

Total Knee Replacement: Your Guide to Preparation and Recovery

 **PRESBYTERIAN**



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Total Knee Replacement: Your Guide to Preparation and Recovery

Thank you for choosing Presbyterian for your joint replacement. You are the most important part of your surgical team. Your success depends on you. It is our goal to give you instructions and help you before and after your knee replacement, so that you have the best possible outcome.

Preparing For Your Surgery

About two weeks before your surgery, you will visit with your surgeon. You will also have a Pre-Anesthesia Surgical Screening (PASS) appointment at the hospital where you will have your surgery.

- Make sure you have all your pre-op clearances, including dental, before your PASS appointment. If you have any questions about your pre-op clearances, ask your doctor.
- Make a list of your medications, including prescriptions, over-the-counter medications, supplements, and herbs. Be sure to include the dosage, how often you take the medication, and what you take the medication for. Bring this to any appointments you have before your surgery.
- Make a list of your allergies to medications or foods and bring this to any appointments you have before your surgery.

Medication Instructions Before Surgery:

Stop taking all non-steroidal anti-inflammatory drugs (NSAIDs) seven days before your surgery. These are drugs like ibuprofen, naproxen, aspirin, and other prescription NSAIDs. Ask your nurse or doctor if you are not sure which drugs these are. You should not take NSAIDs until you stop taking anti-clotting drugs after your surgery.

During your PASS appointment, you will be told which medications to take in the morning before your surgery and which ones you should not take. If you are told to take a medication in the morning, take it early in the morning with as little water as you can. You are not allowed to eat or drink (this is called NPO) after midnight the night before surgery unless your anesthesiologist and surgeon approves it.

Identify your recovery chair:

You need to choose a recovery chair for after surgery at home. You will need a comfortable chair to sit in. Find a chair that is firm, high, and has arm rests. The chair needs to be firm, so that you do not have to struggle to get out of the chair. It should be high enough so that when you sit in it, your hips are higher than your knees. It must have arm rests, which will be important to help you safely and easily sit and stand.

Do not sit in a rocking chair or a chair that rolls.



Home safety preparation:

- Reorganize your kitchen so that the things you will need are in easy reach, so that you don't have to bend over or reach high above your head.
- Reorganize your furniture to keep the places you walk through clear.
- Remove all throw rugs or any other things you could trip on.
- You may need to raise the height of your bed so that it is easier to get out of. You should practice getting in and out of both sides of your bed.
- You may need to raise the height of your toilet and/or add arm rests to make it easier to get up and down.



Help walking after surgery:

You will need a front-wheeled walker after surgery. These are known as assistive devices. A walker is a stable device and is recommended for most patients. A front-wheeled walker will be ordered for you after your surgery. They are adjustable, and come in different sizes. Having your walker set to the correct height for you is very important. If you already have one, bring it to the hospital before you are discharged so that we can size it for you.



Bathroom equipment:

The bathroom is the most dangerous room in the house. You may need to buy equipment to make your bathroom safer. This may include grab bars, a raised toilet seat, a shower chair or transfer bench, and a shower extension hose.

* Note: Do not take your front-wheeled walker into the shower. Use grab bars to keep your balance in the shower.



What to bring to the hospital:

- Shoes with soles that won't slide. Avoid wearing slip-on shoes that may cause you to trip.
- Comfortable, loose socks.
- Comfortable, elastic-waist undergarments, shorts or sweat pants, and loose-fitting shirts.
- Glasses, dentures, hearing aids.
- If you use a CPAP machine, please bring it to the hospital.
- A picture ID and insurance information.

* Note: Leave your walkers or canes at home or in the trunk of your car until just before you are discharged from the hospital or when your therapist asks for it. If you do not own a front-wheeled walker, we will get one at the hospital for you.

During Your Hospital Stay

Your surgeon will give you pre-admission instructions and your scheduled surgery time. When you arrive at the hospital, you will go to the pre-op unit. Nurses will get you ready for your surgery. You will not be able to keep any personal items with you, so it is best to send these items home with family. During your time in the operating room and recovery areas, you will not be able to have visitors. You will have pain medications the entire time you are in the hospital, following your surgeon's orders.

Equipment we will use:

- **IV** – An IV (intravenous line) will be started in order to give you medicines and fluid. It will be capped off after you begin drinking fluids and you have received your antibiotics and/or blood products.
- **O2** - You will be given oxygen by nasal tubing.
- **Incentive Spirometry** – This is used to help you breathe deeply and increase the oxygen in your blood. You will be taught how to use the incentive spirometer before your surgery. Use it 10 times every hour while you are awake in the hospital.
- **Urinary Catheter** – A catheter will be put in your bladder in order to check how much urine you make during and after your surgery.
- **Sequential Compression Devices** – These will be placed on your legs to help your blood flow after surgery when you are in bed to prevent blood clots.
- **Compression Stockings** – These prevent swelling and blood clots in the legs. Compression stockings will be used for six weeks after surgery. Your nurse will give you these and will teach you how to put them on.
- **Surgical Drains** – In some cases, a drain may be used after surgery to remove fluid from your knee. If it is used, it will be removed before you are discharged.

After Surgery

Pain Management

Pain management is important for your comfort. You should have good pain control. With this type of surgery, good pain control does not mean that you will have no pain. So, what is good pain control?

- Being able to sleep in between any interruptions.
- Being able to get out of bed for meals and up to the bathroom with help.
- Being able to work with physical and occupational therapists so you can steadily improve.
- Keeping your pain at or below your daily pain goal as described on the board in your room.

We use a pain scale from 0 to 10, with 0 being no pain and 10 being the worst pain possible. Your nurses will do everything they can to help you manage your pain and keep it at or below your pain goal throughout your stay. After surgery, your pain goal will be between 5 and 6 (moderate pain). Ask for pain medication **before** your pain is more than your goal. You can have IV pain medication right after surgery. It can be used until you can drink fluids and eat food. Once you can eat and drink, you will take pain pills. Most doctors order pain medication to be given every four hours, as needed, to meet your pain goal.

Food/Fluids

Right after surgery, you will be NPO (meaning you can have nothing by mouth) until your nurse determines that you can drink clear liquids. Drinking fluids or eating food too soon may cause nausea and vomiting. Your nurse will let you know when you can eat a normal diet.

Nausea

Anti-nausea medications will be given to you, if you need them. Taking your pain medicine with food will help you from feeling sick to your stomach.

Constipation

This is common after surgery and is caused by pain medications and less activity. You may need stool softeners and laxatives after surgery. Use stool softeners and laxatives at home, as needed.

Preventing Complications:

Here are some things you can do to prevent pneumonia and other problems after surgery. Your nurse will help you with this.

Deep Breathing

- Using an incentive spirometer to breathe deeply helps keep your lungs clear and may keep you from getting sick with pneumonia.
- Turning from side to side, coughing, and taking deep breaths help improve your breathing.

Diet

- After surgery, you may not be able to eat. Make sure you ask your nurse before you eat or drink anything.
- Once you have been told it is okay to eat, drinking plenty of fluids and eating a healthy diet will give you more energy. It may help your wound heal faster.

Physical Activity

- Being active improves blood flow, prevents blood clots, and keeps your muscles strong.
- Returning to your normal activity as soon as possible after your surgery will help your whole body get better more quickly. Spend as much time as possible out of bed. Sit up in a chair for your meals at the hospital and when you get home.

Hygiene

- Brushing your teeth and keeping your mouth moist can lower your risk of pneumonia after surgery and also help you with your overall health.
- Washing your hands will help prevent infections after your surgery. Ask others to wash their hands before touching you, too.

Rehab in the Hospital:

You will have physical and occupational therapy while you are in the hospital. We will teach and practice daily activities with adaptive equipment, if needed. We will teach you range-of-motion (increasing how much you can bend your knee) and strengthening exercises. With your help, we will make sure that you meet your therapy goals, and are safe and as independent as possible with all activities.



Day of Surgery: You may be seen for physical therapy on the same day as your surgery. This will include exercises and getting up to walk, if you can. Your nursing team will help you sit up if you are not ready for therapy.

First Day After Surgery: Physical therapists will work with you on how to get in and out of bed, in and out of a chair, on and off of the toilet, and with walking. You will learn exercises for when you go home. You need to spend as much time as possible out of bed.

Second Day After Surgery: You will continue therapy to get around safely, perform daily activities, practice steps or stairs, and practice your home exercise program. If you are medically stable and you meet your therapy goals, you will go home. We will make plans for services you will need at home before your discharge.

Third Day After Surgery: You will continue therapy to meet your goals. If you are medically stable, you will be discharged from the hospital.

Discharge Planning:

Discharge planning can start before your surgery, including scheduling follow-up appointments with your doctor. After your surgery, your healthcare team will help you pick the best place to be discharged to. A home discharge is always best, but there are times where you may be discharged to a rehabilitation facility.

Recovering From Your Joint Replacement

Participating in Therapy:

Physical therapy and occupational therapy are an important part of your recovery and success of your surgery. You will have therapy for 8-12 weeks after your surgery. Therapeutic exercises and moving around are important to:

- Improve blood flow and prevent blood clots.
- Improve flexibility and range-of-motion.
- Improve muscle strength and performance.
- Improve your balance.

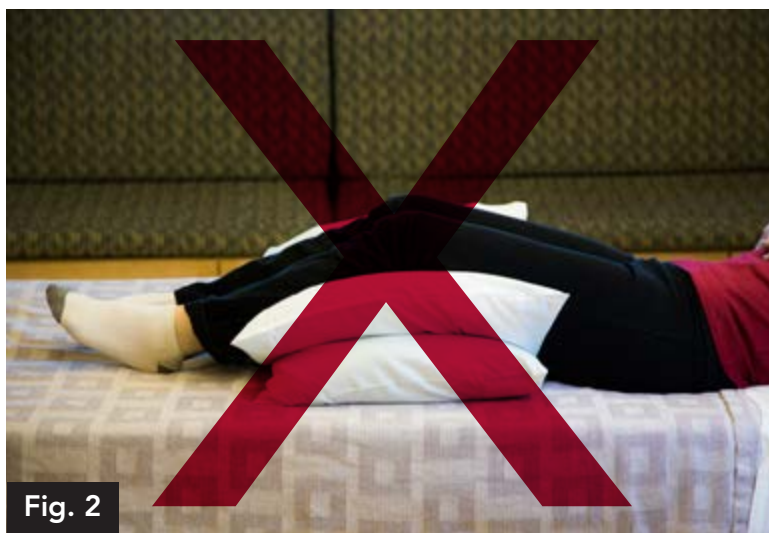
Having normal range of motion of your knee(s) is very important. It is the sign of a successful surgery. There is only a short time after surgery to obtain this range-of-motion. With your hard work and the help of your team (surgeon, therapists, nurses, and family/caregivers), you will be successful.

Things to Avoid:

- Sitting in soft and low chairs.
- Sitting for more than 45-60 minutes at a time.
- Lying on your back with a pillow under your knees.

Positioning:

You do not have to sleep on your back. You may sleep on your stomach or on your side. Use a pillow between your knees when sleeping on your side to protect the knees (Fig. 1). Do not lie on your back with a pillow under your knee(s). Routinely doing this may prevent you from getting your full range-of-motion (Fig. 2).

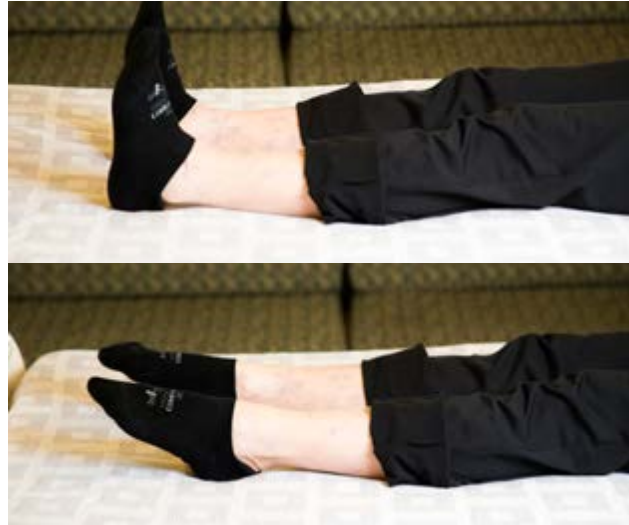


Total Knee Replacement Exercises

Do these exercises two times each day.

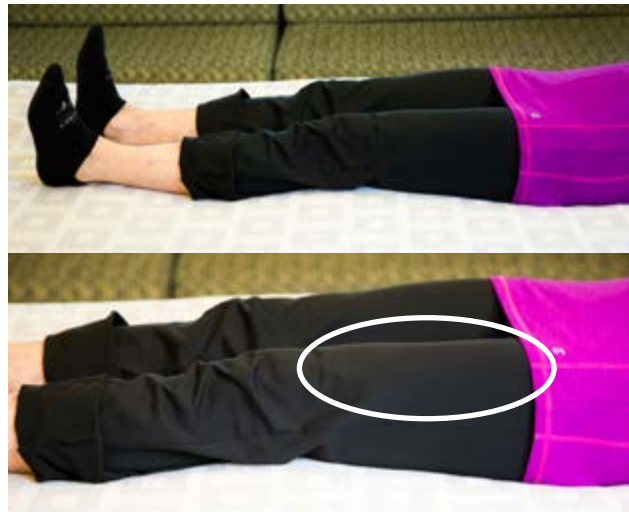
Ankle Pumps

- Keep your knees straight and move both of your feet up and down.
- Repeat 10 times.



Quad Set

- Press your knee downward toward the mat or bed, tightening muscle on front of thigh.
- Hold 5 counts.
- Repeat 10 times.



Gluteal Set

- Squeeze buttocks together.
- Hold 5 counts.
- Repeat 10 times.



Heel Slide

- Slide operated heel to buttocks.
- Repeat 10 times.



Hip Abduction and Adduction

- Slide operated leg out to side with toes pointing up.
- Return leg to original position.
- Repeat 10 times.



Knee Extension

- Lift foot and straighten leg completely with a roll under the knee.
- Hold for three seconds and slowly return your heel to the bed surface.
- Repeat 10 times.
- Keep the back of your knee on the roll throughout the movement.
- Remove the roll after the exercise.



Straight Leg Raise

- Lift and lower operated leg with the knee straight.
- Keep non-operated knee bent and foot flat.
- Repeat 10 times.



Sitting Knee Extension

- Straighten operated knee while keeping your toes pointed toward the ceiling.
- Hold 5 counts.
- Repeat 10 times.



Assisted Knee Bend

- While sitting, bend operated knee to tolerance.
- Then cross non-operated leg in front of operated leg and increase operated knee bend with assist of non-operated foot.
- Do not raise hips off of the chair surface.
- Hold 20-30 counts.
- Repeat 5 times.



Passive Knee Extension with Towel Roll

- Place a towel roll under your heel, thick enough to create a space between the back of your knee and the bed.
- Remain in this position for 3 to 5 minutes (start at 3 and work up to 5).





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