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SECTION ONE: **General Information**

What you will learn in this section:

- ➔ How to use this guidebook
- ➔ What the program is all about
- ➔ Who is on your team
- ➔ Things you need to do during the next six weeks



WELCOME

We are pleased that you have chosen to have your joint replacement at Northern Regional Hospital. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.

Each year, more than 700,000 people make the decision to undergo knee replacement surgery. The surgery aims to relieve your pain, restore your independence, and return you to work and other daily activities.

The program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the first day after surgery, and move towards normal activity in six to twelve weeks. Results may differ depending on other factors such as age, health status, and whether you're having one or both knees replaced. Routinely, patients have one knee replaced at a time.

Northern has implemented a comprehensive planned course of treatment for your knee replacement. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to achieve a more successful surgical outcome.

Your team includes physicians, physician assistants, patient care assistants, nurses, orthopedic staff, and physical and occupational therapists specializing in total joint care. Every detail, from pre-operative teaching to post-operative exercising, is considered and reviewed with you. The Joint Care Team will plan your individual treatment program and act as your guide.

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PURPOSE OF THE GUIDEBOOK

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery.

Communication is essential to this process. The Guidebook is a communication tool for patients compiled by physicians, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

- ➔ What to expect every step of the way
- ➔ What you need to do
- ➔ How to care for your new joint

Remember, this is just a guide. Your physician, physician assistant, nurses, or therapists may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure. Keep your Guidebook as a handy reference for at least the first year after your surgery. The Guidebook covers a lot of information, so it may look overwhelming. Since it will assist you with your surgery, we recommend reading the entire guide at a pace that suits you.

Overview

We offer a unique program. Each step is designed to encourage the best results leading to a discharge from the hospital after surgery.

Features of the program include:

- ➔ Dedicated nurses and therapists trained to work with joint patients
- ➔ A Joint Care Team who coordinates your care
- ➔ Wear your own casual clothes (no drafty gowns)
- ➔ A Case Management team to coordinate your discharge planning
- ➔ Private rooms
- ➔ A comprehensive plan for you to follow from six weeks before surgery until three months after surgery and beyond
- ➔ Family and friends participating as "coaches" in the recovery process



YOUR JOINT REPLACEMENT TEAM

Orthopedic Surgeon

The Orthopedic Surgeon is the skilled physician who will perform the procedure to replace your damaged knee.

Registered Nurse (RN)

Much of your care will be provided by a nurse responsible for your daily care. Your nurse will assure orders given by your physician are completed including medications and monitoring your vital signs.

Physical Therapist (PT)

The physical therapist will work on your functional mobility skills and teach exercises designed for strength and motion. They will instruct you in safe transfer techniques, walking with an assistive device, and stair training.

Occupational Therapist (OT)

The occupational therapist will guide you in performing daily tasks such as bathing and dressing with your new joint. They may demonstrate special equipment used in your home after you receive your replacement, including shower benches, grab bars, rails, raised toilets, etc.

Joint Care Team

The Joint Care Team are responsible for your care needs from the surgeon's office, to the hospital, and home.

The Joint Care Team will:

- ➔ Review what you'll need at home after your surgery, including support if required.
- ➔ Assess and plan for your specific care needs such as anesthesia and medical clearance for surgery.
- ➔ Coordinate your discharge plan to home.
- ➔ Act as your advocate throughout the course of treatment from surgery to discharge.
- ➔ Answer questions and coordinate your hospital care with Joint Replacement Center team members.



SECTION TWO: **Before Surgery**

What you will learn in this section:

- ➔ Making appointments for medical tests and labs
- ➔ Getting cleared for surgery by your medical doctor
- ➔ Stop smoking
- ➔ Consider writing an Advanced Directive
- ➔ Stopping medications that may increase bleeding



YOUR JOINT REPLACEMENT CALENDAR

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				



WHAT TO DO WHEN YOUR SURGERY DATE IS SET

Plan for Going Home After Surgery

Understanding your plan for discharge is an important task in the recovery process.

You can expect help from your Joint Care Team to develop a plan that meets your particular needs. Most patients should be able to go directly home, as it is usually best to recover in the privacy and comfort of your own surroundings.

Obtain Medical Clearance

When you were scheduled for surgery, you MAY have received a medical clearance letter from your surgeon to provide to your primary care physician and/or specialist, such as a cardiologist.

Please follow the instructions in the letter. If you need to see your primary care doctor, it will be for preoperative medical clearance. This is in addition to seeing your surgeon preoperatively.

Obtain Laboratory Tests

Stop Medications That Increase Bleeding

Discontinue all anti-inflammatory medications such as aspirin, Motrin, Naproxen, etc. These medications may cause increased bleeding. If you are taking a blood thinner, you will need instructions for stopping the medication prior to surgery, either from your surgeon or the doctor who prescribes this medication for you. Your physician may stop some blood thinners as much as seven days prior to surgery.

Stop Taking Herbal Medicine

There are herbal medicines that can interfere with other medicines. Check with your doctor to understand if you need to stop taking any of your herbal medicines before surgery.

Examples of herbal medicines include, but are not limited to: Echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, kava-kava, glucosamine, and fish oil.



Put Your Health Care Decisions in Writing

It is our policy to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of communicating to all caregivers 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 Hospital 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 types of Advance Directives and you may wish to consult your attorney concerning the legal implications of each.



- ➔ **LIVING WILLS** are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.
- ➔ **APPOINTMENT OF A HEALTHCARE AGENT** (sometimes called a Healthcare Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.
- ➔ **HEALTHCARE INSTRUCTIONS** are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

During your preadmission appointment you will be asked if you have an Advance Directive. If you do, please provide copies of the documents to the hospital so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission.



Smoking Cessation

Smoking delays your healing process. Smoking reduces the size of your blood vessels and decreases the amount of oxygen circulated in your blood. Smoking can also increase clotting which can cause problems with your heart and put you at higher risk for developing a blood clot. Smoking increases your blood pressure and heart rate. If you quit smoking before you have surgery, you will increase your ability to heal. If you need help quitting, ask!

Tips to Aid in Quitting:

- ➔ Decide to quit
- ➔ Choose the date
- ➔ Cut down the amount you smoke by limiting the area where you can smoke
- ➔ Give yourself a reward for each day without cigarettes

When You are Ready:

- ✓ Throw away all your cigarettes.
- ✓ Throw away all ashtrays.
- ✓ Don't smoke in your home.
- ✓ Don't put yourself in situations where other smoke, such as bars and parties.
- ✓ Remind yourself that this can be done - be positive.
- ✓ Take it one day at a time - if you slip, just get right back to your decision to quit.
- ✓ If necessary, consider aids to quit, such as over the counter products like chewing gum, or prescription aids such as patches. Check with your doctor.



PATIENT GUIDE for KNEE REPLACEMENTS



SECTION THREE:

Getting Ready for Surgery

What you will learn in this section:

- ➔ Exercising to strengthen before your knee surgery
- ➔ Pre-operative Class
- ➔ Having a “Coach”
- ➔ Getting your home ready for return
- ➔ Breathing exercises
- ➔ Things to bring to the hospital
- ➔ Your personal medication list
- ➔ Things to accomplish 4 weeks before surgery
- ➔ What to do ten days before surgery
- ➔ What to do two days before surgery
- ➔ What to do the day before surgery
- ➔ What to do the night before surgery



PREOPERATIVE EXERCISES, GOALS & ACTIVITY GUIDELINES

Many patients with arthritis favor the painful leg. As a result, the muscles can become up to 30% weaker. It is very important to begin an exercise program before surgery.

Knowing and performing exercises before surgery can make them easier to do after surgery which will make it more likely that you will have a successful result.

Exercising Before Surgery

It is important to be as flexible and strong as possible before undergoing a total knee replacement. Always consult your physician before starting a preoperative exercise plan. Eleven basic exercises are outlined and your physician may instruct you to start doing these now and continue until surgery. You should be able to do them in 15-20 minutes and you should do all of them twice a day. Consider this a minimum amount of “training” prior to your surgery.

Remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups (exercise #9) because after surgery you will be relying on your arms to support you when walking with the walker or crutches and in performing other daily activities. You should also exercise your heart and lungs by performing light endurance activities – for example, walking for 10-15 minutes each day. **Do NOT do any exercise that is too painful for you to tolerate.**

Preoperative Knee Exercises

(See Exercise Section 6 for instructions)

1. Ankle pumps
2. Quad sets
3. Gluteal sets
4. Abduction and adduction
5. Heel-slides
6. Short arc quads
7. Hamstring stretch with strap optional
8. Straight leg raise
9. Armchair push-ups
10. Knee extension stretch
11. Standing heel/toe raises



REGISTER FOR PREOPERATIVE CLASS

A member of the Joint Care Team will meet with you prior to your scheduled surgery.

We strongly recommend that you bring a family member or friend to act as your “coach”, (someone who will be with you in the hospital and/or at home.)

The outline of the class is as follows:

- ➔ Arthritis
- ➔ The Role of your “Coach”/Caregiver
- ➔ Learn Your Breathing Exercises
- ➔ Review Your Preoperative Exercises
- ➔ Learn About Assistive Devices and Joint Protection
- ➔ Discharge Planning/Obtain Equipment You Might Need
- ➔ Complete Preoperative Forms

PREPARE YOUR HOME FOR YOUR RETURN FROM THE HOSPITAL

It is important to have your house ready for your arrival back home.

Use this checklist as your guide. Put things that you use often like an iron or coffee pot on a shelf or surface that is easy to reach.

- ✓ Repair or install hand railings on stairs inside and outside.
- ✓ Clean your house, do the laundry, and put it away.
- ✓ Put clean linens on the bed.
- ✓ Prepare meals and freeze them in single serving containers.
- ✓ Cut the grass, tend to the garden, and finish any other yard work.
- ✓ Pick up throw rugs and tack down loose carpeting.
- ✓ Remove electrical cords and other obstructions from walkways.
- ✓ Install night-lights in bathrooms, bedrooms, and hallways.
- ✓ Install grab bars in the shower/bathtub. Put adhesive slip strips in the bottom of the tub.
- ✓ Arrange to have someone collect your mail and take care of your pets.
- ✓ Arrange for someone to stay with you after you’re discharged if needed.



BREATHING EXERCISES

To prevent potential problems such as pneumonia, it is important to understand and practice breathing exercises.

Deep Breathing

- ➔ To deep breathe, you must use the muscles of your abdomen and chest.
- ➔ Breathe in through your nose as deep as you can, fully expanding your chest.
- ➔ Let your breath out slowly through your mouth. As you breathe out, do it slowly and completely. 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.
- ➔ 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, fully expanding your chest.
- ➔ Breathe out through your mouth and concentrate on your chest emptying completely.
- ➔ Repeat with another breath in the same way.
- ➔ 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

Following surgery, you will be provided with an incentive spirometer. Using an incentive spirometer after surgery will help keep your lungs clear and prevent problems such as pneumonia. The incentive spirometer is a small device that sits on your bedside table. You put the mouthpiece in your mouth and take long, slow, deep breaths.

Before You Begin:

1. Your nurse will set the volume target to a desired goal.
2. Sit up as straight as you can. Try not to slouch.
3. Hold the device up straight.



Using the Incentive Spirometer:

1. Breathe out through your mouth (not your nose).
2. Put the mouthpiece in your mouth. Seal your lips tightly around the mouthpiece.
3. Take a slow, deep breath through your mouth (not your nose) until your lungs feel full. Keep the flow rate guide between the arrows to see how slowly you need to breathe. When you can't breathe in anymore, hold your breath about 6 seconds. To figure out 6 seconds, quickly count to yourself: One, one thousand. Two, one thousand. Three, one thousand. Four, one thousand. Five, one thousand. Six, one thousand.
4. Look at the volume indicator to see how close you are to the target goal. If you can't reach your goal, don't give up. Keep trying.
5. Remove the mouthpiece and breathe out slowly.
6. Rest 2 or 3 seconds and take 3 or 4 normal breaths.
7. Repeat steps 1 through 7 ten times each hour while awake or as instructed.
8. When you complete this session, cough 2 to 3 times to clear your lungs. Spit out the mucus or sputum you cough up.
9. If you have pain while coughing, hold a pillow or rolled-up blanket firmly over your incision as you cough.
10. Put the mouthpiece in the notch at the top of the incentive spirometer to keep it clean.

When to Use Your Incentive Spirometer:

Use your incentive spirometer every hour when you are awake at least 10 times each session. If you cannot reach your incentive spirometer, take 3 deep breaths and cough as you breathe out the third time.

THINGS TO BRING TO THE HOSPITAL

Bring personal hygiene items (toothbrush, powder, deodorant, razor, etc.), casual clothing (shorts, warm-up pants, and tops), well-fitted slippers with non-slip soles, and flat shoes or tennis shoes. If you have adaptive equipment such as a walker, reacher, etc., you may have them brought to you after your surgery. You must bring the following to the hospital:

- ➔ Your patient Guidebook
- ➔ A copy of your advance directives
- ➔ Any co-payment required by your insurance company

Special Instructions:

You will be given specific instructions at your pre-operative visit regarding medications, skin care, and showering.

- ➔ DO NOT take oral medication for diabetes on the day of surgery.
- ➔ Please leave jewelry, valuables, and large amounts of money at home.
- ➔ Makeup must be removed before your procedure.
- ➔ Please remove nail polish.



PERSONAL MEDICINE LIST

Name:		Family Physician:	
Medication Name/Dosage	Instructions	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	What time(s) do you usually take this medication?	Why are you taking this medication?	How long have you been taking this medication?



PERSONAL MEDICINE LIST

Name:		Family Physician:	
Medication Name/Dosage	Instructions	Reason for Therapy	Duration
What is the name of your medication? What is the dosage?	What time(s) do you usually take this medication?	Why are you taking this medication?	How long have you been taking this medication?



FOUR WEEKS BEFORE SURGERY

Start Iron, Vitamins

Prior to your surgery, you may be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood, which makes it less likely that you will need a transfusion after surgery. Vitamins and iron will also make you feel better, making your recovery easier.

Read “Understanding Anesthesia” (*Section 6*)

Knee Replacement Surgery does not require the use of either general anesthesia or regional anesthesia. If you have questions, please contact your surgeon’s office.

Importance of Your Coach

As you prepare for your total knee replacement, the involvement of a family friend or relative acting as your coach is very important. Your coach will be with you from the pre-operative process through your stay in the hospital and to your discharge to home. They will attend pre-op class with you, give support during therapy, and keep you focused on healing. They will help to assure that you continue exercising when you return home and see that your home remains safe during your recovery. Patients who have a close friend or family member supporting them during joint surgery actually have a better outcome than those without support!



TEN DAYS BEFORE SURGERY

Preoperative Visit to Surgeon

You should have an appointment in your surgeon's office 7 to 10 days before surgery for your history and physical.

TWO DAYS BEFORE SURGERY

Shower Prep Prior to Surgery

DO NOT SHAVE BELOW THE NECK. You will be given skin prep and instructions for use during your pre-op appointment. Please follow the instructions.

THE DAY BEFORE SURGERY

Find Out Your Arrival Time at the Hospital

Call 336-719-7054 between 2:00-4:00 p.m. the day before your surgery to confirm the time to arrive at the hospital. Patients scheduled for surgery on Monday should call on Friday between 2:00-4:00 p.m. **It is important that you arrive on time to the hospital on the day of surgery.**

THE NIGHT BEFORE SURGERY

Do Not Eat or Drink.

Do not eat or drink anything after midnight. **EVEN WATER**, unless otherwise instructed to do so.



PATIENT GUIDE for KNEE REPLACEMENTS



SECTION FOUR: **In the Hospital**

What you will learn in this section:

- ➔ What to expect on the day of surgery
- ➔ Understanding pain and how to manage it
- ➔ What happens during your stay in the hospital
- ➔ Preparing for discharge



DAY OF SURGERY/WHAT TO EXPECT

When You Arrive

At the hospital a nurse will start an IV and scrub your operative site. Your operating room nurse, as well as your anesthesiologist may interview you. You will see your surgeon who will mark your knee. You will be escorted to the operating room.

Following Surgery

You will be taken to a recovery area where you will remain for approximately 30 minutes. During this time, pain control is established, your vital signs monitored, and an X-ray may be taken of your new knee. Dependent on the type of anesthesia used, you may experience blurred vision, a dry mouth, or chills. The team will work to make you as comfortable as possible.

Arrive to Patient Room

You will be taken to an inpatient room on the Medical Surgical Unit at Northern. Only one or two very close family members or friends should visit you on this day. You may have your first physical therapy evaluation, or sit on the edge of bed with the assistance of nursing. It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises that you learned in class.



UNDERSTANDING PAIN

All patients have a right to have their pain managed. Pain will change throughout the recovery process.

If you need more help with your pain management, talk to your nurse, or your doctor.

Pain Scale

Using a number to rate your pain can help the Joint Team understand the severity of your pain and help them make the best decision to help manage it.



Your Role in Pain Management

Using a pain scale to describe your pain will help the team understand your pain level. If “0” means you have no pain and “10” means you are in the worst pain possible, how would you rate your pain? With good communication about your pain, the team can make adjustments to make you more comfortable. Try to relax; when you are relaxed, medication works better.



AFTER SURGERY

DAY ONE

On Day One after surgery, you can expect staff to get you up and out of the bed. You will be seated in a special chair (recliner) in your room. When you are not walking, all of your daily activities will take place in the special chair. Your surgeon and physician's assistant (if applicable) will visit you. The physical therapist will assess your progress and get you walking with either crutches or a walker. Therapy typically begins in the morning. Occupational therapy may begin, if needed. Your coach is encouraged to be present as much as possible. Visitors are welcome, preferably in the late afternoons or evenings.

DAY TWO

On Day Two after surgery, you will be helped out of bed early and dressed in the loose clothing you brought to the hospital. Loose pants or shorts and tops are usually best. Therapy should start before or shortly after breakfast. It is helpful if your coach participates in therapy. A second therapy session will begin just before or right after lunch. You may begin walking stairs on this day. Most patients go home on Day Two.

GOING HOME

Please have someone arrange to pick you up. You will receive written discharge instructions regarding medications, physical therapy, activity, etc. We will arrange for equipment. Take this Guidebook with you. Most patients going home will begin therapy with Home Health, but some may begin at an outpatient physical therapy facility. The case manager will help make these arrangements.



SECTION FIVE:

Living With Your Knee Replacement

What you will learn in this section:

- ➔ Caring for yourself at home
- ➔ Recognizing and preventing potential complications
- ➔ Post-operative exercises and goals
- ➔ Precautions and home safety tips
- ➔ Do's and Don'ts for the Rest of Your Life



POSTOPERATIVE CARE

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.

Be Comfortable

- ➔ Take your pain medicine at least 30 minutes before physical therapy.
- ➔ Gradually wean yourself from prescription medication to a non-prescription pain reliever. You may take two Extra-strength Tylenol in place of your prescription medication up to four times per day.
- ➔ Change your position every 45 minutes.
- ➔ Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 15 minutes at a time. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel works well because the bag will easily match the shape of your knee. Mark the bag of peas and return them to the freezer so they can be used again later.

Body Changes

- ➔ Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- ➔ You may have difficulty sleeping, which is normal. Try not to sleep or nap during the day so you will be tired at night.
- ➔ Your energy level may be decreased for at least the first month, and possibly for several months.
- ➔ Pain medication that contains narcotics promotes constipation, so you may use stool softeners or laxatives, if necessary.





Blood Clots and Anticoagulants (Blood Thinners)

You will be given a blood thinner to help avoid blood clots in your legs. Be sure to take medications as directed by your surgeon.

Compression Stockings

You may be asked to wear special stockings called T.E.D. hose. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and helps reduce the chance for blood clots.

- ➔ 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.
- ➔ Wear the stockings continuously, removing for one to two hours twice a day to wash.
- ➔ Notify your physician if you notice increased pain or swelling in either leg.
- ➔ Ask your surgeon when you can discontinue stockings.

Caring for Your Incision

- ➔ Do not remove dressing until 1st post-op visit.
- ➔ You may shower with dressing intact.
- ➔ **Notify your surgeon immediately if there is increased drainage, redness, pain, odor, or heat around the incision.**
- ➔ Take your temperature if you feel hot, chilled or sick. Call your surgeon if it exceeds 101°F.





RECOGNIZING & PREVENTING POTENTIAL COMPLICATIONS

INFECTION

Signs of Infection

- ➔ Increased swelling and redness at incision site
- ➔ Change in color, amount, odor of drainage
- ➔ Increased pain in the knee
- ➔ Fever greater than 101°F

Prevention of Infection

- ➔ Take proper care of your incision as explained.
- ➔ Take antibiotics when having dental work or other potentially contaminating procedures.
- ➔ Notify your physician and dentist that you have a joint replacement.

BLOOD CLOTS IN LEGS

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital for treatment.

Signs of Blood Clots in Legs

- ➔ 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.
- ➔ **NOTE: Blood clots can form in either leg.**

To Help Prevent Blood Clots

- ➔ Perform ankle pumps.
- ➔ Walk several times a day.
- ➔ Wear your compression stockings.
- ➔ Take your blood thinners as directed.
- ➔ Stop smoking.





PULMONARY EMBOLUS

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

Signs of a pulmonary embolus

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

Prevention of pulmonary embolus

- ➔ Prevent blood clots in legs.
- ➔ Recognize if a blood clots forms in your leg and call your physician promptly.



POSTOPERATIVE EXERCISES & GOALS

Activity Guidelines

Exercise is important to achieve a good result from total knee surgery. You will need to exercise daily with a home exercise program outlined by your therapist who will address any changes to your program so you can keep moving toward the goals listed on the next few pages.

Weeks One & Two

After two to three days, you should be ready for discharge from the hospital. Most joint patients go directly home. During weeks one and two of your recovery, typical goals are to:

- ➔ Continue with walker unless otherwise instructed.
- ➔ Walk at least 300 feet with support of a walker.
- ➔ If you have them, go up and down a flight of stairs (12 to 14 steps) with a rail once a day.
- ➔ Actively bend your knee at least 90°.
- ➔ Straighten your knee completely.
- ➔ Independently bathe or shower and dress, using assistive devices (i.e., reacher) if needed.
- ➔ Gradually resume household tasks.
- ➔ Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.



Postoperative Exercise Plan

(instructions in Section 6)

1. Ankle pumps
2. Quad sets
3. Gluteal sets
4. Abduction and Adduction
5. Heel slides
6. Short and long arc quad
7. Hamstring stretch with strap (optional)
8. Straight leg raise
9. Seated Knee flexion
10. Knee Extension Stretch
11. Standing Heel/Toe Raises

Advanced exercises are listed in the appendix section of your Guidebook. Your physical therapist will give you additional exercises at the appropriate time.



Weeks Two to Four

Weeks two to four will see you gaining more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcome. **Your goals are to:**

- ➔ Achieve one to two week goals.
- ➔ Move from full support to a cane or single crutch as instructed by your therapist.
- ➔ Walk at least one-quarter mile.
- ➔ If you have them, go up and down a flight of stairs (12-14 steps) more than once daily.
- ➔ Independently shower and dress.
- ➔ Resume household tasks.
- ➔ Do 20 minutes of home exercises twice a day with or without the therapist.
- ➔ If your surgical side is left, begin driving with permission from your surgeon.

Weeks Four to Six

Weeks four to six will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. **Your goals are to:**

- ➔ Achieve weeks one to four goals.
- ➔ Walk with a cane.
- ➔ Walk one-quarter to one-half mile.
- ➔ Begin progressing on stairs from one foot at a time, to regular stair climbing (foot over foot).
- ➔ Actively bend knee 110°.
- ➔ Straighten your knee completely.
- ➔ Drive a car with your surgeon's permission.
- ➔ Continue with home exercise program twice a day.

Weeks Six to Twelve

During weeks six to twelve you should be able to begin resuming all of your activities. **Your goals for this time period are to:**

- ➔ Achieve weeks one to six goals.
- ➔ Walk with no cane without a limp.
- ➔ Climb and descend stairs in normal fashion (foot over foot).
- ➔ Walk one-half to one mile.
- ➔ Bend knee to 120°.
- ➔ Improve strength to 80%.
- ➔ Resume activities including dancing, bowling, and golf, as directed by your surgeon.



ACTIVITIES OF DAILY LIVING/ PRECAUTION & HOME SAFETY TIPS

Lying in Bed – Keep Knee Straight

Lie in bed with pillow or rolled towel under ankle. DO NOT put a pillow or rolled towel under your knee. Your knee should be kept as straight as possible. Place a small pillow under your ankle to assist in straightening, and relieve pressure to your heel.

Standing up From Chair

Do NOT pull up on the walker stand! Sit in a chair with arm rests when possible.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the center of your walker while pushing off the side of the chair with the other.
3. Balance yourself before grabbing for the walker.

TRANSFER – BED

When Getting Into Bed

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



When Getting Out of Bed

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

TRANSFER - TUB

Getting Into the Tub Using a Bath Seat

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter or cane for the surgical leg, if necessary. Hold onto the back of the shower seat.

TIPS

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



Getting Out of the Tub Using a Bath Seat

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Keeping surgical leg slightly in front of the other, push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

Walking

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with surgical leg. Place the foot in the middle of the walker area. Do not move it past the front wheels of the walker. Take even steps.
3. Step forward with the non-surgical leg.
 - Take small steps. DO NOT take a step until all four walker legs are flat on the floor.
- If using a rolling walker, you can advance from this basic technique to a normal walking pattern. Holding onto the walker, step forward with the surgical leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-surgical leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you “loosen up” you will find this gets easier. Do not walk forward past the walker center or way behind the walker’s rear legs.

Stair Climbing

1. Ascend with non-surgical leg first (Up with the good).
2. Descend with the surgical leg first (Down with the bad).
3. Always hold onto the railing, or walker as instructed by your therapist.



PERSONAL CARE

Using a “Reacher” or “Dressing Stick”

Putting on Pants and Underwear

1. Sit down.
2. Put your surgical leg in first and then your non-surgical leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off Pants and Underwear

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your surgical leg out straight.
4. Take your non-surgical leg out first and then the surgical leg.
5. A reacher or dressing stick can help you remove your pants from your foot and off the floor.

How to Use a Sock Aid

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

If Using a Long-Handled Shoehorn

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

NOTE: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs.



AROUND THE HOUSE

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. Then, sit to prepare your meal.
- ➔ Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- ➔ To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.

Bathroom

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

Safety and Avoiding Falls

- ➔ Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- ➔ Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- ➔ Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- ➔ Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs, this is a fire hazard.
- ➔ Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- ➔ Sit in chairs with arms. It makes it easier to get up.
- ➔ Rise slowly from either a sitting or lying position to avoid getting light-headed. Stand for 15 to 20 seconds before walking.
- ➔ Do not lift heavy objects for the first three months and then only with your surgeon's permission.



DO'S & DON'TS FOR THE REST OF YOUR LIFE

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and the health of the muscles around the joints.

You should be on a regular exercise program three to four times per week lasting 20 to 30 minutes. Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you may need antibiotics for prevention.

What to Do in General

- ➔ **IMPORTANT!!** Take antibiotics one hour before you have dental work or other invasive procedures.
- ➔ Although the risk of a post-operative infection is very low, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 100.5° or sustain an injury such as a deep cut or puncture wound, you should clean it as best as you can, put 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 may be 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 yearly unless otherwise recommended.



What to Do for Exercise

Choose a Low Impact Activity

- ➔ Home program as outlined in your Patient Guidebook
- ➔ Regular one to three mile walks
- ➔ Home treadmill (for walking)
- ➔ Stationary bike
- ➔ Aquatic exercises
- ➔ Regular exercise at a fitness center
- ➔ Low-impact sports such as golf, bowling, walking, gardening, dancing, swimming, etc. Consult with your surgeon about returning to specific sport activities.

What NOT to Do

- ➔ Do not run or engage in high-impact activities or contact sports.
- ➔ Do not participate in high-risk activities such as downhill skiing, etc.



SECTION SIX: Helpful Resources

What you will learn in this section:

- ➔ Understanding anesthesia
- ➔ Blood thinners
- ➔ Daily schedule of physical therapy during your hospital stay
- ➔ View of a healthy knee
- ➔ Importance of lifetime follow-up with your doctor
- ➔ Exercise instructions: pre-op and advanced
- ➔ Frequently asked questions



UNDERSTANDING ANESTHESIA

Who Are the Anesthesiologists?

The hospital is staffed by Board Certified Physician Anesthesiologists and Certified Registered Nurse Anesthetists (CRNA). A CRNA will accompany you throughout your procedure. Each member of the service is an individual practitioner with privileges to practice at this hospital.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. **The types available are:**

- ➔ **General Anesthesia** provides loss of consciousness.
- ➔ **Regional Anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks and epidural blocks. Regional anesthesia reduces blood clots and is considered safer than general anesthesia in many patients.
- ➔ **Femoral Block** involves injecting anesthetic around the nerves that supply the knee. It will help with pain control for the first several hours after surgery.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia, but medications to treat nausea and vomiting will be given if needed.

What will happen before my surgery?

You will meet with your anesthesiologist and your CRNA immediately before your surgery. Your anesthesiologist 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, the anesthesiologist 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 and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG, and other devices for your safety. At this point, you will be ready for anesthesia. If you would like to speak to your anesthesiologist before you are admitted to the hospital, this can be arranged through your surgeon's office.



During surgery, what does my anesthesiologist or CRNA do?

Your anesthesiologist or CRNA is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist or CRNA will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.



What can I expect after the operation?

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





BLOOD THINNERS

You will be on blood thinners when you leave the hospital. The type, frequency, and duration will be determined by your surgeon.

Some medications are injectable and others are by mouth. Certain blood thinners require periodic blood testing.

If you were on blood thinners before surgery, they will be restarted on Post-op Day One. The nursing staff will provide you with specific instructions for your home medications prior to discharge.

If you would like to speak to your anesthesiologist before you are admitted to the hospital, this can be arranged through your surgeon's office.



PHYSICAL THERAPY DAILY SCHEDULE

Please note, times are approximate. The physical therapist will advise patients and family members if the times change.

Day of Surgery

Evaluation by physical therapy, or sit at edge of bed with assist of nursing.

Post-Op/Day One

Patients who were not evaluated on day of surgery are evaluated in the morning between 7:00 a.m. and 12:00 p.m.

Coaches should be at the hospital on the morning of post-op Day One by 7:30 a.m. to see the surgeon.

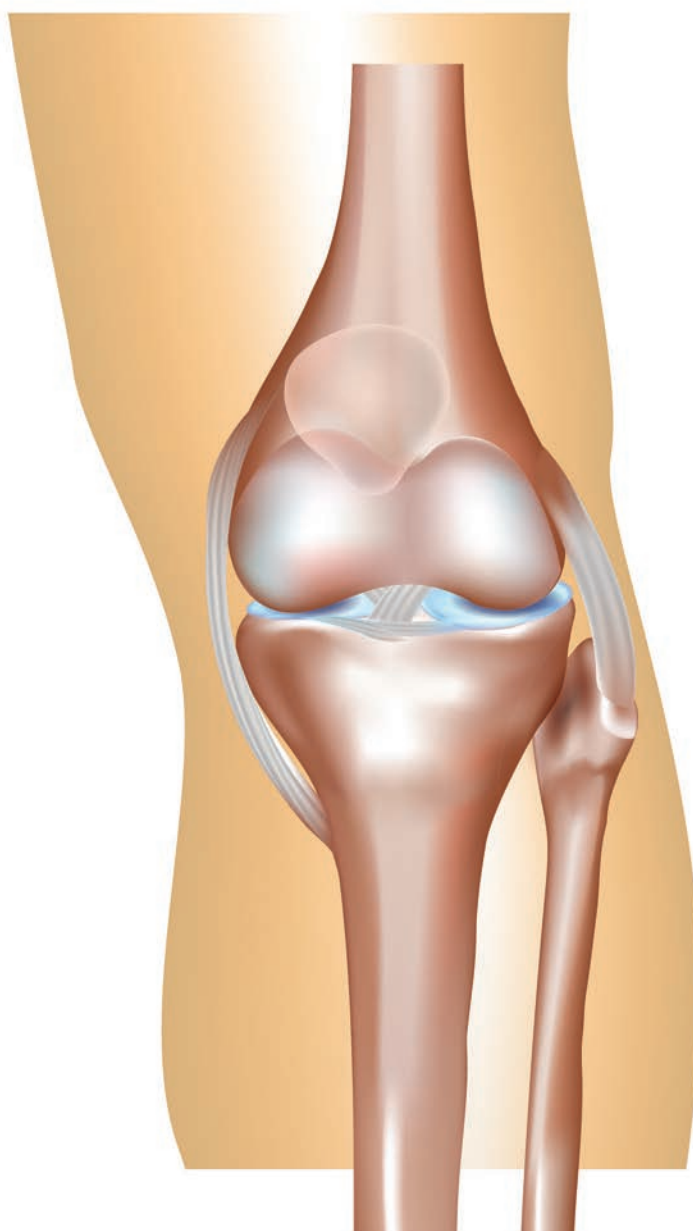
The first therapy session will be between 7:00 a.m. and 8:00 a.m. on post-op Day One. Coaches are encouraged to attend as many therapy sessions as possible. We understand some coaches cannot be here for all the sessions because of work schedules, but they must attend at least one session.

Post-Op/Day Two

Patients will have two therapy sessions - one before or after breakfast and one before or after lunch. Coaches are encouraged to attend. You may be discharged on Day Two.



VIEW OF A HEALTHY KNEE





THE IMPORTANCE OF LIFETIME FOLLOW-UP VISITS

Over the past several 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:

If you have a cemented knee, we need 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. Alternatively, 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 now know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding problems that are more serious.

The second reason for follow-up is that the plastic liner in your knee may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early can keep this from worsening.

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

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



EXERCISE INSTRUCTIONS

(Practice Before Surgery)

Range of Motion and Strengthening Exercises

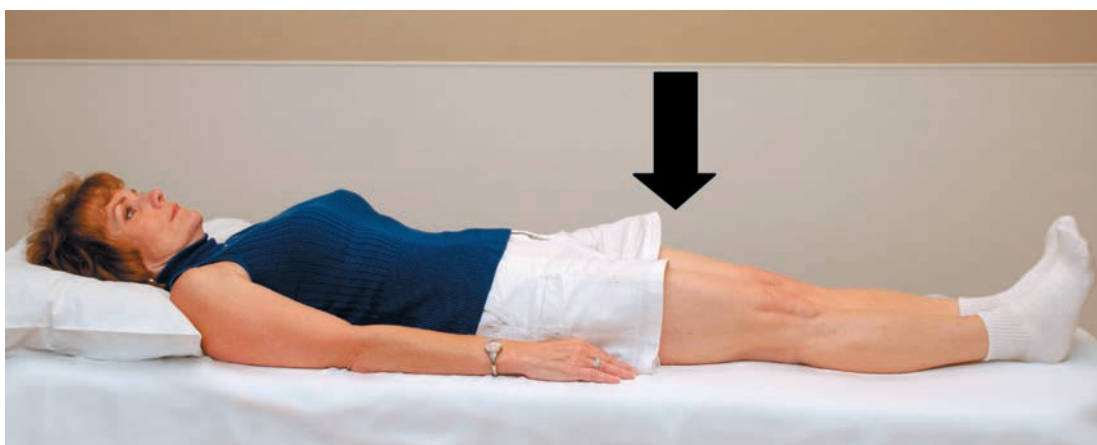
1 Ankle Pumps



Flex and point your feet.

Perform 30 reps.

2 Quad Sets - (Knee Push-downs)



Back lying, press knee into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for 5 count. Do NOT hold breath.

Perform 30 reps.



3 Gluteal Sets - (Bottom Squeezes)



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

Perform 30 reps.

4 Hip Abduction and Adduction - (Slide Heels Out and In)



Back lying, with toes pointed to ceiling and knees straight. Tighten the quad muscle and slide legs out to side and back to the starting position.

Perform 30 reps.



5 Heel Slides - (Slide Heels Up and Down)



Back lying, slide your heel up the surface bending your knee. Post-op, your therapist may have you use a strap around the foot to assist gaining the knee bend.

Perform 30 reps.

6 Short Arc Quads

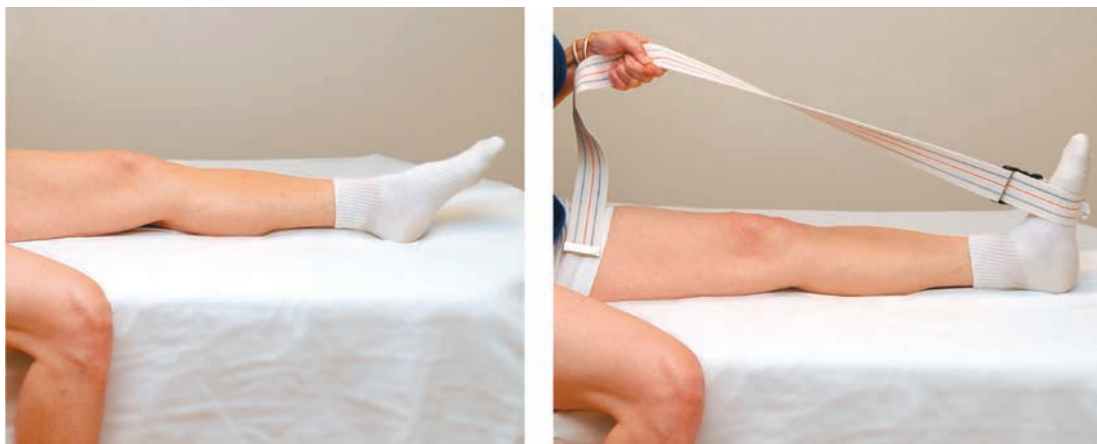


Back lying, place a 6-8 inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. Do not raise thigh off roll. Use a strap if necessary to assist.

Perform 30 reps.



7 Seated Hamstring and Gastroc Stretch Without or With Strap



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

Perform 5 reps.

8 Straight Leg Raises



Back lying, with the non-surgical knee bent, and foot flat. Tighten the quad on the surgical leg and lift the leg 12 inches from the surface. Keep knee straight and toes pointed towards your head.

Perform 30 reps.



9 Armchair Push-ups



Sitting in a sturdy armchair with feet on the floor, scoot to the front of seat, place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, progress to using only your arms and the “non-surgical” leg to perform the push-up. This will be how you will get up from a chair after surgery. Do not hold your breath or strain too hard. Making your arms stronger now will make your post-op mobility easier.

Perform 2 sets of 10 reps.

10 Standing Heel / Toe Raises





11 Seated Knee Flexion



Sitting in straight-back chair, bend the surgical leg as far as possible under the chair (you can use the opposite foot to help). When maximum bend is reached, plant the foot and slide your hips forward further bending the knee.

Hold for 20-30 seconds; Repeat 30 times.

12 Knee Extension Stretch



Sitting in a comfortable chair, prop the surgical foot on a chair or stool. Place a towel roll under the ankle, and apply an ice pack and 5 pound weight (or bag of rice) on top of the knee.

Hold this position for 15 minutes.



ADVANCED EXERCISES

(To be added by the therapist after surgery.)

13 Knee Extension Long Arc



Sit with back against chair and thighs fully supported. Lift the surgical foot up, straightening the knee.

Hold for a 5 count.

14 Mini Squat



Stand, with feet shoulder width apart, and holding on to the kitchen sink. Keep your heels on the floor as you bend your knees to a slight squat. Return to upright position tightening your buttocks and quads. Progress the squat depth as tolerated.

Perform 30 reps.



15 Standing Terminal Knee Extension



Standing against the wall, with feet about 4-6 inches out. Place a 6-8 inch ball or towel roll, behind your knee. Push the ball into the wall by tightening the quadriceps muscle.

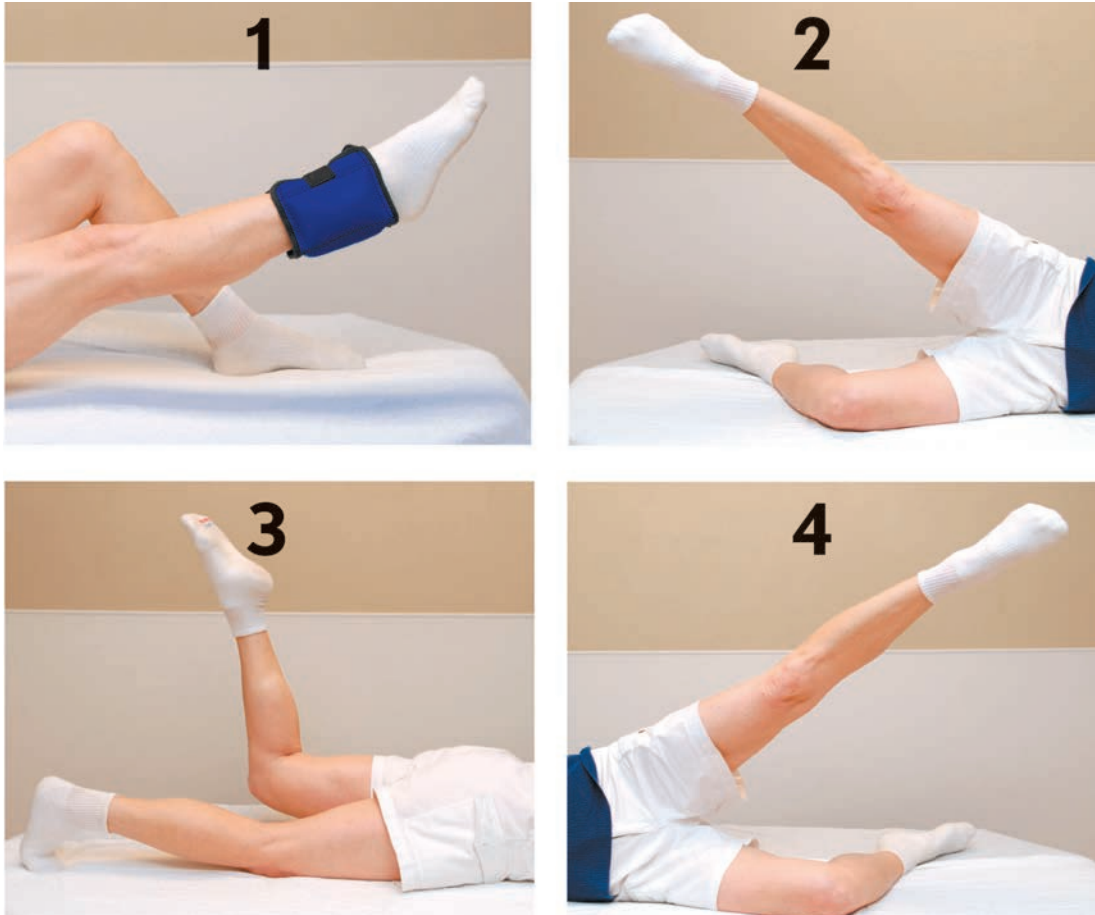
16 Wall Slides



Position self with back to wall, feet should width apart and about 12" from wall, slide down wall as far as comfortable - do not take your knees in front of your toes. Make sure you keep equal weight on both legs. Push back up equally through both legs and come to standing.



17 Three Position Straight Leg Raises



Perform the straight leg raise in four positions:

1. Back lying - Straight leg progression using weights
2. Lying on the non-surgical side
3. Lying on the stomach
4. Lying on the surgical side



18 Quad Stretch



Stomach Lying, bend knee up and hold; if comfortable. Use a strap around the ankle to pull foot toward buttock.

Hold for 30 seconds.

19 Bridges



Back lying, with knees bent and feet flat on the surface, tighten the buttock and lift your buttock off the floor.

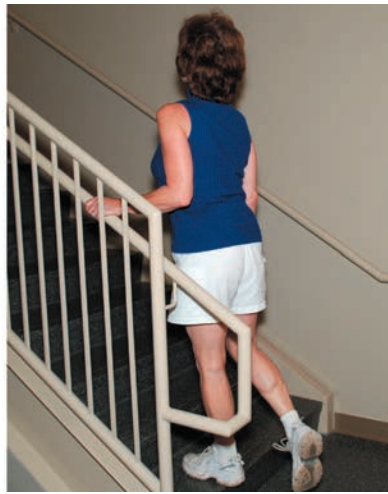
Hold this position for 15 minutes.



ADVANCED STAIR EXERCISES

(To be added by the therapist 6-12 weeks after surgery.)

20 Single Leg Forward Step-up



Hold onto the stair railing - place the surgical foot on the step. Proceed to step up. Return to the start position. Begin with a 2-4 inch step (or book/block) and progress to higher step as tolerated.

21 Single Leg Lateral Step-up



Face the railing with surgical leg nearest the step. Holding onto the railing, place the foot on the step, and then step up. Return to the start position. Start with 2-4 inch step and progress to higher step as tolerated.



22 Retro Leg Step-up



Stand, with your back to the steps and holding the railing. Place the surgical foot on the step and step up backwards until the other foot is on the step. Return to the start position by lowering the non-surgical leg back down to the floor. You may need to begin with a 2-4 inch step and progress to the higher step as tolerated.

23 Standing



Stand, holding onto the railing, with toes on the stair and over the edge - relax and let the heels hang down.

Hold for 30 seconds.



24 Knee Stretches



Stand, holding onto the railing; place the surgical foot up on 1 or 2 steps (your therapists will instruct on which level to begin). Keeping your non-surgical leg straight and on the floor, stretch forward, bending the surgical knee.

Hold for 30 seconds.

Repeat with the surgical leg on the floor, and the non-surgical leg on the step. Try to keep the surgical heel flat on the floor and the knee straight.



FREQUENTLY ASKED QUESTIONS ABOUT TOTAL KNEE SURGERY

We are glad you have chosen the Joint Replacement Center at Northern Regional Hospital to care for your knee. People facing joint surgery often have the same questions.

If there are any other questions that you need answered, please ask your surgeon, or any member of your team. We are here to help.

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 minimal 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 the bone ends. Over time, 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 single joint or many joints.



What is total knee replacement?

The term total knee replacement is misleading. The knee itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. This is done with a metal alloy to the femur (thigh bone) and tibia (shin bone), a plastic spacer between the metal, and a plastic “button” behind the patella (kneecap). This creates a new, smooth cushion and a functioning joint that can reduce or eliminate pain.

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

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



What are the major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection.

How long will I be in the hospital?

Most knee patients will be hospitalized for two to three days after surgery. There are several goals that must be achieved before discharge.

What if I live alone?

You may return home and receive help from your coach, a relative or friend. You should have someone to stay with you for one week or more after your discharge from the hospital.

How do I make arrangements for surgery?

After your surgeon has scheduled surgery, the Joint Care Team will contact you. They will guide you through the program.

What happens during the surgery?

The hospital reserves approximately two hours for surgery. Some of this time will be taken by the operating room staff to prepare for surgery. You may have a general anesthetic, which most people call “being put to sleep”. Most patients will have a spinal or epidural anesthetic, which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologists.

Will the surgery be painful?

You will have discomfort following the surgery. Your discomfort should be manageable. The staff will teach you the pain scale to better assess your pain and give you the appropriate pain medications. Positioning and icing will help with pain control also.

How long and where will my scar be?

Surgical scars will vary in length, but most surgeons will make it 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 lasting numbness around the scar.

Will I need a walker or a cane?

Patients progress at their own rate. Normally we recommend that you use a walker, or a cane from four to six weeks.



Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. The Joint Care Team will help you with this decision.

Will I need help at home?

Yes, for the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals helps reduce the need for extra help.

Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. We will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, we will arrange for a physical therapist to provide therapy in your home. Following this, you will go to an outpatient facility three times a week to assist in your rehabilitation. The length of time for this type of therapy varies with each patient.

Will my new knee set off security sensors when traveling?

Your joint replacement is made of a metal alloy and may or may not be detected when going through some security devices. You can carry a medic alert card indicating that you have an artificial joint, but security at check points usually don't need the cards and they will need to use their wand devices to check you.

Is there anything else I should be aware of?

After your knee replacement, it is not uncommon for your knee to feel warm to the touch. It may also "click" or make noise with movement. This is completely normal, and is no cause for concern.



PATIENT GUIDE for KNEE REPLACEMENTS