



Your complete guide to
knee replacement

Welcome to Your Total Knee Replacement Patient Guide

This guide is for you and your family to use before, during and after your hospitalization for total knee replacement surgery. We are committed to making sure your surgery is successful. Our interdisciplinary team is here for you, starting with your preadmission visits and continuing right through your recovery at home. Your care team has developed this guide as a source of information about your surgery and recovery.

Everyone's experience is unique, so rehabilitation may take more or less time than you anticipate. We believe that your success is the result of the way we all work together and communicate with each other. We ask that you join our team by becoming an active participant in this process.

Please feel free to add any information relevant to your total knee replacement. If you or your caregiver/family member has questions along the way, please ask any health care professional involved in your care.

Bring this guide with you to each pre-surgery meeting such as appointments with your physician, pre-surgical nurse and education/rehabilitation class. Also bring it to the hospital on the day of your surgery.

YOUR KNEE REPLACEMENT PATIENT GUIDE

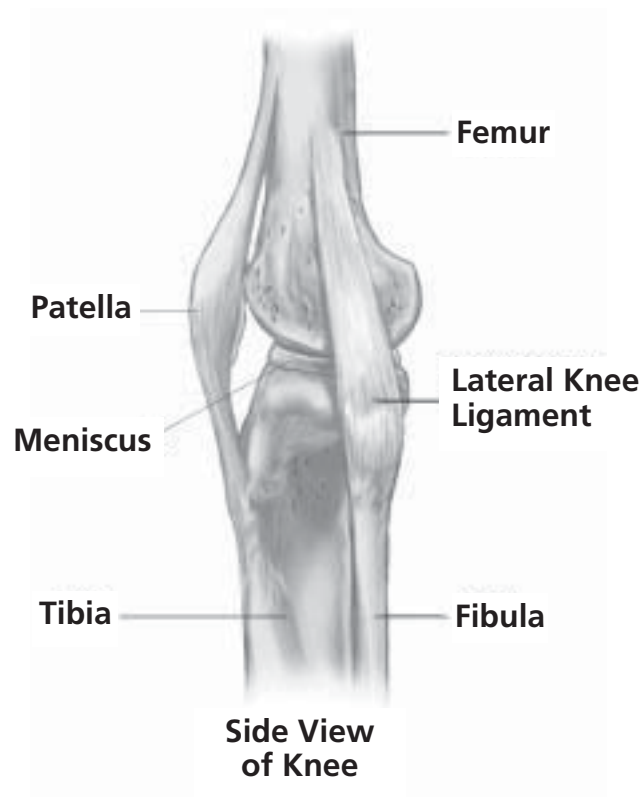


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Section 1

**PREPARING FOR YOUR
SURGERY**

PRIOR TO SURGERY

It is important you have the appropriate support at home after surgery. Please consider the following:

- Select a contact person and have that name and contact number available. This person will act as your “coach” during recovery.
- It’s important that your coach (friend/family member) comes with you to appointments and attends the in-hospital therapy sessions with you. Your coach can help you remember important information and assist with your care. Please refer to the rehabilitation section for more details.
- Be sure to arrange for someone to pick you up from the hospital when you have met your goals for discharge.
- Arrange for person(s) who can help you at home, especially for the first few days/nights, as you recover.

HOME SAFETY CHECKLIST

Safety is our biggest priority as you may be at an increased risk to fall during your recovery after surgery. To reduce the risk of falling, please *fill-in/check the following information to assist your care team:*

- Bed height: _____
 - While lying in your bed which side do you get out on? Right or Left
 - How many times on average do you get out of bed at night to go to the bathroom? _____
 - What is the distance from your bed to your bathroom? _____
 - Toilet height: _____
 - Elongated toilet seat Round toilet seat
 - Tub/shower combo Walk-in stall
 - Glass door Curtain
 - Most frequently used entrance: _____
 - Number of stairs: _____
 - Presence of rail: Yes No
 - Which side is the railing located when going up ? Right or Left
 - Number of stairs to get to bedroom: _____
 - Any special or unique situations: _____
- ★ Feel free to take photos or a short video of your home to share with a member of your care team.

ROOM-BY-ROOM SAFETY REMINDERS:

Living Area

- Clear stairs and pathways of any clutter.
- Remove throw rugs.
- Remove telephone or electrical cords from walk areas.
- Make plans for someone to care for your pet.
- Have a firm, straight-backed chair with arm rests available at home for your use after surgery. Choose a chair that has adequate height from which you can easily stand.

Bathroom

- Place slip-proof mats or strips in the bath/shower.
- Make sure bath rugs are slip-resistant and water absorbent.
- Determine the need for a raised toilet seat and grab bars in the bathroom for added support. (DO NOT use towel racks for support.)
- Make sure the path to the bathroom is well lit. Night lights are recommended.

Kitchen

- Store most-used items within easy reach.

Bedroom

- Check the height of your bed. The mattress should be at least knee height. You should be able to get in and out of your bed easily.

TIMELINE AND TIPS:

Two Weeks Before Surgery

- Please stop taking all supplements, vitamins, and/or herbal remedies (unless otherwise directed by your physician.) We want to avoid any interactions with anesthesia or medications you will be given in the hospital.
- The condition of your skin is very important, avoid anything that will scratch or cut your skin (blackberries, brush, etc.). Use an electric razor if possible. Please let us know if you have any cuts on your skin prior to surgery.

One Week Before Surgery

Stop taking aspirin products. If you are prescribed aspirin for any type of medical condition, consult with your prescribing provider before stopping.

One Week to Three Days Before Surgery

- Please talk to your doctor about when to stop taking anti-inflammatory medications and follow their specific instructions. This is typically *about* one week prior to surgery (for example Advil, Aleve, Ibuprofen, Naproxen and others).
- If you take any type of anticoagulant (for example Warfarin/Coumadin, Plavix and others), it is important to consult with your provider who prescribes this medication to develop a plan for specific instructions about when to stop your medication and what to take in its place.

Notes: _____

Night Before Surgery

- Take nothing by mouth after midnight. This includes food, candies, gum, cigarettes, chewing tobacco, coffee and water.
- **Take shower and wash with Hibiclens as directed, concentrating on the operative site.** This was given to you at your pre-op hospital visit. Sleep in clean clothes and on clean sheets. (see instructions in the appendix)

Day of Surgery

- Take your usual morning medications (as discussed with your pre-op RN/MD) with a sip of water unless otherwise instructed by your doctor or anesthesia provider. If you have diabetes or take anticoagulation medications, please check with your primary care doctor/hospitalist as to when to take these medications.
- **Take a second shower with the remaining Hibiclens and wear clean clothes to the hospital.**
- Please report to the hospital according to the instructions your surgeon gives you. This will likely be at least two hours before your surgery time.

TIPS FOR YOUR HOSPITAL STAY

Your Providence care team takes great care to assure the privacy, safety, good health and comfort of their patients. Here are some things you should know before you arrive:

- Wireless Internet access is available throughout the hospital. You and your guests may bring laptop computers or other wireless devices including cell phones. We recommend leaving valuables (jewelry, credit cards, etc.) at home.
- The hospital campus is a smoke-free area. In an effort to promote good health for our patients, visitors, staff and volunteers, smoking is not allowed in the hospital or on the hospital campus. Smoking may also hinder the healing process. If you smoke, please talk with your surgeon or primary care physician before you arrive for surgery. If you would like to quit smoking, resources will be provided to you.

WHAT TO BRING TO THE HOSPITAL

- This guide
- Your own assistive device (walker or crutches) if you own one, or you can rent or borrow one from someone. The therapist can adjust it to the correct height for you. Please label this piece of equipment with your name.
- Your C-PAP or Bi-PAP machine from home. It will be checked by Clinical Engineering prior to use in the hospital.
- Toiletries: toothbrush/paste, denture cleaner, comb/brush, deodorant, lip balm, and shaving supplies
- Think 'carry on' versus 'checked' baggage. Less is best, don't over pack.
- Clothing:
 - A lightweight bathrobe that opens all the way down the front
 - A loose-fitting pair of shorts/sweats
 - A sweatshirt or t-shirt
 - Shoes or slippers with flat, non-skid soles and an enclosed heel to practice walking. Your feet may swell, so please bring a shoe that is looser fitting. (Non-skid socks are available)
- Cell phone use is now permitted in the hospital. Your room will have a standard phone.
- Personal devices/aids: hearing aids (extra batteries), eyeglasses and dentures

- Entertainment: books, magazines, crossword puzzles, music and handiwork
- Small battery-operated equipment (shaver, radio, etc.) is acceptable, but electrical equipment (items that need to be plugged in) must be checked by Clinical Engineering for safety.

Do not bring any medications from home unless specifically instructed to do so.

Section 2

WHAT TO EXPECT DURING YOUR HOSPITAL STAY

YOUR PROVIDENCE CARE TEAM ROLES AND FUNCTIONS

The members of the orthopedic care team work very closely with one another to meet the individual needs of each patient. We are committed to this team approach and to your recovery. **It is possible that you may not see each team member.** Your team members may include:

Surgeon(s): One or more surgeons will oversee your care and treatment decisions. You will receive a daily visit from your surgeon and/or his/her associate. If you have a question about your surgery or hospital course, this is the person to ask.

Anesthesia Provider: This person will meet with you on the day of surgery to discuss the medications that she/he will use during surgery and what you can expect.

Physician Assistant (PA) and/or Nurse Practitioner (NP): You may have a PA/NP that will work closely with the team members. They facilitate communication, coordinate treatments and act as the point of contact for the various team members as well as you and your family. The PA/NP may see you while you are in the hospital, attending to any medical problems, adjusting your medications as needed and will be a resource for you and your coach/family members.

Hospitalist: A hospitalist is an internal medicine doctor who specializes in caring for patients in the hospital setting. These physicians are an integral part of a team and are in the hospital 24/7. If a hospitalist is involved in your care they will be working closely with your surgeon and care team.

Direct Care Nurse: You will have a direct care nurse assigned each shift. He/she will coordinate your nursing care and assure that you and your family receive instructions about medications, diet and activity to prepare you for discharge

Certified Nursing Assistant (CNA): You may have a CNA. This individual assists your nurse with personal activities, such as bathing, toileting and grooming, and may monitor your vital signs (i.e. blood pressure, heart rate, pain level, and breathing rate).

Physical Therapist (PT)/Physical Therapy Assistant (PTA): The role of the physical therapist is to help you progress in your ability to safely and independently get in and out of bed, walk, go up and down stairs, and get in and out of chairs. The PT/PTA will train you in the use of a walker and/or crutches. He/she will also instruct you in any exercises that your surgeon suggests.

Occupational Therapist (OT)/Assistant(COTA): The OT/COTA will help you regain your ability to safely and independently perform tasks of daily living, such as bathing, dressing, toileting and homemaking. The OT/COTA may also train you in the use of adaptive equipment, such as a raised toilet seat, shower bench, reacher or sock aid, and will assist you in making sure you have the necessary equipment.

Care Coordinator/Discharge Planner: This person coordinates your discharge from the hospital. The goal is to make your discharge transition as smooth as possible for you and your family. The care coordinator will work with your insurance, home health, home medical equipment and skilled nursing facilities to meet your needs at discharge.

Pastoral/Spiritual Care: Chaplains provide a confidential, listening presence for patients, families and staff. Pastoral Care is available 24 hours a day, seven days a week. A visit can be requested by asking any member of your care team.

Others involved in your care: Intravenous nurse, respiratory therapist, pharmacist, dietitian, transporter, laboratory personnel and others may interact with you during your hospital stay.

DAY OF SURGERY

When you arrive, enter through the hospital's main entrance (**see hospital map in appendix**). You and your coach/family member will be brought back to the pre-op area (short-stay unit) where you will meet your pre-op nurse. She/he will prepare you for surgery by:

- Reviewing your health history
- Starting an IV line to give you fluids and an antibiotic
- Administer pain and anti-nausea medication
- Compression stockings or another device may be used to help prevent blood clots
- Answer any questions you may have
- You will also see your surgeon who will mark your surgery site with a pen and meet your anesthesia provider who will review their role and the procedure.

Your coach/family member may stay with you until it is time for you to be moved to the operating room (OR). At that time, your coach/family may wait in the surgery waiting lounge. For your coach/family's convenience, pagers may be available at the surgery information desk, or they may offer another option for contacting you. These pagers allow your coach/family to walk around the hospital and not worry about missing the surgeon's post-surgery update.

Following surgery, patients are moved to the recovery room prior to transitioning to a hospital room. Expect the surgery and recovery to take several hours.

SAFETY AND FALL PREVENTION IN THE HOSPITAL

Your safety is important to us. Your care team will talk to you about what you can do to prevent falling. Please follow the recommended safety measures to prevent a fall and ask family and friends to help follow these safety measures also. Below are a few safety tips to help you in the hospital.

- Your care team will be rounding to check on you regularly.
- Use the call button for help. **Wait for a care team member to help you get out of bed or out of a chair.**
- Bed alarms are on until safe mobility is determined by your care team.
- Your coach/family member is welcome to stay with you in the hospital.

Your care team is available to answer questions on fall prevention to prepare you for being safe at home.

AFTER YOUR SURGERY

Nursing Care

During the first 1-2 hours after surgery, you will be cared for in the Post Anesthesia Care Unit (PACU). Here nurses will check your blood pressure and pulse and watch you closely. Your family will not be able to visit you in the recovery room.

When you are more awake and medically ready, you will be moved to your room for post-operative care. Your knee area will have a dressing and you may have a tube for drainage from your incision. You may have a tube (catheter) that collects your urine. Each of these will be removed as soon as possible.

Nurses will have you cough often and practice deep breathing to reduce your risk of pneumonia. You will be frequently repositioned to protect your skin until you are up and moving about.

Blood will be drawn several times following your surgery for laboratory tests and monitoring.

WHAT YOU CAN DO TO HELP YOUR RECOVERY IN THE HOSPITAL

To Prevent Pneumonia:

- Breathe deeply and cough at least once an hour during the day.
- Practice deep breathing with an incentive spirometer if ordered by your physician.

To Prevent Blood Clots and Keep Muscles Strong:

- Exercise frequently or at least every two hours. Start by wiggling your toes and then pumping your feet up and down. You can also rotate your ankles in a circle.



Ankle Pumps: Bend and straighten ankle through full range. Repeat with opposite ankle. Perform for 1 minute or 30 times.

- Tighten your thigh muscles (quad sets) and tighten the muscles in your seat (gluteal sets).



Quadriceps Sets: Tighten muscles on top of thigh as if attempting to push knee down. Hold for 5 seconds. Relax. Repeat 10 times.



Isometric Gluteals: Tighten buttocks muscle. Hold for 5 seconds. Relax. Repeat 10 times.

- You may be given an anticoagulant (blood thinning) medicine to keep your blood from clotting.
- You may have compression sleeves, compression stockings or both applied to your legs/calves to help with circulation.
- You may be started on a continuous passive motion machine (CPM) to encourage movement.

To Prevent Infection:

Practice good hand hygiene yourself, either with soap and water or with alcohol based sanitizer.

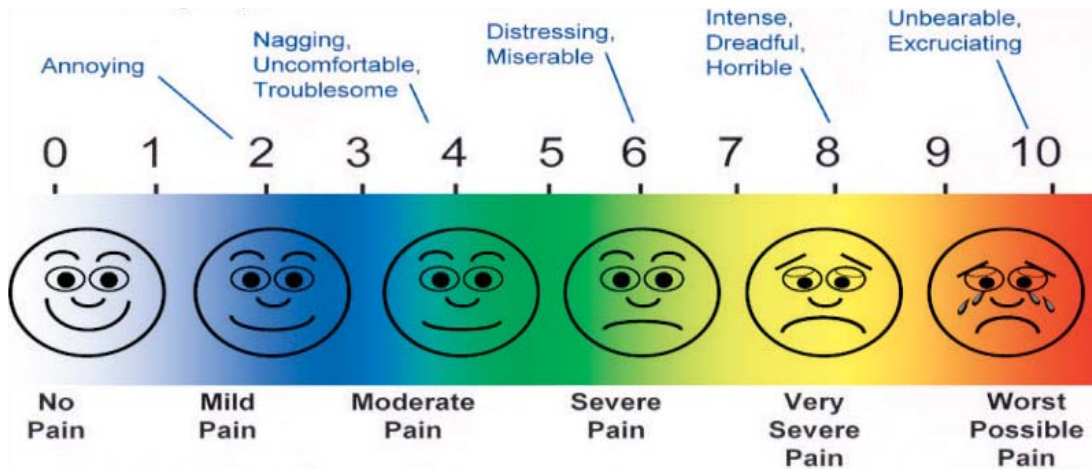
- Encourage your visitors to use hand sanitizer provided by the hospital.
- Don't hesitate to ask your caregivers if they have washed their hands.
- Keep your incision and dressing clean and dry, according to your surgeon's instructions.

Pain Management

Although all pain cannot be eliminated, our goal is to make you comfortable. Your nurse will medicate you “around the clock”, so talk with your nurse about how you feel and your need for pain medication. Your nurse will coordinate an individualized plan to meet your pain management goals. The expectation is to keep your pain at a level where you can tolerate all activities. As you progress, you can expect your pain to lessen. **Zero pain is not realistic.**

The team will use a pain scale to help determine your level of pain. The scale ranges from 0 to 10, zero being no pain and 10 being worst pain ever felt.

If you know of a pain medication that **works/does not work** for you, please communicate that information to your nurse/surgeon. Please familiarize yourself with the pain rating scale which helps us to assess if our interventions are helpful.



Perform Your Best with Your Therapists:

It is important that you are comfortable enough to participate and make progress in physical and occupational therapy, perform the necessary exercises, deep breathe, and be comfortable for activities with your care team members.

Physical Therapy and Occupational Therapy

Physical therapy: Your first PT visit may be as early as a few hours after surgery to gradually increase your activity. They will teach you an exercise program, how to move in bed, how to get in and out of bed, how to walk using either a walker or crutches and how to go up and down stairs. You will have one to two visits a day for 30 to 45 minutes per visit until your therapy goals are met and you are ready for hospital discharge.

Occupational therapy: OT will generally begin on the day of your surgery or the first day after depending on your surgeon's preference. Your OT will help you regain your independence with your daily activities such as dressing, bathing, using the toilet, and getting around at home after knee replacement and may show you specialized adaptive equipment to help.

Therapy schedules: Your rehab team will coordinate with your nurse on therapy session times and is available to help you practice the correct ways to move. Your nurses are specifically trained to care for total knee replacement patients. They understand and will reinforce what you are learning from the PT and OT staff.

Rehab participation: Expect to feel tired, but remember that activity is vital to your recovery. Your rehabilitation after surgery is at least as important as the surgery itself. Rehabilitation may take a long time – longer than you expected. Your continued effort with rehab and rebuilding your activity level will, in part, determine how successful your replacement will be.

- All patients are required to participate in several sessions daily.
- Even if you are experiencing some pain or nausea, try to sit on the edge of the bed or complete the bed exercises and some movement during your session.

Coach/family involvement and training: This is essential. Coaches/families are welcome at all rehab sessions. We recommend that they attend one PT visit and one OT visit, if possible, during your hospitalization, preferably toward the end of your hospital stay.

CPM (Continuous Passive Motion) machine: Your surgeon will consider your individual case when determining whether or not to order a CPM.

A positive attitude will help your recovery.

EQUIPMENT YOU MAY NEED AT HOME

Your physical or occupational therapist will evaluate the type of equipment you will need after surgery.

Your insurance plan may have policies about what equipment and which equipment companies you may use. Please check with your insurance company before surgery if you have questions about equipment coverage policies.

If you are thinking of borrowing equipment from a friend, relative or civic group, discuss this with your therapists. They will help you decide if this equipment will work for you. Please remember, borrowed equipment may not fit you correctly and may not adjust enough. Please bring the equipment you plan on using to the hospital prior to discharge for proper fitting and to make sure it is functional.

If you anticipate needing equipment for use at home, we strongly encourage you to obtain this equipment in advance of your surgery.

AIDS TO ASSIST YOUR RECOVERY



Reacher



Shoehorn



Sock Aid



Shoelaces, Coiled



Raised Toilet Seat



Grab Bar



Safety Strips



Grab Bar



Toilet Safety Frame



Transfer Bench

GET MOVING AFTER YOUR KNEE REPLACEMENT

The website listed below offers video examples and explanations of how to properly use your crutches, walker, bathroom needs, getting in and out of the car and other daily activities: <http://providenceoregon.org/knee-replacement>

Going Up and Down Stairs:

When climbing up and down stairs remember the rule: **UP with the good (non-operated leg) and DOWN with the bad (operated leg).**

Exercise Program:

Following your surgeon's instructions, your PT will prescribe your home exercise program. These may be started before surgery if they don't increase pain.

DISCHARGE

Discharge can happen any time of the day. **To be discharged from the hospital, you must:**

- Be cleared by your physician
- Receive adequate pain control from oral pain medications
- Demonstrate understanding of new medications and when to seek medical attention
- Demonstrate understanding of home exercises
- Demonstrate safe transfers (i.e., getting out of bed or off the toilet) with or without using adaptive equipment
- Demonstrate independence with mobility or have sufficient help at home to ensure your safety (i.e. safely use stairs)
- Be able to care for yourself or have help in your home for a few days
- Have arrangements finalized for coach/caregivers, family, equipment and/or services at home

Care coordinator/discharge planner(s) are available to assist you with discharge planning if needed. This person will work with you and your family to make your transition home as smooth as possible.

Section 3

**AFTER LEAVING
THE HOSPITAL**

CARE OF YOUR INCISION

Your surgeon or discharge nurse will provide you with instructions to care for your incision including showering, bathing and dressing changes as needed. Call your doctor if you develop any of the following signs:

- Warmth, redness, increased pain or increased swelling of the incision
- An increase in the amount of drainage from the incision
- Thick, green or foul-smelling discharge from the wound
- Separation of wound edges
- Body temperature higher than 101 degrees

You may notice:

- The incision looks a little puffy and pink around the edges. This is normal inflammation and healing.
- Different types of dressing may be used to cover your incision. You will be instructed on how to care for your dressing.
- Bruising of your operative leg. This is normal and is the result of gravity and will resolve with time.

POSTOPERATIVE LEG SWELLING

You may notice swelling of your operative leg. This is normal.

To reduce the swelling:

- Lie flat on a couch or bed
- Keep your leg straight with your knee higher than your heart.
- You can place a small pillow under your ankle (not behind your knee) to elevate your leg.
- Cold therapy (see below)

After one hour, the swelling should be reduced. If the swelling continues and does not improve, this may be a sign of a blood clot. Please call your surgeon.

Using Cold Therapy at Home

Effective cold therapy offers a number of benefits:

- Decreases pain and creates a numbing effect
- Increases circulation while reducing swelling
- Relaxes muscles and reduces spasms
- Increases the ease with which joint and muscles move

Safety Tips for Using Cold Therapy

- Do not apply ice directly to the skin; wrap ice in a thin towel or cloth.
- Use for 15 to 20 minutes on the affected area. Remove when the numbing effect is achieved. Prolonged use of intense cold can lead to frostbite. Do not use ice for more than 20 minutes.
- If using an automated icing device, you may leave on for longer periods of time as indicated by your surgeon.
- Cold can be used as many times throughout the day and night as needed, but you must allow time for the area to warm to normal temperature before repeating the application.
- Check the skin during and after treatment for any signs of injury.
- **Do not use** ice if you have extreme sensitivity to cold, decreased circulation, decreased sensation or any vascular problems.

MEDICATIONS

Pain medications

Your doctor will order pain medication for you. To ensure a good night's rest, it may be helpful to take a pain pill before going to bed for the first three to four nights.

- You will be discharged with a prescription and instructions about pain medications. As a general rule, Tylenol is very effective for baseline pain relief. We encourage you to take this continually for 4 days. Do not exceed the recommended daily dose of Tylenol.
- You may be prescribed Oxycodone, Hydrocodone, Norco or others upon discharge; these are narcotic medications and should be used for “breakthrough pain”. The goal is for you to transition off of these medications as soon as you can. A week after surgery, evaluate your pain without narcotics and begin to spread out the time in between doses and lower the dose as you can. Norco and Percocet both have Tylenol in them, so make sure to monitor your daily intake of Tylenol, don't exceed the recommended daily dose of Tylenol.

Pain medication can cause the following side effects:

- Nausea and vomiting
- Itching and/or rash
- Dizziness, especially when first rising to a standing position. Stand up slowly to be sure you have your balance.
- Constipation (see later section)

If any of the side effects above are not resolved, call your surgeon.

Blood thinners

Blood thinning medication increases the time it takes for a clot to develop. You may bleed more on this medication. The following precautions should be taken to avoid injury:

- Shave with an electric razor
- Use a soft toothbrush
- Use waxed dental floss
- Trim nails carefully
- Use care with knives and scissors

PREVENTION OF BLOOD CLOTS

Blood clots can develop in either leg up to three months after surgery. Blood clots can break free and travel to the heart and lung, causing life-threatening problems. There are some things you can do to reduce your risk.

- **Activity:** take frequent walks, gradually increasing your distance. Continue your leg and ankle exercises and gradually increase your activity.
- **Medications:** your surgeon will give you a medication to help thin your blood (Aspirin, Lovenox, Coumadin, Xarelto). It is very important you take this daily as directed.
- **Compression stockings (if applicable):** may help to promote circulation and reduce swelling. Wear the stockings as directed by your care team. **TIP:** to make it easier to put on your stockings, either put powder on your leg, or put a sandwich bag over your foot and pull the sock over it, rubber gloves on your hands will help with the pulling. When the stocking is on, pull the sandwich bag out through the hole in the stocking.

The following may be signs of a blood clot. **Report them to your surgeon immediately:**

- Pain and/or cramping in the calf of either leg
- Warmth, redness or tenderness of either leg
- Increased swelling of either foot and/or leg
- Numbness of either leg

Call 911 if you notice the following signs as they could indicate a blood clot in your lungs:

- Difficulty breathing
- Chest pain
- Unusual upper back pain
- Coughing up blood

DIET, FLUIDS AND CONSTIPATION

Eat a well-balanced diet high in protein and fiber. Drink six to eight large glasses of water or non-caffeinated liquid each day. If you take iron and/or pain medications, you may experience constipation. There are many over the counter medications to help with constipation. Please consult your surgeon.

To Keep Your Bowels Working and Promote Healing:

It is normal for your bowels to slow down in response to anesthesia, pain medications and decreased mobility. It is very important to jump start your bowels after surgery.

- Select whole grain foods, green leafy vegetables, citrus fruits, pitted fruits, dairy products and lean meat.
- Drink at least six to eight glasses of liquid each day.
- Over-the-counter laxatives and stool softeners may be taken if needed (e.g. Senokot, Colace, Smooth Mover herbal tea).
- Take frequent short walks; exercise with rehab staff, nurses or your family when you are ready.
- If you have not had a bowel movement in 3 days, try a Dulcolax suppository or an enema.

PREVENTING FALLS AFTER DISCHARGE

Now that you are leaving the hospital, make sure that you have prepared yourself and your home to prevent falls. (See the Home Safety Checklist in Section 1 of your book.)

- If you will be living alone after surgery, set up a communication plan so that someone will be notified if you feel unsafe or experience a fall.
- You can use a formal notification system, such as Lifeline, or carry a cell phone in your pocket at all times.
- It is normal to fear falling after surgery, but don't let fear put you at an even higher risk! Stay safe, but be active.

- If you get up at night to use the bathroom, use a nightlight. Pause to clear your head before moving away from your bed.
- If you have glasses and/or hearing aids, wear them consistently.
- Tell your doctor or physical therapist if you experience dizziness or light-headedness at any time
- Manage your medications. Make sure your doctor or pharmacist knows about ALL of your medicines, so that they can warn you of any interactions that may occur. Some medications, such as anti-seizure, blood pressure, pain medications and sleep aids, increase the risk of falls by causing dizziness.
- Wear supportive shoes at home.
- Beware of behaviors, such as running to get the phone, becoming too tired during the day, skipping meals, or carrying things while on the stairs, that may cause you to fall.
- If you feel unsteady or have already fallen, notify your doctor immediately. Your doctor can assess your medications and/or refer you to physical therapy if needed.

Post-operative Driving and Activities

- Driving and returning to work is very patient specific, it is very much dependent upon your response time, pain level and restored movement. Your surgeon will help to determine when it is appropriate to begin driving and working. *You may not drive when you are taking narcotic pain medication (Oxycodone, Vicodin, Percocet, and others).*
- Your discharge nurse will provide instructions for showering at home.
- Please consult with your surgeon regarding swimming or using a hot tub.
- Do not place a pillow behind your knee as this action may shorten/tighten structures behind your knee and make it more difficult to fully straighten your knee.
- Continue your exercises as instructed by your PT/PTA.

Other Helpful Tips:

Dental Work: If you plan to have dental work or minor medical procedures, consult your surgeon or primary care provider before the procedure regarding the need for antibiotics to avoid risk of infection.

Bladder Infection: If you develop symptoms of a bladder infection (frequent urination, pain or burning with urination, cloudy urine), please consult with your primary care provider for treatment and be sure to state that you have had a total knee replacement.

Inclement Weather: Remember to use caution with slick, icy or bad weather. A fall could cause serious injury and future problems with your knee replacement.

FOLLOW UP

It is very important to keep all follow-up appointments. You will need ongoing surgical supervision until healing is complete, which is usually two to three months. Your surgeon may require follow-up appointments for one year or more after surgery.

Section 4
RESOURCES

HELPFUL WEBSITES

1. www.providence.org/orthopedics
General information about Providence orthopedic services
2. <http://oregon.providence.org/our-services/p/providence-total-joint-program/>
Information regarding total joint replacement services
3. www.oregon.providence.org/our-services/p/providence-total-joint-program/forms-and-information-after-your-knee-replacement
Helpful videos to get you moving after your surgery
4. www.providence.org/rehab
Information about Providence Outpatient Rehab clinics
5. www.edheads.org/activities/knee/index.shtml
Animated example of knee replacement surgery
6. <http://orthoinfo.aaos.org/topic.cfm?topic=A00389>
Information from the American Academy of Orthopaedic Surgeons regarding total knee replacement
7. <http://www.youtube.com/watch?v=r4db5WH6VHI>
Animation video of knee replacement

Section 5

APPENDIX MATERIALS

MEDICATION	COMMON INDICATIONS/TREATS	COMMON SIDE EFFECTS
Actaminophen (Tylenol)	Pain/Fever	Nausea/Headache/Rash
Antibiotics*	Bacterial Infections/Infection Prevention	Rash/Diarrhea/Fever/Nausea
Aspirin	Pain/Fever/Inflammation/Blood Thinner	Bleeding/Stomach Upset
Calcium Carbonate (Tums)	Acid Reduction/Stomach Upset	Gas/Constipation
Cefazolin (Ancef)	Infection Prevention	Rash/Diarrhea/Fever/Nausea
Cepastat (Cepacol)	Throat Analgesic	Mouth Irritation
Celebrex (Celecoxib)	Pain/Inflammation	Rash/Edema/Dizziness/Stomach Upset
Cyclobenzaprine (Flexeril)	Muscle Spasm	Drowsiness/Dizziness/Dry Mouth
Diphenhydramine (Benadryl)	Allergic Reactions/Sleep/Itching	Drowsiness/Dizziness
Docusate (Colace)	Constipation	Abdominal Cramps/Diarrhea
Enoxaparin (Lovenox)	Blood Clot Prevention	Fever/Nausea/Bleeding/Bruising at Injection Site
Famotidine (Pepcid)	Acid Reflux/Peptic ulcers	Headache/Diarrhea
Ibuprofen (Advil/Motrin)	Pain/Inflammation/Fever	Rash/Stomach Upset/Edema/Dizziness
Ketorolac (Toradol)	Pain/Inflammation	Headache/Stomach Upset/Nausea
Magnesium Hydroxide (MOM)	Constipation	Nausea/Diarrhea
Metoclopramide (Reglan)	Nausea/Vomiting	Headache
Opiate Pain Relievers**	Pain	Drowsiness/Itching/Nausea/Constipation
Promethazine (Phenergan)	Nausea/Vomiting/Motion Sickness	Dizziness
Rivaroxaban (Xarelto)	Blood Clot Prevention	Bleeding
Senna (Senokot)	Constipation	Abdominal Cramps/Diarrhea/Nausea
Simethicone (Mylicon/Gas-X)	Gas/Bloating	Nausea/Stomach Upset
Tramadol (Ultram)	Pain	Flushing/Dizziness/Headache/Constipation
Warfarin (Coumadin)	Blood Clot Prevention	Bleeding/Abdominal Pain
Zolpidem (Ambien)	Insomnia	Dizziness/Headache
Zofran (Ondansetron)	Nausea	Headache/Drowsiness/Dizziness/Weakness

* Amoxicillin, Ampicillin/Sulbactam, Amicillin, Augmentin, Azithromycin, Bactrim, Cefazolin, Cefepime, Ceftriaxone, Cephalixin, Ciprofloxacin, Clindamycin, Levofloxacin, Linezolid, Vancomycin, Zosyn, etc.

** Fentanyl, Methadone, Morphine, OxyContin, OxyCodone, Hydromorphone (Dilaudid), Hydrocodone/Acetaminophen (Vicodin, Lortab), Oxycodone/Acetaminophen (Percocet), etc.

OUR MISSION

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

OUR CORE VALUES

Respect, Compassion, Justice,
Excellence, Stewardship

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