

 THE UNIVERSITY OF KANSAS HEALTH SYSTEM
ST. FRANCIS CAMPUS

A Patient and Family Guide to Knee Replacement Surgery



Welcome to your joint replacement experience

Dedicated to excellence

Thank you for choosing The University of Kansas Health System St. Francis Campus for your knee replacement surgery. It is our pleasure to serve you and restore you to a higher quality of living with your new prosthetic joint. We are committed to excellence in patient care and dedicated to providing a world-class patient experience for you and your family.

Your recovery is our goal

Bones, muscles, ligaments and tendons are all connected in a way that helps our body move – something most of us take for granted. The lack of movement or its restriction changes everything about how we function in our daily lives.

Sometimes our movements are restricted because of normal wear and tear on our bodies. We sit, stand, walk or run every day, and the excessive movements that accumulate over the years often cause us to require a tune-up. At times, an injury or disorder has damaged one of these vital functions, and we need therapy or surgery to heal properly.

Joint replacement patients typically recover quickly. They will, most likely, be able to walk the day of surgery. Generally, patients are able to return to driving within a few weeks.

The University of Kansas Health System St. Francis Campus provides a comprehensive planned course of treatment, and we believe you play a key role in ensuring the best chance of a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to promote a more successful surgical outcome.

Joint replacement specialists

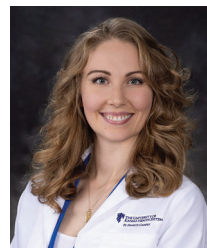
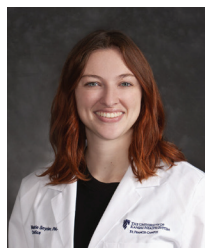
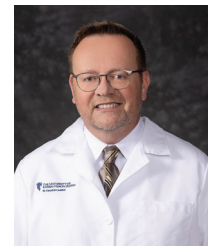
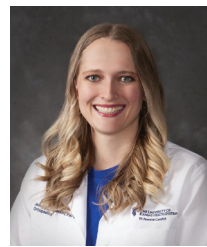


Table of contents

Contact numbers	2
Your joint replacement team.....	3
Arthritis and knee replacement	5
Optimizing your health before surgery	6
Preoperative preparations.....	8
Day of surgery	10
Days after surgery	13
Discharge.....	16
At-home care	16
Frequently asked questions.....	19

Contact numbers

The University of Kansas Health System St. Francis Campus	785-295-8000
Tallgrass Orthopedic and Sports Medicine	785-233-7491
Joint Replacement Center	785-295-8380
Joint Replacement Nurse Navigator	785-295-8485
Surgery Scheduling.....	785-295-8462
Pre-Admission Testing and Joint Replacement Orientation	785-295-8451

Your joint replacement team

The primary goal of your orthopedic team is to give you the best patient care possible and to exceed your treatment expectations.

The staff and physicians at The University of Kansas Health System St. Francis Campus make it their mission to improve your bones, muscles and joints to function at the best possible level. Surgeons partner with a skillfully trained network of specialists, nurses, physical and occupational therapists, anesthesia and case management staff to help you make a quick recovery.

The post surgical unit is a dedicated unit on the 3rd floor of St. Francis Campus hospital. Features of our program include:

- Emphasis on group activities as well as individual care
- Encouragement of family and friends to participate as “coaches” in the recovery process

Your care team members include:

Nurse navigator

- Helps manage your care beginning before surgery and continuing throughout your hospital stay
- Obtains a health database
- Reviews what you have or need at home, including support
- Provides guidance in setting up your outpatient physical therapy visits pre and post surgery
- Coordinates your discharge plan with input from your health team
- Acts as your advocate throughout the entire course of treatment
- Answers questions and coordinates your hospital care with Joint Replacement Center team members

Orthopedic surgeon

- Establishes your medical care plan and performs surgery
- Checks on you in the hospital
- Evaluates you at postoperative clinic appointments

Physician assistant and nurse practitioner

- Assist the surgeon before, during and after your joint replacement surgery
- Check on you in the hospital and analyze your medical status

Anesthesia team

- Acquires your medical history pertinent to surgery and anesthesia
- Provides anesthesia during your surgery
- Administers pain management services to you on the day of surgery

Registered nurses

- Coordinate your care in the hospital, following the directions set forth by your surgeon
- Provide personal care and education regarding your surgery
- Communicate your medical status and other information to your doctor
- Give you the medications ordered by the physician
- Aid in your transition from the hospital to your home with the assistance of the nurse case manager and navigator
- Answer questions and assist with issues and concerns
- Provide support after surgery during your routine follow-up clinic appointments

continued on page 4

Your joint replacement team (continued)

Certified nursing assistants

- Obtain temperature, blood pressure, heart rate and breathing rate
- Measure fluid intake and output
- Provide daily care and assist with hygiene and mobility

Physical therapist

- Assesses your physical abilities and your home setting
- Instructs you on proper mobility and exercise techniques
- Educates you on how to use assistive walking devices such as walkers, canes or crutches
- Guides you on proper home activities after you leave the hospital
- Conducts daily physical therapy with you in the hospital

Occupational therapist

- Teaches you methods to manage self-care activities during the postoperative period such as bathing, dressing and eating
- Helps you acquire necessary adaptive equipment for self-care activities
- Recommends other home equipment needs

Hospitalist

- Physician who is specially trained in medical management in the hospital setting
- Checks on you in the hospital and analyzes your medical status while assisting your orthopedic surgeon
- Follows the directives set forth by your surgeon

Pharmacist

- Creates a pain management plan through communication with you and your surgeon
- Reviews your medications daily to make sure they are appropriate for your overall health status
- Assists your surgeon and other medical staff in prescribing, dosing and managing certain medications
- Answers questions and concerns about your medications

Case management

- Assists in identifying possible needs when you leave the hospital
- Helps coordinate continued care after you leave the hospital, including assistive equipment, home health visits or transition to a facility (such as an acute rehabilitation or skilled nursing facility) based on your insurance benefits and eligibility
- Coordinates discharge plan along with your nurse navigator

Arthritis and knee replacement

The knee is made up of three bones: the femur (thigh bone), the tibia (shin bone) and the patella (kneecap). The bones are covered with a layer of cartilage that acts as a cushion and allows for smooth, comfortable motion of the knee. The femur contacts the tibia with two areas called the medial (inner) and lateral (outer) condyles. The underside of the patella also contacts the femur as it glides along the groove in the femur. Osteoarthritis is the most common type of arthritis and is the deterioration of the smooth cartilage on any of these areas. Cartilage can deteriorate down to the level of the bone surface. The worn-down cartilage or the rubbing of bone against bone may cause swelling and discomfort and may cause the knee to abruptly “give out.” The wear and tear of arthritis can also cause heat, stiffness or may change the alignment of the knee causing it to bow out or to angle inward.

What is a total knee replacement?

A total knee replacement, also called a total knee arthroplasty, is the replacement of the cartilage with an artificial surface. The procedure involves cutting away damaged bone and cartilage and replacing it with a prosthesis, or artificial joint, made of metal alloys, high-grade plastics and polymers. This creates a new, smooth cushion and a functioning joint that does not hurt.



Normal Knee



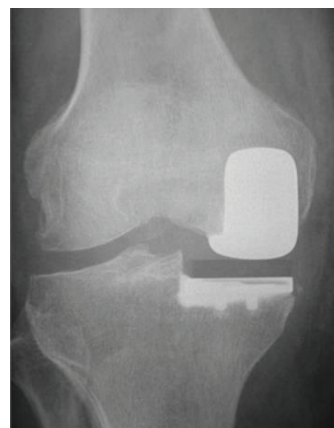
Arthritic Knee



Total Knee Arthroplasty

What is a partial knee replacement?

Your surgeon may recommend a partial knee replacement, also called unicompartmental knee replacement or unicompartmental knee arthroplasty. Similar to the total knee replacement, joint surfaces are replaced, but only in one area of the knee. You may be a candidate for this procedure if the wear is confined to one area of the knee joint. Your surgeon will discuss the best surgery option for your particular knee.



Unicompartmental Knee Arthroplasty

Optimizing your health before surgery

Healthy eating

Healthy eating can help manage your weight as well as prepare your body for recovery following surgery. A healthy body may heal faster and make you less likely to get an infection.

- Eat at least three times per day to keep your metabolism active.
- Stop eating when you are no longer hungry or before you feel full. A smaller plate may make your portions seem bigger and more filling. Eat slowly, taking one bite at a time. Set your fork down between bites.
- Drink plenty of calorie-free drinks like water and tea. Avoid sodas, including diet sodas, which have been linked with weight gain.
- Cut back on sugar. Avoid anything containing high fructose corn syrup.
- Choose lean meats and lower fat dairy products.
- Aim to eat fresh, brightly colored fruits and vegetables along with a protein, such as meat, eggs, nuts or beans, at each meal.
- Avoid large portions of corn, potatoes or peas.
- Keep healthy snacks on hand. Nuts can be a good choice because the protein and fat can reduce feelings of hunger longer than foods with less nutritional value. Fruit, string cheese or cut vegetables are also good options.

Physical activity

Exercise can increase circulation and stimulate your body to create endorphins, both of which can help relieve pain. You may feel like your physical activity is limited by your joint pain, and it may be to some degree. Consider activities that are gentler on your joints. You may find that walking in water or riding a stationary bike, or a recumbent bike for more back support, are comfortable and still challenge you. Yoga is excellent for your mind and body. Instructors are tuned into making modifications to make the poses safe and supported. To alleviate any pain or inflammation following physical activity, you may want to apply cold packs to your knee.

Set a goal of some activity beyond what you do regularly every day. If you have an active job, you need to exercise in addition to your job for your body to recognize it as a challenge.

Exercise programs are easiest to stick to if:

- You have a goal. Yours may be to prepare for surgery.
- You schedule and commit to the activity.
- You have a plan of action as well as a backup plan for circumstances that may interfere with your exercise, such as bad weather or your gym being closed.
- You have a workout buddy. A buddy helps keep you accountable and interested.

continued on page 7

Optimizing your health before surgery (continued)

Smoking

People who smoke may experience:

- Delayed wound healing
- Increased chance of infection
- Complications with anesthesia
- Difficulty managing your pain

Stopping smoking for as long as possible before and after surgery is recommended. Even quitting for a brief period is still beneficial. The sooner you quit, the greater your chances are of avoiding surgery-related complications. It is especially important not to smoke on the day of your surgery.

Whether you are preparing for surgery or just thinking about quitting, free help is always available. **By calling 1-800-QuitNow**, you can connect with trained specialists who will provide advice along with a customized plan to help you quit. St. Francis Campus also has tobacco cessation counselors available for both inpatient and outpatient treatment to assist you with both the mental and physical hurdles associated with tobacco cessation. Another resource is your primary care physician.

Diabetes management

Diabetes can slow a patient's incision healing time and increase risk of infection and inflammation after surgery. Diabetics generally have a higher level of chronic inflammation and also have an increased risk of surgical complications including stroke, pneumonia, urinary tract infections and the need for blood transfusions. It is important that you are managing your blood glucose levels closely before, during and after surgery to decrease your risk of complications. Visit with your endocrinologist or primary care physician about your upcoming surgery and ensure your blood glucose levels are under control.

Healthy eating and physical activity can help manage your diabetes along with medication, if prescribed. Your physician can give guidance based on your specific circumstance. The stress on your body and changes in eating after surgery may alter your blood sugars. Your home diabetes medications may need to be adjusted by your physician due to blood glucose changes. There will be a physician on your hospital team who will review your blood glucose values, diet orders and make adjustments to your medications as needed. An endocrinologist will also be available for consult while you are hospitalized.

Preoperative preparation

Contact your insurance company

The surgeon's office will contact your insurance company to get approval for your surgery, but you need to contact the company to get further clarification about your coverage and specific benefits or requirements. You will also want to address coverage for additional services like anesthesia and outpatient physical therapy, which will be billed separately. Ask your insurance company how many hospital nights will be covered after surgery and if they cover any adaptive equipment. You may also want to ask if services such as home health or inpatient care in a skilled nursing or rehabilitation center is covered, and if there are any restrictions on these services.

Scheduling your surgery

- Your surgeon's office will work with you to schedule your surgery.
- Your surgeon's office staff can provide you with a walker, adjust it for you and bill your insurance. You may also obtain a prescription from the surgeon or physician assistant to obtain a walker elsewhere. Front-wheeled walkers are preferred over four-wheeled walkers or walkers without wheels for their safety and support.
- **Call 785-295-8451** to schedule your Pre-Admission Testing and Joint Replacement Orientation class. Pre-Admission Testing will provide any additional information regarding steps to take before surgery including pre-surgery diagnostic tests.
- Choose where you would like to have your outpatient physical therapy. Call the physical therapy clinic to set up two preoperative, or "prehab," visits prior to surgery. Your surgeon's office can help guide you with this, if needed.

See your primary care physician

See your primary care physician to have a preoperative physical completed within four weeks of your planned surgery date.

Preadmission testing and joint replacement orientation

Arrive at registration on the 1st floor of The University of Kansas Health System St. Francis Campus to check in for your preadmission testing and joint replacement orientation. Complimentary valet parking is available for our patients and families at entrance B of the hospital. Valet hours: Monday-Friday, 5:30 a.m.-5 p.m.

- Bring the following to your preadmission testing appointment:
 - o Driver's license or other form of picture ID
 - o Current insurance information and cards
 - o Emergency contact information
 - o A current list of all of your medications, including over-the-counter medications, dosage and how often you take them
 - o A copy of your advance directives
- You will have your nose swabbed to test for MRSA (methicillin resistant staphylococcus aureus), and, if positive, you will be prescribed a medication to use in your nose for a few days before surgery. This is done to decrease your risk of developing a difficult-to-fight infection by a bacteria you may be already carrying.
- Your surgeon will order a variety of diagnostic tests that may include laboratory tests, EKG, a chest X-ray and possibly an appointment with another specialist, such as a cardiologist or pulmonologist. Your primary care physician or surgeon may also require a sleep study before surgery to test for sleep apnea as this is a medical condition that may complicate your recovery. Identifying and managing sleep apnea is an important step in preparing for surgery.
- In the joint replacement orientation class, you will be provided with educational materials and other instructions specific to your upcoming surgery.

continued on page 9

Preoperative preparation (continued)

Two to four weeks before surgery

Attend your prehab physical therapy sessions. You will discuss equipment and mobility techniques at the therapy sessions. Your knee will be assessed by the therapist, and you will be given exercises to do before surgery.

Do your prehab exercises. Exercises done regularly before surgery make a significant difference in your recovery after surgery.

Make an appointment to attend outpatient physical therapy 1-2 business days after your discharge from the hospital.

Prepare your home for your return.

- You may find utilizing a sleeping area and bathroom on the ground floor of your home easier during your initial recovery period. However, we will review how to climb stairs before you leave the hospital so that you are prepared for your return home.
- If you have a low toilet, you may want to consider purchasing a toilet seat riser from your local pharmacy or medical supply store. Also, consider purchasing a shower chair to assist with bathing.
- You will not be able to drive for two weeks or more after your surgery. Arrange to have someone drive you for at least two weeks after your surgery.
- While you are in the kitchen (and in other rooms as well), place items you use regularly at arm level so you do not have to reach up or bend down.
- Set up a “recovery center” where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications should all be within reach.

- Clean your home.
- Do laundry and put it away.
- Prepare meals and freeze them in single-serve containers.
- Install nightlights in bedrooms, hallways and bathrooms.
- Remove electrical cords in pathways and any other tripping hazards, including rugs.
- Install grab bars and any other equipment you plan to use when you return home.
- Arrange for someone to help with your pets and mail.
- Consider setting up pet feeding for easy management. For example, place bowls on a low table or stool that your animal can reach without you having to lean over to the floor.
- **Arrange for someone who can assist you full time when you return home and drive you home from the hospital.**

Medications to avoid before surgery

Your surgeon will address any medication questions you have and provide specific recommendations regarding if, and when, to stop taking them. Some examples are:

Aspirin medications: Bufferin, Excedrin, Ecotrin

Anti-inflammatory medications: Motrin, Aleve, Advil, ibuprofen, indomethacin

Anti-clotting medications: Coumadin, heparin, Plavix, aspirin

Dietary supplements containing: ginger, licorice, valerian, goldenseal, ginkgo biloba, ginseng, St. John’s wort, alfalfa, vitamin E, garlic, feverfew, saw palmetto, kava kava, fish oil

Day before surgery

Please call 785-295-8462 the day before your surgery for your surgery check-in time. If you have a Monday surgery scheduled, call on the Friday before surgery.

Please call between 1 and 5 p.m.

Prepare yourself

Your surgeon's office will provide very specific instructions to prepare for surgery. Following those instructions will provide you with the best and safest outcome. Failing to follow these instructions may result in cancellation of your surgery.

- **Do not drink or eat anything after midnight, EVEN WATER**, unless specifically instructed by a member of your medical team. This includes mints, gum and chewing tobacco. If you have been instructed to take any medications, you are allowed just enough water to swallow that medication. If you are diabetic, you will receive special instructions.
- **Follow the bathing and skin care procedure as instructed.**
- **Remove nail polish and jewelry of any kind.**
- **You will be required to remove contact lenses prior to your surgery.**

Day of surgery

What to bring on the day of your surgery

- **Copy of your advance directive (if not already on record)**
- **Current insurance card**
- **Driver's license or photo ID**
- **Personal hygiene items**
 - o The health center can supply a toothbrush, toothpaste, soap or comb. You may wish to bring lotion, deodorant, razors or any other items that you typically use for grooming.
- **Loose-fitting, comfortable clothes that allow easy access to your incision**
 - o Elastic waistbands and shorts or stretchy pants permit ease of movement, access to surgical site and maintain modesty. Avoid dresses as you will be performing exercises in a group setting and dresses may not provide adequate coverage. Bring undergarments. Underwear is typically not recommended until the urinary catheter is removed. Bring a set of clothes for each day you expect to be in the hospital and a light jacket.
- **Shoes or nonskid slippers with a heel**
 - o The health center can supply nonskid socks, but you may prefer to wear your own shoes, particularly as you will be walking in the hallways. Shoes or slippers must be securely fitted and encompass your whole foot. Flip-flops or open-backed shoes will not provide adequate safety. Keep in mind you are likely to have swelling in your leg and possibly your foot, so consider shoes that can accommodate.
- **Walker**
 - o The health center has walkers available for use, but bringing your own walker allows you to get used to using your particular device and assuring proper fit. The fit you receive in prehab therapy can be modified after surgery,

continued on page 11

Day of surgery (continued)

if needed. Please label your walker to keep it from blending in with those of other patients or the health center. We can provide a label if you forget. Four-wheeled walkers are not recommended for immediate postoperative use.

- **Cell phone, charger and items to occupy you outside of therapy time**
 - o Cell phone use is allowed in the health center. Videos or photos may NOT be taken in community areas, such as the hallway or in the Clubhouse (exercise room), nor is it permissible to take photos or videos of staff.
- **Leave valuable items at home.**
- **Assure you have a responsible ride home from the hospital who can not only drive, but assist you inside.**

Where to arrive

Check in at The University of Kansas Health System St. Francis Campus Registration on the 1st floor of the health center. Valet parking is available at entrance B. Please stay in the registration area until a member of our surgical team escorts you to the presurgery waiting area.

Presurgery waiting area

In the presurgical area you will be prepared for surgery. Your family member or support person may join you until surgery. An intravenous line (IV) will be started and you will receive some fluids.

The anesthesiologist will meet with you and review your chart, complete a physical examination and discuss any concerns or questions you might have regarding anesthesia as well as your options. A local nerve block may be placed while you are in the preoperative area for pain control after surgery.

While your surgery may be scheduled for a specific time, that may change. You will be

notified of any changes in advance. You will then be taken to the operating room and your family will be shown where to wait in the surgery waiting room.

During surgery

In the operating room, you will be given an anesthetic. A catheter may be inserted into your bladder and you will be positioned onto a bed that is specially designed for joint surgery. The area around your joint will be scrubbed and the surgery will begin.

During surgery, your knee will be bent to expose the surfaces of the joint. After making an incision about 6 inches long, your surgeon will cut away the damaged joint surfaces. After preparing the joint surfaces, the surgeon attaches the pieces of the artificial joint. The surgeon bends and straightens your knee, testing it to assure proper function. The surgery typically lasts about an hour.

Your surgeon will contact your family in the surgery waiting area to discuss your surgery and your condition.

Recovery room

Following surgery, you will be taken to the Post Anesthesia Care Unit (PACU), where you will be closely monitored. You may shiver or feel cold after surgery. Warm blankets will be provided to you. Blurry vision, dry mouth, chills, pain, sore throat and discomfort are common experiences as you awaken from anesthesia. Let your nurse know if you have pain or experience nausea. Medications are available to ease your discomfort. Your surgical dressing, circulation and nerve function will be checked after surgery and continually checked after your arrival to your room. When you are ready to leave the PACU, you will be taken to your bed on the post surgical unit.

continued on page 12

Day of surgery (continued)

Your arrival to the Joint Replacement Center after surgery

Your nurse will greet you and assure you are medically managed and your pain is addressed. The nurse will determine when you can have anything to drink by mouth and later determine when you can eat solid food based on assessment of your digestive system. When you resume eating, mild food is recommended. Initially, avoid spicy or fried food as it may upset your stomach. Consider eating food or crackers when taking any oral pain medication as it may cause nausea on an empty stomach. Nursing staff will instruct you about the food menu and how to order food. Communication with your nurse about pain and nausea will enable them to intervene before symptoms become severe.

You may have the following equipment:

- IV lines to administer fluids and medications
- Oxygen
- Finger oxygen monitor
- Foot or leg pumps to help prevent blood clots
- Blood pressure cuff

Do NOT get up by yourself. Notify nursing either with the call light or when they come into your room if you have any needs involving getting out of bed. Your safety is important to us. If you wish to walk in the hallway, the staff will assist you if you are safe to be up. Do not get up without the assistance of a member of the joint replacement team.

DO use your incentive spirometer at least once every hour. You will be instructed on use of your incentive spirometer. Aim for 10 breaths every hour with your incentive spirometer. It can help expand your lungs and prevent breathing problems.

Physical and occupational therapy may visit you in the afternoon of your surgery or the next morning. This visit will consist of questions about your normal function before the surgery, measuring your knee, noting your strength and range of motion and beginning to mobilize as you are able to tolerate. You will be instructed about any specific safety considerations such as weight bearing restrictions and proper use of equipment.

What to expect after surgery

Early in the morning, you will be assisted with any toileting needs and helped into your personal clothes.

Therapy

You will walk with staff assistance. Your personal support person, or coach, is encouraged to attend physical therapy sessions with you. Increasing your activity and doing your exercises as recommended are an important part of achieving the outcome you desire. Your effort will make the difference.

Following surgery, you will most likely be considered “full weight bearing” or “weight bearing as tolerated.” Occasionally, there are limitations such as “non weight bearing” or “partial (usually a percentage) weight bearing.” The staff will instruct you how to move within any restrictions you may have.

DO NOT get up on your own until you are specifically cleared to do so. This will be a decision your therapist makes. Your safety is our absolute concern.

Before you go home, you will practice walking on stairs to ensure a safe return home. Coaches are strongly encouraged to attend this session.

Occupational therapy will follow your progress and provide recommendations for equipment or strategies to manage your self-care at home, as appropriate.

Pain

You may experience more pain the evening and day after your surgery as your nerve block, if you had one, continues to wear off. Knowing that pain is expected, the goal is to make your pain tolerable.

Staff will frequently ask you to rate your pain on a 0 to 10 scale. 0 pain is no pain at all and 10 is the worst pain you can imagine. These numbers are useful to communicate your pain in addition to describing your pain. You may feel soreness or aching or tightness. Different interventions can best help different types and levels of pain, so communication helps your team make adjustments allowing you to be more comfortable. Walking, bearing weight on your surgical leg, gently moving your knee, positioning and ankle pumps are some other techniques to help manage your pain.

Medications, as well as other strategies, will be used to help control your pain.

Swelling, bruising and cold therapy

You may notice more swelling in the 2-3 days after surgery. This is a normal and expected response. You may also notice bruising near and around the incision site. As the healing progresses, the swelling and bruising will reduce. Ice packs can help reduce pain and swelling and will be readily available for your use. In addition to applying ice packs at your surgery site, you may request additional ice packs for behind your knee or your thigh.

Ice packs will be provided and freshened as necessary throughout the day and night. You may experience swelling for 3-6 months following the procedure.

continued on page 14

What to expect after surgery (continued)

Other medications

Stool softeners will be given to avoid constipation often caused by narcotic pain medication and immobility.

Blood thinners - Plan to take an adult-sized aspirin (325mg) daily after discharge from the hospital.

Labs

Lab tests will be administered to determine that you are healing properly. Lab tests typically occur between 6 and 7 a.m. before the doctor visits you in the hospital each morning.

Vital signs

Nursing aides will check your vital signs (blood pressure, temperature, oxygen level, pulse) every four hours after surgery for at least the first 24 hours. The frequency of vital signs will decrease as you progress during your hospital stay.

A patient's guide to daily activities after joint replacement surgery

Surgery day

- Stand and begin walking with the therapists if you are assessed as being able to begin therapy.
- Sit on side of bed with help from nursing.
- Do ankle pumps to help with swelling and avoid blood clots.
- Drink plenty of fluids and begin eating food by evening.
- Use your incentive spirometer device for deep breathing to help keep your lungs healthy.

Day 1 – After surgery

- Work with therapists and nurses to:
 - Get out of bed and stand up. **Never attempt to stand without assistance.**
 - Walk to the bathroom or bedside commode and out into the hallway.
 - Sit on edge of bed or in chair for meals.
 - Practice using your walker.
- Do ankle pumps to help with swelling and avoid blood clots.
- Wear your foot pumps or sequential devices at all times when you are in bed.
- Meet with your case manager to confirm plans for discharge.

- Continue to use your incentive spirometer device for deep breathing to help keep your lungs healthy.
- Learn about:
 - Medications to prevent constipation
 - Transition pain medication from intravenous to oral.

Day 2 – After surgery

- Work with therapist and nurses to:
 - Walk greater distance in the hallway.
 - Practice using stairs as instructed by physical therapist.
 - Sit in a chair for meals
 - Walk to bathroom instead of the commode.
- Discuss with your nurse any questions you have about recovery.
- Continue to use your incentive spirometer device for deep breathing.
- Learn about:
 - Ways to care for yourself when you leave the hospital
 - Medications you will be taking when you leave the hospital.
 - Signs and symptoms of when you should call the doctor after discharge.

Discharge

Your discharge planning starts before your surgery. Your care team will continue this planning during your stay. Based on your progress and ability to get around, the team will make recommendations for your discharge. Our goal will be for you to go directly home with outpatient physical therapy. Some people will have home health therapy if criteria are met.

Your nurse will explain all discharge instructions and give you written information before you leave the hospital. Your nurse will review your medications, incision care protocol and answer any questions you may have.

Physical therapy will provide you with a copy of the exercises and mobility handbook. These exercises should be completed twice a day at home in addition to your outpatient physical therapy sessions.

You will need someone to drive you home, so please arrange for that transportation prior to surgery. It is essential to your recovery that you attend your follow-up appointments.

At-home care

Pain management

Take your pain medication as prescribed by your surgeon. You may want to consider taking it approximately 30 minutes prior to planned activity or therapy. Do not wait until your pain gets out of control to take your pain medication. Other strategies to help manage your pain include gentle bending and straightening of your knee, positioning and ice packs. You may apply ice packs to your knee 20 to 30 minutes at a time several times a day. Change your position at least every 45 minutes to avoid stiffness. Do not place a pillow directly under your knee joint causing it to rest in a bent position. You may place a pillow under your entire leg to elevate it.

You may have less of an appetite and less energy as you recover. Drink plenty of fluids. You also may experience constipation from pain medications and less activity than usual. Your surgeon may recommend a stool softener.

Incision care

You and your caregiver should always wash your hands before and after managing your dressing or incision. There should be no redness, hotness, odor, draining or opening of your incision. If you notice any of these signs,

contact your surgeon's office at 785-233-7491. If you have staples, these are usually removed after surgery at your surgeon's office. You may notice mild swelling and mild warmth for several weeks after your surgery, but if you have concerns, contact your surgeon's office.

Preventing complications

Blood clots

Elevate your leg above the level of your heart for short periods throughout the day. Take anticoagulant or blood-thinning medication, if prescribed. Your nurse will review this with you before you leave. Do your exercises and walk to help minimize your risk of blood clots.

Be aware that blood clots can form in either leg, not just the surgical one.

Contact your surgeon if you notice:

- Pain or excessive tenderness in your leg or calf
- Redness of your calf
- Increased swelling in your foot, ankle, calf or thigh

continued on page 17

At-home care (continued)

Pulmonary embolus

A pulmonary embolus is caused by a blood clot that travels to the lungs. **This is an emergency and you should call 911 if suspected.** Prevention of pulmonary embolus is the same as for blood clots.

Signs of a pulmonary embolus:

- Sudden chest pain
- Difficult or rapid breathing
- Shortness of breath
- Sudden sweating
- Confusion

Infection

Handwashing and keeping your incision clean are the most important things for you to do to avoid infection. Keep your incision dry unless your surgeon has instructed you otherwise. Do not submerge your incision site until the incision is completely healed.

Contact your surgeon if you notice:

- Increased redness, heat or swelling around the incision
- Increased or foul-smelling drainage from your incision
- Increased pain in your joint
- Persistent fever above 100 degrees or chills

Call 911 for medical emergencies.

continued on page 18

At-home care (continued)

<p>DO EVERY DAY</p>	<ul style="list-style-type: none"> • Drink plenty of fluids and increase fiber intake to avoid constipation. • Keep your incision clean and dry until staples are removed. • Follow activity instructions from your therapists. • Use ice and elevation to decrease swelling. • Take pain medication and other discharge medications as prescribed.
<p>GREEN ZONE</p>	<p>ALL CLEAR – This is your GOAL.</p> <ul style="list-style-type: none"> • Daily activity and exercise level as directed by therapy • Daily bowel movement or as per your usual routine • Appetite is good • Sleeping well at night
<p>YELLOW ZONE</p>	<p>CAUTION – This zone is a WARNING zone.</p> <ul style="list-style-type: none"> • Your symptoms have changed/worsened. If you have ANY of the following: <ul style="list-style-type: none"> • Inability to manage pain with medication, rest, ice and elevation • Warmth, swelling or redness in either calf area • Mild shortness of breath • Mild bleeding • Heat or red streaks around the incision • Persistent drainage from the incision • The incision opens • Chills or temperature >100.5 F • New numbness or weakness <p>What to do:</p> <ul style="list-style-type: none"> • If you are experiencing any of the above symptoms, report these to your care team. MyChart on weekdays or orthopedic surgeon's office 785-233-7491 on evenings and weekends. • During business hours Monday-Thursday, call your nurse navigator at 785-295-8485. • In the evening, if you have home health, call your home health provider.
<p>RED ZONE</p>	<p>EMERGENCY – Call 911 or go to the emergency room.</p> <ul style="list-style-type: none"> • Severe shortness of breath • Persistent chest pain • Severe bleeding • Severe weakness, numbness or slurred speech

Frequently asked questions

How long will I be in the hospital?

You will most likely stay for two days after your surgery day. Your surgeon will ultimately determine when you are cleared to discharge in collaboration with your nurses and therapists.

How long does the surgery take?

Typically around two hours is spent in preoperative preparing for surgery. Some of this time is for the operating room staff to prepare for surgery. The surgery typically takes around an hour.

Do I need to be put to sleep for surgery?

You may have a general anesthetic, which most people call “being put to sleep.” Some patients prefer a spinal anesthetic, which numbs your legs only and does not require being unconscious. The choice is between you, your surgeon and your anesthesiologist. You also may have a local nerve block.

How long will my scar be?

Your scar will be approximately 6 inches long. It is usually straight down the front of your knee.

When will I see my doctor following the surgery?

The doctor and/or physician assistant or nurse practitioner will see you on the day of your surgery and every day you are in the hospital. After discharge you will be seen for your first postoperative visit 10 to 14 days after surgery, and another follow-up visit four to six weeks later. Attending these visits is important and can significantly affect the results of your surgery.

Should I exercise before surgery?

Yes. Recommendations for exercises are in the Exercise and Mobility Guidebook. Your physical therapist will also discuss exercise during your prehab session prior to surgery. You are encouraged to maintain an active lifestyle before and after surgery for the best results.

Will I need a walker or a cane?

Yes. For approximately six weeks we recommend the use of a walker or a cane. You will use a walker during your hospital stay. We recommend a front-wheeled walker, not a four-wheeled walker. You will need to have a device for support at least some of the time until you can walk without a limp. Necessary equipment can be arranged preoperatively.

What if I need a shower chair, toilet seat riser or grab bars in my home?

Occupational therapy can make recommendations and instruct you how to use them. Most insurance plans do not cover such equipment.

Where will I go after discharge from the hospital?

Most patients go directly home with home health or outpatient therapies after discharge. You are encouraged to return home. Your team will help you determine your best options and make the necessary arrangements if home is not the best plan.

Will I need help at home?

Yes. For the first several days or weeks, depending on your progress, you will need someone to help you manage at home. Family members or friends need to be available to help if possible. Arrangements for home healthcare can be made, but usually on a limited basis. Preparing ahead of time may minimize the help needed. For example, have laundry done, space cleared to move around, fresh bedding and some meals made and in the freezer.

What if I live alone?

Most patients return home with help from a relative or friend around the clock for at least a few days, so plan to arrange for that ahead of time if you live by yourself. If additional care is needed, staff may be able to help you make a suitable and safe plan.

continued on page 20

Frequently asked questions (continued)

Will I need physical therapy after I leave the hospital?

Yes. Your team will make sure this is in place by discharge if you don't have it set up before surgery.

How long until I can drive?

Your surgeon will discuss this with you at your two-week postoperative appointment.

When will I be able to get back to work?

This will depend on the type of work you do. Generally, we recommend patients take at least a month off work, unless they have a sedentary job that will permit modification, such as having your surgical leg up on a stool at times. Discuss this with your surgeon.

Are there any restrictions following this surgery?

Yes. High-impact activities such as running, tennis, basketball, as well as high-risk sports, like downhill skiing, are dangerous for your new joint. You may kneel on your joint once your incision is healed and kneeling is comfortable.

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

You are encouraged to be active after your surgery and may participate in low-impact activities such as walking, swimming, cycling, elliptical training, dancing, golfing, bowling and many other options that don't cause excessive stress on your knee. Clearing exercise with your doctor or therapist is always wise.

When can I engage in sexual activity?

Sexual activity may be limited by fatigue, pain and swelling. About four weeks after surgery you may begin to feel more like yourself and wish to engage in sexual activity. Proceed with considerations for comfort. Use positions that are comfortable for your knee. Pillows may be helpful for support. Kneeling or bearing weight on your surgical knee is permitted but may not be comfortable. Other

considerations include being well-rested or utilizing pain strategies like ice or medication.

Will I notice anything different about my knee?

You may have a small area of numbness near your scar, which may last a year or more. Some patients notice a clicking when they move their knee. This is usually due to the contact of the artificial surfaces. You may notice that swelling and warmth persist for several weeks after your surgery.

How long will my new knee last?

The longevity of an implant will vary from patient to patient depending on the patient's age, weight, activity level and medical conditions. While joint replacements are designed to last a long time, they will not last forever. An implant is a medical device subject to wear. One recent study on long-term outcomes of a commonly used knee replacement found the implant to still be functioning in 96% of patients 20 years after being implanted. Other studies show that upward of 85% of people who undergo this surgery will still have a functioning artificial joint 15 to 20 years after receiving it. While it's important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for a specific length of time.

Do I have to do anything different when I visit the dentist after surgery?

Do not have routine dental work done for three months following your joint replacement surgery. Prophylactic antibiotics are no longer recommended for dental procedures following joint replacement surgery.

Notes



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