

Total Knee *Replacement*



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Introduction

Together with your Surgeon, you have decided that a total knee replacement is necessary to correct the symptoms that you are now experiencing. This booklet has been developed to provide you with information on how to prepare for your surgery and what to expect throughout your recovery and rehabilitation period.

The health care team has put together a Clinical Pathway, which will act as a guide, so that you will know what will happen on a day-to-day basis. This Clinical Pathway is on page 4-6 of this booklet. Your surgeon, with the aide of the health care team; will determine how long your stay will be. This may be from 2-4 days in the acute care hospital.

Please be sure to keep and read this information, as the team members will refer to these instructions throughout your stay.

The Team

A number of health care professionals may be involved in your care. The following is a list and brief description of their roles.

Nurses will coordinate your care needs, assist you with your day-to-day care, explain how your pain will be managed, and help you to get ready to go home.

Physiotherapists (PT) will help you gain strength and movement in your operated leg. You will be taught exercises and how to resume walking in a normal manner.

Occupational Therapists (OT) will help you get back to doing activities that you need to do on a daily basis. They may show you different types of equipment to use for these activities and/or provide you with information on community resources that you can access.

Utilization Coordinators will be able to help you in planning for transfer and discharge from hospital.

Social Worker will help coordinate your discharge from rehab and oversee appropriate contacts with other services or organizations. He or she will help you and your family with your social, emotional and financial needs.

Community Care Access Centre Hospital Coordinator will set up home visits of health professionals if needed.

Coach/Buddy is usually a family member or close friend who will be educated to assist you with recovery and rehabilitation. They should attend the Preadmission visits with the nurse and rehabilitation staff and be available to help with exercises and any other small needs for about one week after discharge from hospital.

Your role, before and after surgery, is to prepare your home for discharge, learn and do the exercises and let the team know how you are progressing.

Preadmission & Acute Care Stay

	Preadmission Clinic and Rehabilitation	Day of Surgery	Post Operative (Post Op) Day 1
Consults	<ul style="list-style-type: none"> • Anesthetist • Physiotherapist • Nurse 		<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapist (if needed)
Tests	<ul style="list-style-type: none"> • Lab Tests • ECG • X-ray of knees 	As needed	Lab Tests
Medications	Review the medications that you are presently taking	<ul style="list-style-type: none"> • Intravenous started • Antibiotics • Pain and nausea medication • Patient specific medication 	<ul style="list-style-type: none"> • Intravenous • Antibiotic • Pain and nausea medication • Laxative • Patient specific medication
Treatments		Wound and dressing care	Drain removed if present
Activity		<ul style="list-style-type: none"> • Deep breathing and coughing • Post operative exercises • Up in the evening 	<ul style="list-style-type: none"> • Up in chair • Walking with walker with assistance • Deep breathing and coughing exercises • Post op exercises
Nutrition		<ul style="list-style-type: none"> • Nothing by mouth before surgery • Clear fluids after surgery 	Diet as tolerated
Teaching	Review <ul style="list-style-type: none"> • Clinical Pathway • Educational needs • Exercises • Rehabilitation needs 	Review <ul style="list-style-type: none"> • Pain control • Exercise program/ positioning • Deep breathing and coughing • Leg and ankle exercises • Safe transfers 	Review <ul style="list-style-type: none"> • Pain control • Exercise program/ positioning • Deep breathing and coughing • Leg and ankle exercises • Safe transfers • Continuous Passive Movement (CPM) • Prevention of constipation • Safe use of walker/crutches
Discharge Planning	Discuss discharge and rehabilitation plans		Assess plans to transfer to St Joseph's Care Group rehabilitation or home
Goals	Questions will be answered or directed to the appropriate person	<ul style="list-style-type: none"> • Pain and nausea is managed • Vital signs normal • Stand at bedside 	<ul style="list-style-type: none"> • Pain is managed • Sitting, standing and walking

Preadmission & Acute Care Stay Continued

	Post op Day 2 or Rehab Transfer day if indicated	Post op Day 3	Post Op Day 4 Discharge Day
Consults	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapist if needed • CCAC if needed 	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapist if needed • CCAC if needed 	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapist if needed • CCAC if needed
Tests	As needed	As needed	As needed
Medications	<ul style="list-style-type: none"> • Pain medication • Laxative • Patient specific medication 	<ul style="list-style-type: none"> • Pain medication • Laxative • Patient specific medication 	<ul style="list-style-type: none"> • Pain medication • Laxative • Patient specific medication
Treatments	<ul style="list-style-type: none"> • Wound dressing changed • Continuous Passive Movement (CPM) exercise 	<ul style="list-style-type: none"> • Continuous Passive Movement (CPM) exercise 	<ul style="list-style-type: none"> • Wound dressing changed • Continuous Passive Movement (CPM) exercise
Activity	<ul style="list-style-type: none"> • Up in chair • Walking with walker with assistance • Physio exercises • Dressing and washing independently 	<ul style="list-style-type: none"> • Up in chair • Walking with walker with assistance • Physio exercises • Dressing and washing independently 	<ul style="list-style-type: none"> • Up in chair • Walking with walker with assistance • Physio exercises • Dressing and washing independently
Nutrition	Usual diet	Usual diet	Usual diet
Teaching	Review <ul style="list-style-type: none"> • pain control • exercise program/ positioning • deep breathing and coughing • leg and ankle exercises • safe transfers • CPM • wound care abnormal signs and symptoms • use of assistive devices 	Review <ul style="list-style-type: none"> • pain control • exercise program • safe transfers • CPM • stairs climbing • use of assistive devices • safe tub transfers 	Review <ul style="list-style-type: none"> • crutch walking • stair climbing • wound care abnormal signs and symptoms • safe tub transfers • post op anticoagulation therapy
Discharge Planning	Transfer to St Joseph Rehabilitation if medically stable or begin preparation for home discharge		Assess plans to transfer to St Joseph's Care Group rehabilitation or home
Goals	<ul style="list-style-type: none"> • Pain is managed • Increased sitting, standing and walking • Wound is healing 	<ul style="list-style-type: none"> • Pain managed with oral medication 	<ul style="list-style-type: none"> • Pain is managed • Wound is healing • Walking further • Walking in hall independently • Able to do stairs if required • Ready for safely managing at home

St. Joseph's Rehabilitation or Home District Hospital

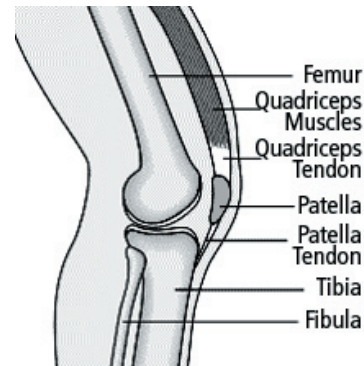
	Transfer Admission Day (Day 2)	Days 3-8	Discharge Day
Consults	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapist • Social Worker 	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapist • Social Worker 	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapist • Social Worker
Tests	As needed	As needed	As needed
Medications	<ul style="list-style-type: none"> • Pain medication • Laxative • Patient specific medication 	<ul style="list-style-type: none"> • Pain medication • Laxative • Patient specific medication 	<ul style="list-style-type: none"> • Pain medication • Laxative • Patient specific medication
Treatments		Wound and dressing care	Drain removed if present
Activity	<ul style="list-style-type: none"> • Wound dressing changed • Continuous Passive Movement (CPM) 	<ul style="list-style-type: none"> • Continuous Passive Movement (CPM) 	<ul style="list-style-type: none"> • Wound dressing changed
Nutrition	Usual Diet	Usual Diet	Usual Diet
Teaching	Review <ul style="list-style-type: none"> • wound care abnormal signs and symptoms • pain control • exercise program/ • safe transfers • CPM • use of assistive devices 	Review Same as Day 2 <ul style="list-style-type: none"> • crutch walking • stair climbing 	Review <ul style="list-style-type: none"> • wound care abnormal signs and symptoms
Discharge Planning	Review length of stay and discharge plans	Discussion of home supports and equipment needs	<ul style="list-style-type: none"> • Confirm if home supports and equipment are in place • Home or outpatient physiotherapy visits are arranged • Suture removal arranged
Goals	<ul style="list-style-type: none"> • Pain is managed • Increased sitting, standing and walking • Wound is healing • Smooth transfer to next stage 	<ul style="list-style-type: none"> • Pain is managed • Wound is healing • Able to bath, dress and toilet independently • Walking further distances 	<ul style="list-style-type: none"> • Pain is managed • Wound is healing • Walking further • Walking in hall independently • Able to do stairs if required • Ready for safely managing at home

What is a Total Knee Replacement (TKR)?

Strong ligaments and tissues, both inside and outside the joint, support the knee. The thigh bone (femur) has a rounded end that fits onto the shin bone (tibia). Both ends of these bones are covered in cartilage, which can be compared to Teflon coating. The kneecap (patella), which is attached by thigh muscles, is in front.

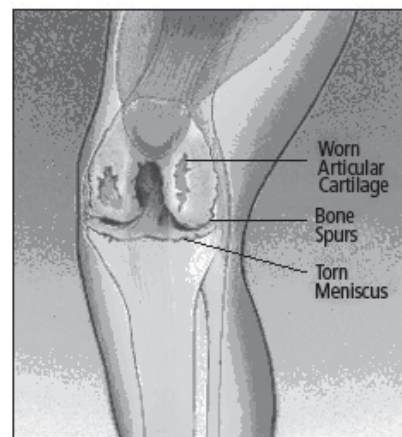
The three things that help the *healthy knee* work smoothly and without pain are:

- The smooth coating over the bones.
- The slippery fluid inside the joint called synovial fluid.
- The muscles, ligaments and tendons which support and move the knee.



The three things that make the *damaged knee* painful and hard to move are:

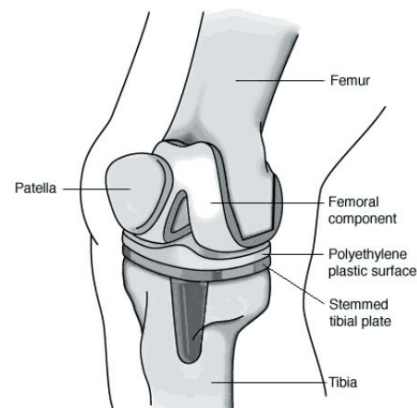
- The smooth coating gets rough and worn away.
- The slippery synovial fluid begins to dry up.
- The muscles weaken and the knee gets stiff.



Knee with Arthritis

The three parts of the new *implanted artificial knee* are:

- The part that fits over the end of the thigh bone.
- The part that fits into the end of the shin bone.
- A small button on the under surface of the kneecap.



Preparing for Joint Replacement Surgery

Weeks before your surgery:

During the weeks before your surgery, many people will be asking about your insurance coverage, medical history and legal arrangements. If you have everything written down, you can reduce your frustration and speed the process. The following check list will be of help:

- Arrange for a buddy or coach who is usually a family member or close friend who will be educated to assist you with recovery and rehabilitation. The coach should attend the pre admission visits with the nurse and rehabilitation staff. The coach should be available to help with exercises and home management activities for about one week after discharge from hospital.
- Choose a designated family member or friend to act as your primary contact to receive information from the doctor and health care team and to provide it to other family members and friends. Your coach could be that same person.
- A list of medical conditions and all previous operations, including those that are not bone-and-joint operations.
- A list of all the medications you currently take on a regular basis. Copy the name of the medication, the dosage and the frequency (daily, twice a day, etc.) from the prescription bottle. Don't forget to include vitamin and mineral supplements or other over-the-counter medications you take regularly. Your doctor may advise you to stop taking certain medications or supplements a week or two before your surgery.
- A list of any allergies or adverse reactions you've had to drugs or anesthesia in the past. Provide the name of the drug, why you were taking it, a description of your reaction and when this happened.
- Any dietary restrictions or other health problems you have, such as diabetes, asthma, HIV or hepatitis.
- A list of your insurance coverage, including the name of the insurance company, the plan or group number and contact information. Be sure to bring your Health Card, Status Card and insurance cards to the hospital with you.
- Information about any legal arrangements you've made, such as a living will or durable power of attorney. Bring a copy of the documents with you to the hospital.
- If you will be donating your own blood for the surgery, donation times should be scheduled at least one week apart, beginning about six weeks and ending approximately five days before your surgery. During this time, you should be especially careful to eat properly and take a daily iron supplement.
- If you are also planning dental work such as extractions or periodontal treatments, schedule them well in advance of your surgery. Do not schedule any dental work, including routine cleanings, for several weeks after your surgery.

Get in shape for surgery

The physical preparations you make can affect both the outcome of the surgery and your recovery time. Most of these suggestions are common sense, although some may surprise you.

- If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing and slows recovery.
- If you drink, don't have any alcohol for at least 48 hours before surgery.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.
- Eat well. If you are overweight, your doctor may recommend a weight loss program.
- The following exercises will help get you into shape and prevent complications post op:

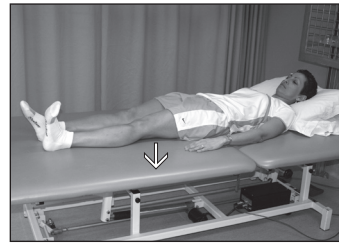
Ankle Pumping:

Move your feet up, down and in circles.



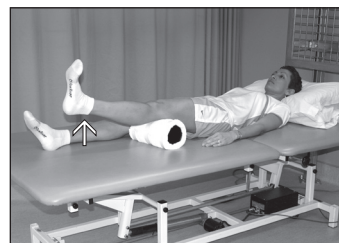
Static Quadriceps Strengthening:

Tighten the muscle on the front of your operated thigh by pressing your operated knee into the bed.



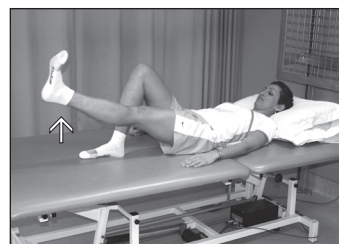
Quadriceps Strengthening Over a Roll:

Place a roll under your operated knee. Raise your heel off of the bed. Ensure you keep the back of your knee on the roll.



Straight Leg Raise:

Keeping your knee as straight as possible, tighten the muscles on the front of your operated thigh and raise your leg about 6 inches off the bed.



Plan ahead for your homecoming:

Your surgeon will determine how long you will be in hospital. Your stay may be from 2 -4 days in the acute care hospital. With the team, your surgeon will decide whether your rehabilitation therapy will be your home, out patient setting, district hospital or Rehabilitation centre (St Joseph's Hospital).

Your surgeon may order you a blood thinner on discharge to help prevent the formation of blood clots during the recovery period (*note: there may be a cost involved with this so please check with your insurance company or physician to see if this will be covered*).

You will be ready for discharge when:

- your wound is healing well
- you are able to get around with a walker, cane or crutches
- you are able to get to the bathroom
- you are able to do the stairs (if applicable)

Planning Ahead

Recovering from joint replacement surgery takes time. But you can take steps now that will help make your recovery easier and faster. Planning ahead is the key to minimizing stress and optimizing your outcome.

- Arrange for someone to take you home.
- Create clear pathways for walking inside and outside.
- If you do the cooking, make double batches of everything for a week or two before your surgery. Freeze half, and you'll have two weeks of ready-made meals when you get home. Or stock up on ready-made foods that you enjoy.
- While you're in the kitchen (and in other rooms as well), place items you use regularly at arm level so you don't have to reach up or bend down.
- Arrange to have help with housework (i.e. vacuuming).
- If possible, borrow a walker or a pair of crutches and see how well you can maneuver through your home. You may need to rearrange furniture or temporarily change rooms (make the living room your bedroom, for example).
- If you are using a cane, crutches or walker, check the rubber tips and replace if worn.
- Use nightlights, especially between your bedroom and bathroom.
- Remove any throw or area rugs that could cause you to slip. Remove or tie up long telephone cords and/or electrical cords.

- Consider modifying your bathroom to include a shower chair or bench, grab bar, or raised toilet seat.
- Set up a “recovery center” where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, waste basket, pitcher and glass, reading materials and medications should all be within reach.
- If you do not already have a parking permit for accessible parking, you may want to apply for a temporary permit several weeks prior to your surgery. Contact the Ministry of Transportation (1-800 268-4686) or www.mto.gov.on.ca for an application.
- If you will be needing transportation to your physiotherapy visits in Thunder Bay you could investigate HAGI Transit services (1-807 345-0777) or www.hagi.ca.

Where to shop for equipment to assist you after surgery

Shop for the things that will make your life easier after surgery. Your list might include a long-handled shoehorn, a long-handled sponge, a reacher, a big-pocket shirt, apron or soft shoulder bag for carrying things around. Some of these things are available at:

Thunder Bay Locations		Out of City Locations	
	Shoppers Home Health Care 285 Memorial Ave 1-807-345-6564 1-800-465-3986 Canadian Red Cross 112 Harold St. S. 1-807-623-3037 Medichair 977 Alloy Drive, Unit 7 1-807-623-9110 1-888-625-5568 or Medical Centre, building adjacent to, Thunder Bay Regional Health Sciences Centre 984 Oliver Road 1-807-683-4393		Fort Frances Shoppers Home Health Care 540 Kings Hwy 1-807-274-7062 1-800-347-6448 Dryden Shoppers Home Health Care 325 Government St 1-807-223-2900 1-888-294-8056 Kenora Shoppers Home Health Care 702 Lakeview Plaza 1-807-468-4244 1-807-263-1008 Timmins Shoppers Home Health Care 217 Algonquin St. E. 1-705-264-4311 Medichair 205 Commercial Ave 1-705-264-2299

Equipment may also be available at your local pharmacies. Check your telephone directory for locations nearest you.

Medical preparations and Pre Admission Clinic

You will be scheduled for a visit in Pre Admission Clinic. It is the ideal time to uncover potential medical problems which could delay surgery. It is also your opportunity to ask questions and raise concerns about hospital procedures or your surgery and to plan for your return home. Please bring your buddy/coach with you to this visit if possible. Bring all your medications in their original container.

The clinic visit generally takes place two to seven days before surgery. It can take two to six hours to complete the visit and tests. Out of town patients will be scheduled to visit on the weekday preceding the surgery.

During your clinic visit you may have any number of the following activities:

- A nursing assessment of your health needs and learning needs.
- Completion of a medical history and physical examination.
- Teaching about your operation, what will happen to you and what are the important things you need to know.
- Co-ordination of pre-operative blood tests, x-rays or a heart tracing.
- Consultation with a medical specialist such as an anesthetist and/or an internist if needed.
- Rehabilitation appointment or class arranged.
- An opportunity to be connected with home care (CCAC) or Discharge Planning for organizing post-op care if needed.

Notify your doctor if you come down with a fever, a cold or any other illness in the week before the surgery.

Day before your surgery:

The 24 hours before your surgery will be busy. Use this checklist to make sure you don't forget anything.

- Take a shower or bath the night before your surgery. Give your affected leg extra scrubbing. This will help reduce the risk of infection.
- Do not shave the area of the surgery. If this is necessary, the doctor will take care of it.
- Do not wear any make-up, lipstick, nail polish or body piercing items.
- Do not eat or drink anything after midnight the night before surgery.
- Do bring a hospital bag. Items in your bag should include:
 - A pair of comfortable, well fitting shoes with non-skid soles
 - A knee-length robe or gown

- Shorts or loose fitting jogging pants
- Walker, cane(s) or crutches if you have them (with your name label on it)
- Copies of your insurance cards, Health Card, Status Card, advance medical directives and medical history
- A list of any medications you regularly take
- Personal care items such as a hair brush, denture case, tooth brush, tooth paste, soap, eyeglass case, contact lens case
- Leave your cash, credit cards and jewelry at home

Morning of your surgery:

- You will arrive at the hospital at the designated time.
- You will be prepared for surgery in the Surgical Day Care Unit.
- The nurse will assess and review your preparation.
- Before surgery, the nurse will start an intravenous and administer an antibiotic as a precautionary measure.

Following surgery:

- You will wake up in the Recovery Room where you will stay until you are awake and medically stable.
- You will be checked often by the nurse to make sure that you are comfortable and doing well. The nurse will monitor your ability to move your legs, wiggle your toes and feel sensation in your legs and feet. Your heart rate, blood pressure and knee dressing will also be checked.
- You will be reminded to deep breathe and cough and do your leg and ankle exercises. Try to remember to do these every hour. It will help prevent complications.
- Your family can visit with you when you are transferred to your in-patient bed, 3 to 4 hours after the start of your surgery.
- You will be getting out of bed with help on the evening of your surgery day.

Pain Control

After surgery, your doctor, nurses and physiotherapists want to make your recovery as pain free as possible. Only you know how much pain you have. Don't wait too long. It is important for you to tell your nurse if you have pain and if the pain management prescribed for you is working. When you tell the nurse about the pain, use the following scale to describe the pain.



There are different ways for pain to be controlled. The nurses will assess and offer you pain medication regularly. It is easier to control the pain if it is tackled early. Talk with the doctors and nurses about pain control methods that have worked well or not so well for you in the past. The following are some of the ways of relieving pain that your doctor may prescribe:

- Various pain medications given to you by intravenous, pill, injection and/or suppository.
- Patient Controlled Analgesic (PCA) - A pump that is attached to your intravenous delivers the pain medication to you. The pump allows you to get medicine when you need it by pressing a button on the hand set.
- Epidural Medication- An injection into your spinal column during surgery that will give you pain relief for hours after your surgery.
- Ice pack to the affected knee.

The goal of pain control is:

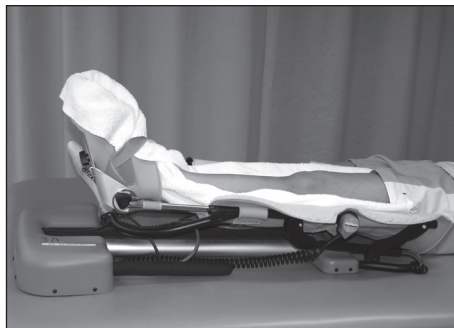
- To reduce the amount and intensity of your pain.
- To help you enjoy greater comfort while you exercise and heal, regain good knee movement, do your deep breathing exercises and get your strength back more quickly.
- Prevent the complications that can come from inactivity.

Learning To Move

After surgery, plan ahead. Take pain medication ahead of time.

Continuous Passive Movement (CPM)

Your doctor may prescribe CPM, a post operative treatment method that is designed to aid recovery after joint surgery. This machine gently moves your knee at a constant speed to help bend and straighten your knee to increase range of motion and promote healing. The doctor will prescribe the amount of time and bend that he/she feels you will need.



Weight Bearing

Weight bearing is the amount of weight that the doctor wants you to put on your new knee. There are three different amounts. Your Surgeon will determine how much weight to put on your operated leg.

- Feather or touch weight – Your operated leg touches the floor enough to help you balance. Do not put any weight on it.
- Partial weight bearing – Only a certain amount of weight can be put on your operated leg. Your physiotherapist will help you learn how much.
- Full weight bearing - You can put full weight, or as much as you can tolerate when standing or walking

Using a Walker or Crutches

1. Move the walker or crutches forward first, followed by your operated leg. Then move your good leg forward.
2. Put your weight on the walker or crutches to take the weight off your operated leg when you step onto it. Follow your own weight bearing instructions when using a walker.



Immediate Postoperative Exercises

You may begin the following exercises immediately after your surgery, as they are important for:

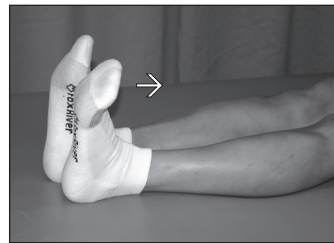
- Helping to prevent complications with your breathing
- Helping to prevent blood clots in your legs
- Increasing your circulation

1. Deep Breathing and Coughing Exercises

Until you are up and moving well take at least 10 deep breaths, followed by a cough, every hour that you are awake.

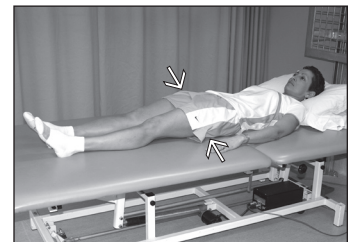
2. Ankle pumping

Move your feet up, down and in circles. Repeat 50 times every hour that you are awake.



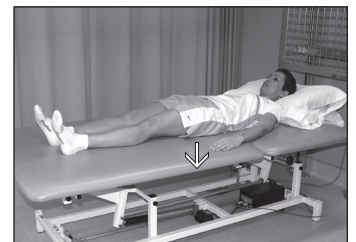
3. Buttock Contractions

Tighten your buttock muscle and hold for a count of 5 seconds. Repeat 5 to 10 times, 3 to 4 times each day.



4. Static Quadriceps Strengthening

Tighten the muscle on the front of your operated thigh by pressing your operated leg into the bed.



Looking after yourself at home

- Showering
- Lower body dressing: Pants, underwear, socks and shoes
- Toileting
- Foot care/Foot wears

Showering

- Ask your surgeon if and when you are able to take a bath. Shower or sponge bathe until your surgeon says otherwise. You must use a waterproof dressing over your incision until 24 hours after your staples have been removed.
- Use a long-handled bath sponge to wash your lower legs and feet if you cannot reach them on your own.
- You may need to obtain a bath chair, stool, board or bench if you have difficulty standing to shower or if you have difficulty lifting your legs back over the edge of the tub. Avoid stepping over the edge of the tub as this will increase your risk of falls. The Occupational Therapist can review how to transfer over the edge of the tub with you if needed before returning home.

Lower body dressing: Pants, underwear, socks and shoes

- Gather your clothing and dressing aids (if needed). Place them within easy reach.
- Sit on a high firm chair.
- Wear proper fitting comfortable clothing.
- Always dress your operated leg first.
- The Occupational Therapist may suggest devices like a reacher, sock-aid, long handled shoe horn and elastic shoelaces to allow you to get dressed on your own. These items are not typically required for long term use unless you have other medical conditions that necessitate them.

Toileting

- You may begin using a raised toilet seat after surgery to make it easier for you to get from sitting to/from standing.
- This item may not be required when you go home – check with your Occupational Therapist if you are uncertain if you need it.

Foot care/Foot wear

- You may have difficulty reaching your toenails to cut them when you first go home. If possible, have them cut before your surgery.
- Wear a non-skid supportive shoe i.e. a running shoe to provide you support and cushioning for your new knee.

Homemaking Hints

- Use an apron with several pockets.
- Carry hot liquids in containers with covers.
- Slide objects along the countertop rather than carrying them.
- Sit on a high stool when doing countertop tasks.

Preventing Falls

- Wear non-skid supportive shoes. Shoes that lace up are good.
- Keep your home free of clutter so that it is easy to move around furniture. There should be no scatter rugs.
- Keep your home well lit. Night-lights should be used especially if you go to the bathroom at night.
- Plan ahead before moving. Concentrate on walking. Do not lean on furniture; use safe objects for support.

Preventing Complications

Deep breathing and coughing are things that you can do to prevent pneumonia and congestion in your lungs. The nurses will remind you to do this.

- Your surgeon usually will start you on a blood thinner (anticoagulant) to prevent clots from forming in your legs. These anticoagulants may continue after you are discharged from hospital. Doing the ankle pumping exercises, wearing compression stockings and walking as soon as possible are also things that you can do to prevent clots from forming in your legs.

Problems to Watch for at Home

Constipation

Because the surgery will make you less active, it is easy to become constipated while in hospital. Your pain medications can also make you constipated. A gentle laxative could help with this. Other things that you can do to help are to drink plenty of fluids, include fibre in your diet, eat lots of fruits and vegetables, and maintain regular exercise.

Skin

Lying in bed puts pressure on parts of your body that are not used to taking pressure for any length of time - buttocks, ankles, elbows, shoulders or ears. The first signs of pressure sores are burning, redness or pain. The best way to prevent skin problems is to move around and avoid lying in bed for long periods of time.

Incision care/ Suture removal

As your incision heals, the staples in your incision will need to be removed 12 to 14 days after your surgery. This will be done either in the Surgeon's clinic or your family doctor's office.

Keep the wound clean and dry. Eating nutritious food will speed healing.

Watch for these signs of infection:

- Increased redness and warmth around the incision
- Swelling or puffiness
- Drainage from the incision
- Increased pain
- Fever

If you have any of these signs, tell your doctor and health professional right away. Bacteria in your blood can get into your new knee and cause infection. You must have any infection treated right away.

Tell your dentist or other doctors that you have a knee replacement. Your doctors may decide that you need antibiotics before some treatments or dental work.

Basic Rules to Follow for 3 Months After Your Surgery

1. Move your knee often and do the exercises that the physiotherapist has taught you.
2. Do not use a pillow or support directly under your knee for comfort. Pillows and supports cause the ligaments and muscles to shorten.
3. Follow the instructions given about weight bearing when walking. Your physiotherapist will let you know how much weight your doctor wants you to put on your leg.
4. Use tools to help you like a walker, canes and crutches, reaching devices and bathing and dressing aids.

Questions to Ask Your Doctor

- What medications should I continue taking when I am at home?
- When should I see my doctor next?
- When do I stop taking my anticoagulants?
- How long do I continue my exercises?
- When can I return to work?
- When can I drive my car?
- Other questions:

Thunder Bay Regional Health Sciences Centre Total Joint Clinical Pathway Team

We hope this booklet has helped to give you information on your total knee replacement. Hopefully it gives you the answers to your questions, to help alleviate some of your fears and concerns. The information comes from the knowledge and experience of your health professionals. Special acknowledgment to Sunnybrook Holland Orthopaedic and Arthritic Centre for sharing their exercise booklets.

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Thunder Bay Health Sciences Centre
980 Oliver Road,
Thunder Bay Ontario,
P7B 6V4
(807) 684-6000

Thunder Bay Regional
Health Sciences Centre
980 Oliver Road,
Thunder Bay, Ontario
P7B 6V4
Telephone: (807) 684-6000
Website: www.tbrhsc.net

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