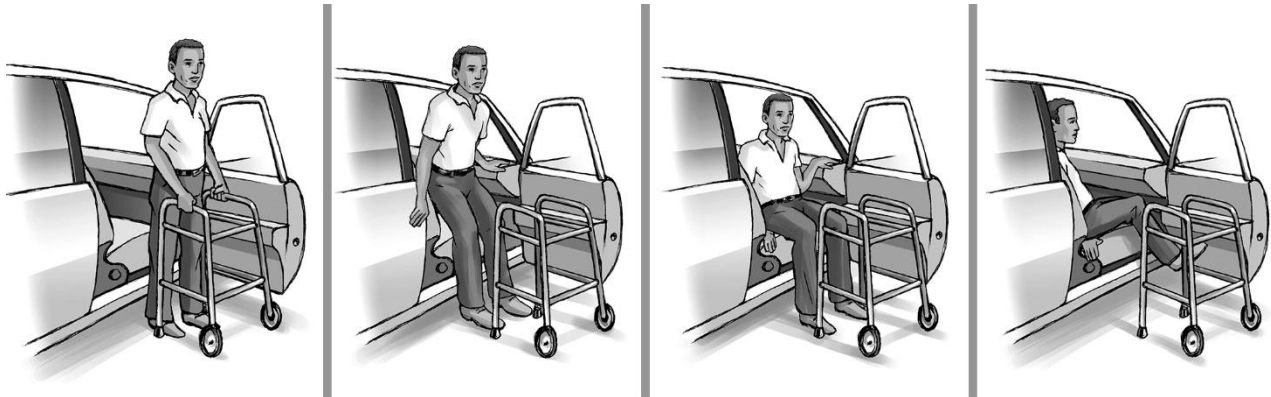
# Your Guide to Knee Replacement Surgery

## Car Transfers

### Getting Into the Car

#### How to get in and out of a car after joint replacement surgery

1. The front passenger car seat should be pushed all the way back before you enter the car.
2. Have the driver park on a flat surface and/or near the driveway ramp.
3. Walk toward car using the appropriate walking device.
4. When close to the car, turn and begin backing up to the front passenger car seat. Never step into the car!
5. Reach with your right hand and hold the door frame or headrest. Place your left hand on the car seat or dashboard.
6. Slowly lower yourself to the car seat.
7. Slide yourself back onto the car seat.
8. Swing your legs into the car. Try to move one leg at a time.
9. Reverse these steps to get out of a car.
10. As a passenger, sit on a firm cushion or folded blanket to avoid sitting too low.
11. When taking extended car rides, make sure to take breaks every 30 to 45 minutes. Get out of the car and stretch.



### Getting Out of the Car

Bring your legs out one at a time. Lead with your hips and shoulders and do not twist your back. Place your right hand on back of the seat and the left hand on the frame or dashboard. Push up to stand. Reach for the walker when you are stable.



# Your Guide to Knee Replacement Surgery

## Getting Dressed

A reacher or dressing stick can help remove pants from foot and off floor.

### Putting on Pants and Underwear

1. Sit down. Put surgical leg in first and then non-surgical leg. Use reacher or dressing stick to guide waistband over foot.
2. Pull pants up over knees.
3. Stand with walker in front to pull pants up.

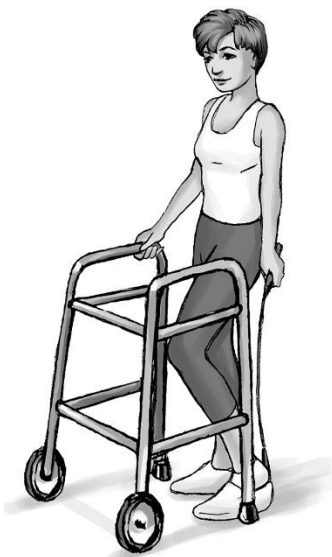
### Taking off Pants and Underwear

1. Back up to chair or bed.
2. Unfasten pants and let them drop to floor. Push underwear down to knees.
3. Lower yourself down, keeping surgical leg out straight. Take non-surgical leg out first and then surgical leg.



### Using Sock Aid

1. Slide sock onto sock aid.
2. Hold cord and drop sock aid in front of foot. Easier to do if knee is bent.
3. Slip foot into sock aid.
4. Straighten knee, point toe, and pull sock on.
5. Keep pulling until sock aid pulls out.



### Using Long-handled Shoehorn

1. Use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
2. Place shoehorn inside shoe against back of heel.
3. Lean back as you lift leg and place toes in shoe.
4. Step down into shoe, sliding heel down shoehorn.

This can be performed sitting or standing. Wear sturdy slip-on shoes or shoes with Velcro closures or elastic shoelaces. Do NOT wear high-heeled shoes or shoes without backs.

# Your Guide to Knee Replacement Surgery

## Around the House: Saving Energy and Protecting Your Joints

### Kitchen

- Do NOT get on knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all cooking supplies at one time. Sit to prepare meal.
- Place frequently-used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use a high stool or put cushions on a chair when preparing meals.



### Bathroom

Do NOT get on knees to scrub bathtub. Use a mop or other long-handled brushes.

### Safety Tips and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms to make it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for first three months and then only with surgeon's permission.

# Your Guide to Knee Replacement Surgery

## Dos and Don'ts for the Rest of Your Life

### What to Do

- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- Although risks are low for post-operative infections, the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.

### Exercise

With permission from your orthopedic surgeon and primary care doctor, you should be on a regular exercise program three to four times per week, lasting 20 to 30 minutes.

- Impact activities such as running and singles tennis may put too much load on the joint and are generally not recommended.
- High-risk activities such as downhill skiing are discouraged because of risk of fractures around the prosthesis and damage to prosthesis itself.

### Do:

- Choose low impact activity.
- Recommended exercise classes.
- Home program outlined in Guidebook.
- Regular one- to three-mile walks.
- Home treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.



### Don't:

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not participate in high-risk activities such as contact sports.
- Do not take up sports requiring strength and agility until you discuss it with surgeon or PT.

# Your Guide to Knee Replacement Surgery

## Recommended Exercise Classes

### Classes

Check with community center or gym for low impact classes offered. Ask your PT if you need help finding the appropriate class.

### Aquatics

Participants are led by certified aquatic fitness professionals through a series of designed exercises that, with the aid of the water's buoyancy and resistance, can improve joint flexibility and muscular strength. Warm water and gentle movements can help relieve pain and stiffness. Your doctor's permission is required.

***You need a regular exercise program to maintain the fitness and health of muscles around your joints.***



# Your Guide to Knee Replacement Surgery

## The Importance of Lifetime Follow-up Visits

### When should you follow-up with your surgeon?

- Every year, unless instructed differently.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

There are reasons for routine follow-up visits with your orthopedic surgeon.

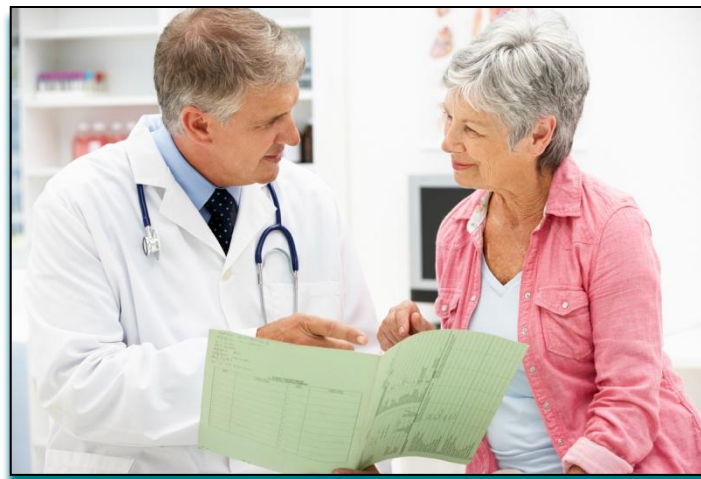
If you have a cemented knee, the integrity of cement needs to be evaluated. With time and stress, cement may crack. A crack in cement does not necessarily mean you need another surgery, but it means things need to be followed more closely.

Your knee could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening.

Second reason for follow-up is the plastic liner in your knee may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis (similar to what can happen with cement).

X-rays taken at follow-up visits can detect problems. New x-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



# Your Guide to Knee Replacement Surgery

## Frequently Asked Questions (FAQs)

### Will I need help at home?

For the first few days or weeks, depending on your progress, you may need someone to assist you. If able, family or friends ask them to be available to help. Preparing ahead before surgery can minimize amount of help needed especially with meals. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for help.



### Will I need physical therapy when I go home?

Yes, you most likely have outpatient physical therapy beginning at 1 week after your surgery, but you may have in-home physical therapy if needed. Patients are encouraged to utilize outpatient therapy. You should have made the appointment for your physical therapy appointment prior to your surgery. If you need assistance contact your Orthopedic Care Coordinator. If you need home physical therapy, we will arrange for a physical therapist in your home at discharge. Following this, you may go to an outpatient facility several times a week to assist in your rehabilitation. Length of time for this type of therapy varies with each patient.

### Will my new knee set off security sensors when traveling?



Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on security screening procedure. You should carry a medic alert card indicating you have an artificial joint. Check with your surgeon on how to obtain one.

## Section Four:

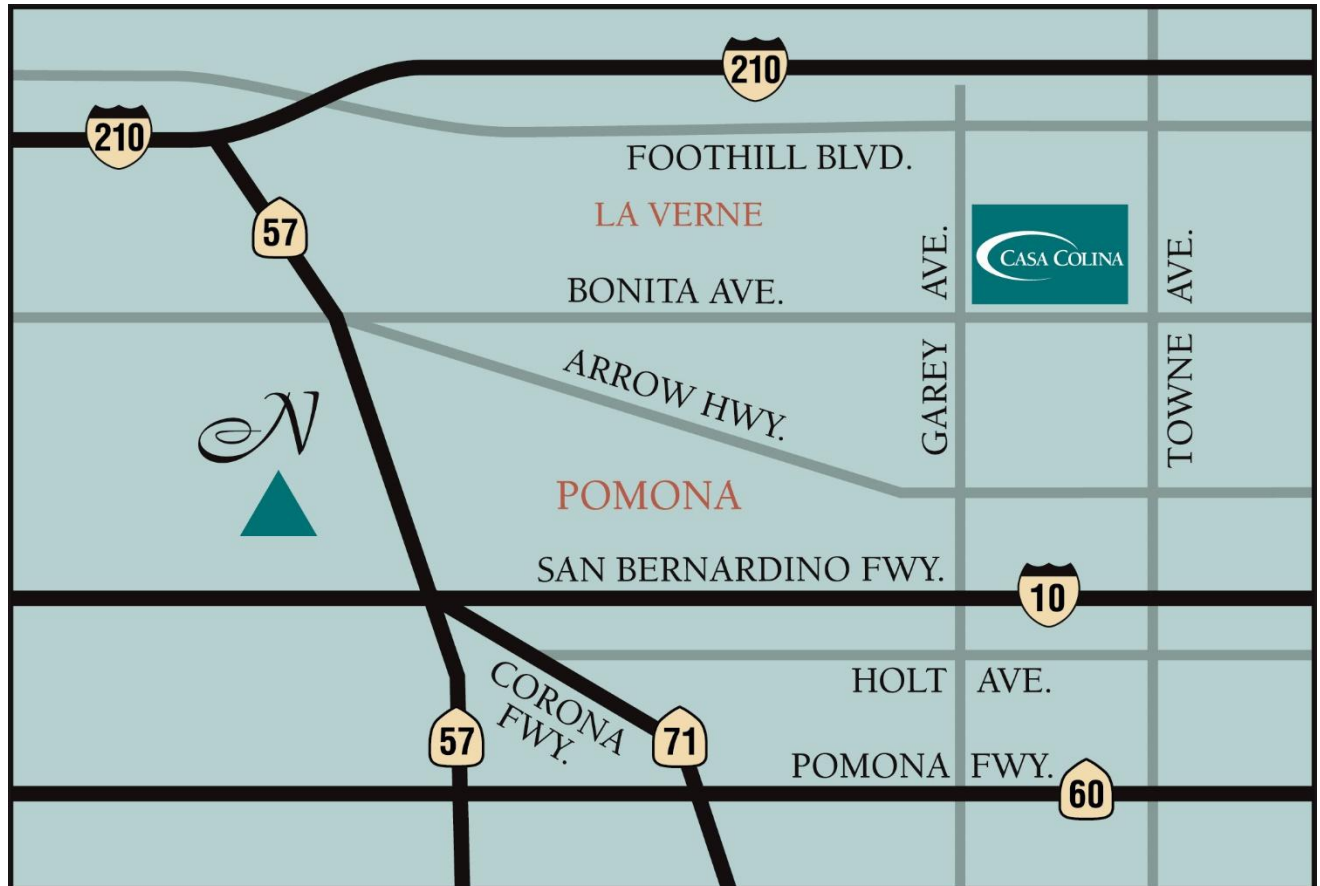
## Appendix

### Glossary

- **Abdomen:** Part of body commonly thought of as the stomach; it's situated between hips and ribs.
- **Ambulating:** Walking.
- **Assistive Devices:** Walker, crutches, cane, or other device to help you walk.
- **Compression Stockings:** Special stockings that encourage circulation.
- **Dorsiflexion:** Bending back foot or toes.
- **Dressings:** Bandages.
- **Embolus:** Blood clot that becomes lodged in a blood vessel and blocks it.
- **Incentive Spirometer:** Breathing tool to help exercise lungs.
- **Incision:** Wound from surgery.
- **IV:** Intravenous.
- **Osteolysis:** Condition in which bone thins and breaks down.
- **OT:** Occupational therapy.
- **Prothrombin:** Protein component in blood that changes during clotting process.
- **PT:** Physical therapy.

# Your Guide to Knee Replacement Surgery

## Map to Casa Colina Hospital



# Your Guide to Knee Replacement Surgery

## Campus Map

