



Knee replacement guidebook

Prisma Health Baptist Parkridge Hospital

Total knee replacement at Prisma Health

Thank you for choosing Prisma Health's Joint Replacement Program for your knee replacement.

The purpose of this book is to educate and guide you through your total knee replacement, including what to expect and how to care for your new joint. This guide discusses many commonly asked questions and facilitates education and communication between you, your physician, and physical and occupational therapists. The more you know about your new joint and what to expect, the better prepared you will be for your new life following your total knee replacement. Please note, the purpose of this guide is to provide guidance only. Your physician, physician's assistant, nurse practitioner and/or therapist may change any of the recommendations to better suit your individual needs.

Your success is very important to us. We strive to make your experience extraordinary. Please let us know if there is anything we can do to improve your care. We look forward to serving you.

Again, thank you for choosing Prisma Health.

A caring, compassionate patient experience.

Patient information

Patient name: _____

You are scheduled for surgery on this date: _____

Arrival time: _____

Surgery time: _____

Final pre-operative appointment: _____

Please bring all medications you are currently taking, including prescriptions, over-the-counter medications, vitamins and supplements, all in their original bottles, to this appointment.

Pre-operative Joint Replacement Program class: _____

Post-operative follow-up appointment with surgeon: _____

Please bring this guidebook with you:

- to every office visit
- to your hospital pre-operative class
- to your final pre-operative appointment
- when admitted to the hospital for surgery
- to all physical therapy visits after surgery

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Joint Replacement Program team

The Joint Replacement Program team is comprised of a dedicated team of health care professionals who provide patients with total knee and hip surgical and rehabilitation services. The team works to educate patients prior to surgery and facilitate communication between patients, physicians, physical and occupational therapist and nurses. Patients entering the hospital the day of surgery may go home after surgery or stay overnight. Each day you will work on increasing your mobility to prepare for your return home.

Features of the Joint Replacement Program include:

- a guidebook that prepares for recovery following surgery
- a private room
- group rehabilitation sessions
- a unified team dedicated to the care of patients with total joint replacements
- the option to have outpatient surgery

Prisma Health Baptist Parkridge Hospital information

Address

400 Palmetto Health Pkwy., Columbia, SC 29212

Telephone directory

Patient Information.....	803-907-7000
Laurel Oaks Nurses' Station.....	803-907-4300
Patient Relations	803-907-1515
Joint Replacement Program Manager	803-296-6149
Laurel Oaks Nurse Manager.....	803-907-4240
Orthopedics Joint Case Manager.....	803-602-2807

Dining

The Arbor Dining Room, which offers freshly prepared, made-to-order entrees, is open daily from 6:30 a.m.–2 p.m.

The Refresh Cafe, which offers grab and go muffins, salads, sandwiches, fruit, healthy snacks and beverages, is open from 6:30 a.m.–2 p.m.

Guest meals

Meals are available to families. Guest meal tickets may be purchased for patient's visitors through a Patient Care Guide. Guest meals are delivered to the patient's room along with the patient's meals.

See the room service menu in each patient room for instructions on how to purchase online. Call 803-907-1202 for more information.

There are accessible restaurants in the area for family and visitors who wish to dine away from the hospital campus.

Vending machines

Vending machines are located in the Emergency Department Family Room and on the second floor near the restrooms.

Visiting hours

Your family members are welcome to visit at any time. Please be aware that Prisma Health is committed to maintaining a secure environment for our patients. A photo ID is required to enter the building after 8:30 p.m.

Smoking policy

Smoking is strictly prohibited on all Prisma Health property.

Parking

Parking is free for patients and visitors in the parking lots adjacent to the hospital. The hospital offers security escorts in the Prisma Health Baptist Parkridge Hospital parking lots 24 hours a day for patients and visitors. Officers also can help with minor emergencies like car battery failure. For assistance, call Security at 803-907-8000.

Internet access

Prisma Health offers free, wireless Internet access. Patients and visitors can use a Wi-Fi connection to work from their own wireless devices while at any Prisma Health facility.

You may also visit PrismaHealth.org for more information.

Area hotels

The following hotels and inns provide reduced rates for family members of our patients at Prisma Health. Please contact Patient Relations at 803-434-6237 for further information or assistance.

Baymont Inn & Suites

347 Zimalcrest Drive
803-731-2300

Doubletree by Hilton

2100 Bush River Road
803-731-0300

Embassy Suites

200 Stoneridge Drive
803-252-8700

Extended Stay America

1170 Kinley Road
803-781-8590

Extended Stay America

180 Stoneridge Drive
803-771-0303

Extended Stay America

450 Gracern Road
803-251-7878

Hyatt Place Columbia

1130 Kinley Road
803-407-1560

Microtel Inn & Suites

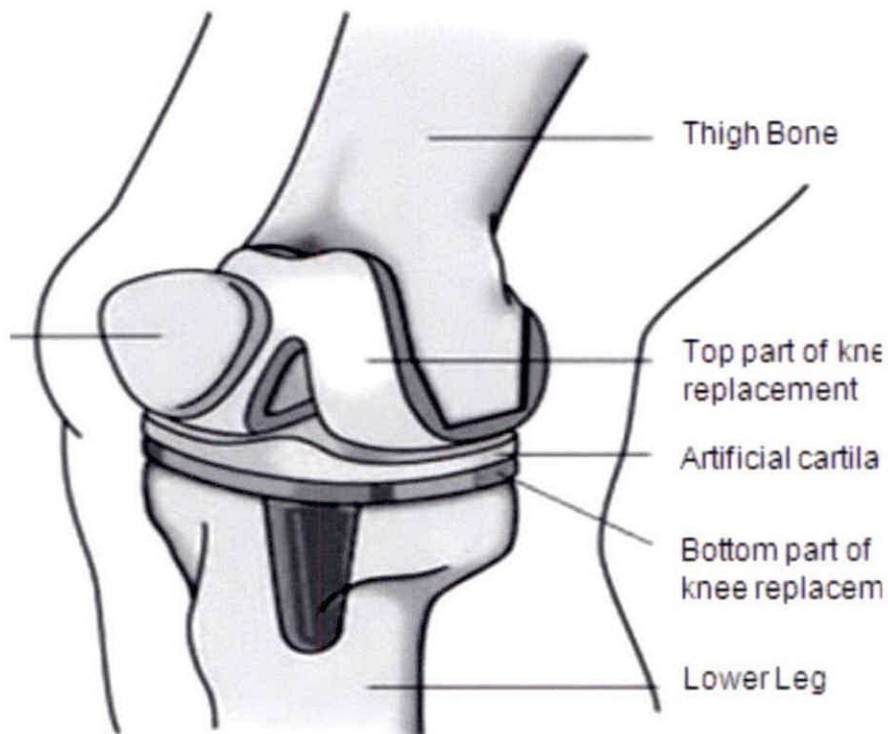
411 Piney Grove Road
803-772-1914

What you need to know before knee replacement surgery

A total knee replacement is a surgical procedure to remove or resurface the knee joint. This usually is done when the smooth, soft tissue called cartilage, which covers the joint surfaces, cracks or wears away, resulting in pain, swelling and a decrease in motion. Damage to the cartilage is caused by normal wear (osteoarthritis), inflammation (gout or rheumatoid arthritis) or an injury (bad fall causing a fracture).

A total knee replacement involves removal of the damaged cartilage and bone followed by positioning of new metal and plastic joint surfaces to restore the alignment and function of the knee. Recent advances in total knee replacement surgery have produced excellent results with significantly less knee pain for patients.

The success of your knee replacement largely depends on YOU. Be prepared to work on your recovery process. Surgery is only the first step to improving mobility. Rehabilitation after surgery is just as important. Working in conjunction with your physical therapist will make your recovery much less complicated.



Pre-operative checklist

Contact your insurance company

Your surgeon's office will contact your insurance company to pre-authorize your surgery. Before surgery, if you have private insurance (i.e., Blue Cross Blue Shield, Cigna, Aetna, etc.), it is important for you to contact your insurance company to verify the providers you may use for home health and other services, such as outpatient physical therapy. If Medicare is your primary insurance, you do not need to contact Medicare, as all home health companies accept Medicare.

Pre-register

After your surgery is scheduled, please contact 803-296-5160 or 1-800-848-9696 four weeks before your surgery to pre-register. If you wish, you may pre-register on-line at PrismaHealth.org. NOTE: please enable cookies on your computer to allow for online forms, etc.

It is important to have the following information available to assist with pre-registration.

- Name
- Address
- Phone number
- Date of birth
- Date of surgery
- Orthopedic surgeon's name
- Insurance name
- Insurance policy number

Health history

Approximately four weeks before your surgery, please call 803-907-1632 or toll free 800-848-9696, to speak with a nurse to provide your health history. If you reach the voicemail, please leave your name and a phone number, so a nurse can return your call.

Medical and anesthesia clearance

It is very important that you are in the best possible health prior to your surgery. Research shows that people who are well prepared and fully participate in their care have a smoother and faster recovery after joint replacement surgery. Preparing for surgery involves getting yourself in the best possible physical shape.

Please make sure that you have made an appointment with your medical doctor/internist/family practice physician for your pre-operative medical evaluation. To prevent unexpected cancellation of your surgery, you should have the following completed prior to your final pre-operative appointment with your surgeon/physician assistant.

- Copy of a recent medical evaluation including:
 - lab results
 - chest X-ray – within one year of surgery date
 - EKG – within six months prior to surgery
- Written note of medical evaluation
- Any other reports from tests your doctor may order

If you are under the care of a **cardiologist**, you also **MUST** have a letter from **that cardiologist** stating you have had a cardiac evaluation for surgery. It is very important that you complete any needed treatment prescribed by your physician prior to your surgery date to ensure that you are in the best possible health for your surgery.

Please bring copies of all pre-operative medical evaluations, labs, EKG and clearances with you to your pre-operative appointment. In addition, bring all medications you are currently taking, including prescriptions, over the counter medications, vitamins and herbal supplements all in their original bottles. If you have any questions about your appointment, call 803-907-1632.

□ Choose a coach

At Prisma Health, we recommend that you identify a coach to make sure your rehabilitation goals are met. The purpose of your coach is to assist with your rehabilitation during your hospital stay and to learn how to assist you after you leave the hospital.

Due to pain medication and anesthesia, you may not remember instructions given to you immediately after surgery. Having someone there to listen to those instructions for you and help with exercise, mobility, and general moral support during your stay is very important.

The coach will learn the exercises with you and make sure you do them correctly. He or she also will learn how to properly assist you with getting out of bed and walking. Ideally, your coach will be at the hospital during daily therapy sessions and to assist in your transition home.

Outpatient surgery patients going home the afternoon of surgery, must have their coach attend the pre-operative appointment, pre-operative joint class, provide contact information, be present at the hospital during surgery, provide transportation home and remain with patient for the first 24 hours.

☐ Register for pre-operative class

We strongly urge you to attend the pre-operative class that Prisma Health provides to help patients and families prepare for surgery and recovery. These classes provide important information about your surgery, post-operative care, rehabilitation and what you can expect during your recovery. The class is a time to ask questions and meet other patients having joint replacement surgery. **Class is mandatory for outpatient surgery patients and their coach.**

Classes are held on Thursdays unless otherwise noted. **Register for class by calling 803-296-2273 (CARE).** Please leave a message, if necessary.

Prisma Health Baptist Hospital

1501 Sumter St., Columbia, SC 29201

Auditorium, ground floor

10 a.m.–12 p.m.

Jan 31, 2019	Apr 25, 2019	July 25, 2019	Oct 24, 2019
Feb 28, 2019	May 30, 2019	Aug 29, 2019	Nov 21, 2019
Mar 28, 2019	June 27, 2019	Sept 26, 2019	Dec 19, 2019

6 p.m.–8 p.m.

Jan 31, 2019	Apr 25, 2019	July 25, 2019	Oct 24, 2019
Feb 28, 2019	May 30, 2019	Aug 29, 2019	Nov 21, 2019
Mar 28, 2019	June 27, 2019	Sept 26, 2019	Dec 19, 2019

Prisma Health Baptist Parkridge Hospital

300 Palmetto Health Pkwy., Columbia, SC 29212

Birch/Cedar classroom

10 a.m.–12 p.m.

Jan 17, 2019	Apr 18, 2019	July 18, 2019	Oct 17, 2019
Feb 21, 2019	May 16, 2019	Aug 15, 2019	Nov 14, 2019
Mar 21, 2019	June 20, 2019	Sept 19, 2019	Dec 12, 2019

6 p.m.–8 p.m.

Jan 17, 2019	Apr 18, 2019	July 18, 2019	Oct 17, 2019
Feb 21, 2019	May 16, 2019	Aug 15, 2019	Nov 14, 2019
Mar 21, 2019	June 20, 2019	Sept 19, 2019	Dec 12, 2019

Prisma Health Richland Hospital

2 Medical Park Rd., Columbia, SC 29203

Lower level (LL) classroom

10 a.m.–12 p.m.

Jan 10, 2019	Apr 11, 2019	July 11, 2019	Oct 10, 2019
Feb 14, 2019	May 9, 2019	Aug 8, 2019	Nov 7, 2019
Mar 14, 2019	June 13, 2019	Sept 12, 2019	Dec 5, 2019

□ Get your body in shape

To speed your recovery, it is important to get in the best physical shape possible for surgery. In the days or weeks before surgery, it is important to focus on building your strength and staying as active as possible.

Choose low-impact activities, such as walking (use good shock-absorbing shoes), swimming, water aerobics, stationary cycling, or chair aerobics. If exercising is new to you, consult your family physician to make certain there are no associated health concerns before starting a new exercise program.

Avoid any activities that significantly increase pressure in your affected joints, such as using a stairclimber, jogging, or intense hiking. As much as possible, your exercise should be pain-free. If you have pain for more than two hours after an activity or exercise session, you have done too much. Reduce the intensity of the exercise or duration of the activity. You may only be able to exercise in water. Even walking (backwards, forwards and sideways) in the water is beneficial, as water reduces the weightbearing force on your joints and builds muscle strength.

Practice the exercises you will learn during the pre-operative education class. (see page 22)

You will need to rely more on your arm strength to help move yourself in and out of bed on the first few days after surgery and when you are using your walker as you recover. Try to build strength in your arms before surgery as well.

The Arthritis Foundation has information about exercising with arthritis at arthritis.org/exercise-intro.php

□ Good dental health is important

Infected teeth and/or gums can cause your total joint replacement to become infected. If you have broken or painful teeth, and/or swollen or bleeding gums, it is very important to see a dentist prior to your surgery for correction of these problems. Palmetto Health-USC Dentistry on the Richland Hospital campus will make an effort to work you in if you let them know that you need to be seen prior to joint replacement surgery. Call 803-434-6567 for an appointment.

When going to the dentist after surgery, antibiotics are recommended prior to any procedure (cleaning, extraction, etc.) for patients who have undergone joint replacement. Inform your oral surgeon or dentist that you have had joint replacement to ensure you get this prescription prior to your appointment for any dental work.

❑ Quit smoking

If you are a smoker you **MUST** quit. Smokers can have more complications with their lungs during and after surgery.

Listed below are **FREE** resources to help you quit smoking.

Prisma Health

Prisma Health, in conjunction with the Cancer Health Initiative, offers a free comprehensive, adult smoking cessation program to residents of **Richland, Lexington and Fairfield** counties.

We can help you put that cigarette out by using a combination of:

- Motivational counseling
- Medical consultation
- Free (or reduced cost) one-month supply of medication
- Six sessions within three weeks

There is **89 percent** success rate after the three-week program, and **50 percent** of participants are still not smoking two years later.

All services are free, regardless of income. For more information or to register, call CareCall, 803-296-CARE (2273) or go to our web site PrismaHealth.org.

SC Department of Health and Environmental Control

For those who reside outside of Richland, Lexington or Fairfield counties the SC Department of Health and Environmental Control (DHEC) also offers a smoking cessation program called QUIT FOR KEEPS. Call 1-800-QUIT-NOW (1-800-784-8669).

You will speak to a trained tobacco treatment specialist who will assist you in your quit attempt.

- Any SC resident can call.
- Available 24 hours a day, seven days a week.
- Services feature phone and Internet counseling support.
- Callers receive a personalized Quit Plan with their Quit Coach.
- If you do not have health insurance you may be eligible to receive free nicotine gum or patches as a part of QUIT FOR KEEPS program services.

The bottom line is to focus on getting as physically strong and fit as you possibly can before surgery.

□ Prepare your skin

Prisma Health has a low surgical site infection rate; however, there is a small risk of infection with any surgery. We work hard to prevent infection and want you to get involved and play a role in your health. Preparing or “prepping” the skin before surgery can significantly reduce the risk of infection at the surgical site. Chlorhexidine Gluconate (CHG) antiseptic solution used to prepare the skin before surgery, will reduce bacteria on the skin surface. The steps below outline the prepping process and should be followed carefully.

Do not shave the surgical area beginning one week prior to surgery.

The first shower – Two days before surgery

Take a shower and wash your entire body, including your hair and scalp the following manner:

- Wash your hair, face and body, with your normal shampoo, conditioner and soap. Rinse thoroughly.
- Open the CHG sponge and wet and squeeze the sponge a time or two to promote a good lather. You will find a fingernail cleaner; you do not need to use it and may discard it.
- Turn off the shower or step back out of the water flow. Use the CHG sponge side only, start with the surgical site, progressing to other areas. Avoid contact with your face, eyes, ears, nose, mouth and genital area.
- Rinse your body thoroughly.
- Use a fresh, clean towel to dry your body and dress in freshly washed clothes. Do not apply lotions, powder or creams after this shower.

The second shower – The day before surgery

- Repeat the first shower instructions
- Important: Fresh, clean sheets and pillowcases should be used after this shower.

The final shower – The morning of surgery

- Repeat the first shower instructions
- Throughout this process, good hand hygiene is a must each day. Wash your hands with soap and water often; wash your hands for as long as it takes you to sing “Happy Birthday.”

If you have any questions, please feel free to call the Joint Replacement Program manager at 803-296-6149.

Reminders leading up to surgery

When surgery is scheduled

- Quit smoking immediately.
- Ensure good dental health.
- Make an appointment with your family doctor or internist for pre-operative evaluation within six weeks of surgery date.
- Make an appointment for clearance from cardiologist, if you have one.

Within six weeks of surgery

- Make certain you have all written clearances and paperwork from both your family doctor and cardiologist, if you have one.
 - Complete diabetes education if you are newly identified as diabetic or have abnormal blood sugar during screening.
 - Complete anemia treatment if identified as anemic during screening.
 - Complete nutrition education if identified as malnourished during screening.
- Attend the Joint Replacement Program class for education. (see page 6)
- Make plans for after leaving the hospital.

Within four weeks of surgery

- Call the Surgery department at 803-907-1632 or toll free 800-858-9696 to provide your medical history to a nurse over the phone.
- Attend your hospital pre-operative appointment.
 - *Outpatient surgery patients, you must have your coach attend the pre-operative appointment with you.*
- Recheck any critical lab results.
- Pick-up special skin cleansing packet at your pre-operative appointment to use as instructed the night before or morning of your surgery.
- Finalize plans for after hospital discharge
- Keep the skin on your legs and feet free from open wounds or cuts.
- Do not shave below the waist for seven days before surgery. You may use any over-the-counter hair removal products such as Neet or Nair up until the day before surgery.
- Do not apply creams and lotions to your legs the day before or the day of surgery.
- Be careful if clipping your toenails before surgery to prevent an open wound.

Night before and day of surgery

- Nothing to eat or drink after midnight.
- Use your CHG scrub.
- With a sip of water, take only the medications you were told to take. If you are unsure of which medications to take, do not take any of them and bring them with you in their original bottles.

Day of surgery:

- DO NOT bring unattended children.
- DO NOT apply perfume, colognes or scented products.
- DO NOT wear nail polish or make up.
- DO NOT bring excess luggage.
- DO NOT wear jewelry or piercings.
- DO NOT chew gum or eat candy.
- DO NOT bring valuables or large amounts of money.

What to bring to the hospital

- Your guide to knee replacement guidebook - it is a great reference. There are pages in the back to write notes and questions or concerns for your surgeon.
- Bring a list of all of your medications and dosages.
- Only bring your home medications in their original bottles if you were told to bring them with you during your pre-operative appointment. (see page 17)
- Comfortable shorts or pants are preferred. Try these clothes on prior to surgery to be sure they are loose fitting. Elastic waists are easier to pull up. When choosing pants make certain there is NO tightness when bending your knee.
- Short sleeve shirts to ensure access for IVs and so your blood pressure and pulse can be taken easily.
- Loose fitting pajamas.
- Your footwear in the hospital will be hospital-issued socks or good supportive shoes you have brought from home. If you require special shoes or braces, bring them with you.
- Personal hygiene items, such as toothpaste, deodorant, shampoo, etc.
- If you have a walker and/or crutches at home you may bring them; however, we have walkers available for use during your hospital stay.
- Adaptive equipment such as, reachers, sock aids, etc. If you purchase any of these pieces of equipment, please bring them with you so our therapy staff can make sure you understand how to use them.
- Outpatient surgery patients going home the afternoon of surgery must have their coach present during surgery.

Preparing your home for your return

Prepare your home for your return after surgery. Simple modifications to the interior of your house can make your mobility easier, more convenient and reduce the risk of a fall. Changes in furniture arrangement, lighting and housekeeping will greatly help during your recovery process. It is also recommended that you have a safety network of friends and family or neighbors to check on you daily either by phone or in person in case you have fallen and are unable to solicit help. Use the following list as a guide.

Stairs and steps

- Provide enough light to see each step and landing.
- Install handrails on both sides of stairways (if possible) and use them.
- Do not leave objects on the stairs.
- Do not place loose rugs at the bottom or tops of stairs.
- Prepare temporary living space on the ground floor (if possible) because walking up and down steps is difficult in early recovery, even though you will have practiced stair walking in the hospital before you go home.

Kitchen

- Remove throw rugs in kitchen and throughout the house.
- Immediately cleanup any liquid, grease, or food spilled on the floor.
- Store food, dishes and cooking equipment at easy-to-reach waist level.
- Prepare extra meals prior to surgery and freeze them for easier meal preparation when you come home.
- Sit to prepare meals after surgery.

Bathroom

- Install grab bars on the bathroom walls of the shower or tub, if needed.
- Use a sturdy plastic seat in the bathtub/shower to avoid standing and increasing the fall risk while bathing.
- Use a bedside commode with armrests placed over the toilet to raise the height of the toilet and to provide push-up support.
- Use a long-handled sponge and attach a handheld showerhead to make bathing easier.
- When cleaning the bathroom, do not get on your hands and knees to scrub.

Bedroom

- Clear clutter from the floor to provide a clear path wide enough for a walker or other assistive device.
- Place a lamp and flashlight near your bed.
- Install night-lights along the route between the bathroom and the bedroom.
- Sleep in a bed that is high enough to easily get in and out.
- Have a telephone within reach of your bed.

Living area

- Arrange furniture to create clear pathways between rooms.
- Do not plan on sitting in a low chair or sofa that would make it difficult for you to stand from a sitting position.
- Remove wires or extension cords from pathways.

Other arrangements to consider

- Arrange for someone to care for your pets.
- Do laundry and have comfortable clothing available for when you return home.
- Arrange for someone to get your mail and papers.
- Get your haircut/styled prior to surgery to make you feel more comfortable.
- Have cold therapy/ice ready to use at home. If you have been using an ice machine during your stay in the hospital, you will take it home.
- You will need a lot of ice.
- Access to an electrical outlet near where you will be recuperating.
- An extension cord is a fall hazard.
- We suggest a couple of bags of frozen peas to use as an alternative in case of power outage or ice supply is low.
 - *Outpatient surgery patients must have your coach stay with you for the first 24 hours.*

Medications from home

In order to provide the safest care for you at the hospital, your surgeon, nurses and our pharmacists need to closely monitor all medications that you take during your hospital stay. They also will determine how your combination of medicines may interact. Many medicines, even over-the-counter herbal supplements, can increase or decrease the effectiveness of medication necessary for your surgical preparation and safe recovery.

To ensure that we provide safe, comprehensive medication management for you, the following policies are followed at the hospital:

All medicines administered to patients in the hospital will be furnished by the Prisma Health Pharmacy unless:

- The medication is a part of an ongoing clinical drug study.
- It is a contraceptive that was begun on an outpatient basis.
- It is a medication that is not available through our pharmacy and cannot be substituted.
- It is a medication that by mutual agreement of the ordering physician and pharmacy services represents the most appropriate course of therapy needed for proper patient care.

If the medication meets the above criteria, the medication must comply with the following:

- Your physician must write an order in your chart authorizing the use of the home medication.
- A hospital pharmacist must verify the identification of the medication, so the **medication must be in its original container** with the prescription label intact.
- The medication will be kept in the pharmacy, and administered to you by your nurse at the prescribed times indicated by your doctor.



What to expect during your hospital stay

How long will I be in the hospital?

How long you will stay in the hospital is a decision that you and your surgeon will make together with input from your care team. You may go home the day of surgery or you may stay one or two days, depending on your specific care plan.

Day of surgery

Before your surgery, you will be taken to the pre-op area where you will be prepared for your operation. Your surgeon, anesthesiologist and operating nurse will come by to answer any last minutes questions or concerns you may have. Surgery time is approximately 1–3 hours.

After your surgery, you will go to the recovery room (PACU) where you will spend 1–3 hours waking up from anesthesia. During this time your blood pressure, pulse and breathing will be monitored and your pain managed. An X-ray may be taken of your new joint. From the recovery room you will be taken to your patient room.

Your nurse will meet you in your room and begin your care. Your vital signs will be monitored throughout your stay. You may have oxygen through the first night. An incentive spirometer should be used frequently to exercise your lungs (see page 23).

Depending on your time of arrival to the unit, physical therapy will begin that day. Outpatient surgery patients will have physical therapy in outpatient recovery prior to discharge. Most patients will be getting out of bed the day of surgery. We ask that you begin these exercises: ankle pumps, quad sets and glut sets, on this first day while in bed or a recliner chair (see pages 30 and 31). This is important in increasing blood circulation and decreasing the risk of forming a blood clot.

You will have foot pumps/calf devices covering both feet/lower legs. These pads attach around your feet/lower legs and pump/squeeze to help increase your circulation. For the first 24 hours, some patients will have a catheter in their bladder for urine drainage. You also can expect to have an ice pack placed on your surgery site within the first 24 hours. Ice therapy helps prevent swelling and also is used to decrease pain.

Your coach should unpack your clothes after surgery and set out your first day's clothes. The nursing team will assist you with getting dressed the morning after surgery.

Generalized daily schedule

On the first day after surgery, your day will begin around 5 a.m. Your IV and catheter (if present) will be removed. Your surgical dressing will be checked. Your nurse will bring you oral pain medication to help manage your pain for approximately 12 hours. You are encouraged to take this medication with crackers or a small snack of your choice, which will be available to you. Also, there is additional pain medication available to you if needed for breakthrough pain.

You will be helped out of bed and assisted with bathing and dressing in the clothing you brought from home. Shorts and comfortable shirts are most appropriate. Long pants are permitted, but may be more restrictive and limit access to your surgical site; there should be no restrictions in the bending of your leg.

The physical therapist will come to your room and perform a complete evaluation if this has not been performed yet. He or she will assess the strength of your muscles and the range of motion of your joints. You also will begin walking with a walker. Once you complete each therapy session stay in an elevated position with your feet higher than your heart and with an ice pack in place. Please feel free to reposition yourself when needed and then get back into the elevated position.

Remember to order room service. When ordering your lunch, request it to be delivered at noon so that you may have time to enjoy your meal, rest and get ready for afternoon physical therapy. After lunch, therapy staff will begin bringing patients to the gym for group physical therapy. We ask that your coach be present as much as possible.

Most patients may be ready to be discharged from the hospital at this time. You will receive all of your discharge instructions. Please have your transportation arranged. If we can be of assistance during this time or you have questions about your discharge from the hospital, please speak with a member of your health care team. If you are staying, remain in your recliner chair in the elevated position after therapy with an ice pack in place. If you want to take a nap, you may do so in your recliner chair. We ask that you not get back into bed until after eating dinner.

Evenings are a good time for you to order your meals for the next day. Your meals should be coordinated with your therapy times. If you are unsure of your therapy time, please ask a staff member.



Managing your discomfort

Knee joint injection: Some surgeons inject pain medication directly into the knee joint during surgery. This is a time-released pain medicine that will help control your pain for up to 24 hours. It is important that you do not overdo it during this time, especially when flexing your knee. You can expect an increase in your level of pain as the injection wears off. This will typically begin on the second day after surgery; however, the rate at which it wears off can vary for each patient. Oral pain medication will be available to help control your pain as the injection wears off.

Pain medication: You will experience moderate pain after surgery. You will receive oral pain medications. Your surgeon will usually order two types of pain medications – one will be given to you every 12 hours and the other is a short-acting medication that you can have as often as every four hours if needed. It is important to keep pain under control so that you can participate in the rehabilitation process. Try to take your pain medication about 30-45 minutes prior to your physical therapy sessions.

Pain is your body's way of responding to injury or illness. Tell your nurse as soon as your pain starts. Your nurse may ask you to rate your pain using a number scale of 0-10. Be sure to communicate with your nurse about how your pain medicine is working. Some patients may require IV pain medications.

Ice: Ice packs/machine also will be used to decrease your discomfort. Ice works to decrease swelling and should be used throughout the day, in addition to elevating your legs.

Elevation: While in the hospital, your legs will be elevated when in the recliner chair and while in bed. This will help decrease swelling; however, it is important to dangle your legs occasionally throughout the day to prevent stiffness. During meals is a good time to do this. Most of the swelling from a knee replacement occurs in the knee. Occasionally, you may experience swelling in your lower leg, ankle and foot. If this occurs, lie in the bed or recliner with a pillow under your leg to elevate. When elevating your legs, your feet should be above the level of your heart.

Post-surgical knee precautions

This information is presented to decrease the risk of damaging your knee replacement. Your surgeon will let you know when these precautions can be stopped, usually at the end of eight weeks.

DO NOT

- Twist the operated leg
- Cross your legs or squat
- Kneel
- Jump
- Jog
- Miss your exercise (missing your exercise is permissible only if the knee has increased swelling)

Rehabilitation after surgery

Early rehabilitation is as important as the operation itself for regaining function. This part of the process depends on you, the patient. All members of your care team are there to assist with your recovery, but the success of rehabilitation hinges on you.

The goals for early rehabilitation are simple:

- Bend your knee to 90 degrees.
- Get in and out of the bed safely.
- Go to the bathroom by yourself.
- Walk safely with a walker.
- Dress yourself with minimal assistance.
- Go up and down stairs with minimal assistance.

Coach's checklist

Your coach is a vital part of your successful recovery. He or she is a motivator, encourager and someone to assist with some simple tasks. Here are some important things that your coach needs to know prior to you leaving the hospital.

- How to recognize a possible blood clot
- How you should take the anticoagulation medication (blood thinner) prescribed by your surgeon
- How to put on compression stockings, if you have been told to wear them
- How often the compression stockings should be removed and for how long
- How to assist you up and down the stairs.
- How you should properly use the walker.
- How to assist you in and out of the bed and car.
- How to properly place the bedside commode over the toilet.
- Is he or she comfortable with your home exercise program?
- Is he or she able to assist you as needed with your exercises?
- What are the signs and symptoms of infection?
- How to care for your incision/wound care?

Warning signs and complication prevention

Incision infection: Following a knee replacement, special care needs to be taken to prevent infection of the wound. This includes keeping your incision clean and dry. You may take a shower when cleared by your surgeon. However, make sure a dry dressing is placed over the incision after showering. Some signs and symptoms of infection are increased redness, change in color, odor and increase in drainage, increased knee pain and a fever above 100.5°F. Notify your surgeon if any of these signs are present.

Aquacel® dressing: We use Aquacel® dressings for our joint replacement patients after surgery. This dressing contains ionic silver, which is proven to kill a broad range of infection-causing bacteria. The Aquacel® dressing typically will remain in place for approximately seven to ten days or will be removed during your first follow-up visit at your surgeon's office, although it may be changed sooner if deemed necessary by your care team. An advantage of the Aquacel® dressing is that it is waterproof so, with your surgeon's permission, you can shower with it in place.

Ice machine: If you have been using an ice machine during your stay in the hospital, you will take it home with you. The instructions that come in the box are self-explanatory. You will have a sleeve that is a barrier between your leg and the ice. If the sleeve gets soiled, use a pillow case. A towel is too thick. **Do not place the ice pad directly on your skin.** Follow the instructions from the manufacturer to fill the machine with ice and water. If you experience problems with the operation of the machine, call your surgeon's office or call the Durable Medical Equipment hot-line: 803-296-9410.

Bowel movement: It is important that you maintain normal bowel activity. After anesthesia and pain medication you may experience some constipation. Please know that your surgeon has orders in place to help relieve constipation. It is important that you are able to have a bowel movement before you leave the hospital. You should make your nurse aware of any problems you may be having.

Blood clots in the legs: Swelling after surgery may interfere with blood flow through your veins and cause clots to form in the veins of your legs. Blood thinners are used to decrease the chance of these clots forming. There are a few other ways to decrease your chance of forming blood clots in your legs. These include walking, ankle pumps, and foot pumps. One common warning sign of blood clots is swelling in the thigh, calf, or ankle that does not decrease with elevation. Another is pain, redness or heat in the calf. This may occur in either leg, not just the operative leg. **DO NOT MASSAGE OR RUB THIS AREA.** Contact your physician.

Pulmonary embolus: A pulmonary embolus is a result of an unresolved blood clot in your leg that breaks away from the vein and travels through the circulation to the lungs. Some warning signs of pulmonary embolus are sudden chest pain, extreme shortness of breath, sweating and confusion. If you experience any of these symptoms this is a medical emergency, and you should call your nurse if in the hospital or rehabilitation facility, or dial 9-1-1 if at home. Recognizing a blood clot in your leg and using preventive strategies will reduce the risk of pulmonary embolus.

Stockings: You may be asked to wear compression stockings. These stockings help to prevent or reduce swelling. Your physician will prescribe your specific wearing time for the stockings. For maximum benefit, it is important to wear them as prescribed.

Anti-coagulation: Following surgery you will require anticoagulation therapy or blood thinner during and after your hospital stay to avoid blood clots. You will take blood thinners as prescribed by your doctor both in the hospital and when you go home. You will receive information from the hospital staff related to the blood thinner your doctor prescribes for you.

Incentive spirometer: While in the hospital and following surgery you are taking decreased breaths and lying flat versus being upright. This increases your risk of developing pneumonia. Therefore, deep breathing exercises with your incentive spirometer (breathing machine) will help open the air sacs in your lungs and may reduce future problems. You should use this machine on your own and take an active part in your recovery. The spirometer pointer will be set by your respiratory therapist for your appropriate volume.

1. Hold the spirometer upright.
2. Breathe out normally. Place lips tightly around the mouthpiece. Do not bite on the mouthpiece.
3. Breathe in slowly until the piston reaches the pointer.
4. Hold that breath in for 3 seconds.
5. Remove the mouthpiece and let the air out normally.
6. Cough
7. Repeat steps 1–6 at least 15 times.

General points

- You cannot hurt yourself if you use your spirometer as often as every hour.
- As each day goes by, you may be able to take deeper and deeper breaths.
- Go past the location of the pointer if you can.
- Always sit upright to use your spirometer.



Tips for using your walker

- While you are in the hospital, do not put more weight on your operative leg than is specified.
- Do not pull up on the walker when rising from a sitting position. Use an armchair so you can use the arms to push up from the chair.
- Do not take a step until your walker is flat on the floor.
- Make sure a folding walker is locked in the open position before use.
- The walker height should allow your arms to slightly bend at the elbows (20–30 degrees).
- Do not lean over the walker. Always stand up straight.

Walking

1. Push the walker forward at a comfortable arm's length.
2. Advance your surgical leg, resting it on the floor in the middle of the walker.
3. Support your weight on your hands, while advancing the foot on your non-surgical leg. Move it forward and inside the walker.
4. It is important to lift your heel first before taking a step and then let your heel strike first when you take the step. This allows your knee to bend while walking.

Stair climbing

Use handrails whenever possible! If no handrails follow instructions given by your therapist.

Ascending (remember, up with the good)

1. Non-surgical leg up first
2. Surgical leg up next
3. If on crutches, move the crutches now to the step you are on

Descending (remember, down with the bad)

1. Surgical leg down first
2. Non-surgical leg down
3. If on crutches, move the crutches down to the next step

Getting into bed

1. Back up toward the bed until you feel it behind your legs.
2. Move your surgical leg out in front of you as you reach back with your arms and lower yourself to the bed. Then using your arms to help you, scoot back onto the bed.
3. Lift your surgical leg into bed, either without assistance, as able, or using the nonsurgical leg underneath the surgical leg as leverage, your arms, a cane, or a belt to lift your surgical leg.

Getting out of bed

1. Scoot your hips toward the edge of the bed.
2. Sit up, lowering your surgical leg to the floor.
3. Place the walker in front of you and push up from the bed with both arms. If the bed is too low, you may put one hand on the walker, but the other hand needs to remain on the bed. This prevents the walker from tipping.

Getting into a car

1. Push the car seat all the way back and place it in a reclined position, returning it to upright for travel.
2. Back up to the car until your legs can feel the side of the seat behind you.
3. Lower yourself to the seat, moving your surgical leg straight in front of you. Duck your head to avoid hitting the doorframe.
4. Turn to the forward facing position, guiding your surgical leg into the car either with assistance, your arms, belt, or the non-surgical leg underneath for leverage.

Frequently asked questions

When will my stitches/staples be removed?

Stitches may be placed under the skin, which will dissolve and do not have to be removed. If you have staples on the outside of the skin, they will be removed in about 10–14 days.

When may I shower?

Your surgeon will answer this for you.

When may I drive?

You need to discuss this with your surgeon, as each patient is different. However, you may not drive as long as you are taking pain medication.

Are there any restrictions to intimate relations following surgery?

Yes. Remember you must abide by your total joint precautions at all times. There is a brochure available to help you understand how to protect your new joint during relations. If you have not received a brochure, we will be glad to give you one.

When can I use a cane?

It varies, depending on when you become steady and confident about not falling and when the surgeon and therapist agree that you are ready. It may be longer if there are any restrictions on weight bearing.

Discharge

Prior to surgery it is important to have plans in place for assistance after you return home. We know that our patients do better and recover faster when they go directly home.

There are very few patients who will meet the guidelines that would allow them to go to an inpatient rehabilitation facility after their elective total joint surgery. If your insurance company determines that it is not medically necessary for you to go to a rehabilitation facility, they will not pay for that care.

Prior to surgery, arrangements must be made by you for someone to drive you home. Any equipment needs will be taken care of by the hospital staff.

Home health services will be arranged for you. You have the right to choose your home health company. If you do not have a preference, a company will be assigned to you for home health care.

You will have a home physical therapist and nurse from the same company visiting you. It is vital that you have contacted your private insurance company to ensure you are using a home health service that is covered under your plan. It is NOT necessary to contact Medicare, as all home health companies accept Medicare.

Home health will usually begin within 24–48 hours after hospital discharge. If no one has contacted you within 48 hours of your discharge from the hospital, please contact the assigned company or call the joint replacement nurses' station for assistance. For outpatient surgery patients, arrangements will be made for home health physical therapy to begin the day after surgery.

Home health resources

Your physician may prescribe home health services to provide you with continuity of care in the home setting. The elected company will provide nursing and physical therapy services. We suggest that you contact your private insurance company (Blue Cross Blue Shield, Cigna, Aetna, etc.) to check for preferred/contracted providers. However, if Medicare is your primary insurer, all home health companies accept Medicare and you have no need to contact Medicare.

The following companies are available in Richland and Lexington counties.

Prisma Health HomeCare*	803-296-3100
Amedysis Home Health	803-356-2253
CarePro Home Health	803-758-4000
SCDHEC	803-276-5818
Gentiva Home Health Care	803-791-3704
National Healthcare Homecare	803-939-0266
MSA/Tri-County Home Health Care	803-561-7680

**This home health agency is affiliated with Prisma Health.*

There are home health companies in all counties. We will be happy to provide you with a list of companies in your county. Please be prepared to let your social worker or nurse case manager know which company you would like to use at the end of your hospital stay.

Know that your nurse case manager and social worker will make every effort to secure placement in your company of choice. If you have no preference, we can assign one for you.

Adaptive equipment

Your occupational therapist may recommend the need for adaptive equipment. Adaptive equipment includes:

- Bedside commode or raised toilet seat
- Sock aid
- Rolling walker
- Long-handled shoe horn
- Reacher-grabber
- Long-handled bath sponge
- Elastic shoe laces (for slipping on laced shoes)



Bedside commode

To use as a raised toilet seat, remove the pail and place the commode frame over your toilet to provide an elevated seat and armrests. Insurance companies usually pay for this. You will receive the commode prior to leaving the hospital if you are going home or from the rehabilitation facility once you depart from there.



Rolling walker

To assist with walking following surgery. Insurance companies usually pay for this. If you do not already have one, you will receive this prior to leaving the hospital if you are going home or from the rehabilitation facility once you depart from there.



Long-handled bath sponge

For patients with decreased ability to reach lower extremities. Not covered by most insurance companies.



Long-handled shoe horn

For patients who are unable to reach down to put on shoes due to decreased lower extremity motion. Not covered by most insurance companies.



Sock aid

For patients who are unable to reach down to put on socks without assistance. Not covered by most insurance companies.



Reachers-grabbers

Used when objects are out of reach or patient has decreased range of motion or limited mobility. Not covered by most insurance.

Durable medical equipment list

This list is provided to you as a resource for medical equipment supplies that you may need as you return home.

Activecare	803-749-4449
Aftercare	803-635-7729
All Medical, Inc.	803-779-2011
American Home Patient	803-714-6544
Apria Healthcare	803-786-6900
Blythewood Pharmacy	803-786-8110
Carolina Healthcare Solutions	803-422-0707
Carolina Medical Equipment	803-356-4983
Congaree Home Medical	803-939-0086
Esteemcare	803-936-9376
Fort Mill Pharmacy	803-548-2851
Hawthorne Pharmacy	803-256-3440
Lincare	803-926-1302
Long Home Medical	803-791-3739
MedTrex	803-926-3737
Medi-Home Care	803-731-4246
Medical Comfort Systems	803-794-0601
Medical Select	803-781-9690
Medical Services of America	803-957-0500
Mobley Vital Care (Lancaster)	803-285-2071
Prisma HomeCare	803-796-7840
Palmetto Oxygen	803-926-0252
Praxair Health Care	803-772-8600
Riley's Vital Care	803-359-2587
Special Care Medical	803-926-0161
Specialized Mobility	803-749-3613
Triangle Pharmacy	803-794-4840

Exercises

Start pre-operative exercises prior to surgery.

- It is important for patients to strengthen joints prior to surgery because they may have become weaker due to arthritis and decreased activity. Performing these exercises before surgery helps to strengthen the joint and helps the patient become more familiar with the exercises they will do following surgery, as well. Do the exercises before surgery using both legs as well as arms because you will be using your arms to assist with getting in and out of the bed and with your walker. Stop doing any exercises that become too painful.
- Post-operative exercises are to continue the rehabilitation started in the hospital and are very important to the success of your surgery. Many of the same exercises you did to strengthen your leg prior to surgery you will continue after surgery. In addition to the pre-operative exercise you will be adding the seated knee flexion and the knee extension stretch to your routine.
- Exercises should be performed up to 20 repetitions, two times a day before and after surgery, or as directed.

Pre-operative and post-operative exercises

Armchair push ups

Only needs to be performed prior to surgery to build up upper body strength.

- Sit in a chair. Slowly push up with your arms straightening your elbows so that your bottom comes off of the chair. Then lower your bottom back to the chair seat.
- Perform up to 20 repetitions of this exercise, two times a day before surgery.
- This helps to increase your upper extremity strength, which will make it easier for you to stand after surgery.



Ankle pumps

- Bend your foot back and forth by pulling your toes toward you and then pushing them away
- Perform up to 20 repetitions of this exercise, two times a day before and after surgery.
- These should be done when you wake up from surgery (post-operative) to increase the blood circulation and help to prevent blood clots.



Quad sets

- Tighten your thigh by fully straightening your leg. Do this by pressing your knee downward to touch the bed. Hold fully straightened and count to five seconds, then relax.
- Perform up to 20 repetitions of this exercise, two times a day before and after surgery.



Glut sets

- Do not move any other part of your body. Squeeze your buttocks together and hold for a count of five seconds, then relax.
- Perform up to 20 repetitions of this exercise, two times a day before and after surgery.

These first three exercises can be done throughout the recovery period. These exercises simulate walking and increase blood circulation.



Post-operative exercises:

Heel slides

- Lie on your back with legs straight. Bend your knee by pulling your heel toward your buttocks. Slowly return your leg to a straighten position and repeat.
- Perform this exercise and repetitions as instructed.



Short arc quads

- Lie on your back with legs straight. Place a towel roll or coffee can under your knee. Slowly lift your foot up, moving your leg only from the knee to the foot while keeping contact with the towel roll or coffee can under your knee.
- Perform this exercise and repetitions as instructed.



Long arc quads

- While seated in chair, slowly lift your foot off the floor while straightening your leg from the knee down. Extend until your leg is parallel to the floor or until your knee is as straight as possible. Hold for a count of five and slowly return your foot to the avoid floor.
- Perform this exercise and repetitions, as instructed.



Straight leg raises

- Lie on your back with your non-surgical leg bent.
- Perform a quad set pushing your surgical leg into the bed. Slowly lift that leg off the bed until it reaches the height of the non-surgical knee. Keeping the surgical leg as straight as possible during the entire process.
- Hold for a count of five, then slowly lower the surgical leg to the bed.
- Perform this exercise and repetitions as instructed.
- DO NOT perform this exercise if you have a history of back pain or begin to experience back pain.



Post-operative exercises ONLY

Seated knee flexion

- While sitting in a chair or on the edge of the bed, bend your surgical knee back towards the chair/bed.
- When you bend your leg at the knee as far back as you feel it can go, then slide your bottom forward keeping your bent leg (surgical leg) on the floor. This will assist in further bending the surgical leg.
- Perform this exercise and repetitions, as instructed.
- This exercise is to increase the bend of your knee and is another position in which your knee flexion will be measured.



Knee extension stretch

- Sit in a chair and place your surgical leg on another chair as shown in the picture above. Place an ice pack (bag of peas) on your knee. Try to relax as much as possible.
- Sit like this for up to 20 minutes, two times a day.
- This exercise helps to straighten your knee.



My progress

This chart will be completed by the physical and occupational therapists at discharge from the hospital. This will increase the continuity of care and help you to progress and improve your rehabilitation daily.

Progress at discharge from hospital

This chart will be completed by the physical and occupational therapists at discharge from the hospital. This will increase the continuity of care and help you to progress and improve your rehabilitation daily.

Physical therapist's name _____

Contact phone number _____ Date _____

Is the patient independent with total hip precautions? Yes No

ADL equipment used:

Reacher

Sock aid

Long-handled shoe horn

Other: _____

Supine <-> Sit _____ Sit <-> Stand _____

Stairs _____ Ambulation distance _____

Assistance _____ Assistive device _____

Lower body ADL:

Independent

Supervision

Dependent

Minimal assistance

Moderate assistance

Maximum assistance

