Gritman MEDICAL CENTER

# Total Joint Knee Replacement Guide

Your Guide to Preparing for Surgery and Recovery

# Important Phone Numbers and Locations

**Gritman Medical Center** ..... 208-882-4511
700 S. Main St. Moscow, ID 83843

**Gritman Orthopedic Surgeons** ..... 208-883-1135
2301 W. A St. Moscow, ID 83843

**Inland Orthopaedic Surgery & Sports Medicine** ..... 208-883-2828
2500 W. A St., Suite 201 Moscow, ID 83843 509-332-2828

**Pre-Surgery Clinic** ..... 208-883-6259

**Medical/Surgical Unit** ..... 208-883-6352

**Same-Day Surgery Department** ..... 208-883-6261

**Total Joint Program Coordinator** ..... 208-883-1356

**Case Management** ..... 208-883-6355

**Pharmacy** ..... 208-883-2236

**Gritman Therapy Solutions** ..... 208-883-1522

Plan your stay with us. Learn more about lodging and nearby amenities by visiting our website at **gritman.org/visitor.**

Welcome to the orthopedic program at Gritman Medical Center. We are honored to care for you. We hope the information on these pages helps you prepare for your surgery and recovery.

Our orthopedic care program is designed to assist you in meeting your goals before, during and after your surgery. This book will provide you with information on how you and your coach/loved ones can be involved in your care and surgical process. We monitor our patient outcomes and program closely and work continuously to achieve a smooth process with excellence and safety to our patients.

Our program is built around best clinical practice guidelines and standards of care developed by the American Academy of Orthopedic Surgeons. Our program is governed by a multi-disciplinary team with a Medical Director. We are committed to bringing you an excellent, safe and a high-quality experience. We believe the best way to bring this to you is through empowerment, encouragement and support. Our program is designed to engage patients and incorporate shared decision-making. We have a highly trained and specialized staff that provides an environment of compassion, expertise, comfort and teamwork.

Please be aware that your Primary Care Provider may require medical clearance before your case is approved for surgery. Please ask your surgeon if medical clearance is required in your individual case. Please don't hesitate to contact a member of our health care team if you have questions about your procedure.

# Table of Contents

# About Your Surgery

## About Your Knee

Knowing about your knee and how it works will help you to understand your knee surgery.

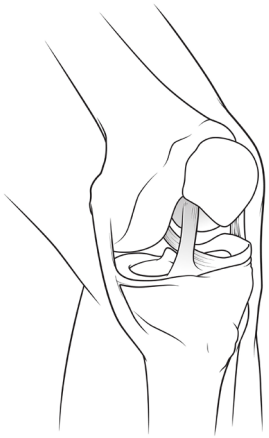
The knee joint is one of the strongest joints in your body. When your knee is healthy, it allows you to bend, squat, walk, and support your body weight without feeling pain.

## A Healthy Knee

Your knee is located where the femur (thighbone) meets the tibia (shinbone). The patella (kneecap) sits along the groove at the bottom of your thighbone.

A healthy knee has the following parts:

- **Cartilage –** A slippery, strong flexible tissue. It is found where the bones meet. The cartilage helps the bones to glide over each other when the knee bends or straightens.
- **Tendons –** Tough bands of tissue that attach the muscles to the bones. Muscles are needed to help move and support the knee joint.
- **Muscles –** Needed to help move and support the knee.
- **Ligaments –** Short bands of stretchy tissue that connect bones to other bones.



# Knee Replacement

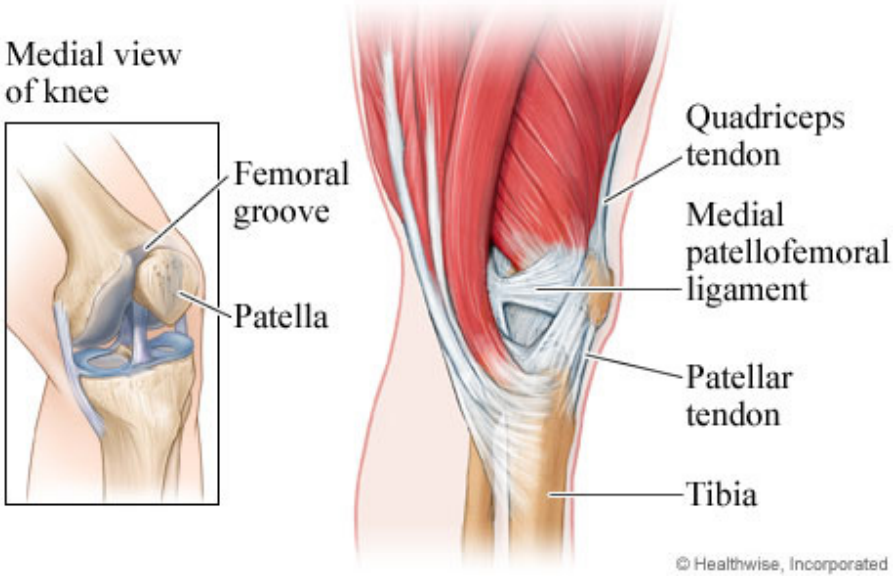
## Total Knee

Total knee replacement surgery removes the damaged and painful areas of the femur (thighbone) and tibia (shinbone). These areas are replaced with specially designed metal and plastic parts. Together, these parts make up the implant. Some artificial joints are kept in place with special cement. Others have surfaces into which your bone can grow.

Muscles and tendons hold natural joints in place. During surgery, these may be cut to free a place for the new joint. When the new joint is put in place, they are re-attached or removed. As those muscles and tendons heal, they will also help hold your new joint in place.

Your surgeon starts by preparing the bone. The surfaces of the joint are cleaned and shaped to hold the implant. The parts of the implant are put in place. Your surgeon tests the fit and alignment of the implant.

When the implant fits correctly, its parts are secured to the bones. The parts are joined, forming a new joint. Finally, the skin incision is closed.



# Your Orthopedic Health Care Team

Your health care team helps get you back on your feet by preparing you for surgery and recovery. You and your family are important members of the care team. We have many team members who work with you and your coach for a successful recovery. It is imperative that you identify who will be your coach(s) throughout your entire journey. Please let us know if you need anything.

Your team may include the following:

- **Orthopedic Surgeon:** Performs your knee surgery and manages your care.
- **Nurse Practitioner and/or Physician Assistant:** Assists the Orthopedic Surgeon with your surgery and helps in managing your care.
- **Anesthesia Team/Nurse Anesthetist:** Administers medicine during surgery to prevent you from feeling pain.
- **Medical Doctor/Hospitalist:** May help in managing your care after surgery.
- **Coach:** A person you choose to support you in preparing for and recovering from your joint replacement surgery. This person can be a spouse, friend or family member. Your coach will provide support and encouragement throughout your experience.
- **Nursing Staff:** Caring for you before, during, and after your surgery. Nurses and others will help keep you comfortable and safe while you are with us.
- **Physical Therapists (PT):** Guide you through an exercise program to improve your strength, range of motion, and walking. They will teach you how to use a walker, how to go up and down stairs safely, and how to get in and out of a car.
- **Occupational Therapists (OT):** Teach you the best and safest ways to do daily activities such as:
  - Getting dressed
  - Getting in and out of a chair, bed, tub or shower
  - Getting on and off the toilet
  - Doing household tasks
  - Helping you choose equipment needed during your recovery
- **Case Management Team:** Help with discharge planning.
- **Pharmacist:** Oversees your home and hospital medicine.

Other team members may include dietitians, chaplains, lab technicians, transporters, environmental services and respiratory therapists. The health care team works together to help you recover as quickly as possible.

# Your Role

When it comes to preparing for and recovering from surgery, much of the work is up to you. Your health care team will help as much as they can, but you have the biggest role in making your surgery successful. You will need to get your home and body ready for surgery. Following your doctor's orders before and after surgery will make a big difference in your recovery.

# Coach Responsibilities

Your coach also plays an important part in your surgery and recovery. This person should be a spouse, relative, significant other or friend who will be able to support you before, during and after your hospital stay. Your coach will not be expected to lift or carry you.

They should plan to:

- Attend the Total Joint Replacement Class
- Help you with your exercises
- Give you directions and reminders
- Attend therapy with you at the hospital
- Stay with you and be available to help for at least 2-3 days after you leave the hospital and then be available for 1 to 2 weeks, depending on your recovery. They will need to drive you to and from your physical therapy and doctor's appointments.

# Preparing for Your Surgery

## Preparing Your Home

Make your home safer and more comfortable for your recovery. Ask a friend or family member to help you. Do as much as you can before your surgery.

## Home Safety

Prevent falls and other injuries by making a few simple changes around your home.

- Remove throw rugs.
- Illuminate hallways with nightlights.
- Avoid chairs that rock or swivel.
- Make sure smoke alarms are in good working condition and the batteries changed recently.
- Keep your walker, cane, or other assistive walking device within reach at all times.
- Use chairs with straight backs and sturdy arm rests, which make it easier to stand. It will be easiest to stand up from chairs that are 2 inches above the back of the knee.
- Raise the seat height of a low chair by using furniture risers or add a high-density cushion.
- Clear clutter from pathways so you do not fall. You will need enough space to navigate your front-wheel walker safely.
- Ask someone to help clean up spills.
- Always keep your cellphone or cordless phone with you.
- Tape down electric cords or tuck them behind furniture.
- Use a night-light or have a light source in every room.
- Move the items you use most often to counter height to avoid excess bending or reaching.
- Do your laundry before having surgery.
- Clean your house before having surgery or ask others to help you clean.
- Tie a bag to your walker to carry your items. Use a walker basket with a cup holder to carry drinks and other items. A plate rack on your walker may be helpful as well.
- Wear shoes that fit and will not fall off your feet when you walk. Do not walk around in socks. Shoes must be sturdy and have a back.

## Kitchen

- Plan some easy-meal menus and shop in advance.
- Make and freeze meals ahead of time. After surgery, you may want bland/comfort foods.
- Stock up on foods that are easy to prepare.
- Many grocery stores have curbside pickup or delivery. Contact your local grocery store.

## Bedroom

- Sleep on a bed that you can get in and out of easily.
- Consider installing a bedrail to make getting in and out easier.
- Consider having a bedroom on the main level.
- Arrange clothing to avoid lower drawers.

## Bathroom Tips

- Prevent slips and falls by installing railings and applying non-slip surface decals directly to shower/tub floors. Do not use suction cup mats.
- The route to the bathroom should be well-lit. Use night lights.
- Check existing grab bars for strength and stability, and repair if needed.
- You and your therapist may discuss ways to raise the height of your toilet seat to 2 inches above the back of your knee.
- Make bathing easier by using a shower hose, liquid soap, a long-handled sponge, and a bath bench or shower chair without a back.
- Watch out for hazards, such as wet floors.
- Dry off in the shower to prevent bringing water out onto the floor. Use a new, non-skid water absorbent rug outside the tub/shower.
- Stock up on toiletries and other items you will need during recovery.

## Stairs

- Arrange things so you do not have to use the stairs often.
- Make sure stairs have handrails that are securely fastened to the wall.
- Fix loose or uneven steps.
- Cover bare wood stairs with nonskid strips. If there is carpet, be sure it is firmly attached.
- In case of low vision, mark edges of steps and thresholds with bright carpet tape.

## Outdoors

- Try not to walk on uneven sidewalks or ground.
- When stepping off a curb, be aware of its height.
- You may want to use your cane or walker if the weather is bad, such as on windy or rainy days or when there is snow on the ground.
- Add more outdoor lighting if needed.
- Watch for pets that could trip your feet, jump on you, or lie in your walking path (indoors also).
- Plan for a pet sitter or dog walker if needed.
- Arrange for help with yardwork or snow removal ahead of time.
- Decide which of your vehicles you can get in and out of the easiest. Be sure you have enough legroom. Taller vehicles, such as SUVs, are easier to get in and out of.

# Special Equipment

## These items may or may not be covered by insurance.

Consider borrowing from others. You will need a walker when you return home. Your therapists will talk with you during your hospital stay about what equipment you may need to use after surgery.

Some of these may include:

- Walker or cane (Your surgeon will write a prescription for a walker if needed)
- Toilet riser or commode
- Wooden furniture raisers for your favorite chair
- Handheld shower head and long-handled sponge
- Shower stool, shower chair or tub-transfer bench
- Grab bars
- Reacher, dressing stick, long-handled shoehorn and a sock-aid.
  These items are often sold together in a packet called a Total Hip Kit.
- Elastic shoelaces or slip-on shoes. All shoes must have heel support - *no flip-flops.*

Many of these items can be purchased ahead of time.

# Things to Bring to the Hospital

## Night Before Surgery

Pack your bags. You will want to bring:

- Most current list of medications
- Clean, loose-fitting clothing
- Clean underwear and socks
- Comfortable shoes for physical therapy
- Personal care items (toiletries), eyeglasses, hearing aids, dentures, etc.
- Cellphone with important numbers and charger
- This education book
- CPAP breathing machine (if you use one), clearly labeled with your name and phone number
- Driver's license or photo ID and insurance cards
- A copy of your Health Care Directive or Durable Power of Attorney for Health Care if you have one. If you do not have one of these and would like more information, talk with your health care team.

**To Do:**

- Put on clean, newly laundered pajamas
- Sleep on freshly laundered linen
- Remove toenail polish on both feet
- Remove ALL fingernail polish
- Remove all jewelry
- Take pain medicine before you go to sleep (if needed)
- Take your routine prescribed blood pressure medications as normally taken in the evening (if currently taking).
- Do not eat or drink anything after midnight, unless specifically instructed to do so by the pre-surgery nurse or your doctor (This can cause life-threatening complications).

**Do Not:**

- ✕ Bring money (no more than a few dollars), jewelry, valuables, your own medication from home (unless instructed to do so)
- ✕ Smoke, use chewing tobacco or chew gum

# Your Surgery

Being prepared will help your joint replacement surgery go more smoothly. Make a checklist of things you need to know. Then write down your questions. Your health care team will answer your questions.

## Before Surgery

There are tasks that must be done before your surgery:

- Schedule an appointment for your physical exam with your primary care provider. You may have more appointments with specialists as needed. It is important to talk with your provider about the risks and benefits of having joint replacement surgery. Report any injuries or signs of infection to your orthopedic care team right away. Surgery may need to be rescheduled until any possible source of infection is treated.
- Follow your provider or nurse's advice for taking medicine.
- Talk to your health care team about needed dental care. Schedule an appointment with your dentist as directed by your doctor. Your mouth could have bacteria that would be harmful to a new joint.
- Complete tests as ordered by your provider.
- Attend the Total Joint Replacement education class.
- Review this book.
- Begin your exercise program as instructed.
- Start preparing your home.
- Talk to your family about the care you will need when you return home. You should have someone with you for at least 3 days after you return home.

  Have the following information ready for pre-registration:

  - Your Social Security Number.
  - Name of insurance company, mailing address, policy and group number.
  - Your employer, address and phone number.

**Gritman Medical Center will be obtaining surgical pre-authorization for your procedure.**

# Quitting Tobacco Use

Tobacco use, whether in cigarette, e-cigarette, pipe, cigar, or chew form, greatly increases the risk of complications from surgery. If you are a smoker, now is the time to quit. Your immune system, your circulation, your airways, and your lungs are damaged by smoking.

**Smoking is the leading preventable cause of premature death in the United States.**

# Reasons to Quit

- Nicotine is a vasoconstrictor. This means that your blood vessels spasm with every exposure (smoking one cigarette). This reduces healing of your surgical tissues.
- You will lower your risks of heart attack, stroke, many forms of cancer and lung disease.
- You will feel better and breathe easier.
- Your recovery may go better. Smoking raises your chances of having problems after total joint replacement surgery. Those who smoke have an increased risk of:
    - Bones not healing
    - Total joint failure
    - Pain, requiring more narcotic use
    - Medical complications after surgery (Examples: Blood clots, increased blood pressure, increased heart rate)

## Resources to Help You Quit

Quitting is hard, but do not give up. It may take more than one try to quit for good. It is important to have a plan. Ask your provider, nurse, respiratory therapist or pharmacist for help.

- National Quit Line (800) QUITNOW (784-8669) For Deaf and Hard of Hearing Callers: Relay 7-1-1
- Freedom from Smoking Online: www.ffsonline.org
- National online website: www.smokefree.gov
- Guide to Quitting Smoking: www.cancer.org

## Alcohol

Before your surgery, you may need to stop or reduce the amount of alcohol you drink

- Alcohol can impair your vision or your ability to walk.
- Alcohol may impair healing and increase the risk for infection.
- Alcohol may interact with the medication you are prescribed after surgery.
- Ask your provider if you need to quit or limit alcohol intake.

# Maintaining Healthy Bones

## Nutrition

Good nutrition helps wound healing. Vitamins in fruits and vegetables and protein in meat and fish will build new tissue and prevent infection. It is important to get enough calories and protein in your diet to heal.

## Your Appetite

For a few weeks after surgery, you may notice that you do not have an appetite or that food tastes different. Your appetite will improve over time. Calories are needed for healing and for energy. Your recovery is not a time to try to lose weight. If needed, a weight loss program can be started after you have recovered from your surgery.

- If your appetite is poor, eat smaller meals instead of large ones. Eating smaller portions 5 or 6 times a day may help you get the nutrition that you need. Aim for 3 meals and 2 snacks every day.
- Try a nutritional supplement, such as protein bars or protein shakes, for a snack.
- Eat something before physical therapy.

# Eat a Balanced Diet

The My Plate website can help you choose the best types and right amounts of foods to eat. Your nutrition needs may be different depending on your gender, age and activity level. Visit www.choosemyplate.gov to find specific guidelines for you.

# Day of Surgery

- Please follow the exact instructions from your pre-surgery clinic nurse for showering and skin preparation. If you have additional questions please call: 208-883-6259.
- **DO NOT SHAVE AT OR NEAR YOUR OPERATIVE KNEE** (Staff will shave with special clippers to protect your skin after you arrive at Gritman Medical Center). Shaving may cause your surgery to be canceled.
- Brush your teeth, making sure not to swallow water.
- Do not use any perfume, deodorant, cream or lotion.
- Put on clean, comfortable, loose-fitting clothes.
- Take whatever morning medications the pre-surgery nurse instructed you to take (Using the least amount of water as possible).
- If you have a walker or crutches, please bring them to the hospital with you so that Physical Therapy can appropriately fit them for you. Please make sure they are labeled with your name.
- Arrive at the Same-Day Surgery department (2nd floor of Gritman Medical Center) at your predetermined time.
- You will be shown to your room in Same-Day Surgery, where preparations for surgery (including signing of consent forms and surgical site marking) will occur. If you desire, your coach may stay with you at this time. You may be in Same-Day Surgery for several hours before your surgery. Your personal items and clothing will be given to a family member or a member of our staff to take to your assigned room on the surgical unit (2nd floor). We can provide a denture cup and/or eyeglass case if needed.
- Two nurses will conduct a head-to-toe skin check to make sure your skin is safe for you to have surgery.
- An Intravenous (IV) line will be placed by skilled staff, so that medications and fluids can be given through your IV.
- A member of our anesthesia team will talk with you and answer questions regarding your anesthesia care. The anesthesia staff will work with you and decide what type of anesthesia will be needed. This will be based on many factors, including: your physical condition, the nature of your surgery, the preference of your surgeon, and the nature of your surgery.
- The types of anesthesia most often used for total knee replacement include one of a combination of the following:

    1. **General Anesthesia:** Produces an unconscious state (the whole body is affected).

    2. **Spinal Anesthesia:** Decreases pain and discomfort for a time (only your lower body is affected).

    3. **Regional Anesthesia:** This is a local nerve block.

- Please notify your anesthesia team if you have ever had a complication from anesthesia in the past. This would include nausea, vomiting or difficulty waking up. It is also very important to notify the anesthesia team if you or any of your blood relatives have ever been diagnosed with a medical condition called Malignant Hyperthermia (MH).

- When your surgical team is ready, you will be taken to the Operating Room (OR). You will be given a preventative antibiotic during your hospital stay to help prevent infection. You will be continuously monitored throughout your surgery. Your safety is our top priority and you will receive excellent care by our highly-trained staff throughout your operative time. Most surgeries last between 1 and 2 hours.

- After surgery you will be taken to the Post-Anesthesia Care Unit (Recovery Room). At this time, your surgeon will update your coach.

- You may or may not remember your time in the recovery room, as you will be waking up from anesthesia. On average, patients stay in the recovery room for 1 to 1 ½ hours. Once you are awake and your anesthesia team has given the OK, your recovery room nurse will transfer you to the Medical-Surgical Unit, where you will stay until you are discharged from Gritman Medical Center.

# Post-Operative Surgical Unit

All patients will have pain after surgery. Our goal is to help manage your pain. You will be asked to rate your pain on a scale of 0 to 10 (10 being the worst). Your surgeon will decide which type of pain medicine is best for you. You will be given pain medicine that has been ordered by your surgeon. When your pain is well-managed, you are better able to perform your daily activities. Tell your nurse if your pain is not controlled well by these medicines.

**Pain Scale**

**0 =** No Pain

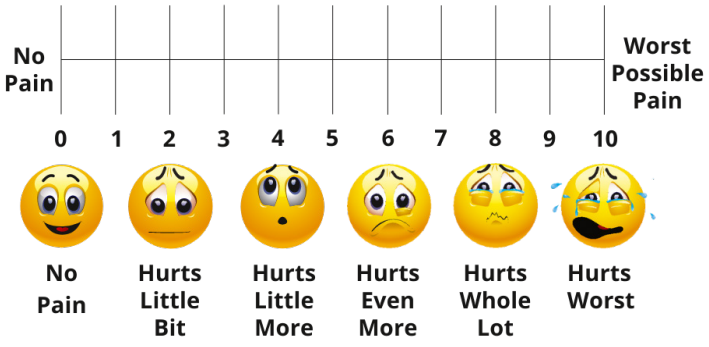
**2 =** Mild Pain

**4 =** Nagging and Annoying Pain

**6 =** Quite a Lot of Pain

**8 =** Severe Pain

**10 =** Worst Possible Pain That You Can Imagine (severe trauma, etc.)



## Pain Medicine After Surgery

- It is important to work with your health care team for good pain management. When you begin therapy, your nurse will give you a pain pill about a half-hour before your session.
- If your pain is not controlled, it will be difficult to participate in therapy.
  Tell your nurse or surgeon about:
    - Your pain. Do not wait until your pain becomes severe.
    - The pain control methods or medicines that have helped you in the past.
    - Any concerns you have about taking pain medicines.

## Other Methods for Pain Management

Other ways to have good pain control:

- Using cold therapy or ice
- Changing your position or walking
- Listening to music
- Using integrative therapies such as aromatherapy, acupressure, and guided imagery.

Your therapist and nursing staff will guide you through the process of finding the balance of what works best for you. Our recommendations to you will be based on surgeon's orders, current scientific evidence about recovery from Total Knee Arthroplasty, and general patient outcomes. We closely monitor how our patients are doing and how we can continuously improve our program for your optimal outcome after surgery. Opioid pain medication is not always our first line of defense against pain. If you have a history of chronic, debilitating pain and use opioid medication, please discuss this with your surgeon before surgery so they can work with you to find the right pain plan for you.

You will be started on the type of food that your doctor ordered for you. Once you are tolerating food with no nausea, you will be started on pain pills. You will begin to transition away from IV pain medication in anticipation of your discharge from Gritman Medical Center.

Expect assistance with getting up and standing/walking the day of surgery. This is an important part of your recovery process. Depending on your arrival to the Medical-Surgical floor, you may have one Physical Therapy visit the same afternoon as your surgery.

# Preventing Falls During Your Hospital Stay

Our goal is to keep you safe from a fall. After joint replacement surgery, you are at a high risk of falling.

Falls can happen because of:

- Changes in your balance caused by the surgery – muscles and tendons that support your new knee need time to heal.
- Using new equipment like walkers or crutches.
- Taking pain medicine.

Call the nurse before you get out of bed and when you are done in the bathroom. We may use a bed alarm during your stay to remind you to call for help. Staff will check on you often to keep you safe. A fall may result in a longer stay in the hospital or even another surgery. Remember, the hospital is not your familiar environment. You may be connected to cords, pumps or other equipment. Even if you no longer need therapy, you still need to ask for help to get up and walk.

# Preventing Blood Clots

A deep vein thrombosis (DVT) is a blood clot that can form in a leg vein after knee replacement surgery. A piece of the clot can break off, travel through the blood stream to the lung, and can cause death.

To help reduce chances of blood clots, your doctors may tell you to use:

- A sequential compression device (SCD) that improves your blood flow by gently squeezing and releasing your leg or foot.
- Compression stockings (TED hose) or ACE wraps.
- Medicine to prevent clotting.
- Increase fluid intake.
- Activity to help increase circulation:
    - Ankle pumps while lying in bed.
    - Walking.

# Preventing Constipation

A side effect of taking pain medicine is constipation. Decreased activity can also lead to constipation. To avoid becoming constipated:

- Gradually increase your intake of fiber-rich foods such as fruits, vegetables and whole grains.
- Drink 8 or more 8-ounce glasses of fluids each day.
- Stay as active as you can.
- Consider drinking prune juice each day.
- Consider taking a stool softener or laxative. Many of these are available over the counter at your local store. If you have questions, ask your doctor or pharmacist.

# Day After Surgery

- You may have early morning blood tests.
- You will be given medication to help prevent blood clots from forming after your hip replacement. Your nurse will teach you about this medication. It is very important that you **take your blood thinner exactly as prescribed.**
- You will be provided with an Incentive Spirometer (IS). This device is a tool used to assist you with optimal breathing while you are less active after surgery. This is important in helping to prevent you from developing breathing-related complications. Please practice 10 deep breaths with this device every hour while awake.
- Your IV fluids will be stopped, but the access catheter will remain in place until discharge.
- Your nursing/therapy staff will assist you with bathing and personal care, helping you to learn how to care for yourself when you return home.
- You will have a Physical Therapy session with a member of our therapy team. Our staff will work with you to keep you notified of your appointment and to ensure you receive pain medication to provide optimal effect during your therapy session.
- Please rest whenever you can between Physical Therapy sessions and activities.

*(Continued on next page)*

- Your surgeon may order Occupational Therapy as well to help you maximize independence in self-care for a safe return home.
- Your surgeon wants you to sit up in a chair for **ALL** meals. This is a wellness program. We want you getting back to your normal routine as quickly as possible.
- Our discharge planner from Case Management will come to see you and discuss your safe discharge plan. You should already have made arrangements to have someone (your coach) available to help with your in-home care for 1 to 2 weeks after surgery.
- Practice your ankle pump exercises while in bed to help reduce your risk of developing blood clots (See page 29). Continue these exercises at home when you are resting.
- Do not sit with your legs hanging down for longer than 30 minutes. **ELEVATE** the operative leg 6 inches above your heart. Do not place anything behind the operative knee.
- A recliner is **NOT** adequate elevation.
- Some providers will issue prescriptions at your pre-op appointment. If not, they will be issued at discharge.

# Preventing Infection

A replacement joint is not as good at fighting germs as a natural joint. Infection can be a serious problem after joint replacement surgery. If a new joint gets infected, it is hard to cure.

Sometimes the new joint must be removed. You can help prevent infection by:

- Cleaning your hands with soap and water or hand sanitizer.

  Clean your hands:

  - Before touching your incision (surgical cut) or changing your dressing.
  - After using the toilet or blowing your nose.
  - After doing laundry, housework or yard work.
  - After petting or caring for animals.
- Making sure your health care team washes their hands before and after they take care of you.
- Making sure your family and friends wash their hands.
- Getting your teeth checked by a dentist. Bacteria from cavities or gum disease can be a source of infection. Repair any dental problems before surgery. Brush your teeth 2 times a day.

- Being aware of any cuts, scrapes, sores or redness. These could be a path for germs to get into your system.
- Recovering from colds or sinus trouble. This is another common place for germs to be in the body.
- Treating bladder infections. If you have cloudy urine, your urine smells strongly or it burns when you pass your urine, you may have a bladder infection. This will need to be treated before surgery. Tell your surgeon if you have any of these symptoms after surgery.

# Care of Your Incision

Normally, it takes about 2 weeks for your incision to heal enough to stay closed. If you have sutures, Steri-Strips, skin glue or staples, they will be removed about 2 weeks after surgery. Over the next 6 to 8 weeks, your incision may feel tight and itchy, which is part of normal healing. It is common to have more swelling and pain 4 to 7 days after surgery, which is often after you leave the hospital. After about a week, swelling and pain will get better day by day. It is expected that swelling will persist for up to 12 months. If swelling fails to improve after diligent ice and elevation, contact your provider.

To care for your incision:

- Keep your dressing clean and dry.
- You may shower (consider a shower chair).
- Do not soak or take baths until your surgeon tells you it is OK.
- Wear loose clothing that is easily washed and does not rub or irritate the incision.
- Never dab lotion, ointment, powders or perfume on the incision.

# Discharge

Once your surgeon has given the order for you to be discharged, the nursing staff will work with you to complete your education and answer all of your questions for the transition back into your home. If needed, you will be given a prescription for a walker (or other type of assistive device such as crutches). If your provider has not already given you a prescription at your pre-op office visit, you will receive a prescription for pain medication, blood thinner and other medicines as necessary.

# Taking Care of Your New Joint

Once at home, it is very important that you follow the instructions given to you in the hospital. Continue these instructions until your surgeon tells you to stop. This will often take 6-8 weeks.

**DO NOT:**

- Do not engage in high-impact activities such as running, jumping or speed walking.
- Do not sit for longer than an hour.
- Do not drive until cleared to do so by your surgeon.
- Do not place anything behind the operative knee
- It is a crime to drive under the influence of narcotics.

**DO:**

- Change positions often.
- Take small steps when you turn.
- Return to activities slowly.
- Rest between therapy sessions.
- Wear your compression stockings as prescribed.
- Complete your home exercise program as prescribed.
- Walk frequently throughout the day.

## Returning Home

Your coach/family should plan to remain with you for a minimum of 48 hours after you arrive home. After that, depending on your progress and specific needs, you should plan to have daily help.

Someone should be available to help you for the first 1 to 2 weeks after your surgery.

You will need transportation to and from physical therapy, as well as to any medical appointments.

**REMEMBER:** Use your cold therapy gel packs (you will be issued 2 sets in the hospital) as directed.
**ELEVATE** your knee at least 6 inches above your heart.

**NO** soaking in a bathtub, hot tub and no swimming until your surgeon tells you it is safe to do so.

You may shower and follow the instructions given by your nurse for caring for your incision and dressing.

# Discharge Concerns After You Return

## Contact Your Surgeon If:

- You have a fever (101 degrees or above) chills, cough, feel weak and/or achy.
- You have a significant change (increase) in pain and swelling in your knee/leg.
- You have a sudden change in your ability to do your exercises and have trouble moving or bedding effectively.
- Your skin is itchy, swollen or has a rash, either around your incision, or generally on your body.
- You have questions or concerns about your joint surgery, recovery or medication.
- Your incision comes apart.

## Contact Your Primary Care Provider If:

- You become and stay constipated (you are unable to have a bowel movement).
- You have trouble urinating and/or are experiencing pain or burning when you urinate.

## Seek Emergency Care Immediately If:

- One or both of your legs/calves feel warm, tender and/or painful. It may also look red and have more swelling than expected. If you are having these symptoms **DO NOT RUB YOUR LEG.**
- You have chest pain, trouble breathing and suddenly feel light-headed or cough up blood. **DIAL 911.**
- Your incision becomes swollen, red, drains pus or pulls apart. You should seek emergency care right away.
- You experience a significant change in consciousness or are unable to arouse or awaken easily.

# Pre-Operative Exercises

*A Note on Exercises*: Some exercises instruct you to get on the floor. The floor is preferred for these exercises but not necessary. Please perform these exercises wherever it is most comfortable for your care.

## Triceps Extension

For this exercise, you'll need an elastic exercise band or resistance band.

Tie an exercise band so that there is a loop or a knot in the middle. Attach the loop or knot to a secure object–not a chair or bookshelf. Or put the knot over the top of a door and shut the door to secure the knot. The band should be attached at a place that is above your head.

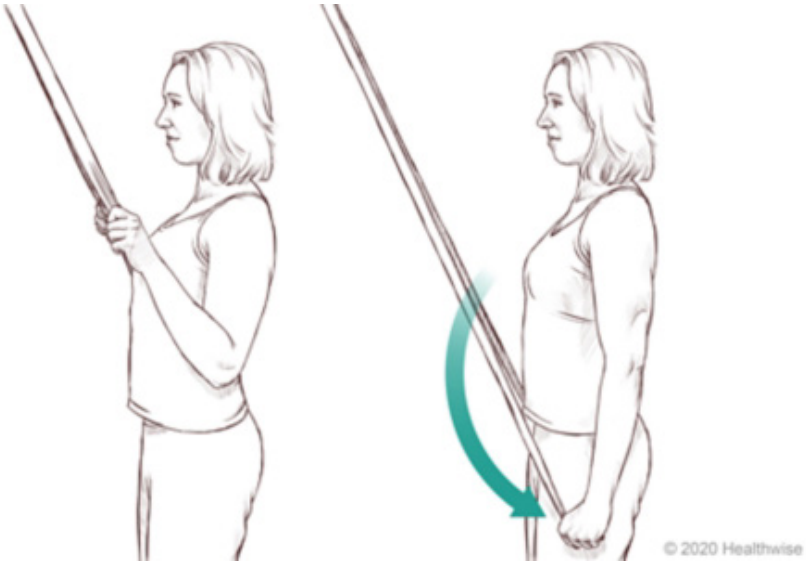
Stand so that you face the place where you secured the band. Hold one end of the band in each hand, with your hands at shoulder level.

Keep your elbows tucked in at your sides.

Slowly pull the bands down so your arms are straight at your sides. Make sure you keep your elbows close to your body as you pull down.

Return slowly to your starting position.

Repeat 8 to 12 times.




## Seated Press Ups

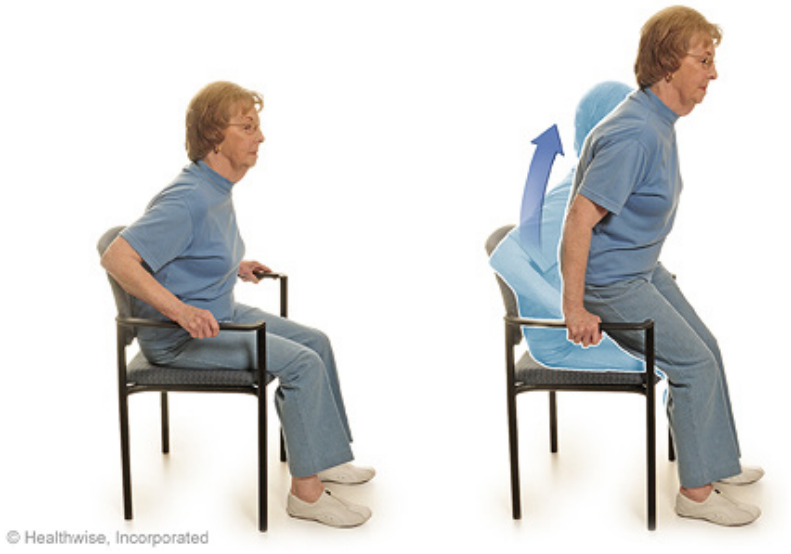
Sit tall with your feet flat on the floor and spread comfortably apart.

Grip the armrests, and take a deep breath in.

Now breathe out as you use your arms to push your body off the chair. (You're not pushing up with your legs.) Straighten your arms as much as you can.

Hold for about 1 second, then lower yourself back to the chair.

Repeat 8 to 12 times.



## Ankle Pumps

Lie or sit on a firm bed with your feet out in front of you.

Point your toes and feet up toward your knees as far as you can, then point them away from you as far as you can.

Switch between pointing your feet up and pointing them down.

Do this for 2 to 3 minutes, 2 or 3 times an hour.



## Quad Sets

Quad sets help you build and maintain strength in the muscles on top of your thigh. With this action, you are "setting" these quadricep muscles by holding them tight. Do 8 to 12 repetitions several times during the day.

Sit on the floor with your injured leg straight out in front of you.

Tighten the muscles on top of your thigh by pressing the back of your knee flat down to the floor.

Hold for about 6 seconds, then rest up to 10 seconds.

If you feel discomfort under your kneecap, try putting a small towel roll under your knee during this exercise.

# Heel Slides

Heel slides help you regain your range of motion by stretching the muscles on top of your thigh. Do 2 to 4 repetitions several times during the day.

Lie down on the floor or the bed with your leg flat.

Slowly begin to slide your heel toward your buttocks, keeping your heel on the floor or bed. Your knee will begin to bend.

Continue to slide your heel and bend your knee until it becomes a little uncomfortable and you can feel a small amount of pressure inside your knee.

Hold this position for about 6 seconds.

Slide your heel back down until your leg is straight on the floor or bed.



# Glute Sets

Glute sets strengthen the buttock muscles. The buttock muscles are important in rotating and extending your legs. Do 8 to 12 repetitions several times during the day.

Lie on your back and prop yourself up on your elbows.

Squeeze your buttocks together as tightly as possible and hold for about 6 seconds.

## Straight-Leg Raise to the Front

*Note: For straight-leg raise exercises, your physical therapist may have you add light ankle weights as you become stronger.*

Lie on your back with your good knee bent so that your foot rests flat on the floor. Your injured leg should be straight. Make sure that your low back has a normal curve. You should be able to slip your flat hand in between the floor and the small of your back, with your palm touching the floor and your back touching the back of your hand.

Tighten the thigh muscles in the injured leg by pressing the back of your knee flat down to the floor. Hold your knee straight.

Tighten the quadriceps muscles of your straight leg and lift the leg 12 to 18 inches off the floor. Hold for about 6 seconds, then slowly lower the leg back down and rest a few seconds.

Do 8 to 12 repetitions, 3 times a day.



## Hip Abduction, Standing

Stand tall. Hold on to a chair, counter, or other stable support.

Tighten the thigh muscles of your left leg.

With your toes facing forward, slowly move your left leg out to the side. Life it as far as you can comfortably. Then return to your starting position.

Repeat 8 to 12 times with each leg.

## Quadriceps (Thigh) Strengthening Exercise

While sitting in a chair, straighten your leg and hold for 6 seconds. Then lower your leg and rest for up to 10 seconds.

Repeat 8 to 12 times with each leg. Do every day, up to 3 times a day.

When this thigh-strengthening exercise becomes easy, you can add a light weight to your ankle.


# Post-Operative Exercises

## Ankle Pumps

Lie or sit on a firm bed with your feet out in front of you.

Point your toes and feet up toward your knees as far as you can, then point them away from you as far as you can.

Switch between pointing your feet up and pointing them down.

Do this for 2 to 3 minutes, 2 or 3 times an hour.

## Quad Sets

Quad sets help you build and maintain strength in the muscles on top of your thigh. With this action, you are "setting" these quadricep muscles by holding them tight. Do 8 to 12 repetitions several times during the day.

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Tighten the muscles on top of your thigh by pressing the back of your knee flat down to the floor.

Hold for about 6 seconds, then rest up to 10 seconds.

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Continue to slide your heel and bend your knee until it becomes a little uncomfortable and you can feel a small amount of pressure inside your knee.

Hold this position for about 6 seconds.

Slide your heel back down until your leg is straight on the floor or bed.

# Short Arc Quads

Start by lying on your back on a firm bed or floor.

Place a foam roll or large rolled-up towel under your knees.

Start with your heels on the bed or floor.

Lift the lower part of one leg until your leg is straight.

Keep the back of your knee on the foam roll or towel.

Hold your leg straight for about 6 seconds.

Then slowly bend your knee and lower your heel back to the bed or floor.

Repeat the exercise 8 to 12 times.



# Glute Sets

Glute sets strengthen the buttock muscles. The buttock muscles are important in rotating and extending your legs. Do 8 to 12 repetitions several times during the day.

Lie on your back and prop yourself up on your elbows.

Squeeze your buttocks together as tightly as possible and hold for about 6 seconds.

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Tighten the quadriceps muscles of your straight leg and lift the leg 12 to 18 inches off the floor. Hold for about 6 seconds, then slowly lower the leg back down and rest a few seconds.

Do 8 to 12 repetitions, 3 times a day.



## Hip Abduction, Standing

Stand tall. Hold on to a chair, counter, or other stable support.

Tighten the thigh muscles of your left leg.

With your toes facing forward, slowly move your left leg out to the side. Life it as far as you can comfortably. Then return to your starting position.

Repeat 8 to 12 times with each leg.

# Seated Knee Flexion

Sit at the edge of a chair.

Gently slide one foot backward, bending your knee back as much as possible without forcing it.

It's OK if your heel starts to lift off the floor.

Sit squarely on your bottom, relax the muscles at the top of your thigh, and hold this position for 30 seconds.

Repeat the stretch 2 to 4 times on one side, working up to holding the stretch for a minute at a time.

Then, switch legs and do this exercise 2 to 4 times on the other side.

Scan the QR Code above to see how to perform this exercise

# Notices Informing Individuals About Nondiscrimination & Accessibility Requirements

## Patient Rights and Responsibilities

At Gritman Medical Center, we care about you as a patient. We believe you have the right to quality, compassionate care. Gritman Medical Center prohibits discrimination based on age, race, ethnicity, religion, culture, language, the presence of any sensory, physical or mental disability, socioeconomic status, marital status, sex, sexual orientation and gender identity or expression.

## Language Services Available

Gritman Medical Center provides free aids and services – such as sign language interpreters and written information in numerous formats and languages – to help people with disabilities and those whose primary language is not English communicate effectively with us.

If you need these services, please inform your admitting representative upon arrival. If you believe Gritman has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email with: Risk and Compliance Officer, 700 S. Main St.; phone: 208-883-6383; fax: 208-883-6383; email: riskandcompliance@gritman.org. You can also file a grievance by contacting the Joint Commission at 1-800-994-6610. If you need help filing a grievance, our Risk and Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Ave., SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

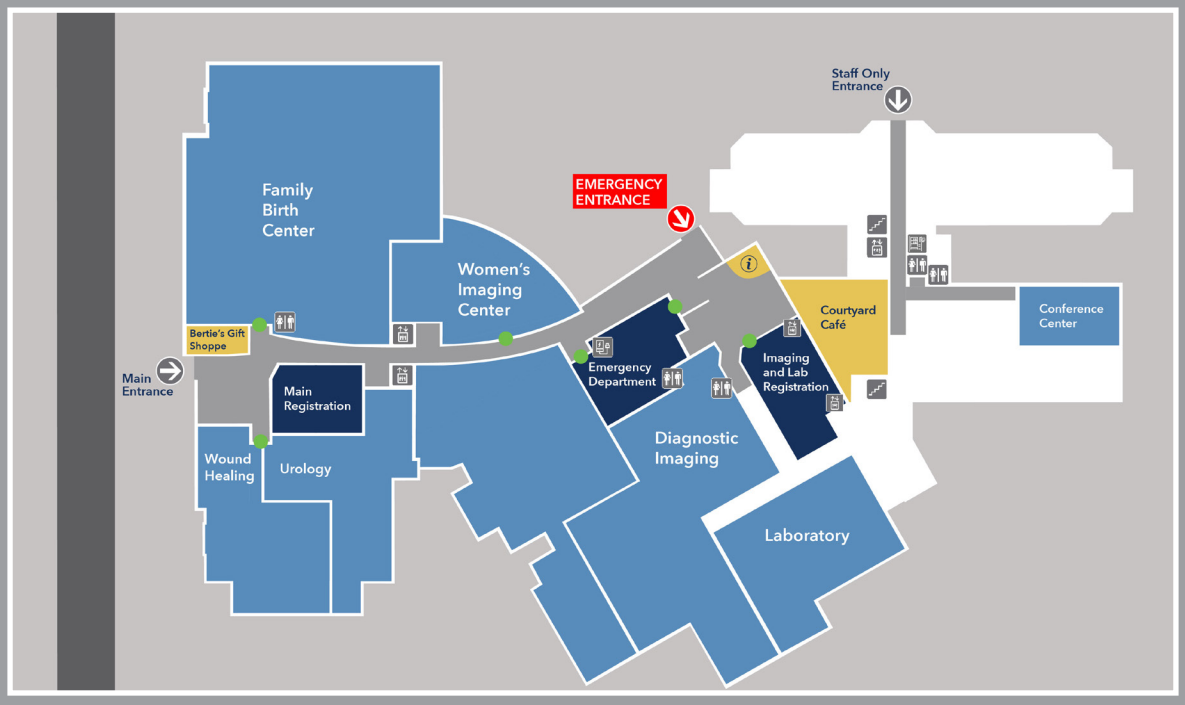
* People using assistive technology may not be able to fully access information in these files. For assistance, contact the HHS Office for Civil Rights at (800) 368-1019, TDD toll-free: (800) 537-7697, or by e-mailing OCRMail@hhs.gov.

**Learn more at gritman.org/online-compliancy.**

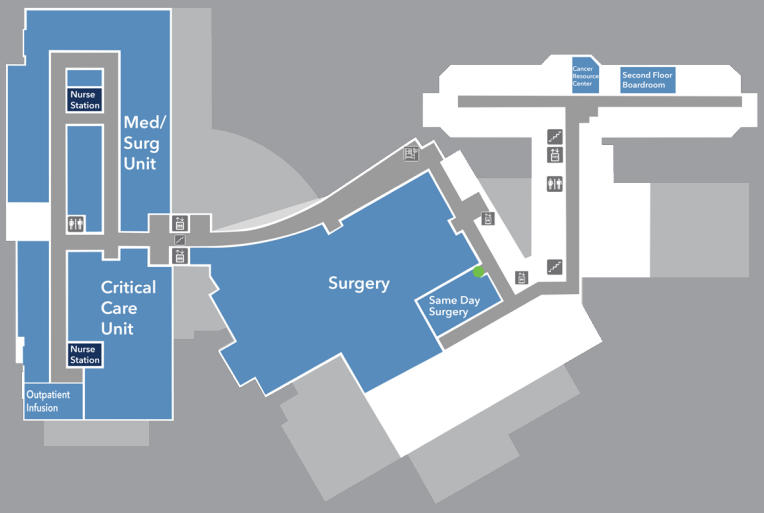
Click this QR Code to see more information and resources about your total joint replacement.

# Gritman Hospital Map


**Campus and Parking**




**First Floor**

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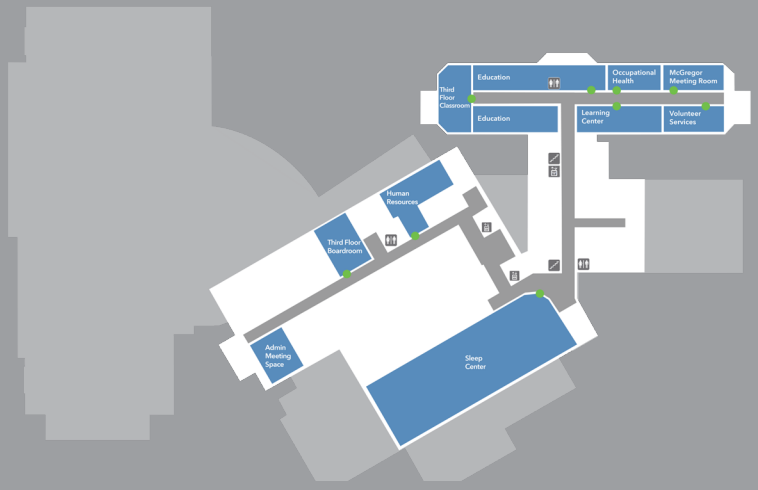


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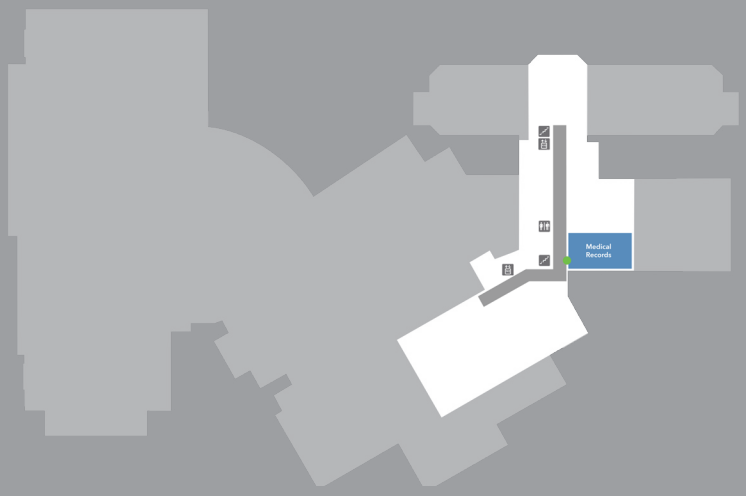


## Fourth Floor


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