

Joint Replacement Center – Knee



Orthopedic Surgery Guide

J o i n t R e p l a c e m e n t C e n t e r

Important Dates:

Your surgery is scheduled for:

Post-op visit with your surgeon:

Please bring this booklet with you to:

- Office visits
- Hospital pre-surgery class
- The hospital on admission day
- Physical therapy visits

**You should receive a call from the Pre-Admissions nurse
a few days prior to your surgery to discuss:**

- Health history
- Medications
- Previous surgeries

**If you are delayed on the day of your surgery,
please call: 562.491.9805.**

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Welcome

Welcome to the Joint Replacement Center at Dignity Health – St. Mary Medical Center.

We look forward to working with you to help improve your mobility, independence and quality of life.

The program you’ll learn about is a comprehensive, planned course of treatment designed especially for the joint replacement patient. You play a key role in your own successful recovery. And we will work with you and involve you every step of the way – before and after surgery – so that, together, we can achieve the most favorable outcome for you.

Our team working with you includes physicians, physicians’ assistants, nurse practitioners, and both physical and occupational therapists specializing in total joint care. Every detail – from pre-operative teaching to post-operative care and exercising – will be considered and reviewed with you. Your Joint Care Coordinator will plan and guide you through your individual treatment program.

Total joint replacement patients typically recover quickly. Most patients will be able to walk the first day after surgery and can return to driving in two to four weeks, dancing in four to six weeks and golf in six to 12 weeks.

Following the suggestions in this guide will increase your chances of returning to an improved quality of life as quickly as possible.

The Joint Replacement team at the Dignity Health – St. Mary Medical Center wishes you many years of healthy activity and enjoyment.

Before Surgery Checklist

4 – 6 WEEKS BEFORE SURGERY

ADVANCE DIRECTIVE

- An Advance Directive, (or “living will, “durable power of attorney” or “health care proxy”), is a document that allows you to make your preferences known to your health care team before your hospitalization. If you do not have one currently in place, it would be a good idea to complete one before surgery.
- If you do have an Advance Directive, bring it with you to the hospital.

“HIRE YOUR COACH”

- Your “Coach” will be a friend or relative who provides special support before and after surgery. See page 7 for more details.

DENTAL CARE

- You will have restrictions on dental care for a period after surgery. So, if you need any dental work done, even cleaning, it would be good to have it completed before surgery.

EQUIPMENT

- Most insurance plans pay for a walking device (cane, walker, etc.), but coverage varies.
 - Medicare: Walker delivered to you in the hospital on day of discharge.
 - Private/HMO/Workers Comp: Device may be authorized and delivered to you prior to surgery. If so, bring it with you to the hospital.
- Other equipment that may be helpful and recommended – though not always covered by insurance – includes: raised toilet seat or bedside commode.
- Additional equipment that may be helpful – and possibly provided by Occupational Therapy – includes: sock-pulling device, reachers, longhandled equipment and elastic shoe laces.

EXERCISES

- Building strength and flexibility now, before surgery, can help you have a more successful recovery and outcome. See the pre- and post-surgery exercise routine on page 15.

PRIMARY CARE MEDICAL APPOINTMENT

- Your surgeon is likely to require pre-surgery testing, which you can get from your primary care physician. Ask your surgeon which tests you should receive.
- Weight loss: If it is suggested that you lose weight before surgery, your primary care physician can provide suggestions and/or referrals for you.
- Smoking: Smoking has overall adverse health effects. If you want to reduce or quit, your primary care physician can provide suggestions and/or referrals for you.

10 – 14 DAYS BEFORE SURGERY

CHANGES AT HOME

- See the Home Safety Assessment on page 8.

PRE-SURGERY CLASS

- Make sure you attend the St. Mary Joint Replacement Pre-Surgery Education Class.
- Bring the Patient History form already filled out.

SEVERAL DAYS BEFORE SURGERY

BILLS

- It would be a good idea to make sure your bills are up to date and even paid through a week or two after you return home.

AROUND THE HOME

- Organize your living areas so that you can avoid excessive lifting, bending or reaching. Store heavy and frequently used objects at or above waist level.
- Consider preparing a bedroom area on the main living level for short-term use upon your return home.
- It would also be a good idea to clean the house, vacuum, etc., now before your return.

FOOD

- Purchase pre-prepared or easy-to-prepare food items in advance to make meals easier for you upon your return home.

ILLNESS OR INFECTION

- If you come down with any illness or fever, or believe you have any type of infection, notify your surgeon's office immediately.

TRANSPORTATION

- Arrange for your transportation to and from the hospital. You will not be permitted to drive yourself home. Make sure there's sufficient room in the vehicle you intend to go home in.

SUGGESTIONS TO MAKE YOUR RETURN HOME AN EASIER ONE:

- Consider freezing meals prior to your hospital admission.
- Remove all throw rugs, which are a trip hazard.

Day Before Surgery and Pre-Surgery Instructions

EATING

- Do not eat or drink after midnight the day of your surgery. You may brush your teeth and use water to rinse. Do not swallow the water.

MEDICATION

- Follow your doctor’s guidelines regarding which medications to take on the day of your surgery.

PREPARING YOUR SKIN

- Because skin is not sterile, you can reduce the number of germs on your skin by carefully washing before surgery.

WHAT TO BRING TO THE HOSPITAL

- Please wear comfortable clothes for therapy (you are welcome to wear shorts and a t-shirt).
- Supportive, non-slip soled shoes that are closed in the back (no flip-flops).
- Personal items, such as toiletries.
- Leave all valuables at home.
- Do not wear makeup or nail polish.
- Please bring a copy of your Durable Power of Attorney for Health Care and Advance Directive.

DO NOT BRING VALUABLES SUCH AS JEWELRY OR LARGE AMOUNTS OF CASH.

Your Coach

SELECTING YOUR COACH

Friends and family are a major part of everyone’s life, and their involvement is very important. Select a family member or friend to serve as your “Coach.” Your Coach will assist you throughout the entire joint replacement process. It is good for your Coach to see and hear firsthand the expectations that will be placed on you during this process.

Your Coach’s Role:

BEFORE SURGERY

- Attend hospital pre-surgery class.
- Attend all pre-operative visits and ask questions.
- Assist with pre-hab exercises.
- Prepare for your return home by helping you to complete the pre-operative home checklist.

AT THE HOSPITAL

- Help keep your morale high simply by being there.
- Encourage you to give your best effort during your rehab exercises.
- Keep you focused on returning to a healthy lifestyle.

AT HOME AFTER DISCHARGE

- Make sure you do the exercises.
- See that you use your equipment as instructed.
- Encourage you to increase your activity level as you regain your strength.
- Ensure that you are following after surgery instructions and precautions.
- Prepare healthy meals.
- Drive you to and from appointments.

Home Safety Assessment

We are mindful of your safety even after you are discharged from the hospital. The fact is that the majority of falls happen at home. The good news is that most falls can be prevented through environmental changes and safety precautions.

In order to decrease your risk of falling after your total joint surgery, we recommend that you ask your spouse, a family member or a neighbor to survey your home to answer the questions below.

General household areas:

- ☐ **Y** ☐ **N** Are light switches easily accessible upon entering a room?
- ☐ **Y** ☐ **N** Are throw rugs tacked down or is non-skid backing applied?
- ☐ **Y** ☐ **N** Are hallways free of clutter?
- ☐ **Y** ☐ **N** Are raised door thresholds clearly marked?
- ☐ **Y** ☐ **N** Are electrical cords and telephone cords away from hallways?
- ☐ **Y** ☐ **N** Is there a portable phone with programmed emergency numbers easily at hand?
- ☐ **Y** ☐ **N** Does furniture have good back and arm support so that the patient can get in and out easily?

Bathroom:

- ☐ **Y** ☐ **N** Are there safety rails or grab bars?
- ☐ **Y** ☐ **N** Are there skid-resistant strips or a rubber mat both in and in front of the bathtub?
- ☐ **Y** ☐ **N** Is there a shower chair or bench? A hand-held shower?

Bedroom:

- ☐ **Y** ☐ **N** Is there a lit pathway from the bedroom to the bathroom?
- ☐ **Y** ☐ **N** Is there a clear pathway from the bedroom to the bathroom?
- ☐ **Y** ☐ **N** Is there a charged flashlight near the bed for emergencies?

Stairways:

- ☐ **Y** ☐ **N** Are stair treads in good condition?
- ☐ **Y** ☐ **N** Is there a sturdy handrail on both sides of the stairs?
- ☐ **Y** ☐ **N** Are the stairs brightly lit?

Kitchen:

- ☐ **Y** ☐ **N** Is there a wide-based, sturdy step to reach into high cabinets?
- ☐ **Y** ☐ **N** Are spills immediately wiped up?
- ☐ **Y** ☐ **N** Is the use of high-gloss floor wax avoided?
- ☐ **Y** ☐ **N** Are frequently used items stored at waist level and less frequently used items in higher cabinets?

If the answer is “no” to any of these questions, we recommend that you have the problem corrected immediately for your own safety. Correcting these potential hazards will decrease your risk of a fall. You should have a safety network of friends, family or neighbors to provide daily check-ins, either by phone or in-person.

Hospital Care

DAY OF SURGERY

WAITING

A friend or loved one may stay with you until you go into the holding area of the operating room. During the procedure, your loved one or friend can wait in the surgery waiting area.

HOW LONG WILL YOUR SURGERY TAKE?

Your total joint surgery will take one to two hours. Your doctor may speak with your family in the surgery waiting area after you have been moved to the recovery room. Your loved ones will be notified when you are ready to be moved to your hospital room.

PRIOR TO SURGERY, NOTIFY THE NURSE ABOUT:

- Bridges, dentures, capped teeth.
- Any type of prosthetic devices, including any contact lenses.
- Allergic reactions to drugs, food, tape or latex.

PRIOR TO SURGERY, INFORM THE DOCTOR OR NURSE:

If you have a cold, fever, cough, runny nose, sore throat, cuts, scrapes or other infection.

PATIENT CARE PLAN

IMMEDIATELY FOLLOWING YOUR SURGERY

You may have the following:

- A urinary catheter, also known as a Foley.
- An IV in your arm.

You should:

- Do deep breathing and cough (use incentive spirometer) every hour while awake.
- Do ankle pumps every hour while awake.
- Follow the knee precautions.

ACTIVITY:

- Do not attempt to get out of bed without assistance.
- Physical Therapy will be in to evaluate you and get you up if appropriate.

MANAGING YOUR PAIN

WHAT CAN YOU DO TO RELIEVE PAIN?












- Change your position (depends upon any restrictions you may have).
- Relaxation and deep breathing exercises.
- Elevate your leg for short periods (knee replacement only).
- Ice or cold packs.
- Pain medications (ask your nurse).

If you feel your pain increasing, don't wait. Call your nurse and request medication to keep you comfortable. It will also help you to participate in your therapy.

Remember,
CALL YOUR NURSE WHEN ...

- Your pain is getting worse.
- You need pain medication.
- Your pain is not being controlled.

COMPARATIVE PAIN SCALE CHART (Pain Assessment Tool)

										
0 Pain Free	1 Very Mild	2 Discomforting	3 Tolerable	4 Distressing	5 Very Distressing	6 Intense	7 Very Intense	8 Utterly Horrible	9 Excruciating Unbearable	10 Unimaginable Unspeakable
No Pain	Minor Pain			Moderate Pain			Severe Pain			
Feeling perfectly normal	Nagging, annoying, but doesn't interfere with most daily living activities. Patient able to adapt to pain psychologically and with medication or devices such as cushions.			Interferes significantly with daily living activities. Requires lifestyle changes but patient remains independent. Patient unable to adapt pain.			Disabling; unable to perform daily living activities. Unable to engage in normal activities. Patient is disabled and unable to function independently.			

Let your nurse know if you are experiencing pain, so you can receive pain medication!

FAQ's

Frequently Asked Questions

How long will I be in the hospital following my total joint replacement?

You can expect to stay in the hospital for one to three days.

How much pain will I have after the surgery?

Your comfort is very important to us. We will ask you to rate your pain on a scale from 0 to 10, with 0 being no pain and 10 being the worst pain you could imagine. This rating will give your nurses an idea of how you feel and how to treat your discomfort.

What can I do to help ensure the best results after my total joint replacement?

You can positively affect your recovery by:

- Drinking plenty of fluids.
- Performing ankle pumps and deep breathing exercises (using incentive spirometer) every hour.
- Actively participating in your rehabilitation program.

How long until I can return to my normal activities following surgery?

After you go home from the hospital, you will be able to complete your basic activities of daily living such as dressing and bathing. Within six months, you may be able to resume most of your pre-surgical activities, depending on your doctor's recommendation. Your doctor or therapist can answer specific questions concerning your activities.

Will I need special equipment at home following surgery?

You will need a walker for a short time after surgery. Refer to your home safety assessment for other possible needs.

Will I be able to use the stairs?

If you have stairs, please let your physical therapist know, and this will be addressed during your hospital stay.

Total Knee Protocol

DAY OF SURGERY

Physical Therapy: Starts in the afternoon and will assess your ability to:

- Sit at the edge of bed.
- Possibly stand or walk a few steps, using a walker.
- Perform bed exercises.
- Sit up in a recliner chair, as you are able.

Pain Control:

- Oral pain medications – pain medications given to you orally, as ordered by provider.
- Intravenous (IV) pain medication – pain medications administered through your IV line, as ordered by provider.
- Repositioning.
- Ice packs.

Preventative Measures:

- Sequential compression device (SCD) – pump on lower legs to improve circulation and prevent blood clots.
- Medications.
 - Blood thinners to prevent blood clots.
 - Stool softener to prevent constipation.
 - Antibiotics to prevent infection.
- Incentive spirometer – keeps lungs clear, encourages deep breathing, allows to wean off oxygen.

Avoid placing a pillow under the operated knee. It is important to keep the knee as straight as possible when resting in bed.

Positioning: side-lying onto the non-operated side is allowed, as long as there is a pillow between the knees/ankles. It is important to change positions in bed every two hours.

DAY 1 AFTER SURGERY

Possible discharge home

Physical Therapy: twice a day

- Sit at the edge of bed.
- Stand and walk, using walker.
- Increase bed exercises.
- Review home exercises.
- Stair training, if needed.
- Spend the majority of the day sitting up in a recliner chair.

Pain control:

- Transition to oral medications (if not already done).
 - It is important to take the medication as needed to prevent an escalation of pain, especially during therapy sessions.
- Intravenous (IV) pain medication – pain medications administered through your IV line, as ordered by provider.
- Ice packs (if ordered by surgeon).
- Repositioning.

Preventative Measures:

- SCDs.
- Medications.
- Incentive spirometer.

Care Coordinator / Social Worker:

- Will work with patient and staff to plan discharge.
 - Equipment.
 - Services needed.

If cleared by the therapists, start using the bedside commode instead of bedpan.

DAY 2 AFTER SURGERY AND FOLLOWING

Prepare for discharge home

Physical Therapy twice a day:

- Walk longer distances with walker.
- Continue stair training, if needed.
- Continue with exercises.

Pain Control:

- Same as day 1 after surgery.

Preventative Measures:

- Same as day 1 after surgery.

It is a good idea to try to sit up in a chair for meals. To prevent increased soreness and swelling in the leg, do not sit for longer than 45 minutes to 1 hour.

After Surgery Precautions

AFTER TOTAL KNEE REPLACEMENT



- Do not kneel or squat.
- Do not jump or pivot while standing.
- Do not place a pillow under your knees.

Pre and Post Exercise Program

KNEE JOINT REPLACEMENT

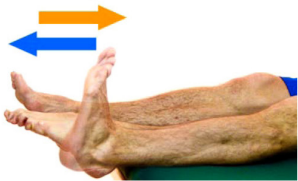
The body exercises below can be performed before and after your surgery. It is important to do these exercises PRIOR to surgery in order to gain range of motion and strength without causing too much discomfort.

In order to get familiar with the exercises, practice them before surgery so they are not as difficult to perform after your joint replacement.

These exercises are a VERY important part of your recovery. Your joint will likely feel stiff and sore after surgery, but this can be remedied with your exercise program.

Remember:

- Make sure to manage pain BEFORE each exercise session after surgery.
- Ice the joint for 20-30 minutes AFTER you are finished!



ANKLE PUMPS – AP

Bend your foot up and down at your ankle joint as shown.

Repeat	15 Times
Hold	1 Second
Complete	2 Sets
Perform	2 Time(s) a Day



QUAD SET WITH TOWEL UNDER HEEL – QS

While lying or sitting with a small towel rolled under your ankle, tighten your top thigh muscle to press the back of your knee downward towards the ground.

Repeat	15 Times
Hold	5 Seconds
Complete	2 Sets
Perform	2 Time(s) a Day



GLUT SET – GS

Laying on your back, squeeze your buttocks together.

Repeat	15 Times
Hold	5 Seconds
Complete	2 Sets
Perform	2 Time(s) a Day



HEEL SLIDES – SUPINE – HS

Lying on your back with knees straight, slide the affected heel towards your buttock as you bend your knee.

Repeat	15 Times
Hold	5 Seconds
Complete	2 Sets
Perform	2 Time(s) a Day



Hold a gentle stretch in this position then return to original position.



SHORT ARC QUAD - SAQ

Place a rolled up towel or object (about 6-8” in diameter) under your knee. Slowly straighten your knee as you raise your foot.

Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day



STRAIGHT LEG RAISE - SLR

While lying or sitting, raise up your leg with a straight knee. Keep the opposite knee bent with your foot planted to the ground.

Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day



SUPINE HIP ABDUCTION

While lying on your back, slowly bring your leg out to the side. Keep your knee straight the entire time.

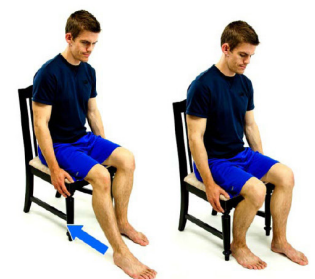
Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day



SEATED MARCHING

While seated in a chair, draw up your knee, set it down, then alternate with the other side.

Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day



SEATED HEEL SLIDES

While in a seated position with your feet forward and rested on the floor, slowly slide your foot closer towards you.

Hold a gentle stretch then return foot forward to original position.

Repeat 5 Times
Hold 45 Seconds
Complete 1 Set
Perform 6 Time(s) a Day



LONG ARC QUAD - LAQ - HIGH SEAT

While seated with your knee in a bent position, slowly straighten your knee as you raise your foot upwards as shown.

Repeat 15 Times
Hold 1 Second
Complete 2 Sets
Perform 2 Time(s) a Day

Glossary of Terms

COMPRESSION DEVICE

This inflatable plastic sleeve wraps around your feet and may be used to improve blood flow in your legs (SCDs).

FOLEY CATHETER

This tube is used to eliminate urine from the bladder before and shortly after surgery.

INCENTIVE SPIROMETER

This breathing exercise device is designed to improve your ability to expand your lungs after surgery.

INTRAVENOUS (IV) CATHETER

The IV allows fluids and medications to be delivered through your blood stream.

OCCUPATIONAL THERAPY (OT)

Your occupational therapist will assist you in regaining independence with your activities of daily living (ADLs).

PHYSICAL THERAPY (PT)

Your physical therapist will assist you in regaining mobility and function following your surgery.

PULSE OXIMETER

This clip is attached to one of your fingers to monitor the oxygen content in your blood.

TED HOSE

White stocking to improve circulation and prevent blood clots.



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