

**For any questions, please
contact the Orthopedic Care
Coordinator at 229-353-2663**

Find out your arrival time at the hospital

Call 229-353-7710 after 2 P.M. the day
before surgery (or on the Friday before if
your surgery is on a Monday) to find out
what time you should arrive for your
surgery.



Binder for Knees

Patient Checklist

Thank you for choosing Tift Regional Joint and Spine Center. We look forward to assisting you along your Path of Progress. The following appointments have been scheduled and must be completed prior to surgery. You may also be contacted by someone to Pre-register you prior to surgery, you will still need to complete the below appointments prior to surgery.

Appointment Location	Appointment Time and Date	Completed
History and Physical Pre-Op Appointment Surgeon's Office 2227 US Hwy 41 North Tifton, GA 31794		
Pre-admission Testing (PAT) Day Surgery (Hospital) 20th Street Tifton, GA 31794		
Pre-Op Class 3rd Floor MSK Building 2227 US Hwy 41 North Tifton, GA 31794		
Date of Surgery Day Surgery (Hospital) 20 th Street Tifton, GA 31794		
Post- OP Follow Up Surgeon's Office 2227 US Hwy 41 North Tifton, GA 31794		
Outpatient Therapy Appointments		

Important Phone Numbers:

Orthopedic Care Coordinator: 229-353-2663

Arrival Time to Hospital #: 229-353-7710

Georgia Sports Medicine: 229-386-5222

Surgery Scheduler
(Celeste Rutland or Paula Edwards): **229-387-1196**

GSM Nurse Manager: 229-387-1180

Tift Regional Orto Floor: 229-353-7680

Important Information:

- You will need to provide a urine sample at your Pre-Admission Testing Appointment
- Have co-payments ready if applicable - (for questions/arrangements contact Ms. Jean Drawdy at 229-387-1163)
- Read your Binder
- Choose a 'coach' to assist in your recovery - have them attend the Pre-Operative Education Class with you
- Plan your discharge someone will need to be with you the first 3-5 days you are home
- Prepare your home for after surgery (Remove all throw rugs)
- Follow doctor's directions for stopping any blood thinner medications prior to surgery
- Follow directions for preparation the morning of surgery

Table of Contents

Section One – Before Surgery

- Using the Binder7
- Joint Replacement Center Overview7
- Your Joint Replacement Team8
- Knee Replacement9
- Get Started – Four to Six Weeks Before Surgery** 10
 - Plan for Leaving Hospital.....10
 - Joint Care Team Call.....10
 - Medical Clearance and Pre-Admission Testing10
 - Medications That Increase Bleeding11
 - Herbal Medicine.....11
 - Healthcare Decisions11
 - Stop Smoking11
 - Start Pre-operative Exercises12
 - Exercising Before Surgery12
 - Pre-operative Exercises.....13
 - Prepare Your Home.....16
 - Breathing Exercises.....16
- Surgery Preparation Timeline**17
 - Two to Three Weeks Prior17
 - Day Before17
 - Night Before18
 - Day of Surgery18
 - Items to Take to the Hospital18
 - CHG Cloth Prior to Surgery..... 19
 - Special Instructions20

Table of Contents

Anesthesia for your Joint Replacement Surgery21

Section Two – At the Hospital

Understanding Anesthesia23

- Types of Anesthesia23
- Side Effects23

Understanding Pain23

- Pain Scale23

Hospital Care – What to Expect24

- Before Surgery24
- During Surgery24
- After Surgery24
- Post-op Day 125
- Post-op Day 225
- Post-op Day 3 - Discharge Day25

Incentive Spirometer Instructions26

Therapy Schedule27

Discharge Options28

Section Three – At Home After Surgery

Caring for Yourself at Home29

- Be Comfortable29
- Body Changes29
- Blood Clots29
- Compression Stockings30
- Incision Care30
- Restrictions30

Recognizing Complications31

- Infection31
- Blood Clots31
- Pulmonary Embolism31

Table of Contents

Section Three – At Home After Surgery (Con't.)

Post-operative Goals	32
Weeks One to Two	32
Weeks Two to Four	32
Weeks Four to Six	32
Weeks Six to Twelve	33
Post-operative Exercises	33
At Home Exercises	33
Advanced Exercises	35
Activities of Daily Living	36
Standing	36
Bed Transfers	36
Walking	37
Stair Climbing	37
Tub Transfers	38
Car Transfers	39
Getting Dressed	39
Around the House	41
Dos and Don'ts	42
What to Do	42
Exercise	42
Lifetime Follow-up Visits	43
Frequently Asked Questions	44

Section Four – Appendix

Glossary	47
Maps, Directions, and other Resources	48 & 49
Equipment Guide	50-52
Medication Log	53
Common Complaints	55

Section One: Before Surgery

Welcome

We are pleased you have chosen The Joint Replacement and Spine Care Center at Tift Regional Medical Center to have joint replacement surgery.

The goal of surgery is to:

- Relieve your pain.
- Restore your independence, and
- Return you to an active lifestyle.

Using the Binder

The Binder will assist you with:

- What to expect.
- Preparing for surgery, and
- How to care for your new joint.

Your doctor, nurse, or therapist may add or change any of the recommendations in this binder based upon your specific situation. Always use their recommendations first. Ask questions if you are unsure.

Joint Replacement Center Overview

We offer a unique program to encourage discharge from the hospital one to three days after surgery. Program features include:

- Nurses and therapists trained to work with joint patients
- Private rooms
- Group therapy and classes
- Family and friends as “coaches”
- An Orthopedic Care Coordinator (OCC) who coordinates pre-operative care and discharge planning
- Patient Binder
- Biannual 1 Mile Walk Celebration for former patients



Your Joint Replacement Team

Orthopedic Surgeon - will perform the procedure to repair your damaged joint.

Physician Assistant (PA) - will check your status after surgery and communicate with surgeon, nurses and therapists to ensure pain is controlled and any medical needs are addressed.

Registered Nurse (RN) - will help to manage your pain, ensure treatments ordered by your doctor are completed, and assist with mobility as needed.

Physical Therapist (PT) - will guide you through functional daily activities and teach you exercises to regain your strength/motion.

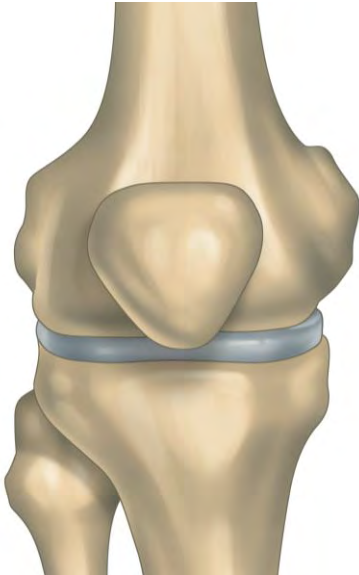
Occupational Therapist (OT) - will guide you to perform tasks such as bathing/dressing and demonstrate home equipment use.

Orthopedic Care Coordinator (OCC) will:

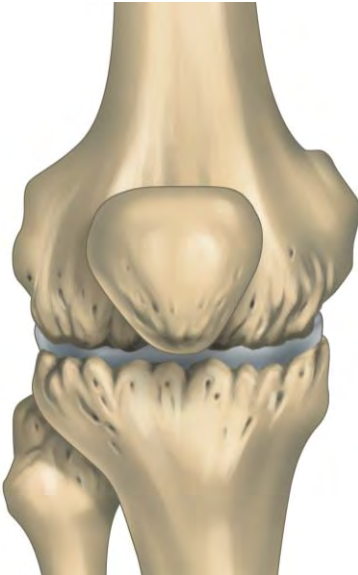
- Answer questions and coordinate hospital care.
- Act as your advocate throughout treatment.
- Review at-home needs after surgery.
- Coordinate discharge plan with your care team.



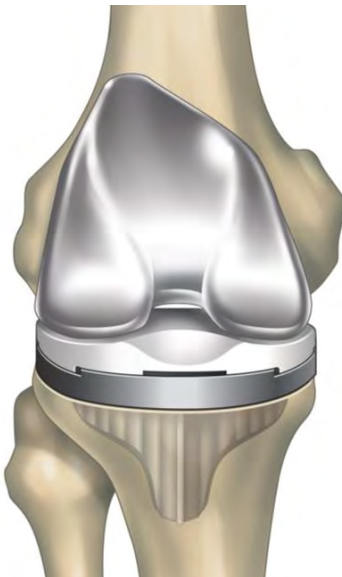
Knee Replacement



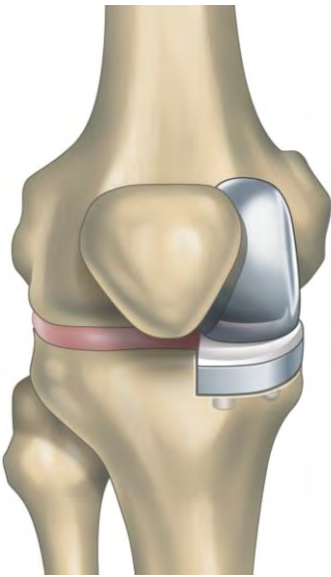
Healthy Knee



Arthritic Knee



Total Knee Replacement



Partial Knee Replacement

Get Started - Four to Six Weeks Before Surgery

Plan for Leaving the Hospital

The Orthopedic Care Coordinator (OCC) and discharge planners will develop a discharge plan that meets your needs. Expect to go directly home to recover in the privacy and comfort of your own surroundings after 1-2 days in the hospital. Prepare your home for your return after surgery prior to your surgery.

Importance of Your Coach

Involving a friend or relative as your coach is very important.

Your coach should plan to come with you to attend the pre-operative class, to visit during your hospital stay, to provide support during exercise classes, and to keep you focused on healing.

Pre-admission Testing

Make sure to attend your scheduled pre-admission testing (PAT) appointment to have lab work and any other necessary tests completed 2-3 weeks prior to your surgery.

You may be asked to visit your primary care doctor and/or other specialists depending on your medical history and condition. If asked to do so, make sure to complete all appointments at least 2-4 weeks prior to surgery in order to prevent delay or cancellation of your surgery.



Medications That Increase Bleeding

Your doctor should tell you when to stop any medications before surgery. For example, discontinue all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for stopping the medication. The OCC or Anesthesia Provider will instruct you about your other medications.

Herbal Medicine

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.



Healthcare Decisions

Advance Medical Directives are printed instructions that communicate the patient's wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, bring a copy of the document with you to the hospital.

Stop Smoking

Smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

Smoking can impair oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.

If you quit smoking before surgery, you will increase your ability to heal. If you need help quitting, ask about smoking cessation resources.

When you are ready:

- Decide to quit smoking.
- Choose a date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

Start Pre-operative Exercises

Many patients with arthritis of the knee avoid using their painful leg. Muscles become weaker, making recovery slower and more difficult. Beginning an exercise program before surgery can help make recovery faster and easier.

*It is important to be
as flexible and
strong as possible
before having knee
surgery.*

Exercising Before Surgery

Your doctor may refer you to outpatient physical therapy prior to your surgery. If not, consult your doctor before starting pre-operative exercises. Eleven exercises are listed below that your doctor may instruct you to start doing and continue until your surgery. Take 15 to 20 minutes, twice a day to do your exercises. Perform exercises on both legs.



It is also important to strengthen your entire body, not just your legs before surgery. Strengthen your arms by doing chair push-ups because you will be relying on your arms when walking with the walker or crutches; getting in/out of bed and chairs; and on/off the toilet. Perform light endurance activities for your heart and lungs – walking for 10 to 15 minutes each day.

Pre-operative Knee Exercises

(Do not do any exercise that is too painful.)

- Ankle Pumps
- Quad Sets
- Gluteal Sets
- Abduction and Adduction
- Heel Slides
- Short Arc Quads
- Hamstring Stretch with Optional Strap
- Straight Leg Raise
- Armchair Push-ups
- Seated Knee Flexion
- Knee Extension Stretch

Ankle Pumps

Flex and point your feet.

Perform 20 times.



Quad Sets (Knee Push-Downs)

Lie on your back, press knees into mat by tightening muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath. **Perform 20 times.**



Heel Slides (Slide Heels Up and Down)

Lie on your back and slide heel up a flat surface bending knee. After surgery, your therapist may have you use a strap around foot to assist gaining knee bend.

Perform 20 times.



Short Arc Quads

Lie on your back and place a 6-8 inch rolled towel under knee. Lift foot from surface, straightening knee as far as possible. Do not raise thigh off rolled towel.

Perform 2 sets of 10 times.



Seated Hamstring and Gastroc Stretch With or Without Strap

Sit on couch or bed with exercised leg extended and other leg dangling off side. Keeping exercised knee straight, gently lean forward until slight stretch is felt in back of thigh. As you become more flexible, use strap to pull up on foot. Hold for 20 to 30 seconds. **Perform 5 times.**



Straight Leg Raises

Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head. **Perform 2 sets of 10.**



Knee Extension Stretch

Sitting in comfortable chair, prop affected foot on chair or stool. Place towel roll under ankle so calf is unsupported, and apply an ice pack and 5 pound weight (or bag of rice) on top of knee. **Hold position for 15 minutes.**



Prepare Your Home

- Put things you use often on a surface that is easy to reach.
- Check railings to make sure they are not loose; if you do not have handrails on your steps consider having them installed to improve safety.
- Complete house cleaning, do laundry, and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install nightlights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets while you are in the hospital.



Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out as if you were blowing out a candle. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.

Surgery Preparation Timeline

Two to Three Weeks Before Surgery

Pre-Register

Call 229-353-7371 at least 1 week prior to your scheduled Pre-admission testing (PAT) appointment to pre-register at the hospital.

Pre-admission Testing (PAT) Appointment

Attend your scheduled Pre-admission testing (PAT) appointment. Bring your medication list and advanced directive (if you have one).

Pre-operative Class

Attend the pre-operative class for joint surgery patients. Bring your coach. If you cannot attend, inform the OCC.

Class Outline:	<ul style="list-style-type: none"> - Understanding Your Procedure - What to Expect During Your Hospital Stay - Physical and Occupational Therapy - Pain Management 	<ul style="list-style-type: none"> - Review Pre-operative Exercises - Learn About Assistive Devices and Joint Protection - Discharge Planning/Insurance/Equipment -Role of the Caregiver/Coach
-----------------------	--	--

Medical Clearance Appointments

You may be asked to visit your primary care doctor and/or other specialists depending on your medical history and condition. If asked to do so, make sure to complete all appointments at least 2-4 weeks prior to surgery in order to prevent delay or cancellation of your surgery.

Day Before Surgery

Find Out Your Arrival Time at the Hospital

Call 229-353-7710 after 2 p.m. the day before surgery (or Friday if surgery is Monday) to find out what time you should arrive for your surgery.

Night Before Surgery

Shower Prep

After completing your regular bath routine with antibacterial soap, dry off completely. Wait one hour after bathing before using the SAGE wipe. Use the SAGE preoperative skin preparation cloths provided at Preadmission Testing.

Complete Instructions on how to use CHG wipes can be found on page 19.
Your surgeon will provide instructions for the night before surgery. Generally: Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed.

Day of Surgery

Follow instructions given to you at your PAT appointment for the night before surgery. Generally: Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed.

Come to Day Surgery (20th Street entrance) at the time you are instructed to arrive. It is important you arrive on time in order to be properly prepared prior to your surgery.

Items to Take to the Hospital

- Personal hygiene items (toothbrush, deodorant, battery- operated razor, etc.)
- Loose fitting clothes (shorts, tops)
- Slippers with non-slip soles; flat shoes or tennis shoes
- Battery-operated items (NO electrical items)
- Binder
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo I.D.
- Co-payment required by insurance company

Binder for Knees

2% CHG Cloth for Total Knee Replacements

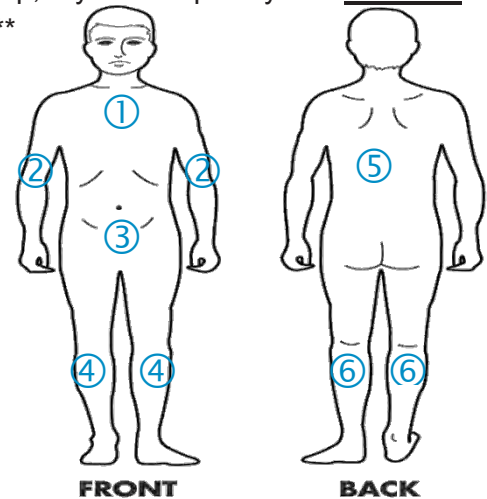
*****DO NOT USE ON THE FACE*****

After completing your regular bathing routine with antibacterial soap, dry off completely and **wait one hour to use the SAGE preoperative skin preparation cloths**

Prepping your skin, the night before: (**wait one hour after bathing**)

- Use one clean cloth to prep each area of the body in order as shown in steps 1 through 6. **Wipe each area in a back-and-forth motion for about 15 seconds. Be sure to wipe each area thoroughly. Assistance may be required.**
- Use all 6 cloths in the packages.
- Do not allow this product to come in contact with your eyes, ears and mouth.
- Do not rinse or apply any lotions, moisturizers or makeup after prepping.
- Allow your skin to air dry. Do not rinse off (There may be a temporary “tacky feeling” until solution is completely dry; about 3-5 minutes).
- Discard cloths in trash can. **Do Not Flush.**

Note: If redness, rash and/or burning should occur. Discontinue use and wash skin



Steps:

Cloth #1-**Wipe your neck and chest.**

Cloth #2-**Wipe both arms, starting each with the shoulder and ending at the fingertips. Be sure to thoroughly wipe the arm pit areas.**

Cloth #3-**Wipe your right and left hip followed by your groin. Be sure to wipe folds in the abdominal and groin areas.**

Cloth #4-**Wipe front of both legs, starting at the thigh and ending at the toes.**

Cloth #5-**Wipe your back starting at the base of your neck and ending at your waist line. Cover as much area as possible. Assistance may be required.**

Cloth #6-**Wipe back of both legs, starting at the heels and ending at the buttocks.**

Special Instructions

- Follow instructions regarding diabetes or other medications which should NOT be taken the day of surgery.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Remove all nail polish.
- Do not use body lotion after using the CHG wipes.

Anesthesia for your Joint Replacement Surgery

Soon, you will be coming into hospital for your new knee or hip. This is called joint replacement surgery. You may be anxious about the anesthesia you will receive during surgery. There are 2 options of anesthesia: general and spinal. Before your surgery you will meet with an anesthesia provider who will review your health history and discuss the options for anesthesia. Ultimately, the final decision is made jointly between you and your anesthesiologist.

General anesthesia involves a complete loss of consciousness, while regional anesthesia numbs a specific area of the body without altering brain or breathing functions. Occasionally, an anesthesiologist will strongly recommend one over the other because of a patient's current medical condition or because of the type of procedure.

At first, many patients say, "Just knock me out; I don't want to remember anything." If that is your concern, there is no need to worry, even if a regional anesthetic is used, you will be given sedatives, will be asleep throughout the procedure and will not remember the surgery.

Prior to choosing which anesthesia will be best for you, your anesthesia doctor will consider several factors including:

- Have you had anesthesia before, what type and what was your reaction/experience?
- Do you smoke, drink or use recreational drugs?
- Are you currently overweight?
- Are you being treated for any condition other than your joint replacement?
- What medications, nutritional supplements, vitamins, or herbal remedies are you taking?
- Do you have any allergies, drug or otherwise?
- Have you ever experienced bad side effects from a drug?

General anesthesia affects the entire body, acting on the brain and nervous system to induce a deep sleep. Usually, it is administered by injection or by breathing in special gasses. Some of the side effects from general anesthesia can include:

- Having a sore throat or hoarse voice after surgery, due to a tube being placed through the mouth and into your windpipe to control breathing.
- Historically there has been an increase in nausea after general anesthesia, although with modern drugs and techniques, this occurs much less.
- Some older patients report more confusion after waking up, or family members notice a patient's confusion, this "cognitive decline" may be permanent. Your anesthesia team will do everything they can do to minimize this as much as possible.

There are two types of regional anesthesia: an epidural and a spinal block. Generally, for a joint replacement surgery a spinal block is used. During a spinal block, a fine needle is used to inject a numbing medicine between the bones in your back (spine), and into the fluid-filled space that surrounds the brain, spinal cord and nerve roots. The injection site is located below the level where the spinal cord stops so there is no risk of injuring the spinal cord. Medications also are given first, which help the patient to relax before a spinal block is started. Most patients never even remember having the spinal block placed.



Binder for Knees

A spinal block produces a rapid numbing effect typically at the level of, and below the injection site. After the block is placed and it is certain the patient is numb where the surgery will be done, the anesthesia provider will administer different medicines by IV and the patient simply sleeps, but still is breathing on his or her own. Again, be reassured that patients do not feel anything or remember (or care) that they are having the surgery.

Although both general anesthesia and spinal blocks are safe, we encourage patients to have the spinal block when appropriate because fewer side effects are seen.

Benefits of regional anesthesia include:

- Patients do not use a breathing tube, so there is no irritation to the throat and airway.
- During a spinal block, medications also can be administered to keep the patient as sleepy as they want to be.
- There tends to be less blood loss during surgery, because regional anesthesia lowers the blood pressure during surgery, potentially reducing the need for a transfusion.
- A number of studies have reported a lower incidence of deep vein thrombosis (DVT), which is the forming of blood clots and lower rates of surgical site infection. They have also found less chance of stroke, cardiac arrest, and kidney complications, not only on the day of surgery, but within the first 30 days after surgery.
- Patients tend to wake up in the recovery room more smoothly and with less pain.
- Patients also tend to wake up feeling better, especially because there is less nausea.
- Sometimes older patients are more vulnerable to confusion after general anesthesia. When using a spinal block we see much less confusion in this group.
- When asked patients feel much better almost immediately after surgery and routinely report the next morning how clear-minded and well they feel. Hence, they want to go home much more quickly, which leads to a shorter hospital stay.

Many patients who have had general anesthesia in the past, often report how vastly different and better it was to have a spinal block for surgery.

However, for some patients a regional anesthetic simply is not appropriate, and for those who do have general anesthesia, they also do well with surgery.

And, while many patients do choose to have a spinal block rather than general anesthesia, it is important that you consider all of the options and discuss them with your anesthesia doctor, so the right method with the best outcome can be chosen for you.

While you are recovering, whether you have a General anesthetic or a Spinal block, you will receive anti-nausea medicine, should you need it. You are having surgery, so know that you will not be pain free after surgery. Our goal is to help you keep the pain at a manageable level. We will use what is called multi-modal analgesia to treat your pain. This means we use many different kinds of medicine that use different pathways to treat your pain. By doing this your pain can be controlled using fewer narcotics, which cause many side effects such as nausea, vomiting, decreased breathing, constipation, sleep disturbance and addiction.

Section Two:

At the Hospital

Understanding Anesthesia

Anesthesiologists

The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by board certified and board eligible doctor anesthesiologists and anesthetists.

Types of Anesthesia

- **General anesthesia** - produces temporary unconsciousness.
- **Regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the body (spinal blocks, epidural blocks and leg blocks).

Side Effects

Your anesthesiologist/anesthetist will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

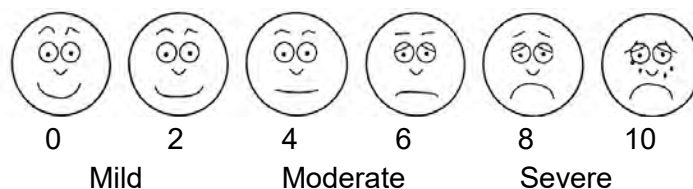
You will be given medications to treat nausea and vomiting which sometimes occurs with the anesthesia. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your discomfort should be minimal, but do not expect to be totally pain free. Staff will teach you the pain scale to assess your pain level.

Understanding Pain

Pain can be chronic (lasting a long time) or intense (breakthrough). Your pain will change as you move through the recovery process.

Pain Scale

Using a number to rate your pain can help the Joint Replacement Team understand and help manage it. "0" means no pain and "10" means the worst pain possible. You may also hear the terms "mild", "moderate" or "severe". With good communication, the team can make adjustments to make you more comfortable.



Hospital Care - What to Expect

Before Surgery

- Your anesthesiologist/anesthetist will review your information to evaluate your general health and determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).

During Surgery

- The anesthesiologist/anesthetist will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.
- You will have a catheter placed while asleep. It will be removed after surgery.

After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new joint may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and/or chills.
- You will then be taken to the Joint Replacement and Spine Care Center.
- **Only one or two very close family members or friends should visit on surgery day.**
- At some point on this day, you will be assisted out of bed to walk or sit in a chair. Physical Therapy will most likely begin today. Mobility helps to relieve discomfort. It is important you begin ankle pumps. This will prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned.
- **DO NOT place a pillow or towel roll under your operative knee or bend the foot of the bed to keep knees bent. It is important to keep your knee fully extended while in the bed or recliner.**

Post-op Day One (1st Day After Surgery) - Discharge Day

- Expect to be out of bed, dressed in your own clothes, and seated in a recliner. Shorts/tops are best; long pants are restrictive.
- Your surgeon will visit.
- Physical & Occupational Therapy will begin if it was not started the day of surgery.
- Intravenous (IV) pain medication will likely be stopped and you will begin oral pain medication.
- If not discharged on this day, you will have another therapy session after 1 p.m.
- For patients being discharged today, you will walk in the halls and learn to climb stairs.

Post-op Day Two (2nd Day After Surgery) - Discharge Day

- Expect to be out of bed, bathed, dressed in your own clothes, and seated in a recliner. Shorts/tops are best; long pants are restrictive.
- You will walk the halls and up/down stairs.
- You will have Physical Therapy twice today; unless you are being discharged.
- Some patients may be discharged today.

Incentive Spirometer Instructions

An incentive spirometer is used to perform deep breathing exercises and prevent respiratory complications after surgery.

- Sit in an upright position if possible
- Hold or stand incentive spirometer in an upright position
- Breathe out normally, and then place your lips tightly around the mouthpiece
- Breathe in **slowly**, raising the white piston, while keeping the yellow piston in the “Best” range
- Continue to breathe in slowly, completely filling your lungs
- When you are unable to breathe in anymore, remove the mouthpiece and hold breath for 10 seconds, then breathe out normally
- Allow the white piston to return to the bottom

Repeat the above steps 10 times resting in between exercises if needed.

Please ask your Respiratory Therapist if you have any questions or concerns. You may contact the Tift Regional Respiratory Department by dialing extension 37526.



Therapy Schedule

Note: Times are approximate and represent a typical schedule. Physical therapist will advise you if times will change.

<p>Day of Surgery</p>	<p>Most patients will be seen by the physical therapist the afternoon of surgery for their post-operative evaluation.</p>
<p>1st Day After Surgery</p>	<p>If you were not evaluated on the day of surgery, the physical therapist will come to your room to evaluate you between 7 a.m. and 10:30 a.m. in the morning after your surgery.</p> <p>Coaches are encouraged to be present for therapy.</p> <p>Occupational therapy will evaluate you and begin treatment.</p> <p>If ready, you will be discharged home around 11 a.m. You will have another therapy session after 1 p.m. unless you are being discharged.</p>
<p>2nd Day After Surgery</p>	<p>Physical therapy will take place in the morning between 7 a.m. and 10:30 a.m. You will have another therapy session after 1 p.m. unless you are being discharged.</p> <p>Individual physical and occupational therapy sessions will be scheduled as needed with your therapists/assistants.</p> <p>If ready, you will be discharged home around 11 A.M.</p>

Discharge Options

Going Directly Home -RECOMMENDED

- Have someone pick you up.
- Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Confirm equipment delivery; hospital will make arrangements if you do not already have at home.
- Take your Binder with you.
- Most patients going home will begin therapy at an outpatient therapy clinic.
- If Home Health services are needed, the hospital will arrange.

Going to a Sub-acute Rehabilitation Facility

- Someone needs to drive you, or ask your discharge planner to arrange for transportation.
- Transfer papers will be completed by nursing staff.
- Your doctor or a doctor from sub-acute facility will care for you in consultation with your surgeon.
- Sub-acute stays must be approved by your insurance company. In order to transfer to a sub-acute rehabilitation facility, you must meet admission criteria established by the facility in accordance with your insurance company or Medicare.
- If a sub-acute rehabilitation is not approved, you may still choose to go there and pay privately or the hospital will help you make alternate arrangements for home care.

Section Three: At Home after Surgery

Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

*Try not to nap
during the day so
you will sleep at
night.*

Be Comfortable

- Take pain medicine per schedule and at least 30 minutes before physical therapy.
- Wean off prescription medication to non-prescription pain reliever following the instructions provided for you at discharge from the hospital and at your follow up appointments with your surgeon.
- Change position frequently (every 45 minutes – 1 hour) to prevent stiffness.
- Use ice for pain control at least 30 minutes each hour. Use before and after exercise program. Use throughout the day and night for additional comfort measures.

Body Changes

- Appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids.
- You may have difficulty sleeping.
- Energy level will be low; this may last for up to four weeks.
- Pain medication that contains narcotics promotes constipation. Take a laxative as needed for constipation. High fiber foods such as fruits, vegetables, whole wheat breads/cereals, prune juice, etc. are helpful in preventing constipation. *Limit your intake of green leafy vegetables to ½ cup per day if taking Coumadin.

Blood Clots

You may be given a blood thinner to help avoid blood clots in your legs. The amount may change depending on how your blood thins. If you were given Coumadin, it will be necessary to do blood tests once or twice weekly to monitor the medication's effectiveness and adjust the dose.

- If discharged home with home health services, a home health nurse will come out twice a week to draw blood for a bleeding time test. Results are called to your doctor who will adjust your dose if necessary.
- If you DO NOT utilize home health nursing, you will go to an outpatient medical lab and have the bleeding time test drawn there. Your doctor will monitor your lab results and contact you to adjust the dose of blood thinner medication if necessary.

- If transferred to a skilled nursing or rehabilitation facility, a doctor will monitor your progress and adjust your blood thinner dosage if needed. When discharged, home health or outpatient blood monitoring will be arranged by the facility staff.

Compression Stockings

You will wear special stockings to compress veins in your legs. This helps keep swelling down and reduces chance for blood clots.

- If swelling in operative leg is bothersome, elevate leg for short periods. Lie down and raise leg above heart level.
- Wear stockings continuously, removing one to two hours twice a day.
- Notify your doctor if pain or swelling increases in either leg.
- Wear stockings for two weeks after surgery; ask surgeon when you can discontinue.

Incision Care

- Keep incision clean and dry.
- Wash hands with soap and water prior to changing your dressing.
- Change dressing everyday as needed.
- After daily shower clean incision with betadine or alcohol and apply gauze dressing.
- DO NOT take tub baths until staples are removed and you are cleared by your physician.
- Notify surgeon if increased drainage, redness, pain, odor, or heat around the incision.
- Take temperature if feeling warm or sick. **Call surgeons office or your OCC if temperature/fever exceeds 101.5 degrees, you have severe pain that is unrelieved by pain medication, have excessive swelling around your incision, shortness of breath, chest pain, calf or groin pain.**

Restrictions

- No driving until instructed by physician.
- Do not sit in low chairs/commodes or chairs without armrest.

Dressing Change Supplies

- 4 X 4 Gauze
- Paper Tape
- Antibacterial soap
- Alcohol or betadine

*these can be purchased prior to your surgery at any drug store or retailer that sells first aid supplies.

Recognizing and Preventing Potential Complications after Surgery

Infection

Signs

- Increased swelling and redness at incision site.
- Change in color, amount, and odor of drainage.
- Increased pain in knee.
- Fever greater than 101.5 degrees.

Prevention

- Take proper care of incision.
- Notify doctor and dentist you have a joint replacement.
- Notify dentist or surgeon before having dental work or other invasive procedures done—prophylactic antibiotics are generally prescribed.

Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Signs

- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee, or groin area.
- Blood clots can form in either leg.

Prevention

- Perform ankle pumps.
- Walk several times a day.
- Wear compression stockings.
- Take blood thinners as directed.

Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911**.

Signs

- Sudden chest pain.
- Difficult and/or rapid breathing.
- Shortness of breath.
- Sweating.
- Confusion.

Prevention

- Perform ankle pumps.
- Walk several times a day.
- Wear compression stockings.
- Take blood thinners as directed.

Post-operative Goals

Weeks One to Two

The goal is for you to be discharged from the hospital within one to two days of having surgery. Most patients go directly home, but some may go to a rehabilitation center.

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 500 feet with walker or support.
- If you have stairs, climb and descend flight of stairs (12-14 steps) with rail twice a day.
- Straighten knee completely.
- Sponge bathe or shower and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.

Weeks Two to Four

The goal is for you to gain more independence. Follow your home exercise program to achieve the best results.

- Achieve one- to two-week goals if not already accomplished.
- Move to cane, as instructed by physical therapy.
- Walk at least one-quarter mile.
- Bend your knee to 115 degrees.
- Straighten knee completely.
- Shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.
- Begin driving if you had surgery on your left knee - with permission from your doctor.

Weeks Four to Six

The goal is for you to recovery to full independence. Your home exercise program is important as you receive less supervised therapy.

- Achieve one- to four-week goals if not already accomplished.
- Walk with cane or single crutch.
- Walk one-quarter to one-half mile.
- Progress on a stair from one foot to regular stair climbing (foot over foot).
- Actively bend knee 120 degrees.
- Straighten knee completely.
- Drive a car (regardless of which knee had surgery) - with permission from your doctor.
- Complete home exercise program twice a day.

Weeks Six to 12

The goal is to resume all of your normal activities.

- Achieve one- to six-week goals if not already accomplished.
- Walk without cane or crutch — and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Bend knee to 120 degrees.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.

Post-operative Exercises

This exercise program will be updated by your physical therapist as you progress.

Ankle Pumps

Flex and point your feet.

Perform 20 times.



At Home Exercises

Quad Sets (Knee Push-Downs)

Lie on your back, press knees into mat by tightening muscles on front of thigh (quadriceps). Hold for 5 count. Do NOT hold breath. **Perform 20 times.**



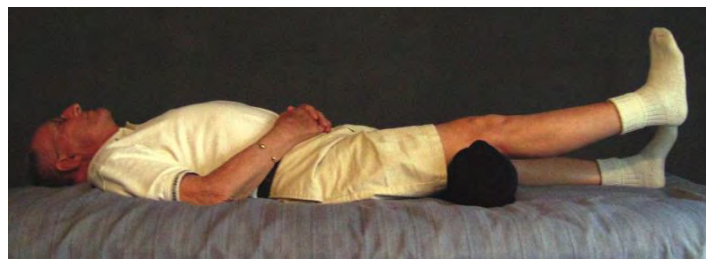
Heel Slides (Slide Heels Up and Down)

Lie on your back; slide heel up the surface bending knee. Your therapist may have you use a strap around foot to assist with knee bend. **Perform 20 times.**



Short Arc Quads

Lie on your back, place a 6-8 inch rolled towel under knee. Lift foot from surface, straightening knee as far as possible. Do not raise thigh off roll. **Perform 2 sets of 10.**



Seated Hamstring and Gastroc Stretch With or Without Strap

Sit on couch or bed with exercised leg extended and other leg dangling off side. Keeping exercised knee straight, gently lean forward until slight stretch is felt in back of thigh. As you become more flexible, use strap to pull up on foot. Hold for 20 to 30 seconds. **Perform 5 times.**



Straight Leg Raises

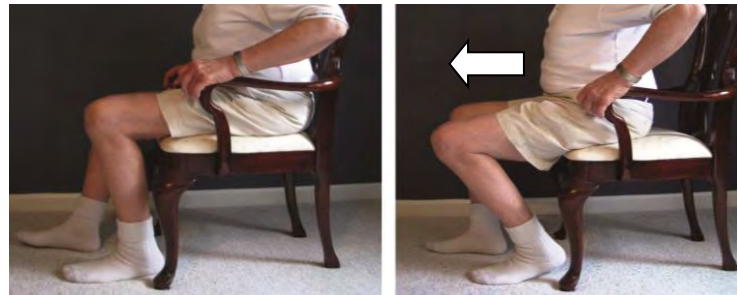
Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head. **Perform 2 sets of 10.**



Binder for Knees

Seated Knee Flexion

Sitting in straight-back chair, bend affected leg as far as possible under chair (you can use opposite foot to help). When maximum bend is reached, plant foot and slide hips forward further bending knee. Hold for 20 to 30 seconds. **Repeat 10 times.**



Knee Extension Stretch

Sitting in comfortable chair, prop affected foot on chair or stool. Place towel roll under ankle so calf is unsupported, and apply an ice pack and 5 pound weight (or bag of rice) on top of knee. **Hold position for 15 minutes.**



Knee Extension – Long Arc

Sit with back against chair and thighs fully supported. Lift the affected foot up, straightening the knee. Do not raise thigh off of chair. Hold for 5 count. **Perform 2 sets of 10.**



Activities of Daily Living

Stand from chair:

Do NOT pull up on walker to stand! Sit in chair with armrests.

1. It may be more comfortable to extend surgical leg so knee is lower than hips.
2. Scoot hips to front edge of chair.
3. Push up with both hands on armrests. If a chair doesn't have an armrest, place one hand on walker while pushing off side of chair with other. Balance before reaching for walker.

Stand to sit:

1. Back up to center of chair until you feel chair on back of legs.
2. Slide out foot of surgical knee, keeping strong leg close to chair for sitting.
3. Reach back for armrest one at a time.
4. Slowly lower body to chair, keeping surgical leg forward as you sit.

Bed Transfers - getting into bed:

1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with both hands, sit down on edge of bed and scoot back toward center of mattress.
3. Move walker out of way, but keep it within reach.
4. Scoot hips around so you are facing foot of bed.
5. Lift leg into bed while scooting around.
6. Keep scooting and lift other leg into bed.
7. Scoot hips toward center of bed.



Back up until you feel leg on bed.



Stay in a sitting position.



Scoot back on bed lifting leg onto bed.

Bed Transfers - getting out of bed:

1. Scoot hips to edge of bed.
2. Sit up while lowering leg to floor.
3. Scoot to edge of bed.
4. Use both hands to push off bed. If bed is low, place one hand in center of walker while pushing off bed with other.
5. Balance before grabbing walker.

Walking:

1. Push rolling walker forward at comfortable arm's length.
2. Step forward placing foot of surgical leg in middle of walker area.
3. Step forward the non-surgical leg. Do NOT step past front wheels of walker.

- Note:
- Take normal size steps. Keep walker in contact with floor, pushing it forward like shopping cart.
 - If using a rolling walker, advance from basic technique to normal walking pattern. Holding onto walker, step forward with surgical leg, pushing walker as you go; try to alternate with equal step forward using non-surgical leg. Continue to push walker forward. When you first start, this *may not* be possible, but you will find this gets easier. Make sure that your foot does not go past the front of the walker when taking a step. Ideally, the foot should land in the center of the walker.

Stair Climbing:

1. Begin climb (ascend) with non-surgical leg first (up with good).
2. Go down (descend) with surgical leg first (down with bad).
3. Always hold on to railing when available.

Tub Transfers - getting into tub using bath seat:

1. Place bath seat in tub facing faucet.
2. Back up to tub until you feel it at back of knees. Be sure you are in line with bath seat.
3. Reach back with one hand for bath seat. Keep other hand in center of walker.
4. Slowly lower onto bath seat, keeping surgical leg out straight.
5. Move walker out of way, but within reach.
6. Lift legs over edge of tub. Hold onto shower seat or railing.

Tub Transfers - getting out of tub using bath seat:

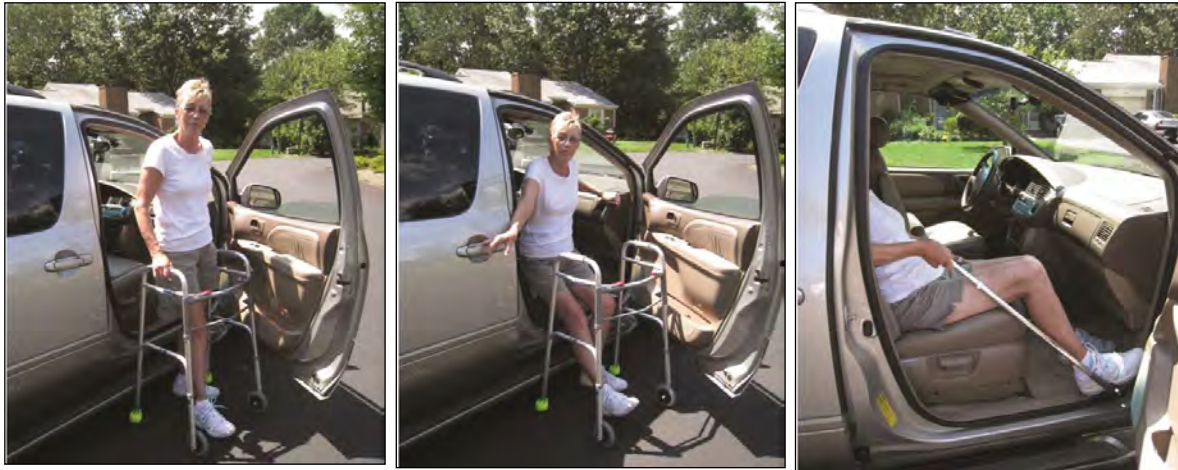
1. Lift legs over outside of tub.
2. Scoot to edge of bath seat.
3. Push up with one hand on back of bath seat while holding on to center of walker with other hand.
4. Balance before grabbing walker.



- Note:
- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
 - Use rubber mat or non-skid adhesive on bottom of tub or shower.
 - To keep soap within reach, make soap-on-a-rope by placing bar of soap in toe of old pair of panty hose and attach it to bath seat.

Car Transfers:

1. Push car seat all the way back; recline seat back to allow for adequate room to get in and out, but always have it upright for travel.
2. Back up to car until you feel it touch back of leg.
3. Hold on to immovable object – car seat or dashboard – and slide surgical foot out straight. Watch your head as you sit down. Slowly lower yourself to car seat.
4. Lean back as you lift surgical leg into car.



Getting Dressed

A reacher or dressing stick can help remove pants from foot and off floor.

Putting on pants and underwear:

1. Sit down. Put surgical leg in first and then non-surgical leg. Use reacher or dressing stick to guide waistband over foot.
2. Pull pants up over knees and put feet completely through pants legs so they are directly on the floor.
3. Stand with walker in front to pull pants up.

Taking off pants and underwear:

1. Back up to chair or bed.
2. Unfasten pants and let them drop to floor. Push underwear down to knees.
3. Lower yourself down, keeping surgical leg out straight. Take non-surgical leg out first and then surgical leg.



Binder for Knees

Using sock aid:

1. Slide sock onto sock aid.
2. Hold cord and drop sock aid in front of foot. This is easier to do if knee is bent.
3. Slip foot into sock aid.
4. Straighten knee, point toe, and pull sock on. Keep pulling until sock aid pulls out.



Using long-handled shoehorn:

- Use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
- Place shoehorn inside shoe against back of heel.
- Lean back as you lift leg and place toes in shoe.
- Step down into shoe, sliding heel down shoehorn.

This can be performed sitting or standing. Wear sturdy slip-on shoes or shoes with Velcro closures or elastic shoelaces. Do NOT wear high-heeled shoes or shoes without backs.



Around the House: Saving Energy and Protecting Your Joints

Kitchen

- Do NOT get on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all cooking supplies at one time. Sit to prepare meal.
- Place frequently-used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use a high stool or put cushions on a chair when preparing meals.



Bathroom

Do NOT get on your knees to scrub bathtub. Use a mop or other long-handled brushes.

Safety Tips and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with armrests to make it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for first three months and then only with surgeon's permission.

Dos and Don'ts for Rest of Your Life

What to Do

- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- Although risks are low for post-operative infections, the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if area is painful or reddened.
- When traveling, stop and change positions hourly to prevent joint from tightening.

Exercise

With permission from your orthopedic surgeon and primary care doctor, you should be on a regular exercise program three to four times per week, lasting 20 to 30 minutes.

Exercise - Do

- Choose low impact activity.
- Recommend exercise classes.
- Home program outlined in Binder.
- Regular one- to three-mile walks.
- Home treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.

You need a regular exercise program to maintain the fitness and health of muscles around your joints.

Exercise – Don't

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not participate in high-risk activities such as contact sports.
- Do not take up sports requiring strength and agility until you discuss it with surgeon or PT.
- Impact activities such as running and singles tennis may put too much load on the joint and are generally not recommended.
- High-risk activities such as downhill skiing are discouraged because of risk of fractures around the prosthesis and damage to prosthesis itself.

Importance of Lifetime Follow-up Visits

When should you follow-up with your surgeon?

- Every year, unless instructed differently.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

There are reasons for routine follow-up visits with your orthopedic surgeon.

If you have a cemented knee, the integrity of cement needs to be evaluated. With time and stress, cement may crack. A crack in cement does not necessarily mean you need another surgery, but it means things need to be followed more closely.

Your knee could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening.

Second reason for follow-up is the plastic liner in your knee may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis (similar to what can happen with cement).

X-rays taken at follow-up visits can detect problems. New x-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

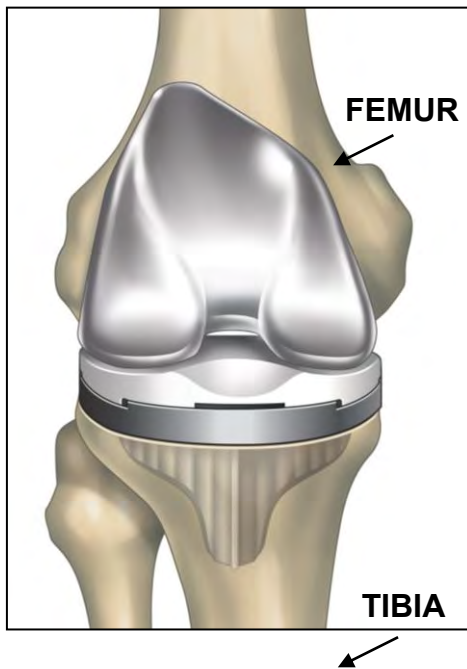
If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



Frequently Asked Questions (FAQs)

What is osteoarthritis and why does my knee hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It



cushions the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Trauma, repetitive movement, or for no apparent reason, the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling, and loss of motion.

What is total knee replacement?

The term total knee replacement is misleading. The knee is not replaced, but rather an implant is used to re-cap the worn ends of the bone.

This is done with a metal alloy on the femur and a plastic spacer on the tibia and patella (kneecap). This creates a new, smooth cushion and a functional joint that can reduce or eliminate pain.

How long will my new knee last and can a second replacement be done?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A joint implant's longevity will vary in every patient. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time.

What are the major risks?

Most surgeries go well, without complications. However, infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners.

How long will I be in the hospital?

Patients will get up the day of surgery, sit in a chair, and begin walking with a walker or crutches. Most patients will go home the day after surgery. You will be discharged to home once you are able to sit, stand, and walk safely with the walker or other assistive device.

What if I live alone?

Three options are available to you.

- Return home and receive help from a relative or friend.
- Have a home health nurse and physical therapist visit you at home for two or three weeks.
- Stay in a sub-acute facility following your hospital stay; this option requires approval from your insurance company.



What happens during surgery?

The hospital reserves approximately one to two hours for surgery. Time will be taken by operating room staff to prepare you for surgery. You may have general anesthetic - "being put to sleep." Some patients prefer a spinal or epidural anesthetic, which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologist.

Will surgery be painful?

You will have discomfort following surgery, but we keep you comfortable with appropriate medication. Most patients will receive oral pain medication with some additional IV medication for "breakthrough" pain.

How long and where will my scar be?

Surgical scars will vary in length, but most surgeons make it as small as possible. It will be straight down center of your knee, unless you have previous scars, in which case your surgeon may use an existing scar. There may be lasting numbness around the scar.

Will I need a walker, crutches, or a cane?

Patients progress at their own rate. We recommend you use a walker or a cane for four to six weeks. The OCC or the Case Manager can arrange for equipment as needed.



Binder for Knees

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some patients may transfer to a sub-acute facility. The Case Manager, physical therapist and surgeon will help with this decision and make necessary arrangements. Check with your insurance company to see if you have sub-acute rehab benefits.



Will I need help at home?

For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Family or friends need to be available to help. Preparing ahead before surgery can minimize amount of help needed. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for help.

Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient therapy. Please make outpatient appointments from our Preferred Group listed in GSM office. If you need home physical therapy, we will arrange for a physical therapist in your home. Following this, you may go to an outpatient facility several times a week to assist in your rehabilitation. Length of time for this type of therapy varies with each patient.

Will my new knee set off security sensors when traveling?



Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on security screening procedures. You should carry a medic alert card indicating you have an artificial joint. Check with the Orthopedic Care Coordinator before leaving the hospital.

Section Four: Appendix

Glossary

- **Abdomen:** Part of body commonly thought of as the stomach; it's situated between hips and ribs.
- **Ambulating:** Walking.
- **Assistive Devices:** Walker, crutches, cane, or other device to help you walk.
- **Compression Stockings:** Special stockings that encourage circulation.
- **Dorsiflexion:** Bending back foot or toes.
- **Dressings:** Bandages.
- **Embolus:** Blood clot that becomes lodged in a blood vessel and blocks it.
- **Incentive Spirometer:** Breathing tool to help exercise lungs.
- **Incision:** Wound from surgery.
- **IV:** Intravenous.
- **Osteolysis:** Condition in which bone thins and breaks down.
- **OT:** Occupational therapy.
- **Prothrombin:** Protein component in blood that changes during clotting process.
- **PT:** Physical therapy.



Tift Regional Medical Center

901 East 18th Street, Tifton, Georgia 31794

- **Tift Regional Joint Replacement & Spine Center** is located on Tift Regional Medical Center 2nd Floor



Musculoskeletal Center

2227 Hwy 41 North, Tifton, Georgia 31794

- **Georgia Sports Medicine** located on the 1st Floor of the Musculoskeletal building.
- **Pre-Op Class** is located on the 3rd Floor of the Musculoskeletal building.



TRMC - 20th Street Lobby

- **Pre-Admission Testing** is located at the Tift Regional Medical Center 20th Street Lobby.





Items that you may require after knee or hip surgery.

Transfer tub bench

A transfer tub bench is recommended after hip surgery to keep you from bending your hip too much. It is also recommended after your knee surgery if you are unable to step in and out of the tub. A transfer tub bench is an out of pocket expense. It usually costs \$60.00 - \$75.00, depending on which medical equipment company you prefer.



Shower chair

A shower chair is recommended after knee surgery if you are able to safely step in and out of the tub. A shower chair is an out of pocket expense. It usually costs \$40.00 - \$45.00, depending on which medical equipment company you prefer.



Binder for Knees

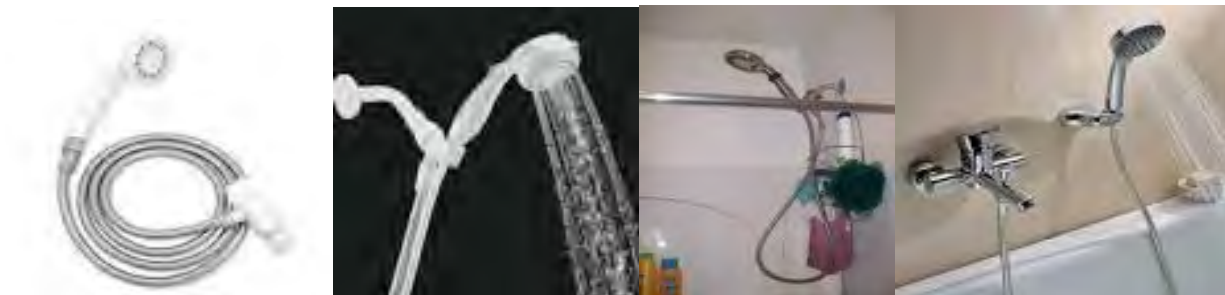
Grab bars

Grab bars help ensure safety during transfers in and out of the tub and upon standing. These are an out of pocket expense and can be purchased from Lowes, Wal-Mart, etc.



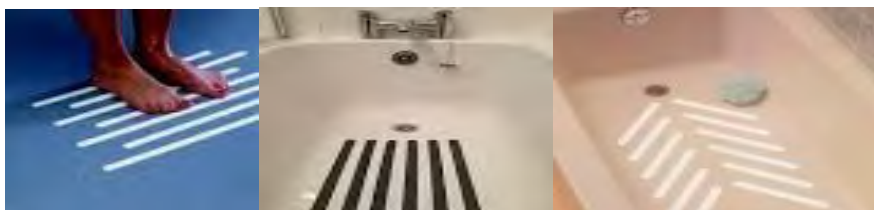
Long handled shower head hose

To provide simplification during rinsing in shower and prevent excessive twisting and loss of balance. Long handled showerheads can be purchased at Lowes, Walmart, & etc. and are \$7.00 to 30.00.



Nonskid strips

Non-skid strips are recommended if your tub or shower is slippery. They can be placed in the tub/shower and on the floor outside the tub/shower to help prevent falls.



Binder for Knees

Bedside commode

A bedside commode is recommended after your knee or hip surgery to provide safety and promote independence in toilet transfers and with toileting tasks. Placed over your toilet, a bedside commode provides increased height with arm rests to make it easier to sit down and stand up. This is USUALLY covered by insurance. (Extra wide models are available but may have an additional cost.)



Extra wide bedside commode

Provides extra room for toileting. Extra wide bedside commodes make have an additional cost.



Toileting aids-

Toileting aid

A toileting aid may be helpful after your surgery if your reach is limited. This is an out of pocket expense that ranges from \$8.00 - \$30.00 and can be purchased online.





RECIPE FOR SLUSHY ICE PACKS

To make the ice pack you will need:

Rubbing alcohol (it does not matter what percent alcohol)

Plastic zipper bags

Tap water

The ratio for the ice pack is 3 to 4 parts water and 1-part alcohol. Be careful not to fill the bag too full because it will not conform well. For a gallon sized slushy, use 3 cups water and 1 cup alcohol. For a quart sized slushy, use 1 1/3 cups water and 1/3 cup rubbing alcohol.

Do not skimp on the cost of the plastic bags. The freezer bags are thicker and it is recommended that you use one that you trust not to leak. Pour the water and alcohol into the bag, zip the bag, then place it into a second bag so that the zippers are on opposite ends. Place in the freezer until ready for use.

For use, place a washcloth or towel against your skin for protection. Apply the pack to the affected area for 20 minutes then return the bag to the freezer until the next use.

If the slushy pack is too slushy, thaw slightly and dip off 1/2 to 1 cup of solution and replace with water. If the slushy pack freezes too solid and does not conform well, thaw slightly and dip off 1/2 cup to 1 cup of solution and replace with alcohol.

Common Complaints After Joint Replacement

Difficulty sleeping	You may take Tylenol PM. Drink warm milk before bedtime.
Lack of appetite	Eat small, frequent meals. Drink smoothies, shakes, supplemental drinks.
Constipation	Use a laxative: Milk of Magnesia, Dulcolax, Fleets Enema or suppository. Try a stool softener: Colace.
Swelling	Apply an ice pack after exercise for 20 to 30 minutes. If swelling persists, notify your surgeon.
Numbness along incision	This is normal.
Drainage from incision	Remove bandage as directed by surgeon. If drainage continues, notify your physician.
Knee clicking with bending	You may occasionally feel soft clicking of metal and plastic. This is normal.
Activate metal detectors	Your new knee may activate metal detectors required for security in places such as airports. When traveling, give yourself extra time for security screenings.

Going Home with Mepilex Border Wound Dressing

- **Check your dressing every day.**
- **If your wound is draining or is painful**, lift the dressing edges carefully to look at the wound to make sure it is healing properly with no signs of infection.
- Signs of infection include:
 - New drainage, green or yellow or foul smelling from wound/drain site.
 - Increased and spreading redness around wound / drain site.
 - Increased temperature (fever) above 38°C or 101°F.
 - **Call your surgeon/General Practitioner (Family Doctor) if you have signs of infection.**
- If your wound has no signs of infection the dressing can be reapplied, as the border is made of a resealable silicone.
- Mepilex Border dressing can be left in place for up to a **maximum of 7 days** after application.
- **The dressing should be replaced if:**
 - The dressing pad is stained or wet beyond 80% (more than 3/4).
 - Drainage is seeping out into the border edges of the dressing.
 - The wound looks wet and white - like your skin does when it has been in water too long.
- Once drainage from the wound has stopped, the dressing can be peeled back and removed. The wound can then be left open to air even with the staples in.
- When applying ice with this dressing in place, your skin must be protected with a light cloth between the ice or icing device and the skin.

Changing the dressing if required

1. Wash your hands with soap and water.
2. Remove and dispose of old dressing.
3. Cleanse the wound with normal saline and gauze.
4. Open the new Mepilex Border dressing or gauze without touching the side that will be placed on your wound.
5. Place the dressing over the incision. Ensure you get a seal of the edges of the Mepilex Border by molding the entire bandage to your skin with your hands. If using gauze, loosely tape the gauze and do not wrap tape in a circle around the knee/leg.



Example: Mepilex Dressing

Showering

- Mepilex Border is viral, bacterial and water resistant.
- You may shower with your Mepilex Border Dressing, but before getting into the shower you will need to **ensure the edges around the dressing are secure** by smoothing down the edges of the dressing.
- Mepilex Border dressing is water resistant but not waterproof. You may shower, but do not take a bath, go into pool or hot tub with this dressing.

Purchasing Dressings

- Patients are responsible to purchase additional dressings.
- Mepilex Border Dressings are available at some local pharmacies. Please call pharmacy of your choice to inquire about availability and prices.
- Alternatively, gauze and paper tape may be used.