

Living with a knee replacement



**Ascension
Saint Thomas**

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Important information

Surgeon

Phone

Primary care doctor

Phone

Nurse navigator

Phone

Pharmacy

Phone

Allergies

My hospital

Ascension Saint Thomas DeKalb
520 W. Main St.
Smithville, TN 37166
615-215-5000

Ascension Saint Thomas Stones River
324 Doolittle Road
Woodbury, TN 37190
615-563-4001

Ascension Saint Thomas Rutherford
1700 Medical Center Parkway
Murfreesboro, TN 37129
615-396-4100

Ascension Saint Thomas Highlands
401 Sewell Drive
Sparta, TN 38583
931-738-9211

Ascension Saint Thomas Hickman
135 East Swan St.
Centerville, TN 37033
855-519-4978

Ascension Saint Thomas Hospital West
4220 Harding Pike
Nashville, TN 37205
615-222-2111

Ascension Saint Thomas River Park
1559 Sparta St.
McMinnville, TN 37110
931-815-4000

Ascension Saint Thomas Hospital Midtown
2000 Church St.
Nashville, TN 37236
615-284-5555

Ascension Saint Thomas Hospital for Specialty Surgery
2011 Murphy Ave.
Nashville, TN 37203
615-341-7500

Your Joint Replacement Institute

Thank you for choosing Ascension Saint Thomas Joint Replacement Institute to meet your healthcare needs. Our staff is dedicated to providing you with the finest surgical care available today.

This guide has been developed to help you prepare for your surgery; understand what to expect during your hospital stay; and plan for your recovery process and the steady increase in mobility you should experience.

What's wrong with my knee?

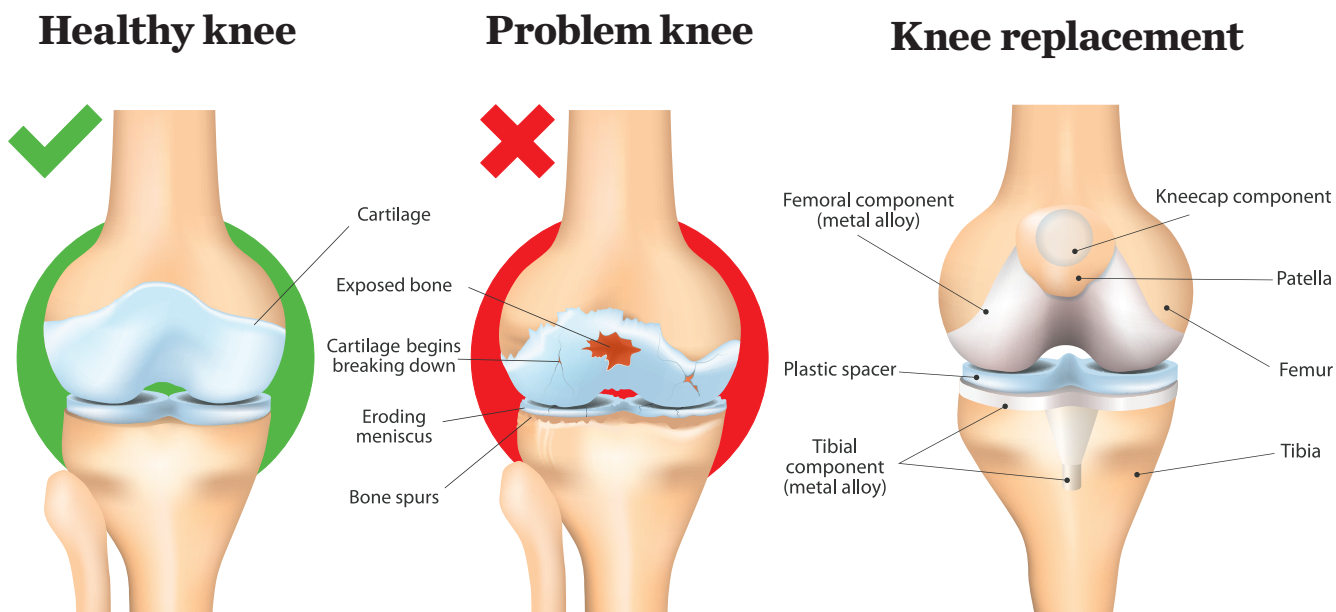
Your knee is a hinge-like joint, formed where the thighbone, shinbone and kneecap meet. It is supported by muscles and ligaments. The knee is lined with cushioning cartilage and a pad-like meniscus.

A healthy knee joint bends easily. Cartilage, a smooth tissue, covers the ends of the thighbone and shinbone, and the underside of the kneecap. Healthy cartilage absorbs stress and allows the bones to glide freely over each other. Joint fluid lubricates the cartilage surfaces, making movement even easier.

A problem knee is stiff or painful. Cartilage cracks or wears away due to usage, inflammation or injury. Worn, roughened cartilage no longer allows the joint to glide freely, so it feels stiff. As more cartilage wears away, exposed bones rub together when the knee bends, causing pain. With time, bone surfaces also become rough with erosion, making pain worse.

When you need joint replacement surgery (arthroplasty), your old joint is replaced with a new mechanical joint called a prosthesis.

When you receive a knee prosthesis, it lets your knee bend easily again. The roughened ends of the thighbone and shinbone, and the underside of the kneecap are replaced with metal and strong, plastic components. With the new smooth surfaces, the bones can once again glide freely. A knee prosthesis does have limitations, but it can let you walk and move with greater comfort.



Pre-surgery appointments

A medical exam will be performed to assess your overall health prior to surgery. This appointment may take several hours or require more than one visit. Please eat prior to your appointment or bring a snack with you, unless otherwise instructed. You will be contacted with your appointment information.

During your appointment:

- Bring your photo identification.
- Permission to treat forms will require your signature.
- Bring a copy of your Living Will, state Healthcare Agent, and Tennessee Advanced Care Plan. If you don't already have these documents, they will be explained.
- You will be asked to provide insurance or billing information.
- Bring a list of your medicines and their dosages, including over-the-counter medicines and herbal supplements.
- You will be advised of which medicines you should stop taking prior to surgery, and any medicines you may take the morning of surgery.
- You will address any constipation issues to determine if an over-the-counter laxative prior to the day of surgery is necessary.
- Other testing may be requested by your surgeon or anesthesiologist.
- You will be given a special soap to use before your surgery and then again, the morning of your surgery. You will be directed how many days before your surgery to start using this soap.
- You may also meet with a doctor or nurse practitioner who will review your pre-surgery information with you.

Medical clearance

Knowing your overall health helps your surgeon and other staff members provide better and proper medical care while in surgery and during your hospital stay.

You may be asked to provide access about you from your primary care doctor, which may include:

- Blood work
- Cardiac stress test
- EKG
- Pulmonary function

Dental clearance

If you have not seen a dentist during the last 12 months, your surgeon may request that you make an appointment for a dental exam. A silent or unknown infection in your mouth could travel through your bloodstream and cause infection. It is important to know the status of your teeth and gums.

Joint replacement class

Preparing for your surgery is important. Please attend your joint replacement class before your surgery, normally on the same day as your pre-surgery appointment. It's a helpful step in making sure you are ready for your surgery, and gives you an opportunity to ask any questions you may have.

Planning

Planning for your surgery, your hospital stay, and your recovery can help to ensure an easier recovery.

Positive approach

- Preparing mentally for surgery is important for you, your family, and/or your support person (coach).
- It is important to remember that the pain and activity limitations after surgery will be different than what you are experiencing now. Each patient recovers differently. Depending on your condition, your recovery and exercise plan will be designed to meet your needs.
- Your recovery will begin in the hospital and will continue after discharge. It is important for you to make a commitment to follow your surgeon's instructions and exercise plan to gain the most benefit from your surgery.

Your surgery coach

We encourage you to have one designated caregiver to be your coach who will be with you during your hospital stay.

- All patient rooms are private rooms and allow for your coach (one adult) to spend the night.
- Your coach will participate in your care by walking with you in the halls once it is safe to do so; helping you remember and follow instructions from your surgeon; and making other arrangements when necessary.

Infection prevention

Help prevent infection by telling your doctor about all of your medical problems. Allergies, diabetes and obesity could affect your surgery and treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near the area where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

Your ability to fight infection may be weakened after surgery, which is normal. Any steps you can take to prevent infection is very important. Handwashing is the most important. Both in the hospital and at home, performing proper hand cleanliness is essential.

Wash your hands:

- Before eating
- After using the restroom
- After touching your pet or any animal
- After blowing your nose, coughing, or sneezing
- Before and after touching a wound
- After removing gloves

Proper handwashing technique:

- **Wet** your hands with clean, running lukewarm water, and apply soap.
- **Lather** your hands by rubbing them together briskly with the soap. Be sure to lather the backs of your hands, between your fingers, under your nails, and the sides of your wrists.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- **Rinse** your hands well under clean, running lukewarm water, letting the water run off your fingertips, not up your wrists. Turn off the faucet with a clean paper towel.
- **Dry** your hands using a clean paper towel or air dryer.

Proper technique for using gel or foam alcohol products:

- **Select** a product with 60 percent or more alcohol content.
- **Apply** enough of the product to cover all surfaces of your hands and in between your fingers.
- **Rub** in until dry.

Work

When you schedule your surgery, your surgeon will advise you on how much time to take off from work. The exact length of time will be determined by your surgeon at your post-surgical appointment, based on your recovery rate and the type of work you perform.

Transportation

It is necessary to have someone drive you until your surgeon clears you to drive on your own.

- To the hospital for your surgery
- From the hospital when you are discharged
- To your follow-up appointments
- Picking up prescriptions
- Grocery shopping, or other errands
- To physical therapy appointments

Planning for physical therapy

Your surgeon will determine your course of physical therapy.

Your home

Making your home as safe as possible for your recovery will take some planning prior to surgery.

General information

You may have to rearrange your most frequently used items to within your reach, somewhere between your waist and shoulders.

- Place a phone within easy reach wherever you are.
- Make sure that you have good lighting and that the light switch is within easy reach.
- Use a cushion to raise the seat in a low chair. This will make it easier to get up from the chair.

Be sure to talk to your physical therapist at the hospital if you need to use stairs in your home. They can work with you before you are discharged on safe ways to use stairs.

Preventing falls

- Remove all throw rugs.
- Imagine using a walker and check each room for “trouble spots” that could cause you to fall.
Examples: cords, small objects, or stools that could cause tripping

Kitchen

- Move most frequently used items to the counter so you can reach them without bending or climbing.
Examples: food, skillet, utensils, dishwashing items
- You may find it helpful to stock up on prepared foods. Examples: canned, boxed or frozen foods
- Check to see if a local grocery store will deliver orders to you.
- Family, friends and neighbors can help prepare meals for you.

Bedroom

- Be aware that the height of your bed may make it hard for you to get in and out.

Bathroom

- Put a non-skid material in the bathtub or shower.
- You may want to purchase a tub transfer bench or shower stool if you have a tub shower.
- You should use an elevated toilet seat.

Exercises at home

Start reviewing the Home Exercises section at the end of this book. It includes exercises to be performed before surgery, after surgery, and after you are discharged from the hospital. After surgery your physical therapist will give you more exercises and will advance the difficulty as you improve.

Other equipment or services

If you require any equipment or a service to help with care after you leave the hospital, a hospital case manager will help make those arrangements for you, before you are discharged.

Equipment

Your surgeon may suggest equipment that will help you during your recovery. Ask a staff member any questions you may have about getting equipment. Insurance plans may not cover the cost of this equipment.

Items may include:

- Sock aids and long-handled shoehorn
- Reacher or grabber
- Rolling walker
- Elevated toilet seat
- Shower chair
- Cane

Preparing for surgery

Packing for your hospital stay

Getting ready for surgery includes knowing what to bring with you to the hospital:

- This book
- Personal items such as toothbrush, deodorant, lotions, etc.
- Eyeglasses or contact lenses with case
- Loose-fitting shorts/pants and T-shirts
- Rubber-sole shoes
- Dentures, hearing aids, prostheses
- Your brace (if provided by your surgeon)
- Walker (if you already have one)
- A list of your medicines and their dosages, including over-the-counter medicines and herbal supplements
- If you are being treated for sleep apnea, bring your CPAP machine, fitted mask, tubing, and pressure settings. If you do not know the pressure settings, call the prescriber's office or sleep study center to obtain the pressure settings.
- Your driver's license and insurance/Medicare card.
- Your living will, state Healthcare Agent, and Tennessee Advanced Care Plan forms
- Your coach

What to leave at home

- Jewelry
- Large sums of money
- Medicines
- Phones
- Keys
- Cigarettes and all tobacco products
- Laptops or tablets
- Wallet or purse

If you make a decision to bring any of these with you to the hospital, please know this is at your own risk.

The night before surgery

- Eat a light supper the night before your surgery, but avoid spicy or fatty foods.
- If you are a diabetic, eat a protein snack before going to bed.
- Do not eat, chew gum, suck on or eat mints, or drink after midnight the night before your surgery, unless instructed to do so by your surgeon.
- Do not smoke.
- You may brush your teeth and rinse with mouthwash.
- Check what you have packed to make sure you have everything you need for your hospital stay.
- Follow instructions you were given at your pre-surgery appointment for taking a shower.
- Make sure you have clean linens on your bed.
- Do not apply lotion after you shower.
- If you have long hair, please braid or secure your hair, and remove any false hair.
- Remove all piercings.
- Remove nail polish.

Day of surgery

Before leaving home

- Take a shower using the soap you were given at your pre-surgery appointment.
- Take any medicines as directed by your clinic doctor or nurse practitioner the morning of your surgery with a small sip of water.
- Do not apply make-up, lotion, false eyelashes, or cologne/perfume before leaving home.
- Do not wear contact lenses.

Arriving at Ascension Saint Thomas Hospital Midtown

You may park in the Mid-State Parking Garage on 20th Avenue. There is designated parking for the Joint Replacement Institute on the sixth floor. Take the elevator in the garage to the eighth floor, where it opens directly in the Joint Replacement Institute. Elevators are operational starting at 5 a.m. Please use the parking permit you received during your pre-surgery appointment. The permit can be used during your entire hospital stay.

If you need wheelchair assistance, you will need to go to the Main Admitting entrance on 20th Avenue (near Emergency entrance). If you are using a GPS system for directions it is helpful to enter "275 20th Avenue North" as the address.

There will be someone to greet you once you arrive at the Joint Replacement Institute.

Arriving at Ascension Saint Thomas Hospital for Specialty Surgery

There is parking available in the lot in front of the building as you enter, or there is free valet parking. Take the elevator to the fourth floor and check in at Suite 400.

Arriving at Ascension Saint Thomas Rutherford

There is parking at the main entrance of the hospital. A roving golf cart can provide transportation to the front door of the hospital. Free valet parking is also available.

Arriving at Ascension Saint Thomas Hospital West

You may park in the Seton garage, or there is free valet parking available on Level B when you enter the garage. Take the elevator in the garage to level D (in the elevator press Hospital), which is the hospital's first floor. On the first floor go to the Admitting Desk (located on the left just past the coffee shop).

Your surgery

- You'll receive your identification arm band.
- Change into your hospital gown.
- Provide a cell phone number for your surgeon to check in with your coach after surgery.
- Receive your nursing assessment.
- Your surgical site is marked.

If you have gone to a patient room, members of the surgical team will transport you to the surgical holding area.

In surgical holding you will be seen by several people who are part of your surgical and anesthesia teams. An IV will be started to draw blood and start lab work.

In the operating room you will be greeted by your operating room team. You may be asked to move onto the surgical bed. Additional monitors for anesthesia will be placed, and you will be asked to breathe oxygen through a mask. Medicines will be given through your IV, and surgery will begin shortly after you go to sleep.

We will do our best to make this process relaxing and free of pain, but it is not safe to put you completely to sleep before getting to the operating room.

The average surgery time is 1-3 hours. However, your surgery may take less or more time depending on your specific procedure.

Anesthesia

Your surgery will be performed under regional anesthesia or general anesthesia. The anesthesia staff will review the risks of both regional anesthesia and general anesthesia on the day of your surgery, and you are encouraged to ask any questions you may have.

- Regional anesthesia is when a larger area of the body is made numb by a nerve block, or spinal block. Often, this is combined with IV sedation to relax you and let you rest during the surgery. You will NOT be awake during the surgery, but the regional anesthesia will allow you to have less of the anesthesia medicines. This should allow you to be awake and alert more quickly after surgery.
- General anesthesia is where you are put completely to sleep through medicine in your IV. Once asleep, a breathing tube is placed, and anesthetic gases are used to keep you unconscious during your surgery. You will be awakened at the end of the surgery and the breathing tube will be removed, usually before you are completely awake.

After your surgery

Post-Anesthesia Care Unit (PACU)

After you wake up from surgery you will be taken to the PACU. Nurses who are specially trained to care for patients while they are recovering from anesthesia will monitor your post-surgery condition.

In the PACU the nurse will tell you where you are and that your surgery is over. You may experience some blurred vision, dry mouth, chills or nausea from the anesthesia. You may also have a sore throat from a tube that was placed in your windpipe during surgery.

You will experience some pain after your surgery. We will do all we can to control your pain. Your nurse will be checking on you frequently to assess your condition. However, be sure to tell your nurse if you are having pain or nausea. If so, medicine is available to make you feel more comfortable.

As you wake up, you will be aware of the nurse checking your bandage and your blood pressure. You will be attached to a heart monitor and an oxygen level monitor. It is normal to hear these monitors “beep.” You may also receive oxygen through a clear, plastic tube in your nose.

Your nurse will direct you to start moving your feet. These ankle pumps help to improve the circulation in your legs.

Depending on the type of anesthesia you were given and your reaction to it, the length of your stay in the PACU could vary.

While visitation in the PACU is restricted, the nurse will keep your coach and/or family members updated on your progress.

Tubes and equipment

After you wake up from surgery you may notice several tubes in various areas of your body, such as the following:

Foley® catheter — After you are put to sleep a Foley catheter may be placed to drain your urine from your bladder. This is usually removed the day of your surgery while you are still in the hospital. Once your catheter is removed, a therapist will teach you how to get on and off the toilet safely.

IV (intravenous line) — An IV will be placed in your arm while you are in the surgical holding area prior to your surgery. Fluids and medicines, such as antibiotics and pain medicines, will be given through your IV line. Until you can eat and drink enough to nourish your body, the fluid given through your IV line will supply that nourishment your body needs. The IV line is usually removed the day after your surgery while you are still in the hospital.

Wound drain — You may notice a tube coming out from your bandage. This helps to drain excess fluid from your wound. The wound drain is usually removed a few days after your surgery while you are still in the hospital. But, sometimes the drain must stay in place when you are discharged. If so, you will be given instructions about the drain at discharge.

Compression stockings — Some patients are asked to wear white compression stockings. If ordered by your surgeon, they should be worn every day for the first six weeks. They help reduce swelling and may be removed at night while sleeping.

Compression sleeves/foot pumps — These devices help reduce the risk of blood clots in your lower legs.

During your hospital stay

Hospital chaplains are available to support you during your stay. Ask any member of your care team to contact the chaplain on your behalf.

Diet

You will receive IV fluid until you are eating and drinking enough to nourish your body. To help prevent nausea, your diet will slowly progress. Your surgeon will order any dietary restrictions, for example, if you are a diabetic.

Medicines

Your medicines will be ordered for you by your surgeon and provided to you by the hospital. You will receive medicines and antibiotics to help prevent infection. Occasionally, because of a difference in the manufacturing company, the medicine dispensed at the hospital may not look like the medicine you take at home.

Please ask your nurse if you have any questions about your medicines.

Constipation

Pain medicine and anesthesia may cause constipation. You are already prone to constipation because of surgery and lack of exercise.

Nurses will monitor your bowel activity and work to get your bowel regulated after surgery. You may need to continue using stool softeners or laxatives as long as you are taking pain medicine. Contact your surgeon's office if constipation persists when you go home.

Your activity level

After surgery it is important to breathe deeply. With anesthesia you were put to sleep and your breathing became slower, and your breaths weren't as deep as they are when you are active. Moving the air in your lungs improves circulation and decreases the risk of pneumonia or other complications. Help avoid chest-related infections by keeping your lungs "big" and clean. Follow instructions given to you at your pre-surgery visit.

Walking will also help clear secretions from your lungs and improve your circulation so that you may regain your strength.

Depending on the time of your surgery and how you are feeling, you may be walking the same day, or a nurse may assist you to a chair. As your strength and endurance improve, you will walk more and more each day.

- Your surgeon will order physical therapy to assist with your movement.
Physical therapy is key to your recovery.
- Walk as normal as possible with your walker or cane.
- When approved by your nurse, your coach will be able to walk with you in the hallway or to the bathroom.
- By the time you are discharged, you should be able to get in and out of bed and walk on your own, or with limited help from your coach.

Preventing falls

We want your hospital stay to be safe. If you need extra help when walking, are especially weak, become dizzy when you stand up, or have other types of health problems, make sure you always let your nurse know when you need to go to the bathroom or get out of bed for any reason.

Keeping the bedside rails up can also lessen the chance of getting hurt from a fall.

Visitors

Your family and friends are welcome to visit with you. We believe that time with loved ones is essential to healing. We encourage a small number of visitors at one time, because you are recovering from surgery. You will need to have plenty of rest and avoid stress and exposure to illness.

Visitor parking at Ascension Saint Thomas Hospital Midtown

- Parking is free. Visitors may choose to park in the State Street garage or additional parking is available in the 21st Avenue garage, located across from the Patient Pick-up entrance.
- Free valet parking is available 6 a.m.-5 p.m. at the 20th Avenue entrance just to the left of the Emergency entrance.

Visitor parking at Ascension Saint Thomas Hospital for Specialty Surgery

- Parking is free and available at Murphy Avenue entrance.
- Free valet parking is available from 6 a.m.-4 p.m.

Visitor parking at Ascension Saint Thomas Rutherford

- Parking is free and available at the main entrance of the hospital. A roving golf cart can provide transportation to the front door of the hospital.
- Free valet parking is also available.

Visitor parking at Ascension Saint Thomas Hospital West

- Parking is free. Visitors may park in the Seton garage.
- Free valet parking is available 6 a.m.-5 p.m. on level B of the Seton garage.

Hospitals have large campuses. It is helpful for visitors to make a note of where they parked.

Pain management

After your surgery you will not be pain-free. Some degree of pain is unavoidable. The amount and intensity of pain that you feel differs from one person to another. No two people are alike. We want to make sure your pain is tolerable, so you can participate in appropriate activities such as walking in the hall and physical therapy. Pain after surgery will be different from your current pain.

During and immediately after your surgery, you will receive pain medicine by mouth or through your IV. As you continue to recover from your surgery, you will be changed to pain pills.

Talking about your pain

While you are in the hospital, you will have activities to participate in such as physical therapy, walking in the hallways and resting. We want you to get the most out of these activities, so your pain will have to be at a level to achieve these goals.

Only you know what your pain is like. Please tell your nurse when you are hurting or are uncomfortable. You must request pain medicine when needed.

- Tell us if your pain medicine is not working or if you don't like the way it makes you feel.
- Remember, the longer you wait to take pain medicine, the worse your pain will become and the longer to get it under control. Do not wait until it is severe.

Activity levels

Your recovery process includes setting activity goals. It is important to think about when those activities will take place, how often, and how intense. Thinking ahead will help determine how to get pain levels to a place where you can participate successfully in your activity goals.

We will try to reduce your pain without making you sleepy, so you can move, breathe deeply, and help care for yourself. These activities will help prevent complications and speed your recovery.

Measuring your pain

You and your nurse will work every day to set up a pain management goal. Your nurse will ask you to rate your pain level throughout the day.

Other pain control techniques

Other activities that can help control pain include:

- Listening to relaxation music
- Changing position
- Watching television
- Visiting with friends and family
- Cold therapy/ice
- Reading
- Meditation
- Prayer

Concerns about addiction

As pain from your surgery decreases, your need for pain medicine will also decrease. Fears about addiction may:

- Prevent you from taking your pain medicine
- Cause you to “hold-off” as much as possible between doses
- Result in taking lower doses of pain medicine than you need to control your pain

We want to make sure your pain is tolerable and that you do not needlessly suffer. Talk to the hospital staff if you have concerns about pain medicines; a history of drug abuse; sensitivity to pain medicine; or a low tolerance to pain.

Facts about addiction

Although becoming addicted to pain medicine after surgery is uncommon, it can happen. Most people can reduce or stop pain medicine when the pain decreases or disappears. If you are concerned about becoming addicted to your pain medicine, talk to your surgeon or nurse.

Taking pain medicine at home

You will be given a prescription for pain medicine. Remember to plan ahead if you think you will be getting low on your medicine. You may find it difficult to refill prescriptions for pain medicine during weekends, evenings, holidays, or if you live outside of Tennessee.

Recovery

Please have your coach, or the person who will be driving you home at discharge, arrive by 8:30 a.m. When they arrive let your nurse know. It is important for you to have this arranged before you have your surgery, as most insurance plans will not cover ambulance transportation to your home or another facility.

The day of discharge is a busy day for you. Usually, you will leave the hospital after you have bathed and eaten breakfast. You may also have physical therapy that morning.

You will also receive the following:

- Prescriptions for pain medicine as ordered by your surgeon
- Instructions on medicines to take at home
- Instructions on wound care
- Your follow-up appointment to see your surgeon will be reviewed with you.

If there is any information you do not understand, please ask before you go home. We want to make sure you are comfortable understanding your personalized plan for care.

When you are healthy enough to be discharged from the hospital, you begin your rehabilitation phase. You should balance periods of activity with periods of rest. Do not try to overdo or push yourself to the point of exhaustion.

Wound care

- Keep your wound clean and dry.
- Remember to always wash your hands before touching your surgical wound. If another person is helping you, please remind them to also wash their hands with soap and water, or an alcohol-based hand rub before touching your wound.
- You may shower per your surgeon's instructions.
- Until you are cleared by your surgeon:
 - No bath tubs
 - No hot tubs
 - No swimming pools
 - No lake/ocean/sea water
- Follow your surgeon's directions for care of the wound site. If your surgeon does not remove your dressing in the hospital, follow their instructions for removal. Normally, a dressing can be removed 3-7 days from the day of surgery.

Signs of infection

You will have redness, bruising and swelling surrounding your incision for several weeks. This is normal. It is your body trying to heal.

An infection in another part of your body (mouth, lungs, sinus, urinary tract, bowel, skin) could possibly spread to your new joint. Contact your primary care doctor, dentist or surgeon with any type of infection.

- See the **How's your knee today?** page in this book to learn more.

Antibiotics

Check with your primary care doctor if you need to have any invasive procedure done, including dental work or teeth cleaning. They may want you to take an antibiotic before proceeding.

Walking

- After surgery you will use your walker or cane as instructed by your surgeon and physical therapist.
- Change positions slowly and avoid rushing so you don't lose your balance.
- Walk daily for increasing distances, allowing for rests between activities.

Sitting

- Get up, walk and change positions whenever you begin to feel stiff.
- Use a pillow or chair cushion on low seats.
- If needed, use a raised toilet seat or a bedside 3-in-1 commode chair.
- Do not rest in recliners. The reclining position does not aid circulation or help reduce swelling.
- If you take a long car trip, stop every 60 minutes. Get out and move around. With lack of movement your knee may become stiff or swollen, and you are more prone to blood clots.

Stairs

If you need to use stairs, we recommend making only one trip up and down each day. Be sure to hold on to the hand railing or have another person there for support. Work with your physical therapist before you are discharged from the hospital on safe ways to use stairs.

Sleeping

Avoid sleeping on the same side as your surgery until your surgeon tells you it is all right. When sleeping on your other side place a pillow between your knees for comfort.

Driving

Do not drive until cleared by your surgeon.

Sports

Do not participate in sports after your surgery until your surgeon tells you it is all right. Have a conversation with your surgeon about the types of sports you enjoy. You may eventually resume some sports that do not put your knee at risk, such as golfing, swimming, bicycling and dancing.

Sexual activity

After joint replacement surgery many people are worried about resuming sexual activity. It is generally safe to resume sexual activity when you feel comfortable and energized enough to do so. Please consult your surgeon with any concerns.

The pain and stiffness associated with your bad knee before surgery probably already interfered with intercourse. Because your surgery will help decrease most of that discomfort, you may now be more comfortable during sexual activity.

There are certain guidelines to follow:

- Do not bend your knee too far.
- Do not twist or rotate your knee.
- Do not do a combination of bending your knee too far or twisting/rotating your knee.

A lying-down position initially is safer and should be more comfortable for you. As your knee heals, you will be able to take a more active role.

Diet

Nutrition at home

When you are recovering from surgery, nutrition plays a vital role. Try to increase the variety of vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods that contain the nutrients you need without too many calories. Diabetic patients need to make sure they continue to watch their blood sugar levels.

It is also important to drink lots of liquids, especially water and not alcohol. Try to drink 8-10 glasses of water daily. This will help prevent dehydration and constipation. As always, follow your surgeon's guidelines.

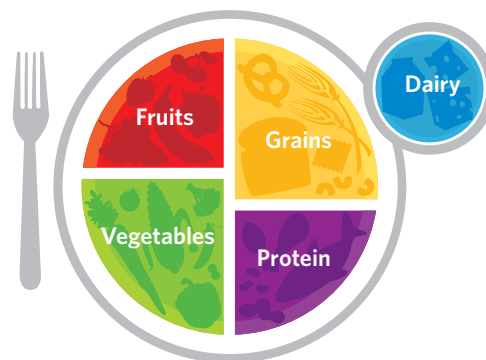
Orthopedic nutrition

Nutrition plays an important role in your recovery from orthopedic surgery. Getting the right vitamins and minerals will speed up the healing process. This will help you get back on your feet as soon as possible. It will also help reduce complications such as infection. If you would like to receive information about diets or have any question about proper nutrition, you can request a registered dietitian to come and see you while you are in the hospital.

The following general guidelines can help meet your nutritional needs. Try to follow these guidelines for 6-8 weeks after your surgery.

Eat right with MyPlate

Before you eat, think about what goes on your plate or in your cup or bowl. Foods like vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods contain the nutrients you need without too many calories. For more resources about proper dieting, visit choosemyplate.gov.



Make half your plate fruits and vegetables

Eat a variety of vegetables, especially dark green, red, and orange vegetables plus beans and peas. Fresh, frozen and canned vegetables all count. Choose "reduced sodium" or "no-salt added" canned vegetables.

Make at least half your grains whole

Choose 100 percent whole-grain breads, cereals, crackers, pasta and brown rice. Check the ingredients list on food packages to find whole-grain foods.

Switch to fat-free or low-fat milk

Fat-free and low-fat milk have the same amount of calcium and other nutrients as whole milk, but less fat and calories. If you are lactose intolerant, try lactose-free milk or a calcium-fortified soy beverage.

Vary your protein choices

Eat a variety of foods from the protein food group each week, such as seafood, nuts and beans, as well as lean meat, poultry and eggs. Twice a week, make seafood a protein on your plate. Keep meat and poultry portions small and lean.

Cut back on sodium and empty calories from solid fats and sugars

- Drink water instead of sugary drinks. Eat fruits for dessert. Don't eat sugary desserts as often.
- Choose 100 percent fruit juice instead of fruit-flavored drinks.
- Look at how much salt (sodium) is in the foods you buy. Compare food items and select those with lower numbers. Add spices or herbs to season food without adding salt.
- Make major sources of saturated fats such as desserts, pizza, cheese, sausages and hot dogs occasional choices, not everyday foods.
- Select lean cuts of meat or poultry and fat-free or low-fat milk, yogurt, and cheese.

Switch from solid fats to oils when preparing food

- Get your personal daily calorie limit at **choosemyplate.gov**. Keep that calorie limit in mind when deciding what to eat.
- Avoid large portions by using a smaller plate, bowl and glass.
- Cook more often at home, where you are in control of what's in your food.
- When eating out, choose lower-calorie menu items. Select dishes that include vegetables, fruits and whole grains.
- Write down what you eat to keep track of how much you eat.
- If you drink alcoholic beverages, do so sensibly. Limit to one drink a day for women or two drinks a day for men.

How's your knee today?

I feel well

- I have my pain controlled.
- I do not have a fever.
- I am going to physical therapy and doing my exercises.
- I do not have an overly bloody or wet dressing.
- I do not have increased swelling, warmth or pain to either leg.
- I have a good appetite and regular bowel movements.

Go

All clear. This is your zone!

- I will continue to take my medications as prescribed.
- I will keep up with my physical therapy visits and exercises.
- I will remove my wound dressing according to my discharge instructions.
- I will drink lots of liquids, especially water and not alcohol. This will help prevent dehydration and constipation.
- I will ice as needed.
- I will keep all doctor appointments.

I do not feel well

- I do not have my pain under control and am unable to make progress with physical therapy due to pain.
- I have increased joint stiffness.
- I have increased clear or bloody drainage from my wound.
- I have constipation.

Caution

Caution: contact your surgeon

- Call your surgeon. They may need to make changes to your plan of care or medications.
- Drink more liquids. Goal: 8-10 glasses of water daily.
- Eat a diet with more fiber. Stool softeners, which you can buy at a pharmacy, may help. Ask your surgeon.

I feel worse

- I have a temperature over 101.5 degrees.
- I have redness, foul-smelling drainage or pus at my wound.
- I have increased swelling, warmth and pain to either leg.
- I fell.
- I have sudden severe pain.
- I have shortness of breath or chest pain — call 911.

Stop

Get help now!

Call your surgeon immediately.

If it is the weekend and your surgeon is unavailable, or if your symptoms are severe, go to the ER.

Using your walker

Using your walker to go upstairs

- Turn the walker sideways so the crossbar is next to you.
- Put the front two legs of the walker on the step above you.
- Hold the walker with one hand on the handrail and the other.
- Support your weight evenly between the handrail and the walker.
- Step up with the good leg.
- Next, bring your surgical leg up.
- Then move the walker up to the next step.

1



2



3



Using your walker to go downstairs

- Turn the walker sideways so the cross bar is next to you.
- Put the back two legs of the walker on the step beside you.
- Hold the walker with one hand and the handrail with the other.
- Support your weight on your good leg.
- Step down with the surgical leg first.
- Support your weight evenly between the handrail and the walker .
- Slowly bring your good leg down.
- Then move the walker down to the next step.

1



2



3



Home exercises

Perform these exercises on a bed or sofa, not on the floor.

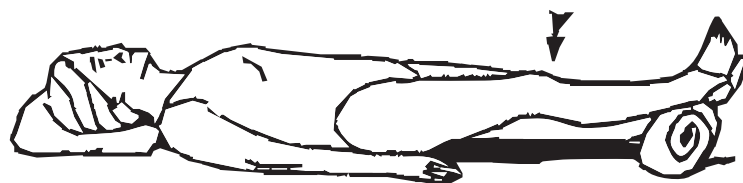
Do each exercise 10–20 times, twice a day, seven days a week. Perform all exercises with both legs.

Quad sets

Slowly tighten muscles on thigh of straight leg while counting to 10 out loud.

Perform these exercises:

- Before surgery
- After surgery
- After you go home

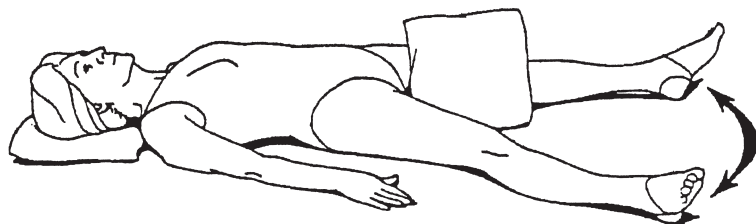


Hip abduction

Place a pillow between legs. Slide one leg out to the side. Keep kneecap pointing toward the ceiling. Gently bring the leg back to the pillow. Repeat with the other leg.

Perform these exercises:

- Before surgery
- After surgery
- After you go home

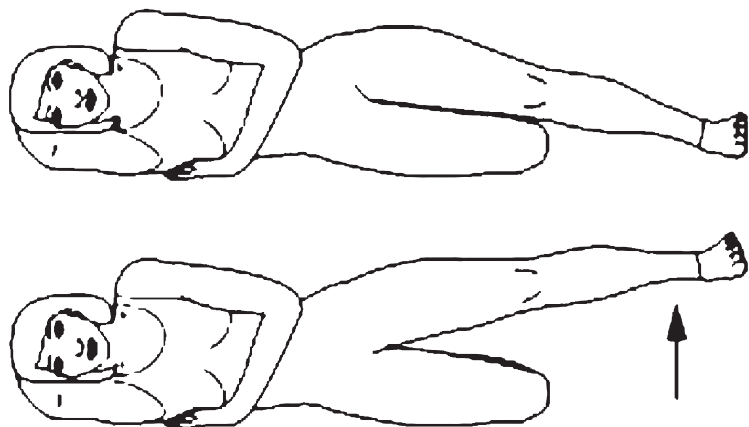


Side hip abduction

Lie down with surgical leg on top. Bend bottom leg and lift the top leg up toward the ceiling. Keep kneecap pointing straight ahead and leg in line with your body. Slowly lower.

Perform these exercises:

- Before surgery
- After surgery
- After you go home

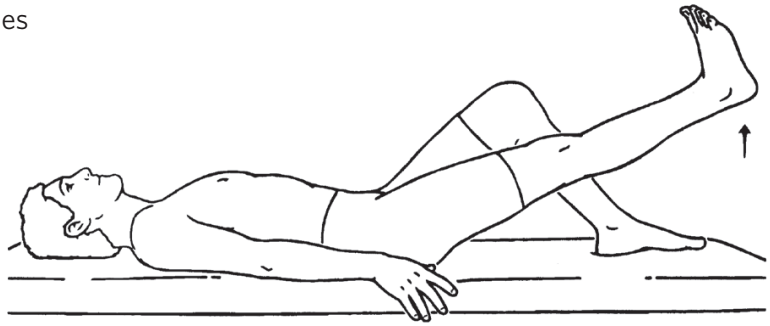


Straight leg raise

Bend one leg. Raise the other 6 - 8 inches with knee locked. Exhale and tighten thigh muscles while raising leg. Repeat using other leg.

Perform these exercises:

- Before surgery
- After surgery
- After you go home

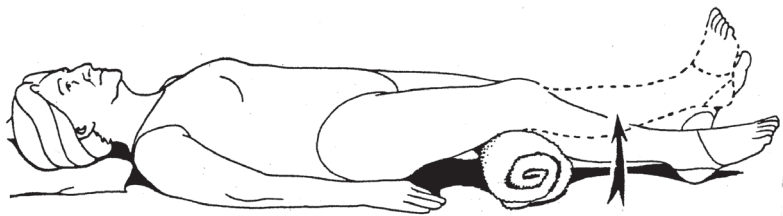


Short arc quad

Place a large can or rolled towel under leg. Straighten knee and leg. Hold for 10 seconds.

Perform these exercises:

- Before surgery
- After surgery
- After you go home

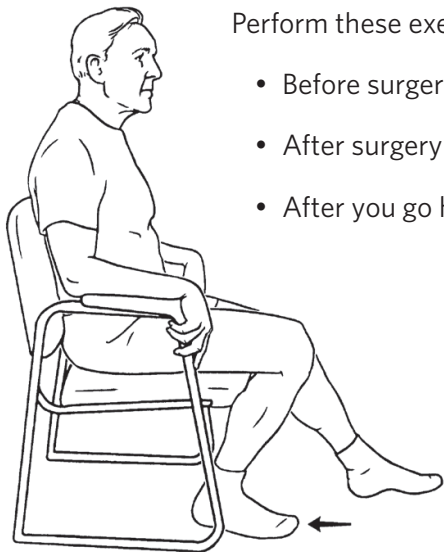


Seated knee flexion

Keep feet on floor. Slide foot of surgical leg back, bending the knee. Hold for 10 seconds.

Perform these exercises:

- Before surgery
- After surgery
- After you go home

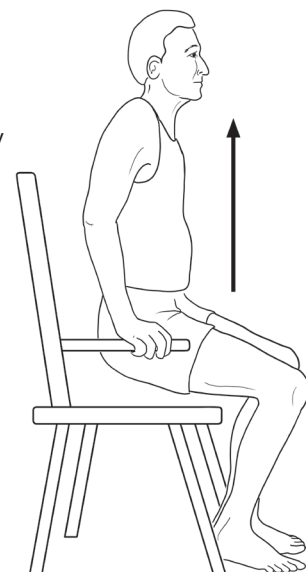


Arm chair push-ups

Put hands on arms of steady chair and push body up out of chair.

Perform these exercises:

- Before surgery



For more information

Please visit any of the following websites for more information.

OrthoInfo

From the American Academy of Orthopaedic Surgeons

orthoinfo.aaos.org/en/treatment/total-knee-replacement

Choose MyPlate

From the United States Department of Agriculture

www.choosemyplate.gov

EatRight

From the Academy of Nutrition and Dietetics

www.eatright.org

Notes

Notes



Ascension Saint Thomas

[ascension.org](https://www.ascension.org)

Our facilities are currently taking precautions to help keep patients and visitors safe, which may include conducting screenings, restricting visitors and practicing distancing for compassionate, safe care. We continuously monitor COVID-19 guidance from the Centers for Disease Control and Prevention (CDC) and adjust our safety practices and safeguards accordingly.

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