Now that you have decided to have knee replacement surgery, we want to help answer some questions that patients often have. Our goal is to provide you with information about what you can expect before, during, and after your surgery.

This guidebook is divided into four sections to make it easy for you to find the information you need, no matter which stage of the process you are in. Many of these subjects will also be discussed in the joint education class you may attend before your surgery. Please bring this guidebook with you to your appointments and to the hospital on the day of your surgery to use as a reference tool and to make additional notes.

DEPARTMENT OF ORTHOPAEDICS
JOINT REPLACEMENT TEAM

On the front cover: Mike P., knee replacement in 2007
You probably have many questions about how to prepare yourself for surgery. You may also want to know how to prepare your home for your return. The checklists in this section are designed to help guide you through this preparation process. For general information, you may also find our web site helpful:

patients.d-h.org/ortho/knees
Prepare Your Body

This tip list can help your body get a healthy start before you head into the operating room:

- eat healthy foods like fruits, vegetables, lean meats, and whole grains
- get plenty of rest
- reduce or quit smoking
- reduce or stop drinking alcohol
- start practicing your fifteen essential exercises to start preparing your muscles (see Physical Therapy - section 3)
- exercise as much as your body can tolerate to improve and/or maintain your muscle strength
- check to see if friends or family members have a two-wheeled walker, a raised toilet seat (or three-in-one commode), and a tub bench to put in your shower; if they do have these items, you can practice using the walker before surgery and have the bathroom items at your home, ready for use after your surgery; if family or friends do not have these items, we can help you get the equipment you will need after your surgery - please do not buy these items before your surgery

We highly suggest that you get your flu shot and, if you are eligible, a pneumonia shot (pneumococcal). You should get these shots preferably two weeks before your surgery. Your family and caregivers should also be vaccinated.

IMPORTANT NOTE: If you happen to become ill within the weeks or days before your surgery, even if it is a simple cold, please contact us right away. We may need to reschedule your surgery until you are healthy again.

Our Billing Policy

If you have questions about billing, insurance, financial assistance or charges for healthcare services, please contact Patient Financial Services: Lebanon: (800) 368-4783, (603) 653-1047 Concord, Manchester, Nashua, and Keene: (800) 238-0505

The staff in Patient Financial Services is also happy to help those patients who do not have insurance coverage.
Additional Support After Your Surgery

Before surgery, you will be asked the following questions to help us determine if you will need special assistance following your surgery:

■ Do you live alone?
■ Do you need help with daily living?
■ Do you have any concerns about going home after surgery?
■ Would you like to learn about facilities that provide care and rehabilitation before you go home? See the end of this section for more information on this topic.

If you answered “yes” to any of these questions, one of our nurses will talk with you at your pre-operative appointment (or sooner) about going to a rehabilitation facility after your surgery.

Your Pre-Surgery Appointment

About 30 days before your surgery, you will have a pre-admission appointment or phone call to help complete the necessary medical testing and paperwork for hospital registration.

Depending on your medical history, you may have blood work drawn, a heart tracing (EKG), and/or a chest x-ray. Your surgeon will decide which tests are necessary.
What Should I Pack for the Hospital?

Our suggestions include:
- flat, supportive, athletic or walking shoes so that you won’t slip
- short night gown, loose pajamas, or baggy shorts to fit over dressings
- short, light-weight bathrobe
- toiletries: such as a toothbrush, toothpaste and deodorant; the hospital has complimentary toiletries if you happen to forget something at home
- eyeglasses instead of contacts - glasses are easier to take care of and are less likely to be lost
- dentures - we can give you a storage container if you need one
- a list of your daily medications, including the dosage and frequency, plus any medications that you stopped taking in preparation for the surgery
- telephone numbers of people that you may want to call
- a small amount of money for newspapers, gift shop items, etc.
- a book, magazine, or other portable hobby
- a “going home” outfit like a sweat suit or other clothing that is easy to put on and take off
- this guidebook to use as a reference and to make note of special instructions or questions you may have during your stay

Checklist for the Day/Night Before Surgery

- enjoy a regular dinner
- a nurse from the will call you on the day before surgery (or on Friday if your operation is on Monday) and will leave a message if you are not home regarding:
  - when to stop having anything to eat or drink (usually midnight)
  - which medications to take the morning before surgery
  - what time you should plan to arrive at the hospital
  - you may brush your teeth and rinse out your mouth the morning before surgery
  - you will be given anti-bacterial soap packets called Hibiclens; you will need to wash with this special soap the night before your surgery and the morning of your surgery to help decrease the chance of infection; see the cleaning instructions at the back of this guidebook; if you did not receive the soap packet or if you misplaced it, you can use another anti-bacterial soap, such as Dial®
  - when you shower the night before and the day of your surgery, use a brush to scrub your nails
  - after your shower the night before surgery, put clean sheets on your bed and wear a clean set of pajamas

SPECIAL NOTE ABOUT SHAVING:
please do not shave your surgical area prior to your surgery. Your surgeon will inspect your knee(s) the morning of your surgery and will carefully shave the area at that time. If there are breaks in your skin, your surgery may need to be rescheduled because you may be at risk of developing an infection.
Changes Inside My Home

Since you will have limited mobility after surgery, there are many changes that can be made in your home ahead of time to make life easier. Many of these things should be planned well in advance of your surgery date.

Prepare Your Home

- buy a cordless telephone
- gather a supply of empty plastic or canvas bags to hang on the front of your walker to help carry things
- wearing an apron with pockets can also help you carry items
- place frequently used kitchen items like glasses or a teapot in easily accessible places, such as a countertop or on the lowest shelf in an overhead cabinet
- buy or make individual meals that can be frozen and reheated easily
- alert family and friends who can help you with your everyday needs
- be sure that there is a clear path to the entrance of your home:
  - shovel snow from sidewalk/stairs
  - rake leaves
  - clean out the garage
- clear clutter from the floors of your home and remove small area rugs so you won’t trip and fall
- make arrangements for a friend or kennel to care for your pets the first few weeks after you return home; they could cause you to fall and injure your new knee(s)
Prepare Your Shower

- A tub bench or seat is recommended. If you shower in your bathtub, you will need a seat without arms. If you shower in a stall, you can use any seat you like. The most important thing to remember is that your seat needs to be non-skid. This means the chair or stool should have rubber tips on the bottom of the legs, or, you should put a non-skid shower mat under the chair or stool.
- Some patients find that a hand-held shower hose helps. Installing one is fairly easy and does not require a plumber.
- Place your soap, shampoo, and other shower items in a spot that does not force you to bend or twist to reach them.

Adjust Your Toilet

- If you are taller than 5’2”, you may need to raise the height of your toilet, unless it is already handicapped accessible.
- If your toilet is not handicapped accessible, we recommend that you use a raised toilet seat with or without arms or a three-in-one commode.
- If you have friends or family or who already own the above items, please ask to borrow them and install them in your home before surgery. If not, our joint team can order the equipment you need after your surgery and have it delivered to your home.
What to Expect the Day of Surgery

1. When you arrive at the hospital, you will be asked to remove:
   ■ all jewelry except for your wedding band which can be taped to your finger; it is best to leave all jewelry at home
   ■ dentures or partial plates
   ■ contact lenses and eyeglasses
   ■ hair pieces
   ■ cosmetics and nail polish (it is best to remove these the night before)

2. You will be asked to put on a hospital gown.

3. A nurse will check your:
   ■ heart rate
   ■ blood pressure
   ■ temperature
   ■ breathing

4. A nurse will place an IV in your arm. This is usually removed 24 hours after surgery.

5. You may go over a permission form, or consent, with your surgeon if you did not do it already.

6. Your surgeon will mark the joint(s) you are having replaced with a marker.

7. A support stocking (a very thick knee-high) will be placed on the leg that is not being operated on to prevent blood clots.

8. An anesthesiologist will meet with you to discuss your options:
   ■ general anesthesia: puts you to sleep completely
   ■ spinal anesthesia: medication injected into your back to make you numb from the waist down with the option of being completely awake or napping

9. After you decide on your type of anesthesia, a nurse may give you medication to help you relax and feel more comfortable.

10. You will then be taken to the operating room on a stretcher.

11. After you have been given anesthesia, a nurse will place a tube (known as a catheter) in your bladder for two reasons:
   ■ you will not be able to feel the need to empty your bladder
   ■ to keep track of the fluid that is coming out of your body
   
   The catheters are usually removed by day two after surgery.

Venodynes: help pump blood back up from your legs to prevent blood clots
What to Expect After Surgery

The recovery room
After your surgery is done, you will be taken to the recovery room. You may have your leg(s) in a continuous passive motion machine (CPM) to keep your new knee(s) moving. You may have a small tube, known as a drain, right next to your incision to remove extra blood or fluid. These are usually removed the morning after surgery.

As you are recovering from your anesthesia, your surgeon will talk with your family and friends to let them know that your surgery is over and how things went.

What is squeezing my legs?
After you wake up from surgery, you will have some plastic sleeves on both of your legs. Every few minutes they will inflate with air, and you will feel a squeeze that starts at the ankle and works its way up. These sleeves (also known as Venodynes) help pump blood back up from your legs to prevent blood clots. The amount of time these stay on will depend on your level of activity. Think of them as your own personal leg massagers!

Am I going to have pain?
You will be asked what your pain level is on a scale of 0 to 10 (0 being no pain and 10 being the worst you can imagine). It is important that you know that we cannot take away all of your pain. We would like to keep you at a 2 or 3 on the pain level scale. Controlling your pain is a very important part of your recovery. Too much pain will keep you from being able to do your exercises and physical therapy. These are important for getting you back on your feet sooner.

Be sure to let your nurse know if:
your pain medications seem to wear off too quickly or if you start to feel nauseous. The sooner the team can help, the better you will feel. Please feel free to talk with your nurse about any other concerns you have.

Handheld breathing exercise device: you will be asked to use this every one to two hours while you’re in the hospital and when you first get home to prevent pneumonia.

A continuous passive motion machine (CPM) may be used right after surgery to begin exercising your new knee(s).
What is an anticoagulant?
Anticoagulants are often referred to as blood thinners, but that is not how they work. They do not cause the blood to be thinner (or more liquid). Anticoagulants prevent your blood from forming blood clots. Your surgeon may place you on one of the following anticoagulants and he/she will tell you how long you should use it:

- Coumadin (also known as warfarin),
- Lovenox, or
- Arixtra

Why is it so important to prevent blood clots?
After surgery, or, more importantly, when you are less active, you are at risk of forming blood clots. Clots most often occur in the lower leg. Sometimes blood clots may also travel through the bloodstream from the legs to the lungs. This is dangerous, and could even be life-threatening. Therefore, prevention is very important.

It is important to keep your legs moving in order to prevent blood clots. This can be a challenge if you are planning to travel and have to deal with restricted space. Please see the list of travel tips at the back this guidebook for ideas on how to reduce your risk for developing a blood clot while traveling.

Surgical stockings, also known as ted hose

What is the difference between the anticoagulants?

- Coumadin is a pill taken orally (by mouth). Most patients take Coumadin. If your surgeon chooses it for you, you will be given a prescription. Before you are discharged from the hospital, you will be given a packet of instructions which will include specific information about taking Coumadin. After you finish the medication (approximately one month from your surgery), you will switch to aspirin. You will take one adult-strength aspirin (325mg) in the morning and another at night until you see your surgeon for your first follow-up appointment, unless otherwise directed.

- Lovenox and Arixtra are given by injection. There are many reasons why your surgeon may prefer one of these two anti-coagulants for you. Feel free to ask your surgeon about this. We know that most patients are not familiar with giving themselves injections, so you will be taught the proper technique in the hospital. Your nurse will make sure that you are able to give yourself the medication before you are discharged.

Occasionally, your surgeon might have you on two of these medications for a period of time; they will explain why and how long you need to be on them.

- You will also be given a pair of surgical stockings designed to compress your muscles and blood vessels. These will also help reduce the risk of blood clots. You may remove them for one hour, two times in 24 hours. Otherwise, we strongly encourage you to wear these stockings 24 hours a day, 7 days a week until your first post-operative visit in four to six weeks.
Q. When can I eat?
A. Most patients do not feel hungry right away. Usually by the evening after surgery, they are ready to try solid food. Nausea may occur, but it is usually temporary. It is important to let your nurse know if you feel nauseated because there is medication that can help you with this.

Q. What happens on the days following surgery?
A. Your bladder catheter will usually be removed a few days after surgery. You may feel a slight burning sensation for one to two seconds when it is removed. Your doctor will change your bandages on the second or third day after surgery. Your incision may have staples or stitches. Your doctor will let you know when and where to have them removed. Usually, they are taken out 10-14 days after your surgery by your visiting nurse.

Q. When do I start physical therapy?
A. You may see a physical therapist the evening after surgery, but this depends on when you get back to your room after surgery. You will start by sitting on the edge of the bed. Usually, by the next day, you will be up and walking. Your physical therapist will decide what you will do with your time together. Remember that pain control is very important. Your nurse will give you pain medicine about 30 minutes before your physical therapy sessions start so that you can do as many exercises as possible. Pain should not hold you back.

Very important: You should not attempt to get out of bed until your physical therapist or surgeon gives you the OK.

Q. When can I leave?
A. Patients are usually ready to go home two to four days after surgery. Patients who go to a rehabilitation or skilled nursing facility typically stay anywhere from 5 to 16 days on average. However, they will not keep you any longer than necessary.

You will get to go home when:

- your physical therapist feels that you are safely moving around and you are able to get in and out of bed
- you can get to the bathroom or a bedside toilet by yourself
- you can keep solid food down
- your incision has no signs of infection
- your vital signs are normal
- you can control your pain with oral medications
- your lab work is acceptable to your physicians

You will be discharged to your chosen rehabilitation or a skilled nursing facility when:

- you have met with your discharge planner; he or she will take care of the referrals and any other paperwork that the facility might need
- you no longer need care in the hospital following surgery but your care team feels you are not ready to go home

Remember that the facility you are sent to will depend on bed availability.

Q. What is a discharge summary?
A. When you are discharged from the hospital, you will receive a copy of your individual discharge summary. Please read this entire document, it contains important home instructions from your surgeon. If you have questions, you can always call your surgeon’s office.

Q. When can I resume sexual activity?
A. Typically, we ask you to not have sex until after your first post-operative appointment (4-6 weeks after your surgery). At that appointment, your surgeon or nurse can answer your questions and give you a handout with more specific information about acceptable guidelines and positions. If you would like more information at any time, feel free to contact your surgeon’s office.
In this section you will find our recommendations for exercises and everyday activities around your home. We hope that by following our guidelines your healing process will go faster and there will be less chance of injuring your new knee(s).

patients.d-h.org/ortho/knees
Tips for Everyday Living

An occupational therapist may see you after surgery to assess how you are able to take care of yourself, suggest possible modifications you should make in your home, and make sure you have the equipment you need for everyday tasks. These equipment items may include:
- long reacher and/or dressing stick
- long-handled sponge
- sock aid
- long shoehorn

Dressing yourself

■ When dressing your lower body, sit in a chair or at the edge of your bed.
■ Dress the surgical leg first.
■ If you have trouble reaching your feet after surgery, place your feet on a stool or wastebasket to reach them more easily.

Tips for walking

■ On the stairs: go up with the good (unoperated) leg and down with the bad (operated) leg
■ Walking on level ground: a rolling walker is the best option. It allows you to walk naturally “step-over-step” (allowed in the first week after your surgery)
■ Walking with crutches: your therapist will show you the safest way to use crutches

How to approach stairs

Your therapist will teach you the best technique of how to approach stairs:
- sideways, holding the railing as you go up and down
- facing the stairs with the railing on one side and one crutch on the other side as you go up and down
- stepping up backwards with walker if you only have to go up one large step
- stepping down with walker if you only have to down one large step

What to do if you fall

■ If you are hurt, do not get up. Call for help.
■ If you are not hurt and are on the ground floor:
  - scoot on your buttocks to the bottom of the stairs
  - bring a crutch or your walker with you
  - bump up two or three stairs and slowly get up, using the crutch or walker to support you
■ If you are not hurt and are upstairs:
  - bring a crutch or walker with you
  - scoot on your buttocks to the top of the stairs
  - use the railing to get to your feet
  OR
  - bring a crutch or walker with you
  - arrange a stool in front of a chair
  - bump up onto the stool and then to the chair, then to your feet
15 Essential Exercises

1. Ankle pumps: the most important exercise of all
   ■ While lying down or reclined on the bed, point your toes up to the ceiling and then point down as far as you can go.
   ■ Repeat ten times every hour.

2. Buttocks exercises
   ■ While lying down or reclined, pinch your buttocks ("cheeks") together.
   ■ Hold for a count of five, then relax.
   ■ Do ten repetitions, six to eight times daily.
3. Inner-thigh exercises
- While lying down or reclined, squeeze a pillow between your knees to tighten the muscles of your inner thighs.
- Hold for a count of five, then relax.
- Do ten repetitions, six to eight times daily.

4. Thigh exercises (to strengthen muscles on front of thigh)
- While lying down or reclined, have someone place a rolled-up towel underneath the knee of the operated leg.
- Push the back of that knee down and try to straighten your leg.
- The muscles on the front of your thigh should tighten.
- Hold for a count of five, then relax.
- Do ten repetitions, six to eight times daily.
5. Hamstring muscle exercises

- While lying down or reclined, dig your heel into the bed (or your recliner’s foot rest).
- You should feel the muscles on the back of your thigh tighten.
- The back of your knee should lift off the bed slightly.
- Do ten repetitions, six to eight times daily.

6. Heel slides

- While lying on your back, bend the knee on the operated side with your heel touching the bed the entire time.
- Then flatten out your foot.
- Slide your foot back down and slowly straighten your leg.
- Do ten repetitions, three times daily.
7. Quadriceps exercises
- While lying on your back, have someone place a rolled pillow under the knee on your operated side.
- Lift your foot up to make the knee straight.
- The back of the knee should not come off the pillow.
- Do ten repetitions, three times daily.

8. Straight leg raises
- While lying on your back, bend the non-operated knee with your foot resting flat on the bed; keep your operated leg straight.
- Push your operated knee down so it is completely straight.
- Slowly lift your operated leg into the air to the height of the other knee and then slowly lower it.
- Do ten repetitions, resting in between each, three times daily.

Those with bilateral knee replacements should follow the above instructions and do one leg at a time; support the relaxed knee on a pillow.
9. Sitting active knee bending and straightening
- Sit on the edge of a bed or in a chair.
- Bend your knee on the operated side as far back as you can with the foot on the floor.
- Hold steady for a count of five, then release.
- Straighten your knee as far as it can go while keeping your thigh down and completely supported, hold for a count of five.
- Do ten repetitions, four to six times daily.

10. Passive knee straightening
- Sit in a chair, facing another chair.
- Rest the foot of your operated leg on the other chair.
- Rest in this position to allow your knee to gradually straighten.
- Do for 1-15 minutes, three to six times daily.
11. Passive knee bending and active straightening

- Sit in a chair, facing the wall with your toes facing the wall.
- Little by little, push yourself closer to the wall by scooting your buttocks toward the edge of the chair to increase the bend in your knee.
- Try to hold this position for at least one minute, or longer if you can tolerate it.

- At the end of one minute, rotate the chair to the side.
- Lift your foot to straighten your knee completely several times, being sure to keep your thigh completely supported on the chair.

For those with a single knee replacement, you can position yourself at the end of a wall and then lift your foot into the open space.

For those with bilateral knee replacements, use an armless chair and you can rotate to the side of the chair; to get out of the chair, use the back and the seat to push up to a standing position.

- Do five, one-minute stretches, six times daily.
12. Knee bending and straightening on back
NOTE: Do this exercise only after you can comfortably complete exercise #8 (straight leg raises).
- While lying on your back on the bed, pull your operated knee up toward your chest.
- Place your hands under your thigh to support your knee.
- Hold this position for 30 seconds, then straighten your knee for five seconds.
- Do five to ten repetitions, three times daily.

13. Standing knee bends

Position #1
- Stand behind a chair or with your walker.
- Lift your leg up in front of you to allow your knee to bend
- Do ten repetitions, three times daily.

Position #2
- Stand behind a chair or with your walker.
- Bend your foot up behind you, towards your buttocks.
- Keep your thighs in line with each other.
- Do ten repetitions, three times daily.

Position #3
- Stand behind a chair or with your walker.
- Shift your weight onto your operated leg while straightening your knee.
- For bilateral knee replacement, shift your weight side to side using the same technique in order to exercise both knees.
- Do ten repetitions, three times daily.
14. Passive knee straightening and active bending on the stomach

Position #1
- Lie on your stomach with your feet hanging off the edge of the bed.
- Progressively move further toward the edge of the bed so that your entire lower leg is off the bed and the edge of the bed is just above your knee.
- Hold position for one to five minutes to stretch; can add two or three pound ankle weights to enhance the stretch as you get stronger.
- Do five repetitions, three to four times daily.

Position #2
- Lie on your stomach with your feet hanging off the edge of the bed.
- Bring your heel towards your buttocks to bend your knee as far as possible.
- Do five repetitions, three to four times daily.

15. Standing calf stretch with quadriceps set
- Stand with support on a step or stair with your heels hanging off the edge of the step.
- Straighten your knee as far as possible by tightening the front of your thigh.
- Feel the stretch in your calf and back of your knee. Hold for 20-30 seconds, then rest.
- Do five repetitions, three to four times daily.
Now that your surgery is done, your focus should be on healing. If you follow the recommendations listed in this section, you will help ensure that your new knee(s) will last for the rest of your life.

patients.d-h.org/ortho/knees
The First Four to Six Weeks

When you first get home

- Continue to use your walker and crutches as instructed.
- Continue your set of fifteen essential exercises (see Physical & Occupational Therapy - section 3).
- See a physical therapist two to three times a week at home first, then at an outpatient facility for the next one to two months.
- DO NOT swim, use hot tubs, or take tub baths until your surgeon gives you the go-ahead.
- DO NOT USE ointments, lotions, oils or vitamin preparations on your incision until after your first follow-up appointment.
- Wear your elastic stockings until your first follow-up visit.
- Apply an ice pack to your knee dressing(s) for a minimum of twenty minutes, twice daily to decrease pain and swelling.
- Be sure to take your pain medication with food to avoid nausea.
- To help your wound heal faster, continue your healthy eating habits, give up smoking (if you haven’t already), and, if you are diabetic, maintain control of your blood glucose level.
- Do not allow pets to share the space where you are sleeping and resting; they can infect your incision.
- To reduce the chance of getting an infection, make sure you and your caregiver wash your hands thoroughly when:
  - they are visibly soiled
  - before and after care of your incision
  - before eating
  - after going to the bathroom
  - after handling or caring for pets

How to use the shower

- Your surgeon will want you to cover your incision when showering until it is completely healed. This is usually until about 24 hours after your staples or stitches are taken out (about 10 to 14 days after your surgery).
- It is safest to sit while taking a shower.
- Pat your incision dry after showering.

Using the toilet

- Carefully lower yourself onto the seat using the support of your walker or toilet seat frame.
- Keep your surgery leg straight out in front of you.
- The safest way to clean yourself after a bowel movement is to stand and lean forward slightly onto your walker for balance while reaching around to wipe.
- Do not twist your body.
- Keep your legs shoulder-width apart to keep your balance steady.

Your pain medications

- Commonly-taken narcotic pain medications include:
  _Oxycodone/Hydrocodone
  _Oxycontin (the sustained-release form of oxycodone)
  _Dilaudid/Hydromorphone

On occasion, your surgeon may have you take non-steroidal anti-inflammatory medication (NSAIDS); however, do not take it if it is not prescribed for you until you discuss it with your surgeon at your first follow-up visit.

PLEASE NOTE:
The medications you are prescribed should not cause narcotic addiction since you will only be using them for a brief time to relieve genuine surgical pain. However, if you have concerns about addiction, please discuss this with either your surgeon or your primary care physician.
Many patients find that taking narcotic medications as directed helps to maintain their pain control. Be sure to always take your pain medication with food to help avoid nausea.

It is important to know that “no pain, no gain” is not our philosophy. Tolerable discomfort is our goal, whether during exercise, daily activities, or at rest.

Be aware that pain medications often do cause constipation. Drink plenty of fluids, eat lots of fruits, vegetables, and foods high in fiber (whole grains, cereals, etc.) to avoid constipation. Also, take your stool softeners as directed in the discharge summary sheet you will receive before leaving the hospital.

**Refilling your pain medication**

It is very important to call the clinic **three to four days** before you will run out of your medicine(s). Calling ahead is necessary because prescriptions for narcotic pain medications must be mailed to you or your pharmacy. By law, they cannot be called in to the pharmacy.

**Wearing the stockings**

You are still at risk for a blood clot even six weeks after surgery, so it is very important that you keep wearing your compression stockings 24 hours a day, 7 days a week. Your surgeon will tell you when you can take them off at your first follow-up appointment.

**Your first follow-up appointment**

Your first check-up will happen four to six weeks after your surgery. The exact time and date of your appointment will be noted on your discharge summary sheet. This appointment will include X-rays.
When to Call

We urge you to contact us if you:

- Experience any unusual calf pain, redness, or swelling.
- Have a fever (temperature above 100.3) lasting longer than 24 hours. Note that mild temperature elevations are normal in the afternoons and evenings.
- Experience increasing redness, swelling, warmth, unpleasant odor or milky liquid coming from the wound.
- Experience increasing knee pain either with walking or at rest.
- Have a sudden shortness of breath or chest pain.
- Have trouble re-establishing normal bowel habits despite use of stool softeners and increased fluids.
- Have other symptoms you are concerned about.
- If you were discharged from the hospital to a rehabilitation or skilled nursing facility, please call your surgeon’s office within 24 hours of returning home to discuss follow-up care.

Six Weeks and On

How you will feel after the first six to eight weeks

It is not uncommon to feel frustrated even at six to eight weeks after surgery. You might think you are going a bit stir-crazy. You will get better. Healing takes time, so be patient with yourself.

It is normal to experience an emotional slump about three weeks after surgery. It is difficult to be confined to your house when you’ve been used to being on the go when you like. This slump will pass. Feel free to call your surgeon’s office for support - a little reassurance may be just what you need.

Many patients find that they still become tired very easily or are tired most of the time. Some patients find this is true for even longer than that (up to several months after surgery). These feelings are a normal part of your body’s recovery from surgery and the healing that you have to do. Over time, as you are able to move more and have less pain, you may find that you are more tired instead of less. Allow time for an afternoon nap even when you have never needed one before.

Resuming regular exercise

Discuss regular exercise with your surgeon before doing anything other than walking or your physical therapy. Doing too much activity too
soon can cause damage to your new joint(s) that you may not feel right away. However, use your operative leg as normally as possible, within the weight-bearing limit your doctor gives you. Try to fully extend your knee as often as possible.

Weight-bearing restrictions
Some surgeons will restrict the amount of weight you put on your operated leg for a period of time after your surgery. Please refer to your discharge summary for your personal surgeon’s advice. It is important that you follow your doctor’s and physical therapist’s instructions. After looking at the x-rays at your first follow-up appointment, your surgeon may adjust the restrictions. The majority of knee replacement patients are allowed weight-bearing as tolerated (WBAT) with an assistive device such as a walker or crutches. Follow the instructions of your surgeon. Your specific weight-bearing precautions are in effect until your first post-operative appointment in four to six weeks.

Driving
Narcotics and unreliable muscles may impair your ability to drive safely. You should not drive until after your first follow-up appointment.

Knee precautions
Follow the individual knee precautions that are given to you when you are discharged. It is important to follow these instructions to avoid dislocation of your new joint(s). In particular:
- do not squat like a baseball catcher
- do not jump off or over things
- do not sit on your heels (haunches)

Long-term precautions
- Tell all of your current and future doctors about your surgery—they need to know.
- For the first two years after your surgery you will need to take antibiotics any time you have dental work. This will help to reduce the risk of developing an infection in your artificial joint. Your primary care physician or dentist can provide you with the prescription before dental appointments. It is preferred that you do not have any elective dental surgery or dental cleanings one week before your surgery and six months after your surgery. Always be sure to tell your dentist that you have an artificial joint and have taken the necessary antibiotics. See a list of guidelines in the back of this guidebook that you can share with your primary care provider or dentist.
- It is normal for some patients to feel a dull ache when the weather changes or if they spend time out in the cold.

Walking with a limp
A limp is normal and is usually due to muscle weakness. Follow your exercise program and you will improve over time. Understand that your progress will be gradual. To even out their walk, some patients find that using a cane on the non-operative side can be helpful. It is very important that you do not favor your operated leg.

Please remember that it takes many months to fully heal, so try to be patient. You will continue to see improvements even after 12 to 18 months.

Follow-up visits
Our team will schedule regular follow-up visits each time you come to see us. These appointments may be with your surgeon, one of our physician assistants, or nurse practitioners. These associate providers know your medical history and individual situation as well as your surgeon, so please feel confident that they will provide you with excellent care.

In general, these are the follow-up visits we recommend, though your surgeon may have a slightly different schedule:
- **Post-Surgery**
  - 4-6 weeks
  - 3-5 months
  - 6-8 months
- **Ongoing Care**
  - every 1-2 years, for life

It is important to attend the ongoing care appointments every 1-2 years to be sure your joint replacement is performing properly.

By conducting a regular physical exam and a review of x-rays, your care team can identify any problems that may be developing even though you may not have any physical symptoms.
Directions for use:
Wash in the shower two times before your surgery - once the night before surgery and once the morning of surgery.

If you did not receive individual packages of the Hibiclens Anti-Bacterial Wash at the time your surgery was set up, please substitute an anti-bacterial soap, such as Dial®.

Washing Instructions

1. Wet body
2. Pour
3. Apply
4. Rinse

1. Wet entire body
2. Pour a palmful of soap into hands
3. Rub over surgical site for one minute
4. Rinse, repeat steps 1-4

Read directions prior to use.
Do not apply to the head, face, eyes, mucous membranes, or genital area.
For external use only. Do not use on open wounds or damaged skin.
Stop using if redness or irritation develops.
Do not drink. If swallowed, call Poison Control right away: 1-800-222-1222
Do not put lotion or cream on the area where you are having your surgery.
Travel Tips to Prevent Blood Clots

When you travel, don’t let cramped conditions put you at risk of forming a blood clot. Keep your body moving, even when traveling, and avoid dehydration by drinking plenty of water (at least 8oz an hour).

General Tips for Air Travel:
- Try to keep your feet elevated by using the leg rest at the highest elevation. Rest your feet on your carry-on luggage if necessary.
- If you have the opportunity to move around the cabin, walk to the restroom and back.
- Walk for 30 minutes before boarding the plane.

Seated Exercises:
- **Ankle circles:** Lift your feet off the floor and twirl your feet as if you’re drawing circles with your toes. Continue this for 15 seconds then reverse direction. Repeat.
- **Foot pumps:** Keep your heels on the floor and lift the front of your feet toward you as high as possible, keeping the balls of your feet on the floor. Continue for 30 seconds and repeat as often as you like.
- **Knee lifts:** Keeping your legs bent, lift your knee up to your chest. Bring knee back to normal position and repeat with your other leg. Repeat 20-30 times for each leg.
- **Shoulder roll:** Lift your shoulders upward, then pull them backwards, downward, and forward in a gentle circular motion. Continue for 30 seconds. Reverse direction.
- **Arm curl:** Start with arms on chair rests, bent at a 90 degree angle. Raise one hand up to your chest and back down. Alternate hands and continue for 30 seconds. Repeat.

Seated Stretches:
- **Knee to chest:** With both hands clasped around your right knee, bend forward slightly and pull your knee to your chest. Hold the stretch for 15 seconds, then slowly let your knee down. Repeat the same stretch with your left knee. Perform 10 stretches.
- **Forward flex:** Keep both feet on the floor and slowly bend forward, reaching for your ankles. Hold the stretch for 15 seconds and slowly return to normal seated position.
- **Overhead stretch:** Raise both hands straight up over your head. Use one hand to grab the wrist of the opposite hand and gently pull to one side. Hold the stretch for 15 seconds, and repeat with the other arm.
- **Shoulder stretch:** Bring your right hand over your left shoulder. Then place your left hand behind your right elbow and gently pull your elbow toward your body. Hold stretch for 15 seconds and repeat with the other arm.
- **Neck roll:** Relax your neck and shoulders. Drop your right ear to your right shoulder and gently roll your head forward and to the other side, holding each position about 5 seconds. Repeat 5 times.
Preventative Antibiotics for Dental Procedures

Following are the latest set of guidelines on dental care for patients who have received a total joint replacement.

These guidelines are from the American Academy of Orthopaedic Surgeons.

Guidelines as of August 2009:
Antibiotic prophylaxis should be considered for patients that have had total joint replacement for the life of the prosthesis.

Routine dental cleaning should take place no later than one week prior to the patient's joint replacement surgery.

Patients should refrain from any non-emergent dental procedures, including cleaning, for six months after their surgery.

For those requiring antibiotics, the dosing recommendations are as follows:

- **Cephalexin, Cephradine, or Amoxicillin:** two grams by mouth one hour prior to dental procedures
- **If unable to take medications by mouth:** take one gram Cefazolin or two grams Ampicillin IM/IV one hour prior to the procedure
- **If allergic to Penicillin:** take Clindamycin 600 MG by mouth one hour prior to procedure
- **If allergic to Penicillin and unable to take medications by mouth:** take Clindamycin 600 MG IV one hour prior to procedure

**Note:** No second doses are recommended for any of the above regimens.