

The Joint Replacement Center

at University of Maryland Baltimore Washington Medical Center



Patient's Guide to Total Knee Replacement



UNIVERSITY *of* MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

JOINT REPLACEMENT CENTER

Using the Patient Guide

Preparation, education, continuity of care and a pre-planned discharge plan are essential for a successful surgery. Communication is essential to this process. The Patient Guide is an educational tool for patients and health care providers; it is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for yourself after knee surgery

The handbook is just a guide. Your physician, nurse practitioner, or therapist may add to or change some of the recommendations. Always use their recommendations and ask questions if you are unsure of any information. Take the first important step right now by reading this handbook and becoming familiar with the care and recovery involved with spine surgery.

Important Dates to Remember

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preoperative Evaluation _____

Outpatient Rehabilitation _____

Surgery _____

Postsurgical Doctor's Visit _____

Home Care _____

Rehabilitation Center _____

Medication Record

Fill out the first three (3) columns before coming to your pre-op evaluation

Third column "Instructions for Surgery" filled in during pre-op evaluation

Medication (Name)	Dose (mg)	Frequency (Times per day)	Instructions for Surgery
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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Total Knee Replacement

Your physician has diagnosed a condition that decreases your ability to walk and become more painful as you continue to walk. He/she has recommended a **Total Knee Replacement**. This surgical procedure will help regain your ability to walk without pain at the completion of your recovery.

A team of health care providers will participate in your corrective surgical and recovery process which will help you return to your normal level of activity. The most important members of the team are you and your coach. Physicians, nurse practitioners, physician assistants, nurses, physical and occupational therapists and home care providers will all play an important role, but you and your coach are key to a successful and complete recovery from Total Knee Replacement surgery.

By knowing what to expect before surgery, during your two-three day hospital stay and the four to six week recuperation period, you can be a more active participant. In fact, you can help speed your recovery by carefully following your doctor's orders and actively working with your health care team.

Take the first important step right now by reading this handbook and becoming familiar with the care and recovery involved with a **Total Knee Replacement**.

About Your Knee

The knee is a complex joint. When you walk, climb the stairs, or run, the bones rotate, roll and glide over each other. In a healthy knee, the bones move smoothly on the cartilage which covers the bones and protects them. With certain disease processes, the cartilage wears down. The bones become rough and rub against one another. In some instances, the problem is increased by an inflamed or swollen joint as well. This leads to pain and difficulty while walking or moving about.

Total Knee Replacement surgery resurfaces the degenerating (problem) knee joint with an artificial knee joint or prosthesis. Through an organized recovery process and strength building program, the prosthetic knee will allow you to regain the pain-free movement you have lost.

Preparing for Surgery

As you prepare for surgery, you will meet the team of health care professionals who will participate in your care and guide you through the recovery process. Together, you and your health care team will work toward regaining your ability to care for yourself and return to normal activities.

Pre-Registration

After your surgeon has scheduled you for surgery, a Baltimore Washington Medical Center staff member will call to pre-register you by phone.

If you wish to contact the Pre-Registration Department, please call 410-787-4437.

You will need to have the following information ready when you are called:

- Patient's full legal name and address
- Home phone number and daytime number if different than home number
- Religion
- Marital status
- Social Security Number
- Name of insurance holder, his/her home address and phone number, and his/her work address and work phone number
- Name of insurance company, mailing address, policy and group number(s)
- Patient's employer, address, phone number, and occupation
- Name, address, and phone number of nearest relative
- Name, address, and phone number of someone to notify in case of emergency (this can be the same as the nearest relative)

Before surgery, you will need to contact your insurance company. You will need to find out if:

- Pre-authorization, pre-registration or a referral from is required.
- You need a second opinion for surgery.

Failure to make this call may result in a reduction of benefits or possible cancellation of surgery.

Clearance for Surgery

You must see your **Primary Care Physician and/or Specialist** to obtain medical anesthesia clearance prior to your procedure if you have any of the following medical problems:

- **Heart Disease**
- **Lung Disease**
- **Liver Disease**
- **High Blood Pressure**
- **Diabetes**
- **Abnormal Bleeding Tendencies**

If you are required to **donate blood** before surgery and you have any of the above problems, you must also obtain **written permission** from your primary care physician and/or specialist that it is safe for you to donate blood.

- If you are followed by a specialist of any kind, (**Cardiologist, Pulmonologist, Nephrologist, Urologist, Hematologist, or Psychiatrist**), you must see him/her for an evaluation before your scheduled surgery.

Preparing for Surgery

As you prepare for surgery, you will meet the team of health care professionals who will participate in your care and guide you through the recovery process. Together you and your health care team will work toward regaining your ability to walk and take care of yourself again.

Prior to your hospitalization, you and your surgeon will discuss your condition, the necessity for a **Total Knee Replacement** and what you can anticipate after surgery. **The orthopedic surgeon's office will give you the date of your preoperative evaluation and date of surgery**, as well as a copy of Baltimore Washington Medical Center's Patient Handbook. Please mark the date of your preoperative evaluation on the inside cover of this handbook. During your preoperative evaluation, you will meet with members of the health care team who will help plan your care and recovery. Plan to wear comfortable clothing for your preoperative evaluation.

When you arrive at BWMC, **report to the Admitting Department**, on the first level to the left hand side of the information desk in the main lobby, to fill out the necessary paperwork. The entire visit may last one to four hours. Special parking is available in the parking lot in front of the medical center's main entrance on Hospital Drive.

A lot of information is discussed during the preoperative evaluation visit, so bring this handbook with you for reference. You are also required to bring your coach* who will help in your recovery. If either of you have any questions during the visit, please feel comfortable asking questions of the health care team members you meet.

Selecting Your Coach

It is very important that you have someone to assist you through your surgery and recovery. Your “coach” can be a family member or a friend who is able to:

- Attend the preoperative evaluation with you
- Attend some therapy sessions with you while in the hospital
- Attend a training session for discharge needs
- Stay with you at home the first week after discharge

Pre-operative Evaluation

Your preoperative evaluation visit will consist of the following elements:

Medical History

You will meet with a nurse practitioner who will review the **Total Hip Replacement** procedure, obtain your medical history and perform a physical examination. The nurse practitioner will ask if you have any allergies and will review all the medications you are currently taking. If you are taking **Coumadin**, an anticoagulant or “**blood thinner**,” you will be instructed to stop this medicine **five days** before surgery. If you are taking an **NSAID** (Non-steroidal anti-inflammatory drug) or **Aspirin**, you will stop **seven days** prior to surgery.

Diagnostic Testing

During the preoperative visit, you **may** have blood drawn, an EKG, and in some cases, a chest x-ray may be taken. You **are not required to donate your own blood** to be used during the surgery or in the post-operative phase of your recovery.

It is recommended that you start **Ferrous Sulfate (Iron) and continue taking them until after surgery**. The recommended dose of Ferrous Sulfate (Iron) is **325mg** three times daily. Iron may cause stomach upset, constipation, or diarrhea. Take iron with meals and if any symptoms of stomach upset appear you can decrease the dose to once or twice daily.

Special Breathing Instructions

The nurse practitioner will demonstrate how to use an incentive Spiro-meter. This respiratory care device will help you take full, deep breaths following surgery. If you are a smoker, you should stop smoking at least 48 hours before surgery.

Pain Management

The nurse practitioner will demonstrate how to use the Patient Controlled Analgesia (PCA) system. This push-button system releases pain medication, as needed, through an intravenous (IV) line. It will remain in place during the first day of your recovery.

Functional Assessment

The nurse practitioner may identify a problem such as diabetes or high blood pressure that is not adequately controlled. Conditions such as these will require additional attention from your primary care physician before you can undergo surgery. The nurse practitioner will talk with you and your primary care physician to develop a special plan of action that will ensure you are in the best condition possible for your joint replacement surgery.

Care Planning and Coordination

You will meet with the case manager after being admitted, who will help organize and coordinate your care while you are in the hospital and after you are discharged. The case manager and other health care team members will ask you questions about your home and the coach that you have selected to help you after you are discharged from Baltimore Washington Medical Center.

When some patients are discharged from the hospital, home care services are arranged. Some patients may require a short stay in a rehabilitation facility following the hospital stay before they are ready to go home, and some will go straight to an outpatient physical therapy facility. Rehabilitation centers specialize in physical and occupational therapy. The health care team will help you select the appropriate facility if short-term rehabilitation is recommended for you.

Advance Directives

You will be given an opportunity to prepare “**advance directives**” regarding your decision to accept or refuse life-sustaining medical treatment. The nurse practitioner will offer and explain the Advance Directives booklet to you. If you choose to complete these documents, they will become part of your medical record for this procedure. This is a service routinely offered to every patient admitted to Baltimore Washington Medical Center.

Exercise Your Right:

Put Your Health Care Decisions in Writing

It is a policy of BWMC to place patients' wishes and individual considerations at the foremost of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of communicating to all caregivers the patients' wishes regarding health care. If a patient has a Living Will or has appointed a Health Care Agent, and is no longer able to express his or her wishes to a physician, family or hospital staff, the hospital is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of Advance Directives:

Living Wills are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma, and are unable to communicate.

Appointment of a Health Care Agent (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

Health Care Instructions are your specific choices regarding use of life-sustaining equipment, hydration and nutrition, and use of pain medications.

On admission to the medical center, you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become part of your medical record. Advance Directives are not a requirement for hospital admission.

If you would like more information or forms for completing a Living Will, appointment of a Health Care Agent or Health Care Instructions, you may write to:

Maryland Attorney Generals Office
Opinions Section
200 St. Paul Place
Baltimore, MD 21201

or

You may obtain copies of the forms at Baltimore Washington Medical Center.

24 Hours before Surgery

You will be instructed not to eat or drink anything after midnight, the night before surgery. You may brush your teeth and gargle, but do not drink the water.

Make sure to ask the nurse practitioner if you should take any of your usual medications the morning of surgery and bring a list of all home medications, including vitamins, over the counter medications, and supplements with you to ensure routine medications are ordered in the correct types and dosages during your hospital stay.

Shower and shampoo before coming to the hospital. Wear loose, comfortable clothing to the hospital.

Preoperative Skin Preparation for Surgery

Decreasing the number of germs on the skin before surgery helps to decrease the risk of a wound infection after surgery. Showering with an antibacterial soap the evening before surgery and the morning of surgery helps to remove bacteria from the skin and reduce your chances of developing an infection. Please follow the instructions provided below.

Obtain a fresh bar or liquid antibacterial soap, such as Dial, to use for showering.

The evening before surgery:

- Wet your body in the shower
- Wash your entire body with the soap, using a clean washcloth
- Rinse your body thoroughly. **This is important.**
- Dry your body well with a clean towel.
- Put on clean clothes.

The morning of surgery:

- Repeat the steps as the night before, again dressing in clean clothes afterwards.
- Do not apply any lotion, cream, or powder to the skin. Do not shave the area where the surgery will be performed.
- Wear loose, comfortable clothing to the hospital.

Day of Surgery

What to leave at home the day of surgery:

Leave all valuables, including your wallet and purse, jewelry and rings at home. Women who are having surgery should not wear fingernail/toenail polish, makeup, or hairpins to the medical center. Acrylic nails do **not** need to be removed. If you wear contact lenses, please wear your glasses the day of surgery.

What to bring with you to the hospital:

If you wear a hearing aid, please wear it the day of surgery. Also, please bring any papers and/or forms the doctor may have given you. You should bring the pink blood bank card obtained when your blood was drawn and/or the green card(s) given to you if you have donated your own blood.

Bring this booklet and your incentive Spiro-meter with you. Also you may bring pajamas or a pair of loose boxer type shorts and a robe with you to wear during therapy sessions.

Once You Have Arrived

Upon arriving at BWMC, please check in at the front desk in the hospital's Main Lobby prior to reporting to the Ambulatory Surgical Department (located on the first level). A health care team member will make you comfortable and review the information obtained during the preoperative visit.

Your blood pressure, heart rate and temperature will be checked. An intravenous (IV) tube will be placed in your arm to give you fluids and medication. The IV will remain in place until you are drinking sufficient amounts of fluid. Once it is removed, all medications will be taken by mouth.

Before you enter the operating room, you will meet your anesthesiologist. He/she will ask some specific questions to determine which anesthesia is most appropriate for you.

Following surgery, you will be taken to the recovery room (known as the Post Anesthesia Care Unit or PACU), until your blood pressure, heart rate and breathing are stable. Once you are alert and able to follow directions, you will be transferred to your room.

You will remain on bed rest the day of surgery.

A health care team member will check on you frequently and remind you to cough and deep breathe as well as use the incentive Spiro-meter to help keep your lungs clear. You will be given an antibiotic to prevent infection and a special medication to prevent blood

clots. The PCA (pain medicine pump) will be in place and the nurse will review with you, how to keep yourself comfortable with the pain medication prescribed. If your pain is not well controlled, let the nurse know. If you donated blood before surgery, you may receive the blood that evening of the surgery.

Anesthesia & You

Who are anesthesiologists?

Board certified and board eligible physician anesthesiologists staff the Operating Room, Post Anesthesia Care Unit and the Intensive Care Unit. Each member of the service is an individual practitioner with privileges to practice at Baltimore Washington Medical Center. Our Anesthesia Department is a corporation and takes all types of insurance coverage. If you have any questions regarding this, please call the Severn Anesthesia Services at 410-760-0033.

What types of Anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. There are five main types:

- General anesthesia provides loss of consciousness.
- IV sedation provides light sleep.
- 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. Regional anesthetic techniques include spinal blocks, epidural blocks and arm and leg blocks. Medications can be given to make you drowsy and blur your memory.
- Monitored anesthesia care consists of local anesthetic injections as well as constant monitoring by an anesthesiologist.
- Local anesthesia which provides numbness to a small area, may be injected by your surgeon.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic.

Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although, there is less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. Your discomfort should be tolerable, but you may not be totally pain free.

The Post-Operative Care Plan

Initial Post-Operative Period

You and your family should anticipate a maximum of two-to-three full days of hospitalization. Your work toward recovery begins the first day after surgery. It is a busy day, but members of your health care team will work with you toward the goal of walking comfortably again.

A member of the health care team will review the day's care plan with you. You will be encouraged to use the pain medication so you can comfortably participate in all activities. You will continue using the incentive Spiro-meter every two hours while you are awake, in addition to being encouraged to cough and deep breathe.

The physical therapist will assist you to get out of bed and sit in the chair at your bedside twice during the day. You will take a short walk with the assistance of the physical therapist and another member of your health care team. Specific exercises to help regain the ability to bend your hip will begin. They are called range of motion exercises. An occupational therapist will show you how to use special assistive devices to help with bathing and dressing yourself, allowing you to become more independent.

Your personal case manager will visit you and your coach while you are in the hospital to identify your needs upon discharge. She will discuss your therapy and personal care needs in addition to any necessary equipment you may need while continuing your recovery at home. A Social Worker will assist you with the selection of a rehabilitation facility, if it is what is recommended for you.

Continuing Your Recovery

Each day you will review the day's care plan with a member of the health care team. On the second day after surgery, you will walk at least two times each day. Initially, you will receive a great deal of assistance to help you get out of bed and walk. But as your strength increases, you will be able to walk with a walker or crutches, requiring less assistance from health care team members. You will progress from walking 20 feet twice a day to at least 40 feet twice a day. The active range of motion exercises will continue and each day you will be able to bend the hip a bit more. You will be learning more about safe joint protection principles through exercises, moving and working on dressing and caring for yourself.

The incentive Spiro-meter will be used every two hours while you are awake. As you become more active and are out of bed more, the need to use this device decreases.

In most cases, the IV is removed the day following the surgery and medications are taken by mouth. You and your coach will be taught how to safely transfer the commode and chair. The case manager will meet with you and your coach to confirm your discharge plan.

Some patients require stay in a rehabilitation facility following the hospital stay before they are ready to go home. The social worker will assist those few patients who need a short stay in a rehabilitation facility.

Getting Ready to Go Home

You can expect to be discharged on the second or third day, after surgery. You will be given home exercise instructions that include safety tips and joint protection principles. Your coach will be taught to assist you with home exercises and transferring in and out of the car. Along with family members/coach, you will be asked to evaluate possible home hazards such as throw rugs or small pets that may get under foot. Correcting these hazards prior to discharge will make the home safe for your return.

The nurse will discuss “Reasons to Call Your Doctor” and any medications to be taken at home. Your ability to walk and care for yourself will continue to increase as you perform daily rehabilitation exercises and activities.

Before you are discharged, your activity level will have increased so you can walk with a walker or crutches under the supervision of one person and you can dress with minimal assistance.

You will be given your orthopedic doctor’s phone number and asked to make a follow-up appointment. In addition, the case manager will give you a telephone number to call BWMC should you have any questions while continuing your recovery at home.

Preventing Complications

Infection

Infection of a total joint (hip or knee) can be a very serious complication. There are several precautions that can be taken to prevent this.

Before Surgery: The risk of infecting your total joint is much higher if you have an infection going on anywhere else in your body. The nurse practitioner will question you about a history of dental infections (abscess, rotten teeth), as well as urinary infections at the time of your preoperative visit. If you have any evidence of an active infection, we will recommend treatment of it before proceeding with your surgery. Also if you develop any coughs or urinary symptoms between the time of your preoperative visit and your surgery, we ask you to contact your doctor to discuss treatment and possible delay of your surgery.

During Surgery: Your doctor will be performing your operation under sterile conditions in the operating room. He/she will be wearing a “sterile suit” to prevent exposing your open joint to any bacteria.

After Surgery: You will have a dry dressing applied to your wound after surgery. Usually, this dressing will be changed for the first time on the first day after your surgery. Thereafter, your dressing will be changed on a daily basis, or possibly more frequently if soiled. You will be asked to keep your incision dry (and clean) until your wound is sealed and your staples have been removed. (See attached wound care instructions).

Again, in an effort to prevent infection, you will be started on antibiotics in the operating room. Antibiotics are routinely continued for 24 hours after surgery and then discontinued (you will not routinely be sent home on antibiotics).

For the rest of your life, after you have had a joint replaced, you need to protect your artificial joint from getting infected. You need to notify your dentist that you have an artificial joint, prior to any dental procedures. He/she will prescribe the appropriate antibiotics for you to take before and after your dental procedure to prevent infection from spreading to your total joint.

It is important, again for the rest of your life, that you immediately get tested and treated for any symptoms that might suggest infection (coughing, fevers, burning with urination, and redness of any skin area). Any infection, anywhere else in your body, can spread to your total joint. It is important that all infections be treated as soon as possible to protect your total joint.

Deep Venous Thrombosis (Blood Clots)

After any major surgery, particularly orthopedic surgery, you are at risk for getting blood clots in your legs. If a piece of a blood clot breaks free from your leg and travels to any other part of your body, serious complications, such as a stroke, heart attack, pulmonary embolism, and even death, can occur. In order to prevent blood clots, the following strategies will be employed:

Anti-embolic stockings: These are compression stockings that will be placed on your legs on day one after your surgery. These stockings are effective in preventing blood clots as well as controlling swelling that can occur after surgery. You should continue to wear them as long as you are still experiencing significant swelling. For most patients, this will be in the neighborhood of two to four weeks. If you are not experiencing any swelling, you can discontinue their use.

Sequential compression devices: These devices will be placed on your non-operative leg after surgery in the recovery room. They periodically inflate to squeeze your legs and help return blood from your legs to your heart. This will help prevent your blood from pooling in your legs and forming clots.

Anti-coagulation medications (“Blood Thinners”): After your surgery, your doctor will start you on a blood thinner. Coumadin (a pill taken every evening), Lovenox (a daily injection), and Arixtra (a daily injection) are three of the most commonly used medications. If your doctor chooses to use **Coumadin**, you will need to have your blood level checked periodically to make sure that you are getting the appropriate dose. These medications are usually continued until you are getting around easily, usually in the neighborhood of two weeks.

Home Care

Reasons to Call Your Doctor

After you return home, call your doctor if you:

- Have severe hip pain uncontrolled by prescribed pain medication.
- Experience sudden sharp pain with a “pop” sound at the joint.
- Have drainage from the incision.
- Develop swelling in the lower leg or foot or experience tenderness in the calf.
- Have a chest pain or shortness of breath.
- Have a fever greater than 101 degrees.

*****It is ALWAYS better to report problems early*****

Tips to Control Pain and Swelling after Total Joint Replacement

1. Take adequate **PAIN MEDICATION** to allow you to sleep well at night and to participate in your exercise program with a minimum amount of discomfort. Prolonged pain and insufficient rest will slow down your recovery process.
2. **ICE** can be used to help relieve pain and to decrease swelling. Fill a large plastic bag with ice or use a package of frozen vegetables (i.e. corn kernels or peas) and place it on your joint over a wet towel. Keep it in place for 15 to 20 minutes (you should get past the “pins and needles or burning feeling” progressing to the numb feeling). Use ice immediately after performing your exercises and throughout the day if swelling occurs.
3. **ELEVATE** your leg to reduce swelling. To elevate your leg correctly, your knee and ankle must be above the level of your heart. The best position is to lie down on your back with 2 or 3 pillows lengthwise under your entire leg. Elevating your leg on a stool or on pillows while sitting is not adequate to reduce swelling.
4. **COMPRESS** and decrease swelling of your operated leg by wearing your white Anti-embolic stockings during the day.
5. **POSITION** – Sleep with a pillow between your legs for the first few weeks, if you normally sleep on your side, keep the operative leg on top. Wear the knee immobilizer at night to keep the knee straight while sleeping.

Taking Coumadin

Most patients are sent home on an anti-coagulant or “blood thinner” medication called Coumadin. A home care nurse will make a visit to your house to assess your transition to the home and draw blood on two separate occasions to see how the anticoagulant is working, or you may be required to go to a lab such as Quest or Lab Corp to get your blood drawn for testing (if you are in outpatient therapy).

Coumadin is needed to help prevent your blood from forming clots that can cause serious medical problems. Coumadin slows the time it takes for your blood to clot. Therefore, it will take longer for you to stop bleeding if you are injured.

Follow these additional guidelines while taking Coumadin, Arixtra or Lovenox:

- Take the medication at the same time each day.
- Use a soft bristled toothbrush.
- Use an electric razor.
- *Avoid foods that are high in Vitamin K such as leafy greens, liver, pork, cauliflower and broccoli. (**Only if you are taking Coumadin**)
- Do not take any other medications, including over-the-counter medications, without consulting your physician.

Call your doctor immediately if you:

- Fall or hit your head.
- Have bleeding that does not stop.
- Have bleeding when you brush your teeth.
- Have pink, red or dark brown urine.
- Have blood in your stool or the stool in black.
- Develop multiple bruises or black and blue marks.

The Home Care Plan

The surgery and hospital stay are the first steps to your full recovery after a **Total Knee Replacement**. Once you are home, you need to balance rest (to maintain and regain strength) with your exercise program (to strengthen muscles and regain the ability to walk).

The day after discharge your physical therapist will visit you. During this visit the therapist will review your home exercise program and activity limitations. The therapist will also review the goals and modify the plan of care which you started in the hospital. This plan gradually increases your endurance and tolerance while at the same time strengthening your new joint. The therapist will explain the specific goals you must reach before you are ready to be transferred to outpatient therapy.

The home physical therapist will come to your home two or three times a week to monitor your progress and advance your home exercise program. Many patients require four or six weeks physical therapy following a **Total Knee Replacement**.

The home care therapist will give you a phone number so you can reach a home care nurse 24 hours a day should the need arise.

At home you need to continue doing the things you learned in the hospital. Remember to keep your knee in a safe position. The positioning and supporting of the knee is important whether you are walking, sitting or lying.

Keep Your Joints Safe

- Avoid twisting the knee. Turn your entire body instead.
- Avoid jumping. This could loosen the new joint.
- Continue the planned exercise program.
- Use an ice pack if the knee begins to swell or to control the mild muscle soreness which occurs through exercise.

Home Safety

Before and after Total Knee Replacement surgery, it is important to examine your home and how you move within it.

- Remove items that may cause you to trip such as throw rugs or electric cords in walkways.
- Be aware of small pets that may get “under foot”.
- Keep items used routinely (i.e. glasses, reading material, etc.) within easy reach so you do not have to stretch or twist to get them.
- Wear rubber soled shoes to help prevent slipping.
- If the staircase does not have a rail, consider installing one to help walk up and down the steps safely.
- Make sure the chair you normally sit in is high enough to support proper positioning of the knee. If necessary, add a pillow.
- Evaluate your bathroom to determine if the toilet is the correct height and the tub can be entered easily. An elevated toilet seat and/or bathtub transfer bench may be purchased to assist you during your recovery. An elevated toilet seat or commode riser helps keep the joint in the correct position.
- Move slowly until your strength and balance have returned.
- Notice wet floors or small objects on the floor that may cause you to slip.
- At night, turn on the light before you get out of bed.
- When turning, do not twist, but step around to perform tasks or retrieve items you need.

Continuing your recovery at home means thinking before you move and learning to be aware of your movements as you go about your daily routine.

- A. Keep a table nearby for frequently used items such as magazines, telephone or remote.
- B. Clear common walkways and heavily traveled areas of any items that could impede your ability to walk safely throughout the house.
- C. When climbing stairs, use the handrail. If no handrail is available, consider installing one as soon as possible.

The Road to Recovery

It will take your body several months to heal after surgery. It is important to realize that convalescence may take quite some time. You may have some swelling and discomfort even up to a year after surgery. Do not become discouraged, this is normal. It is also normal to feel a little down or depressed after surgery. Even optimists get the blues now and then. However, if this continues please consult your health care provider.

As You Progress

As you complete this phase of recovery, you will progress from requiring assistance to becoming independent. Your therapist will discuss and instruct you, on your exercise program and any equipment or treatments you may need. Carefully following your therapist's directions will help to speed your progress, regain your strength, and return to your normal level of activity. Please feel comfortable asking any questions you have.

After being home for a week, you will feel strong enough to be up and out of bed for at least six to eight hours every day. You will be getting dressed and taking part in usual daily activities such as preparing a light meal. By the end of the second week you should be dressed and out of bed during waking hours and able to perform 30 repetitions of each exercise. You will manage to transfer in and out of your car and safely get in and out of the bathtub. Remember to call your doctor's office to schedule a follow-up appointment.

