Getting each patient to the desired outcome, without harm, without waste, and with an exceptional experience.

PERKS

Program for Early Recovery from Knee Surgery
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**Preoperative Knee Replacement Class**  
is scheduled by your doctor’s office.  
Days and times vary. Class lasts approximately 1½ hours.

**Location**  
Surgery Entrance  
Mission Hospital – Memorial Campus  
509 Biltmore Avenue  
Asheville, NC 28801

**Please bring this booklet with you to class.**  
For information, call (828)213-2693.
Pre-Surgery Survey

Date ___________________
Name ___________________________________________ Date of Birth ________________

**Instructions:** The information you provide in this survey will help us keep track of how you feel about your knee and how well you are able to perform your usual activities. Answer each question by checking the appropriate box (only one box per question). If you are unsure about how to answer a question, please give the best answer you can.

**Symptoms**

These questions deal with your knee symptoms during the **last week**.

S1. Do you have swelling in your knee?
   ![Swelling Scale]

S2. Do you feel grinding or hear any noise when your knee moves?
   ![Grinding Noise Scale]

S3. Does your knee catch or hang up when moving?
   ![Catching Scale]

S4. Can you straighten your knee fully?
   ![Straightening Scale]

S5. Can you bend your knee fully?
   ![Bending Scale]

**Stiffness**

These questions deal with the amount of knee joint stiffness you have experienced during the **last week**. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee.

S6. How severe is your knee joint stiffness first thing in the morning?
   ![Morning Stiffness Scale]

S7. How severe is your knee stiffness after sitting/resting during the day?
   ![Day Stiffness Scale]

**Pain**

P1. How often do you experience knee pain?
   ![Pain Frequency Scale]

What amount of knee pain have you experienced in the **last week** during the following activities:

P2. Twisting/pivoting on your knee
   ![Twisting Pain Scale]

P3. Straightening knee fully
   ![Straightening Pain Scale]

P4. Bending knee fully
   ![Bending Pain Scale]

P5. Walking on a flat surface
   ![Walking Pain Scale]

P6. Going up or down stairs
   ![Stairs Pain Scale]

P7. At night while in bed
   ![Night Pain Scale]

P8. Sitting or lying
   ![Sitting Pain Scale]

P9. Standing upright
   ![Standing Pain Scale]
**Function/Daily Living**

These questions deal with your physical function during the **last week**.

A1. Descending stairs
A2. Ascending stairs
A3. Rising from sitting
A4. Standing
A5. Bending to floor/picking up an object
A6. Walking on a flat surface
A7. Getting in/out of car
A8. Going shopping
A9. Putting on socks/stockings
A10. Rising from bed
A11. Taking off socks/stockings
A12. Lying in bed (turning over, maintaining knee position)
A13. Getting in/out of bath
A14. Sitting
A15. Getting on/off toilet
A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc.)
A17. Light domestic duties (cooking, dusting, etc.)

**Sports and Recreational Activities**

The following questions concern your physical function when being active on a higher level. These questions should be answered by the degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting
SP2. Running
SP3. Jumping
SP4. Twisting/pivoting on your injured knee
SP5. Kneeling

**Quality of Life**

Q1. How often are you aware of your knee problem?
Q2. How much have you modified your lifestyle due to knee issues?
Q3. How much are you troubled with lack of confidence in your knee?
Q4. In general, how much difficulty do you have with your knee?

**Knee Injury and Osteoarthritis Outcome Score (KOOS)**
General Hospital Information

Hospital Operator (828)213-1111
Orthopedic Unit (828)213-2600
Education Office (828)213-2693

Visiting hours are 10:00 a.m. until 8:30 p.m. Visitors between 9:00 p.m. and 5:00 a.m. must receive a pass at the information desk (first floor, main entrance).

The cafeteria is located on the 2nd floor. Cafeteria hours are:

- **Breakfast** 6:15 a.m. - 10:00am
- **Continental Breakfast** 10:00am - 11:00am
- **Lunch** 11:00 a.m. - 2:00pm
- **Deli, Soup, Salad & Grill** 2:00pm - 4:30pm
- **Dinner** 4:30pm - 7:00pm
- **Deli, Soup, Salad & Grill** 7:00pm - 10:00pm

**Mission is a nonsmoking facility**
If you smoke, try to stop. If you cannot stop, cut down. This will help with the healing process and speed your recovery.

**Before You Come In For Surgery**

- Prepare or purchase frozen meals, canned soups or easy-to-prepare foods for use after you return home.
- Obtain any equipment you anticipate needing (see page 22).
- Make sure you have a safe, sturdy chair with a high, firm seat and arms on it for support.
- Discuss advanced directives with your family. Complete these forms, if desired, and have them notarized. Bring copies with you to the hospital.
- Stop smoking or try to cut back (you will not be allowed to smoke in the hospital).
- Do not take any medications that can thin your blood for at least one week before your surgery. This includes: Aspirin, Advil, Aleve, Bufferin, Motrin, Ibuprofen, Naprosyn, Nuprin, Dolobid, Feldene, NSAIDS, Vitamin E, Vitamin B6 and all herbal supplements such as Gingko Biloba, Ginseng, garlic supplements, green tea and fish oil. If you take any blood thinners such as Aspirin or Coumadin that are prescribed by a physician, please discuss this with your surgeon.
- Complete a wallet medications card with all the medications that you take, including over-the-counter, non-prescription medicines, herbs and vitamins. Bring this card into the hospital with you. Leave your own medications at home.
- Report any health changes such as a cold or upper respiratory infection or any signs of infection to your surgeon immediately. Also notify him/her if there are any rashes, cuts or sores on your operative area. Infections increase your risk of complications with surgery.
If you have trouble with constipation, please talk with your health care provider to ensure you have a bowel movement before surgery.

Shower the night before and the morning of surgery as directed by your surgeon. Wash your hair during one or both showers with your regular shampoo. Do not shave or remove hair on the area of your body where your surgery will be done. Do not use any lotions, powders, or makeup. Remove polish from fingernails and toenails.

Make a list of all your health problems, major surgeries and hospitalizations, and any diseases you may have had. Also list all your allergies to medicines, foods, linens, the environment or others, and what reactions you have to each allergy.

Review home assessment checklist and prepare your home for safety.

Perform pre-op exercises listed on page 20.

**Home Assessment Checklist For Fall Hazards**

**Exterior**
- Steps should be nonslip, with clearly visible edges marked.
- Steps should be in good repair with securely fastened handrailings.
- All outdoor walkways should be covered with a nonslip surface and free of any objects that could be tripped over.
- Make sure outdoor lighting is bright enough to provide safe ambulation at night.
- Always use extra caution on gravel or in the winter snow and ice.

**Interior**
- Indoor lighting should be glare free and bright enough to compensate for limited vision.
- Stairways should have adequate lighting and securely fastened handrailings.
- Indoor steps should be nonslip, with edges outlined by colored adhesive tape.
- Remove all throw rugs.
- If carpet edges are loose, tape or tack them down.
- All rooms should be free of clutter.
- Chairs need to be sturdy enough to provide support during transfers.
- Getting up and down from a chair will be made easier if the chair has a firm seat and armrests.
- Tables should be secure enough to provide support if they are leaned on.
- Remove low-lying objects such as coffee tables and stepping stools.
- Make sure that telephones are accessible.
- Move or tape down telephone and electrical cords that could be tripped over.

**Kitchen**
- Rearrange items in the kitchen so they are easily within reach.
- Make sure linoleum/hardwood floors are not slippery.
- Place a nonslip mat in the sink area to soak up spilled water.
- Chairs should be without wheels, have armrests and be of the proper height.
- Smoke detectors and carbon monoxide detectors should be present and have new batteries.
- If stepping stools are being used, they should be slip resistant and strong enough to provide support.
Bathroom
☐ Outline door thresholds with colored adhesive tape to avoid tripping.
☐ Apply skid-proof strips to slippery surfaces.
☐ Consider installing securely fastened grab bars for toilet and tub/shower transfers.
☐ An elevated toilet seat will be helpful after surgery. Talk to your doctor’s office or preop class instructor about how to obtain one.
☐ Lighting should be bright and glare-free.
☐ Frequently used items should be easily accessible.

Bedroom
☐ Lighting such as night-lights and bedside lamps should be bright and accessible.
☐ Clear the pathway from the bed to the bathroom.
☐ Beds should be to the appropriate height to allow for safe transfers.
☐ Floors should be nonslip and free of clutter.
☐ Clothes stored in the closet should be easily accessible.

Preventing Falls and Fractures
At any age, an injury from falling can limit a person’s ability to lead an active, independent life. This is especially true for older people. Each year thousands of older men and women are disabled, sometimes permanently, by falls that result in broken bones. Many of these injuries can be prevented by making simple changes at home.

Wearing shoes or gripper socks may prevent falls on hard wood floors. As people age, changes in their vision, hearing, muscle strength, coordination and reflexes may make them more likely to fall. Older people are also more likely to have treatable disorders that may affect their balance—including diabetes, conditions of the heart or nervous system. In addition, compared with younger people, older individuals may take more drugs that could cause dizziness or light-headedness. Preventing falls is especially important for people who have osteoporosis—a condition in which bone mass decreases so that bones are more fragile and break more easily. Osteoporosis is a major cause of bone fractures in women after menopause and older persons in general. Although all bones are affected, fractures of the spine, wrist and hip are most common. For persons with severe osteoporosis, even a minor fall may cause one or more bones to break.

Falls and accidents seldom “just happen,” and many can be prevented. The home assessment checklist for fall hazards is a great tool for preventing falls and accidents.
Diet

You need to be well hydrated and nourished when you come in for surgery. Continue to follow your doctor’s advice if you are eating a special diet. Each day in the hospital you will receive a menu to complete for the following day’s meals. In preparation for surgery:

- Drink eight to ten glasses of water each day.
- Limit alcoholic beverages and those that contain caffeine.
- Eat foods high in fiber, vitamin C and iron.

Anesthesia and pain medications can slow down your bowel function and cause abdominal pain, cramping and constipation. Some patients require stool softeners or a laxative to keep them regulated. Remember that laxatives can become habit forming so speak to your physician if you require frequent laxatives once you are discharged home.

It is always best to get your nutrients naturally from food, but you may take a supplement if you desire or if your doctor instructs you to do so. If you take an iron supplement, take it with something high in vitamin C to increase absorption.

High-Fiber, Vitamin C and Iron-Rich Diet

A high-fiber diet emphasizes fiber-rich foods including fruits, beans, vegetables and whole grains. It is used to prevent and treat a number of diseases including colon problems, high cholesterol, diabetes, obesity and constipation.

You will be prone to constipation after surgery due to pain medicines, iron tablets and decreased activity levels. Increasing fiber into your diet now will help to alleviate this problem.

When including fiber in your diet, do it...
- Slowly. Fiber can cause side effects such as gas, bloating and diarrhea.
- With water. Fiber can be constipating. Drink eight to ten glasses of water per day.
- With exercise. Inactivity can lead to constipation.

Iron-Rich Foods

For higher iron absorption, eat foods that are rich in vitamin C.

<table>
<thead>
<tr>
<th>Protein Foods</th>
<th>Iron-Rich Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver, lean beef, poultry, veal, lamb, pork, eggs, fish, oysters, dried peas and beans, tofu, pumpkin, sesame and sunflower seeds</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fruits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dried fruit and prune juice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leafy dark greens, such as spinach, chard, kale and mustard greens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot cereal such as oatmeal and cream of wheat, iron-fortified breads, pastas, rice and dry cereals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackstrap molasses, parsley</td>
</tr>
</tbody>
</table>

Vitamin C-Rich Foods

<table>
<thead>
<tr>
<th>Alfalfa sprouts</th>
<th>Limes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broccoli</td>
<td>Oranges</td>
</tr>
<tr>
<td>Brussel sprouts</td>
<td>Strawberries</td>
</tr>
<tr>
<td>Cantaloupe</td>
<td>Tangerines</td>
</tr>
<tr>
<td>Grapefruit</td>
<td>Tomato juice</td>
</tr>
<tr>
<td>Greens</td>
<td>Tomatoes</td>
</tr>
</tbody>
</table>
What to Bring to the Hospital

**Miscellaneous**
- List of medications, allergies, medical history
- The milligram dosage of Coumadin taken the night before, if applicable
- Copy of Advanced Directives, if applicable
- Name and phone number of an emergency contact
- Please make sure your name is on your equipment
- If you don’t have a walker, you can obtain one before your admission or it can be issued to you at the hospital and billed to your insurance company
- If you are going to a skilled nursing facility or rehab facility, this equipment will be issued there

**Clothing**
- Shorts or loose-fitting pajama bottoms and t-shirt
- Remember where your incision will be—Do not bring clothing that binds across your incision
- Socks and walking shoes that are low heeled, nonskid and have a closed back—No slippers or flip flops

**Toiletries/Personal Items**
- Toothbrush and toothpaste
- Comb and brush
- Deodorant
- Shaving supplies
- Denture products
- Lip balm—this can be used only after oxygen is removed
- Books, magazines, music, laptop computer, etc.
- CPAP machine & mask, if applicable

**Equipment**
- Walker with front wheels, labeled with your name
- Adaptive dressing equipment

**Please note the following**
- If you have a walker, please bring it to the hospital to be adjusted by your Physical Therapist

You may need additional equipment to help you maintain independence and safety during your recovery. Please see the Assistive Equipment list on page 22 for this list of supplies.
YOUR HOSPITAL STAY
Preventing Complications

Wash your hands to prevent infections
- Hand hygiene is the best way to prevent infections.
- Everyone who comes in or out of your room should clean their hands with either soap and water or with alcohol hand wash.
- Please ask your visitors and family members to clean their hands.
- You will receive antibiotics before and after your surgery to prevent infections.

To prevent falls, do not get up without help
- Call your nurse to ask for help with getting out of bed, going to the bathroom or getting up out of the chair.
- We do not want you to fall and risk injuring yourself.
- Your Physical Therapist will tell you when you are safe enough to be independent.

Breathe to avoid a possible lung problem like pneumonia
- Your nurse will be reminding you to cough and deep breathe frequently.
- Slowly breathe in through your nose with your mouth closed.
- Slowly breathe out through your mouth.
- Every third breath, breathe in through your nose and with your lungs still full, cough.
- You may be given an incentive spirometer to help exercise your lungs. If your doctor orders this for you, your nurse will bring it to you and instruct you on its use.

Move to prevent possible blood clots or bowel problems and improve mobility
- Moving helps speed the healing process.
- Special stockings may be placed on your legs to also help prevent blood clots from occurring.
- While you are in bed, you will need to do circulation exercises such as ankle pumps and circles, tightening and releasing leg muscles to improve blood flow and to keep blood from pooling in your lower legs.
- Muscles become weak when they are not used.
- The less you do, the weaker you are likely to become.

Physical therapy helps get you in shape with stretching and exercises that strengthen your muscles. The Physical Therapist will instruct you on how to:
- Get in and out of bed
- Stand and sit with your new joint
- Walk
- Climb stairs
- Get in and out of car
- Exercise for strengthening and range of motion

After you go home, you will need to continue the exercises that you learned three to four times daily until your doctor tells you to stop.
Knee Replacement Plan of Care

Day of Surgery
• Report to the surgery entrance and check in at the desk.
• Head to the surgical preop area (one family member can go with you).
• Change into a gown and an IV will be started.
• Your surgical site will be cleaned, special surgical stockings will be applied to your legs and a warming gown will be placed over your body.
• An antibiotic will be given to you through your IV.
• When it is time for surgery, your family member will be directed back to the waiting area.
• While you are in surgery, your family member will receive updates from the surgical nurse.
• When you are assigned a room, your family member can bring your belongings to the room.

After Surgery
• You will be taken to the Post Anesthesia Care Unit to recover for approximately one hour.
• Family members are not permitted in the PACU.
• The recovery room nurse will report information to your nurse about what has happened so far.

Immediately after the Recovery Room
• You will be transported to the inpatient unit and your nurse will meet you in your room.
• If you have family waiting, they will be allowed in the room after the nurse has helped you get settled.
• Your nurse will listen to your heart, lungs and stomach, check your surgical bandage and check your circulation. It is not uncommon to see some drainage on your bandage.
• Your vital signs will be checked very frequently for a while and then at least every four hours for the first 24 hours. It is not uncommon for your blood pressure to be a little low during this time.

Pain and Medication
• You may be quite drowsy for the first day due to the anesthetic and pain relieving drugs.
• If you are nauseated, tell your nurse.
• Pain and nausea medication will be given to you if you need it.
• You will be getting antibiotics through your IV every eight hours for 24 hours.
• A blood thinner will be given to you as your doctor orders to help prevent blood clots.

Drainage
• You may have a drainage tube coming from the area around the incision. This is to drain fluid out of the area around your incision to help decrease swelling and pain.
• It is not unusual for the drainage to look bloody. This drain will be removed in one to two days.

Physical Therapy
• Once you are settled in your room, a Physical Therapist will come by to perform an initial physical therapy evaluation.
• The Physical Therapist evaluation includes assessment of:
  - Your prior level of function.
  - Your ability to get out of bed and walk to the chair.
  - Your strength and range of motion.
- When you will have your rehab class in the gym the following day.
- Exercises as appropriate.
- Your goals.
  • We will remind you to deep breathe, cough and pump your ankles up and down.
  • You may need to turn and reposition often. Please call your nurse to help with this.
  • Please do not try to get up on your own yet. Ask the nurse to help you with bathroom needs.
  • A special foam pillow will be placed under your surgical leg to reduce swelling.

Preventing Blood Clots
  • You may have a stocking called a TED hose on your non-operative leg to help blood flow. This should be on at all times except during bathing.
  • You may also have Plexipulse boots on your feet to help prevent blood clots. These should be on your legs at all times while you are in the hospital bed.

Eating
  • You may be allowed to have ice chips and sips of clear liquids when in your room.
  • Your nurse will talk to you about when you will be allowed to eat solid foods.

First Day After Surgery
  • Early this morning you will have blood drawn by the lab to check your iron and blood-clotting levels.
  • Call the nurse to help you with bathroom needs.
  • Your doctor or his associate will come by to see you.
  • You may want to make a list of questions for them each day so you will be prepared when they come.
  • We will want you to continue to deep breathe, cough and pump your ankles up and down.
  • Use the incentive spirometer (IS) if your doctor has ordered this for you.
  • Your oxygen level will be checked and we may remove the oxygen if your level is normal.
  • Your nurse will be listening to your heart, lungs and stomach and checking your surgical bandage and circulation.
  • Today, your vital signs will be taken at least every 4 hours.
  • Continue to call the nurse for help to turn and reposition.
  • Continue to wear the TED stockings except while bathing and Plexipulse boots except when walking.
  • You may have the wound drainage tube removed today if allowed by your doctor.
  • You may be able to eat solid foods today.
  • Call your nurse for pain medicine.
  • Your IV fluids may be discontinued if you are eating and drinking well.
  • You will receive a blood thinner as your doctor orders.
  • Continue to perform your exercises to gradually increase the bend in your knee.
  • You will begin therapy in a class setting.
  • The more you bend the knee, the less pain and the better motion you will have.
  • Continue to use the foam pillow to elevate your surgical leg.

Discharge Planning
  • A Discharge Planner will come to talk to you about plans for when you leave the hospital.
  • They will make any arrangements for Physical Therapists to come to your house or for you to go to a rehabilitation hospital or nursing facility for extra therapy before you are safe and ready to go home. This is based on each patient’s individual needs.
• The Discharge Planner will also help you get any equipment, such as a walker or elevated commode seat, that you may need for home use. This is based on each patient’s individual needs.

Second Day After Surgery until Discharge
• This morning you will have blood drawn by the lab to check your iron and blood clotting levels.
• Continue to deep breathe, cough and use the IS. Pump your ankles up and down.
• Your nurse will listen to your heart, lungs and stomach and check your surgical bandage and circulation.
• Your vital signs may be checked less frequently today if everything has been stable.
• Continue to call the nurse to help you turn and reposition.
• Continue to wear the TED stockings except when bathing and Plexipulse boots except while walking.
• You should be eating solid foods. Be sure to ask for pain pills when you need them.
• You will receive a blood thinner as your doctor orders.
• Continue to perform exercises to increase the bend of your knee.
• When not exercising, use the foam pillow under the leg to help straighten the knee and reduce swelling.
• Try to bend knee to a 90-degree angle when sitting.
• You will have rehab in the gym in the morning.
• Arrange to have a ride home for discharge in the afternoon.
• Call the nurse for help to get up and walk or go to the bathroom until your Physical Therapist tells you that you are safe to go alone.
• Your surgical bandage may be changed today. It will be changed daily or more often if there is a lot of drainage.
• Once this bandage is removed, you will have TED hose placed on your surgical leg.
• If you are going to need the bandage changed at home, your nurse will instruct a family member how to change it.
• You may need a laxative if your bowels are not moving yet. Please call your nurse to discuss this.
• You may take a shower when your surgeon approves, your IV and drain are out, your bandage is removed and you can walk into the bathroom.
• A waterproof dressing called Tegaderm may be used to cover your incision if your doctor orders.
Physical Therapy

First Day

• Before therapy, someone will help you with:
  - Breakfast
  - Medication
  - Toileting
  - Dressing
  - Wheelchair assistance to rehab gym

• You will go to the rehab gym for two therapy classes, morning and afternoon, pending medical stability.

• You will participate in activities based on your goals with up to three other patients.

• Activities may include:
  - Exercise
  - Walking
  - Stairs
  - Getting in and out of a car
  - Bending and straightening your leg

Second Day

• You will continue working toward your goals during your morning rehab class, with the anticipation of discharge later in the day.

Pain

We want your post-operative experience to be as comfortable as possible. Your physician will order pain medications that your nurse will administer as you need them. Once you are eating and drinking adequately, your nurse will start giving you pain pills by mouth. Your nurse will frequently ask you about your pain level to determine if you are getting relief of your pain.

The following scale helps us to determine your level of comfort:

Choose a number from 0 to 10 that best describes your pain

<table>
<thead>
<tr>
<th>No Pain</th>
<th>Mild Pain</th>
<th>Moderate Pain</th>
<th>Severe Pain</th>
<th>Very Severe Pain</th>
<th>Worst Possible Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

If you are not getting relief of your pain, please discuss with your nurse so adjustments to your medication can be made, if necessary. Using an ice pack on the affected area may help relieve your discomfort. Our goal is for you to have optimal pain relief without over-sedation.
Swelling Control

• You will be given a wedge-shaped pillow that elevates your leg. This is to be used as much as possible in the bed.
• Elevation helps decrease swelling, which in turn can help with:
  - Full knee straightening so that you do not walk with a limp
  - Achieving knee bending to 120 degrees as quickly as possible in order to return to activities like climbing stairs, tying shoes and gardening
  - Regaining strength and control of knee muscles for good balance
• Another method to control swelling is to apply a cooling pack to your knee.
AFTER YOUR SURGERY
Knee Joint Replacement – Discharge Education

You can prevent an infection by keeping your surgical wound clean. Your nurse will tell you how to keep it clean after surgery. Hand washing is the most important way to help prevent infections in your incision. Your doctor may want your bandage to be changed daily when you go home. Your nurse will instruct you or a family member how to do this. Your doctor may want your wound covered with a waterproof dressing called Tegaderm when you shower for the next few days after you go home. If so, your nurse will show you how to apply this. Do not take a tub bath or soak in a hot tub until allowed by your doctor. Remove the Tegaderm after your shower.

Your nurse will provide you with written discharge instructions and review them with you before you go home. Pay careful attention to:
- Prescriptions for pain medicine and your blood thinner
- How to change the dressing, and how often to change it
- The follow-up appointment with your orthopedic surgeon
- Your instructions from your Physical Therapist, including exercises and precautions

Your surgeon may prescribe a blood thinner for you to take for 2-4 weeks following your surgery in order to prevent blood clots. Be sure to take the blood thinner as directed. Notify your surgeon if you have missed a dose.

Call your orthopedic surgeon’s office if you have any questions or concerns after you are discharged.

Signs of an infection
- Fever greater than 101 degrees
- Redness or swelling of the wound
- Increased drainage or pus from the wound
- Increased pain or swelling in the joint

Other symptoms to watch for
- Swelling that doesn’t go away with rest and elevation of the limb
- Pain behind your knee or calf (sign of a blood clot)
- Chest pain
- Shortness of breath
- Coughing up blood
- Severe pain in the joint that worsens
- Excessive bruising or bleeding if you are on a blood thinner
Exercises for Before and After Your Knee Surgery

Start practicing exercises now to better prepare your muscles for surgery.

Work on your arm strength prior to coming in for surgery. This will make it easier for you to get up from a chair and to use a walker.

The following exercises should be done ten times each, three to four times per day.

1. **Ankle Pumps** – Point your foot and toes away from you, then pull them back toward you. Rest leg on pillow, if needed.

2. **Quad Sets** – Lying in bed with your leg stretched out in front of you, press the back of your knee down into the bed. Hold for a count of ten. Relax and repeat.

3. **Knee Squeezes** – Place a towel roll between your knees and squeeze your knees together against the roll. Hold for a count of ten. Relax and repeat.

The following exercises should be done ten times each, three to four times per day.

5. **Heel Slides** – Slide your heel up the bed toward your bottom then slowly slide it back down onto the bed.

6. **Straight Leg Raises** – Keep your operative leg straight. Bend your other knee. Lift your operative leg up, keeping the knee straight, to the level of your other knee.

7. **Hip Slides** – Keep your leg straight and slide it out to the side and then back to the middle.

8. **Flexion-Extension** – Sitting in a chair, lift your leg as you straighten your knee all the way. Hold for a count of five. Lower your leg as you bend your knee as far as you can under the chair.
Assistive Equipment for Activities of Daily Living

Adaptive equipment is used to help maintain safety and independence while performing every day activities such as getting dressed. The following items can be purchased at medical supply companies, and can be purchased individually or in “kits.” Adaptive equipment is not paid for by Medicare nor most insurance companies and is not provided in the hospital.

**Reacher:** The reacher has many uses including retrieval of items from the floor or reaching for clothing during dressing.

**Sock Aide:** Donning socks is one of the more difficult tasks to perform safely after surgery. The sock aide makes it easy. Put the sock on the aide, heel down. Pull the sock all the way onto the aide. Take the cords and “fish” the aide over your toe. Now pull the cords and pull the sock onto your foot.

**Dressing Stick:** The dressing stick is useful for removing socks and shoes. Take the “push” side, insert it at the top of your shoe or sock and push them off. The “pull” side can be used to pull up pants or underwear. The hook end is good for pulling up underwear or for pulling open drawers.

**Shoe Horn:** Provides a longer reach to get your shoes on.

**Long-Handled Sponge:** This helps you to reach your lower legs and feet during bathing.

**Elastic Shoe Laces:** Converts laceup shoes to slip-ons. Use these with the shoe horn.
**Durable Medical Equipment – (DME)**

3-in-1 Commode*: Can be used with the bucket at the bedside or can be used over a standard toilet to raise the height. Can also be used to sit on in a walk-in shower.

Walker*: Used for stability and balance.

*Usually paid by Medicare and most insurance companies at 80 percent. These items can be obtained in the hospital during your stay.

Transport will not carry equipment (walkers, bedside commode) to rehab facilities. Family or friends will need to transport these items.

**Other Useful Items**
Depending on your outcome and comfort level, these items may be of use to you at home. These items are not paid for by Medicare.

Tub Bench: The bench style has the advantage of extending over the edge of the tub. You can sit on the outer side of the bench and “scoot” yourself over, lifting your legs into the tub. This can be used as an alternative to stepping over the edge of the tub.

Tub Seat: Requires you to step over the edge of the tub to sit. If it is wide enough to sit on from the side, you can then turn and lift your legs into the tub.
Living with Your New Joint

- Observe the precautions and instructions given to you by your Physical Therapist.
- Continue to exercise the new joint frequently – be active.
- Use appropriate supportive equipment for your safety.
- Inform all of your healthcare providers that you have had a joint replacement, including your dentist. You may need to take an antibiotic prior to any dental work, including a cleaning, or any invasive procedures for two years or until your surgeon says otherwise. Also, good dental care is important to the health of your new joint. Visit your dentist regularly.
- Your new prosthesis may set off metal detectors in airports and some government buildings.
- Continue to eat a diet high in fiber, vitamin C and iron.
- Drink plenty of fluids. This will help prevent constipation and help the healing process.
- Do not drive until you are no longer taking pain medicines and your doctor gives you permission to do so.