



GUIDEBOOK
FOR KNEES



Please Bring This Book with You To:

- Every office visit
- Your hospital pre-op class
- The hospital on admission
- All physical therapy visits after surgery



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Preoperative Checklist

Pre-Register

When you come to the hospital for your Pre-Admission testing and Pre-op Joint Class, you will also be pre-registered for your upcoming surgery.

- Patient's full legal name and address, including county
- Home phone number
- Marital status
- Social Security number
- Name of insurance holder, his/her address, phone number, work address, and work phone number
- Name of your insurance company, mailing address, policy and group numbers, and insurance card
- Your employer, address, phone number, and occupation
- Name, address, and phone number of nearest relative
- Name, address, and phone number of someone to notify in case of emergency (this can be the same as the nearest relative)
- Bring your insurance card, driver's license or photo I.D. and any co-payment required by the insurance company with you to the hospital

Preoperative Checklist

Obtain Medical Clearance

When you were scheduled for surgery, you should have been told that you need to obtain medical clearance from your primary care physician and/or a specialist.

Obtain Laboratory Tests

This can be done either with your primary care physician or at pre-admission testing department which can be done on the day of your total joint class.

Billing for Services

After your procedure, you will receive separate bills from the surgeon, anesthesiologist, the hospital, the radiology and pathology departments (if applicable), physical therapy, and the surgical assistant. If your insurance carrier has specific requirements regarding participation status, please contact your carrier.

Start Preoperative Exercises

Many patients with arthritis favor their joints and thus the joints become weaker, which interferes with their recovery. It is important that you begin an exercise program before surgery.



Register For Preoperative Class

A special class is held for patients scheduled for joint surgery. You will receive a call from the hospital's preadmission testing department to schedule this class for you two to three weeks prior to your surgery. You will only need to attend one class. It is strongly suggested that you bring a family member or friend to act as your "coach." The coach's role will be explained in class. The outline of the class is as follows.

- Joint Disease
- What to Expect
- Role of your "Coach"/Caregiver
- Learn Your Breathing Exercises
- Review Your Preoperative Exercises
- Anesthesia
- Learn About Assistive Devices and Joint Protection
- Discharge Planning/Insurance/Obtaining Equipment
- Complete Preoperative Forms
- Questions and Answers
- **Please access link for educational videos and information about your joint replacement surgery. <https://carepointhealth.org/services/orthopedics/joint-replacement-education-list/>**

Review "Exercise Your Right"

The law requires that everyone being admitted to a medical facility has the opportunity to make advance directives concerning future decisions regarding their medical care. Please refer to the appendix for further information. Although you are not required to do so, you may make the directives you desire. If you have advance directives, please bring copies to the hospital on the day of surgery.

Four Weeks Before Surgery -

Start Iron, Vitamins

Prior to your surgery, you may be instructed to take multivitamins as well as iron. Iron helps build your blood.

Read "Anesthesia" (Appendix)

Total Joint Surgery does require the use of either general anesthesia or regional anesthesia. Please review "Anesthesia" (see appendix) provided by our anesthesia department. If you have questions or want to request a particular anesthesiologist, please contact your surgeon's office.

Stop Smoking

It is essential to stop smoking before surgery. Smoking impairs oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.

Ten Days Before Surgery

Stop Medications That Increase Bleeding

Ten days before surgery, stop all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may cause increased bleeding. If you are taking a blood thinner, you will need special instructions for stopping the medication. Your primary care physician will instruct you about what to do with your other medications.

Prepare Your Home for Your Return from the Hospital

Have your house ready for your arrival back home. Clean, do the laundry, and put it away. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend to the garden, and finish any other yard work. Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways. Install night lights in bathrooms, bedrooms, and hallways. Arrange to have someone collect your mail and take care of pets or loved ones, if necessary.

Night Before Surgery

Do Not Eat or Drink

Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so. No chewing gum.

What to Bring to the Hospital

Personal hygiene items (toothbrush, powder, deodorant, razor, etc.); watch or wind-up clock; hand-held mirror to use at bedside; sweatpants, shorts, tops, culottes; well-fitted slippers; and flat shoes or tennis shoes. For safety reasons, DO NOT bring electrical items. You may bring battery-operated items.

You must bring the following to the hospital:

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

Special Instructions

You will be instructed by your physician about medications, skin care, showering, etc.

- DO NOT take any medication on the day of surgery, unless instructed to do so by your physician
- Please leave jewelry, valuables, and large amounts of money at home
- Makeup must be removed before your procedure
- Nail polish may be left on

Preoperative Exercises, Goals, and Activity Guidelines

Exercising Before Surgery

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

Also, remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups (exercise #8) because you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk, and to do your exercises postoperatively.

Stop doing any exercise that is too painful.

Preoperative Knee Exercises

1. Ankle pumps
2. Quad sets (knee push-downs)
3. Gluteal sets (bottom squeezes) 20 reps. 2 times/day
4. Abduction and adduction (slide heel out and in)
5. Heel-slides (slide heel up and down)
6. Short arc quads
7. Long arc quads
8. Armchair push-ups
9. Seated hamstring stretches
10. Straight leg raises
11. Knee extension stretch

Hospital Care

Day of Surgery - What to Expect

Patients are prepared for surgery in the Same Day Surgery area of the hospital. Your operating room nurse as well as your anesthesiologist will interview you in the Same Day Surgery holding area. They will escort you to the operating room. Following surgery, you will be taken to a recovery area where you may remain for one to two hours. During this time, pain control is typically established, your vital signs will be monitored, and an X-ray may be taken of your new joint. You will then be taken to your room where another nurse will care for you. Only one or two very close family members or friends should visit you on this day. Most of the discomfort occurs the first 12 hours following surgery, so during this time, it is very important to take your pain medication. You will most likely be getting out of bed a few hours after your surgery. It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises that you learned in class.

After Surgery - Day One

On day one after surgery you can expect to be bathed and helped out of bed by and seated in a recliner in your room. Your surgeon and physician's assistant (if applicable) will visit you in the morning. The physical therapist may assess your progress and get you walking with either crutches or a walker. Occupational therapy will begin, if needed. Your coach is encouraged to be present as much as possible. Visitors are welcome, preferably late afternoons or evenings. You may be eligible to be discharged to home depending on your progress with physical therapy and the control of pain management. If discharge does not occur the discharge plan will be discussed with you and your coach

If You are Going Directly Home

Someone responsible needs to drive you home. You should receive written discharge instructions concerning medications, physical therapy, activity, etc. We will arrange for equipment. Take this Guidebook with you. If the patient requires home health services, the hospital will arrange for this.



Postoperative Care

Caring For Yourself at Home

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

Control Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription pain medication to a non-prescription pain medication. You may take two extra-strength Tylenol® in place of your prescription medication up to four times per day.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 20 minutes each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer so they can be used as an ice pack again later.

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day. Your energy level will be decreased for at least the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

Blood Thinners

You may be given a blood thinner to help avoid blood clots in your legs. You will need to take it for three to six weeks depending on your individual situation. Be sure to take as directed by your surgeon. The amount you take may change depending on how much your blood thins. Therefore, it may be necessary to do blood tests once or twice weekly to determine this. See discharge blood thinner instructions (appendix).

Caring For Your Incision

- Keep your incision dry.
- Keep your incision covered with a light dry dressing until your staples are removed, usually 10 -14 days.
- You may shower after your staples have been removed.
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision. After showering, put on a dry dressing.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 101° F.

Recognizing & Preventing Potential Complications

Infection

Signs of Infection

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

Prevention of Infection

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

Blood Clots in Legs

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

Signs of blood clots in legs

- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee or groin area. NOTE: blood clots can form in either leg.

Prevention of blood clots

- Ankle pumps
- Walking
- Blood thinners

Pulmonary Embolus

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

Signs of a pulmonary embolus

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

Prevention of pulmonary embolus

- Prevent blood clot in legs
- Recognize a blood clot in leg and call physician promptly

Total Knee Replacement Postoperative Exercises & Goals

Activity Guidelines

Exercising is important to obtain the best results from total knee surgery. Always consult your physician before starting a home exercise program. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program as well. After each therapy session, ask your therapist to mark the appropriate exercises in your Guidebook. These goals and guidelines are listed on the next few pages.

Weeks One and Two

Weeks one and two of your recovery typical two-week goals are to:

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300 feet with support.
- Climb and descend a flight of stairs (12-14 steps) with a rail once a day.
- Actively bend your knee at least 90°.
- Straighten your knee completely.
- Independently sponge bathe or shower (after staples are removed) and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.

Postoperative Exercise Plan

1.	Ankle Pumps	Exercise	20 reps 2 times/day
2.	Quad Sets (Knee Push-Downs)	Exercise	20 reps 2 times/day
3.	Gluteal Sets (Bottom Squeezes)	Exercise	20 reps 2 times/day
4.	Abduction/ Adduction (Slide Heels In and Out)	Exercise	20 reps 2 times/day
5.	Heel Slides (Slide Heels In and Out)	Exercise	20 reps 2 times/day
6.	Short Arc Quads (PVC Pipe Exercise)	Exercise	20 reps 2 times/day
7.	Straight Leg Raises	Exercise	20 reps 2 times/day
8.	Seated Knee Flexion	Exercise	20 reps 2 times/day
9.	Extension Stretch	Exercise	20 reps 2 times/day
10.	Advanced Exercises to be reviewed by your physical therapist.		

Weeks Two To Four

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

- Achieve one to two week goals.
- Wean from full support to a cane or single crutch as instructed.
- Walk at least one quarter mile.
- Climb and descend a flight of stairs (12-14 steps) more than once daily.
- Bend your knee more than 90°.
- Straighten your knee completely. Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.
- Begin driving if left knee had surgery. You will need permission from your surgeon.

Weeks Four To Six

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

- Achieve one to four week goals.
- Walk with a cane or single crutch.
- Walk one quarter to one half mile.
- Begin progressing on stair from one foot at a time to regular stair climbing (foot over foot).
- Actively bend knee 110°.
- Straighten your knee completely.
- Drive a car (either right or left knee had surgery).

Strengthening Exercises

Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day

Additional Comments:

PT: _____

Weeks Six to Twelve

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

- Achieve one to six week goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one half to one mile.
- Bend knee to 120°.
- Straighten knee completely.
- Improve strength to 80%.
- Resume activities including dancing, bowling and golf.

Stretching Exercises

Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day
Name of Exercise _____	_____ reps	_____ times/day

Additional Comments:

PT: _____

Home Exercises After Total Knee Surgery

Listed below are two groups of home exercises that are essential for a complete recovery from your surgery. Always consult your physician before starting a home exercise program. The first group focuses on range of motion and flexibility exercises that are important to improving your motion. The second group features strengthening exercises to restore you to full strength. Your therapist will mark which exercises you should be doing. Some exercises you will do in the first two weeks, others during weeks two to four, and still others during weeks four to six and beyond. Exercising should take approximately 20 minutes and should be done twice daily. If you are recovering quickly, it is recommended that you supplement these exercises with others that your therapist recommends.

(1) Ankle Pumps

Flex foot. Point Toes. Repeat 20 times.

(2) Single Leg Step-Up

With foot of involved leg on step, straighten that leg. Return. Use a step or book. Height of step will depend on your strength. Start low. You may exercise good leg as well. NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.

(3) Retro Leg Step-Up

Step backwards with one foot then the other. Step off forward in the same way. Do this with your therapist first. Use a step or book. Ask therapist how high it should be.

Activities of Daily Living - Precautions and Home Safety Tips

Lying in Bed - Keep Knee Straight

Lie in bed with pillow under ankle. DO NOT put a pillow under your knee. Knee should be kept as straight as possible. Place a small pillow under your ankle to assist in straightening.

Standing up from chair

Do NOT pull up on the walker to stand!

Sit in a chair with arm rests when possible.

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

Transfer- Bed

When getting into bed:

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

When getting out of bed:

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

Transfer - Tub

Getting into the tub using a bath seat:

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

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

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

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

Getting out of the tub using a bath seat:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

Transfer - Automobile

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

Walking

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with surgical leg. Place the foot in the middle of the walker area. Do not move it past the front feet of the walker.
3. Step forward with the non-surgical leg.
4. NOTE: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.

Stairclimbing

1. Ascend with non-surgical leg first (Up with the good).
2. Descend with the surgical leg first (Down with the bad).

Personal Care

Using a “Reacher” or “dressing stick.”

Putting on pants and underwear:

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

Taking off pants and underwear:

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

How to use a sock aid:

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

If using a long-handled shoehorn:

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

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

Around the House

Saving energy and protecting your joints

Kitchen

- Do NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.

Bathroom

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

Safety and Avoiding Falls

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

Do's and Don'ts for the Rest of Your Life

Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopedic and primary care physicians' permission you should be on a regular exercise program three to four times per week lasting 20-30 minutes. Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing is likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you may need antibiotics for prevention.

What to Do in General

- Take antibiotics one hour before you have dental work or other invasive procedures.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101° or sustain an injury such as a deep cut or puncture wound you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- The manufacturer of your prosthesis will send you a card that states you had a joint replacement. It may take between 8-12 weeks to receive your card. Carry the card with you, as you may set off security alarms at airports, malls, etc.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.
- Lifetime Follow-Up Visits-see appendices.

What to Do for Exercise

Choose a Low Impact Activity

- Home program as outlined in Patient Guidebook
- Regular one to three-mile walks, Home treadmill (for walking), and Stationary bike, Regular exercise at a fitness center
- Low-impact sports such as golf, bowling, walking, gardening, dancing, etc.

What Not to Do

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

Appendix

Exercise Your Right Put Your Health Care Decisions in Writing

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

What are Advance Medical Directives?

Advance Directives are a means of communicating to all caregivers the patient's wishes regarding health care. If a patient has a Living Will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the Medical Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of Advance Directives and you may wish to consult your attorney concerning the legal implications of each.

LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

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

Anesthesia

What types of anesthesia are available?

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

Regional Anesthesia involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications can be given to make you drowsy and blur your memory.

General Anesthesia provides loss of consciousness.

Anesthesia

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0-10) to assess your pain level.

What will happen before my surgery?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG, and other devices for your safety. At this point, you will be ready for anesthesia.

During surgery, what does my anesthesiologist do?

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

What can I expect after the operation?

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

Blood Thinners

Coumadin: Monitoring the dosage after patient is discharged from the hospital

DISCHARGE TO HOME - If you are discharged to home with home health services, the home health nurse may come out twice a week to draw the prothrombin time and the INR. These results are called to the surgeon who will call you to adjust your dose, if needed.

If you **DO NOT** utilize home health nursing, then you will have to go to an outpatient medical lab and have your blood drawn to test your prothrombin time and INR level. Your surgeon will obtain the results and call you to adjust your blood thinner dose, if needed.

TRANSFER TO REHAB - If you are transferred to rehab, the monitoring is usually done daily. The physician caring for you at rehab will adjust the blood thinner dose as necessary. When you are discharged from rehab, or home health, you will be given a prescription for outpatient blood monitoring.

The Importance of Lifetime Follow-Up Visits

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to or they do not understand why it is important.

So, when should you follow up with your surgeon? These are some general rules:

Every year, unless instructed differently by your physician. Anytime you have mild pain for more than a week. Anytime you have moderate or severe pain.

There are two good reasons for routine follow-up visits with your orthopedic surgeon:

1. If you have a cemented knee, we need to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen. Your knee could become loose and this might lead to pain. Or, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.

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

X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations. This should be done in your doctor's office. We are happy that most patients do so well that they do not think of us often. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. We will be delighted to hear from you.

Postoperative Care Weeks Four To Six

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

- Achieve one to four week goals.
- Walk with a cane or single crutch.
- Walk one quarter to one half mile.
- Begin progressing on stair from one foot at a time to regular stair climbing (foot over foot).
- Actively bend knee 110°.
- Straighten your knee completely.
- Drive a car (either right or left knee had surgery).
- Continue with home exercise program twice a day.

Strengthening Exercises

Name of Exercise: _____	_____ reps	_____ times/day
Name of Exercise: _____	_____ reps	_____ times/day
Name of Exercise: _____	_____ reps	_____ times/day
Name of Exercise: _____	_____ reps	_____ times/day

Additional Comments:

PT: _____

Postoperative Care

Weeks Six to Twelve

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

- Achieve one to six week goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one half to one mile.
- Bend knee to 120°.
- Straighten knee completely.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.

Strengthening Exercises

Name of Exercise: _____	_____ reps	_____ times/day
Name of Exercise: _____	_____ reps	_____ times/day
Name of Exercise: _____	_____ reps	_____ times/day
Name of Exercise: _____	_____ reps	_____ times/day
Name of Exercise: _____	_____ reps	_____ times/day
Name of Exercise: _____	_____ reps	_____ times/day

Stretching Exercises

_____ (stretch/ _____)	times/day: _____
_____ (stretch/ _____)	times/day: _____
_____ (stretch/ _____)	times/day: _____

Additional Comments:

PT: _____



The Transition in Care Team: (201) 232-3597

Transition in Care Teams, which consist of nurse practitioners and registered nurses, refers to the collaboration of providers across hospitals, nursing homes, facilities, community based services, and the patient's home. People living with serious and complex illnesses require frequent interactions with different types of providers. So, it is important to provide care frequently and in different settings.

The Transition in Care team will follow you from the hospital to the home, with regular in-person and telephone communication.

The Transition in Care nurse practitioner will:

- Communicate with physicians and other providers
- Provide health education and reinforcement of good health practices
- Engage you, your family, and all of your caregivers in health education health coaching
- Help to make the most of your care and to avoid unnecessary trips to the hospital

Important to know:

- You may qualify and be notified for the transition in care program due to any of these Diagnoses:
- Heart Attack, Heart Failure, Lung Disease (COPD), Pneumonia, and Hip or Knee Replacements.
- Participation in the program is free to you. Your insurance company will not be billed.
- A team member will follow you for either 30 or 90 days following hospitalization.
- A team member may come to visit you in the hospital, at your home and/or in the nursing facility after discharge.
- The Transition Care Team works closely with your physician.
- Diagnoses eligible for the program include Heart Attack, Heart Failure, Lung Disease (COPD), Pneumonia, and Hip or Knee Replacements.
- The Transition in Care program does not replace Visiting Nurse Services.

Our Goal:

To improve care for patients in all settings. We will be there to help.

Feel free to call when you need us.

How to use the Chlorhexidine Gluconate (CHG) Disposable Cloths:

Prepping your SKIN THE NIGHT BEFORE SURGERY:

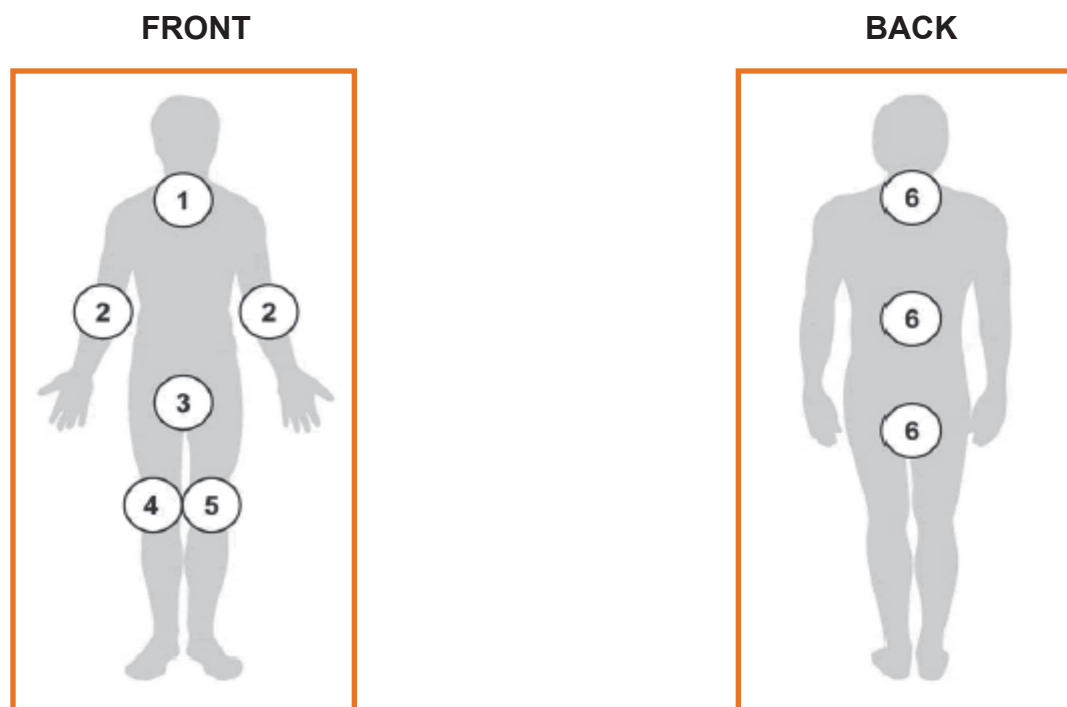
- Shower or bathe thoroughly the night before Surgery.
- Wait one (1) hour after your shower or bath and follow the instructions below:
- Do not apply any lotions, creams, or moisturizers.
- **Do not shower/ or bathe the morning of surgery.**

DO NOT USE CLOTHS ABOVE THE JAWLINE

DO NOT RINSE

DO NOT FLUSH THE CLOTHS

****USE BOTH SIDES OF THE CLOTH FOR FULL EFFECTIVENESS/CLEANLINESS****



Use all six cloths in the following order:

1. Cloth 1: Neck, shoulders, and chest.
2. Cloth 2: Both arms, both hands, web spaces, and axilla.
3. Cloth 3: Abdomen and then groin/perineum.
4. Cloth 4: Right leg, right foot, and web spaces.
5. Cloth 5: Left leg, left foot, and web spaces
6. Cloth 6: Back of neck, back, and then buttocks

NO SMOKING

PATIENT EDUCATION SMOKING CESSATION

NO SMOKING

Reasons to Quit Smoking

- One (1) in every 5 deaths in the U.S. is smoking-related.
- Cigarette smoke contains 43 cancer causing agents and 401 toxic substances.
- Smoking causes wrinkles.
- Smoking cigarettes is a major cause of Heart Disease, Lung Cancer, Emphysema and Stroke.
- Children exposed to second hand smoke are at increased risk for asthma and ear infections.
- Adults exposed to second hand smoke are at increased risk of lung cancer, heart disease, stroke and leukemia and lymphoma (forms of cancer).
- Children of smoking parents are twice as likely to start smoking than non-smokers.
- Pregnant women who smoke have a higher incidence of spontaneous abortions, still births, and babies that die from Sudden Infant Death Syndrome.
- Studies have shown that the most successful way to quit smoking is a combination approach of Counseling and Nicotine Replacement Therapy.

If you are seriously thinking about quitting - You have already taken the first step!

Tips on making it easier to QUIT SMOKING

- Make a list of reasons you smoke now and the many good reasons you should quit. Compare the lists.
- Set a target date.
- Enlist support from your family and friends.
- Spend more time in non-smoking places.
- Keep a journal of your reasons to quit and refer to it when times get rough.
- On the day you quit, have your clothes cleaned. Have your teeth cleaned at the dentist.
- Treat yourself to something special. You certainly deserve it!
- Have healthy snacks for oral replacement (Celery, Carrots, and fruits).

You may not be successful the first try, but do not get discouraged, keep trying.

NO SMOKING

YOU CAN DO IT!

NO SMOKING

For information on a Stop Smoking Programs:

- **American Cancer Society**
Telephone: 1-800-ACS-2345 (1-800-227-2345)
Internet address: www.cancer.org
- **Smokefree.gov**
Telephone: 1-800-QUITNOW or 1-800-784-8669
Internet address: www.smokefree.gov
- **American Lung Association**
Telephone: 1-800-LUNG-USA or 1-800-548-8252
Internet address: www.lungusa.org

