



Total Knee Replacement

OUTPATIENT GUIDEBOOK



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Total Knee Replacement Guidebook

PATIENT NAME

SURGERY DATE

Return to your surgeon for your final pre-op check up on:

DATE

TIME

Please call:

PHONE NUMBER

**PLEASE BRING THIS BOOK WITH YOU TO EVERY APPOINTMENT
YOU HAVE FOR YOUR JOINT REPLACEMENT.**

Table of Contents

General Information

Welcome and Introduction to your Joint Replacement Team.....1

Pre-Op Checklist (Complete and Check Off Items)

What To Do Six Weeks Before Surgery.....9	Complete
- Insurance Approval	_____
- Obtain Laboratory Test	_____
- Schedule and Attend Mandatory pre-op ATI Physical Therapy Session	_____
- Exercising Before Surgery	_____
What To Do Four Weeks Before Surgery.....11	
- Pre-Register with the Surgical Center	_____
- Obtain Medical and Anesthesia Clearance	_____
- Start/Stop Medications (as instructed by your surgeon)	_____
What To Do Ten Days Before Surgery.....12	
- Preoperative Visit to Your Surgeon	_____
- Stop Medications as Ordered by Your Physician	_____
- Prepare Your Home	_____
What To Do The Day/Night Before Surgery.....13	
- Find Out Your Arrival Time at the Surgical Center	_____
- Nothing to Eat or Drink After Midnight	_____
- What to Bring to the Surgical Center	_____
- Complete Preoperative Bathing Program	_____
- Special Instructions	_____

Table of Contents

Post-Op Care After Surgery

Caring for Yourself at Home.....15

- Recovering at Home
- Control Your Discomfort
- Body Changes During Recovery
- Caring for Your Incision
- Shower Instructions
- Medication
- Constipation
- Anticoagulant
- Celebrex
- Tylenol (Acetaminophen)
- Valium (Diazepam)
- Ulcer Protection
- Gabapentin (Neurontin)
- Recognizing and Preventing Potential Complications
- Protecting Your Joint Around the House
- Managing Your Joint Replacement for the Rest of Your Life
- Problems and Worries After Surgery
- Safety at Home



SECTION ONE



General Information

General Information

WELCOME TO DELAWARE OUTPATIENT CENTER FOR SURGERY

Thank you for choosing Delaware Outpatient Center for Surgery to help restore you to a higher quality of living with your new joint.

We believe that you play an essential role during your surgical experience and recovery. There are many benefits of having your surgery at Delaware Outpatient Center such as:

- Low infection rate
- Personalized education programs with our nurses
- Customized care plans with the Joint Team
- Dedicated nursing care throughout your entire stay
- Recovery and rehabilitation in your own home



This guide will help you understand the best way to prepare for your procedure.

ABOUT US

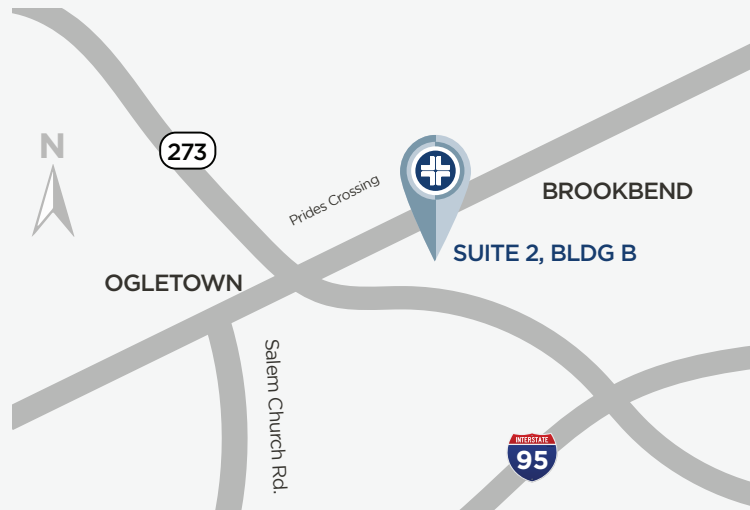
Delaware Outpatient Center for Surgery was born from the idea that ambulatory surgery could be affordable while providing high-quality services in a caring, comfortable and nurturing environment. Our primary concern is our patients. Our professional, supportive staff strives to offer a high level of personal attention to each patient that comes to our center. We believe that the prevention of disease and health teaching are important factors in patient care.

Delaware Outpatient Center for Surgery is licensed by the state of Delaware, certified by Medicare as an Ambulatory Surgery Center, and accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Our professional nursing staff is experienced and trained in patient care for same-day procedures.

General Information

LOCATION

Delaware Outpatient
Center for Surgery
774 Christiana Road
Suite 2, Building B
Newark, DE 19713
Phone: 302.738.0300
Fax: 302.355.0155



INTRODUCTION TO THE JOINT REPLACEMENT PROGRAM

Delaware Outpatient Center for Surgery has implemented a comprehensive, planned course of treatment, which we call a same-day joint replacement program. Our program provides the opportunity for patients to get up and walk on their new joint the same day as surgery. This allows patients to recover in the comfort of their own home with the assistance of their support coach.

Our program is team oriented and revolves around you and your personal recovery needs. We are glad you have chosen Delaware Outpatient Center for Surgery to care for your knee.

General Information

MEET YOUR TOTAL JOINT COORDINATOR!

Your team includes physicians, physician assistants, nurses, surgical technicians and physical therapists specializing in total joint care.

We advise that all patients going home designate a support coach for a minimum of 72 hours after the procedure. This person is commonly a family member, friend, or loved one that is capable and willing to care for you while you are in the acute period of your recovery (typically 1-5 days). If you do not have someone that is willing or able to do this at your time of surgery, we strongly advise that you let your surgeon know so that the appropriate recovery arrangements can be made for you.

Participation in our joint replacement program includes:

- Contact with a nurse, preoperatively, day of surgery and postoperatively
- Establishment of home care services
- Identifying your home recovery plan and support coach

Details about your experience from preoperative teaching to postoperative management should be considered and reviewed.



If you have not yet met with your surgical center total joint coordinator, please call Delaware Outpatient Center for Surgery at 302.738.0300 to schedule an interview and education program.

General Information



FREQUENTLY ASKED QUESTIONS ABOUT TOTAL KNEE REPLACEMENT SURGERY

An average of 600,000 people undergo total joint replacement surgery every year. Candidates for joint replacement are individuals with chronic joint pain, typically from arthritis. When preventative and restorative treatment for arthritis fails, and the pain interferes with daily activities such as exercise, leisure, and work, it may be an appropriate time for a joint replacement.

The surgery aims to relieve pain, restore your independence and help you return to work and other daily activities. For example, patients should be able to return to driving in 2-4 weeks, and recreational activities such as dancing in 4-6 weeks and golf in 6-12 weeks.

Patients have asked many questions about total knee replacement. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that you need to be answered, please ask your surgeon or physician assistant.

What is arthritis and why does my knee hurt?

There are many different types of arthritis, but the most common type we see for knee replacement surgery is osteoarthritis, the disease of wear and tear of the joint. Cartilage serves as a cushion and allows for smooth motion of the knee. Arthritis is a wearing away of the smooth cartilage. Eventually, cartilage wears down to the bone. Rubbing of bone against bone causes discomfort, swelling and stiffness. In the knee joint there is a layer of smooth cartilage on the lower end of the femur (thighbone), the upper end of the tibia (shinbone), and the undersurface of the patella (kneecap).



Knee pain location due to arthritis.

General Information

Should I exercise before the surgery?

It is typically advised that the healthier and more active you are before surgery, the more likely you will have a positive outcome. Physical therapy will be set up within 4 weeks of surgery to increase strength and range of motion before the surgical procedure. Consult with your surgeon or physical therapist about the exercises appropriate for you.

How do I plan for surgery?

After your surgeon has confirmed that you are ready for joint replacement surgery, the scheduling team will contact you to confirm your surgery date, time and location. While you are waiting to be contacted, you should complete all examinations and clearances ordered by your surgeon and primary care physician.

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

Most joint replacements are performed under spinal anesthesia. This involves a needle placed in the lower back which numbs your legs only. You then sleep throughout the entire surgery. Spinal anesthesia typically allows for less stress on your heart and lungs during surgery. However, depending upon certain medical conditions you may be required to have general anesthesia, which most people call “being put to sleep.” The choice is between you, your surgeon and the anesthesiologist.

What kind of help will I need after my surgery?

Our goal is that you go home the same day of surgery. We would like that you recover with the help of a family member or friend. We call this person a support coach, and it is their job to help you with your immediate recovery needs. Your recovery needs should include assistance with medication, physical therapy, eating, grocery shopping, etc. Please be sure to let your surgeon know the kind of help you will have in the immediate recovery period (1-2 weeks), so they can plan for the appropriate support.

General Information

How long will I need a support coach for?

Our suggestion is that you have someone available to help you for the first 72 hours after the surgery. After that, it is helpful to have assistance at least once a day to help with food, bathing, and chores for the next 1-2 weeks.

How long does the surgery take?

Typically, the surgical center will reserve approximately 1-2 hours for this type of surgery. Some of this time is taken by the operating room staff to prepare for the surgery, then to wake you up and transfer you to the recovery room which is also known as the Post Anesthesia Care Unit (PACU).

Will surgery be painful?

Mild to moderate pain and swelling is expected during recovery from a joint replacement, but it should not exceed your comfort limitations. There are a variety of different methods to help control your pain, including cold therapy, medications, and a variety of multimodal pain management techniques. Alternative therapies such as guided imagery, aromatherapy, relaxation and massages can also be considered as tools to help manage your pain.

It is essential to stay on a medication regimen for the first few days following surgery to efficiently control your pain. During your recovery, if your pain is unmanageable, please seek assistance from your surgical team.

Will I need a walker or a cane?

It is recommended for safety that you use a walker or cane after surgery. Walkers provide the most support for your immediate recovery. Your Physical Therapist will transition you to a cane. Some equipment can be provided by your surgeons office prior to surgery depending upon insurance and copay.

General Information

What are the major risks?

Infection, excessive bleeding, and blood clots are serious risks to be aware of. You can help reduce your risk for complications by following the instructions in this Guidebook and making sure you understand what is expected of you before your procedure.

These instructions may include:

- Monitor your wound for signs of infection and excessive bleeding.
- Take medication to reduce your chances of developing a blood clot.
- Following instructions for out-of-bed activity and lower extremity compression with ankle pumps.
- Choose a support coach to help prepare your home for recovery, ensure you have the appropriate equipment, assist with your medication administration instructions and understand physical therapy guidelines for recovery.

How long until I can drive?

You could be restricted from driving as long as 1 month or until your surgical team clears you. The ability to drive depends on when you stop taking narcotic medications, the affected surgical side and if you drive an automatic or manual transmission car. Patients that are taking narcotic medication should not operate a vehicle.

When will I get back to my normal routine?

Getting back to your normal routine is very dependent on the dedication to your recovery plan, including rest, nutrition, following medication, physical therapy and general health guidelines. Please follow your surgeon's instructions for recovery. Getting back to your normal routine will depend somewhat on your progress in therapy. Consult with your surgeon or physical therapist for their advice on your activity.

General Information

When will I be able to get back to work?

We advise that most people take at least one month off from work depending on the physicality of their work. It may be possible to return to work with a cane earlier. Speak with your surgeon or physical therapist to learn about recommendations.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your surgeon. Rule of thumb is to take it easy, and only do what you are comfortable with and doesn't cause you pain or injury.

When will I see my doctor following the surgery?

You should schedule to have a postoperative visit typically 10-14 days after your procedure. Please speak with your surgeon's office if they have not given you a post visit date.

The frequency of visits after your initial post-op visit will depend on your progress. Many patients are seen at 10-14 days, 6 weeks, 3 months and one year.

Will I have restrictions following this surgery?

Injury-prone and extreme sports are dangerous for the new joint. High-impact activities are not recommended. After you have recovered from your surgery, it is good to try low-impact activities such as bike riding, hiking, swimming and walking.

Please speak to your surgeon about returning to specific activities.



SECTION TWO

Pre-Op Checklist

Pre-Op Checklist



SIX WEEKS BEFORE SURGERY

Insurance Approval

Before surgery, your surgeon's surgical coordinator will contact your insurance company to find out if a preauthorization, a precertification, or referral form is required. It is important to make this call. Failure to clarify these questions may result in a reduction of benefits or delay of surgery.

If you do not have insurance, please notify the registration staff when they call you for preregistration. You will need help in making payment arrangements.

Laboratory Tests

Your surgeon may ask you to get routine lab tests and an EKG after your preoperative visit. A list of approved laboratory locations will be provided by your Surgeons office.

Billing for Services

After your procedure, you may receive separate bills from the surgeon, anesthesiologist and the surgery center. If your insurance carrier has any specific requirements regarding participation status, please contact your carrier.

Vitamins

While vitamins can play an important role in your health, many herbal supplements can interfere with anesthesia, causing increased bleeding and therefore lengthening the healing process. You should provide your physician with a list of all medications (prescription, over the counter, herbal) that you are taking.

Smoking

All patient must stop smoking at least 6 weeks prior to their surgical procedure. Smoking interferes with the transfer of oxygen to a patient's healing tissue which will delay recovery. Patients who have stopped smoking will be tested for Nicotine and Cotinine (the active metabolite of nicotine) prior to surgery. Elevated Nicotine or Cotinine levels will cause surgery to be cancelled/rescheduled.

Pre-Op Checklist



Preoperative Exercises

Many patients with arthritis favor their joints, and thus the joints become weaker, which interferes with their recovery. It is important that you begin an exercise program before surgery. It is MANDATORY that you schedule a pre-surgery visit with ATI Physical therapy prior to surgery. A pre-surgical exercise program can be created at that visit. If you have any additional questions about exercises you can do at home before surgery, please ask your surgeon or physical therapist.

What can I do to prepare for my surgery?

Preparing for your surgery can minimize the amount of help needed post-op. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals prepared, will help reduce the need for extra help from your support coach.

Pre-Op Checklist



FOUR WEEKS BEFORE SURGERY

Pre-Register

After your surgery has been scheduled, you should expect a call from the surgical center for pre-registration, financial and insurance information by phone. You may be asked to have the following information ready when you are contacted:

- Full legal name and address
- Home phone number
- Marital status
- Social Security number
- Work address and work phone number
- Employer and occupation
- Name, address and phone number of someone to notify in case of emergency
- Name of insurance company, mailing address, policy and group numbers, and insurance card
- Medication List



Obtain Medical Clearance

You will need to see your primary care doctor for preoperative medical clearance (this is in addition to seeing your surgeon, preoperatively). You may also be asked to see a specialist (cardiologist or vascular surgeon, pulmonologist, endocrinologist) depending on any pre-existing medical conditions you may have.

Pre-Op Checklist



TEN DAYS BEFORE SURGERY

Preoperative Visit to Surgeon

You should have an appointment in your surgeon's office 7-10 days prior to your surgery. This will serve as a final checkup and a time to ask any questions you might have.

Medications to Review with Your Surgeon Before Surgery

If you are on any of the following medications, please speak with your surgeon about when he or she would like you to stop or resume taking them.

- Blood thinning medications such as:
Ticlid (Ticlopidine), Plavix, Coumadin, Aspirin, Lovenox, Xarelto, or any other blood thinner.
- Any NSAID's such as: Motrin, Naproxen, Ibuprofen
- Any supplements or herbal medications such as: Vitamin E, Iron, Multivitamins
- Insulin or any medications for diabetes.

Please be sure you understand what is expected of you, so you can help optimize your recovery.

Prepare Your Home for Recovery

Things you can do to prepare a safe recovery location include:

- Clean the home, do the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single serving containers.
- Cut the grass, tend to the garden and finish up any other yard work, so you don't need to during your recovery.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install nightlights in bathrooms, bedrooms and hallways.
- Arrange to have someone collect your mail and take care of pets or loved ones, if necessary.
- If you have prescriptions, fill them the day before surgery.

Pre-Op Checklist



DAY BEFORE SURGERY

Find Out Your Arrival Time at the Surgery Center

The Physician's Surgery Center will call you the day before the surgery (or on Friday if your surgery is on Monday) to tell you what time your procedure is scheduled. You may be asked to come to the surgery center 1-2 hours before the scheduled surgery to give the nursing staff sufficient time to start IVs, prepare and answer questions.

It is important that you arrive on time to the surgery center. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a later date or time.



NIGHT BEFORE SURGERY

Do Not Eat or Drink

It is typical that the surgery center will ask you to not eat or drink anything after midnight, EVEN WATER, GUM or CANDY, unless otherwise instructed to do so. Failure to follow these instructions from the surgery center will result in cancellation.

Complete Preoperative Bathing Program

Follow these instructions for bathing one day before your scheduled surgery:

- The night before the surgery, thoroughly wash head to toe with an antibacterial soap (such as Dial® Gold Bar), and then rinse.
- Clean knee with SAGE cloth. Follow the instructions on the package.
- Wash or change sheets on your bed. Wear a clean washed pair of clothes to bed.
- On the morning of your surgery, clean knee with second SAGE cloth. Follow the instructions on the package.
- Wear clean, washed loose fitting pants or shorts to the surgery center.

Pre-Op Checklist

Special Instructions:

- You should be instructed and informed by your physician, physician assistant, or total joint coordinator about medications to take the night before surgery.
- Do not shave or apply lotion or deodorant to your skin.
- Make sure you have a ride to and from the surgery center.
- Make sure you have your support coach, a family member or friend to help you at home for up to 72 hours after surgery.
- Make sure you understand and have access to the medications you will need after your operation.
- Please leave jewelry, valuables and large amounts of money at home.
- Makeup must be removed before your procedure.
- Nail polish must be removed before your procedure.
- All piercings and body jewelry must be removed before your procedure.

Bring the Following to the Surgery Center:

- Bring your GuideBook (this book that has been provided to you).
- Bring a copy of your Advance Directives (if applicable).
- Bring your insurance card, driver's license or photo ID and payment method (if applicable).





SECTION THREE

Post-Op Care

Post-Op Care



POST-OP CARE

Your PACU nurse will review the surgeon's discharge instructions with you and your support coach.

Recovering at Home

When you go home, there are a variety of things you need to know for your safety, recovery and comfort. This section will provide you with information to customize your physical therapy plan, education on controlling your discomfort, body changes during recovery, areas of risk and identifying possible complications.

Controlling Discomfort:

- Take your pain medicine as prescribed on a regular and timely basis.
- Gradually wean yourself from prescription medication to non-narcotic medications. Options for alternative non-narcotic medications should be discussed with your surgeon before you go home.
- Clinical studies have proven that applying compression in addition to cold therapy to the surgical site can be effective in reducing postoperative swelling and regaining range of motion.
- Applying ice to your affected joint will decrease discomfort, but do not use for more than 20 minutes at a time each hour. Always place a barrier between the ice and your skin. A bag of frozen peas wrapped in a clean kitchen towel makes an ideal ice pack.
- Some patients find it helpful to use ice and pain medication before and after your exercise programs.

Post-Op Care

Body Changes During Recovery:

- Your appetite may be poor for a few days after surgery. Your desire for solid food should return as the effects of anesthesia wear off.
- It is advised that you stay hydrated by drinking plenty of fluids.
- Difficulty sleeping can be normal, it is recommended that you do not sleep or nap too much during the day. It is best that you are up and moving during the day and recovering overnight with sleep.
- Your energy level could be decreased during the first month of recovery.
- Pain medication that contains narcotics have side effects of constipation.
- When taking narcotic medication, physicians typically advise that you take stool softeners or laxatives to reduce the risk of complications from constipation.
- Stool softeners and laxatives are generally over the counter medications and can be found at a local pharmacy.

Caring for Your Incision

Do not remove the bandage unless instructed by your surgeon. Your surgeon or the surgery center nursing staff will review the instructions for changing your dressing. The general rule of thumb is to keep your incision clean and dry.

Shower Instructions

- Most patients will have waterproof dressings. Please check with your surgeon to be sure what type of dressing has been applied.
- The type of dressing you have will determine when you can first get in the shower.

Post-Op Care



AT HOME

Medications

You can resume your normal medications as directed by your surgical team. Some changes may be made to your home medications. You will be placed on several additional medications after surgery. Please refer to your discharge medication list provided by the surgery center for full directions on what to start, stop and continue.

Constipation

Pain medication and anesthesia will likely cause constipation. All patients react differently and therefore it is your responsibility to take what is necessary to prevent constipation. There are various medications that are sold over the counter for constipation that we recommend you take (if needed). We recommend that you continue to take some or all of these medications as directed until bowel movements become normal:

- Dulcolax (Colace): Laxative, stool softener
- Senokot (Senna): Stimulant laxative
- Polyethylene Glycol 3350 (Miralax): Osmotic laxative
- Pysllium (Metamucil): Fiber supplement
- Citracel
- Hydrate with plenty of water/fluids.

Anticoagulant

You will be placed on a medication to help prevent the formation of blood clots or deep vein thrombosis. The medication you are given will depend upon your weight, age, past medical history, etc. While your specific medication may differ based on these factors, most likely you will be given Aspirin (Enteric Coated) 81 mg tablet. Take 1 tab by mouth twice daily (morning/night) with food for 6 weeks.

Post-Op Care

Celebrex (Celecoxib)

Celebrex can help significantly with postoperative pain and swelling. You will be provided with a prescription Celebrex prior to surgery. Celebrex is the only anti-inflammatory which does not increase the risk of bleeding after surgery.

Some insurance plans may not cover Celebrex, or it may only be covered with a high co-pay. There is no substitute for Celebrex in this event. If you feel the cost is too high to fill the prescription, please contact your surgeons office. An authorization may be necessary, or the prescription could be sent to a different pharmacy at a lower cost



If you have a SULFA ALLERGY, Celebrex is contraindicated.

Tylenol (Acetaminophen)

It is recommended that you continue to take Tylenol with your other prescribed pain medications. Tylenol will help to increase the effectiveness of prescribed pain medications and help the pain relief last longer. It is recommended that you take 1000mg of Tylenol, three times a day. You may safely take up to 4000 mg of Tylenol a day without side effects or complications.

Valium (Diazepam)

Muscle spasms may occur after surgery. Your surgeon may provide you with a low dose prescription for Valium. This may be taken every 8 hours for muscle spasms or cramps. It is recommended that you wait 1 hour before or after taking a narcotic pain medication to take Valium.

Post-Op Care

Ulcer Protection

The combination of medications prescribed after surgery may be hard on your stomach and GI system. A medication will be prescribed by your surgeons office prior to surgery to help protect against GI symptoms. It is also being given to help reduce your risk of ulcers or stomach bleeding with aspirin. If you are already taking a Proton Pump Inhibitor or H2 blocker for acid reflux/GERD, you will not be prescribed these medications.

Gabapentin (Neurontin)

This medication is commonly prescribed to help reduce neuropathic pain, pain associated with nerve injury. This medication will also decrease nerve pain at night and help to provide relief during sleeping. Several Orthopedic studies have shown good results in reducing pain around surgery. You may not be given this medication if you are already taking neuropathic medications, antidepressants, anti-anxiety medications or have a history of seizures.

Recognizing and Preventing Potential Complications

Signs of Infection:

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in knee
- Fever greater than 100.5° F

Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 101.5° F.

Prevention of DVT and Pulmonary Embolus:

- Frequent mobility during recovery
- Participate in physical therapy.
- Take blood thinning medications as prescribed by your physician.
- If you recognize a blood clot, call your physician promptly.
- Signs and symptoms of a blood clot include redness, swelling, skin warm to touch and/or tenderness.
- Wear compression stockings if ordered by your doctor.

Post-Op Care



PROTECTING YOUR JOINT AROUND THE HOUSE:

Safety and Avoiding Falls

1. Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets
2. that are firmly anchored to the floor or that have non-skid backs.
3. Be aware of all floor hazards such as pets, small objects or uneven surfaces.
4. Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms and hallways.
5. Keep extension cords and telephone cords out of pathways. DO NOT run wires under rugs
6. as this is a fire hazard.
7. You may be at risk for injury if you wear open toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
8. Sit in chairs with arms. It makes it easier to get up.
9. Rise slowly from either a sitting or lying position to prevent lightheadedness.
10. You may be at risk for injury if you lift heavy objects during the first 3 months. After that, speak with your surgeon about any restrictions you will have.
11. Stop and think. Use good judgment.



MANAGING YOUR JOINT REPLACEMENT FOR THE REST OF YOUR LIFE

Activity with Your New Joint

Joint replacement patients should have a regular exercise program to maintain fitness and the health of the muscles around their joints. With both your surgeon and physical therapist's permission, you should be exercising regularly 3-4 times per week lasting 20-30 minutes.

Low-Impact Activity:

- Recommended exercise classes
- Regular 1-3 mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center
- Low-impact sports such as golf, bowling, walking, dancing, etc.

Post-Op Care

General Guidelines for Activities to Avoid After a Joint Replacement:

- Running or other high-impact activities
- High-risk activities

Reducing Risk of Postoperative Infections

It is important to realize that the risk of infection remains after you have recovered from your procedure. A prosthetic joint could attract the bacteria from an infection located in another part of your body. If you should sustain an injury such as a deep cut or a puncture wound, you should clean it as best as you can, put a sterile dressing or band aid on it and notify your doctor. The closer an injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your surgeon if the area becomes painful or reddened.

When you are traveling through airport security, you may need to let TSA know that you have a prosthetic joint. Otherwise, you may set off the metal detector. When traveling, stop and change positions hourly to prevent your joint from tightening.

Dental Treatments

Please be sure to notify your dentist that you are having a joint replacement and get a checkup before your procedure. When you see the dentist after your procedure, please be sure to remind them that you had a joint replacement, as you may be asked to take preventative antibiotics before any significant treatments.

Take antibiotics as directed by your surgeon before having dental work or other invasive procedures for at least 1 year after surgery. Some patients may need to do this forever. Ask your surgeon about specific guidelines for you.

Post-Op Care



PROBLEMS AND WORRIES AFTER SURGERY

Swelling

Swelling of the lower leg on the side of surgery will most likely occur after surgery. You may develop some swelling on the opposite leg as well, however this is less likely. While the body is attempting to swell around the surgery site, gravity will push much of this swelling down the leg. This will cause swelling to increase throughout the day while you are walking, seated, or participating in PT. Swelling can be treated by elevating the limb, with the foot above the level of the heart. Swelling may persist for 2-3 months after surgery. Everybody develops some degree of swelling. Swelling is typically not from infection or blood clots.

If swelling becomes severe and uncomfortable, you can purchase TED (compression stockings) from your pharmacy. These will help to relieve swelling and discomfort. Help may be necessary to get stockings on/off. Elevation will still be necessary.

Warmth

You may experience some warmth around the incision. This is a sign of inflammation and the normal healing process. Warmth around the incision is not from infection. Warmth in the knee may last for up to 6 months after surgery.

Blisters

You may develop blisters or redness around the incision. While you may occasionally develop these in reaction to tape or adhesive, they are more commonly caused by swelling. Do not touch or pop the blisters. Place a dry sterile dressing over the blisters. If the blisters pop, wash with soap and water and keep clean and dry. Continue to try and reduce swelling through elevation and ice. You will not require treatment as they will heal on their own.

Bruising

While on blood thinner after surgery, extensive bruising may occur. This may affect the upper thigh, in the area where a tourniquet is used during surgery. It may also occur around the surgical incision or down the leg and in the bottom of the foot. Elevate the leg and use ice on the areas. There is no treatment needed for bruising. Bruises may remain for 3-4 weeks after surgery.

Fever

You will likely run an elevated temperature for weeks after the surgery. Elevated temperatures are a normal occurrence after surgery resulting from stress on the body. A “fever” is considered a sustained temperature higher than 101.5 F. Minor fevers can usually be relieved with the use of OTC Tylenol as directed. If you continue to have a fever greater than 102 F, please call our office. Chills and the “inability to get warm” are also common complaints. Nothing usually needs to be done or can be done for these symptoms.

Post-Op Care

Difficulty Sleeping

It is common to not be able to sleep well for weeks after surgery. While sleeping, many people begin to experience neuropathic (nerve) pains. The prescribed Gabapentin may help with this pain. OTC sleep aids may be taken as directed. You can try OTC Benadryl (Diphenhydramine) 25 mg 1-2 tabs 1 hour prior to sleep. You can also try OTC Melatonin as directed. We do not commonly prescribe sleeping aids as they may interact with your pain medications.

Urination

Frequent urination or burning can be a sign of urinary tract infection. Call our office or your PCP if you experience pain, burning with urination or if you begin to detect a foul odor or discharge with urination.

Rash/Allergic Reaction

Some patients experience allergic reactions to one or more prescribed medications. Sometimes it may be caused by moisture heat from lying in the hospital bed for prolonged periods. Benadryl OTC may help with some symptoms. Wear loose fitting dry clothing. Call our office if the symptoms persist.

Nausea

It is common to have mild nausea after surgery. Call the office if this persists. Antinausea medications can be given or prescribed medications can be changed.

Itching

It is common to have some itching after surgery, either from pain medications or heat rash from moisture accumulation after lying in bed or chairs for prolonged periods. All narcotic medications will cause some degree of itching, so switching medications will not help. Benadryl or OTC antihistamines may help relieve the symptoms. Wear loose fitting dry clothing.

Safety at Home



SAFETY AT HOME

(Review these movements with your physical therapist before and after surgery)

Instructions for Getting Into Bed After Your Operation

1. Back up to the bed until you feel the bed on the back of your legs.
2. Using your walker, reach back with one hand to help you sit down on the edge of the bed and then scoot back toward the center of the mattress, keeping the other hand on the walker.
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around, so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around. (If this is your operated leg, you may use a cane, a rolled bed sheet, a belt or resistance band to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed.
7. Scoot your hips toward the center of the bed.

Instructions for Getting Out of Bed After Your Operation

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your unoperated leg to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in
6. the center of the walker while pushing up off the bed with the other.
7. Balance yourself before reaching for the walker.

Getting Into the Tub With a Bath Seat After Your Operation

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
5. Move the walker out of the way but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg-lifter for the operated leg, if necessary.
7. Hold on to the back of the shower seat.

Safety at Home

NOTE: Although bath seats, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

NOTE: ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.

Getting Out of the Tub Using a Bath Seat After Your Operation

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

Getting Into an Automobile After Your Operation

1. Push the car seat all the way back, recline it if possible, but return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn forward.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head, so that you do not hit it on the door frame.
5. Turn forward, leaning back as you lift the operated leg into the car.

Walking With a Walker

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with operated leg.
3. Place your foot in the middle of the walker area. Do not move it past the front feet of the walker.
4. Step forward with the non-operated leg.

NOTE: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.

Safety at Home

Stair Climbing After Your Operation

1. Ascend with your unoperated leg first (up with the good.)
2. Descend with your operated leg first (down with the bad.)

Taking Off Pants and Underwear

1. Back up to the chair or the bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down
3. to your knees.
4. Lower yourself down, keeping your operated leg out straight. Take your unoperated leg out first, and then take out the operated leg.

