

Patient Guide

Total Knee Replacement



Atlantic General Hospital *Center for Joint Surgery*
9733 Healthway Drive, Berlin, Maryland 21811
410-641-1100

Foreword from Atlantic General Hospital

We wish to thank you for choosing Atlantic General Hospital's Center for Joint Surgery. We are here as the first step in your journey to restoring mobility, joint function, and a higher quality of life. Our physicians, nurses, and therapists, together with all of our care givers, are dedicated to making your stay as comfortable as possible and to helping you get well quickly. Please feel free to ask any member of our staff for assistance. We welcome any suggestions that you believe will improve our services.

Every year over 750,000 American choose to have a joint replacement. Many studies show that even if you are older, a joint replacement can significantly increase quality of life. A painful joint can interfere with both routine and fun activities such as walking, working, golfing, tennis, and bicycling. Joint replacements aim to decrease your pain and restore your independence. No matter what your age, replacing a painful joint can increase your mobility, allowing you to feel better.

The Center for Joint Surgery at Atlantic General Hospital would like to convey that your participation is the key to increasing your function and to having a successful recovery. Therefore, it is your responsibility to be honest with your healthcare team, do your best every day, participate with physical therapy, attend the pre-operative class, and read this guide. Our responsibility is to provide the best possible pre-operative education, after surgery care, and teach you the skills you need to succeed. Our goal is involve you in every aspect of your care and work with you through each step of your journey.

We have a dedicated team trained in the care of joint replacement patients. All team members will work closely with you and your family to ensure that you are given only the best care. Remember, the single most important participant is your healthcare team is YOU. Much of the success of your surgery depends on your motivation and commitment to a rapid recovery.

Sincerely,

AGH Associates and Medical Staff

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This guide is meant as a reference. Your physician, nurses, or therapists may add or change any of these recommendations to create an individualized plan of care for you. Always follow your care givers’ recommendations first.

Important Dates and Contact Information

Date of surgery: _____

Arrival time at the hospital: _____

Time of surgery: _____

Patients who participate in preoperative education have better functional outcomes.

Date and time of Preoperative Class: _____

Classes are held the 2nd and 4th Thursday of every month. Call the clinical coordinator for the Center for Joint Surgery at 410-641-9189 to register. The class begins at 10:00am and ends at 12:30pm. You should attend a pre-operative class 4-6 weeks before surgery. If your surgery is sooner than 4 weeks, attend class as soon as possible. If you are unable to attend class, please call 410-641-9189 to discuss your options. If possible, we suggest your family member or support person attend the class with you.

The class will discuss:

- What to expect before, during, and after your hospital stay
- Explain and distribute the required pre-operative scrub
- Discharge plans
- Insurance concerns
- Question and answer review

My support person who will be my capable caregiver (family member or friend):

Telephone number: _____

What is your goal for your surgery?

This is an important part of your recovery. Write down a goal you want to reach after you recover from surgery. Share your goal with your family and caregivers.

For example, you might want to be able to:

- Attend my grandson's wedding this June
- Play a full round of golf by September

My goal for recovery is to be able to:

Quick Hospital Reference

Parking:

Free parking for patients and visitors is available 24 hours a day, seven days a week. Please be sure to lock your car.

Visiting policy:

AGH has a flexible 24-hours-a-day visitation policy in effect throughout the hospital.

All visitors designated by the patient shall enjoy visitation privileges that are no more restrictive than those immediate family members would enjoy. Please be mindful that quiet hospitals help heal.

- ★ If visitors plan to come into the hospital before 6 am or after 9 pm, they must use the Outpatient Services/Emergency Room entrance. Our front lobby entrance opens at 6 am and the doors are locked at 9 pm.

Phone policy and cable TV:

All calls are free from your room. You may receive calls at any time. Your phone number while at the hospital is posted in your room. It is highly encouraged that you provide your room telephone number to friends and relatives to ring your room directly.

Cell phones are allowed. We ask that you please be courteous to other patients and lower the ringer volume during the day and silence your phone at night.

Atlantic General provides free basic cable in all of the Joint Center rooms.

Important Phone Numbers:

AGH Pre-Admission Nurses Office: 410-641-9814

AGH Joint Center Clinical Coordinator/Patient Pre-Operative Class: 410-641-9189

Nursing Station: 410-641-9244

Heal Faster Program and Integrative Health Services: 410-629-6520

Are You Ready for Surgery?

Being in the best health possible lowers your risk of complications during and after surgery.

- If you smoke, QUIT! You should quit smoking for at least 4 weeks before surgery and 6 weeks after. Those who quit heal better. There are resources available to help you.
- Managing your blood pressure, blood sugar, and other conditions is essential to a successful surgery. If you have diabetes, making sure that your hemoglobin A1c is less than 7.0 will help your wound heal faster.
- DO NOT USE alcohol or illegal drugs. Both can seriously impact how you react to anesthesia and medications. If your surgeon prescribes Coumadin (to prevent blood clots), you will also need to avoid alcohol and illegal drugs for a few weeks after surgery.
- Do daily strengthening exercises for your lower body (see page 12) to give your muscles a head start on your recovery. Try walking, water aerobics, or swimming for about 30 minutes a day, 5 days a week.
- If you are overweight, try to lose a few pounds. For every pound you lose, you take four pounds of pressure off of your joints, which will make it easier to get around after surgery. Plus, eating healthy food (more fruit, vegetables, and whole grains plus less fat, sugar, and red meat) will also help speed your recovery.
- If you need any medical or dental procedures, ask your doctor how far in advance you should schedule these. Any medical procedure through the skin (such as a biopsy, Moh's surgery for skin cancer, or colonoscopy) can introduce bacteria into your body. This puts you at higher risk for an infection that could impact your new joint. Just like medical procedures, dental cleaning and having root canals, a tooth pulled, or a crown exposes you to risky bacteria.

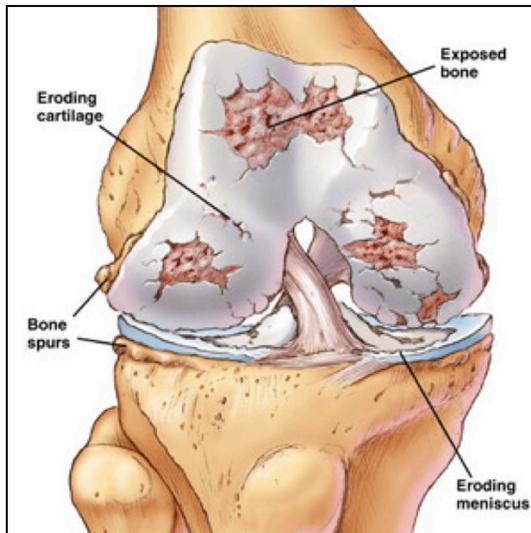
After a total joint replacement, you can expect to be walking outside of your room the day of surgery. You should be able to return to completing easy tasks over the next couple weeks, go back to work after 4 to 6 weeks, and drive or play golf in as little as 6 to 12 weeks.

What is a Knee Replacement?

And other frequently asked questions

The next few pages review many of the frequently asked questions regarding knee and replacements. If you have any questions, please talk to your surgeon.

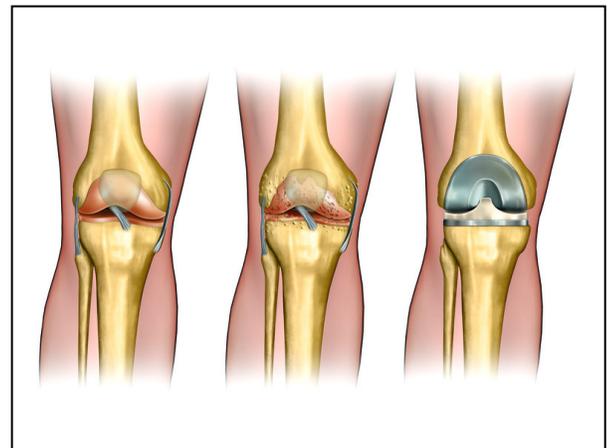
What is arthritis and why does it affect my knee?



Arthritis is a disease of the articular cartilage, the smooth cushion that pads and protects joints. In a healthy knee, this cushion or cartilage located between the end of the thigh bone (femur) and the shin bone (tibia) prevents the two bones from rubbing against each other. Over time, or following injury, the cartilage begins to wear away leading to bone-on-bone contact. The nerve endings surrounding the bones become irritated resulting in the pain, swelling and stiffness associated with arthritis.

What is a total knee replacement?

The term total knee replacement is misleading since the knee itself is not replaced. The ends of the femur and tibia are shaped and capped with an implant device referred to as prosthesis. The process is similar to having a crown put on your tooth. A plastic spacer is attached to the prosthesis, creating a smooth cushioning effect much like the original cartilage. By replacing the diseased and painful surface, the bone-on-bone articular pain is eliminated and allows you to return to an active, healthy lifestyle.



What are the results of a total knee replacement?

95-98 percent of total knee replacement patients achieve good to excellent results. They experience decreased pain and increased activity and mobility.

When should I have surgery for my joint pain?

Only your orthopedic surgeon can assist you in that decision. He or she will assess you, discuss your medical history, and review X-rays of your leg. The final decision is made by you; however,

most people who have had a joint replacement will tell you that “you will know when it is time.” If conservative treatments (like shots, medications, and therapy) are working for you, there is no harm in waiting.

How long will your new knee replacement last?

Most knee replacements will last for 10-15 years. However some may last many years longer. Just like your old knee, the new joint will wear out as it is used. The harder you work your knee, the quicker it may wear out. If it does wear out, a second surgery may be necessary.

Why do knee replacements fail?

There are 3 main reasons:

1. Loosening of the artificial surface is the most common reason.
2. Osteoporosis (weakening of the bones) may loosen the prosthesis.
3. Wearing of the plastic spacer.

What are the major risks of a Joint replacement?

Most surgeries go well without any complications; however, there are risks with any surgery, including a total joint replacement. These are the major risks and what can be done to prevent them.

1. Infection:
To decrease the risk of infection, preventative measures are started prior to surgery. The surgeon wears special suits, your skin is cleansed thoroughly with a strong cleaner, and you are given an antibiotic through your IV.
2. Blood clots:
During surgery, air compression stockings will be placed on your legs to help circulate blood. After surgery, you will be given blood thinners and air compression stockings to decrease your risk of a blood clot. We ask that you do ankle pumps to help decrease your risk too.

Should I exercise before surgery?

Absolutely, your insurance company may also require an evaluation by a physical therapist prior to surgery. Also, complete the exercises discussed in this guide.

How long will I be in the hospital?

Some patients will be discharged to home in the evening after surgery or early the next day. Patients whose medical condition requires an extended hospital stay may remain in the hospital longer.

Who arranges my surgery?

Your surgeon and his office will schedule your surgery. His office will ask you to attend a pre-operative education class. Contact the clinical coordinator to register for the pre-operative class at 410-641-99189.

What happens if I live alone?

Total Joint Replacement is considered an elective procedure. Make arrangements **PRIOR** to scheduling your surgery for a safe living environment and capable caregiver, a friend or family member, who can stay with you for 1-2 weeks.

How long does the surgery take?

You will be in the operating room for approximately 1 to 1 1/2 hours. Much of that time is used for set up, starting anesthesia, and closing everything up.

How bad will it hurt after surgery?

Every one experiences pain and discomfort after surgery to some extent. The nursing staff will work with the surgeon to help control your pain using a combination of oral medications.

How long will my incision be?

The size of the incision depends on multiple factors including the complexity of the surgery and the size of the patient.

How long will I use a walker or crutches?

You can expect to use a walker or cane for about 6 weeks. Some people may use assistive devices longer.

Will I need any other equipment?

There are a few pieces of equipment we highly recommend. Not all of them are covered by your insurance. Recommendations include:

A three-in-one commode

Or

Elevated toilet seat and a shower chair

Please do not purchase any equipment until you have spoken with your insurance company or the case manager after surgery.

When can I go back to work?

Most people are off of work for at least a month after a total joint replacement. Depending on the type of work you do, you may return sooner or later.

What physical activities can I do after my surgery?

We recommend low impact activities such as walking, dancing, golf, hiking, swimming, water aerobics, bowling, and gardening. If you have questions about the safety of an activity, ask your surgeon.

What will I need when I go home?

- Someone with a SUV, minivan, or large car to take you home.
- A support person at home that can stay with you 24/7 for about 2 weeks. They will:
 - Help with house chores
 - Help make meals
 - Encourage you to safety get moving
 - Encourage you to do your home exercises every day
 - Drive you to and from appointments
- Physical Therapy
 - Case management will arrange home physical therapy
 - In most cases, physical therapy will come into your home 2-3 times a week for 2-4 weeks
- A walker or cane
 - Your case manager will assist you in obtaining the necessary equipment

Can I still have sexual intercourse?

Most people are able to resume intercourse after 4-6 weeks. Discuss your ability to resume sexual activity with your surgeon and physical therapist.

How often will I need to be seen by my surgeon?

You see your surgeon 10 to 14 days after surgery to have your wound evaluated and if your staples have not already been removed by the home health nurse, they will be removed at this time. Follow-up appointments are usually at 6 weeks, 12 weeks, 6 months and 1 year after surgery. Everyone is different and the surgeon may choose to see you more or less depending on your progress.

Preparation for Surgery is Key to Your Success!

Contact your Insurance Company.

Your surgeon's office will contact your insurance company for pre-certification and pre-authorization. If issues arise, you will be contacted by your surgeon's office. **You are encouraged to contact your insurance company** and notify them of your upcoming surgery. You will want to ask your insurance company several questions:

1. After surgery, what home health and home physical therapy agencies in my area work with my insurance? How many visits will be covered? Is there a co-pay?

2. After surgery, if I have to go to an inpatient rehabilitation center, what inpatient physical therapy rehabilitation centers work with my insurance? What qualifying criteria would I need to meet to be covered?

3. Are the surgeon and hospital part of my insurance network and plan? What will my out of pocket cost be?

4. What equipment is covered by my insurance (such as walker, elevated toilet seat)?

You should talk to your surgeon about your discharge options **BEFORE** you have surgery.

Identify a Capable Caregiver

A friend or family member can be your capable caregiver. They will need to:

- Go with you to the pre-operative class
- Take you home from the hospital and stay with you until you are safe walking and doing daily living activities on your own. You may need their support for 1-2 weeks.
- Drive you to your post-surgical appointments and therapy sessions

Pre-register

After your surgery has been scheduled, you will be contacted by the pre-operative nurse to pre-register you. You will need the following information available when you are contacted. It is essential that you be available to answer these questions.

- Name of insurance holder, his or her address and phone number
- The insurance company name, mailing address, policy & group number
- The name, address, and phone number of someone to notify in case of emergency
- A list of all prescription medications, over-the-counter medications, vitamins and herbal supplements that you take
- Your medical history including:
 - Obstructive sleep apnea and/or oxygen use at home
 - Pacemaker or defibrillator
 - History of deep vein thrombosis (DVT) or pulmonary embolus (PE)
 - History of chronic infection such as MRSA, VRSA, VRE, C-diff, etc.
 - Allergies to medicines or food, materials such as latex
 - The habitual use of alcohol, nicotine products and recreational drugs

Obtain medical and anesthesia clearance

Your surgeon might request that you see another physician or specialist prior to surgery. If you are asked to see another doctor before surgery, it is important that you make an appointment to see that doctor. If you do not see the physician for clearance prior to surgery, your surgery may be canceled.

Pre-operative testing

When you schedule your surgery, the surgeon will give you an order for testing. Complete all of your testing and medical appointments 3-4 weeks before surgery. This testing may include:

1. *EKG*: This test looks at the electrical currents of the heart.
2. *Chest X-ray*: This test looks at your lungs and heart to make sure all is well.
3. *Blood work*: These tests check your blood for signs of disease.
 - a. *CBC (complete blood count)* — A blood test used to evaluate your overall health and detect disorders like anemia, infection, and leukemia. This test measures your red and white blood cells that carry oxygen and fight infection and the platelets in your blood that help with blood clotting.
 - b. *BMP (basic metabolic panel)* — A group of blood tests that provides information such as how well your kidneys function and your blood sugar levels.
 - c. *PT/INR (prothrombin time/international normalized ratio)* — If your doctor prescribes Coumadin, this blood test measures the time it takes for the liquid portion (plasma) of your blood to clot.

4. *Swab of your nose*: This test checks for a bacteria called MRSA. If this test is positive, your surgeon's office will contact you with a prescription for an antibiotic ointment. Please follow the directions and complete the prescription prior to surgery.

If you were asked to see another physician for clearance prior to your surgery, you may require additional testing. All of this testing is for your safety.

Complimentary Integrative Health Program

"Prepare for Surgery, Heal Faster" classes are available prior to surgery. Studies show that people, who prepare for surgery, use up to 50% less medication, have fewer complications, recover sooner and spend less time in the hospital. More information including a video is available on our website www.atlanticgeneral.org. There is no additional cost for this class.

Start pre-operative exercises

People with arthritis can still exercise. Exercise is essential for success and will help loosen up stiff joints. Regular moderate exercise does not exacerbate arthritic pain. You need to start exercising now for success after surgery. Suggested exercises are included in this guide, but always check with your surgeon prior to beginning any exercise program.

Review and complete your Advanced Directive and Living Will *(Recommended)*

An Advanced Directive and Living Will allow you to make your own health decisions even if you are incapacitated. We do not plan on having to use your Advanced Directives during your hospital stay. We provide this information and the forms to you because we feel it is important that you make your own medical decisions.

If you already have an Advanced Directive or a Living Will, please bring it to the hospital with you. We will make a copy and place it in your medical record.

Is Everything Ready at Home?

When you come home after surgery, you will need to be extra careful to prevent falls and injuries while you recover. There are many small changes you can do at home now to make your recovery as safe and speedy as possible.

- Clear pathways, remove clutter and leave space around furniture for walking using a walker
- Ensure that chair seats are high enough to get into and out of easily. Avoid low, heavily-cushioned chairs and couches. A sturdy chair with arms works best.
- Use your walker as directed by the therapist. Don't risk injuring yourself or your caregiver!
- Improve lighting. Add lamps and night lights.
- Manage your pets. They may be excited to see you and be curious about the walker. Make a plan to keep them from tripping you or jumping on you. You may need to consider boarding your pets or having them stay with a friend or family member when you first come home.
- Stock up on supplies, groceries and meals that can be prepared easily.
- Move commonly used items to lower shelves or counters.
- Prevent slips and falls in the bathroom by using a non-slip mat in the shower
- Consider using a shower chair or bench while you shower.
- Use an elevated toilet seat to raise the height of your toilet and to have arms to steady yourself when sitting and standing up from the toilet.

Exercises for Success!

This section will show exercises that are essential to do every day prior to surgery. Doing exercises prior to surgery will speed your recovery. These exercises can be done at any time during the day and usually only take about 15 minutes.

Exercises:

- Ankle Pumps
- Quad Sets
- Glut Sets
- Long Arc Quads
- Short Arc Quads
- Heel Slides
- Hip Abduction/Adduction
- Arm Dips

You may feel your muscles working during these exercises but you should not feel pain. If you do, you may be moving your leg too far out or trying to stretch too far. If it hurts to do an exercise, listen to your body, and do not move your body beyond what it can safely do.

Ankle Pumps

1. Lie down with your legs out straight.
2. Point your toes up and down.
3. Repeat up to 25 repetitions, twice daily.



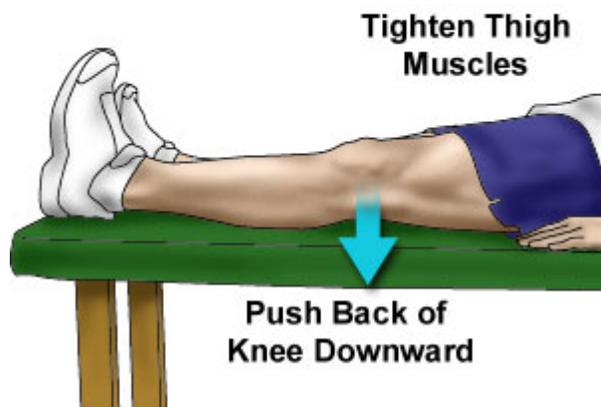
Ankle Pumps

*Bend ankles to move feet up and down,
alternating feet.*

Quad Sets

1. Sit or lie with your legs straight in front of you.
2. Tighten muscle on top of your leg.
3. Try to push your knee flat.
4. Hold muscle tight for 5 seconds then relax.

Quadricep Setting



Glute Sets

1. Sit or lie with your legs straight in front of you.
2. Squeeze your buttock muscles.
3. Hold muscles tight for 5 seconds then relax.



Seated Long Arc Quads

(seated kicks)

1. Sit with your back against a chair.
2. Kick one leg straight.
3. Relax.
4. Repeat at least 10 – 20 times on each leg, twice daily.



Short Arc Quads

1. Sit or lie on your back with your legs straight in front of you.
2. Place a rolled-up towel under your knee.
3. Tighten the muscle on top of your leg and raise your foot off the bed.
4. Hold muscle tight for 5 seconds then relax.

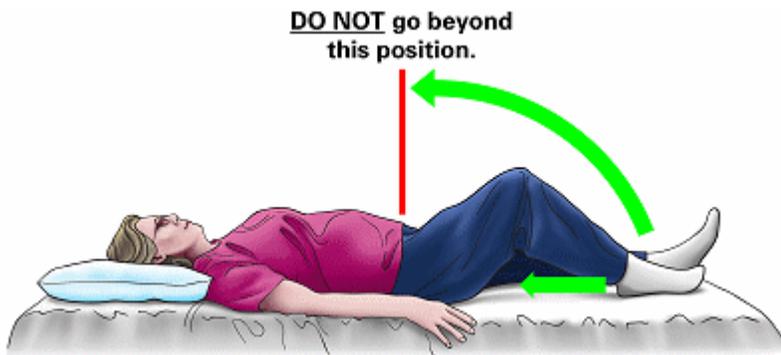
Do not raise knee off rolled-up towel



Heel Slides

Lay on your back on your bed.

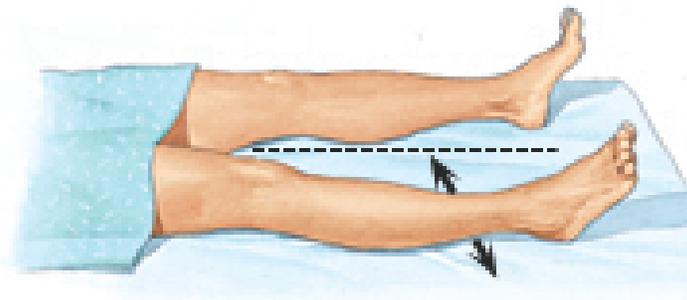
2. Bend your right knee so your foot is flat on the bed.
3. Slide your foot toward your bottom.
4. Hold for 10 seconds and then slide it away from your bottom.
5. Repeat at least 10 - 20 times each day on each leg.



Hip Abduction and Adduction

(scissors)

1. Lay on your back in bed.
2. Keep your legs straight.
3. Keep your toes pointed towards the sky.
4. Open and close your legs.
5. Repeat at least 10 – 20 times each day.



Arm Dips

1. Sit in a chair with strong arm rests.
2. Place hands on arm rests.
3. Push down with your arms until your bottom rises off the chair.
4. Repeat at least 10 – 20 times, twice daily.
- 5.



3-10 Days Before Surgery

Stop medications as directed by your surgeon

Receive a call from the pre-operative nurse

The pre-operative nurse will call you and review your medication list and health history; provide instructions on when to stop taking any medication and when you need to arrive at the hospital for your surgery.

Start to prepare for your return home:

- Roll up throw rugs and remove trip hazards: electrical cords, cluttered floors, loose rugs
- Arrange a living space on the first floor
- If needed, install railings on stairs
- Install nightlights
- Get and install hand held shower head (optional)
- Make final arrangements for your pets to be kenneled or cared for

Continue to do your Exercises for Success!!!

DO NOT shave your legs or get a pedicure one week prior to your surgery. The leg and knee that you are having surgery on should be free of open lesions, cuts, bug bites and scraps.

2 Days Before Surgery

Change your bed linens and start your pre-operative scrubs.

Our goal is to reduce the number of bacteria you carry on your skin prior to surgery. You will need to complete the pre-operative wash prior to surgery. The instructions and cleanser are provided at the pre-operative class. If you had a positive MRSA screen, you will be instructed to use an ointment to treat these bacteria.

Continue to do your Exercises for Success!!!

The Day Before Surgery

No Eating or Drinking after midnight:

No eating or drinking unless told to do so by your surgeon or the pre-operative nurse. If you are told to take medications the day of surgery, it is ok to take them with a sip of water.

Eat a light dinner and have a bedtime snack:

A heavy meal on your stomach can cause you to be nauseated after surgery. We suggest you eat light. Soup and a sandwich or a salad is a great idea.

Try to have a bowel movement:

After surgery, constipation can be a concern. You will feel more comfortable after surgery, if you resolve this issue prior to surgery. Many patients ask if it is acceptable to take a laxative prior to surgery. If you know exactly how that medication will work with you, then it is ok to take it. If you do not know exactly how the medication will work with you, then we do not recommend taking it.

Pack your Bags. Things to Bring:

- Loose clothing: pants, shirts, underwear, socks. Bring a change of clothing in case you have to stay in overnight.
- Shoes: NO clogs or slip-on shoes! They should be flat shoes with non-skid soles.
- Entertainment objects: handheld games, books, electronic devices
- Cell phone and charger
- C-PAP or Bi-Pap and your mask
- Personal care items are available at the hospital, but you may bring your own
- A case for your glasses, contacts, hearing aids and/or dentures
- Your own walker if you already have one

Things NOT to bring:

- Money, check books, or credit cards
- Jewelry or watches. Remove and leave them at home
- Anything you would not want to leave unattended in a public area

Complete your second shower with the cleanser

Finish getting last minute things in order

The Day of Surgery

Complete your final shower with the cleanser:

- Make sure to shower the morning of surgery using the antimicrobial cleanser.
- DO NOT use any lotions, creams, perfumes, makeup, powders or nail polish
- DO NOT shave the area where you will have surgery

Before you leave the house:

- No eating or drinking, unless told to do so by your surgeon or the pre-operative nurse
- Take medications as instructed by the pre-operative nurse
- Try to have a bowel movement
- BRING your walker, if you already have one
- Wear or bring your glasses if you need them to read
- BRING your ID and insurance card
- Leave all your valuables at home

When you arrive at the hospital:

Come in the Emergency Room/Outpatient Registration entrance. You will be escorted to the pre-operative area. One support person can remain with you. Your family members and friends can wait in the surgical waiting room near the main lobby.

What to expect in the pre-operative area:

- We will obtain an accurate weight and help you change into a hospital gown
- Staff will review your information again and verify key items
- You will talk to your surgeon and the surgical site will be marked
- An IV line will be placed in your arm. This will be used for antibiotics before and after surgery as well as fluids and medicines during the surgery
- After all your questions are answered, you will go into the Operating Room
- You will meet with your anesthesiologist and together you will decide what plan is best for you

Anesthesia

The goal of our team of board-certified anesthesiologists is to optimize your pain management following surgery and to help you be more comfortable throughout your recovery and rehabilitation.

Prior to your arrival on the day of surgery your anesthesiologist has completed a review your history and will work with you to address any concerns while devising an “anesthetic plan” based on your type of surgery. We utilize various pain management modalities to provide a balanced approach throughout your surgical experience. Some of our techniques are started prior to surgery in the form of “preemptive” pain medications, which target pain’s various sources such as inflammation and nerve related discomfort.

Controlling your pain after surgery is a team effort. Although your surgeon will be primarily responsible for your care after surgery, we will provide them with insight on how to best meet your pain management needs. Our anesthesiologist, pharmacist, nurses and physical therapist will continue to work as a team to effectively manage your pain.

What to expect in the Operating Room:

You will be given a medicine to help you relax. Your anesthesia will be started; antibiotic administration will be completed and a final surgical scrub of your surgical site will be completed.

What to expect in the Recovery Room:

After surgery you will be taken to the recovery room. The goal of the recovery room staff is to get you awake, get your pain and any nausea under control, and safely get you to your hospital room.

Most patients are in the recovery room for about 45 minutes to 1 ½ hours. Your surgeon will go into the waiting area and speak to your loved ones to let them know how you did during surgery. When you are stable, you will be brought to your hospital room.

When you get to your hospital room you will:

- Be greeted by your nursing team
- Have frequent blood pressure and temperature checks
- Have frequent nursing assessments (wound, limb, skin, heart, lung, IV, pain checks)
- Be offered something to drink
- Case Management will meet with you to talk about discharge plans

Our goals are to get you comfortable and manage any pain or nausea you may have. Most patients will get out of bed the day of surgery.

What to Expect after Surgery

What to expect:

- Physical Therapy and Occupational Therapy will work begin to work with you.
- You will be out of bed, walk and transfer to the chair with Physical Therapy. We encourage early mobilization.
- Nurses will help you get any pain or nausea under control and review instructions for your care at home.
- Case Management will meet with you to review discharge plans.

What we need from you:

- Do your best! Only get out of bed or walk with a staff member. After joint replacement surgery, all patients are at a high risk for falling regardless of your age or physical ability.
- Be honest with your nurses, surgeon, and caregivers
- Keep on top of your pain. If something isn't working, please let us know
- Do ankle pumps frequently
- Use your incentive spirometer at least 10 times every hour while you are awake
- Shift your weight every 1-2 hours
- Stay hydrated!

Pain Management:

Pain control is important after surgery as our goal is to make you as comfortable as possible in order for you to fully participate in therapy and meet your goals. The team uses a multi-modal approach to manage pain. After you have recovered from anesthesia, your pain is usually managed with oral medications.

Other things to note:

Physical and occupational therapy may ask your family to leave the room for their first visit. This may be a good time for your family to take a break or have a snack. This helps to eliminate any distractions and allow you to focus on safely using the equipment and getting out of bed. After this session, we encourage them to be present so they can also learn how to assist you at home.

Urinary catheters (Foley catheters):

- Will be removed on the evening of surgery or 1st morning after surgery
- It is not uncommon to have slight bleeding or irritation after removal. If irritation last more than a few hours to a day, let your team know.

If you stay beyond the day of surgery

Sometimes patients need to stay in the hospital overnight or for 1-2 days. If you stay, you can expect:

- A phlebotomist to draw blood sample in the morning
- Staff to assist you with bathing and toileting
- Therapy twice a day
- Similar to your caregiver at home, staff will provide reminders to complete your exercises on your own, including the use of the incentive spirometer
- The surgeon, and in some cases a doctor from the hospitalist staff, will complete an assessment and review your progress
- The case manager will continue to work with you on your discharge plan

Discharge: Who is Responsible for What?

It is important that you follow your surgeon's instructions

Knee replacement surgery is major surgery, but considered to be an elective surgical procedure. It is your responsibility to ensure that you have a safe home environment, including a caregiver to assist you for at least 2 weeks after surgery. Most patients are discharged to home.

If you are going home:

- You are responsible for finding a safe ride home.
- You will receive written discharge instructions and any prescriptions you may need to have filled. We suggest filling them at the hospital pharmacy whenever possible.
- Your nurse will discuss your discharge instructions with you and answer any questions you may have.
- We will arrange for an in home physical therapist to come see you. Some patients may elect to begin outpatient therapy after being discharged. We will help you determine the best fit for you.
- Case management will work with you to obtain any necessary equipment before you leave.
- Make sure you and your caregiver understand how to get you safely in and out of bed, chair and bathroom. How to go up and down stairs and how to walk with a walker.
- You will receive a prescription for pain medication, but once at home, you should begin to decrease the number of pills you take and increase the interval of time between doses. Pain medication should be taken before therapy and sometimes prior to bed as needed for comfort. A non-narcotic medication, as directed by your surgeon, can be used in between.
- You will also be given a prescription for a medication to help prevent blood clots. Remember, one of the best ways to prevent blood clots is to stay active!

If you are going to a physical rehabilitation facility:

- You will be responsible for finding a safe ride to the rehabilitation facility. There are few exceptions to this rule.
- You will be given the “golden envelope” with your transfer paperwork. You will take this to the rehabilitation center with you.
- Most patients stay in a physical therapy rehabilitation center for several days to 2 weeks. You will receive further discharge instructions and any necessary equipment when you leave the rehabilitation facility.

What You Need to Know About Rehabilitation

Regaining muscular control of your leg is the most important goal after surgery. All patients will receive therapy to help gain strength, reinforce surgical precautions and help to prevent dislocation.

There are 3 types of physical therapy rehab: inpatient, in-home, and outpatient.

Inpatient Rehabilitation:

If you are unable to go home for medical reasons, you may need to go to an in-patient physical therapy rehabilitation center. You will stay in the facility until you are able to go home. You will continue physical therapy and will be assisted to care for yourself, bath, dress, and move about.

There are 2 types of inpatient physical therapy rehabilitation centers:

○ Acute Rehabilitation:

Acute rehabilitation has strict guidelines that they must follow when accepting patients. If you are doing too well or not doing well enough, you may not qualify for acute rehabilitation. You can expect 3-4 hours of therapy daily. Many patients describe acute rehab as “Boot Camp.” Their goal is to improve your ability to move and function safely so you can return home.

○ Sub-acute Rehabilitation:

Sub-acute rehabilitation has fewer guidelines, but you must still meet their admission criteria. You can expect 2-3 hours of therapy daily. Their goal is to improve your ability to care for yourself and help you overcome obstacles that may impede you from returning home.

In Home Physical Therapy:

Your home physical therapist will see you in 1-2 days after you are discharged from the hospital. They will come to your home for about an hour 2-3 days a week. They will review your home exercise program and discuss home safety with you. You are expected to do your home exercises every day. Most patients have in-home therapy for 2-4 weeks.

Outpatient Physical Therapy:

If the surgeon feels you are strong enough and can safely transition to outpatient therapy 2-3 times a week, he or she will give you a prescription for out-patient physical therapy. You will choose the Physical Therapy office and set up your first appointment. They will provide updates on your progress to your surgeon. They will help you get stronger, move from a walker to a cane, and then teach you to walk without any assistance. In general, most patients will have outpatient physical therapy for 1-3 months.

Some patients want to participate in water therapy. Your surgical incision must be completely healed and have no scabs or open areas before you may participate in water therapy. Please speak to your surgeon before starting water therapy.

Caring for Yourself

Managing your Pain:

- Consider taking your pain medication 1 hour before physical therapy.
- Getting up after laying or sitting is usually the worst. Get up frequently to help decrease stiffness.
- You should walk at least 4 to 5 times a day, increasing your distance each day
- Slowly wean yourself from your prescription pain medications. Talk to your surgeon about pain management and what over the counter medications are right for you.
- Shift your weight and change your body position at least every one to two hours.
- Apply ice packs to your knee for 20 minutes several times during the day.

Incision Care:

- You will have a dressing in place when you leave the hospital. Some patients may have a special dressing, a negative pressure wound vacuum, covering their wound at discharge. Your nurse will provide you will specific care instructions.
- Depending on your surgeon your incision may have staples. Staples will be removed 10-14 days after surgery. Suture closure is absorbable and will not require further care.
- When you bathe, let the water run over your incision and pat dry with a clean towel. **Do Not Scrub** your incision.
- Do not put lotions or oils on your incision until you discuss it with your surgeon.
- It is common to have swelling and bruising after surgery. These can be significant and can appear anywhere from the thigh to the toes. Swelling is typically worse at night. It is important to maintain your exercise routine, but take rest breaks and elevate and apply ice throughout the day. This will help with the swelling.

Potential Complications

Blood Clots

All surgeries increase your risk for developing a blood clot in the veins of your legs. A blood clot in a patient's leg is called a Deep Vein Thrombosis or DVT. Your surgeon will prescribe a medication after surgery to help prevent the formation of blood clots. Some patients may develop a blood clot in their leg even with preventative treatment. Some blood clots can travel from a patient's leg and become lodged in their lungs. This is called a Pulmonary Embolism or PE.

Signs and Symptoms of a DVT:

- Excessive swelling in the calf or ankle
- New pain in the calf or behind the knee.
- Redness and warmth in the calf

Signs and Symptoms of a PE:

- Sudden chest pain
- Sudden difficulty breathing or shortness of breath
- Sweatiness or clamminess
- Confusion

Prevention of a DVT and PE:

- Do ankle pumps frequently
- Take your medication as prescribed.
- Walk frequently and maintain your exercise routine
- Recognize the signs and notify your surgeon immediately

Infection

An infection occurs when a bacteria enters your incision and reproduces in the wound. Infections usually become noticeable 48 hours after surgery. Every surgical procedure has a risk for infection. To reduce this risk, every orthopedic patient will get IV antibiotic therapy before and after surgery.

Signs and Symptoms of Infection:

- A building pain that keeps increasing is the first sign of infection.
- Increased swelling and redness at the incision particularly if it is tracking upwards from the incision
- Wound drainage: change in color, amount, or odor
- Fever or feeling ill

Prevention:

- Wash your hands frequently and remind those caring for you to do the same
- Do not touch your incision
- Notify your dentist and other medical providers that you have an artificial joint replacement

Constipation

Constipation can become a big problem very quickly and become out of control. It is essential that you notify your nursing team or your surgeon if you are unable to have a bowel movement every 2 days.

Prevention:

- Use stool softeners daily if alright with your surgeon
- Increase your fluid intake
- Increase your fiber intake
- Walk frequently

Pneumonia

When patients are inactive, they are at an increased risk to developing pneumonia. If you are concerned that you have pneumonia, contact your surgeon, primary care physician, or go to the Emergency Room.

Signs and Symptoms:

- Shortness of breath
- Persistent cough
- Lung/chest pain
- Fever or chills

Prevention:

- Use your incentive spirometer frequently
- Walk frequently and stay out of bed during the day

Call your surgeon immediately if:

- You develop a fever greater than 101 degrees
- You experience excessive swelling, redness, warmth or drainage from the operative area
- Your calf becomes numb, difficult to move or painful to touch
- Your moderate pain becomes severe or constant
- You develop exaggerated ankle swelling or pitting edema

How to Walk with a Walker Properly

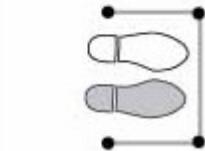
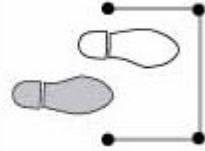
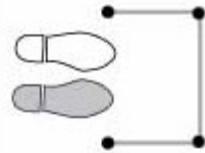
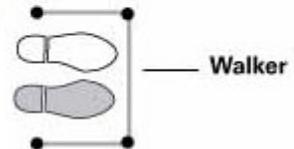
- 1) Stand tall, do not bend forward.
- 2) Hold on to the handles.
- 3) When you are standing still, your elbows should be slightly bent when you are holding onto the walker's handles.
- 4) Move your walker out from your body.
- 5) Slide the walker if it has front wheels.
- 6) Step forward with you operative leg and place your foot in the middle of the walker area.
- 7) Using your arms for support, press down into the walker with your hands.
- 8) Move your good leg up to meet your operative leg.

As you become stronger, you will be able to alternate your feet as you walk.



 = affected (weaker) leg

 = stronger leg



How to Sit and Stand Up from a Chair

Sitting down

- 1) Using your walker, back up to a chair until you feel it against your legs.
- 2) One hand at a time, reach back and feel for the arm rests.
- 3) Keep your operative leg straight out in front of you.
- 4) Keep a straight back as you slowly lower yourself into the chair.

Standing up

- 1) Straighten your operative leg in front of you.
- 2) Scoot your bottom to the edge of the chair.
- 3) Keep a straight back. Push up with both hands on the arm rests.
- 4) Steady yourself before grabbing the walker.

Remember:

A walker is called a walker because you use it for walking. It is not called a stander. You do not use it for leverage to stand.



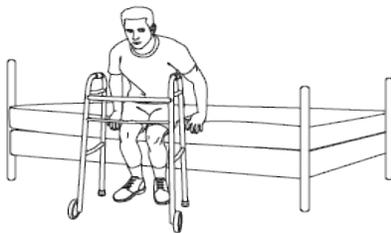
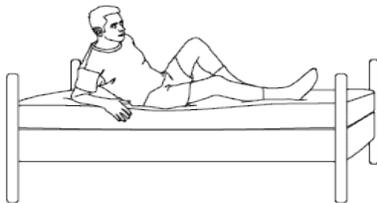
How to Get In and Out of Bed

Getting into bed

- 1) Using your walker, back up to the bed until you feel it against your legs.
- 2) Reach back, one hand at a time to touch the bed.
- 3) Sit down on the edge of the bed.
- 4) Scoot your hips toward the center of the mattress.
- 5) Move your walker out of the way, but still within your reach.
- 6) Lift your first leg into bed while scooting your hips around so you are facing the foot of the bed.
- 7) Keep scooting and then lift your other leg into the bed.
- 8) Once in bed, position yourself away from the edge.

Getting out of bed

- 1) Scoot your hips to the edge.
- 2) Sit up using your arms for support.
- 3) Slowly lower the outside leg off the bed.
- 4) Rotate your hips and scoot until your other leg is off the bed.
- 5) Sit on the edge of the bed for a minute to get your bearings.
- 6) Reach for your walker and position it in front of you.
- 7) Push up off the bed with both hands.
- 8) Stand slowly, get your balance then grab for your walker.



Using the Toilet

We recommend you use a raised toilet seat for the first 3 months after surgery.

Sitting down

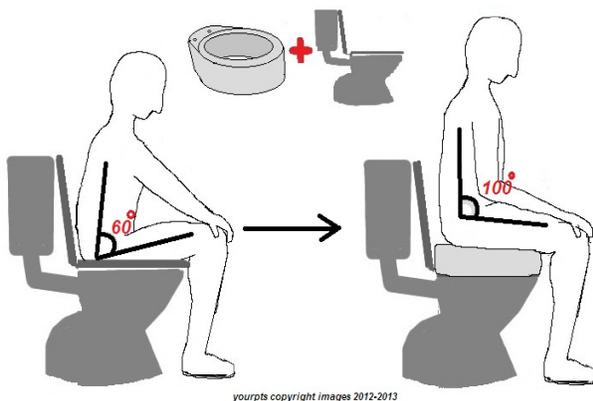
- 1) Back up to your commode using your walker until you feel the commode against your legs.
- 2) Reach back to grab onto the commode, one hand at a time.
- 3) Before you sit, straighten your operative leg.
- 4) Use your arms and non-operative leg to lower yourself on to the commode.

Cleaning up

- 1) If you are wiping yourself from behind, always turn away from your surgery. For example if you had surgery on your right knee, you would use your left hand to clean up. If you had surgery on your left knee, you would use your right hand to clean up.

Getting up

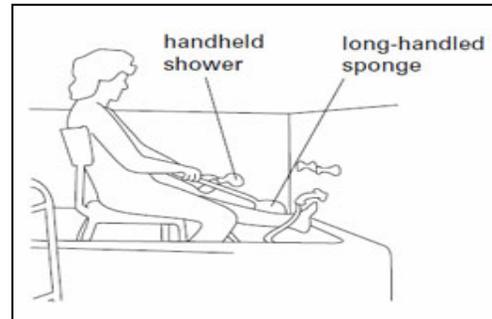
- 1) Straighten your operative leg in front of you.
- 2) Scoot your bottom to the edge of the commode.
- 3) Keep a straight back. Push up with both hands on the arm rests.
- 4) Steady yourself before grabbing the walker.



Using a Shower Chair

We recommend:

- Using a shower chair or bench when bathing for the first 6-8 weeks after surgery.
- Purchasing and using a hand held shower.
- That you always use a rubber mat or non-skid adhesive on the bottom of your tub or shower.



Getting in the shower:

- 1) Place the bath seat facing the faucet.
- 2) Back up to the tub using your walker until you can feel the tub against your legs.
- 3) Reach back with one hand to hold onto the shower bench, keep the other in the middle of the walker.
- 4) Straighten your operative leg out in front of you with your foot on the floor.
- 5) Slowly lower yourself onto the shower chair.
- 6) Lift one leg at a time over the edge of the tub.

Getting out of the shower:

- 1) Dry off before exiting the shower.
- 2) Lift your legs one at a time over the edge of the tub.
- 3) Scoot to the edge of the bath seat.
- 4) Make sure the floor is not wet or slippery.
- 5) Push up with one hand on the back of the seat and the other on the seat.
- 6) Balance yourself before grabbing onto the walker.

Getting in a Car

- 1) Push the car seat all the way back.
- 2) Using your walker, back up to the car until you feel it touching the back of your legs.
- 3) Reach back and feel for the car seat with one hand and hold onto the car door with the other.
- 4) Straighten your operative leg out in front of you.
- 5) Slowly lower yourself into the car. Tuck your head down to avoid hitting your head on the door frame.
- 6) Place one leg in at a time, turning your hips to maneuver.



How to Get Dressed Using Assistive Equipment

Using a dressing stick to put on pants and underwear

- 1) Sit in a chair or on the edge of the bed.
- 2) Put your operative leg in first then your non-operative leg
- 3) Use the reacher or dressing stick to guide the waist band over your feet.
- 4) Pull your pants over your knees with easy reach.
- 5) Stand with your walker in front of you to pull your pants up the rest of the way.

Using a dressing stick to take pants and underwear off

- 1) Back up to a chair or bed.
- 2) Unfasten your pants and let them drop to the floor.
- 3) Push your underwear down to your knees.
- 4) Safely lower yourself to the bed, keeping your operative leg out.



Using a “Sock Aid”

- 1) Sit in a chair or on the edge of the bed.
- 2) Slide your sock on the “sock aid” until the toe of the sock is completely against the aid.
- 3) Hold the cord and drop the sock aid in front of your foot.
- 4) Slip your foot into the “sock aid”
- 5) Straighten your knee, point your toe, and pull the sock on.
- 6) Keep pulling until your “sock aid” is free.



Things to Know for the Long Term Care of My New Joint Replacement

Joint replacements are much like a car. You must keep up on its care. It is important to exercise regularly for the rest of your life to maintain the muscle strength around your new joint. Participating in low-impact exercise for 30-40 minutes 3-4 days a week will help maintain your joint's health and your overall wellbeing.

Antibiotics

Your new joint is made of metal and plastic parts. Bacteria are attracted to rough and abnormal materials. There is a 5% lifetime risk of your artificial joint becoming infected. If you get a bad cold, lung, bladder or skin infection bacteria can get into your blood stream and to your artificial joint. If you begin experiencing pain in your joint following or during such an infection it is important to contact your surgeon quickly to be evaluated. If a joint infection goes on for more than 3-4 weeks it can require that the entire implant be removed. So treating it quickly is critical.

Setting off Metal Detectors

You may set off metal detectors in the airport or other locations. Be sure to make the screeners aware of your joint replacement. There is currently no governmental arthroplasty card that can be issued that helps you avoid screening at an airport or other security location so be patient and just expect more extensive screening when traveling.

Travel Safety

Whether you have a joint replacement or not it is important to change your position frequently when traveling. If you are traveling by car, stop every hour or two and get out and walk around. Always pump your ankles and move your legs around.

Notes and Questions for your Caregivers





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