



Total Knee Replacement Guidebook



central peninsula hospital
joint center

The Joint Center was created with you in mind. This comprehensive book will take you all the way from diagnosis and pre-operative classes to outpatient therapy. Our experienced surgeons and staff will make your experience around your specific needs.

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Please take this book with you to all medical and therapy appointments, classes and to the hospital. Please write in your appointment times and take notes throughout the book as needed.

Contact Information

Patient Name	Phone Number
Orthopaedic Surgeon Name	

Appointment List

Pre-Operative

Date

- ☐ PRIMARY CARE PROVIDER _____
- ☐ SPECIALTY PROVIDER (IF NEEDED) _____
- ☐ DENTAL..... _____
- ☐ SURGERY DOCTOR..... _____
- ☐ KNEE REPLACEMENT CLASS..... _____
- ☐ PRE-ADMIT CLINIC APPOINTMENT..... _____

Surgery..... _____

Post-Operative

- ☐ 2 WEEKS AFTER SURGERY _____
- ☐ 6 WEEKS AFTER SURGERY _____
- ☐ 3 MONTHS AFTER SURGERY _____

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Welcome

We are pleased that you have chosen Central Peninsula Hospital for your total hip replacement. We believe that our technology, facilities, staff and expertise are comparable to or better than those found in much larger hospitals and communities throughout the Pacific Northwest.

Hip joint replacement is performed primarily for pain management when arthritis and hip joint degeneration is bad enough that normal mobility and activities are severely impaired. Hip joint replacement is a major surgery and the decision to have your hip replaced should be made only after

careful consideration and discussion with your medical providers.

Every element of our program is designed to get you back to a pain free and independent lifestyle as quickly as possible. Our team will be there to guide you through each step – before, during and after surgery. Many elements of your recovery and outcome success are completely your responsibility and under your control. These include: following the exercise and stretching program, smoking cessation, maintaining a healthy body weight and many other elements.

Using The Guidebook

Once the decision is made that you are going to have hip replacement surgery you should keep this manual nearby and study the information it contains. During the coming weeks and months, you will encounter a huge amount of new and potentially confusing information from a number of healthcare professionals. This guidebook is designed to help you get prepared, answer your questions and help you stay organized. Knowing, understanding and following the information contained in this guidebook can make the difference between having a good outcome and an exceptional outcome. Having hip replacement surgery is a big deal. We encourage you to take it very seriously and do everything within your control to make it a success. Every

place that we left a blank for you to fill something in, please write there. The medical professionals involved in your care will expect to see your guidebook with you. We will reference certain parts of the guidebook at specified times before, during and after your hospitalization. As you go through the process of having your hip replaced and your recovery, please be aware that depending on your particular circumstances, we may add to or change some of the recommendations in the guidebook. If that happens, we will do our best to carefully explain the differences and the rationale. If something is unclear or does not make sense to you, please do not hesitate to speak up and ask for clarification.

About Our Partnership

With over a million total hip replacements being performed each year, it is one of the most common major surgeries being performed worldwide and in our community. Central Peninsula Hospital has partnered with local orthopaedic surgeons

to develop protocols and clinical pathways. As a Planetree Designated Hospital, we have a major commitment to patient education and great patient experiences.

Your Hip Replacement Team

You – You are the most important member of the team. You are the reason we are here. You are the boss and ultimately, we work for you. You can count on the rest of the team to always give you our best advice and care, but please don't forget that this is a collaborative effort with you at the center of the process.

Orthopaedic Surgeon – The orthopaedic surgeon is a medical doctor who specializes in surgical and non-surgical treatment of diseases and disorders of the muscles and bones. This surgeon will perform your surgery and remove the damaged hip joint and replace it with an artificial joint.

Anesthesia Provider – The anesthesia during your surgery will be administered by a medical doctor specializing in anesthesiology or a Certified Registered Nurse Anesthetist. The focus of this professional is to make sure that you are kept completely safe and comfortable during the surgical procedure and during your post-anesthesia recovery period.

Your Primary Care or Internal Medicine Physician – The Orthopaedic Surgeon will work with your primary care doctor or a local internal medicine physician to obtain pre-surgical medical clearance. It helps ensure that your body is healthy enough to undergo surgery.

Hospitalist – The hospitalist is an internal medicine physician who specializes in seeing patients while they are in the hospital. While you are an inpatient, the orthopaedic surgeon may enlist the help of the hospitalist to assist with managing your medical needs whether they be directly related to the surgery or not. In some cases, your primary care physician may see you in the hospital to attend to any medical needs.

Orthopaedic Physician Assistant – The physician assistant works very closely with your orthopaedic surgeon and may assist during the hip replacement procedure. The physician assistant may also check up on you during hospital rounds and see you for follow-up appointments in the office. Not all surgeons have a physician assistant.

Pre-Admit Clinic Nurse – You will meet with a Registered Nurse two weeks prior to surgery to discuss your medical history, medicines that you take, and surgical history. They will perform any required testing, including lab work and/or an EKG. They will work closely with your anesthesia provider to make sure you are ready for surgery.

Registered Nurse – While you are in the hospital, much of your care will be provided by the registered nurse (RN). This professional will be responsible for administering your medications, monitoring your vital signs, and keeping you safe and comfortable.

Certified Nurse Assistant – While you are in the hospital, the certified nurse assistant will help the registered nurse with attending to your care needs.

Physical Therapist – The physical therapist will see you soon after surgery and is focused on helping you get your new hip moving and on helping you to safely get out of bed and start walking. If you go to Heritage Place for rehab after you get out of the hospital, you can expect to spend lots of time in physical therapy. Once you are back home, you will either have a physical therapist come see you in your home or you will go to one of the local outpatient clinics.

Occupational Therapist – The occupational therapist will usually see you the day after surgery in the hospital. Occupational therapy is focused on helping you get back to independently performing activities of daily living such as getting yourself dressed and showered. If you go to Heritage Place for rehab after you get out of the hospital, you can expect to work with occupational therapy every day. People do not usually need home health or outpatient occupational therapy services once they return home from having hip replacement surgery.

Smoking and Musculoskeletal Health

Impact of Smoking on Health

Smoking remains the number one cause of preventable death. Each year more than 440,000 people in the United States alone die from tobacco-related diseases. In fact, smokers can expect to live 7 to 10 years less than nonsmokers. Smoking is linked to heart and respiratory diseases and to several cancers. Most people are not aware that *smoking has a serious negative effect on your bones and joints.*

Effects of Smoking on Musculoskeletal Health

Every tissue in the human body is affected by smoking, but many effects are reversible. By avoiding or quitting smoking, you can reduce your risk for incurring many conditions. Quitting smoking can also help your body regain some of its normal healthy functioning.

Here's what scientists have found about the relationship between smoking and musculoskeletal health.

- Smoking *increases your risk of developing osteoporosis* — a weakness of bone that causes fractures. Elderly smokers are 30% to 40% more likely to break their hips than their non-smoking counterparts. Smoking weakens bones in several ways, including:
 - Studies have shown that smoking reduces the blood supply to bones, just as it does to many other body tissues.
 - The nicotine in cigarettes slows the production of bone-forming cells (osteoblasts) so that they make less bone.
 - Smoking decreases the absorption of calcium from the diet. Calcium is necessary for bone mineralization, and with less bone mineral, smokers develop fragile bones (osteoporosis).
 - Smoking seems to break down estrogen in the body more quickly. Estrogen is important to build and maintain a strong skeleton in women and men.
- Smoking also affects the other tissues that make up the musculoskeletal system, *increasing the risk of injury and disease.*

- Rotator cuff (shoulder) tears in smokers are nearly twice as large as those in nonsmokers, which is probably related to the quality of these tendons in smokers.
- Smokers are 1.5 times more likely to suffer overuse injuries, such as bursitis or tendonitis, than nonsmokers.
- Smokers are also more likely to suffer traumatic injuries, such as sprains or fractures.
- Smoking is also associated with a higher risk of low back pain and rheumatoid arthritis.
- Smoking has a *detrimental effect on fracture and wound healing.*
 - Fractures take longer to heal in smokers because of the harmful effects of nicotine on the production of bone-forming cells.
 - Smokers also have a higher rate of complications after surgery than nonsmokers — such as poor wound healing and infection — and outcomes are less satisfactory. This is related to the decrease in blood supply to the tissues.
- Smoking has a *detrimental effect on athletic performance.*
 - Because smoking slows lung growth and impairs lung function, there is less oxygen available for muscles used in sports. Smokers suffer from shortness of breath almost three times more often than nonsmokers. Smokers cannot run or walk as fast or as far as nonsmokers.
- Smoking can make you too thin and put you at *greater risk for fractures.* Nicotine signals the brain to eat less and can prevent the body from getting adequate nutrition. Having a good body weight is important for general health.

Smoking Cessation Options Are Available

Please contact your primary care physician to learn more about programs available, including counseling, therapy, and medications, to help you stop smoking NOW.

*Your surgeon may require that you stop smoking at least one month prior to and after surgery.

Knee Replacement Class

We offer these classes every other Thursday at 1pm in the Kasilof Room, on the second floor of the CPH River Tower. Classes are taught by a variety of specialists. Previous patients will be present during most classes to provide a firsthand account of their experiences and to offer advice.

We strongly encourage you to bring your spouse, close friend or other family member who will be available to help you when you first return home from the hospital. This is a great opportunity to get answers to any questions and concerns you might have.

After you read through the guidebook, please use one of the blank pages in back to note any questions that you might have and we will answer them at the pre-operative class. Remember, the only bad question is the one you did not ask.

We will review the information covered in this manual and go into more detail about the exercise program, durable medical equipment and getting your home ready for surgery. We recommend attending the class as soon as possible after you make the decision to have surgery. That way you will have extra time to prepare and benefit from the information that you learn.

Pre-operative Tests and Pre-operative Medical Appointment

Prior to any elective surgery or hospitalization, it is advisable to talk to your doctor or primary care provider about advance medical directives, appointment of a Power of Attorney for Healthcare and/or establishment of a Living Will.

To make sure that your body is strong enough to handle the stress of knee replacement surgery, you may need an appointment with your primary care provider within a month of your scheduled surgery. If you need assistance with getting an appointment for pre-operative medical evaluation, please let us know. This appointment may include:

- A review of all your body systems
- Review of your vital signs
- Blood tests, type and screen for possible blood transfusion*
- Electrocardiogram (EKG)*
- Chest x-ray
- Nasal swab
- An examination

Note: *These tests can also be done during your pre-admit clinic appointment.

During your surgery, our team will use the latest technology available to minimize blood loss and safely recycle and re-infuse as much of your own blood as possible. Despite all efforts to minimize bleeding, it may be necessary at times to perform a blood transfusion following knee replacement surgery. If you are opposed to receiving blood bank transfusions, we recommend talking to your surgeon and primary care provider about the option of donating your own blood. Blood donations will need to take place at least four weeks prior to surgery.

Your pre-operative medical appointment is the time to review your medication list with your primary care provider or the doctor evaluating your medical condition in preparation for surgery. It is important that your medication list remains updated. Take the time to complete the medication list below and pay careful attention to ensure it remains up-to-date throughout your knee replacement surgery and recovery process.

The pre-operative surgery appointment should take place after the pre-operative medical appointment. Write down any other questions you can think of to ask your physician during this appointment.

Week before surgery

The nurses will be obtaining any recent laboratory results or test that you may have had. If any of your medical conditions warrant more recent labs or tests, these will be done at this time so that the results can be reviewed prior to your surgery.

Days to weeks before surgery

Prescription Medications/Over-The-Counter Medications/ Vitamins/Herbs/Supplements

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Please list any allergies you have and what happens to you if you're in contact with the substance?

Substance or Medication	What Happens?

The following are some of the more common medications that require special management around the time of your surgery:

- Anti-Inflammatory medications
- Diabetic medications
- Vitamins and Supplements (except Vitamin C and Ferrous Sulfate)
- Blood thinners
- Platelet blocking medications
- Hormone medications

Please write down any questions that you have about your health and medical condition and be sure to bring these up during the pre-operative medical appointment.

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Pre-Operative Appointment With Your Surgeon

The pre-operative surgery appointment should take place after the pre-operative medical appointment. You should expect to discuss the following topics:

- Review the findings from the pre-operative medical clearance appointment.
- Any medical concerns or items that will require special attention or management before, during or after your knee replacement surgery.
- Another review of your medications (please make sure your list in the back of this book is kept updated).
- Your plan for where you will go after getting out of the hospital, who will be helping you and how you will get physical therapy.
- Discuss with your Surgeon if you're having outpatient therapy or home health. We recommend to call ahead early to make outpatient therapy appointments.
- If you have any specific concerns about receiving blood transfusions or are donating blood for yourself please mention this.
- If you know or think that your legs are unequal in length, please mention this.

Write down any other questions you can think of to ask your surgeon during this appointment.

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Pre-Operative Dental Appointment

Having tooth cavities and uncontrolled gum disease is associated with higher rates of surgical complications. Before you have elective knee

surgery, you may need to have a dental examination and appropriate treatment. Your Surgeon will let you know if you need to set this up.

Pre-Op Skin Prep

Decreasing The Risk Of Infection: Before Your Surgery

There is a small risk of infection with any surgery. Of special concern is infection caused by a kind of bacteria (germ) called Methicillin-resistant Staphylococcus aureus, or MRSA ('MURR-sah').

MRSA lives on the skin and in the nose of healthy people. It can cause problems if it enters the body, which may happen through a surgical wound (cut) or other medical procedures. Across the United States, infections caused by hard-to-treat bacteria like MRSA are on the rise. It's especially important to prevent MRSA infection because antibiotic medicines have a hard time fighting it.

Many precautions will be taken during your stay to prevent after-surgery infection. There are also simple things you can do before your surgery to help decrease the risk of after-surgery infection from MRSA and other germs.

You will be using an antiseptic soap called Chlorhexidine Gluconate to use on your skin every day for the two days before your surgery. This soap is made especially to help decrease bacteria on your skin, including MRSA. Washing with Chlorhexidine Gluconate before your surgery may help prevent an infection at your surgical site. If washing with liquid soap is difficult, Chlorhexidine Gluconate cloth may be provided instead.

Tips for washing with Chlorhexidine Gluconate liquid:

1. Wash with Chlorhexidine Gluconate every day for two days before your surgery. On the day of your surgery, your care team will prepare your skin for you. Do not put any lotions, perfumes, powders, or deodorants on your skin where you have washed with this special soap or anywhere on your skin on the day of surgery.
2. Do NOT shave any areas of your body.
3. First, use your usual soap and/or household washcloth to wash your body as you normally would. Do NOT use Chlorhexidine Gluconate in the genital and groin area, or above the neck.
4. If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.
5. After washing above the neck and in the genital/groin area, set your household washcloth aside for laundering.
6. For washing your surgery area, use the Chlorhexidine Gluconate soap and a clean washcloth. Gently clean from area using Chlorhexidine Gluconate, avoiding the genital and groin areas, and keeping the soap out of your eyes, ears, nose and mouth.
7. Apply the minimum amount of soap necessary to cover the skin. DO NOT SCRUB your skin.
8. Allow the product to be on your skin for about five minutes.
9. Rinse thoroughly with warm water.
10. Dry off using a clean, freshly-washed towel. Wear clean, freshly washed clothes and underwear after you bathe.

Stop using if the soap causes significant irritation or problems. Stop using if the soap causes significant irritation or problems. DO NOT SCRUB your skin. This soap is to be gently applied and rinsed off.

Pre-Op Skin Prep

Tips for washing with Chlorhexidine Gluconate cloths:

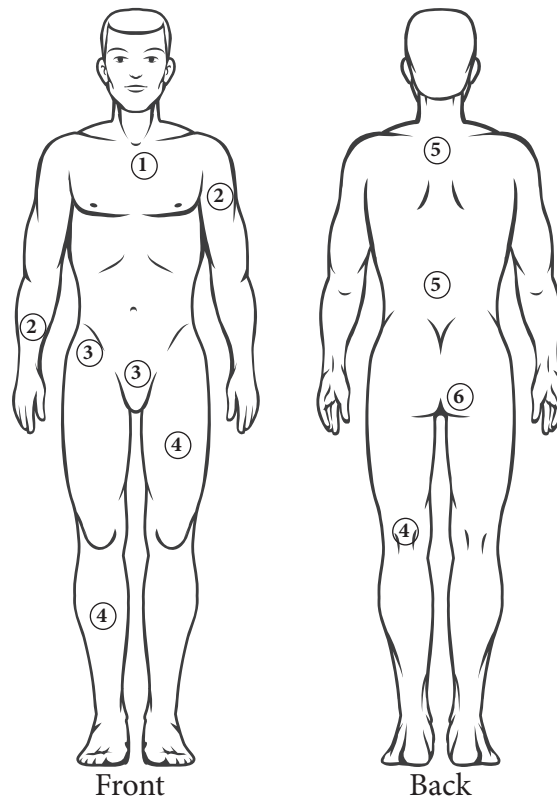
Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, this facility has chosen disposable cloths moistened with a rinse-free 2% Chlorhexidine Gluconate antiseptic solution designed to reduce the bacteria on the skin. The steps below outline the prepping process and should be carefully followed:

- If you wish to shower, bathe or shampoo your hair, do so at least one hour before you prep your skin the first time.
- Skin must be prepped on the night before surgery at your home. Skin will be re-prepped upon arrival to day surgery. Assistance may be required.
- Do NOT shave any areas of your body.
- Do not allow this product to come in contact with your eyes, ears, mouth and mucous membranes.
- Reaching into one of the three opened packages, remove two cloths at a time with the blue foam holder and place onto a clean table.
- Use one clean cloth to prep each area of the body in order as shown in steps 1-6. Wipe each area in a back and forth motion. Be sure to wipe each area thoroughly. Assistance may be required. Use all cloths in the packages.
- Do not rinse or apply any lotions, moisturizers or makeup after prepping.
- Discard cloths in a trash can.
- Allow your skin to air dry.
- Dress in clean clothes/sleepwear.
- It is normal for the skin to have a temporary tacky feel for several minutes.

Directions:

To open the package(s), remove the cellophane film and discard. Using scissors, cut off end seal for all three packages.

1. Wipe your neck and chest.
2. Wipe both arms, starting each with the shoulder and ending at fingertips. Be sure to thoroughly wipe the armpit area.
3. Wipe your right and left hip followed by your groin. Be sure to wipe folds in the abdominal and groin area. **AVOID YOUR GENITALS!**
4. Wipe both legs, starting at the thigh and ending at the toes. Be sure to thoroughly wipe behind your knees.
5. Wipe your back starting at the base of your neck and ending at your waist line. Cover as much area as possible. Assistance may be required.
6. Wipe the buttocks.



Night/Day Before Surgery

Day Surgery will call you between 3 p.m. and 5 p.m. the day before your surgery to confirm your arrival time. You will be asked to come to the hospital two hours before the scheduled surgery time to give the nursing staff sufficient time to start IV, prep, and answer questions. It is important that you arrive on time to the hospital because sometimes the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

Do not consume alcohol on the night before surgery, nor candy, breath mints, chewing tobacco or cigarettes after midnight.

Do not eat anything solid after midnight. No chewing gum. You may drink clear liquids, including black coffee, up to two hours prior to surgery. The exception to this is that sometimes patients are instructed to take some of their daily medications the morning of their surgery **with a sip of water. If you take a beta blocker, please take it the morning of surgery and tell the nurse in pre-op.** (Do not take diabetic medications the morning before your surgery unless your Surgeon has instructed you to do so.) There is a list of Beta Blockers below.

It is essential that your stomach be empty during the surgical procedure to minimize the risk for complications.

Beta Blockers

This is a list of BETA BLOCKERS. Take your Beta Blocker the night before or the morning of surgery (depending on when you take it) and report it to the nurse at the hospital.

BRAND NAME GENERIC

Betapace.....	sotalol	Lopressor.....	metoprolol
Betimol	timolol	Normadyne.....	labetalol
Blocadren	timolol	Sectral	acebutolol
Brevibloc	esmolol	Tenoretic	atenolol/HCTZ
Bystolic.....	nebivolol	Tenormin.....	atenolol
Cartol.....	carteolol	Timolide	timolol/HCTZ
Coreg	carvedilol	Toprol.....	metoprolol
Corgard	nadolol	Trandate.....	labetalol
Crozide.....	nadol/bendroflunetazide	Visken	pindolol
Inderal	propranolol	Zebeta	bisoprolol
Inderide.....	propranolol/HCTZ	Ziac.....	bisoprolol/HCTZ
Kerlone.....	betaxolol		
Levatol	penbutolol		

From Your Anesthesia Provider:

General

The anesthesia team is here to help you through your total joint surgery. We work with you to develop a plan to help keep you as safe and comfortable as possible during the surgery.

Health

We believe that healthy people do better with surgery than unhealthy people. If you are interested in helping yourself to become healthier in the following areas before surgery, we would like to help give you the best opportunity of having a successful surgery while minimizing complications. Here are some areas where you can potentially make changes to improve your health before your total-joint surgery.

Smoking

If you are a smoker, we strongly recommend that you quit at least six weeks prior to surgery. If you would like some formal help with quitting, we will refer you to smoking cessation resources.

Obesity

It has been suggested that morbid obesity (BMI >40) increases the risk of infection after surgery. Our healthy living counselors can help guide you to a program that can help you lose weight, which may help reduce your risk of infection and also help you recover more easily.

Anemia

Blood carries oxygen to your body and you may do better during and after surgery if your blood counts are above 12 g/dL. Because you might bleed during surgery, your risk of requiring a blood transfusion is decreased if your blood levels are higher rather than lower. If your levels are low, you may want to find out why they are low before having total joint surgery. Also, there are ways to increase your blood levels with iron pills or other medications before your surgery.

Diabetes

Diabetes can complicate healing and may increase your risk for developing an infection after surgery. If you have diabetes, your risks during surgery may be minimized if your HbA1C is less than 7%. If your level is greater than 7%, you may benefit from a consultation with a physician to adjust your medications to set you on a better path.

Malnutrition

Healing after surgery requires good nutrition. If you start out your recovery being malnourished, you may not heal successfully. Three nutritional markers may indicate if you are malnourished. Albumin < 3.5 mg/dL, Transferrin < 200 mg/dL, and Pre-albumin < 22.5 mg/dL might suggest that you are not nutritionally optimized.

Bad Teeth

Teeth with bad cavities or abscesses may put you at risk for developing an infection in the joint after surgery. It may benefit you to consult with a dentist if you think that you may need some dental work to fix decayed or abscessed teeth. We are happy to refer you to a dentist if you do not already have one.

Obstructive Sleep Apnea

Sleep apnea may complicate your recovery, especially when you are given medicines to control your pain which also have the potential to make your sleep apnea worse.

If you have been diagnosed with obstructive sleep apnea and have been prescribed a CPAP or BiPAP machine, it will be important that you use it after surgery. Your preoperative nurse will instruct you to bring the machine and your mask with you to surgery.

If you suspect that you have sleep apnea but have not been formally diagnosed, it may be beneficial for you to see a sleep specialist to determine if you might benefit from a CPAP machine.

Decisions About Anesthesia

You will need to decide on the type of anesthesia you want during the surgery. Your main options are:

1. Regional Anesthesia

Spinal blocks are when a small amount of numbing medicine is injected into the fluid that surrounds the nerves that are in the spinal space. When you first enter the operating room, you will be put in a sitting position and your back will be cleansed. The anesthesia provider will perform a spinal block and you will become numb from your waist down to your toes. You are so numb that your brain is not able to feel the surgery.

One benefit of regional anesthesia is that you can be given an intravenous sedative that will keep you comfortably asleep. It is generally much easier to wake up from this sedative than general anesthesia and it will not upset your stomach.

Another benefit of regional anesthesia is that the spinal block lasts longer than the surgery. This means that when you are taken to the recovery room after surgery and start waking up, you will not experience pain right away.

2. General Anesthesia

General anesthesia means using medicines that make your brain go so deeply asleep that you do not experience any pain from surgery. Just after you are asleep under anesthesia your anesthesia provider will insert either a small tube into your windpipe or a tongue-lifting device into your mouth to allow you to breathe anesthetic gasses which will keep your brain asleep. You will continue to breathe the anesthetic gasses until the end of surgery, at which point the gasses will be turned off and you will wake up.

You will also need to decide if you want a Femoral Nerve (Adductor Canal) pain block or pain catheter to help you manage your pain after the surgery is over.

The anesthesia provider is able to inject numbing medicine around the nerve that senses the top half of your knee joint. It would be like the dentist numbing part of your mouth with numbing medicine. Your anesthesia provider is able to use this same type of numbing medicine for your knee. There are two different ways that the medicine can be given:

- **Single nerve injection** – With the single nerve injection, the numbing medicine is injected around the nerve and the numbing effect will last between 8-12 hours or maybe even longer.
- **Nerve catheter** – With a nerve catheter, a small tube is left in place near the nerve and numbing medicine is continuously dripped around the nerve for roughly 60 hours.

Your anesthesia provider will discuss these options with you and determine whether you would like to supplement your regular pain medicines with a single nerve injection or a nerve catheter.

Day of surgery

You will meet with your anesthesia provider prior to your surgery. They will review your pertinent medical history with you and review your anesthesia plan.

In the Operating Room

When it is time for your surgery, the Operating Room Circulator Nurse will transport you to the operating room in your stretcher. You will slide yourself over onto the operating table which is quite narrow. Your anesthesia provider will be in the room with you preparing you for the anesthesia.

- If you chose general anesthesia: Your anesthesia provider will connect you to monitors and prepare you to be anesthetized. You will breathe some oxygen through a mask. After your vital signs are reviewed, you will be given a medication through your IV and you will fall asleep.
- If you chose a spinal block with sedation: Your anesthesia provider will connect you to monitors and prepare you for the spinal block. Then you will lie down and an intravenous sedative will be administered so that you sleep comfortably during the surgery. At the end of surgery, the intravenous sedative will be stopped and you will wake up.

Recovery Room

After your surgery, you will be transferred from the operating table to your hospital bed. The nurse will wheel you from the operating room into the recovery room where a specially trained recovery nurse will stay with you as you wake up. If you chose to have a nerve block or nerve catheter placed for after surgery pain control, it is very likely that an anesthesia provider will perform the minor procedure while you are in the recovery room.

Transfer to Hospital Room

Multimodal approach

We want you to be as comfortable after surgery as possible. Pain medicine can be very helpful, but often times, one type of medicine doesn't control all of your pain and giving you more of any one medicine could have side effects. The multimodal approach means giving you several different pain medicines to combat pain from many directions. For instance, Tylenol, Celebrex, Lyrica, and numbing medicine together with traditional pain pills will keep you more comfortable than any one of those medicines given alone and in high amounts. We recommend this approach to pain control as long as you do not have a medical condition that prevents you from receiving these medicines. Be sure to ask your doctor about these medicines.

*This multi modal approach may begin before surgery.

Pre-Operative Exercises

Your recovery from surgery can actually begin by performing a few pre-operative exercises. These simple exercises can go far to improve your breathing and lung capacity and keep you flexible before, during and after surgery.

A fairly common condition called atelectasis, which is a partial collapse of the ends and corners of the lungs, can sometimes occur after surgery. When this does occur it is quite common to need supplemental oxygen for several hours to a few days after surgery. One way to help minimize this problem is by doing deep breathing and coughing exercises. Start doing the breathing exercises outlined below twice per day now and continue doing them after you get out of surgery.

Begin by trying either of the following breathing exercises:

Deep Breathing

1. Focus on breathing in slowly through your nose and fill your lungs as deeply as you can.
2. Try to hold that breath in for 8-10 seconds
3. Slowly exhale while keeping your lips tight. This is similar to if you were blowing out a candle.
4. Take a break and then repeat for a total of 10 repetitions.

Coughing

1. Focus on breathing in slowly through your nose and fill your lungs as deeply as you can.
2. Push the air out of your lungs with a deep, strong cough or two.
3. Take a break and repeat for a total of 3 repetitions.

Leg Exercises

The following illustrations and instructions are for your pre-operative leg exercises. Starting these several weeks before surgery will help speed your recovery. Start now and perform these exercises at least twice per day before your surgery. We recommend doing these exercises both for the leg you are having surgery on and for the other leg as well. These are the same exercises that you will start working on right after surgery.

Ankle Pumps



Bend your foot up and down at your ankle joint as shown.
20-30 times per session

TIP: Ankle pumps can be done either in bed or sitting. It is nearly impossible to do too many ankle pumps. They reduce swelling in the lower legs and help decrease your risk of getting blood clots in the legs.

Quad Sets, Glute Sets and Hamstring Sets are all isometric type exercises. This means that you contract the muscle, but the joint does not move or moves very, very little.

Quad Sets



Slowly tighten quadriceps muscle for 5-6 seconds. Alternate legs. Repeat 10 times.

Glute Sets



Squeeze buttocks muscle as tightly as possible for 5-6 seconds. Repeat 10 times

Hamstring Sets



With slightly bent knees, push heel down without bending knee further. Hold 5-6 seconds. Alternate legs. Repeat 10 times.

Pre-Operative Exercises

Heel slides, straight leg raise, side to sides and long arc quads are all active exercises and involve contracting the muscles while moving the joint. The active exercises are very difficult immediately after surgery.

Heel Slides



Slide heel toward buttocks until you feel a gentle stretch. Hold 1-2 seconds. Relax. Repeat 10 times.

Side to Sides



Bring leg out to side and return. Keep knee straight. Repeat 10 times.

Straight Leg Raise



With one leg straight, other leg bent, raise straight leg 18 inches. Repeat 10 times. 1 set.

Long-Arc Quads



Straighten leg. Hold 1-2 seconds. Repeat with other knee. Repeat 10 times

Plan For Your Rehabilitation

Having a good outcome from knee replacement surgery involves a lot of exercise, stretching and walking. Depending on whether your surgery is in the morning or afternoon, you will start physical therapy in the hospital either the same day as your surgery or the following morning. Your surgeon will communicate directly with the therapist, so there is nothing special that you need to prepare. Your therapists in the hospital will coordinate treatment times with your nurse to make sure you have optimal pain medication prior to therapy. You can expect to work with the occupational therapist on the day following your surgery.

Depending on how quickly you are recovering and how much support you have at home, you may be referred for inpatient rehabilitation at Heritage Place. If you live alone or know before surgery that you have limited support available, then you should make plans to go to Heritage Place for rehabilitation.



This type of rehabilitation is typically covered by Medicare and other insurances. The rehabilitation department at Heritage Place is staffed with highly trained therapists who are very experienced with helping patients who have had knee replacements. Having inpatient rehabilitation can be expected to reduce chances for post-hospital complications

and speed your progress along. The Heritage Place rehabilitation department is open 7 days per week, 365 days per year. The process of transferring from the hospital to Heritage Place can be streamlined by completing some of the paperwork in advance. Please contact Gwen Johnson at Heritage Place (907-714-5037) for assistance with planning for inpatient rehabilitation.

After you return home, you will need continued physical therapy services to help you work on regaining full knee motion and to work on walking without an assistive device. Occasionally, your doctor may make a referral for home health services where a physical therapist and nurse will come see you at home. The only local provider of home health services is First Choice Home Health Care (907-260-5959). Most of our patients will have a prescription for outpatient physical therapy once you return home or prior to surgery. These appointments are

typically 2-3 times per week initially and then may taper to 1-2 times per week before concluding. Your surgeon may recommend making contact with one of the therapy providers before your surgery. If you wait until you get home from the hospital to make contact with one of the clinics, there may be a considerable delay

before you can be scheduled. Please plan ahead. The prescription for therapy may be used at any clinic that you select. A list of providers and contact information is provided on the following page.

Plan For Your Rehabilitation

The prescription for therapy may be used at any clinic that you select. A list of providers and contact information is provided below.

Active Abilities

33455 Sterling Highway
Sterling, AK 99672
(907) 262-7748

Advanced Physical Therapy

44604 Sterling Highway, Unit A
Soldotna, AK 99669
(907) 420-0640

Alaska Aquatic Therapy

Nikiski Community Pool
(907) 398-8083

Alaskan Physical Therapy

36275 Kenai Spur Hwy #5
Soldotna, AK 99669
(907) 260-2679

Central Peninsula Rehabilitation

Heritage Place

232 West Rockwell Avenue
Soldotna, AK 99669
(907) 714-5076

Kenai

260 Caviar Street
Kenai 99611
(907) 714-4536

River Tower

240 Hospital Place, Suite 103
Soldotna, AK 99669
(907) 714-4145

Soldotna

245 North Binkley Street, (Lower Level)
Soldotna, AK 99669
(907) 714-4534

Elite Rehabilitation

104 S Binkley St, #C
Soldotna, AK 99669
(907) 262-7644

Freedom Physical Therapy & Sports Rehabilitation

6383 Kenai Spur Hwy
Kenai, AK 99611
(907) 335-1155

Kenai Kids

35105 Kenai Spur Hwy
Soldotna, AK 99669
(907) 260-7444

KPO Rehabilitation and Sports Medicine

221 W Marydale Ave,
Soldotna, AK 99669
(907) 262-2596

North Star Therapy

43335 Kalifornsky Beach Rd, Ste 32a
Soldotna, AK 99669
(907) 262-5456

MediCenter

10543 Kenai Spur Hwy
Kenai, AK 99611
(907) 283-9118

Revolution Sport & Spine Therapy

35249 Kenai Spur Hwy, Suite C
Soldotna, AK 99669
(907) 420-0836

Prepare Your Home

Home Safety and Avoiding Falls

- Walk through the house using the walker you will be using after surgery. Check gaps between furniture and pathways to see if there are areas you will have trouble getting through.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with non-skid backs. Wear rubber-soled shoes to prevent slipping.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Place regularly used items such as remote controls, medications, and reading materials in easy-to-reach locations.
- Add a pillow or extra cushion to a low chair.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- Provide good lighting throughout your home. Install night lights in the bathrooms, bedrooms and hallways.
- Consider installing one or more grab bars for support while entering and exiting the shower.
- Consider obtaining a raised toilet seat and a solid grab bar mounted on the wall next to the toilet.
- Consider installing a hand-held showerhead for easier showering.
- A shower seat can make showering safer and less tiring.
- Untuck bedding to allow for easier access into and out of bed.
- Plan to have a family member/friend/care partner stay with you to provide you with assistance in the days following your surgery.

Below are some suggestions that can be done prior to your surgery to ensure everything in your home is in place when you return after surgery.

- Clean the house
- Do your laundry
- Put clean sheets on your bed
- Purchase and prepare food that will be quick and easy when you return from the hospital
- Make sure you have adequate supplies of your regular medications
- Make arrangements for someone to take care of outdoor chores such as mowing the grass, caring for pets, or clearing snow and ice.

Diet and Body Changes

Your appetite may be poor the first few days following surgery. Make sure you drink plenty of fluids to keep from getting dehydrated. Drink at least 8-10 glasses of water daily and eat a diet high in fiber. Increase your protein intake. Joint replacement patients may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day. Your energy level will be decreased for the first month. Pain medication and decreased mobility may cause constipation. It is a good idea to have prune juice, stool softeners (any over the counter will work, like Colace) and a mild laxative (such as milk of magnesia). Other options are Dulcolax pills or suppository - use only as directed. If constipation is not resolved contact your doctor.

Durable Medical Equipment

Adaptive Equipment

Using adaptive equipment can be beneficial after knee surgery. It can also be useful if you are having any trouble with getting dressed, completing bathing or using the bathroom. Here is a list of commonly recommended adaptive equipment. Your occupational therapist will go over the equipment that will best suit your needs.



Raised Toilet Seat/ Bedside Commode:

Allows for easier sitting and standing from the toilet. Can be found with arm rests as well as without. Typically raise the toilet seat up about 5 inches.



Shower Seat: Allows for sitting in shower to conserve energy as well as increase safety. Unlike the tub transfer bench it still requires the user to step into the tub. Works really well in walk-in showers.



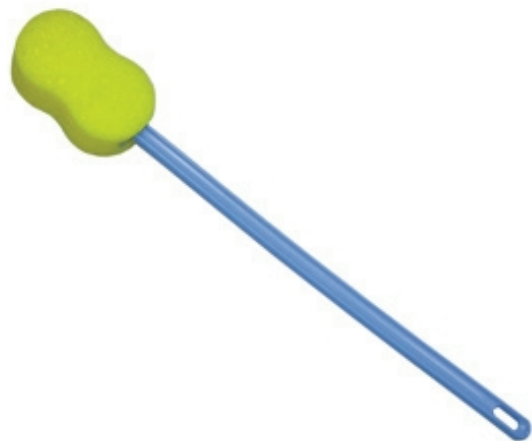
Tub Transfer Bench:

Allows for easier transfers into bathtubs. Allows the user to get into the bathtub while seated, instead of having to step up and into the tub.

Reacher: It has many uses including picking up items from the floor and pulling items off shelves. Beneficial for putting on pants and underwear when unable to bend over or when you have decreased flexibility. Come in a variety of styles and any type will work.



Long-handled Sponge: Allows for easier washing of back as well as below the waist.



Sock Aid: Assists in putting on socks. Great to use after knee surgery when faced with decreased flexibility.





Shoe horn: Assists in putting on shoes. Useful for those with decreased flexibility.



Elastic shoe laces: Great replacement for shoe laces when tied shoes are a must. Usage eliminates bending over. Also good for limited flexibility or decreased fine motor abilities.

Medicare does not cover these pieces of adaptive equipment.

Toilet paper aids: Assist in completing hygiene after toileting. Helpful for those who can't twist as well as those with limited arm movement. Come in a variety of styles, but be wary of more expensive models as they don't work any better than the less expensive models.



Non-slip mats, hand held shower and grab bars: All three items make showers safer. Grab bars are handy for transfers. Hand held showers allow better control of water when sitting and non-slip mats ensure safety in standing and transferring.



Places to Get Adaptive Equipment

These are some options locally and are by no means the only places to get adaptive equipment. Many online and catalog options exist as well. Most senior centers have some equipment as well, so check in your town.

Soldotna Professional Pharmacy

Wide variety of medical goods and many items on this list.
(907) 262-3800

Independent Living Center

Has a loan closet that offers items like tub benches, toilet risers and hospital beds. The supply changes, call ahead.
(907) 262-6333

Walgreens

Carries a variety of items such as handheld showers, grab bars, reachers, tub seats and toilet seats.
(907) 260-6372

Fred Meyers

Carries reachers, shoe horns, tub benches and raised toilet seats.
(907) 260-2200

Home Depot

Carries shower heads, reachers and grab bars.
(907) 283-2228

Geneva Woods

Carries reachers, toilet paper aids, sock aids and shoe horns.
(907) 262-2424

Hospice

Has a loan closet that offers items such as tub benches, toilet risers, and hospital beds. All of their equipment is by donation so the supply changes. Call ahead.
(907) 262-0453

Spenards

Carries grab bars and hand held showers.
(907) 283-7584 Kenai
(907) 262-9143 Soldotna

Durable Medical Equipment

Assistive Devices

Using the right assistive device at the right time is extremely important after knee surgery. Immediately after surgery, everyone needs to use a front wheeled walker. The next step can be to crutches, a four-wheeled walker, or a cane. The progression depends on how fast you improve, how good your balance is, and the particular challenges of your home environment.



Front Wheeled Walker:

This is the first assistive device you will use following surgery. It will allow you to offload as much as 100% of your weight off of the leg that you had surgery on.



Crutches: These can be used early in post-surgical rehab if you are particularly agile and have good balance. Crutches are useful if you need a lot of weight bearing support and have to manage stairs.



Four Wheeled Walker:

This device will allow you to walk faster and turn easier than the front wheeled walker. It does much better on rough ground and allows you to carry objects on the seat or in the basket.



Single Point Cane: The cane is used once you are ready to graduate from using a walker or crutches, but you are not yet ready to go without any assistive device.

What To Bring To The Hospital

The hospital stocks all of the essential items that you will need during your hospital stay. We would like for you to be as comfortable as possible during your stay and we realize that having some of your personal items can be helpful. You may want to consider bringing the following:

- ☐ This Guidebook
- ☐ Make sure your medication list is up to date
- ☐ Make sure you have included copies of Advanced Directives, Power of Attorney for Healthcare and/or Living Will, if applicable.
- ☐ Personal hygiene items
 - ☐ Toothbrush
 - ☐ Toothpaste
 - ☐ Deodorant
 - ☐ Razor
- ☐ Loose comfortable clothes (2 sets)
 - ☐ Sweatpants
 - ☐ Shorts
 - ☐ Blouse or tee shirts
 - ☐ House shoes with non-slip soles
 - ☐ Robe
- ☐ Glasses
- ☐ Hearing Aids
- ☐ CPAP/BiPAP machine and power cord
- ☐ Cell phone and charger
- ☐ Laptop or tablet computer
- ☐ Walker
- ☐ Driver's license or photo identification
- ☐ Insurance card
- ☐ Co-payment if required by your insurance company

NOTE: Please refrain from bringing jewelry, valuables, large amounts of cash and medications from home.

What To Expect On The Day Of Surgery



Hospital Registration

Plan to arrive at Central Peninsula Hospital two hours before your procedure is to start. You will be

directed to the main lobby registration desk where you will be checked in by the hospital admissions staff. At check in, your personal identification and insurance information will be collected, reviewed and confirmed within the hospital's electronic medical record system. Upon completion of the admissions process, you will be given paperwork and patient identification stickers and you will be escorted by a hospital admissions staff member to the day surgery registration desk.

What To Expect On The Day Of Surgery continued

Day Surgery Check-in

Upon arrival at the day surgery registration desk, you will hand the admissions paperwork and stickers to the attendant and you will be directed to take a seat in the waiting area until the admission process has been completed by the hospital staff. Once you have been checked in by the day surgery staff and the room has been prepared, your nurse will invite you and those accompanying you back to a day surgery room where you will be prepared for your surgery. In the day surgery room, you will change into a hospital gown, and complete one more skin prep to help prevent infections. You will wipe down from your neck to your toes, swab both nostrils with iodine, and use a mouthwash. You will receive your personal identification bracelet and an IV will be started in your arm. It may be necessary to clip the hair near your surgical site. Compression socks will be placed on one or both legs to help reduce the risk of blood clots during surgery. Once your surgery preparation has been completed and you are resting comfortably in your bed, each provider involved in your surgery will meet with you individually to answer any last minute questions. You will receive medication to relax you and make you drowsy prior to moving into the operating room and those accompanying you will be invited to wait in the day surgery waiting area until the completion of your surgery. Your surgeon will see you prior to surgery and will mark the surgical site.



NOTE: After your surgery is complete, the doctor will come out and speak to the family and friends who accompanied you. They will need to wait to see you until you have been moved up to your room on the second floor of the hospital.

Operating Room

The operating room has a cool temperature, and bright lights. There will be numerous machines and pieces of equipment around the room. All of the personnel in the room will be wearing masks, gloves and surgical gowns to protect you from germs and infection. You will be assisted to slide from your bed onto the operating table, which is narrow and firm. You will be comfortably positioned on the table facing upward. Foam padding will be placed around you to provide support during your surgery. Next the anesthesia provider will talk you through administration of the anesthesia and you will be put to sleep. You will have a mask put on your face. A urinary catheter may be inserted after anesthesia is started and you will be covered in sterile drapes. Final preparations will be made to the surgical site and the surgeon and operating room staff will complete the surgery.

Recovery Room

The technical name for the recovery room is the Post Anesthesia Care Unit or PACU. At the conclusion of your surgery, you will be moved onto a hospital bed and transported to the recovery room where you will wake up from the anesthesia. You may have oxygen in your nose, IVs, alternating pressure pumps on your legs, and a cold water circulator on your operative site. There will be many pieces of medical equipment and numerous skilled staff monitoring your condition as you wake up from the surgery. You can typically expect to remain in the recovery room for 1 - 1.5 hours after surgery.



Arriving to the Medical/Surgical Floor Room

You will meet the nursing staff who will be providing care during your recovery. Only one or two very close family members or friends should visit you on this day. Your surgeon will also visit to see how you are doing. This is a list of things of what to expect:

- Orient you to your room and the Med/Surg Unit.
- A white erase board is used for communication which includes information such as date, room number, staff caring for you, your weight bearing status, your diet, what pain medication you received and the time



you may receive your next dose (upon request).

- Staff will check vital signs and circulation every four hours.
- The RN will assess your surgical site each shift and as needed.
- You will receive IV antibiotics up to 24 hours following your surgery. This is a preventative measure.
- You may have a foley catheter in your bladder. This is a tube that drains your bladder. If you have a catheter, it will be removed on or before the 2nd morning following your surgery.
- You will be asked to wear special white stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduce the chance for blood clots. Your nurse or certified nursing assistant will remove these on a daily basis so your skin can be assessed for any irritation.
- You will have Sequential Compression Devices (SCDs) which will lightly squeeze each leg which helps to prevent blood clots from forming in your legs.
- You will be given an incentive spirometer to exercise your lungs and help to decrease the chance of pneumonia.
- “Call Don’t Fall” signs will be posted for your safety.

- Ice is used for pain control. A water circulating cooler is provided with your surgery to help decrease pain and swelling. Always make sure there is a barrier between your skin and the Polar Care Pad to protect your skin from a cold burn.
- Depending on the time of your surgery, the hospital physical therapist will come by to start working with you. You will see the physical therapist two times a day; once in the morning and once in the afternoon. It is important that you take your pain medication 30-45 minutes prior to the arrival of the physical therapist so your pain is controlled and you can participate optimally. It is not uncommon to feel lightheaded and sometimes nauseous the first few times that you up get up after surgery. Rehab may be accelerated if you are interested in same-day discharge. Listed below are goals you will obtain:

Functional Goals

1. Moving in bed
2. Getting in/out of bed
3. Sitting down and standing up from toilet and chair
4. Walking
5. Stair climbing

Range of Motion

Strengthening

Decrease pain, stiffness and swelling

- You will also work with occupational therapy and they will assist you with:
 1. Getting dressed and undressed
 2. Toileting
 3. Bathing (practice)
 4. Grooming
 5. Use of adaptive equipment
 6. Safety
- To optimize recovery, sit up in a chair for all meals.
- **Never** put a pillow under your replaced knee. You may rest or sleep with a pillow under the calf as long as the knee is straight.



Managing Your Pain After Surgery

Controlling your pain after surgery is a very important part of ensuring that you have a good outcome. Your surgeon will prescribe both oral and IV pain medications. During your time in the hospital you will progressively transition to 100% oral pain medication.

Your nurse will administer all of your pain medications. The doses of pain medication are given based on your actual pain, so communicating your pain is essential. If your pain level is starting to rise, please communicate that information to your nurse immediately. Your recovery will be smoother if your

pain level is kept under steady control rather than taking medication after it has become severe. If you take your pain medication and it does not bring your pain under control in the expected time frame, your nurse will give you additional medication, or contact your doctor for additional instructions. Never take your pain medication on an empty stomach as it will make you nauseous.

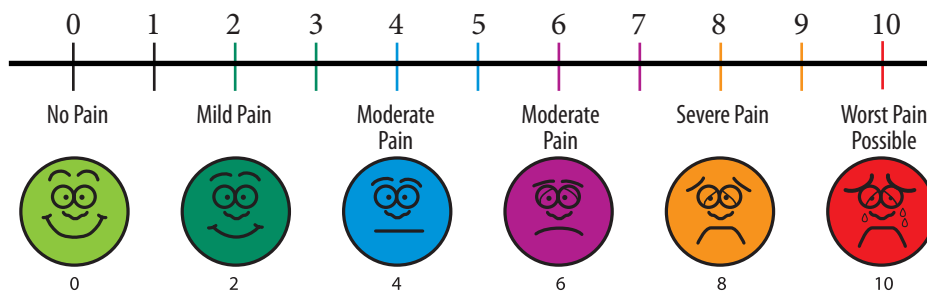
We recommend taking pain medication at least 30-45 minutes before your physical therapy sessions. For most people, this helps you perform better and makes the therapy a more enjoyable experience.

Understanding Pain

The staff at Central Peninsula Hospital is very concerned about keeping you comfortable and adequately managing your pain during the immediate recovery period. From the time you get to the recovery room, and nearly every time you talk to a hospital staff member, he or she will inquire about your pain. To help us do the best possible job of keeping you comfortable, it is very important that we have a consistent way to measure your level of pain at multiple time points throughout your recovery. To assist us in making an accurate pain assessment, a validated pain scale is used to provide numeric ratings of the level of pain you are experiencing.

This information will be provided to your surgeon and your medications will be adjusted in-part based on the information collected from the pain scale. It is important that you understand the pain scale below and that you provide accurate numeric ratings of how you are feeling. If you feel like you do not understand the pain scale, please let us know and we will be happy to explain in more detail and hopefully make this critical element of communication clear to you.

Expectations of Pain Management



We want you to manage your pain well so you can:

- Move with less difficulty
- Get in and out of bed
- Participate in therapy
- Rest soundly and comfortably

- It is **YOUR RESPONSIBILITY** to request pain medication.
- Do not wait until your pain is bad before requesting pain medication. (5 and above)
- We also use Polar Care, which is similar to a cold pack to help manage pain.

Frequently Asked Questions About Medications you may take after surgery to prevent blood clots

ASPIRIN

Many times your surgeon may send you home on aspirin to be used as a blood thinner. Remember to take as directed. Just like other blood thinners, it is important to watch for signs of bleeding. If you notice you are bruising easily or unusually, make your surgeon aware.

LOVENOX

What is this medicine?

Lovenox is used after hip surgeries to prevent blood clotting.

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

- Bleeding disorders, hemorrhage, or hemophilia
- Infection of the heart or heart valves
- Kidney or liver disease
- Previous stroke
- Prosthetic heart valve
- Recent surgery or delivery of a baby
- Ulcer in the stomach or intestine, diverticulitis, or other bowel disease
- An unusual or allergic reaction to enoxaparin, heparin, pork or pork products, other medicines, foods, dyes, or preservatives
- Pregnant or trying to get pregnant
- Breast-feeding

How should I use this medicine?

This medicine is for injection under the skin. It is usually given by a healthcare professional. You or a family member may be trained on how to give the injections. If you are to give yourself injections, make sure you understand how to use the syringe and give the injection. To avoid bruising, do not rub the site where this medication has been injected. Do not take your

medicine more often than directed. Do not stop taking except on the advice of your doctor or health care professional.

You will be provided with a puncture-resistant container (sharps container) to dispose of the needles and syringes once you have finished with them. Do not reuse these items. Return the container to your doctor or health care professional for proper disposal.

Over dosage: If you think you have taken too much of this medicine, the contact poison control center or emergency room (714-4444) at once.

NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?

Do not take this medicine with any of the following medications unless you have been given specific instructions to do so:

- Aspirin and aspirin-like medicines
- Heparin
- Mifepristone
- Warfarin

This medicine may also interact with the following medications:

- Cilostazol
- Clopidogrel
- Dipyridamole
- NSAIDs, medicines for pain and inflammation, like ibuprofen or naproxen
- Sulfinpyrazone
- Ticlopidine

This list may not describe all possible interactions. (Give your health care provider an updated list of all the medicines, herbs, non-prescription drugs, or dietary supplements you use). Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What should I watch for while using this medicine?

Visit your doctor or health care professional for regular checks on your progress. Your condition will be monitored carefully while you are receiving this medicine. Contact your doctor or health care professional and seek emergency treatment if you develop increased difficulty in breathing, chest pain, dizziness, shortness of breath, swelling in the legs or arms, abdominal pain, decreased vision, pain when walking or pain and warmth of the arms or legs. These can be signs that your condition has gotten worse.

Monitor your skin closely for easy bruising or red spots, which can be signs of bleeding. If you notice easy bruising or minor bleeding from the nose, gums/teeth, in your urine, or stool, contact your doctor or health care professional right away. The dose of your medicine may need to be changed.

You will only need to take this medication for a few weeks but if you are going to have any other surgery before completing your prescription, tell your doctor or health care professional that you are taking this medicine.

Try to avoid injury while you are using this medicine. Be careful when brushing or flossing your teeth, shaving, cutting your fingernails or toenails, or when using sharp objects. Report any injuries to your doctor or health care professional.

What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- Allergic reactions like skin rash, itching or hives, swelling of the face, lips or tongue

- Black, tarry stools
- Breathing problems
- Dark urine
- Feeling faint or lightheaded, falls
- Fever
- Heavy menstrual bleeding
- Unusual bruising and bleeding

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- Pain or irritation at the injection site

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Where should I keep my medicine?

Keep out of the reach of children.

Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Do not freeze. If your injections have been specially prepared, you may need to store them in the refrigerator. Ask your pharmacist. Throw away any unused medicine after the expiration date.

At the end of your therapy the sharps container can be returned to any emergency room for disposal. Do not place the needles in your regular trash and do not place the sharps container in your regular trash. You will need to take it for about six weeks, depending on your individual situation. Unlike Coumadin, there is not a need for weekly blood testing with Lovenox.

Frequently Asked Questions About Medications you may take after surgery to prevent blood clots.

RIVAROXABAN (XARELTO)

What is this medicine?

RIVAROXABAN is used after knee or hip surgery to prevent blood clotting.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

- Bleeding disorders
- Bleeding in the brain
- Blood in your stools (black or tarry stools) or if you have blood in your vomit
- History of stomach bleeding
- Kidney disease
- Liver disease
- Low blood counts, like low white cell, platelet or red cell counts
- Recent or planned spinal or epidural procedure
- Take medicines that treat or prevent blood clots
- An unusual or allergic reaction to rivaroxaban, other medicines, foods, dyes or preservatives
- Pregnant or trying to become pregnant
- Breastfeeding

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. Take your medicine at regular intervals. Do not take it more often than directed. Do not stop taking except on your doctor's advice.

Over dosage: If you think you've taken too much of this medicine contact the poison control center or emergency room (714-4444) at once.

NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?

- Aspirin and aspirin-like medicines
- Certain antibiotics like erythromycin, azithromycin, and clarithromycin
- Certain medicines for fungal infections like ketoconazole and itraconazole
- Certain medicines for irregular heart beat like amiodarone, quinidine, dronedarone
- Certain medicines for seizures like carbamazepine, phenytoin
- Certain medicines that treat or prevent blood clots like warfarin, enoxaparin, and dalteparin, conivaptan, diltiazem, felodipine, indinavir, lopinavir, ritonavir
- NSAIDs, medicines for pain and inflammation, like ibuprofen or naproxen
- Ranolazine, rifampin, ritonavir, St. John's wort, verapamil

This list may not describe all possible interactions. (Give your health care provider an updated list of all the medicines, herbs, non-prescription drugs, or dietary supplements you use). Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What should I watch for while using this medicine?

This medicine may increase your risk to bruise or bleed. Call your doctor or health care professional if you notice any unusual bleeding.

Be careful brushing and flossing your teeth or using a toothpick because you may bleed more easily. If you have any dental work done, tell your dentist you are receiving this medicine.

What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- Allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- Bloody or black, tarry stools
- Changes in vision
- Confusion, trouble speaking or understanding
- Red or dark-brown urine
- Redness, blistering, peeling or loosening of the skin, including inside the mouth
- Severe headaches
- Spitting up blood or brown material that looks like coffee grounds

- Sudden numbness or weakness of the face, arm or leg
- Trouble walking, dizziness, loss of balance or coordination
- Unusual bruising or bleeding from the eye, gums, or nose

Side effects that usually do not require medical attention (Report these to your doctor or health care professional if they continue or are bothersome):

- Dizziness, muscle pain

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Where should I keep my medicine?

Keep out of the reach of children.

Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Throw away any unused medicine after the expiration date.

NOTE: This sheet is a summary. IT may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

Medical Devices & Equipment

After surgery you will have a pad on your surgical area that is hooked up to a small cooler filled with ice and water.



Inside the cooler is a pump that circulates the cold water over your surgical area. The cold treatment helps reduce pain and swelling. You will take this device

home and continue to use it regularly for at least 1-2 more weeks.

After surgery you will have an IV placed in your arm.



The IV will be used to administer fluids and medication. Your IV will likely be removed on the 2nd or 3rd post operative day.

After surgery you may have a catheter draining urine from your bladder into a collection bag.



The catheter is usually removed on post-operative day 1 or 2. By this point your bladder should be working normally and you should be moving around well

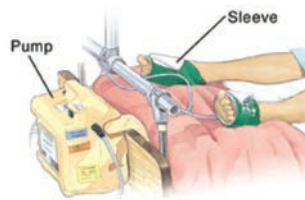
enough to get to the bathroom with assistance

After surgery, you will be encouraged to frequently use the incentive spirometer to exercise your lungs.



This device helps your lungs get back to normal function more quickly. Your nurse will help make sure that you are using the device properly.

After surgery you will have special wraps on your feet and legs that periodically inflate with air and then release.



These are used to help improve circulation in your legs and reduce the risk of blood clots forming in the veins of your legs. You can expect

to wear these when you are in bed until you are released from the hospital.

You will be wearing compression stock/stockings on one or both legs during and after surgery.



The stockings are used to reduce swelling in your legs and also help reduce the chances of blood clots forming in the veins of your legs. You can expect to wear these stockings

for 1-2 weeks following surgery.

After surgery you will have an oxygen cannula in your nose.



It plugs into the oxygen source built into the wall. You will need supplemental oxygen until your lungs are back to performing normally. This will likely be until the 2nd post operative day.

After Surgery - Day 1

- The surgeon will check on you and make sure that all your surgery-related needs and questions are addressed.
- If your medical condition is also being monitored by the hospitalist physicians, he or she will check on you and make sure that all your medical needs and questions are addressed.
- You will have physical therapy in both the morning and afternoon. You can expect to work on your post surgical exercises and work on getting in and out of bed as well as walking short distances with the front wheeled walker.
- You will be encouraged to walk with assistance several times during the day. If you feel like you might not need the walker, avoid leaning on it and just push it while you walk as you would a grocery cart. It is too early to try walking without the walker, no matter how good your knee feels.
- You will have occupational therapy to work with you on self-care and using the adaptive equipment in the context of your new knee.
- You will be encouraged to get out of bed and sit up briefly several times throughout the day. You should sit up in the chair for all of your meals.
- Your nurse will remind you to use your incentive spirometer frequently throughout the day.
- Your oxygen will be taken off when your lungs are functioning adequately without the supplemental oxygen.
- You will be encouraged to eat regular food and drink plenty of fluids.
- Your nurse will work with you on starting to transition from the IV pain medication to oral type. It may be a few days before you have a bowel movement. Taking daily supplements such as Miralax, Colace, or Dulcolax suppositories will help! Sometimes a Fleet enema may be needed to prevent constipation.

The items and time frames listed above represent our expectations for the average patient recovering from knee replacement. Please be aware that any of these is subject to be changed on an individualized basis - depending on how your recovery is progressing.

Tips For Getting Up and Around

- It is very important that you do not try to get out of bed without assistance until cleared by the therapy staff. It is not uncommon for you to feel lightheaded the first time or two that you sit up after surgery. Fainting or falling is very bad for your newly replaced knee.
- When you get in and out of bed following knee surgery it is important that your leg be supported so that it does not drop off the side of the bed or bend without control. Options for support include: your leg brace, support from your hand, support from your other leg or support from another person.
- We will typically have you start off walking with a walker/gait belt for your first time after knee surgery. Depending on how quickly you are recovering, you may be able to upgrade to crutches while you are still in the hospital. Switching to crutches is very useful if you have a lot of stairs at home. Your physical therapist will help you determine when it is time to work on taking steps without holding onto the walker securely. Please don't try this on your own.
- After knee replacement surgery, the most painful movements are usually transitions between lying down and sitting up and between sitting and standing up. Lying down, sitting and standing usually involve less pain. Make a point of trying to spend more and more time out of bed each day. It is normal to be tired or even feel exhausted after having knee replacement surgery. Taking several short naps throughout the day is completely acceptable.

Post- Surgical Exercises

TIP: Ankle pumps can be done either in bed or sitting. It is nearly impossible to do too many ankle pumps. They help you reduce swelling in the lower legs and help reduce your risk of getting blood clots in the legs.

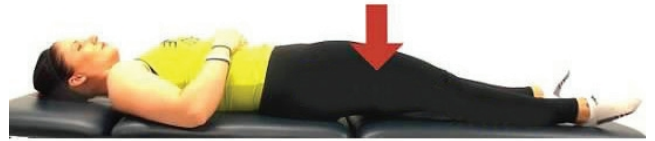
Ankle Pumps



Bend your foot up and down at your ankle joint as shown.
20-30 Times per session.
5-10 sessions per day.

Quad Sets, Glute Sets and Hamstring Sets are all isometric type exercises. This means that you contract the muscle, but the joint does not move or moves very, very little.

Quad Sets



Slowly tighten quadriceps muscle for 5-6 seconds. Alternate legs.
Repeat 8 times.
3 sessions per day.

Glute Sets



Squeeze buttocks muscle as tightly as possible for 5-6 seconds.
Repeat 10 times.
3 sessions per day.

Post- Surgical Exercises

Heel slides, straight leg raise and long arc quads are all active exercises and involve contracting the muscles while moving the joint. The active exercises are very difficult immediately after surgery.

Heel Slides



Slide heel toward buttocks until you feel a gentle stretch. Hold 1-2 seconds. Relax. Repeat 10 times.

3 sessions per day.

Long-Arc Quads



Straighten operated leg. Hold 1-2 seconds. Repeat with other knee. Repeat 8 times.

3 sessions per day.

Straight Leg Raise



With one leg straight, other leg bent, raise straight leg 18 inches. Repeat 10 times. 1 set.

3 sessions per day.

After Surgery - Day 2

- You may have blood drawn for a check on your lab values.
- The surgeon will check on you and make sure that all your surgery-related needs and questions are addressed. Discharge planning will be discussed.
- The hospitalist physicians will check on you and make sure that all your medical needs and questions are addressed (as applicable).
- You will have physical therapy in both the morning and afternoon. You can expect to work on your post-surgical exercises and work on getting in and out of bed as well as walking longer distances. You may start working on stair training if that is an obstacle that you will have to deal with at home.
- If needed, you will have occupational therapy to continue working on self-care and use of the adaptive equipment.
- You will be encouraged to get out of bed and sit up in a chair several times throughout the day.
- Your nurse or respiratory therapist will remind you to use your incentive spirometer frequently throughout the day.
- If a urinary catheter was placed, it will likely be removed.
- You will have less and less medication and fluid through the IV line and will take increasingly more via the oral route.
- You (and a family member) will receive education about taking your medications at home.

The items and time frames listed above represent our expectations for the average patient recovering from knee replacement. Please be aware that any of these is subject to be changed on an individualized basis - depending on how your recovery is progressing.

After Surgery - Day 3

- You may have blood drawn for a check on your lab values.
- The surgeon will check on you and make sure that all your surgery-related needs and questions are addressed. Discharge plans will be solidified.
- The hospitalist physician will check on you and make sure that all your medical needs and questions are addressed (as applicable).
- You will have physical therapy in both the morning and afternoon. You can expect to work on your post-surgical exercises and work on getting in-and-out of bed and walking progressively longer distances with the front wheeled walker. You will continue with stair training if that is an obstacle that you will have to deal with at home.
- If needed, you will have occupational therapy to continue working on self-care and use of the adaptive equipment.
- You will be encouraged to get out of bed and sit up in a chair several times throughout the day.
- You will need to continue using your incentive spirometer regularly.
- You will be walking to the bathroom for your toileting needs.
- Your IV will be removed and you will need to take all of your pain medications and fluids orally. You should have good pain control with the oral medications.
- You (and a family member) will continue receiving education about your home medications.

The items and time frames listed above represent our expectations for the average patient recovering from knee replacement. Please be aware that any of these is subject to be changed on an individualized basis - depending on how your recovery is progressing.

Discharge From The Hospital

On average, most of our patients are ready to leave the hospital between the second and fourth day after surgery. The decision to discharge from the hospital hinges on a number of factors including:

- Adequate pain control using the oral medications
- Tolerating regular food and fluids
- Stable vital signs
- Satisfactory healing progression of your surgical wound
- Having regular bowel and bladder function
- Having good results from your blood lab values (if applicable)
- Satisfactory performance with basic mobility using the walker
- Having a safe place to go when you leave the hospital

Once your surgeon has written your discharge orders, the nurse will go over your discharge paperwork and sign you out. You will be given a ride to the front of the hospital in a wheelchair. You will need to have a friend or family member pull the car into the circle drive in the front of the main



lobby and you will be assisted into the vehicle. If you go to Heritage Place, you will get picked up in a wheelchair accessible van.

Part of your hospital discharge paperwork may contain new prescriptions that you will need to pick up at the pharmacy on your way home from the

hospital.

The process of leaving the hospital and moving home or to the rehab center will leave most people fairly tired. We recommend that you don't make any plans on the day of discharge other than getting settled at home or at Heritage Place. Please remember to work on your post-operative stretches and exercises.

Taking Care of Yourself

Once you return home from the hospital or Heritage Place we recommend that you have a friend or family member stay with you for at least the first few days. The objective of this is not to have someone wait on you, but to be there to help keep you safe and help you out if you get in a jam, get exhausted or find anything overwhelming. This person should help you problem solve any difficulties so that ideally within one to two days you can be fairly self-sufficient. Some areas that are often particularly challenging include:

- Steps
- Stairs
- Showers
- Low toilets
- Furniture with low seat heights
- Chairs without armrests
- Getting enough fluids to prevent dehydration
- Medication management
- Wound care

Many of these challenges can be minimized if you followed the suggestions in this guide book.

Once you are home you will be responsible for taking your medications at the right times. We recommend organizing your medications for the day with a medication minder or keeping a log of what you took at what time. Patients often have a particularly difficult time remembering when they took their last pain medication and when they should be thinking about taking the next dose.

Your transition home will go much smoother if you do not get behind on your pain medication. Try to make sure you get pain medication at least 45 minutes before you do your stretches and exercises.

Often by the time you return home, you can have your surgical wound open to air or you may have a dry gauze dressing that needs to be changed daily. You may have a special dressing that stays in place for one week. You will receive specific instructions for wound care prior to discharge. If you have staples, they will likely be removed at your two-week follow-up appointment. If you have steri-strips over your incision, you should leave them on until they fall off on their own. Please do not soak or scrub your incision and absolutely do not pick at it. Once your incision has been completely dry and free of any drainage for 24 hours, you may begin showering.

Diet and Body Changes

Your appetite may be poor the first few days following surgery. Make sure you drink plenty of fluids to keep from getting dehydrated. Drink 8-10 glasses of water daily and eat a diet high in fiber. Increase your protein intake. Joint replacement patients may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day. Your energy level will be decreased for the first month. Pain medication and decreased mobility may cause constipation. It is a good idea to have prune juice, stool softeners (any over the counter will work, like Colace) and a mild laxative available, such as milk of magnesia. Other options are Dulcolax tabs or suppositories. Use as directed. If constipation is not resolved, contact your doctor.

Activity Guidelines

The key to success for getting back to normal activity is a slow and steady progression. You want to avoid any drastic increases in walking, exercise, stairs, time on your feet, etc. All of those things are good, but if you do too much all at once, your body will respond with increased pain and swelling. This can cause a setback in your progress for several days. After you return home, we recommend planning your day around pain medication, walking, exercising, stretching, icing and resting. Getting your knee back to optimal function smoothly and quickly will contribute to a great outcome and serve you well for the rest of your life. You will find that your new knee will tend to stiffen up if you sit or lay down very long. You can minimize this by frequently moving your knee joint and by getting up and walking around for a few minutes. We recommend that you avoid long car rides or air travel for at least 3 months after surgery. If you must engage in this kind of travel, you should frequently perform ankle pump exercises and range of motion for your knee. You should also get out of your seat and walk around at least once per hour. Try to make sure you have had pain medication before your exercise and stretching time and use your ice water machine for at least 20-30 minutes afterward.

Example Routine

Upon awakening: Eat breakfast, increase your protein intake.

- Take your medication on time and mark it on a calendar or a chart so you know when you can take your next dose. Never take your pain medication on an empty stomach.
- Exercise 45 minutes to an hour after taking your pain medication.
- Take time for a short rest period after you complete your exercises.
- Have lunch, make sure you include protein with each meal.
- Take your pain medication
- Complete your exercises
- Rest
- Have dinner

- Take your pain medication
- Exercise
- Have a snack before bed
- Take your pain medication before going to bed so you can get a restful sleep.

Recognizing and Preventing Complications

Check your incision site daily for these signs of infection:

- Redness, tenderness, swelling in the tissue surrounding the incision
- Leg that is warm to the touch or persistent fever (101 degrees orally)
- Drainage that looks like “pus” or smells “bad” or discharge that has changed in color or odor
- Increased pain with both activity and at rest that is not controlled by pain medications

Keep the incision clean and dry

Follow the instructions provided at discharge. Keep the incision covered with a light dressing until you are allowed to shower as per instructions from the surgeon. Do not bathe or soak the incision in a hot tub. Notify the surgeon if there is increased drainage, redness, pain, odor, or heat around the incision. Check your temperature if you feel warm or sick. Call the surgeon if your temperature exceeds 101.0.

Weeks 2-4

- You will have a follow-up appointment with your surgeon approximately two weeks after surgery.
- Your staples should be removed by the two week point after surgery.
- You should be attending physical therapy 2-3 times per week.
- You should be stretching your knee in flexion and extension at least 4-times per day. This is the prime time to be getting back the range of motion that you will enjoy for the rest of your life.



- You should continue using your ice water machine after exercise and stretching to help speed your progress.
- Try to take 2-3 rest breaks throughout the day where you lay down and prop your leg up on a pillow for 30-60 minutes.
- You should be transitioning off of the narcotic pain medication onto non-prescription strength pain medications.
- Use stool softeners (if needed) to prevent constipation caused by narcotics (see page RH-1).
- If your pain medication supply starts to run low, call your surgeon's office to arrange for a refill. Do not wait until the last minute to resupply your pain medication or you may experience a setback.



- Make sure you drink plenty of fluids. If your urine looks dark in color, you are probably not drinking enough.
- Many patients will advance from the front wheeled walker to a four wheeled walker or cane during this timeframe.
- You may be able to stop wearing the compression stocking if you are able to leave it off and do not notice any considerable swelling.

Weeks 5-6

- You will have a follow-up appointment with your surgeon approximately six weeks after surgery.
- You should still be going to physical therapy, but your frequency may decrease to 1-2 times per week during this timeframe.
- You should still be stretching your knee in flexion and extension at least 4 times per day. This is the prime time to be getting back the range of motion that you will enjoy for the rest of your life.
- You should hopefully be off of the narcotic pain medication and be tapering down on the non-prescription pain medications.





Weeks 7-12

- You will have a follow-up appointment with your surgeon approximately twelve weeks after surgery.
 - You should be done with physical therapy, but you should still be exercising and stretching your knee several times per day.
 - You should have reached full range of motion in your new knee. Depending on the specific hardware you should have 120 to 130 degrees of flexion. You should have full extension to 0 degrees.
- Your knee pain should be considerably better by this point than it was prior to surgery.
 - You should be requiring only occasional if any non-prescription pain medication for your new knee.
 - You can resume using lotions on your surgical incision area.
 - You can resume shaving the leg you had surgery on.
 - You should be getting back to driving in this timeframe if you haven't already.
 - You should be able to return to work during this timeframe – depending on the specific requirements of your job.
 - You should be weaning off of using the cane during this timeframe - unless you need an assistive device for balance.
 - You should resume taking baths, soaking in hot tubs and swimming after 12 weeks unless directed otherwise.

Follow Up Appointments

Typical schedule of follow up appointments:

- 2 weeks after surgery
- 6 weeks after surgery
- 3 months after surgery
- 6 months after surgery
- 1 year after surgery
- Every 1-3 years as directed by your surgeon

Area Map



Frequently Asked Questions

How do I know if I need to have knee replacement surgery?

Knee replacement surgery is primarily performed to stop severe pain and stabilize the knee. Based on examination and review of your medical tests and imaging, the orthopaedic surgeon is able to determine what options you have to manage pain and optimize knee function. Joint replacement surgery is typically the final option.

How long does knee replacement surgery take?

The typical knee replacement surgery lasts between one and two hours.

When will the staples be removed?

The staples are typically removed 10-14 days after surgery.

How long will my leg be swollen after surgery?

Swelling is usually worst two to three days following surgery and then slowly begins to subside. It is not uncommon to have some mild swelling in the lower leg and ankle for several months following surgery. If at any point after the first few days, you notice a significant increase in the amount of swelling you should contact the surgeon's office. Wearing a compression stocking is usually very helpful with managing swelling.

How long after surgery will I continue to have knee pain?

Knee pain tends to be at the worst during physical therapy between day 2 and day 10 after surgery. After that it tends to gradually ease up day-by-day. Patients often report reaching the level of being free of knee pain between 1 month and 6 months following surgery.

What are the major complications that I need to watch out for?

Infection and blood clots are the major complications to be aware of. You should seek immediate medical attention if you notice significant increase in swelling, pain, wound drainage or if you develop a fever.

When will I be able to take a shower?

You can expect to take your first shower 24-48 hours after your surgical wound stops draining. You should not get into a bath, hot tub or pool for at least 6-weeks following the surgery.

How long will I need to take blood thinner medication following surgery?

Typically 7-14 days depending on your activity level. The sooner that you are up and moving around the sooner you can be off of the blood thinners.

How do I know when to switch from the walker to cane and from the cane to no assistive device?

This progression is very individualized from person-to-person. We recommend the decision be made based on consultation with your physical therapist.

How soon will I be able to resume driving?

Usually you can get back to driving within the 3 to 6 week timeframe. There are several factors that need to be considered in answering that question. Before you can resume driving, you need to be off all the narcotic pain medications. If your left knee was replaced then you will be able to resume driving sooner (assuming you have an automatic transmission). How quickly your strength, range of motion and coordination improve will also have a bearing on this decision. Please plan to discuss this question with your surgeon when you have your follow-up appointments.

When can I return to work?

This answer depends on the type of work you do, whether you can start back at part-time status and how soon you are able to get off of the pain medications. Plan to discuss expectations for return to work with your employer and make the decision after consulting with the surgeon during your follow-up appointments.

Frequently Asked Questions - continued

When can I return to playing sports?

Expect to be able to start working back into sports about 6 to 12 months after surgery. This is another topic that you should communicate with your surgeon about during follow-up appointments.

How long will I need to have follow-up appointments with the orthopaedic surgeon?

Depending on your individual circumstances, you should plan to follow up with the surgeon every one to three years after you have completely recovered from the knee replacement surgery.

What are the chances that my knee replacement will wear out and I will have to get it re-done?

According to data published by the Federal

Agency for Healthcare Research and Quality, 90% of knee replacements last 10 years and 80% last for 20 years. The life expectancy for your prosthetic knee depends primarily on how much wear and tear it gets. We typically discourage younger patients from having knee replacement in order to reduce the likelihood of needing a repeat knee replacement.

Will my knee replacement hardware set off the metal detector alarms in airports?

Yes. Tell the security agent you have a hip replacement and they will scan you with a hand wand.

Important Phone Numbers and Websites

Anesthesia Providers

Located at Central Peninsula Hospital
(907) 714-4404

Durable Medical Equipment

Alaskare (907) 260-4433

Geneva Woods (907) 262-2424

Soldotna Professional Pharmacy
(907) 262-3800

Hospital

Central Peninsula Hospital
(907) 714-4404
www.cpgh.org

Orthopaedic Surgery Offices

Central Peninsula Bone & Joint Center
(Dr. Reyes)
(907) 714-4120
www.cpgh.org/ortho

Kenai Peninsula Orthopaedics
(Dr. Krull)
(907) 262-6454
www.kenaipeninsulaorthopaedics.com

Scott Innes MD Orthopaedics
(Dr. Innes)
(907) 262-1080
www.scottinnesmd.com

Sport Med Alaska
(Dr. Bote)
(907) 283-5458
www.sportmedalaska.com

Physical Therapy Providers

Contact information is located on page PS-10

Notes

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