



Guidebook for Knees

Joint Replacement Center



Patient Name

Surgery Date

Arrival Time

Return to your primary care provider and/or surgeon's office for your final checkup before surgery on:

Date Time

Begin physical therapy after having surgery on:

Date Time

Postoperative appointment with surgeon office on:

Date Time

Table of Contents

- Welcome	1
- Your Joint Replacement Center team members	2
- Frequently asked questions	3

Section One:

Preparing for knee surgery:

- Get started	
1. joint care team call	7
2. plan for leaving the hospital. your discharge options	7
3. medical clearance	8
4. laboratory tests	8
5. check medications	8
6. herbal medicine	9
7. eat well	9
8. stop smoking	9
9. contact your insurance company	10
10. billing for services	10
11. start pre-operative exercises	10
12. breathing exercises	11
13. home safety & assistance tips	12
14. recommended equipment	15
15. social service support	16
- Coaches check list	17

Section Two:

Surgery timeline:	18
- What to do four weeks before surgery	18
- What to do two to three weeks before surgery	18
- What to do five to ten days before surgery	18
- What to do the night before surgery	19
- What to do the morning of surgery	19
• MRSA/MSSA screening information	20
- Getting your skin ready for surgery	21
- Items to bring to hospital	21
- Special instructions	21
- Find out your arrival time at the hospital	21
• Sage Wipe instructions	22

Section Three:

At the hospital: _____	24
- Understanding anesthesia _____	24
- What to expect _____	25
• before surgery _____	25
• during surgery _____	25
• after surgery _____	25
• the morning after surgery _____	26
- Discharge day _____	26

Section Four:

At home after surgery: _____	27
- Caring for yourself at home _____	27
• control your discomfort _____	27
• swelling _____	27
• body changes _____	28
• change in bowel habits/constipation _____	28
• blood thinners _____	30
- Nutrition suggestions _____	30
- Caring for your incision _____	32
- Recognizing and preventing potential complications _____	33
- Reduce effort - Remember the 4 P's _____	36
- Activities of daily living _____	37
- Pre/postop exercises _____	44
- Post-operative therapy goals _____	47
- Important things to know _____	49

Section Five:

- Do's and Don'ts for the rest of your life _____	50
- Importance of lifetime follow up visits _____	51

Notes:

Welcome!

Thank you for choosing Aspirus Joint Replacement Center to help restore you to a higher quality of living. Deciding to have a joint replaced is a big life decision and we are honored to provide your care.

Yearly, over 700,000 people will have a total joint replacement surgery. Individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation, and work are the people who have a joint replacement. The surgery aims to relieve pain, restore your independence, and return you to work and other daily activities.

Total knee replacement patients typically recover quickly. Patients will be able to walk the day of surgery. Generally, patients are able to return to driving within 4 weeks, dancing in 6 weeks, and golf in 12 weeks.

Aspirus Joint Replacement Center has implemented a planned course of treatment. We believe that you play a key role in having a successful recovery. Our goal is to involve your family or friends (coach) in your treatment through each step of the program.

Joint Center Overview

We offer a unique program to encourage discharge from the hospital the same day or the next day after surgery.

- Nurses and therapists who specialize in the care of joint patients
- Private rooms
- Emphasis on group activities as well as individual care
- Family or friend educated to participate as a “coach” in the recovery process
- A social worker or discharge planner who coordinates needs for discharge
- A comprehensive patient guide for you to follow from pre-op education, doctor visits, and through outpatient therapy
- Coordinated after-care program

Using the Guidebook

The guidebook will assist you with:

- What to expect
- What you need to do
- How to care for yourself and your new joint

Bring this guidebook with you to:

- Every office visit
- Joint class and to the hospital for your surgery
- All physical therapy visits after surgery

Your Joint Replacement Center team members

Orthopedic Surgeon, Physician Assistant (PA), Nurse Practitioner (NP) – medical professionals who examine, diagnose, and treat patients. Your surgeon will perform the surgery and the PA and/or NP will often assist during the surgery.

Anesthesia Provider - Physician Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA)- will be providing your anesthesia care starting preoperatively and through your hospital stay. They will also be a point of reference for issues regarding the block even after discharge.

Orthopedic Clinic Patient Care Staff – will care for you during your clinic visits before and after surgery.

Registered Nurse (RN) – will ensure orders by your doctor are completed and help manage your comfort during your stay.

Physical Therapy (PT) – will guide you through functional daily activities and teach you exercises to regain your strength/motion.

Occupational Therapy (OT) – will guide you on performing tasks such as bathing/dressing and demonstrate home equipment use.

Joint Care Coordinator (JCC):

- Will review at-home needs after surgery.
- Will act as your advocate throughout treatment.
- Will assess and plan for anesthesia and medical clearance for surgery.
- Will answer questions and coordinate hospital care.
- Will coordinate discharge plan.

Certified Nursing Assistant (CNA) – will help with activities of daily living and provide basic nursing care during your hospital stay.

Social Worker/ Discharge Planner - is responsible for your discharge planning needs and will coordinate community resources. They will also help in getting answers to insurance questions.

Hospitalist – A healthcare professional specializing in medicine that works with your orthopedic physician to prescribe, diagnose, and treat healthcare problems. They often work with you during your hospital stay after surgery.

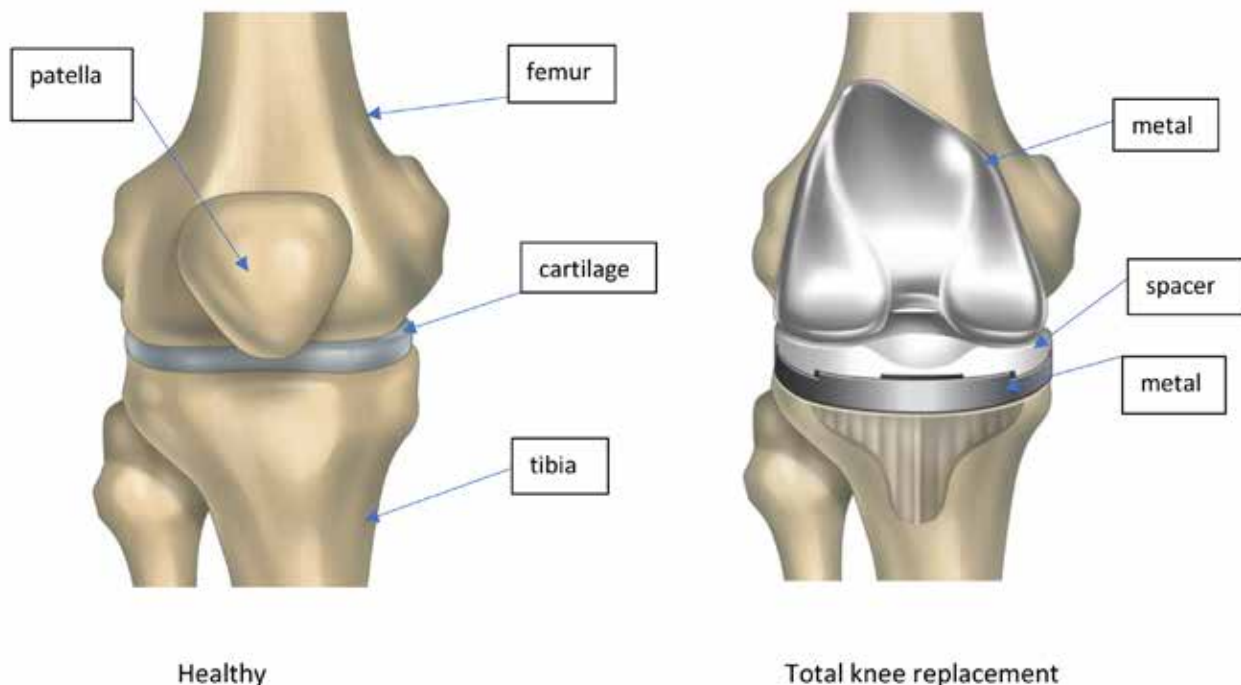
frequently asked questions

What is osteoarthritis and why does my knee 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 small friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing 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 later in life and may affect only one joint or many joints.

What is a total knee replacement?

A total knee replacement is really more of a bone and cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an implant is inserted on the bone ends. This is done with a metal alloy on the femur (thigh), the tibia (leg) and patella (kneecap). A plastic spacer is placed between the two metal components. This creates a new, smooth cushion and a functioning joint that can reduce or eliminate pain.



What are the results of total knee 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 doctor's orders.

When should I have this type of surgery?

Your orthopedic surgeon will 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 will be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

Why might I need to have my joint replaced?

Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Dislocation and infection of the knee after surgery is a risk. Your surgeon will explain the possible complications associated with total knee replacement.

How long will my new knee 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 but should last 25-30 years. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. High-impact activities, such as running, singles tennis, and basketball, are not recommended following your surgery. Injury prone sports such as downhill skiing are also restricted. While it is important to follow all of your surgeon's recommendations after surgery, there is no promise 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 infection, blood clots, implant breakage, dislocation, and early 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 the 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. No implant will last forever, and factors such as a patient's post-surgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

Should I exercise before the surgery?

Yes, you should consult your surgeon and/or physical therapist about the exercises appropriate for you.

Will I need blood?

You may need blood after the surgery. Your physician will discuss the risks and benefit of blood transfusion with you.

How long will I be in the hospital?

Many patients are candidates for discharge the same day of surgery and some will go home the day after surgery. There are many goals that must be achieved before discharge.

How long does the surgery take?

The hospital reserves about two to two-and-one-half hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. After surgery, most patients have scheduled medications to reduce pain and swelling for the first 24 hours, then oral pain medications as needed, as ordered by physician. Ice will be used to reduce pain and swelling to the knee area. Please request pain medication as some is not scheduled and only given as needed. Pain may be more difficult to manage if high doses/frequency of pain medication was used prior to surgery. Please notify your surgeon of all medications (dose and frequency used).

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. It will be straight down the center of your knee, unless you have previous scars, in which case your surgeon may use an existing scar. There may be some lasting numbness around the scar.

Will I need a walker, crutches, or cane or any other equipment?

You will need a 2 wheeled walker for the immediate postop period. We do recommend that you use a walker, a cane, or crutches for about the first 6 weeks. You may consider a high toilet seat and helping devices to help you with lower body dressing and bathing. You may also benefit from a bath seat or grab bars in the bathroom. Your therapist will make recommendations regarding which device is best for you. Details on what equipment is recommended are further discussed in section one of this guidebook.

Will I need help at home?

Yes, the first several days or weeks, depending on your progress, you will need someone to help you with meal preparation, etc. Family members or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can reduce the amount of help needed. You should have the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals prepared.

Will I need physical therapy when I go home?

Yes! Patients are encouraged to use outpatient physical therapy. The physician's office or JCC will help you arrange for outpatient physical therapy appointments. If you qualify for home physical therapy, we will arrange for a physical and/or occupational therapist to provide therapy at your home. Following this, you may go to an outpatient facility 2-3 times per week to help with your rehabilitation. The length of time required for this type of therapy varies with each patient.

What if I live alone?

Three choices are available to you.

1. You may return home and receive help from a relative or friend.
2. You may have a home health nurse and physical therapist help you at home for two or three weeks.
3. You may also stay at a sub-acute facility following your hospital stay. You must meet very specific criteria, and this must be approved by your insurance. Details of your choices are further discussed in section three of this guidebook.

How long until I can drive and get back to normal?

The skill to drive depends on whether surgery was on your right knee or your left knee and the type of car you have. You should plan for NO driving for four weeks. Getting “back to normal” will depend somewhat on your progress. Consult with your orthopedic provider and/or therapist for their advice on your activity. Do not drive or operate heavy machinery while taking narcotic pain medications.

When will I be able to get back to work?

We recommend that most people take at least one month off from work unless their jobs are quite sedentary.

How often will I need to be seen by my doctor following the surgery?

You will be seen for your first postoperative office visit 10 – 14 days after discharge or as scheduled by the physician. You may be seen by nursing staff one week after surgery to assess your dressing. Follow-up visits will often depend on your progress. Most will then be seen at 6-8 weeks, twelve weeks, 6 months, then yearly or as needed.

What physical/recreational activities may I participate in after my surgery?

You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, swimming, bowling, and gardening at your surgeon’s discretion.

Will I notice anything different about my knee?

Yes, you may have a small area of numbness to the outside of the scar, which may last a year or more. Kneeling may be uncomfortable and discouraged. Some patients notice some clicking when they move their knee, but this should be painless. This is usually the result of artificial surfaces.

Preparing for knee surgery Get Started

1. Joint Care Team Call

After surgery has been scheduled, you will be contacted by a member of the Joint Care Team to:

- Discuss your pre-operative class and verify appointments for medical testing.
- Act as a liaison for coordination of your pre-operative care.
- Verify you have made an appointment, if necessary, with your doctor and have obtained pre-operative tests your doctor ordered.
- Answer questions and direct you to hospital resources.

2. Plan for leaving the hospital. Your discharge options:

It is important to understand the choices you have when it comes to the help you may need after surgery. Patients should expect to go directly home to recover in the privacy and comfort of their own surroundings. For those who require extra care, it is important for you to understand your options.

If you can go home, you should have someone set up to drive you to therapy at an outpatient facility. If you do not have transportation to get you to and from these appointments, you may be eligible for county transportation assistance or home care. Below is a list of some examples of what skilled needs are required for insurance to cover home care.

- Skilled assessment and observation of skin/wound status
- Diet, medication management, safety, infection control
- Pain assessment and pain management strategies
- Perform/instruct on wound care until healed
- Lab monitoring with medication adjustment
- Diabetic management
- Cardiopulmonary disease management
- Changes in medication and medication management
- Physical Therapy and Occupational Therapy
- Gait training, transfer training and stair training
- Instruction on use of assistive device for ambulation on all surfaces and for activities of daily living
- Instruct and upgrade home exercise program
- Recommend home adaptation to facilitate therapy
- Therapeutic exercises to increase strength and endurance
- Passive and active range of motion exercises for strengthening

If you should need more care, it is crucial that you contact your insurance provider and understand your coverage.

Section One

Some Aspirus locations offer a “Swing Bed Program”. You can verify if this is an option at the hospital you will be having surgery at by discussing it further with your Joint Care Coordinator. The Swing Bed Program is a hospital based skilled-care program designed to help you if you are no longer in need of acute care in a hospital but still need more rehabilitation before you return home.

Another option is going to a sub-acute rehabilitation facility (i.e., nursing home). Insurance coverage plays a major role in many patient decisions. In most instances, insurance will dictate which option it will cover. All post- hospital stays must be approved by your insurance company prior to payment. A patient’s stay in a sub-acute rehab facility must be done in accordance with the guidelines established by Medicare. Although you may desire to go to sub-acute rehab when you are discharged, your progress will be monitored by your insurance company while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from sub-acute rehab or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make plans preoperatively for care at home.

In the event sub-acute rehab is not approved by your insurance company, you can go to sub-acute rehab and pay out of pocket. Also, keep in mind that insurance companies do not become involved in social issues, such as lack of a caregiver, animals, etc. These are issues you will have to address before admission.

3. Medical Clearance

It is important that you receive medical clearance in order to reduce any risks of complications that could occur during surgery. Your orthopedic surgeon’s office will instruct you to see your primary care physician, and possibly other specialist involved in your care, prior to surgery. They will also provide instructions on which preoperative testing procedures must be performed. Following these instructions in a timely manner will ensure that your surgery will occur as planned without delay.

Well in advance of scheduling your surgery, it is important to ask your primary care physician to assess what your blood sugar results show. Optimal blood sugars (90 - 130 before meals/bedtime or an A1C < 6.5%) prior to your surgery will accelerate your healing and recovery time after surgery. Many times, blood sugars will become elevated for a short time after surgery (even if you do not have diabetes) due to the “stress response” of surgery on your body. Patients may have their blood sugars checked frequently by the nursing staff and may require short term use of insulin to stabilize their blood sugars until they are discharged. New research shows that patients heal much quicker and with less complications and infections with optimal blood sugar control.

4. Laboratory Tests

When you are scheduled for surgery, your primary physician, surgeon, and hospital will require specific laboratory testing to properly clear you for surgery. It is necessary for you to complete all preoperative testing. Our Joint Care Coordinator will assist you with this process.

5. Check Medications

Your doctor should tell you when to stop any medications before surgery.

Section One

6. 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: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.

7. Eat Well

While getting a joint replaced is no vacation, you should prepare for it like one. Do some pre-planning and shopping –for the right foods and drinks – to ensure you've packed your body full of the healing nutrients you will need. If you are on a prescribed diet by your physician, please follow it carefully.

The key is to have nutrient-rich foods available in your body, to help reduce the inflammation that will occur after surgery. Starting now is important! So, what should you eat?

- Sugar, starches and fried foods promote inflammation and slows wound healing. Your body will thank you to limit or avoid fried, starchy or sugary foods, such as fried meats and fries, white pasta, potatoes, and sugar-laden drinks.
- Avoid processed or pre-packaged foods, which tend to be high in sodium.
- Eat fresh fruits and vegetables. Include dark, leafy green vegetables, tomatoes, broccoli, cauliflower, and peppers for increased vitamin C, a “power vitamin” to help with wound healing.
- Protein helps rebuild muscle, it is good to include lean meats, eggs, dairy, Greek yogurt, soy, legumes (beans) and nuts in your diet.
- Eat 5-6 smaller meals a day to help with digestion. This also promotes a healthy metabolism for your tissues. Unless otherwise prescribed, continue this diet after surgery as well. Your wounds will heal faster, your bones and muscle tissue will rebuild, perhaps even healthier than before. Your body will thank you! See section four for nutrition suggestions.

8. Stop Smoking¹

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.
- ** You will need to be smoke free before surgery. This will increase your ability to heal. If you need help quitting, ask about hospital resources.

When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.

Section One

- 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.

¹Smoking 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>. aspMotrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

9. Contact Your Insurance Company

Before surgery, you should contact your insurance company to find out if a preauthorization, a precertification, a second opinion, or a referral form is required. It is very important to make this call because failure to clarify these questions may result in a reduction of benefits or delay of surgery. Aspirus prior authorization department will also contact your insurance company to preauthorize. If you do not have insurance, please notify the registration staff that you will need help in making payment arrangements.

10. Billing for Services

After your procedure, you may receive separate bills from the surgeon, anesthesiologist, the hospital, the radiology and pathology departments (if applicable), physical therapy, and the surgical assistant. If your insurance carrier has specific requirements regarding participation, please contact your insurance carrier.

11. Start Pre-operative Exercises

Many patients avoid using their painful leg causing muscles to become weaker which makes recovery slower and more difficult. Beginning an exercise program before surgery can help make recovery faster and easier. Consult your surgeon and/or physical therapist about the exercises appropriate for you. Patients looking to have joint replacement who are overweight or obese may experience higher risks of delays in wound healing or even an increased risk of infection. Losing weight before joint replacement safely reduces these risks. Increasing physical activity and changing behaviors are each important factors to being successful at weight loss. For safety, obese patients, or those with a BMI (Body Mass Index) of >40 may be required to lose weight safely before joint replacement can be scheduled. Your Joint Care team will discuss this with you if needed.

It is also important to strengthen your entire body, not just your legs, before surgery. Perform light endurance activities for your heart and lungs – walking for 10 to 15 minutes each day. 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 on/off the toilet. The leg exercises we expect you to start doing and continue after your surgery are found in section four of this guidebook.

Section One

12. Breathing Exercises

To avoid potential problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest. Techniques such as deep breathing and coughing and using an incentive spirometer may also help you recover more quickly.

Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for 5 to 10 seconds.
- Breathe out as if you were blowing out a candle (this is called “pursed lip breathing”). When you do this correctly, you should notice your stomach going in. Breathe out for 10- 20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

To help you cough:

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

Incentive Spirometer:

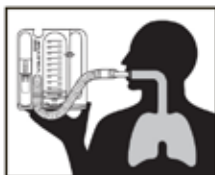
STEP 1

1. Remove components from package.
2. Attach open end of tubing to stem at front side of exerciser.



STEP 2

- Slide the yellow pointer to prescribed milliliter volume level.
- Hold or stand exerciser in an upright position.



STEP 3

- Exhale normally.
- Then place lips tightly around mouthpiece.



STEP 4 - **INHALE**

- Inhale slowly to raise the white piston in the chamber.
- When inhaling maintain top of the yellow flow cup in the “BEST” flow range.

STEP 5

- Continue inhaling and try to raise piston to prescribed level.*
- When inhalation is complete, remove mouthpiece from mouth, hold breath as prescribed, and exhale normally.
- Allow piston to return to bottom of chamber, rest and repeat exercise.

*Top of piston indicates level attained.

Frequency of use and recommended inspiratory volumes should be performed at the direction of your physician.

Section One

13. Home Safety & Assistance Tips

Entry to the Home/ Plan ahead

- If you have stairs to enter your home, or inside your home, make sure there is at least one sturdy hand rail in place. Assure the steps are safe in inclement weather (ice/rain) to avoid slipping. If using a garage entrance, a handrail or grab-bar installed on the wall may be an option if a handrail on the steps is not feasible.
- Pick up all throw rugs to reduce the likelihood of tripping/falling.
- Use a cordless phone or cell phone that can travel with you for easy access if you live alone or will be alone for long periods of the day.
- Clean home, do laundry, prepare / freeze meals, stock up on nonperishable items, have the yard care pre-arranged, pre-pay bills if able, and have someone available to pick up your mail and tend to your pets while you are gone. Upon return home, you may still need support in some of these areas, plan ahead so your focus upon return home is on you and your recovery.
- Use of a 2 wheeled walker after your surgery is recommended. Obtaining this device before the surgery is advised to identify any issues or concerns in advance with home maneuvering. Your surgeon can provide you with a prescription for this device as it is generally covered by most insurances.

Kitchen

- To assist you with carrying objects around your kitchen, slide the objects along your countertop, or you may wish to purchase a walker basket.
- While you are working in the kitchen, you should sit and work as much as possible. This helps to conserve your energy.
- If the chair is too low, a pillow or extra cushion will add the necessary seat height.
- You may find it helpful to temporarily rearrange your kitchen. Move frequently used items at or slightly above waist height. This will reduce the need for frequent bending.
- Do not use chairs or step-stools to reach items. Consider the use of a reacher to assist in reaching items placed high or low.

Bathroom

- You may find that using an elevated toilet seat will increase the height and comfort and will increase your independence with toileting.
- You may want to consider installing a grab bar into the wall studs next to your toilet if your vanity edge is too far away to safely use.
- To assist with your shower, a long bath bench can be used. This bench extends from inside the tub, over the edge to the outside. A bench provides a firm surface, which allows you to enter the bathtub and sit while showering. A non-skid mat helps minimize slipping on a wet surface.
- A 3-in-1 commode can be used over the toilet in place of an elevated toilet seat and grab bar. It can also be used in the bathtub in place of a shower chair.
- The use of a hand held shower nozzle will decrease splash and concentrate the water where you want it to go.
- The use of a long handled sponge for the operated leg will assist you to reach down to your toes.

Section One

Living Room

- Avoid sitting on a very soft and low couch or chair. You may have great difficulty when trying to stand up.
- Sit on a firm surfaced couch or chair that has at least one sturdy arm support to assist you to a standing position.
- If you will be using a walker, rearrange your furniture to allow extra space between the pieces. This reduces the risk of catching the walker legs on any piece of furniture. Remove any clutter to allow for clear and wide passageways for your walker. If furniture sits low, consider raising the furniture with the use of furniture risers or platforms. Extra bed pillows on chairs may also help with furniture heights.
- Place electrical, phone, and computer cords along walls where they will not trip you. To avoid the risk of fire, do not run wires under carpeting. Tape down any cords that may be trip hazards in pathways.

Bedroom

- Watch furniture placement here also. Walking safe is a must.
- Pick up any extra items in pathways or on the floor to reduce the event of tripping.
- You may want to consider a bedside commode in your bedroom if your bathroom is at the opposite end of the house. This is especially important if you need to get up several times during the night.
- You may need someone to assist you with applying socks and undergarments or you may want to purchase a long handled reacher to assist you.
- A sock-aid can also be purchased to assist you with putting on your socks, or you may have your spouse assist you.
- A long-handled shoehorn and slip-on shoes will be a lot easier than tie shoes. You can also replace your regular shoe laces with a thin piece of elastic. Lace the elastic through the eyelets. Tie a bow and keep it tied at all times.
- Put clean linens on the bed. Do not sleep with pets.

Housework/Shopping

- You should be able to perform light housekeeping duties, (i.e. dusting and sweeping).
- You will need a spouse or family member for heavier house cleaning tasks (i.e. vacuuming and furniture moving).
- If your washer and dryer are located in the basement, a spouse or family member will have to assist you.
- It is not recommended to kneel. You should utilize long handled mops or sponges to clean floors.
- You should be able to handle a trip to the grocery store with another person. The larger stores have electric shopping carts available which are easy and convenient to use. Ask for the keys at the service desk. Some stores still deliver groceries to your home. Call ahead and ask.
- If you need support for driving, consider others who can offer rides or public transportation such as taxi or medical transport services. See our Social Services section for resources.

Section One

Home Safety Check List

Entry/Stairs	YES	NO	N/A
1) Are handrails secure and at a proper height?			
2) Do the stairs have even and clean surfaces?			
4) Are the stairs kept free of clutter?			
5) Are all carpets and runners securely fastened down?			
6) Is the walkway from the car to the house clear of obstructions?			
Living Room			
1) Is there enough room to use your assistive device at all times?			
2) Can you get up easily from your favorite chair?			
Bedroom			
1) Is there enough room to use your assistive device at all times?			
2) Is there a night light to illuminate your path to the bathroom?			
3) Do you have a light or flashlight within easy reach of your bed?			
4) Is there an appropriate chair for dressing?			
Kitchen			
1) Is all carpeting fastened to the floor, and loose rugs removed?			
2) Can you reach the items you use the most without using a stool?			
3) Do you have a fire extinguisher available?			
Bathroom			
1) Is there a non-skid surface in the tub or shower?			
2) Are there grab bars present in the tub or shower?			
3) Can you get on and off the toilet easily?			
4) Is there sufficient space to use an assistive device at all times?			
5) Is a shower chair available?			
6) Is there a night light in the bathroom?			
General			
1) Is the floor safe, even, and free of throw rugs?			
2) Are all carpets fastened down?			
3) Are light switches situated so you don't have to enter a dark room?			
4) Are the walkways kept clear of electrical cords, low furniture, etc.?			
5) Easy telephone access			
All "NO" responses should be addressed before your surgery for your safety.			

Section One

14. Recommended equipment

ACTIVITIES OF DAILY LIVING (ADL) EQUIPMENT

There are several pieces of equipment that may make it easier and safer for you now and during your recovery from joint surgery.

Walker- makes walking more stable for you after surgery.

Commode/toilet riser- lifts the surface of the seat so you do not have to bend down as far, especially useful for tall people with any lower body surgery.

Bath bench/shower chair- used in the bathtub or shower to allow you to sit during bathing, also makes it easier to get into a bathtub because you sit and slide.

Reacher- helps you to dress or pick objects from the floor or from high places to decrease bending.

Long-handled shoe horn- helps you to put on your shoes without bending over, helpful in any situation where getting on your shoes is difficult.

Sock aid- helps you to put on socks without bending over, sometimes helpful with compression stockings. You could also use your coach as a “sock aid”.



15. Social Service Support

Our social service/ discharge planning staff are here to assist you during your joint replacement process. They can provide you with resources and services you may need after your surgery. Below is just one resource that may benefit you if indicated after your surgery. We encourage you to reach out to these agencies prior to your surgery to arrange for services if needed.

Community Resources

If you have questions about aging or living with a disability, your local aging and disability resource center can help. They can provide information on a variety of programs and services in your area.

In Michigan: michigan.gov - adults and seniors

In Wisconsin: wisconsin.gov - aging and disability resource center

Healthcare Decisions

“Exercise Your Right”

The law requires that everyone being admitted to a medical facility have the opportunity to make advance directives concerning future decisions regarding their medical care. Although you are not required to do so, you may make the directives you desire. It is our policy to place patients’ wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

Advance Directives are a means of talking to all caregivers about the patient’s wishes regarding health care. If a patient has a Living Will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the Medical Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination. 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, bring a copy of the document with you to the hospital. You may request a packet from your doctor’s office or you may download the document directly from the internet and complete on your own. You must have 2 non-family members available to witness your signature. All signatures must have the date, and all signed on the same date.

Instructions and the document can be found at:

In Michigan: michigan.gov - advance directives

In Wisconsin: wisconsin.gov - advance directives

Coaches Check List

Do you know about the following?

- Prescribed medicine
- Dressing changes
- Signs and symptoms of infection
- Putting on TED Stockings and when to take them off (if ordered by your surgeon)
- Signs and symptoms of a blood clot
- How to use the incentive spirometer and how often
- What exercises to do at home and how frequently
- Where and when to go for outpatient therapy
- Other follow-up appointments (for example, surgeon's office)
- Number to call with questions
- The GuideBook and what is inside
- Bathing directions

Note: It is especially valuable to have a coach present at orthopedic appointments, Joint Education, and therapy.

Surgery Timeline

Four Weeks Before Surgery

Start Vitamins, Iron

- Once your surgery is scheduled, you should begin taking a multivitamin as recommended by your surgeon. Depending on your pre-operative lab results, your surgeon may add an additional Ferrous Sulfate (iron) tablet. You will be notified if the surgeon wants you to begin additional iron.
- Adding a protein drink (for example Boost, EnSure) may be beneficial. Protein promotes healing.
- You should have proper medical clearance appointment with your primary care provider and/or specialists. It is recommended this be done within 30 days of surgery.

Two to Three Weeks Before Surgery

Pre-operative Class

Attend a class for joint surgery patients. Bring your coach. If you cannot attend, inform the JCC.

Class Outline

- Joint Disease
- What to Expect from Coach/Caregiver
- Learn About Equipment Needs for Home
- Review Pre-operative Exercises
- Discharge Planning/Insurance/Equipment
- Complete Pre-operative Forms

Five to Ten Days Before Surgery

- Five-seven days before surgery you may have additional preop lab tests. This may include blood draw to ensure that our blood bank has the necessary reserves ready for you if you may need blood. It is not necessary for patients to donate their own blood. You may also be checked for MRSA/MSSA. This is a type of bacteria that can cause infections. If the MRSA/MSSA swab obtained comes back positive, you will be contacted by the Joint Care Coordinator, since this will require additional treatment. We are testing for MRSA because your surgeon may use a different antibiotic in surgery if the test is positive. Please review the following information which explains MRSA/MSSA testing and treatment protocol.

Section Two

- **Stop Medications That Increase Bleeding**

Seven days before surgery, stop all anti-inflammatory medications as instructed by your primary care provider or your surgeon. These medications include Motrin® (Advil, Ibuprofen), Naproxen (Aleve), meloxicam, diclofenac (Voltaren), Vitamin E, some herbal remedies, St. John's Wort, ginseng, garlic, glucosamine products. Any oil-based supplements such as fish oil, salmon oil or krill oil can also increase bleeding.

If you take Coumadin, Plavix, Eliquis, Aspirin or any other prescribed blood thinning medication, talk to your family doctor and/or cardiologist at your preoperative appointment about stopping them. They may want you to take a different blood thinner from the time you stop your usual blood thinner until surgery. Your primary care physician or cardiologist will tell you which other medications to stop and which medications to continue taking.

- You will be instructed by your surgeon, cardiologist, endocrinologist and/or primary care physician about certain medications to hold or take prior to surgery.
- No shaving near the surgery site 3 days before surgery. Any needed "clipping"/shaving will be done at the hospital.

Night Before Surgery

- Do not eat or drink anything after midnight. This includes mints, chewing gum and hard candy.
- Do not drink alcoholic beverages 24 hours before your surgery.
- Brush your teeth- rinse and spit. You may use mouthwash-rinse and spit.
- Do not take Viagra 24 hours prior to surgery unless otherwise indicated by your primary care provider or surgeon.

The morning of surgery

- Do not eat or drink anything after midnight. This includes mints, chewing gum and hard candy.
- Take any required medications with only a sip of water.
- If you do have diabetes, in preparation for your surgery you will be asked to hold any oral (pill) diabetes medication the night before and morning of your surgery. If you are taking insulin, it is suggested to follow your provider's instructions, which may include holding any short acting insulin the morning of surgery (Regular/Novolog/Humalog); Taking only 1/2 dose of your long acting insulin (Lantus/NPH) the night before and/or morning of your surgery; Monitoring your blood sugar the morning of surgery and reporting values to the nursing surgical staff upon arrival to the hospital.

Section Two

What is MSSA and MRSA?

MSSA (Methicillin Susceptible Staphylococcus Aureus) and MRSA (Methicillin Resistant Staphylococcus Aureus) are types of bacteria (germs) that can cause infections that are hard to cure.

People normally carry all sorts of germs inside their body and on their skin. The body usually controls these germs, so they do no harm. About 1 in 3 people have a germ on their skin called “staph”. In these people, staph usually causes no problems. But if they get a cut or a scrape, the germ can cause an infection under the skin.

A staph infection can be mild and affect only the skin. But if the infection goes deeper into the body, it can be very serious. These more serious infections tend to happen in young children, older adults, and people who cannot fight infection well.

Over the past 50 years, treatment of these infections has become more difficult because staph germs have become resistant to various antibiotics. One resistant form of staph is called MRSA. Methicillin, a type of penicillin, is an antibiotic used to treat infections caused by staph. But MRSA is an especially dangerous type of staph that has learned to outsmart methicillin so the medicine does not work. Doctors call this “resistance”. Knowing if you are carrying these germs is important so we can treat you before surgery.

Screening Process

Your provider has requested you to be screened for MSSA and MRSA. This involves a lab test where a nasal swab is rubbed on the inside of your nostril, then sent to the lab for checking the presence of these bacteria. This test needs to be completed between 7 - 14 days before surgery. If your screening is negative, there is no need for treatment. If it is positive, you will be notified of the result.

Treatment Protocol

MRSA can be spread between people by having close contact with a person who has MRSA. It is almost always spread by direct contact and not through the air. Spread may also occur through indirect contact by touching objects like towels, sheets, wound dressings, and clothes that have been touched by a person who has the infection.

If a patient has a positive culture for MRSA, we will be using extra measures, called Contact Precautions, to stop the spread. Health care workers will be wearing gowns and gloves when they come in the room. Your doctor may decide to get rid of MRSA by using antibiotics, ointments and body washes. Once you have finished treatment, the clinic can check to see if MRSA is gone by repeating the cultures.

One way you can help stop the spread of MRSA is by washing your hands with soap and water or using an alcohol gel when leaving the room of a patient with MRSA. All patients and visitors should clean their hands:

- after using the restroom
- after coughing or sneezing into a tissue or their hands
- before eating
- before leaving the patients room

Section Two

Getting Your Skin Ready for Surgery

You are scheduled to have a surgery that involves cutting through the skin. Because germs live on everyone's skin, there is a greater chance of getting an infection. To lessen your chance of getting an infection, you play an important role and need to take special care of your skin before the surgery.

Follow the specific instructions provided by your surgeon's office on what is required.

If you have any scrapes, rash, scabs, infections, or breaks in the skin anywhere on or near your operative site, please contact your orthopedic surgeon before showering/bathing.

Items to Bring to the Hospital

- Joint Replacement Guidebook
- Loose fitting clothes
- Good fitting slippers, shoes or tennis shoes with non-slip soles (elastic shoelaces or Velcro is helpful)
- Copy of Advance Medical Directives (if you have one and it is not already in the Aspirus system)
- Insurance card, driver's license, or photo I.D.
- Co-payment required by insurance company
- Personal hygiene items (toothbrush, deodorant, battery-operated razor, etc.)
- Cell phone and charger
- Your CPAP machine if you use one
- Bring glasses and hearing aids if you rely on them
- Wear dentures and/or partials

Special Instructions

- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Remove fingernail polish.
- No body lotion or deodorant on the day of surgery.

Find Out Your Arrival Time at the Hospital

You will receive a call from the hospital on the previous business day before your surgery date to inform you of what time your procedure is scheduled. You will be asked to come to the hospital up to two hours before the scheduled surgery to give the nursing staff sufficient time to prepare you for your surgery and answer your questions. It is important that you arrive on time at the hospital to prevent a delay in your surgery.

Sage Wipe Instructions for Surgical Skin Preparation

What are SAGE wipes?

Sage Wipes [2% chlorhexidine gluconate (CHG)] are germ-killing (antiseptic) cloths used to wash your skin. They are very important in reducing infection risks for surgery patients. The living skin is a constant source of germs. CHG kills 99% of germs on the skin to help prevent germs from getting into an open wound or your bloodstream causing serious infection.

When should you NOT use these wipes?

Do not use on children under two months of age.

Do not use these wipes if you:

- have an allergy to Chlorhexidine Gluconate (CHG)
- currently have severe skin breakdown, rash or burns
- are receiving radiation therapy
- are receiving thiotepa (chemotherapy drug)



If you do experience redness or itching, rinse the area with cool water. Dress in clean cloths, and notify your nurse once admitted to the hospital.

When should you use these wipes?

Follow the specific instructions provided by your surgeon's office.

How to use the wipes?

1. After showering, dry off with a clean towel. Allow your skin to fully dry and cool off before using wipes. Cool, dry skin is less likely to get irritated from the Sage wipes.
2. Use 3 packages of wipes, using a circular or back and forth motion over your body. Wipe each area thoroughly, but do not scrub. Do not use the wipes on your head or face.
3. Use three packages (total of six wipes) of Sage wipes:

Cloth 1 - Wipe your chest and abdomen.

Cloth 2 - Wipe both arms, starting at the shoulder and ending at the fingertips. Then thoroughly wipe armpit areas

Open a new pack:

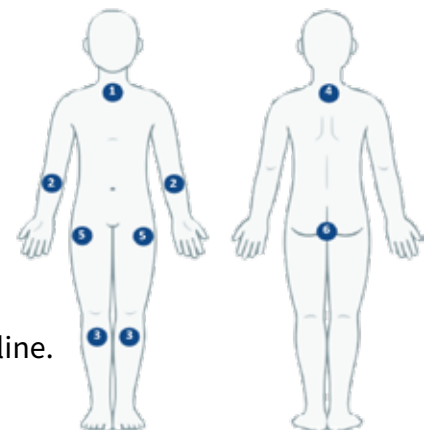
Cloth 3 - Wipe both legs starting at the thigh and ending at the toes. Be sure to thoroughly wipe behind your knees.

Cloth 4 - Wipe your back starting at the base of your neck to your waist line. Help may be required.

Open a new pack:

Cloth 5 - Wipe your right and left hip, followed by your groin. Be sure to wipe folds in the groin area, avoiding privates.

Cloth 6 - Wipe the buttocks. Wash hands or use hand sanitizer.



Section Two

4. Do not rinse or wipe off the skin after using the CHG wipes. Your skin may feel tacky or sticky for a minute or two until the Sage product dries; this is normal. Do not apply lotions, oils, creams, or ointments to skin. Let the skin air dry. Skin may feel sticky for a short time as it dries. Put on clean clothing. Sleep in clean bed sheets.

Section Three

At the Hospital

Understanding Anesthesia

Who are the anesthesiologists?

The Operating Room, Post Anesthesia Care Unit (PACU) and Intensive Care Units at the hospital are staffed by Board Certified and Board Eligible physician anesthesiologists and/or Certified Registered Nurse Anesthetist (CRNA). Your team is concerned about your well-being before, during, and after surgery. Before surgery your anesthesia team will explore your health status and address any concerns with you. Your health status combined with the type of surgery you are having will influence your anesthesia options. You will assist the team in developing the safest anesthesia plan.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types ready for you are:

- General Anesthesia provides loss of consciousness.
- Regional Anesthesia involves the shot 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 leg blocks. Medications can be given to make you drowsy and blur your memory.

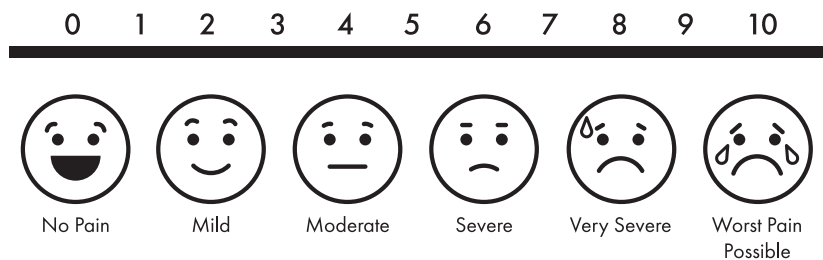
Will I have any side effects?

Your anesthesia provider will discuss the risks and benefits associated with the different anesthetic choices as well as any complications or side effects that can occur with each type of anesthetic. 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. The amount of discomfort you feel will depend on many factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. Your discomfort should be small, but do not expect to be totally pain-free. The staff will teach you the pain scale (0–10) 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 Joint 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.

What to Expect Hospital Care

Before Surgery

You will be taken back to the day surgery unit. You will meet your anesthesiologist and/or CRNA. They will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, they will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have. You will also meet your surgical nurses. Intravenous (IV) fluids will be started, a set of vital signs will be done, and preoperative medications may be given, if needed. You will have another skin prep done.

Once in the operating room, you will have monitoring devices placed such as blood pressure cuff, EKG and other devices for your safety.

During Surgery

Your anesthesia provider is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, they will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. They are also responsible for fluid and blood replacement when needed.

After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU) where you will remain for 1-2 hours. Your pain level will be assessed, vital signs monitored, and an x-ray of your new joint may be taken. During this time you may be given extra oxygen and your breathing and heart functions will be closely observed.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and chills.
- You will then be taken to your private room on the Medical/Surgical floor.
- Discomfort after surgery is common and is treated using multiple medication regimens and therapies. We work to reduce your need for opioid (narcotics) quickly, while help you keep pain to a tolerable level. Expect discomfort to last for a few weeks after surgery.
- Only one or two very close family members or friends should visit on surgery day.
- At some point on this day, you will be assisted out of bed to walk or sit in a chair. Mobility helps to relieve discomfort. It is important you begin ankle pumps. This will prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned.

Medications

- You will be receiving medications throughout your stay, some which may be unfamiliar to you. Don't be afraid to ask questions. Your healthcare staff and pharmacist are readily available to help you understand any medications ordered for you. Antibiotics, pain relievers, anti-nausea, surgical anesthetic medications, and anti-coagulants are the most common medications you will likely receive. In most cases, your routine daily home medications will be given to you while in the hospital using our pharmacy's supply. Unless instructed otherwise, please leave your daily medications at home.
- A combination of pain relievers will likely be prescribed to manage discomfort in a variety of ways, some to reduce or relieve incisional or joint pain, others to reduce inflammation, and others to reduce pain in the nerves. Some of the medications will be prescribed at a scheduled time, and others on an as-needed basis. Your surgeon will determine what is best for you.

The morning after surgery

- Expect to be out of bed, dressed in your own clothes, and seated in a recliner.
- You will spend the day out of bed and in the recliner.
- Your surgery team will visit.
- You will walk the halls and learn to climb up/down stairs.
- Individual physical therapy sessions will be held based on your needs to safely discharge home. Your coach is encouraged to be present.
- Occupational therapy will also evaluate you today and assure you are prepared to manage your activities of daily living and self-care prior to returning home.
- We encourage discharge on post-op day #1 if everything is on target but allow for post-op day #2 in special circumstances.
- The goal is to discharge you after cleared by your physical and occupational therapist.

Discharge Day

Going Home

You will receive written discharge instructions concerning medications, physical therapy, activity, etc. Most patients go to outpatient physical therapy after being discharged from the hospital. If you require home health services, the hospital will arrange for this. Someone responsible needs to drive you, or the hospital can help you arrange for paid transportation.

- At discharge, you will receive prescriptions. Frequently, this often includes an anticoagulant, a stool softener, and a pain medication. The anti-coagulant reduces your chance of developing dangerous blood clots. The stool softener helps prevent constipation, an unpleasant side effect of narcotic pain medications. The pain medication will help control your discomfort, take it as prescribed.

At Home After Surgery

Caring for Yourself at Home

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort. Recovery time will vary and the length of time you will need to use a walker/cane/crutches will depend on your progress with walking.

Control Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to non-prescription pain reliever. You may take two extra-strength Tylenol® doses in place of your prescription medication up to three times per day, if there are no contraindications.
- Change your position every 45 minutes throughout the day.
- Relax by listening to nature tapes and soft, restful music.
- Try slow rhythmic breathing to help with relaxation.
- Imagine and revisit your favorite spots in your mind. This may help you to relax, relieve boredom, decrease anxiety, and help you sleep.
- Distract yourself by watching TV, listening to music, reading a book, playing cards and games, and visiting with friends.
- Repositioning - adding pillows, raising, or lowering the head or foot of your bed.

Swelling

Swelling and bruising of the knee and leg are normal after a total knee replacement. There are some things that you can do, however, to minimize this problem.

- Ice the knee frequently for the first two to three weeks after surgery. It is particularly helpful to ice after you have done your exercises or been on your feet for a while. Icing is very important and very helpful.
- Swelling of the entire leg is also normal. This will slowly improve but may last for as long as several months. To help minimize the swelling, please follow the following recommendations:
 - First, take a break in the late morning and the late afternoon/early evening and lie down and elevate the leg on several pillows. To effectively reduce the swelling, your foot should be above your heart. This requires that you are lying down.
 - Avoid prolonged periods of sitting over the first 7 to 10 days after surgery. We recommend that you not sit for more than about 45 minutes to one hour before you get up and move around or lie down and elevate your leg.

Section Four

Using Ice Following Surgery

- The purpose of using ice or a cold pack is to reduce pain, inflammation and swelling of an area on your body. You can purchase a commercial ice pack, make your own ice pack*, use a double-bag of crushed ice, or use a bag of frozen vegetables. The bag used should have a minimum amount of air inside, as this acts as an insulator. Place a towel (a damp towel will usually increase the cold sensation) over the area to be treated. Lay the ice pack over the towel and secure loosely if you wish.
- The cold pack can be left in place for 20 minutes every hour and applied as often as necessary for comfort. Do not place ice pack directly on your skin.
- Monitor your skin during ice treatment. You should notice skin becoming red under the area of treatment. You should stop the ice treatment immediately if the skin in the treatment area begins to noticeably lose this natural redness. You may experience the following sensations: cold (possible painful at first), burning/tingling, aching and numbness.

*Make your own cold pack

You can make your own cold pack by combining 1 part rubbing alcohol with 2 parts of water. Place inside two-sealed freezer bags and place in the freezer. The bag is ready to use when the contents are “slushy.” Return to the freezer and reuse as needed.

Body Changes





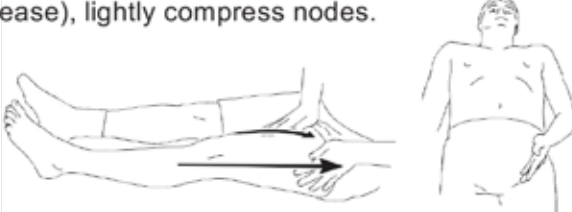

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return. Add a protein drink like Boost or EnSure.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be reduced for at least the first month.

Change in Bowel Habits/ Constipation

- Pain medications, surgery and a decrease in your activity may cause constipation. You should, however, continue to take your pain medication, even if you might be constipated. Here are some suggestions to help prevent constipation:
 - ✓ Add fiber to your diet by eating whole wheat bread, bran cereals, fruit, fruit juices, green leafy vegetables, or popcorn. Try to eat several servings of whole wheat or bran breads and cereals, fruits, and vegetables each day.
- Stool softeners or fiber supplements (Metamucil®) can add bulk to your diet and can be purchased without a prescription. Check with your local pharmacist for assistance in buying the product that is right for you.
 - ✓ Increase your walking.
 - ✓ Increase the amount of liquid you drink. Try fruit juices or water.
- Sometimes, despite trying the above measures, you still may become constipated. If you feel constipated, or have not had a bowel movement for 2 - 3 days, you can try some of the following:
 - ✓ A mild laxative such as Milk of Magnesia® or Ex-Lax® .
 - ✓ A laxative suppository can be purchased at a pharmacy without a prescription.
 - ✓ A small enema can be purchased at a drug store under the name “Fleets” enema.
- If you do not have a bowel movement after trying these measures, call your health care provider.

Section Four

Post-op Edema (Swelling) Management Exercises

<p>BREATHING - 1 Diaphragmatic – Supine</p> <p>Inhale through nose making navel move out toward hands. Exhale through puckered lips, hands follow navel in.</p> <p>Repeat 10 times. Rest 5 seconds between repeats. Do 2-3 times per day.</p> 	<p>HIP - 9 Buttock Set – Supine</p> <p>Push back against floor and tighten buttocks. Hold 5 seconds.</p> <p>Repeat 10 times. Do 2-3 times per day.</p> 
<p>TRUNK - 20 Cummerbund – Sweep</p> <p>At same time sweep hands 10 times from each side of waist to navel.</p> <p>Do 2-3 times per day.</p> 	<p>LEG / ANKLE / FOOT - 1 LEG: Inguinal Nodes Stimulation</p> <p>With small finger side of hand against hip crease on involved side, gently press heel of hand down 10 times and then roll it upward toward outside of hip.</p> <p>Repeat 1 time. Do 2-3 times per day.</p> 
<p>LEG / ANKLE / FOOT - 6 LEG: Thigh – Sweep</p> <p>Hands on each side of involved thigh, at knee sweep 10 times to top of thigh, up to hip nodes (crease), lightly compress nodes.</p> <p>Do 2-3 times per day.</p> 	<p>LEG / ANKLE / FOOT - 7 LEG: Popliteal Nodes Stimulation</p> <p>Palms behind involved knee, sides of fingers touching, press 10 times into back of knee ending with rolling pressure toward thigh.</p> <p>Repeat 1 time. Do 2-3 times per day.</p> 

Section Four

Blood Thinners

You may be given a blood thinner to help avoid blood clots in your legs. Depending on your individual situation, it is important to take it as directed by your surgeon. Coumadin, Xarelto, Eliquis, Aspirin or Plavix are examples that may be prescribed for you based on your medical history. With some medications, the amount you take may change depending on how much your blood thins. Therefore, it may be necessary to do blood tests once or twice weekly to determine this.

Nutrition Suggestions

CALORIE NEEDS

Calorie and protein needs are greater after your surgical procedure. It is recommended that you aim for 5-6 smaller meals per day and snacks as tolerated.

PROTEIN NEEDS

Also, aim to include 1-2 protein sources at each meal. This will help to ensure that you are consuming adequate protein and calories for healing. Protein is the building block to healing. Try to include 1-2 sources at each meal or at snack time.

Here is a guide of protein sources:

MEAT PROTEIN SOURCES

- * 3-4 ounces of beef
- * Poultry
- * Eggs
- * Fish

DAIRY PROTEIN SOURCES

- * Milk
- * Yogurt
- * Cheese

VEGETARIAN PROTEIN SOURCES

- * Soy
- * Beans
- * Tofu
- * Nuts
- * Peanut butter

Section Four

IRON NEEDS

The smallest amount of blood loss during surgery can deplete your iron levels. Therefore, your doctor may prescribe supplements. Iron is needed to help carry oxygen throughout your body. If your iron is low, you may feel tired, dizzy, get headaches, not be able to sleep and feel somewhat irritable.

Below is a list of high iron foods that you can consume to improve your levels.

- * Organ meat, like liver
- * Wheat germ
- * Oysters, clams, scallops, shrimp
- * Fortified breakfast cereals
- * Lean beef, pork, lamb
- * Chicken, turkey
- * Dark green leafy vegetables (If on blood thinners, do not consume)
- * Dried apricots, dried peaches, prunes, raisins
- * Dark molasses
- * Egg (yolk)
- * Prune juice
- * Whole grain and enriched breads
- * Legumes, dried beans

Iron is best absorbed if take your iron supplement or eat iron rich foods with foods that are high in vitamin C like orange, grapefruit, cranberry or tomato juice.

OTHER VITAMIN C RICH FOODS INCLUDE

- * Citrus juices
- * Potato
- * Oranges, lemons, limes
- * Spinach and other greens
- * Cantaloupe, papaya
- * Sweet peppers, chili peppers
- * Tomatoes
- * Broccoli, cauliflower, brussel sprouts
- * Strawberries, kiwi

Do not take your iron supplement with milk, tea or coffee.

Section Four

Stockings/Ace Wraps

Compressing stockings may be ordered by your physician. If ordered, you must follow those directions closely. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots.

- Wear the stockings continuously during the day, removing at night to sleep but must be put back on in the morning.
- If ace wraps are ordered, use as directed by your physician.
- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level.
- Notify your physician if you notice increased pain or swelling in either leg.

Caring For Your Incision

- Keep your incision dry and covered until directed otherwise by your surgeon.
- You may shower the day after surgery, unless instructed otherwise.
- No tub bath or soaking the incision area.
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision. After showering, pat to dry.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.5° F.

Dressing Change Procedure

Only change your dressing if instructed to do so by your surgeon.

1. Wash hands.
2. Open all dressing change materials
3. Inspect incision for the following:
 - increased redness
 - increase in clear drainage
 - yellow/green drainage
 - odor
 - surrounding skin is hot to touch
4. Pick up dressing by one corner and lay it over the cut. Be careful not to touch the inside of the dressing that will lie over the incision. Place dressing lengthwise.

Recognizing and Preventing Potential Complications

What is a Surgical Site Infection (SSI)? A surgical site infection is one that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not get an infection.

Some of the Common Signs of a Surgical Site Infection are:

- Redness and pain around the area where you had the surgery.
- Drainage of cloudy fluid from the incision or cut.
- Fever greater than 100.5° F.
- Increasing pain that is no longer controlled by pain medications.

What do Hospital Workers do to Prevent SSI's?

- Clean hands with soap and water or an alcohol-based rub before and after caring for each patient.
- Clean hands and arms up to the elbow with an antibacterial agent just before surgery.
- Clean the skin where the surgical site is going to be made with a special soap that kills germs.
- Give antibiotics before surgery starts.
- Remove hair if necessary from the skin around where the incision is going to be made.
A clippers is used.
- Wear special hair covers, masks, gowns, shoe covers and gloves during surgery.

What can you do to Help Prevent SSI's?

- Quit smoking.
- Do not shave near where you will be having surgery for at least 3 days before the surgery.
- Tell your doctor about any current infections you are being treated for.
- Call you doctor if you become ill or develop any skin rashes or breaks in your skin such as a sore.
- Ask for extra blankets. Keeping warm before surgery lowers your chances of getting an infection.
- No manicures or pedicures within a week of surgery.

After your Surgery:

- Health Care Workers have a responsibility to clean their hands.
- Family and friends who visit you should not touch the surgery area or the dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based rub before and after visiting you.
- Ask questions if you have any concerns.

5 Things You Can Do To Prevent Infection

- Clean your hands.
- Cover your mouth and nose when coughing or sneezing.
- If you are sick, avoid close contact with others.
- Get shots to avoid disease and fight the spread of infection.
- Make sure health care providers clean their hands or wear gloves.

Section Four

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

- Blood clots can form in either leg.
- 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.

Prevention

- Perform ankle pumps.
- Walk several times a day.
- Wear compression stockings.
- Take blood thinners as directed.
- Apply ice packs to swollen surgery site.
- Elevate the involved site above the level of the heart.

Pulmonary Embolism

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

Signs

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

Prevention

- Follow guidelines to prevent blood clot in legs.

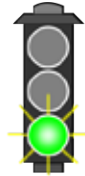
Section Four

Watching the signs of a healthy recovery for Joint Replacement

Keep your appointments for rehab and your follow-up in the Ortho clinic.

Maintain joint precautions! Keep up with daily exercises, walking, stockings, vitamins, and your anticoagulant if ordered.

GREEN



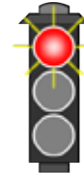
You are in control

YELLOW



Take Action

RED



Take Action NOW!

	For non-urgent questions regarding your total joint replacement, during regular clinic hours, call the Joint Care Coordinator.	Monday to Friday 8 to 4:30pm, call the Orthopedic Clinic After hours, weekends and holidays, call the main hospital	Call 911 or seek immediate medical attention
Swelling and Pain	Pain that is controlled to a tolerable level with medication, alternating periods of rest with walking/exercise, ice, and elevation. Some swelling, but decreases with ice and elevation.	Unable to get out of bed due to pain and/or swelling. New numbness or tingling in hands or feet. Swelling that does not decrease after ice and elevation. Mild onset calf pain, redness, or tenderness.	Intense calf pain or tenderness with redness or swelling in either leg. Chest pain, difficulty breathing or shortness of breath.
Bandage	Clean, dry, and sealed in place. Minimal increase in drainage on bandage, but bandage not leaking or saturated.	Bandage is full of fluid, leaking or saturated Through. Bandage came off or loose, edges unsealed to skin.	Any fall that results in a suspected or obvious injury to your surgical limb.
Incision Site	Bandage clean and dry. Once dressing removed... None to minimal thin fluid drainage only. Incision looks pink, skin is pulled together.	Thick drainage with or without odor. Redness, warmth and swelling.	Stroke symptoms: which include sudden numbness or weakness of face, arm or leg on one side of the body, sudden difficulty speaking.
Fever	No chills. Temperature less than 100.5° F.	Temperature more than 100.5° F. Chills.	
Diet, urination and bowels	Able to eat and drink. Urinating normally, with no burning or hesitation. Bowel movements at least every 2 days.	Poor intake of food and/or fluid. Nausea or vomiting. No bowel movement for more than 3 days after taking stool softener and/or laxatives as recommended.	

REDUCE EFFORT - REMEMBER THE 4 P'S

Planning

- Plan your schedule and follow your plan.
- Alternate heavy and light activities.
- Set priorities and schedule top priorities first.
- Plan difficult activities when you have the most energy.
- Allow for frequent rest breaks: respect your plan.

Positioning

- Use proper heights whenever possible.
- Adjust ironing board and sit while ironing.
- Store supplies frequently used within easy reach between shoulder and knee height.
- Tables should be at elbow height to allow your shoulders to relax.
- Sit while dressing, shaving, applying makeup or fixing hair.
- Sit while talking on telephone, preparing meals, etc.
- Avoid unnecessary bending, reaching, stretching, etc. Use long handled reachers, tools.

Preparation

- Prepare work stations before beginning an activity: avoid clutter.
- Gather all necessary materials: store supplies near point of use.
- Use good lighting and wear comfortable clothing/shoes.
- Mentally and physically relax before starting activities.

Protection

- Protect your joints from strain.
- Change positions frequently.
- Use both hands whenever possible.
- Use gravity whenever possible, i.e. sliding objects vs. carrying, laundry chutes.
- Use devices: dishwasher, clothes dryer etc.
- Use wheels to transport when necessary: kitchen cart, laundry cart, grocery carts, etc.

Activities of Daily Living

Stand From Chair

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

1. Extended surgical leg so knee is lower than hips.
2. Scoot hips to front edge of chair.
3. Push up with both hands on armrests. If a chair doesn't have an armrest, place one hand on walker while pushing off side of chair with other. Balance before grabbing for walker.



Stand to Sit

1. Back up to center of chair until you feel chair on back of legs.
2. Slide out foot of surgical knee, keeping strong leg close to chair for sitting.
3. Reach back for armrest one at a time.
4. Slowly lower body to chair, keeping surgical leg forward as you sit.

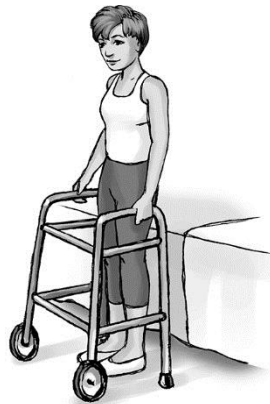


Section Four

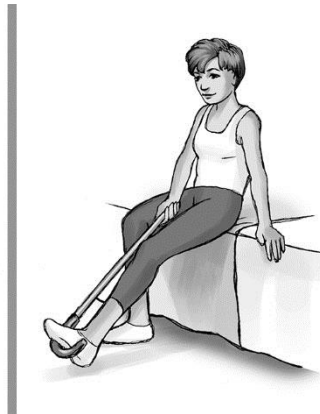
Bed Transfers

Getting Into Bed

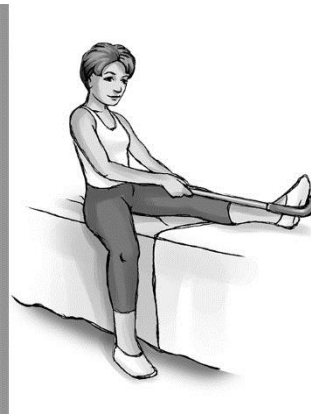
1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with both hands, sit down on edge of bed and scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Move walker out 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.



Back up until you feel leg on bed.



Sit keeping knee lower than hip.

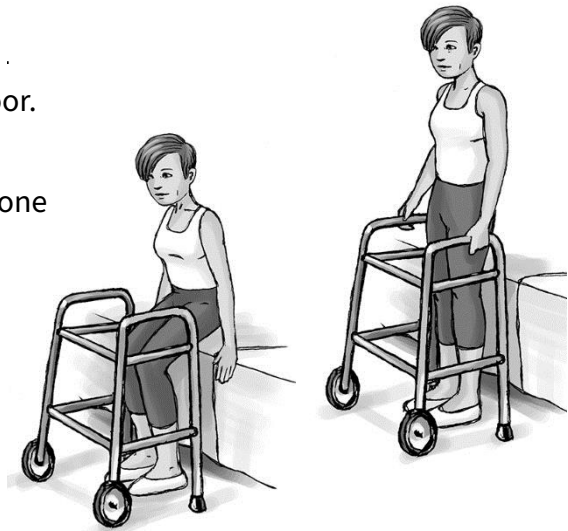


Scoot back on bed lifting leg onto bed.

Section Four

Getting Out of Bed

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



Section Four

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.

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!

Section Four

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, keeping surgical leg out straight.
5. Move walker out of way, but within reach.
6. Lift legs over edge of tub, using leg lifter for surgical leg, if necessary. Hold onto shower seat or railing.

Getting Out of Tub Using Bath Seat

1. Lift legs over outside of tub using leg lift or cane.
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 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 an old pair of pantyhose and attach it to bath seat.

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 nonsurgical 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

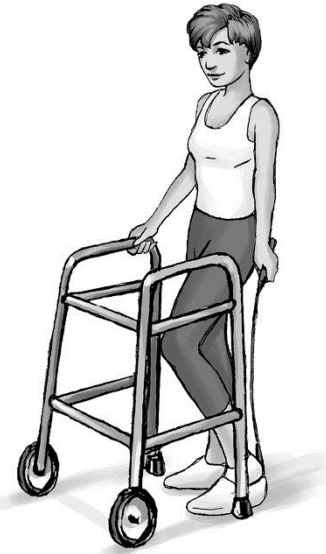
1. Slide sock onto sock aid.
2. Hold cord and drop sock aid in front of foot. Easier to do if knee is bent.
3. Slip foot into sock aid.
4. Straighten knee, point toe, and pull sock on. Keep pulling until sock aid pulls out.



Section Four

Using Long-handled Shoehorn

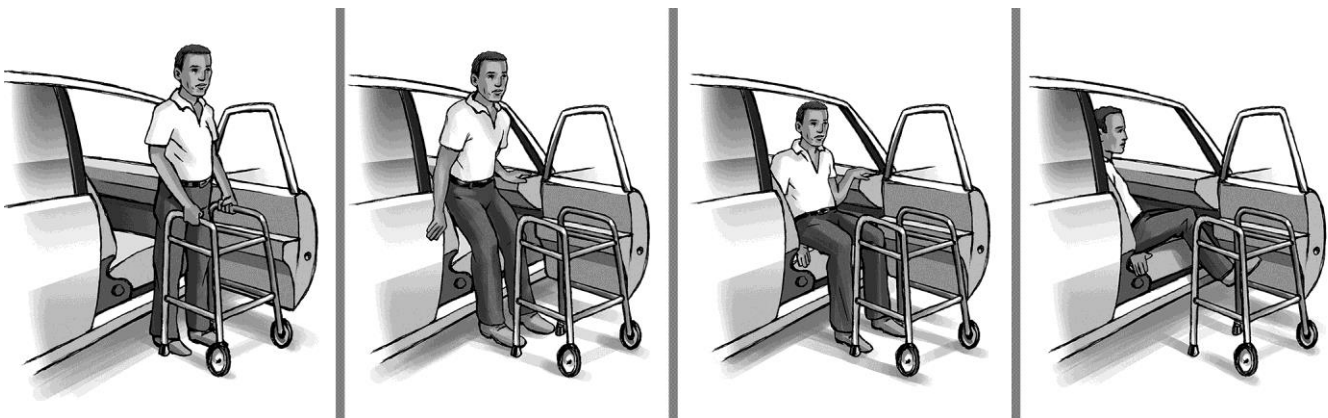
- Use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
- Place shoehorn inside shoe against back of heel.
- Lean back as you lift leg and place toes in shoe.
- Step down into shoe, sliding heel down shoehorn. This can be performed sitting or standing. Wear sturdy slip-on shoes or shoes with Velcro closures or elastic shoelaces. Do NOT wear high-heeled shoes or shoes without backs.



Car Transfers

Getting Into the Car

1. Push car seat all the way back; recline seat back to allow for adequate room to get in and out, but always have it upright for travel.
2. Place plastic bag on seat to help you slide.
3. Back up to car until you feel it touch back of leg.
4. Hold on to immovable object – car seat or dashboard – and slide surgical foot out straight. Watch your head as you sit down. Slowly lower yourself to car seat.
5. Lean back as you lift surgical leg into car. Use cane, leg lifter, or another device to assist.



Getting Out of the Car

Bring your legs out one at a time. Lead with your knees 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.

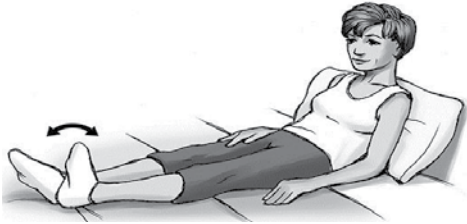


Section Four

Pre/Postop exercises

**NOTE: Be sure not to hold your breath during all exercises.
Perform all exercises twice per day, every day.**

Ankle Pumps



To enhance the circulation in your legs, gently point toes up towards your nose and down towards the surface. Do these on both feet.

Perform slowly 10 times every hour while awake.

Quad Sets (Thigh Squeezes)



Slowly tighten the muscles on the front of your thighs by pushing the knees downward so the leg is as straight as possible.

Hold for a count of 5, relax for a count of 5 and repeat times 10. Do on both legs.

Gluteal Sets (Buttock Squeezes)



Squeeze the buttock muscles together as tightly as possible.

Hold for a count of 5, relax for a count of 5 and repeat times 10.

Heel Slides Laying



Bend the knee on the surgical leg and pull heel toward the buttocks, keeping the foot in contact with the bed. Hold the stretch for 5 seconds, straighten knee then repeat.

Repeat times 10.

Section Four

Short Arc Quad



Place a small can or rolled towel (about 8" diameter) under the leg. Straighten knee and leg keeping the leg in contact with the roll.

Hold straight for 5 second's then slowly lower leg. Repeat times 10. Do on both legs.

NOTE: This is the only time you should have a roll under the knee.

Straight Leg Raise



Bend good knee, securing heel on surface. Keep surgical leg as straight as possible and tighten the thigh/quad muscle. Slowly lift the leg, keeping the knee straight, hold for 2 seconds then lower the leg slowly. Relax the thigh muscle and repeat.

Repeat times 10.

Hip Abduction/Adduction (slide in & out)



Slowly slide the leg out to the side. Keep knee straight with kneecap and toes pointing toward the ceiling. Gently bring leg back in.

Repeat times 10 to each leg.

Heel Slides Seated



Keeping both feet on the floor, slide foot of operated leg backward underneath chair, bending knee as far as possible. Hold for 5 seconds then slowly straighten the knee.

Relax and repeat times 10.

If needed, with foot planted, move buttocks forward on the chair for final stretch.

Section Four

Long Arc Quad



Sitting on a firm surface, slowly straighten operated leg and try to hold it for 5 seconds, keeping your knee as straight as possible. Slowly lower the leg back to the floor.

Relax and repeat times 10.

Knee Extension Stretch



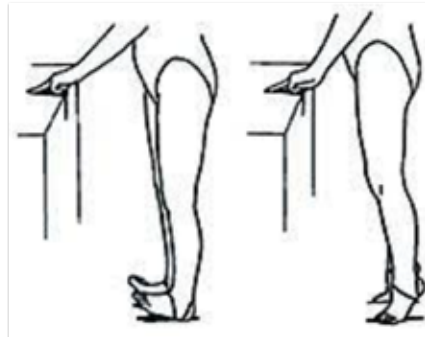
Prop foot of operated leg up on chair. Put a roll under your ankle and a light weight (i.e. ice pack) on top of the knee. Sit back and try to relax with the leg up and knee completely straight for 20 minutes.

Mini Squat



While holding onto a sturdy surface, place your feet shoulder width apart and squat down until the knees are bent 30-45 degrees. Hold for 2 seconds, stand up-right and repeat times 10.

Heel and Toe Raises



While holding onto a sturdy surface, stand and slowly rise onto toes and heels.

Repeat times 10.

Post-operative Therapy Goals

Exercising is important to obtain the best results from total knee surgery. After each therapy session, ask your therapist to mark the appropriate exercises in this guidebook.

Weeks One to Two

Goal is discharge from the hospital within 1 day. Most patients go directly home, with ongoing physical therapy, but some patients may go to a skilled facility for care and rehab prior to going home.

- Continue with walker unless otherwise instructed.
- Walk at least 300 feet with a walker or support daily.
- Climb and descend flight of stairs (12-14 steps) with rail once a day.
- Actively bend your knee at 90 degrees.
- Straighten your knee completely.
- Independently sponge bathe or shower and dress using adaptive equipment as recommended by the therapist.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.

Weeks Two to Four

Goal is to gain more independence. Even though you might be going to outpatient physical therapy, the importance of doing exercises at home must be realized. Follow home exercise program to achieve the best results.

- Achieve one- to two-week goals.
- Move to cane or single crutch, as instructed by physical therapy.
- Walk at least one-quarter mile.
- Climb and descend flight of stairs (12-14 steps) more than once daily.
- Bend the knee more than 90 degrees.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.
- With your physician's permission, you may be able to begin driving if you did not have surgery on your driving leg.

Section Four

Weeks Four to Six

Goal is recovery to full independence. Supervised PT will decrease and exercising at home will be a key component in your recovery.

- Achieve one- to four-week goals.
- Walk regularly with cane or single crutch.
- Walk up to one-half mile.
- Progress on a stair from one foot to regular stair climbing (foot over foot).
- Actively bend the operative knee 110 degrees and straighten your knee completely.
- With physician's permission you may be able to drive a car (regardless of which leg had surgery).
- Continue home exercise program twice a day.

Weeks Six to Twelve

Goal is to resume all of your activities as tolerated.

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

Continuing your exercise program after discharge from the hospital is essential for a complete recovery from the total joint replacement. The physical therapist will select which exercises are best for you at a particular time. Each exercise session should take about 20 minutes and should be done twice each day. If your recovery is faster or slower than average, the physical therapist will modify the exercises accordingly.

Positioning

Please maintain a straight knee when seated, lying down, or resting. Do this by propping your heel up so the knee can be as straight as possible. This might be painful, but it is a critical step in your early rehabilitation. Never place a pillow directly under the knee.

Section Four

Here are some things that are important to know as you recover from surgery.

- Take short, frequent walks during the day. Use your crutches or walker at home until your doctor tells you that they are no longer necessary, then advancing to a cane. Remember you must wait for specific directions from your doctor or physical therapist before advancing.
- Be sure to maintain the amount of weight bearing on your operated leg that the doctor ordered.
- Continue your home Physical Therapy Exercise Program 2-3 times daily, and out-patient physical therapy as instructed by your therapist.
- Exercise keeps blood moving and helps prevent clots.
- Limit auto travel. Do not drive a car until you are cleared by your orthopedic provider. This will usually be in about 4-6 weeks post-op.
- We will provide you with prescriptions for your pain medicines. You will need to have these filled at your pharmacy. Knee surgery is associated with pain. Our goal is to make your pain manageable (not absent, since this is usually not realistic) as you recover from your surgery. Start out taking the medication as prescribed. As your pain starts to subside, you should begin to decrease the dosage and/or increase the time interval between the pain pills.. Although it is unusual for you to be pain-free by 4-6 weeks after surgery, we do recommend that you stop taking pain medications at that time and use over-the-counter medications (for example, Tylenol and/or Aleve). Try to plan your pain medications around your exercise program. For example, it is helpful to take your pain pills about 30 to 60 minutes prior to doing your exercises. You will be able to gradually wean yourself off the prescription pain relievers. Your doctor will discuss over-the-counter type pain relievers that are okay for you to use when you no longer need the prescription pain relievers.
- You may need to continue anti-coagulant (blood-thinner) medications at home. Your doctor and nurse will discuss this therapy with you. It is very important that you understand the side-effects of anticoagulant therapy. Educational materials will be given and discussed with you and your family if this is indicated for you.
- Contact your Joint Care Coordinator if you notice any problems with your knee at home. Increased pain, swelling, redness, drainage from the knee area with fever are NOT normal and should be reported to your doctor immediately.
- It may be recommended that you have antibiotics before dental cleaning and procedures, and before any surgical procedures involving the digestive or urinary tract. If any questions arise in the future about this need, do not hesitate to call your orthopedic office and ask.

Dos and Don'ts For the Rest of Your Life

Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopedic and primary care physicians' consent you should be on a regular exercise program three to four times per week lasting 20–30 minutes. Impact activities such as running and singles tennis and high-risk activities such as downhill skiing need to be approached with caution and the understanding it may put too much load on the joint. This may present an increased risk of fractures around the prosthesis and damage to the prosthesis itself. You should discuss these types of activities with your surgeon. Infections are always a potential problem and you may need antibiotics for prevention.

What to Do in General

- Take antibiotics one hour before you have dental work or other invasive procedures as directed by your surgeon.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract germs from an infection located in another part of your body. If you should develop a fever of more than 100.5° F or sustain an injury such as a deep cut or puncture wound you should clean it as best you can, put a sterile dressing or an 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 should be cleaned thoroughly and treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon for monitoring your joint as recommended.

Expectations for Pain Relief After Knee Replacement

Knee replacement is a great operation. It is highly predictable in terms of improvement in pain, function and quality of life. However, you must be patient to achieve many of these wonderful benefits of the surgery. The high-quality pain relief that characterizes a good knee replacement frequently takes 6 to 9 months to achieve. Patients predictably improve for up to a year after a knee replacement. Stated differently, it is normal for you to still have some pain in your knee for as much as 6 to 9 months after your surgery. The pain relief will come, but you should not expect great pain relief in less than this time.

Higher demand activities (such as going up and down stairs) frequently take 6 to 9 months before patients feel comfortable doing them. It is permissible to go up and down stairs whenever you can safely go up and down but it will take much longer to do them normally and with great confidence.

The Importance of Lifetime-Follow Up Visits

Over the past many years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to or they do not understand why it is important.

So, when should you follow up with your surgeon? These are some general rules:

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

There are two good reasons for routine follow-up visits with your orthopedic surgeon:

1. If you have a cemented knee, your surgeon needs to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen. Your knee could become loose, and this might lead to pain. Or the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.

2. The second reason for follow-up is that the plastic liner in your knee may wear. Little wear particles combine with white blood cells and may get in the bone and cause osteolysis. Replacing a worn liner in the knee area can keep this from worsening.

X-rays taken at your follow-up visits can find these problems. Your new X-rays can be compared with previous films to make these determinations. This should be done in your doctor's office.

We are happy that most patients do so well that they do not feel follow-up visits are necessary. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. We will be delighted to hear from you.



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