

Knee and Hip Replacement

GUIDEBOOK



CONTENTS

Activities of
Daily Living..... 29–36

Discharge
Information 37–40

Do's and Don'ts 40

Postoperative
Daily Activity Goals &
Exercises.....21–28

Frequently Asked
Questions 3–8

Pain Management 11

Preparing for Surgery
Checklist..... 18–20

Preoperative Activity
Guidelines & Exercises 13–17

Recognizing &
Preventing Potential
Complications41–42

Registration,
Pre-Admission Testing
& Joint Class 9–10

Your Roadmap to Joint Replacement at Parkwest Medical Center.

Preoperative Physical Therapy Evaluation has been
scheduled for:

Date: _____ Time: _____ Location: _____

Parkwest Registration/Pre-Admission Testing (PAT)
has been scheduled for:

Date: _____ Time: _____

Please arrive 15 minutes before your scheduled appointment time.

- The Registration Desk is located in the front lobby of Parkwest Medical Center (9352 Park West Blvd.)
- Although your Primary Care Physician may perform lab work, you will still be scheduled to meet with the Pre-Admission Testing Department prior to your surgery.
- For a list of items to bring with you, see page 9.
- If you must reschedule your appointment, please call 865-373-1450.

Primary Care Physician appointment for medical
clearance for surgery is scheduled for:

Date: _____ Time: _____

Cardiology or Other Specialty Physician
appointment for medical clearance for surgery is
scheduled for:

Date: _____ Time: _____

Other Appointments

Date: _____ Time: _____ Location: _____

Surgery:

Date: _____ Time: _____

The Purpose of the Guidebook

Preparation, education, continuity of care, and a pre-planned discharge program are essential for optimum results in joint replacement. Communication is essential to this process. The Guidebook is a communication and education tool for patients, physicians, physical and occupational therapists and nurses. It is designed to help you in preparation for your total joint replacement. It will outline:

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

Remember, this is just a guide. Your physician, physician assistant, nurse practitioner, nurse, or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Guidebook as a handy reference for at least the first year after your surgery.

Joint Coach

We encourage all of our patients to ask a family member or friend to assist as a Joint Coach. A Joint Coach will encourage you throughout your experience and provide you with assistance. Your Joint Coach will work with you while you're with us and after you return home. We ask they come with you to your appointments, Pre-Admission Testing, Joint Class, the day of surgery, and postoperative stay. Select someone who is patient and supportive in nature. This person should also be available when you return home.

Joint Coach Responsibilities

- Attend your Pre-Admission Testing appointment with you
- Help you prepare your home by following the preoperative checklist
- Go with you to therapy each day to give you support and encouragement
- Work with your care team to learn how to assist with bathing, dressing and toileting
- Help you stay focused on your success
- Keep you company by watching TV with you, playing cards, watching movies on laptop, etc.
- Encourage you to do daily exercise when you return home
- Assist with bathing, dressing and meals after you return home
- Assist you with shopping and driving until you are ready to do these on your own

Frequently Asked Questions (FAQs)

Frequently Asked Questions about Total Joint Surgery

Patients have asked many questions about total joint replacement. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that you need answered, please ask your surgeon or the Parkwest Joint Care Coordinator. We want you to be completely informed about this procedure.

Am I too old for this surgery?

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

What if I live alone?

There are usually three options that your surgeon will discuss with you. Each option is depending on your insurance and your function after surgery. If you are able to return home, you would be able to have outpatient or home health services. With either of these options, it would be a good idea to receive help from a relative or friend if possible. Outpatient physical therapy is preferred and you would need to arrange transportation to an outpatient physical therapy facility. The third option is a short stay at a skilled nursing facility for further rehab before returning home.

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. Family or friends need to be available to help as needed. 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 will help reduce the need for extra help.

What is the recovery time?

Approximately 90% of your recovery occurs over the first four to six weeks. The remaining 10% will come within the first year.

Will I need physical therapy when I go home?

Most patients will have outpatient or in-home physical therapy. Outpatient therapy is preferred and patients are encouraged to set up their first post-op appointment prior to having surgery. If you need in-home physical therapy following this, you may go to an outpatient facility two to three times a week to assist in your rehabilitation. The length of time required for therapy varies with each patient.

Is it normal to hear clicking in my knee after surgery?

You may hear clicking in the knee after surgery and this is normal. It is usually more noticeable after surgery when you have swelling. As the swelling decreases the clicking may become less noticeable.

Can I go up and down stairs?

Yes. You will do stair training while in the hospital after surgery. As your muscles get stronger and your motion improves, you will be able to perform stairs in a more normal fashion (usually in about four weeks).

What position can I sleep in?

You may sleep in any position you feel comfortable. Ensure that your leg is kept in a straight position without anything under your knee.

When can I kneel?

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

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

The ability to drive depends on whether surgery was on your right leg or your left leg and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could be driving as early as two weeks post-op. If the surgery was on your right leg, your driving could be restricted for as long as four to six weeks. Getting back to normal will depend somewhat on your progress. Consult with your surgeon or therapist for their advice on your activity.

When can I travel?

You may travel as soon as you feel comfortable doing so. In general, consider waiting until after three weeks post-op. You should get up to stretch or walk at least once an hour and stay well hydrated when taking long trips. This is important to prevent blood clots.

Will I set off the security monitors at the airport?

Most likely. Be proactive and inform security personnel that you have had a knee or hip replacement. Wear clothing that will allow you to show them your incision scar if necessary. A letter from your physician or a wallet card does not help when passing through security checkpoints and are therefore no longer given.

When will I be able to get back to work?

If your work is mostly sedentary, you can return within four weeks, using a walker or cane. If your work is significantly more active, you may require up to three months before you can return to full duty.

How long will my activity be limited?

We will begin getting you out of bed and walking within a couple of hours after surgery.

What is the chance for success?

Success of the surgery should be answered by asking the following three questions:

- Are you glad you had the operation?
- Did it fulfill your expectations?
- Would you do it again?

Approximately 98% of patients at one year will say "yes" to all three questions.

How long will my new joint 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). The most important factors in maintaining your new joint are your activity level and keeping your weight under control. 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 specific length of time.

Will I require a revision?

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

What are the possible complications associated with joint replacement?

While uncommon, complications can occur during and after surgery. Some complications include infection, blood clots, implant breakage, misalignment, dislocation, bone fracture, and premature wear, any of which may necessitate implant removal/replacement surgery. While these devices are generally successful in attaining reduced pain and restored function, they cannot be expected to withstand the activity levels and loads of normal healthy bone and joint tissue. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as a patient's post-surgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

How long does the surgery take?

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

Who will be performing the surgery?

Your orthopedic surgeon will perform the surgery. An assistant often helps during the procedure.

Do I need to be put to sleep for this surgery?

You may have a general anesthetic, which most people call "being put to sleep". Some patients prefer to have a spinal or epidural anesthetic, which numbs the legs only and does not require you to be under full, general anesthesia, although you will be sedated. The choice is between you, your surgeon, and the anesthesiologist.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate pain medication.

How long will I be on pain medication?

Most people are able to wean off their strong pain medication (examples: Norco, Lortab, Vicodin, Percocet) within a couple of weeks and switch to over-the-counter type of medications such as acetaminophen or ibuprofen.

How long, and where, will my scar be?

Surgical scars will vary and depend on the specific surgical technique and approach your surgeon uses. Consult with your surgeon for specifics of the surgical scar. In general, most surgeons will make surgical scars as short as possible. If you have had previous surgery, your surgeon may use all or part of your previous scar. There may be some lasting numbness around the scar.

When do my stitches/staples come out?

At your follow up appointment, usually about two weeks post-op. Some surgeons use sutures under the skin that dissolve, and a follow up appointment is not necessary. Your follow up appointment will be scheduled per your surgeon's protocol.

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

Your surgeon, the physician assistant or nurse practitioner, will visit you daily while you are in the hospital. You will be seen for your first postoperative office visit a few weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen at four week, twelve weeks, one year, and then every five years.

Will I need a walker, crutches, or a cane?

Yes, we do recommend that you use a front wheeled rolling walker after your surgery. Your therapist or surgeon will help you determine the amount of time needed. Your discharge planner can help arrange for this equipment, if necessary. We do not recommend four-wheeled rollators or standard walkers after surgery.

When can I resume sexual activity?

Generally, most people wait to resume sexual activity until a few weeks after surgery. Your incision, muscles, and ligaments need time to heal. You can resume sexual activity when you feel ready. The bottom or missionary position is usually the most safe and comfortable. Two pillows placed between the knees are needed for the side lying position. There should be no bending past 90 degrees if using the top position. Discuss return to sexual activity with your surgeon. Always use the hip precautions taught to you to protect your new hip.

Are there any permanent restrictions following this surgery?

Yes, speak with your surgeon for specifics. Injury prone activities are discouraged. .

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

You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, bicycling, swimming, bowling, and gardening at your doctor's discretion. Good activities to help motion and strengthening are swimming and use of a stationary bicycle. High impact activities like running can affect the longevity of your implants and are therefore discouraged.

Will I notice anything different about my new joint?

You may have a small area of numbness around the scar, which may be permanent. In many cases, patients think that their new joint feels completely natural. However, we always recommend avoiding extreme positions or high impact physical activity.

For total knee patients: Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee. This is usually the result of the artificial surfaces rubbing against each other and is to be expected. For total hip patients: The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease or because of the need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time or can use a small lift in the other shoe. Some patients have aching in the thigh on weight bearing for a few months after surgery. For further information, speak with your surgeon.

What are the signs of infection that I should watch out for?

Signs of infection may include persistent temp greater than 101 degrees, pain, redness, swelling, warmth or a thick yellowish drainage at your incision site. Call your surgeon's office if you're experiencing any of these symptoms. If it is after normal business hours, be sure to follow the instructions specifically given for after hours care.

How long do I have to wear surgical stockings?

If used by your surgeon, for four weeks. You may take them off for one hour a day or when bathing. Some surgeons do not require the use of surgical stockings. Check with your surgeon for their specific protocol.

When can I shower and wash my hair?

You may shower and wash your hair when your surgeon says you can. No tub baths or swimming pools until staples/sutures are removed. If you do not have staples/sutures, then it is at the discretion of your surgeon. No hot tubs for a minimum of six weeks [risk of infection from bacteria in hot water].

When can I resume taking my arthritis medications?

You may resume taking your arthritis medications based on instructions from your surgeon.

Insurance-Focused FAQs:

Does the surgeon's office pre-authorize my surgery?

Yes. Your surgeon's office will pre-authorize all surgeries prior to the surgical date. Please feel free to contact your insurance company for your pre-authorization number.

Do I need a second opinion?

Usually not, but each insurance company is different. It is important that you contact your insurance company to confirm the requirements to be met before your surgery.

Will my insurance cover 100 percent of my surgery and recovery costs?

Probably not, so it is best to check with your insurance company so you are not surprised with an unexpected bill. Many insurance companies cover most of the cost of the surgery, but not all of it. Also, most companies do not cover the cost of the medical equipment such as walkers and bathroom equipment. Remember that you will receive separate bills from the hospital, your surgeon, anesthesiologist and possibly other providers.

What Should I Do To Prepare For My Surgery?

- Take a moment to speak with your medical doctor or cardiologist about your regular prescription medications (blood thinner, blood pressure, heart, cholesterol) and what effect they may have on your surgery. These physicians are responsible for guiding you as to when you are to stop taking these medications before surgery.
- Cancel any dental appointments that fall between four weeks prior to surgery and three months after surgery.
- Adjust your work/social schedule accordingly during your anticipated recovery time.
- Make arrangements to have someone stay with you the first week after your surgery.
- While taking narcotic pain medication (examples: Norco, Lortab, Vicodin, Percocet) you will not be permitted to drive. You may need to arrange for transportation to your initial follow up visit.

What Will Physical Therapy be like After Surgery?

Physical Therapy in the Hospital

- You will be allowed to put full weight on your leg, unless otherwise indicated by your surgeon.
- In the first few hours after surgery you will attempt to get out of bed and walk with assistance.
- You will leave the hospital using a walker, if indicated. Be sure to have yours in the car for discharge.

A day or two after your discharge from the hospital you will begin physical therapy at an outpatient physical therapy center or with an in-home physical therapist. **Your surgeon prefers you go home versus a nursing facility. Studies show that patients who go home have less complications.**

Outpatient and Home Health Physical Therapy

Outpatient physical therapy will be arranged by a coordinator at your surgeon's office or the case manager at Parkwest Medical Center.

- The Joint Coordinator discusses available rehab options during the online Pre-Surgery Joint Class.
- Outpatient therapy is preferred and patients are encouraged to set up their first post-op appointment prior to having surgery.
- The number of times a week and the number of weeks you will attend physical therapy will depend on your surgeon's protocol.
- If you need in-home therapy, our case manager will help make the arrangements.

What to Expect After Surgery?

- You will have bruising and swelling initially that will start at the surgical site.
- Bruising and swelling are normal after surgery and vary from one individual to another.
- Bruising and swelling will continue to increase over the first two weeks after your surgery.
- You may see bruising in your groin area. This bruising may eventually move down to your toes.
- Expect swelling in your entire leg including your feet.
- The best way to reduce swelling and bruising is to stay active. Gentle exercise and walking helps move the extra fluids away. For patients with knee replacement, activity might also increase the swelling around the knee. This can be managed by using ice, described elsewhere in this guidebook.

Registration, Pre-Admission Testing and Joint Class

After your surgery has been scheduled, you will come to Parkwest for Pre-Admission Testing and Joint Class.

If you previously had a joint replacement at Parkwest and it has been longer than a year ago, your surgeon may suggest you attend this class as changes are made to our program every year.

Your Pre-Admission Testing Appointment will include:

1: Hospital Registration

- Review of your insurance information
- Collection of any co-payment
- Signing of admission forms
- Review of Advance Directives

2: Pre-Admission Testing

- Nursing Assessment
- Review of your prescription medications, including over-the-counter meds, vitamins, and supplements
- Review of your medical history
- Any tests required – such as blood, urine specimen, EKG, and chest X-Ray
- An anesthesia pre-op assessment
- This information will be reviewed by an anesthesiologist who will clear you for surgery. If any concerns exist, you will be notified. There is a possibility that your surgery could be canceled or delayed if there is something that needs further evaluation or attention. If you need to reschedule your appointment, please call 865-373-1450.

Registration and Pre-Admission Testing Checklist

- Your surgeon may require you to see a primary care physician or specialist to obtain medical and/or cardiac clearance prior to your surgery.
- When you were scheduled for surgery, you may have received an order from your surgeon required for medical tests. Follow the instructions in this order and bring it with you to Pre-Admission Testing.
- Contact your insurance provider to learn about any coverage limitations, co-payment or out-of-pocket expenses as well as coverage for postoperative physical therapy.
- Bring an accurate list of all your medications. This includes all prescription medications and over-the-counter (OTC) medications, vitamins and supplements you take on a regular basis and any medication you have taken in the last month.
- Insurance Card(s)
- Photo ID
- Advanced directives (examples: Living Will and Durable Power of Attorney)
- Any co-payment required by insurance company

CHG Pre-Surgical Antiseptic Shower Instructions

Chlorhexidine gluconate (CHG) is a special soap that reduces the bacteria on your skin. This reduces your risk for infection after surgery.

The 4 ounce bottle of CHG soap should be used for 3 showers before your surgery. Use 1/3 of the bottle for each shower.

Take your first shower with CHG two days before your surgery date.

Take another CHG shower the day before your surgery.

Take the last CHG shower the morning of your surgery. **Do not apply any lotions, creams, powders, or deodorant after your bath on the morning of surgery.**

Showering Supplies Needed:

- Two clean wash cloths for each CHG shower
- Bottle of CHG soap (use 1/3 of the bottle for each shower)
- A clean towel for each CHG shower

Showering Steps:

- Wash and rinse your hair using your normal shampoo. Make sure all shampoo and regular soap are thoroughly rinsed off before using the CHG soap, as shampoo and soap deactivate the CHG soap.
- **Wash cloth #1:** Wet and lather up the wash cloth with your regular bath soap. Bathe your face and genital area then rinse thoroughly.
- Wet **wash cloth #2** then turn off water.
- Apply 1/3 of the CHG soap to wash cloth #2. Lather your body from chin to toes. **(Do not apply to or around your eyes or genital area)**
- Wash the surgical leg for 3-5 minutes with CHG soap. **Avoid scrubbing your skin too hard.**
- Turn water back on and rinse the CHG soap off your body completely.
- Dry off by patting your surgical leg and dry off entire body.
- **Use a clean, freshly laundered towel for each shower (do not re-use).**
- Dress with freshly washed clothes after each shower.

Do not use regular soap after washing with the CHG soap, except to wash your face and genital area.

Do not apply any lotions or powders to your body or legs once you begin bathing process.

Do not shave the surgical site 24 hours before surgery. This could nick or cut your skin, which could increase your risk for infection.

Discontinue use if skin becomes red or irritated. If unable to use CHG soap, Dial antibacterial soap may be substituted. Call your surgeon's office with any questions.

Joint Class

This class will provide you key information regarding your joint replacement surgery and attendance is highly encouraged. This is your time to learn about what to expect over the next few weeks and what will help you be successful. By taking an active role in preparing for and understanding your surgery, and assisting in your recovery, you will be able to return to your lifestyle as quickly as possible. Class is available online.

Pain Management

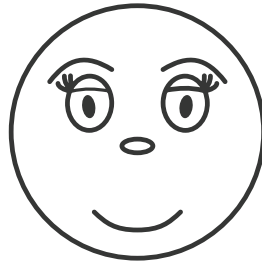
Your nurses will be asking you often to “rate” your pain based on the following:

Pain Scale:



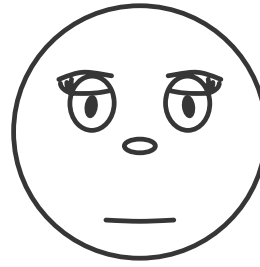
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No Pain



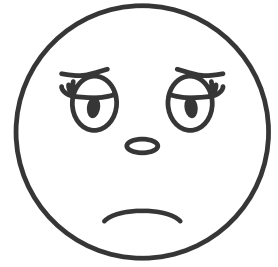
1-3

Mild Pain



4-6

Moderate Pain



7-10

Severe Pain

Goal: 4 or Less

Pain is usually the worst on Postoperative Day #2

One key step in pain control is to take or ask for pain relief medications when the pain first begins. It's harder to ease pain once it has taken hold. Good pain control will help you enjoy greater comfort as you heal. With less pain, you can start walking, do your exercises, and get your strength back more quickly.

Take pain meds within first four hours of arriving to your room from recovery room. Your nurse will administer pain pills only if:

- Blood Pressure is stable
- You are not too sedated
- You are not nauseated

The best way to stay ahead of your pain is to keep a consistent level of pain medications in your system. You can best accomplish this by taking your pain medications consistently as ordered by your surgeon as long as your vital signs are stable, you're not over sedated and you're not nauseated.

Do not take pain pills on an empty stomach. Eat food before you begin taking pain pills and take your nausea medication if needed.

The nurse will write the time she administered the pain medication and what time the next dose available on dry erase board in your room.

If 10 minutes passes after you call for your pain meds and you have not received your pain med, please call again.

Iron and Vitamins

Taking vitamins and iron prior to surgery can help reduce fatigue experienced after joint replacement surgery due to blood loss. You may take an over the counter vitamin with iron and follow manufacturer's instructions.

Stop Smoking

It is essential to stop smoking before surgery. Smoking significantly increases risks of complication with surgery. Smoking impairs circulation to your healing joint. Parkwest Medical Center is a non-smoking facility. No smoking will be allowed during your stay. If you have concerns, speak to your surgeon about possibly ordering a nicotine patch.

Stop Medications That Increase Bleeding

Certain medications may increase your risk of bleeding. Be sure to speak with your surgeon and the PAT nurse about all medications you are on, including any blood thinners, herbal supplements and anti-inflammatory medications. You will need special instructions for stopping these medications.

Preventing Constipation

It is very common to have constipation after surgery, especially when taking narcotic pain medicine and iron supplements. Here are a few things you can do before surgery to prevent constipation:

- **Eat a high fiber diet**

Eating more of the following foods can add fiber to your diet:

High fiber cereals, which includes most bran cereals

Whole grains, bran, and brown rice

Vegetables such as carrots, broccoli, and greens

Fresh fruits – apples, pears, and dried fruits like raisins and apricots

Nuts and legumes – beans such as lentils, kidney beans and lima beans

- **May add fiber by taking a fiber supplement such as Metamucil**
- **Increase water intake**
- **Begin taking an over-the-counter stool softener such as Colace one week prior to surgery**
- **Drink prune or apple juice**

Preoperative Activity Guidelines and Exercises

It is important to be as fit as possible before undergoing a total joint. This will make your recovery much faster. Eleven exercises are shown here that your physician may instruct you to start doing now and continue until your surgery. You should be able to do them in 15-20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery. Consult with your surgeon before starting any preoperative exercise plans.

Also, remember that you need to strengthen your entire body, not just your operative leg. It is very important that you strengthen your arms by doing chair push-ups (exercise #8) because you will be relying on your arms to help you move.

You may do these exercises on your bed or couch.

If exercises are too painful, reduce number of reps or intensity.

Stop doing any exercise that is too painful.

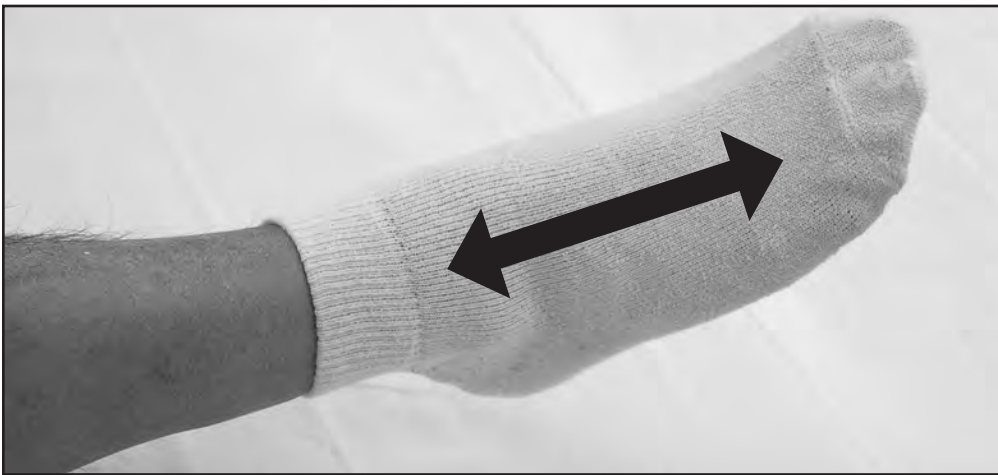
Perform 20 repetitions 2 times per day.

Hold 5-10 seconds and return to starting position, or as instructed.

Perform exercises on both legs.

Range of Motion and Strengthening Exercises

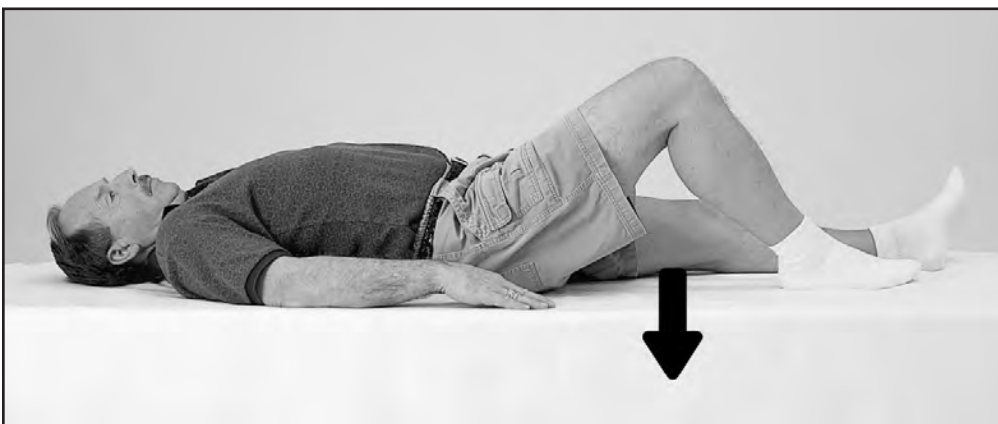
1: Ankle Pumps



Flex foot. Point toes.

Repeat 20 times.

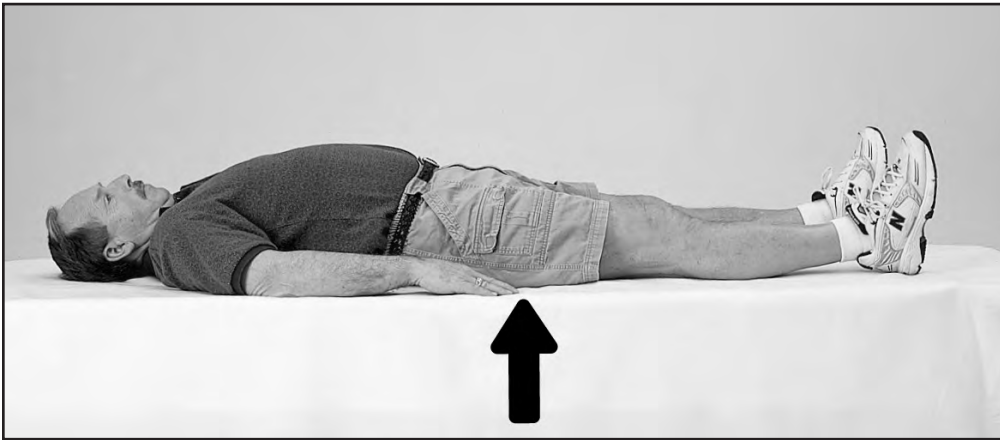
2: Quad Sets — (Knee Push-Downs)



Lie on back with operative leg straight, press knee into mat, tightening muscles on front of thigh. Hold 5 seconds, then relax. Do NOT hold breath.

Repeat 20 times.

3: Gluteal Sets — (Bottom Squeezes)



Squeeze bottom together. Hold 5 seconds, then relax. Do NOT hold breath.

Repeat 20 times.

4: Hip Abduction and Adduction — (Slide Heels Out and In)

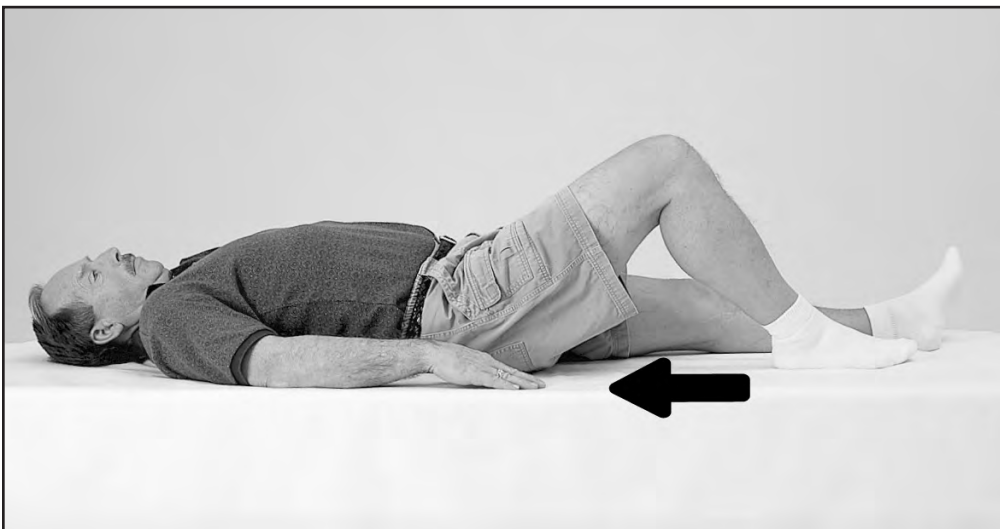


Lie on back, slide legs out to side. Keep toes pointed up and knees straight.

Bring legs back to starting point.

Repeat 20 times.

5: Heel Slides — (Slide Heels Up and Down)



Lie on couch or bed. Slide heel toward your bottom.

Hold 5 seconds, then straighten knee.

Repeat 20 times.

6: Short Arc Quads



Lie on back, place towel roll under thigh. Lift foot, straightening knee, slowly lower heel.

Do not raise thigh off roll.

Repeat 20 times.

7: Knee Extension — Long Arc



Sit with back against chair. Straighten knee, then return foot to floor.

Repeat 20 times.

8: Armchair Push-Ups



This exercise will help strengthen your arms for walking with a walker. Sit in an armchair. Place hands on armrests and feet should be flat on the floor.

Using arms, raise bottom up off chair seat if possible then return to a seated position.

Repeat 20 times.

9: Seated Hamstring Stretch



Sit up straight on the couch or bed with leg extended. Toes should be pointed toward the ceiling and knee straight.

Bend forward at the hips, keeping back straight.

Stretch should be gentle. Hold for 20–30 seconds.

Relax. Repeat 3 times.

10: Straight Leg Raises (for Total Knee Replacements)



Lie on back with unaffected knee bent, and foot flat.

Lift affected leg up 12 inches. Keep knee straight and toes pointed up.

Return to starting position.

Repeat 20 times.

11: Mini Squats



Feet flat on the floor.

Holding on to a stable object, slightly bend knees and then slowly straighten to standing position.

Repeat 20 times.

Preparing for Surgery Checklist

1 Month Prior to Surgery

Week of: _____

Cancel any dental appointments that fall between 4 weeks prior to surgery and 3 months after surgery. All dental work should be completed prior to 30 days before surgery. Proper dental hygiene is essential for good health. We may ask you to see a dentist before surgery to check for tooth or gum problems, as germs in your mouth can travel through the bloodstream and infect the joint replacement. The dentist may identify any dental infections or tooth decay that may develop into a dental infection, which must be treated before total knee replacement surgery. (Tooth decay must be monitored.)

- Stop smoking. If you quit smoking before your surgery, you will increase your ability to heal. If you are unable to quit permanently, you will need to stop using tobacco for at least one month before surgery. If you want help quitting smoking, talk to your primary care physician.

14 Days Prior to Surgery

Week of: _____

- Have enough food on hand or arrange for someone to go shopping for you. Prepare or have frozen meals so that it will be easy to cook. Arrange your plates, pans, and kitchen utensils within easy reach.
- In order to stay well hydrated after surgery, pick up some alternatives to water, for example: Gatorade, Juice, or Vitamin Water
- Purchase 4x4 gauze pads and paper tape to cover your incision after you return home.
- Remove any obstacles that may cause you to trip: throw rugs, extension cords, low hanging bedspreads, pet toys, tack down loose carpeting, etc.
- Install night lights in bathrooms, bedrooms, and hallways.
- Purchase or borrow a shower bench, bedside commode, or raised toilet seat if you think these items will be needed after your surgery. Most insurances will not pay for these. You may purchase these at Goodwill, Salvation Army, KARM, Walmart or Drug Stores. Churches often have equipment closets. Check with local churches.
- Fill your routine prescriptions.
- Make sure you have emergency numbers programmed in your phone.
- Have a phone within easy reach with emergency numbers handy.
- Clean your home
- Do laundry and put it away
- Make arrangements for someone to pick you up from hospital on day of discharge.
- Begin taking 100mg of Colace in the morning and 100mg at night. Do not add Colace if you have Irritable Bowel Syndrome, Diverticulitis, Crohn's Disease, or any other condition involving the bowel or stomach.

7 Days Prior to Surgery

Week of: _____

Medications to stop:

- Refer to the list provided by your surgeon and Pre-Admission Testing on what medications that need to be held. (These would include any blood thinners, herbal supplements and anti-inflammatory medications.)

Consult with your primary care physician, cardiologist or specialty physician about when to stop prescription medications such as blood thinners, blood pressure, heart, cholesterol, kidney, etc. Blood thinners are generally stopped 7 – 10 days before surgery, but follow the advice of physician that has prescribed the medication.

2 Days Prior to Surgery

Week of: _____

- Begin bathing with CHG soap. Remember to use clean washcloths and towels.
- Change bed linens
- Do not drink alcoholic beverages.

1 Day Prior to Surgery

Date _____

- Bathe with CHG soap. Remember to use clean washcloths and towels.
- Pack the following items as necessary/appropriate:
- Loose clothing (examples: shorts, t-shirts, sweat pants, sweat shirt, gym type clothes, culottes)
 - Shoes (with a back & rubber soled preferred). No sandals or flip flops.
 - Loose fitting pajamas
 - Hygiene items (examples: toothpaste, toothbrush, deodorant, electric razor, powder, lotion, brush, comb, Depends pads).
 - Lightweight robe
 - CPAP machine. (Parkwest will provide water).
 - List of current medications
 - This guidebook
 - Walker to keep in car to assist you into car at discharge and out of car when back home.
- Fill your car with gas
- Cash or credit card to pay medical equipment co-payment
- Remove acrylic nails, finger and toenail polish. Remove any body piercings/body jewelry.
- Stop eating or drinking at the time you have been instructed. Take only the medications as directed by your Pre-Admission Testing nurse or Anesthesiologist.

Morning of Surgery

Date _____

- Complete your CHG bath. Do not apply lotions, deodorant, or powder afterward.
- Take medications as directed by your Pre-Admission Testing nurse, anesthesiologist, or surgeon. Take with sip of water.
- If you are a diabetic, do not take any diabetic medications or insulin on morning of the procedure, unless otherwise instructed.
- Bring your clothes and personal items.
- Bring this guidebook.
- Bring insurance card.
- Bring cash, checkbook or credit card for co-payment, if one is due.
- Arrive to the hospital 2 hours before your scheduled surgery time, unless directed otherwise.

Do Not:

- Do not eat breakfast unless instructed otherwise.
- Do not wear valuables such as watches, jewelry, or body jewelry.
- Do not bring personal medications, except the ones instructed by Pre-Admission Testing.
- Do not apply makeup.
- Do not wear acrylic nails, fingernail or toenail polish.
- Do not wear contacts.

Welcome to the Parkwest Joint Center!

Thank you for choosing The Joint Replacement Center at Parkwest for your surgery!

The goals of surgery are to relieve pain, restore your independence, and help you return to work and other daily activities.

Patients typically recover quickly. Patients will be able to walk the day of surgery. Generally, patients are able to return to driving in two to four weeks, dancing in four to six weeks, and golf in six to 12 weeks.

The Joint Replacement Center at Parkwest has implemented a comprehensive planned course of treatment. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in each step of the program. This guide will give you the necessary information to achieve a successful outcome.

Your team includes physicians, physician assistants, nurse practitioners, certified nursing assistants (CNA's), nurses, case managers, orthopedic technicians, and physical and occupational therapists – all specializing in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you.

The Joint Coordinator will be assisting you with your care from the preoperative course through discharge and postoperative discharge follow up. Please don't hesitate to contact us if you need anything.

Joint Replacement Center Coordinator Office
(865) 373-0091

Knee Replacement Postoperative Daily Activity Goals and Exercises

<p>Weeks 1 and 2</p>	<ul style="list-style-type: none"> ✓ Continue with walker unless otherwise instructed ✓ Walk at least 500-700 feet with support per day ✓ Climb and descend a flight of stairs (12-14 steps) with a rail once a day ✓ Actively bend knee at least 90° ✓ Straighten knee completely ✓ Independently sponge bath or shower and dress ✓ 20 minutes of home exercises twice a day, with or without the therapist. Refer to the postoperative exercises section.
<p>Weeks 2 to 4 Recovering to more independence. Even if receiving outpatient PT be very faithful to home exercises.</p>	<ul style="list-style-type: none"> ✓ Achieve 1 to 2 week goals ✓ Wean from walker to cane should you need one ✓ Begin weaning off narcotics ✓ Walk at least one quarter mile ✓ Climb and descend a flight of stairs (12-14 steps) more than once daily ✓ Bend your knee more than 100° ✓ Straighten knee completely ✓ Independently shower and dress ✓ Do 20 minutes of home exercises twice a day with or without therapist. Refer to postoperative exercise section. ✓ Begin driving if left knee had surgery & off narcotics, with surgeon's approval
<p>Weeks 4 to 6 Weeks 4 to 6 will see much more independence. Home exercise program will be even more important as you receive less supervised therapy.</p>	<ul style="list-style-type: none"> ✓ Achieve 1 to 4 week goals ✓ Walk independently or with cane if needed ✓ Walk one quarter of a mile to one half mile ✓ Begin progressing on stair from one foot at a time to regular stair-climbing (foot over foot). ✓ Actively bend knee 110° ✓ Straighten knee completely ✓ Drive a car (either right or left knee surgery), with surgeon's approval ✓ Using only over the counter medications for pain, if possible ✓ Continue with home exercise program twice a day. Refer to postoperative exercise section
<p>Weeks 6 to 12 During weeks 6 to 12 you should be able to begin resuming all of your activities</p>	<ul style="list-style-type: none"> ✓ Achieve 1 to 6 week goals ✓ Walk independently with no limp ✓ Climb and descend stairs in normal fashion (foot over foot) ✓ Walk one half to one mile ✓ Bend knee to 120° ✓ Straighten knee completely ✓ Improve strength to 80% ✓ Resume activities including dancing, bowling, and golf.

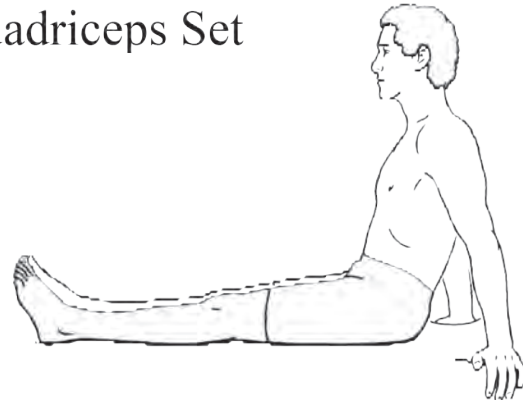
Total Knee Replacement Exercises

Ankle Pumps



Gently flex and extend ankles. Move through full range of motion.

Quadriceps Set



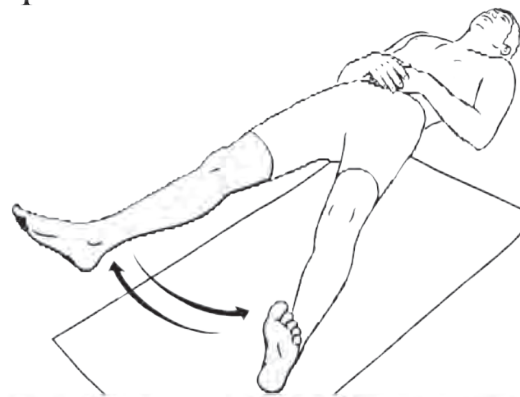
Tighten muscles on top of thighs by pushing knees down into surface. Hold 5 seconds and then relax.

Gluteal Sets



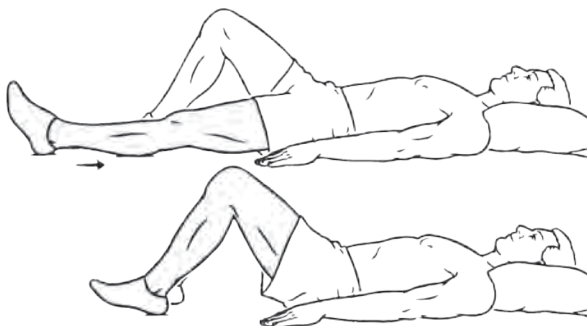
Slowly tighten buttock muscles, hold 5 seconds and then relax.

Hip Abduction / Adduction



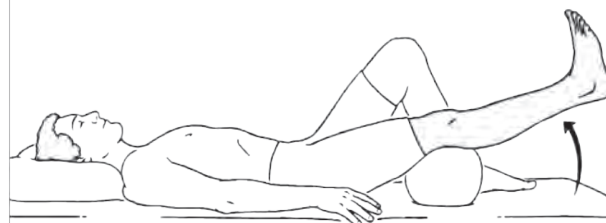
Slide operated leg out to the side. Keep toes pointed towards the ceiling. Gently bring leg back to midline.

Heel Slides



Slide heel of operated leg towards buttocks until a gentle stretch is felt. Hold 5 seconds and then straighten knee.

Short Arc Quads



With operated knee over pillow, straighten knee by tightening muscles on top of thigh, Keep bottom of knee on pillow and then slowly lower heel.

Total Knee Replacement Exercises

Straight Leg Raise



Tighten muscles on thigh of operated leg, then lift leg up, keeping knee straight and toes pointed towards the ceiling. Slowly lower leg.

Steps to Stair Training

1. The “good” (non-operated leg) goes UP first
2. The “bad” (operated leg) goes DOWN first
3. If using a cane, the cane stays on the level of the operated leg

Long Arc Quads

Slowly straighten operated leg with toes pointed towards the ceiling then bend knee, taking foot back down to the floor.

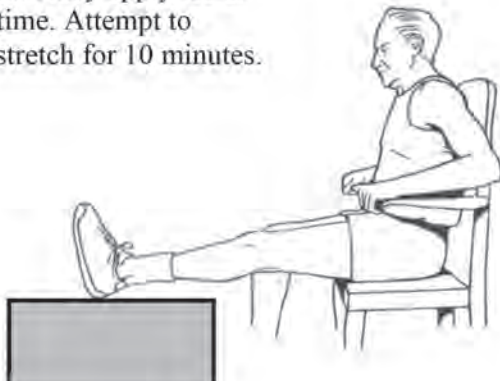


Note:

- DO NOT sit with your knee bent for long periods of time.
- DO NOT place a pillow directly behind your knee.

Extension Stretch

Prop foot of operated leg up on supported surface. Place a rolled towel under your ankle, if needed. You may apply ice at the same time. Attempt to maintain stretch for 10 minutes.



Hip Replacement Postoperative Daily Activity Goals and Exercises

<p>Weeks 1 and 2</p>	<ul style="list-style-type: none"> ✓ Continue with walker unless otherwise instructed ✓ Walk at least 500-700 feet per day with support ✓ Climb and descend a flight of stairs (12-14 steps) with a rail once a day ✓ Actively bend your hip at least 60° ✓ Straighten hip completely ✓ Independently sponge bath or shower and dress ✓ 20 minutes of home exercises twice a day, with or without the therapist. Refer to postoperative exercise section
<p>Weeks 2 to 4 Recovering to more independence. Even if receiving outpatient PT be very faithful to home exercises.</p>	<ul style="list-style-type: none"> ✓ Achieve 1 to 2 week goals ✓ Wean from walker to cane should you need one ✓ Begin weaning off narcotics ✓ Walk at least on quarter mile ✓ Climb and descend a flight of stairs (12-14 steps) more than once daily ✓ Bend your hip to 90° unless otherwise instructed ✓ Independently shower and dress ✓ Do 20 minutes of home exercises twice a day with or without therapist. Refer to postoperative exercise section. ✓ Begin driving if left hip had surgery & off narcotics, with surgeon's approval
<p>Weeks 4 to 6 Weeks 4 to 6 will see much more independence. Home exercise program will be even more important as you receive less supervised therapy.</p>	<ul style="list-style-type: none"> ✓ Achieve 1 to 4 week goals ✓ Walk independently or with cane if needed ✓ Walk one quarter of a mile to one half mile ✓ Begin progressing on stair from one foot at a time to regular stair-climbing (few stairs at a time). ✓ Actively bend hip ✓ Drive a car with surgeon's approval ✓ Should be weaned off narcotics ✓ Continue with home exercise program twice a day. Refer to postoperative exercise section.
<p>Weeks 6 to 12 During weeks 6 to 12 you should be able to begin resuming all of your activities</p>	<ul style="list-style-type: none"> ✓ Achieve 1 to 6 week goals ✓ Walk independently with no limp ✓ Climb and descend stairs in normal fashion (foot over foot) ✓ Walk one half to one mile ✓ Improve strength to 80% ✓ Resume activities including dancing, bowling, and golf.

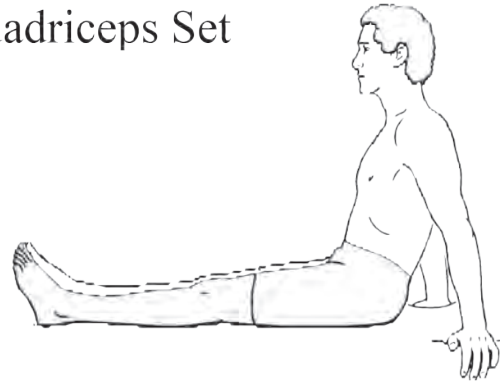
Posterior Total Hip Replacement Exercises

Ankle Pumps



Gently flex and extend ankles. Move through full range of motion.

Quadriceps Set



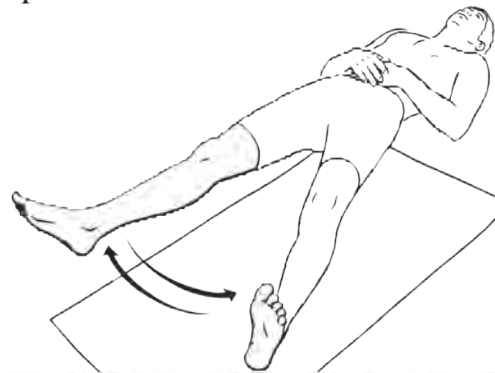
Tighten muscles on top of thighs by pushing knees down into surface. Hold 5 seconds and then relax.

Gluteal Sets



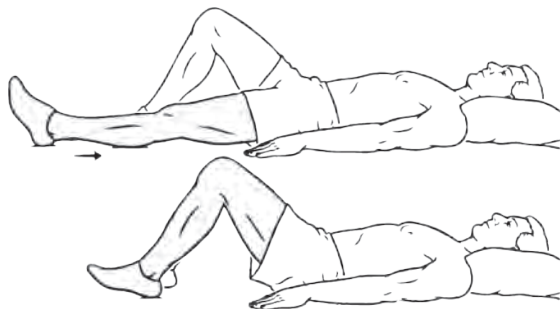
Slowly tighten buttock muscles, hold 5 seconds and then relax.

Hip Abduction / Adduction



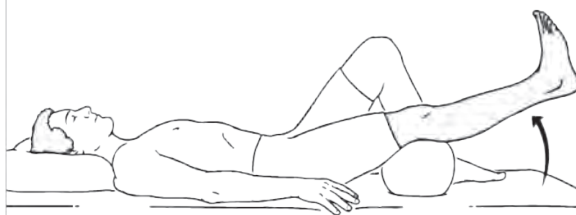
Slide operated leg out to the side. Keep toes pointed towards the ceiling. Gently bring leg back to midline.

Heel Slides



Slide heel of operated leg towards buttocks until a gentle stretch is felt. Do Not Bend your hip past 90 degrees. Hold 5 seconds and then straighten knee.

Short Arc Quads



With operated knee over pillow, straighten knee by tightening muscles on top of thigh. Keep bottom of knee on pillow and then slowly lower heel.

Posterior Total Hip Replacement Exercises

Long Arc Quad

Slowly straighten operated leg with toes pointed towards the ceiling then bend knee, taking foot back down to the floor.



Hip Precautions

1. Do not bend hip greater than 90 degrees
2. Do not cross your legs
3. Do not twist/pivot on the operated leg

Steps to Stair Training

1. The “good” (non-operated leg) goes UP first
2. The “bad” (operated leg) goes DOWN first
3. If using a cane, the cane stays on the level of the operated leg

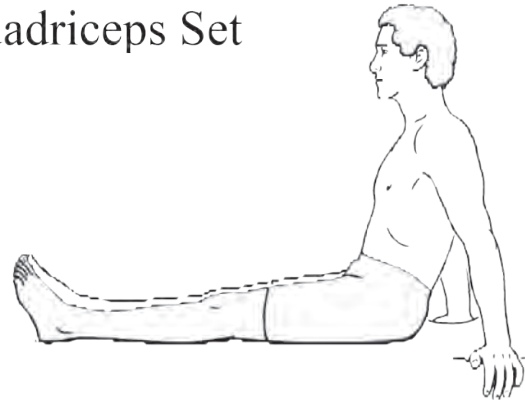
Anterior Total Hip Replacement Exercises

Ankle Pumps



Gently flex and extend ankles. Move through full range of motion.

Quadriceps Set



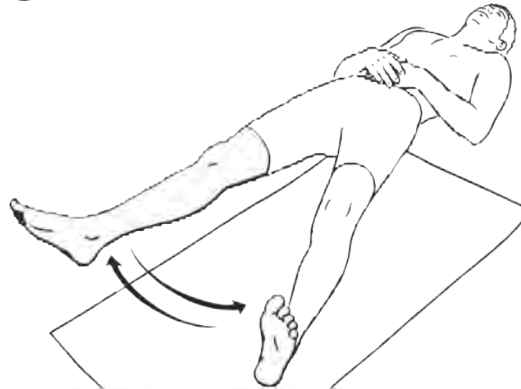
Tighten muscles on top of thighs by pushing knees down into surface. Hold 5 seconds and then relax.

Gluteal Sets



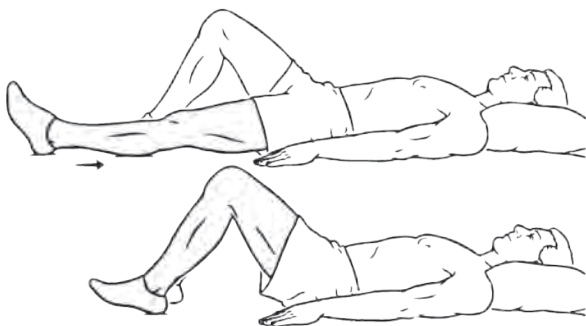
Slowly tighten buttock muscles, hold 5 seconds and then relax.

Hip Abduction / Adduction



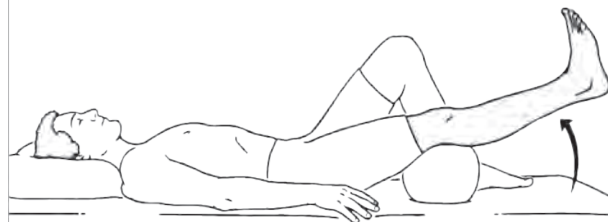
Slide operated leg out to the side. Keep toes pointed towards the ceiling. Gently bring leg back to midline.

Heel Slides



Slide heel of operated leg towards buttocks until a gentle stretch is felt. Hold 5 seconds and then straighten knee.

Short Arc Quads



With operated knee over pillow, straighten knee by tightening muscles on top of thigh. Keep bottom of knee on pillow and then slowly lower heel.

Anterior Total Hip Replacement Exercises

Long Arc Quad

Slowly straighten operated leg with toes pointed towards the ceiling then bend knee, taking foot back down to the floor.



Steps to Stair Training

1. The “good” (non-operated leg) goes UP first
2. The “bad” (operated leg) goes DOWN first
3. If using a cane, the cane stays on the level of the operated leg

Activities of Daily Living

Total Knee Patients

Activities of Daily Living — Precautions and Home Safety Tips Lying in Bed – Keep Knee Straight



The optimal sleeping position is to lie in bed with a pillow under your ankle. **DO NOT** put a pillow under your knee. It should be kept as straight as possible. Place a small pillow under your ankle to assist in straightening.

If you are not able to sleep in this position, it is acceptable (and preferred) that you change to a position that is comfortable to you, but keeping the knee straight will benefit you the most.

Total Hip Patients

Lying in Bed



Figure 1: Place a pillow between your legs when lying on your back. Try to keep the surgical leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or rolled towel on the outside of leg may help you maintain this position. You may sleep in any position comfortable to you.



Figure 2: When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place a pillow between your legs. With knees slightly bent, roll onto your side. Your leg may help you maintain this position.

Transfer — Bed

When Getting into Bed:

- 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).
- Reaching back with both hands, sit down on the bed and then scoot back toward the center of the mattress.
- Move your walker out of the way, but keep it within reach.
- Scoot your hips around so that you are facing the foot of the bed.
- Lift your legs into the bed.

When Getting out of Bed:

- Scoot your hips to the edge of the bed.
- Sit up while lowering your non-surgical leg to the floor.
- Scoot to the edge of the bed.
- Use both hands to push off the bed.
- Balance yourself before grabbing for the walker.



Standing

Standing up from chair

DO NOT Pull Up on the Walker to Stand!

Sit in a chair with arm rests when possible

- Scoot to the front edge of the chair.
- Push up with both hands on the armrests.
- Balance yourself before grabbing for the walker.

Remember: If you had a total hip replacement you should straighten the operative leg before sitting or standing.

Proper Method



Improper Method



Transfer — Toilet

Total hip patients will need to take special consideration when using a low toilet after surgery.

You may need a raised toilet seat or a three-in-one beside commode over your toilet for 12 weeks after surgery.

When sitting down on the toilet:

- Take small steps and turn until your back is to the toilet. Never pivot.
- Back up to the toilet until you feel it touch the back of your legs.
- If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the walker while reaching back for the toilet seat with the other.
- Slide your surgical leg out in front of you when sitting down.

When getting up from the toilet:

- If using a commode with armrests, use the armrests to push up. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
- Slide operated leg out in front of you when standing up.
- Balance yourself before grabbing the walker.

Raised Toilet Seat



Three-In-One Bedside Commode over Toilet



Transfer — Tub

Getting into the tub using a bath seat:

- Place the bath seat in the tub facing the faucets.
- Back up to the bath seat until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
- Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
- Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
- Move the walker out of the way, but keep it within reach.
- Lift your legs over the edge of the tub.
- Scoot across the seat until safely seated.

NOTE: Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

NOTE: ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.

NOTE: To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of a pair of pantyhose and attach it to the bath seat.

Getting out of the tub using a bath seat:

- Lift your legs over the outside of the tub.
- Scoot to the edge of the bath seat.
- 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.
- Balance yourself before grabbing the walker.



Transfer — Automobile

- Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
- Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
- Back up to the car until you feel it touch the back of your legs.
- Reach back for the car seat and lower yourself down. Keep your surgical leg straight out in front of you and duck your head so that you do not hit it on the door frame.
- Turn frontward, leaning back as you lift the operated leg into the car.

Walking:

- Move the walker forward.
- 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 feet of the walker.
- Step forward with the non-surgical leg.

NOTE: DO NOT take a step until all four walker legs are flat on the floor.

Stair Climbing:

- Ascend with non-surgical leg first (up with the good).
- Descend with the surgical leg first (down with the bad).



Walker Ambulation



Personal Care

Using a “reacher” or “dressing stick”:

Putting on pants and underwear:

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

Taking off pants and underwear:

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

How to Use a Sock Aid

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

If using a long-handled shoehorn:

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

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

Reacher or Dressing Stick



Factors That Determine Your Discharge Time

When you have met your therapy goals and are medically safe to go home, we will begin working on your discharge process. This process contains several steps and discharge criteria that need to be completed for your safety. Please be patient.

Things you can do to help on discharge day:

- Plan on participating in both of your therapy sessions on the day of discharge, unless therapy tells you differently.
- Communicate a timeline with the person who will be driving you home. Notify your nurse immediately if you are from out of town.
- Gather your belongings prior to transport arrival.

Things to know...

It is a good idea to contact your insurance company prior to surgery to review available benefits. Being prepared prior to surgery, will help in your overall plan of care.

Outpatient Therapy—if you or your surgeon's office have not already arranged your outpatient physical therapy appointment, then your hospital case manager will make those arrangements.

Home Health—a hospital case manager will arrange for home health physical therapy.

Skilled Nursing Facility—a hospital case manager will arrange for skilled nursing facility if you meet certain criteria. Some nursing facilities require a reservation. Check with the nursing facility you are interested in to see if they require a reservation prior to your surgery.

The decision to go home or to skilled nursing facility will be made collectively by you, your surgeon, physical therapist, case manager, but mostly by your insurance company.

Examples of factors that do not qualify for skilled nursing placement:

- A personal desire to go to a facility to recover.
- Lack of preparing your home for discharge.
- Issues related to pets in the home.
- Issues related to the person who designated as caregiver no longer being available.

Please note... although you may desire to go to skilled nursing facility when you are discharged, your progress will be monitored by your insurance company while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from skilled nursing or your insurance may recommend you return home. Every attempt will be made to have a decision from your insurance company prior to the day of discharge. There is a possibility your insurance company may deny you going to skilled nursing facility on day of discharge.

- You will need someone to drive you to skilled nursing facility
- Your primary care physician or a physician from skilled nursing facility will be caring for you in consultation with your surgeon.
- Your length of stay is based on your progress, but normally is a 7 to 10 day stay.
- Upon discharge home from skilled nursing facility, instructions will be given to you by their nursing staff.
- If any equipment is needed at home, the skilled nursing facility case manager will order for you.

Discharge Instructions

Most of our patients go home, many the same day as surgery. Being at home is safer and more comfortable than being at a facility. The expectation is that you have made all needed arrangements before surgery for a successful discharge to home either day of surgery or the following day. Your surgeon will discuss with you what a reasonable expectation is for the length of time you will spend at the hospital

Caring For Yourself at Home

When you go home, there are a variety of things you need to know for your safety, recovery, and comfort.

Restrictions

- Do not drive while on narcotics.
- Do not drive until approved by your surgeon (typically two to four weeks).
- Do not drink alcohol while taking pain medication.
- Do not kneel on knee(s).
- Do not place pillows directly under knee(s) while lying in bed or sitting in chair.

Controlling Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever, such as Tylenol.
- **Do Not take Tylenol with Percocet (Oxycodone) or Lortab (Hydrocodone) as both contain Tylenol (Acetaminophen). Total Tylenol dosage not to exceed (4000mg) in a 24 hour period.**
- If you are on a blood thinner (i.e. Coumadin, Xarelto, Lovenox) do not take any product that contains Aspirin. This can increase your risk of bleeding while on a blood thinner.
- Do not take non-steroidal anti-inflammatory (NSAID) medications for pain or swelling (examples: Aleve, Advil, Ibuprofen, Motrin, etc.) until after your blood thinner has been stopped. These medications can increase your risk for bleeding.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort and swelling, but do not use for more than 20 minutes each hour. You can use it before and after your exercise program.
 - For instructions on how to properly use your Polar Ice machine you may go to the following website:
https://www.youtube.com/watch?v=Rbl_Z41h61
 - For problems with your Polar Care Machine, contact Breg's Product Support at 1-800-321-0607
- Patients with knee replacement may elevate their leg 15-30 minutes four to five times daily while awake to help reduce pain. You should keep your ankle above your knee and your knee above your heart.
- Swelling and soreness will decrease over 6 to 12 weeks.

Constipation

- You may not have a normal bowel movement for three to four days after surgery.
- Continue to take a stool softener (examples: Colace or Senokot) while you take pain meds.
- If you do not have a bowel movement, take one of the following: Milk of Magnesia, Miralax, Magnesium Citrate or a Dulcolax Suppository.

Sleep Position

- Knee Replacement: Sleep with your leg straight. You may place a pillow underneath your ankle, but not underneath your calf or knee.
- Hip Replacement: You may sleep in any position that you find comfort. If you sleep on your side, place a pillow between your knees.

Body Changes

- Your appetite may be poor for a while. This is normal. Your desire for solid food will return.
- Drink plenty of fluids to keep from getting dehydrated.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased. Total recuperation may take three months or longer.
- Pain medication that contains narcotics causes constipation. Increase your fiber and fluid intake and use stool softeners or laxatives, if necessary.
- You may run a low-grade fever (100 - 101°)
- You may hear some clicking in your knee. This is normal.

Activity

- You may place as much weight as tolerated on operative leg(s) unless otherwise instructed by your doctors
- The first two weeks following surgery are critical to achieving full flexion (bending) and extension (straightening) of your knee.
- Perform physical therapy exercises as instructed by your physical therapist while you were in the hospital. These should be performed in addition to your home or outpatient therapy exercises.
- Most patients will have home or outpatient physical therapy. The number of times per week and for how long will be determined based on your surgeon's protocol.
- No high impact, repetitive exercises such as jumping or running.

Showering

- You may begin showering one to four days after surgery, review your discharge instructions for specifics.
- Some patients' incisions will be covered with a water repellent dressing.
- If your incision covered with a telfa island dressing or steri-strips, the incision must be covered.
- Do not shower if you are weak or dizzy.
- Have someone close by when you shower, you may need assistance

Caring for Your Incision

- Upon discharge you will be educated on how to care for your incision and showering instructions. Remember to always wash your hands prior to touching your incision area.

Bruising, swelling, soreness, and numbness is normal....expect it for four to six weeks after surgery!

Dental Work and Other Medical Procedures

Do not schedule any dental work four weeks prior to surgery and up until 3 months after surgery. Some patients may need to take antibiotics before any dental work, including cleanings for the first two years after total joint replacement, while others may need lifelong antibiotics. Contact your orthopedic surgeon for advice for future dental work or other medical procedures regarding if antibiotics will be needed.

Home Safety Tips

Kitchen

Do NOT get down on your knees to scrub floors. Use a mop and long- handles 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 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

Do's and Don'ts

- Do not lift heavy objects for the first three months and then only with your surgeon's permission.
- Whether you have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain your fitness and the health of the muscles around your joints.
- With both your orthopedic and primary care physicians' permission you should be on a regular exercise program three to four times per week lasting 20-30 minutes.
- Impact activities such as running and singles tennis 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. Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possible attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101°F, or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches 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 and perform ankle pumps.
- See your surgeon yearly unless otherwise recommended.

Recognizing & Preventing Potential Complications

Signs of Infection

- Area around incision is hot to touch
- Increased swelling and redness at incision site
- Swelling that does not respond to ice and elevation
- Increased drainage from incision site
- Change in color, amount, and odor of drainage
- Increase in pain and feeling of tightness around the knee
- Pain not controlled by medication
- A consistent fever greater than 101°F

Prevention of Infection

- Notify your physician and dentist that you have a joint replacement.
- Do not touch your incision
- Do not submerge your leg in water

What Do I Do if I Think I am Developing an Infection?

- Call your surgeon during normal business hours
- If it is after normal business hours, be sure to follow the instructions specifically given for after hours care.
- Do not go to the emergency room for treatment of infection type symptoms.

Other Reasons to Notify Your Surgeon or be Seen at Their After-Hours Clinic

- Pain not controlled by pain medications
- Inability to bear weight on your surgical leg
- Foot that has no sensation and a discolored appearance
- Confusion and disorientation

If you are experiencing shortness of breath or chest pain, call 911 or go to Emergency Room immediately.

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 preventative measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Notify your surgeon if you experience signs or symptoms of a blood clot.

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.

Prevention of blood clots

- Ankle pumps
- Walking
- You will be given a blood thinner (examples: Coumadin, Lovenox, Xarelto, Aspirin) to help prevent blood clots. You will need to take it for two to six weeks, depending on your individual situation. Be sure to take the medicine as directed by your surgeon.
- You may be sent home with special stockings (TED Hose). These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots. You should wear the stockings for four weeks after surgery if directed by your surgeon to do so.

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
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

Prevention of pulmonary embolus

- Prevent blood clot in legs by use of blood thinners and ankle pumps
- Recognize a blood clot in leg and call physician promptly
- Early ambulation after surgery

