



Your Customized Guide To
Total Knee Replacement

Prepared for:



Dear Valued Guest,

Welcome and thank you for choosing Alpenglow Short Stay Assisted Living as your place of recovery!

Alpenglow is designed to streamline the recovery process by alleviating some of the stressors of surgery, launching your physical therapy, providing education and inspiration, and teaching you daily living skills you'll need to continue your recovery at home.

The Alpenglow staff is a multidisciplinary team of highly skilled orthopedic professionals. We will assist you with activities of daily living and pain management — while empowering you to become an active partner in your recovery.

After all, recovering from surgery is hard work.

Your doctor will encourage you to start using your new knee almost immediately. Initial movement may be difficult and uncomfortable but it is crucial to an optimal recovery. We will give you support and encouragement but ultimately, you are the vital link in the successful outcome of your surgery.

Please use this guide as a tool to help you through your pre- and post-surgical process. It contains important details regarding your surgical experience, post-op care, physical therapy activities and frequently asked questions and answers.

Again, thank you for choosing Alpenglow Short Stay Assisted Living. We look forward to working with you soon on your way to achieving a pain free, independent and all around better quality of life!

Sincerely,

The Alpenglow Care Team

Important Numbers



Orthopedic Physicians Alaska

3801 Lake Otis Parkway
Main Phone: 907-562-2277
Fax: 907-563-3460

Surgeon: _____

Care Team Phone: _____

Surgery Scheduler _____ PH: _____



Alpine Surgery Center

3801 Lake Otis Parkway, Suite 100
Phone: 907-563-1555
Fax: 907-563-1222

Pre-op Appointment Date: _____ Time: _____

Surgery Date: _____ Arrival Time: _____



Alpenglow Short Stay Assisted Living

3801 Lake Otis Parkway, Suite 250
Phone: 907-562-5080
Fax: 682-255-4267



OPA Therapy Services

3801 Lake Otis Parkway
Phone: 907-562-2277
Fax: 907-563-3460

Therapist: _____ Phone: _____

Academy Overview

By attending the Alpenglow Academy, you are taking a proactive approach to manage your health, which leads to a faster, more successful recovery process following surgery.

The Academy is an opportunity for you to learn more about what will happen before and after surgery, familiarize yourself with the building and meet some of the staff that you will see while recovering.

Please have your support person join you for this class. It should last 1-1.5 hours.

Academy Features:

- Education for you and your support person.
- Led by nurses that you will encounter during your stay.
- Education on exercises that may be done before and/or after surgery.
- Information on how to use assistive devices and other medical equipment you may need or find beneficial.
- Guidance on joint protection.
- Energy conservation strategies.
- Instructions regarding your prescription medications.
- Question and answer session.

This Academy packet will be your guide through every step of the surgery and recovery process. It is only a guide; be sure to follow your surgeon's orders first and ask questions if you are unsure of any information.

Bring this with you to:

- Academy Class
- Your Alpenglow Stay

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B: Preparing for Surgery

Preparing for Surgery

Preparing for surgery varies depending upon your surgeon and your individual needs. Talk to your surgeon about the medications you are taking as some may need to be stopped before or after surgery. The day before your operation, Alpine Surgery Center will contact you with your check in time. You should not eat or drink anything after midnight. *If* your surgeon or anesthesiologist instructs you to take any medications prior to surgery, take with a small sip of water.

Prior to surgery you will be asked to attend the Academy at Alpenglow. You will also be asked to fill out paperwork in preparation for your stay at Alpenglow.

You will also need to pre-register with Alpine Surgery Center.

Longer Term Prep Work

Future Dental Work

Discuss with your surgeon and/or dentist about the need for antibiotics prior to certain dental procedures in the future.

Exercising Before Surgery

It is important to begin to exercise as soon as you know you are having surgery. Exercising will help to strengthen your arms, thighs, and hip muscles. Stronger muscles will help you recover more quickly after surgery. Conditioning is discussed in the Therapy and Exercises section. Start slowly and if exercise causes pain, fatigue or shortness of breath, stop and call your surgeon's office.

Smoking

Smoking is not only harmful to your lungs, heart, and blood vessels, it also slows the healing process and places you at increased risk of complications during and after surgery. It is very important that you stop smoking. If you need help, speak to your doctor or call the American Lung Association for available smoking cessation programs. Also be aware that Alpenglow is a marijuana, smoke and tobacco-free campus. This includes e-cigarettes, vaporizers and other smoking alternatives.

Nutrition

A well balanced diet, complete with lean protein, vegetables and six to eight glasses of water daily, is recommended before and after surgery. This will aid in healing and help to prevent constipation.

Alcohol and Narcotics

If you drink, please discuss with your surgeon a good time to stop or taper consumption of alcohol prior to surgery. A general standard is 48 hours. If you use any other types of controlled substances, tell your doctor. Preoperative use of narcotics and other drugs can have an impact on your surgery and recovery.

Have Help Available

It is important that you arrange for a friend or family member to be available to assist you for about two weeks after you are discharged from Alpenglow, until you can become more independent. You will need someone to assist you with meal preparation, light housekeeping, and personal care. You will also need to make arrangements for transportation for the next several weeks, as you will be restricted from driving. It is important that you make these arrangements before having surgery.

Equipment

Continuous Passive Motion Machine (CPM)

Your surgeon may prescribe a CPM for you. This machine is used to passively extend and flex your knee to maintain range of motion and decrease stiffness. You will have specific orders from your surgeon regarding the settings and how long you will be on it. This machine will be ordered by your surgeon's office through a third party vendor. The vendor will contact you to set up an appointment to get you measured and oriented to the machine.

Cold Therapy Machine (Game Ready or Iceman)

A Game Ready or Iceman may be used to aid in the healing process and decrease pain through ice application. If your surgeon decides that a Game Ready is required, it will be provided by a third party vendor. The vendor will contact you and make an appointment to get you oriented to this type of cold therapy machine. If your surgeon decides an Iceman is to be used this will be provided and applied at the end of your surgery at Alpine Surgery Center.

Assistive Devices

Assistive mobility devices will be discussed with you upon your initial visit with the physical therapist after your surgery. During your sessions, you and your physical therapist will work together to figure out which mobility device is best for you (e.g., crutches or a walker). The physical therapist will fit the device to you and show you how to use it properly. Some insurance companies may cover the cost of the mobility devices. If you already have a walker or crutches, bring this device with you. You may also want to consider purchasing other assistive equipment such as a shower chair, tub transfer bench, or toilet riser. You can also borrow them from friends, family, or a loan closet.

Near Surgery Day Prep

Illness

If you develop any illness such as a cold, flu, temperature, skin rash or infection, or a “flare-up” of a health problem in the 10 days prior to your surgery, it is important that you notify your surgeon’s office immediately. Sometimes minor health problems can be quite serious when combined with the stress of surgery. Try not to damage, cut, or scratch the skin, especially on your operative leg. Animal scratches/bites or infection, etc., could result in your surgery being delayed.

Medications

Are you taking any blood thinning medications? If so, speak to your provider and/or Primary Care Physician as soon as possible about this and your upcoming surgery. You may need to stop these types of medications up to 14 days prior to your surgery – this should be done *only* with guidance from a provider.

Two weeks before your surgery you may be required to discontinue or avoid aspirin or aspirin containing products (for example: Bufferin, Anacin, Excedrin, Fiorinal, Aspirin with Codeine, Darvon Compound, Soma Compound, all Alka Seltzer products, Pepto Bismol) and nonsteroidal anti-inflammatory medications (NSAIDs such as: Ibuprofen, Nuprin, Advil, Motrin, Aleve, Indocin, Naprosyn, and Relafen). Please talk to your surgeon if you are taking baby aspirin or Plavix for further instructions.

You should also avoid natural and over-the-counter medications such as Ginkgo Biloba, Vitamin E, Feverfew, and Green Tea capsules. All of these can thin your blood, increasing the risk of blood loss during surgery.

If you are on any of these medications for a medical condition, talk with your surgeon before discontinuing use. If taking any diet pills, discuss these medications as soon as possible with your doctor to avoid having to reschedule your surgery. Some of these medications should be discontinued a minimum of 14 days prior to surgery.

Bring a complete list of ALL medications you take to your pre-op appointment. Be sure to include both prescription and over-the-counter medications and include the dose and frequency. If you need pain medications prior to surgery, please talk to your surgeon.

At your pre-op appointment your surgeon *may* give you prescriptions for after your surgery – fill these and bring them with you to surgery in the original bottle. You will start using these once you arrive at Alpenglow.

Your surgeon may recommend you take some medications the morning of surgery; if so, take with only a small sip of water.

Diabetics

If you are a diabetic you will need to bring your own glucometer (blood sugar machine) and diabetic supplies. You will continue to take diabetic medications as ordered unless otherwise instructed by your physician. Keep in mind that the stress from surgery can raise your blood sugar.

Constipation

You may normally have no problems with this in your daily life; however with surgery, a decline in mobility, and the use of narcotics, your risk for becoming constipated can increase. Please pay attention to your bowel movements prior to surgery and let your nursing staff know if you are experiencing problems. Be sure to drink plenty of water and include fiber in your diet to help prevent this problem. There are many over-the-counter remedies to treat constipation. We recommend you purchase bowel medications prior to surgery.

Decreasing Your Risk for Infection

Shower the morning of surgery. **DO NOT SHAVE WITHIN THREE DAYS OF SURGERY.** If you have been provided a medicated cleansing agent such as Chlorhexidine Gluconate use as directed.

Steps to use Chlorhexidine Gluconate soap (not wipes):

1. Prior to showering, place clean linens on your bed – after using a medicated wash you will want to get into a clean bed.
2. Once in the shower, wash your hair and face normally – using your normal products.
3. Apply a large amount of Chlorhexidine to a clean wet wash cloth. Wash your entire body (avoiding your head, face and genital areas).
4. Repeat these steps each time you shower using this product.

Stop use of cleansing agent if you develop irritation or problems.

Preparing Your Home Checklist

For your safety, it is important to modify your home environment prior to surgery.

Bedroom

- Place clean linens on your bed.
- Make sure that you have nightlights in all hallways and rooms.
- Keep a flashlight at bedside.
- Place a cordless phone within reach on nightstand.

Bathroom

- Consider installing grab bars on walls of the shower, tub, and toilet.
- Move toilet paper so you can reach it from the toilet without bending or twisting.
- Explore purchasing a hand-held showerhead and a shower chair, which will allow you to sit during showers, once allowed; a long handled sponge is useful too.

Living Space

- Remove or tape down all throw rugs or other objects on the floor, such as electrical or telephone cords. These items could cause you to trip and fall.
- Have a firm chair that has armrests, a high seat and a straight back available for you to use.
- Enlist help to rearrange furniture, allowing clearance (at least 2 ft.) for your assistive device.
- Low chairs, swivel chairs, or rolling chairs are not safe for you to sit in after surgery.
- Place a list of emergency numbers by each telephone.
- Move commonly used items to waist level to avoid reaching up or down to get them.

Wardrobe/Closet

- You will need low or flat, broad-heeled, non-skid shoes that are properly fitted and have a back to them.
- Allow ease in dressing by wearing elastic waist or drawstring garments.
- Find some knee-length gowns/nightshirts and robes that won't get in the way when you walk.
- Find an apron with pockets to hold things like a cell phone, tissues, TV remote, medications, juice boxes, etc.
- Place frequently worn items in higher drawers (so you don't have to bend or stoop).
- Some adaptive equipment may prove helpful during your recovery: reacher, long handled shoe horn, long handled bathing scrub sponge, elastic shoe laces, sock donner, and a dressing stick.

Household chores

- Purchase over the counter stool softeners and/or laxative in preparation of post-operative constipation.
- Arrange to have someone collect your mail and care for your pets.
- In inclement weather, arrange for someone to clear your walkways of ice and snow.
- Pre-clean your home. Have beds made with fresh linens. Have laundry washed, dried and put away.
- Prepare meals and freeze in single-serving containers for easy meals after surgery.

Night Before Surgery Checklist

Night Before Surgery

- Shower. Unless otherwise instructed by your doctor, wash and scrub yourself thoroughly, preferably with antibacterial soap, to minimize the risk of infection. Be sure to scrub under fingernails and toenails and remove any nail polish. **DO NOT SHAVE.**
- Do not eat or drink anything after midnight unless directed by your surgeon or Alpine staff. You will be contacted by someone from Alpine Surgery Center will contact you with instructions the day before your scheduled surgery day.
- Do **NOT** smoke at least after midnight.
- Any medications, including pain pills you are taking, should be taken the day of surgery **ONLY** if instructed by the staff and with only a small sip of water no later than four hours before your arrival time. If you have any questions, please call Alpine Surgery Center.

Day of Surgery Checklist

Day of Surgery

- Shower.
- Wear something comfortable and easy to remove.
- Remove all jewelry prior to your arrival, including those in body piercings. Leave these at home.
- Do not wear lotion, perfume or cologne
- Brush your teeth — but do not drink or swallow any water.

Bring

- Pre-op Packet.
- Living Will and/or Advance Directives, if you have them.
- Current medical insurance card(s) and photo identification.
- If payment is required at Alpine Surgery Center bring **ONLY** the amount of cash necessary or a check or debit/credit card to cover these expenses.
- All prescription medications (including daily and as needed medications) in their original containers, with visible expiration dates. Including all pre-filled prescriptions that were given to you in your preoperative appointment.
- Personal hygiene items (toothbrush, toothpaste, deodorant, comb, brush, etc.)
- Glasses, contacts lenses with solution and case, hearing aids with extra batteries, dentures and their containers.
- Comfortable, loose, easy-to-put on clothing such as shorts with an elastic waist band;
- Shoes with nonskid soles;
- Any assist devices (such as crutches or a front wheeled walker).
- If you have sleep apnea, bring your CPAP or BiPAP, including equipment and the necessary water.
- If diabetic, bring your glucometer, test strips, lancets and any other necessary items.
- A responsible adult support person. (Please remember that space is limited and be aware that all residents will have others with them.)

Do NOT ...

- Bring weapons.
- Wear any metal products (such as hair clips, bobby pins, jewelry) or nail polish.
- Bring valuables such as large amounts of cash, jewelry, watches, nonessential credit cards, and laptop computers. Cell phones are permitted, but it is recommended that they be kept with a friend or family member for safekeeping.

Day of Surgery Process

Arrive on Time to Alpine Surgery Center

Unlike at the hospital, all surgeries here are scheduled so it is important to arrive on time. Your arrival time at the center will be approximately 1.5 hours before your surgery scheduled start time. This allows time for registration, evaluation and preparation for surgery. Alpine Surgery Center will call you the evening before your surgery with your check in time or the Friday before, if your surgery is on a Monday.

Follow Instructions & Ask Questions

Please follow all instructions you receive. Let us know if you might be pregnant, on blood thinning medications, or if at any time you do not understand what is happening.

Check-in

You will arrive to the Alpine Surgery Center, located on the 1st floor of the OPA building. Please be sure to arrive at the time given to you. This time takes into consideration all of the preparation needed before your actual surgery start time. Being late could delay your surgery and others.

Pre-op

You will be admitted by a pre-op nurse who will get you ready for surgery. To do this, he/she will start an intravenous line (IV) to give you fluids, administer any pre-surgery medications including antibiotics and/or pain medication, and review your health history and allergies. You will also meet your anesthesiologist who will discuss the medications that will be used during surgery. This is a good time to ask questions about what to expect during surgery and discuss pain management options for after surgery. (Pain management is also discussed in Section E).

Recovery Room

Once surgery is done, you will be taken into the recovery area where highly trained nurses monitor your recovery. The staff may apply Sequential Compression Devices (SCDs) to your lower legs to help with circulation. During your time in recovery you may have an X-ray taken of your surgical area. After you have met discharge criteria you will be discharged from Alpine Surgery Center.

YOU WILL WALK AS SOON AS POSSIBLE AFTER YOUR SURGERY



C: Your Stay at Alpenglow

Your Alpenglow Stay

Admission into Alpenglow

Nursing staff will make you feel at home at Alpenglow. One guest over the age of 18, preferably your support person, is welcome to stay overnight in your room. The chair in the room will fold into a sleeping surface for your support person. Alpenglow doors may be closed at times for security purposes; visitors will need to have a personal phone to call you or the front desk to alert Alpenglow staff to gain entry.

After your discharge from Alpine Surgery Center you may have an IV, drains and/or other equipment present. You will receive antibiotics following your surgery to decrease risk for infection. You will likely be wearing sequential compression devices on your lower legs or feet to decrease your risk for blood clots. You may have anti-embolism stockings on. Ice therapy will be used to help with inflammation and pain.

Your length of stay at Alpenglow will be established by your surgeon. The goal is to help you get home as soon as you are able. The therapists will teach you exercises, instruct you on the use of assistive devices and help with range of motion.

Early and Frequent Activity is Key to Recovery!

You will be getting out of bed to **WALK** as soon as possible after your admission to Alpenglow. Residents are encouraged to **WALK** to the bathroom with assistance until they are able to do so safely on their own. You will most likely go to Physical Therapy the day of surgery. Your therapy will take place in a state-of-the-art rehabilitation suite that is located just down the hall from your room. You will be instructed on precautions, the proper way to move and perform activities of daily living, and a home exercise regimen. A customized therapy program will be developed for you by your Physical Therapist.

The most important thing to remember is that **MOVEMENT IS KEY**. You should **WALK** multiple times each day. The more you **WALK**, the better.

Eating and Drinking

Your diet will be advanced as tolerated as soon as you are tolerating beverages and food; this means you will begin by taking small sips of water or clear liquids. If you do not experience any nausea your intake will gradually be increased until you are able to tolerate solid foods. Meals are provided three times a day for Alpenglow residents. We will have snacks and juices available upon request.

Managing Your Pain

Post-surgical pain is a complex response to tissue damaged during surgery; both bone and tissue are undergoing a healing process that will not be complete for several months after your operation. There are many avenues of pain relief including cold therapy, pain medications or alternative non-medical methods such as music therapy. After your surgery you should anticipate some pain. To help us minimize your pain (so you can get up and **MOVE**), we will

ask you to rate the intensity of your pain through the use of a pain scale from 0-10 (0 is no pain, 10 is the most excruciating pain you have ever felt).

Understand that a pain goal of 0 is not realistic. It is critical to stay ahead of your pain. We will work closely with you to manage your pain. When your pain is controlled, you recover faster (and **WALK** more). Careful pain management will allow you to eat, sleep, move, do your therapy, and begin doing normal activities. Management of your post-surgical pain is a high-priority. Don't be afraid to ask for pain medication when you need it.

Cold Therapy

The application of ice to your surgical site is instrumental to your healing process. Ice therapy helps decrease bleeding, swelling and pain. Your surgeon may order ice application following your surgery, which may consist of ice packs or an ice machine. Be sure to intermittently utilize ice therapy, 20 minutes on followed by 20 minutes off. Also, keep a thin barrier between your skin and the cold therapy device. It can also be helpful to intermittently apply an ice pack to the back of your knee, if you do not have an ice machine that covers this area.

Nerve Block

A nerve block can be combined with surgical anesthesia after a total knee replacement. The nerve block will be applied before surgery. It may be referred to as your nerve block, pain ball or On Q ball. On Q is the brand that is used. A continuous nerve block generally lasts 3 to 5 days after your surgery and will be removed by you or your support person at home. You will have a dressing over where it goes into your thigh to keep it secured to your body. The block provides numbing medicine to the leg with a goal to decrease pain but keep mobility. Because mobility can be affected, your surgeon may instruct you to use a knee immobilizer when walking.

Coughing and Deep Breathing

You will be encouraged to take deep breaths and cough after your surgery 8-10 times an hour while awake. Deep breathing while walking and during therapy is also good for your lungs, as this will help keep secretions in your lungs from accumulating. When fluids accumulate it can lead to pneumonia. Your doctor may order an Incentive Spirometer device to assist you with your deep breathing exercises. If this has been ordered for you, you will receive instruction on it. You should continue to use it in the post-surgical period.

Constipation

Constipation often occurs when you are taking pain medication, from anesthesia and with a decrease in activity. Moving (**WALKING**) as much as possible, staying hydrated and eating plenty of fiber can all be helpful in preventing constipation. If you have a history of trouble with constipation please let your nurse know. Prevention is always more pleasant than the treatment of constipation. You should take stool softeners while taking narcotics. You can use over-the-counter methods and drink prune juice. If you do not have a bowel movement by the second or third day you may need a laxative, suppository, or enema to relieve your constipation.



Discharge

Your stay in Alpenglow will likely be 24-48 hours, depending on the plan created for you by your surgeon. It is very important to have someone present for the review of discharge instructions. You will also need to have someone available to drive you home. You are not allowed to drive while taking narcotics.

The need for continued outpatient physical therapy will be discussed prior to your discharge home. Ongoing need for therapy after discharge will be discussed with your clinic team at your post-operative appointments.

D: Physical Therapy, Daily Activities & Exercises

Exercising Prior to Surgery

It is important to begin to exercise as soon as you know you are having surgery. **WALKING** is the most beneficial thing you can do for your wellness and health, if your situation allows. Having stronger muscles in your arms and legs will help you recover more quickly after surgery, please refer to the pre-op exercises later in this section for suggestions. Start slowly, and if an exercise causes pain, fatigue or shortness of breath, please stop doing it.

Cardiovascular Conditioning

If possible, begin a cardiovascular conditioning program. Start slow and increase your time as your endurance and condition will allow. If your pain increases, slow down, decrease your time or stop the program. Work up to a 20-minute program. You should be able to carry on a conversation while exercising, but feel as though you are working fairly hard. Building up your endurance will aid in your recovery following surgery.

Suggestions Include:

- **Pool:** This would ideally be done in a warm pool. Swim laps, walk or perform general exercise in the pool.
- **Bike:** If you are unable to use a pool, biking would be another good choice. If balance or the weather is challenging for you, use a stationary bike.
- **WALK:** Walk, walk, walk!

Activity After Surgery

Your therapy progression may vary depending on the type of knee surgery you have had. If this is your first knee replacement, most likely you will be allowed to place as much weight as you can tolerate through your operated leg. Your nurse or physical therapist will be able to clarify this for you.

If you have been prescribed a CPM, this could start the day of surgery or the day after surgery. Generally the CPM is used 3 times per day for 2 hours at a time for 3 weeks.

- **Day of surgery:** Your Physical Therapist will see you for an initial evaluation to assess your pain, function, mobility, and home situation. You will be encouraged to wear your own comfortable clothing (e.g. loose fitting t-shirt and shorts). If you require any special equipment to help with dressing or bathing, your therapist will teach you how to use it. Getting up and **walking** with your nursing staff and therapists will be of the utmost importance to your recovery, and you should always use the assistive device, fit by your therapist, to ensure safe mobility. You may even begin going up and down stairs if you will have to manage them at home and are doing well enough today. In most cases your immediate post-op home exercise program will be very similar to your pre-operative exercise program, with your PT making adjustments as needed for your situation. You may require help to complete many of these exercises this soon after surgery. That is okay! It will get easier every day.
- **Day 1 after surgery:** Your nurses will continue to monitor your pain and dressings. Depending on your surgical procedure and living situation, you may go home today. Until you are ready to return home, you should expect to receive therapy 1-2x/day to help with your mobility and function. Whether in your home or at Alpenglow, it is important that you get up to **walk** regularly, at least every two hours throughout the day, and continue your home exercise program.
- **Day 2-7:** Continue walking with your assistive device regularly throughout the day, at least 300-500 feet at a time. Use a railing to climb or descend stairs. Gradually resume homemaking tasks, but don't be afraid to ask for help when needed. Complete your home exercise program, issued by your therapist, twice a day. You should be able to actively bend your knee at least 60 degrees by the end of this week.
- **Week 2-4:** Your goals for this time period include: using a less supportive assistive device, walking at least $\frac{1}{4}$ mile, climbing and descending a flight of stairs (12-14) more than once daily, bending your knee at least 90 degrees, independently showering and dressing, resuming homemaking tasks and completing your home exercises twice daily. You should expect to be going to outpatient physical therapy 2 – 3 times per week to increase your mobility, range of motion and strength. Your physical therapist will also revise your home exercise program to be most appropriate for your needs.

- **Week 4-6:** Your visit frequency for PT may reduce to 1-2 times per week, requiring more vigilance on your part to comply with your home exercise program and thus help ensure a successful outcome. You should notice you are much more independent in all of your daily tasks and may be using only a cane for mobility at this time. You should walk $\frac{1}{4}$ - $\frac{1}{2}$ mile every day and may start to climb stairs in a step-over-step manner. Your knee range of motion should be 110-120 deg. Driving restrictions are usually lifted during this period.
- **Week 6-12:** Skilled physical therapy will most likely be completed, but you will be continuing with the customized home exercise program your therapist created for you. You should be walking and negotiating stairs without an assistive device and able to increase your walking to $\frac{1}{2}$ -1 mile daily. You may resume all normal activities, as discussed with your surgeon.

Depending on the type of knee replacement, general health and prior level of activity, exact timeframes for a safe return to more intense household activities and recreational activities or sports will differ among patients. Your surgeon, physician's assistant, and physical therapist will work together to guide you.

Therapy DO's and DON'Ts

DO

- **DO** plan ahead! Gather all needed supplies at one time and sit to complete tasks (i.e. grooming, cooking, etc.)
- **DO** perform your home exercise program as directed twice daily.
- **DO** get up and walk with your assistive device hourly.
- **DO** rest your HEEL on a pillow when resting/sleeping.
- **DO** dress operated side first and undress operated side last.

DON'T

- **DON'T** place a pillow under your knee for sleeping or resting! This slows the healing process and may prevent a full recovery.
- **DON'T** pull up on a walker when trying to stand.



Your Physical Therapy Plan

This section contains exercises and advice specifically for you

E: Going Home

Going Home

Pain Management

Pain management is one of the most important aspects of your recovery. Surgery causes pain and swelling, which leads to compression, stiffness and more pain. Your doctor will order pain medication for you. Take all medications as instructed. You may wean off pain medications as soon as you wish – but keep in mind that maintaining mobility is key. Don't let trying to get off pain pills affect your activity level. If you find yourself self-limiting your actions, re-evaluate your pain regimen.

Refer to your surgeon's specific instructions and don't hesitate to call their office with any questions. Proper usage of prescribed medications, frequent movement (**WALKING**) and proper usage of cold therapy will all help to improve this cycle. The relief of pain will also aid you in successfully completing your exercises and getting out of bed as much as possible.

Be aware that surgical pain can present itself in different ways, such as: soreness, burning, stabbing, throbbing, and aching. If you are experiencing these, you should take the pain medications as prescribed, apply an ice pack (or other cold therapy as instructed) and elevate the swollen or painful area. If you experience increased pain and/or if these measures do not help alleviate the pain, you need to contact your surgeon's office.

Cold Therapy

Cold therapy can be intermittently used throughout the day and night as needed to alleviate pain and swelling. You should allow time between applications of icing for the skin to return to normal temperature before reapplying ice – apply for 20 minutes then remove for 20 minutes. Avoid prolonged use of cold therapy as it can lead to frostbite.

- Do not apply ice in direct contact with your skin; place ice bag into a pillowcase or wrap in a thin towel
- Do frequent skin checks when using cold therapy; frostbitten skin appears white and does not return to pink after being pressed by fingers. If your skin appears this way remove ice and contact your provider's office.

Your surgeon may arrange for a specific cold therapy device or advise on use of cold pack application. If you have been prescribed an ice machine please refer to your specific instruction handouts for appropriate use and time of application.

If you are creating your own ice packs with Ziploc type bags be sure and double bag it and cover the ice pack with a thin cloth to prevent wetting your dressing. Be sure to dry your skin thoroughly after removing. If you still have a dressing over the surgical wound, ensure that the dressing remained dry during ice application. If it has gotten damp you must change the dressing.

Showering/Bathing

You are able to shower the morning after your nerve block has been removed. Depending on the type of surgical closure, your showering instructions will vary. Do NOT submerge your incision in a bath, swimming pool, hot tub/spa or any other form of water until your incision is healed and you have been cleared to do so by your surgeon.

Swelling

Swelling to the operative area can be normal after surgery. There are many factors that contribute to this. Be sure to ice and elevate the extremity above your heart (this can be challenging following knee surgery). Elevating your knee can be done by using pillows to prop your leg up – be sure your entire leg is kept straight, you do not want pillows left directly under your knee. If you are concerned about the swelling, contact your provider's office.

Caring for your Incision

It is very important that your incision remain clean and dry. Do not get your incision wet until told to do so. Do not apply creams, ointments, lotions, oils, powders, etc.

Instructions for dressing changes may vary depending on your surgeon. The process for a standard dry dressing change is listed below.

Dressing Changes:

- Wash hands before and after a dressing change.
- Carefully remove all exterior adhesive tape. You can moisten tape around the edges of the dressing to loosen the adhesive, if needed
- Remove the old dressing. If steri-strips (paper tape strips across the incision) have been applied, do not remove these, as they will fall off on their own within 2-3 weeks. You may trim the ends of these if they are no longer sticking to your skin.
- Inspect the wound for signs of infection: increased redness, odor, surrounding skin is hot to touch or concerning drainage color (yellow, green or white drainage).
- If the area has gotten wet, lightly pat dry with a clean towel. Do not use any creams or lotions.
- Cover the incision with a clean gauze dressing and secure. There are many ways to secure your dressing, follow your surgeon's preferences.

Caring for your Continuous Nerve Block

It can be normal to have clear or pink tinged drainage from the insertion site of your nerve block (On Q). While it is in place you may need to reinforce the dressing – apply dry gauze over the insertion site dressing and cover with tape, remove this exterior dressing and replace as needed. If you experience frank red drainage from the site, contact the Anesthesiologist for further instructions. This phone number should be provided on your discharge paperwork from ALPINE SURGERY CENTER.

CPM use

- Always refer to specific instructions from your surgeon's care team when it comes to CPM use.
- General rules of thumb when using the CPM:
 1. Start where you left off last time. Starting where you left off allows your knee to warm up. After some time during each session, increase your flexion (bending) a few degrees, as you tolerate. General goals are to increase flexion 5 degrees per day. You do not have to increase flexion all at once; this can be done gradually over your session.
 2. Use your CPM 3 times per day for 2 hours each time.
- The heel slide exercise is where you will *GAIN* range of motion, using the CPM helps you to *maintain* range of motion.

Decreasing Your Risk for Lung Complications

After your surgery you will find that there is a decline in your daily activities. Post-surgical lung complications are avoidable by performing deep breathing and coughing exercises as directed by your nursing staff. If you have been prescribed an Incentive Spirometer, continue to use this 8-10 times per hour, while awake. It is important to stay active and **WALK** as much as possible, this allows your lungs to fully expand and helps reduce your risk for atelectasis, the beginning stage of pneumonia.

Signs and Symptoms:

- Difficulty breathing (dyspnea)
- Rapid, shallow breathing
- Coughing

Decreasing Your Risk for Blood Clots

Surgery may slow down blood circulation to your legs resulting in the formation of blood clots in the veins of your legs. A blood clot in your leg can develop into a blood clot in your lungs, called a pulmonary embolus (PE). You can help prevent blood clots by **WALKING**, wearing prescribed equipment (i.e. support hose or sequential compression devices), exercising as specified by your surgeon or physical therapy, and taking blood thinning medication if prescribed by your surgeon. Watch for these signs and symptoms and call your surgeon if you have them:

- Swelling in thigh, calf or ankle that does not go away with elevation.
- Pain/tenderness in calf.
- Unusual warmth.
- Redness or discolored skin to the area of concern.

Call 911 if you notice the following signs of a possible Pulmonary Embolism (PE):

- Difficulty breathing
- Chest pain
- Coughing up blood

Decreasing Your Risk for Infection

The most efficient way to decrease your risk for infection is proper **hand hygiene**. When doing dressing changes, be sure to inspect the incision for signs of infection as mentioned earlier. It is very important to keep your dressings clean and dry. Notify your surgeon if you observe signs of infection such as:

- Fever above 101.0°F.
- Uncontrolled shaking or chills.
- Increased redness, heat, drainage or swelling in or around the incision.
- Increased pain not relieved with pain medications.

An infection elsewhere in your body could cause an infection to your new joint. If you are treated for any type of infection you should notify your surgeon. If you are experiencing symptoms of a bladder infection (frequent urination, pain or burning with urination, or cloudy urine), contact your primary care physician for treatment and inform them of your recent total joint replacement.

F: Resources

Frequently Asked Questions About Total Knee Surgery

We are honored you have chosen Orthopedic Physicians Alaska for your care. Patients have many questions about total knee replacements. Below you will find a list of frequently asked questions with answers. If there are any other questions that you need answered, please contact your surgeon.

What is a Total Knee Replacement?

A total knee replacement is called a total knee arthroplasty or TKA for short. A TKA is a surgical procedure designed to replace the injured and/or diseased knee joint with artificial materials, most commonly for osteoarthritis.

See a 3-D animation of a knee replacement at opalaska.com/3d-animation

Click on "Knee" and scroll down to "Total Knee Replacement"

When should I have a Total Knee Replacement (TKA)?

A total knee replacement is usually recommended after all other conservative treatments have been utilized. Including activity modification, weight reduction (if indicated), nonsteroidal anti-inflammatory medications, corticosteroid injections, or braces. A TKA is usually warranted when pain gets too severe, limiting mobility and activities of daily living. Your surgeon will decide if you are a candidate for surgery. This will be based on your history, exam, and radiologic findings. Your surgeon will ask if your discomfort, stiffness, and disability justify undergoing surgery. Age is also a determining factor.

What are the risks of surgery?

Most surgeries go well with minimal complications. Infection and blood clots are two serious complications that are of highest concern. To decrease your risk for infection, antibiotics and proper hygiene protocols are followed; to decrease your risk for blood clots, blood thinning medication and/or equipment such as support hose or sequential compression devices may be ordered. Other complications that are possible but very rare nerve injury, stiffness, wound healing problems, fractures, or loosening of hardware.

When will I be able to get back to work?

It is recommended that most people take at least one month off from work, unless their jobs are sedentary and they can return to work with an assistive device. You should discuss a return to work date with your surgeon prior to surgery.

May I shave my legs before surgery?

No. **Do not shave your legs within 3 days of surgery.** Shaving causes small cuts in the skin and can cause complications.

What type of anesthesia is used during the procedure?

There will be a combination of techniques used to administer anesthesia during a total knee replacement, typically either "general" (you are put to sleep) or "spinal block" (you are awake

but your body is numb from the waist down). The anesthesiologist will discuss your options with you and you will decide together what the best option is. In addition, a combination of numbing medicine, pain medicine, and anti-inflammatory medicine are injected into the tissue around the knee at the end of the procedure that will also help with post-operative pain control.

How soon can I drive again?

This will be dependent on multiple factors: one of them being when you are no longer taking narcotics and the second being which knee was replaced. Typically you cannot drive for 6-8 weeks. Ask your surgeon during your follow up for more detailed information.

What do I do at the airport?

Tell TSA agents about your new hardware. You will likely go through the Advanced Imaging Technology machines, like the general public. Additional screening may take place.

When is it safe to resume sexual activity?

Some form of sexual activity may be resumed as early as a week or two after surgery however your comfort and safety are most important. Do not do anything that causes discomfort to the knee. In general, common sense should be utilized when resuming sexual activity. Please ask your surgeon or physical therapist if you have further questions.

What if my insurance doesn't cover the cost of my assistive devices or I don't have the money to pay for them?

There are several companies around town that sell or lend assistive equipment. Many pharmacies or hardware stores sell assistive equipment. Some pharmacies have rental programs for crutches. There are also loan closets available within the Anchorage and Mat-Su area.

Helpful Links

Orthopedic Physicians Alaska

opalaska.com/knee

This is the OPA website with helpful information regarding what is done during surgery. This page also gives information on our knee treatment specialists.

opalaska.com/deep-dives

(Click on "Explore the Knee" for 3D interactive imagery, explanations of various conditions and actual surgery images and videos in the "Media Browser".

[Opalaska.com/3d-animation](http://opalaska.com/3d-animation)

See a 3-D animation of a knee replacement surgery; *click on "Knee" and scroll down to "Total Knee Replacement"*

Medline Plus

www.nlm.nih.gov/medlineplus/ency/presentations/100088_1.htm

This site shows an overview of the short series of steps done during a total knee replacement.

HERBAL SUPPLEMENTS THAT CAN POSE A RISK IN SURGERY

Like prescription drugs, herbal supplements also carry a risk of side effects and drug interactions. The following is a list of common supplements that should be stopped prior to surgery. Please inform your surgeon and anesthesiologist about ALL you are taking.

- **Echinacea:** Use with caution in patients with asthma or allergic rhinitis. Discontinue use as far in advance of surgery as possible
- **Ephedra:** Has been responsible for fatal cardiac and central nervous system complications. Discontinue use at least 24 hours prior to surgery.
- **Feverfew:** Inhibits platelet function and therefore can increase bleeding. Discontinue 7 days prior to surgery.
- **Garlic:** Inhibits platelet function and therefore can increase bleeding. Discontinue 7 days prior to surgery.
- **Ginkgo:** Inhibits platelet function and therefore can increase bleeding. Discontinue 7 days prior to surgery.
- **Ginseng:** Inhibits platelet function and therefore can increase bleeding. Discontinue 7 days prior to surgery.
- **Ginger:** May increase the sedative effects of anesthetics. Discontinue at least 7 days prior to surgery.
- **Kava:** Can increase the sedative effects of the anesthetics. Discontinue at least 24 hours prior to surgery.
- **St. John's Wort:** Can significantly increase the metabolism of many drugs. Discontinue at least 5 days prior to surgery.
- **Valerian:** Can increase the sedative effects of anesthetics. Taper the dose for several weeks prior to surgery. DO NOT STOP ABRUPTLY BECAUSE OF RISK OF WITHDRAWAL.

Sources: Journal of the American Medical Association. Ang-Lee, Moss J, Chun-Su Y. Herbal medicine and perioperative care. 2001;286:208-16 American Society of Anesthesiologist brochure for members. What you should know about your patients' use of herbal medicines. Copyright 1999

