Total Knee Replacement

Patient Information
Introduction: Total Knee Replacement

We would like to thank you for choosing The Institute for Advanced Bone and Joint Surgery at St. Joseph’s/Candler for your Total Joint Replacement procedure.

A painful knee can take all the fun out of life. Today, it is possible to relieve knee pain and stiffness through a total knee replacement surgery.

Total knee replacement (arthroplasty) is a fairly common procedure. Most often, it is performed due to arthritis or injury which causes pain, decreased motion of the knee joint, or an inability to do everyday activities. A healthy knee moves painlessly because smooth cartilage allows the lower end of the thighbone and the upper end of the shin bone to glide easily over each other. When the cartilage has worn away, the bones rub together (as in osteo- or rheumatoid arthritis) and movement is painful and restricted. The joint may need to be replaced so your knee can move freely without causing you pain.

The knee prosthesis has three parts (see picture). Stainless steel components cover the ends of the thighbone and the shinbone to replace your worn cartilage and protect the bone. There is a piece of plastic between the metal components. This will allow your new knee joint to move freely and smoothly.

Knee replacements are done as elective surgeries. It is important for you to listen to your surgeon as he explains what can be accomplished by total knee replacement. Your surgeon will also review all of the possible risks and benefits of total knee replacement surgery.
Pre-Hospitalization Information

The following is a list of items you should consider before your Total Knee Replacement surgery:

**ASSISTANCE:** Make sure you have made arrangements for someone to drive you home at discharge. You will need someone to stay at your home the first few days after surgery because you will need assistance with everyday activities such as cooking and cleaning.

**CLOTHING:** Wear loose clothing on the day of surgery.

**HANDICAP STICKER:** Be sure to ask your surgeon about a handicap sticker several weeks before surgery. You will need to obtain this before your actual surgery date.

**LEG EXERCISES:** Patients who are in bed for long periods of time can sometimes develop blood clots in their lower legs. To help prevent the complication of blood clot formation you will want to start practicing these exercises at least two weeks prior to surgery and continue to do them throughout your hospital stay. Do these exercises within the limit of what is comfortable to you.

In a reclining position:
1. Tighten and release thigh muscles
2. Tighten and release buttock muscles
3. Point toes toward bottom of bed
4. Flex foot/toes toward your face

**MEDICATIONS:** Bring your current medications in the original bottles to the hospital on the day of surgery. You will not take your personal medications while you are in the hospital but the nurse will need an accurate and complete list of all medications currently prescribed for you. In addition to medications prescribed for you by your physicians, we will also need to know if you are taking any over-the-counter medications, including herbal medicines. **THIS IS AN IMPORTANT SAFETY PRECAUTION.**

**NPO:** You will not be able to eat or drink anything at least 6-8 hours before surgery (usually after midnight the day of surgery). This means no food, water, mints or chewing gum. This ensures that your stomach is totally empty.

**TURNING, COUGHING, DEEP BREATHING:** You will be taught to turn, cough and deep breathe and how to use an incentive spirometer device (pictured below) at your pre-surgical appointment. Turning, coughing, deep breathing and using the spirometer will help fully expand your lungs and help prevent pneumonia after surgery.

Spirometer courtesy of AllegroMedical.com
PERSONAL ITEMS: Pack a bag of personal items to bring to the hospital. You should include toothbrush, toothpaste, hairbrush, etc. Pack loose clothes such as sweat pants or shorts. Women may wear a knee length gown and robe. Shoes should be of a non-skid type.

VALUABLES: You should not bring any valuables with you to the hospital. You will need to remove all jewelry. (If necessary, a ring that is difficult to remove may be taped in place.)

THE FOLLOWING ITEMS MUST BE REMOVED BEFORE SURGERY:
- Dentures, including partials
- Artificial devices, such as limbs (If unable to remove, they must be identified.)
- Contacts and glasses
- Hairpins and clips
- Wigs and toupees
- Hearing Aids

Pre-OP/Surgery Information

PREP: Your skin will be scrubbed with an antiseptic solution on and around the knee to be replaced.

IV FLUIDS: You will have an IV (intravenous infusion) started before surgery. You will be given fluids and medications through your IV.

ANESTHESIA: Prior to surgery, the anesthesiologist (the doctor who will put you to sleep for surgery) will visit you. He will talk to you about the kind of anesthesia you will have. Be sure to ask him any questions you may have and discuss any concerns. Once you arrive in surgery, you will meet the surgical nurses and see your anesthesiologist again.

OPERATION: Through an incision at your knee the prosthesis will be implanted. Your surgery will last about one to two hours.

PACU: After the operation is over, you will go to our Post-Anesthesia Care Unit (PACU) where you will wake up. The nurse will frequently measure your blood pressure, temperature, pulse, and respirations (“vital signs”) and check the circulation in your feet. You may feel cold, but you will be given warm blankets. You also will have a bulky bandage on your knee and possibly a drain coming from under your bandage. You will stay in PACU until you have recovered from your anesthesia. Your PACU nurse will take you (in your bed) to your room on the Orthopedic Unit.
Once you are in your room, your nurses will continue to take your vital signs and check your circulation. They will remind you to continue performing the leg exercises and breathing exercises you were shown before surgery to help prevent complications.

**ANTICOAGULANTS:** In order to further prevent the possible complication of blood clots forming in your lower legs or in your lungs, your doctor will put you on a “blood thinner.”

**CONSTIPATION:** The less active a person is and the less fiber you eat, the more prone you are to be constipated. You will routinely be given a stool softener. If you are unable to have a bowel movement in a time that is reasonable and usual for you, your nurse will give you a laxative or an enema to help you have a bowel movement. Once you are moving around more and eating solid food, this problem usually takes care of itself. It is possible that you will be released from the hospital before you have a bowel movement. You should notify your surgeon if you become uncomfortable due to not having a bowel movement. Your normal bowel function should return in 3-4 days.

**DIET:** After surgery and as soon as you feel you can tolerate it, your doctor will let you have clear liquids. If all goes well, you will gradually be allowed to eat solid foods. If nausea is a problem, your nurse will give you anti-nausea medication.

**PAIN CONTROL:** For the first few days after surgery, you will most likely experience some level of pain in your knee area. You will be given pain medication to control your pain. Your pain medication will be given through your IV, in your muscle by injection or by mouth. You are unlikely to become addicted to the pain medication, as you will only be using it for a short time. It is important to the staff that you are as comfortable as possible. Your nurse will work with you in controlling your pain level and keeping you comfortable.

**TO HELP EVALUATE YOUR PAIN:** Your nurse will ask you to describe your pain on a scale of “0” to “10”:

```
0 1 2 3 4 5 6 7 8 9 10
no pain  moderate  unbearable
```

*Throughout your hospital stay, you will gradually hurt less and as you become more active. Be patient. You have undergone major surgery, and you will gradually be able to return to your normal activities.*

*You should remember to let your doctors and dentist know you have had knee replacement surgery before having any other surgery or procedure done. It may be necessary to take antibiotics beforehand to prevent infection. It is important for you to practice good oral hygiene. Infections that begin in the mouth, if left untreated, can spread to other parts of your body, including to your new knee. So, see your dentist if you suspect problems, and if you wear dentures, make sure they fit properly and do not irritate your gums.*
OCCUPATIONAL THERAPY (OT): An occupational therapist will educate you on assistive devices and mobility techniques that will help you to achieve independence with your self care tasks. It will be important for you to have your clothing with you in order to practice working with the assistive devices. The occupational therapist will teach you how to dress, bathe, toilet, and transfer to a variety of surfaces, including the tub and toilet. The therapist may suggest home modifications and medical equipment for you that will allow you to maintain your knee precautions as well as self care independence.

PHYSICAL THERAPY (PT): Patients who have had total knee surgery generally get out of bed, walk with the assistance of the physical therapist and begin exercises the day of the operation. The physical therapist will review with you the exercises you were shown before surgery. You will do your exercises and walk with the therapist twice every day. The physical therapist will assist you in regaining your knee range of motion (how much your knee moves). Sometimes a small portable machine, called the CPM (Continuous Passive Motion), is used 2-4 hours a day to assist your knee with passive movement. You will spend more time out of bed each day and walk farther each day, until you can walk with a walker or other assistive device unassisted.
Rehabilitation cont.

1. Lie on your back with both legs straight
2. Press the back of both knees downward
3. This will tighten the muscle on top of your thigh
   and move your kneecap as shown
4. Hold 2-3 seconds
5. 15 repetitions, 2 times per day

1. Sit on edge of table or bed
2. Straighten knee fully
3. Hold 2-3 seconds and slowly lower
4. 15 repetitions, 2 times per day

1. Lie on your back with a 5 inch roll under both knees
2. Raise your right heel off floor until knee is straight
3. Hold 2-3 seconds and slowly lower
4. 15 repetitions, 2 times per day

1. Sit on the edge of table or chair
2. Try to bend your right knee as much as you can
3. Hold 2-3 seconds
4. 15 repetitions, 2 times per day
DO’S AND DO NOT’S AFTER SURGERY

After a Total Knee Replacement your knee will be more vulnerable to dislocation, especially the first few weeks after surgery. To protect yourself follow these instructions after surgery.

Do’s

1. Wear your knee immobilizer until otherwise ordered by your physician.
2. Sit only in firm chairs with arms to aid in rising. Do not sit in very low chairs.
3. Continue the range of motion exercises your Physical Therapist instructed you to do. Failure to continue exercises can cause stiffness and a decrease in the normal function of your knee.
4. Range of motion exercises will help you strengthen your knee and increase full motion ability of the joint. Do leg lifts and ankle pumps as frequently as tolerated.
5. Use any assistive devices (crutches, walker, cane, etc.) as your Physical Therapist instructed. Walk as much as tolerated.
6. Go up stairs using the unaffected (good) leg first. Go down stairs using the effected leg (bad) leg first. Up with the good, down with the bad. This applies to any curb or step also.
7. Call your physician if you have increased knee pain, increased leg/knee swelling, drainage, or odor from your incision, chest pain, shortness of breath, elevated temperature over 101 degrees, calf pain and/or calf tenderness or any other symptoms that seem unusual.
8. Before any dental work or procedures, let your doctor know that you have a prosthesis (artificial joint). You may need antibiotics before any procedures, including dental work.

Do Not’s

1. Do not forget to do your exercises.
2. Do not get in the tub until your doctor approves.
3. Do not smoke. Smoking impairs healing.
The Institute for Advanced Bone and Joint Surgery is proud to be part of the Mary Telfair Network of Services that offer osteoporosis screenings at The Telfair Pavilion. Osteoporosis gradually weakens bones, leaving them frail and a higher risk for fractures. In fact, osteoporosis sufferers are usually unaware they have the disease until they fracture a bone. The Telfair Pavilion osteoporosis screenings use computer bone density detection technology to determine if you have osteoporosis and how severe. The staff will then educate you on how to slow down or even prevent the spread of osteoporosis. To make an appointment call The Telfair Pavilion at 912-819-6800.
St. Joseph’s/Candler is the recipient of the National Magnet Award for Nursing Excellence.