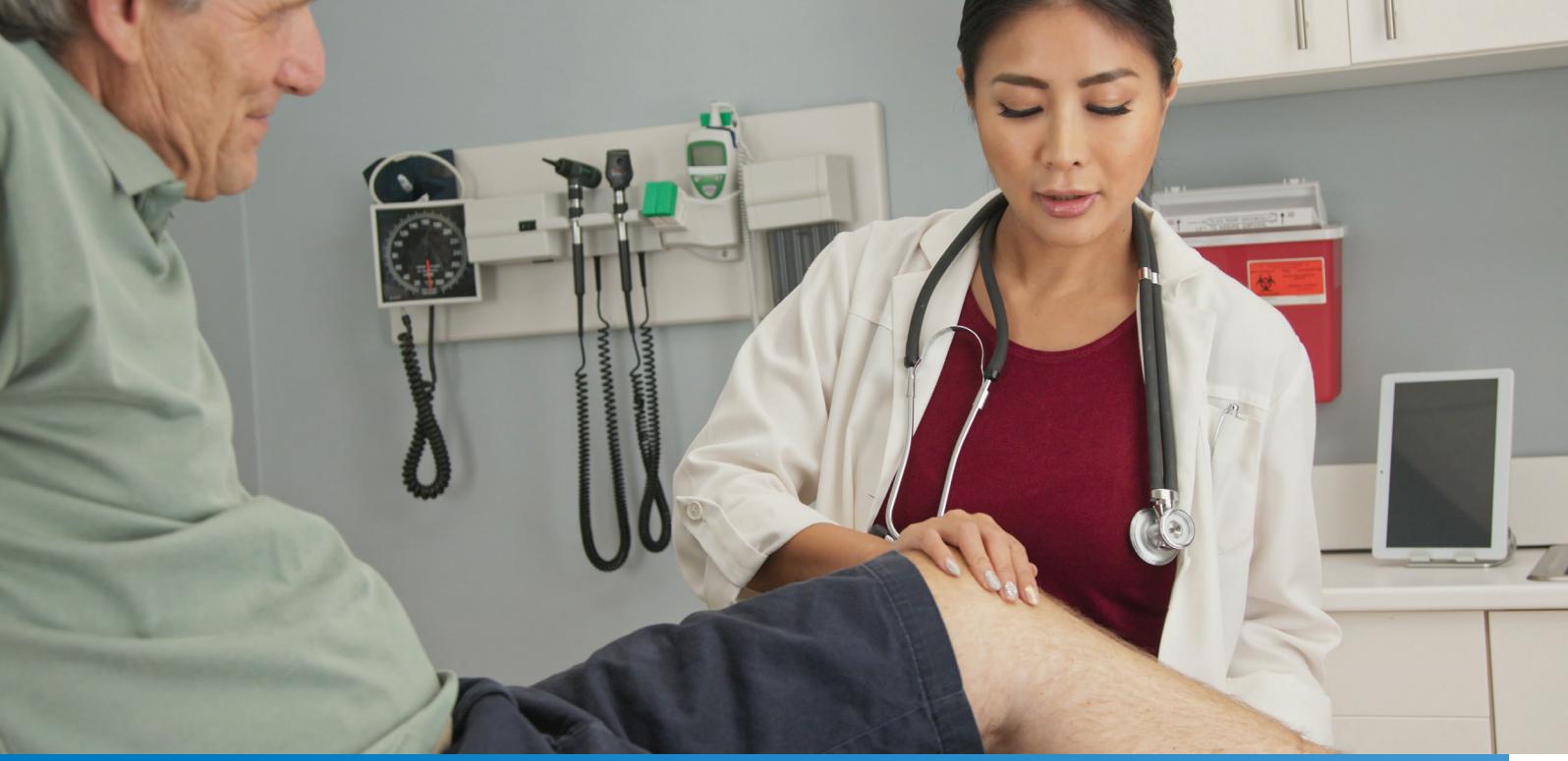


TOTAL KNEE REPLACEMENT



St. Elizabeth
HEALTHCARE



WELCOME TO THE ST. ELIZABETH HEALTHCARE TOTAL JOINT CENTER

On behalf of St. Elizabeth Healthcare, your orthopaedic surgeon and the entire Total Joint Center team, we would like to offer you a warm welcome into our total joint family.

This booklet has been designed to assist you in gaining an understanding of the total joint replacement process. With the assistance of the St. Elizabeth Healthcare Total Joint Center team, you will feel better prepared for your surgery, discharge, and post-discharge care. This booklet answers many questions about total knee replacement surgery and will help to ensure you understand the steps necessary to have a successful experience.

The Total Joint Center (TJC) team is dedicated to providing compassionate care and outstanding patient education material to guide you. Physicians, TJC coordinator, physical therapists, occupational therapists, care coordinators, nurse managers, and many others will be available should you need assistance in any way. A list of important telephone numbers is also located in the back of this booklet for quick reference.

We hope that you find this booklet valuable while preparing for your surgical experience. Knee replacement should provide years of use without the pain and stiffness you may have experienced prior to surgery. By following the advice of your surgeon, therapists and other healthcare professionals, your total knee replacement should put you back on the road to a more active lifestyle. Please refer to the St. Elizabeth Healthcare website for pertinent information regarding family members/friends.

The Total Joint Center team of St. Elizabeth Healthcare

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TOTAL KNEE REPLACEMENT

In order to understand what a total knee replacement is, it is necessary to understand how a healthy knee works.

The knee is the largest joint in the body, and is responsible for absorbing a great deal of force. Your knee joint is a combination of three bones: your femur (thigh bone), tibia (lower leg bone), and the patella (knee cap). The muscles around your knee joint are responsible for supporting and moving your knee. It is extremely important to rebuild and strengthen these muscles after surgery. Unfortunately, due to years of work, arthritis, spurs (small bone fragments), or trauma, the knee can become unhealthy. You may eventually lose movement, strength and function of your knee. It is usually at this point that you and your surgeon make the decision to perform a knee replacement.

At this point, your physician will make arrangements for surgery. Your doctor may send you to physical therapy prior to surgery to learn how to use a rolling walker and to show you some exercises to begin strengthening your knee. Physical therapy will also educate you on what to expect after surgery.

During the procedure, your surgeon will resurface the bottom part of the femur (thigh bone) and the top of the tibia (leg bone). In most cases, your surgeon may decide that your knee cap needs to be resurfaced as well.

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a type of Staph infection that has become extremely resistant to antibiotics, making it difficult to treat. People from every walk of life can be associated with this germ without even realizing it.

Each patient undergoing a total knee replacement will be preventatively treated for this bacteria.

If you have questions or concerns, please call our Infection Control Department at (859) 301-2155 (Edgewood) or (859) 212-4399 (Florence).

PREPARING FOR YOUR KNEE SURGERY

With the help of your surgeon, you have decided to have a total knee replacement. It is important to realize that you will be responsible for a major portion of your rehabilitation. However, rest assured, there will be many healthcare professionals to guide you step-by-step. Modern medicine has made it possible for a stiff and painful knee to be replaced with one that functions nearly the same as a normal, healthy knee. If you follow the instructions of your doctors, therapists and nurses, and are an active participant in your rehabilitation process, you will soon be on your way to a more active lifestyle.

This booklet is designed to provide helpful information on what to expect with a total knee replacement. If you have any questions on subjects that are not covered, please ask your doctor or therapist for further information.

Nutrition

Good nutrition is vital for life and even more important before and after joint replacement surgery.

Being prepared for your surgery takes some planning. Putting some time and thought into your nutrition before and after surgery can help you be better prepared for your procedure and support the healing process.

Loading up on nutrient dense food before and after surgery can help aid in your recovery. Here are some points to consider:



Hydrate

- Make sure you drink plenty of liquids, preferably water. Drink nothing at least 2 hours prior to arriving for your surgery.

- Increased fluid intake after surgery can also help to minimize constipation. Limit caffeine if possible.

Fruits and vegetables

- Work on increasing your intake of fruits and vegetables.
- Fruits and vegetables help with the healing process to deliver antioxidants, vitamins, minerals, water, and fiber.
- Try to eat at least 5 or more servings of fruits and vegetables each day.

- Fruits and vegetables provide Vitamin C, magnesium, and potassium to strengthen bones. They also help maintain normal bowel movements due to their fiber content.
- There are health benefits to eating not only green, but also blue-purple, yellow, orange, and red vegetables.

Protein

- Eat enough protein. At least 2 weeks prior to surgery be sure to eat enough protein.
- The amount of protein you need varies on an individual basis, but research does support 65-100 grams per day.

- Protein is a key building block for muscles, bones, and the healing process as it helps to build and repair tissue.
- Eating enough protein also helps support a strong immune system. Some excellent sources of protein include lean meat, seafood, eggs, nuts, seeds, and legumes.

Iron, Vitamin C, and Vitamin D

- Foods higher in iron, vitamin C, and vitamin D are also important for healing and strong bones.
- Iron helps to transport oxygen throughout the body and to your muscles.
- Vitamin C rich foods help with iron absorption.

- Vitamin D is important for bone growth, bone remodeling, and calcium absorption. Getting enough vitamin D supports good immune function and helps reduce inflammation. The recommended intake of Vitamin D3 is 2000 - 4000 international units per day.

Finally, it is important to limit processed foods and foods high in processed sugars. These types of foods increase inflammation.

**You should speak with your physician before starting a new diet.



WHAT TO EXPECT THROUGHOUT YOUR HOSPITAL STAY

Weeks Leading up to Surgery

Your well-being is our primary concern at St. Elizabeth Healthcare. We want your total joint replacement experience to be the best it can be.

Following these instructions will help ensure a safe and smooth transition to a more active lifestyle.

Below is a list of important instructions to follow in the weeks prior to your surgery:

- Stop any medications as instructed by your physician or Pre-admission testing at the appropriate time.
- Do not** shave your operative leg for five days prior to your surgery.
- You **must** bring a list of your home medications with you on the day of surgery. This list must include the name of the medication, dosage and how often you take it.
- Wear loose, comfortable clothing the day of surgery.
- If you have a Living Will or Durable Medical Power of Attorney, please make a copy and bring it with you on your day of surgery.
- Bring loose, comfortable clothing to wear during your stay. Tight clothing will not fit over your dressing. (**Inpatient surgeries only**)
- Bring any toiletries you may need such as toothbrush and paste, deodorant, and hairbrush. (**Inpatient surgeries only**)

Report any of the following to your physician should they arise:

- Fever.
- Breathing problems.
- Open cuts/abrasions/rashes.
- Changes in your medications.
- Tooth pain or infection.
- Bug bites.
- Urinary infections.
- Any change in your current health status.

Please inform your physician if you have been taking any antibiotics prior to surgery. You will need to have a followup visit with your prescribing physician.

**For the well-being of all staff and patrons,
St. Elizabeth Healthcare is a smoke-free facility.**

The Day of Surgery

The day you have been waiting for has finally arrived. It is important to understand what will occur from the time of arrival at the hospital until you are discharged. Being knowledgeable and prepared for your total joint experience will help to alleviate your fears and anxiety. Be assured that we are dedicated to assisting you every step of the way.

Below is a list of things to expect on the day of your surgery:

- You must **NOT** eat anything after midnight on the night before your surgery.
- Take the medications you were instructed to take by the nurse practitioner in Pre-Admission Testing.
- You may drink black coffee, tea, water, or Gatorade Zero Sugar up until two hours prior to arrival.
- Do not chew gum or tobacco on the day of surgery.
- Avoid all alcoholic beverages and stop or reduce smoking for 24 hours prior to surgery.
- Do not wear jewelry, artificial nails, nail polish or makeup on the day of surgery.

- Dentures can be removed before going to surgery. A container will be provided.
- Do not remove hearing aids; you will need to wear them to surgery.
- Please note that there are occasions when the time of your surgery may change. We ask that you be available two hours before and after your scheduled surgery time to accommodate these changes, should they occur.
- You will be asked to arrive two hours prior to your scheduled surgery time. This is to allow our personnel time to adequately prepare you for surgery.
- The partner in care is asked to remain in the waiting area at all times during your surgery if possible. Family must comply with current COVID restrictions as applicable.

When you arrive at the hospital, please report to the **Same Day Surgery Unit (Edgewood, 2nd floor, Dearborn, 1st floor)** where the following will occur:

- Your partner in care may be with you in this area. Please refer to the **St. Elizabeth Healthcare Website** for pertinent information regarding family members/friends.
- The nurse will collect any paperwork you were asked to bring.
- The nurse will obtain the cell phone number of your partner in care.
- You will change into hospital attire.
- You will have an intravenous catheter placed for administration of medications.
- You will speak to a physician regarding your past medical history.
- Your surgeon will mark the operative site.
- You will be visited by the anesthesiologist who will review

your medical information and answer any questions you have. He/she will discuss the anesthetic plan with you. Sometimes a spinal injection can be used in place of general anesthesia. Discuss with your anesthesiologist, if desired.

- You may receive a nerve block, which is discussed further below.
- Medication will be given to you to help you relax prior to being taken to the operating room.
- You will be given an opportunity to ask any questions that you may still have.
- Other friends/family members may join you prior to moving to the operating room.

Our staff are available to ensure your comfort until your surgery.

During Surgery

During surgery the surgical nurse will keep your partner in care updated on your progress.

Nerve blocks

Nerve blocks are done to decrease pain associated with your surgical procedure. Some surgeons prefer that their patients have a single shot nerve block. The type of nerve block the anesthesiologist performs is determined by the surgical procedure and your surgeon's preference.

The anesthesiologist performing your nerve block will greet you and review your chart.

The procedure will consist of the following:

- Family must return to the waiting area during the placement of the block.
- You will be placed on a monitor.
- The anesthesiologist and nurse assisting with the nerve block will ask you to participate in a "Time-Out"

to verify the correct surgical site.

- You will receive medication for sedation.
- You may notice uncontrolled movement of your limb while the block is being performed, this is normal.
- The anesthesiologist will inject local anesthetic near the nerve and possibly place a catheter.
- You may feel a pressure sensation as the medication is being injected.
- Notify the anesthesiologist or nurse if you notice your heart racing, lightheadedness, dizziness, or ringing in your ears during or after the block.
- Your blocked limb will slowly begin to feel warm, heavy, and numb.



IMMEDIATELY FOLLOWING SURGERY

Immediately following surgery, you will still be drowsy from the medications given to you. The surgeon will speak to your partner in care regarding the details of your surgery and will update them on your condition.

When surgery is complete, you will be transported to the Post Anesthesia Care Unit (PACU). While in the PACU, you will be closely monitored. Your partner in care will be contacted via cell phone for an update. If your surgery is performed on an outpatient basis, you will remain on the 2nd floor and will be discharged home from there.

If you require an overnight stay in our facility, you will be transported from the second floor to our Orthopedic Surgical unit for the remainder of your stay.

Please remember that if you have a nerve block during your surgery, your extremity may be numb and it is very important that you do not attempt to get out of bed without assistance. This numbness is normal and will wear off.

However, even with these types of anesthetics, patients often still have pain when they wake from surgery. It is also common for you to experience a sore throat or nausea following surgery. If you do, please notify your nurse so that they may help alleviate these symptoms. We want to make your experience as pleasant as possible.

On the Orthopaedic Unit (Inpatient surgeries only)

Welcome to the orthopedic/surgical unit, 7D, where our staff is totally committed to giving outstanding patient care to our family of orthopaedic patients.

While with us, you will be cared for by our many highly trained healthcare professionals. These individuals include our orthopaedic nurse and nursing assistants, the nurse manager and assistant nurse manager, the coordinator of the Total Joint program, physical therapy and occupational therapy associates, care coordination, and many more. Please let us know if you have any concerns.

Our goal is to make your stay at St. Elizabeth Healthcare the best it can be.

Hints for Your Hospital Stay

- Actively participate in your recovery. No one can do this for you, but we will guide and assist you.
- Communicate your pain levels regularly so adequate medication can be used to help you.
- Set personal goals to maximize your potential and reduce recovery time.
- Follow doctors' orders so that complication risks are lessened.
- Medications, blood clot prevention devices, blood tests and potential transfusions, exercise, etc. are prescribed to maximize the safety of your surgery and recovery.
- Clearly communicate concerns about any aspect of your care and recovery so they can be addressed.

What you can do:

- Call for staff to assist you in getting out of bed.
CALL...DON'T FALL!!!
- If you had a nerve block, your leg will be weak and numb. Do not try to bear weight on it.
- Do your breathing exercises.
- Be as active as possible in your therapy.
- Move your ankles and feet often.
- Notify your nurse immediately if your dressing becomes wet.
- Take pain medicine before therapy and before your pain gets out of control.
- Have a list of any questions or concerns ready.
- Bring up any concerns you have about going home.
- Tell the staff if you do not understand any instructions for your care at home.
- Understand that you may have some good days and some bad days.
- Keep a positive attitude.
- Completely read your discharge instructions and keep them handy at home to reference as needed.
- Closely read your medication labels to ensure you are taking them correctly.



MEDICATION SIDE EFFECTS

Below is a list of common side effects of the medications you may take following surgery.

- **Antibiotics:** nausea, sore throat, sensitivity to sun, yeast infection, diarrhea, constipation or dizziness.
- **Anticoagulant (blood thinner):** dizziness or muscle pain.
- **Iron:** constipation, nausea, vomiting, abdominal pain, dark stool, or other GI complaints.
- **Stool softener:** diarrhea, throat irritation, or stomach cramps.
- **Pain medication:** constipation, dry mouth, itching, nausea, vomiting, or upset stomach.
- **Anti-nausea medication:** dry mouth, constipation, drowsiness, or dizziness.

IF YOU EXPERIENCE ANY OF THE FOLLOWING SIDE EFFECTS, CONTACT YOUR NURSE OR DOCTOR IMMEDIATELY

Rash, itching, irregular heartbeat, yellowing of the skin or eyes, difficulty breathing, seizures, bloody stool, vision changes, confusion, red or dark urine, trouble passing urine, severe headache, unusual bleeding, or swelling of the face, lips, or tongue.

DISCHARGE FROM THE HOSPITAL

Preparing Early for Your Hospital

Discharge

It is important to plan ahead for your discharge from the hospital. You will need to think ahead about your needs and support available from family and friends after your hospital stay.

We strongly encourage you to designate one person to act as your "Total Joint Partner in Care." This individual should be able to accompany you through each step of the joint replacement process. One of the most important responsibilities of the coach is to be available to you following discharge for five to seven days until you can function more independently.

Planning for Discharge Transportation

Don't forget to arrange for transportation home from the hospital. Most patients can travel by car. If your healthcare team feels it is medically necessary to travel by ambulance or wheelchair van, they will help you make these arrangements. If you have concerns about transportation, please tell the care coordinator as soon as possible after surgery.

Insurance Benefits

We suggest you call your insurance company regarding any questions about your benefits and providers covered.

If you learn that your insurance does not cover outpatient physical therapy, or home health, please call the Care Coordination Office at (859) 301-2275, Edgewood, (812) 537-8265, Dearborn Surgical Unit for assistance.

Discharge Planning Questions

As you investigate your insurance benefits and decide on your tentative plan for each level of care, please call the Care Coordination department at St. Elizabeth Edgewood with any questions at (859) 301-2275.

The following options are available:

Return Home with Outpatient Therapy

- Provides two to three days per week of progressive exercise to improve range of motion and strength.

Return Home with Home Health Care

- Provides one hour, two to three times per week of therapy.
- Provides skilled nursing and home health aide services, if medically appropriate.
- Private-Duty nursing services may be available, but not generally covered by insurance.

Transfer to a Skilled Nursing Facility (Inpatient surgeries only)

- Provides 60 to 90 minutes of therapy five to six days per week.
- The average length of stay varies based on medical necessity guidelines.
- Most continued stays are done at a skilled nursing level of care.

Transfer to Acute Inpatient Rehabilitation

Considered in extreme cases and inpatient surgeries only

- Provides three hours of therapy five to seven days per week.
- Average length of stay is seven to 10 days.
- Individuals require at least two of the three therapies to qualify for this service.
- Please note that there are strict Medical Necessity Guidelines to qualify for this level of care, such as multiple medical issues and ability to participate in intensive therapy.



PRECAUTIONS AT HOME

Your doctor and medical team will determine when you will be allowed to go home. Once you are home, there will be different obstacles to overcome.

General do's and don'ts for going home

- It is strongly recommended that your coach be available to assist you for the first five to seven days after you return home.
- If you have a dog or cat, have someone place your pet in another room and close the door. Once you are in the house, sit down, and then allow your pet to come in and visit with you. This will prevent any unexpected falls caused by your pet jumping on you.
- It is important to be careful in selecting the type of chair you sit in. Avoid sitting in low or overstuffed chairs or sofas. Also avoid sitting in a rocking chair. It is best to sit in a chair that has 2 arms so that you can push off the chair to stand. If you cannot find a chair that sits high enough off the ground, it may be necessary to place a pillow in the seat of the chair. Adapt seats with pillows so your knees are level with or below your hips.
- Have someone remove any throw rugs until you are walking safely without an assistive device (cane, rolling walker, crutches). Throw rugs can easily cause your rolling walker or crutches to slip out from under you or trip you while walking. It is also important to watch out for pets and small children while walking. In their eyes, they are just trying to help or are curious, but your balance could be compromised.
- Bathrooms are often a place where accidents happen. Be very careful of water that may have spilled or splashed out in front of the sink or tub.
- Be sure to have good lighting, especially at night.
- Do not wear open-toed shoes, shoes without backs or socks by themselves without non-skid bottoms.
- Be aware of loose carpeting or floor boards and uneven floor surfaces.
- Place frequently used items where they can be easily reached.
- Create an unobstructed path between each essential place in your home. Remove extension cords, phone cords, etc.
- Set up a living area on one floor if possible.
- Arrange furniture to provide space to walk freely throughout the house.
- Use a walker bag or basket to transport items throughout your home.
- Buy lightweight or smaller products in the grocery store (1/2 gallon milk, soda in cans) to increase ease of transportation. Use containers with lids to transport liquids.
- Use disposable plates, cups, and utensils to decrease the need to wash dishes.
- Use a cordless phone.
- Prepare meals to freeze or purchase easy microwavable meals.

Toileting

- The bedside commode can sit next to your bed at night or sit on top of your commode as a raised toilet seat.
- A raised toilet seat can be placed on top of your commode to raise the overall height of the seat. Please ensure the raised toilet seat is secure, as not all commodes are the same size.
- A handicap height commode provides a higher height to make it easier to transfer.
- Wall mounted grab bars can help with standing from your commode.



Bathing

Shower stall:

- A bedside commode or shower chair can be placed in a shower stall for seated bathing.

Bathtub:

- An extended tub bench sits inside and outside of the tub, therefore you can scoot on the bench to safely transfer in and out of the tub. A shower chair can be used in a walk-in shower or tub once you can safely step over the tub wall.
- Wall mounted grab bars placed in and around the tub or shower will increase safety.

- A hand held shower head makes seated bathing easier as you can remain seated throughout the shower.
- Use a long handled bath sponge to reach your back and lower body.

TIMELINE FOR RECOVERY

The pace of recovery varies, depending on your health and activity level before surgery. This timeline is based on average recoveries, to be used as a guideline for your progress.

- surgery**
- Use your walker, take it easy around the house.
 - Do home exercises and/or physical therapy as instructed.
 - Take your pain medicines as directed.
 - Follow discharge instructions. Watch for excessive swelling or signs and symptoms of complications.

- Three weeks**
- May switch from walker to cane at your therapist's discretion.
 - Continue home exercises and/or physical therapy as instructed.
 - Taper your pain medicine as tolerated by lengthening the time between doses: instead of taking a pill every four to six hours, try every five to seven hours and so on. Try taking only one pill at a time instead of two.

- Three to six weeks**
- Able to drive a car, depending on the operative side—check with your surgeon.
 - Continue to taper down the pain medications as above. You may switch over to Tylenol or to a nonsteroidal anti-inflammatory such as ibuprofen, Aleve, or Motrin if able to tolerate when you have completed the blood-thinning regimen given to you at discharge.
 - Within this time period, you may try reserving your narcotic pain medicine for nighttime and/or prior to physical therapy sessions.

- Six weeks**
- Wean off the cane as able (you must be able to walk without limping).
 - By now, most patients have decreased their use of narcotic pain medicines, reserving only for nighttime and physical therapy. Use Tylenol as needed, or a non-steroidal anti-inflammatory if able to tolerate.

- Up to three months**
- Follow all precautions.

- Six to nine months**
- You will be mostly healed; however, expect occasional, mild swelling, soft tissue discomfort and potential warmth after extra activity. These symptoms gradually diminish with time and often won't restrict activities.
 - Kneeling may be uncomfortable for up to a year.
 - When gardening, use a pad for the knees.

Once healed, you will have very few restrictions regarding your prosthesis. Walking, golfing, bowling, swimming, riding a bike, and doubles tennis are permitted. Avoid running, jumping or heavy lifting.

PRE-OPERATIVE EXERCISES

Please do each of the exercises with check marks prior to surgery.

Do each exercise 10 times, 3 times a day.

If you start to experience any unusual pain, stop the exercise and notify your therapist.

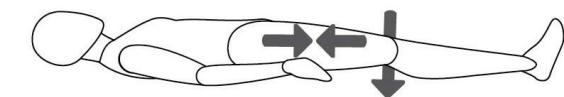
Exercising your new knee is another very important aspect of your physical therapy. Each patient will have a specific exercise program geared to their needs. Generally speaking, you will be asked to do some or all of the following exercises. It is very helpful to begin these exercises prior to surgery in order to strengthen your leg as much as possible.

Quadriceps Set

Purpose: To strengthen your thigh muscle.

Position: Lying.

Action: Tighten muscles on top of thigh by pushing knees down into floor or table. Hold for a count of five. Relax.

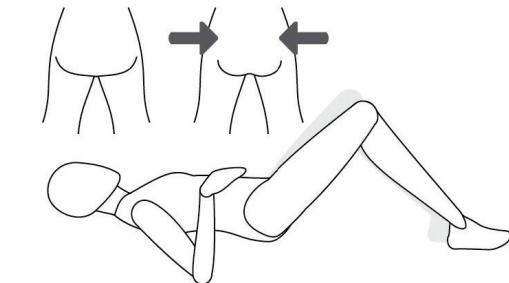


Gluteal Set

Purpose: To strengthen buttock muscles.

Position: Lying or sitting.

Action: Squeeze your buttocks together. Hold for a count of five. Relax.

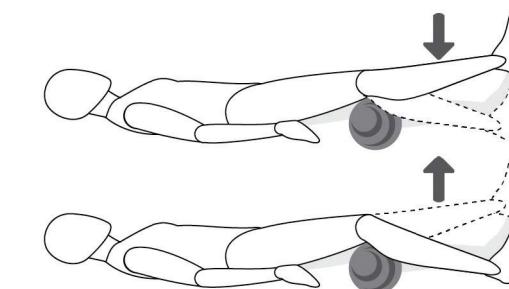


Terminal Knee Extension

Purpose: To strengthen your thigh muscles (quadriceps).

Position: Lie on your back with a firm pillow or large towel roll under weak leg.

Action: Slowly lift your foot up. Your knee should remain on the pillow and your leg should be as straight as possible. Slowly lower foot to starting position.

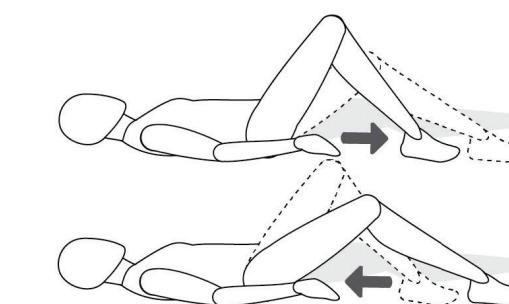


Heel Slides

Purpose: To bend your knees and stretch the muscles on top of your thigh.

Position: Lie on your back with knees straight.

Action: Bend your knee(s), bring your foot under you as far as possible, then ease them straight. Repeat.



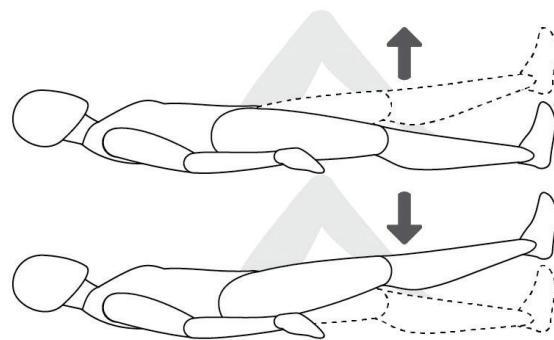
PRE-OPERATIVE EXERCISES

Straight Leg Raises

Purpose: To strengthen your thigh muscles (quadriceps).

Position: Lie on your back with your weak leg as straight as possible. Bend the other leg as illustrated to protect your back.

Action: Tighten your thigh muscle. Raise your leg while keeping it straight. Keep your thigh muscles tight and leg straight as you slowly lower it.

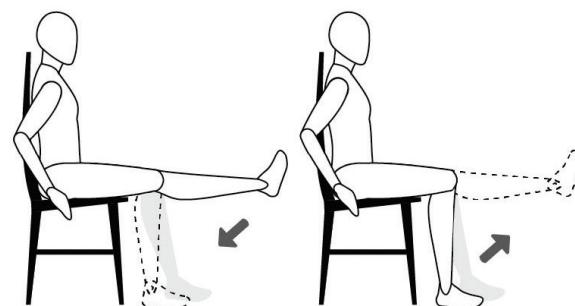


Knee Strengthening in Sitting

Purpose: To strengthen your thigh muscle (quadriceps).

Position: Sit on a firm chair with both feet flat on the floor.

Action: Lift your foot slowly until your leg is completely straight. Hold. Slowly lower your foot down.

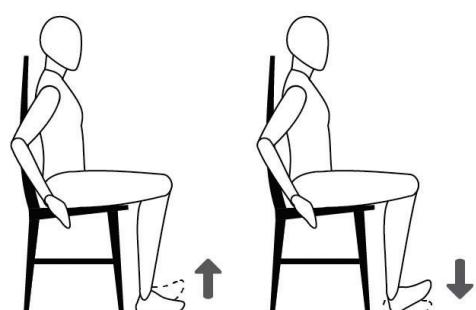


Ankle Pumps

Purpose: To increase motion in your ankles, to improve circulation, and to improve the strength of your ankle muscles.

Position: Sit in a chair and place both feet flat on the floor. (This can also be done lying in bed.)

Action: Leaving your heel on the floor, tap your foot up and down. Each time, raise your foot up as high as possible.



Car Transfers

When entering the car on the passenger side, make sure the seat is back as far as possible, you may want to recline the seat as well. Stand with your back toward the car, sit, scoot back, and then swing your legs into the car. Position yourself comfortably.

FOLLOW-UP CARE

It is important to follow the instructions of your doctor, therapists, and nurses while in the hospital. It is equally as important to follow-up with your care once you get home. Your doctor will inform you when he wants to see you in his office after you go home. It will be necessary that you keep these appointments. Your surgeon will periodically X-ray your knee to ensure that it is healing properly. If you have restrictions, your surgeon or therapist will progress weight bearing on your leg. Never increase your weight bearing without instruction from your physician or therapist.

- You will be provided with an implant card following surgery. This card will contain your name, the surgeon's name, the date of surgery, and the location of your implant.
- If complications occur after returning home, your surgeon's office is available during after hours.

Please do not hesitate to call them if you have questions or concerns.

Please see your specific surgeon to determine need for future preventative antibiotic use.

OTHER IMPORTANT INFORMATION

Orthopaedic Equipment Needs

A-Boots/Athrombic Pump

A-boots are intermittent devices applied to lower legs to promote circulation and help prevent blood clots after surgery (in-hospital only unless prescribed by your surgeon).

Cold Therapy

Used to prevent or reduce pain and swelling of an extremity or to control bleeding after surgery.

Incentive Spriometer (Inpatient surgeries only)

A device used to increase breathing and help prevent pneumonia follow surgery.

Overhead trapeze (Inpatient surgeries only)

Each orthopaedic bed is equipped with metal bars that extend overhead. This is to assist you to move more easily in the bed. These bars may look unusual but are secure and very helpful during your hospital stay.

Possible Complications Associated with Total Joint

Replacement Surgery

Although joint replacement surgery is generally safe and predictable, you should be aware of the following potential complications:

Infection

Certain medical conditions or lifestyles can increase the risk of infection, including obesity, diabetes, nicotine or alcohol abuse, immune suppression and chronic anemia.

The following precautions should help to reduce the risk of infection:

- Intravenous antibiotics before, during, and after surgery.
- Laminar airflow system in the operating room that minimizes the bacteria in the air.
- Completion of any dental work before surgery.
- Good nutritional intake.
- Blood sugar control for diabetics.
- Frequent hand washing.
- Stop the use of nicotine (smoking or chewing tobacco).



OTHER IMPORTANT INFORMATION

Blood clots in the legs or Deep Vein Thrombosis (DVT)

DVT is caused by decreased activity (this occurs in one or two of every 100 patients). You may be treated with a blood thinner to lower this risk. Depending on the clot location, you may need to be readmitted to the hospital for intravenous blood thinners.

Blood clots in the lungs or Pulmonary Embolism (PE)

A blood clot can travel to your heart or lungs, causing a heart attack or even death. If you experience sudden shortness of breath or chest pain, go to the nearest emergency room or call 911. This complication is extremely rare, occurring in approximately one in 1,000 patients.

Blood loss requiring a transfusion

- Females over 60 years old are at a slightly higher risk.
- Your surgeon will take precautions during your surgery to minimize blood loss.

Leg length discrepancy:

With each total joint replacement, there is a risk of a leg length discrepancy. Your surgeon will do everything possible to equalize your leg lengths while maintaining a stable and well functioning prosthesis (artificial knee). Correcting this with a small lift inside your shoe, should this be necessary, is better than an unstable prosthesis.

Stiff Knee

- Do not skip physical therapy sessions or exercises recommended by your surgeon.
- Place pillows under your calf (not the knee) so that the knee can remain straight while resting.

Neurovascular damage

- Numbness and weakness or persistent pain in the leg and foot (this occurs in about one out of every 1,000 patients).
- Rare loss of muscle function. The risk is higher when the joint replacement surgery involves straightening a severely knock-kneed knee. Nerve injuries of this type can lead to a foot drop or the inability to raise your ankles or toes.
- An area of numbness in the skin surrounding the surgical scar is normal. Over time, this area of numbness may decrease, while a small portion closer to the scar may be permanent. This superficial skin numbness does not interfere with the function of the leg or knee.

Loosening of the prosthesis:

This can happen over time and may require a revision surgery to repair.

Dislocation of the joint prosthesis

Observe all precautions to help reduce the risk of dislocation. These will be taught to you by your physical therapist and occupational therapist.

Fractures of the femur or tibia:

Make good decisions with mobility following surgery. Avoid situations that could make you trip or lose your balance and fall.

Abnormal or heavy wear:

As wear over time may not cause any symptoms, routine X-rays are taken periodically to determine whether replacement of the weight-bearing surface is required.

Complication of general anesthesia are rare, but can occur. Most common complications are dental injury, sore throat, nausea and vomiting, inadequate nerve block, nerve injury, adverse reactions to anesthetic medication, difficulty breathing, heart attack, stroke, or even death.



FREQUENTLY ASKED QUESTIONS REGARDING A TOTAL KNEE REPLACEMENT

When will my pain go away?

Due to the surgery itself, you can expect some pain for several weeks. Pain varies from patient to patient. However, the pain you experience will be different from the deep, aching pain you may have experienced prior to surgery. Your new prosthesis (artificial knee) should eventually relieve the pain and stiffness you had prior to surgery. Movement of the knee should also improve with therapy.

How long will I have to use my rolling walker or crutches?

This varies from individual to individual. You can expect to be getting up and walking the day of surgery. You can expect to be using a rolling walker or crutches for several weeks. Your surgeon will periodically X-ray your new knee to check the healing process. As you progress, your doctor or therapist may suggest use of a cane. Eventually, you may not need to use an assistive device at all depending on your general health prior to surgery.

Is there anything I can do that will damage my new knee?

Your new knee will be very strong and secure after surgery. However, there are some precautions that must be followed to ensure that your knee stays in good condition. In general, quick, sharp movements, falls, and large amounts of stress on the joint should be avoided to prevent damage to it.

When will I get to go home? (Inpatient surgeries only)

This too, will depend on your general health prior to surgery. The average hospital stay is one to two days. This of course will change if any other health problems or complications occur while in the hospital. Most total joint replacement patients return home the same day.

In order to be discharged, the following goals should be met, and your doctor must deem you medically stable:

- Be able to get in and out of a chair and bed by yourself.
- Be able to walk independently with an assistive device (rolling walker or crutches).
- Be able to get on and off the toilet.
- Show an understanding of your exercise program.
- Have at least 20 to 70 degrees of motion in your knee.

If recovery is slower than expected, it may be necessary to go to another facility (for example, a skilled nursing unit) in order to recover enough to return home.

Inpatients will have a care coordinator available to assist you in making home arrangements or in ordering certain equipment that you may need. In some instances, it may be necessary for a healthcare professional to provide follow-up care at your home. You may also need to continue physical therapy on an outpatient basis. These options will be discussed when you are close to being discharged.

Care coordinators are available at St. Elizabeth Healthcare to assist you with many care needs you might have when planning your discharge from the hospital.



IMPORTANT PHONE NUMBERS

Care Coordination and Social Services
(859) 301-2275

Registration

Edgewood: (859) 301-5700
Dearborn: (812) 496-7400

Patient Information

Rehabilitation Services
(Physical/Occupational Therapy)
Edgewood: (859) 301-2168
Dearborn: (812) 496-8790

For more information and answers to frequently asked questions, visit our website at: stelizabeth.com/ortho.

NOTES & QUESTIONS FOR MY DOCTOR

This booklet has reviewed and summarized the major points of a total knee replacement. St. Elizabeth Healthcare hopes that you will find it valuable in preparing for surgery. Your knee replacement should provide years of use without the pain and stiffness you may have experienced before surgery. It is important that you take care of your artificial knee so that you can continue to be independent in the activities you enjoy doing. If you follow the advice of your surgeon, therapists, and other healthcare professionals, your total knee replacement should soon put you back on the road to a more active lifestyle.

We wish you the very best!

The Total Joint Center team of St. Elizabeth Healthcare

If you have any questions please contact:

Total Joint Program Coordinator

(859)-301-0405

