



Your Guide

to

Total Knee
Replacement



Baylor Scott & White
ORTHOPEDIC AND SPINE HOSPITAL
ARLINGTON

Welcome

The team at Baylor Scott & White Orthopedic and Spine Hospital – Arlington looks forward to assisting you in your journey toward an improved level of activity and higher quality of life following your joint replacement surgery.

Each year, over 500,000 people in the U.S. undergo total joint replacement surgery. Typically, candidates for this surgery are individuals with chronic joint pain from arthritis that severely diminishes their ability to perform normal daily activities. This often leads to a loss of independence and self esteem. A replacement joint can make a big difference in your ability to return to work or other activities that you enjoy.

Total joint replacement patients usually recover quickly. The hospital stay is typically 2-3 days. New surgical techniques and improved analgesic methods

have allowed us to quicken the recovery process. In fact, most patients will be expected to walk on the day of surgery.

Quick recovery usually allows the return to most activities in six to eight weeks for motivated individuals. This includes driving, walking distances, swimming and golfing. How quickly you return to normal activity is highly dependent upon your preoperative physical conditioning. The better your physical condition is prior to surgery, the quicker your recovery to more normal activity will be.

Patients who take an active role in their recovery experience the most positive results. This patient Orthopedic Guide is designed to give you the information you will need to inform and guide you to a safe and successful surgical outcome.

It's a joint effort at Baylor Scott & White – Arlington, and we appreciate the opportunity to assist you on your road to recovery, to a better tomorrow.

IMPORTANT: Bring this Orthopedic Guide with you to every appointment and to the hospital.

Schedule of Appointments

Patient Name:

Surgeon's Name:

SURGERY

Date:

Time:

PRE-OP CLASS

Date:

Time:

PHYSICIAN CLEARANCE

PRE-OP SURGEON VISIT

Date:

Time:

POST-OP VISIT WITH SURGEON

Date:

Time:

POST-DISCHARGE THERAPY

Name:

Phone #:

Please bring with you:

- Physician's orders if they have not already sent them to the hospital
- Insurance/Medicare cards and photo ID (driver's license)
- List of all previous surgeries
- All current medications or a list with names and doses
- Emergency contact information, names with phone numbers



Table of Contents

The Orthopedic Team	1
Value and Purpose of a Coach.....	1
Purpose of the Orthopedic Guide	1
Answers to Frequently Asked Questions about Knee Replacement Surgery	2
Pre-Operative To-Do List.....	5
Pre-Operative Exercises.....	6
Before Your Surgery	8
The Night before Your Surgery	9
Having Orthopedic Surgery.....	10
Surgery Day.....	12
Anesthesia and You	13
After Surgery.....	14
Post-Operative Care after Knee Replacement.....	16
Going Home.....	17
Activities of Daily Living	18
Tips for Your Recovery	20
What to Watch for after Knee Replacement Surgery.....	21
What You Should Know about Prescription and Non-Prescription Drugs.....	23
Resources and References	26

The Orthopedic Team

Features of the team approach to joint replacement

- A dedicated team of physicians on the medical staff, physician assistants, nurses, patient care technicians, case managers, and physical therapists who specialize in the care of joint replacement patients.
- Comprehensive patient education prior to surgery.
- A comprehensive patient Orthopedic Guide for you to follow from two to three weeks before surgery until several weeks after surgery.
- Emphasis on physical therapy, as well as individualized care.

Goals of the team approach to joint replacement

- Improve patient's quality of life
- Increase quality of patient care
- Increase patient satisfaction
- Improve outcomes / minimize problems
- Increase patient knowledge of events to come
- Reduce length of hospital stay
- Increase public awareness of program

Value and Purpose of a Coach

Every patient can benefit from the assistance and motivation of a Coach. Your Coach can be your spouse, family member or close friend.

The value of enlisting a Coach is to speed your recovery. A Coach can help to build your confidence, offer support, improve your results, and ultimately get you home earlier.

Your Coach should be reliable, and someone who is available to attend education sessions with you, be actively involved with your care, help with your therapy, even drive you home from the hospital and help you once you return home.

Purpose of the Orthopedic Guide

This Orthopedic Guide is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide.

Your orthopedic team may add to this or change many of the recommendations. Always use their recommendations first, and ask questions if you are unsure of any information. Keep your Orthopedic Guide as a handy reference for at least the first year after your surgery.

Bring this Orthopedic Guide with you to every appointment and to the hospital! ▼

Frequently Asked Questions about Total Knee Replacement Surgery

What is arthritis and why does my knee hurt?

In the knee joint there is a layer of smooth cartilage on the lower end of the femur (thigh bone), the upper end of the tibia (shinbone), and the undersurface of the kneecap (patella). This cartilage serves as a cushion and allows for smooth motion of the knee. Arthritis is the wearing away of this cartilage. Eventually it wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

What is Total Knee Replacement?

Your replacement knee joint will be made of various materials (including metal and plastic) depending on your particular needs. The new joint, called a prosthesis, consists of a metal cover and a plastic piece with a metal stem.

Your surgeon will make an incision (cut) on the front of your knee; the end of your femur (thigh bone) is trimmed and resurfaced with a metal cover or shell. The end of the tibia (lower leg bone) is trimmed and resurfaced with a plastic and metal implant.

The surgery takes about two hours, but a successful knee replacement begins long before you enter the hospital.



When should I have this type of surgery?

Your orthopedic surgeon will determine if you are a candidate for the surgery. This will be based on your history, physical exam, x-rays and response to conservative treatment. The decision will then be yours.

Am I too old for this surgery?

Age is not a problem, if you are in reasonable health and have the desire to continue living a productive and active life. You may be asked to see your primary care physician for their opinion about your general health and readiness for surgery.

How long will my new knee last, and can a second replacement be done?

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). We expect most knees to last more than 15-20 years. However, there is no guarantee, and 10-15 percent may not last that long. A second replacement or revision may be necessary.

Why might I require a revision?

Just as your original joint wears out, a joint replacement will wear out over time as well. The most common reason for a revision is loosening of the artificial surface from bone. Wearing of the plastic bearing may also result in the need for a new bearing. Persistent instability of the knee may require revision. Your surgeon will explain the possible complications associated with knee replacement surgery.

What are the major risks?

Your surgeon will discuss the risks of surgery with you. Infections and blood clots are two risks. To minimize these risks, we use antibiotics and blood thinners.

We also take special precautions in the operating room to reduce the risk of infections. The chance of infection is small, but it can occur even many years after surgery. In addition, there is the possibility of dislocation, leg length discrepancy, persistent limp, permanent nerve and artery injury, and significant blood loss. Although rare, stroke, heart attack and death have occurred with this surgery.

How long will I be in the hospital?

Most knee patients are hospitalized for 1-2 days.

Where will my scar be?

The scar will be straight down the center of your knee unless you have previous scars, in which case we may use the prior scar. There may be some skin numbness around the scar.

How long will I be in recovery right after surgery?

We anticipate that you will get out of bed and walk the day of surgery. The next morning you will get up, sit in a recliner and walk with a walker. Most patients are on their way to normal activity by six weeks after surgery.

Will I need help at home?

Our program is designed for patients to have an assistant or “Coach” to help them at home. For the first several days or weeks, depending on your progress, you will benefit from someone to assist you with meal preparation, etc. The case manager will arrange for outpatient therapy or home health care if appropriate. Your Coach needs to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens on the bed, and a supply of single-portion frozen meals will reduce the need for extra help.

Will I need a walker?

Most patients will use a walker for about 2-3 weeks.



What if I live alone?

Most patients leave the hospital independent enough to function at home without a lot of assistance. If you are frail or ill, two options are available to you.

Option 1: A home health nurse and/or a home physical therapist may be arranged to assist you at home. You should make all attempts to arrange for a relative or friend to stay with you for at least the first week after discharge, because the home health nurse and physical therapist will be with you for only a short period of the day.

Will I need physical therapy when I go home?

Yes. Patients are encouraged to utilize outpatient physical therapy as soon as possible. However, in certain situations your orthopedic team will help you arrange for an outpatient physical therapy appointment. The length of time required for this type of therapy varies with each patient.

When can I take a shower?

Usually a plastic protective dressing is applied to your wound to cover the staples and incision on the first post-op day. You may shower once this dressing is in place. You may not go into a pool, bath or hot tub until you have been advised to do so by your surgeon.

How long until I can drive and resume normal activities?

You need to be off all narcotic medications, and no longer requiring a walker, to legally be permitted to drive a motor vehicle. The ability to drive depends on whether surgery was on your right leg or your left leg, and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could be driving at two weeks. If the surgery was on your right leg, your driving could be restricted as long as six weeks.

Getting “back to normal” will depend greatly on your preoperative physical condition and what you consider to be normal activity. Consult with your surgeon or therapist for their advice on your activity.

When will I be able to get back to work?

We recommend that most people take at least one month off from work, unless their jobs are quite sedentary. A therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your partner when cleared by your physician.

Do you recommend any restrictions following this surgery?

Yes. High-impact activities, such as running, singles tennis and basketball, are not recommended. Injury-prone contact sports such as downhill skiing are also dangerous for the new joint. Common sense applies here.

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

You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, swimming, bowling and gardening.

Will I notice anything different about my knee?

Yes. You will have a small area of numbness to the outside of the scar, which will be permanent. Kneeling may be uncomfortable for a year or more. Some patients notice clicking or “noise” when they move their knee. This is the result of the artificial surfaces coming together and is usually NOT indicative of a serious problem.

Will I still have pain after my recovery?

Long-term results after surgery are very good, providing significantly improved function for most patients. A few patients, however, have persistent pain that may be permanent. ▼

Pre-operative To-Do List

Contact your insurance company

Before surgery, we will be contacting your insurance carrier to inquire whether authorization, pre-certification, a second opinion, or a referral form is required.

Pre-register

You will need to pre-register in the admitting department of the hospital prior to your surgery day.

Please bring the following information with you when you pre-register:

- Current medication list
- Your insurance card
- Advance Directives, and Living Will if you have one
- Photo I.D.

Medications

- Discontinue the use of aspirin, aspirin-like products, herbal medication and non-steroidal anti-inflammatory medications one week prior to your surgery. This will be discussed at your pre-surgical consultation.
- If you are on a blood thinner, such as Coumadin, please let the pre-admission nurse know so appropriate arrangements can be made prior to surgery.
- Please do not take your usual morning prescription medications on the morning of your surgery unless instructed by your primary care physician, and then only take the medication with a small sip of water.

If your surgeon has told you to donate your own blood

Call your local blood bank to arrange for this. You may start donating blood three weeks before your surgery.

Note: *The blood bank may charge a fee for this service, depending on your insurance coverage.*

If you need any dental work

Ask your orthopedic surgeon, who may recommend the dental work be completed before surgery to reduce the chance of infection after your surgery.

Eat a healthy diet

A balanced diet is important for your general health and healing.

Quit smoking

Speak with your physician about quitting smoking, or call 1-800-NO-BUTTS (1-800-662-8887).

Medical clearance

Your surgeon's office will schedule you for a medical clearance with your primary care physician. This appointment is extremely important and must not be canceled. Without pre-operative medical clearance, your surgeon will not perform the surgery.

Please remember to check with your primary care physician for special instructions on medications that you take routinely, such as heart medications, insulin, Coumadin, etc. ▼

Pre-operative Exercises

Many patients with arthritis favor their joints and thus become weaker. This interferes with their recovery. It is important to be as fit as possible before undergoing a total joint replacement. This will make your recovery much faster. It is important that you begin an exercise program before surgery.

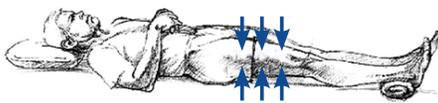
Nine exercises are shown here that you should start doing now and continue until your surgery. You should be able to do them in 15-20 minutes, and it is recommended that you do all of them twice a day.

Exercising is very important. It brings back your strength to walk and to get well faster. You may exercise any time you want, but do at least 2-3 times a day.

It is not harmful for you to do more. Consider this a minimum amount of exercise prior to your surgery.

Also, remember that you need to strengthen your entire body, not just your legs. It is very important that you strengthen your arms by doing chair pushups, because you will be relying on your arms to help you walk, get in and out of bed, and get in and out of a chair.

Note: Do 10 sets of each of the following exercises twice a day, unless your physician tells you



1. Quad Sets

Slowly tighten muscles on thigh of one leg while counting out loud to 10. Repeat with other leg to complete set.



2. Heel Slides

Make sure bed is flat. Bend knee and pull heel toward buttocks. Hold for 10 seconds. Return. Repeat with other knee to complete set.



3. Ankle Pumps

Bend ankles to move feet up and down, alternating feet.



4. Long Arc Quads

Straighten one leg and hold it for 10 seconds. Repeat with other leg.



5. Straight Leg Raises

Bend one leg. Keep other leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from bed and hold for 10 seconds. Lower it, keeping muscles tight for 10 seconds. Relax. Repeat with other leg.



6. Knee Slides

Slowly slide your foot forward in front of you until a stretch is felt in the knee and hold for 10 seconds. Then slide your foot back as far as you can and hold for 10 seconds. ▼

Before Your Surgery



A little planning before you leave home will help you while you're in the hospital and when you get back home.

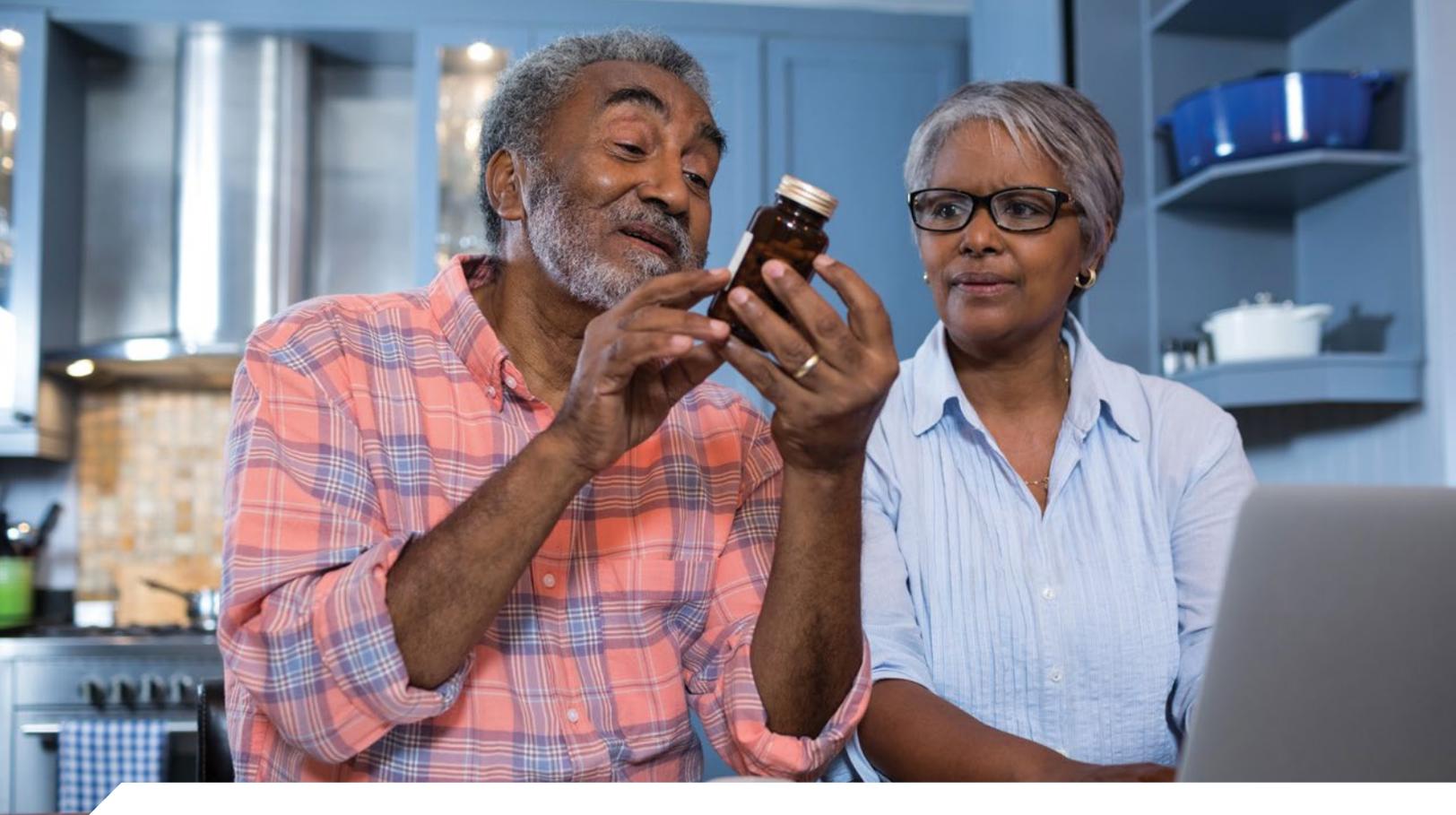
Plan for your return home

1. Plan easy meals in advance. Do your grocery shopping, prepare and freeze meals, and put cooking utensils where they are easy to reach. Make simple meals that will be ready for you when you get home.
2. Organize your kitchen so that supplies are at shoulder or waist level to avoid excessive lifting, bending or reaching.
3. If you have stairs at home, count your stairs. When you come to the hospital, tell your physical therapist how many stairs you have and if you have a railing, or prepare a room downstairs if you live in a two-story house to reduce the amount of stair climbing.
4. Clear your house of obstacles and remove any throw rugs for safe walking. Many patients use a walker after leaving the hospital. This means you need more room to move around your home.
5. Have a firm chair that has armrests available to use after surgery. You should not sit in a chair that rocks, rolls or swivels.
6. Place a non-skid bath mat in your tub or shower.
7. For convenience, you can place items that you use every day at arm level (between your waist and shoulders).
8. Small pets can be an obstacle for your walker.
9. Arrange for help from a friend or family member to assist with housekeeping, shopping or driving.



What to bring to the hospital

- Personal hygiene items (toothbrush, deodorant, battery-operated razor, denture care products, hearing aids and battery, contact lenses, cases and solution) that you may need should be brought from home.
- You must bring LOOSE fitting clothing. Shorts with either elastic or tie waist bands are required. Long pants won't work well here.
- You will be having physical therapy twice a day. You will be dressed in these clothes for the major part of your hospital stay.
- A well-fitting pair of tennis shoes or walking shoes (non-skid) for discharge.



The night before surgery

You must also do the following—check off when completed:

- Bring your patient Orthopedic Guide to the hospital.
- Bring a copy of your advance directives if you have them.*
- Bring a list of your medications, including dosages.
- Bring your insurance card and driver's license or photo ID.
- Bring any co-payment required by your insurance company.
- Please leave jewelry, valuables and large amounts of money at home.
- Do not wear any makeup.
- You may eat your regular diet until the night before your surgery.
REMEMBER: *DO NOT eat or drink anything after midnight unless you have been specifically told to do so by your physician or pre-admission nurse. Your surgery will be cancelled if you do not follow this very important instruction.*
- Ask your primary care physician if you need to stop taking any of your regular medicines. Your surgeon or primary care physician may ask you to bring all of your medicines in the original containers to the hospital. Please give all medicines from home to the nurse. Your medicine will be returned to you when you are ready to go home. ▼

**The law requires that everyone being admitted to a medical facility have the opportunity to make advance directives, concerning future decisions regarding their medical care. 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.*

Having Orthopedic Surgery

As a patient undergoing orthopedic surgery at Baylor Scott & White – Arlington, we want your experience to be as stress-free as possible. This section will explain the procedures, the equipment, and the operation, as well as the pre- and post-operative care. When you know what to expect and when to expect it, you are less likely to feel anxious.

We individually plan your care, and then adjust it according to your needs. Further, by the time you leave the hospital, you will know how to better help yourself during your recovery process at home.



Straight Talk with Physicians and RNs

You are not a statistic or a number while you are at Baylor Scott & White – Arlington. You will benefit from interaction with many different hospital employees—physicians, specialists (like anesthesiologists), nurses, physical therapists, and other members of the health care team whose job it is to care for you.

Please do not be shy about asking questions, and tell someone if you are feeling anxious at any time. Certainly, many people will be asking you questions and talking to you about a variety of topics. Your feedback helps us plan your operation and follow-up care. Please be thorough when you answer a question from anyone caring for you. All information is strictly confidential.

Your physician already knows a great deal about your medical history. However, to learn even more about you, pre-operative tests may be ordered. The following tests are common: blood, urine, electrocardiogram (ECG) and x-rays.

Prior to your operation, hospital protocol requires that each patient sign consent forms for anesthesia and surgery. Please try to have questions about your surgery and anesthesia answered before it is time to sign the consent forms.



Post Operative Requirement—Simple Physical Activities

You will be asked to perform these simple activities after your surgery. Exercising will help work off the effects of anesthesia, stimulate blood circulation and keep your muscles strong. Granted, much of your care will be handled by physicians and nurses; however, it is your job to do these exercises. If you do, you will recover faster—so be familiar with the following before your surgery:

Deep Breathing

Some anesthesia gases remain in the lungs after surgery. Deep breathing is crucial for expanding and clearing the lungs. To practice, lie on your back, set a tissue box on the middle of your chest and slowly inhale through your nose. Observe how the box rises, and make sure to breathe deeply enough so that your whole chest expands. Let all the air out through your mouth and watch the box descend. You can begin deep breathing any time after surgery.

Coughing

Fluid or mucus may collect in the lungs during surgery, and coughing is the best way to get rid of it. After taking three deep breaths, cough several times as hard as you can. Do not be discouraged if it is difficult at first.

Hand and Foot Exercises

Even the smallest movements with your hands and feet help improve your circulation.

Do the following simple movements several times a day:

1. Point your toes away from your body
2. Roll your ankle
3. Point your toes toward your head
4. Clench your fists
5. Straighten your fingers
6. Wiggle your fingers

Walking

Walking is very important to your recovery. You will begin walking with our physical therapists, sometimes even the day of your surgery.

You may think the last thing you will want to do after surgery is exercise; however, these simple activities are critical to your recovery. We understand that you may feel some discomfort when doing them, but please remember the benefits are well worth the effort. Studies have proven that people who exercise heal faster and better than those who do not.



Surgery Day

- Enter through the hospital's front doors and proceed to the front desk for check in.
- The registration staff will check you in and escort you to the private pre-operative area when ready.
- You will be given a hospital gown to be worn during surgery. No other clothing is allowed. Your privacy and modesty will be respected and protected at all times.
- All personal items must be removed, including hair accessories, jewelry, glasses, contact lenses, hearing aids and prostheses (such as artificial limbs or eyes).
- Remove any artificial dental work unless otherwise instructed by your physician.
- We recommend that you let family or friends hold your valuables.
- Just before surgery, you may be given medication to help you relax. The medication may cause drowsiness or light-headedness. Your mouth may become dry and your eyesight may seem blurred. For your safety, the side rails on your bed will be raised. Please do not get out of bed without asking the nurse for help.

What to expect:

In the pre-operative area you will be prepared for surgery. This includes starting an IV, confirming the planned procedure, marking your operative site and reviewing your medical history. You will meet your surgical team, which includes your orthopedic surgeon, OR nurse, and anesthesiologist. Following surgery you will be taken to the recovery room, where you will typically remain for one to two hours. During this time, pain control will be established and your vital signs will be monitored.

You will then be taken to the second floor of the hospital, where the orthopedic team will care for you. Only one or two very close family members or friends should visit you on this day.

Generally, you should expect to walk the day of surgery unless you receive a nerve block. This will help prevent blood clots from forming in your legs. You will be wearing massaging sleeves on your lower legs for the same purpose. The physical therapist will assist you in walking shortly after surgery. You will be instructed by your nurses on the use of the incentive spirometer, and should perform coughing and deep breathing exercises that you were taught in your pre-operative education class.

Anesthesia and You

Decisions regarding your anesthesia are tailored to your personal needs.

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, together you will determine the type of anesthesia best suited for you. Your anesthesiologist will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and pre-operative 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.

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 also is responsible for fluid and blood replacement when necessary.



The types available to you are:

- **General anesthesia** - Provides loss of consciousness.
- **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 leg blocks.

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 physicians and nurses can relieve pain with medications. Your discomfort should be tolerable, but do not expect to be totally pain-free. The staff will teach you the pain scale (0-10) to assess your pain level.

***NOTE:** Medications may be given that make you drowsy and blur your memory.

After Surgery

Day 1 after surgery between 6:00 AM and 9:00 AM, you will be assisted with your AM care and seated in your recliner for breakfast. Your surgeon and/or his physician assistant will typically visit you early in the day. On surgery days for your surgeon, visitation may be later in the day.

The physical therapist will assess your progress, and you will continue ambulating with a walker. Throughout the day, you should continue to practice your ankle pumps, use your incentive spirometer every hour, and do your cough and deep breathing exercises. Your massaging sleeves should be on both legs when you are idle in your bed or while sleeping. Your designated Coach is encouraged to be present as much as possible, particularly during physical therapy sessions.

Your case manager will meet with you to discuss initial discharge needs. She/he will help to coordinate your plan of care and identify barriers to discharge.

Day 2 will start in a similar manner to Day 1. You will be assisted with AM care, dressed, and seated in your recliner by breakfast. Your surgeon and/or physician's assistant will visit you.

It would be helpful if your Coach participates in therapy. Please remember to walk as much as possible throughout the day, without assistance only if your physical therapist has assessed you to be safe, and able to walk independently. Your Coach should always accompany you.

Throughout the day, you should continue to practice your ankle pumps, use your incentive spirometer every hour, and do your cough and deep breathing exercises. Your massaging sleeves should be on both legs when you are in your bed idle or sleeping.

Your case manager will finalize discharge plans and/or make referrals to an appropriate level of care. Your case manager will also arrange home medical equipment as identified by the physical therapist.

Day 1 at a Glance

5:00-6:00 AM Blood drawn and vital signs

6:00-7:30 AM Out of bed to recliner for breakfast

7:30 AM-12:00 NOON Physical therapy evaluation

12:00 NOON Lunch

1:00-4:00 PM Physical therapy

Don't forget to walk in the PM

Day 2 at a Glance

5:00-6:00 AM Blood drawn and vital signs

6:00-7:30 AM Out of bed to recliner for breakfast

7:30 AM -12:00 NOON Walk in hallway and therapy session

12:00 NOON Lunch

1:00-4:00 PM Physical therapy

Don't forget to walk in the PM

NOTES: _____

NOTES: _____

If you are going directly home

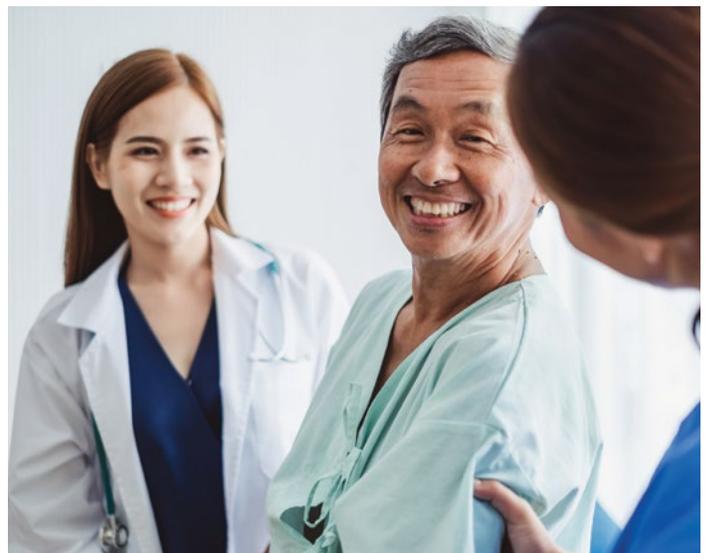
Someone responsible needs to drive you. You will receive written discharge instructions concerning medications, physical therapy, activity, etc. If you require home health services, your case manager will make arrangements. Take this Orthopedic Guide with you. Arrangements are usually made for a physical therapist to encourage your rapid rehabilitation. The goal during this time is to gain strength walking.

If you are going to an acute rehabilitation facility

The decision to go home or to an acute rehabilitation facility will be influenced collectively by you, your case manager, physical therapist, the surgeon, and your insurance company. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge.

Please remember that your insurance company must approve the rehabilitation stays. A patient's stay in an acute rehabilitation facility must be coordinated in accordance with guidelines established by Medicare and/or your insurance company. Although you may desire to go to rehabilitation when you are discharged, your insurance company will monitor your progress while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from acute rehabilitation, or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans preoperatively for care at home. Your case manager can assist you with any of these arrangements.

Keep in mind that the majority of our patients do so well that they do not meet the guidelines to qualify for acute rehabilitation. Also keep in mind that insurance companies do not become involved in "social issues" such as a lack of caregiver, animals, etc. These are issues you will need to address before admission. ▾



Post-Operative Care—Knee Replacement

Caring for Yourself at Home

This guide provides you with precautions about sitting and moving safely, and illustrations to help you perform your daily exercises.

When you are at home, be sure to exercise your new knee as shown by your therapists.

Surgeon's Name: _____

Knee Prosthesis: Right

Left

Weight Bearing: _____

Physical Therapist (PT): _____

Telephone Number: () _____

What is the Focus of Rehabilitation?

The focus of our rehabilitation program at Baylor Scott & White - Arlington is to make you as independent as possible in your daily life activities. The following guidelines have been developed by therapists and your medical team for your successful recovery. It is important to follow these guidelines to experience a successful recovery from your total knee replacement surgery. If you have any questions, do not hesitate to ask the physicians, nurses and therapists caring for you. ▼



Going Home

This information will help you manage your care at home. If you have any additional questions, please ask your physician, nurse or therapist.

Many patients go home three days after their surgery. You and your surgeon will decide what is best for you. Usually, you will be discharged if:

You know the signs of surgical complications

- Increasing pain in your new knee.
- Persistent and/or increasing pain or swelling in your calf or leg.
- Excessive redness, heat or drainage at your surgery site.
- Fever of 101°F or higher.

You know all the medications you are taking, their purpose and their possible side effects

It is important to understand all of your medications, including why you are taking them and their possible side effects.

Your physical therapist has confirmed that you can perform daily activities and exercises:

- Get in and out of bed by yourself.
- Walk on your own at least 100 feet with your walking device.
- Bathe and dress yourself using special tools without help.
- Use the toilet or commode without help.
- Stand for 10 minutes at a counter or sink to do simple tasks by yourself.
- Be able to get in and out of the bathtub or shower safely and correctly based on your home bathtub/shower.
- Climb up and down 12 stairs with help standing by (if you have stairs at home).
- Be able to do your home exercise program as instructed by your therapist. ▼

Activities of Daily Living

Before you leave the hospital, you must meet the goals set by your physical therapist. They will prepare you for activities of daily living and instruct you on the best ways to move about.

Climbing Stairs*

Up with the Good, Down with the Bad

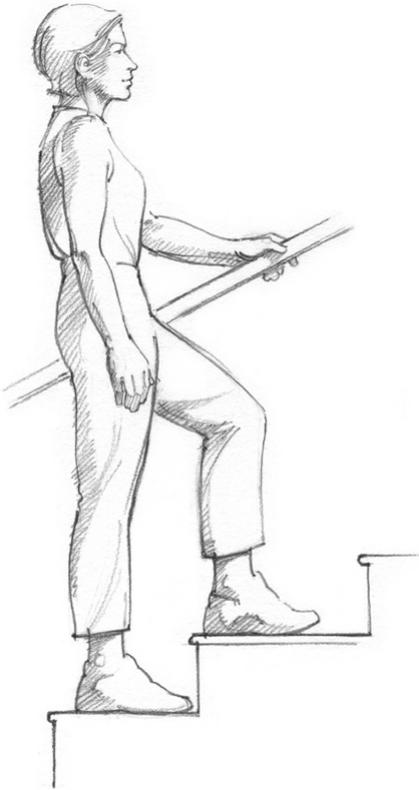
Going up stairs:

1. Using the handrail for support, start by placing the non-operated (good) leg on the first step.
2. Bring the operated (bad) leg up to the same stair.
3. Repeat until you reach the top.
4. DO NOT climb the stairs in a normal foot-over-foot fashion until your surgeon or therapist tells you that it is safe to do so.

**Initially have a family member help you climb up or down the stairs, standing one step below you on your operated (bad) side.*

Going down stairs:

1. Using the handrail for support, place the operated leg on the first step.
2. Bring the non-operated leg down to the same stair.
3. Repeat until you reach the bottom.
4. DO NOT descend the stairs in a normal foot-over-foot fashion until your surgeon or therapist tells you that it is safe to do so.



Getting In and Out of the Car

1. Move the front passenger seat all the way back to allow the most leg room.
2. Recline the back of the seat if possible.
3. Using your walker, back up to the front passenger seat.

4. Steady yourself using one hand on the walker. With the other hand, reach back for the seat and lower yourself down, keeping your operated leg straight out in front of you. Be careful not to hit your head when getting in.
5. Turn frontward, leaning back as you lift your operated leg into the car.
6. Return the seat back to a sitting position.
7. When getting out of the car, reverse these instructions.

Getting In and Out of a Chair:

For the next 12 weeks, it is best to use a chair that has arms.

Getting into a chair:

1. Take small steps; turn until your back is towards the chair. **DO NOT** pivot.
2. Slowly back up to the chair until you feel the chair against the back of your legs.
3. Slide your operated leg forward.
4. Using the arm of the chair for support with one hand, while holding the walker with the other hand, slowly lower your body into the chair.
5. Move the walker out of the way but keep it within reach.

Getting out of a chair:

1. Position yourself near the front edge of the chair.
2. Place one hand on the arm of the chair and the other hand on the walker, then lift yourself off the chair. Be careful not to twist your body.
3. **DO NOT** try to use the walker with both hands while getting out of the chair.
4. Balance yourself before grabbing for the walker and attempting to walk.



Tips for Your Recovery



Caring for Your Knee When in Bed

- Pump your ankles up and down 10 times every two hours to maintain good blood flow (circulation) to your lower legs.
- Do not lie in bed with a pillow under your knee. This will interfere with regaining full knee mobility.

Caring for Your Knee During the Day

- Avoid sitting and/or standing for long periods (no more than 30 minutes in one place). Changing position frequently will increase blood flow, decrease joint stiffness, and decrease post-operative leg swelling.
- To decrease pain, inflammation and swelling, ice can be placed on your knee for 15-20 minutes every hour or as tolerated.
- Follow your home exercises program given to you by the hospital physical therapist.

Note: Check with your physician to see how long you should follow your knee precautions.



Caring for Your Knee at Home

Ask your physician when:

- You can take a shower.
- You may start to drive and return to work.
- Your staples will be removed, if you have staples.



Caring for Your Surgical Incision

- Keep your incision clean and dry until all the staples or stitches are removed.
- If you have staples or stitches, they will be taken out about 10-14 days after your surgery. Your physician, nurse or therapist will remove the staples or stitches.
- Do not apply cream or ointment to the staples or stitches unless instructed to do so by your surgeon.

What to Watch for after Knee Replacement



Infection Control

Infection in your total joint replacement is one of the most feared complications in this operation. Although the risks are low for post-op infections, it is important to realize that the risk remains. Efforts are taken by your surgical team to prevent an infection in surgery and immediately post-op, but infections still occur at a rate of about 1% of all first-time joint replacements (there is a higher risk in revision joint surgery).

In addition, 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 101.5 degrees or more, 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 adhesive bandage on it, and notify your primary care physician. 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 primary care physician if the injured area becomes painful or reddened.



Signs of infection

- Increased swelling, redness at incision site
- Change in color, amount or odor of drainage
- Increased pain at surgical site
- Fever greater than 101.5 degrees F

Prevention of infection

- Take proper care of your incision as explained.
- Notify all physicians and dentist that you have had a total joint replacement.
- When having dental work, or other potentially contaminating procedures such as colonoscopy or endoscopy, prophylactic antibiotics are required for a minimum of two years, but your surgeon may request longer.



Blood clots in the legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot or what we call a “deep vein thrombosis” (DVT). This is why you take blood thinners after surgery: to prevent DVTs. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of a pulmonary embolus.

In general, extended travel by car or airplane within the first six weeks of surgery is considered more risky in the development of a blood clot. If you must travel, stop and change position hourly to prevent your joint from tightening. Drink plenty of water, perform frequent ankle pumps and plan frequent bathroom breaks. If you are traveling by air, drink plenty of water to keep hydrated, which will result in your need to use the bathroom and force you to get up and walk. Pressurized airplanes, cramped seats and immobility are a setup for a DVT.

Signs of blood clots in legs

Blood clots are hard to diagnose by physical exam. When suspected, an ultrasound test is performed.

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, tenderness in calf

NOTE: Blood clots can form in either leg.

Prevention of blood clots

- Foot and ankle pumps
- Walking
- Blood thinners such as Coumadin or Lovenox

Pulmonary Embolus

This is a serious (but rare) complication where a blood clot in a leg vein grows big enough to a point where a piece breaks off, floats in the vein and travels to the heart and lungs.

This is an emergency and you should CALL 911 if any of the following symptoms are noticed or suspected:

Signs of a Pulmonary Embolus

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

Prevention of Pulmonary Embolus

The best prevention of a pulmonary embolus is preventing blood clots in the legs. If you have symptoms of a blood clot in either leg, call your physician immediately.

“Dos” 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 physician’s 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 be too much load on the joint, and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis. Infections are always a potential problem, and you may need antibiotics for prevention. ▼

What You Should Know About Prescription and Non-Prescription Drugs

DO NOT TAKE any of the drugs listed below for seven (7) days prior to your procedure. If you are taking Coumadin or Heparin, contact your physician before discontinuing! There may be other drugs, prescription or non-prescription, that are not on the list. Please check with the physician that prescribed the medication in question.

-A-

Advil Tablets/Suspension
Aggrastat
Agrylin
Aleve
Alka Seltzer Cold Medicine Tablets
Alka Seltzer Effervescent Tablets
Anaprox
Ansaid
Anodynos
Argesic Tablets
Arthralgen Tablets
Arthritis Pain Formula Tabs
Arthritis Strength Bufferin Tablets
Arthropan Liquid
Arthrotec
A.S.A. Enseals
A.S.A. Tablets
Ascriptin w/Codeine Tabs
Ascriptin A/D Tablets
Ascriptin Extra-Strength Tablets
Asperbuf Tablets
Aspergum
Axotal Tablets
Azdone

-B-

Bayer Aspirin Caplets
Bayer Aspirin Tablets
Bayer Children's Aspirin
Bayer Children's Cold Tabs
Bayer Time-Release Aspirin Tablets
BC Powder
Biochemical Tissue Salts
Buff-A-Comp Caps
Buff-A-Comp Tabs
Buff-A-Comp #3 Tablets (w/ Codeine)
Buffaprin Tablets
Bufferin Tablets
Buffets II Tablets
Buffinol Tablets
But-Tab
Butalbital Capsules
Butazolidin

-C-

Cama Arthritis Pain
Carisoprodol & Aspirin Tabs
Cataflam

Celebrex
Clinoril
Clopidogrel Bisulfate
Co-Advil
Congesprin Chewable Tabs
Cope Tablets
Cosprin Tablets
Coumadin CP-2 Tablets

-D-

Damason-P
Darvon w/ASA Pulvules
Darvon Compound Pulvules
Darvon Compound - 65
Darvon N w/ASA
Dasin Capsules
Dipyridamole
Doan's Pills
Dolobid
Duoprin Capsules
Duoprin-S Syrup
Duradyne Tablets
Durasal Tablets
Dynosal Tablets

-E-

Easprin
Ecotrin Tablets
Efficin Tablets
Emagrin Tablets
Empirin Tablets
Empirin w/Codeine Tablets
Endodan Tabs
Equagesic Tablets
Excedrin Tabs or Caps

-F-

Feldene
Fenoprofen
Fiogesic
Fiorinal Tablets
Fiorinal w/Codeine
Fiortal Capsules
Fiortal w/Codeine
Flolan Injection
Four-Way Cold Tablets
Fragmin Injection

-G-

Gaysal-S Tablets
Gelpirin Tablets
Gelprin-M Tablets
Goody's Powder

-H-

Halfprin Tabs
Heparin
-I-
Ibuprofen
Indomethacin
Indocin
Indo-Lemmon Capsules
Integrilin Injection

-K-

Ketoprofen

-L-

Lanorinal Tablets
Lodine
Lortab ASA
Lovenox Injection

-M-

Measurin Tablets
Meclofenamate
Meclomen
Medipren
Mefenamic
Methocarbamol w/Aspirin
Tablets
Micrainin Tablets

Midol Caplets
Mobidin Tablets
Momentum Muscular Backache
Formula Tabs
Mono-gesic Tablets
Motrin

-N-

Nalfon
Naprosyn
Naproxen
Neocylate Tablets
Norgesic Forte Tablets
Normiflo Injection
Nuprin

-O-

Orgaran Injection
Orudis
Os-Cal Gesic Tablets
Oxycodone and Aspirin Tabs

-P-

Pabalate-SF
Pedia Care Fever Liquid
Pepto-Bismol Suspension
Pepto-Bismol Tablets
Percodan Tablets

Persantine

Persistin Tablets

Piroxicam

Plavix

Ponstel

Propoxyphene Compound

-R-

Relafen

ReoPro

Robaxisal Tablets

Roxiprin Tablets

Rufen

-S-

S-A-C Tablets

St. Joseph's Aspirin for Children

St. Joseph's Cold Tablets for Children

Saletto Tablets

Salflex

Salocol Tablets

Sine-Off Sinus Medicine Tablets
Aspirin Form

SK-65 Compound Capsules

Soma

Soma Compound

Stanback Powder

Stanback Tabs

Supac

Synalgos Capsules

Synalgos-DC Capsules

-T-

Talwin Compound Tabs

Ticlid

Tolectin

Tolmetin

Trendar

Trental

Triaminicin Tablets

Trigesic

Trilisate Liquid

Trilisate Tabs

-U-

Uracel

Ursinus

-V-

Vanquish Caplets

Verin

Vioxx

Voltaren

-Y-

YSP Aspirin Capsules

-Z-

Zileuton

Zorprin

Resources and References

Resources

Physical Therapist
817.583.7250

Pre-Operative Nurse
817.583.7033

Case Manager
817.583.7256

References

Allina Patient Education, Total Knee Replacement, third edition, ortho-ahc-90140

Rooks, D. *Arthritis & Rheumatism*, Oct. 15, 2006; vol 55: pp700-708.

Total Knee Replacement: A Patient Guide; University of Iowa Department of Orthopedics, Orthopedic Nursing Division; Peer Review Status: Internally Peer Reviewed

Harris, W.H., Sledge, C.B. *Total Hip and Total Knee replacement (2)*. NEJM 1990; 323: 725-31

Callaghan, J.: *Mobile Bearing Knee Replacement: Clinical Results. A Review of the Literature*.
Clin. Orthop. 392: 221-226, November 2001

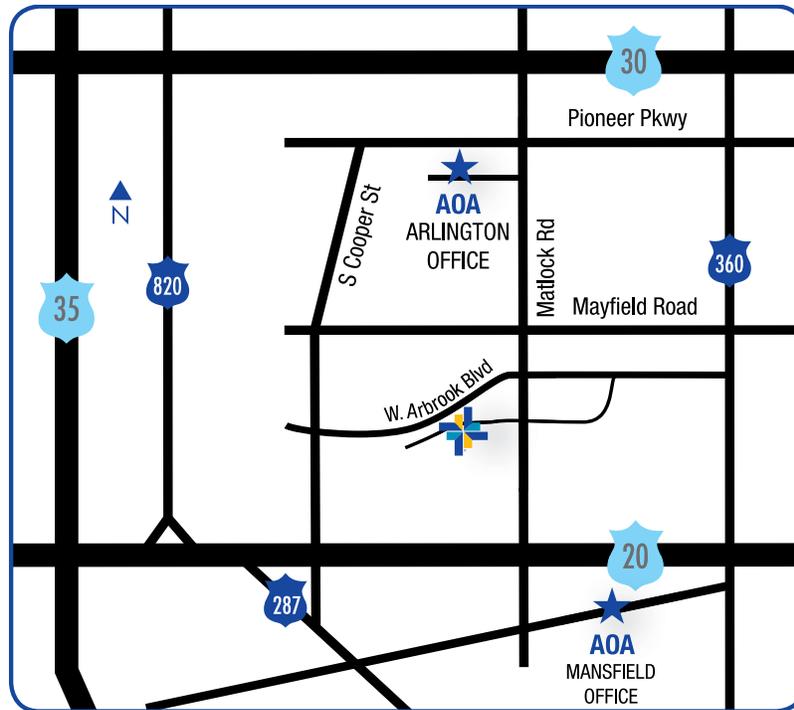
Ranawat, C.S.; Flynn, W.F., Jr.; Saddler, S.; Hansraj, K.K.; and Maynard, M.M.: Long-term results of the total condylar knee arthroplasty. A 15-year survivorship study. Clin OrthopRelat Res, (286): 94-102, 1993.

Baylor Medical Center at Irving *Orthopedic Playbook*. 2008.

Nationally Recognized for Excellence in Orthopedic and Spine Care

At Baylor Scott & White - Arlington, we continually strive to provide the best care and experience for our orthopedic and spine patients and their families. This focus on excellence has allowed us to receive some recognition from leading government and industry groups:

- 99% Patient Satisfaction for our Post Surgical Care Unit from Press Ganey
- Press Ganey's Guardian of Excellence Award for 2013-2018
- The Joint Commission's Gold Seal of Approval™ for our facility
- The Joint Commission's Gold Seal of Approval™ for our laboratory
- The Joint Commission's Gold Seal of Approval™ for our Hip and Knee Replacement Programs
- The Joint Commission's Gold Seal of Approval™ for Spine Care
- The Joint Commission Top Performing Hospital 2014™
- Becker's Hospital Review's 100 Hospitals with Great Orthopedic Programs for 2015
- *U.S. News & World Report* High Performing Hospital in Knee Replacement 2018-2021
- *U.S. News & World Report* High Performing Hospital in Hip Replacement 2018-2021



BSWArlington.com
817.583.7100



Baylor Scott & White
ORTHOPEDIC AND SPINE HOSPITAL
ARLINGTON

707 Highlander Boulevard
Arlington, Texas 76015

Photography may include models or actors and may not represent actual patients. Physicians provide clinical services as members of the medical staff at one of Baylor Scott & White Health's subsidiary, community or affiliated medical centers and do not provide clinical services as employees or agents of those medical centers or Baylor Scott & White Health. ©2019 Baylor Scott & White Health. BSWOSHA_19009_2019_BR

Baylor Scott & White Orthopedic and Spine Hospital - Arlington is a hospital in which physicians have an ownership or an investment interest. The list of physician owners or investors is available upon request. We are fully licensed by the state of Texas and Medicare certified. Our facility is also accredited by The Joint Commission. We are an affiliate of United Surgical Partners International, and partnered with local physicians. Physicians are members of the medical staff and are neither employees nor agents of Baylor Scott & White Orthopedic and Spine Hospital - Arlington, United Surgical Partners International, Baylor Scott & White Health, or any of their subsidiaries or affiliates. Baylor Scott & White Orthopedic and Spine Hospital - Arlington complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.