



**TOTAL JOINT**  
*Care Program*



Total Knee Joint Replacement

### *Please Note*

This guidebook is intended to be a resource for you throughout your joint replacement experience. Please review it before attending your Total Joint Care Program pre-admission class and be sure to bring it with you to class and all related medical appointments.



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# Important Names & Numbers

## MEDICAL SUPPORT TEAM

Role	Name	Phone Number
Surgeon		
Physician Assistant (PA)		
Orthopedic Nurse		
Outpatient Nurse Case Manager		
Dietitian		
Outpatient Diabetes Specialist		
Other:		
Other:		
Other:		
Other:		

## PERSONAL SUPPORT TEAM

Role	Name	Phone Number
Transportation		
Point Person <i>(see page 22)</i>		
Healthcare Agent <i>(see page 13)</i>		
General Assistance		
Pet Care		
Other:		
Other:		

## ADDITIONAL NOTES

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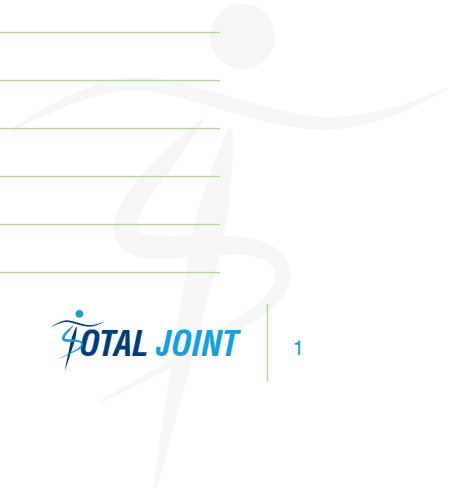
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# Home Medication & Allergy List

**Patient Name:**

**Date of Birth:**

## MEDICATIONS

Please list all of the medications you are currently taking. Be sure to include all prescription and over-the-counter medications, vitamins, and nutritional supplements. Check the box below and use the back of this page if additional space is required.

	Medication Name	Dose	Frequency	Last Dose Prior to Hospital Admit
<i>i.e.</i>	<i>Ibuprofen</i>	<i>200 mg</i>	<i>every 4 hours</i>	<i>June 12 @ 4 pm</i>
1				
2				
3				
4				
5				
6				
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10				
11				
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13				
14				
15				

**ATTENTION CARE PROVIDERS: Additional medications are listed on the back of this page.**

## ALLERGIES

Please list all of your medical allergies. Check the box below and use the back of this page if additional space is required.

	Allergy	Reaction
<i>i.e.</i>	<i>Penicillin</i>	<i>Rash</i>
1		
2		
3		

**ATTENTION CARE PROVIDERS: Additional allergies are listed on the back of this page.**

**Please bring this completed form with you to the hospital.  
DO NOT bring your own medications, vitamins, or supplements with you unless instructed to do so.**

# Medication Management Plan

## WEEKS BEFORE SURGERY

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## DAYS BEFORE SURGERY

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## DAY OF SURGERY

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## AFTER SURGERY

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# Preoperative Bathing Instructions

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Bathing with an antiseptic and antimicrobial soap containing chlorhexidine gluconate (Hibiclens®) before your surgery helps remove germs and reduce the risk of infection at the surgical site. If you are allergic to chlorhexidine gluconate you can use your regular soap instead. The following bathing instructions will help ensure your skin is clean before surgery. More detailed instructions are included in the Days Before Surgery Checklist.

## BATHING INSTRUCTIONS:

- You will need to shower with Hibiclens® on the 2 days before surgery, and on the morning of your surgery.
- Apply Hibiclens® ONLY FROM THE NECK DOWN. Do not apply near your eyes or ears.
- Use clean freshly washed towels after each shower.
- DO NOT apply any lotions, powders or deodorants after your shower.
- Dress in freshly washed clothes.
- Use freshly washed sheets and pillowcases after each shower.

## 2 DAYS PRIOR TO SURGERY:

### ▶ Shower on this Date:

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1. Wash your hair with your normal shampoo.
2. Wash your face with your regular soap or facial cleanser.
3. Wash your body from the NECK DOWN ONLY with the sponge side of the Hibiclens® scrub brush.
4. Leave the Hibiclens® soap on your skin for at least 2 minutes before rinsing.
5. Do not wash with your regular soap after the Hibiclens®.
6. Rinse your body thoroughly.

### ▶ Shower on this Date:

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## DAY OF SURGERY

### ▶ Shower on this Date:

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1. Take final shower with Hibiclens® scrub brush.
2. Wear clean clothes to the hospital.



# Introduction

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*Thank you for choosing Confluence Health for your knee joint replacement.*

We are the only hospital in Washington State to be named one of *America's 100 Best Hospitals for Orthopedic Surgery* by Healthgrades. Our surgeons perform over 600 total knee joint replacement surgeries each year and have earned a 5-star rating for *Total Knee Replacement* by Healthgrades. They have also received the *Joint Replacement Excellence Award* and *Outstanding Patient Experience Award* from Healthgrades multiple years in a row.

We are committed to prepare, engage and empower our patients through a total joint education program that minimizes recovery time and improves their overall function. This guide is designed to give you the important information you need to achieve the best outcome from your joint replacement surgery. It is your workbook and provides several checklists to keep you on track before, during, and after your surgery.

## MAIN TOPICS:

- How to prepare for your upcoming surgery.
- What to expect in the hospital before, during, and after surgery and during your hospital stay.
- What to expect and what to do to continue your successful recovery at home.



# Our Orthopaedic Surgical Team

## OUR WENATCHEE TEAM



**Mark Broberg MD**



**Joel Cummings MD**



**James Dahl MD**



**Michael Rossi MD**



**Daniel Ritzke PA-C**



**Oliver Dickmann PA-C**



**Chlesea Brown PA-C**



**Gregory McDonough PA-C**

## OUR MOSES LAKE TEAM



**Matthew (Kai) Elliott DO**



**Brannon Orton MD**



**Tracy Estrellado PA-C**



**Braeden Cook PA-C**



**Leona Hays ARNP**



# The Total Joint Care Program

*Team care for recovery and results.*

Our Total Joint Care Program offers a team approach to prepare and care for patients who are undergoing total joint replacement surgery. The Total Joint Care Program is made up of a team that includes your surgeon, the surgeon's physician assistant and healthcare team, an outpatient and inpatient nurse case management team, and *you*.

## IMPROVED OUTCOMES

A growing number of patients who have undergone joint replacement surgery at Confluence Health have been managed through our Total Joint Care Program. Patients who become active partners in their own care achieve better outcomes. This was demonstrated by a recent survey of our patients who indicated they were more satisfied or very satisfied with their level of pain and performance than the current national average of patients who have had a total knee replacement.

## HOW DOES IT WORK?

Your surgeon and healthcare team will evaluate and address your individual needs and develop a customized care plan. An outpatient nurse case manager will work with you throughout the joint replacement process. They will contact you several weeks before surgery to help you prepare, and identify things you will need for your care when you return home. They will continue to work with you for about three months after surgery to ensure that you are supported and your recovery needs are being met.



Prior to your surgery being scheduled your current medical conditions will be reviewed. This is to ensure you have the best outcome during and after surgery. If any additional health care needs are identified you may need to see other care providers. We will assist you with making these appointments. These providers may include a Cardiologist (heart doctor), Pulmonologist (lung doctor), Diabetes Specialist, Registered Dietitian or your primary care provider.

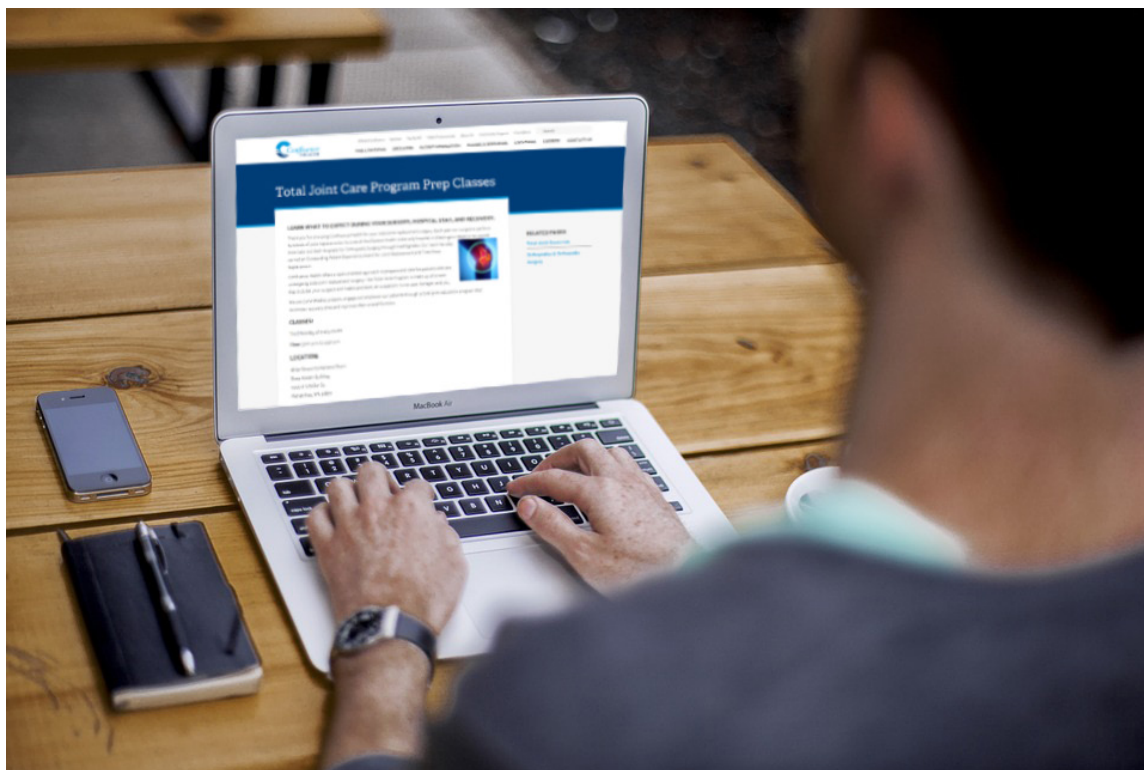
### TOTAL JOINT CARE PROGRAM PRE-ADMISSION CLASS

The Total Joint Care Program begins with an educational class for you and the individual/s who will support you through your joint replacement experience. During class you will receive useful information about what to expect before, during and after your surgery. You will also have the opportunity to ask questions.



#### *Resources...*

- Visit [www.ConfluenceHealth.org/TotalJoint](http://www.ConfluenceHealth.org/TotalJoint) for a schedule of upcoming Total Joint Care Program Pre-Admission classes.





# Overview of a Total Knee Replacement

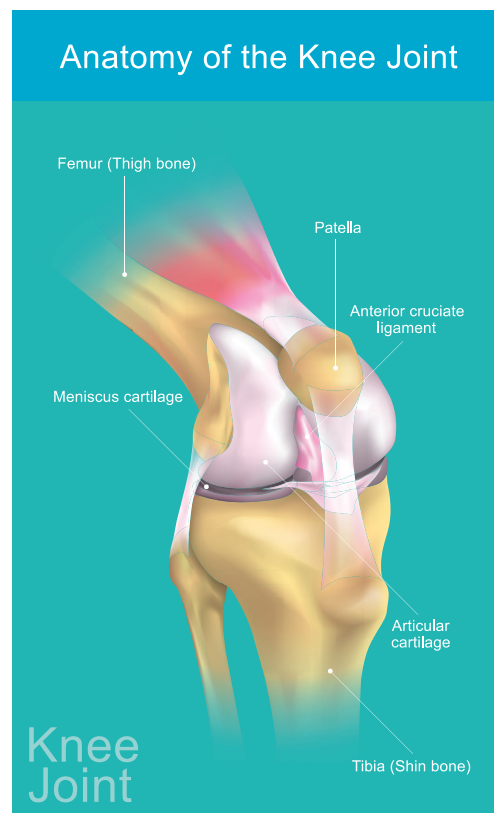
The knee joint is the largest joint in the body. It is the “hinge” joint of the leg and allows the leg to bend and straighten. The knee joint is located at the meeting point of the thigh bone (femur) and the shin bone (tibia). The knee cap (patella) covers the area where the two bones meet.

During total knee replacement surgery, the damaged part of the knee is removed and replaced with an implant. The surgery typically takes 1-3 hours to complete. Implants are made of various materials: stainless steel, titanium, chrome, cobalt, or polyethylene. Bone cement may also be used in the repair.

The choice of implants varies from person to person. Factors considered are your age, activity level, body type, and the amount and strength of your bone and bone tissue. Your surgeon will choose the implant that is best suited for your needs and lifestyle.

During the total knee replacement surgery, a relatively thin amount of bone is removed from the end of the thigh bone, the top of the shin bone, and the underside of the kneecap. This creates bone surfaces that allow the implant to have a good fit. Most of the major ligaments and tendons of the knee are left in place so that the knee can bend and straighten, yet remains steady in position from side-to-side and front-to-back.

**It is important to remember that a knee replacement is a major surgery and each person will recover at a different rate. Expect it to take about 6-8 weeks to begin feeling better and at least a year for full recovery.**



## Resources...

- Visit [www.ConfluenceHealth.org/TotalJoint](http://www.ConfluenceHealth.org/TotalJoint) for more information on knee replacement surgery.

# Medication Management Before Surgery

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Some medications thin your blood increasing the risk of bleeding after surgery and/or interfering with healing. The following is a list of medications that may need to be stopped the weeks, days or day of your surgery. Fill out the **Home Medication & Allergy List** (page 3) and **Medication Management Plan** (page 4) with your surgeon to determine what your specific needs are.

## ANTI-INFLAMMATORIES

Non-steroidal anti-inflammatory drugs, or NSAIDS, such as ibuprofen (Motrin, or Advil), naproxen (Aleve), diclofenac and other aspirin or baby aspirin options.

## BLOOD THINNERS

Blood thinners such as **warfarin (i.e. Coumadin®)** affect your body's ability to clot blood and can cause bleeding. You will need to work with the Anti-coagulation Clinic to determine when to stop taking this medication.

## DIRECT ORAL ANTI-COAGULANTS

Direct Oral Anti-Coagulants such as **rivaroxaban (i.e. Xarelto®)**, **apixaban (i.e. Eliquis®)**, **dabigatran (i.e. Pradaxa®)** and others will need to be stopped before surgery. Your surgeon will tell you how long before surgery to stop these medications.

## DIABETES MEDICATIONS

Your dose of certain medications to manage your diabetes may be altered the day before or day of surgery.

## SUPPLEMENTS

Supplements will also need to be stopped to avoid increased risk of bleeding and interference with healing. These include all vitamins, fish oils, and herbal supplements.



# Advance Care Planning

When preparing for surgery one should prepare for “the unknowns.” After surgery, it is possible that some patients will experience periods of time where someone else is needed to help make decisions on their behalf. Designating a Healthcare Agent in advance can help. Information and documents are included in the hospital packet provided by your surgeon’s office.

## ADVANCE CARE PLANNING FORMS

### *Durable Power of Attorney for Health (DPOAH)*

Confluence Health recommends you complete the **Durable Power of Attorney for Health (DPOAH)**. This document will identify someone to make decisions for you if you are unable. It requires a signature, witness, and notary to take effect.

### *Healthcare Directive*

The **Healthcare Directive** is a different document and is optional to complete. The Healthcare Directive states what actions should be taken for your health if you are unable to make these decisions. This document will also need to be signed and witnessed. The requirements for the witnesses are different from the DPOAH and a notary is not necessary.

**Please provide completed copies of your Advance Care Planning documents to Confluence Health prior to your surgery. It is also important to make sure your loved ones, or those named on the DPOAH form, know what is important to you and are given copies.**



### *Resources...*

- **Confluence Health offers a FREE class to help with Advanced Care Planning.** Classes are held every 3rd Tuesday of the month at 1:00 pm at the Confluence Health Conference Center at 1000 A, North Miller Street in Wenatchee. Visit [www.ConfluenceHealth.org/Advance-Care-Planning](http://www.ConfluenceHealth.org/Advance-Care-Planning) for more information.
- If you have any additional questions or need help completing these forms please call 509.662.1511.



## Exercise

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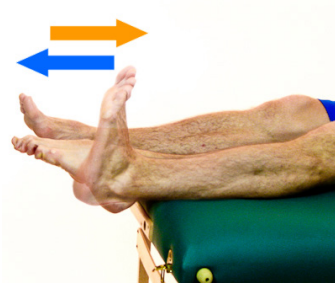
You are encouraged to continue your regular exercise program. Exercising up to the day before surgery helps improve your strength, range of motion, and endurance. This helps lead to a successful outcome and recovery. Talk with your surgeon about a referral to physical therapy if you would like help developing an exercise program for before and after your surgery.

### WHY IS EXERCISE SO IMPORTANT BEFORE SURGERY?

- Strengthening exercises for the knee improves recovery.
- Upper body conditioning exercises help reduce muscle soreness and fatigue caused by the use of a walker, crutches, cane or other aides.
- A walking or water exercise program increases endurance, flexibility and overall strength.

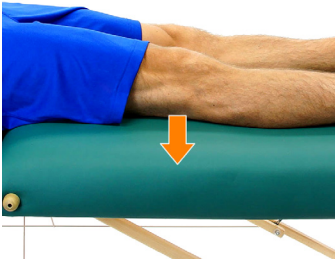
## EXERCISES

Review and practice the following exercises before surgery to make them easier to perform after your surgery. These exercises will be done in the hospital and need to be demonstrated prior to going home.



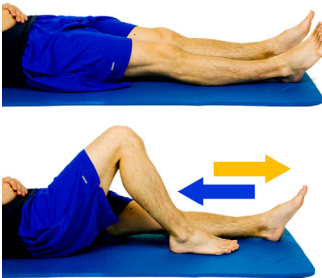
### ANKLE PUMPS

Point your toes down like a ballerina, then bring them up towards you in the opposite direction. Repeat 10 times. Do frequently throughout the day.



### QUADRICEPS SETS

Tighten muscles on top of thigh by pushing knee down. Hold 5 seconds. Don't hold your breath. Repeat 10 times (1 set). Do two sets a day.



### HEEL SLIDES

Slide heel of surgical leg up toward body while bending knee and keeping heel on surface, then slide foot back to straighten knee. Repeat 10 times (1 set). Do two sets a day.



### SEATED KNEE FLEXION STRETCH

While in a seated position, slide your foot back to a bent knee position until you feel a stretch across the knee. Keep your foot planted on the floor. Then try to move buttocks forward slightly toward edge of chair. Hold for 30 seconds and then slide buttocks back, and straighten your knee back out. Repeat this 2-3 times.



### SHORT ARC QUAD

Place a 6"-8" towel roll under knee. Push back of surgical knee down into towel roll while raising the heel off the bed. Hold, then slowly lower heel back down. Repeat 10 times (1 set). Do two sets a day.



### STRAIGHT LEG RAISE

Bend opposite knee. While keeping surgical knee straight lift leg 8"-10" from surface. Hold, then slowly lower leg back down. Repeat 10 times (1 set). Do two sets a day.



### KNEE EXTENSION STRETCH

Lie on back with towel roll under heel of surgical leg. Rest in this position trying to straighten leg. Begin for 1 – 2 minutes, then progress to 5 minutes. Do two times a day.



# Diet & Nutrition

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Healthy eating and proper nutrition before your surgery aids in the healing process.

## SUGGESTIONS TO FOLLOW

- Drink plenty of fluids and stay hydrated.
- Eat more fiber to help avoid constipation (often caused by pain medication). Foods that contain fiber include corn, peas, beans, whole wheat pasta and breads, broccoli and almonds.
- Eat foods rich in iron, such as lean red meat, dark green leafy vegetables, raisins and prunes.
- Eat foods high in Vitamin C to help your body absorb iron. Foods high in Vitamin C include oranges, cantaloupe and tomatoes.
- Make sure you are getting enough calcium which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens and fortified cereal.
- Eat light meals, especially the day before surgery. The combined effects of anesthesia and your medication may slow down your bowel function. This can cause constipation after surgery.

## WEIGHT LOSS

Some people would benefit from some weight loss prior to surgery. A patient who is heavier has a higher chance of complications after surgery. These could include:

- Infection
- Poor wound healing
- Difficult breathing
- Blood clots
- Pulmonary embolism – a blood clot in the lungs

Joint replacement will help relieve your pain and enable you to live a fuller, more active life. However, if you are overweight, you may never achieve the increased mobility and range of motion experienced by a patient of normal weight. Talk with your surgeon about a referral to a Dietitian to assist in creating a weight loss plan.



# Diabetes & Blood Glucose Control

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Keeping your blood glucose in goal range is always important, but it is extremely important before surgery. In fact, managing your blood glucose before surgery can help reduce the risk of problems after surgery, such as infection and other complications. Surgery can affect your blood glucose control in many ways. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. Surgery can also affect your normal diet and may change your usual medication routine. Your blood glucose levels will be managed throughout the entire surgical process, starting with a thorough review during the pre-operative testing and continuing through the post-op period. Talk with your primary care physician if you would like a referral to the Outpatient Diabetes Specialist for help getting your blood glucose in control prior to surgery.



# Tobacco, Marijuana & Alcohol Use

## TOBACCO PRODUCTS

Smoking causes breathing problems and can increase the risk of medical complications and slows recovery. Smoking also increases the risk of infection and blood clots after surgery. Studies show that by quitting smoking you significantly reduce the risk of post-operative complications and death.

If you smoke or use any type of nicotine products, we encourage you to quit at least four (4) weeks before surgery. You can talk with your primary care provider to see if medications or other methods would help you quit smoking. Please be aware that all Confluence Health Hospitals and Clinics are non-smoking facilities and smoking, including e-cigarettes and vaping, is strictly prohibited.

## MARIJUANA PRODUCTS (INCLUDING EDIBLES AND CREAMS)

Smoking cannabis, like tobacco, impairs your lung function and increases your risk of medical complications. Cannabinoids have complex actions on seizure activity in the body. These effects along with the use of anesthetics and opioid pain medications can cause excess sleepiness and lethargy. Cannabinoids get stored in fat tissue and are slowly released back into the bloodstream. This could mean cannabinoids would be present in the body for weeks after its use. Because of this effect, the earlier you quit, the greater your chances of avoiding surgery-related complications.

**It is very important not to smoke or ingest marijuana within 24 hours of your surgery.**

## ALCOHOL USE

Before surgery, it is important to be honest with your health care providers about your alcohol use. Tell your health care provider how many drinks you have per day (or per week). This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. We are here to help you prepare and recover from your surgery as quickly and safely as possible.



### *Resources...*

#### *Wellness & Prevention: Quitting Smoking*

- [www.Healthwise.net/ConfluenceHealth](http://www.Healthwise.net/ConfluenceHealth)

#### *National Tobacco Quit Line*

- 1.800.QUIT.NOW or 1.800.784.8669
- [www.SmokeFreeWashington.com](http://www.SmokeFreeWashington.com)

# Assistive Equipment

Assistive equipment used by patients after surgery is often referred to as Durable Medical Equipment, or DME. A walker, crutches or cane are standard items patients will need at home after a total knee replacement surgery. Work with your Outpatient Nurse Case Manager or Therapist to determine your needs and contact your insurance company to find out what is covered under your policy BEFORE you make any purchases. Insurance does not cover bathroom items and there is limited coverage of personal aide items.

## SOURCES OF EQUIPMENT

Knights of Columbus in Wenatchee has a warehouse of assistive equipment available that can be borrowed for free. Please see the pamphlet in the back of this notebook for further details. Check back with them periodically if they don't initially have what you need.

For those who live outside the Wenatchee area, additional resources are available to borrow used equipment. Talk with your Outpatient Nurse Case Manager or Physical Therapist for details. Many people also reach out to friends and family who may have used equipment they no longer need. Whatever the source, make sure all used equipment is still in good working condition and will meet your needs.

If you are unable to find any used equipment, new equipment can be found at medical supply stores, pharmacies, and home improvement stores locally and online.

If you can't find all the equipment you need prior to your surgery, let your Inpatient Nurse Case Manager know and they will assist you in getting what you need prior to discharge.



### *Resources...*

- Visit **[www.ConfluenceHealth.org/TotalJoint](http://www.ConfluenceHealth.org/TotalJoint)** for more information on sources of new and used assistive equipment.



# Checklist: Weeks Before Your Surgery

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## *Prepare with Your Medical Support Team\**

- Verify your surgery is covered by your insurance company.
- Attend a Total Joint Care Pre-Admission Education class.
- Speak with your Outpatient Nurse Case Manager to address any questions or concerns and develop a discharge plan.
- Complete the lab work requested by your surgeon.
- Discuss diabetes and blood glucose control with your Primary Care Provider (if applicable).
- Get your flu shot if surgery is scheduled during flu season (October - March).
- See your dentist for routine care prior to your surgery.

## *Manage Medications (generally 1-2 weeks before surgery)*

- Fill out **Home Medication & Allergy List** (page 3).
- Manage your medications, vitamins and supplements as instructed in your **Medication Management Plan** (page 4).

## *Prepare Yourself*

- Complete and share Advance Care Planning documents, and bring copies to the hospital.
- Complete an exercise routine several times per week.
- Maintain a healthy diet or develop a weight loss plan.
- Drink lots of fluids and increase your fiber intake.
- Maintain blood glucose numbers in goal range (if applicable).
- Quit smoking tobacco and/or marijuana use (if applicable).
- Identify and acquire equipment you will need to assist you with daily living tasks.

*Prepare with Your Personal Support Team\**

- Identify who will help you with transportation to/from the hospital and medical appointments.
- Designate a point person and share their contact information with friends and family, so they can contact them for updates on your condition.
- Make arrangements for your pet(s) to be cared for during and after surgery (if applicable).
- Identify who will help you at home after your surgery with bathing, dressing, meals, laundry, household chores, yard work, and pet care, etc.

\*Include the names and phone numbers for each member of your medical and personal support teams in the list of **Important Names & Numbers** (page 1).



## *Prepare My Home*

- Clean the house and put clean sheets on your bed.
- Do enough laundry to have a few weeks worth of clean clothes available.
- Prepare a bedroom on the main level of your house (if your current bedroom is up or downstairs).
- Install nightlights in your bedroom, bathroom, hallways and kitchen.
- Ensure you can safely navigate with a walker or crutches by removing clutter and obstacles (throw rugs, electric cords, footstools, etc.) and creating wide, clear paths from your bedroom to your bathroom and kitchen.
- Choose a firm, straight-back chair with armrests to sit in after your surgery. It should keep your knees lower than your hips. A foam cushion or folded blanket can be used to raise you up, but a soft pillow should be avoided. A dining room chair may work if you don't have other chairs. Rolling chairs should be avoided.
- Install grab bars to get into and out of your shower or tub. Remove rugs including those in front of toilets and vanities.
- Install handrails in stairways, or make sure existing handrails are secure. It's okay to climb stairs without assistance.
- To avoid reaching or bending, keep frequently used items (food, medications, etc.) within easy reach, especially in the kitchen, bathroom and bedroom. It's a good idea to carry a cell phone or portable phone with you at all times during your recovery.
- Freeze prepared meals and stock up on healthy non-perishable foods (boxed, canned or frozen) to make meal preparation easier after surgery.
- Ensure any small children that live with you, or will visit you after your surgery, know how to safely interact with you and any assistive equipment you plan on using.
- Make arrangements to keep your pets in another area of the house when you get home, and practice using assistive equipment around them, so they are familiar with it before your surgery.
- Complete any necessary yard work such as mowing, weeding, gardening, pruning or snow removal before your surgery.
- Stop your mail and newspaper delivery during your hospital stay.

# Checklist: 2 Days Before Your Surgery

## 2 DAYS BEFORE SURGERY:

### *Manage Medications*

- Manage medications and supplements as instructed by your surgeon and healthcare team in your **Medication Management Plan** (page 4).

### *Prepare Yourself*

- Bathe as instructed in the **Preoperative Bathing Instructions** (page 5).



### *Doctor's Orders..*

- **DO NOT** shave the surgical site.
- **DO NOT** participate in activities that may cause cuts or bruises.

# Checklist: 1 Day Before Your Surgery

## 1 DAY BEFORE SURGERY:

### *Prepare with My Medical Team*

- A nurse will call with your scheduled arrival time and answer any remaining questions.
- Call your physician if you feel ill or have any rashes, cuts or scrapes on/near your surgery site.

### *Manage Medications*

- Manage medications and supplements as instructed by your surgeon and healthcare team in your **Medication Management Plan** (page 4).

### *Prepare Yourself*

- Pack your bags for the hospital (*page 26*).
- Drink plenty of fluids and **DO NOT** eat or drink anything after the time you are instructed to.
- Bathe as instructed in the **Preoperative Bathing Instructions** (page 5).
- Sleep in clean pajamas on freshly laundered bed sheets.
- Get a good night's sleep - it's important to be well rested before surgery.



### *Doctor's Orders..*

- **DO NOT** eat or drink anything after the time you are instructed the day before and the day of your surgery.
- **DO NOT** use lotions or powders.
- **DO NOT** shave the surgical site.
- **DO NOT** participate in activities that may cause cuts or bruises.

# Checklist: What to Bring to the Hospital

## *Pack Your Paperwork*

- This notebook with important names and telephone numbers.
- Copy of your Advance Care Planning documents.
- Driver license, or photo identification, insurance information, Medicare or Medicaid card.
- Bring your completed **Home Medication & Allergy List** (page 3). **DO NOT** bring your own medications with you unless otherwise instructed to do so.

## *Pack Your Personal Items*

- Loose-fitting comfortable clothes for discharge (these can be the clothes you wear in to the hospital, or you can pack an extra outfit if you prefer).
- Personal hygiene items (toothbrush, toothpaste, denture cleanser/cup, deodorant, shaving cream, comb/brush, but **DO NOT** bring powders.)
- Eyeglasses or contact lenses and storage cases.
- Hearing aide(s), case, and batteries.
- CPAP or BiPAP machine, settings and tubing.
- Cell phone and charger or calling card.
- Any hand-carry equipment such as a reacher, sock aid, or long-handled shoehorn.
- Entertainment items to use during your stay (i.e. reading material, games, music, knitting, etc.).



### *Doctor's Orders..*

- **DO NOT** bring your walker. The person driving you home after your surgery should bring it at the time of your discharge.
- **DO NOT** bring valuables. Leave all jewelry, including your wedding and engagement rings, credit cards, checkbooks, cash, etc. at home.
- **DO NOT** bring your own medications unless otherwise instructed to do so.
- **DO NOT** bring powders.

# Arrival & Admitting

## CENTRAL WASHINGTON HOSPITAL

Please arrive for your surgery at your scheduled time. There is designated parking available for surgery patients in the first two rows of parking stalls outside of the green wall entrance. Enter in the **Surgery & Procedures Entrance** at the green wall and check-in at the Admitting desk. Reception will review your insurance and personal information. Please remain in the waiting area until you are called back.





# Arrival & Admitting

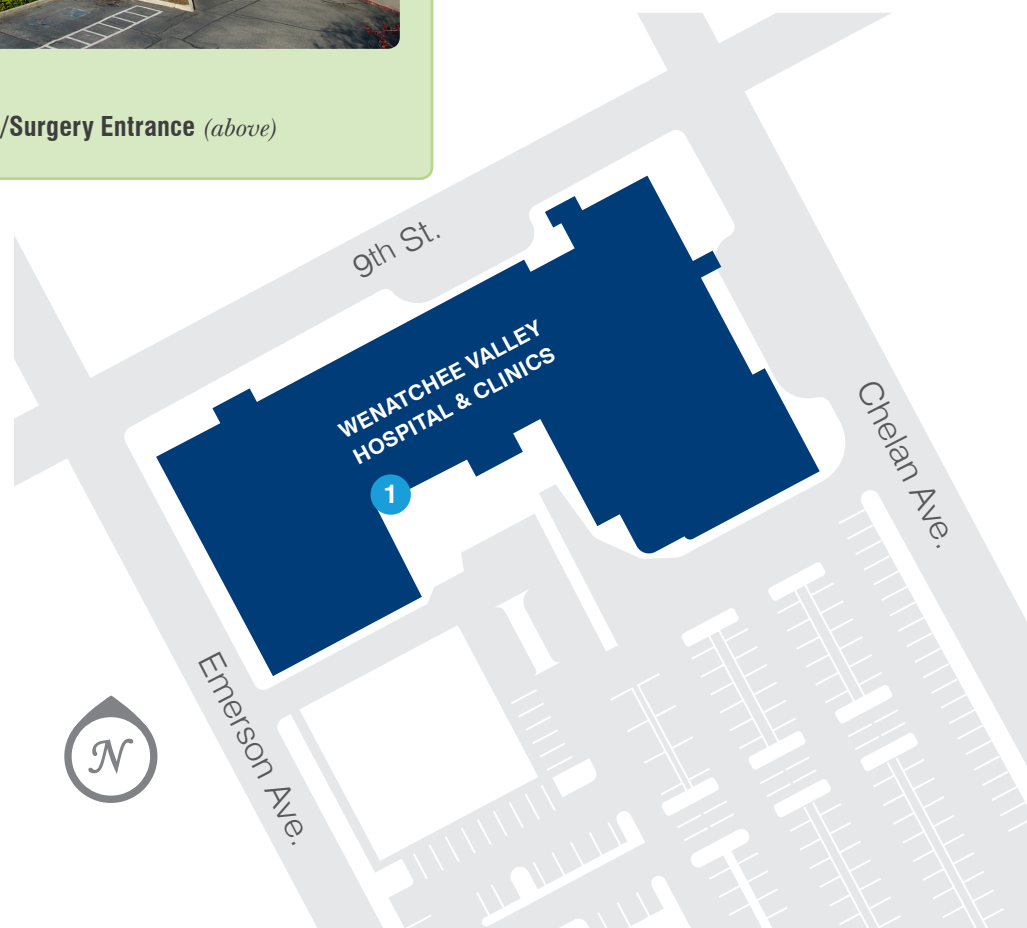
## WENATCHEE VALLEY HOSPITAL & CLINICS

Please arrive for your surgery at your scheduled time. Follow the blue signs for the Mares Building **Hospital/Surgery Entrance** by the Walk-In Clinic. Take the elevator next to the Bistro to the second floor and check-in at the reception desk. Reception will review your insurance and personal information. Please remain in the waiting area until you are called back.



### KEY

- 1 Hospital/Surgery Entrance (above)





# Arrival & Admitting

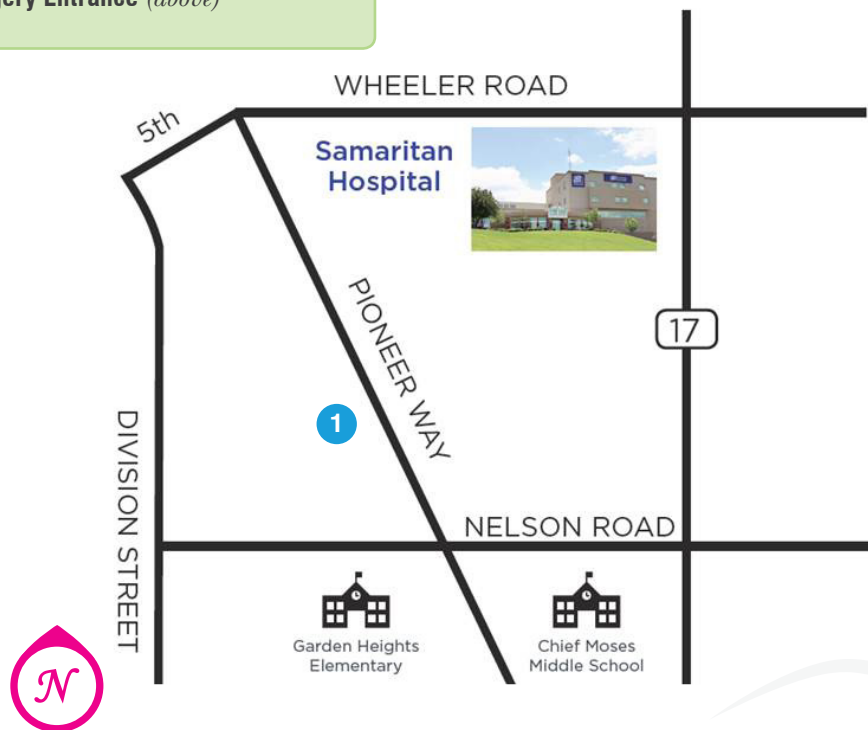
## SAMARITAN HOSPITAL

Please arrive for your surgery at your scheduled time. Check in at the Short Stay Waiting Area— Located on the east side of the building, enter through the doors underneath the awning that holds the big red emergency sign. Approach the desk and tell the employees you are here for surgery.



### KEY

- 1 Hospital/Surgery Entrance (above)



# What You Can Expect After You Check-In

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## NURSE

- You will be asked to empty your bladder.
- Any glasses, contacts, hearing aids or dentures will be removed and returned to you after surgery.
- You will have your vital signs checked including your blood pressure, pulse, breathing rate, body temperature, height and weight.
- A nurse will review your **Home Medication & Allergy List** (page 3) and note the time of your last dose taken.
- An intravenous (IV) line will be started to give you fluids and medications.
- Hair will be removed, or clipped, from the surgery site if needed. **DO NOT DO THIS AT HOME.**

## SURGEON

- Your surgeon will mark your surgery site, review the procedure with you, and answer any questions you may have.

## ANESTHESIOLOGIST

- Your anesthesiologist will talk with you about your health history and review your anesthetic options to help you make an informed choice.
- Let your anesthesiologist know your preference of anesthetic. ***It is your choice.***

### *General Anesthesia*

- General Anesthesia puts you to sleep following an injection of medications into your IV. You will not feel pain and will be completely asleep throughout your surgery.

### *Regional/Spinal Anesthesia*

- Regional/Spinal Anesthesia numbs a part of your body with an injection of local anesthetic. For total knee replacement, regional anesthesia may involve injections into your back or around the nerves in your leg. You will not feel any pain and will likely receive medications via your IV that will make you sleepy and relaxed.
- You may have a urinary catheter put in to help you urinate.
- Regional/Spinal Anesthesia is usually preferred as it may be associated with less postoperative pain. There is also evidence it helps lower the risk of blood clots in your legs after surgery.

# What Your Support Person Can Expect

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One person should be designated as the point person to share information on your status with friends and family. Include the name and contact information for your point person in the list of **Important Names & Numbers** (page 1).

## BEFORE SURGERY

- You will be able to go back with the patient as they are prepared for surgery.
- You will be provided with a tracking number during check-in that will let you know where the patient is during the surgery process.

## DURING SURGERY

- Knee replacement surgery typically takes 1-3 hours to complete.
- During surgery you will be asked to wait in the lobby area or be available by phone.
- A nurse will provide you with updates as they are available.

## AFTER SURGERY

- The surgeon will come talk with you once the surgery is over and the patient is in recovery.
- Expect the patient to stay in recovery for 1-1.5 hours. This may be delayed for a number of reasons and not necessarily because something is wrong with your loved one.
- During the patient's stay in recovery, their vitals will be monitored until they are cleared to move up to the surgical floor. You will not be able to visit the patient during this time.
- If surgery was done at Wenatchee Valley Hospital they will be moved to the 3rd floor in the clinic.
- If surgery was done at Central Washington Hospital they will be moved to the 4th floor of the hospital tower.
- It is normal for your loved one to drift in and out of sleep while their anesthesia wears off. It is important they rest as much as possible, so we encourage family and friends to limit their visits during this time.
- One competent adult is allowed to spend the night in the room with the patient.
- No pets are allowed in the hospital unless it is a service animal.
- Hospital doors are locked at 9:00 pm nightly for the safety of our patients and reopen at 8:00 am in the morning. After the doors are locked, visitors at Central Washington Hospital can come in through the Emergency Department. At Wenatchee Valley Medical Center visitors can ring the bell outside the walk-in clinic to be let in to the building.

# Checklist: Day of Your Surgery

## *Manage Medications*

- Manage your medications as instructed by your surgeon and healthcare team in your **Medication Management Plan** (page 4).
- If you have been instructed to take any medications the day of your surgery, do so only with sips of water.

## *Prepare Yourself*

- Bathe as instructed in the **Preoperative Bathing Instructions** (page 5).
- Wear clean, loose and comfortable clothes.
- DO NOT** eat or drink anything after the time you are instructed.
- Bring your bag with everything listed in the **What to Bring to the Hospital Checklist** (page 26).



### *Doctor's Orders..*

- **DO NOT** eat or drink anything after the time you are instructed the day before and the day of your surgery.
- **DO NOT** shave the surgical site.
- **DO NOT** apply any lotions, powders, perfumes, cologne, or other scented products.
- **DO NOT** wear makeup or jewelry.
- **DO NOT** apply dental adhesive.

# What to Expect in the Recovery Room

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After your surgery you will be taken to an area referred to as Recovery. You will be here for approximately 1-1.5 hours. This may be delayed for a number of reasons and not necessarily because something is wrong. Nurses will monitor your vitals and make sure you are comfortable.

## *Upon arrival in the Recovery room, your nurse will:*

- Monitor your vital signs.
- Help you with your pain management and administer your medications.
- Help prevent or control nausea.

## *As you wake up you will have lines and tubes attached to you, including:*

- IV Fluids
- Oxygen tube in your nose to monitor your breathing
- TED hose compression stockings or ACE wrap bandages
- Sequential compression devices, or SCD, which provides a gentle squeezing of the limb to help keep blood clots from forming
- Thermacare or ice packs to control swelling

## *You may also have:*

- Foley Catheter tube placed in the bladder to drain urine or a bedpan
- Hemovac instrument to suction blood and fluids from around your incision
- Cardiac monitors or telemetry to monitor your heart and heart rhythms

## **VISITORS**

No visitors are allowed in the Recovery room. Your surgeon will talk with your support person in the waiting room once your surgery is over.

# What to Expect in Your Patient Room

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Once you meet criteria for transfer you will be moved from Recovery to a patient room on a unit that specializes in the care of joint replacement patients.

## *Upon arrival to your patient room, your nurse will:*

- Monitor your vital signs frequently and ask questions to determine if your anesthesia is wearing off.
- Give IV fluids, antibiotics, and medication for pain and nausea.
- Restart your home medications.
- Monitor your oxygen level. You will have a device on your finger and/or neck that monitors your breathing.
- Help you use an incentive spirometer to help keep your lungs clear and prevent pneumonia.
- Assess blood clot prevention, and administer oral blood-thinning drugs as needed.
- Limit raising the head of your bed as criteria permits (*spinal anesthesia patients only*).
- Provide warm blankets if you are cold.
- Check your urinary catheter if you have one.
- Check your TED hose compression stockings or ACE bandages that help prevent blood clots.
- Assist with sitting on the edge of your bed, or dangle, when your anesthesia has worn off.
- Assist with getting you out of bed and to a chair or bedside commode.
- Slowly introduce liquids and progress to solids as you are able to tolerate them.

## **VISITORS**

You may feel groggy from pain medication and feel pain. Your comfort level with people visiting will vary according to how you recover, but in general you will not want many visitors during this time.

- Visiting hours are 8:00 am - 8:00 pm.
- One competent adult is allowed to spend the night in the room with the patient - space permitting.
- Hospital doors are locked at 9:00 pm nightly for the safety of our patients and reopen at 8:00 am in the morning. After the doors are locked, visitors at Central Washington Hospital can come in through the Emergency Department. Visitors at the Wenatchee Valley Hospital & Clinic can ring the bell outside the Walk-In Clinic to be let in to the building.
- No pets are allowed in the hospital unless it is a service animal.

# Fall Prevention

Fall risk is increased after surgery for various reasons and there is a risk of serious injury if you fall. At Confluence Health we take your safety very seriously. Various steps will be taken following your surgery to help prevent you from falling.

## *Fall prevention tools include:*

- You will have a call light you can use when you need assistance getting out of bed.
- A hospital staff member will need to be with you whenever you get in or out of bed and stay with you while you use the bathroom.
- Bed and chair alarms will be active during your entire hospital stay per the National Patient Safety Mandate.



## *Doctor's Orders..*

- **DO NOT get out of your bed without assistance.** You can start moving your leg as your anesthesia wears off, but nurses and/or Physical Therapists will assist you with getting out of bed on the day of your surgery. The first time out of bed you will be assisted by two staff members and your blood pressure will be monitored.

# Pain Management & Medications

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## PAIN MEDICATION OPTIONS

We will do everything we can to help you control your pain and minimize any negative side effects of your pain medications. Right after surgery you will feel pretty good. As the medications given to you during surgery start to wear off you will start experiencing pain. Some pain should be expected, but you should never be miserable. You will be asked to rate your pain on a scale from 0 to 10 with 0 being no pain and 10 being the worst pain you have ever experienced. Please be honest about your pain level. You don't have to report a 10 out of 10 on the pain scale to get treatment.

*Different types of medication may be used to manage your pain, including:*

- Opioids (narcotics) such as hydromorphone (Dilaudid®), oxycodone or morphine.
- Muscle relaxants such as methocarbamol.
- Pain relievers such as acetaminophen (Tylenol®).
- Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ketorolac, celecoxib (Celebrex®) or meloxicam.
- Gabapentin to reduce nerve hyperactivity.

*Side effects may include:*

- Inability to have a bowel movement (constipation)
- Itching
- Inability to empty your bladder (urinary retention)
- Sleepiness (sedation)
- Nausea
- Slowed breathing

Additional medications may be given to help control these side effects.

## PAIN MANAGEMENT STANDARDS FOR OPIOIDS

If you are prescribed a narcotic, you will receive an initial prescription of up to 60 pills. The number of pills will vary depending on the type of surgery you have. If needed, you may request one refill of up to 60 pills. Should you require more, your surgeon will switch the prescription to Tramadol®. Exceptions may apply if you live outside the Wenatchee area or your type of surgery is typically more painful. Any additional requests will need to go through your primary care provider.



# Prescription Drug Take-Back Program

The National Prescription Drug Take-Back Program aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications. Protect our kids, families and the environment by properly disposing of your unwanted and expired medicines. Medicines in the home are a leading cause of accidental poisoning and flushed or trashed medicines can end up polluting our waters.

Experts agree. Take-back programs are the first choice for responsible disposal of medications. Law enforcement, public health, and environmental professionals stand united in support of take-back programs, as the safest and most responsible way to dispose of unwanted and expired medicines. No questions asked. You won't be questioned about the medications you are returning. It's free. There is no cost to return your medications at any of our locations.

*For the safe and anonymous disposal of unused or expired medicines and controlled substances. Confluence Health MedSafe® drug collection and disposal receptacles are now located at the following locations:*

<p><b>CONFLUENCE HEALTH   WENATCHEE VALLEY AND CLINICS</b>  <b>820 N. Chelan Ave.</b>  <b>Wenatchee, WA 98801</b>  <b>509. 663.8711</b></p>	<p><b>CONFLUENCE HEALTH   CENTRAL WASHINGTON HOSPITAL AND CLINICS</b>          (Professional Pharmacy)  <b>1201 South Miller St.</b>  <b>Wenatchee, WA 98801</b>  <b>509. 662.1511</b></p>
<p><b>MOSES LAKE   LAKETOWN PHARMACY</b>  <b>1550 S. Pioneer Way #105</b>  <b>Moses Lake, WA 98837</b>  <b>509.765.8891</b></p>	<p><b>DOANES PHARMACY IN CASHMERE</b>  <b>119 Cottage Ave</b>  <b>Cashmere, WA 98815</b>  <b>509. 782.2717</b></p>
<p><b>VILLAGE PHARMACY IN LEAVENWORTH</b>  <b>815 Front St.</b>  <b>Leavenworth, WA 98826</b>  <b>509. 548.7731</b></p>	<p><b>LAKESIDE PHARMACY IN OROVILLE</b>  <b>1117 Main St.</b>  <b>Oroville, WA 98844</b>  <b>509.476.4747</b></p>
<p><b>OMAK PHARMACY IN OMAK</b>  <b>903 Engh Rd</b>  <b>Omak, WA 98841</b>  <b>509.422.1500</b></p>	<p><b>WASHINGTON VALLEY PHARMACY IN EAST WENATCHEE</b>  <b>636 Valley Mall Pkwy #7</b>  <b>East Wenatchee, WA 98802</b>  <b>509. 888.7797</b></p>

## NON-MEDICATION PAIN MANAGEMENT OPTIONS

We also encourage non-medication methods to manage your pain.

*Many non-medication options have been found to be effective, including:*

- Ice
- Meditation
- Breathing
- Positioning
- Music
- Increased movement

## RESTARTING HOME MEDICATIONS

Your healthcare team will advise you when to restart your other home medications. Remember your surgeon is not your primary care doctor and will only know about medications you report taking. Have your **Home Medication & Allergy List** (page 3) with dosage amounts and last dose taken available.

## BLOOD CLOT PREVENTION

It is typical for knee replacement surgery patients to be given blood thinners to help prevent blood clots. Your surgeon will oftentimes have you take aspirin. Follow your surgeon's instructions. If you previously took Coumadin® or other blood thinners, these will be restarted at their previous dose.

## BLOOD GLUCOSE MANAGEMENT

If you have diabetes, the medications you were on at home will be restarted. The goal range of blood glucose levels in the hospital is 100 – 180 mg. You will be tested four times a day to ensure your blood glucose stays in this range. If there is difficulty maintaining the goal range you may be given insulin during this time of stress on your body. Depending on how well your diabetes is controlled, we may recommend you return to your primary care provider for medication adjustments.

# Potential Complications

## BLOOD CLOTS

Blood clots are potential complications following knee joint replacement surgery. A blood clot from your leg can travel to your lungs and cause serious health concerns. Preventing a blood clot from forming is the best treatment method.

*You can lower your risk of developing a blood clot by:*

- Exercising and staying active.
- Taking blood thinners as directed, such as aspirin, warfarin (Coumadin), Lovenox, or other drugs.
- Wearing your TED compression stockings or ACE bandages as directed.

**Contact your surgeon right away if any of the following occur:**

- Pain or excessive tenderness in your leg or calf unrelated to your incision.
- Redness, excessive warmth and/or increased swelling of your thigh, calf, ankle or foot unrelated to your incision.



*Call 911 If You Experience...*

A blood clot in the leg can move to the lung. This can lead to **shortness of breath, chest pain, coughing up blood, or unexplained anxiety** - especially with breathing.

## SURGICAL SITE INFECTION

A surgical site infection (SSI) is an infection that occurs at the surgical site after surgery. Most patients who have surgery do not develop an infection.

### Contact your surgeon right away if any of the following occur:

- Increased redness and pain around the surgery site (some redness is normal and increased redness post exercise is expected).
- Increased skin temperature at the surgery site (your knee will get warm when you exercise).
- Any drainage from your surgery site, particularly cloudy fluid.
- Chills and/or fever above 101°F for more than 24 hours.

## PREVENTING INFECTION

Preventing infection is extremely important both immediately after your surgery, and for the rest of your life. Your new joint is artificial and does not have your body's natural protection against infection. It is possible to develop an infection in your new joint if antibiotics are not taken before certain procedures. **Before having any procedures, let the care provider performing the procedure know you have an implant, so they can provide antibiotics as needed.**

### *Procedures with infection risk for joint replacement patients include:*

- Some dental procedures
- Colonoscopy/Sigmoidoscopy
- Cystoscopy/Genitourinary instrumentation
- Prostate and/or bladder surgery
- Kidney surgery
- Cardiac catheterization
- Barium enema
- Endoscopy

# Post-Operative Inpatient Care

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## NURSING

- Continue to monitor your vital signs.
- Once your oxygen levels are stable your oxygen tube and the device used to monitor your breathing will be removed.
- Help you with your pain management and administer your medications.
- If you have TED compression stockings or ACE bandages they will be removed for 30 minutes at least twice a day.
- If you have a urinary catheter it will be removed before 6:30 am the day after surgery, unless otherwise specified by your surgeon.
- Sit you up for all meals, and advance your diet as you are able to tolerate solid foods.
- Help you whenever you need to get out of bed and stay with you while you are in the bathroom to help prevent you from falling.
- Assist you with daily care needs like brushing your teeth, combing your hair, etc.
- Stop your IV fluids once you are able to drink enough liquids.  
**Please note: Your IV will stay in until you are ready to be discharged.**

## PHYSICAL THERAPY (PT)

- Visit you twice a day for therapy, once in the morning and once in the afternoon.
- Coordinate with your nurse to help ensure pain medication is administered for optimal pain control during therapy sessions.
- Help you progress at your own pace.
- Teach you how to lay in bed comfortably.
- Teach you how to sit on the edge of your bed and get in or out of your bed.
- Move from sitting to standing from a bed and a chair.
- Initiate and continue walking with an assistive device such as a walker, crutches, or a cane.
- Comply with knee precautions: do not pivot or twist your surgical leg, do not kneel or squat.
- Teach you how to go up and down stairs.
- Create a home exercise program for recovery.

## CONTINUOUS PASSIVE MOTION (CPM)

CPM is a device that is used to gently flex and extend the knee joint and is optional for total knee replacement patients. **The machine weighs about 35 pounds and will require someone to assist you with transport and setup.**

*If you and your care team elect to use CPM:*

- You begin using it on the morning of your first day following your surgery.
- You can continue to use it at home for up to 20 days.

## OCCUPATIONAL THERAPY (OT)

You may be seen by an Occupational Therapist, although this is not typical for knee replacement patients. These activities will also be reviewed by your Nurse and Physical Therapist.

- Determine how well you do with Activities of Daily Living (ADLs).
- Teach you lower body bathing, grooming, dressing, and bathroom hygiene.
- Help you problem solve and determine need for assistive equipment such as shower chairs, toilet risers, etc. (*see page 20*).

## SURGEON OR PHYSICIAN ASSISTANT

- Will visit you sometime early in the morning - usually between 5:00 and 9:00 am - before scheduled surgeries and clinic office hours.
- Remove any drains.
- Discuss pain management, returning to a normal diet, and discharge planning.
- Make adjustments to your pain medications as needed.
- Answer any questions you may have.



### INPATIENT NURSE CASE MANAGER OR SOCIAL WORKER & NURSING STAFF

If your surgery was at Central Washington Hospital you will be assigned an Inpatient Nurse Case Manager. This is a different person from your Outpatient Nurse Case Manager. If your surgery was at Wenatchee Valley Hospital & Clinic you will be assigned a Social Worker or nursing staff. These members of your care team will:

- Coordinate medical team recommendations.
- Organize your discharge plans.
- Order any needed assistive equipment. **Please note: some small equipment and devices are not covered by insurance and will need to be purchased before going home.**
- Keep appropriate family members up to date.



## Discharge Criteria

On average, the time spent in the hospital following total knee replacement surgery is about two days. Before you can be discharged you must be:

- Medically stable.
- Able to move safely from point A to point B.
- Able to care for yourself or have someone at home who can assist you.



### *Resources..*

If you are unable to meet the criteria to go home, your care team will help identify a place for you to go, or service to help you reach your goals before returning home, such as:

- Subacute Rehab
- Acute Rehab
- Home Health Therapies



# Checklist: Discharge

## MEDICALLY STABLE

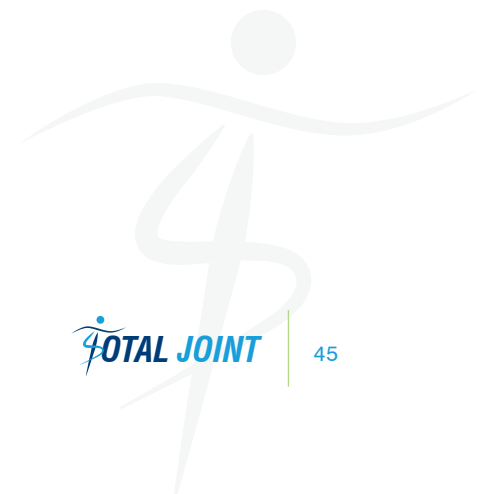
- Your pain is controlled with oral medications.
- You are able to urinate and empty your bladder sufficiently.
- You have active bowel sounds.
- You are able to eat regular food.

## ABLE TO MOVE SAFELY FROM POINT A TO POINT B

- You can safely get yourself in and out of bed.
- You can safely transfer to a chair.
- You can walk with assistive equipment.
- You can safely climb the stairs into and out of your home, and/or inside your home.
- You understand your home exercise program.

## ABLE TO CARE FOR YOURSELF

- You can dress yourself.
- You can prepare a meal and feed yourself.
- You can use the bathroom/toilet.
- You can shower.
- You understand the reason for and dosage of each of the medications you are taking.
- You understand the signs and symptoms of infection and blood clots.
- You understand the steps you can take to avoid constipation.
- You understand the precautions for your new knee.



# At Home: Before Your First Post-Op Visit

No matter how much you prepared for your homecoming, it will be an adjustment. You may experience discomfort in your surgical knee, have difficulty sleeping at night, and question whether you were discharged too early. This is a normal part of the recovery process. You are encouraged to try to relax and focus on your recovery. Getting up and moving around relieves some of the discomfort and is the key to a successful recovery.

## MEDICAL FOLLOW-UP

- Expect a call from your Outpatient Nurse Case Manager within the first two weeks of discharge. This is your opportunity to report any problems and ask any questions.

## ON YOUR OWN

### *Incision Care*

- Before you go home from the hospital, you will be instructed on how to care for your incision. Make sure you understand the instructions prior to leaving and refer to any written discharge instructions for incision care. **DO NOT soak your incision in a bathtub, pool, or hot tub until your surgeon has cleared you to do so.**

### *Riding in a Car*

- **DO NOT drive before your first post-operative visit or while taking narcotic pain medications.** The decision to resume driving your vehicle is made by your surgeon.
- You may be a passenger in a car. Follow any instructions provided by your health care team for getting in and out of a car.

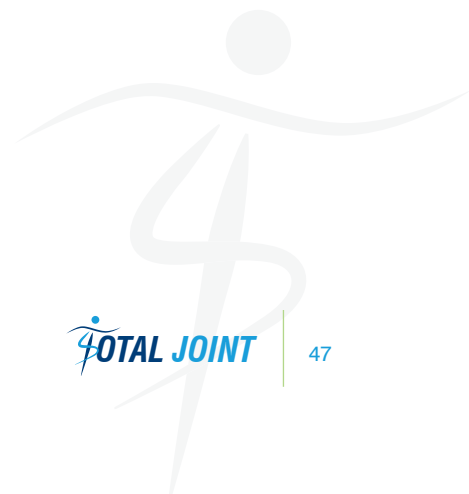
### *Pain Management & Medications*

- Movement should be your first approach to pain management. Move regularly to improve circulation and keep swelling down.
- Support, elevate and ice your leg to reduce swelling commonly experienced after a knee replacement surgery and make the area feel safe and relaxed. Elevate your leg above the level of your heart so your foot is higher than your knee. This can be achieved by placing pillows under your calf, but be careful not to place pillows behind your knee joint. Apply ice to the knee for 20 minutes at a time and keep a pillow case or towel between the ice pack and your knee. Change your position often to stay comfortable. Continue with support, elevation and ice to help decrease swelling and discomfort for at least 7 – 10 days after you get home.

- Take your pain medication as prescribed - particularly the first week after your surgery. Remember to take it before periods of activity or bedtime, and follow the instructions on the prescription label. **DO NOT wait until your pain is severe before taking your pain medication. Avoid taking your pain medication on an empty stomach.**
- Contact your surgeon and decrease or stop your pain medication altogether if you start experiencing nausea.
- Contact your surgeon if you need additional pain medication. **Keep in mind you must give at least three days advance notice before you run out.** Federal law requires a hard copy of the prescription to be delivered to your pharmacy for nearly all pain medications. These prescriptions cannot be called or faxed in to your pharmacy. Please plan ahead, especially for holidays and weekends.

### *Activity*

- You will be given an exercise program to continue at home with the goal of regaining strength and function. You may need follow-up care with a Physical Therapist at home or in an outpatient setting of your choice. Be sure to follow all therapy instructions.
- You can put as much weight on your leg as you can tolerate. It will be sore and painful right after surgery, but you will gradually be able to increase weight on it as your pain decreases.
- Use your assistive equipment for balance as instructed by your care team. Your needs will change as your condition improves.
- You can climb stairs with support. Take it one step at a time – using your “good” leg first going up and your “bad” leg first going down. Hold on to a railing, if available.
- Frequent, short walks – either indoors or outdoors on level ground to begin with – are the key to a successful recovery.
- Resume activity as you gain strength and confidence.
- **DO NOT lift anything heavy after surgery.** Avoid climbing ladders and avoid lifting objects in a position where you need to squat or bend. Your surgeon will let you know when it is OK to lift heavy objects.
- You may nap if you are tired, but **DO NOT stay in bed all day.**
- You may sit in chairs with arms, but **DO NOT sit for long periods of time.**





### *Doctor's Orders..*

- **DO NOT** soak your incision in a bathtub, pool, or hot tub until your surgeon has cleared you to do so.
- **DO NOT** drive before your first post-operative visit or while taking narcotic pain medications.
- **DO NOT** wait until your pain is severe before taking your pain medication.
- **DO NOT** wait until the last minute to request additional pain medication. Keep in mind you must give at least three days advance notice before you run out.
- **DO NOT** lift anything heavy after surgery.
- **DO NOT** stay in bed all day.
- **DO NOT** sit for long periods of time.



### *Call Your Surgeon If You Experience.....*

- Unexplained or significant pain and swelling.
- Inability to put weight on your leg or have joint instability.
- Signs and symptoms of an infection or blood clot.
- Pain that is not reduced with pain management methods and medications.
- Inability to relieve constipation.

# Constipation

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It may take several days to have a bowel movement following surgery and you may experience constipation. Constipation is when you are not able to have a bowel movement for several days, or have stools that are hard or difficult to pass without straining. It may occur with pain in the rectum and cramping. The pain may get worse when you try to pass stools and sometimes small amounts of bright red blood may appear on your toilet paper or the surface of stools. This is because of enlarged veins near your rectum, also known as hemorrhoids.

Constipation is a common side effect of anesthesia and opioid pain medications that does not get better with time. You should have a bowel movement at least every 2-3 days.

Drink plenty of fluids and eat whole grains, fruits and vegetables. A stool softener or laxative can help bowel function return to normal, however this problem will not go away as long as you are taking opioid pain medications.

## WAYS TO PREVENT OR RELIEVE CONSTIPATION

- A relaxed daily routine may help, so schedule time each day for a bowel movement and be sure to take your time.
- Drink plenty of fluids, about 8 to 10 glasses each day. Some people find their bowels move after drinking hot liquids like coffee, tea or hot lemon water. Prune and other fruit juices may be helpful.
- Exercise every day by taking short walks. If you usually stay in bed or sit in a chair most of the time, do exercises while lying or sitting if you are able.
- Include high-fiber foods in your diet each day. These include fruits (like prunes or raisins), vegetables, beans and whole grains.
- Take a fiber supplement, such as Citrucel or Metamucil, every day. Read and follow all instructions on the label.
- While you are on pain medications, you will need to take a stool softener and laxatives to help control your constipation. See the tables below for more information.

## TREATING CONSTIPATION

### Step 1

You should start taking these medications the same day you start taking opioid pain medication. These are available over the counter and do not need a prescription.

Medication	Dose	Frequency
Senna (i.e. Ex-Lax) 8.6mg tablets	Take 1-2 tablets, 2 times a day.	These medications help prevent constipation. Take them every day that you take opioid pain medication. If your bowels become loose, you may need to take fewer capsules.
Docusate (i.e. Colace) 100mg capsules	Take 1-3 capsules, 2 times a day.	

### Step 2

If you have not had a bowel movement in 48 hours, start taking the following medications in addition to those above. These are available over the counter and do not need a prescription.

Medication	Dose	Frequency
Milk of Magnesia 400mg/5mL (not concentrate)	Take 2-3 tablespoons by mouth, every 8 hours until you have a bowel movement.	Use a suppository along with the milk of magnesia, unless your doctor has told you not to.
Bisacodyl (i.e. Dulcolax) Suppository	Insert 1 suppository rectally, 2 times a day until you have a bowel movement.	

### Step 3

**CALL YOUR SURGEON'S NURSE** if you have followed steps 1 and 2 above **AND** experience **ANY** of the following symptoms...

- still have not had a bowel movement within 24 hours, OR
- have new or worsening belly pain,
- have new or worsening nausea and/or vomiting,
- have blood in your stools.



## Returning to Normal Activities

### WEEK 1-6 AT HOME

- You should be making progress week by week. Most patients are eager to report their progress at follow-up visits and are ready to move to the next level in their recovery.
- Your surgeon will decide when you are ready to begin your outpatient physical therapy. Typically this is 1-2 weeks after your surgery.
- Resume your activities of daily living including cooking, light chores, walking and going outside the home. You should certainly be awake and moving around most of the day.
- Continue your healthy diet as tolerated and increase vegetables, fruits, and proteins to promote healing. Also, remember to have adequate fluid intake (at least 8-10 glasses a day). It is common after surgery to lack an appetite but proper nutrition is needed for healing. Your body will need increased amounts of calories, protein, vitamins A and C, and sometimes the mineral zinc. Eat a variety of foods to get all the nutrients you need. If you have a poor appetite after surgery, contact your primary care provider about nutritional supplements.
- Some patients return to work after the first few weeks. This is approved on an individual basis and should be discussed with your surgeon.

## WEEK 6 AND BEYOND AT HOME

This period after joint replacement is a time of continued improvement. You will probably notice an increase in energy, a desire to do more activities, and a noticeable improvement in your new joint. Please keep in mind every patient is different and will improve at a different pace. If you are not happy with the pace of your recovery, please contact your surgeon to discuss your concerns.

### Activity

- Your stability and walking may be improving and you may start to feel back to normal, but it is important to understand and follow the restrictions your surgeon discussed with you and continue to use any assistive equipment recommended by your care team. Restrictions are there to protect your new knee as you continue to heal. If you want to achieve a successful outcome, be patient and follow your surgeon's instructions.
- Many patients may stop working with a Physical Therapist during this time, but be sure to continue to exercise. Exercising is the most important activity to increase strength and leads to the best outcome. Activities at work or home should NOT replace your exercise program.
- Sexual activity may resume when you are comfortable. Talk with your physical therapist about adaptive positioning while you are still healing.
- Many patients return to work during this time. Expect a period of adjustment. Most people return to work with few problems, however you may find the first several days very tiring. Give yourself time to adjust and things should gradually improve.



### *Doctor's Orders..*

- **DO NOT** lift heavy objects.
- **DO NOT** sit or stand for long periods of time.
- **DO NOT** kneel, stoop, or assume any position that strains your new joint.
- **DO NOT** frequently climb stairs or ladders or other similar activities.



# Long-Term Considerations

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The goal of your knee replacement surgery is to give you a new joint that allows you to perform everyday activities without pain. There are some long-term considerations associated with your new joint to keep in mind moving forward.

## *Sensation*

- You may experience numbness adjacent to your incision.

## *Activity*

- Ask your surgeon or therapist about activities and exercises that are right for you and stay as active as you can after recovering from your surgery. Your new joint is not indestructible and it may or may not be appropriate to return to the activities or exercise regimen that you participated in before your surgery. Follow their recommendations and avoid sports or other activities that may put stress on the joint until discussed with your surgeon.

## *Travel*

- When travelling via plane, you will need to let airport security personnel know you have an implant.
- When travelling via plane, train or automobile for long periods of time, you will need to plan ahead and work in breaks to stand and walk around.

## *Dental or Medical Procedures*

- Before having any dental or medical procedures, let your care provider performing the procedure know you have an implant, so they can provide antibiotics as needed as instructed in **Potential Complications - Preventing Infection** (page 39). Your new joint is artificial and does not have your body's natural protection against infection.





