

KNEE REPLACEMENT SURGERY PATIENT INFORMATION MANUAL



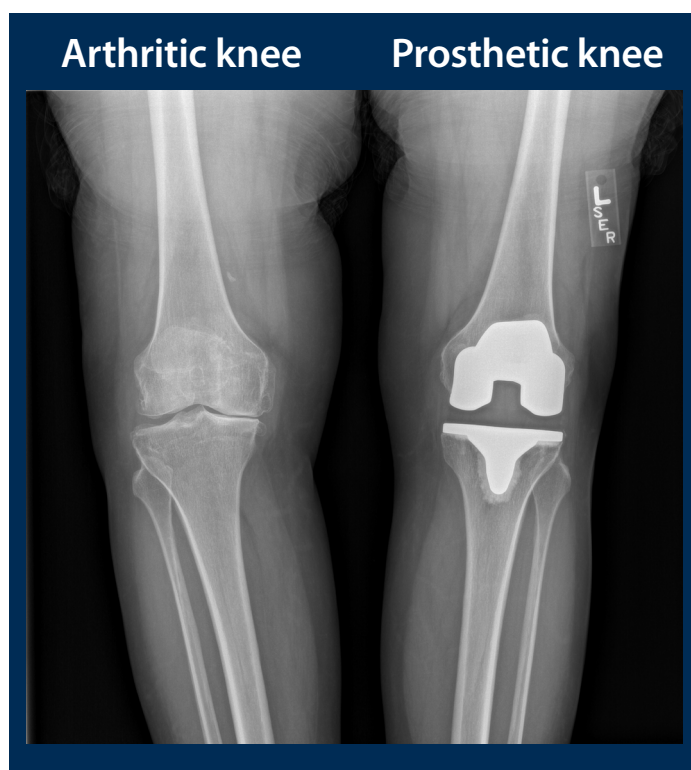
UF HEALTH ORTHOPAEDIC SURGERY – JACKSONVILLE

UFHealthJax.org/ortho

Welcome to UF Health Jacksonville and thank you for choosing us for your knee replacement surgery. Our premier orthopaedic surgery team will take great care of you.

Your doctor has explained your procedure and what to expect after surgery. The purpose of this guide is to provide you with more information about what to expect during recovery, what you can do to prevent any complications and how you can maximize your outcomes. Although the health care team will assist you in your recovery, **you and your family** are the most important members of the team. We believe knowledge and preparation before and after the operation will make your recovery easier. If you have questions along the way, be sure to ask them. We are here to help you achieve your goals, and we want you to be satisfied with your entire experience. Our goal is **excellent service**, from start to finish.

Your doctor has explained how your painful knee will be replaced with an artificial knee joint called a prosthesis. The prosthesis is designed to work in the same way as your natural knee. There are two types of knee arthroplasty: total knee arthroplasty and unicompartmental knee arthroplasty. Ask your orthopaedic surgeon the difference between the two and who qualifies for the different types. Your surgeon will carefully choose the best type of prosthesis for you. Some patients will need a total knee arthroplasty or a partial knee replacement, while others may have both knees operated on at the same time. The picture below show the parts of the prosthetic knee.



Your new knee will function like a door hinge. Like the natural knee, the prosthesis will give you smooth, pain-free movement. A prosthesis will be inserted to “replace” your deteriorated joint areas. The prosthesis is custom-fit to you by your surgeon. You will need to do exercises to strengthen your muscles and give your knee time to heal. In addition, you will be taught exercises that make all of the muscles surrounding your knee stronger and increase the movement of your knee. You should not attempt to kneel for at least six weeks following surgery. The amount of discomfort will be your guide for how much kneeling you can do after that time. Your prosthetic knee is meant to be moved. Please walk and do your exercises often.

What should I expect prior to surgery?

When your surgery was scheduled, you received a packet of information from UF Health Jacksonville. You may be required to obtain a clearance letter from your family doctor or internist. We will need all lab tests, EKGs, X-rays and a clearance letter before your pre-op appointment. If we do not receive the clearance letter, your surgery will be canceled. If you have a heart condition, you must have your cardiologist clear you for surgery. Your surgeon may request medical clearance from other specialists, such as a pulmonologist or nephrologist. You must obtain these prior to surgery.

Please bring all medications you take with you to the pre-op appointment or bring a list of all medications with dosage and frequency instructions. This includes over-the-counter and prescription medications. The correct medication and dosages are important to maintain your health throughout your hospital stay.

You will talk to a nurse case manager after surgery who will assist you with obtaining any equipment or services needed after discharge from the hospital.

Please be aware that insurance does not always pay for inpatient rehab, outpatient rehab or home care rehab. Call the number on the back of your insurance card to find out what services are available and learn more about your copay amounts. You should plan on at least 16 sessions of physical therapy after surgery.

What happens on the pre-op testing day?

Prior to your surgery date, you may be scheduled to come to pre-admission testing, also called PAT. At this time, a complete history and physical will be done to ensure you are in the best possible condition for surgery. A chest X-ray and EKG may be performed. Bloodwork may also be done. Not all patients require PAT. Your surgical coordinator will notify you if PAT is ordered by the surgeon.

Are there any major risks?

Most surgeries go smoothly; however, there are two serious complications that are most concerning — infection and blood clots. Antibiotics and blood thinners are used during and after surgery to reduce or prevent the risk of these complications. Special precautions are also taken in the operating room.

Why do I need a care coach?

A care coach is the person who has agreed to stay with you for at least one week, day and night, after surgery. This person will help you with light house duties, provide standby assistance for mobility, especially when you walk to and from the bathroom, and help with pets and meals.

Most patients go home after surgery. You can decide whether home therapy or outpatient therapy is the best choice for you. In rare instances, patients may need rehab placement in an outside facility if mobility level, care coach availability or home setting is not ideal for discharge directly home.

It is important to know what your insurance company will pay for with regard to therapy coverage after surgery.

Will I need equipment before I go home?

You will be using a wheeled walker when you go home. The physical therapist will help you decide how long to use the walker. A bedside commode will also likely be needed. Equipment that is recommended for your home may be covered by insurance. The case manager will secure these items for you before discharge. It is important to note that a walker and a commode are only covered every five years by insurance. If you already own this equipment, please let your discharge planner know.

Additional items, such as a tub bench and grab bars in the tub or shower, may be helpful during recovery. However, insurance companies will not pay for them or their installation. These items would be best purchased and installed before your surgery.

Will I need therapy when I go home?

Outpatient physical therapy, or PT, will be discussed with you and arranged by the case manager prior to surgery. PT is usually ordered by your doctor for two or three times a week. You may be able to go straight to outpatient therapy. This depends on if you have transportation and how well you are moving. The length of time required for therapy varies with each patient. PT is designed to help you regain mobility and enjoy the activities you used to do. Call the number on the back of your insurance card to determine coverage, including the facility, and copay. This should be done one month before surgery. UF Health has four outpatient locations: downtown Jacksonville, North Jacksonville, the Southside and Yulee.

When will I be able to drive?

You cannot drive while taking pain medication; it is against the law.

Your physician must clear you to drive, whether your operation was on your right or your left knee. You will need a ride for your outpatient surgery appointments until you are cleared to drive. Depending on circumstances, it may take up to eight weeks before you are cleared to drive.

Are there any restrictions following surgery?

High-impact activities, such as running, tennis and basketball, are not recommended, and you should not kneel on your new knee for at least six weeks.

Will I notice anything different after surgery?

Your knee could be swollen for three to six months after surgery. **You may notice a clicking noise when you walk. This is normal and is the result of the artificial surfaces coming together.** You may have some numbness on the outside of your scar, which may last for a year or longer. You also may have soreness in your knee for three to six months after surgery. These symptoms are not serious and should go away.

How much weight can I place on my leg?

You will be instructed and educated about how much weight you can place on your leg. Follow your weight-bearing instructions from your surgeon and physical therapist. Your physical therapist will show you proper techniques.

You will be expected to learn and follow your exercises as you recover. The successful outcome of your surgery depends on how much you take responsibility for your own care and rehabilitation. The goal is to return to as much independence as possible and perform your own daily activities.

General rules to follow

- ▶ Let pain be your guide when moving your leg or hip.
- ▶ Use chairs with armrests to help you stand up and sit down.
- ▶ Always push up from the surface you are coming from. Do not lean and pull on your walker.
- ▶ Avoid using waterbeds.
- ▶ Avoid low, soft sofas and chairs. If necessary, add firmness to low or soft chairs by using pillows or folded blankets.
- ▶ Use your walker as instructed.
- ▶ **Do not drive** until you are cleared by your surgeon's office. You may ride in a car, but try to keep trips to less than one hour. If longer trips are necessary, you may need to take breaks each hour. **Under no circumstances are you to drive while on pain medication.**
- ▶ **Do not kneel** on your operated knee until your surgeon says it's safe to do so.
- ▶ **Do not participate** in any sports for six weeks.

Exercising your knee is a vital part of your recovery

Your physical therapist will teach you and your family exercises to strengthen your muscles and increase your knee motion. It is very important that you do these exercises at least twice a day. This will start on the day of surgery. You should know your exercises well if you have prepared by attending a joint replacement education class, have watched the videos on the website and have reviewed the exercises found in this booklet. You and your care coach should be doing these exercises before your surgery if you are able, and throughout your hospital stay as well, independent of your therapy sessions. Your knee is meant to be moved.

You will not use a pillow under your knee after your surgery. This is to allow for full extension and stretching to keep your knee from getting stiff. Your goal is at least 90 degrees of bend in your knee within a few days after surgery.

Robert Jones dressing

After knee surgery, your physician may request a special dressing be placed on your leg. For some physicians, the Robert Jones dressing is used postoperatively for one day to apply gentle pressure to the limb to help control swelling and bleeding.

The Jones dressing is usually removed within 24 hours after surgery. The dressing will limit how much you are able to bend your knee; however, you can work on straightening and lifting the leg. You should also do the range-of-motion exercises your therapist showed you to the extent you are able.

Control of swelling after surgery

Another important factor in your recovery is controlling any swelling you might have. The better the swelling is controlled, the easier it will be for you to move and strengthen your knee.

- ▶ Apply a cold pack or wrap to your knee for 20 minutes following all exercise and every four hours, if you are in a lot of pain. You may have gone home with a cooling unit that circulates cool water around your knee. If not, you can make your own ice packs by using four parts water to one part rubbing alcohol with a gallon-size or smaller resealable bag.
- ▶ If you were given compression socks while in the hospital, you should wear them during the day for four weeks. They should be thigh-high in length. There are many alternatives in sporting goods stores if you prefer a different method for swelling control.
- ▶ Place a pillow under your calf, not your knee, when elevating your leg.

Use ice after surgery

Using ice on your knee after surgery can help:

- ▶ Decrease the swelling and sensation of warmth in your knee.
- ▶ Relieve pain, especially following exercise, and muscle spasms.

Tips for applying ice

- ▶ Apply ice in a warm, comfortable environment. Even though you are icing only your knee, your whole body can feel colder. If you are using homemade or cold gel packs, do not apply ice for more than 20 minutes at a time.
- ▶ Fill a large resealable freezer bag halfway with ice and then add water to cover the ice. Close the bag securely to prevent leaking. Wrap the bag in a towel and apply to knee.
- ▶ If you use a cold gel pack, wrap it in a towel before putting it on your knee.
- ▶ Wrap ice in a towel and apply to knee.
- ▶ Be careful to avoid freezing your skin and be sure to keep the incision dry. Never put an ice bag or gel pack directly against your skin.

Tips to help prevent injuries and accidents

- ▶ Remove all throw rugs and plastic runners from walkways in your home.
- ▶ Remove or tape down extension cords.
- ▶ Stay off wet or waxed floors, ice and grass.
- ▶ Wipe off wet crutch or walker tips.
- ▶ If you must walk over a slick surface, take short, purposeful steps.
- ▶ Use the elevator when possible and avoid escalators.
- ▶ If you must use the stairs, use stairs with sturdy handrails. If your home has stairs, discuss this with your physical therapist during your hospital stay for problem-solving tips and practice.
- ▶ If you have pets, be careful not to trip over them.

Walking

Your physical therapist will teach you to walk properly with a walker. The assistive device will help you walk and take weight off your operative leg so your muscles can recover. It is important that you do not plant your leg and twist or turn your knee joint; this could damage your muscles and the stability of the joint. You will learn to walk on flat surfaces and on steps.

Walking with a walker

- ▶ When getting up from a chair or toilet, do not use the walker for support. Push off of the armrest or seat with your hands.
- ▶ Once you are standing, put both hands onto the walker handles. Keep your head up and look straight ahead.
- ▶ Stand up straight.
- ▶ When walking, use the wheels on the front of the walker to move forward and glide it like a grocery cart.

Most patients use a two-wheeled, rolling walker for support. It is important to remember that you cannot pull on a walker to get up. It will cause you to lose your balance. The walker is meant to relieve the load off your leg somewhat while you are healing.

This section is a brief summary of a typical hospital stay. There are always exceptions.

Day of surgery

(You will not have had any food or water before surgery.)

- ▶ You will be taken to an area called pre-op holding or to the block room. You will speak to an anesthesiologist about a method of pain control called a peripheral nerve block. A peripheral nerve block provides a safe, comfortable way to reduce pain during and after surgery. The nerve block delivers numbing medicine near the nerve and temporarily reduces messages from the nerve to your brain. A continuous infusion through a small pump is set up and will be kept in place during your stay. This form of medication is managed by the anesthesia pain team.
- ▶ Your family will be shown where the waiting room is located. This is where the doctor will find them after your surgery.
- ▶ You will not hear, smell or remember anything from your surgery, no matter what type of anesthesia you have. You will be in surgery for about three hours, including preoperative prep time and transition to the postoperative care unit, or PACU.
- ▶ Therapy will begin as soon as you are able to participate. Goals for the first day include sitting on the edge of the bed, standing and walking 10 feet or more.
- ▶ You will remain in the PACU until your room is ready on the unit. If you are going home the same day of your surgery, you will stay in the PACU until you are discharged. A therapist and nursing staff will work with you in the recovery room to get you ready for home.
- ▶ Your surgeon will evaluate to see if you have met criteria to discharge the first day or if you should be admitted overnight. Even if you planned to go home the same day, it depends on your response to surgery and activity before you can be discharged.

We always have the goal of getting you home as soon as possible.

First day after surgery

We want you to be mobile, but we want you to be safe. Please note that all activity will be with a team member, and you should never get up alone. We use every opportunity to train, educate and provide tips on the best and safest way to mobilize.

Bathroom/toileting

Your nurse or therapist will help you to the restroom and stay with you the entire time. Please note that this is for your safety and to provide you with important education and tips on safe mobilization.

Ask the nurse to assist you to the bathroom when he or she is in your room, rounding with you. Do not wait until you have an emergency. Falls happen when people overestimate their ability or when they are in a hurry and forget safety measures.

Incentive spirometer

This device is used to help prevent postoperative pneumonia. You will be exercising your lungs by taking deep breaths. You should do this every hour while awake. Your nurse will show you how to use this device.

IV line

You will have an IV in place during your hospital stay.

Meals

Ask to sit in a chair for your meals.

Peripheral nerve block

A very thin catheter connected to an infusion pump will provide numbing medicine to your knee.



Swelling/blood clot prevention

You will wear thigh-high compression hose on both legs after surgery. The hose are open-toed to help you put them on easier using a method your therapist can show you.

Cooling units and ice pack and elevation will help control swelling.

Pumps will be placed on both calves that will intermittently inflate and deflate to prevent blood pooling in your lower limbs.



Working with physical and occupational therapy and moving your knee throughout the day is very important. Be sure to let your care team know about your level of pain. Your physical therapist and occupational therapist will teach you about special precautions and specific exercises for your knee. Your nurse can also help you with your mobility. You will need assistance whenever you move from the bed, chair or toilet.

Sit in your chair as much as possible. You are expected to work on seated knee-bending while you are up, with the goal of bending 90 degrees. You should also work on full knee extension and stretching the back of your knee often.

You cannot drive yourself home after surgery. Before you arrive and are admitted to the hospital, please arrange for someone to drive you home. You will receive written instructions from your nurse and possibly a case manager concerning medications, therapy, activity and precautions before you are discharged. Take this information home with you. Therapy or nursing will help you get to your vehicle and discuss any safety considerations regarding getting in and out of the car.

Know the discharge language

Patients, family caregivers and health care providers all play roles in planning for discharge. It is a significant part of the overall care plan. Please pay careful attention to the discharge plan and post-hospital care instructions to help ensure a successful recovery.

Many types of post-hospital care are not covered under insurance. Insurance type and medical recommendations play a role in your final discharge plan. Medical staff, case managers and physical therapists can recommend the appropriate level of care; however, your insurance provider will determine care based on coverage and contracts. This can impact your choice of facility and the amount of care you are eligible to receive.

After joint surgery, patients are discharged to a variety of facilities based on their general state of health, how well they recover from surgery, their assistance at home and insurance policies.

Outpatient rehab

Outpatient rehab is therapy you receive in an outpatient facility. Most insurances cover this, although you may have limited choices in your service area. Please call the number on the back of your insurance card to determine if UF Health Jacksonville or another desired outpatient facility is covered under your plan. This should be done one month prior to surgery.

Durable medical equipment

Durable medical equipment includes walkers, wheelchairs, crutches, bedside commodes and other items to assist with your mobility and care. Most insurance cover these items. However, they do not cover specialty items, such as shower chairs, slide boards or handrails. If you know someone who has a sturdy, two-wheeled walker that you can borrow, or if you already have one, please let us know. You should mark your own walker with a luggage tag and bring it to the hospital so you can practice with it.

ANESTHESIA

You will see an anesthesiologist and/or an anesthesia nurse practitioner before your surgery. He or she will review your medical history and perform a brief physical exam.

The anesthesiologist will discuss your options for anesthesia. Keep in mind he or she may suggest a particular anesthetic technique based on your history, physical exam, type of surgery and other factors.

General anesthesia will make you unconscious and unable to feel pain during your procedure. It is produced by a combination of drugs and gases.

Spinal anesthesia uses a small needle to inject an anesthetic solution into your back. This medication should take away all pain sensation and movement from the abdomen down to your toes. You also will be sedated (light sleep) so that you are comfortable and unaware of your surroundings.

Epidural anesthesia uses a needle to inject the medication into your lower back. With the epidural, a small catheter is placed through the epidural needle to deliver medication while in surgery and for a few days after surgery.

Your anesthesiologist might suggest a combination of these techniques.



Many patients are concerned about pain after surgery and how well it will be controlled. Everyone experiences pain differently. Your pain will be controlled to a level that is tolerable for you. Orthopaedic staff members have experience helping patients manage their pain.

How pain is managed

- ▶ Anti-inflammatory medicine
- ▶ Frequent, short bouts of activity
- ▶ Ice
- ▶ Pain medicine
- ▶ Peripheral nerve blocks
- ▶ Tylenol

Narcotics will be ordered on an as-needed basis. This means you must ask the nurse for these medications. The doctor's order for pain medication will have a time restriction. For example, a patient may only receive narcotic pain medications every four hours. It is important for you to plan on taking your pain medications around your physical therapy schedule. Most patients prefer to take the pain medication about 30 minutes before beginning their physical therapy. Remember that the combination of the pain control methods listed above work together to control and manage your pain. You will still have some pain. You need to stay active — movement is critical.

Possible side effects of medication

- ▶ Constipation
- ▶ Decreased appetite
- ▶ Dry mouth
- ▶ Itching
- ▶ Nausea and/or vomiting
- ▶ Severe drowsiness or confusion (*Although this is rare, we will be watching for these side effects and change your medication if necessary.*)
- ▶ Urinary retention

Tell your nurse right away if you have any of these side effects, or if you feel you are not getting enough pain relief. **BE AWARE** that we cannot get rid of all your pain — you will have some discomfort. We will help make you as comfortable as possible.

REST • ICE • ELEVATE • EXERCISE

MANAGING SURGICAL PAIN WITH NERVE BLOCKS

When will I be given a nerve block, and how is it done?

The block is administered just before surgery.

Femoral nerve blocks are used for surgery on the thigh and knee. The block numbs the nerve that transmits signals from much of the front and sides of the thigh and knee. This nerve is relatively close to the skin in the groin area and runs down the leg. A separate block of the sciatic nerve is usually required to fully numb the back of the thigh and lower leg. The sciatic block will be done in much the same way as the femoral nerve block.

Here's how the femoral nerve block is typically given:

- ▶ The skin around entry site is cleaned and numbed.
- ▶ The anesthesiologist locates the nerve painlessly with nerve stimulator and needle. You may feel a slight tingling sensation or muscle twitch.
- ▶ He or she then delivers nerve-blocking anesthesia.
- ▶ If continuous infusion is planned for long-term pain control, a small catheter will be inserted and connected to a small portable pump.
- ▶ Numbness lasts up to 12 hours with a single dose or until the continuous infusion catheter is removed.

Following surgery, you'll need to take special care of your leg until sensation fully returns.

A side effect of the femoral nerve pain block is the temporary loss of quadriceps muscle control. The quadriceps muscle is the muscle that allows you to extend your knees and stand. After surgery, you will be fitted with a knee brace so that you can stand with your walker for the first few days after surgery while the nerve block is in place. It is very important for your safety that you not try to walk or stand without this brace or without the help of therapy or nursing staff until the femoral nerve block is removed.

You may or may not go home with a nerve block. While the nerve block is in place, you must wear your knee brace when standing or walking. This helps to prevent falls.

Your surgeon will determine if your incision will be closed with metal clips called staples or with a special type of glue. You will have a large, bulky dressing, or your knee will be wrapped from your toes to your upper thigh the day of surgery and the first day after surgery. The bulky dressing will be removed the following day and a lighter gauze dressing will be applied. We will watch for any signs of bleeding or infection and keep your incision dry by changing the dressing as needed.

Hemovac/Autovac drain

If you have a Hemovac/Autovac drain, it will be removed the first day after your surgery. You may feel a brief burning sensation when the drain is pulled out. To prevent infection, you will receive antibiotics through your IV as long as the drain is in place.

Changing your dressing

Your dressing should be changed whenever it has drainage on it. The nurse will show your family or caregiver how to change the dressing before you leave the hospital. Hands should be washed each time before changing the dressing. Avoid touching your incision until it is healed.

Staples

Staples are removed 10 to 14 days after surgery and pieces of special tape called Steri-Strips will be put over your incision. You may shower two days after the staples are removed. Pat your incision dry after your shower. The Steri-Strips may fall off after a few days. If they don't, you can gently peel them off in five to seven days. It is normal for your incision to itch, feel numb or drain a little clear fluid.

Surgical glue

If you have staples, you may shower after three days, but do not soak or scrub the incision line. Also, do not clean the incision line with any substance because there is a possibility of dissolving the glue.

Showering

If your wound is clean and dry, your physician may allow you to shower at home after discharge. Showering after surgery requires physician approval. Make sure you ask your physician before you leave the hospital how much time should pass before you shower. Never soak or immerse your incision until the physician says you can.

Look at your incision daily for signs of infection or irritation. If you can't see your incision, look in a mirror or have someone else look at it. If you see any signs of infection, call your doctor's office.

Signs of infection are:

- ▶ Drainage (other than clear, reddish-yellow fluid)
- ▶ Fever
- ▶ Increased pain or tenderness
- ▶ Redness and heat
- ▶ Swelling

When your incision is completely healed, you may massage the area with a water-based lotion. This will be approximately four weeks after surgery.



PREVENTION OF CLOTS, CONSTIPATION AND PNEUMONIA

Patients who have knee surgery are at risk for developing blood clots that can be dangerous if they break away and travel to the lungs. There are several things you can do to decrease the chances of blood clots forming. When you are lying in bed after surgery, it is very important that you begin leg exercises. These can be done by pressing the backs of both knees into the bed, tightening your calf and thigh muscles and moving your ankles up and down. Your physical therapist can show you how to do these exercises properly. It also is important that you get out of bed and sit in a chair, as well as start walking as soon as possible with assistance.

You may be instructed to wear compression stockings to help decrease swelling in both your legs. They will be placed on your legs right after surgery, and you will need to wear them the entire time you are in the hospital. You will only wear them during the day and remove them before bedtime. In order for the stockings to help, it is important they fit properly. They should feel a little tight, yet smooth and without wrinkles or creases. They should not be cut or rolled down. Wear them after you go home until there is no tendency to swell, usually around 10 to 30 days. Your surgeon will tell you how long to wear the compression stockings.

In the hospital, you will also wear a sequential compression device to help circulate the blood in your legs. Sequential compression devices are cloth sleeves attached to a pump that hooks onto the end of your bed. Air is pumped into the sleeve through hoses and then released.

You will also receive medications to help prevent blood clots, especially if you have had blood clots in the past. Your doctor will give you instructions on taking these medications. Coumadin is one drug that may be prescribed. If you are taking Coumadin, it is important that your blood is checked every day while in the hospital until the desired blood lab value is obtained. If your doctor has you continue to take Coumadin after you go home, you will need to have your blood values checked once or twice a week. These tests will be scheduled for you before your discharge from the hospital. In addition, you will receive dietary instructions from the dietitian, as some foods may affect your Coumadin level.

Aspirin, heparin, Lovenox (enoxaparin), Eliquis (apixaban) and Xarelto (rivaroxaban) are other drugs that help prevent blood clots. If your doctor orders one of these drugs, you will receive instructions.

Blood clots can be a very serious complication after having knee surgery. It is important that you stick to your prescribed medication in order to decrease your chances of blood clots. It is important that you get up and move often. You should not sit longer than one hour at a time.

Although blood clots are rare, it is important to know the signs and symptoms to look for:

- ▶ Heat and redness in the calf muscle area
- ▶ Pain in your lower legs or swelling not relieved by lying down and putting your legs up

Notify your doctor immediately if you have any of these symptoms. If you become short of breath or develop chest pain, call 911 or go to the emergency room. It is important to follow up with your doctor as soon as possible upon returning home.

Prevention of constipation

Pain medication and anesthesia can cause constipation, so your doctor may prescribe stool softeners or laxatives after surgery. Passing gas is normal and lets us know that your bowel function is starting to come back, so don't be embarrassed by this. If you haven't had a bowel movement by the second day after surgery, ask your nurse to give you a laxative. If you normally have problems with constipation, let the doctors know what works best at home so we can try to do the same for you in the hospital. Drink plenty of water as well.

Prevention of pneumonia

Coughing and deep breathing exercises are very important to help prevent pneumonia. Your nurses will ask you to take long, deep breaths several times each hour and to cough up any mucus. You will be taught to use a device called an incentive spirometer that will help you with deep breathing exercises. A nurse will show you how to use this before surgery or right after surgery. To help prevent lung problems, remember to stay active with the assistance of a nurse.

If you smoke, quitting before surgery will help your recovery and decrease your chances of getting pneumonia. Smoking is not allowed while you are in the hospital.

Diet

Good nutrition — including eating a balanced diet high in protein and calories — is essential for proper wound healing. **Do not diet** while you are healing from your surgery. If you are diabetic, you will be put on a diabetic diet to keep your blood sugar under control. People with diabetes take longer to heal. The more your blood sugar is kept under control, the faster you will heal. Let your doctor know if you have food allergies or if you are vegetarian or vegan. Ask your nurse or doctor if you have any questions about your diet.

How to prepare for surgery

Be sure you have a list of all over-the-counter and prescribed medications you take, along with the dosages and how often you take them. The correct medication and dosages are important so we can maintain your health throughout your hospital stay.

You will be assigned a case manager, who will assist you with obtaining any equipment or services needed after discharge from the hospital. You may need to obtain some equipment before surgery.

What happens after surgery

Our health care team is dedicated to help you with your recovery. Please let us know how we can make your stay as successful as possible.

You will be up and moving the first day, and will steadily increase your activity throughout your stay. It is best to bring loose-fitting clothes for dressing that can easily be applied over your knee bracing.

Most patients stay in the hospital for one night, but you may be a candidate to go home the same day of surgery. This is up to your surgeon, who will take into account your fitness level, pain control and ability to move after surgery. You will have continued therapy outside of the hospital if your insurance offers this benefit.

It is important to continue your exercises at home, walking frequently and staying active. You will have methods to control pain, including medication, ice, activity and elevation.

YOU ARE YOUR BEST COACH. STAY ACTIVE. BE FIT.

KNEE SURGERY OVERVIEW

Welcome to UF Health Jacksonville. You are scheduled to have an elective knee replacement in the near future, and we want to give you some information on what to expect from your postoperative care.

Nursing and rehabilitation staff follow a specific care plan established by your physician. This plan standardizes how we offer care to our patients and ensures everyone knows what to expect throughout the process.

Day of surgery

Mobility goals

- ▶ Practice edge-of-bed or out-of-bed sitting as able
- ▶ Walk as able with assistive device — the goal is 10 feet with a walker the same day of surgery
- ▶ Use incentive spirometer every hour at least 10 times per hour.
- ▶ Make sure you get out of bed for your meals with help

Circulation exercises

- ▶ Ankle pumps
- ▶ Quad sets
- ▶ Gluteal sets

Fall prevention is important.

You may be up and moving today, if your physician recommends it. Your nurse or physical therapist will help you.

You will be given instructions on specific precautions to take after surgery.

You can begin circulation exercises as soon as you are able.

You will not have your knee propped on a pillow; it will lie flat on the bed to maintain proper alignment.

You should see signs in your room that give information on your mobility status, and “Call, don’t fall,” reminding you to ask for help. Don’t get up by yourself.

You may have ice or a cooling unit for your knee to take home with you. Make sure you know how to use it. You can use regular ice when the cooling unit stops working.

If you have a nerve block, you will have a knee immobilizer on for all out-of-bed activity. This is to help stabilize your numb leg while the block is being used.

Once the block is gone and the numbness has completely worn off, the immobilizer is not used.

You will have a device on your calves that will help maintain adequate circulation to the legs.

Exercise after surgery

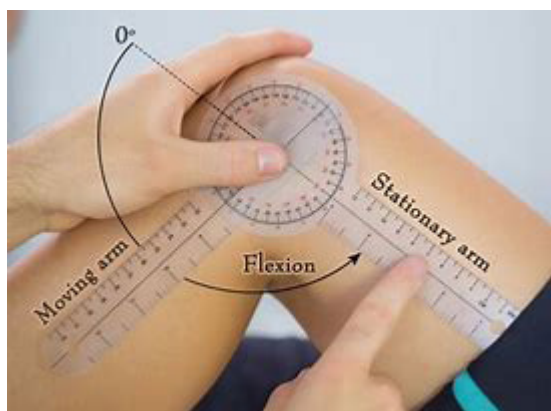
Bend and straighten your knee two or three times a day while in the hospital and after you go home.



First day after surgery

Mobility goals

- ▶ Walk with an assistive device
- ▶ Sit in a chair for meals
- ▶ Ask for help walking to the bathroom
- ▶ Practice curb and step training with your therapist before going home
- ▶ Bend your knee while sitting
- ▶ Practice getting in and out of a car with your therapist or care coach before going home



You will be out of bed several times today.

You will be sitting up in a chair for all your meals.

You are expected to walk 20 feet or more with your walker.

You will have help any time you are out of bed.

You will start working on exercises designed to strengthen your new knee.

You should bend your knee at least 60 degrees today, and work hard to get your knee as straight as possible when you extend it.

Exercises should be done at least twice a day (one time with your therapist and another with your family member or on your own).

DISCHARGE TODAY IS LIKELY.

Motion of the knee should approach 80 degrees of flexion.

Discharge information

A therapist will practice car transfer training with you and your care coach prior to discharge.

Items to take home:

- ▶ Stockings (optional)
- ▶ Any equipment given to you by your therapist
- ▶ Discharge instructions
- ▶ Any equipment delivered to the hospital for you (walker and/or commode)

You will likely have some form of follow-up therapy.

Perform your home exercise program at least twice a day on your own or with family assistance.

Try to bend and straighten your knee as much as possible.

Do not wear your immobilizer at home unless instructed to do so or if you still have a nerve block.

Wear your knee brace when walking if you have a nerve block.

Walk as often as possible.

Monitor for signs of infection, such as fever, swelling, increased pain or redness.

Therapy tips

Your postsurgical pain is temporary. You have been dealing with joint pain for a long time, so you know that you can get through the postoperative period.

Your new knee is meant to be moved! You can do it!

- ▶ Don't let pain be the reason to not attend therapy today. Your therapist will assist you with reducing your pain.
- ▶ Ask for help to get up as often as you can.
- ▶ Exercise outside of therapy to maximize outcomes.
- ▶ Do not place a pillow under your knee. Always promote a straight leg by putting the support under the calf.
- ▶ Strive to achieve your daily goals.
- ▶ Be safe, get help and prevent falls.
- ▶ Get your family involved.

Whether you are going home the same day of your surgery or staying overnight with us, you need to be ready to commit to actively participating in your recovery.

On the move

How many times have you gotten up today? Staying in bed does not get you home more quickly, and it does not make you stronger.

Prolonged bed rest can cause:

- ▶ Increased risk of bed sores, blood clots and pulmonary embolism
- ▶ Pneumonia
- ▶ Exercise intolerance, weakness and changes in blood pressure
- ▶ Decreased bone density and muscle mass
- ▶ Constipation
- ▶ Depression or a sense of helplessness

What can I do to help myself or my loved one?

- ▶ Get out of bed for meals.
- ▶ Walk with or without assistance as directed by your physician, nurse and therapist.
- ▶ Wear slippers with good grips and backs on them whenever you get out of bed.
- ▶ Keep a regular bedtime routine and do not sleep during the day.
- ▶ Keep blinds open during the day.
- ▶ Use an incentive spirometer as instructed by your physician/nurse/therapist.
- ▶ Do any exercises assigned to you outside of your therapy sessions.

Fall prevention

Begin a regular exercise program. Exercise is one of the most important ways to lower your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination, such as tai chi, are the most helpful. Lack of exercise leads to weakness, and increases your chances of falling.

Have your health care provider review your medications, including over-the-counter medications. As you get older, the way medicines work in your body can change. Some medications, or combinations of medications, can make you sleepy or dizzy and can cause you to fall.

Have your vision checked at least once a year. You may be wearing the wrong glasses and need your prescription updated, or have a condition, such as glaucoma or cataracts, that limits your vision. Poor vision can increase your chances of falling.

Make your home safer. About half of all falls happen at home. Take action to make your home safer.

- ▶ Remove things you might trip over (books, clothes, shoes, etc.) from stairs and other places you walk.
- ▶ Remove small throw rugs or use double-sided tape to keep them from slipping.
- ▶ Keep items you use often in cabinets you can reach easily without using a step stool.
- ▶ Install grab bars next to your toilet and in the tub or shower.
- ▶ Install nonslip mats on the floors of your bathtub and shower.
- ▶ Improve the lighting in your home. Hang lightweight curtains or shades to reduce glare.
- ▶ Install handrails and lights on all staircases.
- ▶ Wear shoes inside and outside the house. Do not go barefoot or wear slippers.
- ▶ Call for help any time you want to get out of bed. Do not wait until the last minute to ask to go to the bathroom. Have a regular schedule and ask your nurse when he or she is in the room with you.
- ▶ Wear rubber-soled shoes or nonslip socks whenever you get out of bed.
- ▶ Make sure a nurse or other member of your care team is with you when you are in the bathroom.

HOME EXERCISE PROGRAM

Do the following exercises two or three times a day, 10 or more repetitions each time.

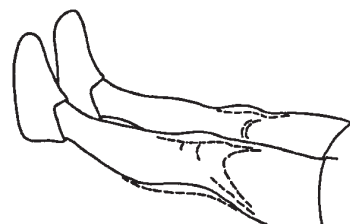
ANKLE PUMPS

Make up-and-down motions with your feet, or point and flex your foot.



QUAD SETS

Keep your legs out straight and toes pointed up. Tighten the muscles in the front of your thigh and press your knee down. Hold for five seconds and then relax.



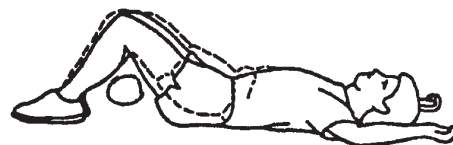
GLUTES SETS

Tighten your buttocks by squeezing them together, hold for five seconds and then relax.



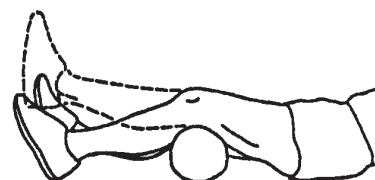
BRIDGING

Place a roller under your knees. Press down on the roller with your thighs, lift your buttocks and then lower slowly.



TERMINAL KNEE EXTENSION

With the roller under your knees, lift your foot until your leg is straight, hold and then lower slowly.



HEEL SLIDES

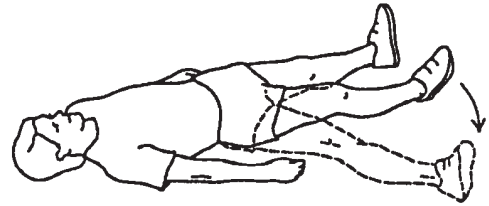
Bend your knee, bring your heel toward your buttocks and then push out until your leg is straight.



Do the following exercises two or three times a day, 10 or more repetitions each time.

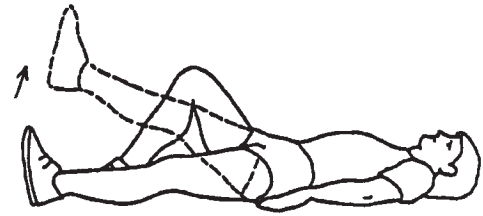
ABDUCTION

With your leg straight, slide it out away from your body and then pull it back in.



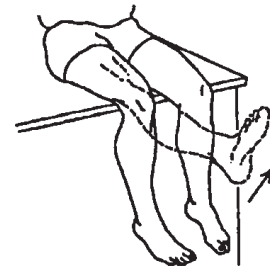
STRAIGHT LEG RAISES

Bend the opposite knee. Do a quad set, lift leg 12 inches without bending your knee and then lower slowly.



KNEE EXTENSIONS

While sitting in a chair, bend your leg back as far as you can, using your unaffected leg to assist for more knee flexion, and then kick out straight.



UNSUPPORTED KNEE EXTENSION

Sit in a chair with your foot propped on another chair and your knee unsupported for 15 minutes to maintain the knee extension.

ICE

After exercises, ice your knee for up to 20 minutes, making sure the ice packs do not sit directly on your skin.

MOVE

Move with your walker, putting as much weight as possible on your leg, until your physician and therapist say you can stop using the walker.



Content courtesy of our collaboration with UF Health Orthopaedics in Gainesville, Florida.