



Joint and Spine Institute

St. Joseph Medical Center

ORIENTATION PACKET FOR KNEE REPLACEMENT SURGERY



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Welcome to **St. Joseph Medical Center** and our **Joint and Spine Center**! My name is Leah Fryberger, and I am the orthopedic navigator. I will be overseeing your care and providing assistance as you begin your journey to wellness after joint replacement surgery.

Our health care team is dedicated to making your stay at St. Joseph a success. Your stay will be focused on getting better. We will support and empower you as you work toward increasing independence and greater comfort with mobility. This will allow you to return to a healthier lifestyle and fully participate in those activities in your home and community that are important to you. Your satisfaction is our goal!

This orientation packet was developed to help prepare you for your total joint replacement, understand your hospital stay and plan for your successful return home. After surgery your stay at St. Joseph will be 2-3 days and then discharge home with home health. Some of you may need a short stay in Rehab unit or a skilled nursing facility (SNF) after your hospitalization to continue therapy on the way to becoming safe and independent.

I look forward to meeting you and I am confident your stay with us will be a great success. Please feel free to contact me at with any questions you may have. We thank you for choosing St. Joseph's and look forward to working with you.

Sincerely,

Leah Fryberger, RN, BSN
Orthopedic Navigator
St. Joseph Medical Center
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HOW YOUR KNEE WORKS

A healthy knee bends easily and rotates slightly. The joint absorbs stress and moves smoothly. This allows you to walk, squat, and turn without pain.

The knee is a **hinge joint**, formed where the **thighbone** (femur), **shinbone** (tibia), and **kneecap** (patella) meet. The joint is covered with smooth tissue and powered by large muscles. When all the parts listed below are healthy, a knee should move easily.

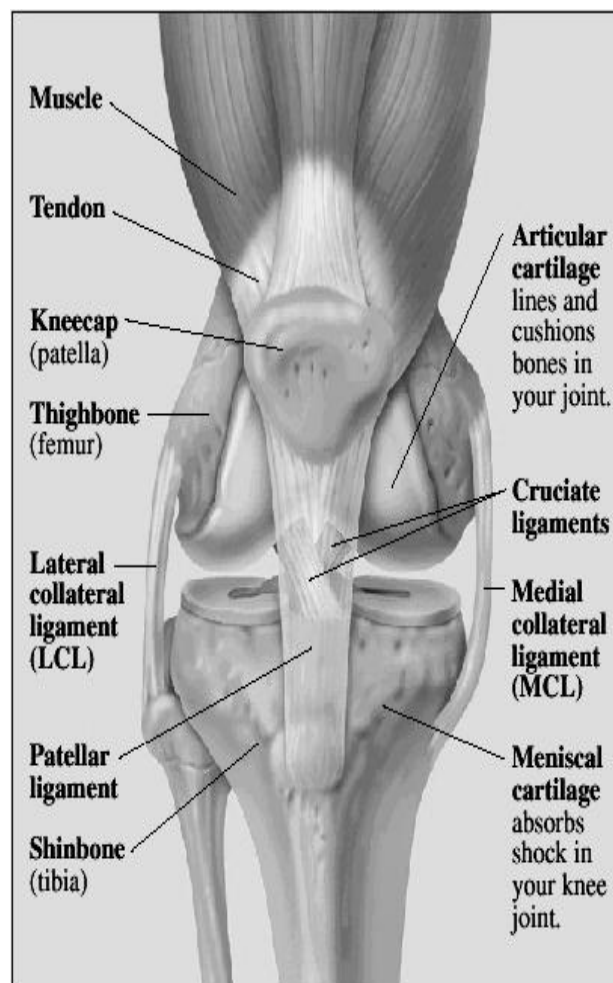
Cartilage is a layer of smooth tissue. It covers the ends of the thighbone and shinbone. It also lines the back side of the kneecap. Healthy cartilage absorbs stress and allows the knee to bend easily. In many cases, the cartilage is worn away which results in pain.

Muscles power the knee and leg for movement. The largest muscle on top of the leg is the quadriceps.

Tendons attach the muscles to the bones.

Ligaments are bands of tissue that connect bones and brace the joint.

Joint Fluid lubricates the cartilage surfaces, making movement even easier.



UNDERSTANDING KNEE REPLACEMENT

Over time, the cartilage in the knee can wear away. As it does, the knee becomes stiff and painful. A **total knee prosthesis** (artificial joint) can replace the painful joint and restore movement.

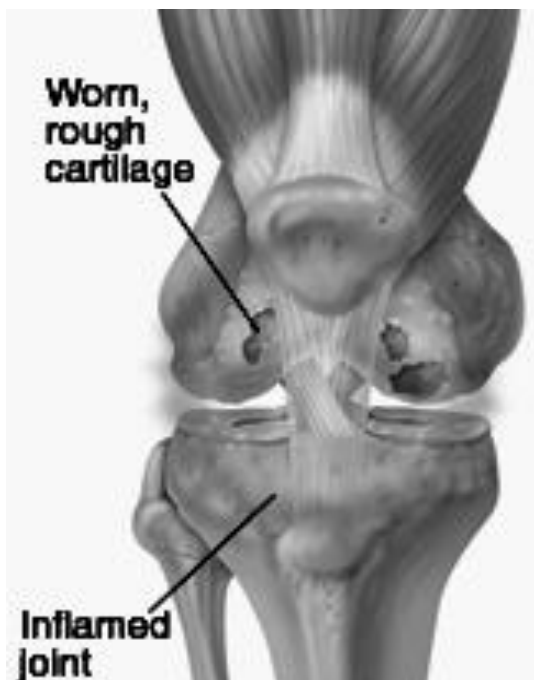
A Problem Knee

A problem knee is stiff or painful. Cartilage cracks or wears away due to usage, inflammation, or injury. Worn, roughened cartilage no longer allows the joint to glide freely, so it feels stiff. As more cartilage wears away, exposed bones rub together when the knee bends, causing pain. With time, bone surfaces also become rough, making pain worse.

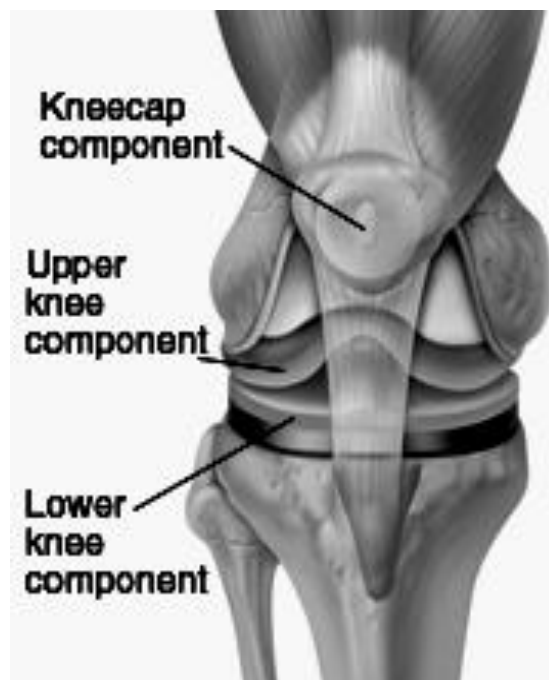
A Total Knee Prosthesis

A total knee prosthesis lets your knee bend easily again. The roughened ends of the thighbone and shinbone and the underside of the kneecap are replaced with metal and strong plastic components. With new smooth surfaces, the bones can once again glide freely. A knee prosthesis does have limitations. But it can let you walk and move with greater comfort.

A Problem Knee

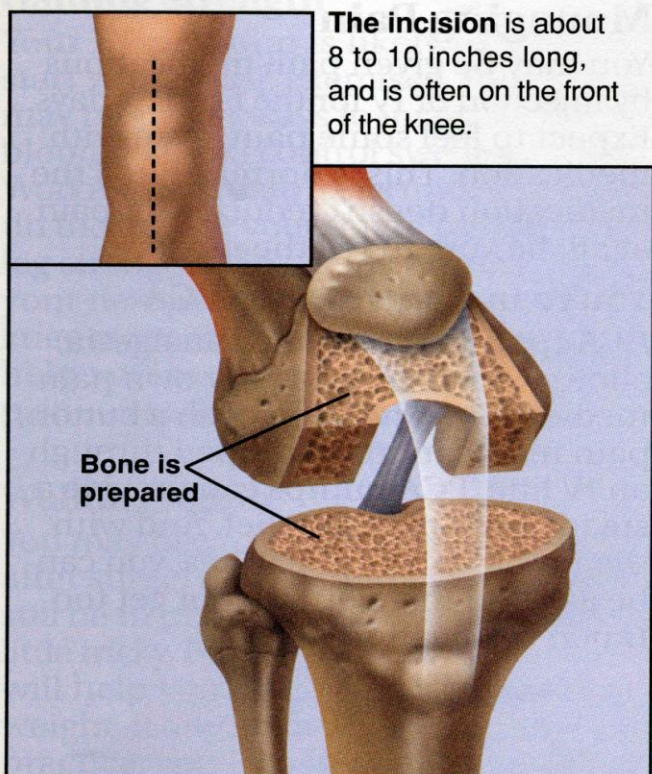


A Total Knee Prosthesis



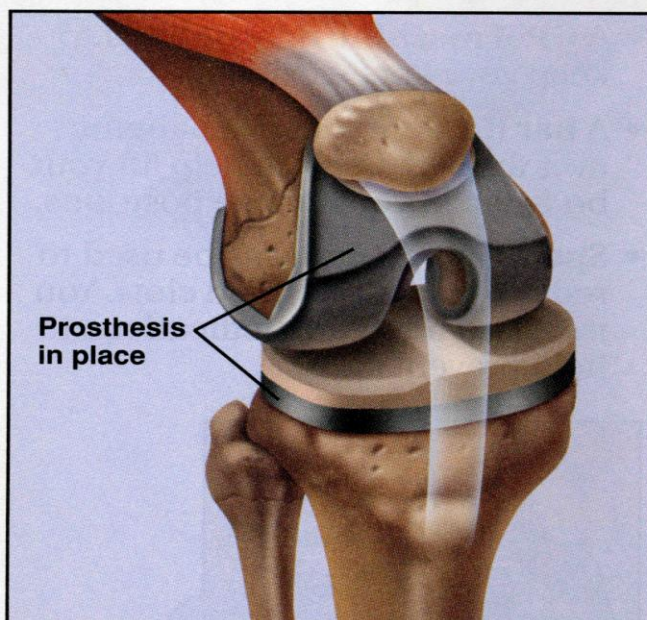
The Surgical Procedure

When the surgical team is ready, you'll be taken to the operating room. There you'll be given anesthesia. The anesthesia will help you sleep through surgery, or it will make you numb from the waist down. Then an incision is made on the front or side of your knee. Any damaged bone is cleaned away, and the new joint is put into place. The incision is closed with staples or stitches.



Preparing the Bone

All of the bone surfaces of the joint are shaped to hold the prosthesis. Then the parts of the prosthesis are put in place. At this point, your surgeon tests the fit and alignment of the prosthesis.



Joining the New Parts

If the prosthesis fits correctly, its parts are secured to the thighbone, kneecap, and shinbone. Then these parts are joined. Together they form the new joint.

In the Recovery Room

After surgery you'll be sent to the recovery room, also called the **PACU** (postanesthesia care unit). Your condition will be watched closely, and you'll be given pain medications. You may have a **catheter** (small tube) in your bladder and a drain in your knee. A **CPM** (continuous passive motion) machine may be used on your knee. This machine gently bends the knee to keep it from getting stiff.

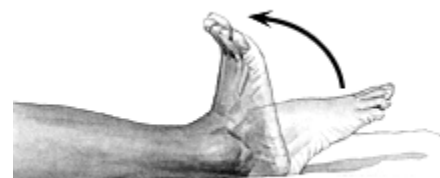
EXERCISES BEFORE KNEE REPLACEMENT

Exercises BEFORE knee replacement can help speed recovery. It is beneficial to exercise both legs. Start by doing each exercise 5–10 times (5–10 repetitions), twice a day (2 sets a day). As you get stronger, slowly increase the number of repetitions and sets.

NOTE: Stop any exercise that causes sharp or increased knee pain, dizziness, shortness of breath, or chest pain.

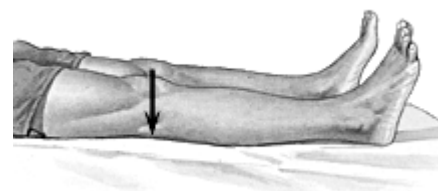
ANKLE PUMPS:

- Ankle pumps can help prevent circulation problems, such as blood clots.
- Pump your feet up and then down.



QUADRICEPS SETS:

- Lie on your back in bed, legs straight.
- Tighten the muscle at the front of the thigh as you press the back of your knee down toward the bed. Hold for a slow 5-10 count. Then relax the leg. Repeat.



GLUTEAL SETS (Squeezes):

- Lie on your back in bed, legs straight.
- Squeeze buttocks muscles as tightly as possible. Hold for a slow 5 count. Then relax buttocks. Repeat.

STRAIGHT LEG RAISES:

- Lie in bed. Bend one leg up to protect your back. Keep your other leg straight on the bed.
- Lift your straight leg up 8-12 inches off the surface. Hold for a few seconds. Then slowly lower the leg. Relax and then repeat.



DEEP BREATHING AND COUGHING EXERCISES

Your lungs consist of many air sacs that get larger when you breathe. Often you do not breathe as deeply as you should after surgery. This places you at risk for developing pneumonia or other breathing complications.

Begin practicing deep breathing and coughing now, before surgery, so you will better understand how this feels when you are asked to do this after surgery.

Respiratory therapy will give you an incentive spirometer after surgery to use during your hospital stay. We usually recommend 10 breaths every hour that you are awake.

Steps for Deep Breathing:

- In bed, lie on your back with legs straight.
- In a chair, sit with your feet flat on the floor.
- Place your hands on your rib cage.
- Take a deep breath in through your nose.
- Blow out through your mouth. When you breathe out, try to make your stomach sink in and your ribs move in.
- Repeat last two steps three times.

Steps for Coughing:

- Sit as upright as possible in a chair with feet flat on the floor.
- Breathe in and out fully.
- With your mouth open, take in a deep breath.
- Quickly give 1 to 2 strong coughs from deep in your lungs.
- Cover your mouth with a tissue as you cough.

DISCHARGE GOALS

It is our hope to make your stay here at **St. Joseph's Joint and Spine Center** a success. Most knee patients are hospitalized for 2-3 days after their surgery. As we prepare you for a successful recovery and plan for you going home after surgery, here are some goals you will need to strive for:

1. Getting in and out of bed on your own.
2. Walking with a walker 100-150 ft.
3. Performing basic self-care on your own.
4. Straightening or extending your operated knee to 0°.
5. Bending or flexing your operated knee to 90° (or more).
6. Being independent and safe

MEDICAL PREPARATION

General Physical Exam: A general physical with your primary care physician will determine your overall health and identify any medical conditions that may interfere with surgery or affect your recovery.

Pre-op Appointment: About 2 weeks before surgery, you will attend a pre-op appointment (PAC) at SJMC. You will meet the orthopedic navigator along with the surgery staff. We will discuss preparation for your surgery, your recovery goals and discharge plans to return home. Family or friends involved in your care are encouraged to attend this meeting.

Dental Exam: It is recommended you have a general dental exam before surgery. To reduce the risk of infection, any recommended dental procedures should be completed *before* having joint surgery.

Medications and Herbal Supplements: You must stop taking certain medications and herbal supplements before surgery. Be sure to review all your medications and supplements with your doctors before surgery. Bring a **list** of your medications to the pre-op appointment. Do not bring your medications to the hospital.

Stop Smoking: You are strongly urged to stop smoking before surgery. Smoking increases your heart rate, blood pressure, and risk of developing lung problems, as well as slows the healing process. You will recover faster if you stop smoking before surgery. Smoking is not allowed anywhere inside or outside of St. Joseph's Medical Center.

Lose Weight: Being overweight places added stress on your joints and can increase your pain and recovery time following total joint surgery. The following are a few weight reduction tips:

- 1) Eat a variety of foods from all of the different food groups.
- 2) Eat at least 5 servings of fruits & vegetables each day.
- 3) Choose skim or 1% milk, low fat yogurt or ice cream.
- 4) Choose lean meats, fish & poultry without skin. Bake, broil, grill or roast meats instead of frying.
- 5) Limit regular soft drinks, candy & sugar.
- 6) Limit use of fats & fried foods.

WHAT TO PACK

Patient gowns are worn for surgery only. We want to feel like you are on the road to recovery and not sick in bed. We encourage casual attire for all patients. Below is a list of items you should to bring to the hospital:

1. List of medications and herbal supplements you are taking.
Do not bring in your own medications.
2. Personal care items: toothbrush, toothpaste, comb, hairbrush, etc.
3. Casual Clothing (you will start getting dressed the day after surgery):
 - Underwear
 - Loose fitting pants or shorts (elastic waists are preferred)
 - Comfortable shirts
 - Sweatshirt or sweater if you tend to get cold
 - Sleepwear (for use at night)
 - Bathrobe (knee-length)
4. Shoes: Supportive shoes such as walking shoes or tennis shoes.
5. **Knee** Orientation Packet.
6. Eyeglasses, hearing aids, and dentures.
7. Equipment you may already have that you think will be helpful, such as:
 - Walker
 - Reacher
 - Long-handled shoe horn

Note: Do not go out and purchase these items. Discuss what supplies you should bring with the Program Coordinator at your pre-op orientation class.

Do not bring:

- Tight fitting clothing
- High heeled shoes, open-toe, or open-back shoes
- Large sums of money
- Expensive jewelry
- Medications

SKIN CARE BEFORE SURGERY

- Tell your surgeon if you have any changes in your skin (abscesses, boils, skin irritation, or rashes).
- Let your surgeon know if you or anyone in your household has experienced problems with skin infections, especially staph or **MRSA** infections.
- Do not shave your leg or use hair removing lotions or creams (depilatory) for at least 3 days prior to surgery. The use of razors or depilatory can cause skin irritation which increases your risk for infection of the incision.
- Do not use lotions, creams, ointments or oils (especially if petroleum based) for a least 3 days prior to surgery, unless ordered by your surgeon.
- Using freshly laundered towels and washcloths, **shower** the night before and the morning of your surgery. You will receive special soap at your pre-op appt.
- You can protect yourself from illness and prevent the spread of infection by cleaning your hands often.

THE DAY BEFORE SURGERY

- You may eat a normal meal on the evening before surgery. After midnight, do not eat or drink anything. Your stomach must be empty during surgery. This decreases the risk that you will become sick to your stomach or vomit before or during surgery.
- The pre-anesthesia nurse or your doctor will tell you of any medications you should take the morning of surgery.
- Take a shower, using freshly laundered towels and washcloths. You will be asked by your surgeon to use a special soap.

THE DAY OF SURGERY

- Take your morning shower in preparation for surgery. Use freshly laundered towels, washcloths and the special soap.
- Arrive at the hospital at your appointment time, usually 2 hours before surgery. Use the main Medical Mall entrance and report to registration
- Complete the admission process by verifying insurance and paying your insurance co-pay, if required. You may need a picture I.D. (To speed things up, please take advantage of our on-line pre-op registration process).
- You will go to the Surgery Holding Area where the Operating Room team will continue to assist you prepare for surgery.
- You will meet with your surgeon and/or their team and a member of the Anesthesia Team.
- One family member will be allowed to stay with you in the Holding Area before surgery.
- **Note: Please leave valuables such as jewelry and cash at home. Leave your suitcase in your car and have family bring it to your room after surgery.**

AFTER TOTAL KNEE REPLACEMENT SURGERY

RECOVERY ROOM/ PACU

Immediately following your surgery, you will be taken to the Recovery Room or Post Anesthesia Care Unit (PACU). You will be cared for there until you are fully awake and your vital signs (blood pressure, heart rate, breathing, etc.) are stable. You can expect to be in the PACU for 1 to 2 hours.

As you are waking up -

- You will be on oxygen with a monitor.
- Your vital signs will be checked frequently.
- An ace wrapped dressing will extend from your upper thigh to your ankle.
- You may have a tube from the incision site that comes out from under your dressing. This is a drain that is used to remove excess fluid.
- Some of you may have a drain that can return your own blood to you if needed to prevent having to have a blood transfusion.
- An IV in your arm delivering fluids to your body. You will also be receiving pain medication and antibiotics through your IV.
- You may have a Foley catheter tube to help drain your bladder.
- You will have a warming blanket on to keep you warm.

SUPPORT EQUIPMENT

- A **femoral nerve block** will be placed by anesthesia prior to surgery. This numbs the large bundle of nerves on top of your thigh. This helps with pain control throughout your stay. Each day the amount of medicine infusing into the nerves will decrease. This helps gain control of the muscles (quadriceps) that run with the nerve. This block will come out the day of discharge.
- You will have sleeves fitted to your calves that are attached to an **intermittent compression pump** or machine. It prevents blood clots by inflating and deflating, gently squeezing your calves.

The Joint and Spine center

After your stay in recovery room you will be brought to a private room. We have a multidisciplinary staff dedicated to working with patients after a joint replacement surgery. The Joint and Spine center is located on 5 south. It may become necessary to move patients from 5 South to another unit. Should this happen, rest assured our nurses specializing in orthopedics, and your therapists, will continue to provide your care throughout your hospital stay.

After your surgery everyone is considered a **FALL RISK!!** You may not get out of bed without assistance. This is for your safety. You must **ALWAYS** call for assistance until your therapist determines you are safe to be up on your own. We will use bed alarms and chair alarms to ensure safety.

The care for you after a joint replacement is a combination of efforts by many different areas of care. These include nursing, therapy, physicians, and case management.

You will have **nurses** to meet your needs throughout your stay. They will assist in medication administration, dressing changes and basic care needs. PCA's (Patient care associates) will assist the nurses and will be the first ones to help get you bathed, dressed and up in a chair the morning after surgery. Nurses and PCA's are here 24/7 to help in your recovery.

Physical Therapy (PT) will begin your first morning after surgery. The PT will evaluate your knee to see how far you can bend (flex) and straighten (extend). Measurements will be taken and goals will be set each session. You will have PT once in the morning and once in the afternoon. Your knee is able to support full weight by maybe too sore to begin with. The nerve block in your quad muscle along with pain and swelling will make it harder than normal to move your leg. The PT will also assist you in moving your leg as well as learning how to walk with a walker

There is a **case manager** assigned to each unit. The case manager will meet with you the day after surgery to get an idea of your home layout, and what kind of medical equipment you may need. Case management has all the information about home health to provide for you and will be able to assist if you need to go to a different facility for more therapy. Case management will check in daily for updates.

Respiratory therapist (RT) will be around after surgery to monitor your oxygen and apnea machine while you are on the patient controlled analgesia (PCA) pump. If you have a CPAP you wear at night or require breathing treatments during your stay, a RT will be around to assist you with these needs.

Your **surgeon** will round daily to check on your progress. You may have a medical doctor seeing you as well that will check in daily to manage medications and any other health conditions. Anesthesia will come by the day after surgery to make sure you are free from complications and check in daily to check on the nerve block.

The **Orthopedic Navigator** will follow your progress through notes from nursing/therapy and other physicians. She will round in the mornings and educate you on the plan for the day. The orthopedic navigator will communicate with the nurses, therapists and case manager on what needs you may have during your stay. The orthopedic navigator will also communicate to the physicians about any problems or questions.

DAILY PLAN

- You will have daily blood work around 4:30 am
- The orthopedic navigator will round around 6:30 am to review your daily plan of care
- Your Physicians will round daily
- After breakfast each morning nursing will assist you with getting dressed in regular clothes (around 08:00- 08:30 am), then Physical Therapy will work with you at 09:30 am and 1:30 pm.
- You may rest/nap between therapy sessions.
- On your day of discharge (or 4th day of your hospitalization) you will be able to shower.

Therapy

You will receive two visits from the physical therapist each day after surgery. The first day after surgery, a physical therapist will evaluate your movement and begin teaching you individual exercises, techniques to get in and out of your bed, and how to use a walker. You will be assisted with bathing and dressing in your casual clothing prior to exercise. We suggest you request pain medication ½ hour prior to each exercise class. The second day after surgery, you may participate in therapy with other people that also had a knee replacement. These will occur Monday to Friday at 9:30 AM and 1:30 PM in the joint exercise room. On weekends you will receive individual therapy in your room twice a day. Exercising as a group allows for improved motivation and compliance with therapy sessions. Your family is encouraged to attend these sessions.

Meal Times

We provide a complete room service program with a restaurant style menu. You may be given a menu that reflects the particular dietary restrictions you may be under at your physician's request. Room service hours are **6:45 a.m. to 6:45 p.m.** You will be instructed to call **X32233** to place your order and your meal will be delivered in 45 minutes or less. You may order meals in advance to be delivered at your specified time. It is recommended to order breakfast the night before and specify when you want it delivered.

After surgery you will be started on a clear liquid diet to make sure there is no nausea/vomiting. Your diet will then be advanced as tolerating. Most people are able to eat regular food by dinner on surgery day. There is always juice, soda, crackers and some snacks available on the floor 24/7.

Blood Thinner

By having a joint replacement it makes the body less mobile as it was previously and the surgery puts you at a risk for blood clots. You will be started on a blood thinning medication. Some are **Coumadin (Warfarin), Xarelto or Lovenox**. These make your blood less prone to form blood clots. A lab test will be performed everyday while you are in the hospital to monitor the effectiveness of the medication. You will continue to take one of these medications for anywhere from one to four weeks.

PAIN MANAGEMENT PLAN

Pain management is an important part of the healing process. Pain may not be completely eliminated but we want to try our best to make it tolerable. With your pain well managed, you are able to participate in daily activities as well as work on your exercise and discharge goals.

COMMUNICATING ABOUT PAIN

You have a right to have pain treated. Untreated pain can limit eating, sleeping, and activity. Tell your healthcare team (doctor, nurse or therapist) where and how much you hurt. It may not be possible to relieve all the pain. Your health care team can help you reach a pain level you can live with. As pain is reduced, you'll feel better. Less pain means less stress on your body and mind.

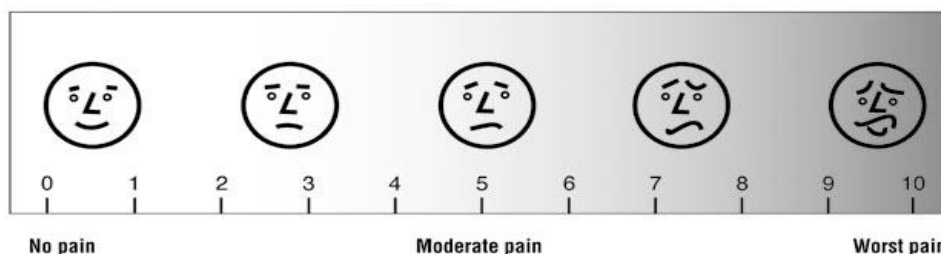
Before surgery when you share your health history. Be sure to:

- Mention **all** the medications you take daily and as needed. This includes any you buy over the counter. Mention any herbs, teas, or vitamins you take, too.
- Mention any pain relief techniques you use, such as massage or meditation.
- Measure pain as directed.

Follow your treatment plan. Tell your healthcare provider how well treatment works.

MEASURING YOUR PAIN

A pain scale helps you rate *pain intensity*. In the scale, **0** means no pain, and **10** is the worst pain possible. You may feel some pain even with medications. Tell your nurse or therapist if medications don't reduce the pain. Be sure to mention if the pain suddenly increases or changes.



ON-Q Peripheral Nerve Block

This is a catheter that will be inserted into your groin by your anesthesiologist before surgery. This affects the nerve bundle running on the top of your leg. Numbing medication runs through the catheter and “blocks” the pain signal from your knee to aid in better pain control. The medication affects the quadriceps muscle on top of your leg and this results in your leg will feel “heavy” and you will not be able to lift your leg off the bed. This will remain with you until the morning of your discharge. The amount of medicine infusing through your going will be “turned down” by your nurse each morning so you will have better muscle control for therapy. **While this catheter is in place you will not be allowed to get out of bed by yourself, you must always call and ask for assistance!**

MEDICATIONS

Pain medication is initially delivered through your IV after surgery. When you are in the recovery room, the nurses will instruct you on using a patient controlled analgesia pump (PCA). When you are more comfortable and more awake you will be taken to your private room. This PCA pump will be used through your first night.

PCA (Patient-controlled Analgesia) PUMP

A PCA pump allows you to push a button to receive a dose of pain medication. It is delivered through an **IV**. A PCA allows for a more constant level of pain relief after surgery.

PCA Pumps Deliver Narcotics

- **Narcotics**, also known as **opiates**, are the most common medications used to relieve post-op pain.
- Narcotics affect pain centers at the spinal cord and in the brain. They can control even severe pain.
- With short-term postoperative use, narcotics are not addictive.
- Narcotics may cause side effects such as constipation, nausea, itching, headaches, And, in rare cases, breathing problems.
- Let your nurse know if you are experiencing any side effects.



PCA Pumps Have Safety Features

- You cannot overdose. The pump is programmed to prevent you from receiving too much medication.
- A measured dose of medication is delivered with each use.
- Most pumps have a “lockout” time. During this time, you won’t receive a dose of medication even if you press the button.
- You can only receive a certain amount of medication each hour.

Important!

No one but you should push the PCA button. This includes your family or friends. If anyone but you pushes the button, you may get medication when you don’t need it. This can cause life-threatening complications. It can also keep the pain medication from working when you do need it.

PAIN PILLS

Pain pills will begin your first day after surgery. The PCA pump is discontinued and oral medication is begun. Pills generally last longer in your system than IV medication. Pain pills are prescribed on an as needed basis. You can usually take them every 4 hours. Be sure to ask for pain pills when you are having pain and about **30 minutes** before your physical therapy. Your nurse knows your schedule and should offer you pain pills before your therapy times. Otherwise try to stay ahead of the pain and request pain pills when needed.

When your surgeon dismisses you to go home, you will receive a prescription for pain pills. Pain medications have a tendency to cause constipation. Drink plenty of fluids and increase fiber in your diet to avoid bowel problems. Fiber rich foods include whole grain breads (with at least 2 grams of fiber per slice), cereals (with at least 4 grams of fiber per serving), vegetables (such as broccoli, Brussels sprouts, carrots, corn, or peas), fruits, dry beans or peas, and nuts and seeds.

NON-PHARMACOLOGICAL PAIN PLAN

Pain and swelling after a total knee replacement is normal and expected. There are several things you can do other than medication to control the pain and swelling. These include changing your position, use of cold packs, guided imagery, deep breathing, listening to music and relaxation. There is a scheduled “quiet time” in the afternoon when there will be little to no disturbance from the staff. This is a time when you relax and rest after therapies.

COLD

Applying cold packs to your operated knee can help reduce swelling and pain. Place a cold pack on your knee three to four times daily for 20 minutes. The use of cold can be especially helpful following your exercises.

- You can use a commercial ice pack or bag of frozen vegetables wrapped in a thin cloth. Do not place directly on skin and do not use for more than 20 minutes at a time

ELEVATION

Swelling is common following total joint replacement. You may notice it more once you are at home and become more active. Elevating your operated leg reduces swelling, which relieves pain and speeds healing.

- Correct elevation is achieved with the body lying on a bed or couch with the ankles raised above the heart on two or three pillows.
- Pillows must be length wise from the knee to the ankle, not directly under the knee.
- Do this during rest periods for 45 minutes to 1 hour, 2-3 times a day.
- More elevation time may be needed during the day if swelling continues. Even better, keep your affected limb elevated whenever you're not walking or exercising.



VISUALIZATION

Visualization helps take your mind off the pain. Close your eyes. Breathe deeply. Picture yourself in a quiet, peaceful place. Imagine how you feel in that place. If other thoughts enter your mind, take a deep breath and try again.

PROGRESSIVE BODY RELAXATION

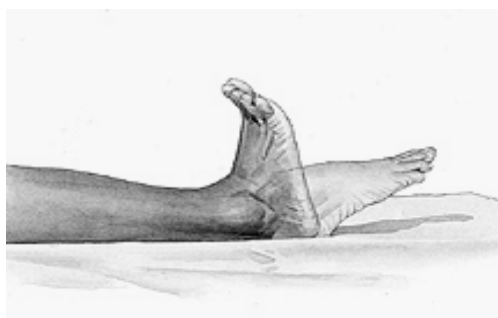
Relaxation helps relieve stress and pain. Close your eyes. Clench your foot muscles. Hold for a few seconds. Release. Repeat with the muscles in your calves. Work slowly up your body.

DEEP BREATHING

Deep breathing relaxes your whole body. Inhale slowly and deeply as you count to 5. Hold your breath for a couple of seconds. Exhale through your mouth as you count to 10.

ANKLE PUMPS

Ankle pumps can help reduce swelling, improve circulation, and prevent blood clots. Slowly point/pull your toes up towards your knee and then flex your foot down. Do both feet together. Repeat this 10-30 times each hour.



Note to family and friends: It may be hard to understand how your loved one feels. You may not be able to stop the pain but you can help in other ways. Spend time with your loved one, this helps distract from the pain and also help him or her take medication.

ADAPTIVE EQUIPMENT FOR TOTAL JOINTS

After your total joint replacement, you may need several pieces of equipment to make your daily activities easier and safer. Since each person's recovery may be different, your surgeon and therapists will work together to determine the equipment that best suits your needs. Your therapist will teach you how to use some of the following equipment before you go home.

- **Walker:** This helps gain stability when walking and going from sitting to standing. Each patient will use a walker during their stay and be issued a brand new one at discharge. Expect to use a walker the first few weeks after surgery

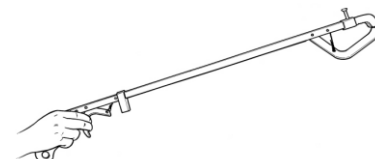


- **Bath Seat/Shower Bench:** This seat or bench allows you to sit while showering and provides safety while you are in the tub or shower.



- **Elevated Toilet Seat:** This device is attached to your toilet seat to elevate its height. This may help if you have low toilets.

- **Reacher:** A reacher is used to pick up items off the floor and help you with dressing.



- **Long-handled Shoe Horn:** This shoe horn has a long handle and helps you to put your shoes on while sitting or standing without bending over when sitting or standing.

- **Elastic Shoelaces:** These shoelaces make it easier for you to slip in or out of your shoes.

- **Long-handled Bath Sponge:** This sponge allows you to reach your lower body during bathing.

USING A WALKER

Before using a walker, it should be adjusted to the proper height for you. Your walker is at the proper height when you are standing with your hands on the handgrips and there is a slight bend in your elbows. Your physical therapist will determine if a walker is the appropriate walking aid for you and if so, ensure your walker is adjusted properly.

1. ***Moving from sitting to standing:*** Slide your operated leg forward so that it is slightly in front of your nonoperative leg. Slide your buttocks forward, close to the edge of the chair or bed. Lean forward and push up from the bed or chair with both hands, then reach one hand for your walker. Do not pull up on your walker as it may roll or tip and cause you to fall.

2. ***Moving from standing to sitting:*** Back up until you feel the bed or chair against the back of your legs. Slide your operated leg slightly forward. Reach back with both hands for the bed or armrests of the chair. Slowly lower yourself into sitting. Chairs with firm, high seats and armrests will be easiest to get up and down from. Avoid chairs that are low, that rock, or are on wheels.

3. ***Walking:*** Place the walker forward (about an arm's length away). If your walker has wheels, roll it. If it does not, lift the walker and move it an arm's length in front of you, then place all four legs on the floor at the same time. Step forward with your operated leg first. Then, pushing through your hands and arms, take a step forward bringing your other leg to the center of the walker. Always have both hands on the walker. The walker may tip sideways and cause you to fall if you use only one hand. When walking with a walker, always use good posture. Hold your head up and look straight ahead. Looking down at your feet can cause you to trip and fall.

Take time to move safely. Rushing or moving quickly may cause you to trip or fall. You will have more energy and be less tired if your movements are slow and controlled. **Take your time, think, and be careful!**

RETURNING HOME

An important part of your education following total joint replacement surgery is planning for your return to home. The hospital provides a safe, structured environment. However, when you go home, you may feel apprehensive or unsure.

To help you feel comfortable and ensure a smooth return home, the case manager and orthopedic navigator will be following your progress and assisting you in all necessary arrangements. This will include setting up home health or transfer to another facility as well as equipment delivery.

St. Joseph's Medical Center and your surgeon begin planning for your return to home the day you are admitted to the hospital. Each day of hospitalization your surgeon reviews your progress with the orthopedic navigator, nursing staff and physical therapist.

You will continue physical therapy after your stay in the hospital. Your options include home with a home health therapy or transfer to a rehab facility for further therapy needs. Our team will arrange everything to make your discharge and transfer home as smooth as possible. Home health will come to your home for 2 weeks with therapy 3 times a week.

The nursing and therapy staff will give you home instructions before you leave the hospital. These instructions will cover activities, follow-up doctor's appointments, and home medications. Don't hesitate to ask your nurse or therapist any questions you may have regarding these instructions.

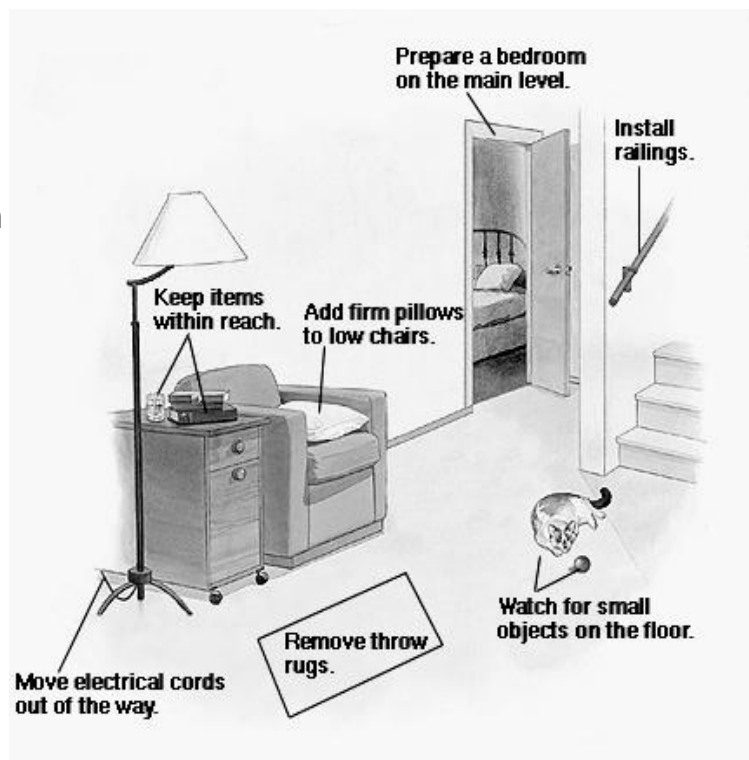
TOTAL KNEE REPLACEMENT EXERCISES

Regular exercises are important to restore your normal knee range of motion and leg strength. These are also important to assist you in a full recovery as you gradually return to your everyday activities.

Your surgeon and your physical therapist recommend that you exercise 20 to 30 minutes, 2 or 3 times a day, during your early recovery. You will receive instruction in and begin performing the following exercises with your physical therapist. Reviewing these exercises now can help you better understand your exercise program. The home therapist will measure your bending/extending as they do in the hospital and have goals for you to meet.

HOME SAFETY, LAYOUT & EQUIPMENT

Begin taking steps now to make your home recovery safe and comfortable. It is important that as you prepare yourself for surgery, you also prepare your home in anticipation of your return after the hospital stay. It doesn't have to be complicated or expensive to make your home "recovery friendly". A good rule of thumb is to think *safety first*, then comfort.



HOME SAFETY TIPS AFTER JOINT SURGERY:

- Stock up on foods that are easy to prepare, and other items you'll need during recovery.
- Store foods and other supplies between waist and shoulder level. This makes it easier to reach things without straining.
- A cell phone you can keep within easy reach is a good idea.
- Make sure to tell your therapist about any stairs in the home so they can properly instruct you on how to be safe.
- Make sure rooms are well lit.
- Keep items you use often in easy reach.
- Move electrical cords out of the way so they don't trip you.
- Remove throw rugs to prevent slipping or tripping.
- Watch for pets or small objects on the floor.
- Attach a bag, small basket or tote to your walker to carry things.
- Carry hot liquids in covered containers.
- Slide objects along the counter top instead of carrying them.
- Use caution with swivel or wheeled chairs.

HOME RECOVERY

INCISION CARE

Your incision should remain dry. There should not be an increase in drainage from the time you left the hospital. The skin edges may appear red or irritated due to the staples. The staples are removed at your two week appointment and when they are removed, the redness will gradually decrease. Redness that spreads beyond the staple line should be reported to your surgeon.

Notify your surgeon if you experience any of the following:

- Fever of 101° or greater.
- Unusual pain, warmth, swelling or redness in the calf of your leg.
- Sudden pain or swelling at the incision.
- Change in the color or odor of the drainage from the incision.
- Chest pain or shortness of breath.

SHOWERS

You may shower 72 hours after surgery. To shower just let water run over the incision and do not use a washcloth. You do not need to cover the incision. Instead, wash your incision softly with your fingers using an up-and-down motion, do not let water directly hit the incision. Avoid a side- to-side motion to prevent spreading the edges of your incision. Pat the incision thoroughly dry and apply a new dressing. Do not take baths or submerge your incision until you follow up with your surgeon. This creates a habitat for bacteria.

DIFFICULTY SLEEPING

Many people have trouble sleeping for the first six weeks after surgery. We recommend you take Benadryl, an over-the-counter medication- check with your doctor. Limit your intake of caffeine (coffee, tea, and chocolate) and try to stay awake during the day.

POOR APPETITE

A combination of pain medications and vitamins may create a temporary loss of appetite and even upset your stomach. Light, non-fatty foods are more easily digested; but please don't forget to drink plenty of fluids.

A WELL BALANCED DIET

Protein and Vitamin C are necessary to promote healing.

Good sources of protein include:

- Chicken, turkey, beef, pork, fish, milk, yogurt, cheese, eggs, dry beans and peas, peanut butter and nuts

Good sources of Vitamin C include:

- Citrus fruits and juices, strawberries, cantaloupe, mango, kiwi, cabbage, tomatoes, green peppers, broccoli, Brussels sprouts, and potatoes

AVOID CONSTIPATION

An over the counter stool softener may be needed to prevent constipation. Eat foods high in fiber and drink plenty of fluids.

Recommended foods that are high in fiber include:

- Whole grain breads (with at least 2 grams of fiber per slice)
- Cereals (with at least 4 grams of fiber per serving)
- Vegetables (broccoli, Brussels sprouts, carrots, corn, peas, spinach)
- Fruits (apples, bananas, pears, oranges, prunes, raisins)
- Dry beans (navy, pinto, kidney, baked, garbanzo beans)
- Peas, nuts and seeds

KEEPING YOUR KNEE HEALTHY

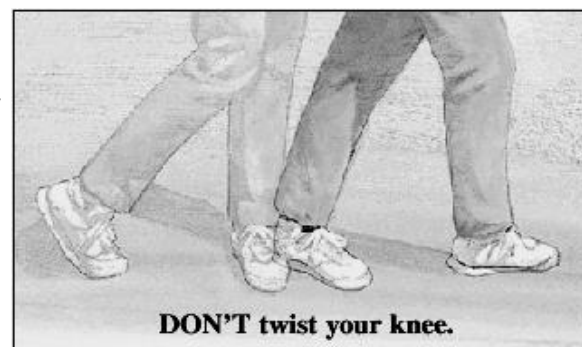
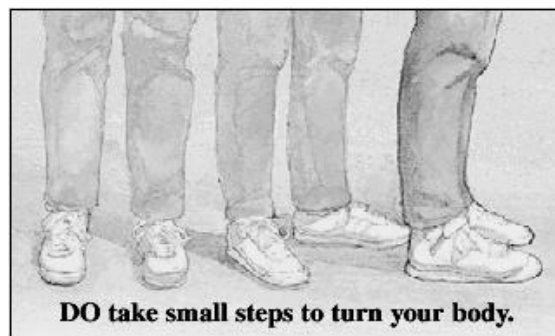
You can keep your knee healthy by knowing the right moves and avoiding the wrong ones. Some activities could harm your artificial knee and may be permanently restricted.

Do's:

- Position your knee comfortably as you go about daily activities.
- Continue to exercise and walk every day.
- Use an ice pack if your knee begins to swell or feel tender.

Don'ts:

- Avoid twisting your knee. Turn your entire body instead.
- Avoid jumping. It could loosen your new knee joint.
- Avoid forced movements, such as bending your knee too far.



SHOES

High heels should be avoided for the first three months. A well fitting, flat, closed-toe shoe is safest. A good example would be a tennis shoe or sneaker. Slip-on shoes or sling backs tend to slide off your foot and may cause you to lose your balance.

DRIVING

Your surgeon will let you know when you can drive. You should not drive while taking pain medication. This can be addressed at the 2-week follow up appointment as well as if you need a temporary handicap tag

RETURNING TO WORK

When you go back to work depends on how quickly you heal and how much demand your job puts on your new knee. It is not unusual for someone who does a lot of walking, standing or physical labor to be off work three to six months. Someone who has a desk job and can park close to the office may be able to return to work for a few hours each day as soon as two weeks after surgery. Your doctor and therapist will help you decide when you are ready and strong enough to return to work

OTHER ACTIVITIES

Within a few months, you may resume low impact activities such as walking, dancing, golf, hiking, swimming, bowling and gardening. High impact activities, such as running, singles tennis and basketball are not recommended. Injury prone sports such as downhill skiing are also restricted.

After surgery you can expect gradual improvement for the next 18 months. You can look forward to less pain and stiffness. You will begin to enjoy activities of daily living with more comfort and move toward a more independent life-style.

HOME MEDICATIONS

You will be discharge home with a prescription for pain medication, and a medication to prevent blood clots. Your doctor will tell you which of your home medications you can begin taking again.

PAIN MEDICATION

Take your medication as directed on the label. Do not take more than prescribed. If you feel you need a refill of your pain medication, please call the pharmacy and the pharmacist will contact your doctor's office.

Typically, you will be allowed one refill. You can begin to substitute Tylenol or Advil for the prescription medication at any time. However, you should not take any anti-inflammatory medication while taking your blood thinner. (Ibuprofen, aspirin)

Taking Pain Medications:

- It is recommended you take pain medication ½ hour before your physical therapy.
- Take pain medications with some food to avoid an upset stomach.
- Don't drink alcohol while using pain medications.
- Pain medications have a tendency to cause constipation, so drink plenty of fluids and eat fruit to help prevent bowel problems.

BLOOD THINNING MEDICATION

You will be given a prescription for your blood thinning medication when you leave the hospital. Certain blood thinners require that arrangements be made to monitor your blood levels at home. This will be arranged through home health nursing. You will receive a teaching packet to inform you more about your medications.

While taking a blood thinner, you might notice bruising and swelling of the operative leg. This is a normal occurrence for patients taking this medication and these symptoms should gradually subside once the medication is discontinued. Notify the doctor for any bleeding that won't stop.

To help in preventing blood clots you will be discharged with Ted Hose. These are white compression stockings that are worn to prevent blood from pooling in the legs. We recommend wearing these up to 4 weeks. They may be taken off to wash at night. Other pairs are available at drug stores.

EXERCISE AND MOBILITY

Walking and exercising are the keys to regaining your flexibility and strength. A daily home exercise program is a **MUST** during this early recovery period. With continued exercise, you will gain even more strength and range of motion than you had before surgery. With your knee in shape, you'll walk more easily and return to an active life style sooner.

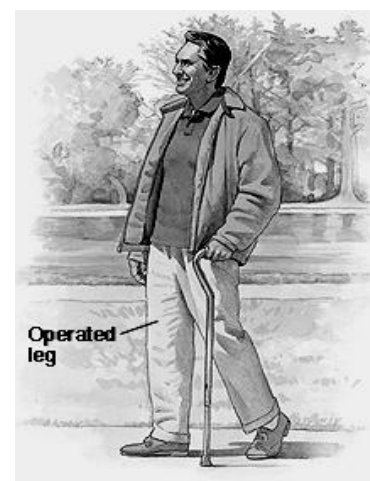
- Perform your exercises daily as instructed by your physical therapist.
- Your home health or outpatient therapist will continue to progress your exercise program.
- Your therapist may add riding a stationary bike or other new exercises to your program.
- **Balance exercise and rest periods:**
 - Rest between periods of activity.
 - Do not become overtired.
 - Gradually increase your activity at home.
 - Do not try to overdo or push yourself beyond the limits of pain.



WALKING

Walking helps build a more normal, comfortable stride. It also keeps you in shape and helps prevent blood clots.

- Begin by taking three or four short walks every day. Gradually increase how far, how long, and how many times a day you walk.
- After your walk, lie down, elevate your knee, and ice it to reduce swelling.
- Continue using your walker until your doctor or physical therapist tells you to stop using it.
- You may feel you can walk without a walker, but remember that healing takes time and while healing you need to protect your joint by using an assistive device such as a walker, crutches or cane.



FOLLOW UP WITH YOUR SURGEON

Your surgeon will examine and possibly an x-ray your knee about 2 weeks after surgery to check on your progress. After this expect to follow up at two months and one year after surgery.

At this appointment your staples will be removed. This is a good appointment to address any paperwork needed for work. It is important to have yearly follow-up appointments after total joint replacement. A yearly physical exam and x-ray allow the physician to follow and monitor your progress, which can prevent future problems.

CALL THE DOCTOR'S OFFICE IF YOU HAVE:

Increased pain

Swelling not reduced by elevation

Incision drainage

Wound opening

Bright red blood

Calf or groin pain that is not lessened by elevation

THESE CONDITIONS MAY REQUIRE IMMEDIATE ATTENTION!

All of us at St. Joseph's Joint and Spine Center look forward to assisting you in your recovery. If there is anything we can do for you or your family during your stay, please feel free to contact us at any time, 816-943-2371.

COMMONLY ASKED QUESTIONS **AFTER TOTAL KNEE REPLACEMENT SURGERY**

How long will my knee continue to hurt and swell?

Pain after joint replacement usually decreases rapidly during the first month. Sometimes there is a dull ache or soreness after walks or exercise. This may occur for up to 18 months. Pain with the first few steps after standing up may be present for a while but gradually decreases with time.

Swelling usually increases during the first few days at home from the hospital. Reduce swelling by spending one hour in the morning and one hour in the evening with your feet elevated. Swelling is generally worse in the evenings and may be increased by exercise.

How much will I be able to bend my new knee?

Generally you can expect to achieve 90-100 degrees within the first one to two weeks after surgery. Overall you will reach around 120 degrees. Performing your exercises following surgery will greatly affect the amount of knee bend that you achieve.

How much exercise should I do?

Mild to moderate exercise is beneficial. 20 minutes, 3-4 times daily should be devoted to performing your exercises. Physical therapy is a vital part of your recovery and normally lasts 4-6 weeks depending on your progress. You can work on bending and extending your knee while sitting.

Should I use a cold packs or heating pad?

Cold packs can be used to help relieve pain and swelling. Some of you may be sent home with a "Polar Care" cold pack machine. The use of heat is not recommended in the first few weeks after surgery.

How long should I continue taking my medication after surgery?

Blood thinning medications should be taken as directed by your surgeon and the duration depends on what is prescribed. All pain medications should be taken as needed for pain.

Should I put lotion on my incision?

Do not apply lotions, creams, oils, ointments or cosmetics to your incision until it is fully healed.

When can I shower or bathe?

You may shower within the first 48-72 hours after surgery. The incision site can be open to let water run over it. Do not soak in bathtubs, spas or pools for up to 8 weeks after surgery.

How will I manage stairs?

Your physical therapist will instruct you in the proper technique to climb stairs before you go home.

What kind of shoes should I wear?

A well-fitting, flat, closed-toe shoe with a rubber sole is safest. High heels should be avoided for the first three months.

Should I wear support hose?

Your surgeon may have you wear special support hose during your Joint and spine center stay. Before you go home, you will be instructed in proper wear and care of your support hose.

Will I notice anything different about my knee?

You may have a small area of numbness to the outside of the scar which may last a year or more and is not serious. Kneeling may be uncomfortable for a year or more.

Some patients notice some clicking when they move their knee. This is a result of the artificial surfaces coming together and is not serious.

When can I drive?

Driving is an individual matter and depends on whether surgery was on the right or left knee. Some people regain their coordination and reflexes quickly and others take several weeks. Driving should not be considered if you are still taking pain medications. Your surgeon will tell you when you are safe to return to driving.

When can I increase my activity?

It varies from patient to patient. The following are examples of activities and when you can expect to perform them:

- Drive in 2-3 weeks
- Slow dance in 6-8 weeks
- Play golf in 10-12 weeks