Your name

Surgery date

Your follow-up appointment with your surgeon is:

Date

Time

Surgeon

Phone number

Whom to Call With Questions

- Abbott Northwestern Hospital: 612-775-4609
- Buffalo Hospital: 763-684-7753 or call your surgeon’s office for more information
- Cambridge Medical Center: 763-689-8700
- District One Hospital: 507-497-3840
- Mercy Hospital: 763-236-8860
- Mercy Hospital — Unity Campus: 763-236-8860
- New Ulm Medical Center: 507-217-5440
- Owatonna Hospital: 507-977-2277
- Regina Hospital: 651-404-1342
- River Falls Hospital: 715-307-6451
- St. Francis Regional Medical Center: 952-428-2565
- United Hospital: 651-241-5390

Please bring this book to:

- appointments with your surgeon
- your pre-surgery class (if offered)
- the hospital on the day of surgery
- therapy sessions
- physical therapy appointments.

Important

Make sure to look in the back-pocket folder of this book for more important information!
Before Your Surgery

Checklist

☐ Contact your surgeon’s office if you are planning to visit the dentist within 1 month before your surgery.

☐ Schedule your health history and physical exam. You can read more about this exam on page 17.

☐ Schedule your pre-surgery education class, if offered at your hospital. You can read more about this class on page 18.

☐ If you are having your surgery at Abbott Northwestern Hospital, schedule your Preoperative Clinic appointment. You can read more about this appointment on page 17.

☐ Review this education book and all other handouts given to you.

☐ Review and complete your paperwork, including any surveys.

☐ Make a list of all your current medicines. The “My Medicine List” is on page 109 for you to fill out.

☐ Call your insurance provider with any questions you have about your coverage. Use the worksheet on page 21 as a guide.

☐ Talk with your family, friends and others close to you (your “care circle”) about your needs after surgery.

 Worksheets in this book:

- Determining Your Health Insurance Coverage (page 21)
- Before Surgery Exercise Program (page 33)
- Home and Equipment Worksheet (page 44)
- Questions to Ask at My Follow-up Appointment (page 77)
- Home Exercise Program (page 87)
- My Medicine List (page 109)

Did You Know?

Your care circle is your family, friends and others close to you. This term will be used throughout this book.
Knee Replacement

Sixth edition

Developed by Allina Health

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The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

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Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician. For specific information about your health condition, please contact your health care provider.
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Chapter 1: Welcome

Did You Know?

Your care circle is your family, friends and others close to you. This term will be used throughout this book.

How do you make your surgery a positive and meaningful experience? Many patients and their care circles find it helpful to learn as much as they can before surgery.

This book was created to help you prepare for surgery and guide you through your recovery. The information is not meant to replace advice you receive from your health care team.

Please try to read the entire book before your surgery. Read it at your own pace and write your questions in the margins.

Bring this book with you when you come to the hospital for your surgery. Your health care team will work with you and your care circle to create a recovery plan that is right for you. They will be available to answer any questions you have.

Your health care team looks forward to caring for you!
Your Health Care Team

As you prepare for your knee surgery, hospital stay and recovery, your health care team will work with your surgeon to help you along your journey. Members of your health care team may include doctors, doctor (physician) assistants, nurses, nursing assistants, social workers, case managers, and physical and occupational therapists.

You may also be visited by a dietitian, respiratory therapist or chaplain.

**Did You Know?**

You can call 612-262-4930 to get more information about the cost of your surgery.

---

**Whom to Call With Questions**

If you have questions about your surgery, please call your hospital’s phone number listed on the inside of the front cover of this book.

When you call, you will speak with a member of your health care team. He or she will be able to:

- help you coordinate your care before surgery between the surgeon’s office, clinic and the hospital if needed
- plan your specific care needs to make sure you are ready for surgery
- coordinate your hospital care with your health care team members
- answer questions and provide you with resources available at the hospital
- help the social worker, case manager or both in coordinating your discharge plan to your home, home health care services, or a transitional care unit (TCU) or short-term rehabilitation center
- answer questions and provide you with resources after you leave the hospital if needed.
Chapter 2: Understanding Your Knee

The Normal Knee

The knee joint is the largest and most complex joint in the body. It has four parts.

- The first two parts are knuckle-like projections at the lower end of the thigh bone and the upper end of the shin bone. These areas glide against each other and allow you to bend your knee.
- The third part, cartilage, covers all joint surfaces and is a smooth padding that allows the first two parts to touch and move together.
- The fourth part, the kneecap (patella), covers the knee joint. It is what you feel when you touch your knee.

Tip

Visit allinahealth.org/kneereplacementvideo to watch a video with more information about your knee.
Disease, injury or infection can affect the way the knee works. However, arthritis is the most common cause of knee joint deterioration. Arthritis is a name used to describe a number of diseases that cause swelling of the joints and friction on the cartilage and bones.

In the problem knee, the worn cartilage no longer serves as a cushion. When cartilage becomes damaged by an injury or by disease, the knee joint cannot move smoothly. As the cartilage wears away from the bones, the bones rub together and become irregular, creating a rough surface.

As the pain worsens, you will try not to use the joint as much. This causes the muscles to weaken and the joint to feel unstable and less able to support your body weight. An X-ray can determine the extent of joint damage. A knee joint replacement is an option to relieve the pain and instability.
The Knee After a Knee Replacement

The knee replacement surgery removes damaged bone and cartilage from the knee joint and replaces both the bone and cartilage with an artificial joint (prosthesis).

The artificial knee provides a smooth surface for your bones to touch and move together.

The upper part of the artificial knee is metal (titanium, tantalum or cobalt) and fits into your thigh bone. The lower part is metal and plastic (wear-resistant polyethylene) and fits into your shin bone. If the underside of your kneecap is damaged, a round plastic piece will be cemented onto it.

The three parts touch and glide against each other just as a normal knee joint does, allowing your knee to bend.

There are different approaches for knee replacement surgery, which change as the technology changes. Your surgeon will determine which approach will work best for you, based on your:

- age
- weight
- bone health
- overall health
- activity level
- specific knee degeneration or injury.
The Knee After a Partial (Unicompartmental) Knee Replacement

Partial (unicompartmental) knee replacement surgery is done when only part of the knee is damaged. During this surgery the damaged articular cartilage is removed only from the damaged section of the knee, saving the ligaments and healthy bone within the knee.

The surgeon replaces the damaged section with a smooth metal and plastic surface that lets your knee move without pain. The partial replacement saves the ligaments within the knee so it moves like a normal knee.

An X-ray shows the artificial joint (prosthesis).
Chapter 3: Before Surgery

Your Health History and Physical Exam

Important

Your health history and physical exam needs to be done within 30 days before your surgery.

It is recommended to have the exam done 14 to 30 days before surgery.

Your primary care provider should do a health history and physical exam before your surgery. Call your primary care provider to schedule your appointment.

During the exam, your primary care provider will:
- evaluate your current health status
- review and perform any tests needed before surgery
- make sure you are ready for surgery.

If you take any medicines, make sure your primary care provider gives you instructions for the following:
- taking your medicines the morning of surgery
- stopping any prescription medicines before your surgery
- stopping any over-the-counter medicines before your surgery, including herbal medicines.

If you are having your surgery at Abbott Northwestern Hospital

In addition to your health history and physical exam, you will need to have a Preoperative Clinic appointment at Abbott Northwestern Hospital. Your appointment will be within 7 to 14 days before your surgery.

If your surgery is scheduled in a shorter amount of time, your clinic appointment may be less than 7 to 14 days before your surgery.

During this appointment, the clinic staff will:
- go over information on safety during your hospital stay
- create your plan of care
- give you pre-surgery instructions about activities on the day of surgery.

Abbott Northwestern Hospital Preoperative Clinic Appointment

Please call 612-863-5100 to make appointments for your Preoperative Clinic appointment.
Pre-surgery Education Class

Scheduling Your Class

You will need to call to schedule a pre-surgery education class if you are having your surgery at one of the following hospitals:

- Abbott Northwestern Hospital: 612-863-5100
- Buffalo Hospital:
  Your class will be scheduled for you by your clinic. Call the clinic at 763-682-5225 if you have any questions.
- Cambridge Medical Center: 763-688-9923
- District One Hospital: 507-497-3518
- Mercy Hospital: 763-236-7700
- Mercy Hospital — Unity Campus: 763-236-7700
- Regina Hospital: 651-404-1002
- St. Francis Regional Medical Center: 952-428-2565
- United Hospital: 651-241-5390

The hospital at which you are having your surgery may offer a pre-surgery education class. Members of your health care team will be there to answer questions and help guide you through your surgery experience.

It is strongly recommended that you bring a member of your care circle to this class. This person should also be available to act as a “coach” during your hospital stay and recovery.

At the pre-surgery education class, you will learn:

- how to get ready for surgery
- what to expect during your hospital stay
- how to go home safely after surgery.
Personal Support Coach

You are encouraged to select a member of your care circle to be your personal support coach. He or she will support and encourage you to meet milestones during your recovery.

Your personal support coach may also:
- go to the pre-surgery education class with you if offered
- be available during your hospital stay
- go to therapy sessions with you
- be with you as you receive your discharge instructions
- be available to help you in your recovery after you leave the hospital.

Recommended qualities in a coach

C – Caring and compassionate cheerleader

O – Offer comfort and support during your recovery

A – Available to actively participate and help with your rehabilitation

C – Communicate with you and your health care team

H – Help, listen and encourage your return to normal activity
Insurance Coverage

Health care benefits change and differ from plan to plan and provider to provider. It is important for you to understand your health care benefits before your surgery.

Now is a good time to call your insurance provider and find out exactly what is and is not covered under your plan, and how much you have to pay yourself.

Use the worksheet on the next page to help you determine your insurance coverage.
Determining Your Health Insurance Coverage

Questions to ask your insurance provider before your hospital stay

Insurance coverage for knee surgery is different from plan to plan. You need to know what your health plan covers. Call your insurance provider at least 2 weeks before your surgery to learn about your specific coverage. Look for the phone number on your membership card. Use this worksheet as a guide to help you get a clear idea of your coverage.

Insurance provider phone number: __________________________________________________________
Policy number: __________________________________________________________________________
Date/Time of call: ___________________________ Person spoken to: ____________________________

1. I am scheduled for knee surgery. Does my hospital stay need to be pre-approved? □ yes □ no
   If yes, who should pre-approve my hospital stay? ___________________________________________
   What do I need to do to receive the pre-approval? ___________________________________________

2. Will more hospital days be covered if there are problems (complications)? □ yes □ no

3. If I need medical equipment, am I pre-approved for it? □ yes □ no
   Do I have to get the medical equipment from a specific source? □ yes □ no
   If yes, from whom? ____________________________________________________________________
   Do I need a prescription for the equipment? □ yes □ no

4. If I cannot return to my normal home life right after discharge, do I have benefits for rehabilitation and physical therapy? □ yes □ no

Using the table below, review the possible needs and financial concerns with your insurance provider. Ask specific questions to help you get a clear idea of your coverage. Be prepared to share this information with your health care team.

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount insurance pays</th>
<th>My co-pay</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term rehab*</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Home health care</td>
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<td>Outpatient therapy</td>
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<tr>
<td>After-surgery medicines</td>
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<tr>
<td>Medical equipment (chapter 8)</td>
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<tr>
<td>Transportation** (leaving the hospital)</td>
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<tr>
<td>Other</td>
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*Short-term rehab is also referred to as transitional care. It takes place in a skilled nursing facility such as a transitional care center or transitional care unit (TCU).
**Transportation services are usually not covered by insurance companies. Plan ahead and arrange for a member of your care circle to drive you home in a comfortable vehicle after you leave the hospital.
Hospital Pre-registration

After your surgery has been scheduled, you may receive a call from the hospital 1 to 2 days before your surgery for pre-registration information. Please have the following information ready:

- full legal name and address (including county)
- home phone number
- date of birth
- marital status
- Social Security number
- name of insurance policyholder, his or her address, phone number, work address and work phone number (if insurance is through an employer)
- name of your insurance company, mailing address, policy and group numbers, and copy of insurance card (Note to Medicare beneficiaries: Medicare requires an additional series of questions.)
- name, address and phone number of your employer, and your job title
- name, address and phone number of the nearest relative or spouse if applicable
- name and phone number of someone to call in case of an emergency (can be the same as nearest relative).

Tip
Call 1-888-660-0014 to pre-register for your surgery.
Advance Care Planning

How to Get Started

Allina Health offers three ways to help you get started:

1. Sign up for a free advance care planning class. Call 612-262-2224 or 1-855-839-0005 to register.

2. Fill out a free, secure health care directive online. Go to account.allinahealth.org to create an account.

3. Print out a health care directive at allinahealth.org/acp.

Planning for your future health care

Advance care planning is the process of giving information to others about your health care choices in case illness or injury prevents you from telling them yourself.

Talk with members of your care circle about your health care choices. This is a time for you to share:

- what kind of care and treatment you do or do not want
- your wishes, goals and values and how they relate to your health care choices for the future.

You can put your health care choices in writing by creating a health care directive. Members of your care circle and your health care providers will use this document to interpret and understand your wishes, goals and values for your future health care needs.

Important

If you have a health care directive, bring a copy of it with you when you come to the hospital for surgery. It will be a permanent part of your medical record.
Medicine Use Before Surgery

Important

Tell your health care team which medicines you took the morning of surgery and what time you took them.

Certain medicines can cause problems (complications) with your surgery unless you stop taking them before surgery.

Talk with your health care provider about all of the medicines you take (including over-the-counter medicines, herbals, vitamins or other supplements) at least 10 days before surgery. Make sure to ask him or her for instructions if you take a combination medicine. Then use the worksheet on the next page to write down medicines you need to continue or stop taking before surgery.

Medicines to keep taking before surgery

If you take any of the medicines on the following list, take your morning dose with a small sip of water before you go to the hospital.

- beta blockers such as atenolol (Tenormin®), carvedilol (Coreg®) or metoprolol (Lopressor®)
- any heart medicine such as anti-arrhythmics or calcium channel blockers like diltiazem (Cardizem®, Dilacor XR®), verapamil (Calan®, Isoptin®, Verelan®) or amlodipine (Norvasc®)
- asthma medicine (including an inhaler, steroids or both)
- acid reflux medicine
- pain medicine if needed
- seizure medicine

Follow any instructions your health care provider gives you.

Medicines to stop taking before surgery

It is important that you stop taking the following medicines 1 week before surgery or as directed by your health care provider.

- aspirin or medicines that contain aspirin
- blood-thinning medicines such as warfarin (Coumadin® or Jantoven®)
- anti-inflammatories such as ibuprofen (Motrin®, Advil®) or naproxen (Aleve®)

Follow any instructions your health care provider gives you.
<table>
<thead>
<tr>
<th><strong>Medicines to Keep Taking</strong></th>
<th><strong>Medicines to Stop Taking</strong></th>
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Diabetes

If you have diabetes, it is important to have good blood glucose levels before and after surgery. This will help you heal better after surgery and lower your risk of infection.

Talk with your health care provider who manages your diabetes about having good blood glucose levels before your surgery. It is recommended for you to have an A1c level lower than 7.5 percent within 3 months before your surgery.

If your A1c level is 7.5 percent or higher, your surgery may be rescheduled until your blood glucose level is under control.

The stress of surgery can sometimes increase your blood glucose level after surgery. You may be given insulin to control your blood glucose while you are in the hospital. If you take diabetes pills, you will usually start taking them again when you leave the hospital. Follow any instructions your health care provider who manages your diabetes gives you.

Blood Levels Before Surgery

Did You Know?

Hemoglobin is the most important part of a red blood cell. The protein carries oxygen from your lungs to your tissues. Hemoglobin also takes carbon dioxide from the tissues to the lungs. You breathe out the carbon dioxide when you exhale.

It is important to have normal blood (hemoglobin) levels before your surgery. This will help you handle surgery better and lower your risk of needing a blood transfusion while you are in the hospital.

Talk with your primary care provider about your blood levels before surgery. Your surgery may need to be rescheduled if they are low before surgery. This will give your primary care provider time to find out why they are low and give you any treatments needed to get your blood levels back to normal.

Your blood levels may be low after surgery. This is normal. It may take a few months for your blood levels to go back to normal. You and your health care team will work together to find the best way to make sure your blood levels return to normal after surgery.
Quit Tobacco For Your Surgery

Did You Know?
Tobacco products contain more than 7,000 chemicals. More than 70 are known to cause cancer.

Tobacco and surgery risks
Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes and JUUL®), smokeless tobacco (dip or chew), cigars, hookahs and pipes.

Using tobacco increases your risk of the following during and after surgery:
- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing of your surgery site
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

Benefits of quitting
- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
  - 8 hours: the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
  - 48 hours: Nerve endings start to grow again.
  - 2 weeks: Your circulation improves and your lung function increases. (Source: World Health Organization)

Important
Secondhand smoke causes as much damage to healing as if you were smoking.

If you live with someone who smokes, ask him or her to smoke outside for at least the time of your recovery.

When you should quit
Ideally, you should quit as soon as possible. Research shows that:
- the harmful effects from cigarettes begin to go down about 12 hours after your last cigarette smoked
- at least 8 weeks without cigarettes is the best way to reduce problems almost as low as people who do not smoke.

The American College of Surgeons recommends at least 4 weeks without cigarettes.
You should not use tobacco the day of surgery up to 1 week after your surgery. Your doctor may tell you when to quit before your surgery.

If you quit for surgery, you double the chance of staying off cigarettes for good. Many people report they have no cravings while in the hospital.

Not ready to quit? Consider taking a break!
If quitting tobacco makes you feel nervous and seems overwhelming, consider taking a break or a vacation from tobacco use.

- You will get the physical benefits for the period of time that you are not using tobacco.
- You will reduce your risk of problems during surgery and still increase your chances of a smooth recovery after surgery.

If you can, set a goal to stop using tobacco for 1 month after your surgery. This will allow your body to heal the best after your surgery.

Ways to quit or take a break

- abrupt stop (cold turkey)
- nicotine replacement therapy* (gum, lozenge, patch or inhaler)
- medicines (Chantix® and Zyban®)
- behavioral strategies (such as calling a friend or going for a walk)
- aromatherapy (black pepper oil)
- take a break (vacation) from tobacco.

Any step you take without tobacco is going to help you. Small steps are better than nothing!

*Nicotine replacement therapy (NRT) can nearly double your chances of successfully staying off cigarettes. It works best if you use it with the help of a doctor or counselor. Ask your doctor about using NRT around the time of surgery. Go to quitforsurgery.com to learn more.
Resources

Allina Health

- Tobacco Intervention Program at Abbott Northwestern Hospital
  — 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
  — 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
  — 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
  — 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
  — 612-863-5178

Other

- Minnesota Department of Health
  — health.state.mn.us/quit
- Quit Smoking Hotline
  — 1-800-QUIT-NOW (7848-669)
- online tobacco cessation support
  — smokefree.gov
- American Lung Association/Tobacco Quit Line
  — 651-227-8014 or 1-800-586-4872
- Chantix® GetQuit Support plan
  — 1-877-CHANTIX (242-6849) or get-quit.com
- financial aid for Chantix® or Nicotrol® inhaler
  — 1-866-706-2400 or pfizerhelpfulanswers.com
- *Mayo Clinic Nicotine Dependence Center’s Residential Treatment Program
  — 1-800-344-5984 or 1-507-266-1930
- Plant Extracts aromatherapy
  — 1-877-999-4236

*There may be a cost to you. Check with your insurance provider.
Chapter 4: Preparing for Surgery

Before Surgery Exercise Program

You may have discovered you have been less active because of your knee joint discomfort. When muscles are not used, they become weak and do not perform well in supporting and moving your body.

Having your knee surgery will correct the joint problem, but you will need a regular exercise program to strengthen and stretch your muscles to properly support your new joint.

Beginning an exercise program before surgery can greatly help your recovery.

The following pages list several exercises for you to work on before your surgery. Because everyone responds to exercise differently, you need to be the judge of how much exercise you can do each day. **If an exercise causes an increase in discomfort, stop doing that exercise.**

You should try to exercise 1 to 2 times a day, every day, before surgery. Work up to doing 10 to 20 repetitions of each exercise. It may be helpful to do these exercises on both legs.

For the most comfort, do the exercises lying down. Your bed is an excellent place to do your exercises.
Knee exercises — before surgery

☐ Ankle pumps and circles
Pump your feet up and down by pulling your feet up toward you, then pushing your feet down away from you. Next, rotate your feet clockwise and counterclockwise.

☐ Thigh squeezes (quadriceps sets)
Tighten the muscles on the top of your thigh by pushing the back of your knee down into the bed. **Hold for 5 seconds and relax.**

☐ Heel slides (hip and knee flexion)
Bend your surgical hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed. Slide your heel back down to the starting position and relax. Keep your kneecap pointed up toward the ceiling during the exercise. You may want to use a plastic bag under your heel to help it slide easier.

☐ Leg slides (abduction/adduction)
Slide your surgical leg out to the side, keeping your kneecap pointed up toward the ceiling. Slide your leg back to the starting position. You may want to use a plastic bag under your heel to help it slide easier.

☐ Lying kicks (short arc quadriceps)
Lie on your back with a rolled-up blanket or towel (at least 6 inches in diameter) under the knee of your surgical leg. Straighten your surgical leg. **Hold for 5 seconds.** Slowly lower your leg down and relax. The back of your knee should stay in contact with the blanket or towel during the exercise.
☐ **Straight leg raises**

Bend your other leg with your foot flat on the bed. Raise your surgical leg up (about 12 inches), keeping your knee straight. Also bend your ankle up pulling your toes toward you. **Work up to holding for 5 seconds.** Slowly lower your leg down and relax.

![Straight leg raises](image)

© Allina Health System

☐ **Bed mobility exercise**

Lie flat on your back. Come up on both elbows. Straighten your arms out behind you and come to a sitting position. Lower yourself down onto your elbows again, then down to lying flat.

![Bed mobility exercise](image)

© Allina Health System

☐ **Chair pushups**

Sit on a sturdy chair with arms. Hold the arms of the chair. Push down on the chair arms, straightening your elbows so you raise your buttocks a few inches off the seat of the chair. **Work up to holding for 5 seconds.** Lower yourself slowly back into the chair. If your arms are weak, use your legs to help raise your buttocks off the seat of the chair.

![Chair pushups](image)

© Allina Health System

☐ **Knee bending stretch (sitting knee flexion)**

Sit toward the front of a sturdy chair. Slowly slide your foot back and forth 10 times as a warmup. Then slide your foot back inch-by-inch, bending your knee as much as you can. You can use your hands to help. **Hold for 30 seconds.** (Your heel can lift up from the floor). Return to the starting position and relax. Repeat 3 times slowly.

![Knee bending stretch](image)

© Allina Health System

☐ **Knee straightening stretch (sitting knee extension)**

Sit on a sturdy chair with your lower leg up on another chair, or a footstool, in front of you. You should feel a stretch on the back of your knee. You can do thigh squeezes or add a towel roll under your ankle to increase the stretch. **Do this stretch for 5 to 10 minutes as you are able.** This exercise can also be done lying in bed.

![Knee straightening stretch](image)

© Allina Health System
### Before surgery exercise program — Knee surgery

Check the box under the appropriate day and week after you perform the exercises selected for you.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Week 1</th>
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<tbody>
<tr>
<td>Knee stretch</td>
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Mobility and Activity Techniques for Daily Living

Tip
Do not use a walker to pull yourself up from a sitting position. This could cause you to fall.

After knee surgery, you may need to move differently until your knee heals. Practice the following techniques before surgery so you know what to do right after surgery.

Getting in and out of bed
- Back up until you feel the bed against the back of your legs.
- Place your surgical leg forward.
- Reach back for the bed surface, lowering yourself slowly to the edge.
- Scoot back on the bed in a diagonal direction until your knees feel supported.
- As you turn your body to get into bed, you may need to use a leg lifter or someone to help lift your surgical leg.
- When getting out of bed, come to a sitting position on the bed.
- As you turn your body to get out of bed, you may need to use a leg lifter or someone to help move your surgical leg.
- Lean back as you push with your hands to help move your body forward until you are sitting at the edge of the bed.
- Place your surgical leg forward.
- Push up from the bed and stand up.
- Do not reach for a walking device until your balance is secure.

Getting on and off a chair with arms
- To sit down, back up until you feel the chair against the back of your legs.
- Place your surgical leg forward.
- Reach back for the arms of the chair with both hands and sit down on the edge of the seat, then slide back.
- To get off the chair, slide to its edge.
- Place your surgical leg forward.
- Push up with both arms and your nonsurgical leg.
- Do not reach for a walking device until your balance is secure.

Getting on and off a toilet
- To get on and off a toilet, follow the steps above for getting on and off a chair.
- Using a raised toilet seat may make it easier and safer for you to get on and off the toilet.
- When sitting or standing, support yourself with grab bars or nearby structures (sink, counter) that are secure.
**Getting socks, pants and shoes on and off**

- You may need a sock aid and reacher to get dressed.

- **Putting socks on:**
  - Slide the sock onto the sock aid. Be sure the heel is facing down and the toe is tight against the end.
  - Hold the cords. Drop the sock aid out in front of your surgical foot.
  - Slide your foot into the sock (all the way to the end if possible) and pull it on.
  - Use the strings to pull the sock over your foot.

To take your socks off, insert the reacher into the back of the sock and push your sock over your heel and off your foot.

- Use the reacher to dress your surgical leg first and undress your surgical leg last.

- Wear slip-on shoes or use elastic shoelaces and a shoehorn.

**Getting in and out of the tub**

It is a good idea to have hand rails or grab bars to help with your balance and support. Have someone nearby the first few times you use the tub or shower to provide balance assistance if needed. Talk to your occupational therapist for other tips that will work for your bathroom.

- Using a shower chair can make it easier to get in and out of the tub.

- Approach the chair from the side then place your surgical leg forward.

- Reach back for the shower chair or hand rail and sit down.

- Scoot back on the seat.

- To get out of the tub, lift each leg over the tub edge. You may need help to lift your surgical leg.

- Push up from the shower chair.

- Do not reach for a walking device until your balance is secure.
Getting in and out of a walk-in shower

- Approach the shower and then turn around backward to enter.
- Have the walker or crutches with you to provide balance and help you maintain your activity restrictions. It is also helpful to have:
  - someone to help you
  - a grab bar
  - a shower chair
  - a nonskid mat.

  **Important:** If you cannot maintain your activity restrictions, it is not safe to use a walk-in shower at this time.

- Getting into the shower:
  - Step into the shower with your nonsurgical (“good”) leg first.
  - Then step into the shower with your surgical (“bad”) leg.
  - If a shower chair is available, reach for the seat and slowly lower yourself into a sitting position.

- Getting out of the shower:
  - If using a shower chair, push up from the seat and slowly stand.
  - Step out of the shower with your surgical (“bad”) leg first.
  - Then step out of the shower with your nonsurgical (“good”) leg.

Reaching, bending, carrying

- Use a reliable support like the countertop or table when bending and reaching in low cupboards.
- A reacher can help reduce strain on your back when picking objects up from the floor.
- Do not carry or hold anything in your hands while using a walker or crutches. Use pockets in an apron, tool apron, clothing, fanny pack or backpack.
- Do not reach too far when you slide objects across a countertop.
- Try using a rolling cart to move heavy, hot or breakable items.
How to go up and down stairs

Your physical therapist will review stair climbing with you in the hospital.

- Remember to go up the step with your nonsurgical leg first, then bring your surgical leg up to the same step. “Up with the good.”

- Also remember to go down the step with your surgical leg first, then bring your nonsurgical leg down to the same step. “Down with the bad.”

Getting in and out of a car

A large plastic bag on the car seat may help you move more easily. Also, a firm pillow under your buttocks may be needed to increase the seat height so your hips are higher than your knees.

Any time you are getting in or out of the car, have the driver park about 4 feet out from the curb edge and not on an incline. Also make sure the surface you will be walking on is free of ice and snow.

- Back up to your car seat. Place your surgical leg forward.

- Reach back and find a stable hand hold (dashboard, back of the seat).

- Slowly lower yourself onto the seat.

- Scoot back on the car seat. Lean back as you lift each leg into the car. You may need help to lift your surgical leg.

- When getting out of the car, slide closer to the driver’s seat and lean back as you lift each leg out of the car. You may need help to lift your surgical leg.

- Scoot to the edge of the seat and place your feet on the street (not on the curb). Place your surgical leg forward.

- Using the same hand holds, push up with your arms and your nonsurgical leg to stand.

- Do not reach for your walking device until your balance is secure.
Breathing Exercises (Respiratory Exercises)

Performing respiratory exercises will help you prevent respiratory system complications. Deep breathing, coughing, and incentive spirometer exercises may speed your recovery and lower your risk of lung problems such as pneumonia. Learn the following exercises and practice them every day before your surgery.

Deep breathing
To deep breathe correctly, you must use your abdominal muscles, as well as your chest muscles.
- Breathe in through your nose as deeply as possible.
- Hold your breath for 5 to 10 seconds.
- Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should be going in. Exhale twice as long as you inhale.
- Rest and then repeat these steps with 10 repetitions.

Coughing
To help you cough:
- Take a slow deep breath. Breathe in through your nose and concentrate on fully expanding your chest.
- Breathe out through your mouth and concentrate on feeling your chest sink downward and inward.
- Take a second breath in the same manner.
- Take a third breath. This time hold your breath for a moment, then cough vigorously. As you cough, concentrate on forcing all the air out of your chest.
- Repeat this exercise two more times.

Tip
An incentive spirometer is a hand-held breathing exercise device to help you inflate your lungs after surgery. This will help keep your lungs healthy after surgery.

You can read about how to use an incentive spirometer in chapter 5.
Preparing Your Home for Your Needs After Surgery

Use the following guidelines to help prepare your home for your recovery. Check each item box as you complete that item.

**Outside your home**

☐ Move items you use a lot in the garage or workshop to tabletop-height surfaces or to middle shelves.

☐ Check stair railings to make sure they are secure. If you are adding a railing, extend it a few inches past the end of the staircase. It is best if all stairs have railings.

☐ Be aware of uneven ground around your home and in your yard.

☐ Be sure your driveway and walking paths are uncluttered.

☐ Find someone to do your yard work.

**Inside your home**

☐ Have clear pathways and remove clutter around your home.

☐ Make a walking path that a walking aid such as a walker will fit through your home.

☐ Pick up all throw rugs in your walking or standing path. Consider using double-face tape to secure carpet edges.

☐ Check stair railings to make sure they are secure. If you are adding a railing, extend it a few inches past the end of the staircase. It is best if all stairs have railings.

☐ Consider first floor options (temporary) if your bathroom is not on the main floor. Do you have access to a portable commode?

☐ Make your phone accessible to your main sitting area and bed. Cordless phones or cell phones are helpful. Carry a cordless phone or cell phone when you are home alone in case of an emergency.

☐ Arrange to have your paper and mail delivered to your door rather than curbside as needed.

☐ Arrange transportation to the grocery store, community events, family activities, and doctor and therapy appointments.

☐ Find someone to help care for your pet if needed.

Tip

See chapter 8 for more information on medical equipment you may need after your surgery.
**Living room**

- Move low-height tables away from the couch and chairs.
- Pick out a chair to sit in when you come home.
  - A good chair is firm with arms.
  - The chair should be tall enough that your hips are level with or higher than your knees. Your feet should touch the ground.
  - You can increase the chair height with extra cushion or furniture risers.

**Kitchen**

- Move items you use a lot in the kitchen to tabletop-height surfaces or to middle shelves.
- Use a kitchen cart to move heavy or hot items.
- Prepare and freeze a few meals before your surgery.

**Bedroom**

- Move items you use a lot to tabletop-height surfaces or to middle shelves.
- Place a lamp close to the bed where it is easy to reach.
- Plug in a night light. Some night lights turn on by themselves after dark.

**Bathroom**

- You may need a raised toilet seat or commode.
- Move items you use a lot in the bathroom to tabletop-height surfaces or to middle shelves.
- Consider putting grab bars in the bathtub, shower or both. Also consider other key areas for grab bars such as by the toilet. (Grab bars should be installed into wall studs to ensure they are secure.)
- Have access to a shower, tub transfer bench or both for bathing.
- Apply adhesive slip strips or a bath mat to the tub or shower floor.
- Consider a hand-held shower head.
- Consider using a soap dispenser with liquid soap in the bathtub or shower rather than using hand-held soap. Otherwise, place a bar of soap in a nylon stocking and tie it to a soap dish.
Home and Equipment Worksheet

It is important to prepare your home to be safe and ready for you after surgery. Before surgery, use this worksheet to assess your home setting and your access to equipment after surgery.

1. Whom do you live with? ☐ spouse/partner ☐ family ☐ alone ☐ other ______________________

You will need someone available to help with your care after surgery. The amount of care you will need depends on your recovery. You may only need someone to be available to check on you or you may need someone to help you with all of your daily activities.

2. Do you have someone available to help you with your care after surgery? ☐ yes ☐ no
   If yes, how often will that person be available to help you? ________________________________

3. What type of home do you have?
   ☐ one story ☐ two story ☐ split level ☐ apartment with elevator
   ☐ apartment with stairs ☐ other _________________________________________________________

4. How many steps in your home do you need to use?
   front steps ______ railing ☐ yes ☐ no upstairs steps ______ railing ☐ yes ☐ no
   back steps ______ railing ☐ yes ☐ no basement steps ______ railing ☐ yes ☐ no
   garage steps ______ railing ☐ yes ☐ no split level steps ______ railing ☐ yes ☐ no
   upstairs steps ______ railing ☐ yes ☐ no
   split level steps ______ railing ☐ yes ☐ no

5. What types of equipment will you have access to use during your recovery?
   ☐ walker ☐ wall-mounted grab bar ☐ sock aid
   ☐ front-wheel walker ☐ tub grab bar ☐ leg lifter
   ☐ cane ☐ tub transfer bench or seat ☐ elastic laces
   ☐ crutches ☐ hand-held shower head ☐ long-handled shoe horn
   ☐ wheelchair ☐ nonskid bath mat ☐ lift chair
   ☐ commode ☐ long-handled sponge ☐ bedside rail
   ☐ raised toilet seat ☐ reacher ☐ none

6. What is the height of your toilet? ☐ standard height ☐ comfort height

7. For bathing, do you have a: ☐ walk-in shower ☐ tub ☐ tub and shower combination

8. What is the height of your bed? _________ inches from the top of the mattress to the floor.
   If you do not have an exact measurement, remember where the top of your bed hits the back of your legs.
What to Bring for Your Hospital Stay

**Important**

Please do not bring any of the following:
- valuables
- medicines (pills, inhalers)
- large amounts of money
- jewelry (wedding ring).

**Reminder**

Please have a member of your care circle:
- bring your belongings into the hospital after your surgery is done and you have been assigned a room number
- lay out the clothes you will wear the day after surgery.

Please bring the following to the hospital.
- this education book
- a current list of your medicines (The “My Medicine List” is on page 109 for you to fill out.)
- a copy of your health care directive (if you have one)
- driver’s license or photo ID
- your insurance information (insurance card, Medicare card, work compensation information or all three)
- personal care items such as a toothbrush, toothpaste, denture cleaner, comb, skin care products, deodorant, make-up and shaving kit
- loose-fitting tops and bottoms (shorts with an elastic waistband, generous sweat pants). You will get dressed each morning in your own clothes.
- clothing you will wear home, including loose-fitting pants, shirt, underwear and socks
- flat shoes or athletic shoes (comfortable, supportive with nonslip soles)
- glasses or contacts (if you wear them) and storage containers
- hearing aids (if you wear them), storage container and extra batteries
- CPAP machine (if you use one)
- reading materials (All rooms have a television and phone.)
- phone numbers of family and friends
- rolling walker with front wheels (if you have one). Your physical therapist can make adjustments to your walker for you. (Be sure to label it with your name.) If you do not have an assistive walking device, your physical therapist will help you get the medical equipment you need while in the hospital.
- blank check or credit card. Ask a member of your care circle to bring this to you if you need to purchase any equipment to take home.

Important

Please do not bring any of the following:
- valuables
- medicines (pills, inhalers)
- large amounts of money
- jewelry (wedding ring).
Preparing Your Mind and Body for Surgery

Studies have shown that if your mind and body are ready for surgery you may sleep better and have less anxiety and pain. Your hospital stay may also be shorter.

The Penny George™ Institute for Health and Healing

The Penny George™ Institute for Health and Healing offers services to help you as you prepare for and recover from surgery. Call 612-863-3333 or visit allinahealth.org/pennygeorge for more information, or ask your health care team which services are offered at your hospital.

Progressive Muscle Relaxation

Progressive muscle relaxation is a short and easy exercise to help you relax and relieve some of your pain.

Getting started

Find a relaxing position. You may sit down or lie on your back in bed. Be sure your legs and hands are not crossed.

You may close your eyes. If you prefer, you can keep your eyes open but focus on one spot in front of you.

Bring your attention to your breathing. Think about where your breath comes in and out of your nose or mouth. Think about how your chest moves up and down with each breath.

Imagine a gentle, safe wave of relaxation that will slowly and warmly flow through your body. The wave can help you find those places that need to relax and give them permission to relax.

You can also imagine this wave in any way you find most comfortable. You may see it as light, water or just a feeling.

If your mind wanders, gently bring it back to your breathing.

Tip

Call 612-863-3333 or visit allinahealth.org/pennygeorge for more information about the Penny George Institute.
Relax from your head to your feet

- Bring your attention to the top of your head and begin to imagine a wave.
- With your next breath out, feel it flow through your head. Feel your jaw soften and relax.
- Breathe in.
- With your next breath out, focus on the back of your neck. Let it soften and relax.
- Breathe in.
- With your next breath out, imagine the wave moving through each arm all the way to your hands. Feel your hands become slightly heavier where they are lying.
- Breathe in.
- With your next breath out, imagine the wave of relaxation roll gently and safely down your spine. Let all of your back muscles relax and soften.
- Continue to breathe. Feel the wave flow as you breathe out.
- Let the wave flow through your pelvic area and hips into your upper legs and thighs.
- Breathe in.
- With your next breath out, allow the wave to find those areas in your legs and knees that need to relax. Give them permission to relax.
- Breathe in.
- With your next breath out, feel the wave move into your calves, then your feet. Feel your feet become a little heavier.
- Take two deep breaths. Imagine any remaining stress gently flowing out the bottoms of your feet.

Take a moment to observe the still place you created. With practice, relaxation will become easier.
Affirmations for Surgery

Affirmations are positive statements. They can help change negative situations into ones that are positive. Affirmations can help you feel in control and help you get ready for your surgery.

Examples of affirmations

- I am relaxed and calm as I get ready for this surgery.
- I will wake up easily and feel refreshed after surgery.
- My surgery will be successful.
- My body will work quickly to heal after my surgery.
- When I wake up after surgery my pain will be at a realistic goal.
- I am strong and will gracefully adapt to the lessons my body may be teaching me through this process.
- I trust in my body’s ability to welcome in and use what is helpful and healing to me. I also trust my body to reject what is unhealthy and not needed in my healing journey.
- My blood loss will be minimal and my body will quickly replace any blood or fluids.
- I trust my health care providers to use their skills for my good and to promote healing.

My affirmations

Create three to five of your own affirmations or choose from the examples above. Write them down below.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Read them out loud to yourself every day until your surgery. Take a slow, deep breath before you read each one. Use your affirmations before surgery and during your recovery.
Preparing for Surgery

You will receive information with the date and time of your surgery and the time you need to arrive at the hospital.

You will be asked to come to the hospital at least 2 hours before your scheduled surgery. This will give the health care team enough time to prepare you for surgery.

It is important to arrive on time. Your time of surgery could start earlier than expected. If you are late, your surgery may be delayed or it may need to be canceled and scheduled at a later date. Please call your surgeon’s office if you have any questions.

The Day Before Surgery

- Tell your surgeon if you have any changes in your health (sore throat, cold, fever, dental problem, urinating problem) or skin condition (rash, abrasions). You may need to schedule your surgery for a later date.
- If you take diabetes medicine, ask the health care provider who is managing your diabetes if you should take your medicine before surgery.
- Bathe or shower using the “Cleansing Your Skin for Your Surgery” instructions on the next pages or as directed by your surgeon.
Cleansing Your Skin for Surgery

Before surgery, you have an important role in reducing your risk of infection at the surgery site. You can reduce the number of germs on your skin by gently cleansing your skin with the Sage® 2% Chlorhexidine Gluconate Cloths. **Do not use these cloths if you have an allergy to chlorhexidine gluconate.**

**Important:** Do not shave your body below your neck 7 days before your surgery.

The night before surgery, take a bath or shower. Wait 1 to 2 hours. Wipe your skin well with the Sage cloths. They have a special antiseptic solution. Use both of the cloths in each of the three packages.

Please **do not follow the instructions on the Sage packages when cleansing your skin. Follow the instructions below.**

**Night before surgery (at least 1 to 2 hours after taking a bath or shower)**

- Gather your supplies: three packages of Sage 2% Chlorhexidine Gluconate Cloths, scissors, and clean clothes or sleepwear.
- Open all three packages. Remove the cellophane wrappers and throw them away. Use scissors to cut open the packages. Cut straight across the top of each package.
- Reach into one of the three open packages. Take out two cloths at one time with the foam holder and put them on a clean surface. Repeat for the second and third packages.
- **After you start using the cloths, do not touch your eyes, ears or mouth.**
- Follow the skin cleansing steps on the next page.
  - Gently cleanse your skin using a back-and-forth motion.
  - Be sure to completely cover each area. You may need help wiping some areas of your body.

After you gently cleanse each area, let your skin air dry for 1 to 3 minutes. It is normal for your skin to feel tacky or sticky for several minutes after you apply the solution.

- **Do not rinse or rub off the solution.**
- **Do not apply deodorant, perfume, lotions, moisturizers, gels, powders or make-up after cleansing your skin.**
- Throw away the used cloths. Do not flush them down the toilet.
- Wash your hands with warm water and soap.
Chlorhexidine wipes warning

Do not use chlorhexidine wipes or liquid if you:

- are sensitive to surgery skin preps
- know you have an allergy to chlorhexidine.

If you notice your skin is irritated while using the chlorhexidine wipes or liquid, remove it gently with a wet washcloth. Tell your pre-surgery nurse you had a reaction so he or she can make a note of your allergy history and tell others on your health care team.

There are rare cases of this product causing a serious allergic reaction. This can occur within minutes of use. **Call 911 if you have any of these:**

- wheezing or difficulty breathing
- swelling of the face
- hives
- severe rash
- shock.

- Put on clean clothes or sleepwear.
- Put clean sheets on your bed. Make sure pets stay off of your bed to keep it clean.

**Skin cleansing steps**

1. Using the first cloth, **wipe your neck and chest.**
2. Using the second cloth, **wipe both arms.** Start at your shoulder and end at the fingertips. Be sure to wipe well under each arm and in the armpit areas.
3. Using the third cloth, **wipe your right and left hip, then your groin.** Be sure to wipe any folds in the stomach and groin areas.
4. Using the fourth cloth, **wipe both legs.** Start at the thigh and end at the toes. Be sure to wipe the front and back of each leg.
5. Using the fifth cloth, **wipe your back.** Start at the base of your neck and end at the buttocks.
6. Using the sixth (last) cloth, **rewipe the surgery area.**

The numbered areas in the illustration show where to cleanse your body using each of the cleansing cloths. The numbers in the text above give you more details on how to cleanse your body.
Food and Liquid Directions Before Your Surgery

These directions are based on your scheduled arrival time. Not following these directions could mean your surgery will be delayed or canceled.

Alcohol and tobacco: 24 hours
- Do not drink any alcohol 24 hours before your scheduled arrival time.
- Do not smoke, vape, use chewing tobacco or use any other tobacco products up to 24 hours before your scheduled arrival time.

Solid foods: 8 hours
- Eat up to 8 hours before your scheduled arrival time.
  - Eat light meals such as oatmeal or toast.
  - Do not eat foods that are heavy or high in fat such as meat or fried foods.

Clear liquids: 2 hours
- Drink only clear liquids up to 2 hours before your scheduled arrival time.
  - Drink water, fruit juice without pulp, black coffee, clear pop or tea.
  - Do not have milk, yogurt, energy drinks or alcohol.

Medicines
- Take your medicines as directed with a small sip of water.
  - Talk with your surgeon if you have diabetes or if you take warfarin (Coumadin® or Jantoven®).

The Morning of Surgery
- If you were given instructions by your health care provider to take medicines the morning of your surgery, take them as directed with a small sip of water.
- Do not take a bath or shower the morning of your surgery.
- Put on clean, comfortable clothes to wear to the hospital.
- Arrive at the hospital at least 2 hours before your surgery. Allow extra time for walking, bad weather and traffic.
Chapter 5: Surgery, Hospital Stay and Beyond

What to Consider About Visitors

The first few days after your surgery are filled with a lot of activity as you learn how to use your new knee. Your health care team will balance this activity with rest periods. Support from your care circle is also essential to your recovery and should be balanced with your rest needs.

What to Expect the Day of Surgery

When you arrive at the hospital

- Go to the surgery registration area.
- After you check in, you will be directed to the pre-surgery care area.

Pre-surgery care area

- Go to the waiting room.
- You will be brought back to a pre-surgery care suite.
- A nurse will meet with you to complete your care plan.
- After you are settled, the person with you on the day of surgery will be invited back to join you.
- Your nurse will review what you can expect before and after your surgery.
- Your anesthesiologist (doctor) will also meet with you. Your anesthesiologist and surgeon will work with you to choose the right type of anesthesia for your surgery.
- Your surgeon will visit with you. He or she will mark the surgery site on your body and answer any questions you may have.
- You will be asked to sign a consent form.

Important

Tell your health care team which medicines you took the morning of surgery and what time you took them.

Information for your care circle

- While you are in surgery and recovery, your care circle can wait in the surgery waiting room.
- Your surgery time will vary depending on the type of surgery you are having. Your surgeon will talk with your care circle when your surgery is over.
Anesthesia: What You Need to Know

Anesthesia is a combination of medicines that block the feelings of pain sensation and minimize awareness during surgery. You will receive other pain medicine to give you pain relief during and after surgery.

Before surgery you will meet your anesthesia care team, an anesthesiologist or a certified registered nurse anesthetist (CRNA). They will review your medical history and talk with you about your anesthesia options. Your options will depend on your type of surgery, medical and surgical history, and physical condition. Your anesthesia care team will come up with a plan to best take care of you.

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
<th>Benefits</th>
<th>Side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>General anesthesia</td>
<td>General anesthesia puts you to sleep during surgery. It acts mainly on your brain and nervous system and affects your entire body. You receive it by shot (injection) or by inhaling it. A breathing tube helps you breathe while you are under the anesthesia. You are unconscious during general anesthesia.</td>
<td>General anesthesia may be more appropriate for longer or more involved surgery. It may also be used if the position you will be in during surgery is uncomfortable.</td>
<td>Minor side effects such as sore throat, headache, hoarseness, upset stomach (nausea) and drowsiness are the most common. These side effects usually go away in 1 day. Tell a member of your health care team if you have any of these side effects.</td>
</tr>
<tr>
<td>Regional anesthesia (including spinal anesthesia)</td>
<td>Regional anesthesia uses numbing medicine to block sensation in a limited area of your body. You receive it by shot (injection). While the shot is placed, you will usually be given light sedation to provide comfort and relieve anxiety. Spinal anesthesia is a type of regional anesthesia that numbs the lower half of your body for about 3 to 4 hours. A spinal block is performed with an injection in your back between the vertebrae. Epidural anesthesia is similar but a thin plastic tube (catheter) is placed in your spine to allow you to receive pain medicine after surgery. After the block is placed and during the surgery, you will often be able to receive a deeper level of sedation.</td>
<td>Less medicine is needed so you wake up quicker with less chance of upset stomach (nausea). Regional anesthesia can be less stressful to your heart and lungs than general anesthesia can be. Regional anesthesia can be used to provide pain relief after surgery.</td>
<td>Minor side effects such as small headaches, itching or trouble urinating are the most common. These side effects usually go away a few days after surgery. Tell a member of your health care team if you have any of these side effects.</td>
</tr>
</tbody>
</table>
A peripheral nerve block uses numbing medicine to block the sensation of pain in your knee. After a mild sedative, you will receive a shot (injection) in your groin or thigh. Ultrasound is used to place the medicine near the nerves that provide feeling for the front of the knee. Sometimes a thin plastic tube (catheter) is placed next to the nerve to provide medicine near the nerve for a few days. Your surgeon and anesthesiologist will decide whether a shot or catheter is right for you. Having a nerve block (either catheter or one-time injection) does not always provide complete pain relief for a knee replacement, but it should help reduce the pain that you would feel on the front of your knee.

Fewer pain medicines are needed after surgery. You will have improved pain relief and physical therapy results.

You may have numbness at the surgery area. You may have problems supporting your weight on the surgical leg. Ask for help with walking and getting in and out of bed to avoid injury after surgery. You may also be asked to wear a knee immobilizer while numb.

### Post Anesthesia Care Unit (PACU)

- After surgery, you will be taken to the recovery room or Post Anesthesia Care Unit (PACU).
- Most people stay about 1 to 1 ½ hours in the PACU. Your time in the PACU will depend on your surgery and how fast you recover from the anesthesia.
- Your nurse will monitor your vital signs and help you if you have any side effects from the anesthesia.
- You may have some discomfort and pain when you wake up. Everyone reacts to pain differently. Your nurse will work with you to make you as comfortable as possible.
- You may have an immobilizer brace on your surgical leg that extends from your thigh to just above your ankle. This will keep your leg straight and provide some support for your leg when you get up.
- An X-ray may be taken of your new joint in the PACU.

### Post-surgery unit

- When you are fully awake and your medical status is stable, you will be taken to your room in the post-surgery unit where nurses specialized in joint replacement will care for you.
- When you are in your room, it is important to begin:
  - doing ankle pump exercises. This will help to prevent blood clots from forming in your legs.
  - using your incentive spirometer and doing the deep breathing exercises. See page 65 for instructions for how to use your incentive spirometer.
How to Manage Your Pain After Surgery

Types of pain
Pain can last less than 3 to 6 months (acute), last a long time (chronic) or be severe and intense (breakthrough). Pain can come and go with injury, recovery, recovery or illness.

Your right to pain management
You have the right to have your pain managed. Proper treatment of pain is necessary for you to achieve the best results during your recovery.

If you do not think your pain is being treated well, please tell a member of your health care team. He or she will talk with you about your pain and pain management needs.

Pain scale
Using a number scale (0 to 10) to rate your pain will help the health care team members know how severe your pain is and help them make decisions about how to treat it.

Important
Having no pain while in the hospital is not realistic, but pain can be controlled.

Your health care team will work closely with you to help manage your pain during your hospital stay and when you return home.

You and your health care team will establish a “pain goal” – the amount of acceptable pain you can tolerate during your hospital stay.

For most people, a pain goal of 3 or 4 out of 10 is an OK pain level that balances pain control with your ability to do physical therapy and daily activities.

Allina Health Pain Assessment Scale

<table>
<thead>
<tr>
<th>10</th>
<th>Worst Pain You Can Imagine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Severe Pain</td>
</tr>
<tr>
<td></td>
<td>Pain keeps you from doing your regular activities.</td>
</tr>
<tr>
<td>7-9</td>
<td>Moderate Pain</td>
</tr>
<tr>
<td></td>
<td>Pain may interfere with your regular activities.</td>
</tr>
<tr>
<td>4-6</td>
<td>Mild Pain</td>
</tr>
<tr>
<td></td>
<td>Pain doesn’t interfere with your regular activities.</td>
</tr>
<tr>
<td>1-3</td>
<td>No Pain</td>
</tr>
</tbody>
</table>

Adapted with permission by Dr. Atmason Singh, 2015.
Your role in managing pain

After surgery, it is common to have some pain. Your nurse will monitor your pain level often and help you manage the pain.

Since you are the only one who knows where and how severe your pain is, you have an important part in managing your pain.

If you have pain, tell a member of your health care team.

All of the following information will help your health care provider prescribe the right medicine and therapy for your pain, and prevent serious side effects (complications). Tell a member of your health care team:

- where you feel pain and how much pain you have (use words to describe how the pain feels)
- what makes your pain better or worse
- what methods of pain control have worked or have not worked well in the past
- if you take pain medicines on a regular basis
- if you have allergies or reactions to pain medicine(s)
- your goals for managing your pain
- what vitamins, herbal and natural products you are taking
- if you smoke
- if you drink more than two alcoholic drinks each day
- if you take illegal (street) drugs
- if you are in a methadone maintenance program.

Treatments for pain

Managing your pain is more than taking prescription (opioid) pain medicine. There are many different types of treatments for pain including:

- medicines
- physical therapy
- cold (ice packs)
- integrative therapies: music, relaxation techniques, massage, aromatherapy
- psychological therapies
- nerve blocks.

Important

You can expect your pain to lessen as you heal. Your health care team will work with you to help manage your symptoms with medicines and other methods. Please talk with a member of your health care team if you have concerns.
**Tip**

Take pain medicine when pain first begins. If you know your pain may get worse with activity, take your pain medicine before the activity.

Do not wait for pain to get worse before taking medicine. Tablets or pills may take up to 30 minutes to begin working. Timing of when to take medicines is important.

Talk to a member of your health care team about how to time your pain medicines before therapy or activity.

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**Pain medicine side effects**

All medicines have some side effects, but not everyone gets them. When side effects occur, it is usually within a few hours after taking the medicine. Most side effects can be managed and go away in time.

Tell a member of your health care team right away if you have:

- constipation
- sleepiness
- dizziness
- itching, a rash or both
- upset stomach (nausea) and throwing up (vomiting)
- slowed breathing
- trouble concentrating
- forgetfulness
- increased anxiety.

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**Pain control can help you**

The right pain control can help:

- you be more comfortable
- you get back to your normal routine
- you participate more completely in your exercises and therapy
- promote healing.

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**Before you go home**

A member of your health care team will give you instructions for managing your pain at home. Be sure to have written instructions with a health care provider’s name and phone number who will manage your pain after you go home.

It is important you follow any instructions you receive for taking pain medicine. Ask a member of your health care team if you need help.

Call the health care provider who prescribed the medicine or your primary care provider if you have concerns or side effects from pain medicine.
## Medicines That May Be Used During Your Recovery After Surgery

Some of these medicines are only used while you are in the hospital. Your health care team will give you instructions for any medicines you need to take after you leave the hospital.

<table>
<thead>
<tr>
<th>Type of medicine</th>
<th>Examples</th>
<th>Purpose</th>
<th>Possible side effects</th>
<th>Preventing side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-acting pain medicine</td>
<td>• oxycodone</td>
<td>Manage pain after surgery</td>
<td>■ upset stomach (nausea)</td>
<td>■ Drink plenty of liquids.</td>
</tr>
<tr>
<td></td>
<td>• hydrocodone and acetaminophen (Norco®, Vicodin®)</td>
<td></td>
<td>■ throwing up (vomiting)</td>
<td>■ Do not take on an empty stomach.</td>
</tr>
<tr>
<td></td>
<td>• hydromorphone (Dilaudid®)</td>
<td></td>
<td>■ constipation</td>
<td>■ Stool softeners may help prevent constipation.</td>
</tr>
<tr>
<td></td>
<td>• acetaminophen (Tylenol®)</td>
<td></td>
<td>■ dizziness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• other: __________________</td>
<td></td>
<td>■ drowsiness</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>■ headache</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>■ itching</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>■ dry mouth</td>
<td></td>
</tr>
<tr>
<td>Long-acting pain medicine</td>
<td>• oxycodone (OxyContin®)</td>
<td>Provide long-lasting pain control</td>
<td>■ diarrhea</td>
<td>■ Drink plenty of liquids.</td>
</tr>
<tr>
<td></td>
<td>• other: __________________</td>
<td></td>
<td>■ nausea</td>
<td></td>
</tr>
<tr>
<td>Stool softeners</td>
<td>• docusate sodium (Colace®)</td>
<td>Help to prevent constipation</td>
<td>■ stomach cramps</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• sennosides (ex-lax® Maximum Strength Stimulant Laxative) or senna (Senokot®)</td>
<td></td>
<td>■ dizziness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• magnesium hydroxide (milk of magnesia)</td>
<td></td>
<td>■ dry mouth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• bisacodyl (Dulcolax®)</td>
<td></td>
<td>■ constipation</td>
<td></td>
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<tr>
<td></td>
<td>• other: __________________</td>
<td></td>
<td>■ drowsiness</td>
<td></td>
</tr>
<tr>
<td>Anti-inflammatory pain medicine</td>
<td>• ketorolac (Toradol®)</td>
<td>Decrease swelling at the surgery site</td>
<td>■ nausea</td>
<td>■ Do not take on an empty stomach.</td>
</tr>
<tr>
<td></td>
<td>• celecoxib (Celebrex®)</td>
<td></td>
<td>■ gas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ibuprofen (Advil®, Motrin®)</td>
<td></td>
<td>■ dizziness</td>
<td></td>
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<tr>
<td></td>
<td>• other: __________________</td>
<td></td>
<td>■ drowsiness</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>■ headache</td>
<td></td>
</tr>
<tr>
<td>Type of Medicine</td>
<td>Examples</td>
<td>Purpose</td>
<td>Possible Side Effects</td>
<td>Preventing Side Effects</td>
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</tr>
<tr>
<td><strong>Antibiotics</strong></td>
<td>☐ cefazolin (Ancef®, Kefzol®)</td>
<td>Help to prevent infection at the surgery site</td>
<td>☐ diarrhea</td>
<td>☐ Take for only a short time after surgery. Follow any instructions given to you.</td>
</tr>
<tr>
<td></td>
<td>☐ vancomycin (Vancocin®)</td>
<td></td>
<td>☐ itching</td>
<td></td>
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<td></td>
<td>☐ other: _____________</td>
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<td></td>
</tr>
<tr>
<td><strong>Anti-nausea</strong></td>
<td>☐ ondansetron (Zofran®)</td>
<td>Help to decrease nausea</td>
<td>☐ dry mouth</td>
<td>☐ Do not take on an empty stomach.</td>
</tr>
<tr>
<td></td>
<td>☐ prochlorperazine (Compazine®)</td>
<td></td>
<td>☐ blurred vision</td>
<td></td>
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<tr>
<td></td>
<td>☐ constipation</td>
<td></td>
<td>☐ dizziness</td>
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<tr>
<td></td>
<td>☐ lightheadedness</td>
<td></td>
<td>☐ headache</td>
<td></td>
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<td>☐ other: _____________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood thinning medicines (anti-coagulation)</strong></td>
<td>☐ aspirin</td>
<td>Help to prevent blood clots</td>
<td>☐ bruising</td>
<td>☐ Take for only a short time after surgery. Follow any instructions given to you.</td>
</tr>
<tr>
<td></td>
<td>☐ warfarin (Coumadin®, Jantoven®)</td>
<td></td>
<td>☐ nausea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ enoxaparin (Lovenox®)</td>
<td></td>
<td>☐ heart burn</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ rivaroxaban (Xarelto®)</td>
<td></td>
<td>☐ skin rash</td>
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<td></td>
<td>☐ other: _____________</td>
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</tbody>
</table>
What to Expect During Your Hospital Stay

Important
Make sure you know the answers to the following questions before discharge.
☐ How do I care for my incision?
☐ What follow-up appointments do I need?
☐ Do I have activity restrictions?
☐ Do I understand my new medicines?
☐ Do I have my discharge medicines or know where to pick them up?

Please ask your driver to be at the hospital the day of discharge at the time your nurse shared with you.

■ Your health care team will help you start moving soon after getting to the post-surgery unit. This may include:
  — standing next to your bed
  — walking in your room
  — sitting in the recliner chair
  — walking around the post-surgery unit.

■ You can expect to be bathed and dressed in your loose-fitting clothing.

■ The physical therapist will assess your progress and help you walk with a walker. The occupational therapist may also meet with you to help you practice getting dressed, bathing and using the toilet.

■ It is strongly suggested that your coach participates in therapy sessions. Other visitors are welcome but preferably in the late afternoon or evening.

■ The number of days you will be in the hospital will depend on how quickly you recover. You will leave the hospital (discharge) when you meet your therapy goals and you are medically stable. This includes:
  ☐ your pain is managed with pain medicine (by mouth)
  ☐ being able to pass urine without problems (or having a plan for this)
  ☐ being able to eat your regular foods
  ☐ being able or having a plan for activities of daily living (getting dressed, bathing)
  ☐ moving safely with an assistive walking device
  ☐ understanding how to do your exercises
  ☐ being able to go up and down stairs, if needed.

Remember, each person’s recovery will be different. Your health care team will help guide you through your recovery and help determine a safe discharge plan.
Preventing Problems (Complications)

Your health care team will do many things to reduce your chance of developing a complication after surgery.

- Your blood pressure, temperature and pulse will be taken often after surgery.
- Your surgical leg will be checked often for movement, feeling, circulation and pulse.
- You will do thigh squeezes, buttock squeezes and ankle pumps to improve circulation and strength.
- You will receive medicine to prevent blood clots.
- You will do deep breathing, coughing exercises and use an incentive spirometer to help protect your respiratory system.
- Your dressing and incision will be checked regularly. If you have sutures or staples, they are usually removed at your first follow-up visit with your surgeon.
- You may have a small tube that is connected to a wound drain or collection container. It will draw out excess blood and fluid from the area around your incision. This small tube will be removed 1 to 2 days after surgery.
- You will have an intravenous (IV) line for 1 to 2 days. It is important to drink 6 to 8 glasses of liquid each day.
- Your inactivity and pain medicine combined can cause constipation. To help prevent this:
  - Drink plenty of liquids.
  - Eat foods with plenty of fiber including whole-grain bread, bran cereals, fresh fruit and vegetables.
  - Increase your activity as you are able.
  - Talk to a member of your health care team about a bowel program if you are uncomfortable and the actions above are not working. You may receive a stool softener medicine to help prevent constipation.

Ask a member of your health care team if you have questions about these care activities.
How to Use an Incentive Spirometer

Incentive spirometer
After surgery, it may be difficult to breathe as you normally do. You may notice your breathing changes to small, shallow breaths. This can cause fluid and mucus to build up in your lungs, increasing your risk for respiratory system complications.

An incentive spirometer is a hand-held breathing exercise device to help you breathe deeply. Taking deep breaths allows air to inflate your lungs, opening your airways to prevent fluid and mucus buildup.

Using an incentive spirometer may speed your recovery and lower your risk of lung problems such as pneumonia.

How to use the incentive spirometer
1. Sit upright in a chair with your feet flat on the floor. (If you are not able to sit up in a chair, sit as upright as possible.)

2. Place the spirometer on your bedside table or hold it in an upright position.

3. Place the mouthpiece in your mouth. Seal your lips tightly around the mouthpiece.

4. Inhale as slowly and deeply as possible through the mouthpiece. Your health care provider will work with you to set a breathing goal, which will be marked with small arrows on the incentive spirometer. As you inhale, the small square should stay between the arrows.

5. Hold your breath for 3 to 5 seconds. Then exhale slowly through pursed lips. (Pursed lips are in the shape of blowing out a candle.)

6. Repeat 10 times, resting between each time.

7. It is important to cough to clear any secretions. Coughing (clearing your airway) will make breathing easier. It will also strengthen your muscles after each use.

How often you need to use the incentive spirometer

- **At the hospital**: You will need to use the incentive spirometer 10 times every hour you are awake after surgery.

- **At home**: You will need to use the incentive spirometer 10 times every 2 hours for your first 7 days at home.
Tips to Prevent Falls While You Are in the Hospital

**Remember:** Certain medicines, general weakness, and new surroundings during your hospital stay can increase your risk of falling.

**Tips to prevent falls**

1. For your safety, a member of the nursing staff will stay within arm’s reach with you in the bathroom and when you are walking.
2. Wear nonslip footwear (red slippers) when you are up.
3. Other things that may be used to keep you safe in the hospital include a bed alarm, chair pad alarm, floor mat or observation camera.
4. Use the call light when you need help.
5. Ask the nursing staff for help to and from the bathroom. This is very important if you are unsteady. The call light in the bathroom may be located on the wall.
6. If you take medicines that cause you to go to the bathroom often, ask for help when you need to get up. Consider using a commode or urinal.
7. Some medicines may cause you to feel dizzy or sleepy. Take your time getting out of the bed or chair. Sit at the edge of the bed for a few seconds before you get up.
8. Wear your eyeglasses, hearing aid(s) or both when you are awake.
9. Walkers and canes can provide support. Other items do not. Do not lean on the bedside table, furniture, IV pole or other items to steady yourself.
10. Ask a member of your health care team to place the call light, phone and personal items within your reach before he or she leaves the room.
11. Tell a member of the nursing staff if you have any concerns about your safety.
Chapter 6: Care After Surgery

After your surgery, there is a variety of things you need to know for your safety, recovery and comfort. You will receive instructions on your nutrition, medicines, exercise program, activity level, discharge equipment, follow-up appointment, and signs and symptoms to watch for.

Within this chapter is what to expect during your recovery, what your incision should look like after total knee replacement, a list of commonly asked questions, a list of questions to ask at your follow-up appointment, and information about pain relief, pain medicines, anti-inflammatory medicines, constipation and nutrition.

Ask your health care team if you have any questions. They want your recovery to be as smooth as possible.

What to Expect During Your Recovery

After surgery, it may take a while before you feel like your normal self. Recovery is different for each person. The following are a few things that you may have after surgery and some ways to manage these feelings.

- You may have discomfort for a couple weeks to 1 year after your surgery. To help manage discomfort or pain after your surgery:
  - take your pain medicine as instructed by your surgeon
  - rest between activities as needed
  - lie down, raise (elevate) your surgical leg and put cold packs around your surgical knee at least 3 times a day. See page 89 for more instructions.

- You may have trouble sleeping. To sleep better after surgery:
  - try not to sleep or nap too much during the day
  - try to create a routine of going to bed and waking up at the same time each day
  - try not to drink too many liquids right before going to bed.

- Your energy level will be low for at least the first month after surgery. To help manage your energy level after surgery:
  - try to take your pain medicine at the same time each day
  - rest between activities
  - try to get up and move around each hour you are awake.

Tip

See the section “Pain Medicine: What You Need to Know” in this chapter for more information on taking pain medicine.
You may not have much of an appetite.
— Your desire for food will slowly return.
— Be sure to drink plenty of liquids to stay hydrated. Try to drink six to eight 8-ounce glasses of liquids each day.

You may have constipation. This can be caused by taking pain medicine. See pages 80 to 81 for more information on how to manage constipation after surgery.

What Your Incision Should Look Like After Total Knee Replacement

Incision healing after surgery
Taking care of your incision is important to prevent infection and scarring, and to help your knee heal properly after surgery.

You should look at your incision every day and keep it clean while it heals (unless you are wearing a dressing that your surgeon will remove at your follow-up appointment). Follow any instructions your surgeon gives you for caring for your incision.

Call your surgeon if you have any questions or concerns about how your incision is healing.

Common symptoms after surgery
Your incision will be swollen, bruised (black and blue in color) and may be red after surgery. If you had a drain placed during surgery, you may see bruising anywhere from your thigh down to your toes. These symptoms are common and part of the healing process. (See photo at left.)

The following symptoms are also common after surgery:
■ temperature below 101.6 F
■ discomfort, fatigue or pain
■ warmth or numbness around your incision
■ spotty drainage, red or clear in color, lasting for 1 to 5 days.

It is important to monitor your symptoms every day to make sure your incision is healing properly.
Your incision 2 weeks after surgery
Your incision will still be sore after 2 weeks but you should be able to see a decrease in swelling, bruising and redness. It is important that you continue to keep your incision clean and dry as it heals.

Your incision 6 weeks after surgery
You should feel an improvement in the amount of pain you have after 6 weeks. Continue to monitor the appearance of your incision and your symptoms as you begin to return to your normal activities.

When to call your surgeon
Call your surgeon if you have:

- a temperature of 101.6 F or higher
- a sudden increase in drainage, draining lasting more than 5 days after your surgery, or drainage that is yellow in color or foul-smelling
- severe discomfort, fatigue or pain
- severe swelling that does not improve each day
- blisters around your incision
- any change in movement such as new weakness, firmness in your calf muscle or inability to move as usual
- any questions or concerns.
Commonly Asked Questions

When should you call your surgeon?

Call your surgeon if you have:

- a temperature of 101.6 F or higher
- problems or signs of infection at your incision site such as:
  - increased pain
  - increased swelling
  - increased redness
  - odor
  - warmth
  - green or yellow discharge
- any change in your ability to move such as new weakness, or not being able to move your arm or leg
- any change in sensation such as new numbness or tingling
- any unusual bruising or bleeding
- severe pain not relieved by medicine, rest or ice
- any problems, questions or concerns related to your surgery.

Call 911 or have someone take you to the nearest hospital Emergency Department if you have any chest pain, trouble breathing or shortness of breath.

When should you call your primary care provider?

Call your primary care provider if you have:

- feelings of being dizzy or lightheaded
- an upset stomach (nausea) and throwing up (vomiting) that will not stop
- any bowel problems such as constipation or bloody stools
- any problems urinating such as burning, urgency or frequency
- any other problems, questions or concerns.

Call 911 or have someone take you to the nearest hospital Emergency Department if you have any chest pain, trouble breathing or shortness of breath.

What are signs and symptoms of an infection?

Signs and symptoms may include:

- increased redness, swelling or warmth at the incision site
- change in color, amount, odor of drainage
- increased pain in the knee
- temperature higher than 101.6 F.

Call your surgeon’s office if you have any of the above signs or symptoms.

**What are signs and symptoms of a blood clot?**

Signs and symptoms may include:
- swelling in one or both legs
- pain or tenderness in one or both legs
- warmth of the skin in the affected leg
- redness or discolored skin in the affected leg
- leg fatigue.

Call your health care provider if you have any of the above signs or symptoms.

**What are signs and symptoms of a pulmonary embolism?**

Signs and symptoms may include:
- shortness of breath
- sharp chest pain that may get worse with deep breathing or coughing
- confusion
- sweating
- signs of shock.

Call 911 right away if you have any of the above signs or symptoms.

**How do you take care of your incision and change the dressing?**

- You should look at the area around your incision every day and keep it clean while it heals.
- Do not put any creams, salves or ointments on the area.
- As the thin paper strips (Steri-Strips®) start to come off, trim any extra with a clean (sterile) scissors. Do not pull them off.
- If staples were used, they will be removed at your follow-up appointment with your surgeon.
- Change your dressing as instructed by your surgeon.
How soon can you take a bath or shower?

- You may go home with a waterproof dressing covering your incision. You can shower with this dressing on if the edges are not peeling back.
- If you do not have a waterproof dressing and you still have sutures, staples or stitches, you can cover your incision with plastic to keep it dry while taking a shower.
- Ask your surgeon when your incision can get wet.
- You can take a shower as soon as you feel confident to do so.
- Using a tub or shower chair in the bathtub or shower may offer you extra support and comfort until you are able to become more able to move around (mobile).
- Do not take a tub bath until your surgeon says it is OK.

How do you manage constipation after surgery?
Constipation is common after surgery. It can be caused by pain medicines, iron supplements, decreased daily activity and changes in eating habits. See pages 80 to 81 for more information about constipation.

When can you return to your normal diet?
As soon as you are able, eat well-balanced meals and snacks to help you recover more quickly and to help you feel your best. What you eat after your surgery affects your well-being. You need to eat healthful foods and drink a lot of liquids. See pages 82 to 84 for more information about nutrition.

Will you set off metal detectors in airports?
If your joint replacement has metal, it may set off the metal detectors in airports. It is recommended to tell the security officer that you have a metal implant and where it is located before you go through security screening. The security officer may offer you a private security screening.

Do you need to take preventive antibiotics before surgery, procedures or dental work?
Tell health care providers and dentists of your knee replacement before having any surgery, podiatry procedures, dental work, X-rays, or other tests or procedures. You may need to take antibiotics.
Dental work

To help prevent an infection, you may need to take antibiotics before dental work if you have:

- a weak immune system caused by medicines, radiation, or a disease or condition
- type 1 diabetes
- inflammatory arthritis such as rheumatoid arthritis
- blood that does not clot normally (hemophilia).

Be sure to also tell your dentist if you have ever had an infection in your artificial joint.

You may also need to take antibiotics if you need to have any of the following dental procedures:

- gum disease treatment
- one or more teeth removed
- root canal
- anesthetic injections in gums
- having artificial teeth (implants) placed
- any treatment that could cause bleeding such as cleaning.

Discuss this with your dentist and surgeon so they can work together to decide which type of treatment is right for you.

When can you drive a car?

- Talk with your surgeon about when you can resume driving.
- You should wait to drive a car until after your first follow-up appointment with your surgeon.
- Do not drive while taking pain medicine because it can impair your judgment and ability to operate the car safely.
- Do not use your surgical leg to operate machinery until 6 weeks after surgery.

When can you return to work or your hobbies?

- Discuss returning to work or hobbies with your surgeon.
- Ask your occupational therapist how your activity precautions will affect your hobbies.
More Information
Visit recoversex.com for more information about resuming sexual activity after surgery.

When can you resume sexual activity?
- You can resume sexual activity when you are ready.
- A firm mattress is recommended.
- Be the passive partner for the first 6 weeks after surgery.
- Use the missionary position or less dominant position.

When do you need to have your first follow-up appointment with your surgeon?
Call your surgeon’s office for a surgery follow-up appointment if you do not already have one or if you have any questions or concerns. See the worksheet on the next page about questions to ask your surgeon at this appointment.
Questions to Ask at My Follow-up Appointment

How much longer should I:

☐ take my pain medicine: ________________________________

Should I make any changes to the amount of pain medicine I am taking?

_____________________________________________________________________________________

☐ take my blood thinner medicine: ________________________________

Can I do the following:

☐ take a tub bath

☐ begin walking with crutches or a cane (assistive walking device)
  How long can I expect to walk with one? ________________________________

☐ drive a car
  If no, when can I expect to drive a car? ________________________________

☐ travel on an airplane
  If no, when can I expect to travel on an airplane? ________________________________

☐ increase my leisure activities such as traveling, golfing or dancing?
  If yes, when can I expect to increase my activities? ________________________________

How long will I need to take antibiotics when having dental care or medical procedures?

________________________________________________________________________________________

How long do I have to follow my precautions? ________________________________

How long will I need to wear my knee immobilizer? ________________________________

Will I ever be able to kneel on my new knee? ________________________________

When can I return to work? ________________________________

Other questions:
Pain Relief

Your pain should lessen every week. There are many ways you can ease your pain:

- Raise (elevate) your legs and apply a cold pack to your incision after activities such as exercises or walking. This can help reduce swelling and pain. Use a clean, dry towel on your skin before you place the cold pack. Leave the cold pack on for 15 to 20 minutes at a time. Use cold packs and lie down to elevate your legs several times throughout the day.

- You may feel some discomfort in your knee. You may also have swelling in your leg and foot after surgery. This is normal and will gradually go away. Call your surgeon’s office if you are concerned about the amount of swelling you have.

- Take the prescription pain medicine as instructed by your surgeon.

Pain Medicine: What You Need to Know

What to remember when taking pain medicines

- Many pain medicines (like Tylenol®) have acetaminophen. Pharmacists advise that you take no more than 4,000 milligrams (4 grams) of acetaminophen in 24 hours. More than that could damage your liver. Acetaminophen is also found in cough and cold medicines.

- Do not drink alcohol while taking prescription pain medicine.

- Do not drive any motor vehicles while taking narcotics or pain medicines that make you sleepy.

- Eat a variety of healthful foods and drink six to eight 8-ounce glasses of water each day. Eat lots of fresh fruits, raw vegetables and other foods high in fiber. This will help prevent constipation. Talk with your health care provider or pharmacist about what you can do if you are constipated.

- Taking your pain medicine with a small amount of food may be helpful to control stomach upset.

Resources

Managing your pain continues when you leave the hospital.

For more information on managing your pain, visit allinahealth.org/surgery to watch a series of four short videos on pain.

The topics are:
- pain expectations
- how to use the pain scale
- how to treat pain in the hospital
- how to manage pain at home.

You can watch the videos as often as you would like.
How to cut back your use of pain medicine

- Take the medicine as instructed. Take the medicine at the same time the first few days you are home.

- Cut back on the pain medicine when you think the pain is under control. You can go for longer times between doses or only take one pill instead of two. Take the medicine at the time of the day when you most often feel pain. This may be:
  - when you wake up in the morning
  - before you start certain activities
  - when you are ready for bed.

When to call your health care provider or pharmacist

- Take less of the pain medicine and call your health care provider if you have unusual feelings after taking it. This includes feeling dizzy, itchy or nauseous.

- Make sure your health care provider knows what you are taking if you take several medicines. Some medicines can be harmful when taken with others.

- Call your surgeon’s office several days before the weekend if you need a narcotic pain medicine refill close to the weekend. Most health care providers on call will not reorder narcotics for others’ patients.

Anti-inflammatory Medicines

You may have been started on anti-inflammatory medicines during your recovery in the hospital. Anti-inflammatory medicines help with healing by reducing swelling and pain.

Important

Talk with your surgeon before starting an anti-inflammatory medicine.

If you will be continuing an anti-inflammatory medicine after leaving the hospital, be aware that these medicines may cause stomach upset for some people. Take the medicine as directed on your prescription. Taking this medicine with food or milk may be helpful to control stomach upset. Call your health care provider if you have any questions or concerns.
Constipation

Constipation is common after surgery, especially while you are taking pain medicine and your daily activity level is decreased.

Signs of constipation include:
- fewer number of bowel movements
- small, hard stools that are difficult to pass
- feeling bloated and uncomfortable
- gas
- abdominal cramping

How to prevent constipation
- Drink six to eight 8-ounce glasses of liquids each day. Liquids add moisture to stool, making them easier to pass. Water is your best choice. Caffeine or alcohol can make constipation worse.
- Eat more high-fiber foods such as whole-grain bread, bran cereals, fresh fruit and vegetables.
- Be as active as you can each day. Walking around your house or apartment will help. Follow your health care provider’s instructions for exercise.
- Try to have a bowel movement when you feel the urge. Do not ignore the urge. Try to set aside some time after breakfast or dinner to sit on the toilet.
- Take less pain medicine if possible. Follow your surgeon’s instructions for taking pain medicine.
Use of constipation medicines

You may need to take a laxative to prevent constipation as long as you are taking prescription pain medicine. Common products include:

- **stimulant laxatives.** These cause the colon to have a bowel movement. This is the best choice when your constipation is caused by a prescription pain medicine. Examples include senna (Senokot®) and bisacodyl (Dulcolax®, Correctol®). Follow package directions.

- **stool softeners.** These add moisture to the stools to make the stool softer and easier to pass. These may not be enough to prevent constipation while you are taking a prescription pain medicine. An example is docusate (Colace®). Follow package directions.

When to call your health care provider

Call your health care provider if:

- your constipation does not improve after you have:
  - made changes to what you are eating
  - made exercise changes
  - tried laxatives or stool softeners
- you have not had a bowel movement in 3 days
- you have a severe, sudden onset of abdominal pain
- you have blood in your stool.

**Tip**

- Laxatives and stool softeners can be purchased at most local grocery stores, drugstores and large retailers.
- Read the label carefully and follow package directions. Talk with your pharmacist if you have any questions.
- Stop taking a laxative or stool softener when your bowel movements are back to normal.

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  - made changes to what you are eating
  - made exercise changes
  - tried laxatives or stool softeners
- you have not had a bowel movement in 3 days
- you have a severe, sudden onset of abdominal pain
- you have blood in your stool.
Good nutrition is essential for your recovery. Eating well-balanced meals and snacks will help you recover quickly and help you feel your best. What you eat after surgery affects your well-being.

If you do not eat enough of the right foods, you will become tired and less able to take care of yourself. Be sure you make time to eat — even if you do not feel hungry.

Try to think about what your plate should look like when you are planning your meals and snacks.

Tip
According to the United States Department of Agriculture, you should:
- eat smaller portion sizes
- make half of your grains whole
- make half of your plate vegetables and fruits
- drink fat-free or low-fat milk
- eat lean proteins.

Visit choosemyplate.gov for more information about nutrition.

Important
Ask your health care provider if you have questions about your nutrition and recovery.

Tip
Be sure to drink six to eight 8-ounce glasses of liquids (especially water) each day.
Here are some examples of well-balanced meals and a snack.

**At breakfast:**

- Two slices of bread
- Scrambled egg
- Orange
- Orange juice

**At lunch:**

- Sandwich with lettuce, tomato, and avocado
- Broccoli
- Watermelon slice

**At dinner:**

- Glass of milk
- Green beans
- Baked potato
- Mixed berries

**For a snack:**

- Apple
- Carrot sticks
- Glass of water

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**Nutrients important for your recovery**

Eating foods rich in the following nutrients are important for your recovery.

- **Protein:**
  - Protein helps repair and build healthy tissue.

- **Iron:**
  - Iron works in each of your body’s cells to help make energy.

- **Vitamin C:**
  - Vitamin C helps your body repair damaged tissues, keeps your bones and teeth strong, and helps your body absorb iron.

- **Calcium:**
  - Calcium helps build and maintain your bones, your muscles move, your blood clot and your nerves send messages.

- **Fiber:**
  - Fiber helps your body produce regular bowel movements.

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**Tip**

Eat foods high in vitamin C to help absorb the iron that comes from plants such as spinach.

For instance, drink a glass of orange juice with an iron-fortified cereal.

Good sources of vitamin C are oranges, broccoli, tomatoes, kiwi, strawberries, peppers, potatoes and cabbage.

Use the chart on the next page to help you choose foods for building well-balanced meals and snacks.
The following chart shows examples of foods to put on your plate.

<table>
<thead>
<tr>
<th>Protein</th>
<th>Iron</th>
<th>Vitamin C</th>
<th>Calcium*</th>
<th>Fiber**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken</td>
<td>Peas</td>
<td>Tomatoes</td>
<td>Milk</td>
<td>Brown rice</td>
</tr>
<tr>
<td>Tofu</td>
<td>Raisins</td>
<td>Oranges</td>
<td>Yogurt</td>
<td>Sweet potato</td>
</tr>
<tr>
<td>Eggs</td>
<td>Steak</td>
<td>Berries</td>
<td>Almonds</td>
<td>Whole-grain pasta</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>Bran flakes</td>
<td>Bell peppers</td>
<td>Sardines</td>
<td>Whole-grain bread</td>
</tr>
<tr>
<td>Salmon</td>
<td>Beans and legumes</td>
<td>Cantaloupe</td>
<td>Broccoli</td>
<td>Whole-grain wrap</td>
</tr>
</tbody>
</table>

*If you cannot tolerate milk products, you can also drink calcium-fortified juices such as orange juice. Choose low-fat or fat-free milk products.

**Choose whole-grain varieties.
Chapter 7: Home Exercise Program

Your leg muscles may feel weak after surgery because you did not use them much with your knee problems. Surgery corrected the knee problem. Your home exercise program will include activities to help reduce swelling and increase your knee motion and strength. This will help you move easier and get back to doing the activities you enjoy.

Your success with rehabilitation largely depends on your commitment to follow the home exercise program (on the following pages) developed by your therapists.

Swelling

It is important to try to keep your swelling down after surgery. You will be able to do this by:

- lying flat with your leg at the level of your heart
- putting a cold pack on your knee
- actively pumping your muscles through ankle pumps
- balancing activity with rest.

Page 89 has instructions on how to do these activities.

Range of motion

It is important to work on your knee motion (bending and straightening) after knee replacement surgery. This will help you walk without a limp and get up and down easier from a chair, toilet or bed.

You will be able to do this by:

- doing knee bending and straightening stretches as directed by your therapist
- sitting with your knees bent during meal times
- not resting with your knee bent over a pillow.

For instructions on how to do these activities, go to page 90.

Strengthening activities

It is important to work on regaining strength after knee surgery. This will help you get back to doing the things you enjoy.

You will be able to do this by doing leg strengthening exercises as instructed by your physical therapist.

See pages 91 to 92 for instructions on how to do these activities.
Walking

It is important to walk often throughout the day. This will help you get back to walking outside and in the community.

You will be able to do this by:

- walking around your home using a front-wheel walker, crutches or a cane (assistive walking device) your therapist instructed you to use
- walking with the “heel-toe” pattern that your therapist taught you (to help keep you from walking with a limp)
- gradually increasing the distance you walk.

See page 92 for instructions on how often to walk.

Follow any additional instructions given to you by your health care provider or therapist.
Swelling

Do these activities to help reduce the amount of swelling and improve circulation after surgery.

How often: At least 3 times a day

You will have swelling in your leg and foot after surgery. Your swelling may increase after you leave the hospital. This is common and should gradually go away. It is important to try to keep your swelling down. The activities below will help you with managing swelling and pain.

Rest and elevate

- Lie down with your surgical leg at or above the level of your heart for at least 20 minutes.
- You may place two to three pillows lengthwise beneath your surgical leg if you have an increase in swelling. Call your surgeon if you are concerned about the amount of swelling you have or if your swelling does not improve.

Ice

- While you are resting and elevating, place cold packs around your knee for 15 to 20 minutes at a time.
- Place a clean, dry towel or pillowcase between your skin and the cold pack.

Muscle pumping exercises

Do the following exercises 10 times each while you are lying down resting.

- Ankle pumps and circles
  Pump your feet up and down by pulling your feet up toward you, then pushing your feet down away from you. In addition, rotate your feet clockwise and counterclockwise. Ankle pumps should also be done 10 times every hour while you are awake.

Activity

- It is important to gradually increase your out-of-home activity during the first few weeks after surgery. If you do too much activity, your knee may become more swollen and painful.

Important: When your knee is swollen, it will be hard to bend it. Once the swelling goes down, it will be easier to bend and straighten your knee. You will also have less pain.
Range of Motion

Do these stretches to increase your knee motion.

How often: 3 times a day

- **Knee straightening stretch (sitting knee extension)**
  
  Sit on a sturdy chair with your lower leg on an equal height chair or solid surface in front of you. Relax your muscles to let your knee straighten. You should feel a gentle stretch on the back of your knee. You can do thigh squeezes to increase the stretch. **Do this stretch for 5 to 10 minutes.**

  You can also do this stretch lying on your bed with a rolled up blanket or towel under your ankle.

- **Knee bending stretch (sitting knee flexion)**
  
  **Step 1:** Sit toward the front of a sturdy chair. Bend your knee by slowly sliding your foot back-and-forth, resting briefly as needed. Try to move your foot back farther each time as you are able. You can use your hands to help. **Do this for a few minutes** as a warmup. You may want to use a plastic bag under your foot to help it slide easier.

  **Step 2:** Slowly bend your knee back until you feel a gentle stretch. Scoot your body forward on the chair to increase the stretch as you are able. Your heel may lift from the floor but do not lift your hip. **Hold for 20 to 30 seconds.** Return to the starting position and relax. **Repeat 3 times.**

  The stretching should be more slow and gentle than fast and forceful. Try to keep your muscle relaxed throughout the exercise.
Strengthening
Do these exercises to strengthen your muscles.

How often: 2 times a day

Do 10 repetitions of each exercise. If you are comfortable with the exercises, gradually increase the number of repetitions until you reach 20 repetitions.

Do your exercises lying down for the most comfort. Your bed is an excellent place to do your exercises.

 Curso Ankle pumps and circles
Pump your feet up and down by pulling your feet up toward you, then pushing your feet down away from you. Next, rotate your feet clockwise and counterclockwise.

 Curso Thigh squeezes (quadriceps sets)
Tighten the muscles on the top of your thigh by pushing the back of your knee down into the bed. Hold for 5 seconds and relax.

 Curso Heel slides (hip and knee flexion)
Bend your surgical hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed. Slide your heel back down to the starting position and relax. Keep your kneecap pointed up toward the ceiling during the exercise. You may want to use a plastic bag under your heel to help it slide easier.

 Curso Leg slides (abduction/adduction)
Slide your surgical leg out to the side, keeping your kneecap pointed up toward the ceiling. Slide your leg back to the starting position. You may want to use a plastic bag under your heel to help it slide easier.
Lying kicks (short arc quadriceps)
Lie on your back with a rolled-up blanket or towel (at least 6 inches in diameter) under the knee of your surgical leg. Straighten your surgical leg. **Work up to holding for 5 seconds.** Slowly lower your leg down and relax. The back of your knee should stay in contact with the blanket or towel during the exercise.

Straight leg raises
Bend your non-surgical leg with your foot flat on the bed. Tighten the muscles on the top of your thigh, stiffening your knee. Raise your surgical leg up (about 12 inches), keeping your knee straight. **Work up to holding for 5 seconds.** Slowly lower your leg down and relax.

Sitting kicks (long arc quadriceps)
Sit on a sturdy chair or on the side of your bed. Straighten your knee. **Work up to holding for 5 seconds.** Slowly lower your leg down and relax.

Walking
How often: 5 times a day
Besides your exercise program, you must leave time for walking. It helps build your strength and endurance.

- **Walk around your home 5 times a day.** Trips to the bathroom or kitchen are not enough.
- Gradually increase the distance you walk. Work up to walking outside and in the community.

Keep in mind that each person is different and has different pre-surgery levels of fitness. Talk with your physical therapist about walking if you have additional medical conditions.
**Additional Exercises**

Do these exercises only if instructed by a therapist or your surgeon.

- **Knee dangling/swinging**
  
  Sit on a bed so your feet will not touch the floor. Allow your knees to bend. Swing your surgical leg back-and-forth so that you feel a gentle rebounding sensation. **Do this for 2 to 3 minutes.**

- **Side leg lifts (abduction/adduction)**
  
  Lie on your non-surgical side with a pillow between your legs. Lift your surgical leg straight up to the side. **Hold for _______ seconds.** Slowly lower your leg down and relax. Repeat _______ times.

- **Prone knee extension stretch**
  
  Lie on your stomach with a rolled-up hand towel under your thigh, just above the knee of your surgical leg. Slowly lower your leg toward the floor letting your foot hang over the edge of the surface. Do not lift your hip. **Hold for _______ seconds.** Repeat _______ times.

- **Prone knee flexion**
  
  Lie on your stomach with a rolled-up hand towel under your surgical thigh. Bend your knee back as far as possible. **Hold for _______ seconds.** Return to the starting position and relax. Repeat _______ times.

- **Prone hip extension**
  
  Lie on your stomach with a pillow under your hips. Keep your surgical leg straight and lift it toward the ceiling. **Hold for _______ seconds.** Slowly lower your leg down and relax. Repeat _______ times.
Additional Exercises

Do these exercises only if instructed by a therapist or your surgeon.

Stand next to a kitchen counter or table, and hold on securely. Stand up straight during these exercises. **Work up to holding for 5 seconds.**

- Raise up onto the balls of your feet.
- Bend your knees slightly, by sitting back with your hips.
- Lift your leg out to the side.
- Bend your knee, as you bring your heel up toward your buttocks.
- Lift your leg forward off the ground. Keep your knee straight.
- Raise your forefeet off the floor.
- Bend your knee as you bring it up toward the ceiling.
- Lift your leg slightly backward, while squeezing your buttocks. Keep your knee straight.
- Lift your leg off the ground. Keep your knee straight.
Additional Exercises
Do these exercises only if instructed by a therapist or your surgeon.

- **Calf stretch**
  Stand facing a wall. Put the leg you want to stretch behind you. Keep your toes pointed forward and your heel on the floor. Lean forward until you feel a stretch in the back of your back leg. Keep your back leg straight. **Hold for ______ seconds.** Repeat ______ times.

- **Step stretch**
  Place the foot of your surgical leg one to two steps above and lean into your surgical knee, keeping your upper body straight by holding onto railings. **Hold for _______ seconds.** Repeat _______ times.

- **Knee step up**
  Step up with your surgical leg, then step back down. Repeat ________ times.
## Home exercise program — knee replacement

Check the box under the appropriate day and week after you perform the exercises selected for you.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
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</thead>
<tbody>
<tr>
<td>Ankle pumps and circles</td>
<td>M T W</td>
<td>S S</td>
<td>M T W</td>
<td>S S</td>
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<tr>
<td>Knee straightening stretch</td>
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<tr>
<td>Knee bending stretch</td>
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<td>Ankle pumps and circles</td>
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<td>Thigh squeezes</td>
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<td>Heel slides</td>
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<td>Leg slides</td>
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<td>Lying kicks</td>
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<td>Straight leg raises</td>
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<tr>
<td>Sitting kicks</td>
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</tbody>
</table>
**Home exercise program — Knee replacement (additional exercises)**

Do these exercises only if instructed by a therapist or your surgeon.

Check the box under the appropriate day and week after you perform the exercises selected for you.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee step up</td>
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<tr>
<td>Step stretch</td>
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<tr>
<td>Calf stretch</td>
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<tr>
<td>Standing extension</td>
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<tr>
<td>Prone hip extension</td>
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<tr>
<td>Prone knee extension</td>
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<td>Prone knee flexion</td>
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<td>Side leg lifts</td>
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<td>Kneeling</td>
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<td>Calf stretch</td>
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<td>Step stretch</td>
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<td>Knee step up</td>
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Home exercise program — Knee replacement (additional exercises)
Chapter 8: Resources

Medical Equipment

You may need to use some special equipment to ensure a safe recovery after your surgery. This page and the following page show and describe the equipment.

You must use a front-wheel walker, crutches or a cane (assistive walking device) and most likely a raised toilet seat after your surgery. Any other items are optional based on your needs.

Insurance will usually only cover the purchase of a walker, pair of crutches or cane. You most likely will need to purchase or borrow any other equipment you need.

See the “Community Resources Directory” in this chapter for information about places that loan or sell equipment.

Front-wheel walker or crutches

A front-wheel walker or crutches will help you feel more stable as you walk.

Raised toilet seat or commode

A raised toilet seat will make it easier for you to get on and off the toilet.

Toilet safety frame

A toilet safety frame will make it easier for you to get on and off the toilet.
Grab bars

Installing grab bars around your toilet, bathtub or shower will increase your safety during transfers.

Hand-held shower head

A hand-held shower head allows you to control the spray of water while sitting.

Sock aid

A sock aid helps you put on socks without bending.

Tub chair

A tub chair lets you sit while taking a shower or bath.

Tub transfer bench

A tub transfer bench can help you get in or out of the shower or tub. You can also sit on it while taking a shower or bath.

Long-handled sponge

A long-handled sponge can be used to wash your feet when you cannot bend and to wash your back so you keep from twisting.

Tongs

Tongs can be used in place of a reacher. Or they can help you with your hygiene care after you use the toilet.

Reacher

A reacher helps you get things from higher and lower levels. It can also help you put clothes on the lower part of your body.

Elastic laces or long-handled shoe horn

Elastic laces let you slip in and out of your shoes easily while keeping them tied. The long-handled shoe horn helps you guide your foot into an already-tied or slip-on shoe.
Community Resource Directory

Medical equipment

Certain equipment can make your recovery go easier and increase your independence after your surgery. Try to get your equipment before you have surgery. You may want to borrow the items from family or friends if possible.

The following is a list of resources to help you find the equipment you need.

- Allina Health Home Oxygen & Medical Equipment offers items to purchase. Call 651-628-4800 or 1-800-737-4473 for information about medical equipment, supplies and services.

- Call your local American Legion, VFW or Lions Club. They often have equipment you can borrow if you are a member.

- Call your local pharmacy to see what selection of equipment that store carries.

- Look in your Yellow Pages or go to yellowpages.com and look under “handicapped services or equipment” or “home care services.”

- WisTech can connect you with resources for medical equipment in Wisconsin. Visit wisconsinat4all.com to find equipment in your area. You will need to create an account to view available items. Once you have an account, you can buy, rent or get free items from state agencies, private businesses, lending programs or individuals. Each group or individual has different criteria for using their equipment. Contact information is listed for each item.

Allina Care Navigation Help Desk

Call 612-262-2200 or 1-855-227-5111 if you have questions about community resources, medical equipment, home care, a transitional care unit (TCU) or a short-term rehabilitation center.
Grocery delivery

- **Twin Cities Metro Area Meals on Wheels**
  Volunteers deliver ready-to-eat meals to homes in most of the Minneapolis and St. Paul metro area. You can sign up for short- or long-term meal delivery if you are recovering from surgery or illness. The price is based on your need. Call 612-623-3363 or visit meals-on-wheels.com for more information or to sign up for this service.

- **Home-delivered Meals (Meals on Wheels)**
  Wisconsin’s Elderly Nutrition Program offers meals to anyone age 60 and older. Meals can be delivered to your door Monday through Friday. Visit gwaar.org to learn more about home-delivered meals. Click *For Seniors and Families* and then *Elderly Nutrition Program*. Select *Contact someone* to find your local agency and its contact information.

- Many grocery stores and organizations offer services that will deliver healthful meals to your home. Ask a member of your health care team for more information.
Websites

Visit:

- **allinahealth.org**
  for information about health care and Allina Health facilities or services

- **asahq.org**
  for American Society of Anesthesiologists information

- **aaos.org**
  for American Academy of Orthopaedic Surgeons information

- **nccaom.org**
  for acupuncture information from the National Certification Commission of Acupuncture and Oriental Medicine

- **nccam.nih.gov**
  for complementary therapy information from the National Center for Complementary and Alternative Medicine, National Institutes of Health

- **recoversex.com**
  for information about resuming sexual activity after surgery

- **mykneeguide.com**
  for information about knee replacement surgery.
## Keep-in-touch List

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<tr>
<th>Name</th>
<th>Phone</th>
<th>Address</th>
<th>Type of Surgery</th>
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# My Medicine List
Fold this form and keep it with you

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<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>Allergic To: (Describe reaction)</th>
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**Emergency Contact/Phone numbers:**

**Doctor(s):**

**Pharmacies, other sources:**

### Immunization Record (Record the date/year of last dose taken)

- **Flu vaccine(s):**
- **Pneumonia vaccine:**
- **Tetanus:**
- **Hepatitis vaccine:**
- **Other:**

### List all medicines you are currently taking. Include prescriptions (examples: pills, inhalers, creams, shots), over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin, inhalers).

<table>
<thead>
<tr>
<th>START DATE</th>
<th>NAME OF MEDICATION</th>
<th>DOSE</th>
<th>DIRECTIONS (How do you take it? When? How often?)</th>
<th>DATE STOPPED</th>
<th>NOTES (Reason for taking?)</th>
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Directions for My Medicine List

1. ALWAYS KEEP THIS FORM WITH YOU.
You may want to fold it and keep it in your wallet along with your driver’s license. Then it will be available in case of an emergency.

2. Write down all of the medicines you are taking and list all of your allergies. Add information on medicines taken in clinics, hospitals and other health care settings — as well as at home.

3. Write down all of the medicines you are taking and list all of your allergies. Add information on medicines taken in clinics, hospitals and other health care settings — as well as at home. Include any over-the-counter medicines you take!

4. Write down all of the changes made to your medicines. When you stop taking a certain medicine, write the date it was stopped. If help is needed, ask your doctor or pharmacist. It is important to track your medicines if you are taking multiple medications.

5. In the “Notes” column, write down why you are taking the medicine (Examples: high blood pressure, high blood sugar).

6. When you are discharged from the hospital, someone will talk with you about which medicines to take and which medicines to stop taking. Since many changes are often made after a hospital stay, a new list may be filled out. When you return to your doctor, take your list with you. This will help keep track of your medicines to stop taking. Since many changes are often made after a hospital stay, a new list may be filled out.

How does this form help you?

• This form helps you and your family members remember all of the medicines you are taking.

• It provides your doctors and other providers with a current list of all of your medicines.

• It helps prevent potential health problems, triggered by how different medicines interact.

For copies of the My Medicine List and a brochure with more tips, visit the Minnesota Alliance for Patient Safety’s Web site at www.mnpatientsafety.org or call (651) 641-1121.
Get better communication and faster answers online with your Allina Health account.

Health is a journey that happens beyond the walls of your clinic or hospital and we will be there to help you – whether it’s a question that pops into your head at midnight or recalling the date of your last tetanus shot. When you sign up for an Allina Health account online, you get better communication with your clinic, hospital and provider; faster answers and your (and your loved one’s) health information organized and at your fingertips anytime.
Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - qualified sign language interpreters, and
  - written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
  - qualified interpreters, and
  - information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-506-4595.


Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-506-4595


Arabic: إن كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالجانب. اتصل برقمه 1-877-506-4595.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-506-4595.


Hindi: ध्यान दें: यदद आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं! 1-877-506-4595 पर कॉल करें।


Amharic: የአማርኛ የትርጉም ይድርገቶች፣ ይህም ይድርገትም ይታይም፣ ይስ ይታይም፣ ይስ ይታይ?

Karen: Ⴝော်းဝေးပါမည်။ ပေါ်ဆိုတာကို၊ မေးလ်းမှုကို၊ အခွင့်အလမ်း သိမ်းဆည်းထားပါသည်။ လေး လမ်းမှာ 1-877-506-4595။