



PATIENT GUIDE ON TOTAL KNEE REPLACEMENT





TO OUR PATIENTS—

This guide is to help you in preparing for your Total Knee Replacement and assist you through your hospitalization, surgery and recovery.

Total Knee Replacement is not a passive procedure. It requires hard work on your part to attain an optimum result. Members of the healthcare team will offer help, encouragement, and support; however, the bulk of the work must be done by you. In addition to your orthopedic surgeon, other doctors involved with your care are:

- **Anesthesiologist** – ensures temporary loss of pain sensation and induces sleep to permit surgery, and monitors your condition during the operation.
- **Internist** – makes sure that you are medically fit for surgery and follows your medical progress after surgery.
- **Resident** – fully qualified physicians in orthopaedic training. Residents work closely with the surgeon in providing your care.
- **Pain Specialist** – assists you in managing your pain after surgery.
- **Physiatrist** – prescribes your physical therapy regimen in accordance with your surgeon's goals.

While the majority of your actual in-hospital care is provided by the nurses, other health team members involved in your care may include:

- **Registered Nurse** – coordinates and provides care ordered by the physician, including a plan of care, administration and explanation of medications, and explanation of treatments and procedures.
- **Clinical Coordinator/Case Manager** – provides patient education, answers questions, and assists in coordinating your discharge planning.

- **Dietician** – reviews dietary restrictions or special diets your condition may warrant.
- **Nurse Practitioner** – maintains a collaborative practice with your doctor and assists in direction and individualizing your daily care.
- **Occupational Therapist** – teaches you to perform your self care activities.
- **Patient Care Associate** – assists you with personal hygiene and performs other procedures under the supervision of the nurse.
- **Physical Therapist** – teaches you how to walk and perform leg exercises such as bending and straightening your knee.
- **Physician Assistant** – responsible for much of your day-to-day medical care; follows lab results and perform physical exams or clinical procedures under the direction of your doctor.
- **Social Worker** – works with other health team members to assure that you will be able to safely manage at home. The social worker is also available to assist you in dealing with the stress of your hospitalization.

The healthcare team works together to help you return to an active, independent lifestyle. It is up to you to learn as much as possible about your knee replacement and to follow the instructions given to you by your surgeon and other health team members.

This guide has been developed to help you. We ask that you read it carefully and write any questions on the pages provided, so that we may answer them for you during the Pre-Admission Education Session.

Thank you for choosing Ochsner Kenner for your Total Knee Replacement.

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MEET OUR PHYSICIANS



Vinod Dasa, MD completed his undergraduate and medical school in the combined degree program at Union College and Albany Medical College in New York. After completing medical school, Dr. Dasa trained in the State University at New York (SUNY) at Buffalo orthopaedic surgery residency program. In 2006 he furthered his training at the Insall Scott Kelly Institute, Manhattan, New York, in Sports Medicine and Joint Replacement Surgery. This fellowship is internationally recognized as one of the pioneers in total knee replacement surgery. After completing his fellowship Dr. Dasa and his wife, Dr. Priya Velu, began their careers as faculty at LSUHSC. His research interests cover all areas of adult orthopaedics, but have primarily focused on joint replacement. In his clinical practice, Dr. Dasa uses gender specific knee replacements, MIS, and computer navigation to treat patients. He has presented his findings at national and international conferences.



Michael Hartman, MD received his undergraduate degree from the University of Southwestern Louisiana in Lafayette, LA in 1997. He completed his medical studies at the Louisiana State University Health Sciences Center in Shreveport, LA in 2001 and went on to the Mayo School of Graduate Medical Education in Rochester, MN from 2002-2006 where he completed his internship and residency training. In addition, Dr. Hartman completed fellowship training in Orthopaedic Sports Medicine at the American Sports Medicine Institute in Birmingham in 2007.



MEET OUR PHYSICIANS



Peter Krause, MD completed his undergraduate training at Harvard University, graduating magna cum laude in 1990. He graduated from Stanford University School of Medicine in 1996. His interest in orthopaedic trauma developed while completing an Orthopaedic Surgery residency at SUNY Downstate in Brooklyn, which he finished in 2001. He spent one year in an orthopaedic trauma fellowship at Detroit Receiving Hospital and then moved to New Orleans joining the LSUHSC faculty as an Assistant Professor of Orthopaedic Surgery in 2002.



Christopher Marrero, MD was born and raised in New Orleans and graduated from St. Augustine High School and Xavier University. He received his medical degree from Howard University in Washington, DC and completed a general surgery internship at the Medical College of Pennsylvania in Philadelphia. He completed his orthopedic surgery residency at King / Drew Medical Center in Los Angeles and then returned to New Orleans where he joined his father in private practice until Hurricane Katrina. Displaced by the storm, he went back to Los Angeles and joined the orthopedic faculty of King / Drew Medical Center as an assistant professor. After 10 months he moved to Texas and opened a private practice in the Beaumont /Port Arthur area. Three and a half years later in December 2009 he returned to New Orleans to become an assistant professor in the LSU orthopaedic surgery department. He now practices general orthopedics with emphasis in sports medicine, adult reconstruction, and trauma.



PATIENT TESTIMONIALS *Dr. Vinod Dasa*

I had to have knee surgery last month, and I have to say that I had the best patient care I've ever received.

My journey started at Ochsner Kenner's outpatient surgery department. The nurses started by telling me what was going to happen and the outcome of the procedure. They showed me how to walk with my crutches and made sure I was comfortable before the procedure. **The nurses were always there to check up on me and help with the pain.** The key thing is they never left my side; they even walked me to my car and helped me get into it. After the second day I started rehab, I swear to you every physical therapist at Kenner 1st floor was nice, caring and humble. I never experienced this in my life. At home I fell backwards and was hurt pretty bad. I called my doctor's office and Dr. Dasa told me to come in that morning. He looked at my knee and drained some fluid out and told me to call again if the pain comes back. The next morning he called me (not his nurse, not his assistant, but him)! He called me to see how I was feeling. I didn't know doctors still did that. **This experience at Ochsner Kenner brought back my faith in doctors, nurses and physical therapists.**



--Jeremy Celestine

I have had no problem with my total knee replacement. Dr. Dasa has done approximately three knee surgeries on me and I have yet to complain once. I already have recommended about eight patients to go see him about Total Knee Replacements. I was very lucky to find Dr. Dasa after my orthopedic doctor moved out of state after Hurricane Katrina.

--Mike DeMichiel

With Dr. Dasa's skills and my determination to walk again without pain, my knee replacement was a success. I would recommend Dr. Dasa to anyone. Anyone entering into this surgery should know that physical therapy is essential to success, so, just follow your doctor's orders.

--Eloise Davis

My experience with Dr. Dasa and his staff was great. I was shown and explained all procedures of what to expect before, during, and care after knee replacement surgery in great detail. My therapy and follow up visits to the office were good. Dr. Dasa was very professional and also caring about my needs. He followed up on everything that was happening while I was in the healing process. Overall, I would recommend Dr. Dasa and his staff to anyone who is having knee replacement surgery.

--Dale Lirette





PATIENT TESTIMONIALS *Dr. Michael Hartman*

Thank you Dr. Hartman for bringing stability back into my everyday life. I was having pain in my left shoulder and was recommended by Dr. Dasa to consult with Dr. Hartman. After an exam and x rays it was revealed that I had a tear to my rotator cuff. Dr. Hartman took the time to explain what was wrong showed me the films and was told this had to be taken care of as soon as possible to avoid losing the possibility of doing a good repair. Unfortunately my body said no because while we were in the process of determining to have this surgery I had to have an emergency open heart surgery which put the rotator cuff surgery off. Within six months we would consider doing the surgery with my Cardiologist permission. Unfortunately another complication came into play I had to have a total knee replacement which put my shoulder surgery off another six plus months. Finally got to schedule my shoulder surgery and Dr. Hartman was up front and told us that due to time that had lapsed this may not be as successful as it would have been if we could have gotten the surgery sooner. By the grace of God and the skillful hands of Dr. Hartman my surgery was a success he was able to repair the damage and my shoulder is pain free and on its way to a complete recovery. Thanks to Dr. Hartman and his great staff and with the will of God my shoulder will be as good as new. God bless and thanks Doc.



--Larry P. Larousse

Dr. Hartman noticed I was wearing a brace on my hand during a follow up visit with my husband and asked what happened? Thank God for his interest. I mentioned that I believe I had corporal tunnel and the brace seem to help. He asked if he could look at my wrist and he did. He touched a certain spot above my wrist and asked if that was sore and it was. He explained that I did not have corporal tunnel problem but an inflamed tendon that ran through a sort of tunnel. I was stunned an asked what was the cure for I had been suffering for some time and keep putting off seeking medical advice because the brace seemed to help. His explanation was in terms that I could understand and said that he could give me a steroid shot that should help and if it did not surgery may have to be considered. We decided to try the short first and that made a world of difference in my life style. I am now pain free along with the proper brace to wear that he recommended. Thank God for me being at the right place at the time, I was considering seeking medical advice and God directed me to one of the best in his field. Thank you Dr. Hartman for being considerate and asking about my hand. God bless you.

--Diana Larousse



PATIENT TESTIMONIALS

Dr. Peter Krause

I was very fortunate to meet Dr. Krause through my connection with the N.O Musicians' Clinic. I am a professional performing artist (dance and music) and had been suffering for several years from chronic pain in my left hip, due to an accident suffered while on tour. After much therapy, anti-inflammatory drugs, yoga, prayers--it became clear that surgery was the only option. Unfortunately, I had no health insurance since Katrina, and was in desperate need of medical attention. Until the Musicians' Clinic came to my assistance, I was very depressed and barely able to walk, much less work. My entire quality of life was compromised.



I was terrified at the thought of such a radical procedure, but when I met Dr. Krause, and felt his deep empathy (and obvious expertise and experience) I was immediately put at ease. I felt total trust with him, and the outcome couldn't have been better; I was able to walk out of the hospital the day after the surgery, and have experienced no setbacks in my healing process. I should mention that I had researched the hip replacement procedures and wanted very much to have the anterior approach to the surgery, as that would entail a much shorter recovery process. Dr. Krause has literally saved my life, not only by his expertise and generous spirit, but by his ability to inspire trust and calm, during what is (naturally) a very stressful and frightening experience, for anyone. I am eternally grateful to him.

--Nanette Ledet

It is my pleasure to recommend the services of Dr. Peter Krause. When it became clear that I required double hip replacement surgeries, I had a variety of concerns. I was anxious about potential limitations or problems following procedures of this magnitude. I am elated to report that my fears were unwarranted. I believe that I have made a total recovery and have resumed all activities with little to no restrictions or limitations. I would highly recommend my friends and family to seek out Dr. Krause if they were to have need for his services. He is truly a gifted surgeon and a highly trained professional.

--Blaine Barre

I am a patient of Dr. Peter Krause at the Ochsner Kenner Regional Medical Center. On January 31, 2012, Dr. Krause did a revision on my right hip. The surgery was very successful. I went through a couple of sessions of therapy. I walk with a cane right now but I hope to put the cane away by May. I am glad Dr. Krause did my surgery.

--Sandra Fisher



KNEE REPLACEMENT OVERVIEW

The knee is the largest and one of the most complex joints in the body. In addition to bending (flexion) and straightening (extension), your knee also rotates. It should glide smoothly while remaining well aligned and stable, allowing you to walk and perform normal activity.

The knee joint is formed by the junction of three bones: the thigh bone (femur), the shin bone (tibia), and the kneecap (patella). These bones are connected by ligaments, tendons, and muscles that allow you to bend and straighten your knee. The ends of the bones are covered with a smooth shiny substance (articular cartilage) that cushions and protects them from each other. Additionally, the joint lining (synovium) produces a lubricant to help the knee move smoothly.

The smooth surface of the bones, called the articular cartilage, can be worn away allowing the bones to rub together. This results in an irregular joint with rough surfaces that cause pain and swelling. When there is significant wear of the joint and uneven loss of the supporting bone, the knee may assume an angular deformity-either bow-legged (varus) or knock-kneed (valgus).

Destruction of articular cartilage can occur as a result of

- aging or wear and tear (osteoarthritis)
- inflamed or thickened synovium (rheumatoid arthritis)
- loss of blood supply (osteonecrosis)
- injury (traumatic arthritis)

When the destruction is advanced, and combination of rest, medication, heat or cold and other therapies fail to relieve the pain, surgery may be needed. A Total Knee Replacement involves removing diseased or destroyed portion of the bone and replacing it with an artificial surface.





The femoral component resurfaces the end of the thigh bone. The tibia component resurfaces the upper end of the lower leg, and the patellar component resurfaces the underside of the kneecap. These components, or prostheses, are made of metal and plastic, which on contact produce a smooth gliding surface. They are usually cemented in place. Currently, there are numerous total knee designs available. Your orthopaedic surgeon will select the design that best fits your needs.

The operation takes 1 ½ to 2 hours for one knee and approximately 3 to 4 hours for both knees. If both knees are being replaced, the surgeon finishes the first knee, and while it is being closed, begins the second knee.

Your length of stay in the hospital will depend upon your recovery.

The main results that you may expect from your Total Knee Replacement are relief of pain and improved function. While it may be some months before all of the soreness goes away, the disabling pain that prevented you from performing many activities will be gone after the normal postoperative period.



CONTROLLING RISK FACTORS

With any major surgery there are risks. It is important that you understand the risks involved in having Total Knee Replacement, as well as what will be done to minimize those risks and prevent the incidence of post surgical complications. Conditions that may increase your risk of having postoperative complication include obesity, heart and lung disease, smoking, diabetes, tooth diseases, or any sign of infection such as a recent cold, flu, or sore throat. By having potential problems identified before surgery, you can work with the health care team to prevent complications afterwards.

Prior to your admission for surgery, you will be examined by a primary care doctor, and have routine laboratory tests, either here at the hospital or by your own primary physician. After reviewing the results of your tests, physical exam and medical history, the physician will be able to identify any particular health risk factors that you may have. If high risks are identified, your doctor may recommend additional tests or may discuss with you the need to delay surgery until these risks can be brought under reasonable control. Even now, before you have your pre-admission testing, there are things that you can begin doing to reduce the risk of post operative complications.

SMOKING

Ochsner is a tobacco-free environment. Smoking is not allowed on any building or on the grounds. **If you are a smoker, join a program to stop smoking now.** Smoking increases your chances of lung complications and can delay wound healing.



NUTRITION

Both poor nutrition and obesity can increase your risk for infection and/or delay wound healing. While excessive weight can make your recovery period more difficult, a crash diet is not the answer. If you are obese and would seriously like to lose weight before or after surgery, we recommend that you join a physician-supervised weight-loss program. As you lose weight, you will see some improvement in your knee function and a decrease in knee pain. When your weight is under control and you are preparing for knee replacement surgery, it is important that your diet be nutritionally sound.

INFECTION

Bacteria travel through the bloodstream and are attracted to an artificial prosthesis. Therefore, an infection anywhere in the body presents a problem to a patient with a Total Joint Replacement. It is important that you be free of infection before you have your knee replaced, and that you obtain immediate treatment for any infection that may occur after your knee replacement surgery- and for the rest of your life. The most common areas that may be sources of bacteria in the body are the teeth and genitourinary tract. Any problems should be corrected before pre-admission testing.

- If you have not had a dental check-up within the last 6 months, you should do so now.
- If you have any problems the frequency, burning or difficulty when passing urine, you should see your urologist or family doctor.
- If you have a cold, sores, cuts, or inflamed areas anywhere on your body, let your surgeon know.
- If you have any form of infection, you may have to delay your surgery.
- If you are taking antibiotics for any reason, please tell your doctor.

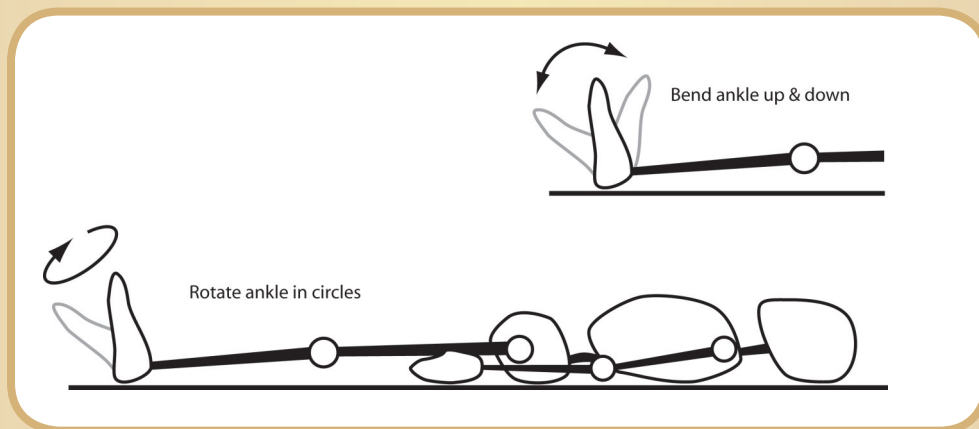


EXERCISES TO PREPARE FOR SURGERY

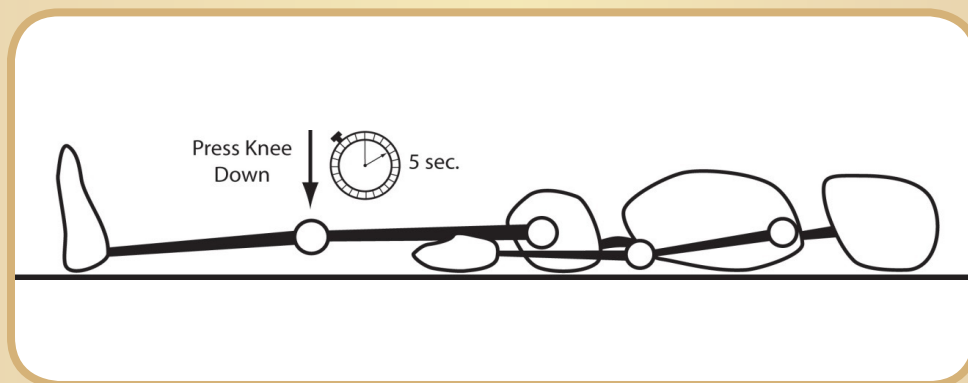
While pain may limit your physical activity before surgery, there are exercises that you should begin doing now to strengthen your muscles and prepare yourself for surgery.

- Do each of the following exercises 10 times with both legs, at least twice a day.
- Do not hold your breath while exercising.
- Lie on your back with your legs straight.

Ankle Pumps. These strengthen your knee and ankle muscles and help circulation in your legs. Bend ankles up and down. Make circles with your ankles.

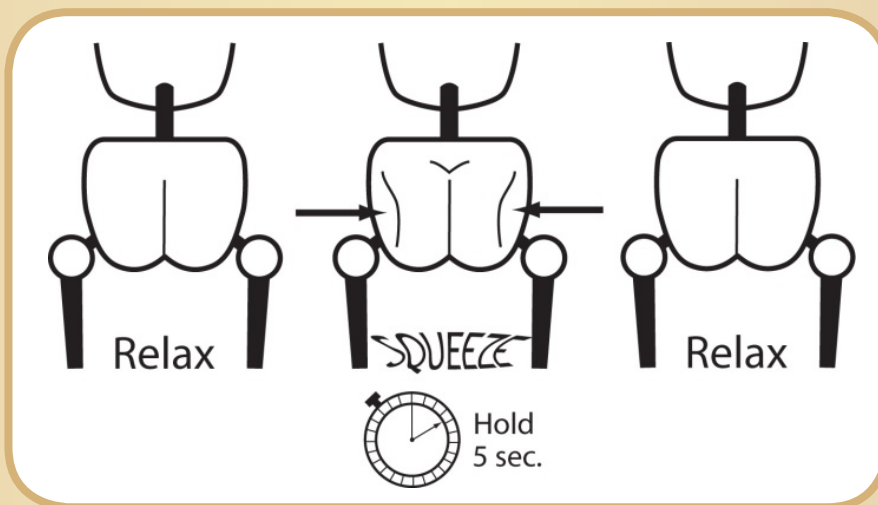


Quad Sets. These strengthen the quadriceps muscle in your thigh, which assist you in walking and straightening your knee. Tighten your thigh muscle by pushing the back of your knee into the bed. Hold, count to five slowly, and relax.

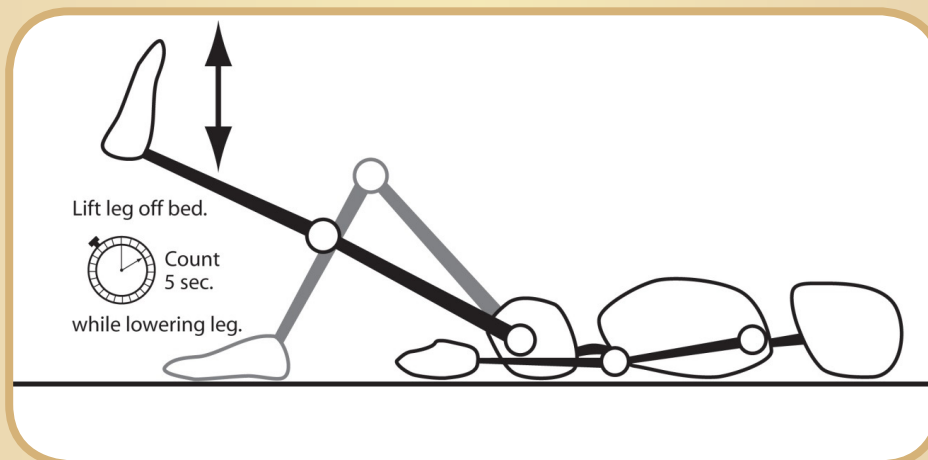




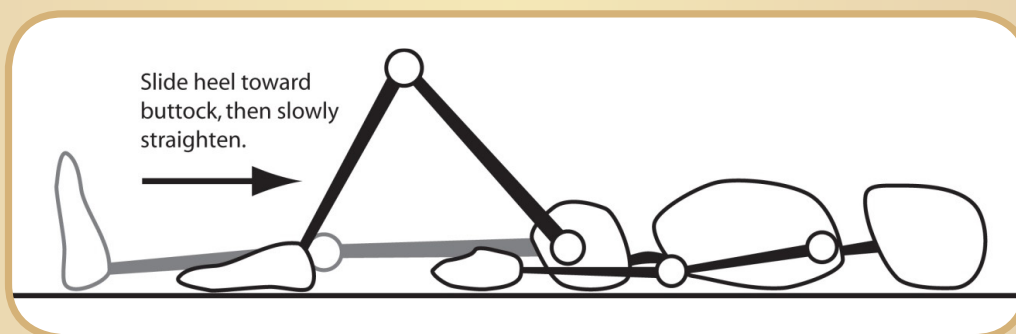
Gluteal Sets. These strengthen your buttock muscles, which help hold your body erect. Squeeze your buttocks together. Hold, count to five slowly, and relax.



Straight Leg Raises. These strengthen muscles that are important when walking. Bend opposite knee and place foot flat on bed. Keeping knee straight, lift your leg off the bed. Count to five slowly while lowering leg to bed.



Heel Slides. These strengthen muscles that help your knee to bend. Bend your knee, slowly, by sliding your heel toward your buttock. Straighten leg slowly.

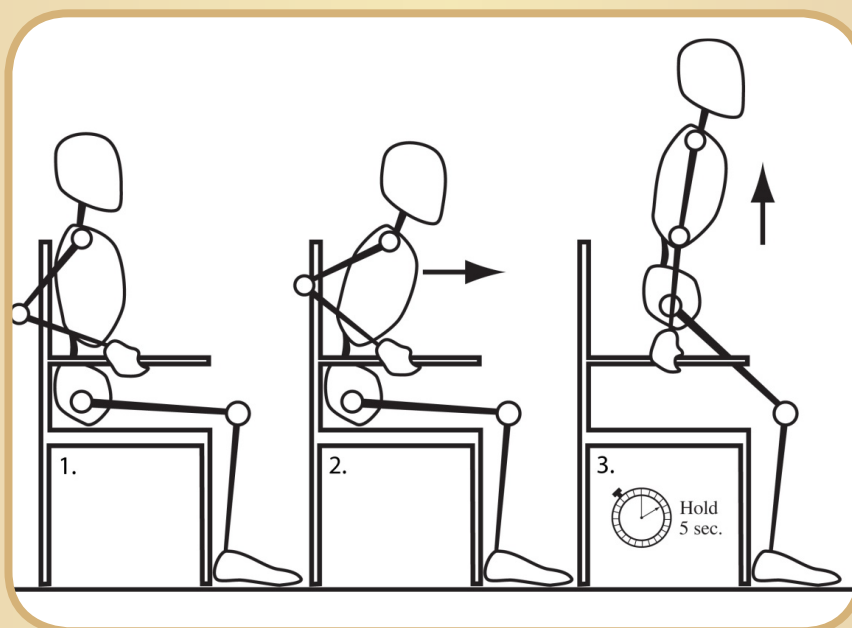




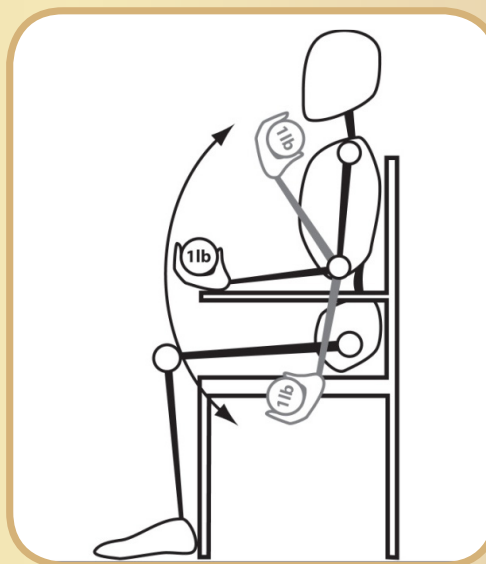
These are the same exercises that you will be expected to do after your surgery so practice now will make them easier after surgery. Upper extremity exercises are also important, as you will be using your arms to move yourself around in bed and to help support your weight when walking after surgery. All patients should do these exercises, but they are especially important for women, who generally do not have as much upper body strength as men.

- Do each of these exercises 10 times, at least twice a day.
- Sit in a sturdy chair that has arms.

Press-Ups. These strengthen your triceps muscles, which will help you when getting in and out of bed. Grab arms of chair at the level of your hips. Keep elbows bent and in toward your body. Lean body forward and push up out of chair; straighten your arms as you move up. Hold, count to five slowly, and relax.



Bicep Curls. These strengthen your biceps, which will help you move in bed and when getting in and out of bed. Hold a can of coffee (one pound) in each hand. Keep your elbows close to your body. Slowly lift both cans to your shoulders, bending only your elbows. Slowly lower cans all the way down until your elbows are straight.



COMPLICATIONS

Following Total Knee Replacement, there are complications that can occur.

BLOOD CLOTS

Research has shown that blood clots in the leg can occur in as many as 50 percent of people having a Total Knee Replacement. Most of these clots do not cause symptoms and do not present any problems to the patient. Blood clots that occur high in the leg can break loose and move to the lungs (pulmonary embolism) resulting in breathing problems, but these are rare.


To prevent these clots from occurring we:

- get you out of bed walking as soon as possible.
- give you a medication to prevent abnormal clotting. A blood test may be required to monitor the effect of the medication depending on which medication is given.
- apply an intermittent compression device to increase circulation in your legs until you are able to be up and walking.

Your part in preventing a blood clot includes:

- **moving your ankles up and down when in bed.**
- **wearing the compression device as much as possible.**
- **walking as much as you can.**
- **using compression stockings for 6 weeks.**
- **limiting sitting to no longer than 45 minutes at a time without walking.**





Occasionally, bleeding into the knee joint from anticoagulation therapy can occur. Usually, physical therapy will allow re-absorption. Very rarely, surgery is needed to correct the problem. Because blood clots are a well known problem following Total Knee Replacement, we are constantly looking for better ways to prevent this complication. You may be asked to take part in a research study aimed at a better understanding of the problem. If this is the case, the project will be explained to you, and the decision whether to take part will be entirely up to you.

NERVE DAMAGE

Patients with certain severe knee deformities may be at risk for nerve injury due to stretching that occurs during correction of the deformity. In addition, postoperative swelling around the knee can cause increased pressure on the nerve, causing tingling, numbness or weakness in the foot.

Members of the health team will:

- check the motion and sensation in your foot frequently after surgery.
- remind you to begin ankle pump exercises as soon as you can move your legs.

It is important that you tell the nurse immediately:

- if you are unable to do the ankle pumps.
- if you feel any tingling, numbness or burning in your foot, as these may be signs of pressure on the nerve.

The sooner we can relieve pressure on the nerve, the sooner it will function normally again. A nerve recovers very slowly, but with time usually returns to normal.

INFECTION

Although it may occur in less than 2 percent of patients, infection in a Total Joint Replacement is one of our greatest concerns. It necessitates removal of the prosthesis. In addition to considerable expense, this can cause additional suffering, increased disability and prolong recovery.

Precautions taken to prevent infection include:

- use of a clean-air operating room.
- wearing of special “space suits” by the entire operating room team.
- antibiotics given during surgery and for 24 hours after surgery.



Your role is to safeguard yourself against infection and obtain immediate treatment if a problem does occur. In addition, you must be aware that certain routine procedures (e.g., dental cleaning, cystoscopy, proctoscopy) can stir up bacteria and present a risk to your knee. You must notify any doctor or dentist that treats you for any problem. They should help choose which antibiotic should be used to protect your Total Knee Replacement. These precautions are to be followed for the rest of your life.

MECHANICAL PROBLEMS

Although rare, mechanical problems can occur. Some of these are:

- **Loosening of the Prosthesis** could require revision surgery to correct the problem.
- **Dislocation** usually due to excess motion in an unstable knee may require a return to the operating room to surgically relocate the knee.
- **Fractures** can occur during operation if bones are very brittle; a brace may be needed to stabilize the fracture, but activity can usually progress.
- **Poly Wear** is when the plastic wears out, necessitating another surgery to replace this polyethylene component.
- **Stiffness** when soft tissue adhesions form preventing you from freely bending your knee; a manipulation requiring a short period of anesthesia is then needed.

Even taking these problems into account, the success rate for Total Knee Replacement is 95 percent at 15 years.



LIMITATIONS AND RESTRICTIONS

Immediately following your surgery, you will be advised about limitations that allow your knee to heal. These may also be directed by how well your knee bends. Early motion is encouraged and there are no restrictions.

For 6 weeks after surgery avoid dancing and all sports except swimming (do not do the breast stroke). You may swim if there are wide steps for getting in and out of the pool. Do not use a ladder. You may also use a stationary bicycle.

An artificial knee does not bend quite as much as a normal one, so full squatting may not be possible. Kneeling can be uncomfortable but is not harmful to the prosthesis.

Providing all is well at your 6-month check-up, we encourage you to engage in those recreational activities that do not put unnecessary stress on your knee.

Acceptable Activities

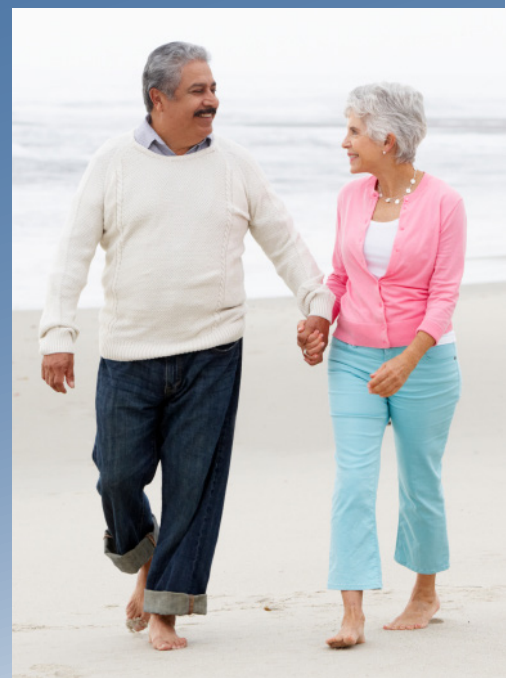
- Biking
- Boating
- Bowling
- Cross-Country Skiing
- Dancing
- Doubles Tennis
- Golf
- Horseback Riding
- Hiking
- Swimming (avoid breast stroke)
- Walking

Activities To Avoid For Life

(No impact or contact sports allowed)

- Downhill Skiing*
- Jogging
- Jumping
- Running
- Singles Tennis*

*If you were proficient in these activities before surgery, your doctor may allow you to resume. Ask at your 6-month check-up. If there is a specific activity you have concerns or questions about, speak to your surgeon before your surgery so that you can make an informed decision.



BLOOD TRANSFUSION

After knee replacement surgery you may require a blood transfusion. Today, there are several ways to replace blood lost during surgery. Your surgeon will decide which method is best for you. For any of the methods described, you will be asked to sign a consent form.

Methods of blood transfusion available are:

- **Autotransfusion (Blood Salvaging).** Your own blood collected during and/or immediately after surgery from a drain in your knee is given back to you.
- **Autologous Donation.** This requires that over a period of time before surgery, you donate your own blood to be stored in the event that it is needed during or after your operation.
- **Directed Donor.** A donor that you specify, who has your blood type, may donate blood in your name for use by you if needed.
- **Homologous Blood (Banked Blood).** This is blood donated by someone else, screened and matched with your own blood by the blood center.

If you are to receive auto transfusion or banked blood, no special preparation is required. If your surgeon decides that you should pre-donate your own blood (autologous donation) or if you choose to use a directed donor, you will be given instructions on how to do so by the office staff.



If you are to donate your own blood, you will be given a prescription for iron tablets to be taken three times a day until your surgery. Iron can cause constipation or diarrhea but it is important for building up your blood count. Most patients do not require iron after surgery. If you require iron, you will be given a prescription before you leave the hospital.

PATIENT AND FINANCIAL INFORMATION

MyOchsner is an online, interactive health record for patients. MyOchsner is a secure, health management tool that connects you to personalized health information including test results, upcoming and past appointments, and your list of medications. It is completely confidential.

To sign up, go to my.ochsner.org or ask your doctor for instructions on the Ochsner patient portal.



We understand as you make your decision to have surgery, finances are always a concern. Please review your insurance policy to understand what is covered and the portion which is your financial responsibility.

The bill you receive from Ochsner Medical Center-Kenner will reflect all charges for your surgery and stay, except for professional charges from non-Ochsner employed physicians. This will include charges for the surgery, Radiology exams (xrays) and your hospital room.

In addition to the charges for this stay, your bill will also reflect any previous balance with Ochsner Health System and the amount paid by your health insurance plan.

For your convenience, you can pay your bill online, over the phone, or in person on the date of your Pre-Op visit. You may pay your bill by check, credit card, or cash. Please note: Payments are applied to the oldest charges on your bill first.

If you have questions, call Ochsner Customer Service:

504-842-4190
1-800-343-0269 (Toll Free)
TTY 504-842-3891

Representatives are available Monday through Thursday,
8:00 am to 7:00 pm and Friday, 8:00 am to 5:00 pm.

CONSENTS

There are several consent forms you will be required to sign before your operation. In addition, some surgeons require a consent form to be signed for their office records.

- Consent for General Medical Treatment
- Request and Authorization for Operation and/or Procedure
- Blood Transfusion Informed Consent
- Financial Agreements
- Hospital Consent Form
- Permission for photographs or video recordings for educational purposes (if applicable).
- Consent for any research projects in which you agree to participate (if applicable).

It is important that you read all of these consents carefully. Ask questions about any area you do not understand before you sign the consent.



PRE-ADMISSION PROCESS

Pre-admission process, including lab work, medical clearance and other diagnostic testing, is required 7 to 10 days before your joint replacement surgery.

Some insurance organizations require that the clearance and testing be done by your primary care physicians at their center. In these cases, it is important that your surgeon receives the results of your physical exam and lab tests at least 2 business days before your scheduled surgery. The testing is to be done in the hospital. You will receive a phone call from our office to discuss your appointment time.

ADVANCE PREPARATION

- Complete a health history form.
- Read this entire guide and write down any questions you have to ask your doctor.

PRE-ADMISSION TESTING DAY

- Do not eat prior to your blood work.
- Take your regular medicines (you may want to bring your pain medicine with you).
- Wear comfortable, easy to remove clothing.
- Bring with you to the appointment results of any test you may have had outside of this hospital and/ or copies of any chest x-rays or EKGs done within the last year.
- Bring your insurance card or insurance forms that need to be completed.
- Report to Ochsner Diagnostics on the first floor of the medical office building at the assigned time and check in with the receptionist.
- Bring this guide and any questions you want to ask your doctor.

Pre-admission testing will be a long day. You will have an evaluation by the anesthesiology department, lab work- blood and urine tests, a chest x-ray, and a Electrocardiogram (EKG). It maybe at this time that your durable medical equipment may be ordred.

If you are taking any medication, be sure to ask the doctor if you should take it the morning of your surgery. You will attend one of the Joint Camp Ortho sessions on the same date as your pre-admission testing.

HOSPITALIZATION

You will be admitted to the hospital the day of your surgery. It is important that you arrive at the hospital at least 2 hours before your operation.

The outpatient surgery department will call you the evening before your admission date to confirm the time you should arrive at the hospital. **If you do not hear from the Outpatient surgery department or you will not be home in the evening, you should call the Outpatient surgery department at 504-464-8240. The doctor's office is not responsible for the time of your surgery.**

ADVANCE PREPARATION

- Avoid aspirin and other anti-inflammatory drugs for 1 -2 weeks before surgery to prevent excessive bleeding.
- Notify family that visiting hours are until 8:00 pm and should be limited to 2 visitors at a time.
- Suggest that your friends call, visit or send flowers when you return home and are better able to appreciate them.
- Check with you insurance company to see if they will cover assistive devices (walker or cane) given to you in the hospital.
- Arrange for someone to escort you home from the hospital.
- Pack a bag to be brought to the hospital by your family, **on the day after surgery**. It should contain the following:
 1. knee-length robe that opens all the way down the front
 2. toiletries, including shaving equipment, comb, and make-up as desired
 3. sleepwear if you wish (most patients are more comfortable in hospital gowns because of the equipment used)
 4. undergarments
 5. your insurance card or forms
 6. personal phone numbers you may need and a long-distance calling card if you will be making calls outside of the local area
 7. pencil or pen for filling out menus and making notes
 8. this patient guide on Total Knee Replacement

Notify your physician immediately if there is any change in your physical condition, such as a cold, fever or infection, between your pre-admission testing and the day of surgery.

DAY BEFORE SURGERY

- Be sure to have a bowel movement the day before surgery. If you suffer from constipation, take an enema in the early evening to clear your bowel.
- Take a shower before going to sleep or in the morning if you prefer; do not use lotion or powder.
- DO NOT eat solid foods or drink liquids after midnight.
- Get a good night rest before your surgery.

MORNING OF SURGERY

- DO NOT eat or drink anything the morning before your surgery. This includes water and coffee. **THIS IS FOR YOUR SAFETY AND IS EXTREMELY IMPORTANT.**
- Take only those medications approved by our office, usually blood pressure/heart medication, with a very small sip of water.
- Wear loose, casual clothing that will be easy to get into when you leave the hospital and a low-heeled, closed walking shoe with a rubber sole. You will be wearing these shoes the day after surgery to walk. Slip-on shoes are preferable to tie shoes, if you have them, as they allow you to be more independent.
- Bring only those items you need for the first 24 hours after surgery: dentures, glasses, toothbrush, toothpaste and comb. Your other items should be packed to be brought in by your family the day after your surgery.
- DO NOT wear jewelry or bring valuables with you. This includes rings and watches. The only things you will need to pay for in the hospital are the telephone and the television. Each of these can be paid for with a check or a credit card.
- If you bring a cane or walker with you to the hospital, label it with your name. If you do not have one, we will provide one for you at discharge based on your physical therapists recommendation.
- If you have a complicated health care proxy or a living will, bring a copy with you.
- Bring a list of medications you take along with their doses.

You will be given an identification band that is to be worn throughout your hospital stay, and when you're being prepared for surgery. A nurse will review your health history with you, take your vital signs and assist you with changing into a hospital gown. Your belongings will be placed in a clear plastic bag and given to whoever is with you for safekeeping. If you are alone, your belongings will be held in the outpatient room until you are assigned a room.



In Outpatient Surgery, you will meet the anesthesiologist, who will review your health history and medications, and will discuss with you the options for anesthesia that fit your general health and the needs of your surgery. Then you will meet the nurse from the operating room, who will explain what will be done to you before you fall asleep.

You should identify to the doctor or his/her assistant which leg is to be operated on so that it can be clearly marked before you go into the Operating Room. Then your leg will be shaved and scrubbed and you will be taken to the Operating Room.

Total Knee Replacement patients receive epidural, spinal or general anesthesia. Patients may also receive a nerve block. The type of anesthesia will be determined by your anesthesiologist and surgeon after evaluating your medical history. The epidural and/or spinal may involve placing a small catheter in your back through which an anesthetic is administered for surgery. You will be lightly sedated and unaware of the surgical procedure, but will wake up as soon as it is over.

Family members should remain in the surgical waiting room where they will be kept informed of any delays and updates on your status. Your family will be told when you are in the Post Anesthesia Care Unit (PACU), also called the recovery room. Check with your surgeon as to how your family will be notified of the outcome of the surgery. Let the office know that your family members will be in the surgical waiting room so the surgeon will know where they can be reached. Hot meals, sandwiches and beverages are available in the cafeteria. Family and visitors are welcome.

VISTORS ARE NOT ALLOWED IN THE POST ANESTHESIA CARE UNIT.

Any family members in the surgical waiting room will be notified when you leave the PACU and are being brought to your assigned room. They will be able to join you there. The room itself may not be available before that time due to patients discharge and bed/room cleaning. IF THE ROOM IS READY AND FAMILY MEMBERS CHOOSE TO WAIT THERE, THEY MUST UNDERSTAND THAT NO INFORMATION WILL BE AVAILABLE.

The nurses on the unit have no information about you, your condition or when you will be coming to the unit. For this reason we encourage family members to remain in the surgical waiting area until they are told you are on your way to your assigned room.



POST ANESTHESIA CARE UNIT (PACU)

You will be awake as soon as your operation is over. In PACU, you will be closely monitored by the nursing staff as your body adjusts to the stress of surgery.

In the PACU, you will be connected to machines that continually record your blood pressure and heart rhythm. You will have intravenous lines (IVs) for fluids, blood and medication, and you'll be given oxygen through a tube placed in your nose.

It is normal for you to experience a dry mouth and /or chills. The nurse will give you something to relieve these symptoms.

A Foley catheter (to drain your urine) may have been placed in your bladder in the operating room. This catheter stays in your bladder until the first day after surgery.

There will be a dressing on your operated knee covered with an ace bandage. You may also have a drain in your knee to collect blood from the operated area. In most cases this blood is given back to you.

It is important for you to know that if you had epidural or spinal anesthesia, you will not be able to feel or move your legs when you arrive in the PACU. You will be asked frequently by the nurse to move your toes to monitor the gradual return of sensations and movement. Your operated leg may be placed in a continuous passive motion (CPM) machine, which will slowly start your knee bending.

While you are in the PACU, blood tests and an x-ray of your new knee joint will be done.

You will remain in the PACU until you are alert, your vital signs are stable, you are able to move your legs, and your pain is under control.

On the day of surgery, even when you are in your own room, you will feel sleepy and tired. This is a day to rest and recover. The nurses will be checking your condition and assisting you as needed.



POSTOPERATIVE PAIN MANAGEMENT

As feeling returns to your legs, you will begin to experience pain. Each patient perceives pain differently. Anesthesia will decide which method of pain management is best for you. Most Total Knee Replacement patients will have a femoral nerve catheter that will dispense local anesthetic to help control the pain after surgery.

You will be given medication through your intravenous (IV) line until the pain is at a tolerable level for you; then you will be given a button to push when you feel pain. Medication will go through your IV and begin taking effect in 2 to 3 minutes. The amount of medicine you receive is based on your needs and regulated by a computer, so there is no danger of taking too much medication. Pain medicine works best before the pain becomes severe, so for the next couple of days you will be encouraged to use as much medicine as you need to allow you to move about and tolerate your therapy. No one but you should ever push the button for more pain medication.

Occasionally, due to anesthesia, motion, pain or pain medication, nausea may occur. **Let your nurse know if you become nauseated.** There is something you can be given to alleviate your symptoms, and if necessary your pain medication can be changed.

Someone from Anesthesia will see you daily and respond to any changes needed in your pain medication. He or she will also monitor your other medications to ensure drug efficacy and safety.

During the days following your surgery as your medication decreases, you may be switched to oral pain medication. We encourage you to take your pain pills regularly to prevent the pain from becoming severe, because pain will slow down the rehabilitation. Adjustments can be made in the dose if the medicine causes any unusual feelings.



ORTHOPEDIC NURSING UNIT

On the orthopedic nursing unit, your condition will be monitored by the nurses. They will work with you to prevent complications and to assure that you are making progress.

LUNGS

To help keep your lungs clear, you will be instructed to cough and breathe deeply, as well as how to use an incentive Spirometer. **You should do this 10 times every hour when you are in bed during the day.**

BOWEL

Your bowel activity may be slow to return as a result of the epidural anesthesia and the pain medication. To prevent distension in your abdomen, you will be started on liquids and slowly progressed to solid food. **If you have not moved your bowels by the second day after surgery, you should ask for a laxative or suppository, even if you have not been eating.** It is important that you move your bowels or pass gas no later than the third day after surgery.

ANTI-EMBOLISM STOCKINGS

You will be wearing elastic stockings (TED hose) while you are in the hospital to prevent excess swelling in your legs. They will be removed daily for bathing and reapplied. **You are to wear the stockings day and night for 6 weeks after surgery.** They fit snugly; you will need help in getting them on and off.

SEQUENTIAL COMPRESSION DEVICE (SCD)

A device designed to increase circulation and prevent blood clots will be applied to both legs in the PACU. These are to be worn while in bed. **If they are removed for care or therapy and not reapplied, you should call the nurse to put them back on for you.** Once you are walking freely they will be discontinued.

NEUROVASCULAR

Sensations and motion in your foot will be checked frequently. **You should report any numbness, tingling or difficulty moving your toes, or any burning or discomfort in your heels, immediately.**

PATIENT PATHWAY ACTIVITIES

These activities begin the day of your surgery.

Day Of Surgery

- | | | |
|---|-----------------------------|-----------------------------|
| ● Bed exercises | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● CPM 0-60 degrees at least 4 hours
(if ordered by doctor) | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● Dangle | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● Stand | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● Sit in chair for 10-15 minutes
(bend knee to degrees) | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● May sleep in CPM | n/a | <input type="checkbox"/> PM |

Day After Surgery

- | | | |
|---|-----------------------------|-----------------------------|
| ● Bed exercises | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● CPM 0-70 degrees at least 2 hrs
(if ordered by doctor) | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● Walk to bathroom | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● Use Toilet | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● Sit in chair for lunch and dinner | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● Do evenings care in bathroom with help | n/a | <input type="checkbox"/> PM |

Prior to Discharge

- | | | |
|---|-----------------------------|-----------------------------|
| ● CPM 0-80 degrees at least 2 hours
(if ordered by doctor) | <input type="checkbox"/> AM | n/a |
| ● Grooming tasks at sink with help | <input type="checkbox"/> AM | n/a |
| ● Increase walking | <input type="checkbox"/> AM | n/a |
| ● Sit in chair for meals
(45 minutes max each time) | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● Out of bed most of day | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| ● Try stairs | <input type="checkbox"/> AM | n/a |
| ● Practice home exercise program | <input type="checkbox"/> AM | n/a |
| ● Collect prescriptions | <input type="checkbox"/> AM | n/a |

Be sure to ask questions before discharge home after morning therapy.

DAY-BY-DAY MILESTONES

Day of Surgery

- Sit on side of the bed
- Stand with walker and therapist
- Perform leg exercises with therapist

Day After Surgery

- The drain in your knee will be pulled out.
- You will continue the same leg exercises you were doing at home (ankle pumps, quad sets, and Gluteal sets).
- If you have a Foley catheter, it will be removed. You may experience a slight burning the first time you urinate. If you are allowed fluids, you should drink as much as you can tolerate. You may need to use a bedpan or urinal. You should ask for help to the bathroom or for the bedpan or urinal as soon as you can feel a need to empty your bladder, as at this stage you do move slowly.
- Occupational Therapy will evaluate your self care skills
- Physical Therapy will assist with Leg Range of Motion (ROM), strengthening, and walking / balance training.
- Your knee dressing will be removed and an elastic stocking applied. You will be able to view your incision. You may have staples or glue over your incision. If you have staples, these will be removed between 1-2 weeks after your surgery.
- You will be moving from the nerve block, IV medication or PCA and converting to pills to manage your pain.
- Remember to use your pain medicine before activity!

Prior to Discharge

- You should move your bowels. Request a laxative if you have not moved your bowels.
- Use the toilet or bedside commode.
- Walk about and try stairs.
- Ask final questions.
- Gather prescriptions and discharge papers from nurse.
- Make sure you have all necessary equipment.

DISCHARGE GOALS

Following surgery, you will continue increasing your activity until you are able to do the following by yourself.

- Getting in and out of bed, on and off the toilet, and in and out of a chair.
- Walking with a cane or walker.
- Going up and down a few stairs.
- Actively bending your knee between 70 and 90 degrees.
- Performing the home exercise program.
- Managing your pain with oral medication.

Your doctor may visit you to discuss your discharge plan. Once you find out that you will be discharged, it is important that you communicate with your family so that you can be picked up following your last physical therapy session prior to discharge. If they visit you the evening before discharge, it will be helpful for them to take most of your things home at that time.



DAY OF DISCHARGE TO GO HOME

Discharge will follow your morning physical therapy treatment. You are responsible for arranging your transportation home from the hospital. If you are being transferred to a Rehab unit or a Skilled Nursing facility (SNF), then the transportation will be arranged by the hospital.

You should have the following:

- **A prescription for a pain reliever and any other medication you require.**
- **One pair of elastic stockings (TED hose).**
- **Home equipment based on your needs such as crutches, walker, 3 in 1 commode or shower chair.**
- **Written home exercise program from your therapist.**
- **Discharge summary given by your nurse about your hospital stay and who to contact if you have any problems.**
- **This patient guide to Total Knee Replacement.**

We recommend that you take pain medication before you leave the hospital to make your trip home as comfortable as possible. Preparing for discharge, getting dressed and traveling to your home can be very tiring. Even though you feel well and are excited to be home, you should rest for most of the day.

Your follow up appointment with your surgeon will be made for you by the transition navigator if you do not already have one scheduled.





PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

Physical therapy will help increase the strength and range of motion in your walking. Physical therapy begins on the day after surgery. Thereafter, you will have therapy twice a day during your hospital stay.

Physical therapy takes place at your bedside. If ordered by your physician, your operated leg will be placed in a CPM (continuous passive motion) machine, which will begin to gently move your knee. This can be helpful in preventing stiffness and regaining your knee's range of motion. If your doctor orders a CPM, you will be in the CPM for most of the time that you are in bed, and the range of motion on the machine will be increased each day.

On your day of surgery, the physical therapist will give you a list of exercises and teach you the proper way to do them. **You will need to do these exercises several times a day on your own, as well as with your therapist.** Your physical therapist will assist you in sitting on the side of the bed. You will walk with walker distance and sit up in a chair. You will use a walker for the first two to three weeks, and then you will progress to a cane. Your therapist will provide a walker for use in the hospital, unless you have brought your own.

Each day you will gain more independence and your activity level will increase. Your walking will improve as will your balance, endurance and range of motion.

Physical therapy is very important to your recovery. The success of your surgery will largely depend on your cooperation and motivation, both during therapy sessions and on your own. Beyond your physical therapy sessions, exercising several times a day and walking with assistance (when your therapist tells you it is safe to do so) will help to maximize the benefits of your surgery. Physical therapy usually continues for 6-8 weeks following your discharge from the hospital.

Occupational therapy will assess your ability to perform basic self care activities, including toileting, dressing, standing at the sink to perform grooming and hygiene tasks, as well as arm exercises if needed. The occupational therapist will also instruct you in the use of any adaptive equipment that is needed.

SOCIAL WORK/CASE MANAGEMENT

A case manager, also called a transitional navigator, and a social worker will visit you while you are in the hospital to discuss your plans for managing at home after surgery. If you need to have home health care, your case will be referred to an appropriate home care agency, which will provide nursing care, physical therapy or blood tests ordered by your doctor. You will be included in this process of choosing the agency.

Your transitional navigator will make the arrangements. In some cases, your nurse will be making these arrangements. It is important to remember that your insurance company may determine the agency that will be used and the amount of services you will receive. You will be provided with a written summary with the name and phone number of the agency that will be responsible for your continued care at home. This plan of care will be provided to you by the nurse.

If needed, the transitional navigator will be available to coordinate care such as:

- Discharge to a skilled nursing facility if your doctor requests it.
- Discharge to a long-term rehabilitation center if your doctor requests it.
- Assistance with personal or family circumstances that require immediate attention
- Coping with your illness and/or hospitalization.

A social worker can also provide emotional support during your stay. You may request a social service visit through your nurse at any time.

PASTORAL CARE

Resources are available to help meet the religious and spiritual needs of patients and family members of most faiths. A chaplain is available either in the hospital or on the phone. If this chaplain is not able to meet your particular needs, he or she will assist you in contacting someone of your beliefs. If medically appropriate, Roman Catholic patients will be offered Holy Communion by an Extraordinary Minister from Divine Mercy Parish. If you want to have a visit by the chaplain, please ask your nurse.

MANAGING AT HOME AFTER SURGERY

Read this section carefully. It tells you how to prepare your home and gives you tips on how to arrange for the help you will need after discharge. We understand patient expectations about the assistance that will be needed upon returning home is a major cause of stress before leaving the hospital. Advance preparation will help alleviate that stress.

HOME PREPARATION QUESTIONNAIRE

Read each question and be prepared by having someone (name and phone) who can help you when you return home. Answer all the questions now. It will be more difficult to take care of these things after surgery.

- Where will I stay after leaving the hospital (my home, a relative, a friend, rehabilitation facility, etc)?
- What is the address and phone number of where I will be staying?
- Who will pick me up from the hospital?
- If I am using a transportation service, what is the name and phone number?
- How much will it cost for me to get home from the hospital?
- Will I be alone during the day?
- Who will I call that lives close by if I don't feel well?
- Who will pick up groceries for me?
- Who will come by to help me with miscellaneous tasks?
- Who will have access to my house in case I need something while I am in the hospital?
- Who will take me to my doctor's appointment?
- Who will take me to therapy 3 times per week?

ADVANCED HOME PREPARATION

Since you will be in the hospital only a short time, it is important to prepare your home before you are admitted so that you can manage more easily when you are discharged.

Preplanning on your part is very important.

- Stock household supplies, nonperishable and easy to prepare foods.
- Cook and freeze small portions of your favorite meals.
- Move the coffeepot and microwave to the kitchen table so that you will not have to carry hot food.

- Consider having non-slip mats and or/grab bars installed in your tub or shower (these are useful to the whole family).
- Remove or tape down area rugs, wires, electric and long telephone cords to avoid tripping on them.
- Consider boarding any pets that may trip you up as you walk with your cane.
- Rearranging furniture to allow you clear areas for walking.
- Arrange an area where you can stretch out to rest and do your exercise at least twice a day. Remember, low couches are difficult to rise from.
- Place phone numbers you may need near the phone. Consider a cordless telephone or a mobile phone.
- Consider purchasing a sport sac (fanny pack) to wear around your waist to carry glasses, pad, pencil, Kleenex, thermometer, etc.
- Use a timer to remind you to get up and stretch.
- Have reusable ice packs (10 inches to 14 inches) in the freezer to use as needed.

Recommended equipment to help you in your recovery:

- Rolling walker with 5 inch wheels (usually covered by most insurances)
- 3-in-1 bedside commode (usually covered by most insurances)
- Shower seat, or tub transfer bench (optional out of pocket expense)



ACTIVITIES AT HOME

Below are instructions for the activities you can do while recovering.

Exercise. Continue the exercises you were doing in the hospital as well as the home exercise program given to you by your therapist. You may use a stationary bike to increase the motion in your knee. (This may not be appropriate following a hip replacement.) **DO NOT perform exercises while lying on your stomach. DO NOT use weights until you are told by your doctor.**

Walking. Increase the number of times you walk each day. This is more important than distance, although you should also gradually increase the distance walked. **Use your cane or walker to protect your new knee.** If you live in a two story house, you will be able to go upstairs to shower and sleep. If there is a bathroom on the first floor and a place you can stretch out to rest and do your exercises, you may want to spend most of the day downstairs and go up to the second floor in the evening to sleep.

Sitting. Sit on a firm, straight-backed chair with arms. This will help you when getting up and down. **DO NOT** sit on soft, low couches, chairs or on recliners. Your legs should be bent at 90 degrees or more. **DO NOT** sit for longer than 45 minutes without standing, walking and stretching.

Bathing. It is recommended that for the first few days at home, you sponge bath. You may wash your incision with plain water. It is OK to get your incision wet with plain water. It is OK to get your staples wet, but do not rub them; pat them dry. Remember, tubs are slippery when wet and even with a grab bar getting in and out of the tub can be dangerous. **DO NOT** sit in the bathtub. Tubs are very low and you will not be able to get up. Make sure that you have a non slip mat or grip tape in the bottom of your tub or shower.





Rest and Sleep. Patients have reported difficulty sleeping for a few weeks after surgery. Short rest periods during the day may prevent fatigue and allow you time to stretch out and do your exercises. Lie on a firm surface. Remember that low, soft couches will make it difficult to get up. **DO NOT** put any pillows or pads under knee. This could make it difficult to straighten your knee afterward.

Sexual Activity. Pain, stress, and medication can all affect sexual function. As your knee heals and becomes less painful, you and your partner can look forward to resuming sexual relations. There should be no limitations to your sexual activity as a result of your Total Knee Replacement.

Meal Preparation. You will be able to manage light food preparation such as coffee and cereal, sandwiches, or heating something in the microwave or oven, as soon as you return home. **Do eat fresh fruit and vegetables to keep your bowels regular.** You may not regain your normal appetite for a couple of weeks until your activity increases.

Driving/ Travel. While you may feel well and your knee may be bending well, you should not drive until your surgeon gives you permission. This normally occurs at the 6-week follow-up visit. While driving is not harmful to your knee, your driving response time is decreased and you may not be able to stop quickly enough to avoid an accident. A sudden pain or spasm could cause you to lose control of the car. In addition, there are considerations when getting in and out of a car:

- Have the front seat moved as far back as possible.
- Enter from the street level and not from the curb.
- Back up toward the seat until you feel the seat behind your knees, then sit and then turn facing forward. Reverse this procedure for getting out.
- Have someone help lift your legs if you are unable to do so, or use your good leg to assist your operated leg.
- **DO NOT** ride in a car for longer than 45 minutes without getting out, walking around and stretching.

If you are traveling home by air or by train during the first few weeks after the surgery, special arrangements should be made with the airline or railroad:

- Reserve a bulkhead seat, which has more room, so that you can stretch your leg out.
- Get up and walk short distances with help if it is a long flight/ride.
- Use a wheelchair to get from the curb to the departure area, but walk to stretch your leg out before getting on the plane/train.
- Move slowly when leaving the plane/train as you will be stiff after a long period of sitting and give yourself time to work the stiffness out of the knee.





Social Activity. After your first week home, we encourage you to go out. Between the second and the third week after your surgery, you'll go to the doctor's office to have your staples removed. This is the perfect opportunity to begin resuming your social activities. Do not start strenuous activities or sports (except swimming) until your doctor instructs you it is safe.

Returning to Work. Do not plan to return to work before your 6 week postoperative visit to the doctor. Even if your job does not require much physical work, it is usually at least 6 weeks before you are comfortable enough to concentrate on other things. All of your efforts during these first 6 weeks should be concentrated on your therapy and regaining normal knee strength and function. If your job requires manual labor, it will be approximately 3 months before you can resume work.

INITIAL ADJUSTMENT AT HOME

You will continue to have pain in your knee for some time after surgery, but it will gradually decrease. In addition to your pain medicine, you should use an ice pack on your knee. This is usually most helpful after walking or doing exercises. Pain is often worse at night. This can interfere with your sleep. Take your pain medicine before you go to bed and keep it near the bed in case you need more during the night. You may experience pain climbing stairs for up to a year after surgery.

It is normal to have swelling in your knee, leg and even your foot. As you are more active at home, your leg may swell more. Plan to lie down with your legs elevated above the level of your heart after activity. Also, be sure to wear your elastic stocking at all times except when bathing. Cold is also helpful in reducing swelling. Cold packs should be used 10-20 min at a time, and can be used several times a day.

It is not unusual for you to feel depressed when you first get home after surgery. You may be irritable and cry easily. This may last for 2 to 3 weeks. Having friends over for card and board games, reading or any sedentary hobby can help pass the time.

Finally, it is normal after surgery for you to experience feeling of tight bands around the knee, clicks from the knee, and numbness around the incision, especially the outer side. These feelings will gradually go away.



HELP AT HOME AFTER SURGERY

While you will be able to take care of yourself as soon as you get home, you will need help with:

- removing and reapplying elastic stockings
- grocery shopping
- major/family meal preparation
- laundry
- house cleaning
- changing bed linen
- transportation

You must make plans ahead of time for how managing these tasks. Options for help at home include a sitter (private pay), home health aid, nurse, and a therapist. Everyone's situation is different, and eligibility for home health services will depend upon what your doctor feels that you need, your insurance, and you.

Contact your insurance company and ask these specific questions:

- Am I covered for home physical therapy? For how many visits am I covered?
- Am I covered for blood test at home?
- Am I covered for a home health aide? For how many visits am I covered?
- Do my covered visits combine nursing, physical therapy and home health aide visits?
- Have I used any of my covered visits?
- How many total visits do I have left?
- Am I required to use a specific agency for my home care? If yes, name of agency and phone number: _____
- If more than one agency may be used, please bring a list of agencies and telephone numbers with you to the hospital.
- Is durable medical equipment covered (walker, cane, 3 in 1 commode, shower seat, wheel chair with removable arms and leg rests, tub transfer bench, etc)?
- Do I have a co-pay to make per visit? How much is it?

INPATIENT REHABILITATION / SKILLED NURSING FACILITY

In some situations, it may be necessary for you to receive additional therapy before going home. Examples include other physical or medical conditions that complicate your recovery, or if you require additional time and therapy to achieve independence. In these cases, you may need to be transferred to a rehabilitation facility. This will be further discussed by your case management team.

If the health team feels you would benefit from extended rehabilitation, it will be discussed with you in further detail. If your needs are short term (1 to 2 weeks) and a bed is available, you may be transferred to one of the rehabilitation facilities or skilled nursing (subacute rehab) based on your assessed needs.

If it is determined that you will need further rehabilitation, your transfer will take place as soon as it can be arranged. **PLEASE UNDERSTAND THAT THE DECISION FOR ACCEPTANCE TO ANY REHAB FACILITY IS NOT CONTROLLED BY YOUR SURGEON.** If you meet the specific criteria set by the rehabilitation facility or skilled nursing and a bed is available, you will be discharged to the facility.

Your preference for a rehabilitation facility is always taken into consideration and you will be discharged there if a bed is available. However, we cannot keep you in the hospital while waiting for a bed to become available. Our policy is to discharge patients to the rehab facility that has the first available bed.



WHEN TO CALL YOUR DOCTOR

If you have a problem with your new knee, contact your surgeon's office right away. Be prepared to tell the office staff the date of your surgery, the type of the surgery, and when the problem started. Important information your surgeon needs to know about includes:

- Thick, bloody or foul smelling drainage from your knee. Please note the small amounts of bloody drainage are normal.
- A temperature over 101 degrees for 2 consecutive days.
- Excessive redness around your incision. While your staples are still in, some redness is expected and may increase with exercise.
- Sudden pain, redness or swelling in the calf of your leg.
- Numbness, tingling, loss of sensation or weakness in your legs or foot.
- Any non knee related infection you may develop, if you are unable to reach your family doctor to prescribe an antibiotic.

If any of the above events occur, call your surgeon's office. If the office is closed, the answering service will have the doctor on call get back to you.

Your family doctor will continue to provide your health care for problems concerning blood pressure, heart conditions, diabetes, etc., or if you should develop a cold, flu, or stomach problems. Remind your doctor or dentist that you have had a Total Knee Replacement each time you visit, he/she can call us directly if there are any questions.

DO NOT START ANTIBIOTICS FOR A SUSPECTED KNEE INFECTION UNTIL EVALUATED BY OUR STAFF.



IMPORTANT CONTACTS AND PHONE NUMBERS

	Name	Number
Surgeon		
Case Management		
Family Doctor		
Transitional Navigator		
Nurse		
Pharmacy		
Rehabilitation Facility		
Home Care		
Physical Therapist		
Other		





