



Total Knee

REPLACEMENT SURGERY



North
Kansas City
Hospital

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HEALTH

This planning guide provides you and your family with information about what to expect before, during and after surgery.

To prepare you for your upcoming procedure, North Kansas City Hospital has a **free** total joint replacement class.

By attending the class, you will be better prepared to participate in your plan of care, which will positively impact your recovery and help you get back to your normal routine as soon as possible. If you have not already registered, please visit **nkch.org/Joint** or call **816.691.5363**.

Your surgeon requires participation in the class. If you are unable to attend a live class, our total joint replacement educational videos are at **nkch.org/JointClass**. Please watch the videos, then complete and submit the form at the bottom of the web page to verify you viewed them.

Bring this booklet and a care partner to the Joint Class and your appointments.

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*Welcome to North Kansas City Hospital.
Your decision to have a joint replaced is an
important step toward better health.*

Joint replacement surgery is highly successful in helping people with severe knee pain get back on their feet. Depending upon your age and activity level, replaced joints may keep you moving the rest of your life with improved function and less pain.

Through advances in technology and healthcare, total joint replacement is an outpatient surgery. Most patients are able to return home the same day as surgery.

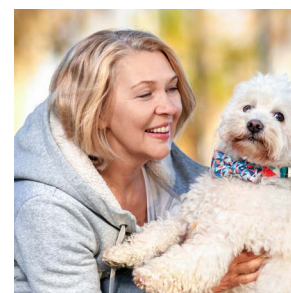
At North Kansas City Hospital, our ultimate goal is to provide evidence-based excellent care and service while helping you maintain your independence as you recover from surgery.

Our program earned Advanced Total Hip and Total Knee Replacement certification from The Joint Commission. This recognition means our comprehensive program has met strict requirements for patient safety and quality care.

After you are discharged, you may receive two surveys.

- ▶ CMS Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- ▶ NKCH Total Joint Replacement Program Patient Satisfaction Survey

Your feedback regarding your experience is very valuable to us as we work toward fulfilling our mission to Provide Hope and Healing to Every Life We Touch.



Total Joint Schedule

Pre-Surgery Clinic Visit: _____

Total Joint Class: _____

- Register for an in-person or virtual class at **nkch.org/Joint**.
- So your care partner is part of your joint replacement education, please bring your care partner to the class or include him or her in your virtual class. If you do not have a care partner, please contact the orthopedic nurse navigator at 816.691.5363.

Surgery: _____

(Your surgery time is subject to change. If any changes are made, a member of our team will reach out to you.)

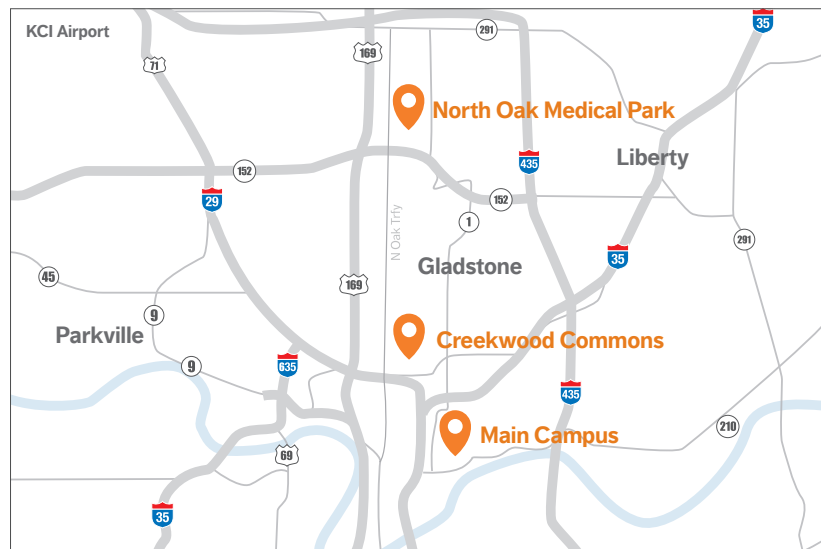
Before your surgery, schedule your first physical therapy appointment for two to three days after surgery at the physical therapy location of your choice.

Postoperative Physical Therapy Visit: _____

For your convenience, NKCH has three Physical Therapy and Sports Medicine locations:

Phone: 816.691.1795

- Creekwood Commons
5400 N. Oak Trfy., Ste. 101
- Main Campus, 2nd Floor Pavilion
2790 Clay Edwards Dr.
- North Oak Medical Park
9501 N. Oak Trfy., Ste. 100



Orthopedic Surgeon Follow-Up Visit: _____

Total Knee Replacement Surgery

How a Knee Replacement Works

A joint is a moveable connection between the ends of two or more bones. The ends are covered by a smooth material called cartilage and connected to each other by flexible ligaments. The joint is lined with a tissue called synovium, which produces a lubricating substance called synovial fluid. Muscles and tendons surround the joint and power its movement. For the human body to have free and easy movement, all of these components must work well.

Arthritis breaks the fine-tuning between bone, cartilage, synovium, ligament and muscle. Just how the arthritic process works is still not clear, but researchers know its effects on the joints. In osteoarthritis, the smooth cartilage covering the joint becomes so rough and worn thin that the bones rub directly against each other, causing pain and inflammation. In rheumatoid arthritis, the synovium becomes inflamed and attacks cartilage.

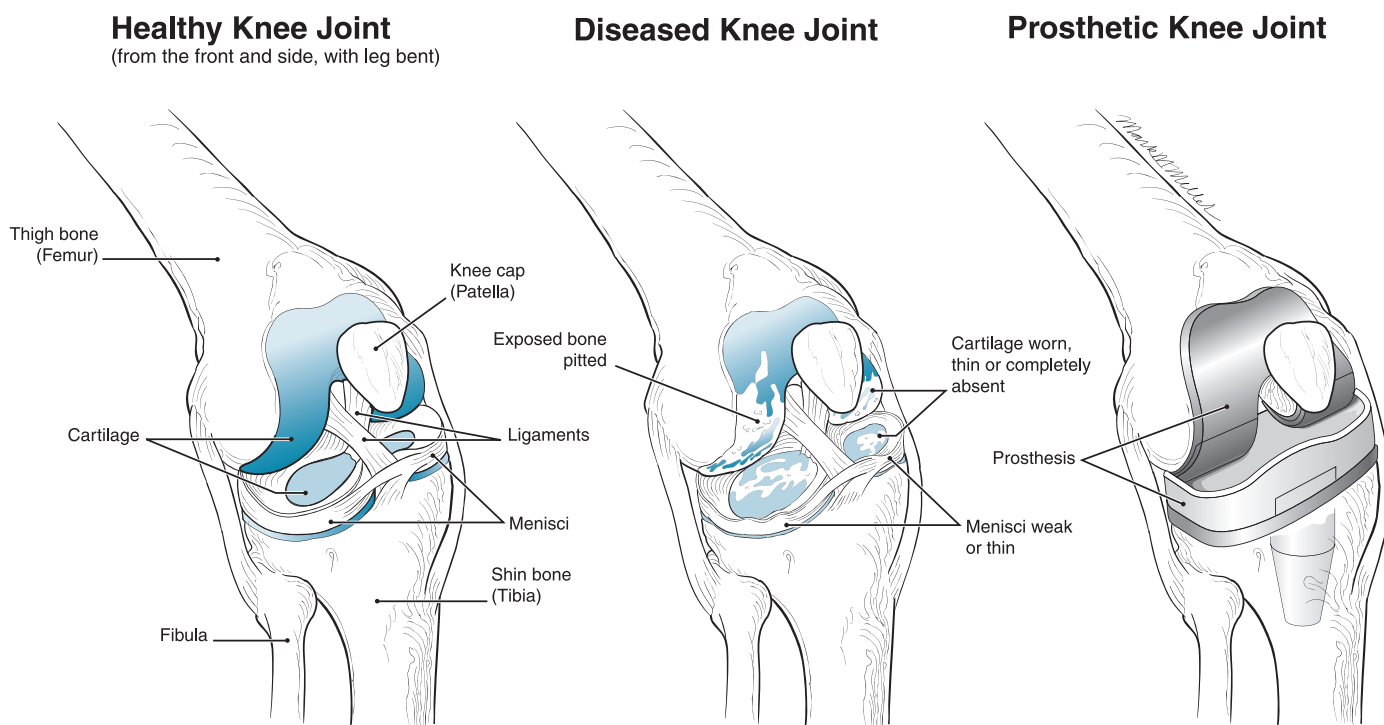
In both cases, the joint can become stiff and painful. Eventually, arthritis sufferers avoid moving the joint to prevent the pain. Lack of movement weakens the structure adjoining the joint and intensifies the condition, making movement increasingly difficult.

The knee joint comprises three parts: the femur (the end of the thigh bone), the tibia (the top of the shin bone) and the patella (the knee cap).

The end of the femur has two curved portions that work with the two cuplike portions of the upper end of the tibia. Together, the ends of the femur and tibia allow smooth motion in the normal knee and make up the hinge joint. The kneecap, which is held in place in front of the knee joint by muscles and tendons, increases the efficiency of the thigh muscles. It works with the knee joint by sliding along a groove between the curved portions of the femur.

Total knee replacement is a common procedure that replaces one or both sides of the knee joint to relieve severe pain, increase joint motion and improve joint mobility. The procedure replaces damaged cartilage and bone with new surfaces. Your surgeon will discuss which implant type is best for you.

In joint replacement surgery, the worn-out joint ends are replaced with a prosthesis, or artificial knee, made of metal and strong plastic. The diseased bone ends are cut away, and the prosthesis is implanted in their place. The artificial knee is attached to the bone with a cementlike material or an absorbent coating into which, over time, the bone can grow directly.



Eating Healthy

Food helps promote healing, so it is important to eat well before and after surgery. A healthy diet also is an essential part of your overall health.

Protein

After surgery, it is especially important to eat enough protein to heal.

What is protein?

Protein is a nutrient the body needs for normal growth, wound healing and building lean body mass to fight off infections.

How much do you need?

You should strive to eat two servings (6-8 oz total) of protein per day. A piece of meat the size of a deck of cards is approximately 3 oz. One ounce is equivalent to one egg, 1/4 cup beans or peas or 1 tbsp of peanut butter.

Tips for getting a variety of protein in your diet

Vary your protein choices by eating nuts, beans and fish. Eat fish at least twice per week.

Choose lean or low-fat meat and poultry. Chicken and fish have the least amount of fat in them. If you eat beef or pork, choose leaner cuts such as rounds and loins.

Eat an egg. Research now shows an average of one egg per day doesn't increase your risk for heart disease. Remove the yolk to reduce the cholesterol and fat content.

For more information or individual calorie needs, go to choosemyplate.gov.

Water

Drink plenty of fluid and exercise to help your body adjust to a high-fiber diet. Drink at least 8 cups of water per day

Fiber

A high-fiber diet helps prevent constipation after surgery.

What is fiber?

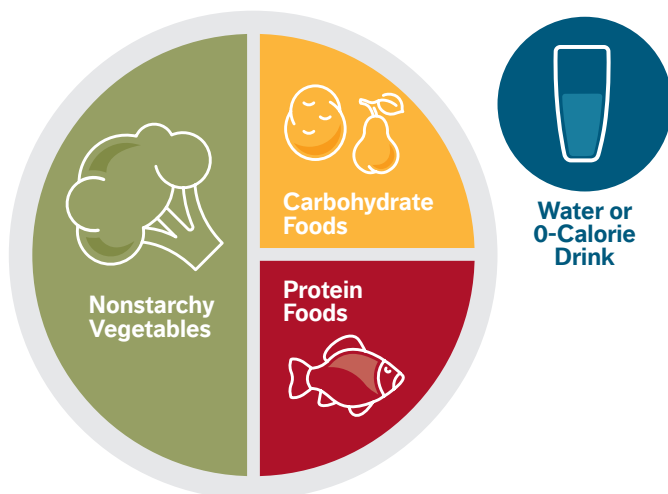
Fiber is a carbohydrate the body can't digest. It assists with digestive health, keeps you regular and makes you feel full longer. Fiber also has the potential to lower bad cholesterol (LDL).

How much do you need?

Strive to get 25-35 gm of fiber daily. If you don't currently get this much fiber, increase your intake slowly.

Tips for adding fiber to your diet

- ▶ Eat whole grain cereals and breads.
- ▶ Choose cereals with more than 3 gm of fiber.
- ▶ Aim for five daily servings of fruits and vegetables.
- ▶ Eat fruit instead of drinking juice.
- ▶ Add beans to soups, chili, salads and casseroles.
- ▶ Double vegetables in stews, soups, casseroles and spaghetti sauce.
- ▶ Add ground or milled flaxseed to your diet as a great source of omega-3 and fiber.



HIGH-PROTEIN FOOD SOURCES

Beans	Cheese	Milk	Peanut butter	Yogurt
Beef	Fish	Nuts	Poultry and eggs	

HIGH-FIBER FOOD SOURCES

Beans	Nuts
Bran cereal	Oatmeal
Fresh or frozen peas and lima beans	Vegetables (especially broccoli, carrots and spinach)
Fruit (especially apples, peaches, pears, raisins and strawberries)	Whole-wheat bread, crackers and pasta

Before Surgery Checklist

Take an active role in your recovery by completing as many checklist items as possible before your day of surgery.

Before Surgery (1-4 weeks)

- Arrange for your care partner to help with household duties and transportation after you return home.
- Get a front-wheeled walker (required), and practice using it in your home.
- Arrange for pet care (if needed).
- Begin eating a diet rich in protein and fiber and taking your Enhanced Recovery After Surgery supplements (if ordered).
- Call your doctor if you develop tooth pain, skin tears, abrasions, cuts, bites or shaving nicks that may still be present on the day of your surgery.
- Complete all pre-surgery testing appointments and labs.
- Drink plenty of water and/or sugar-free drinks.
- Practice your recovery exercises daily. (See pages 7-8.)
- Purchase ice packs (two large gel packs recommended).
- Schedule your first physical therapy appointment for two to three days after surgery.
- Prepare your home for your return.
 - Arrange your bedroom on the first floor, if possible.
 - Consider installing a raised toilet seat, shower chair and grab bars; find a reacher (suggested).
 - Reduce clutter.
 - Remove tripping hazards such as rugs and cords.
 - Stock your pantry and freezer with one week's worth of easy-to-prepare and make-ahead meals.

Recommended Equipment

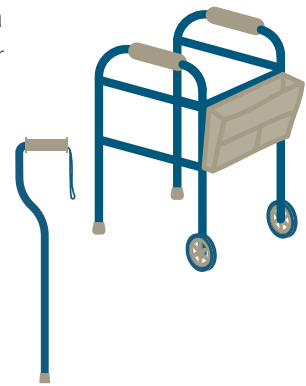
Having the following equipment will make moving around and taking care of your personal needs easier in the weeks following surgery.

Mobility

Front-wheeled walker: You will initially use a walker after surgery; ask your nurse navigator about insurance coverage (*do not use a four-wheeled or rollator-style walker; it may not be stable*).

Walker bag or tray: Attach a bag or tray to your walker to help you carry items.

Single point cane: After you are done with your walker, you may use a standard cane for several weeks to help with balance.



Bathing and Personal Hygiene



Elevated toilet seat



Grab bars and/or shower rails



Ice packs



Reacher



Tub/Shower bench

Recovery Exercises

To help speed your recovery, practice these exercises **BEFORE** your surgery.

Breathing Exercises

Breathing exercises help protect you from acquiring pneumonia. Use your incentive spirometer every hour, doing 5-10 breaths each time while you are awake.

1. Sit up straight and tall, and hold the spirometer in your hands.
2. Take a deep breath in and let it out.
3. Place the mouthpiece in your mouth. Make sure your lips completely cover the mouthpiece.
4. Breathe in slowly through the mouthpiece (like sucking through a straw).
 - ▶ Keep the range indicator (little marker on the side chamber) in the target zone.
 - ▶ Breathe in until the piston (large marker in large chamber) makes it as high as you can.
5. Hold your breath in for 3 seconds and then let it out.



Repeat this exercise while you are in the hospital and continue doing so throughout your recovery.

Exercises for Knee Replacement

Perform 20 reps of each exercise two times per day. They can be completed on a flat surface such as a couch or bed. If anything causes significant pain, call your surgeon to discuss modifications.

1 Ankle Pump

Lie on back or sit in chair.



Move ankle/foot up and down in pumping fashion.

2 Gluteal Set

Lie on back or sit in chair.

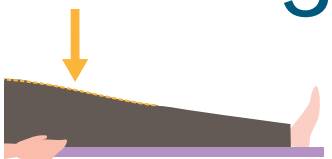


Squeeze buttocks together for 5 seconds.

Relax and repeat.

3 Quad Set

Lie on back with legs straight.



Tighten kneecap and push back of knee into bed to engage muscles on front of thigh.

Hold 5 seconds and repeat.

4 Hamstring Set

Lie on back with involved knee slightly bent and other leg straight.



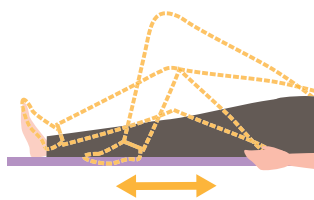
Pull/dig heel into bed and hold for 5 seconds.

Relax and repeat.

Recovery Exercises

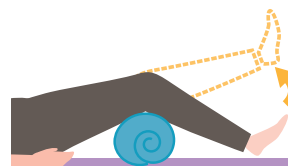
5 Heel Slide

Lie on back with legs straight.
Bend knee and slide heel along bed toward buttocks and hold for _____ seconds.
Return to original position and repeat.



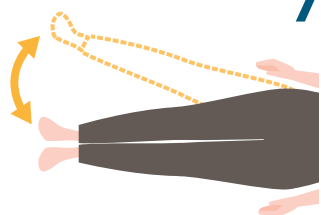
6 Short Arc Quad

Lie on back with knee supported by pillow or bolster.
Straighten leg and hold for 5 seconds.
Return to original position and repeat.



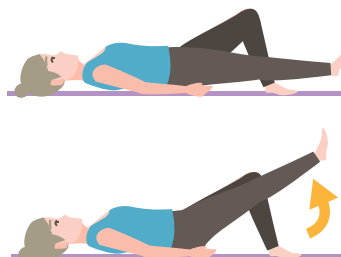
7 Hip Abduction

Lie on back with legs together and knees straight, keeping knees and toes pointed toward ceiling.
Slide leg outward.
Return to original position and repeat.



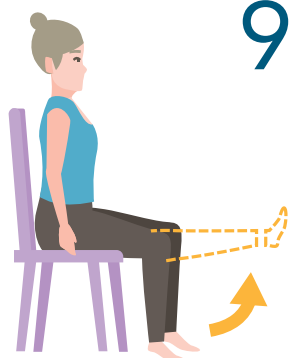
8 Straight Leg Raise

Lie on back with uninvolved knee bent and pull in belly button.
Push knee of surgical leg into surface so thigh muscle is tight, then raise this leg to level of other knee that is bent.
Return to original position and repeat.



9 Long Arc Quad

Sit on chair with back straight and feet flat on the floor.
Straighten leg and hold for 5-10 seconds.
Return to original position and repeat.



10 Knee Flexion

Sit on chair with back straight and feet flat on the floor.
Bend leg as much as possible under the chair. Hold for 30 seconds.
Return to original position and repeat 10 times, three times a day.



Surgery Preparation

Nurse Navigator

Before scheduling the procedure, your surgeon may refer you to our orthopedic nurse navigator to address any health concerns. Improving your health before surgery can reduce your risk for complications during surgery and give you the best possible outcome.

Pre-Surgery Testing

Before your surgery, you will receive a health evaluation that includes a medical history. This will be completed in person or by phone. Your pre-operative preparation may also include blood studies, a nasal swab, an electrocardiogram (EKG) and X-rays. If you have recently had an infection or cold, have an allergy to antibiotics or other medications, have taken steroids in the past year or are taking blood thinners such as aspirin, tell your doctor.

You will be directed on if you should take your usual daily medications on the day of surgery. You may be instructed not to take some of your home medications before surgery, particularly nonsteroidal anti-inflammatory drugs or blood thinners.

During this visit, you also will be instructed about whether you are a candidate for a same-day discharge.

Choosing a Spokesperson

During admission, we'll ask you to choose a spokesperson(s) and add the name(s) to your electronic medical record. This person(s) can:

- ▶ Keep your family informed during your stay
- ▶ Be the same person who is legally responsible for making medical decisions on your behalf if you are unable to do so, but that is not a requirement
- ▶ Make decisions about visitors, if you are unable to do so

We respect your right to keep your personal health information private. We will only release information to the selected spokesperson(s). Thank you for understanding.

Night Before Surgery

If you have any changes in health or skin rashes/wounds, call your surgeon as soon as possible.

The night before surgery, you need to shower with chlorhexidine gluconate soap (CHG). CHG is an antibacterial soap that will help reduce your risk of surgical site infection. A common brand name for this soap is Hibiclens®. If you are allergic to chlorhexidine, ask the Pre-Surgery Clinic nurse for a different option.

Be sure to place clean sheets on your bed before showering.

Showering instructions

- ▶ Shampoo your hair with your normal shampoo; rinse.
- ▶ Turn off the water; apply CHG soap to your entire body from the neck down; wash for 3-5 minutes; avoid getting the soap in your eyes or ears.
- ▶ Turn the water back on and rinse off; do not use your regular soap after rinsing.
- ▶ Do not use any lotions, creams, powders, deodorants or makeup after drying off.
- ▶ Wear clean pajamas to bed.
- ▶ Repeat the same shower process the morning of your surgery.

Eating and drinking

During your Pre-Surgery Clinic appointment, you will be told when to stop eating or drinking prior to your surgery.

Grooming

- ▶ Remove all nail polish or any type of acrylic nails.
- ▶ Do not shave your surgical leg for three days prior to your surgery.
- ▶ Brush your teeth the morning of your surgery.

Surgery Preparation

ITEMS TO WEAR TO THE HOSPITAL

- Full set of loose-fitting, comfortable clothing (socks, elastic waist pants or loose-fitting shorts, underwear, etc.)
- Sturdy, flat slippers or comfortable shoes with an enclosed back and nonskid soles. No flip flops or scuff/slide slippers.

ITEMS TO BRING TO THE HOSPITAL

The following checklists will help you prepare for your hospital stay. **Please bring only items that are absolutely necessary.**

- Care partner
- Insurance cards/information
- Important phone numbers
- List of current medications with dosages (include name of medicine, dosage, frequency, vitamins, over-the-counter medicine and dietary supplements such as herbal products); please do not bring any medicines or medicine containers
- Bring this book so you can write down questions, concerns or important information from your healthcare team.
- Personal care items such as your toothbrush, comb, brush, dentures and case, hearing aid(s) with extra batteries, eyeglasses with hard case and contacts with supplies
- CPAP machine (if used at home)
- Walker (have it in your vehicle for your care partner to bring in after surgery)

ITEMS TO LEAVE AT HOME

- Credit cards
- Money
- Jewelry (all patient rooms have a clock, so a watch will not be needed)
- Purse
- Medicines and medicine containers
- Valuables

Register for the joint replacement class at nkch.org/Joint.

Surgery and Recovery

On the day of surgery when you arrive in Pre-Op, you will meet the anesthesiologist and discuss the anesthesia that will be used.

There are two types of anesthesia.

- ▶ **General anesthesia:** You will be completely asleep and unaware of your surgery. A tube will be placed in your mouth to protect your airway and support your lungs. It will be removed before you are fully awake.
- ▶ **Spinal anesthesia:** A local anesthetic will be injected next to the nerves in your back. You will lose sensation and not be able to move from the waist down. After your procedure, your sensation and movement will quickly return.

In Pre-Op, you will also wash your knee a second time with antibacterial soap. If necessary, excess hair will be removed from your knee area. A nurse will start an intravenous line (IV) to provide you with fluids during surgery and gives any medications your surgeon ordered.

Your surgeon may order a peripheral nerve block to help control your pain after surgery. It will be in place for up to three days to help reduce the need for opioids as part of your pain management plan.

You will be asked to rate an acceptable pain level. Our team will use that pain level to determine if your pain management plan is effective. Joint replacement surgery can be painful, so it should be expected that you will experience some pain.

During surgery, your spokesperson will be updated on your progress and informed when you return to your room.

When you awaken in the Recovery Room, you will have a bandage and a peripheral nerve block catheter with a small pump on your leg. You will also still have the IV.

After you have recovered from the anesthesia, you may move to a room on the Orthopedic Unit or you may be ready to go home. Some patients are discharged directly from the Post-Anesthesia Care Unit.



Surgery and Recovery

After Surgery

It's important for you to do several activities to decrease your risk for complications and help you recover.

- ▶ Continue deep breathing and coughing with your incentive spirometer (see page 7) to prevent lung congestion.
- ▶ Do the exercises you learned prior to surgery (see pages 7-8). They enhance the return of blood to your legs and keep your muscles strong. Move your feet up and down 10 times every one to two hours while awake to keep the circulation active and decrease the chance of blood clots.
- ▶ You will be fitted with white elastic stockings.
- ▶ It is essential to drink a reasonable amount each day to maintain good kidney function and help prevent constipation.
- ▶ Don't postpone urination, as this could lead to overfilling your bladder and difficulty in passing urine. Call your nurse for assistance.
- ▶ Do not use a pillow under your knee in bed.
- ▶ If you stay overnight, you will use a sequential compression device to prevent blood clots during hospitalization. Your nurses will periodically remove the devices.

Oral Care

Brushing and flossing your teeth is even more important when you are in the hospital or recovering from surgery. To reduce your risk for complications after surgery, such as pneumonia, ensure you maintain good dental hygiene.

Medication

You may also be prescribed:

- ▶ An anticoagulant to help prevent blood clots
- ▶ A laxative to soften the stool and promote regular bowel function. Medication, inactivity and diet can cause constipation.

See page 13 for information on how to manage your pain.

Your Incision and Bandages

Keep your bandage clean and dry. Don't put powder or cream around the incision area. Your nurse will give you additional instructions for how to care for your incision.

Mobility After Surgery

The nurse and your therapy team will review your postoperative instructions. Our team will work to get you out of bed and walking immediately after surgery.

Occupational Therapy

In Occupational Therapy, you will review how to perform self-care activities such as how to bathe and dress and use a reacher, sock aide, long-handled shoehorn and long-handled sponge. Assistive devices can be purchased at area pharmacies or medical supply stores, and your occupational therapist can recommend appropriate equipment.

Physical Therapy

Your physical therapy team will review your exercises with you.

Stair-Climbing

The technique you use to go up and down stairs depends on the type of steps. You will practice going up and down stairs before going home.

- ▶ **Going up steps:** Step up first with the nonsurgical leg then follow with the operated leg.
- ▶ **Going down steps:** Step down first with the operated leg, then follow with the nonsurgical leg.

Exercise

Perform exercises either sitting or lying down. In addition to the exercises you began prior to surgery, you also will work toward bending and straightening your knee and moving the hip out to the side and back.

Getting in and out of the car

A four-door sedan will make getting into and out of a car easier. Slide the front passenger seat all the way back and recline the seat, if possible. Back up to the car and sit down, then gradually put your legs in the car.

Your therapist will help you practice getting in and out of a car during therapy.

Managing Your Pain

Work with your care team to manage your pain.

During the postoperative period, you may experience pain in your knee. Medication, ice bags, position changes and relaxation exercises can relieve your discomfort. You may have a peripheral nerve block to help control your pain.

Once you can eat and drink, oral medicine will help minimize your discomfort. Your nurse will review with you which medications you've been prescribed.

Pain Control Can Help You

- ▶ Enjoy greater comfort while you heal.
- ▶ Get well faster. With less pain, you can start walking sooner, breathing better and regaining strength. You may even leave the hospital sooner.
- ▶ Improve your results. People with well-controlled pain seem to do better.

Measure Your Pain

- ▶ You may be asked to rate your pain on a scale of 0 to 10 (using the chart below) or to choose a word that best describes your pain.
- ▶ Reporting your pain as a number helps you and your team know how well your treatment is working and whether to make any changes.
- ▶ You will work with your care team to set an acceptable pain goal (such as keeping your pain level below 4 on the scale).

Are There Guidelines to Relieve Pain?

Often it is necessary to take pain medication around the clock, especially in your initial recovery at home. Try to manage pain before it starts or gets worse by using a pain-relief method on a regular schedule. If pain begins, don't wait for it to worsen before doing something. You may require additional pain medications after your peripheral nerve block is removed.

Will I Become Addicted if I Use Opioids for Pain Relief?

No. Opioid addiction is defined as dependence on the regular use of opioids to satisfy physical, emotional and psychological needs rather than for medical reasons. Pain relief is a medical reason for taking opioids. Opioids work on the pain. Constipation is a common side effect of taking opioids. If you become constipated, tell your doctor or nurse.

Tell the Care Team About any Pain That Won't Go Away

- ▶ Don't worry about being a "bother."
- ▶ Pain can be a sign of problems.
- ▶ Your care team wants and needs to know about it.

PAIN SCALE

1 2 3
MILD PAIN

4 5 6
MODERATE PAIN

7 8 9 10
SEVERE PAIN



Discharge Options

Arrange to have a responsible adult with you for the first 48 hours after you return home.

Outpatient Therapy

Your doctor recommends outpatient physical therapy. For your convenience, NKCH provides outpatient therapy services at several locations. At the end of your outpatient therapy, your therapist can help you move to NKCH's Physical Therapy Transition Program so you can continue your recovery. **To schedule your first post-surgery outpatient therapy appointment or for more information, call 816.691.1795.**

Home Health

If you live alone or have limited access to transportation, home health therapy may be an option, if you qualify. A home health physical therapist usually visits three days each week for up to two weeks. Most insurance providers cover home health services. **If you would like more information, call 816.691.1358.**

Questions

Call the orthopedic nurse navigator at 816.691.5363.



Returning Home

Preparing to Return Home

If you live alone, some additional help will be needed. Before your discharge, make the necessary arrangements regarding your release from the hospital (including having a care partner to help at home and for a ride home).

You will leave the hospital on the medications you took before you were admitted. Your doctor may prescribe additional medication such as a blood thinner. Your care team will review your medications when you leave the hospital.

Driving and Travel

You can be a passenger in a vehicle for one to two hours at a time. When traveling, perform ankle pumps and take frequent walking breaks to help with circulation. Check with your doctor to determine when you can drive.

Follow-Up Care

Between two and four weeks after your surgery, your doctor will want to see you to follow your recovery progress. Call your doctor with any questions during your recovery.

WHEN TO CALL YOUR DOCTOR

Call your doctor if you experience:

- ▶ Fever above 101 F by mouth or shaking chills
- ▶ Signs and symptoms of infection including redness, swelling or drainage around your incision
- ▶ Sudden increase in pain, decreased ability to walk or decreased ability to straighten your leg
- ▶ Calf pain or swelling
- ▶ Changes in sensation or in the color of the affected leg (bluish)

If you fall, contact your doctor immediately.

Future Procedures

Prior to dental appointments (including a routine cleaning) or any invasive procedures such as a colonoscopy, remind your doctor or dentist of your joint replacement. In all these circumstances, your doctor should determine whether antibiotics are necessary to treat and/or prevent infection. You may be advised to wait a period of time after your surgery to have dental procedures.

Activity Level

Don't run or jump or take part in activities that place excessive stress or wear on the joint. An artificial knee comprises mechanical parts subject to wear and tear. To get the maximum life from your knee, don't expose parts to excessive stresses and strains.

Sexual Activity

With proper precautions, sexual activity is possible. Remember the position of your replaced knee is very important during the first three months after surgery. Ask your doctor, nurse or therapist if you have questions or concerns.

What to Do After Surgery

- Continue eating a well-balanced diet and stay hydrated.
- Continue ERAS supplements (if ordered).
- Continue your physical therapy exercises and keep moving.
- Keep your cell phone within reach at all times.
- Keep your follow-up appointment with your surgeon.
- Try to get seven to eight hours of sleep each night.
- Use gel ice packs for pain (have two available so you can alternate).

If you have any concerns, call your surgeon.

Returning Home

First 48 Hours

No matter how much you prepared for going home after your surgery, it will be an adjustment. You may experience anxiety and have questions about whether your discharge was too soon. These are normal feelings, but focusing on your recovery will help speed that process.

Activity

- ▶ Continue your exercise program and increase activity gradually to regain strength
- ▶ Follow all therapy instructions
- ▶ Resume activity as you gain strength and confidence
- ▶ Swelling is common with an abrupt increase in activity. If this occurs, elevate your leg above the level of your heart (place pillows under your calf, not behind the knee joint) and apply ice. You may continue with elevating and icing as needed to help decrease swelling and discomfort.
- ▶ Continued exercise at this early stage is essential. Based on your needs, your therapy may be continued at home or in an outpatient setting of your choice. You will be given an exercise program to continue exercising at home.

Do not sit for longer than 30-45 minutes at a time.

Use chairs with arms. You may nap if you are tired, but do not stay in bed all day. Frequent, short walks — indoors or outdoors — are the key to a successful recovery.

Weeks 1-6

During the first six weeks after discharge, you should be making progress. Most patients can accomplish the following:

- ▶ Walk without help on a level surface with a walker or cane
- ▶ Climb stairs as tolerated
- ▶ Get in and out of bed without help
- ▶ Get in and out of a chair or car without help
- ▶ Shower using a tub bench (as long as there are no issues with the incision)
- ▶ Resume activities, including cooking, light chores, walking and going outside
- ▶ Be awake and moving around most of the day



Zone Tool

Your Guide for Managing Your Recovery and Knowing When to Seek Medical Care

<p>GREEN ZONE Great Control</p>	<ul style="list-style-type: none">▶ Dressing clean with no drainage▶ Pain controlled with medication▶ Can bear weight▶ Able to do exercises	<p>Green Zone Means</p> <ul style="list-style-type: none">▶ Healing well▶ Taking all medications as ordered▶ Following knee precautions▶ Doing exercises as shown by therapist▶ Keeping all doctor appointments
<p>YELLOW ZONE Caution</p>	<ul style="list-style-type: none">▶ Sudden increase of pain or swelling, numbness, tingling or burning▶ Signs of infection: Fever >100 F for more than 24 hours, drainage, swelling or redness▶ Signs of a blood clot: Calf tenderness, calf swelling or warmth in either leg▶ New onset of severe knee pain▶ Unable to walk or put weight on your leg▶ Hear a popping sound in the knee▶ Bruising, nosebleeds or blood in your urine	<p>Yellow Zone Means</p> <ul style="list-style-type: none">▶ You may have a blood clot, an infection or your new knee may have a problem. <p>Call your doctor, nurse or other healthcare provider:</p> <p>Name: _____</p> <p>Number: _____</p> <p>Instructions: _____</p> <p>_____</p> <p>_____</p> <p>Call your healthcare provider if you are going into the YELLOW zone.</p>
<p>Red ZONE Medical Alert</p>	<ul style="list-style-type: none">▶ Unrelieved shortness of breath and/or sudden wheezing▶ Skin color is pale or grey▶ Skin cold to the touch and pale blue in color▶ Fingernails or tips are blue▶ Chest pain▶ Sudden confusion and/or rapid heart rate▶ Coughing up blood	<p>Red Zone Means</p> <ul style="list-style-type: none">▶ You need to be seen right away.▶ Call 911 immediately and then your doctor, if you are able. <p>Doctor: _____</p> <p>Number: _____</p> <p>Call 911 immediately if you are going into the RED zone.</p>

Preventing Falls

By increasing your awareness of safety issues around the home, you can prevent falls.

How Do You Prevent a Fall?

Proper use of a walker or an assistive device

- ▶ Do not carry any objects in your hands. Use a walker basket, walker bag or utility cart to transport objects.
- ▶ Make sure the legs of the walker or other assistive device are on the floor.
- ▶ Keep your walker or other assistive device with you at all times. Do not hold on to furniture. It may not be firm enough to support you.

Proper hand placement while standing up and sitting down

- ▶ When getting up from a chair, push up from the arms of the chair, get your balance and then reach for the walker. Don't pull on the walker. It will fall on you.
- ▶ When sitting down, reach back with both hands for the arms of the chair before sitting.

Other Considerations

- ▶ Wear well-fitting shoes with nonslip soles.
- ▶ Wear glasses (if you use them).
- ▶ Call for help if you feel dizzy or weak when getting up.
- ▶ Remove throw rugs and other objects from walkways. They could catch in walker legs.
- ▶ To clean up spills, use a reacher, or sit in a chair and use your feet.
- ▶ Use a night-light to guide your way to the bathroom at night.
- ▶ Follow your doctor's recommendations for exercises to keep your arms, legs and bones strong.
- ▶ If someone helps you walk, wear a gait belt.
- ▶ Use a nonslip bath mat, traction strips and/or grab bars in the tub or shower stall.
- ▶ Take extra care if your medications have changed. You don't know how new medication may affect you.

How Do You Get Up After a Fall?

First, check for injuries.

- ▶ Do not panic. Think!
- ▶ Make sure you can move all four limbs without pain.
- ▶ If you cannot move one or more limbs, call for help. Keep a cell phone in your walker bag or robe pocket.

Second, follow these steps for getting up:

- ▶ In a seated and slightly reclined position, scoot over and back up to a sturdy piece of furniture.
- ▶ Place your hands on the furniture behind you.
- ▶ Bring the knee of your nonsurgical leg forward so your foot is flat on the floor.
- ▶ Using the nonsurgical leg, push yourself up so you come to a seated position on the furniture behind you.
- ▶ You may need the help of a second person.
- ▶ If you feel intense pain at any time or if you are unable to get to the furniture, stop and call for help. *Please, do not try to get up.*

Frequently Asked Questions

How Can I Reduce Swelling?

Swelling is common after total joint replacement and typically is only experienced in the operative leg, including the ankle, knee and thigh. Reduce swelling with these techniques:

- ▶ Use compression stockings (TED hose).
- ▶ Continue to use cold therapy.
- ▶ Elevate your legs when you are lying down or seated.
- ▶ Do not allow your legs to be lower than your waist for extended periods of time.
- ▶ Move around frequently to increase blood circulation in your legs.

What if I Notice Bruising and Redness?

It is not uncommon to notice bruising from your hip down to your feet. The upper leg can be bruised because of a tourniquet that was placed during surgery to reduce blood loss. Lower leg bruising can be a result of internal joint bleeding that can occur during or after surgery. Bruising around the surgical area is also common.

Where Will I Have a Scar, and How Long Will it Be?

Surgical scars vary in length, but your surgeon will make as small an incision as possible. As time goes by, the scar will fade and become much less noticeable. Some people notice numbness around the scar, which may decrease over time or be permanent.

How Long After Surgery Do I Need to Wear Compression Stockings (TED Hose)?

You should continue to wear compression stockings until your post-op appointment.

How Soon After Surgery May I Drive?

You can usually resume driving two to four weeks after surgery. You will need to be off opioid pain medication, have good leg control and be fully weight-bearing before you begin driving. Your surgeon will discuss your progress and driving potential at your first post-op visit.

When May I Return to Work After Surgery?

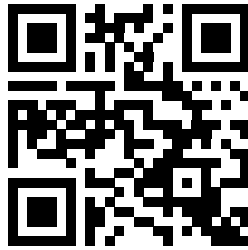
If you work at a sedentary job, you may be ready to go back to work in a few weeks, although you may need limitations and may only be able to work part time for a few weeks. If your job is physically demanding, it may be up to three months before you can return to full duty.

How Long Does It Take to Recover?

Recovery is a gradual process, but walking and physical therapy will help speed your recovery. Depending on the type of surgery, your overall health and the success of your rehabilitation, most patients experience:

- ▶ Six weeks: Able to do daily activities
- ▶ Three months: Regained pre-surgery strength and endurance

Watch a video on how to prepare for surgery, register for our free Total Joint Class and more.



nkch.org/Joint



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