

JOINT EFFORT

The longest journey begins with a single step.

—Lao Tsu



West Tennessee
HEALTHCARE™

Orthopedics

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WELLNESS CENTER

KNEE REPLACEMENT

Orthopedics



West Tennessee
HEALTHCARE™

Jackson-Madison County
General Hospital

North Hospital

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WELCOME

West Tennessee Healthcare earned Joint commission's Disease Specific Certification for care of Total Hips and Total Knees in 2015. We have dedicated interdisciplinary orthopedic teams that strive to improve the care provided to total hip and knee patients, with the goal of better outcomes for our patients. Our teams consist of surgeons, medical doctors, nurses, physical therapists, care managers, and many other staff committed to continuous improvement for our orthopedic patients.

West Tennessee Healthcare is excited to offer two locations for orthopedic services in Jackson, Tennessee. Our newest location, North Hospital, opened for orthopedic services in January 2022. This facility is located at 367 Hospital Blvd, Jackson, TN 38305. We continue to offer orthopedic services at Jackson-Madison County General Hospital at 620 Skyline Drive, Jackson, TN 38301.

We appreciate that you have chosen us to provide care for you during your orthopedic procedure and recovery. You will read more about your specific location for your surgery in this information book.

Important Contact Information:

Preadmission Scheduling: 731-661-2211

Orthopedic Nurse Specialist: 731-661-2114 • 731-571-5677



West TN Healthcare North Hospital

367 Hospital Blvd, Jackson, TN 38305

North Hospital phone number: 731-661-2020

Preadmission Testing Nurses: 731-661-2234

731-661-2208

Care Management: 731-661-2191



Jackson-Madison County General Hospital (JMCGH)

620 Skyline Drive, Jackson, TN 38301

JMCGH main number: 731-541-5000

Care Management: 731-541-6747

Successful Knee Replacement

Our Joint Effort Manual is designed to give you general information about your procedure. We want to help you with what to expect before, during, and after your surgery to make this journey as smooth as possible. The more informed you are, the more confident you will be to take an active role in your recovery and rehabilitation after your surgery.

As you read the information, should you have any questions, please feel free to ask your physician and/or nurses. Please remember that, while this is a guide, every individual is different and may progress at a different pace. Your surgeon, nurse, or physical therapist may add or change recommendations for your care based on your individual needs as you progress at your own pace.



THINGS TO DO BEFORE YOUR SURGERY

2-4 Weeks before surgery:

- Pre-surgical interview- Expect a phone call from West TN Healthcare. Someone will call you for a phone interview before your surgery. They are collecting and confirming your information, which will be added to your medical record. You will also be asked if you have a living will and/or a medical power of attorney. If you do, please provide a copy to the hospital so it can be included in your record.
- Complete all medical and dental clearances required by your surgeon. Clearances are required to ensure you are healthy and stable enough to have surgery. Your medical doctor may do blood work, urine test, chest x-ray and EKG to ensure you are medically stable. If your medical doctor does not complete these required tests, the preadmission nurse at the hospital can complete them during your preadmission appointment.
- Review the Medication Information (Page 6) to ensure you understand how to take your medication in the days and weeks leading up to surgery. If you have questions, please call your surgeon.

Medication Information

Your surgeon and the preadmission nurse will instruct you on how to adjust your medications. Please read this page for general information about medications and be aware of any medications that may need to be held prior to your surgery. Correctly managing your medications will help prevent your surgery from being delayed or postponed.

- Apply 2% Bactroban/Mupirocin ointment to both nostrils as prescribed. (to help protect you from infections) **Begin using 5 days before surgery, twice daily. Use Q-tip to apply pea-size amount to each nostril. Please apply one last time the morning of surgery before you come to hospital.**
- Stop **ALL** blood thinners **1 week** prior to surgery.
 - >Plavix/Clopidogrel, Aspirin, Coumadin/Warfarin, Jantoven, Pletal/Cilostazol, Pradaxa, Effient, Eliquis or any other new blood thinners
 - > Ibuprofen, Motrin, Vitamin E, Advil, Aleve/Naproxen, BC Powder, Exedrin, and Pepto-Bismal
- Stop **ALL** arthritis medicine **1 week** prior to surgery.
 - >Mobic/Meloxicam, Vimovo, Diclofenac/Voltaren, Duexis, and Celebrex
- Stop **ALL** Herbal Supplements **1 week** prior to surgery.
 - >Garlic, Ginger, Ginkgo Biloba, Kava, Ginseng and Goldenseal
- Stop Methotrexate and Humira **4 weeks** prior to surgery. May resume when instructed.
- Do **NOT** take Metformin, Glucophage, Glucovance, Glumetza, Avandement, or Actos with metformin, or Janument **24 hours** prior to surgery.
- Do **NOT** turn off your insulin pump, if you have one. (leave it on your basal rate)
- Do **NOT** take your morning insulin injection the day of surgery.
- Colace (stool softener) if needed.
- It is important **NOT** to eat or drink anything after midnight the night before surgery unless instructed otherwise.
- You may take your blood pressure, anti-seizure, anti-anxiety, reflux, stomach medication, or prescription anti-migraine medication the morning of surgery with a small sip of water.

Questions about Medications

Prepare your home:

Follow this checklist to help get your house ready for your return home.

- Choose and make accommodations for your coach or caregiver. This is usually a family member, close friend, or anyone that you feel comfortable with who can stay with you at home for 3-4 days and nights after surgery. This person is invited to attend Joint Effort Class with you to learn how to help you with exercises, daily living activities and transportation needs after discharge home. If one person is not available for all of your expected activities, the coach role can be shared among others. If you have no one to help you after surgery, please discuss this with your surgeon and/or a member of our care management team.
- Extra pillows or cushions that will be used to elevate leg when swollen.
- Clean your home, wash and put away laundry. Put clean linens on your bed.
- Perform any yard work or arrange to have it done.
- Ask someone to collect your mail and take care of your pets. Pets in the home could be a fall risk after this surgery.
- Ask someone to help you arrange furniture to provide easy access to the bedroom, bathroom, and kitchen with a walker.
- Make sure all walkways are free of clutter. Pick up all throw rugs and tack down any loose carpeting.
- Remove electric/phone cords from walkways or tape them to the floor.
- Consider having nightlights in the bedroom, bathrooms, and hallways.
- Prepare meals ahead of time; freeze them in single-serving containers. Put cooking supplies and utensils in a place that is easy to reach.
- Find a chair in your home that will allow you to sit down comfortably and stand up easily (dining room chairs with arms are ideal).
- If you have a tub/shower combo in your bathroom, consider taking off the doors and using a tension rod with a shower curtain. This will make it easier to get in and out of the shower.
- Grab bars and shower chairs can also be added to help keep you safe.
- Avoid open toe or open back shoes such as flip flops or clog type shoes. Plan to wear shoes that enclose your foot for a little while after the surgery.
- Items such as a Reacher, long handled shoe horn and sponge, and sock aide can be helpful for you when dressing and putting on your shoes. (Items can be purchased in a kit called a HIP KIT and can be purchased at Medical Center Medical Products in Jackson.)
- Wear shirts or pants with pockets
- Soft shoulder bag or hanging bag that attaches to walker to carry things in, such as your phone.
- Foot stool to use to extend leg while sitting up.
- Locate frequently used items you may need in one area, such as tissue, TV remote, waste basket, reading material, medications, water picture and drinking glass.
- Anticipate other needs you may have. For example, if your bedroom is on the upper level of your house, you may wish to prepare a sleeping area on the main level to use when you first come home.
- Even if you plan to stay with someone, or go somewhere else when you are discharged, you will eventually be returning to your house, so plan ahead.
- If you need any other equipment for your home, we can help you locate and learn how to use the equipment while you are in the hospital.

Prepare Your Body

- **Smokers:** If you smoke, cut down or quit smoking. Smoking delays healing by slowing blood flow to the bone. Surgeons may require a urine nicotine test during preadmission to check for nicotine. The preadmission nurse will discuss with you if this is required by your surgeon.
- **Exercise:** Increase exercises as tolerated. Surgeons may ask you to attend a Prehab physical therapy session to learn about strengthening exercises that you can do before surgery. Strengthening your upper body and legs will help you progress and recover quicker after surgery. We encourage you to do the exercises ten (10) repetitions; three (3) times a day. Be sure to do these exercises on both legs. If any exercise causes sharp or shooting pain, do not do that specific exercise. It is normal to feel achy afterwards; you are exercising muscles you are not used to using. See page 9.
- **Overweight:** If you are overweight, your surgeon may suggest a weight loss program. Patients who are scheduled for NORTH hospital are required to have a body mass index (BMI) of less than 50. However, if your BMI is in the range of 45-50, an anesthesiologist will determine if you are safe to have your surgery at north when considering your medical history and your BMI together. If they determine you are at risk, your surgery will be scheduled for the Jackson-Madison County Hospital location.
- **Diabetics:** maintain a healthy diet and control sugar level in the weeks before your surgery. Your glucose levels will be checked by your primary care physicians or by the preadmission nurse before your surgery. If you feel your sugar levels are not controlled and you do not have a dietitian, we can provide you with a dietitian's number to contact for assistance in better managing your diabetes. Our dietitian does have the ability to provide Telehealth, or phone consult, and will work with your insurance company.

Preoperative Home Exercise Program: Total Knee Arthroplasty

Preparing your body for surgery is important for optimal recovery after your new joint replacement. Performing exercises prior to surgery can help to increase muscle strength, decrease postoperative complications, and improve your overall recovery.

You may access the total knee arthroplasty PREOPERATIVE educational video below by scanning the QR code using the camera on your mobile device. Once you have scanned the QR code, click the yellow link on your screen. The code will then take you to our West Tennessee Healthcare Physical Therapy video. If any exercise causes sharp or shooting pain, do not do that specific exercise. It is normal to feel achy afterwards; you are exercising muscles you are not used to using.



1-2 weeks before surgery

Preadmission Testing/Registration & Joint Effort Class at North Hospital

- One to two weeks before surgery, you will meet with Preadmission nurse at the North Hospital. The nurse will discuss your medical history, your medications and the skin cleansing protocol required before your surgery. During your visit, the preadmission nurses will also complete the required blood test, urinalysis, chest x-ray and EKG, if not already completed by your medical doctor. **You do not have to fast for blood test for this surgery.**
- During this appointment you will also attend the Joint Effort Class and speak with the Nurse Educator to learn about what to expect with this surgery and how to care for yourself. You may have a visitor with you for this visit and class. The preadmission appointment and Joint Effort Class will take about 1 ½ to 2 hours.
- Please call the Preadmission Scheduling department 1- 2 weeks before your surgery if you do not have an appointment for this Preadmission visit. **Preadmission Scheduling - 731-661-2211**
- All total joint surgeries are **pre-admitted** at North Hospital. Even if your surgery is scheduled for JMCGH, your preadmission appointment will be at the North Hospital location. At this time, phone preadmission are not approved, therefore, you are required to come in the facility for this visit. If you have concerns, please call the **preadmission testing offices at North Hospital. 731-661-2234 or 713-661-2208**
- North Hospital address is 367 Hospital Blvd, Jackson. Enter the hospital through the main entrance. This can be easily found by driving towards the flag poles. The information desk is located to the right once inside our lobby.

Things to bring for this appointment:

- Photo ID,
- Insurance cards,
- List of current medications (prescription and over the counter), include dosage and frequency of your medications.
- List of allergies to medication or anesthesia. Please include the symptoms you had with the allergic reaction.
- Advanced Directive or Medical Living Will, if you have one.
- Coach or primary caregiver if possible, or their contact information.
- List of all the physicians that you currently see. If possible, provide phone numbers for your physicians.
- List of surgeries that you have had in the past with dates.

5-7 days before surgery

- **Stop medications as directed by Surgeon and preadmission nurse.**
- **Begin Nasal Ointment: Before surgery:** Apply 2% Bactroban/Mupirocin ointment to both nostrils as prescribed. (to help protect you from infections)
 - **Begin using 5 days before surgery, apply ointment twice daily**
 - **Use Q-tip to apply pea-size amount to each nostril.**
 - **Please apply one last time the morning of surgery before you come to hospital.**

2 days before surgery:

- **Skin Prep:** begin the skin cleansing protocol as directed by pre-admission nurse. You will be given supplies and written instructions about how to do your skin prep when you see the pre-admission nurse.
- **If you drink alcohol:** Do not drink alcohol for 48 hours prior to surgery. You will also avoid alcohol while taking pain medications after surgery.

1 day before surgery:

- **Pick up your discharge medications the day before your surgery.** Some surgeons may call in your prescriptions for pain medications and blood thinners before your surgery date. They ask that you go to your pharmacy in the afternoon the day before your surgery to pick up those medications. We will provide your pain medications while you are in our hospital, so it is not necessary to bring them to the hospital. If your surgeon does not call in your pain prescriptions before the surgery, make plans to pick up the medications at your pharmacy on the way home after your surgery.
- **Look over your list to make sure you are not forgetting anything before coming to the hospital for your surgery.**

The Night before Surgery:

- Do not eat or drink anything after midnight—including water—IF instructed to take medications the day of surgery, take with only a small sip of water.
- Do not use any tobacco products, chewing gum, candy, or lozenges after midnight.
- Try to get plenty of rest.

What to Bring to the Hospital

Follow this checklist on how to pack for this stay. Please bring:

- Your smile, patience, determination and a positive attitude.
- Please wear loose fitting, comfortable clothes. You may want to bring shorts and a shirt with a pocket. This is due to the equipment you may use. However, a hospital gown will be available.
- Comfortable slip-on or walking shoes (make sure they are wide enough to allow for some swelling on your operative leg and are not too loose) **Please do not wear flip-flops, sandals, or Crocs.**
- Personal hygiene products (soap, toothbrush, toothpaste).
- Your insurance card, prescription card (if you have one), and a photo ID
- Advance Directive, Medical Power of Attorney or Medical Living Will, if you have one.
- The Joint Effort Manual
- **If your surgery is at North Hospital**, please bring your medications in the original prescription bottles to the hospital. Please leave them in your locked car. If you are asked to spend the night, you will take your own home medications.
- Walker (please leave in car until needed) If you do not have a walker, please discuss with the discharge advocate or someone from the care management team. We will make sure you are given a walker before you leave the hospital and take care of the insurance paperwork for you too. We ask that you do not use the rollator type walkers after this surgery because of the increased fall risk with that type walker.
- Case for dentures and denture adhesive (if applicable)
- Eye glasses/contact lenses and case
- Eye drops, inhaler
- CPAP (machine that you wear at night while sleeping) - **bring into the hospital the morning of surgery.**
- Any type artificial prosthesis that you may use. Ex: Shoe or leg prosthesis.
- You and your visitors may bring cell phones. Some surgeons and surgical staff may call cell phones to notify visitors of progress in surgery. (* The hospital cannot be responsible for lost cell phones.)

Please leave at home:

- **If your surgery is at Jackson-Madison County General Hospital**, leave your medications at home. We ask that you just bring a list of your medicines with dosages. The hospital will provide your home medications if needed.
- Jewelry and valuables
- Credit cards
- Large sums of cash/money
- See above for medication instructions depending on the location of your surgery.
- Any valuables that you bring may be locked up in our Security department when you arrive at Jackson General

Day of surgery

Location of surgery

Both of our locations allow you to bring two visitors with you on the day of surgery if you would like. We ask that if you are running fever or having symptoms of Covid prior to surgery date, please call your surgeon before coming in for your surgery. Also, please notify your surgeon if you plan to take a Covid vaccine before or immediately after your surgery.

If your surgery is at Jackson-Madison County General Hospital:

- Arrive at 620 Skyline Drive Jackson TN at the time instructed by your surgeon.
- Enter the building on the Skyline Drive entrance and go through the revolving doors.
- Sign in at the first desk to the left. You and your visitors will need to show photo ID's at this desk.
- You will then be directed to the admission desk where your armband will be placed.
Please bring your insurance cards.
- You and your visitors will be taken to the preop unit where you will be prepared for surgery.

If your surgery is at West TN Healthcare NORTH Hospital:

- Arrive at 367 Hospital Blvd, Jackson TN at the time instructed by your surgeon.
- Enter the building at the location marked Main Entrance. This entrance is easily found by driving towards the flag poles.
- Sign in at the first desk to the right. You will need to show photo ID's at this desk.
- You will then be directed to the admission desk where your armband will be placed. Please bring your insurance cards.
- You and your visitors will be taken to the preop unit where you will be prepared for surgery.
 - One visitor may go with you to the preop unit. Your other visitor will wait in waiting room right outside the preop unit. Visitors may take turns sitting with you in the preop unit. Both visitors will see you before you are taken to surgery.

Arriving at the hospital

Your surgeon or his nurse will tell you what time to arrive at the hospital for surgery. Sometimes the surgeon's office will call you closer to the date of your surgery to tell you what time to arrive. They will also tell you which of your medicines are okay to take the morning of surgery with a sip of water. If you have any question about this information, please call your surgeon for additional information.

- Leave your overnight bag, personal hygiene items, medications and walker in the locked trunk of your car—your coach, another friend, or family member can bring the items to your room if needed after surgery. You will use our walkers while in hospital and will not need your walker before you are discharged, unless requested.
- Once you are registered and taken to the Peri-Operative (POU), a nurse will review your "Admission History and Medication Record" and other information before an intravenous (IV) line is started.
- Next, the anesthesiologist will meet with you to discuss your anesthesia and answer any questions you may have. You will also have the opportunity to speak with your orthopedic surgeon and discuss any last-minute questions or concerns.

Anesthesia and You

Jackson-Madison County General Hospital and North Hospital are staffed by board certified and board eligible anesthesiologist and physicians.

What types of anesthesia are available?

Decisions about your anesthesia are made based on your needs. There are two types of anesthesia

- **General anesthesia:** provides loss of consciousness and requires a tube inserted in your throat while asleep to help with breathing.
- **Regional anesthesia:** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Types of regional anesthesia include spinal blocks, epidural blocks, and peripheral nerve blocks.
 - **Spinal or Epidural Block-** Anesthesiologist injects numbing medication in area in back to cause numbness of lower extremities. Numbness will wear off in a certain period of time. You are put to sleep with medications in your IV but you do not have the tube inserted in your throat while asleep with spinal or epidural blocks.
 - **Peripheral nerve block-Physician specific** - Also used for pain control. Anesthesiologist may be asked by your surgeon to do a procedure on your surgical leg prior to surgery to help with pain control after surgery. The Anesthesiologist uses an ultrasound probe to find the nerve in the area where the incision will be made. Once located, they will inject numbing medication into the tissue around that nerve. This procedure is used to hide or mask the pain at the surgical site for about 12-18 hours after surgery. You will be given a light sedation medication prior to this procedure. * *Surgeons must request this procedure for you.*
- Your anesthesiologist will discuss the risks and benefits with the different anesthetic options, as well as any complications or side effects that may occur. The most common side effects of anesthesia include nausea and vomiting. If you have had side effects or adverse reactions to anesthesia in the past, please tell your anesthesiologist. In most cases, preventative measures can be taken prior to surgery to avoid common side effects. We can also give you medication after surgery if you have symptoms of a reaction after surgery.
- You will give your permission for surgery by signing consent forms. You will then be taken to the operating room for your procedure when your surgeon is ready.
- At this point, your visitors will be instructed on where to wait while you are in surgery.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and wellbeing before, during, and immediately after your surgery. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.



In the Operating Room

- The operating room will be cold, with bright lights and many machines.
- The anesthesiologist/nurse anesthetist will give you medicine to help you sleep.
- The surgery staff will prepare you for your procedure by scrubbing your leg and positioning you for surgery.
- In the past a foley catheter was inserted in your bladder to collect urine. We rarely use this tube anymore due to increased risk of urinary tract infection. Before and after surgery, you will be asked to get up and walk to the restroom to empty your bladder. Physical therapy, nurses or patient care techs will help you safely walk to the bathroom using a walker.
- Surgery usually takes about 1-2 hours, depending on the complexity of the surgery.

In the Recovery Room

- When you wake up, you will be in the recovery room. You can expect to be there for up to an hour.
- Nurses will take your blood pressure often and monitor your pain.
- Notify the nurses if you are hurting or nauseated.
- You will probably be getting oxygen through a face mask while waking up.
- The nurse will discuss your pain and you will be given pain medication as ordered. You may also receive medicine for nausea if you are feeling sick.
- You will have an X-ray taken of your new joint.
- While you are in the recovery room, the doctor will speak to your Primary Contacts and visitors. If your visitors have not been directed to your hospital room by this time, they will be notified of your hospital room number while you are in the recovery room.
- You will then be taken to your room on the Orthopedic Floor.

Arrival to my hospital room

You will come to orthopedic unit from the Recovery Room. There are a number of things the nurse will do to appropriately take care of you. The nurse will take your vital signs, including blood pressure, temperature, heart rate, and breathing rate.

You will most likely have:

- An IV tube in your arm that will allow fluids to be given as ordered. IV, which means intravenous, is also a route in which pain medicines may be given.

- A Nasal cannula in your nose passageways. This is a way for oxygen to get into your body. A probe will be attached to your finger to measure your oxygen. You will be asked to use a device called an **Incentive Spirometer** to help strengthen you lungs and prevent pneumonia sometimes caused by anesthesia. You will take 10 slow, deep breaths every hour while awake and continue this after discharge. You will be provided this device during Joint Effort class or prior to discharge from the hospital on the day of surgery.



- An Ice pack on your surgical site. You can take these home, however, you may need 3-4 more ice packs.

Please follow the rules for ice use.

- o Always protect skin when using ice packs;
- o Rotate ice on and off the knee for 30 minutes every 2 hours daily;
- o Don't go to sleep at night with ice packs on surgical extremity.

- A Dressing on your extremity. See dressing information on Page 26.

- A Knee Brace **may** be used by your surgeon or suggested by your physical therapist to wear home for a period of time. The hospital will provide the knee brace if needed, and provide instructions prior to discharge home.

- An Ace wrap on your leg. The discharge nurse will instruct you on when to remove the ace wrap.

- SCD cuffs on lower part of legs. These are used only in the hospital to prevent blood clots in legs by gently compressing lower legs to increase blood flow. You will not have these at home but will do an exercise called an Ankle Pump to replace the SCD cuffs. (See Page 20)



- **Ted Hose**- you may have these white compression stockings that are used at home to increase circulation in legs to prevent blood clots. If your surgeon wants you to wear these at home, they will be provided to you by the hospital. **Wear the stockings during the day only; do not sleep in the Ted hose.**

- **Telemetry**- You may be have sticky pads with wires on your chest that are used to monitor your heart rhythm.

How will I feel?

- Be sleepy, but awake. You will get out of bed same day of surgery. *Try to take a few steps – see how far you can go. Don't say NO...try to get up and GO!*
- Be able to eat and drink when returned to room - *as long as not nauseated. Ask for medications if nauseated. Avoid greasy, spicy, or hot foods for first few hours after surgery. These type foods may cause nausea and vomiting.*
- Walk with Physical Therapy the day of surgery. *Helps prevent blood clots and meets criteria for discharge.*
- Sit up in recliner for meals - *helps with digestion, expansion of lungs, and helps you wake up to prepare for discharge. Consider all restrictions to positioning based on type of surgery*
- *May have a sore throat, if you received general anesthesia- sooth with lozenges, ice chips. Avoid hot liquids immediately after surgery.*
- *May have pain and/ or nausea- ask your nurses for medications to help with these issues as soon as possible.*
- *Numbness- extremity or surgical site may have decreased sensation if your surgeon or anesthesia performed a procedure that provides numbing medications to help with post op pain for a period of time. This numbness will wear off and pain may increase at that time.*

All total joint patients are at a higher risk for falls ---- CALL, DON'T FALL!

Your family member should never help you up while in the hospital. Call nursing/ techs or PT every time to help get you up.

Pain Management

The Orthopedic team is committed to developing a pain management plan for you that works well with the rehabilitation of your new joint. The pain you experience after surgery is usually different from the pain you felt before surgery (your arthritic pain will be replaced by surgical pain). The difference is the arthritic pain was chronic or long lasting, while the surgical pain will be acute and shorter in duration. There are many types of pain medicines and a variety of ways to give them. You may have just one kind of medicine or you may be given a combination of medicines to control your pain. Your nurse will work closely with you to determine what "recipe" works best. Your nurse and surgeon will teach you how to use pain medicine effectively. Keep in mind that everyone feels and responds to pain differently. It is important to keep your pain at a controlled level. By doing this, you will be able to complete your therapy goals (both in the hospital and at home). It is important to let your nurse know if your pain medicine is not working so changes can be made to help you feel better.

One or more of the following procedures or techniques may be utilized by your surgeon in an effort to help you manage your pain after surgery:

- **Peripheral nerve block-Physician specific:** If you receive a nerve block prior to surgery, remember it will begin to wear off in about 12-18 hours. When you begin to feel sensation in your leg again, please begin taking your pain medications.
- **Joint injection-** Some surgeons may inject numbing medication into the tissue around the joint during surgery, before the wound is closed. You will be asleep in surgery when this surgeon does this. This injection will help with pain control for several hours after surgery. Take your pain medications when you notice pain increasing.

Other things that you can do after discharge home to help manage your pain:

- **Activity:** It is important to start moving as soon as possible after surgery. Moving helps your breathing and digestion, and will help you heal faster. It may hurt to move, but moving and being active will help lessen pain over time. You will start walking and exercising after the therapy team works with you on the day of your surgery. Please note, you are expected to spend most of the daytime hours out of bed and walk at least every hour while awake during the day.
- **Distraction:** By focusing your attention on something other than your pain, you can relax and stop thinking about it. Playing cards or games, visiting with friends and family, watching television, reading, or listening to music are some of the ways you can distract yourself.
- **Ice/Cold Therapy:** Some swelling is expected after surgery. Using ice or cold therapy will help keep the swelling under control; it will also help control your pain. This can be achieved through use of ice packs.
- **Elevation:** By raising your incision higher than your heart, you will improve blood flow and reduce swelling. It may also provide some pain relief. Your nurse will help you adjust your body or bed as needed. While elevating your leg, be sure not to place a pillow directly under the knee. This can slow down blood flow and increase the risk of a blood clot forming. Instead, place pillow under your foot.
- **Comfortable position:** Get into a comfortable position. Ask your nurse/ family for more pillows or blankets if you need them. Make sure your room temperature is not too hot or too cold. Other things that may improve your comfort include having your family rub your back, applying a cool cloth to your face or hands, and keeping light and sound low. Also, remember not to stay in the same position too long.

Discharge Plan

You and Your Insurance Company

Jackson-Madison County General Hospital and North Hospital have care management teams who work with you while you are in the hospital and help finalize your plans for physical therapy after discharge.

Preparing for Discharge

Our interdisciplinary team includes nursing, physical therapy, a care management team member, and your surgeon who will determine if you have met the criteria for discharge. Many of our patients go home the day of surgery, however, if there are medical issues that arise during or after surgery, you may be asked to stay the night so that we may monitor you.

- **Nurses** will monitor your vital signs, provide discharge instructions and supplies if needed. They will also help manage your pain/ nausea with medications as needed.
- **Physical therapist** will assist you with walking using our walkers at the hospital. They will also reinforce exercises, positioning and icing of your new joint.
- **Care Management** team member will speak with you while you are in the hospital to discuss your plans for physical therapy at home. They will discuss and finalize the plans with your insurance company prior to your discharge. Most patients start therapy 1 to 2 days after discharging. The care management team member will also work with your insurance to provide you with a walker before you are discharged if you don't already have one.
- **Your surgeon** will determine if you are ready for discharge based on all assessments, pain control and physical therapy progress while in hospital.



Criteria for Discharge

Walk-You may be surprised to learn that on your day of surgery, the physical therapists have guidelines to get you up walking. Depending on the time you come to the floor from surgery physical therapists may assist you with walking. If you do not get to the floor by the designated time, physical therapy may do an evaluation and exercises and getting up may be deferred until the following morning.

- **Caution:** If you notice feeling tired or dizzy after surgery or the first few days after you are at home, this could be because of several different reasons. It could be due to blood loss during surgery, dehydration, recent pain medications or anesthesia medications still in your system.
 - Please practice standing slowly, and sitting back down before taking a step if you do experience dizziness upon standing. Falls could lead to body injury, even to your new knee joint.
 - Drink plenty of fluids to avoid dehydration. Follow diabetic and/or renal restrictions if they apply to you.
 - Notify your surgeon if your fatigue or dizziness does not go away.

Urinate- You will be expected to empty your bladder prior to discharge. This usually is not hard to do since we do not use the tube to drain your bladder. When you need to urinate after you return to your room, please let the nurses know. Do not try to get up or have your visitors help you up while in the hospital.

- **Caution:** Sometimes anesthesia medications can cause your bladder to be weak for a few days after surgery. This would cause incomplete emptying of the bladder, resulting in the urinary retention (bladder filling up with urine). Symptoms of urinary retention are pain and swelling of lower abdomen, along with the feeling of not being able to void. If this happens, you would contact your surgeon and you may need to go to the nearest emergency room. Usually patients are in severe pain and do require the tube to be inserted in the bladder to drain the urine. Sometimes the tube is left in place for a few days to give the bladder time to return to normal.

Eat and Drink-You will be given something to eat and drink when you return to your room. We give you crackers and a drink to ensure that you are not going to be nauseated or sick. You may progress your diet once you get home but we advise to stay away from greasy, spicy, hot foods or liquids for a few hours after surgery.

- **Caution:** It is important to eat and drink as normal as possible once home to avoid dehydration. Dehydration can lead to weakness and falls. Remember the pain medications that you will be taking can cause nausea and vomiting if taken on an empty stomach. Also anesthesia can cause nausea and vomiting. Notify your surgeon if you are unable to eat and drink due to nausea and vomiting.

Once hospital and facility criteria have been met, your nurse will give you the discharge instructions, supplies and if needed, any prescriptions that were not called in by your surgeon before your surgery day. We also set up your follow-up appointment with your surgeon, if you don't already have that appointment. Basic care instructions will be given to you upon discharge. Make sure to contact your doctor if you have any questions. It is very important to keep your follow up appointments with both your orthopedic surgeon and your primary care physician. Failure to do so can cause complications or injury.

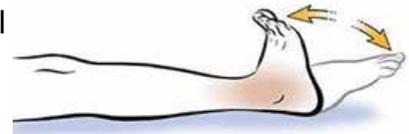
Potential Complications

Although physical therapy is hard, performing these everyday activities will prove beneficial in preventing 1) blood clots (DVTs), 2) pneumonia, 3) infection, 4) joint contracture, 5) bed sores, and 6) constipation.

1. Blood clots (Deep Vein Thrombosis)-DVTs occur when a person is not active. When you go home, you have an increased risk because you will not be at a “normal” physical activity level for a period of time after surgery. Blood flow in the legs slow down allowing platelets (cells that circulate in the blood and clot to keep us from bleeding) to stick together and form a clot. Inactivity is the cause of 50% of all DVTs.

Prevention:

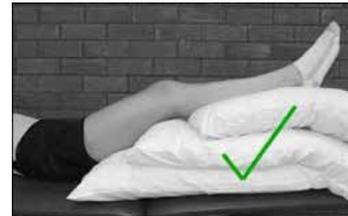
- **Take blood thinners as prescribed for the time frame requested by your surgeon.** Try to take blood thinners on a steady schedule. Failure to do so can cause injury.
- **Walk at least every hour while awake during the day.** Inactivity is the cause of 50% of all DVT's. This is not they type surgery to go home and sit for long periods or be inactive. When taking a long car ride, make sure you get out and walk around for a few minutes every one or two hours.
- **Do Ankle Pump exercises.** This exercise simply requires you to pull your toes toward your face and push them away. This helps with circulation in the lower part of the legs where blood clots typically form first. Do these exercises 10 times every hour while awake in BOTH legs. You can also do these exercises while riding in the car or flying.
- **Wear the TED hose** if requested by your surgeon. The hospital will provide these hose for you if your surgeon request that you wear these. **Remember to take them off at night while sleeping and place the back on both legs in the morning. Wear the hose on BOTH legs.**



Signs of blood clot in leg

***Call your surgeon immediately if you notice:

- Swelling that does not decrease when leg is elevated with foot above heart
- Pain in calf muscle back of lower leg
- Warmth or redness in back of lower leg



Blood clots that travel in the blood stream to the lungs are a medical emergency.

***** MEDICAL EMERGENCY- GO TO NEAREST HOSPITAL OR CALL 911 *****

Signs of blood clot in lungs-

- Shortness of breath
- Chest pain or rapid heart beat
- Coughing up blood
- Sweating or Confusion

2. Pneumonia-Pneumonia can happen when the lower/back portions of the lungs fail to expand properly. Fluid builds in the lungs and damages oxygen exchange. Bacteria start to grow, causing pneumonia. You will receive an incentive spirometer to assist in proper ventilation (Inhaling and exhaling of lungs).

Prevention:

- Follow the instructions given on the piece of equipment. Failure to do so could lead to pneumonia.
- **Take 10 breaths in the Incentive Spirometer every hour while awake for 2 weeks after surgery.**
- **Cough to clear lungs while using the device.**
- **If you develop a low grade fever once home, increase use of Incentive Spirometer.**

3. Infection- Our bodies are built to fight off anything artificial in our body. The new knee joint that you will receive is artificial and our body will try to use any type of infection to try to fight off the artificial joint. This risk will decrease as our body gets used to the knee joint but for a while, we have to be very protective of our new joint replacement.

Prevention:

- Stay in clean environments after discharge home.
- Stay away from sick people and crowds where sick people may be present.
- Avoid any type of elective medical procedure for at least 3 months. (Elective procedures are procedures that you can put off and not cause bodily harm. Ex: routine colonoscopy)
- If you begin to feel sick from some type of infection, get to the appropriate physician as soon as possible to identify the infection and begin antibiotics. Ex: sinus or urinary infection, abscess tooth, or pneumonia.
- Take antibiotics as a preventative measure before your teeth are cleaned or have any type of dental work. You may also be instructed to take antibiotics before any scope type procedures such as colonoscopy or stomach scope. This preventative protocol may last a few years. But remember, try to avoid these type procedures except in the case of an emergency for the first 3 months after surgery.
- Complete full 5 days of nasal ointment, Bactroban or Mupiricin, prior to surgery. See medication information section. (Page 14)

4. Joint Contracture-After delayed activity, inelastic fibrous tissue will replace healthy elastic connective tissue and the joint will “lock up” or contract.

Prevention:

- Movement prevents joint from locking up or becoming stiff.
- Don't sit in one position more than one hour while awake without moving the joint.
- Make sure to keep your first outpatient physical therapy appointment and schedule additional appointments in advance, if possible.
- **Home Exercises:** Do your exercises as instructed on days when you are not going to physical therapy.
- Keep walking: this will help your muscles get stronger. You will need to use a walker at first for your safety. Keep using your walker until your therapist or surgeon tells you that you no longer need to use it and are transitioned to a cane by the therapist.

5. Bed Sores-When lying in the same position for an extended amount of time, blood flow to the area is decreased and skin will start to “breakdown”.

Prevention:

- We recommend walking every hour while awake and being active after this surgery. But if you are unable to due to other medical issues, please pay close attention to your skin in pressure areas. Ex: elbows, heels, hips and coccyx area.
- Turning or moving often is the best way to prevent bed sores.
- We recommend repositioning yourself every two (2) hours to prevent a pressure injury.

6. Constipation-A decrease in the bowel emptying can cause hard stool. Decreased activity, dehydration, along with pain medicine plays a major role in causing constipation.

Prevention:

- Drink plenty of fluids after discharge home. Pay attention to any health issues that require fluid restrictions, such as renal disease or heart failure.
- Maintain healthy diet.
- You may take stool softeners for the first three days after surgery to have a bowel movement. Ex: Docusate, Miralax.
- If you haven't had a bowel movement by the third day after surgery, you should then take a laxative. Milk of Magnesia, Dulcolax, Mag Citrate. Laxatives increase bowel activity and promote elimination.
- You should have a bowel movement at least every three days to prevent constipation while on pain medications and mobility is decreased

Going Home

You should plan on having family or friend to stay with you at home for the first 3-4 days/ nights. Most patients go home the same day as surgery for Total Knee Replacement surgery. However, if there is a medical issue that is concerning, the surgeon may advise that you stay in the hospital for one night. By coming to Joint Effort and participating in home exercises, you should have become stronger. You should have learned about the important skills to ensure your safety and help your recovery.

Caring for Yourself at Home

When you go home, you need to know about safety and comfort while you recover. Remember the skills you learned at Joint Effort. You may notice some changes in your body at first, such as having a poor appetite, trouble sleeping at night, or a very low energy level. These are all common after having surgery. Remember, your body will gradually return to normal as you regain your desire for solid food and develop a sleep schedule. You may also have some days when you feel blue or depressed. On those days, call a friend or family member to talk to, and make sure you continue the exercises you learned in the Joint Effort book and during your physical therapy. Socializing and physical activity can help improve your mood and remind you that better days are ahead.

Pain and Medication Tips:

- Make a schedule to take your pain medicine as prescribed. Be sure to take pain medicine at **least 1 hour before physical therapy and planned exercises.**
- Time your pain medicine so you take a dose before you go to bed. This will help keep you comfortable through the night while you sleep. If you awaken in the middle of the night, you may need to repeat the dose. Try not to sleep or nap too much during the day.
- You can start taking pain medicine less often when your pain decreases. Gradually, you will wean yourself off the prescription pain medicine and take Tylenol® (acetaminophen) instead.
- Keep taking your blood-thinning medicine as prescribed to prevent blood clots from forming.
- Try to change your position as needed while you are awake.
- Use an ice pack (or a bag of frozen peas wrapped in a kitchen towel). Ice helps with pain and swelling, and may feel especially good before and after your exercise program. Use a barrier like a towel between the ice and your skin. A good rule of thumb is to use ice for 30 minutes every 2 hours daily and do not sleep with ice on your knee.
- Taking pain medicine and not being at a normal activity level increases the risk of constipation. Use stool softeners as recommended by your physician or pharmacist.
- Be sure to eat plenty of fruits and vegetables; this will help normalize your bowel movements. Also, drink six to eight glasses of water each day. You may need to take a laxative occasionally.
- Notify your dentist that you have had a total joint replacement. You must take a prophylactic antibiotic when you have dental work or any other invasive procedure. This will need to be done for the rest of your life. Antibiotics may be prescribed from your dentist, your family doctor, or your orthopedic surgeon.
- Continue to take a multivitamin every day.



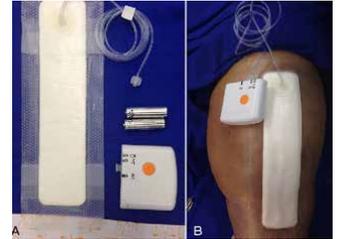
Your Dressing and Incision Care:

- Follow your physician's instructions for your specific dressing and incision care after surgery.
- Notify your surgeon for any signs of infection: if there is a change in color, amount, or odor of drainage; if you experience increased pain or swelling; if the surrounding skin feels hot to the touch; or if there is an increasing amount of redness around your incision.
- Take your temperature if you feel warm or sick. Call your surgeon if it is higher than 101°F.

Dressings:

Your surgeon may use one of these dressings to cover your incision.

- You may have a **Pico Dressing** covering your incision-
- Keep in place for 7 days;
- May take shower (no baths) with this dressing in place;
- White dressing on skin is waterproof
- The battery pack is NOT waterproof; keep it out side of the shower to prevent damage to batteries
- If needed, the hospital will provide an additional dressing to change this dressing 7 days after surgery.



- You may have a **Border Dressing** covering your incision-
- NOT waterproof; will not protect incision;
- Cannot shower or bathe in tub; recommend sponge baths; **unless your surgeon has instructed that you may shower.**
- May also use this for type dressing changes after first dressing is removed;
- The discharge nurse will give you enough of the border dressings to change it every other day and as needed.



Some surgeons use other types of dressings not listed here. The discharge nurse will give specific instructions on how to care for the type dressing that you have on your incision prior to discharge and provide you with additional supplies as needed.

When changing dressing at home:

- Remove dressing and dispose in trash;
- Wash hands in warm water and antibacterial soap (gold dial);
- Do not touch incision during dressing change;
- Do not put anything on incision; ex: lotion, oil, cream, Neosporin, Vaseline, vitamin E on incision (unless you are specifically instructed to by your surgeon or his nurse)
- Do not get incision wet until instructed to ; (remember some dressing are not waterproof and will not protect your incision)
- Replace the new dressing and report any concerns about incision appearance to your surgeon.

Concerns to report:

- **Fever above 101.5.** Some fever is normal after surgery, especially in the first week after your surgery. You may take Tylenol to decrease the fever. If the fever continues to come back and reaches 101.5, please call your surgeon.
- **Redness around incision.** It is normal for your surgical site to look bruised, red and swollen after your surgery. If it begins to look red, angry and feel warm to touch around your incision site, check your temperature and call your surgeon.
- **Drainage.** Drainage is normal after surgery and shouldn't cause alarm. If you notice drainage has reoccurred, after it has stopped, take your temperature and call your surgeon. If your drainage increases, rather than decreases and stops, this needs to be reported to your surgeon.
- **Pain.** Pain is normal after this type surgery. You will experience pain for 2-3 weeks and especially with physical therapy sessions. Unexplained pain that reappears after you have stopped your pain medications should be reported. Take your temperature and call your surgeon.

Special instructions for contacting your surgeon

If you have any questions or concerns about your surgery or recovery after you are discharged home, please contact your surgeon first. During the day, you can contact the surgeon by calling the office number. However, if you have an urgent or emergent concern after normal business hours, you can call the after hours call service to speak with a knowledgeable professional at the clinic who can assist you.

***Thank you for choosing West Tennessee Healthcare
for your orthopedic needs.***

Frequently Asked Questions

We are glad you have chosen Jackson-Madison County General Hospital to care for your orthopedic needs. Below is a list of frequently asked questions. If there are any other questions or concerns that you have, please ask your surgeon, physician, or nurse. We want you to be completely informed about your surgery.

What is arthritis?

Arthritis is an inflammation of one or more joints that result in pain, swelling, stiffness, and limited movement. Once the cartilage in an area is no longer there to act as a cushion, the bones may “rub” together causing pain and swelling. There are many different types of arthritis; however, the most common type is osteoarthritis.

What is osteoarthritis?

Osteoarthritis, also called degenerative joint disease or “wear and tear” arthritis, most frequently occurs in weight-bearing joints—such as the knees, hips, and ankles. The disease affects the cartilage, which normally covers the ends of each bone and creates a smooth surface within the joint. With osteoarthritis, this smooth surface becomes rough and pitted and may wear away completely. Without cartilage to act as a shock absorber, the bones grind against one another, causing inflammation, pain, and restricted movement. Bone spurs may also form. With increased age, most adults are affected by osteoarthritis to some degree.

What are the symptoms?

The number one symptom is pain often described as deep and aching. Initially, pain may occur after activity and will be relieved with rest; however, as the disease progresses, pain may be felt with minimal movement. In severe cases, there is even pain at rest. Joint stiffness, lasting 20 to 30 minutes is also common, especially upon waking or following periods of no activity. Other symptoms may include crackling, tenderness, joint enlargement, and loss of flexibility.

What is knee replacement?

Knee replacement, also known as total knee replacement or knee arthroplasty, is a surgical procedure that involves removing worn, diseased, or damaged bone and cartilage and replacing it with an artificial joint called a prosthesis made of metal or plastic. Undergoing knee replacement surgery can help relieve pain and get you back to enjoying everyday activities.

What are the major risks?

As with most surgeries there are risks. Risks associated with surgery include blood clots, blood loss, infection, and heart attack. If your overall health is better, the risks are less. The more you understand about what will happen before, during, and after your surgery, the less stressed you will feel.

Will I need a blood transfusion?

Although the need for blood transfusions has decreased significantly, it is possible that you may need a blood transfusion after surgery. Bank blood is considered safe, but we understand if you want to use your own. For more information about giving your own blood, talk with your surgeon.

How long does the surgery take?

We will reserve two to two-and-a-half hours for your surgery. Some of this time is spent preparing for surgery. Actual time spent in the operating room is about one (1) to two (2) hours.

Do I need to be put to sleep for this surgery?

You may have a general anesthetic, which most people call “being put to sleep.” Some patients prefer to have a spinal or epidural anesthetic, which numbs your legs only and does not require you to be asleep. However, most people agree you do not want to be awake for this kind of surgery. For this reason, no matter what approach of anesthesia is used, you will be sedated. The choice is between you and the anesthesiologist. For more information, read the “Anesthesia and You” section of this guide.

Will the surgery be painful?

Yes, you will have discomfort after surgery. Remember, the arthritis pain will be gone; however, you will have surgical pain. Many patients report surgery pain is more tolerable than the pain they had before surgery. Our orthopedic facilities have dedicated teams that work hard to keep your pain under control. Your surgeon, nurses, and therapists will make a specific pain management plan just for you. It is important to stay ahead of the pain by taking your pain medications as soon as you notice pain increasing. If you don't adequately take your pain medications when needed, the pain could be so severe that you are unable to move the joint as required to prevent complications.

Will I notice anything different about my new knee?

Yes. You may have a small area of numbness outside of the scar; this is normal. It may last a year or more. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee. This is the result of the artificial surfaces coming together and is normal.

Will I need a walker after surgery?

Yes. We recommend you use a standard rolling walker for approximately six (6) weeks after surgery. We do ask you not to use rollator type walkers after this surgery since it is not as safe as the standard rolling walker. You will be instructed by your therapist and surgeon when to stop using this equipment. While you are in the hospital, the therapists will teach you how to use a walker. If you would like to try crutches and your balance will tolerate them, we will teach you how to use them. Most of our patients go home with a standard rolling walker, because it is the most stable option for your balance after surgery.

Will I need any other equipment?

You may benefit from a shower chair or grab bars in your bathroom. This can be discussed with your therapist while you are in the hospital. Other equipment needs (with instructions for use) will be arranged by the Discharge Advocate and the Care Management Team.

How long will I be in the hospital?

Most patients are now discharged the day of surgery or the day after surgery. For example, if your surgery is Monday, you would be discharged home Monday afternoon or Tuesday. Remember, there are several goals to achieve before leaving the hospital.

What about the discharge process?

The first step of the discharge process is the orthopedic doctor informing you that you will be going home. Your orthopedic doctor will place an order in the computer to discharge you. This information will be passed on to the nurse and care management team. They will work on preparing your discharge paperwork, making follow-up appointments, and arranging for equipment ordered for home use. Secondly, the nurses must also inform other physicians on your case that your orthopedic doctor has approved your discharge.

There may be some delays on discharging if any of your physicians want you to stay due to other medical problems.

Where will I go after being discharged from the hospital?

Patients usually go home after discharge. Once home you will have Physical Therapy one of two ways: 1) with home health; 2) with outpatient therapy. Our care management team will help you with this decision and make the necessary arrangements, if needed. A doctor's office may make a referral to a specific home health or outpatient agency but ultimately it is the patient's preference. The care management team will assist with insurance approval of the desired agency. If you choose to have Outpatient Therapy you will need a driver three days per week until you are released to drive yourself. If you choose Home Health, your surgeon may refer you to Outpatient Therapy at your follow up appointment. Remember if you are still not able to drive you will need to have a driver for therapy.

Will I need help at home?

Yes. For the first 4-5 days and nights or longer, depending on your progress, you will need someone to assist you with meal preparation, laundry, cleaning, etc. Please inform your family or friends so they can be available to help.

What if I live alone?

Your progress will be watched closely. If you are unsafe to go home by yourself, our care management team will discuss different options with you. Most patients do better if they can return to their familiar home environment. One option available is to return home with family support. Sometimes a home health nurse, home physical or occupational therapist may be needed. If a skilled nursing home is needed, our care team will make those arrangements for you while you are in the hospital.

Do I have any restrictions after surgery?

Yes. High-impact activities, such as running, singles tennis, and basketball are not recommended. Injury prone sports, such as downhill skiing are also dangerous for the new joint. If you have any questions, please contact your physician.

What are some safe activities I can do after I recover?

You are encouraged to participate in low-impact activities, such as walking, dancing, golfing, hiking, swimming, bowling, and gardening. Returning to your everyday activities may be done with gradual progression.

When can I drive?

Do not drive without the permission of your surgeon. The ability to drive depends on whether surgery was on your right or left leg and, if you have an automatic transmission. However, typically you will not drive for the first three (3) to six (6) weeks. You also cannot drive if still taking prescription pain medications.

When can I go back to work?

Do not return to work without the permission of your surgeon. Usually, your surgeon will recommend you take at least twelve (12) weeks off from work although you may be able to return sooner. A therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your surgeon. The physical therapist also has information available.

How often do I need to see my surgeon?

You will be seen for your first postoperative office visit within two to four weeks after your surgery. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then yearly. Your surgeon will let you know when to schedule your next visit.

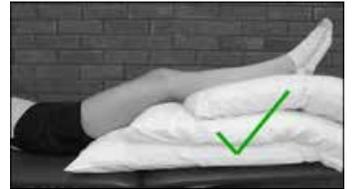
What to Expect at Home

Helpful Tips

This information contains general information about your procedure, helpful tips and basic exercise to help you through the recovery process. Full recovery from a partial or Total Knee Arthroplasty will take some time. It is important to be patient, to be an active participant in your exercise program, and to follow the guidelines outlined in this packet.

Now that you are home, you must keep working on bending and straightening your leg in order to increase the range of motion of your knee. Range of motion is how far you can straighten and bend your knee. After you have healed from this surgery, range of motion is expected to be 0 degrees extension (completely straight) to 125 degrees flexion (completely bent). Physical therapy will help you get to that range of motion. But by doing the exercise program consistently at home, you are helping to achieve this range more quickly and prevent post-operative complications, such as joint contracture or stiffness. We expect that you would be able to do your exercises twice a day once home. The exercise program should take about 30 minutes each time. You should commit to this plan to improve your outcome and reach the range of motion goals required to do that things you want to do after you have healed.

It will take approximately 6 months for the swelling to go down in your knee. Icing your knee after surgery 4-5 times per day for at least 6 weeks will help improve the swelling. Movement and therapy after surgery increases the swelling in the knee. You may put ice around the knee, front and back, to help decrease the swelling. **Remember the 3 rules for ice: place a towel thickness barrier over the skin, use ice on the knee for 30 minutes every 2 hours daily, and do not sleep with ice on knee.**



To properly elevate your leg to decrease swelling in your knee, position the knee on as many pillows as needed to maintain a straight position, while raising your foot and knee above the level of your heart. You may sleep in this position if you feel your knee is swollen but do not place the ice on the knee while sleeping.

Suggestions for homemade ice packs:

- 1 bottle of Cairo syrup + 1 gallon size double zipper freezer bag.
 - Pour Cairo syrup in freezer bag, remove air, and place in freezer flat.
- 3 cups water + 1 cup rubbing alcohol + food coloring (if you want to know if bag leaks)
 - Put liquid in gallon size double zipper freezer bag
 - Remove air and freeze, may be refrozen and reused
- **Caution:** Both of these ice packs are colder than plain ice when frozen and will contour to shape of your leg. Practice safety when using ice packs.

You should be prepared to move often after this surgery. Do not sit longer than one hour while awake. If you are not able to walk within the hour, move your knee by sliding your foot on the floor and do the ankle pumps in both feet. When you can stand up, straighten and bend your leg as soon as possible.



Do not put with anything under the bend of your knee while laying down. This position increases your risk for blood clots and joint contracture or frozen knee.



Place a pillow or rolled towel under your foot when just resting on couch, bed or recliner and your knee is NOT swollen. If you knee is swollen, this position will not help the swelling decrease and you would want to get your foot and knee elevated above the level of your heart.



KNEE ANATOMY:

Normal Knee



Damaged Knee



SURGICAL PROCEDURE:

Prosthetic Components



After Surgery



An incision is made about 8-10 inches long on the front of the knee. Pieces of bone are removed to prepare the knee for the prosthesis placement. The prosthetic components are made to work like your bones and create a smooth surface for joint movement.

RESULTS:

Before



After



POSTOPERATIVE HOME EXERCISE PROGRAM PARTIAL OR TOTAL KNEE ARTHROPLASTY



ANKLE PUMPS

This exercise can help to reduce swelling and prevent blood clots in your leg by promoting circulation and venous return. Sitting or lying down, point your toes and feet away from you, then pull them back toward you (alternating feet is preferred). With each movement, contract your muscles strongly and firmly. Perform slowly.

Repeat 30 times per set.

Do sets every 60 minutes.



QUAD SETS

Slowly tighten muscles on thigh of straight (operated) leg while counting out loud to 5.

Repeat 10 times per set.

Do 3 sets per session.

Do 2 sessions per day.



GLUTEAL SQUEEZES

Squeeze your buttock muscles together as tight as possible while counting out loud to 5.

Repeat 10 times per set.

Do 3 sets per session.

Do 2 sessions per day.



SHORT ARC QUADS

Place a large rolled towel or a large can under your operated knee. Slowly raise your heel off the bed until your knee is straight. Hold knee in that position while counting out loud to 5.

Repeat 10 times per set.

Do 3 sets per session.

Do 2 sessions per day.



HEEL SLIDES

While lying flat on your back, bend the knee of your operated leg by slowly sliding the heel toward your buttocks. Hold it in the bent position for 5 seconds, then straighten your leg to the starting position.

Make sure that your knee and toes are pointing straight up at all times when doing this exercise in order to prevent your leg from turning inward or outward.

Repeat 10 times per set. Do 3 sets per session. Do 2 sessions per day.



STRAIGHT LEG RAISES

Bend the unaffected leg. Keep the operative leg as straight as possible and tighten muscles on top of thigh. Slowly lift the straight operated leg 6-12 inches from bed and hold 5 seconds. Lower it gently, keeping the leg straight.

Repeat 10 times per set. Do 3 sets per session. Do 2 sessions per day.



HIP ABDUCTION

Lie on your back with your legs straight. Slowly slide your operated leg out to the side and then pull back in.

Make sure that your knee and toes are pointing straight up at all times when doing this exercise in order to prevent your leg from turning inward or outward.

Repeat 10 times per set. Do 3 sets per session. Do 2 sessions per day.



BRIDGING

Lie on back with feet shoulder width apart. Lift hips toward the ceiling and hold for 5 seconds.

Repeat 10 times per set. Do 3 sets per session. Do 2 sessions per day.



LONG ARC QUADS

While sitting in a chair, straighten your operated knee as far as you can. Hold it in that position while counting out loud to 5.

Repeat 10 times per set. Do 3 sets per session. Do 2 sessions per day.



HAMSTRING CURLS

While sitting in a chair with the knee of the operated leg slightly bent and the foot flat on the floor, slowly slide the foot back as far as you can. Hold for 5 seconds, then straighten the leg out to the starting position.

Repeat 10 times per set. Do 3 sets per session. Do 2 sessions per day.

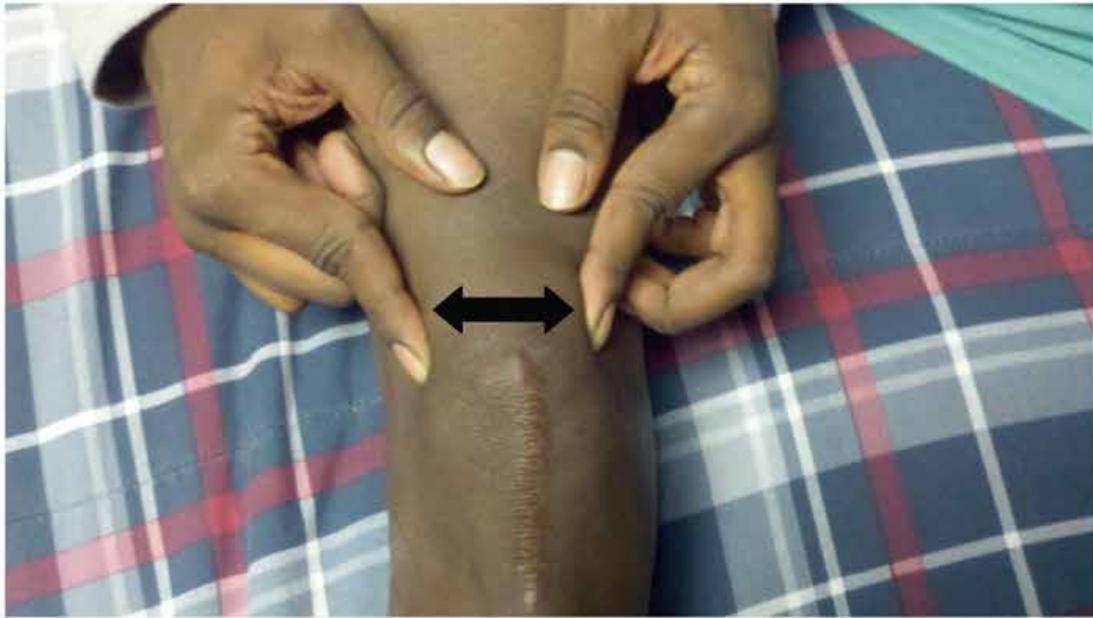


KNEE BUMPS

While reclining in bed put a large roll or large coffee can under your ankle. Another option is sit in a chair with back support and prop the foot of your operated leg up on a chair, cocktail table, or the edge of the bed. Push your operated knee downward until it is totally straight. *Maintain this position as tolerated, for at least 5 minutes, 3 times a day.*

THIS IS EXTREMELY IMPORTANT. NOT DOING THIS WILL CAUSE KNEE COMPLICATIONS!

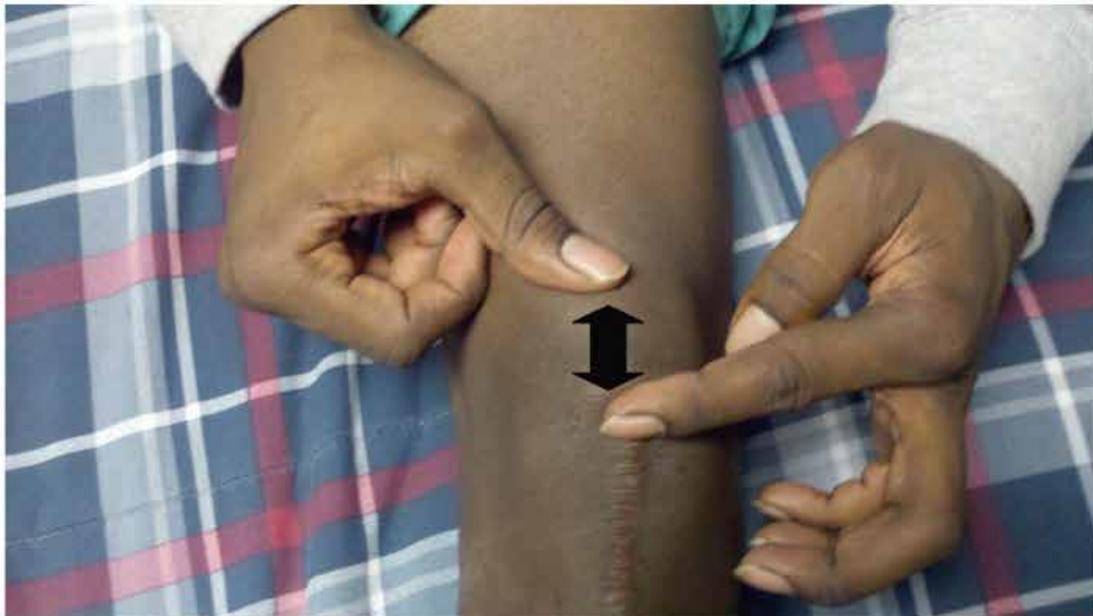




KNEE CAP MOBILITY

Sit on a firm, flat surface with your legs straight and relaxed. Place a small rolled towel under your operated knee. With your fingers, move the kneecap from side to side. Then move it up and down.

Repeat 10 times per set. Do 3 sets per session. Do 2 sessions per day.



HOME SAFE HOME



Get help rearranging the rooms in your home to make it easier to walk around safely.

- place furniture and other objects so that they are not in the way
- tack down loose carpeting especially on stairs, and use non-skid treads
- be sure to avoid uneven floors or wet floors in the bathroom or kitchen.
- keep items you use often within easy reach (example: telephone, remote controls, magazines)

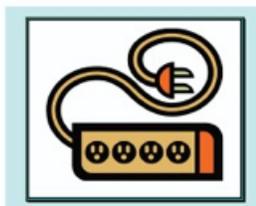


Install a rail along _____ side/s of the staircase. Make sure that stairways are well-lit, and that there are light switches at the top and bottom of the stairs.

Check couches and chairs to make sure if they are sturdy and easy to get into and out of (avoid the rocking or gliding kind). Add pillows to a low chair.



Remove throw rugs



Move electrical cords out of the way

Watch for pets, little kids, or objects on the floor.



Wear rubber-soled shoes to prevent slipping

THINK BEFORE YOU MOVE

To avoid injuring yourself, think before you move. For instance, if you're tempted to twist and turn around quickly, *slow down*. Always be aware of your movements as you go about your daily activities.



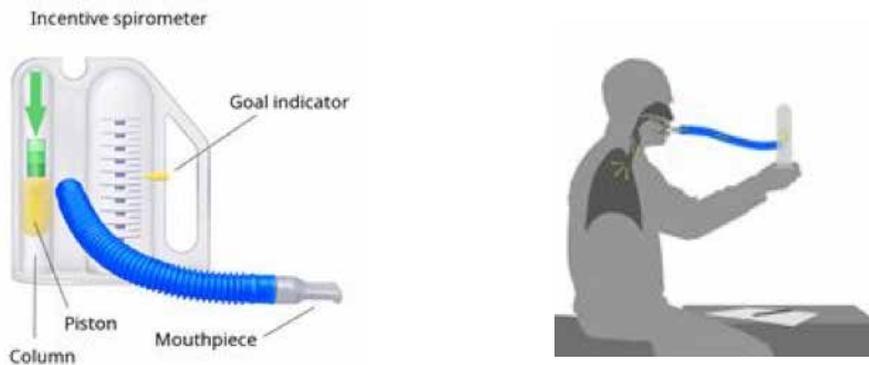
Use a cart to move items.

EVERYDAY GUIDELINES

- Have your eyesight and hearing tested regularly
- Know the side effects of the medicines you are taking
- Be careful about getting up too quickly after eating, lying down, or resting. Low blood pressure may cause dizziness at these times.
- Don't get too cold or too hot. This could cause you to get dizzy, feel weak, or faint.
- Use the assistive device/s that your therapists prescribed for you.

West TN Healthcare Patient Education

Using an Incentive Spirometer



- If you were given an incentive spirometer, use it every 1–2 hours while you are awake or as recommended by your health care provider. This device measures how well you are filling your lungs with each breath. Regular use of the device can:
 - Help you practice slow, deep breathing.
 - gradually help to expand your lungs more.
 - Help prevent complications after surgery.
- To use the device:
 1. Sit on the edge of your bed if possible, or sit up as far as you can in bed or a chair.
 2. Hold the device in an upright position.
 3. Breathe out normally.
 4. Place the mouthpiece in your mouth, and seal your lips tightly around it.
 5. Breathe in slowly and as deeply as possible, raising the piston or the ball toward the top of the column.
 6. Hold your breath for 3–5 seconds or for as long as possible. Allow the piston or ball to fall to the bottom of the column.
 7. Remove the mouthpiece from your mouth and breathe out normally.
 8. If the device has an indicator to show your best effort, use the indicator as a goal to work toward during each repetition.
 9. Rest for a few seconds.
 10. Repeat this process 10 or more times. Take your time, and take a few normal breaths between deep breaths. Breathing too quickly may make you feel dizzy or cause you to pass out.
 11. Practice coughing to be sure your lungs are clear. If you have an incision on your chest or abdomen, hold a pillow or your hands against your incision as you cough.

Questions to Ask

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Revised May 2025