

PLEASE BRING THIS BOOKLET WITH
YOU FOR ALL OF YOUR HOSPITAL VISITS

TOTAL KNEE REPLACEMENT ARTHROPLASTY: A Guide for Patients



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Pre-Admission Clinic

You will be contacted by the Pre-Admission Clinic for your Pre-Admission visit.

My **Pre-Admission Clinic** visit is

(date)

(time)

Plan to stay **up to 4 hours** for this appointment

Please bring:

- A Care Partner/Translator if required
- Health Card
- My completed Pre-Anaesthesia Questionnaire and completed OT/PT Total Joint Questionnaire, if you received this from surgeon's office
- Reading glasses and/or hearing aids
- This Knee booklet
- ALL your prescription, non-prescription and herbal medications you are taking including inhalers (puffers), injections, eye drops, medicinal patches, sprays, herbs, vitamins in their original containers (Not a medication list).
- Take medications as usual and eat as usual
- Bring your crutches so that they can be properly adjusted by physiotherapy

The location for my Pre-Admission Clinic is

You will be prepared for your surgery and post-surgical care by visiting the team, which may include:

- Physiotherapist/Occupational Therapist
- Pre-Admission Clinic Nurse
- Anesthesiologist
- Pharmacy Technician
- Other Diagnostic Imaging Technicians, if applicable

Please call your surgeon if you develop a cold or if your health changes as you get closer to your surgery.

Please call the Pre-Admission Clinic or your surgeon's office if you have any other questions.

Any Other Appointments or Tests Related to this Surgery

What is a knee replacement?

During a knee replacement operation, your surgeon will cut away the damaged bone and cartilage and replace it with artificial surfaces (prosthesis). The prosthesis allows the joint to continue to move without pain.



Getting Ready

To prepare for your surgery and your return back home, you and your care partner/family should:

- Arrange for someone to bring you home from the hospital **by 10:00 am**.
- Arrange for someone to stay with you after your surgery for however long is necessary to ensure your safety.
- Do heavy housekeeping activities such as vacuuming and laundry ahead of time, or arrange for assistance.
- Prepare and freeze a few meals in advance.
- Ensure kitchen equipment and other items are within comfortable reach when standing.
- Rearrange furniture to allow sufficient space for you to walk around with your walking aid.
- Remove clutter and throw rugs that could create a trip hazard.
- Keep a flashlight handy in your bedroom and install night lights in your bedroom and hallways.
- If you smoke, cut down or quit prior to your surgery.
- Take care of activities that require you to leave the house such as grocery shopping or banking ahead of time.
- Make arrangements for the equipment you will need and appropriate footwear.
- Make arrangements for outpatient physiotherapy.

If you have any questions or concerns, please discuss with a healthcare professional during your pre-surgical appointments.

Equipment that may be needed at home after surgery:

1. Walker or crutches (Label your own equipment if bringing it to the hospital.)
2. Raised toilet seat
3. Reacher
4. Long handled shoe horn
5. Transfer tub bench or shower chair
6. Sock aid
7. Long handled sponge or backbrush



The Day of Your Surgery

Do not Eat or Drink anything after Midnight before Surgery

Bring one pair of compression stockings, knee immobilizer and cryotherapy device (ice machine) (optional) to check in before your surgery, if ordered by your surgeon. Please plan to arrive in Admitting 2 hours prior to your scheduled surgery.

Have your care partner bring the following items to the Surgical Unit after your surgery:

- Crutches and/or gait aids clearly labeled with your name
- Long handled aids (reacher, shoehorn, sponge, sock aid, if purchased)
- Comfortable, well-fitting non-slip shoes (i.e. running shoes); footwear must have closed heels and toes
- Loose clothing: shirts and shorts and/or jogging suits, short dressing gown, underwear
- Personal care items, toiletries
- Prescription medication, as directed in the Pre-Assessment Clinic
- A second pair of compression stockings
- Leave your cash, credit cards, and jewelry at home
- This booklet

Your surgery could last 1 - 4 hours.

You may be in recovery until you are awake and your bed is ready.

There will be a well defined pathway of care that will be followed by your healthcare team to ensure that you receive the tests, treatments, medication and education that you need for optimal recovery. Your nurses will coordinate your plan of care on a day-to-day basis. The goal is to be ready for discharge in 1-2 days.

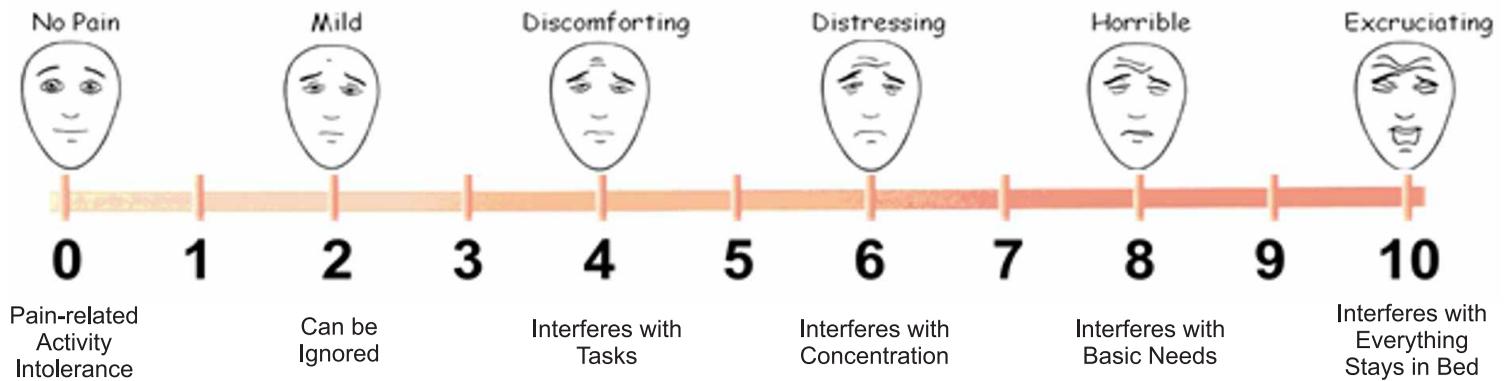
Pain Management:

IMPORTANT: If you have been taking strong medications (narcotics) every day such as oxycodone, hydromorphone, morphine, or the fentanyl patch, please let the nurse and/or anesthesia doctor know during your pre-admission clinic visit prior to your surgery. People who regularly take these stronger medications need to have their medication doses adjusted after surgery in order to control their pain.

Goal of Pain Management

The goal of pain management is to control pain to a level that is comfortable enough to rest (but not be drowsy) and be able to do the activities that promote recovery. Unfortunately, it is not possible to relieve all your pain without serious side effects from the pain medication. It is important to use other non-medicine methods to decrease pain too, such as ice, positioning and relaxation therapies. You will have some pain but we will work with you to keep it at a mild level, which is 3 or below on the 0-10 scale.

How Severe is Your Pain?



The "Pain Ruler" above is available at the hospital for you to discuss your pain level with your nurse, doctor and therapist.

It isn't a good idea to "tough it out" after surgery and refuse medicine and/or non-medicine treatments like ice, which ease your pain. Research shows that patients who ask for and receive pain medication actually do better during their rehabilitation. That's because pain may prevent you from doing the activities that prevent complications and that are important to your recovery. Pain can interfere with your ability to move in bed, sit up in a chair, get up to the bathroom and participate in physiotherapy.

Pain Management Options

Your surgeon and anesthesiologist will decide which pain relief method is right for you based on your medical history and other factors. If your pain is not well controlled after surgery, your nurse or doctor can ask for a pharmacist or pain management nurse practitioner to suggest a more effective pain management plan.

Constipation

After surgery, a person often experiences constipation. Constipation is caused by not drinking your usual amount of fluids, not walking around as much as usual and from the strong pain medicines. You will receive stool softeners and laxatives as you need them. Be sure to let your nurses know if you are uncomfortable from constipation or if it has been more than 2 days since your last bowel movement so that the constipation can be treated.

Anticoagulants

- Anticoagulant medication reduces the chance of blood clots forming after your surgery
- You will be instructed on how, and how long to take these medications at home

Compression Stockings

- May be ordered by your surgeon

Exercises

In the Recovery Room you can begin deep breathing and coughing exercises which will improve oxygenation to the body and help prevent pneumonia.

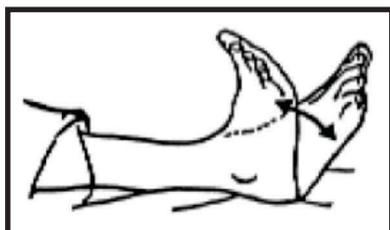
Lateral Costal Expansion:

1. Place your hands on the outside of your lower rib cage
2. Take a deep breath and try to expand/push your lower rib cage into your hands as much as you are able
3. Hold your breath for a count of three and exhale

Diaphragm Breathing:

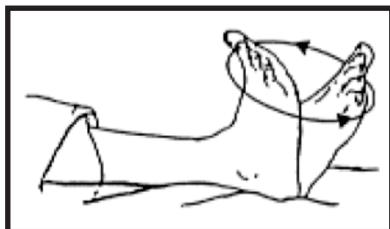
1. Place your hand on your stomach
2. Take a deep breath in and push your stomach into your hand
3. Hold your breath for a count of three
4. Exhale and pull your stomach in

Circulatory Exercises to help reduce swelling and prevent blood clots.
To be done 10 repetitions per hour.



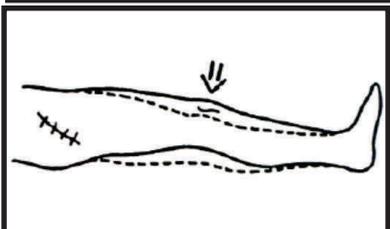
Exercise 1

With toes pointed, flex both ankles up and down



Exercise 2

Make clockwise and then counter-clockwise circular motions with both ankles



Exercise 3

With your leg straight, bring your toes up, tighten the muscles on the top of your thigh, and push your knee down into the bed

Hold and count slowly to five, then relax

Rehabilitation

A physiotherapist will assist you with mobility and exercises which are essential to achieving your optimal recovery. Do not get up alone unless you are told that it is safe to do so. Begin the exercises only after you have been instructed to do so by your physiotherapist or surgeon.

Cryotherapy/Ice Application:

- Apply ice 3 - 4 times daily for 20 minutes before and/or following exercise to reduce swelling and pain.
- Cryotherapy devices can be utilized for longer periods of time during the day.
- Crushed ice works best. Place a thin towel between ice and your knee.

Slider Board:

To ensure your best recovery, it is important for you to bend your knee soon following surgery. Your physiotherapist will show you how to use a slider board.

The following exercises are designed to improve strength and range of motion in your knee. Flexibility and strength should improve gradually with practice, as pain slowly subsides. Use pain medication before doing these exercises for the first two weeks following your surgery, then ice applications.

Knee Range of Motion



Keep your knee cap and toes pointing up, slide your heel towards your buttocks.



Hold 5 seconds. Then push the back of your knee down into the board/bed.

Sit to Stand



When you are standing up; try to match your feet next to each other, it may be difficult at first.

Try to use the surgical leg ... Don't hold it out in front of you.

Put weight on affected limb

Marching



Hold onto counter for support, raise your surgical leg up in front of you as high as you can and bring it back to the ground, by straightening your knee and pushing through your heel.

Alternate legs.

Heel Raises



Hold onto counter for support, stand upright and keep your knees straight.

Go up onto your toes by tightening the muscles in your legs.

Mini Squats



Hold onto counter for support, keep feet slightly more than shoulder width apart and slightly turned outward

Slowly bend at hips and knees like you are sitting in a chair

Keep your feet flat on floor and pull knees apart, never let your knees pass your toes when bending

Then stand upright, tightening the muscles in your legs

Partial or Full Step Up



Stand facing step with your gait aid

Place your surgical leg on the step, and try to use your surgical leg to bring your non surgical leg up on the step

Go down with surgical leg first

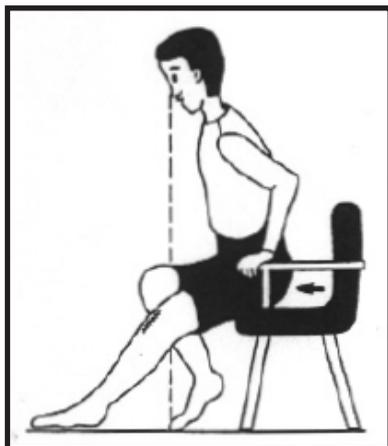
General Rules to Follow:

1. Do not place a pillow or support under your knee. This will cause muscles and ligaments to shorten and prevent you from straightening your knee.
2. Do not twist your knee. Always keep your knees and upper body facing the same direction. Take small steps when turning.
3. Avoid forced knee movements like kneeling.
4. Follow your weight-bearing order and use your walking aid (walker or crutches). After your surgery you will be told how much weight you can put on the leg that was operated on.
5. Do not lift or move heavy objects. The weight of a heavy object will strain your new knee and should be avoided.

Functional Mobility

Follow these instructions to help prevent falls and to improve your safety:

Standing up:



1. Move close to the front edge of your seat.
2. Put both hands on a supportive object beside you (i.e. armrest, edge of bed, or chair).
3. You may need to slide the leg that was operated on forward, lean forward (nose over toes), push up with your arms and stand up. with your legs in a slow and controlled manner.
4. Once you have your balance, place both hands on the walker/crutches.

Sitting down:

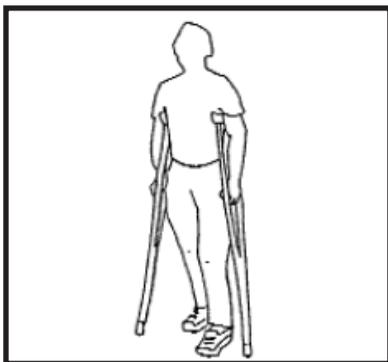


1. Back up with your walker/crutches until the back of your legs touch the seat/chair/toilet.
2. You may need to put the leg you had operated on in front of you for the first few days until your knee is more flexible.
3. Reach back for support (i.e. reach for an armrest, edge of chair, bed) with one hand and then the other.
4. Maintain balance at all times.
5. Sit down in a controlled manner.

How to use a Mobility Aid:

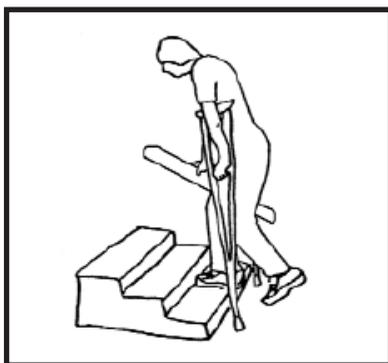
Your physiotherapist will determine the appropriate gait aid for your needs (i.e. walker or crutches) and instruct you on its safe and proper use. Walking distance should increase gradually. Use crutches and/or a walker until your surgeon or physiotherapist advises you otherwise.

Using a walker or crutches:



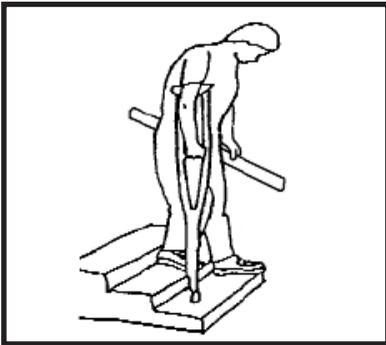
1. Stand up tall and look ahead while you walk.
2. Move the walker or crutches forward first, and move the leg you had operated on forward, followed by your good leg.
3. Put your weight on the walker or crutches to take the weight off the leg you had operated on when you step onto it.
4. Follow your weight-bearing instructions.

Going up stairs with a railing:



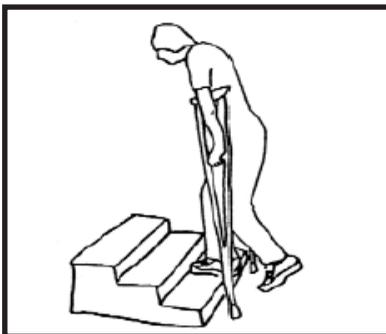
1. Hold onto the railing with one hand and put the cane or crutch in the other.
2. Go up the stairs with your good leg first.
3. Follow with the leg you had operated on and the crutch or cane.

Going down stairs with a railing:



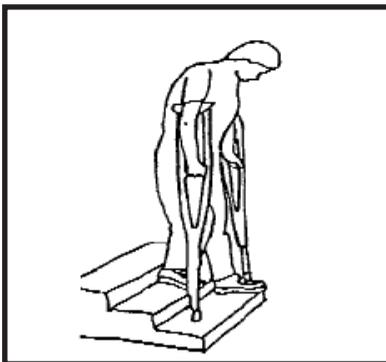
1. Hold onto the railing with one hand and put the cane or crutch on the stair below.
2. Step down with the leg you had operated on.
3. Follow with your good leg.

Going up stairs without a railing:



1. Face the stairs and stand close to the step with one crutch under each arm.
2. Put your weight on the crutch handles.
3. Step up with your good leg.
4. Straighten your good leg and bring the leg you had operated on and the crutches up together.

Going down stairs without a railing:



1. Stand close to the edge of the step with a crutch under each arm.
2. Place crutches in the middle of the next lower step and follow carefully with the leg you had operated on.
3. Put your weight on the crutch handles and step down with your good leg.

Getting Into a Car:

1. Always get into the front seat.
2. Move the seat back as far as it will go.
3. Use a firm cushion in the car so you do not sink into the seat.
4. Place a plastic bag on the seat to help you slide in and out easily.
5. Back up to the seat and place one hand on the back of the seat and one hand on the dashboard or car frame.
6. Sit down slowly.
7. Slide back as far as you can and swing your legs in, bending your knee to a comfortable position.

Remember to move your knee and leg often while riding in a car, and try to avoid long car trips at first, or at least stop often to stretch.

Managing at Home:

Your O.T. will teach you how to manage daily activities as you recover. The following section will serve as a helpful guide to many of these activities once you are home.

Getting Dressed and Undressed

- Sit on a chair or on the side of a bed
- **IF** having difficulty bending your knee, the use of a reacher, long handled shoehorn or sock aid may be beneficial
- Dress your surgical leg first, then the non-surgical leg
- Undress your non-surgical leg first, then the surgical leg

Bathing

- **IF** having difficulty bending your knee, the use of a long handled sponge may be beneficial

Lying in Bed

- When sleeping on your back, make sure your knee is flat against the bed. Do not place pillows under your knees. If sleeping on your side, try placing a pillow between your knees.

Toilet Transfer

- **IF** having difficulty bending your knee, use a toilet aid (e.g. toilet seat riser, raised toilet seat with or without armrests, commode chair).

Tub / Shower Transfer

- Use of a hand held showerhead, non-slip bath mat, grab bars and either a tub chair, tub stool or transfer tub bench, may increase your safety following surgery.

Homemaking Tasks

- Apply ice 3 - 4 times daily for 20 minutes before and/or following exercise to reduce swelling and pain.
- Cryotherapy devices can be utilized for longer periods of time during the day.
- Crushed ice works best. Place a thin towel between ice and your knee.

Going Home

When you leave the hospital, you will either be returning to your home to resume an independent life, or you will be entering a rest home with assisted living for your convalescent care. **Arrangements for your discharge must be made before you have your surgery.**

Transportation is your responsibility. **Discharge Time is 10:00 am** and you must make transportation arrangements. Ask a member of your healthcare team if you require outside transportation services.

You will be walking with a walking aid before you go home, and your physiotherapist may show you how to use stairs. You must continue to do your exercises at home to ensure a good recovery. You will require outpatient physiotherapy after you go home. **You must arrange follow-up physiotherapy at the clinic of your choice.** A list of area clinics will be provided.

Care of Incision:

- Keep the area clean and dry
- Eating a healthy, well-balanced diet will help speed the healing process
- Drink lots of fluids (6-8 glass per day)

Possible Complications to watch for in the days following your surgery:

As with any surgery, knee replacement surgery carries the risk of infection. Blood clots can form in the legs and the lungs and blood thinners are commonly used to help prevent them.

Signs to watch for are:

- Increased tenderness, redness, swelling, warmth or pain in your knee/calf, or thigh
- Drainage from the incision
- Fever greater than 100°F

Notify your doctor or Telehealth Ontario (1-866-797-0000 TTY: 1-866-797-0007) immediately if you notice any of these symptoms.

Advise all of your doctors and your dentist that you have had knee replacement surgery.

