

Knee Replacement Patient Handbook

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Pre-Operative

PRE-OPERATIVE: WHAT TO EXPECT PRIOR TO YOUR SURGERY

We are pleased that you have selected us for your total joint replacement journey. We are committed to providing you with the highest quality care during your surgery and recovery. This guidebook, as a supplement to your Joint Replacement Class, provides important information to help you prepare for your upcoming surgery. Feel free to take notes, highlight or underline information, and use the checklists and forms provided – this is yours to use in any way that is most helpful for you! If you have any questions or concerns before or after surgery, please don't hesitate to ask your surgeon, nurse or other care team member.

And if you haven't already done so, **choose your Care Coach**. This is the one person you select who is *available* to be with you and *able to* provide support throughout your surgery. Care Coaches are encouraged to review this guidebook with you, attend the Joint Replacement Class and participate during all stages of your total joint journey.

We look forward to partnering with you for a successful surgery and helping you return to a healthier, more active lifestyle!

PRE-OPERATIVE JOINT REPLACEMENT CLASS

In preparation for your total joint surgery, we **highly recommend** that you and your Care Coach attend our **Joint Replacement Class**. This supportive and interactive class is designed to provide vital information to help you feel more comfortable about what will happen during your surgery and hospital stay. This will also help you recognize and prevent potential complications. We're here to help you gain the knowledge and confidence you need to prepare for surgery and achieve the best possible outcomes.

RETURN-TO-HOME PLANS

It is important to take the time to make sure your home is safe and accessible. Take time before your surgery to look for and remove any hazards that could lead to a fall or loss of balance. Make sure access from one area of your home to another is easy and obstacle free. Prepare now, so when you get home from surgery you will be safe and can focus on healing. Here are some helpful tips:

ROOM-BY-ROOM SAFETY REMINDERS – SEE SECTION: AIDS TO AID YOUR RECOVERY

PREPARE YOUR LIVING ROOM

- Consider installing rails on at least one side of indoor and outdoor steps.
- Clear stairs and pathways of any clutter.
- Remove throw rugs.
- Use non-skid wax on hard floors.
- Remove all telephone and/or electrical cords from walk areas.
- Make plans for someone to care for your pet(s).
- Have a firm, straight-backed chair with arm rests available at home for your use after surgery. Choose a chair that has adequate height, from which you can easily stand.

- Consider purchasing a long-handled grab tool/reacher to help reach and pick-up items until you can safely stoop or bend.
- Install and use night lights.

PREPARE YOUR BATHROOM

- A raised toilet seat is recommended (alternatively, a 3-in-1 bedside commode with armrests can also fit over a low toilet or be used as a shower seat).
- Consider installing grab bars to help with safe movement (DO NOT use towel racks for support).
- Disposable cleaning cloths are helpful until you can shower or take a bath.
- Make sure the path to the bathroom is well-lit. Night lights are recommended.
- Install safety treads or a non-skid mat in the tub and shower to help prevent falls.
- Make sure bath rugs are slip-resistant and water absorbent.
- Consider removing slider doors on bathtub enclosures to enlarge the entry and install a tension rod and shower curtain.
- A hand-held shower head with an ON/OFF switch is handy for bathing when using a bathtub bench/shower chair.
- A long-handled sponge helps clean hard-to-reach areas during bathing.

PREPARE YOUR BEDROOM

- Check the height of your bed. The mattress should be at least knee height. You should be able to get in and out of your bed easily.
- Consider preparing a sleeping area in your home's main entry level.
- Avoid sofa beds, waterbeds or futons; higher, supportive sleeping surfaces are recommended.
- Arrange easy-on/easy-off clothing in dresser drawers or closet shelves that are easy to reach (waist level) to limit bending and stooping after surgery.
- Velcro or elastic shoe laces are helpful to secure shoes instead of tying laces after surgery. You should still use soled shoes or slipper with a back.
- A sock aid and long-handled shoe horn assists putting on socks and shoes with less bending.

PREPARE YOUR KITCHEN AND FOOD

- Stock up on nonperishable food items, microwavable meals, or freeze your own "TV dinners" before surgery.
- Move often-used items in your pantry, refrigerator and cupboards to shelves or counters you can easily reach.

- Plan to reduce dishwashing with disposable paper or plastic plates, cups and utensils.
- Travel mugs or water bottles help carry or move beverages safely.

PREPARE YOUR BODY

- Make sure you have been medically cleared for surgery. For cardiac patients, be sure you have cardiac clearance prior to being scheduled for surgery.
- Ensure that you have completed any dental work, including cleaning.
- During flu season, approximately September-March, please get your flu shot prior to surgery.
- Pneumonia can be prevented with a vaccine. Get vaccinated if it is suggested by your surgeon.
- You may begin pre-operative exercises. (See Appendix – pg. 38)

NUTRITIONAL RECOMMENDATIONS AND LIFESTYLE CHANGES

- Good nutrition is imperative for healing. Balance servings of fresh fruits and vegetables, lean protein, low-fat dairy and whole grains. Include iron-rich foods like lean red meats, fortified cereals, and leafy green vegetables such as spinach or kale.
- Talk with your doctor about taking nutritional supplements that support bone health, including vitamins C and D3, calcium and iron.
- Limit alcohol use. If you use alcohol or recreational drugs, be upfront with your care team.
- Maintain a healthy weight to minimize stress on your new knee and to decrease risks of surgery. Ask your doctor for weight loss recommendations.
- Drink at least eight 8-ounce glasses of fluid each day, especially water and non-caffeinated drinks.
- Keep your bowels regular to prevent problems with constipation after surgery.
- Remain as active as your pain will allow to keep your muscles strong and ready to support your new joint.
- Get plenty of rest.

PRE-OPERATIVE HOME SAFETY ASSESSMENT

- Safety is our biggest priority as you may be at an increased risk to fall during your recovery after surgery. To reduce the risk of falling, **please complete the following information** to assist your care team.
- Feel free to also take photos or a short video of your home to share with a member of your care team. **Bring this checklist with you to the hospital for staff to anticipate your needs prior to discharge.**

HOME SAFETY ASSESSMENT

How tall are you? Height: _____
Where to do you plan to recover after discharge? Please circle: Home Apartment Condo
Will you live alone? Yes / No
If no: Who will be with you? Name: _____ Relationship: _____
Will you have help at home? Yes / No How many hours of help during the day? _____ How many hours during the night? _____
Are there stairs inside the house? Yes / No If yes: How many stairs are there? _____ Is there a rail to hold on to? Yes / No
Are there stairs / steps to enter the house? Yes / No If yes: How many? _____ Is there a rail to hold on to? Yes / No
Are there any concerns about the house? Please circle: Narrow Hallway Bathroom access issues Other: _____
Do you have any of the following? Please circle: Reacher Sock Aid Long Sponge / Brush Long Shoehorn Stationary Bike
Do you have a handrail in the shower or tub? Yes / No
Does your bathroom have any of the following? Please circle: Tub Shower Shower Curtain Shower Stall Glass Door
Do you have any of the following bathroom equipment? Please circle: Tub Bench Raised Toilet Raised Toilet Seat Grab Bar
Toilet Height: _____
Do you have any of the following equipment? Please circle: Walker Wheelchair Crutches Cane
Do you currently use any equipment to walk? Please explain: _____
Recently, how far can you walk? Please circle: Only in the house A couple of blocks In the Community Unlimited Distance I do not walk
Can you perform daily activities independently? Please circle: Grooming Hygiene Toileting Bathing Dressing
Bed height in inches: _____
Number of stairs to go to the bedroom: _____
When lying in your bed, which side do you get out of bed? Left Right
How many times on average do you get out of bed at night? _____
What is the distance from your bed to the bathroom? _____
Do you have any animals at home? Yes / No If yes, did you make plans for someone to care for your pet? _____
Do you have any other medical conditions or surgeries that would affect your rehabilitation and healing? If yes please explain: _____

TIMELINE AND TIPS - 4 TO 6 WEEKS BEFORE YOUR SURGERY

CHECKLIST:

- Contact Insurance
 - Make sure you understand your coverage.
 - Your surgeon should have confirmed insurance authorization; call your surgeon's office to confirm this has been completed.
 - Most insurance companies require pre-approval for an extended rehab stay. Contact your representative for authorization before surgery if you anticipate needing this coverage.

- Pre-Register at the Hospital
 - Expect a pre-registration phone call from the hospital.

- Set-up Advanced Directives
 - If completed, bring a copy of your advance directive to the hospital.
 - If you do not have an advance directive, please refer to the Spiritual Care team. Let us know if you need further instruction regarding advance directives; it is encouraged that all patients having surgery have an advanced directive.

- Smoking Cessation
 - Quit smoking at least 4-6 weeks before surgery. Smoking and nicotine delay healing and increase your risk for lung complications and blood clots. Help is available to stop smoking; please ask.

- Infection Prevention
 - Take excellent care of your skin. If you get deep scratches, cuts or rashes, contact your surgeon's office.
 - Protect yourself from infection! Notify your surgeon's office right away if you think you may have an infection of any kind – i.e. bladder, lung, sinus, tooth, abscess, skin sores, etc.
 - Follow all instructions for showering prior to surgery and after.

TIMELINE AND TIPS - 2 TO 4 WEEKS BEFORE YOUR SURGERY

CHECKLIST:

- Plan a **preoperative visit** to your surgeon.
- If you are already being followed by a pain management specialist for a pre-existing condition, please talk with your surgeon or attending physician.
- Stop taking all supplements, vitamins, and herbal remedies 14 days prior to surgery (unless directed by your surgeon). We want to avoid any interactions with anesthesia or the medications that may be given during your hospital stay.
- Specific instructions for other medication and blood thinners should come from your surgeon.
- Be enrolled for the **Total Joint Preoperative Class**. For many surgeons, this is a mandatory class unless you have had a previous total joint surgery at Providence in the last six months.
- Prepare for Discharge:
 - Establish a plan to care for family members and pets as needed.
 - Establish a plan for discharge to home.
 - Ensure you have adequate help when you return home.
 - Determine if you plan on going to your home or other's home at discharge.
 - Ensure your ride home is at the hospital by the time specified by your care team on the day of discharge (for many this is noon).
 - Fill regular prescriptions and have enough daily medications to last several weeks after surgery.
 - Be sure you understand when to stop and resume regular medications around surgery.
- Identify who your care coach will be, who will:
 - Attend all physician visits with you
 - Attend a total joint preoperative class with you
 - Be available during hospitalization for caregiver training
 - Be at the hospital any time on day of discharge for any final instructions

TIMELINE AND TIPS - 1 WEEK BEFORE YOUR SURGERY

CHECKLIST:

- Stop taking aspirin, ibuprofen, naproxen (NSAIDS) 7 days prior to surgery. Please confirm this instruction with your surgeon.

TIMELINE AND TIPS - THE DAY BEFORE YOUR SURGERY

CHECKLIST:

- Review all of your preoperative instructions.
- You will receive a phone call if your surgery time has changed.
- Confirm your ride home from the hospital at the time specified.
- Prepare your home as instructed above.
- Ensure that your home is safe and ready for your return.
- Have your home clean and clutter-free.
- Have clean, fresh linens on your bed.
- Have your meals prepared.
- Have your care coach bring the change of clothes you packed to the hospital room after your surgery.

TIMELINE AND TIPS - THE EVENING BEFORE YOUR SURGERY

CHECKLIST:

- Confirm with your surgeon the time at which you should stop eating and drinking the night before your surgery.
- If you have been instructed to take Warfarin/Coumadin the night before your surgery, take your dose following the dosing and timing instructions set by your surgeon.

- Take your pre-op shower (see instructions below). Consult with your care team if you are allergic.

TIMELINE AND TIPS - THE DAY OF YOUR SURGERY

CHECKLIST:

Before coming to the hospital:

- Take your second pre-op shower. Consult with your care team if allergic.
- Do not apply any kind of product to your body such as lotions, hair spray, gel, pomade, sunscreen, perfume, cologne or deodorant.
- Do not wear any kind of jewelry, including watches and wedding rings, to the hospital.
- Do take your usual prescribed medications with a small sip of water unless otherwise instructed by your surgeon or follow specific instructions from the Pre-Anesthesia Clinic and/or Primary Care Physician.

SHOWER INSTRUCTIONS

Shower the night before and the morning of your surgery. Your surgeon may recommend using Hibiclens (Chlorhexidine 4% solution) or an antibacterial soap. This will help prevent infection of your surgery site.

- **Do not shave** near your surgical site for at least 3 days before your surgery.
- **Do not shave any** part of your body 24 hours before surgery.

SHOWER 1 – THE NIGHT BEFORE SURGERY

- Use regular soap or shampoo for your face and hair.
- Shower from your neck to toes with recommended soap.
- Please allow the soap to stay on your skin for 1-2 minutes before rinsing off.
- Rinse well and pat dry with a fresh, clean towel.
- Dress in freshly washed clothes.
- Sleep on fresh clean sheets.
- Do not sleep with pets.

SHOWER 2 – THE MORNING OF SURGERY

- Repeat above.

PACKING FOR THE HOSPITAL

BRING THE FOLLOWING ITEMS TO THE HOSPITAL WITH YOU:

- Photo ID
- Your medical insurance information and pharmacy card.
- A list of medications you are presently taking (prescriptions, supplements, and over the counter) and what time, how many you are taking, and the last time you took them.
- A change of clothes. We recommend shorts or loose-fitting sweatpants or flannel pajama pants, underwear and T-shirt.
- Walking shoes, preferably without laces. **For safety reasons, do not bring flip flops.**
- Glasses and/or contact lenses, hearing aids and/or dentures (we are not responsible for your personal items).
- Personal hygiene items (toothbrush/paste, deodorant, brush/comb).
- CPAP machine if you use one at home for sleep apnea.
- If you are bringing a cell phone or laptop with power/charging cords, please label the cords with your name and phone number. The hospital is not responsible for personal items.

DO NOT BRING THE FOLLOWING ITEMS TO THE HOSPITAL:

- Any medications, except those instructed to you by the hospital staff. Some examples of this include: eye drops, inhalers, birth control pills, nasal spray, and specialty injectable medications such as Copaxone, Enbrel and Humera.
- The hospital will provide you with all other needed medications while you are in the hospital.
- More than \$20.
- Credit cards unless out of pocket costs are expected.
- Valuables, such as jewelry you normally wear every day.

ARRIVAL AT THE HOSPITAL

On your day of surgery, proceed directly to the area instructed during your pre-registration call or total joint class. You will be greeted by a patient registration staff member who will complete the admission process. Feel free to bring some reading materials/activities to occupy your time prior to surgery.

Surgery Day

PERI-OPERATIVE: WHAT TO EXPECT DAY OF SURGERY

PRE-OPERATIVE AREA

Once checked in, you will be taken to a pre-operative area to get ready for your surgery. The number of family members will be limited due to space and safety.

A NURSE WILL:

- Check your vital signs (blood pressure, pulse, temperature) and weight.
- Have you change into a hospital gown. A garment bag, labeled with your name, will be provided to hold your clothes and all of your belongings. This will be delivered to you after surgery.
- Perform other tests that may be required at this time.
- You may be asked to take some pain medications with a sip of water just prior to surgery.
- Some medications may help reduce post-surgical pain.

AN ANESTHESIOLOGIST WILL:

Talk with you about the type of anesthesia you will receive and answer any questions you may have. You will receive one or more of the following types of anesthesia used in joint replacement surgery:

- Regional anesthesia blocks pain in a portion of the body. A spinal anesthetic, for example, will block pain in the lower body. Patients will also be given additional medication to help sedate them.
- General anesthesia produces a state of unconsciousness. It can be used in all types of surgeries.

YOUR SURGEON WILL:

See you at this time, and the two of you together will mark the area for surgery using a pen and initials. This is known as “site marking” and is a safety measure.

OPERATING ROOM

When all of the pre-operative preparation is done you will be taken into the Operating Room (OR). The team in the OR consists of your surgeon, anesthesia provider, physician’s assistant, nurse, surgical technician, x-ray technician, and nursing assistant. A “time out” confirming your procedure will be performed prior to the beginning of surgery as a safety measure. You will be in the OR for one-two hours.

RECOVERY ROOM

Immediately after surgery, you will be taken to the recovery room. Because of privacy for all patients, we are unable to have visitors in the recovery room. Your recovery room nurse will give you medication to help keep you comfortable, as you need it. You may need additional oxygen for a while. Your recovery room nurse will ask you questions about how you are feeling, remind you to take deep breaths, and ask you to wiggle your fingers and toes. Your stay in the recovery room will be about one-two hours, and when you no longer require close monitoring, you will be taken to your hospital room where your friends and family may visit.

FAMILY AND FRIENDS

If you have family or friends waiting, be sure to tell your surgeon that you would like them updated about your condition after the surgery. Your surgeon will contact any waiting family members or friends immediately after surgery to answer any questions. Your family should check-in with the receptionist at the check-in desk on the surgery floor.

Post-Operative – Hospital Stay

POST-OPERATIVE: WHAT TO EXPECT DURING YOUR HOSPITAL STAY

YOUR PROVIDENCE CARE TEAM ROLES AND FUNCTIONS

The members of the orthopedic care team work very closely with one another to meet the individual needs of each patient. We are committed to this team approach and to your recovery. The goal is getting you back on your feet so that you can return home safely. Your active participation during your recovery period will aid in your rehabilitation. We extend our best wishes, and may your stay with us be a pleasant one.

RECOVERY AFTER SURGERY

As soon as you are more awake and medically ready, you will be moved to your hospital room for post-operative care. You and your coach/family member will be oriented to your room including how to use the call button, bed controls, television, and phone. The nurse will explain the unit routines including bed alarm, rounding and frequency of vital signs. Blood will be drawn several times following your surgery for laboratory tests and monitoring.

AS YOU RECOVER, YOU MAY ENCOUNTER MEMBERS FROM YOUR CARE TEAM:

- Surgeon(s)
- Anesthesia Provider
- Physician Assistant (PA) and/or Nurse Practitioner (NP)
- Hospitalist or Primary Care Physician (PCP)
- Direct Care Nurse
- Certified Nursing Assistant (CNA)
- Physical Therapist (PT)/Physical Therapy Assistant (PTA)
- Occupational Therapist (OT)/Assistant (COTA)
- Nurse Navigator/Program Director/Orthopedic Program Manager
- Care Coordinator/Case Manager/Social Worker/Discharge Planner
- Pastoral/Spiritual Care
- Others involved in your care

SAFETY AND FALL PREVENTION IN THE HOSPITAL

Your safety is important to us. Your care team will talk to you about what you can do to prevent falling. Please follow the recommended safety measures to prevent a fall and ask family and friends to help follow these safety measures also. Below are a few safety tips to help you in the hospital:

- Your care team will be checking on you regularly.

- **Use the call button for help. Wait for a care team member to help you get out of bed or out of a chair.**
- Bed alarms are on until safe mobility is determined by your care team.
- Your coach/family member is welcome to stay with you in the hospital.

Your care team is available to answer questions on fall prevention to prepare you to be safe at home.

WHAT YOU CAN DO TO HELP YOUR RECOVERY IN THE HOSPITAL

TO PREVENT PNEUMONIA:

- Breathe deeply and cough at least 10 times every waking hour.
- Coughing involves using large muscle groups, not simply clearing your throat.
- Practice deep breathing with an incentive spirometer if ordered by your physician.

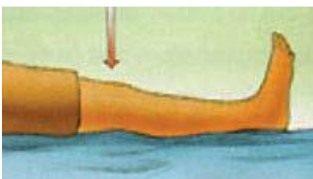
TO PREVENT BLOOD CLOTS:

- You may be given an anticoagulant (blood thinning) medicine to keep your blood from clotting.
- You may wear elastic stockings to promote blood circulation in your legs.
- You may have “compression sleeves” applied to your legs/calves to help with circulation.
- Exercise frequently or at least every two hours. Start by wiggling your toes and then pumping your feet up and down.
- Ankle Pumps:



Bend and straighten ankle through full range. Repeat with opposite ankle. Perform 10 times every waking hour.

- Quadriceps Sets:



Tighten your thigh muscles (quad sets).

- Isometric Gluteals:



Tighten buttocks muscle. Hold for 5 seconds. Relax. Repeat 10 times.

TO KEEP THE SWELLING DOWN:

- Follow your surgeon's instructions of how soon after the surgery and for how long you should elevate your leg.
- Elevating your leg will help to reduce any swelling.
- When elevating your leg, it is important to keep the following things in mind:
 - The foot of your elevated leg should be above the level of your heart
 - If using pillows to elevate your leg, place them underneath your calf but never directly behind your knee
 - Your knee should be kept as straight as possible while elevated



TO KEEP YOUR BOWELS WORKING AND PROMOTE HEALING:

- It is normal for your bowels to slow down in response to anesthesia, pain medication and decreased mobility. It is very important to jump start your bowels after surgery.
- Select whole grains, green leafy vegetables, citrus fruits, pitted fruits, dairy products and lean meat.
- Drink at least six glasses of liquid each day.
- Over-the-counter laxatives and stool softeners may be taken if needed (e.g. Colace, Senekot).
- Take frequent short walks; exercise with Rehab staff, nurses or your family when you are ready.
- If you have not had a bowel movement in 3 days, try a Dulcolax suppository or an enema.

TO KEEP MUSCLES STRONG:

- Quadriceps Sets (See Appendix)
- Gluteal Sets (See Appendix)

TO PREVENT INFECTION:

Practice good hand hygiene yourself, either with soap and water or with alcohol based sanitizer.

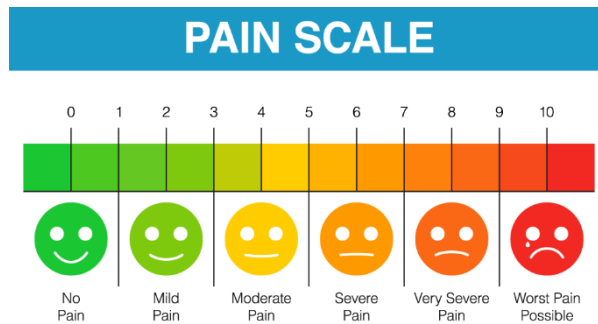
- Encourage your visitors to use hand sanitizer provided by the hospital.
- Do not hesitate to ask your caregivers if they have washed their hands.
- Keep your incision and dressing clean and dry, according to your surgeon's instructions.

PAIN RELIEF AFTER SURGERY

OUR COMMITMENT TO YOUR PAIN RELIEF

Although all pain cannot be eliminated, our goal is to make you comfortable. The goal of post-operative pain management is to enable you to do the required physical and occupational therapy and to minimize pain and stress. Your nurse will coordinate an individualized plan to meet your pain

management goals. The expectation is to keep your pain at a level where you can tolerate all activities. As you progress, you can expect your pain to lessen. **Zero pain is not realistic.**



HOW TO RATE YOUR PAIN

The team will use a pain scale to help determine your level of pain. The scale ranges from 0 to 10, zero being no pain and 10 being worst pain ever felt.

Please familiarize yourself with the pain rating scale which helps us to assess if our interventions are helpful.

PAIN MANAGEMENT METHODS

After surgery, your doctor will order one or more pain methods for you depending upon your condition. The proper use of pain relievers is an extremely important aspect of your recovery. Pain relievers can help you get moving quicker and can make your joint replacement a more satisfying experience. Although pain after surgery is quite variable and not entirely predictable, it can be controlled with medication.

If you know of a pain medication that **works/does not work** for you, please communicate that information to your nurse/surgeon.

Other options may include a variety of oral narcotic vs. non-narcotic, I.V. pain medications, nerve blocks, movement and ice. These will be available to you based on your medical history or your physician's preferences.

YOU CAN HELP US MANAGE YOUR PAIN

- Ask questions!
- If you are already being followed by a pain management specialist for a pre-existing condition, please talk with your surgeon or attending physician.
- Tell us how you feel about taking pain medication.
- Ask what kind of pain you might expect to feel.
- Call us before your pain feels out of control.
- Ask us what things can be done to relieve your pain.
- Pre-medicating before therapy.

PERFORM YOUR BEST WITH YOUR PHYSICAL AND OCCUPATIONAL THERAPISTS:

It is important that you are comfortable enough to participate and make progress in physical and occupational therapy.

PHYSICAL THERAPY (PT):

Your physical therapist will help your functional progress with the goals of being able to get out of bed, on and off the toilet, and ambulate household distances while utilizing prescribed medical device, such as a walker, to allow for a safe transition home.

Preparing for your PT visit: In addition to pain management, please take care of your personal needs, such as using the restroom, brushing your teeth and washing your face before the physical therapist arrives for your session. Any time that the therapist spends to help you complete personal activities reduces the time they actually get to work with you on therapy.

Pain is whatever you say it is, and pain occurs whenever you say it does! Let your nurse know whenever your pain is unrelieved by any of the above methods. Let us know how we can help you! We feel better when you feel better!

OCCUPATIONAL THERAPY (OT):

Though occupational therapy may not always be necessary, when recommended your OT will help you regain your independence with your basic self-care and daily activities such as dressing, bathing, hygiene, and toileting.

Preparing for your OT visit: Different from the PT visit, if you have an upcoming OT session and you are able to wait until the OT arrives, please wait to take care of your personal needs, i.e., using the restroom, brushing your teeth or washing your face. Your OT would like to evaluate you performing these tasks.

THERAPY SCHEDULES:

Your rehab therapist will coordinate with your nurse on therapy session times. Under most circumstances, you will be getting out of bed on the day of surgery. Your rehab therapy team will create a plan that prepares you for discharge from the hospital.

REHAB PARTICIPATION:

Expect to feel tired and have pain with your recovery. Fatigue and pain are normal sensations and do not mean there is something wrong. Remember that activity is vital to your recovery. Your rehabilitation after surgery is as important as the surgery itself.

Rehabilitation may take a long time – longer than you expected. Your continued effort with rehab and rebuilding your activity level in the hospital (as well as at home) will, in part, determine how successful your recovery will be.

- All patients are required to participate in several sessions daily.
- Even if you are experiencing some pain or nausea, try to sit on the edge of the bed or complete the bed exercises and some movement during your session.

Although not commonly used, the CPM (Continuous Passive Motion) machine can be ordered/prescribed by your physician, a physical therapist/assistant or nurse will set you up on this device when you return to your hospital room. This will happen either on the day of your surgery or on the following day.

COACH/FAMILY INVOLVEMENT AND TRAINING:

Coaches/family members are welcome and encouraged at all rehab sessions. When possible, we recommend they attend one PT visit and one OT visit, during your hospitalization, preferably towards the end of your hospital stay.

A POSITIVE ATTITUDE WILL HELP YOUR RECOVERY!

AIDS TO ASSIST YOUR RECOVERY:



Raised Toilet Seat



Sock Aid



Bedside Commode



Shoe Horn



Tub Transfer Bench



Elastic Shoelaces



Shower Chair



Reacher



Handheld Shower Head

GOING UP AND DOWN STAIRS:

When climbing up and down stairs remember the rule:

- “**UP** with the good” (lead with your non-operated leg), and “**DOWN** with the bad” (lead with your operated leg).

SLEEPING

Please talk to your surgeon on the recommended sleeping position.

Your therapist may instruct you to get in/out of bed from either side depending on your needs and your home environment.

EXERCISE PROGRAM

Following your surgeon’s instructions, your PT will prescribe your home exercise program. These may be started before surgery if they don’t increase pain.

DISCHARGE

Discharge can happen at any time of the day. **To be discharged from the hospital, you must:**

- Be cleared by your physician.
- Receive adequate pain control from oral pain medications.
- Demonstrate understanding of new medications and when to seek medical attention.
- Demonstrate understanding of use of stairs and home exercise program.
- Demonstrate safe transfers using adaptive equipment (i.e., getting out of bed or off the toilet), with or without using adaptive equipment
- Demonstrate understanding of knee precautions (if applicable).
- Demonstrate independence with mobility or have sufficient help at home to ensure your safety.
- Be able to care for yourself or have help in your home for a few days.
- Have arrangements finalized for coaches/caregivers, family, equipment and/or services at home.

Care coordinator/discharge planner(s) are available to assist you with discharge planning if needed. This person will work with you and your family to make your transition home as smooth as possible.

Post-Operative – After Discharge

PAIN MANAGEMENT

Your physician will provide you with the appropriate pain medication(s) to assist in keeping your pain manageable as you continue to improve your function with therapy and your home program. You will receive a prescription prior to being discharged that you will need to have filled at your preferred pharmacy. Besides medication, applying ice packs to the area that is sore for 15-20 minutes can help in controlling pain. Performing your exercises and walking has been shown to help with discomfort that can occur when in one position too long.

COLD THERAPY AT HOME

USING COLD THERAPY AT HOME

Effective cold therapy offers a number of benefits:

- Decreases pain and creates a numbing effect
- Increases circulation while reducing swelling
- Relaxes muscles and reduces spasms
- Increases the ease with which joints and muscles move

ELEVATING YOUR LEG WHILE USING COLD THERAPY

You may also want to elevate your leg while icing your knee. For instructions on the proper techniques to follow when elevating your leg, refer back to the section 'To Keep The Swelling Down' on page 22 of this booklet.

SAFETY TIPS FOR USING COLD THERAPY

- Do not apply ice directly to the skin; do wrap ice in a thin towel or cloth.
- Use for 15-20 minutes on the affected area. Remove when the numbing effect is achieved. Prolonged use of intense cold can lead to frostbite. Do not use ice for more than 20 minutes.
- If using an automated icing device, you may leave on for longer periods of time as instructed by your surgeon.
- Cold can be used as many times throughout the day and night as needed, but you must allow time for the area to warm to normal temperature before repeating the application.

- Check the skin during and after treatment for any signs of injury. Skin with frostbite appears white and does not turn to a healthy pink after being pressed by a fingertip. If skin is injured by cold; warm area SLOWLY with lukewarm water.
- DO NOT USE ice if you have extreme sensitivity to cold, decreased circulation, decreased sensation or any vascular problems.
- Do not lie on the ice application, but place the ice on top of the affected area instead. Pressure increases the effect.

THE FOLLOWING ARE DIFFERENT WAYS TO APPLY COLD THERAPY:

Over-the-Counter Ice Pads:

- Can be purchased at most pharmacies and medical supply stores.
- Once the pack is frozen, place in a pillow case and apply to the painful area.

Slush Pack - How to make a Slush Pack:

- Line a bowl with a double-heavy plastic Ziploc-style bag.
- Fill with two to three cups of water and one cup of rubbing alcohol. More water will make a firmer slush. Seal the bags.
- Place the bowl in the freezer until slush forms.
- Remove bag; place in a pillowcase.
- Place the ice pack on the affected area until numb. If you have trouble initially adjusting to the cold, you may place a warm, damp towel against your skin and put the ice pack on top of the towel.
- Remove the pack and dry your skin thoroughly after approximately 20 minutes. Return the slush pack to the bowl in the freezer for storage and future use.

CARING FOR YOUR INCISION

YOUR INCISION MUST BE KEPT CLEAN AND DRY

- Your surgeon will let you know when and how it will be safe to shower.
- You may NOT take TUB BATHS or submerge yourself in a HOT TUB, POOL, OCEAN, LAKE, etc. until approved by your physician.
- Do NOT let the shower water run too hot as this may make you feel a bit weak or dizzy. Please refrain from showering until you feel strong enough to stand for 10 minutes, unless using shower chair or shower bench. A sponge bath at the sink will suffice until you are ready for showering.

- Clean incision site per the instructions of your surgeon. When in the shower, do NOT scrub the incision site. Just use regular soap and let the water run down your body and rinse over the top of the incision. After the shower, gently pat the incision dry with a towel.
- DO NOT RUB or TOUCH your incision. If you have paper tape (Steri Strips) over your incision, they should start to fall off on their own in two weeks. Treat this tape like a scab and let it fall off on its own. If it starts to curl up at the ends, carefully snip the curled edges. If you have staples over your incision, the surgeon will remove them in 10-14 days after surgery. Please call your surgeon if you have any questions regarding your staples. If there are any blisters from tape, small areas of the incision that are not well sealed over, or red pimply looking areas near the incision, do not get it wet. Call your surgeon and let him or her know.
- It is not advisable to sleep with your pets at night, until your incision has healed.

CALL YOUR SURGEON IF YOU DEVELOP ANY OF THE FOLLOWING SIGNS OF POSSIBLE INFECTION:

- Warmth, redness, increased pain or increased swelling of the incision
- An excessive amount of drainage from the incision
- Thick, green or foul-smelling discharge from the incision
- Separation of incision's edges
- Run a fever longer than a day

YOU MAY NOTICE:

- The incision looks a little puffy and pink around the edges. This is normal inflammation and healing.
- Different types of dressing may be used to cover your incision. You will be instructed on how to care for your dressing.
- Bruising of your operative leg. This is normal and is a result of gravity and will resolve with time.
- Numbness along the outside of your operated knee is not uncommon. This is normal and may last up to 18 months.

HOME DRESSING CHANGE INSTRUCTIONS

Care of your dressing will be included in your discharge instructions. If you are unable to find your discharge instructions, please call your surgeon's office for further information.

MEDICATIONS

Your doctor will order pain medication for you. To ensure a good night's rest, it may be helpful to take a pain pill before going to bed for the first three to four nights.

- You will be discharged with a prescription and instructions about pain medications. As a general rule, Tylenol can be very effective for baseline pain relief. However, you can take too much Tylenol if you are also on pain medication as many contain Tylenol in them. Talk with your prescribing physician if you have questions. Do not exceed the recommended daily dose of Tylenol.
- You may be prescribed Oxycodone, Hydrocodone, Norco or others upon discharge; these are narcotic medications and should be used for "breakthrough pain." The goal is for you to transition off of these medications as soon as you can. A week after surgery, evaluate your pain without narcotics and begin to spread out the time in between doses and lower the dose as you can.

PAIN MEDICATION CAN CAUSE THE FOLLOWING SIDE EFFECTS (CALL YOUR SURGEON'S OFFICE IF YOU EXPERIENCE ANY OF THE FOLLOWING):

- Nausea and vomiting
- Itching and/or rash
- Dizziness, especially when first rising to a standing position. Stand up slowly to be sure you have your balance.
- Constipation (see more information below under "Diets, Fluids and Constipation")

PREVENTION OF BLOOD CLOTS

Blood clots can develop in either leg up to three months after surgery. Blood clots can break free and travel to the heart and lung, causing life-threatening problems.

There are some things you can do to reduce your risk:

- **Activity:** take frequent walks, gradually increasing your distance. Continue your leg and ankle exercises and gradually increase your activity.
- **Medications:** your surgeon will give you a medication to help thin your blood (for example, Aspirin, Lovenox, Coumadin, Xarelto). It is very important you take this as directed.
- **Compression stockings (if applicable):** these may help to promote circulation and reduce swelling. Wear the stockings as directed by your care team.

TIP: to make it easier for you and/or your coach to put on your stockings, either put powder on your leg, or put a sandwich bag over your foot and pull the sock over it, rubber gloves on your hands will

help with the pulling. When the stocking is on, pull the sandwich bag out through the hole in the stocking.

THE FOLLOWING MAY BE SIGNS OF A BLOOD CLOT. REPORT TO YOUR SURGEON IMMEDIATELY:

- Pain and/or cramping in the calf of either leg
- Warmth, redness or tenderness of either leg
- Increased swelling of either foot and/or leg
- Numbness of either leg

SIDE EFFECTS AND RISKS OF ANTICOAGULANTS

An anticoagulant(s) is a medication that helps to prevent blood clots. These medications are commonly known as **blood thinners**.

Side effects:

- Bleeding gums
- Prolonged nose bleeds (greater than 10 minutes)
- Excessive bruising
- Constipation
- Dizziness
- Indigestion
- Headaches

Risks:

- Black/tarry stool
- Coffee ground vomit
- Prolonged bleeding
- Blood in urine

If at any time you experience any of the 4 symptoms outlined under ‘Risks,’ call your surgeon’s office immediately.

DIET, FLUIDS AND CONSTIPATION

Continue to follow the nutritional advice you received while in the hospital. Eat a well-balanced diet high in fiber. Drink plenty of fluids throughout the day unless your physician has you on a restriction. Fluids can include water, juice, and non-caffeinated drinks. If you take iron and/or pain medications,

you may experience constipation. Aside from good nutrition and fluid intake, your physician/surgeon can recommend over-the-counter stool softeners.

TO KEEP YOUR BOWELS WORKING AND TO PROMOTE HEALING:

It is normal for your bowels to slow down in response to anesthesia, pain medications and decreased mobility. It is very important to jump start your bowels after surgery.

- Select whole grain foods, green leafy vegetables, citrus fruits, pitted fruits, dairy products and lean meat.
- Drink at least six to eight glasses of liquid each day (as recommended).
- Over-the-counter laxatives and stool softeners may be taken if needed. Your surgeon may recommend one of the following: Senokot, Colace, Smooth Move herbal tea.
- Take frequent short walks; exercise with rehab staff, nurses or your family when you are ready.
- If you have not had a bowel movement in 3 days, your surgeon or home health provider may have other recommendations.

EMERGENCY SIGNS

Call your surgeon's office for:

- If you run a fever for longer than a day.
- Excessive drainage from your incision site.
- Increased pain, redness and swelling in your hip.
- Numbness, swelling, or blueness to the extremities.
- Calf pain/tenderness in either leg
- Blood soaked dressing.
- Chest pain or shortness of breath (Call 9-1-1).

ADDITIONAL SAFETY TIPS ONCE YOU ARE HOME:

- Doorways – Should be well lit. Use a ramp if unable to step over doorframe.
- Floors – Have non-skid surfaces; use non-skid waxes and avoid deep pile carpets. Secure or remove area rugs. Floors should be even, clean and dry. Keep electrical cords and telephone lines along the wall.
- Stairs and Hallways – Need adequate lighting and keep them clear. Give yourself enough space to maneuver your equipment. Minimize clutter.

- Bedroom – Have a light/flashlight within reach. Keep floor clean. Tuck the sheets/comforter in.
- Telephone – Keep telephone within reach or carry a cordless phone with you. Leave your answering machine on when you go out of the house or are going to the bathroom. Tell people who call you, to let the phone ring eight times before hanging up. Do not rush to answer the phone.
- Shoes and Clothes – Do not wear clothes too loose or too long. Wear shoes with adequate support and non-skid soles. If you have shoes with laces **MAKE SURE YOU TIE THEM**. Avoid using slip-in style shoes until back to normal activities.
- Bathroom – Keep the floor dry. Bathtub and shower should have non-slip surface (adhesive strips). Color code the faucets for hot and cold water. Keep the hot water thermostat on medium to avoid scalding. Remove bathmats or rugs. Do not use talcum powder on vinyl or tile flooring.
- Kitchen – Stock up on necessary items before your surgery.
- Pets – Be very cautious as your pet can cause you to trip or knock you down.
- Chairs – Sit on chairs with firm seats and armrests. Avoid low seats and chairs that swivel, rock or roll.

FURTHER RECOMMENDATIONS:

- Though not ideal, if you will be living alone after surgery, set up a communication plan so that someone will be notified if you feel unsafe or experience a fall.
- You can use a formal notification system, such as Lifeline, or carry a cell phone in your pocket at all times.
- It is normal to fear falling after surgery, but do not let fear put you at an even higher risk! Stay safe, but be active.
- If you get up at night to use the bathroom, use a nightlight. Pause to clear your head before moving away from your bed.
- If you have glasses and/or hearing aids, wear them consistently.
- Tell your surgeon or physical therapist if you experience dizziness or lightheadedness at any time.
- Manage your medications. Make sure your surgeon or pharmacist knows about ALL of your medicines, so that they can warn you of any interactions that may occur. Some medications, such as anti-seizure, blood pressure, pain medications and sleep aids, increase the risk of falls by causing dizziness.
- Beware of behaviors, such as running to get the phone, becoming too tired during the day, skipping meals, or carrying things while on the stairs, that may cause you to lose your balance or fall.

- If you feel unsteady or have already fallen, notify your surgeon immediately and call 9-1-1 if you are unable to get up. Your surgeon can assess your medications and/or refer you to physical therapy if needed.

OTHER HELPFUL TIPS

DENTAL WORK

Before surgery, dental work, or any oral procedure, inform your surgeon or dentist that you had a total joint replacement. You will need to take prophylactic antibiotic medication to prevent any infection from settling into your new joint. Ask your surgeon how long they want you to take this precaution.

BLADDER INFECTION

If you develop symptoms of a bladder infection (frequent urination, urgency, pain or burning with urination, cloudy urine), please consult with your Primary Care Provider for treatment and be sure to state that you have had a total knee replacement.

INCLEMENT WEATHER

Remember to use caution with slick, icy or bad weather. A fall could cause serious injury and future problems with your knee replacement.

SEX AFTER SURGERY

Please speak with your physician on restrictions and positions so that you are within their guidelines to ensure that your post-op recovery is successful.

Appendix

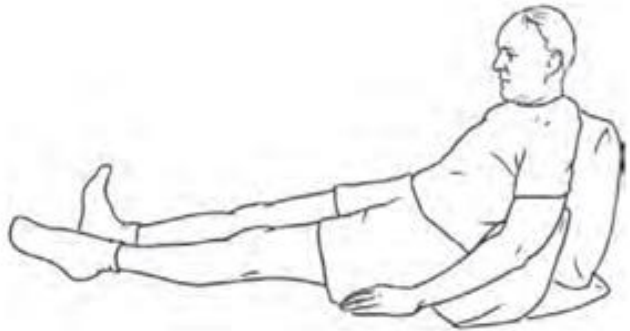
EXERCISES

Ankle Pumps

Gently pull toes up towards your knee and then point towards the floor. Do both ankles, either together or alternating (can also be done with legs elevated).

Reps: _____

Sets: _____



Quad Sets (knee push downs)

In bed, sitting up, slowly tighten thigh muscles (quadriceps) while pushing knee down into surface. Do not push down with your heel. DO NOT hold breath.

Reps: _____

Sets: _____



Gluteal Sets (bottom squeezes)

Squeeze buttocks together as tightly as possible. Hold for _____seconds.

Reps: _____

Sets: _____

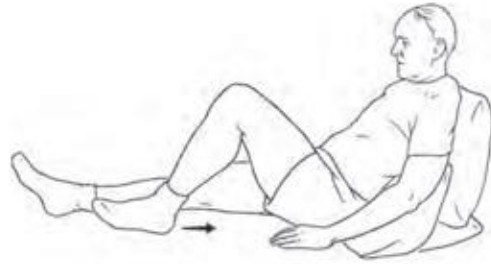


Heel Slides (slide heel up and down)

Bend knee and pull heel towards buttocks.

Reps: _____

Sets: _____

**Straight Leg Raise**

Bend non-exercising knee, securing heel on surface. Keep exercising leg as straight as possible with kneecap and toes pointed up and tighten muscles on top of thigh. Slowly lift straight leg and hold for _____ seconds. Lower it slowly, keeping the muscle tight.

Reps: _____

Sets: _____

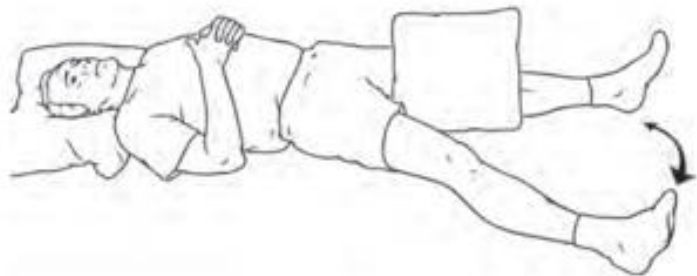


Hip Abduction and Adduction (slide heel out and in) – move above straight leg raise

Slide leg out to the side. Keep kneecap and toes pointing upward. Gently bring leg back to midline. Keep the leg straight by tightening the top thigh muscle (quadriceps). Perform slowly.

Reps: _____

Sets: _____



Long Arc Quads (knee extension)

Sit with back against chair. Slowly straighten exercising leg and hold it straight for _____ seconds. Bend knee down until foot rests on the floor.

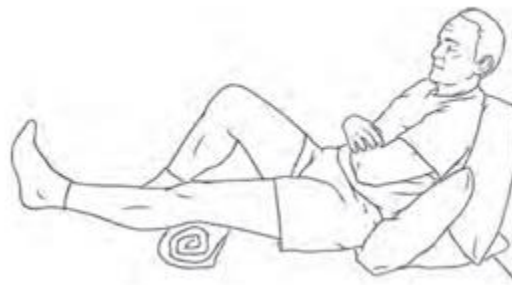
Reps: _____
Sets: _____



Short Arc Quads

Placed rolled towel (about 8" diameter) under the exercising leg. Lift heel off surface and straighten leg, keep knee on the roll. Tighten thigh muscle (quadriceps) and hold straight for _____ seconds. Work for full extension (straightening) of the knee.

Reps: _____
Sets: _____



Seated Knee Flexion Stretch

Keeping feet on floor, slide foot of operated leg back, bending knee and allowing heel to raise, hold _____ seconds.

Reps: _____
Sets: _____



Knee Extension Stretch

Bend the opposite hip and knee with your foot flat on the bed.

Place a towel under the ankle of the operated leg. Keep your toes pointed toward the ceiling as you allow your knee to relax.



Reps/Minutes:

Sets:

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FREQUENTLY ASKED QUESTIONS (FAQ) ABOUT TOTAL KNEE REPLACEMENT SURGERY:

We are glad you have chosen Providence Total Joint Replacement Program to care for your joint. Patients have asked many questions about total joint replacement. If there are any other questions that you need answered, please ask your surgeon. We want you to be completely informed about this procedure.

QUESTIONS REGARDING YOUR JOINT REPLACEMENT

WHAT IS OSTEOARTHRITIS AND WHY DOES MY JOINT HURT?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys bone ends. This can occur quickly over months or may take years to occur. Cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs late in life and may affect one joint or many joints.

WHAT IS TOTAL JOINT REPLACEMENT?

A total joint replacement is really a bone and cartilage replacement with an artificial surface. This creates a new, smooth cushion and a functioning joint that can reduce or eliminate pain.

WHAT ARE THE RESULTS OF THE TOTAL JOINT REPLACEMENT?

Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level and the patient's adherence to the surgeon's orders. Optimal results are achieved by following the instructions of the total joint replacement team.

WHEN SHOULD I HAVE THIS TYPE OF SURGERY?

Your orthopedic surgeon will help you decide if you are a candidate for the surgery. The decision will be based on your history, exam, x-rays and response to conservative treatment.

AM I TOO OLD FOR THIS SURGERY?

Age is generally not an issue if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

HOW LONG WILL MY NEW JOINT LAST?

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

WHAT ARE THE POSSIBLE COMPLICATIONS ASSOCIATED WITH JOINT REPLACEMENT?

While uncommon, complications can occur during and after surgery. Some complications include pain, infection, blood clots, implant breakage, mal-alignment (not lined up perfectly) and premature wear, any of which may necessitate implant removal/replacement surgery. While these devices are generally successful in attaining reduced pain and restored function, they cannot be expected to withstand activity levels and loads of normal healthy bone and joint tissue. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. Be sure to discuss these and other risks with your surgeon.

QUESTIONS REGARDING RISK FACTORS THAT MAY DELAY SURGERY OR RECOVERY

WHAT ARE THE KEY RISK FACTORS THAT MAY DELAY SURGERY OR RECOVERY?

- Obesity
- Poorly controlled diabetes
- Smoking
- Poor general health
- Please note: If you have health concerns please discuss the specific questions with your surgeon.

SHOULD I EXERCISE BEFORE THE SURGERY?

Yes, exercising before surgery benefits you after surgery. The exercises shown in the appendix are specifically designed to strengthen the hip and knee joints. If you are limping or favoring your leg now, you will benefit from these exercises.

WHAT CAN I DO TO PREVENT INFECTION?

- Take excellent care of your skin. If you get deep scratches, cuts or rashes, contact your surgeon's office.
- Protect yourself from infection! Notify your surgeon's office right away if you think you may have an infection of any kind.
- Follow all instructions for showering prior to surgery and after.
- If you smoke, you should quit smoking three weeks prior and six weeks following your surgery to allow for optimal healing.

WILL I NEED TO BE SCREENED FOR INFECTIONS BEFORE THE SURGERY?

It is of great importance to keep you infection free, there are many different steps that might be made to keep you infection free. Such steps may include:

- Nasal swab testing for MRSA and MSSA
- Special soaps used or special showering instructions for the days leading up to your surgery
- Use of an ointment in your nose for a few days leading up to your surgery or a special ointment used day of surgery
- Antibiotics preoperatively

WHAT IF I'M NOT FEELING WELL BEFORE MY SURGERY?

It is very important to call your surgeon's office immediately if you have any new illness or open wounds. This is an elective surgery and can be rescheduled if you are not fit for surgery.

QUESTIONS REGARDING THE TOTAL JOINT SURGERY

HOW LONG DOES THE SURGERY TAKE?

The surgery generally takes one to two hours. Additional time will be spent in the pre-operative and recovery room.

WHO WILL BE PERFORMING THE SURGERY?

Your orthopedic surgeon will perform the surgery. An assistant often helps the surgeon during the surgery. The assistant may be a Physician Assistant or a specially trained Registered Nurse.

HOW LONG, AND WHERE, WILL MY SCAR BE?

Surgical scars will vary in length but most surgeons attempt to keep the incision as short as possible. The incision is closed with sutures or staples.

WILL I NEED TO DONATE BLOOD BEFORE MY SURGERY?

Providence is a leader in blood conservation and management. The need for transfusion have dropped greatly. This will vary by patient, please work with your surgeon.

WILL THE SURGERY BE PAINFUL?

Pain is common after surgery and into your outpatient rehabilitation, we will try to keep you as comfortable as possible with the appropriate medication and numerous interventions such as ice and movement. It is very important to let your team know if the pain that you are experiencing is not controlled at a tolerable level. Your care team will do everything possible to relieve pain and keep you safe. Do not expect to be totally pain-free, your caregivers will teach you the pain scale to better assess your pain level.

QUESTIONS REGARDING ANESTHESIA AND YOU

WHAT TYPES OF ANESTHESIA ARE AVAILABLE?

Decisions regarding your anesthesia will be tailored to your personal needs. The types available for you are:

- **General anesthesia** provides loss of consciousness, without any memory of the operation. This is done with intravenous medications, inhalation gases, or both.
- **Regional anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications may also be given to make you drowsy and blur your memory.

WILL I HAVE SIDE EFFECTS?

Your anesthesiologist will review your anesthesia history and discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Most commonly, nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

WHAT CAN I EXPECT AFTER THE OPERATION?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

QUESTIONS FOR AFTER SURGERY AND YOUR HOSPITAL STAY

WHEN WILL I START MOVING AFTER SURGERY?

Under normal circumstances, you will get out of bed and walk on the day of your surgery with your joint team. The next morning you will begin a more active routine that includes short, frequent walks and sitting up in the chair, including meals. Please refer to exercises in the appendix.

HOW LONG WILL I BE IN THE HOSPITAL?

Once patients are medically stable and have met their rehab goals they are ready to go home. This can be on the day of surgery or after a short stay.

QUESTIONS FOR GOING HOME

WILL I NEED HELP AT HOME?

Yes, for the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. This is typically your care coach. Family or friends need to be available.

Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens on the bed and single portion frozen meals will help reduce the need for extra help.

WHAT IF I LIVE ALONE?

- You may return home and receive help from a relative or friend (care coach).
- You may have a home health nurse and/or therapist visit you at home.
- The goal is to send you directly home from the hospital. For patients not mobile enough, arrangements may be made to go to a skilled nursing facility for a short period of time. Medicaid/Medicare patients must meet certain criteria for placement. Daily copay may be required for managed care patients. We suggest having an alternative plan, as well.

WILL I NEED A WALKER, CRUTCHES OR CANE?

Yes, your physical therapist and/or your surgeon will make recommendations about progressing from the walker or crutches to a cane or to no assistive device.

WILL MY INSURANCE COVER THIS EQUIPMENT (WALKER, CRUTCHES, CANE, ETC.)?

Please check with your insurance company before surgery if you have questions about equipment coverage policies. Should you have any concerns or questions after speaking with your insurance, a member of your care team will be able to assist you. If your insurance does not cover specific equipment, you can search and purchase from Amazon, local churches, equipment banks, loaner banks, etc.

HOW MUCH WEIGHT CAN I PUT ON MY NEW JOINT?

You will be advised by your therapist and/or surgeon how much weight you can place on your operative leg. Do not put more weight on your operated leg than the surgeon has ordered. This is referred to as your “weight bearing status.”

WILL I NEED PHYSICAL THERAPY WHEN I GO HOME?

If appropriate, follow-up physical therapy either through home health or out-patient may be necessary. Your surgeon and care team will make this determination of how long you should be in supervised therapy. Walking and doing your prescribed exercises can be an important part of your recovery.

HOW LONG UNTIL I CAN DRIVE AND GET BACK TO NORMAL?

You are not allowed to drive until you are cleared by your physician, which is usually four to six weeks after surgery, depending on how you are functioning. This guideline is for your personal safety.

This gives the soft tissues a chance to heal. However, returning to driving is highly individualized and it is recommended that you talk to your surgeon about this.

Patients may resume driving once they have reached the following and have received their surgeon’s clearance:

- As you recover from surgery, your reaction time when driving is delayed. Do not drive while on pain meds.
- You must have good control of your surgical leg to work the gas, brake, and clutch pedals.
- You will need to be able to safely get in and out of the car.
- Spend some time practicing in an open parking lot to get used to being behind the wheel again.
- For *left* leg total knee replacement:
 - If you have a clutch: You will need to be able to quickly move and use the clutch and have the needed strength to bring your car to a complete stop.
- For *right* total knee replacement:
 - You will need to be able to quickly move from gas to brake and have the needed strength to bring your car to a complete stop.

WHEN CAN I HAVE SEX?

Please speak with your physician on restrictions and positions so that you are within their guidelines to ensure that your post-op recovery is successful.

HOW OFTEN WILL I NEED TO BE SEEN AT THE SURGEON OFFICE FOLLOWING THE SURGERY?

You should have your first post-operative visit scheduled by the time you leave the hospital. This should be discussed with your surgeon. The frequency of follow up visits will depend on your progress.

WHAT PHYSICAL/RECREATIONAL ACTIVITIES MAY I PARTICIPATE IN AFTER MY SURGERY?

Check with your surgeon and therapist before returning to any recreational activities.

