

Table of Contents

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Welcome

 Class Objectives

 Post-operative Exercises /and Physical
Therapy Discharge Instructions 19

 Guidelines to Assistive Devices 22

Pre-Admission:

 General Information 3

 What to Bring 4

 Discharge Planning Process 5

 Total Knee Replacement 6

 Home Medications 7

 Suggested Medications to Avoid 8

 Pre-operative Exercises 9

Discharge Instructions:

 Discharge Instruction of the Total
Knee Replacement 23

 Danger Signs / Blood Clots 25

 Sex after your Total Knee Replacement 26

 How Did We Do? 28

Hospital Course:

 Medications in the Hospital 11

 Day of Surgery 12

 Partners in Patient Safety PIPS 13

 Anesthesia 16

 Things to Know 17

 Deep Breathing 18

Welcome

Thank you for choosing the Kaleida Health “Joint Ventures” Program for your total knee replacement surgery.

Our orthopedic team is proud to serve you and we are all focused on helping you achieve the best possible outcome with quality medical treatment, attentive bedside care and the latest rehabilitation therapies.

We are honored to be your preferred orthopedic service provider.

Class Objectives

- 1. Answer questions you may have about your surgery.*
- 2. Prepare you for what to expect during your hospital stay.*
- 3. Prepare you for home after discharge.*
- 4. Explain the roles of your multi-disciplinary team: physician, nurse manager, nurse practitioner, nurse, physical therapist, occupational therapist, discharge planner, social worker and personal care aide (PCA).*

General Information

The Kaleida Health Orthopaedic Units:

Buffalo General Medical Center 16th floor

The floor is divided into two units (North and South) and there is a physical therapy gym located on the floor.

- North side rooms1601 – 1621
- North side Nursing Station Phone Number 859-1620
- South side rooms.....1651 – 1672
- South side Nursing Station Phone Number: 859-1692

Millard Fillmore Suburban Hospital 2 South East

The floor is divided into two hallways, and there is a physical therapy gym located at the end of the unit between the hallways.

Room Numbers: Front hallway..... 2222-2233
Back hallway2234-2246B

- Nursing Station Phone Number: 568-6220

Visiting Hours: **As per hospital**

Children under the age of 14 are not allowed to visit unless the nurse manager gives special permission.

Health Insurance

- It is always good to check with your insurance company to see if you have any copay or deductibles:
 - a. Copay for hospital stay (operation)
 - b. Copay for in home physical therapy
 - c. Copay for any equipment needed at home such as durable medical equipment (walker, cane, etc.) DME
 - d. Copay for outpatient physical therapy once discharged to home

General Information

Important To Remember

- You are not allowed to eat or drink anything after midnight the night before surgery
- Check with your primary care provider if any medications are to be taken the morning of surgery with a small amount of water
- No alcohol 24 hours prior to surgery
- No recreational drugs prior to surgery as per physicians instructions
- Kaleida Health is a smoke free facility

What to Bring to the Hospital

- **This Knee Instruction Book**
- You may bring personal hygiene products
- Picture ID
- Healthcare proxy, living will or advance directives (Please ask staff if assistance is needed regarding these forms)
- Comfortable walking shoes, no backless shoes or slip on footwear
- If applicable any workman's Compensation numbers and information

What *Not* to bring to the hospital

- Please remove make-up, contact lenses, nail polish and jewelry including body piercings before day of surgery
- Valuables, such as credit cards, wallets, money, jewelry, cell phones or personal electronic devices and chargers. The hospital is not responsible for any personal belongings lost.
- Personal medications, unless specifically advised to do so

The Hospital Discharge Planning Process

All patients should prepare for their discharge from the hospital, prior to their scheduled procedure. Having a plan in place prior to admission provides the patient with the peace of mind knowing where they will go after surgery, who will be assisting during recovery, and assure there is a safe environment to return home to.

You will have a brief hospital stay following your procedure, usually 8-48 hours, depending on the type of surgery you have and your ability to function after the surgery.

Ambulatory Surgery Unit (ASU) – depending on your surgeon's assessment, you may be a candidate for direct discharge to home from the hospital recovery room. If this is the case, you will be discharged from the hospital with home care services scheduled to follow up with you.

Home with Home Care Services: (physician preferred)

After a short hospital stay, you will be evaluated and once it is determined that you are well enough and have sufficient mobility to be leave the hospital, you will be discharged home. Based on your clinical needs, home care services will be coordinated and nursing and/or therapy services will begin the following day to begin your rehabilitation at home. The Visiting Nursing Association of Western New York has consistently been recognized by the federal government for their high quality and patient satisfaction and is part of Kaleida Health. As part of the care continuum, the VNA of WNY works very closely with all of the physicians in the hospital with respect to their protocols and expectations to achieve the highest outcomes. If you prefer another agency please advise your discharge planner.

Home with Outpatient Physical Therapy:

If you are doing well enough that your mobility is minimally impaired and you do not meet the criteria for home health services, you will be discharged home with a prescription to begin outpatient physical therapy at a facility of your choice.

Subacute Rehabilitation Facility:

If it is determined that your ability to function is too limited and you do not have sufficient support at home, you may be discharged to a subacute rehabilitation facility. This is a nursing home that has set aside beds for patients who will need additional nursing and therapy usually for 3-5 days.

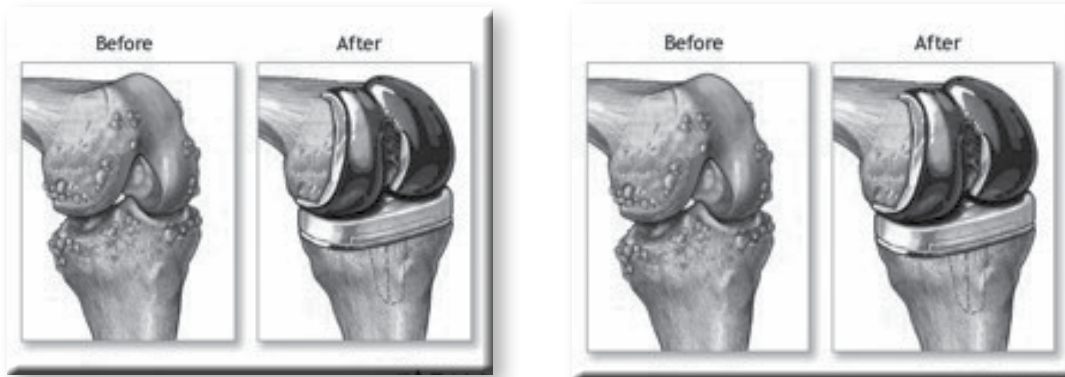
Instruction will be provided in the pre-surgery class regarding the "pre-apply" process. Insurance carriers will require that you meet the medical criteria to be approved for subacute care.

The discharge planner from the hospital may contact you at home prior to your surgery date to inquire about the plan your surgeon believes is most appropriate for you. Recognizing that things can change, the planner will meet with you to review your plan and will contact the home care agency or subacute facility to coordinate your next level of care.

Total Knee Replacement

A total knee replacement surgery (arthroplasty) is done to replace a badly damaged knee joint with artificial (man made) parts.

The artificial joint is usually made up of a combination of metal and plastic.



Total knee replacement surgery provides improvements in pain, functional status and overall quality of life.

Total Knee Replacement Goals:

- Decreased knee pain
- Improved knee motion
- Greater knee strength

Home Medications

Please bring in a list of your current medications you are taking at home.

Include the following:

Name

Dosage

How often you are taking them.

Reason for taking them.

Please include any vitamins, supplements, or herbals remedies that you may be taking.

Please avoid energy drinks with herbal supplements, as well as enhanced bottled waters and high energy sodas for 7 days prior to surgery. Some examples of these are Pepsi Max, Mountain Dew Voltage, Red Bull, etc.

During your pre-op visit with your surgeon please review your medications with them. Your Surgeon will determine what medications you will need to stop and when before surgery. A blood thinner medication would be an example of medication a surgeon may want you to stop prior to surgery.

PLEASE SPEAK WITH YOUR SURGEON AND OR PHYSICIAN.

Suggested Medications to Avoid 7 days Before Surgery

The following medication list may be helpful to determine which of your medications, if any, need to be stopped before your surgery. This is not a complete list, so be sure to check with your primary care doctor if you have questions.

If you are taking a blood thinner prescribed by your doctor, please ask that prescriber when you should stop prior to surgery.

Tylenol (Acetaminophen) is allowed prior to surgery.

Advil	Duexis (Ibuprofen/Pepcid)	Motrin
Aggrenox	Ecotrin	Nalfon
Aleve	Eliquis	Naprosyn (Naproxen)
Alka seltzer	Empirin	Norgesic
Anacin	Equiagesic	Orudis (Ketoprofen)
Anaprox	Excedrin	Percodan
Arthrotec	Evista (Ravoxifene)	Persantine
Asaid	Feldene (Piroxicam)	Plavix
Ascription	Fiorinal	Ponstel
Aspirin	Fosomax	Pradaxa
Aspirin suppositories	Ibuprofen	Ticlid
Bufferin	Indocin	Voltaren (Diclofenac)
Butalbital	Methotrexate	Xarelto
Coenzyme Q 10	Midol	Zomac
Coumadin/warfarin	Mobic (Meloxicam)	
Duragesic	Monacet with codeine	



Pre-operative Exercises

Start exercises one week before surgery to prevent post-op complications such as blood clots.

Exercises:

- Repeat each exercise 10 times, 2-3 times per day.
- Perform the following exercises slowly, as outlined.
- Complete exercises while lying down or reclined with legs straight.
- Perform on both legs.
- Remember to take slow, deep breaths as you do each exercise. This will help circulation and provide oxygen to your muscle tissue.

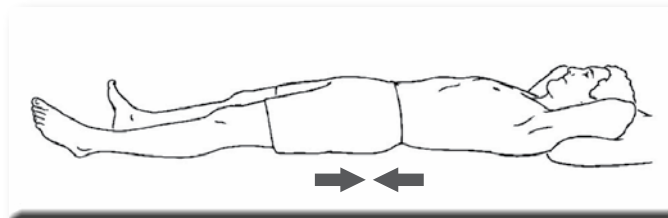
1. Ankle Pumps/circles:

- Slowly pull ankle up, hold five seconds.
- Slowly push ankle down, hold five seconds.
- Slowly turn your ankles in a circular motion, reverse direction.



2. Gluteal Sets:

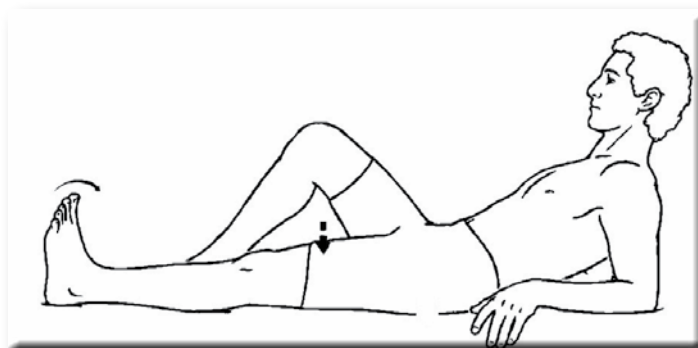
- Slowly squeeze your buttocks together.
- Hold for five seconds and relax.



Pre-operative Exercises cont'd

3. *Quad Sets*:

- With legs straight tighten the thigh muscle by pushing knee down into the bed.
- Hold for five seconds.



Medications in the Hospital

The nurses will dispense all medications that your doctor prescribes. Do not bring any medications from home unless directed to do so.

Occasionally, the hospital may not carry a specific medication you were on at home. If this is the case, we will ask you to have a family/friend bring in that particular medication.

If you have any allergy to medications, the pharmacist and physician will order an alternative drug

Medications You May Be on After Surgery

MEDICATION	USE (Indication)	POSSIBLE SIDE AFFECTS
Ancef	IV antibiotic to prevent infection	Loss of appetite, diarrhea, rash, fever
Protonix or pepcid	Gastric intestinal prophylaxis	Headache, diarrhea, rash, shortness of breath
Lovenox, heparin, or arixtra	Injectable anticoagulants, (blood thinners)	Bleeding, bruising, headache
Coumadin, aspirin, Xarelto or Eliquis	Oral anticoagulants	Bleeding, bruising, nausea, rash
Senacot, peri-colace Miralax	Stool softeners to prevent constipation	Stomach pain, nausea, rash, diarrhea
Ducolax suppositories, Miralax, milk of magnesia, fleets enema	Constipation	Diarrhea, nausea
Reglan or zofran	Nausea medication	Headache, drowsiness
Tylenol	Fever, headache or pain	Rash, nausea
Throat lozenges	Throat discomfort	Numbness in throat
Dilaudid (hydromorphone) morphine	IV medication for pain control	Fatigue, nausea, itching
Lortab, Percocet, oxycontin, oxycodone Norco, Tylenol with codeine, Ultram	Oral pain medications	Constipation, dizziness, nausea, fatigue, rash, loss of appetite
Vistaril	Pain	Dry mouth, drowsiness, headache
Toradol	IV anti-inflammatory to decrease pain	Bleeding, nausea
Benadryl	IV or oral medication for itching or sleep	Drowsiness, rash
Celebrex	Pain	Bleeding

Day of Surgery

What to Expect After Checking in at Information Desk:

- You and your family will go directly to the Same-Day Surgery Admission Unit where the admitting staff will complete the admission process.
- You will change into a hospital gown. All clothes and personal items will be put into a labeled bag for your family to take.
- The nursing staff will review your final preparations before surgery. When you are ready for surgery, you will be transported to the operating room holding area on the third floor.
- During the surgery, your family may wait in the surgical waiting area.
- In the operating room holding area, you will be introduced to your surgical team:
 1. An intravenous infusion (IV) will be started. Your IV line is a tube that is inserted into your vein so we can give you fluids, medications and antibiotics.
 2. Special white support stockings (TEDS) will be put on your legs. They support and promote blood circulation in your legs during and after the surgery.
 3. The anesthesiologist will discuss the anesthesia and pain management method appropriate for you.

Partners In Patient Safety (PIPS)

Empower Yourself During Your Hospital Stay

It's a fact. Patients who are involved in their own care and who ask questions while in the hospital generally tend to do better than those who are not involved. Health care is a team effort, and you are the most important player. By being a partner in patient safety (PIPS), you can make your hospital stay a positive experience for you and your family.

We welcome your questions because you have the right to know about every aspect of your care. Below are important topics related to your safety and hospital stay, as well as suggested questions for each that you can ask to ensure you receive very good care:

Identify Yourself

Could you double check my I.D. band to be sure this is for me?

- Check the information on your hospital I.D. band to make sure that your name and date of birth are correct.
- Ask staff members to check your I.D. band before any procedures, tests or medications are given to you.
- Wear your hospital I.D. band at all times. If your band comes off, ask someone to get you a new one.

Protect Yourself From Falls

How do I call for help?

Most falls occur when patients try to get out of bed on their own.

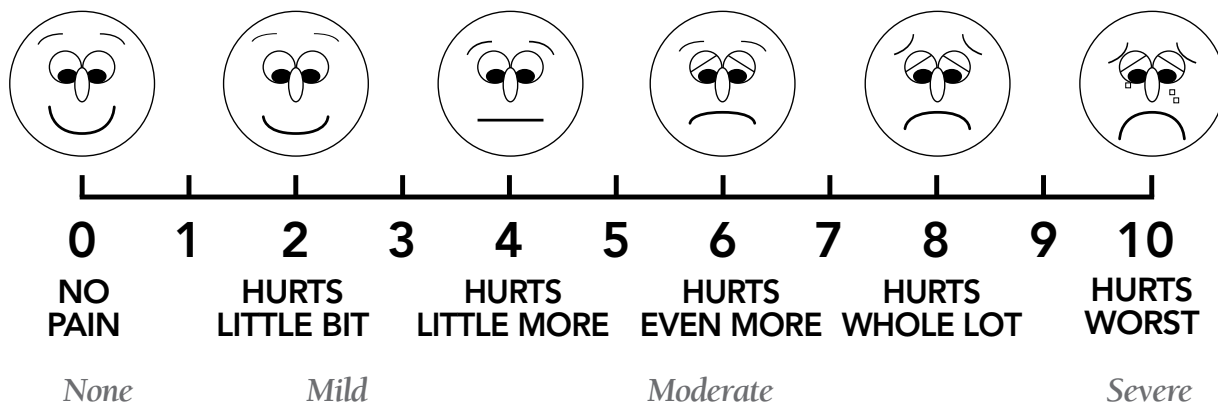
- Ask for help when getting out of bed, especially at night and the first time after a procedure or surgery. If possible, call for help before the need to go to the bathroom becomes urgent.
- Ask the nurse how the call-button on your bed works, and let your nurse know if you will have trouble reaching it.
- Make sure the brakes on a wheelchair are locked when you get into and out of it.

Partners In Patient Safety (PIPS)

Pain Management Program

At Kaleida Health, pain is evaluated on a numeric scale. While everyone experiences pain differently, the descriptions below will help you communicate where your level of pain is so your nurse can help you. Pain medications are ordered as needed. Please communicate with your nurse if you are having an increase in pain so medications can be given and adjusted as needed.

You will be asked to rate your pain, using the scale below. You may also be asked if the pain is acute (new) or chronic (old and familiar).



Control Your Pain

Can I have something for pain?

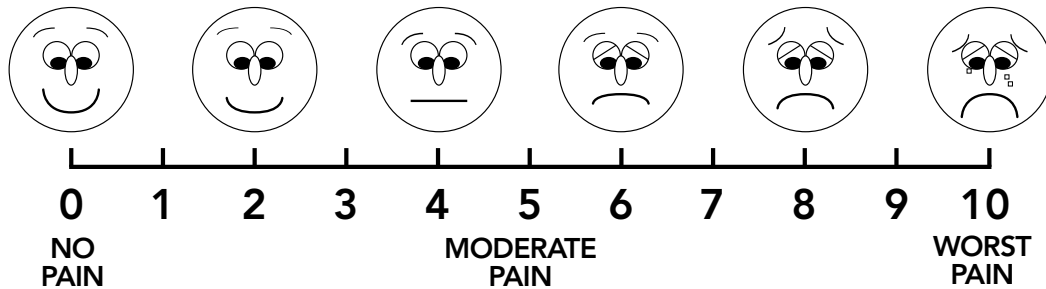
Pain causes stress and often delays the recovery process, so don't be afraid to ask for help when you're hurting.

- Ask the nurse for pain medicine when your pain starts. This will avoid medicine delays that make pain harder to manage.
- Do not assume that pain medicine is included with your other pills.
- Tell the nurse or staff member if the medication does not help.

Rate Your Pain

Rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being pain as bad as you can imagine (see scale on the following page). This rating will help determine which pain medicine is needed, or if the pain medicine given was effective. You should discuss your goal for pain relief with your physician/caregiver.

Partners In Patient Safety (PIPS) cont'd



Methods of Pain Control

The methods listed below may be used alone or with others. When given pain medicine, ask when to expect pain relief and how long the medicine is expected to last.

Oral: pills or liquids taken by mouth.

Topical: placed on the skin.

Intravenous (IV): fluid passed directly into the vein by way of a tube.

Subcutaneous: injection into fatty tissue below the skin.

Intramuscular: injection into the muscle.

Patch: placed on the skin.

Patient Controlled Analgesia: medicine is given through a tube. This allows the patient to control the amount of pain medicine. Only the patient should press the button that delivers pain medicine.

Epidural Analgesia: a small tube placed into the back. It may be used for stomach, chest, hip, or knee surgeries.

Femoral nerve block (or saphenous): Administered by anesthesiologist. Decreases pain for 24 hours.

Be Safe – Communicate

It is our goal to provide very good care and service to you and your family. If we have not met your needs, please tell us. Ask to speak with the nurse manager, or a nursing supervisor, so we can address the issues that you may have. It is our goal to take care of any issues before you go home. You will also have an opportunity to complete a survey after you go home to tell us what we did well or where we need to improve.

- Language assistance services are available free of charge for anyone who has a need for an interpreter.
- Tenemos servicios de ayuda en Español, para cualquiera que necesita un intérprete.

Your Anesthesiologist and Anesthesia

What is an anesthesiologist?

An anesthesiologist is a doctor who is specially trained to administer pain-killing gas or injections during operations and other procedures. The anesthesiologist also watches over your breathing, heart rate and reactions to anesthesia during the operation, after your operation and can assist with acute pain control.

You will meet your anesthesiologist before surgery to discuss the best anesthetic options for you, which will be based on an evaluation of your specific needs.

Anesthesia is the medicine that your anesthesiologist uses to make you comfortable during surgery.

Types of anesthesia include:

Initial Recovery After surgery in the Post Anesthesia Care Unit (PACU)

After surgery, you will need monitoring while you recover from anesthesia and gradually awaken. You will be moved directly from the operating room to a recovery room, which we call PACU, while your anesthesia wears off.

Beginning your Pain Management Program

You may begin to feel postoperative pain in the PACU. This is normal. Your doctor will order medications to manage your pain while in the PACU, where you will remain until your recovery is stabilized.

Visitation while in the PACU

Visitation while in the PACU is limited in order to promote privacy for all patients, decrease the risk of infection and to enhance the healing process. However, parents/guardians of patients under the age of 18 and patients with special needs (language barrier) will be allowed in the PACU on a controlled basis.

When your surgery is complete, either the surgeon or a member of the surgical team will come to the surgical waiting room to talk to your family. Together they will go to a private area where they will learn about your status and be encouraged to ask questions.

Things to Know

Blood Tests:

You will have blood taken for tests. The blood can be taken from a vein in your hand, arm or from the bend in your elbow. Your blood will be tested to see how your body is handling your surgery. You may need to have blood drawn more than once during your surgical stay.

Call . . . Do Not Fall!

Per hospital policy you must have assistance with ambulation.

You may be at risk for fall due to:

1. Femoral block
2. Anesthesia
3. Pain Medication

Our fall Protocol!

Yellow Socks



Yellow arm band



Bed or Chair alarm



This alarm will help remind you to call for assistance when getting out of the bed.

Call button:

A device you can use to call a nurse when you need something.

Foley Catheter:

A Foley catheter is a thin, sterile tube inserted into your bladder to drain urine. It is held in place with a balloon at the end, which is filled with sterile water, to keep it from sliding out. This device is NOT used in all surgeries.

Intake/Output:

Your caregivers may need to know the amount of fluid you are getting. They may also need to know how much you are urinating. Caregivers call this "I & O."

Knee Immobilizer:

This is a lightweight Velcro splint worn on the leg that was operated on after surgery to support the knee. It is usually used during the first 24 hours after surgery if a femoral nerve block was given.

Polar or Ice Packs:

Ice bags may be ordered and placed over your surgical site. This helps to reduce inflammation (swelling) and decrease pain. Please remember to take these home with you.

Pressure stockings: (TEDS)

These tight elastic stockings help prevent blood clots.

Things to Know cont'd

Vital Signs:

This includes taking your temperature, blood pressure, pulse (counting your heartbeat), respirations (counting your breaths), and pain level.

Deep Breathing is important to do. The following exercises help prevent the accumulation of congestion in your lungs. You should start 1 week BEFORE surgery, three times a day.

1. **Incentive Spirometer** (breathing exercise device made up of a clear cylinder and a flexible tube with a mouthpiece for you to inhale slowly):

- Hold or stand the cylinder in an upright position.
- Exhale normally, then place your lips tightly around the mouthpiece.
- Inhale slowly to raise the blue cylinder in the chamber to the calculated goal.
- Remove lips from the mouthpiece, hold for 3-5 seconds, and exhale.
- Repeat the exercise 10 times, every hour while awake.



2. **Diaphragmatic Breathing:**

- Place a hand on either side of your lower rib cage.
- Slowly take a deep breath in through your nose. You should feel your ribs pushing into your hands.
- Hold 3-5 seconds, exhale through your mouth.

3. **Coughing:** An important method of clearing your lungs.

- Take a deep breath in.
- Cough from your abdomen as you breathe out.
- If this causes discomfort, try hugging a pillow against your abdomen to lessen pain.

These activities are all very important to minimize the risks of pneumonia after surgery. They will also help get your body better prepared for surgery, which will ultimately help your recovery process.

The above exercises should be done after your surgery, as well.

Post Surgical Exercise Program

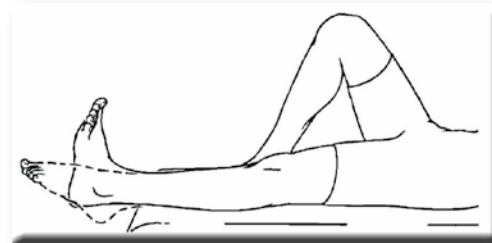
Exercise is very important after total knee surgery. You will need to complete the indicated exercises, three times per day for 7-8 weeks after discharge and then once a day.

Exercises while lying on back:

_____Ankle Pumps/Circles

- Slowly pump your ankles up and down.
- Slowly turn your ankles in a circular motion.

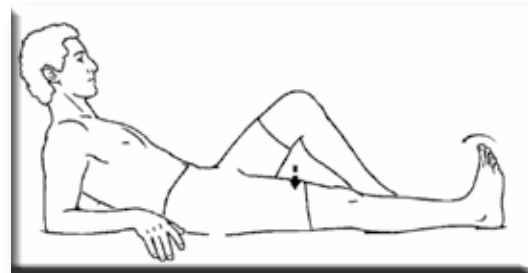
Repeat each exercise _____times, do _____sets.



_____Quad Sets

- With your leg straight, tighten your thigh muscle by pushing your knees down into the bed.
- Hold for five seconds and relax.

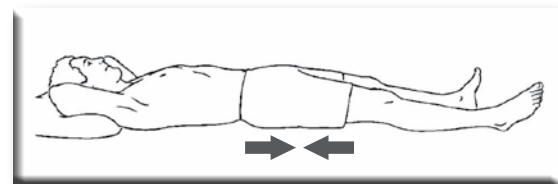
Repeat each exercise _____times, do _____sets.



_____Glut Sets

- With both legs straight, squeeze your buttocks together.
- Hold for five seconds and relax.

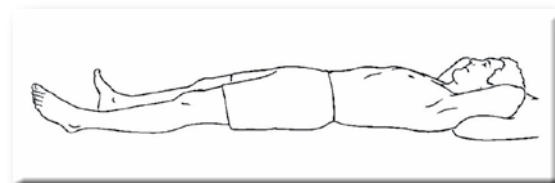
Repeat each exercise _____times, do _____sets.



_____Hamstring Sets

- With your legs straight, push your heel down into the bed, without letting your knee bend.
- Hold for five seconds and relax.

Repeat each exercise _____times, do _____sets.

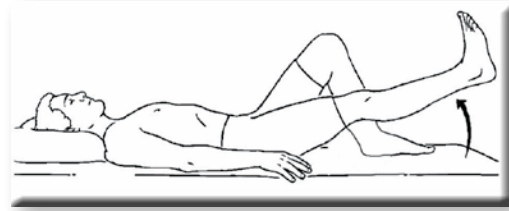


Post Surgical Exercise Program cont'd

Straight Leg Raises:

- With non-operated leg bent and operated leg straight, point toes toward the ceiling and slowly raise the entire leg off the bed.
- Do not let knee bend while lifting, slowly lower down.

Repeat each exercise _____ times, do _____ sets.



Heel Slides:

- Wrap a sheet around the foot of your operated leg.
- Using the sheet for assistance, slowly bend your knee, sliding heel toward buttocks.
- Do not force the knee.
- Hold for five seconds, slowly straighten leg.

Repeat each exercise _____ times, do _____ sets.



Short Arc Quads:

(you can make a towel roll by covering a small coffee can or a two liter bottle with a towel.)

- Place towel under operated knee.
- Slowly straighten knee without lifting thigh off roll
- Hold for count of five and slowly lower foot down.

Repeat each exercise _____ times, do _____ sets



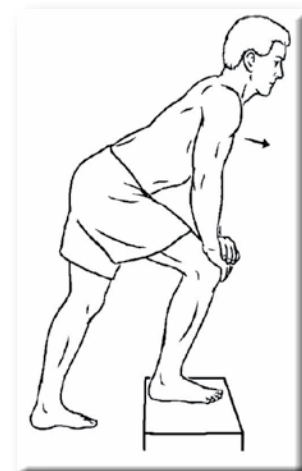
Exercises in a standing position:

Standing Knee Flexion (on step).

(Exercise with the assistance of physical therapy when appropriate.)

- Place operated leg on step in slight knee flexion, gently lunge forward to increase the amount of knee flexion.
- Hold position for five seconds, and then relax by coming back to your original position of slight knee flexion.

Repeat each exercise _____ times, do _____ sets.



Post Surgical Exercise Program cont'd

Exercises in a Sitting Position:

_____Hamstring Stretching

- Sitting with your non-operated leg off the bed, and the foot on the floor and the operated leg STRAIGHT on the bed.
- Lean forward, bending the hip, (not at the waist), reach for your toes of the straightened leg.
- Hold for a count of 10 and relax.

Repeat each exercise _____times, do_____sets.



_____Knee Flexion/Extension

- Sitting on a solid chair with good back support, make sure your hips are planted firmly on the chair, and you are not leaning backward.
- Slowly straighten your knee, hold the position for five seconds, and then slowly bend the knee back as far as you can. Again, hold the position for five seconds and relax.

Repeat each exercise _____times, do_____sets.



Guidelines for use of Assistive Devices

The appropriate assistive device you will need to walk with will be determined by your therapist. The following is an overview to reinforce what you have been taught.

Walker:

- Allows the greatest support.
- Move the walker forward making sure all 4 points are flat on the floor. Do not reach, keep the walker a comfortable distance away, generally an arms length.
- Take a step with the operated leg first, followed by the non-operated leg.
- Be sure to lean through the walker in order to maintain any weight bearing restriction you may have.

Rolling Walker:

- Same as the walker, but has wheels on the front legs.
- Generally used when there are no weight bearing restrictions to allow for a more fluent walk.
- Push the walker a comfortable distance ahead, without leaning forward. Begin walk, by advancing the operated leg first. As you are comfortable, push the walker and walk with it, like pushing a shopping cart.

Crutches:

- Held under the arms but NOT in the armpits.
- Crutches are kept slightly forward and to the side.
- Move the crutches forward, step with the operated leg first and then the non-operated leg.
- Push through your hands to limit weight and maintain any weight bearing restrictions.

Cane:

- There are several different types of canes; the appropriate type for you will be determined by your therapist.
- Hold the cane, in the hand opposite the operated side.
- Advance the cane, step with the operated leg first. The cane should be moving with the leg opposite of it.

Discharge Instructions for a Total Knee Replacement

Activities:

- Perform the post surgical exercise program taught to you by your physical therapist.
- Do not engage in any activity that will cause stress on your knee joint, e.g.; running or jumping.
- Use stairs only when necessary and not as an exercise.
- Sit in a chair with arms to assist with standing. Do not use your walker for support when going from sitting to standing, as the walker may tip. Avoid soft or low surfaces, such as sofas.
- Do not sit for more than two to three hours at a time.
- Take short, frequent walks.
- You may resume sexual activity.
- Driving is usually permitted after six weeks.
- You may shower. No tub baths until approved by your physician. Keep safety in mind, i.e. rubber mats, shower chair or tub bench, if needed.
- Continue with the weight bearing instructions, as provided by your doctor.

Incision Care:

- Keep your incision clean and dry. Dressing care as per specific discharge instructions.
- No soaking in bathtubs, hot tubs, or swimming pools until the incision is healed and it is approved by your doctor.
- No creams, lotions or cocoa butter until the incision is totally healed.

Medications:

- Take your pain medications prior to physical therapy or exercise.
- Please review your individualized discharge medication reconciliation list and take this list with you to your next doctor's appointment

Diet:

- A well-balanced diet with increased amounts of meat, fish, poultry, eggs and milk is suggested to promote bone healing.

Discharge Instructions for a Total Knee Replacement cont'd

Elimination:

- Be aware that decreased activity, pain medicine and vitamin supplements can cause constipation. If needed, you may use over-the-counter laxatives or stool softeners to help resume your normal bowel routine. Increasing fluids and fiber in your diet may help, too.

Special Instructions:

- Use assistive devices, such as walker or crutches, if prescribed by your surgeon/therapist.
- Wear elastic stockings during the day. Put them on in the morning, and take them off at night until full activities are resumed (usually two-six weeks).
- Wear solid, supportive shoes with rubber soles. No clogs or slip-on shoes.
- Remove any loose rugs in your home that could cause you to trip or fall.
- Drinking alcohol is strongly discouraged, as this may cause uncoordinated movements and may negatively interact with your medications.
- Do not place a pillow under your knee while sleeping or when reclined in a chair for comfort. If you sleep on your side, put a pillow between your knees.
- Do not cross your legs at the knee or ankle in order to maintain healthy circulation.
- If you notice swelling in your leg, you should elevate your lower leg on a pillow.
- Keep your follow up appointment with your surgeon.

Infection:

The most common cause of infection after joint replacement surgery is bacteria entering the blood stream. Bacteria from dental procedures, urinary tract infections, and skin infections can lodge around your artificial joint and cause serious harm.

- You should take oral antibiotics one hour before dental work or any other procedure that could allow bacteria to enter your blood stream. See back side of your card
- You should not have any dental work for six months after your joint replacement.
- No professional manicures or pedicures for six months after surgery.

Discharge Instructions for a Total Knee Replacement cont'd

Blood Clots:

Follow your surgeon's instructions carefully to reduce the risk of developing a DVT (deep vein thrombosis) or PE (pulmonary emboli), which can occur during the first several weeks of your recovery.

- This usually involves the use of anticoagulation medication that your doctor will prescribe at discharge.
- Wear the elastic stocking, as directed.
- Perform the home exercises, as instructed.

Warning signs of possible blood clot in your leg (DVT) include:

- Increased pain in your calf or thigh.
- Tenderness or redness above or below the incision area.
- Increased swelling in your calf, ankle or foot.

Warning signs of possible blood clot in your lung (PE) include:

- Sudden increased shortness of breath.
- Sudden onset of chest pain.
- Localized chest pain with coughing.
- Increased heart rate.

DANGER Signs after Joint Replacement Surgery

Reportable signs and symptoms to notify your surgeon:

- Increased joint pain unrelieved by pain medications.
- Oral temperature greater than 101 ° F (38.8° C) for more than 24 hours.
- Redness or drainage from the incision.
- Extreme swelling of the joint or sudden pop.
- Numbness and tingling in the toes on the operated leg.
- Nausea and vomiting.
- Calf pain

If you experience chest pain or shortness of breath, seek IMMEDIATE MEDICAL ATTENTION.

Sex after Joint Replacement Surgery

You may have to make some short-term adjustments in your sex life to protect your new joint replacement. Be patient during the healing process. Make sexual relations with your partner something positive, keep a sense of humor, and learn to laugh if it doesn't work out the way you expected. What does not work today might work right the next time. Healing takes time, so use this opportunity to communicate with your partner, explore new avenues of intimacy and share your wants and needs.

Good sexual relationships must have good communication, especially when sexual activity becomes difficult because of a physical problem. Talking about sex with your partner is very important; it can prevent misunderstandings and hurt feelings.

It is common to have a low desire for sex after surgery. Making sure both parties understand what they can and cannot do eases tensions and can make your time together more enjoyable. If you or your partner has questions or fears, even if you are embarrassed, do not hesitate to talk with your doctor, physical therapist or nurse.

When to resume sex after your joint replacement;

Prior to your joint surgery, pain and stiffness in the hip or knee may have kept you from enjoying sexual activity. In addition, your partner might have avoided sex with you for fear of causing you pain. Now that you have had a joint replacement, your pain and stiffness are better and you may want to start having sex again. You can, but **you need to understand the precautions that you must follow to protect your new joint.**

Each patient recovers from surgery at a different pace. How fast you recover may depend on your age and the physical condition you were in prior to surgery. Many people can resume sexual activity within four to eight weeks after surgery, but we encourage the following:

- Wait until you are ready, both mentally and physically.
- Wait until you understand all the precautions you must take to protect the joint.
- It is strongly recommended that you assume a more passive role when you engage in sex, and that is the **"bottom position."** This is the safest and most comfortable position for you initially. Assuming this position reduces pressure on the knee and protects the skin around the healing incision.
- Placing a few pillows under the affected knee to provide support may help you feel more comfortable.
- **Wait until your doctor says it is OK.**

Sex after Joint Replacement Surgery cont'd

Listen to your body. Don't try too much, too soon.

Some medicines can cause side effects that interfere with sexual pleasure, especially pain meds or cortisones. You may feel decreased sexual desire, vaginal dryness, trouble having an erection and delayed orgasms. If you think your performance or desire is being affected, plan ahead. Try having sex in the morning before your first medicine dose or in the evening before your last dose. If that does not help, speak with your doctor about changing your medicine to reduce the unwanted side effects.

How Did We Do?

It is our goal to provide very good care and service to you and your family while you are at Kaleida Health. You may receive a survey once you are home to tell us what we did well and where we need to improve.

We hope you will fill it out and return it because we value your thoughts and feelings.

If we have not met your needs to the degree that you can say we gave you very good care, please tell us before you go home. Ask to speak with the nurse manager, so we can address the issues you may have immediately.

We would be honored if you recommended us to your family and friends.

*Our entire team on the orthopedic unit wish you the best in your recovery,
and we hope you will consider Kaleida Health for your future
healthcare needs.*



Kaleida Health

Notes:

Notes: