

TOTAL KNEE REPLACEMENT

Patient Education Guide



The staff at South Portland Surgical Center would like to thank you for choosing our center to perform your joint replacement.

We recognize there are many dynamics that are integral in making this decision, and we are privileged to attain your confidence in our facility.

The staff at our center will ensure you are comfortable and educated about every aspect of your surgery and recovery. Our goal is to instruct you on how to care for yourself after discharge so you may regain maximum independence. Our center believes patients who actively participate in their care and rehabilitation have the best long-term outcomes following surgery.

Our commitment is to provide our patients with excellent quality care in a welcoming environment. There are many benefits in electing to have your surgery performed in an ambulatory surgery center setting.

Please take the time to review carefully the contents of this guide. Should you have additional questions, please contact either the center or your surgeon's office. Please do not hesitate to contact us. We are here to answer your inquiries, big or small.

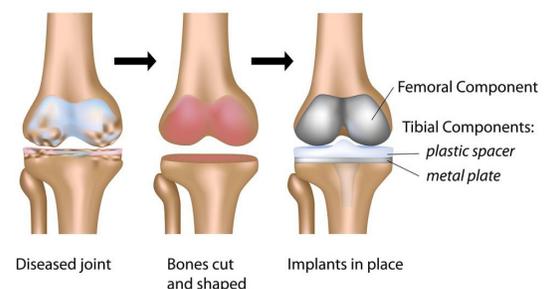
TOTAL KNEE REPLACEMENT

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear-and-tear condition that destroys joint cartilage.

Sometimes, as the result of trauma or repetitive movement or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect a single joint or many joints, like the knee.

Total knee replacement surgery can offer relief from osteoarthritis. The knee itself is not replaced in this surgery, as is commonly thought. Instead, an implant is used to re-cap the damaged bone ends. This is completed with a metal alloy on the femur (thigh bone) and tibia (shin bone), a plastic spacer between the metal and a plastic "button" behind the patella (kneecap). This generates a new, smooth cushion and a functioning joint that can decrease or eliminate pain.

Total Knee Replacement



Source: <https://pacificbone.com/total-knee-replacement>

Total Knee Replacement (Arthroplasty)

ARTHRITIC KNEE



KNEE AFTER SURGERY

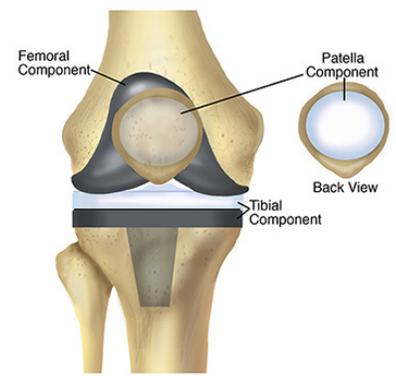


Image: Copyright © Marie Dauenheimer, MA, CMI, FAMI
Source: <https://www.choosept.com/guide/physical-therapy-guide-total-knee-replacement>

PREPARING FOR TOTAL KNEE REPLACEMENT SURGERY

Your surgeon may want you to obtain medical clearance before the surgery. If this is the case, you will need to make an appointment with your primary care provider and/or a specialist, such as a cardiologist. Your surgeon may provide you with a medical clearance letter to give to the primary care provider and/or specialist. Your surgeon may also ask you to obtain laboratory tests before the surgery. The surgeon's office staff will communicate the results of the laboratory tests to the surgery center so that they are on your chart the day of the surgery.

Advance Directives

If you have a completed advance directive, please bring a copy to the surgery center on the day of your procedure. We will place the copy on your chart for all medical staff caring for you to review. An advance directive is a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.

Medications

You will need to stop all medications that you are taking that increase bleeding, such as aspirin, ibuprofen (Motrin, Advil), naproxen (Aleve), Vitamin E, etc. Your surgeon or primary care provider will give you specific instructions. There are also herbal medications that may interfere with other medications and/or cause an increase in bleeding. Please notify your surgeon of any herbal supplements/medications that you have been taking.

Examples of herbal medications include, but are not limited to, the following: Echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto and kava- kava.

Smoking

It is essential to stop smoking before surgery. Smoking impairs oxygen circulation to your healing joint, which is vital to the healing process. Smoking also reduces the size of your blood vessels and decreases the amount of oxygen circulated in your blood. Smoking can also increase clotting, which can cause problems with your heart and place you at a higher risk for blood clots in your legs. If you quit smoking before surgery, you will increase your ability to heal. If you need help quitting, ask your surgeon or primary care provider for resources.

Nutritional Optimization

Good nutrition is important; both before surgery and after surgery. Focus on balanced meals with fruits, vegetables, whole grains, lean meats, fish, poultry, low-fat dairy products or other sources of protein everyday to help your body recover after surgery.

Night Before Surgery

The night before surgery, please **DO NOT** eat or drink anything after midnight.

Take a shower the night before surgery and use the Chlorhexidine Gluconate (CHG) solution as directed. **DO NOT** apply any lotions, perfumes or deodorants to the operative leg. **DO NOT** shave your leg. If hair removal is necessary, it will be done at the surgery center.

Morning of Surgery

If your surgeon advises you, you may take your medication the morning of surgery with a small sip of water. **DO NOT** take any oral medication for diabetes on the day of surgery. Your blood sugar will be checked and monitored before and after surgery.

Take a shower the morning of surgery and use the Chlorhexidine Gluconate (CHG) solution as directed. **DO NOT** apply any lotions, perfumes or deodorants to the operative leg. **DO NOT** shave your leg. If hair removal is necessary, it will be done at the surgery center.

Additional Instructions



Please leave jewelry, valuables and large amounts of money at home.



Makeup must be removed before surgery.



Nail polish may be left on, but please try to avoid wearing “fake” nails or acrylic nails.



Please wear loose, comfortable clothing.



If you need any dental procedures, schedule them before your knee replacement. Bacteria can enter the bloodstream during dental procedures and can cause an infection.

After knee replacement, please contact your surgeon for specific instructions prior to scheduling dental procedures.

PREPARING YOUR HOME

It is important to have your house ready for your arrival back home. Here are some tips on preparing your home for your return from the surgery center:

- Put things that you use often (like iron or coffee pot) on a shelf or surface that is easy to reach.
- Check or install hand railings on stairs inside and outside.
- Clean, do the laundry and put it away.
- Wash your bed sheets and bath towels.
- Prepare meals and freeze them in single-serving containers.
- Cut the grass, tend to the garden and finish any other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install night-lights in bathrooms, bedrooms and hallways.
- Install grab bars in the shower/bathtub. Make sure existing grab bars are secure. Put adhesive strips in the bottom of the tub.
- Arrange to have someone collect your mail.
- Have someone available to care for your pets. (NO pets recommended on the bed before or after your surgery.)

WHAT TO BRING TO THE SURGERY CENTER

- Loose fitting clothing
- Special shoes or leg orthotics if you require them
- Your two-wheeled walker
- Your knee immobilizer provided by your surgeon’s office
- Your nasal mask/headgear and machine if you require CPAP or BiPAP for sleep apnea (if instructed by the center)
- A copy of your advance directive
- Insurance card and photo ID
- Any co-payment required by your insurance company
- A list of your current medications with dose and time of day they are taken
- Any routine medications you are scheduled to take during your stay at the surgery center, storing them in the bottle within which they were dispensed with the name of the medication, dose and frequency of the prescribed medication

WHAT HAPPENS DURING TOTAL KNEE REPLACEMENT SURGERY?

Prior to your surgery date, a member of the surgery center staff will call you to let you know what time to be at the surgery center on the day of surgery. Upon arrival at the surgery center, you will be checked in, and your nurse will start the necessary preparations.

For your surgical procedure, you will have general anesthesia. Your surgeon and anesthesia provider will discuss your options with you and will provide you with the anesthesia that will best suit your needs. You will have the opportunity to ask any additional questions you may have prior to your surgery.

Once in the operating room, you will be assisted onto the surgical table. The operating room is usually kept cool. The staff can provide you with warm blankets if needed.

The anesthesia provider will attach monitoring equipment and check your IV. They will be present for the entire procedure to monitor your vital signs, including your heart rate and rhythm, blood pressure and the amount of oxygen in your blood. Prior to the start of your surgery, the entire surgical team will conduct a “time-out” to confirm that they are all in agreement on the following: the correct patient, side and site, procedure, positioning on the operating table, implants and special equipment.

Once these items are confirmed, your surgery will begin. The surgery will last approximately one to two hours. When your surgery is completed, you will be taken to the Post-Anesthesia Recovery Unit (PACU) where you will continue to wake up and recover. At the time of your discharge, you must have a responsible person stay with you for at least 24 hours.



WHAT HAPPENS AFTER TOTAL KNEE REPLACEMENT SURGERY?

You will be discharged home from the surgery center. After surgery, you will start physical therapy to rehabilitate your knee and increase your range of motion and mobility.

Make sure you talk with your surgeon and/or physical therapist before engaging in any exercise programs.

WHAT ARE THE OUTCOMES FOR TOTAL KNEE REPLACEMENT?

Most people who have a knee replacement experience significant pain relief, improved mobility and a better overall quality of life. Four to six weeks after surgery, you can generally resume most normal daily activities once cleared by your surgeon. You should avoid high-impact activities such as jogging, skiing, tennis and other sports that involve contact or jumping.

FREQUENTLY ASKED QUESTIONS

How do I make arrangements for surgery?

Once you and your surgeon agree to perform the surgery, the surgeon's office staff will schedule the surgery with the surgery center. A nurse from the surgery center will contact you to review your pre-op instructions and answer any questions that you may have.

What will happen when I wake up after surgery?

When your surgery is completed, you will be taken to the Post-Anesthesia Recovery Unit (PACU) where you will continue to wake up and recover. While in PACU, the nurse will monitor your blood pressure, oxygen saturation, temperature and level of pain.

Will I be in pain after surgery?

Your surgeon, anesthesia provider and nurses will work with you to control your pain as you recover from your surgery. Your surgeon will prescribe pain medication to take at home.

Can I get up and move around after surgery?

Yes, you will be able to get up on the day of surgery with help. You may feel unsteady, but this is normal. Be sure to have someone assist you when getting up and moving around. Always use your assistive device (walker) as instructed by your surgeon.

How long will I be in the surgery center?

You will be monitored in the surgery center for 3-4 hours, contingent on your surgeon's preference and your progress after surgery.

Where will I go after discharge from the surgery center?

You will be discharged home from the surgery center.

Will I be prescribed pain medication at discharge?

Your surgeon will prescribe pain medication to take at home. Depending on the medication you are prescribed at discharge, you may also be allowed to take acetaminophen (Tylenol). **DO NOT** take over 4 grams of acetaminophen (Tylenol) per day. It is important to take all medications as prescribed. You may be allowed to take NSAIDS (ibuprofen/Advil, naproxen/Aleve) at home. Your surgeon will specify if you are allowed to take these medications after surgery.

What can I do for constipation?

Regular use of narcotic pain medication can cause constipation, so you should drink plenty of water and eat a high-fiber diet. You may want to purchase an over-the-counter stool softener (such as Colace) and an over-the-counter laxative (such as Milk of Magnesia, Senokot or Dulcolax) before surgery so you will have it available when you get home.

Will I be prescribed medication to help prevent blood clots?

Surgical procedures increase your risk of developing a blood clot, or Deep Vein Thrombosis (DVT). Your surgeon may prescribe medication or will instruct you to take aspirin that will help prevent blood clots. It is important that you take your medication as directed. Call your surgeon if you experience pain, swelling, warmth or redness in your legs or calves, as this could indicate a blood clot.

Walking throughout the day and doing ankle pump exercises (10x every hour while awake) will help to increase your circulation and will also help to decrease your risk of blood clots.

When will I return for my post-op appointment, and what should I expect?

Your surgeon's office will schedule your follow up appointment. During your post-op appointment, your surgical incision site will be inspected and sutures will be removed, if necessary. X-rays may also be taken to verify that your knee is healing properly. Your surgeon will also review your progress with your physical therapist, and you will receive the next set of instructions on your post-operative recovery.

In what instances should I call my surgeon before my post-op visit?

Call your surgeon's office if you are experiencing any of these symptoms:

- Increase in redness, swelling, warmth or tenderness at the incision site
- Body temperature of 101 degrees and/or flu-like symptoms
- Excessive or pus-like drainage from incision
- Numbness, tingling or change in sensation in the legs
- Pain, swelling, warmth or redness in your legs or calves
- Difficulty controlling your bowels and/or bladder

Will I need an assistive device when walking?

Patients progress at their own rate. Either prior to or upon leaving the surgery center, the staff will ensure you have an assistive device (walker) to use at home until you see your surgeon at your post-operative appointment. Please bring your two-wheeled walker in with you the day of surgery.

What should I do to stay safe when walking or getting up after surgery?

- Ambulate with assistance
- Use assistive devices as directed
- Avoid slippery or uneven surfaces
- Keep walkways clear
- Take your time when moving
- Use support when getting in/out of bed
- Wear proper footwear
- Follow activity instructions, as directed by your surgeon

What if I live alone?

Prior to your surgery, you need to arrange for someone to stay with you for the first couple of days after your surgery. You will be on pain medication and may feel tired and groggy; therefore, you will need someone to assist you to the bathroom and with meal preparation.

Will I need help at home?

At first, you will need assistance with getting up, using the restroom and meal preparation, and you will need to have someone drive you to your appointments. Gradually, you will gain independence and will need less help. With proper planning, you can minimize the amount of help you will need. Completing laundry, housecleaning, yard work and cooking before your surgery will help reduce the need for supplemental help.

Will I need physical therapy when I go home?

Yes. You and your surgeon will discuss physical therapy options prior to your surgery. You will need physical therapy to rehabilitate your knee and increase your range of motion and mobility. At first, you should expect to feel pain and stiffness in your knee joint and leg; however, as you do your exercises and attend physical therapy, your new knee will feel more normal.

Are there any special instructions on sitting?

You should avoid sitting in the same position for more than 15-20 minutes in the first few weeks after surgery. Walk around and stretch for several minutes before sitting down again.

How do I care for the surgical incision site?

Keep the surgical incision site clean and dry. Please follow your surgeon's instructions on how to care for your surgical site after surgery. Any surgical tape attached to sutures should be left in place. Your surgeon will tell you if and when your sutures will need to be removed during your post-op appointment.

DO NOT apply any lotions, creams or ointments to your surgical incision site.

You may notice some bruising and/or swelling surrounding your surgical incision site. This is normal and may extend to the surrounding area as you become more mobile.

When can I shower and/or bathe after surgery?

You may be allowed to shower after surgery. Please follow specific instructions provided by your surgeon. When cleared to shower after surgery, do not let the water directly hit your incision site. **DO NOT** scrub the incision. Pat the incision dry with a clean towel after showering.

DO NOT submerge your incision in any body of water. You will need to be cleared by your surgeon prior to submerging your incision in any body of water, as your incision needs to be fully healed.

How long will my scar be?

Surgical scars will vary in length, but most surgeons will make it as short as possible. Scar size depends on the size of the patient and the complexity of the surgery.

When can I start driving again?

DO NOT drive until your surgeon gives you permission to do so. You should never drive while taking narcotic pain medications because they can delay your reaction time. Take someone with you the first time you drive, and plan to drive for a short distance. After you feel comfortable driving a short distance, you can gradually increase the distance.

When can I return to work after surgery?

You should be prepared to notify your employer that you will be out of work for up to 6 to 12 weeks, but you may be able to return to work sooner depending on your progress. You will need to be cleared by your surgeon before returning to work.

As your knee continues to heal, your physical therapist will begin customizing a plan to help you prepare to return to work. Your surgeon and physical therapist may suggest modifications in your tasks at work or suggest an alternate form of work if your job requires heavy lifting or strenuous tasks.

Will my new knee set off security sensors when traveling?

Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. TSA security at check points are accustomed to screening patients with joint replacements. They will need to use their wand devices to check you.

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

All implants have a limited life expectancy, depending on an individual's activity level, weight, age and medical condition(s). A total joint implant's durability will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow your surgeon's recommendations after surgery, there is no assurance that your particular implant will last for any specified length of time.

The information and instructions provided in this patient education guide are an overview of the set expectations for the care provided before, during and after your surgery. Please follow your surgeon's instructions first, as some instructions may vary to accommodate individual patient needs.

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