

Your guide to successful joint replacement



Legacy Health

Total Joint Centers



Your guide to successful joint replacement

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Welcome!

Thank you for choosing Legacy Health. Preparing and planning for your total joint replacement surgery is important for a successful experience.

We provide services that will help you before and after surgery. Our program includes care from a team of specialists. The team includes:

- **An orthopedic surgeon**, who will perform the surgery and manage your overall treatment.
- **A nursing team**, who will coordinate your care, provide education, monitor your recovery, and assure your safety.
- **A physical therapy (PT) team**, who will design a specific exercise program to build strength and assist you with your mobility.
- **An occupational therapy (OT) team**, who will teach you how to make daily activities safer and easier.

Please read this guidebook. Inside you will find important information about joint replacement surgery.

Understanding your role

When it comes to preparing for and recovering from surgery, much of the work is up to you. Focus on getting your home and your body ready for your surgery. The work you do now, will make a positive impact on your recovery. The health care team will be there to guide you through the process.

Feel free to write notes, add personal info and mark important pages. We want you to save other materials from your doctors in this notebook. Please bring this notebook the day of surgery. Please call us or your surgeon if you have any questions.

We are excited to be your partner in this process! We hope you feel confident about your surgery.

This is a general guide for your surgery experience. Please follow the instructions your medical team gives you, even if those instructions are different from what you read here.

Your visits before surgery

Your visits before surgery are part of our plan to give you the best results. We will gather vital facts about your health so we can safely care for you. Attending these meetings will help us keep your scheduled surgery on track.

Preadmission services

You will meet with a preadmissions nurse in person or by phone. The nurse will update your electronic health record (EHR) so it is ready for your hospital stay.

Health clearance visit

You will need a health review to make sure you are ready for surgery. We will talk over your health history and determine if more tests or labs are needed before surgery. This meeting should happen about three to four weeks before your surgery date to leave time for more tests and prevent possible delays.

What to expect at this visit

- We will review your health record and current medicines.
- You will have a physical exam.
- You may have blood drawn.
- You may be asked to give a urine sample.
- You may have a heart test/EKG (wear loose clothing).

Meeting with your surgeon

At this visit your surgeon will:

- Review your blood tests and details from your medical clearance visit
- Check your surgical site
- Review the benefits, risks and alternatives of your surgery and ask you to sign a consent form
- Answer any questions you may have
- If you are a Bloodless Surgery Program (BSP) member and haven't done so yet, please call the BSP office at **503-413-8396**.

Make sure you write down any questions you have for your surgeon before this visit.

Checklist for preadmission appointments

Please bring the following with you:

- This notebook
- List of all drugs and their dosages, or your pill bottles. Please include any over-the-counter medications, vitamins and herbal or other supplements.
- Primary care provider's name and phone number
- List of your past surgeries
- Be ready to discuss any medical problems including:
 - Heart trouble
 - Kidney trouble
 - Diabetes
 - Cancer
 - Blood clots or bleeding problems
 - Reactions to anesthesia
- Picture ID
- Insurance card(s)
- Advance Directive (if you have one)
- Any paperwork you received at previous appointments. These can be stored in the pocket of this book.
- List of questions/concerns you would like to discuss. Feel free to list these in the Notes section of this book.

Fill this in with instructions from your health care provider:

Medications to stop taking and when	<i>Date and time of last dose</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medications to take the morning of surgery	<i>Time taken</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Preparing for surgery

There are many steps you can take in the days and weeks before your surgery to put yourself on the road to a successful recovery.

Get your support team ready

Legacy Health is dedicated to “family centered care.” However you define family, their help is an important part of your experience. We believe the best place to recover after surgery is your home with family or friends to assist you. You will want to start thinking about who will be helping you during this experience. We call this person your “Coach”. If you have concerns about returning home after your hospital stay, please let your surgeons and care team know so we can discuss this with you.

Choosing Your Coach

Your coach will help you throughout your joint replacement experience – from preparation to recovery.

Your coach will need to:

- Attend pre-surgery Joint Replacement class
- Be present during therapy in the hospital
- Help care for you for a week or two after the surgery
- Drive you to your therapy and doctor visits

Your coach should be someone who:

- You know and trust
- Is physically able to help you with moving around
- Has the time needed to care for you

Prepare your body

- Eat a balanced diet. Good nutrition helps healing. Choose fruits, vegetables and lean protein.
- Drink at least six 8-ounce glasses of fluid daily. These can be water, juice or caffeine-free tea.
- Keep bowels regular. This will help prevent problems with constipation after surgery, often a side effect of pain medications.
- Take care of dental work now. Prior to any further dental work discuss with your surgeon.
- Stop smoking. Smoking increases the risks of problems during surgery and recovery. If you need help to quit, please ask.
- Protect your skin before your operation. Any scratches from things like yard work or pets could mean your surgery date will be cancelled. If you do develop any cuts or rashes, please call your surgeon’s office.
- Remain as active as possible to keep you strong. Your muscles provide support that you will need during recovery after surgery. Recommended exercises are included in this notebook. Please begin these before surgery.

Create a safe recovery environment at home

- Remove loose throw rugs, which can get caught in your walker. Identify slippery floors.
- Remove bath mats from all bathrooms.
- Clear clutter and pathways. Walking with crutches or a walker will take more space than you are used to.
- Make sure stairs have a sturdy handrail.
- You may need a raised toilet seat. If it is difficult for you to stand up from the toilet now, it will be difficult after surgery.
- A toilet seat with armrests is nice if you do not have a counter close by to steady yourself. You can also have grab bars installed.

- Prepare some meals ahead of time and have them in the freezer to make mealtime easier.
- Fill prescriptions early so you have enough of your daily medications to last several weeks after surgery.
- Store things you need where you can easily reach them.
- Get ice packs and have them ready (gel packs, ice in a bag, large bag of frozen peas).

Homemade ice pack recipe

- 2 parts water
- 1 part rubbing alcohol or Karo (corn) syrup

Combine in a gallon-size zip-lock plastic bag. Let out all air. Double bag. Place in freezer.

Preventing falls — A checklist for your home

Falls are often caused by hazards that are easily missed. This checklist will help you find and fix those hazards in your home.

When you walk through a room, do you have to walk around furniture and objects stored on the floor?

- Ask someone to move the furniture so your path is clear, allowing room for your walker or crutches.
- Keep objects off the floor and stairwells.

Do you have throw rugs on the floor?

- Remove rugs. They can be a hazard, particularly when using a walker or crutches.

Is the shower floor or tub slippery? Do you need support when getting up from the toilet?

- Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower. Have grab bars secured next to the toilet, tub or shower.

Is the path from your bed to the bathroom dark?

- Put in a night-light to help you see where you are walking.

- Place a lamp close to the bed where it is easy to reach.

Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

- Fix loose handrails or put in new ones.
- Make sure handrails are on both sides of the stairs and are as long as the stairs.

Other things you can do to prevent falls

- Have your vision checked regularly. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- Wear supportive shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Use bright lighting in your home. Consider fluorescent or LED bulbs.
- Coil or tape cords and wires next to the wall so you cannot trip over them.
- Have your doctor check your medications, including over-the-counter drugs. Some medicines can make you sleepy or dizzy.

Equipment you may need

- | | | |
|---|--|---|
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Shoehorn with a long handle | <input type="checkbox"/> Transfer tub bench |
| <input type="checkbox"/> Dressing stick | <input type="checkbox"/> Raised toilet seat | <input type="checkbox"/> Front wheeled walker |
| <input type="checkbox"/> Sock aid | <input type="checkbox"/> Long-handled reacher | |
| <input type="checkbox"/> Bath sponge, long handle | <input type="checkbox"/> Shower/bath bench | |

Preparation checklist

The week before surgery

Who is your support person? _____

Is your support person going to stay with you for a week or two? _____

Where do you plan to go after leaving the hospital? _____

Do you have your ice packs made or purchased and put in the freezer? _____

Do you have your bathroom equipment set up? _____

What are your showering instructions? _____

Medications

- Do not take anti-inflammatory medications (ibuprofen, Aleve, naproxen, etc.) for seven days before surgery.
- If you take blood thinners (aspirin, Coumadin/warfarin, Plavix, Lovenox, etc.) on a regular basis, make sure your medical provider has told you when to stop taking them before surgery.
- If you take medicine in the morning for diabetes, high blood pressure or seizures, make sure your medical provider has told you what to do the morning of surgery.

What to take to the hospital

- This notebook
- Please bring comfortable, loose-fitting clothes, such as pants or shorts with an elastic waistband.
- Your walker or crutches
- Toiletries
- Glasses, contact lenses, hearing aids and/or dentures and their cases
- CPAP Machine: if you use one, please bring it clean and in working order.
- Supportive, non-skid shoes
- Photo ID/Insurance card

The day before surgery

- Don't eat or drink anything after midnight (unless instructed otherwise by your doctor). This includes water, gum, hard candy, lozenges and chewing tobacco.
- Limit alcohol and don't smoke for 24 hours before surgery.
- The night before surgery, shower with the special soap we will give you.
- Notify your surgeon if you develop a sore throat or fever.
- Get a good night's sleep. Set your alarm!

The morning of surgery

- If told to do so, scrub your surgical site with the special soap we give you. Don't use lotion, deodorant or makeup. Don't wear contact lenses.
- Don't take jewelry or valuables to the hospital.
- Please come to the hospital on time.

At the hospital

Check in at the admitting desk as instructed. From there, you will be escorted to a room.

A friend or family member is welcome to accompany you to this area.

While you are here, you will:

- Meet the nurse who will coordinate your preoperative care.
- Change into a hospital gown.
- Have an IV (intravenous catheter) started to give you fluids and antibiotics.
- Have your surgical site prepared.
- Confirm your surgery and have your surgical site marked with your surgeon.
- Speak with the anesthesia team about your surgery.



Surgery

The surgery usually takes about two hours in the operating room.

While you are in surgery, friends and family can stay in our waiting area. The surgeon will want to talk with them after your surgery.

If they wish to go to the cafeteria or for a short walk, check in with the volunteer.

After surgery

After surgery, you will be taken to the recovery room. The expert staff will care for you as you awaken from anesthesia.

- Your heart rate, blood pressure, respiratory status and temperature will be monitored closely.
- Nurses will assess and treat your pain and any nausea you may have.
- You may have a tube (foley catheter) to collect urine.

- Your surgical site will be covered with a dressing.
- You may have a tube for drainage from your surgical site.
- When you are ready to leave the recovery room, you will be transported to your room on the surgical unit. Your friend or family member will be able to join you in your room.

The road to recovery

Pain management

Joint replacement surgery is aimed at reducing your current pain. However, you will have some pain as you heal and get used to your new joint. We will do all we can to make you comfortable. You should be comfortable enough to take part in your rehabilitation and rest. As you heal, you can expect the pain to be less intense.

Talking with your health care team is essential. Tell us how you feel and how well your pain is managed. We need to know how much pain you are having when you are moving your joint, not just when it is at rest. In turn, we will talk about options for pain relief and what you can expect from different strategies.

You can manage your pain by using: simple relaxation techniques, ice therapy, medications, repositioning, and movement. Practicing slow, focused breathing before surgery can help you later during your recovery.

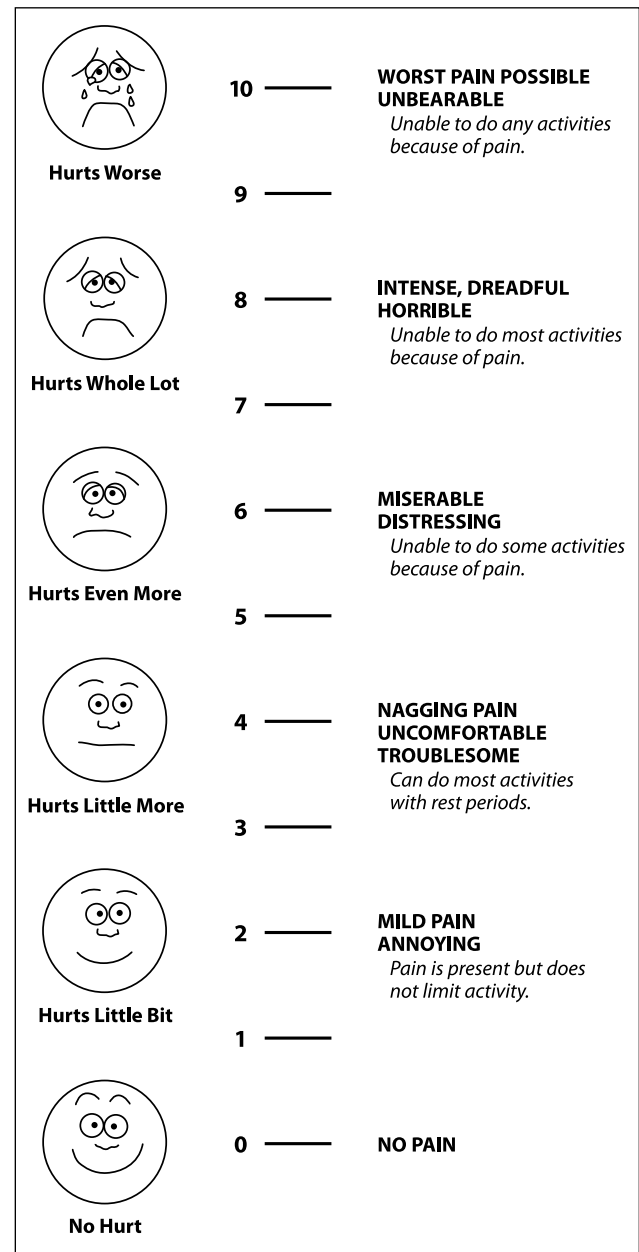
At first, you may be surprised at how little pain you have. This pain relief is a lasting effect of the anesthesia you receive. How long this lasts can vary from person to person. Please let your nurse know as soon as you begin to feel discomfort so we can continue to provide pain control that works for you. This is most important in the first 24 hours after surgery.

Mobility

Getting up and moving is the most important part of your recovery and the best way to avoid problems after surgery. Moving helps your digestion, circulation and lung health, and decreases pain.

Most people's instinct is to stop doing something when it causes pain. However, moving and using your new joint can help you prevent pain in the long run. Being immobile causes your joint to become stiff, achy and painful. Each time you get up, it will get easier and you will be one step closer to your goal of having a joint that works. Do not be afraid to use your new joint. Moving and putting weight on it promotes healing and will not cause any harm.

Nursing and therapy staff will work together to get you moving. Until your therapist says you can move



This is one tool your nurse may use to better understand your pain.

alone, always have a member of your health care team help you with activity.

Bladder care

If you have a urine catheter it will be removed as soon as possible. This will help prevent a bladder infection. You may be nervous about getting up and going to the bathroom, but this is actually an important step in your recovery. Please call for help when you need to go to the bathroom.

Bowel care

The pain pills you are taking can cause constipation. You will be given a stool softener and laxatives to avoid this. Other ways to keep your bowels regular are drinking water, including fiber in your diet and being active. If you have any concerns, please let your care team know.

Respiratory care

Following surgery, your lungs may become congested. This can lead to pneumonia.

You will be given a tool called an Incentive spirometer (IS) to help expand and clear your lungs.

Getting out of bed also helps keep your lungs healthy.

Getting rest

It is important to find time to rest in order to be able to fully take part in your healing. During the day, you should create a balance between hard work and "down time." Resting in bed without distractions is the best way to recharge yourself. We encourage you to limit your visitors during your initial recovery.



Preventing blood clots

Blood clots can form when circulation is limited. There are several ways we will work together to improve circulation.

If ordered by your surgeon, you will wear elastic stockings called "TED hose." TED hose compress your legs to promote circulation and prevent swelling. These should be worn the majority of the day. TED Hose need to be removed daily for cleanliness and to check skin.

- Sequential compression devices (SCD) are worn around your legs. They gently compress to keep blood moving. These should be worn at all times except when walking.

The following may be signs of a blood clot and should be reported to your doctor immediately:

- Calf pain in either leg
- Warmth, redness or tenderness of calf
- Difficulty breathing or chest pain

- Exercise about every two hours:

- Start by wiggling your toes.
- Next, pump your ankles up and down.
- Tighten your thigh muscles (quad sets).
- Tighten the muscles in your seat (gluteal sets).

Depending on your risk for developing blood clots, you may also be prescribed medication.

Medications that may be prescribed for you include aspirin or other medications commonly called "blood thinners"

(anticoagulants). Your surgeon will determine your specific medications.

Important: Tell your surgeon if you or someone in your family has a history of blood clots.

Special instructions for patients taking blood thinners

- Tell your doctors, dentists and pharmacists that you are taking an blood thinner drug.
- Do not take any prescription or over-the-counter drugs, unless prescribed by your doctor or discussed with the pharmacist.
- The main side effects of blood thinner are unusual bleeding or unusual bruising.

Contact your health care provider if you have moderate bleeding problems such as:

- Blood in the urine
- A nosebleed that lasts longer than 30 minutes
- A bruise that is very painful and swollen

Go to the nearest emergency room if you:

- Have black, tar-like bowel movements
- Suddenly feel very exhausted, short of breath or have chest pain
- Pass out

Home and beyond

Leaving the hospital

Together we will make a plan to meet your goals for when you leave the hospital. This plan will include helping you gather any equipment or other support you may need at home.

In order to go home you need to meet the following conditions:

- Be in stable medical condition.
- Be able to get in and out of bed with little help.
- Walk safely with crutches or a walker — walk a functional distance to make you safe at home.
- Be able to go up and down stairs if you have them.
- Have a helper at home trained to support you as needed.
- Have your pain managed by ice, repositioning and by pain pills.

When you go home you will continue your recovery with the home exercise program your physical therapists gave you during your stay.

Discharge instructions

Throughout your stay, we will teach you how to care for yourself and your new joint after you leave the hospital. If you have any questions or concerns, please ask your surgeon or nurse as soon as possible.

Pain management

Pain is expected after major surgery. You are encouraged to take Tylenol (acetaminophen) on a routine basis as prescribed by your health care provider (unless you've been told by your doctor that you can't).

You will be prescribed a narcotic pain medication to use as a supplement to the Tylenol. You should only take pain medication as needed to be able to rest comfortably and participate in your therapy.

As you heal, the pain will get better. The narcotic will be the first medication that you will reduce using.

For any narcotic, reduce the number of pills and how often you take them on a gradual basis. Keep taking the Tylenol as you decrease the use of the narcotics, to help maintain pain control. It is a good idea to write down the time and name of pain medication when you take it.



Remember to ice and elevate your leg above the level of your heart several times throughout the day to help decrease swelling.

Possible complications

- Blood clot
- Stiffness
- Metal parts coming loose
- Pain that lasts a long time
- Infection
- Prosthetic wear
- Dislocation

Regular follow-up appointments with your surgeon

It is very important to keep in touch with your surgeon and get X-rays to make sure your joint continues to be healthy. How often you need to be seen will be determined by your surgeon, but it will be your responsibility to make those appointments.

Future Dental Work

Please do not have any unnecessary dental work for three to four weeks after your surgery. This includes teeth cleaning. Before you have dental work done, please let your dentist know about your joint replacement. Depending on your surgeon's recommendation, you may need to take an antibiotic. If needed, your dentist can give you a prescription. Please call your surgeon with any questions.

Discharge checklist

I have prescriptions for my new medications, including pain pills.

I understand my personal plan for preventing blood clots, including any medication and follow-up appointments.

Wear my TED hose on both legs as prescribed by my surgeon.

I understand how to care for my incision.

I understand my personal plan for continuing physical therapy.

I have, or know how to get, any equipment I need.

I have arranged for someone to drive me home and help care for me.

I have a follow-up appointment with my surgeon.

My discharge instructions have been reviewed with me by the nurse.

Call your doctor if you notice any of the following because it might be a sign of infection.

- Warmth, redness, increased pain or swelling of incision
- Increased clear drainage from your incision
- Any thick, green or foul-smelling drainage from your incision
- Separation of the wound edges
- Temperature above 101 F

Note: Infections elsewhere in your body could cause an infection in the area of your joint replacement. Please consult with your doctor if you develop any signs of an infection.

On your way to a more active lifestyle

We hope your experience at Legacy Health is positive. After surgery, it is up to you to take good care of your new joint and make it last.

It takes most patients three to six months to completely regain their strength and energy after a total joint replacement. If you follow your exercise and therapy routines, you should continue to improve during this time.

The goal for replacing the old joint is to enjoy a more active lifestyle. You will need to exercise and stay fit. Keep your weight at a healthy level.

The heavier you are, the greater the wear on your joints. When you are choosing activities, remember to limit sports/activities that are high-impact or have excessive turning or twisting. Activities that are ideal include golf, swimming, cycling, walking, hiking and traveling. Ask your doctor if you have concerns about exercise and activity.

And as you travel, remember with your new joint that you may require more time to get through airport security.

Congratulations!

Anatomy overview — hip

Healthy hip joint

The hip is a ball-and-socket joint that joins the leg to the pelvis. The rounded head of the thigh bone (femur) works together with the socket (acetabulum) of the pelvis.

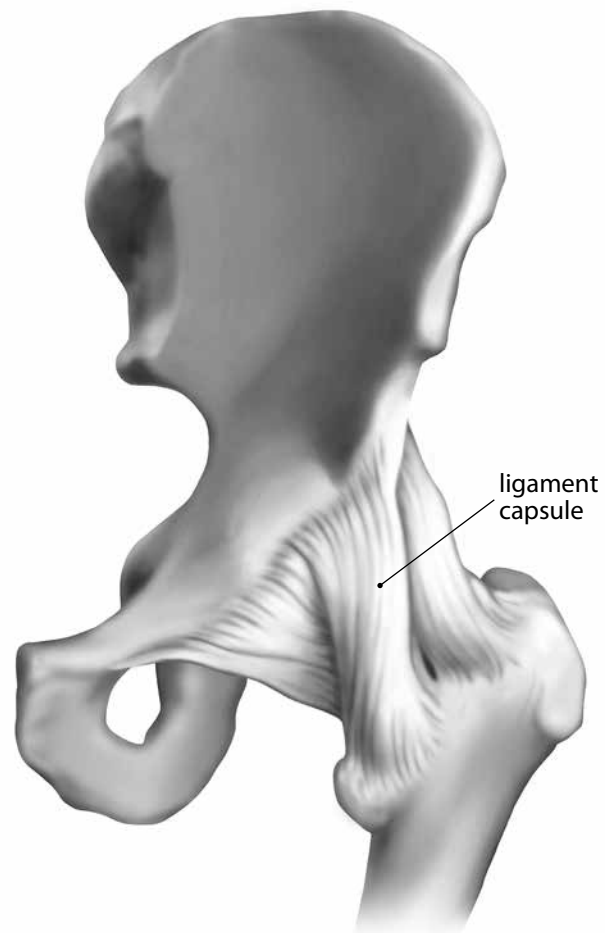
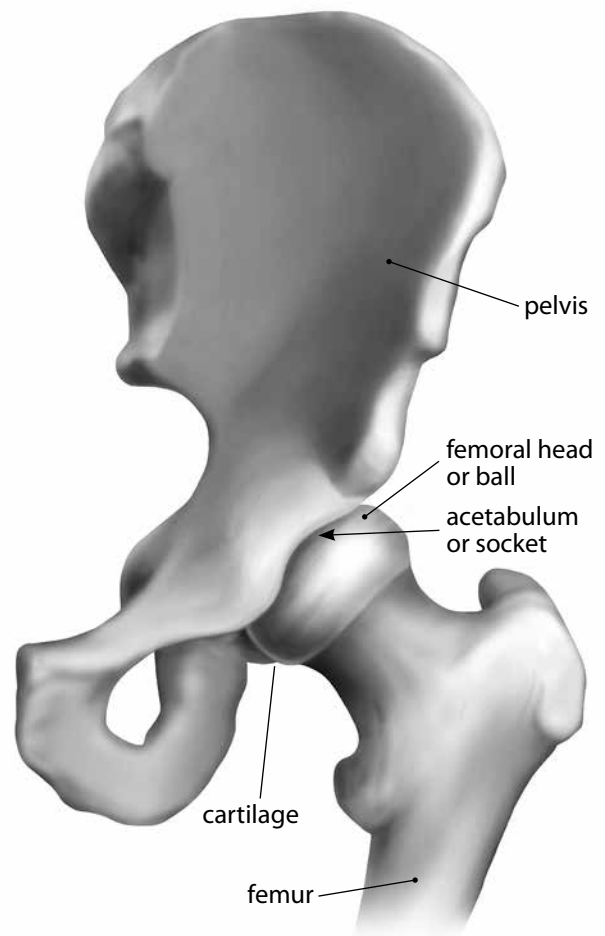
When healthy, both parts are covered with a strong and lubricated layer of cartilage. This cushions the joint and lets the bones move against each other with smooth, painless motion.

The ball and socket are held together by a strong bundle of ligaments. This bundle lets the hip move with a large range of movement, second only to the shoulder.

An X-ray of a healthy hip shows space between the “ball” and “socket.” This space is in fact the cartilage that is not seen on X-rays.



Healthy hip joint



Arthritic hip joint

The word arthritis is often used to describe damage to the cartilage. An X-ray of an arthritic hip shows a loss of space between the bones, which can mean the cartilage is worn-out or damaged. This loss forces the bones to rub together, causing more damage, pain and loss of motion.



Arthritic hip joint

Hip replacement surgery

During hip replacement surgery, the old joint is replaced with a new, artificial joint.

During surgery, the “ball” (femoral head) will be removed and replaced with a metal part. This part will extend down into the shaft of the femur.

The “socket” will then be resurfaced with a new liner. The new ball and socket are then joined together to form the new artificial hip joint.



Artificial hip joint

Exercises for hip replacement

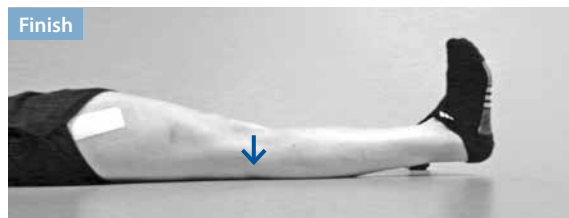
Ankle pumps

1. Bending both ankles, flex the feet up and down quickly.
2. Repeat 10 times every hour.



Quad sets

1. With your operated leg straight, tighten the front thigh muscle.
2. Hold for 5 seconds, then relax.
3. Do 10 repetitions, ___ times per day.



Buttocks squeeze

1. Squeeze your buttocks muscles together.
2. Hold for 5 seconds, then relax.
3. Do 10 repetitions, ___ times per day.



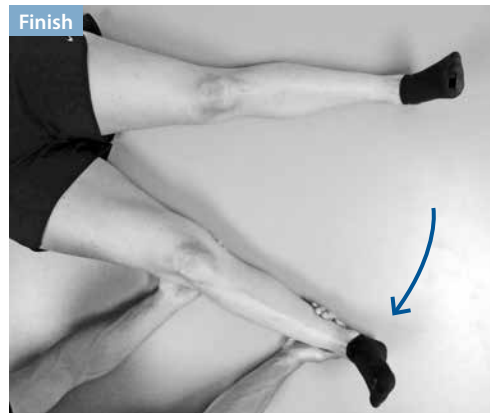
Heel slides

1. Starting with your operated leg flat on the bed, slide your heel toward your bottom, bending the knee and hip.
2. Slowly push heel back out to straighten the leg.
3. Do 10 repetitions, ___ times per day.



Leg slides with assistance

1. While keeping the knee of your operated leg tight and straight, allow caregiver to slide your whole leg out to the side, keeping your leg relaxed. Keep your knee and toes pointed up.
2. Without caregiver assistance, slowly slide your leg back to the center.
3. Do 10 repetitions, ___ times per day.



or

Leg slides without assistance

1. While keeping the knee of your operated leg tight and straight, slide the whole leg out to the side. Keep your knee and toes pointed up.
2. Slowly bring your leg back to the center.
3. Do 10 repetitions, ___ times per day.



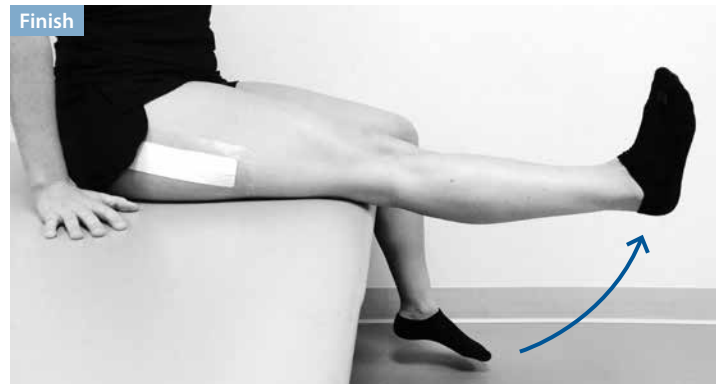
Bridging

1. Lie on your back with both knees bent and feet flat on the bed.
2. Tighten your buttocks then raise your hips off the bed.
3. Slowly lower your hips back down to the bed.
4. Do 10 repetitions, ___ times per day.



Sitting leg lifts

1. Sit on the edge of your bed or in a chair with your thighs supported.
2. Straighten the knee of your operated leg by lifting your foot off the floor, while keeping your thigh supported on the chair.
3. Slowly bend your knee to lower your foot to the floor.
4. Do 10 repetitions, ___ times per day.



Frequently asked questions about hip replacement

How long will I be in the hospital?

Before you go home, you should be able to get in and out of bed with little or no help. You should also be able to walk up and down the hall with a walker or crutches, and use the bathroom by yourself. Most patients can do these things by the afternoon of the first day. Some patients may need to stay until the second day.

How long will I need my walker or crutches?

You can put your full weight on your operated leg right away. At first, you will use a walker or crutches because it can be painful. You are ready to try walking without the assistive device when you can walk without a limp and without putting pressure on your arms. You will need to use an assistive device until you can walk without limping.

How long will I need to be off work?

You need to take enough time off to recover and reach your goals. If you have a job that is physical in any way, plan to take at least eight weeks off. If you have a sit-down job, you may be able to go back sooner.

How long do I need to worry about my dislocation precautions?

Try to make these a part of your daily life. The first three months are the most important. This is the time when the capsule around the hip joint is healing and tightening up.

Your team of specialists will tell you how to move while following these important precautions. During your follow-up appointments, your surgeon will evaluate the stability of your hip. They will tell you how long to continue precautions.

My leg is swollen after surgery. Is that normal?

Some swelling in your leg and ankles can be normal. Your body is still recovering from surgery. It may take a while for your tissue and blood vessels to get back to normal. Change positions throughout the day. Elevate your feet above the level of your heart. Balancing your day with activity and rest is key. Walk a little. Sit a while. Lie down with your feet up for a while. Call your doctor right away if you have redness, warmth or pain in your calves. These may be signs of a blood clot.

How long will I need to take pain medication?

It will take a few weeks for your incision to heal. During the two weeks, you will probably need to take pain medicine. The amount you need to take will become less and less during this time. You can take Tylenol in addition to the pain medicine. As you heal, you can move to just taking Tylenol. Do not take more than directed on the package. Ask your surgeon before you take any over-the-counter pain medications.

Once your incision heals, you should start to feel better than you did before surgery. Remember to use ice and elevation to relieve pain and swelling. Your hip will tell you when to rest. Your job will be to listen to it.

Can I sleep on my side?

You may sleep on your non-operative side with a pillow between your knees. This will help keep the leg of your new hip in good alignment.

While sleeping on your back, you can put a couple of pillows under your lower leg to elevate it. This will help with swelling that may be in your feet. It is common for your hip to get stiff when it is not moving, particularly at night. You will probably need to change positions frequently to find what works best for your sleep.

When can I take a shower?

This depends on what your surgeon used to cover the incision. Most people can shower with a waterproof covering on their incision. Follow the instructions you get when you are in the hospital.

Will I need rehabilitation therapy?

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Anatomy overview — knee

Healthy knee joint

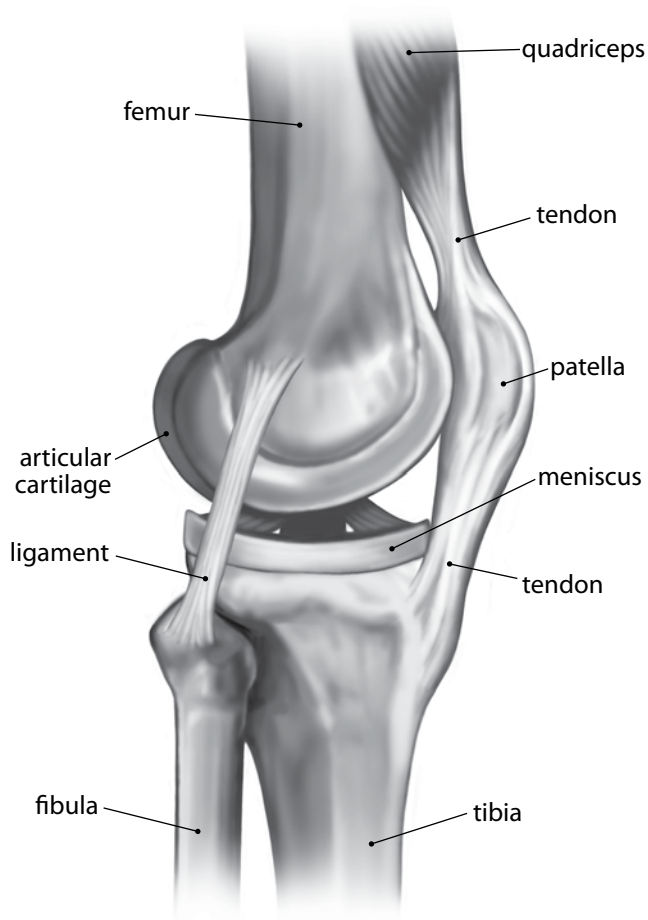
The knee is the largest joint in the body. It is formed by two bones held together by thick bands of tissue (ligaments). The two bones are the thigh bone (femur) and the shin bone (tibia). Ligaments help keep the knee joint steady.

The kneecap (patella) is also part of the knee joint and is embedded in the big quadriceps tendon. The kneecap glides over the end of the thigh bone as the knee bends.

The quadriceps, the long muscle on the front of the thigh, helps strengthen the knee.

A smooth substance called articular cartilage covers the surface of the bones where they touch each other within the joint. The meniscal cartilage acts as a cushion between the bones and lets the surfaces of the knee move with very little friction.

An X-ray of a normal knee shows space between the thigh and shin as well as between the thigh and kneecap. This space is in fact the cartilage, which does not show on X-rays. This space should be about a quarter of an inch thick.



Healthy knee joint

Arthritic knee joint

Damage to the cartilage is often called arthritis. An X-ray of an arthritic knee shows a loss of space between the bones, revealing the hurt or worn-out cartilage. This loss of a cushion forces the bones to rub together causing damage, pain and loss of movement.

Knee replacement surgery

During surgery, the old knee joint is replaced with a new, man-made joint. A thin layer of bone is removed from both the thigh and shin bones and is replaced with an artificial surface. The back of the kneecap (patella) may also be resurfaced.

Your surgeon will talk with you about the surgery and will answer your questions or concerns.



Arthritic knee joint



Artificial knee joint

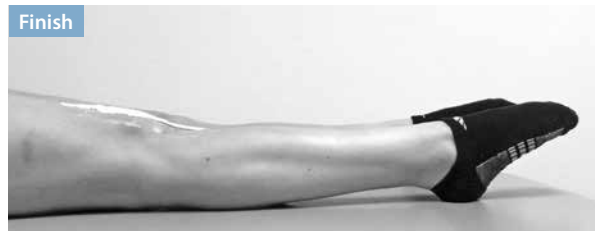


Partial knee replacement (medial compartment)

Exercises for knee replacement

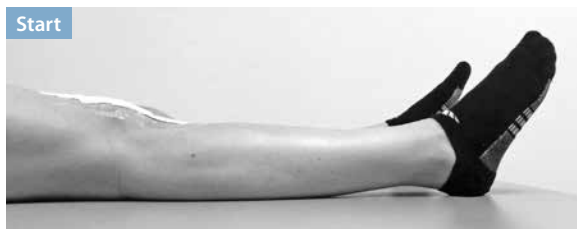
Ankle pumps

1. Bending both ankles, flex the feet up and down quickly.
2. Repeat 10 times every hour.



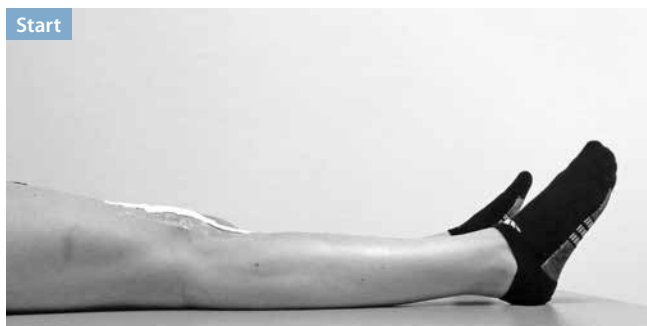
Quad sets

1. With your operated leg straight, tighten the front thigh muscle.
2. Hold for 5 seconds, then relax.
3. Do 10 repetitions, ___ times per day.



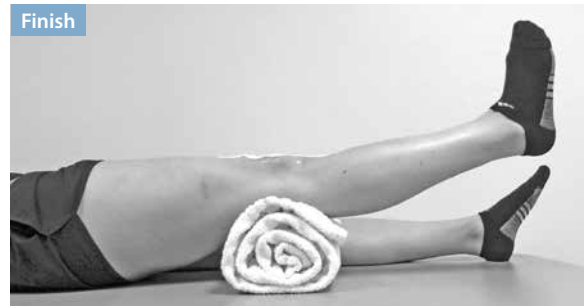
Heel slides

1. Starting with your operated leg flat on the bed, slide your heel toward your bottom, bending your knee, until you feel a strong stretch.
2. Slowly push heel back out to straighten the leg.
3. Do 10 repetitions, ___ times per day.



Knee straightening — Foot lift

1. Lie on your back with a support under your operated knee. (A towel roll works great.)
2. Leave the knee on the roll and raise your foot up until your knee is straight.
3. Slowly lower your foot.
4. Do 10 repetitions, ___ times per day.



Leg slides

1. While keeping the knee of your operated leg tight and straight, slide the whole leg out to the side. Keep your knee and toes pointed up.
2. Slowly bring your leg back to the center.
3. Do 10 repetitions, ___ times per day.



Knee straightening stretch sitting up → or → Knee straightening stretch lying down

1. Sit with your operated leg propped up on a chair.
2. Relax and allow your knee to sag down and stretch straight for one minute.
3. Do 10 times per day.



1. Lie on your back with a roll under your heel as shown.
2. Relax and allow your knee to sag down and stretch straight for one minute.
3. Do 10 times per day.



Knee bending — Sitting stretch

1. While sitting in a chair, slide the foot of the operated leg back under your knee as far as you can tolerate.
2. Keeping your foot firmly on the floor, slide your bottom forward on the chair to increase the stretch.
3. Once at maximum stretch, hold for one minute.
4. Do 10 times per day.



Sitting leg lifts

1. Sit on the edge of your bed or in a chair with your thighs supported.
2. Straighten the knee of your operated leg by lifting your foot off the floor, while keeping your thigh supported on the chair.
3. Slowly bend your knee to lower your foot to the floor.
4. Do 10 repetitions, ___ times per day.



Straight leg raises

1. Lie on your back with the operated knee straight and the other knee bent as shown.
2. Keeping your knee tight and straight, raise your operated leg off the bed up to 12 inches.
3. Lower your leg slowly, keeping the knee tight and straight.
4. Relax muscles between each repetition.
5. Do 10 repetitions, __ times per day.



Elevate and ice

1. Keeping your knee straight, elevate above your heart (as shown in picture) at all times when not doing exercises or moving around.
2. Ice your knee for up to 20 minutes at least 5 times per day. Ice should not be directly on the skin.



Ice and elevate the surgical leg above the level of your heart five times a day.

Frequently asked questions about knee replacement

How long will I be in the hospital?

Before you go home, you should be able to get in and out of bed with little or no help. You should also be able to walk up and down the hall with a walker or crutches, and use the bathroom by yourself. Most patients can do these things the day after surgery.

How long will I need my walker or crutches?

You can put your full weight on your operated leg right away. At first, you will use a walker or crutches because it can be painful. You are ready to try walking without the assistive device when you can walk without a limp and without putting pressure on your arms. You will need to use an assistive device until you can walk without limping.

How long will I need to be off work?

You need to take enough time off to recover and reach your goals. If you have a job that is physical in any way, plan to take at least eight weeks off. If you have a sit-down job, you may be able to go back sooner.

Can I do anything to hurt my new knee?

Don't be afraid to use your new knee. The prosthetic parts are securely in place when you leave the operating room. You can do the gentle stretching exercises your physical therapist gives you without hurting your incision.

You do not need to worry about dislocation. Your knee can handle any normal position. You will need to move your knee. Otherwise, it can become stiff and painful.

Can I kneel on my new knee?

You can kneel on your new knee after the incision is completely healed and the swelling is gone. It is not comfortable to kneel on a hard surface. You can kneel on grass while working in the yard. You must have the range of motion needed. If your knee does not bend far enough, you will be uncomfortable.

My knee is bruised and swollen after surgery. Is that normal?

Some bruising and swelling in your knee is normal. Your body is recovering from surgery. It may take a while for your tissue and blood vessels to get back to normal.

To treat pain and swelling, elevate your feet above your heart and put an ice pack on your knee. Do this for 20 minutes five times a day. You may need to do this for several months after surgery. A balance of activity and rest is key.

Let your doctor know right away if you have redness, warmth or calf pain. These are signs of a blood clot.

How long will I need to take pain medication?

It will take a few weeks for your incision to heal. During the two weeks, you will probably need to take pain medicine. The amount you need to take will become less and less during this time. You can take Tylenol in addition to the pain medicine. As you heal, you can move to just taking Tylenol. Do not take more than directed on the package. Ask your surgeon before you take any over-the-counter pain medications.

Once your incision heals, you should start to feel better than you did before surgery. Remember to use ice and elevation to relieve pain and swelling. Your knee will tell you when to rest. Your job will be to listen to it.

How will this affect my sleep?

It is very important to get your rest. You will have busy days doing therapy exercises, walking and healing. Sometimes it will be difficult to find a comfortable position to sleep. Your knee will get stiff when it is not moving. Try to change positions while sleeping.

While sleeping on your back, elevate your lower leg with a few pillows. This will also lessen swelling. Sleeping on your side is fine.

When can I take a shower?

This depends on what your surgeon used to cover the incision. Most people can shower with a waterproof covering on their incision. Follow the instructions you get when you are in the hospital.

Will I need rehabilitation therapy?

Physical therapy staff will see you in the hospital. They will teach you exercises and how to walk properly. You will get the best results if you meet your goals for strength and mobility. You will receive a list of exercises to do after you go home. Your physical therapist will tell you how much to do.

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Can I exercise too much?

Limit your activity for the first six to eight weeks. Follow your surgeon and physical therapist instructions for exercise. Do your home exercises and try to walk a little farther each day. If your knee becomes more swollen and sore, lie down. Elevate your leg so that your foot is above your heart and put ice on your knee. Everybody has a different recovery time.

When can I drive?

You need to be completely off all narcotic medications to drive. If you had surgery on your right leg, you will need to have healed enough to use the pedals safely. This can take four to six weeks. Talk to your surgeon.

I feel a little depressed. Is that normal?

Yes. You have been through a lot. You probably do not like to be slowed down this much. Remember, your recovery is not a sprint, it is a marathon. Keep track of your progress. Talk about how you feel with someone. Side effects of the narcotic medications may make these feelings worse. The sooner you can stop taking them, the better. Call your doctor if you continue to feel depressed.

Do I have to worry about infections after the incision is healed?

Yes. Be sure to get treated if you think you have an infection anywhere in your body. We don't want that infection to spread to your new joint. A bladder infection is an example.

Please ask your surgeon if you will need antibiotics before you have any dental work done.

Remember: Frequent washing of your hands helps prevent infections and the spread of disease.

**Legacy Health
Total Joint Centers**

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