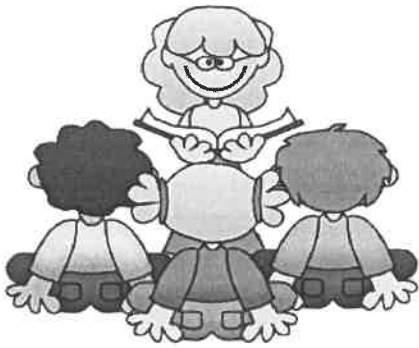


Total Knee Replacement Picture Book

Things that **MUST** be done prior to your surgery



Pre-Op Class/ Video



Medical Exam



Lab work and ECG



Social planning and help

Medications



Stop these medications one week prior to surgery

Ibuprofen or any anti-inflammatories such as:

Motrin

Advil

Aleve

Diclofenac

Naprosyn

Alka Seltzer

Bufferin

Aspirin

Supplements

Medications you should talk to your doctor about timing of when to stop:

Blood thinners such as

Plavix

Warfarin

Eliquis

Xarelto

Pradaxa

You are allowed to take up to the day before surgery:

Tylenol

Cold Medicine

Sudafed

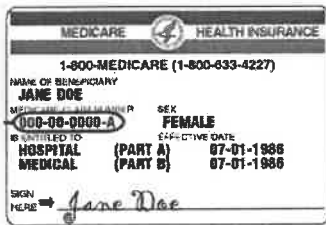
Vitamin C

Your other medications will be reviewed at your pre-op appointment with our Medical team and you will be given directions of when to stop them if needed.

•



Any necessary paperwork



Insurance card / Information



Comfortable, loose fitting clothes

Medication List

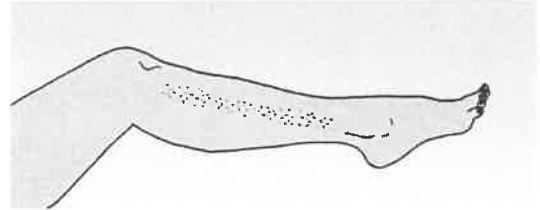
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Medication Lists with dosages

WHAT **NOT** TO DO PRIOR TO SURGERY



No dental appointments for 2 months prior and 2 months after surgery unless suspect infection. This applies to any other surgeries as well.



Do not shave your legs for 72 hours prior to surgery. Avoid nail polish prior to your surgery.



Do Not Eat anything for 8 hours prior to surgery



Do Not Drink anything for 4 hours prior to surgery



Refrain from excessive alcohol intake prior to surgery



Talk with your doctor regarding your smoking habits

Important details to plan for your surgery:



Typical hospital stay is one night. Some patients may leave the same night of the surgery.



Plan your transport to and from the hospital early on so there is no doubt and less anxiety.



Arrange for someone to stay with you for the first 24 hours and check on you as needed.



Arrange for someone to care for your pets while you are recovering.



Leave valuables at home. Do not wear make-up or jewelry.



If you live alone, make meals ahead of time.



Remove loose carpets and electrical cords from where you walk.

Planning for your return home from the hospital:



Have handrails installed in your bathroom



Shower chair



Hand-held shower head
(not mandatory but helpful)



Reacher

Make your own Ice Slushy!

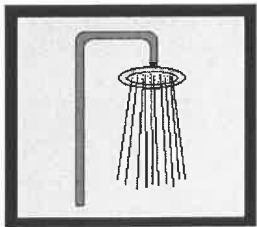


3 cups rubbing alcohol + 7 cups water + gallon size Ziploc = slush bag
Get as much air out of bag prior to freezing. Make sure to double bag.
It will take 24 hours to freeze. Make a few of them.

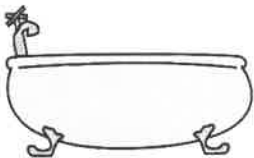
Wound Care



Do not apply lotions or creams on the incision.



Shower as instructed in the hospital. Dry gently.



No baths, hot tubs or soaking of the wounds.



Apply bandages as instructed by the nurses.

What is normal after surgery:

Treatment in Green



Constipation

*** Start Miralax 5 days prior to surgery
high fiber diet and hydrate**



Swelling / Bruising

Ice, elevate, ease activity



Pain

Ice, elevate, pain medicines



Spasms

**Hydrate, warm compresses on
muscles not wound.**



Fatigue

Good nutrition that's high in iron



Insomnia

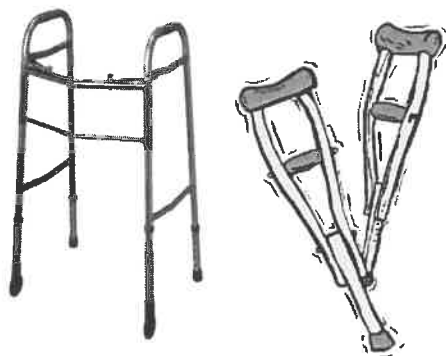
**Avoid caffeine and naps. Discus
with your surgical team.**



Nausea / loss of appetite

Reduce narcotics

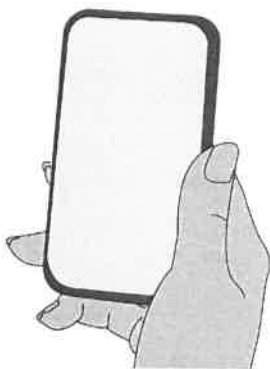
Remember to:



For two weeks minimum use a walker or crutches as directed



No Driving while on narcotics or before two weeks



Send weekly pics of your incision (green sheet)



If you feel you are not doing well or have questions, call us

Leg Elevation

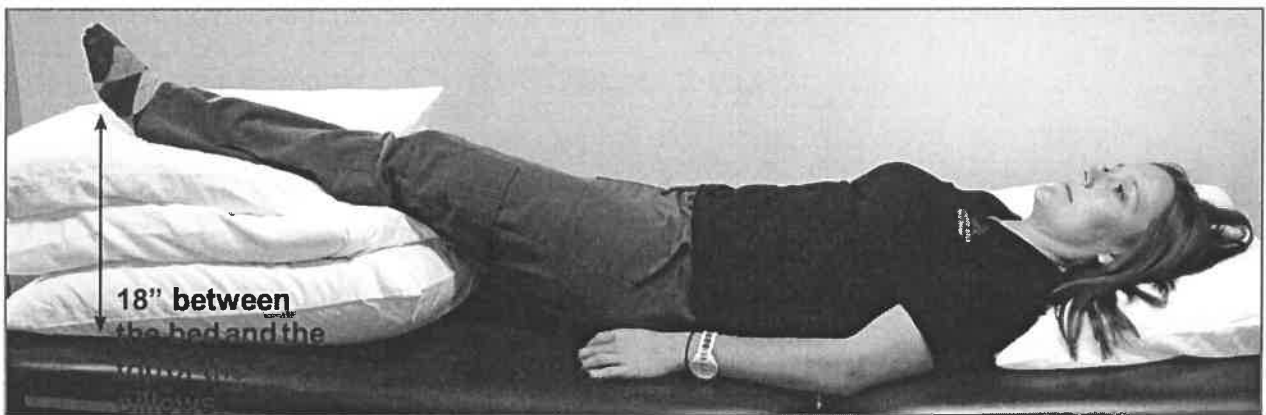
Do this exercise for the first two weeks **AFTER** surgery, regardless if any swelling is present.

Elevation of the Leg

Swelling of the lower leg is a common after-effect following total joint replacement. Please follow this schedule to reduce swelling and improve your lower leg circulation.

Recommended time

**schedule: 10:00 a.m., 2:00
p.m., 6:00 p.m.**



Lie flat on a bed or couch. You may use one pillow beneath your head. Place three or four firm pillows or folded blankets to create a height of 18 inches at the foot of the bed or couch. Place your foot and ankle on top of the pillows. It is important that the leg is straight and at least 18 inches above the level of your heart. Stay in this position for one hour at least three times per day. Apply ice on top of surgical site for 15 to 20-minute intervals during each hour of elevation.

Moving your foot in a circular motion or the ankle in a pumping action will also increase circulation.

Total Knee Replacement Exercises

Three sets of 10 of each exercise per day.

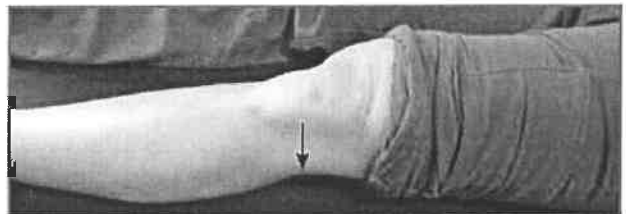
Patellar Mobilization

With leg relaxed, move kneecap up and down and side to side.



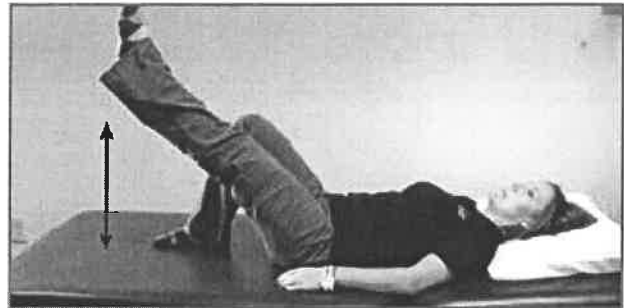
Quadriceps Set

Push knees down into floor or table by tightening thigh muscles.



Straight Leg Rise

Keeping leg straight, tighten thigh muscle and lift leg eight to ten inches from surface and then lower.



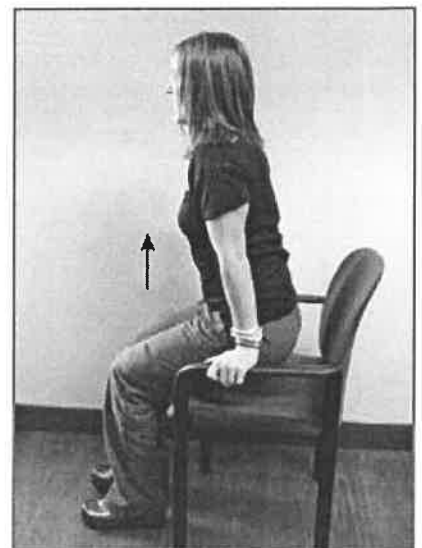
Sit to Stand

To strengthen the weaker leg, slide heel toward chair. Push up to a standing position.



Chair Push-up

To strengthen the arms, lean forward and extend elbows.



Total Knee Replacement: The Specifics

Total Knee Replacement

If your knee is severely damaged by arthritis or injury, it may be hard for you to perform simple activities such as walking or climbing stairs. You may even begin to feel pain while you're sitting or lying down.

If medications, changing your activity level, and using walking supports are no longer helpful, you may consider total knee replacement surgery. By resurfacing your knee's damaged and worn surfaces, total knee replacement surgery can relieve your pain, correct your leg deformity, and help you resume your normal activities.



The most common cause of chronic knee pain and disability is arthritis. Osteoarthritis usually occurs after the age of 50 and often in an individual with a family history of arthritis. The cartilage that cushions the bones of the knee softens and wears away. The bones then rub against one another causing knee pain and stiffness.

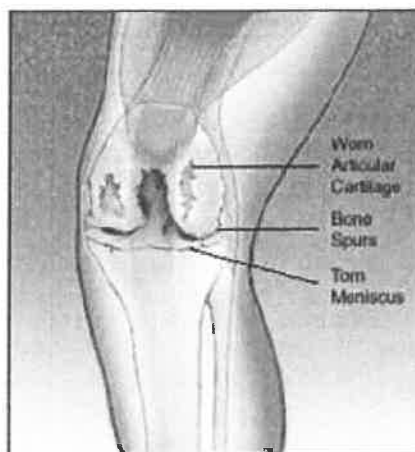
How the Knee Works

The knee is the largest joint in the body. Nearly normal knee function is needed to perform routine everyday activities. The knee is made up of the lower end of the thigh bone (*femur*), which rotates on the upper end of the shinbone (*tibia*), and the kneecap (*patella*), which slides in a groove on the end of the femur. Large ligaments attach to the femur and tibia to provide stability. The long thigh muscles give the knee strength.



Normal Knee Anatomy

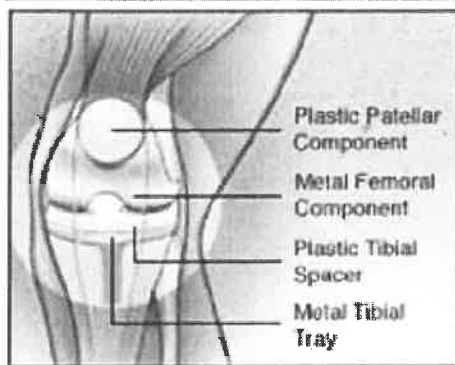
The joint surfaces where these three bones touch are covered with *articular cartilage*, a smooth substance that cushions the bones and enables them to move easily.



Knee with Arthritis

The Surgical Procedure

You will most likely be admitted to the hospital on the day of your surgery. There are several modes of anesthesia which are used, including spinal, epidural or nerve block and you are asleep throughout the procedure. The anesthesia team will discuss the anesthesia options and determine which type of anesthesia will be best for you.



The procedure itself takes about one to two hours. Your orthopedic surgeon will remove the damaged cartilage and bone and then position the new metal and plastic joint surfaces to restore the alignment and function of your knee.

Many different types of designs and materials are currently used in total knee replacement surgery. Nearly all of them consist of three components: the femoral component (made of a highly polished strong metal), the tibial component (made of a durable plastic often held in a metal tray), and the patellar component (also plastic).

After surgery, you will be moved to the recovery room, where you will remain for one to two hours while your recovery from anesthesia is monitored. After you awaken, you will be taken to your hospital room.

Realistic Expectations About Knee Replacement Surgery

An important factor in deciding whether to have total knee replacement surgery is understanding what the procedure can and cannot do.

After a reasonable recovery period, more than 90 percent of individuals who undergo total knee replacement experience a dramatic reduction of knee pain and a significant improvement in the ability to perform common activities of daily living. **But total knee replacement won't make you a super-athlete or allow you to do more than you could before you developed arthritis.**

Following surgery, you will be advised to avoid some types of activity for the rest of your life, including running, jogging and high impact sports.

With normal use and activity, every knee replacement develops some wear in its plastic cushion. Excessive activity or weight may accelerate this normal wear and cause the knee replacement to loosen and become painful. There are many activities that can be enjoyed for years. Ask your surgeon if there are any restrictions on your activity. With appropriate activity modification, knee replacements can last for many years.

What are the possible complications/ side effects of surgery?

The complication rate following total knee replacement is low. Serious complications, such as a total joint infection, occur in less than two percent of patients. Major medical complications, such as heart attack or stroke, occur even less frequently. Chronic illnesses may increase the potential for complications. Although uncommon, when these complications occur, they can prolong or limit your full recovery.

Despite the use of these preventive measures, blood clots may still occur. If you develop swelling, redness or pain in your leg following discharge from the hospital, you should contact your doctor.

