

DMOS ORTHOPAEDIC CENTERS
total knee replacement guide



Please read guide in ENTIRETY to ensure understanding and expectations before and after surgery

Total Knee Replacement Guide





LOCATION OF SURGERY:

PLEASE READ GUIDE IN ENTIRETY AND FILL IN YOUR
INFORMATION TO ENSURE AN UNDERSTANDING OF
YOUR SURGERY

CARE TEAM CONTACTS: _____

DATE OF SURGERY: _____

FOLLOW-UP APPOINTMENT DATES: _____

SPECIAL INSTRUCTIONS: _____



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Importance of Nutrition

- Nutrition is important before and after surgery.
- A well-balanced meal plan will help your cover faster and more efficiently. It is a good idea to prep meals and freeze them so that they are easily accessible after surgery.
- **Do NOT** skip meals. Skipping meals can make you dizzy, shaky and weak.
- Drink several glasses of water a day. Fluids are very important before and after surgery.
- If you are diabetic, nutrition is extra important. Please monitor and keep good control of your blood sugars before, during and after your recovery. Good diabetic control will aid in your healing process.
- Protein plays a vital role in healing. It serves as the building blocks that pull everything together.
 - At the very least women should consume 46 grams of protein a day and men 56 grams of protein a day. (Center for Disease Control and Prevention)
 - Protein intake should be spread throughout the day.
- Healthy food choices aid in digestion and healing.

WHAT TO EAT:

- **Protein shakes**
(Boost/Ensure) twice a day
(When recommended by your care team)
- **Protein**
(chicken, turkey, beef, pork, tuna, salmon, cottage cheese, Greek yogurt, milk, eggs, beans, protein powder)
- **High fiber foods**
- **Whole grains**
- **Fruits**
- **Vegetables**

WHAT NOT TO EAT:

- **Carbohydrates**
(bread, pasta)
- **Keep caffeine to a minimum** (this will also help with sleep)
- **Foods high in sugars**
- **Dairy products**
(large amounts)
- **Dehydrated foods**

Surgery Preparation

PLAN FOR PRE-OP APPOINTMENT WITH YOUR PRIMARY CARE PHYSICIAN

- Each patient **requires** a physical with their primary care physician prior to having surgery. This appointment must be within 30 days of your surgery or it will not be accepted by anesthesia, and your surgery will be canceled. (Recommended 2 weeks prior to surgery.) Your care team will provide you with a form to take to this appointment.

PLAN FOR PRE-OP APPOINTMENT WITH ANY SPECIALISTS YOU SEE

- If you see a specialist for conditions such as heart or lung, you must also see them to be cleared and approved for surgery. (Cardiology clearance lasts for 6 months.)

PLAN TO ATTEND PRE-SURGERY JOINT REPLACEMENT PROGRAM

- The hospital offers a “Pre-Surgery Joint Replacement Program” class for you and a significant other to attend (we strongly recommend a family member attends with you.) The program will provide useful information about your surgery, hospitalization and answer any questions you may have. Your surgeon will provide you with more information about this class.

PREPARE HOME FOR YOUR RECOVERY

- Make sure all obstacles are cleared from the floors. (Rugs removed, pets restrained, etc.)

- Make sure you have adequate lighting in all rooms of your home.
- Make sure you have family or friends to be with you for a week following surgery.
- Have a list of emergency numbers within reach.

PLAN FOR YOUR SURGERY

- Have someone available to drive you home from the hospital.
- Make a list of all your allergies and reactions and bring to the hospital. This includes metal allergies.
- **STOP** smoking at least 6 weeks prior to surgery.



PLAN FOR THE WEEK BEFORE SURGERY

- Call your surgeon with any health concerns that arise at any point prior to your surgery. (Cold, cough, flu, infections, tooth pain, etc.)
This is a very important step and can potentially postpone your surgery.
- Check your skin for open wounds, sores or rashes. Call the office if you have any of the above.
- You will receive a call from the hospital staff to go over your medical history and medication a couple days before your surgery.
- Pack a bag.
(See “What to Bring Checklist” on page 8.)
- Complete “Home Safety Assessment” (Page 16.)
- **Do NOT** use razors 7 days before surgery and begin using the liquid soap and nasal ointment prescribed by your doctor 5 days before surgery. Refer to the “Before Surgery — Clean Your Skin” document provided by your care team.
- **Stop** NSAIDs (Aspirin, Ibuprofen, etc.), weight loss, and vitamin supplements 1 week before surgery.

PLAN FOR THE DAY BEFORE SURGERY

- You will receive a telephone call regarding the time you need to arrive at the hospital.
- Eat a light dinner.
- **Do NOT** eat or drink anything after midnight! (includes gum, lozenges, etc.)
- **Do NOT** smoke 6 weeks before surgery. This will reduce the risk of lung infections and improve the incision healing.
- **Do NOT** drink alcohol 24 hours before surgery.
- **Do NOT** take laxatives unless instructed by your doctor. Avoid pre-op constipation.
- Remove all nail polish (fingernails and toenails.)
- Wear clean clothes to bed and sleep in clean sheets (helps to prevent infection.)
- Ensure your checklists are complete.
- To learn more about your surgery visit:
dmos.com/patienteducation

What to Bring Checklist

- ☐ A positive attitude for success! (Most important)
- ☐ This Hip Guide
- ☐ Important phone numbers
- ☐ Medication list
- ☐ Insurance card (Prescription card, if you have one.)
- ☐ Photo ID
- ☐ 1–2 pairs of underwear
- ☐ One outfit to wear when you leave the hospital. *(A loose-fitting shirt and drawstring or elastic-waist shorts or pants are recommended.)*
- ☐ Comfortable shoes and socks for walking.
- ☐ No flip-flops, sandals, or Crocs.
- ☐ CPAP machine or other equipment you require on a daily basis. *(Please call and ask if you are not sure if you should bring it or not.)*

Do Not Bring

- ☐ **Valuables** *(Please leave jewelry, credit cards, checks, and money at home or with family and friends.)*
- ☐ **Medications** *(Your care team will provide you with all of your necessary medications while you are in the hospital.)*



Commonly Asked Questions

Q: *What is the average age of a total knee replacement candidate?*

A: Age is not a major consideration in a total knee replacement. The severity of the patient's pain and restriction in activities is the primary consideration.

Q: *How much of my bone will be removed?*

A: Very little bone is removed in preparation for the placement of the total knee components. The majority of your own muscles and ligaments are preserved to continue to function and allow the new knee to work.

Q: *Will my pain and function improve after surgery?*

A: You can expect significant improvement in your knee pain. While the artificial knee is not a normal knee, you can expect to resume most activities of daily living with comfort and ease.

Q: *What activities will I be able to do after surgery?*

A: Recreational activities like walking, bicycling, swimming, bowling, and golf are likely to be possible. More strenuous activities, like jogging and racquet sports, could damage the artificial knee over time and are not recommended.

Q: *Will I be able to kneel after my knee replacement?*

A: Many people with a complete knee replacement are able to bend their knee beyond 90 degrees. Kneeling may be possible, but many find it difficult.

Q: *What are common risks of knee replacements?*

A: The risk of major complication with knee replacement is low. There is a small risk of blood clot, infection, and anesthesia complication. Occasionally, patients have some continued discomfort in the knee after surgery. Speak to your surgeon about concerns.

Commonly Asked Questions Continued

Q: *How long will my knee replacement last?*

A: Depending on the patient and their lifestyle, today's implants can last longer than 20 years.

Q: *My knee is clicking after surgery, is that normal?*

A: Experiencing a click in your knee is a normal and should not cause any concern. This typically goes away.

Q: *Is numbness normal?*

A: All patients experience some numbness or diminished feeling over the front of your knee along the scar. This will improve over the first year but may never completely go away.

Q: *How much range of motion do I need?*

A: Most people require 70 degrees of flexion to walk normally on level ground, 90 degrees to ascend stairs, 100 degrees to descend stairs, and 105 degrees to get out of a low chair. To walk and stand efficiently, your knee should come within 10 degrees of being fully straight.

Q: *What should I be worried about?*

A: There are issues that are abnormal and require a call to your physician. These include:

- Increasing redness around the wound
- Increasing pain and swelling, though it is normal to have an increase in swelling following activity. It is also normal for the operated knee to feel warmer than the non-operated knee.
- If you experience a temperature of more than 101 ° F as well as drainage from the incision you should call your physician.
- Leg or foot pain and swelling that does not resolve with overnight elevation and use of compression stockings, as well as bleeding gums or blood in your stool or urine, should prompt a call to your physician.



What to Expect the Day of Surgery

- **Do NOT** eat or drink anything after midnight the day of your surgery!
- Arrive at the hospital at the time you were given.
- **Do NOT** wear or bring make-up, nail polish, or any type of jewelry to the hospital. You will have to remove it before your surgery. Please leave all jewelry at home!
- You will be given an ID bracelet and a hospital gown.
- You may have to have blood drawn or other tests.
- You will need to sign a consent form for your surgeon to perform the surgery.
- You will be asked your name and what procedure you are having several times from the time you enter the hospital until the time you enter the operating room and have your surgery. This is to ensure your safety.
- Your blood pressure, temperature, and pulse will be monitored before, during and after surgery.
- You will have an IV placed in your arm. This allows your care team to give you liquids and medications during and after the surgery.
- You may have a urinary catheter placed.
- You will meet your anesthesiologist prior to your surgery. They will monitor you closely during the surgery.
- Your surgeon will talk to you and sign your surgical site (on your body) prior to the surgery.
- Your family is allowed to be with you until you are taken into the operating room.
- Once you are taken to the operating room your family will be given a pager to let them know when you are done with surgery. This will allow your family to be available to speak with your surgeon following the surgery.
- You will receive antibiotics during and following your surgery via your IV.
- You will be positioned on a special table for your surgery. Care will be taken so that you are positioned appropriately.
- After your surgery, you will spend on average 1–2 hours in the recovery room. (Family members are not allowed in the recovery room.)
- Once you are out of recovery, you will be taken to a room where you and your family will be reunited.





After Surgery

- You will be put on a blood thinner the day of surgery.
- You will have compression devices on your legs or feet to help with circulation and prevent blood clots while in the hospital.
- Your IV line is usually left in place for 24–36 hours so you can receive fluids and antibiotics to help prevent infections.
- Most patients are allowed and encouraged to get up out of bed on the same day of surgery. At a minimum you will sit or stand at the bedside and walk a short distance. This will also help to reduce the chance of blood clots.
- **Do NOT** touch your incision.
- **Do NOT** put any lotions, creams, ointments or powders on your incision until given permission by your doctor.
- You can expect a moderate amount of swelling and bruising. It will take several months for this swelling to completely resolve.
- Leave the dressing in place unless instructed to remove. You will be able to shower normally.
- Once the bandage has been removed, pat your incision dry with a towel after showering, do **NOT** rub.
- **Do NOT** take a bath or soak your incision until instructed by your care team.
- Call if you have any drainage from your incision.
- Depending on your surgeon and surgery type, you will have 2–4 follow-up appointments during the first year following your surgery. These appointments are subject to change due to patient needs.
- We recommend waiting a minimum of 3 months for any additional surgery, medical or dental procedures to be done. For two years post-surgery any additional procedures will require antibiotics.

FOLLOW-UP APPOINTMENTS

- Your first follow-up appointment will be 2 weeks after your surgery.

PAIN CONTROL

- You will have pain following surgery. We will work with you to make sure your pain is managed the best it can be.
- You may need to change position or get up and move around frequently.
- We recommend walking every hour you are awake.
- Utilize the RICE method: Rest, Ice, Compress, Elevate as instructed by your care team.



After Surgery Continued

SYMPTOMS

- Symptoms gradually improve, however, the timeline for improvement is different for everyone. This can take days up to two years time.

CONSTIPATION AND NAUSEA

- Pain medications often cause constipation. This can be a very big problem.
 - Constipation often causes nausea and vomiting.
 - We encourage all patients to take stool medications while on pain medication. (Dulcolax Suppositories, Miralax, Magnesium Citrate, Fleet Enema, are all over the counter.)
- Eat small meals and drink small amounts at a time to avoid nausea.
- Sit upright when eating and eat slowly to avoid nausea.

RESTRICTIONS

- **Do NOT** lift more than 10 pounds until your follow-up appointment.
- **Do NOT** exercise more than walking until instructed by your care team.
- **Do NOT** drive while on pain medications or until your follow-up appointment.

ACTIVITY

- It is very important to be up and moving the same day you have surgery. Your care team will assist you with this so it can be done safely.
- Stairs may be difficult at first, but you will not be restricted from going up or down stairs, however limited use is recommended the first several weeks.

LUNG CARE

- **DO NOT SMOKE!** Smoking decreases healing potential and increases the risk of infections. This is very important to your recovery.
- Incentive Spirometry is encouraged following your surgery to help your lungs recover and keep you free from lung infections including pneumonia.
- Take 10 slow, deep breaths at least every two hours.

SLEEP

- Sleep is an important part of your recovery.
- It may be difficult to sleep at first following your surgery. We encourage you to sleep where you can be as comfortable as possible (Couch or bed. Avoid recliners if possible due to swelling.)
- Limit your caffeine.



Prescriptions Provided

- Prescriptions will be given as needed and according to our protocol. If you have questions regarding this, please ask.
- If you have a pain contract with another physician, he/she will be required to continue to prescribe those pain medications.
- If given 2 different pain medications, do not take your pain prescriptions at the same time. You may alternate every 2 hours if needed. (Example: if you take Oxycodone at 10 AM you can take Hydrocodone at 12 PM and then the Oxycodone again at 2 PM, etc.)
- Please ask if questions arise, pain medication can be dangerous. It is important to us to have your pain controlled however, it is also important to take the least amount of pain medication needed. We encourage weaning as soon as possible — usually within 2 to 4 weeks.

Your Physical Therapy Program

Supervised physical therapy following discharge after total knee replacement is determined on a case-by-case basis. For those who are recommended physical therapy, your care team will create a customized care plan for you to achieve the best possible outcome.

Research has shown that pre-operative total knee replacement therapy can lead to greater range of motion, less pain and a quicker return to full function after surgery. Our goals in these sessions will teach you the proper way to perform the postoperative exercises, discuss strategies to decrease your discomfort, educate you on steps to take to ensure home safety, and answer any questions you may have.

Your care team will designate which parts of the therapy program fit your needs. The program may include:

Total Knee Screen:

A multi-focused test that provides data to plan your postoperative care plan.

Home Safety Assessment:

The therapist will discuss aspects of home safety and how they apply to your situation.

Goal Identification:

The therapist will want to know what your goal is for having this procedure. This helps in developing a treatment plan with a reasonable expectation.

Exercise Program:

You will be prescribed exercises to better prepare you for surgery as well as what you are going to do postoperatively.

Goal Identification

Your physical therapist wants to know what your goal is for having this procedure. This helps us in developing your treatment plan with reasonable expectations.

My Goal — I understand that in order to maximize my outcome, I must take an active role in my therapy. The following is my goal for this procedure:

I will refer to this as a standard for why I push myself to be greater than I can be.

“Do not give up; the beginning is always the hardest.” — Anon

Home Safety Assessment Top Rules

- ☐ Ensure there is adequate lighting in your home.

☐ Remove cords, rugs, and furniture, so you have a clear path to the bedroom, bathroom, kitchen, and living room.

☐ Do all your laundry and clean your home.

☐ Have someone available to help with yard work, snow removal, gathering the mail, assisting with pets and children.

☐ Place your favorite things in an accessible, easy to reach place.

☐ If you need grab bars or handrails, try to have them installed around toilets, showers, and steps prior to surgery.
- ☐ Try to sit in a chair that has an armrest, and a firm seat as this will make standing up easier.

☐ Be cautious if you are around young children and pets. They may bump into you or your walker.


☐ Try to get up and walk every hour.

☐ Ice 15–20 minutes every hour with your operative leg elevated — “Toes above nose.”

☐ Plan your meals ahead of time. Try to have pre-made meals or easy to prepare food so you can eat if you don’t feel like cooking.

☐ Use assistive devices (cane, crutches, walker) as instructed.

☐ Do your exercises.



If You Have Problems At Home Postoperatively

GO TO THE EMERGENCY ROOM OR CALL 911 FOR:

- Chest pain or sharp pain with a deep breath.
- Shortness of breath that is not improved with rest.
- Blood with vomiting or coughing.

CALL YOUR SURGEON FOR:

- Drainage from incision site *(please take note of color and consistency of drainage in order to report to the care team.)*
Do **NOT** start antibiotics!

- Concerns about incision coming apart, warmth, swelling, redness or tenderness.
- Fever greater than 101° F and if you have chills.
- New nausea, vomiting, or diarrhea.
- Change/increase in pain.
- Any concerns regarding your operative leg.



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