

A Patient's Guide to Total Knee Replacement Surgery



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WHAT IS ARTHRITIS?

There are several types of arthritis. The two most common types are osteoarthritis and rheumatoid arthritis.

Osteoarthritis is the accelerated breakdown of joint cartilage caused by the wear and tear of daily activities. The layers of cartilage become damaged, wear away and in many cases, the surface of the bones begin to rub together.

Rheumatoid arthritis is an inflammatory joint disease caused by chronic inflammation of the membrane (synovium), which surrounds and lubricates the joint. Once inflamed, the membrane causes joint swelling and stiffness, as well as wearing away of joint cartilage.

Arthritis can also occur from injury or trauma to the joint, or loss of bone due to a decreased blood supply to the bone.

The end result of all types of arthritis is the same: the wearing away of cartilage between the bones, leaving the joint without necessary cushioning. Without this cushioning, patients begin to experience a decreased range of motion, increased pain and a limitation in their daily activities.

When all other treatments, such as arthritis medication, physical therapy, injections, modification of activities, bracing or walking aids (canes or crutches) fail to bring relief, total joint replacement surgery may become necessary.

HOW DOES YOUR KNEE WORK?

Whether due to disease, such as severe arthritis, knee injury or instability, you are acutely aware that even the most simple of movements can cause severe pain. Living with such a disability can greatly reduce your quality of life. Although your reasons for having total knee replacement surgery are personal, this is a decision you and your doctor will most likely make together. One deciding factor may be the improvement in your quality of life, as total knee replacement surgery may relieve much of your pain. Imagine the things you can do and accomplish if you were not in pain.

Although most patients will experience some tenderness for several weeks or months after having total knee replacement surgery, in most cases, the end result will be pain-free motion. Remember, pain relief is the main benefit of having this surgery.

The “Normal” Knee

The knee is one of your body's major weight bearing joints. A joint is a body structure where the ends of two or more bones meet. The knee is commonly referred to as a “hinge” joint. A hinge joint allows bending in one direction only. The femur and tibia meet to form the knee joint. The patella (knee cap) covers and protects the knee joint. The synovium, a joint lining, lubricates the joint. The articular cartilage covers the ends of bone. Muscles and ligaments hold the knee together while permitting the leg to bend and straighten with constant, effortless motion for activities such as walking or climbing stairs.

The “Arthritic” Knee

Arthritis is a disease which corrodes cartilage. Without cartilage to act as a buffer, the bones become coarse and grind together. Osteoarthritis, a degenerative joint disease, is one major type of arthritis. It is commonly referred to as “the aging arthritis.” Rheumatoid arthritis is a chronic condition that affects numerous parts of the body. Two other forms of arthritis are traumatic arthritis, a result of serious injuries; and osteonecrosis, joint destruction resulting from blood loss. Total knee replacement is not a treatment for minor arthritis. If you have been diagnosed with severe arthritis that is not responsive to other medical treatments, your orthopedic surgeon can replace the knee joint, thereby relieving your pain.

TOTAL KNEE REPLACEMENT

Your total knee replacement involves replacing a severely damaged joint with metal or plastic implants (prosthesis). There are three basic parts to a knee prosthesis:

1. The femoral component, which attaches to the bottom of the thigh bone
2. The tibial component, which is placed on top of the shin bone
3. The patella component, which is implanted to the back of the knee cap

All parts of your replacement joint are extremely strong and made of unique, long-lasting materials to help it work efficiently. The body usually tolerates these components very well. The type of replacement joint and how it is inserted into your knee will be selected by your orthopedic surgeon, based on your age, bone density, medications and the particular shape of your bones.



Possible Complications

There can be complications resulting from any surgical procedure. Although unlikely, some possible complications that can occur include infection, blood clots, bleeding, nerve or blood vessel injury, bone fracture and loosening of the prosthesis.

HOW TO PREPARE FOR SURGERY WHILE AT HOME

Numerous factors can affect the successful outcome of your total knee replacement surgery, such as those described below.

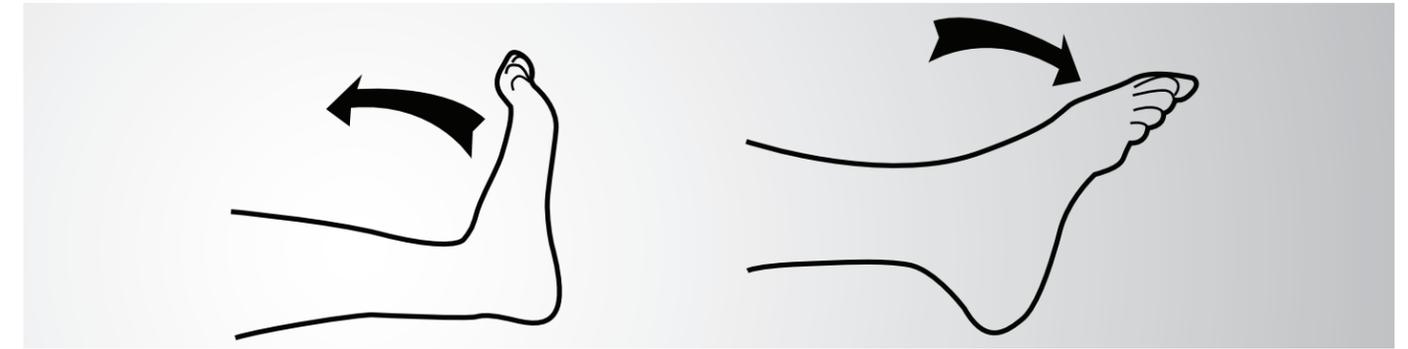
Tooth and gum problems are a common source of infection because they permit bacteria to enter the blood stream. It is very important to keep your teeth and mouth clean before surgery by continuing to brush and floss regularly.

Smoking may increase lung complications during or after surgery. Therefore, we advise you to stop smoking before surgery. Smoking impairs oxygen circulation, which is vital to the healing process. Additionally, you will not be able to smoke after the procedure since our hospital is a non-smoking facility.

Proper nutrition contributes to a successful surgery and recovery. If you are overweight, you may be prone to complications, such as blood clots, infection or a reduced chance for a good recovery. If advised to lose weight, remember that crash dieting is unhealthy and will not reduce your weight risk factor. Follow a nutritionally sound diet in moderate amounts, including the five major food groups of fruits and vegetables, dairy products, whole grains and cereals, as well as meat, poultry and fish.

Exercise helps you feel better physically and emotionally, and improves your overall health. It also can help to reduce everyday tension and stress. Daily exercise helps control your weight by burning calories. You may begin to stretch and strengthen your muscles by performing the following exercises at home.

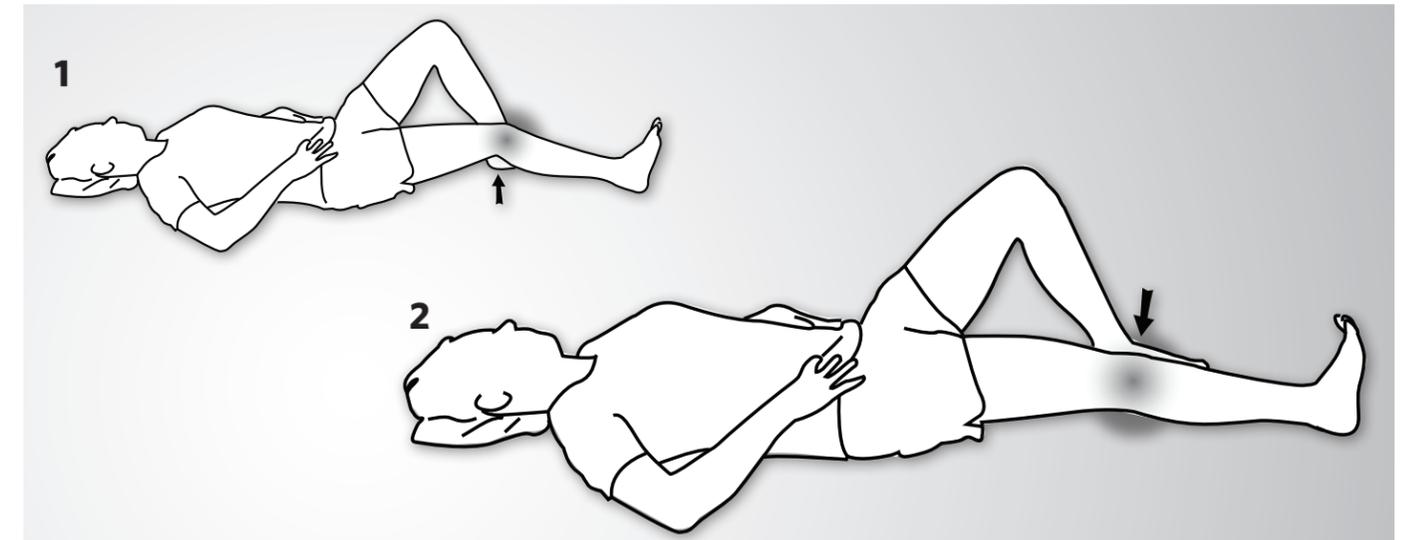
PRE-OPERATIVE EXERCISES



Ankle Pumps

1. Bend ankle up toward your body as far as possible
2. Hold 2-3 seconds
3. Point toe away from your body
4. Hold 2-3 seconds

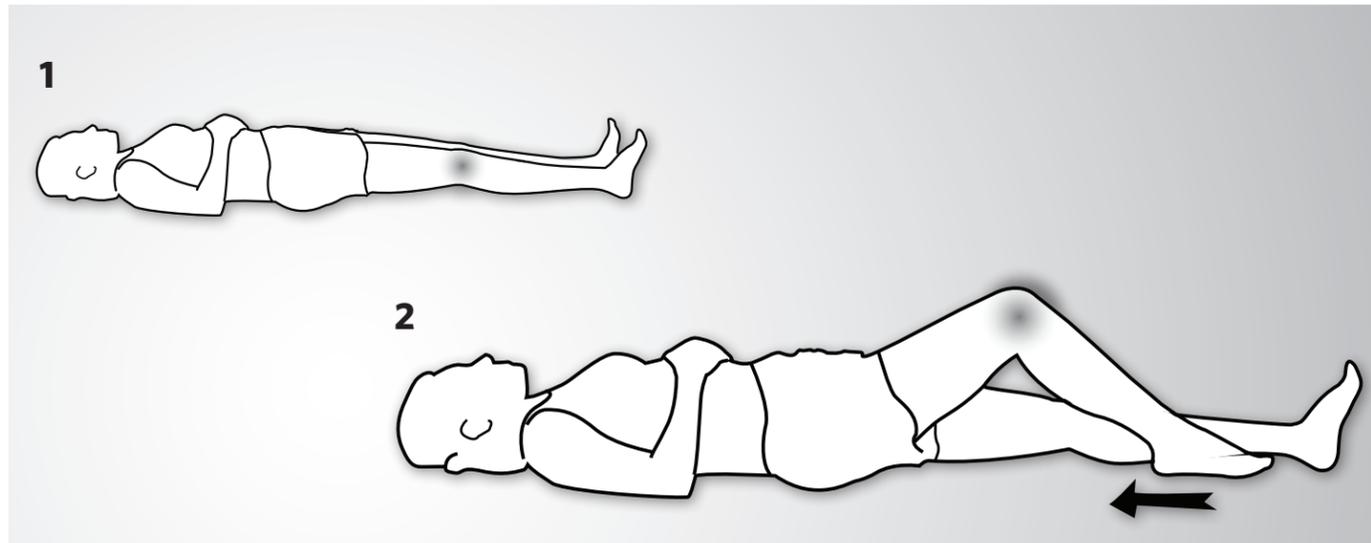
Repeat: 10 times, 3 times per day



Quad Sets

1. Sit or lie on your back with your affected leg straight
2. Press the back of your affected knee downward
3. Hold 3-5 seconds

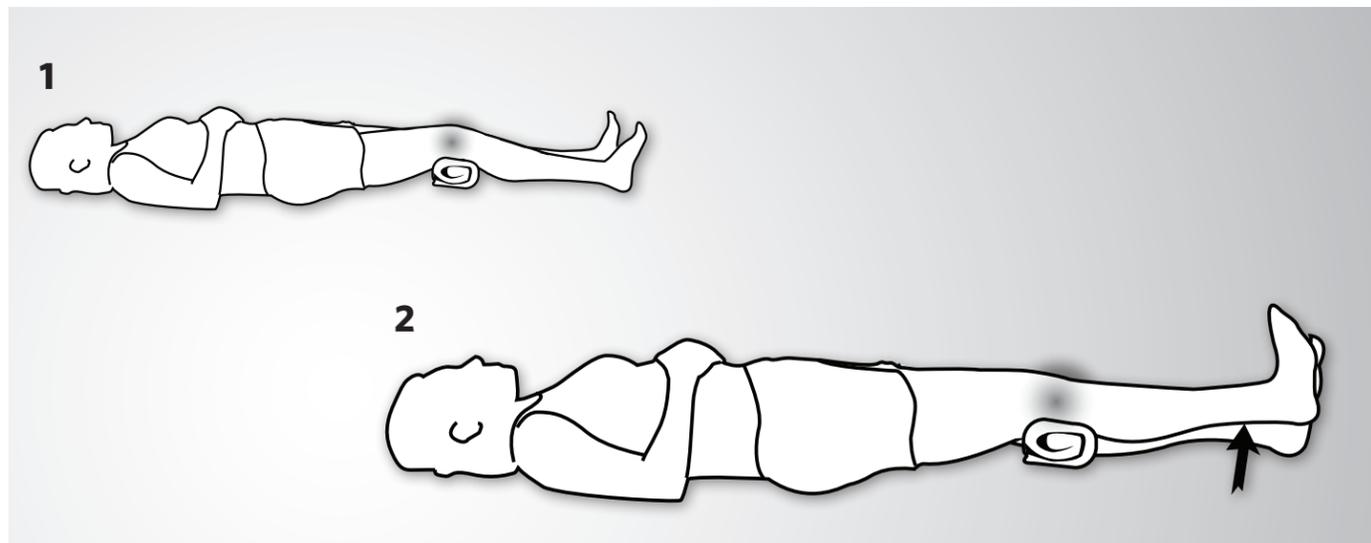
Repeat: 10 times, 3 times per day



Heel Slides

1. Lie flat on your back
2. Slide affected heel toward your buttocks, bending the knee
3. Hold for 2-3 seconds and slowly lower

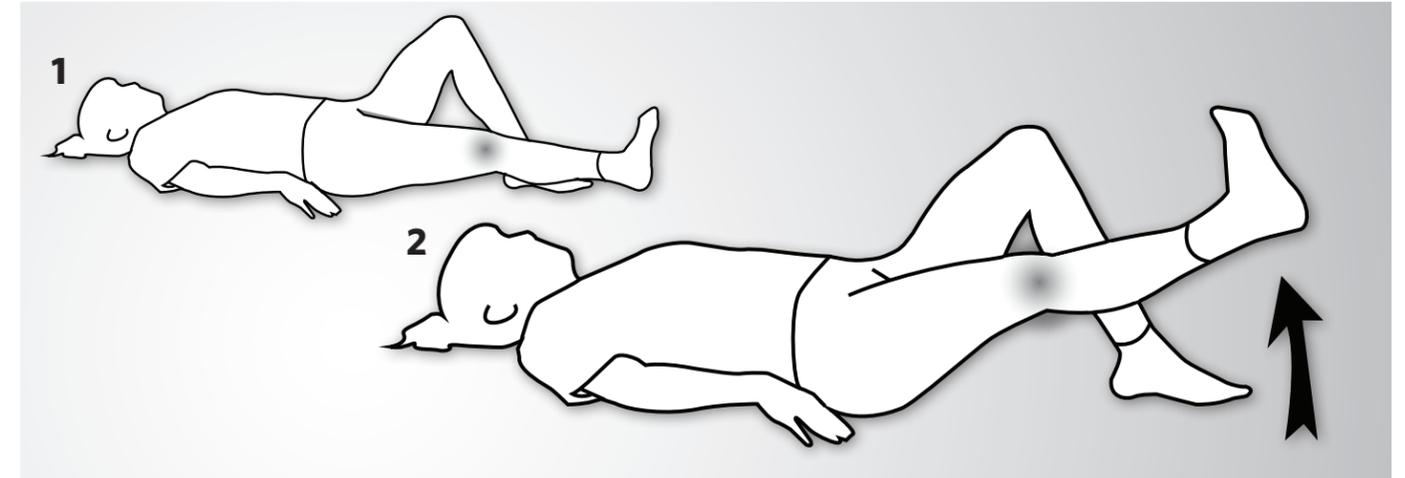
Repeat: 10 times, 3 times per day



Short Arc Quads

1. Lie flat on your back with a towel or roll under affected leg
2. Raise heel off the floor until it is straight
3. Hold 3-5 seconds

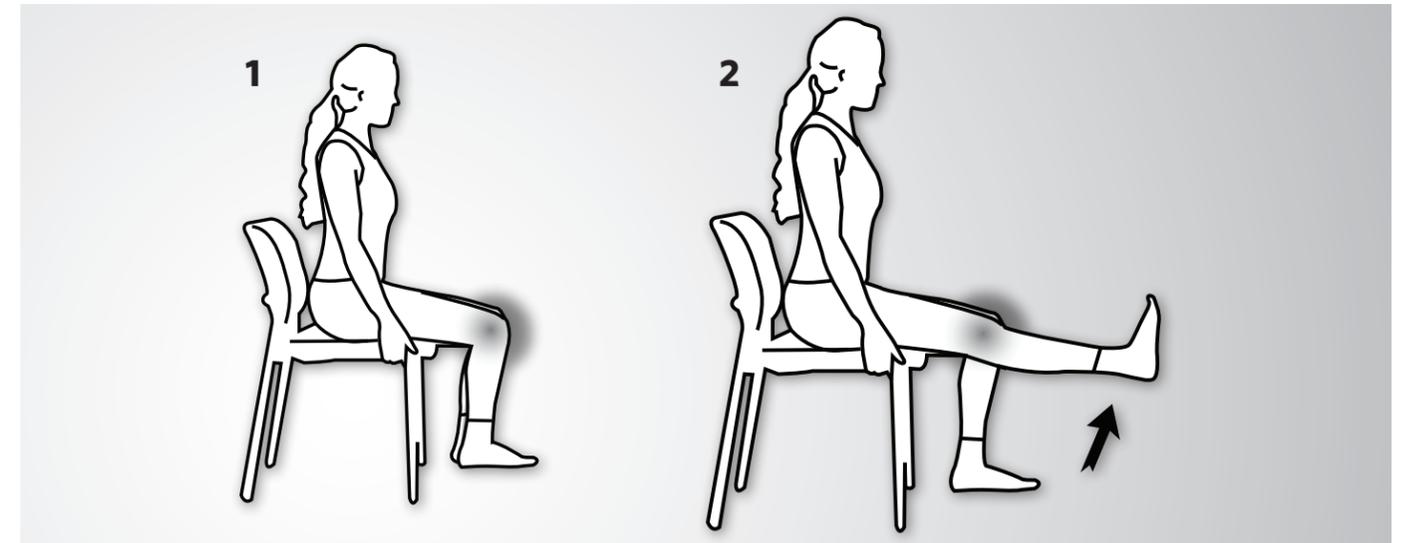
Repeat: 10 times, 3 times per day



Straight Leg Raise

1. Lie flat on your back
2. Bend the knee of your non-affected leg
3. Tighten the thigh muscle of your affected leg
4. Point your toes up to the ceiling and lift your affected leg straight up
5. Slowly lower your leg

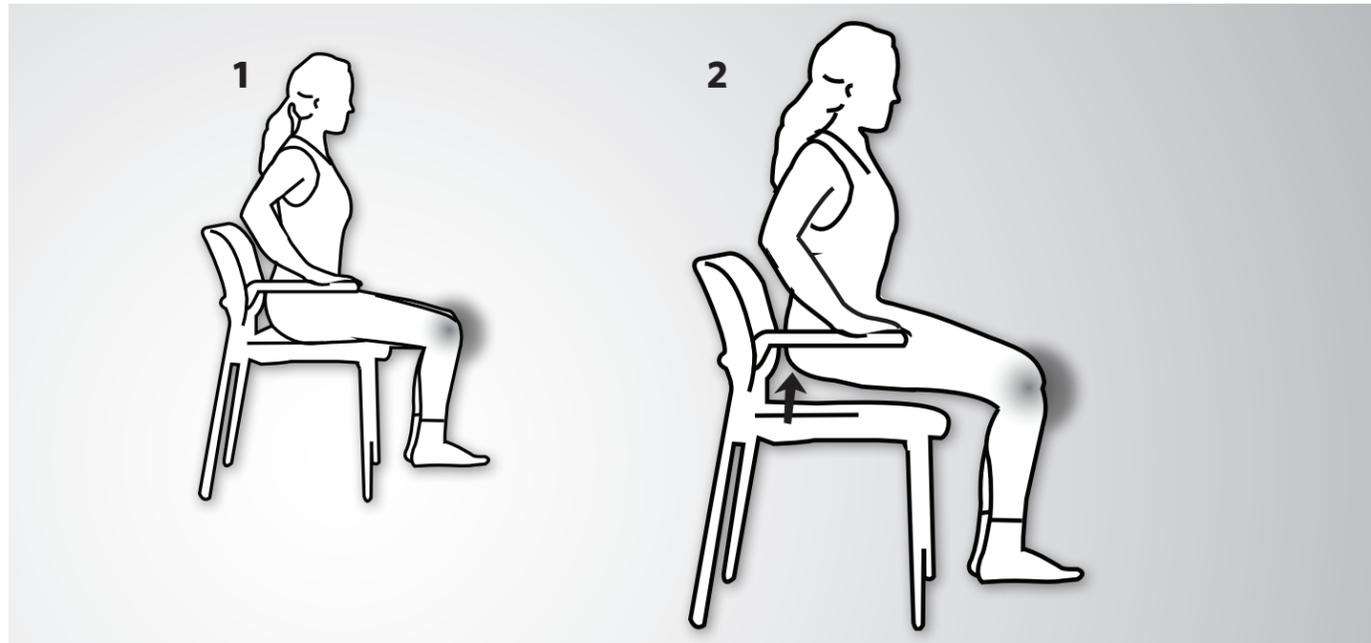
Repeat: 10 times, 3 times per day



Knee Extension

1. Sit in chair
2. Slowly kick your foot up
3. Slowly lower foot back to original position

Repeat: 10 times, 3 times per day



Armchair Push-Ups

1. Sit in an armchair
2. Place hands on armrests
3. Straighten arms, raising bottom up off chair seat if possible
4. Feet should be flat on the floor
5. Slowly lower yourself to your original position

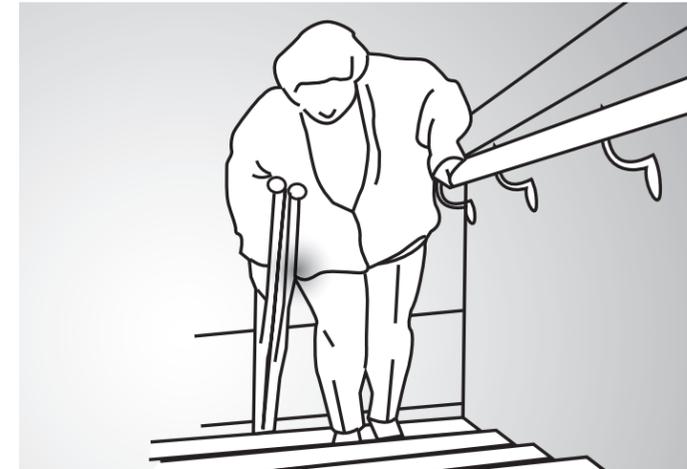
Repeat: 10 times, 3 times per day

Stair Climbing

You may use a cane or crutches, to be determined by your therapist. If there is no handrail, you may wish to have one put up. It is safer and easier to use the stairs with one.

Going Up Stairs

1. You should use both the handrail and a crutch/cane to climb stairs.
2. Step up with your non-operated leg first
3. Follow with your operated leg, bringing it up to the same step.
4. Bring your crutches/cane up to the next step and continue up until you reach the landing.



Going Down Stairs

1. Put your crutches/cane on the first step.
2. Step down with your operated leg first.
3. Follow with your non-operated leg. Bring it down to the same step.
4. Move the cane down one step and continue down the stairs.
5. If there is no railing, use the arm of another person for support.



BLOOD TRANSFUSIONS AND YOUR SURGERY

The administration of blood and/or blood products could become necessary during your stay. The purpose of this information is to explain the benefits, risks and alternatives available to you.

Conditions that may increase your odds of requiring a blood transfusion include:

- Low blood count before surgery
- Complex surgery incurring more blood loss

Know Your Options

There are alternatives available to you should you need a blood transfusion, including:

Bank Blood

This blood is collected by the Medic Regional Blood Bank from volunteer donors. Possible risks due to transfusion of blood cells are kept to a minimum, as special precautions are taken by the blood bank. This blood is thoroughly tested for infectious agents, and all donors are subjected to extensive questioning to determine their acceptability as a blood donor.

Autologous Blood

You may choose to donate and store your own blood for your personal use during surgery. **If you choose this option, you must set it up at least three weeks prior to your surgery.** This type of transfusion is indicated for certain surgical procedures, such as revisions or complex joint surgery. If you choose to donate your own blood, you must have the blood drawn at the Medic Regional Blood Bank. The cost per unit of blood may or may not be covered by your insurance. Not all individuals are candidates for autologous transfusion, so discuss the possibility with your physician.

Autologous Donation Procedure: Three weeks prior to surgery, go to your physician's office for a form to take to the Medic Regional Blood Bank. You must have this form before you can schedule the appropriate number of donation appointments with the blood bank. One unit of blood can be safely donated at a time. Please allow 1-1½ hours for your donation.

SPECIAL INSTRUCTIONS PRIOR TO SURGERY

The following instructions are very important and should be followed exactly or your surgery may be canceled.

- Do not drink alcoholic beverages or take recreational drugs 48 hours prior to surgery.
- Do not smoke during the 24 hours before surgery. Smoking may cause problems with anesthesia.
- If you are diabetic, do not take diabetic medications or insulin on the morning of surgery, unless otherwise instructed by your physician.
- Do not eat or drink anything (including water) after midnight the morning of your surgery. If certain medications have been approved, you may take them with a sip of water.

Your Orthopedic Case Coordinator

Valerie Nicholson, Orthopedic Case Coordinator

Phone: 865-545-8343

Fax: 865-545-7044

The orthopedic case coordinator will call you the day before your surgery. If your surgery is on a Monday, she will call you on Friday. She will ask you a few questions and tell you what time to arrive at the hospital. If you have not heard from her by 3:00 p.m. on the day before your surgery, please call your orthopedic case coordinator at the above number.

Be very careful with the extremity having the joint replacement. If you get any cuts, scratches, rashes, animal scratches, animal bites or blisters on the extremity, please call your orthopedic case coordinator that day. If it occurs over a weekend, please call her on Monday morning.

These medications should NOT be taken 7-10 days before your surgery: Stop all products containing aspirin, non-steroidal anti-inflammatory (NSAID) medications, vitamin E (this does not include a multiple vitamin with vitamin E), and herbal medications (ex: Omega 3 fish oils, glucosamine, echinacea, garlic, ephedra, ginkgo biloba, ginseng, kava, St. John's Wort, valerian root). If you are on blood thinners, such as Coumadin®, Xarelto®, Effient®, Pradaxa® or Plavix®, make sure to check with the physician who prescribed these medications about stopping them prior to surgery. Coumadin and Plavix are generally stopped 5-7 days prior to surgery.

Stop all products containing aspirin, such as:

- Alka-Seltzer®
- Aspirin
- BC Powder
- Bufferin®
- Disalcid® (Salsalate)
- Dolobid® (Diflunisal)
- Ecotrin®
- Excedrin®
- Goody's® Powder
- Norgesic®
- Pepto-Bismol®
- Percodan®

Stop all non-steroidal anti-inflammatory (NASID) medications, such as:

- Advil®
- Aleve®
- Anaprox®
- Ansaid®
- Arthrotec®
- Cataflam®
- Clinoril®
- Daypro®
- Diclofenac (Voltaren)
- Feldene®
- Ibuprofen
- Indocin® (Indomethacin)
- Lodine®
- Meclomen
- Medipren®

- Motrin®
- Naprelan®
- Naprosyn®
- Nuprin®
- Orudis®
- Oruvail®
- Relafen®
- Tolectin®

If you take the following medications, contact your physician for instructions about stopping them:

- Enbrel®
- Imuran®
- Methotrexate
- Remicade®

DAY OF ADMISSION/DAY OF SURGERY

What to Bring:

- Please bring this booklet with you on surgery day.
- Non-skid slippers or comfortable shoes you normally wear for walking.
- Do not bring tight-fitting shoes or new shoes as your feet may swell.
- Loose fitting, comfortable clothes (shorts or very loose leg pants).
- Personal care items, such as a toothbrush and toothpaste, shaving items, and any other hygiene items you normally use.
- Crutches or a walker (if you own one) labeled with your full name. Do not bring a cane unless you currently use one. If you do not own a walker or crutches, we will provide them for you. Upon discharge, your physical therapist and case manager will make arrangements for the appropriate equipment for your return home.
- A copy of your advance directive (living will).
- If you donated blood, the paperwork from the Medic Regional Blood Bank.
- Bring back the plastic breathing device/lung exerciser (incentive spirometer) given to you in the pre-admission clinic.
- If you have sleep apnea, bring your CPAP or BiPAP equipment.

What Not to Bring:

- Jewelry
- Large amounts of money
- Other valuables

Preparing for Surgery

- Do not shave your legs two days prior to surgery. You may take a shower on the morning of your surgery, but do not use shaving lotions, skin lotions, deodorants, perfumes, powder or makeup.
- Remove all colored nail polish on your hands and toes. You may have clear nail polish only.
- Remove all hair accessories.
- Remove all jewelry. Hospital personnel are not responsible for your valuables, so please give them to your family prior to surgery.

Admissions

Once at the hospital, report to the outpatient/admission desk to sign in. From there, you will be taken to the pre-surgical unit. The nursing staff, as well as other hospital personnel, will visit you to confirm surgery plans, answer any questions and prepare you for surgery. Hospital personnel may trim the hair on the skin where the incision will be.

The Holding Room

Before surgery, you will be taken to the holding area by surgery personnel. Here, you will have an intravenous line (IV) started. You will be given an antibiotic through this IV before surgery. This IV will remain in place after surgery so that fluids, antibiotics and pain medication can be given to you. Also, at this time your anesthesiologist will discuss plans for anesthesia with you. From the holding room you will be taken into the surgery suite.

The Recovery Room/Post-Anesthesia Care Unit (PACU)

After surgery, you will be taken to the recovery room where your dressings, blood pressure, respiratory rate, heart rhythms and pain level will be monitored by medical staff. Your length of stay in recovery varies from 1-2 hours, possibly longer. When you are stable, you will be transferred to your room.

AFTER SURGERY

You will receive IV fluids until you are able to tolerate oral fluids well. You will also receive an IV antibiotic.

The nursing staff will monitor your pulse, blood pressure, respirations and physical condition frequently. Your nurse will remind you to use your plastic lung exerciser (incentive spirometer) every hour you are awake. Deep breathing and coughing are important to help expand the lungs and prevent pneumonia.

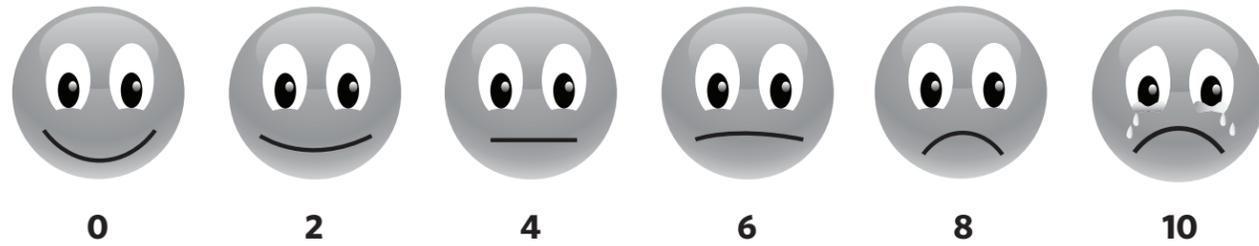
Your nurse will check your foot frequently for a pulse, sensation and movement. You will be reminded to do your leg exercises, such as ankle pumps, while lying in bed. If you need help with position changes, ask your nurse for assistance.

Notify your nurse if you have nausea or itching, which can be side effects of the pain medication and anesthesia. Your nurse can give you medications to alleviate these side effects.

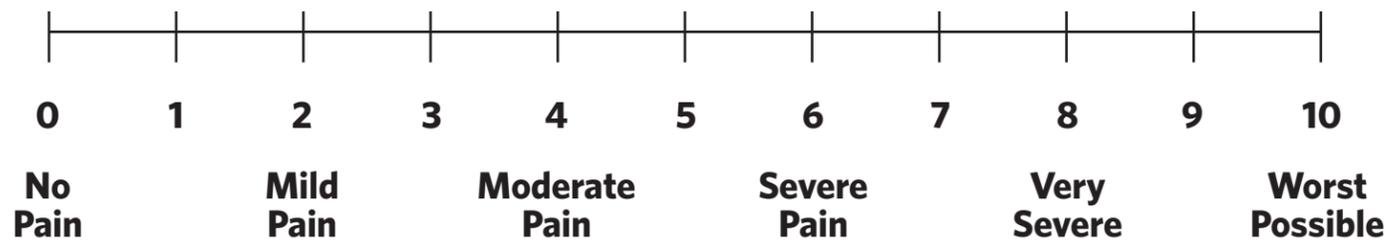
Pain Management

Remember to notify your nurse if you have any pain or discomfort. Pain medication is NOT scheduled. Instead, it is ordered as needed, so please ask your nurse for pain medication. Physical therapy takes place after breakfast and lunch, so it is a good idea to ask for pain medication prior to physical therapy. Utilize the pain scale on the next page to report your pain level or discomfort to the nurse.

The foot of your bed should be flat. Do not elevate it .



0-10 Numeric Pain Intensity Scale



The dressing covering your incision will be changed on the first day after surgery. When the incision has stopped draining, the dressing will be removed permanently. The drain from your knee will also be removed. If present, the tube (catheter) in your bladder will be removed.

Your orthopedic surgeon or one of their partners, physician’s assistants, nurse practitioners or nurses will visit you every day while you are in the hospital.

The average length of stay in the hospital is 1-3 days.

Physical Therapy Rehabilitation

Exercising is important to obtain the best results from total knee replacement surgery. There are two types of exercises essential for a complete recovery from joint replacement surgery:

- Range of motion
- Strengthening exercises

Physical therapy will help make your muscles strong again and will help you regain your knee’s range of motion. Your physical therapy will most likely start on the afternoon of your surgery. Your first session will consist of sitting on the edge of your bed, standing and/or walking with a walker. A walker provides greater stability and is always used when standing. (Again, the hospital will provide you with a walker if you do not have one).

Your surgeon may order a knee exercise machine called a CPM (continuous passive motion) to assist you in bending and straightening your knee. The CPM will only be used at the hospital; you will not go home with this machine.

A very important benefit of exercise is the confidence you gain in your ability to use your new knee. Exercise assists in stretching and strengthening your muscles. You will receive a list of exercises, along with personal instructions on how to perform them and how many times a day you need to perform them.

Although the time you spend sitting in a chair will be increased daily, you should never sit for longer than a 60-minute time period without standing to switch positions. You are encouraged to sit up for meal times and various other times during the day.

GENERAL INFORMATION

- Notify your family and friends of your room number. Let them know they can reach you by telephone between the hours of 7:00 a.m. and 10:00 p.m. by dialing 865-545-8000 and giving your room number to the operator. They may also dial directly into your room by dialing 865-545-6 + your room number. Calls can be made from the room telephone at any time. To make a local call, dial 9 first and then the number you are trying to reach.
- Visiting hours are from 11:30 a.m. to 8:30 p.m. daily. Please tell your visitors to park and enter through the main entrance to the Outpatient Department on St. Mary’s Street (the street that runs between Physicians Regional Medical Center and Fulton High School).
- **You will be given a pin number during the pre-admission process. In order for any family member or friends to call and inquire about your medical condition, they must know your pin number. You may give your pin number to anyone you choose. However, we will not release medical information to anyone who does not know your pin number.**
- We attempt to put all total joint patients in their own private room.
- The hospital address is:
Physicians Regional Medical Center
900 East Oak Hill Avenue
Knoxville, Tennessee 37917

DISCHARGE PLANNING

Your Discharge Planner

Kelly Spurgeon, Orthopedic Case Manager
Phone: 865-545-6560 Fax: 865-545-7044

The orthopedic case manager will assist with your discharge plans and equipment. She will visit you after surgery to make these arrangements.

Ready for Discharge

By the time you are ready to go home, you should be able to do the following:

- Get out of bed without assistance.
- Get up and down from the chair and toilet.
- Walk safely with a walker or crutches.
- Go up and down stairs safely.
- Get dressed.
- Perform knee exercises independently.

If You Are Going Directly Home

Please make arrangements for someone responsible to drive you home. You will receive written discharge instructions concerning medications, outpatient physical therapy, activity, doctor’s appointments and more. We will arrange for any equipment for your recovery. Most patients go directly to outpatient physical therapy. If you require home health services, the hospital will arrange for this, as allowed by your insurance plan.

If You Are Going to a Sub-Acute Rehab Facility (TCU, SNF or Rehab)

The decision to go home or to a sub-acute facility will be made collectively by you, the orthopedic case manager, your surgeon, physical therapist and your insurance company. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge.

During your stay, your primary care physician or a physician from the sub-acute facility will care for you in consultation with your surgeon. Expect to stay 5-7 days, based on your progress. Upon discharge home, instructions will be given to you by the sub-acute medical staff.

Please remember, sub-acute stays **must be approved by your insurance company**. A patient's stay in a sub-acute rehab facility must be done in accordance with the guidelines established by Medicare. Your insurance company will monitor your progress during your hospital stay. Upon evaluation of your progress, you will either meet the criteria to benefit from sub-acute rehab or your insurance company may recommend you return home with other care arrangements. Therefore, it is important for you to make alternate plans before surgery 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 privately.

The majority of our patients recover well and do not meet the criteria for sub-acute rehabilitation. Additionally, insurance companies do not become involved in social issues, such as lack of caregiver, pets, etc. These issues must be addressed before admission to the hospital.

If you meet the center's criteria for admission, you can expect intensive therapy monitored by your physician and staff. The major goal of the skilled nursing facility is to improve your ability to perform key activities required for daily living. While in the unit, you will be expected to:

- Do as much as possible for yourself, within safety guidelines.
- Dress in your everyday clothes and shoes. You will need non-skid socks or shoes for exercise.
- Participate in a minimum of 2 hours of therapy per day during the week.
- Schedule visits and other activities around the therapy schedule, in order to receive the maximum benefit from your sessions.

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.

Control Your Discomfort

Take your pain medication at least 45 minutes prior to physical therapy.

Use ice to assist with pain control. Applying ice to your affected joint will decrease discomfort; but do not use ice for more than 20 minutes each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return it to the freezer for later use as an ice pack.

Body Changes

Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return eventually.

You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day. You may have decreased energy initially. Your energy level will increase over time.

Pain medications containing narcotics may contribute to constipation. Increase your fiber and fluid intake and use stool softeners or laxatives, if necessary.

If leg swelling or tightness occurs, elevate your leg to relieve these symptoms. Do not put a pillow under your knee. You may use a pillow under your calves or feet.

Bruising

Some bruising might appear on your knee and around the ankle due to the pooling of blood in different areas while you rest in bed. Generally, this bruising should go away in a few weeks.

Swelling

It is normal for your incision and possibly your leg and foot to swell. Usually you will notice an increase in swelling toward the end of the day. To help minimize swelling, you may:

- Lie down for 45-60 minutes twice a day (once in mid-morning and once in mid-afternoon).
- Use ice packs over the incision. This will relieve discomfort and reduce swelling.
- Perform ankle pumps by moving your foot up and down, also making circular motions. Perform these exercises whenever you sit still as the muscle action helps move collected fluid out of the tissue while improving circulation.
- Elevate your feet on a footstool when sitting in a chair. You may use a small pillow to support your feet. NEVER place a pillow behind your post-operative knee.

Blood Thinners

Blood thinner medication is prescribed to help prevent blood clots. Lovenox®, enoxaparin, Xarelto®, Pradaxa and Coumadin are several different types of blood thinners. If you are presently taking Coumadin, Plavix or Pradaxa, it will be resumed after surgery. Patients not currently on Coumadin, Plavix or Pradaxa will be given Lovenox or Xarelto. Lovenox comes in the form of an injection. It is given to you during your hospital stay. The nursing staff will instruct you on how to give yourself the medication upon your discharge to home.

Follow These Instructions When Prescribed Lovenox or Generic Enoxaparin Injections:

- Give only the number of Lovenox or enoxaparin injections prescribed daily.
- Inject Lovenox or enoxaparin at the same time each day and continue the injections for exactly the number of days prescribed.
- If you miss a dose, take it as soon as possible on the same day. Do not double the dose or take two injections to "catch yourself up." Take only the amount prescribed per day.
- It is important not to take other medications including over-the-counter medications, such as aspirin, which are not prescribed or approved by your physician.

How to Use Lovenox or Enoxaparin:

Lovenox or enoxaparin should be injected into the layers of fat just under the skin in your stomach. Lovenox should never be injected into the muscle, as bleeding may occur in the muscle. By gently pinching the skin between your fingers as you give the injection, the medicine enters your fatty tissue, not your muscle.

You will receive instructions on the proper use and technique for self-injection during your hospital stay. Lovenox and enoxaparin come in prefilled, ready-to-use syringes. Lovenox and enoxaparin should be stored at room temperature.

When Choosing an Injection Site:

- Make sure the site is easy to reach.
- Avoid injecting yourself too close to your belly button or around existing scars or bruises.
- Alternate your injection sites as instructed by your healthcare professional.
- It is important to look at your previous injection sites for redness, pain, warmth, puffiness, oozing or discoloration of the skin, which can be signs of infection or skin reaction. Contact your physician if you notice any of these reactions.

SAVING ENERGY AND PROTECTING YOUR JOINTS

Kitchen

- Do not get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all your cooking supplies at one time.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.

Bathroom

- Do not get down on your knees to scrub the bathtub. Use a mop or long-handled brushes.

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets firmly anchored to the floor or with non-skid backing.
- Be aware of floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout your house. Install nightlights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. Do not run wires under rugs, as this is a fire hazard.
- Do not wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms, as these assist with getting up.
- Rise slowly from either a sitting or lying position so as not to get light-headed.
- Do not lift heavy objects for the first three months, and then only with your physician's permission.
- Stop, think and use good judgment if questioning an activity.
- Have someone move your furniture to allow you more space to walk.
- Keep your pets in another area of the house until you are stable on your feet.

When to Notify Your Primary Care Physician's Office

Contact your doctor if:

- You develop bleeding from your gums after brushing your teeth, excessive bleeding from cuts or wounds, unexplained nose bleeds or excessive menstrual bleeding.
- You cough up blood.
- You have bloody or black bowel movements.
- Your urine appears red, dark brown, or you have pain upon urination.
- An illness develops, such as diarrhea, infection or fever; or if you experience any unexplained pains, swelling or discomfort.
- You develop dizziness, numbness or tingling in your body.
- Your heartbeat becomes rapid or unusual.
- You experience vomiting, nausea or fever.
- You experience confusion.
- You experience swelling in the thigh, calf or ankle that does not go down upon elevation of the leg.
- You experience pain, heat and tenderness in calf, back of the knee or groin area in either leg.

TIPS FOR THE FAMILY

Preparing for Surgery

- Prepare and freeze meals in advance. Stock up in individually packaged drinks that can be easily carried in a pocket (boxes or small cans).
- If your family member's bed is on a second floor, you may have to make sleeping arrangements on the first floor. This will be discussed with you during your visit with the orthopedic case manager.
- Before surgery, move items placed high or low in the dresser drawers and cabinets to counter level or a shelf where they are more accessible and easy to reach without excessive bending or reaching.
- Put clean linens on the bed.

During Surgery

- After your family member actually goes into surgery, you will have a 4–6 hour wait until you see them again. Bring reading materials or other activities to keep you occupied so the time passes quickly.
- Sometimes there are unforeseen delays in the surgery schedule, so do not be alarmed if you have a longer wait time.

After Surgery

- Be sure the vehicle used to bring your family member home is large enough for your family member to get into and out of easily. Bring pillows with you for the ride home.
- Encourage your family member to follow the instructions and guidelines they have been given. This is especially important as they might be discouraged by pain and fatigue, which often follows surgery.
- Your family member's temperature will tend to rise in the evening (they might even experience "night sweats"), but will go down to normal levels during the day. If their temperature remains elevated (more than 100 degrees) for 24–48 hours without decreasing, please contact the physician's office. Also, call immediately for any temperature more than 101 degrees.
- When your family member is home from the hospital, encourage them to do as much as possible without your assistance. This will help them recover faster and give them a greater sense of independence.

DO'S 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 level and the muscle health around their joints. With both your orthopedic surgeon and primary care physician's permission, 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, may put too much load on the joint and are not recommended. High risk activities, such as downhill skiing, are likewise discouraged because of the risk of fractures around the prosthesis.

Before you have any dental work—cleanings, caps, extractions, etc.—you will need to take antibiotics every time. Call your dentist's office at least one week prior to your dental appointment in order to obtain the prescription for antibiotics.

If you undergo a surgical procedure of any kind or any invasive medical test such as a colonoscopy, inform your physician that you have a total joint replacement so you can receive antibiotics before, during and after your surgery or procedure.

If you suspect you have a urinary tract infection or other signs of infection, contact your primary care physician for possible treatment.

FREQUENTLY ASKED QUESTIONS

What is the chance for success?

Success of the surgery should be answered by asking yourself the following three questions: Are you glad you had the operation? Did it fulfill your expectations? Would you do it again? Approximately 98 percent of joint replacement patients at one year will say “yes” to all three questions.

What is the recovery time?

Patients heal from surgery at a different pace. In most cases, you will be restricted to the use of a walker or crutches for approximately 2–4 weeks. You will then be allowed to advance to using a cane when walking outdoors and no support around the house for several weeks. You will gradually return to normal function without any assistive devices. This usually takes approximately 3 months, but may take longer.

When can I drive?

If you had surgery on your right knee, you should not drive for at least 4 weeks. After 4 weeks, you may return to driving as soon as you feel comfortable. If you had surgery on your left knee, you may return to driving as you feel comfortable, if you have an automatic transmission. If you are driving a straight shift automobile, it will be 4 weeks regardless of which knee you have surgery on. Do not drive if you are taking narcotics.

How long will my total knee replacement last?

Ninety to 95 percent of total knee replacements last 15 years or longer. The most important factors in maintaining your knee replacement will be your activity level and keeping your weight under control.

How long will my surgery take?

Actual surgery takes around 1 hour.

Will my surgery be minimally invasive?

Yes, your surgeon will make your incisions as small as possible.

When can I shower?

You may shower 4 days after your operation. You will have steri-strips (brown-like pieces of tape) over your incision line. These will gradually begin to curl around the edges at 2 weeks after surgery. When this happens you may gently pull the curled tape off. Underneath will be a healed incision line. Also, you may notice a clear piece of thread coming from the top and the bottom of your incision line. This is an absorbable suture, which will fall off on its own somewhere around the fourth week. Be sure to dry the incision line well after showering.

When can I immerse my knee totally such as in a bath or swimming pool?

Your knee can be totally immersed once your incision is completely healed.

How long will I need a bandage on my incision?

After the first initial dressing change in the hospital, you may not be required to use a bandage on your incision. Should there be any drainage, then you should use a dry sterile gauze or a band-aid to protect the area.

How long will I be on pain medication?

It is not unusual to require some form of pain medication for approximately 6–12 weeks. Initially, the medication will be strong (such as a narcotic). Most people are able to wean off their strong pain medication after 1 month and switch to an over-the-counter medication such as acetaminophen or ibuprofen.

Can I go up and down stairs?

Yes. Initially, you will lead with the leg that underwent surgery when coming down. As your muscles get stronger and your motion improves, you will be able to use the stairs in a more normal fashion (usually in 1 month).

When can I resume sexual intercourse?

As soon as you are comfortable.

Will I set off the security monitors at the airport?

You will probably set off the alarm as you progress through the security check point. Be proactive and inform the security personnel that you have had a total knee replacement and will most likely set off the alarm. Wear clothing that will allow you to show them your knee incision without difficulty. A letter from your physician or a wallet card is no longer helpful when passing through security check points.

Can I kneel?

After several months, you can try to kneel. It may be painful at first, but it will not be harmful or damaging to your knee. Much of the discomfort comes from kneeling on your recent incision.

HOME INFORMATION SHEET

PLEASE FILL OUT AND BRING TO HOSPITAL WHEN YOU ARE ADMITTED.
GIVE THIS SHEET TO A CASE MANAGER OR SOCIAL WORKER.

Your Name: _____

Name of Pharmacy: _____

Telephone Number of Pharmacy: _____

Do you take Coumadin (warfarin)? _____

Please put a check mark by any of the following equipment that you already have:

Bedside commode _____ Crutches _____ Elevated commode seat _____

Walker _____ Cane _____ Reacher or grabber _____

If having a total knee replacement, please fill out the following:

Outpatient Physical Therapy Facility: _____

(One near your home or one you have used before)

Telephone Number of Physical Therapy Facility: _____