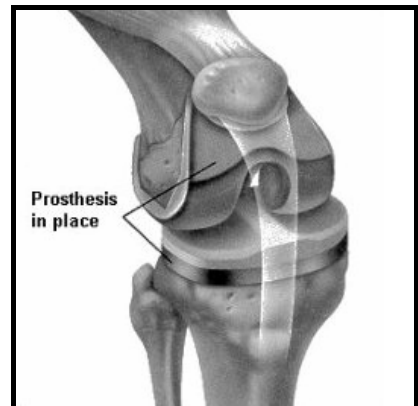
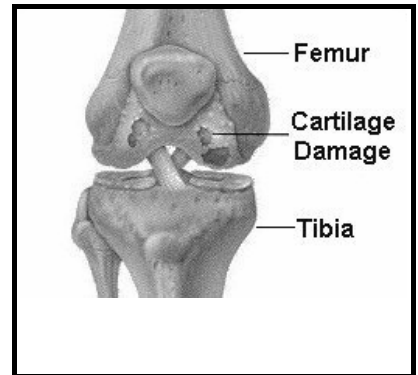


Dear Patient:

Your doctor has scheduled you for knee joint replacement. Knee joint replacement is a major surgery where the joint surface and underlying bone are replaced with an artificial joint (prosthesis) made of metal and polyethylene. This surgery is usually done to decrease knee pain and to increase movement of the knee.

The prosthesis is usually made up of three parts. Bone cement is used to anchor the parts to the bones--the end of the femur and tibia, and a plastic part on joint surface of patella (knee cap).

This operation carries possible risks of blood clots in the legs or lungs, infection, or breakage of the prosthetic components.



Before your surgery

- Please inform the hospital nursing staff of all your prescription medications, over the counter and/or herbal supplements which you are currently taking.
- Physical Therapy will meet with you to show you exercises and equipment used for your recovery. Exercising helps to increase your muscle strength and decrease the risk of blood clots.
- Testing and Monitoring
Your doctor will order a medical examination which may include some or all of the following:
 1. Blood tests
 2. Urinalysis
 3. Chest x-ray
 4. Electrocardiogram (ECG)

Day of surgery

- **DO NOT** eat or drink anything after midnight on the night before the surgery.
- **DO NOT** wear make-up, jewelry, or fingernail polish the day of surgery.
- **Please bring your own walker or crutches to the hospital.**
- As instructed by the pre-op nurse, scrub your surgical knee before coming to the hospital.
- Before going to surgery a thigh high TED (thromboembolism deterrent) hose will be placed on the non-operative leg. TED hose help prevent blood clot formation.
- A nurse anesthetist will visit you regarding the type of anesthesia you will receive.
- Before going to the operating room, please tell the nursing personnel and anesthetist if you have dentures, partials, hearing aids, or contact lenses.

During your surgery

The surgery takes about 2 hours. You will have a heart monitor and blood pressure cuff applied, and a pulse oximeter(measures the oxygen in your blood) placed on your finger. The anesthesiologist will give you medication through your IV which will help you relax during the surgery. Your doctor will make an 8 - 10 inch incision on the skin surface of the knee. The arthritis affected surface is removed, then the prosthesis is inserted. The incision will be closed with suture, steri-strips, and possible skin staples.

You will go to the recovery room for further observation following any type of anesthesia. You will be monitored in the recovery room for a minimum of 1 - 2 hours.

After the surgery

- You will be taken back to your room for further monitoring. You will be encouraged to cough and deep breath every hour. You will be given oxygen for approximately 36 hours after surgery.
- You will have an IV for fluids and medications.
- A dressing will cover the incision.
- If you are unable to urinate, you may have a tube (foley catheter) placed into your bladder which empties your bladder.
- You will have a drain tube from your incision to a container which collects the blood from your wound. If enough blood is collected in the first few hours after surgery, it will be given back to you through the IV.
- Special stockings (TED hose) will be placed on both legs. These help promote circulation and decrease possible formation of blood clots. Ankle and foot exercises are essential.
- Your leg will be put in a CPM (Continuous Passive Movement) machine. This machine continuously moves your knee. The movement is very slow and the degree of flexion (bending) of the knee is increased twice a day. While you are in bed, the CPM machine should be on for up to 16 hours a day.
- The trapeze on your bed is to help you turn or lift yourself in bed.
- When the CPM machine is not on, you will have an exercise sling which helps you move or exercise your affected leg.

Pain/Medications

- You will have pain after your surgery. You will receive pain medication through your IV by a medication pump which you control. If you continue to have pain, please ask the nurse for more medication. DO NOT ask your family to push the medication control button. This will allow the nurse to better evaluate your pain.
- When your IV is discontinued, you can ask the nurse for pain pills.
- Let your nurse know if you feel nauseated. She can medicate as needed.
- You will be given a blood thinner by pill or injection.
- Your doctor will order antibiotics to be given through your IV or possibly by mouth.
- Your home medications, except aspirin, will usually be restarted.

Diet You will be given ice chips by mouth after your surgery. These will help to keep your mouth and tongue moist. The first diet will include clear liquids such as sprite, jello, broth, decaf coffee, etc. The liquid diet helps to decrease stomach upset. Then your diet will progress to a normal diet.

Post-Op Day 1

- The nurses will check your vital signs, dressing, and circulation every 4 hours; get you up for your meals, and assist you with bathing.
- Physical Therapy will exercise your legs and walk you twice today. Taking pain medication an hour before walking or exercising may help the pain. While you are in bed, you will continue to use the CPM machine.
- Lab will draw blood for tests.
- You may start on pain pills and a stool softener.

Post-Op Day 2

- The nurse will check your vital signs every 4 hours, assist you with bathing, get you up for meals, and assist you to walk twice.
- The drain will be removed today.
- Your IV will be a saline lock and the CADD pump, used for pain medication, discontinued. Let the nurse know when you have pain.
- Physical Therapy will exercise and walk you twice a day. You will continue to have the CPM machine.
- If you had a catheter in your bladder, it may be removed and the nurse will assist you to the bathroom. Please inform your nurse if you are unable to urinate.
- If you have not had a bowel movement, let your nurse know so you can be given a laxative.
- Lab may draw blood for tests.
- Social Services may visit you about your home care needs or other discharge plans.

Post-Op Day 3

- The nurses will continue vital sign checks, assist with bathing, and get you up in a chair for all meals.
- Physical Therapy will walk you twice a day and increase the distance you walk.
- Social Service will visit with you about assistance for home needs.

Post-Op Day 4

- You may be able to get out of bed by yourself. When in bed, turn with a pillow between your legs.
- Physical Therapy will show you how to go up and down stairs.
- If you are sent to another facility, orders and instructions will be sent with you.
- If you are sent home:
 1. A nurse will go over your dismissal instructions.
 2. If your incision has staples, they will be removed later. If your incision has steri-strips, they should remain on for 12 - 14 days.
 3. Wear your TED hose as instructed.
 4. You may shower if able.
 5. You will receive prescriptions for medications.
 6. A follow up visit will be scheduled.

7. Keep and read the written instructions. Bring them to your doctor visit.

Dismissal You will need to have someone drive you home from the hospital. Go directly home and keep all follow-up appointments with your doctor.

After Dismissal

Activity You are encouraged to walk frequently after surgery. Short walks several times a day will speed up the healing process. Remember that you will tire easily when you go home. Go slowly and ask for help.

Safety Remove throw rugs and electrical cords in high traffic areas.
Wear rubber soled shoes.
You may need a rail and/or shower bench in the shower.

Pain The doctor may order pain medication. Please take as directed. **DO NOT** take with alcohol. Drink extra water or juices when taking a prescription pain medication to prevent constipation. A non-aspirin pain reliever, such as Tylenol or Ibuprofen can be taken for minor pain.

Infection If you have any of the following, call your doctor.

- Yellowish, green or foul smelling drainage from your incision
- Steady bleeding from your incision
- Temperature greater than your doctor's recommendation (see dismissal instructions)
- Chills or other flu like symptoms
- Increased severity of pain
- Chest pain or trouble breathing

Please refer to your dismissal instructions for further information.