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Dear Patient, Family and Caregivers:

Thank you for choosing us for your joint surgery. We are excited to work with you and look forward to being your partners during this time. We want to be part of helping you have a quick recovery and a lifetime of good health.

As a partner in this journey, our team is committed to giving you the highest quality of care and support before, during and after your surgery. This book will guide you through the process of getting your new knee at Gunnison Valley Health. It covers what you need to know about the surgery, your hospital stay, recovery and getting back to your daily routines.

This guide describes the process most patients go through. But every patient is special. Your experience may be a little different. If you ever feel that something in this booklet disagrees with what you hear from your joint team, please ask about it. We encourage you to take an active role in your treatment. Please ask us any questions you have.

Once again, welcome to Gunnison Valley Health. Thank you for trusting us with your care!

– Your Total Joint Team

Gunnison Valley Health
711 N. Taylor Street
Gunnison, CO 81230
(970)641-1456
Understanding Your Knee Surgery

During total knee replacement surgery, your damaged knee joint is replaced with an artificial joint (called a prosthesis). This surgery almost always reduces joint pain and improves your quality of life.

Before Your Surgery
You will most likely arrive at the hospital on the morning of the surgery. Be sure to follow all of your doctor’s instructions to get ready for surgery.

You should stop eating or drinking 10 hours before surgery.

If you take a daily medicine, ask if you should still take it the morning of surgery.

At the hospital, your temperature, pulse, breathing and blood pressure will be checked.

An IV (intravenous) line may be started to give you fluids and medicines needed during surgery.

During the Surgery
When the surgical team is ready, we take you to the operating room. There you get anesthesia.

The anesthesia either helps you sleep through surgery or makes you numb from the waist down. Then the surgeon makes a cut on the front or side of your knee. The surgeon cleans away any damaged bone, then puts the new joint in place. The surgeon closes the cut with surgical staples or stitches.
After Your Surgery
After surgery, we take you to the PACU (post-anesthesia care unit). When you are fully awake, you’ll be moved to your room. The nurses will give you medicines to ease your pain.

An SCM (sequential compression machine) may be used to prevent blood clots by gently squeezing then releasing your leg. Soon, we’ll help you get up and moving.

When to Call Your Doctor
Once at home, call your doctor if you have any of these problems:
- Knee pain gets worse
- Pain or swelling in a calf or leg
- Unusual redness, heat, or oozing from your operated knee
- Fever of 101.0 °F or higher

If you have chest pain or trouble breathing, call 911.
Get “Pre-Op” Clearance

There are many things you need to do before we can set up your surgery. First, you need to get your other doctors to agree that you are healthy enough to have surgery.

“Pre-op” is short for “pre-operative.” It means “before surgery.” Pre-op clearance comes from your doctor, dentist and other health care providers who know you. It means you are ready for surgery.

How do I get pre-op clearance?
• See your primary care doctor. This is to make sure you are healthy for the surgery.
  Your doctor may do some or all of these:
  • Physical examination
  • Blood work
  • Echocardiogram (EKG)
  • Chest X-ray
  • Urine analysis

• You may need to see a heart doctor if your primary care doctor thinks you should. If so, you will need to ask the heart doctor for a letter saying that you may have the surgery.

• See your dentist for a check-up. You may need to have any dental problems fixed before surgery. This helps protect you from infection after surgery.

Go to “Pre-Op” Visits

You will have 2 pre-op appointments.
  1. Appointment with your surgeon (in your surgeon’s office)
  2. Pre-Anesthesia Clinic appointment

Your surgeon’s staff will set up the visits. You can do them both on the same day, or stretch them over more than one day.

What should I bring to my surgeon’s office?
• Bring a copy of all your medicines and dosages. Include over-the-counter medicines and herbal remedies.
• Make a list of all your allergies and reactions. Put this with your medicine list.

What happens at my surgeon’s office?
Your surgeon will:
• Do a mini physical exam.
• Go over the risks of surgery with you.
• Order more lab tests if needed.
• Answer questions about the surgery.
• Have you sign your consent for the surgery.
• Have a nurse go over your surgery instructions with you.
**GETTING YOUR MEDICAL VISITS AND PAPERWORK DONE**

**Ask your surgeon:**
- When to stop eating and drinking before surgery.
- If you should take your daily medicines on the morning of surgery. This is very important if you take a blood thinner or blood pressure medicine.

**What happens with Anesthesia?**
You will meet with an anesthetic provider on the morning of your surgery. They will discuss anesthesia options with you after going over your health history.

**TAKE A TOTAL JOINT CLASS**

Before your surgery, you will take a class to learn what to expect from the surgery and from us. It will also explain what we expect from you. It’s called your Total Joint Class.

Your surgeon’s staff will schedule you for a joint class. The class lasts about an hour and a half. It’s a good idea to bring your spouse, partner or caregiver with you.

**What happens at the Total Joint Class?**
- The teacher will tell you what to expect during and after your surgery.
- The teacher will answer your questions and concerns.
- You will meet with a physical and/or occupational therapist. They will show you exercises to do before and after your surgery.
- You will visit the Medical-Surgical Inpatient unit and other parts of the hospital. This will help you feel more at home during your stay.

**2017 Class Schedule**

- March 22, 2017
- June 28, 2017
- September 27, 2017
- April 26, 2017
- July 26, 2017
- October 25, 2017
- December 27, 2017
- May 24, 2017
- August 23, 2017
- November 22, 2017

**We are here for you!**

If you have any questions or concerns at any point in your joint replacement journey, please contact us at (970)641-7240.

**How Surgery Gets Scheduled**

Your surgeon's staff will schedule your surgery after you:
- Have all of your pre-op clearances (from your primary care doctor, dentist and heart doctor, if needed).
- Have taken the Total Joint Class.
**GETTING YOUR HOME READY**

**What to Do at Home Before Your Surgery**
- Add a firm pillow to a low chair
- Install a rail along one side of the staircase
- Keep items you use often within easy reach
- Use a cart to move items
- Move electrical cords out of the way
- Remove throw rugs
- Wear-rubber-soled shoes to prevent slipping
- Watch for small pets or objects on the floor

**Are my floors safe?**
- Repair any holes in the floor, loose boards or ragged carpets.
- Remove small throw rugs and other loose objects that could make you trip and fall.
- Tape down electrical cords.
- Make an area for pets to stay where they won’t trip you or make you fall.

**Can I get around with my walker?**
- Move furniture to keep path clear.
- Check doorways in your home. Make sure they are 21 inches wide or wider. Move things you need to rooms you can reach with a walker.

**Will I be able to get into and out of bed?**
- If your bedroom is not on the first floor, move it to the ground level. Or set things up so that you only have to go up or down stairs once a day.
- You may need to raise or lower your bed. Find out: Practice getting out of bed using one leg. Can you reach what you need without bending or climbing?

**How will I get the things I need?**
- Place food on shelves and in the fridge where you can reach it.
- Put cooking and eating utensils where you can get them without bending down.
- A “reacher” can come in handy when you need to grasp objects that are too far above or below you. It can also be used to pick things up from the floor.

**Will I be able to shower and use the toilet?**
- Get a transfer bench with rubber tips or suction cups. Put it next to the bathtub or shower.
- In the joint class, ask your physical therapist what kind of seat to use for showering. Get one now. If your insurance won’t pay for a shower seat, you can buy one at a thrift store or a Wal-Mart. You may also be able to get one on the internet. Ask your physical therapist during the joint class.
- A hand-held shower head can help with safe showering.
- You may need to put in a grab bar on the shower or tub wall to help you get in and out.
- You may want to install a grab bar next to the toilet, too.
GETTING YOUR HOME READY

1. Are my floors safe?
   - Repair any holes in the floor, loose boards or ragged carpets.
   - Remove small throw rugs and other loose objects that could make you trip and fall.
   - Tape down electrical cords.
   - Make an area for pets to stay where they won’t trip you or make you fall.

2. Can I get around with my walker?
   - Move furniture to keep path clear.
   - Check doorways in your home. Make sure they are 21 inches wide or wider. Move things you need to rooms you can reach with a walker.
   - Install grab bars in your shower or tub for support as you get in and out.
   - Sit on a bath bench or shower chair while you bathe.
   - Use a commode chair or elevated toilet seat to raise the height of your toilet.

3. What to Do at Home Before Your Surgery
   - Install a hand-held shower head for easier bathing.
   - Use a long-handled sponge to wash hard-to-reach areas.
   - Use a rubber-backed bathroom mat to help keep the floor dry.
   - Add a firm pillow to a low chair.
   - Install a rail along one side of the staircase.
   - Keep items you use often within easy reach.
   - Use a cart to move items.
   - Move electrical cords out of the way.
   - Remove throw rugs.
   - Wear rubber-soled shoes to prevent slipping.
   - Watch for small pets or objects on the floor.
Learn How to Move to Protect Your New Knee

Practice Home Safety
Being precautious, practice:
• Sitting down and getting up from a chair.
• Lying down in bed and getting up from your bed.
• Getting dressed.
• Getting onto and off of your toilet.
• Getting into and out of your shower.
Tip: See pages 21-23 for a step-by-step guide to these and other tasks.

Make Plans for Getting Home and Being Home

What will I need after my surgery?
• Who’s going to take you to and from the hospital and appointments? Try to arrange for a back-up driver in case of car trouble.
• What kind of car will you be riding in? Can you get in and out without climbing or twisting?
• Will your bedroom be ready for you when you go home?
• Did you forget about any falling or tripping hazards in your house? Steps, rugs, furniture, cords?
• Did you stock up on canned and frozen food at home?
• Who will help with your pets?

Arrange for the Help You Will Need After Surgery

Home Health Care
You may be able to get home health care 2-3 times per week. Each visit lasts 30-45 minutes.
Check with your health insurance to see if this is covered and if there’s a co-pay.
Most insurance plans don’t pay for someone to stay with you in your home. Check with your insurance plan to be sure.

Swing Bed/Acute Rehabilitation
If your doctor recommends it, Swing Bed/Acute Rehabilitation might be right for you. Your insurance may cover associated costs. Ask them how you can qualify. In general, you need the following:
• Your medical problem and surgery must meet certain conditions.
• You must show progress with therapy.
• You must be able to do 3 hours a day of therapy (in 1 to 1½ hour blocks).
• You must have a medical condition that needs to be watched by a doctor.
Find out what your doctor and therapist recommend, and what your insurance will pay for.
How to Clean Your Skin Before Surgery

Cleaning your skin before your surgery can reduce your risk of an infection after surgery.

You will receive special soap to clean your skin.

This soap is called chlorhexidine. The brand name is Hibiclens®.

**Your Washing Schedule**

1 week before your surgery _________________ (date)
- Stop shaving surgery area.
  - Do not shave or use any hair removers (like “Nair” or waxing) on the area.

3 nights before your surgery _________________ (date)
- Stop shaving any area of the body, including the legs and underarms.
  - Men can still shave their face.
- Put clean sheets on your bed. Use these sheets for all 3 nights.
- Evening shower.
- Wear clean pajamas to bed. Wear these pajamas for all 3 nights.

2 nights before your surgery _________________ (date)
- Evening shower.

1 night before your surgery _________________ (date)
- Evening shower.

On the day of your surgery _________________ (date)
- Put on clean clothes and go to the hospital for your surgery.

Under the direction of your doctor, we will instruct you when to clean your body with Hibiclens®.

**Be Careful Not to do These Things**

- DO NOT use this special soap on your face, head or hair.
- DO NOT let it get into your eyes, ears, nose, mouth or crotch area.
- DO NOT use on broken skin or open wounds.

*If the soap touches these areas, rinse it with water for at least 1 minute.*

- STOP using the soap if you have a rash, redness, itching or any other problem with the chlorhexidine.
  - You may be allergic to it. Rinse with water for at least 1 minute. And call your healthcare provider.
- Do not use these packets if you know that you are allergic to chlorhexidine. Please tell your healthcare provider. Use another kind of antibacterial soap, such as Dial. Use the other soap as you normally would. Rinse it off your skin each time.
**Steps for Using Special Soap**

Turn shower water off.
- Pour Hibiclens® on a clean dry washcloth.
- Clean your whole body with the washcloth and special soap in the order below.
- Let each area air dry for 1 minute for wash to work.
- Clean each area in a back and forth motion.

Follow Steps 1-7 below.

1. Wipe your neck, chest and stomach.

2. Wipe both of your arms. Start at your shoulders and work your way to your hands and fingertips. Don’t forget to clean your armpits.

3. Wipe both of your legs. Do 1 leg at a time. Start at your upper leg near your crotch. Work your way to your feet and toes. Don’t forget to clean behind your knees.

4. Wipe your back. Start at your neck and work your way down to your waist. You may need help to do this step.

5. Wipe your right and left hips. Avoid your crotch area.

6. Wipe the outside of your buttocks. Do not use like toilet paper.

7. Wait 1 minute to make sure all soap is dry. Then rinse off the soap in the shower. Do not scrub.

*Do not use any lotions or make up after you wash your skin.*
The Day Before Surgery

Surgery Scheduling Will Call You
The business day* before your surgery, you will receive a call from Surgery Scheduling. They will tell you what time your surgery is, and what time to be at the hospital.

• If you have not received your call by 4 p.m., you may call us at (970) 641-7240.

*If your surgery is on a Monday, you will receive your call the Friday before. Please don’t call over the weekend.

On the Day of Your Surgery

Eating, Drinking and Medicines Before Surgery
• Don’t eat or drink anything for 10 hours before your surgery.
• Follow your surgeon’s orders about whether or not to take your medicines.

Getting to Gunnison Valley Health Hospital
From the North (Crested Butte, Almont)
• Head South on Highway 135.
• Turn left on East Denver Avenue, heading East.
• Go 6 blocks and turn left on N. Colorado St.
• The main entrance and parking area for the hospital will be on your left.

From the South (Town of Gunnison, East and West on Highway 50)
• Head into Gunnison on Highway 50.
• Turn North at North Main Street (Highway 135)
• Turn right on East Denver Avenue, heading East.
• Go 6 blocks and turn left, heading north, on N. Colorado St.
• The main entrance and parking area for the hospital will be on your left.

What to Bring to the Hospital

• A light weight, short robe that ties or buttons up the front.
• House shoes with soles that won’t slide. Avoid slip-ons. They can make you trip.
• Comfortable socks.
• Comfortable, elastic-waist clothes, shorts or sweat pants, and loose-fitting shirts.
• If you have a front-wheeled walker at home, please bring it in. Our physical therapists will make sure that it is still in good condition and right for your use. If not, we will give you a new walker.
• Personal items such as soap, shampoo, comb/brush, razor, makeup, glasses, dentures, hearing aids, etc.
• This book.

Your things will be left with your family in the waiting room while you are in surgery. They will be taken to your room when you are ready.
What Not to Bring to the Hospital

- Don’t bring jewelry, radios, DVD or CD players, cell phones, iPods, etc.

What to do When You Arrive for Surgery

From the main lobby at our North Main entrance take the elevator to the second floor and walk to the surgery waiting area. Dial #240 on the phone provided and we’ll begin your preparation for surgery.

After You Check Into Surgery

You will be taken to the pre-op holding area when they are ready. They will give you a gown to put on. They will start an IV in a vein. One family member may go with you at this time.

Next, you will meet the anesthesia provider who will give you your anesthesia. Then your surgeon will come see you. The surgeon will answer any last-minute questions you have and prepare you for surgery.
Medications containing aspirin, non-steroidal anti-inflammatories, and blood thinners should be avoided before and after surgery. These medications could significantly increase bleeding during surgery.

If you are currently taking these medications for heart-related conditions, arthritis, chronic pain, or stroke please make someone in your total joint staff aware of the medication and dosage. If you are unsure if your medication contains any of the above, please contact your pharmacist. You should also contact the physician who prescribed the medication and let him or her know of your upcoming surgery in case adjustments need to be made.

**Medications to avoid:**

<table>
<thead>
<tr>
<th>Xarelto</th>
<th>Relafen</th>
<th>Ecotrin</th>
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</thead>
<tbody>
<tr>
<td>Warfarin (Coumadin)</td>
<td>Carispro dol (Soma)</td>
<td>Excedrin</td>
</tr>
<tr>
<td>Oxaprozosian</td>
<td>Ketoralac (Toradol)</td>
<td>Halfprin</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Diclofenac (Voltaren)</td>
<td>Midol</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Advil</td>
<td>Nuprin</td>
</tr>
<tr>
<td>Indomethacin</td>
<td>Aleve</td>
<td>Pepto Bismol</td>
</tr>
<tr>
<td>Motrin</td>
<td>Anacin</td>
<td>Naproxen</td>
</tr>
<tr>
<td>Doan’s Pills</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Children’s Aspirin &amp; Ibuprofen</td>
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You may take medications containing Tylenol or Tylenol products.

These might include: prescription medications such as Tylenol with Codeine, Vicodin, Lortab, Percocet, and most migraine headache medications.

If you are unsure if your medications contain Tylenol contact your pharmacist.
Your surgeon will go to the waiting room to talk with your family about the surgery.
• You will recover from surgery in a special area, called the PACU (postanesthesia care unit).
• After you wake up, you will be moved to your room in the Medical-Surgical Inpatient Unit. But you may stay in recovery for a while first.

**When You Get to Your Room**
• When you get to your room, your nurse and patient care tech will help you get settled.

*Here’s what to expect:*
• There will be a tube in your bladder, which was put in during surgery. We will take it out the day after surgery.
• You may be on oxygen right after surgery. We will work with you on deep breathing and making sure you don’t have trouble breathing normally.
• There will be a special tool in your room to help you fill your lungs and get more oxygen. This tool is called an IS, or Incentive Spirometer (pictured right). You will learn how to use it once every hour while awake. This helps avoid lung problems and fevers after surgery.
• You will get antibiotics to help stop infection.

**Equipment to Help You Heal**

**Compression Devices**
• You will wear “leg squeezers”. They help prevent blood clots. Be sure to keep them on at all times while in bed.
• You may also have special stockings on your legs after surgery. These are called TED stockings (pictured). They fit snugly and help prevent blood blood clots from starting in your legs after surgery.

**C.P.M.**
Once you are transferred to the Medical/Surgical Inpatient Unit, you MAY be fitted with a Continuous Passive Motion (C.P.M.) machine. This machine will keep your operative knee active while you are resting in bed.

*Important: Keep your TED stockings on all the time, in and out of bed, even after you go home. At your first follow up appointment, your doctor will tell you how long you need to keep wearing them. Wear traction socks with your TED stockings to avoid slipping.*
Right After Your Surgery and In the Days After Your Surgery

Handling Pain
- Remember, you’ve just had a big surgery. You will have some pain. We can’t take away all your pain, but we will help you manage it the best you can.
- It is important to take the pain medicine just like your doctor says to. You need it so you can work with physical and/or occupational therapy.
- Pain medicine can make it hard for you to pass stool (poop). You may need a strong bowel treatment or stool softeners while on pain medicine. Tell your nurse if you can’t pass stool.

Preventing Blood Clots
After any joint replacement, you need to take medicine to reduce the risk of blood clots. These medicines are called anticoagulants.
- You may be on this medicine for up to 42 days after surgery.
- You may get this medicine as a shot or in a pill. Your surgeon and your insurance company will decide which one you get.
- We will teach you and a family member why this medicine is important. If we are sending you home with the shot, we will teach you and a family member how to give it.
*Important: Use a new needle and syringe each time you give yourself a shot.*

Managing Blood Loss
You can lose a lot of blood during surgery. After your surgery, we will check your blood to make sure you have enough red blood cells.
- Lab techs will come and draw blood every morning. It’s important that you let them draw your blood.
- If your levels are low, you may feel weak, tired, light-headed or faint. If that happens, we may have to give you a blood transfusion.

Changing Your Bandages or Dressing
- Your surgeon will tell us when to change the dressing on your knee. Your dressing may be changed before you go home.
- Staples or stitches may be removed at your follow-up appointment.

Starting to Eat and Drink Again
- After surgery you may feel sick to your stomach. Please let your nurse or tech know right away if this happens. You can get medicine to help your stomach feel better.
- Eating or drinking too fast can make you feel sick or throw up. Go slowly.
- Usually you begin with ice chips, then water and then regular food. You will slowly get back to eating a normal diet. You will get fluids through a tube in your arm until you can drink water without getting sick.
Eating While in the Hospital
Good nutrition helps with healing. Follow these general guidelines:
- Eat a variety of foods.
- Drink plenty of fluids.
- Maintain your weight.
- Be sure to select things on your menu that you like to eat.
- Be sure to include calcium rich foods in your diet. For example: low-fat milk, low-fat cheese, yogurt, low fat cottage cheese, and broccoli.

*Important: If you have questions about your diet, please ask to see the dietitian during your stay.*

Your Therapy: Physical and Occupational
You will likely have physical therapy and occupational therapy the day of your surgery. In order to get better you must work with therapy every day. Once we show you how to protect your knee, you will learn the skills needed to return to normal life. You’ll learn how to walk, sit and dress. Important: Ask for pain medicine before each training session. It will help make moving easier.

*Physical Therapy* is made up of exercises to help you get stronger. *Occupational Therapy* is made up of exercises that help you do daily activities. Both make you better able to take care of yourself. Both kinds of therapists will give you exercises that help you be safe and protect your joint. They will also tell you things to avoid in the hospital and at home.

Physical Therapy
The day after surgery, a physical therapist will test your strengths and areas of need. This includes questions about your home living set-up, as well as how well you move. This is to find out if you need extra help once you leave the hospital.

The physical therapist will help you get out of bed and begin to walk. You will learn:
- How to protect your new joint.
- How to move safely.
- Things to be aware of for a good recovery.
- Exercises to help your recovery while in the hospital.

The physical therapist will also give you exercises to do at home. It's important to move and get out of bed early. This helps with your strength and working of your new joint. Physical therapy will help improve your strength.

Occupational Therapy
Occupational therapy will help you move with less outside help. The occupational therapist will give you hints to help you be more independent with your Activities of Daily Living. These are things you do every day: get dressed, take a shower, brush your teeth.

After surgery, an occupational therapist will watch you do your Activities of Daily Living. They will judge your strengths and areas of need. This will include questions about your home life and how you live day to day. They will help you out of bed and help you walk. They will ask you to get dressed or bathe. Seeing how well you do will help the therapist make a plan for you.
Starting the day after your surgery, we have a routine we follow with most patients. Here's what happens during a typical hospital stay after knee replacement.

**Day #1 - The Day After Your Surgery**
- Your doctors will see you to check on how you are doing.
- You will work with Physical and Occupational Therapy.
- You will eat all meals in a chair at your bedside. *Be sure to call us whenever you want to get in or out of bed.*
When you leave the hospital, we “discharge” you. That means we go through steps to make sure you are ready to go. We have to fill out lots of paperwork, too. Discharge planning starts the day after your surgery. Our discharge planner will talk with you about your plans for after you leave the hospital.

You will need some special equipment after you leave. The discharge planner can help you find out what types of equipment you will need. They will also help you to see if your insurance will pay for it. For example:

- You will get a front-wheeled walker to take home, if you haven’t been given one in the last 5 years.
- You may get other equipment supplied by the hospital. You may be billed for this equipment if it is not covered by your insurance.
- Most insurance plans follow the Medicare rules for equipment. This means the equipment must be needed for a medical reason.

**Questions with Insurance Coverage or Discharge?**
Please call Monday-Friday 7:30 AM - 4:00 PM: (970)641-7209

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**Doctor Visits After Surgery**

You will have several follow-up visits with members of the joint team.

**After 10 to 14 days**

- Your staples or stitches will be removed and steri-strips applied.
- The doctor will look at your incision, check how you are doing with physical therapy and ask you about your pain.

**After 4 to 6 weeks**

- We will look at a set of x-rays of your joint. The x-rays help us see how well your new knee is working.
- We will answer any questions and help with any needs that you have.

**After 3 months, 6 months and 1 year**

- Examine joint.
- Look at x-rays.
- Talk about activities you can start doing again.
- Answer questions and help with any needs that you may have.
AFTER YOU LEAVE THE HOSPITAL

Your Care After Surgery
When you leave the hospital to go home be sure to start Physical Therapy as soon as possible.

Taking Care of Your New Joint
An infection in your body could harm your new joint. Talk with your surgeon before planning medical or dental procedures. You may need to take antibiotics first to prevent infection. To check how stable your new knee is over time, you may have x-rays every year or two.

Questions?
For any questions or concerns, please call us at (970)641-7240.

What to Do On Your Own
Practice walking every day. Try to do more each week. Start by getting your own glass of water. If the weather is good, walk to the corner to mail a letter. Just keep at it!

After healing and when you get some knee movement back, you may be ready to have sex. See the tips in the Appendix.

When to Call the Surgeon
Call your surgeon if you have any of these signs:
- Knee pain is worse.  
- Pain or swelling in a calf or leg.  
- Unusual redness, heat or drainage at the surgery site.  
- Trouble breathing or chest pains.  
- Fever over 101°F.

Activities for Daily Living
To protect your new knee, make sure you do daily tasks the way your therapist has taught you. Remember the following tips.

Sitting Down
1. Back up until the edge of the chair touches your legs.
2. Put your operated leg out in front.
3. Lower yourself into the seat. Use the armrests to support your weight. Always keep your operated leg out front.

Using Stairs
Going Upstairs 1. Step up with your good leg. 2. Bring your operated leg up to meet it.

Going Downstairs 1. Step down first with your operated leg. 2. Bring your good leg down to meet it.
AFTER YOU LEAVE THE HOSPITAL

Getting in Bed

Sit Down
1. Stand with your back to the bed. Back up until the back of your good knee touches the bed.
2. Keep the foot on your operated leg forward.
3. Hold the crossbar of your walker with one hand. Reach back for the bed with the other hand. Don’t twist.
4. Lower your bottom onto the bed.

Support Yourself
1. Put both your hands on the bed behind you for support.
2. Lean backward onto the bed.

Lie Down
1. Swing one leg, then the other, from the floor onto the bed. As you do, use your elbows and hands to lower your upper body onto the bed. Move your whole body as a unit. Don’t twist.
2. Get comfortable.
3. Use a reacher to pull up the blankets. Don’t reach to the end of the bed.
4. Keep your walker within easy reach of your bed.

Using the Toilet
1. Back up until you feel the toilet touch the back of your legs.
2. Lower any clothing on your lower body to mid thigh or knee level. (e.g. underpants, pants, skirt)
3. Place your operated leg in front of you, keeping your weight on the other leg.
4. Reach back for toilet rails or toilet seat and slowly lower onto the elevated toilet seat. Then scoot back.
5. When you’re done, don’t twist at the waist to clean yourself. If you can’t reach your bottom without twisting at your waist, you will need more tools. Talk to your physical or occupational therapist.
6. Before standing, raise your pants as high as you can. Use a reacher if they have fallen too low. Don’t reach towards the floor.
7. Slide your operated leg forward, place hands on rails or toilet seat, and stand.
8. Use a reacher to raise underpants and any other lower body clothing.
**Dressing**
1. Bring all clothes to your bed or chair using a bag on the front of your walker.
2. Sit to dress and undress.
3. Dress the operated leg first.
4. Undress the un-operated leg first.

**Showering**
Follow your therapist’s tips for what kind of shower chair to use. Use a long-handled sponge and a shower hose for washing legs and feet.

**Cooking and Other Chores**

**Do’s:**
- Sit on a high kitchen stool when cooking.
- Avoid reaching up or bending down.
- Slide things across the counter when you can.
- Put lids on hot drinks and soups if you have to carry them.
- Let others help you around the house the first month after your surgery.

**Don’ts:**
- Don’t bend to pick things up off the floor. Use a reacher or long-handled tongs.
- Don’t bend when making beds or cleaning bathrooms.

**Getting into Cars**

*When you are a passenger:*
1. Be sure the car seat is all the way back.
2. Keeping your operated leg forward, lower yourself onto the seat. Let the seat support you.
3. Slide back half lying down. Turn your whole body, bringing your legs into the car one at a time.
Do 10-20 sets of each of the following exercises 2-3 times a day

**Ankle Pumps**
Bend ankles to move feet up and down, alternating feet.

**Quad Sets**
Slowly tighten muscles on thigh of straight leg while counting out loud to 10. Repeat with other leg to complete set.

**Gluteal Squeezes**
Squeeze buttocks muscles as tightly as possible while counting out loud to 10.

**Heel Slides**
Make sure bed is flat. Bend knee and pull heel toward buttocks. Hold for 10 seconds. Return. Repeat with other knee to complete set.

**Short Arc Quads**
Place a rolled towel under your knee. Raise the lower part of your leg until your knee is straight. Hold for 10 seconds.

**Straight Leg Raises**
Bend one leg. Keep the other leg as straight as possible and tighten muscles on top of the thigh. Slowly lift the straight leg 10 inches from the bed and hold for 10 seconds. Lower it, keeping muscles tight for 10 seconds. Relax.
EXERCISES TO PERFORM
BEFORE AND AFTER SURGERY

Do 10-20 sets of each of the following exercises 2-3 times a day

**Hip Abduction**
Keep your toes pointed toward the ceiling. Move your leg out to the side as far as possible. Slowly return to the starting position and relax.

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EATING WELL AT HOME

**Nutrition After Surgery**
Some people feel a little nauseous after surgery. This is often due to medicines, water loss or simply the stress of surgery. Don’t push yourself to eat. Listen to your body, and you’ll know what to eat and when.

Were you on a special diet before surgery, such as low-salt? If so, ask your doctor if you should follow your diet during recovery.

**Start Slowly**
1. Start off with liquids and soup. They are easier to digest.
2. Move on to soft solids when you feel ready. Try mashed potatoes, applesauce and Jell-O.
3. Slowly move to solid food. Don’t eat fatty, rich or spicy foods at first.
4. Eat smaller amounts, more often.

**Drink Fluids**
- It’s normal to lose fluids during surgery. Getting water back in your system helps you feel better. It also balances the chemicals in your body.
- Drink at least 6 glasses of clear liquids like water, apple juice or ginger ale a day. Do this unless your doctor tells you not to.

**Good Nutrition**
- Good nutrition helps your body build tissue and heal wounds.
- Eat a low-fat, high-protein diet.
- High-protein cereal, fish and chicken help repair tissue affected by surgery.

Special Note: Be sure to follow any specific post-op instructions from your surgeon, nurse or dietitian.
You may receive crutches to assist with day to day movements. If you do, please follow these tips.

**Walking**

**Non-Weight Bearing**
1. Move crutches forward and place weight through your arms.
2. Move your uninjured leg forward.

**Touch Down Weight Bearing**
1. Move crutches and your injured leg forward, putting weight through your arms and not your injured leg.
2. Put your heel down and your foot flat as though you are stepping on eggs without breaking them.
3. Bring your uninjured foot slightly forward of the crutches.

**Partial Weight Bearing**
1. Move crutches and your injured leg forward, making sure to put your heel down and your foot flat.
2. Place the appropriate amount of weight through the injured leg and crutches.
3. Bring your uninjured foot slightly forward of the crutches.

Remember 50% weight bearing is the amount of weight standing with weight even on both legs without crutches.

**Stairs “Up with the good, down with the bad”**

**Non-Weight Bearing**
1. Use the railing and one crutch placed close to the edge of the stair.
2. Put your weight through your arms and hop onto the stair with your uninjured leg.
3. Bring the crutch and your injured leg up on the stair.
4. Going down, place the crutch down one stair and bring your injured leg forward without placing it on the stair.
5. Put weight through your arms and bring your uninjured foot down.

**Weight Bearing**
1. Use the railing and one crutch, keeping the allowed weight through your injured leg.
2. Place the uninjured leg onto the stair and then bring up the crutch and your injured leg.
3. Going down, place your injured leg and crutch on the stair with the allowed weight on the leg, then bring the uninjured leg down.

**Other Tips**
- Remove area rugs to decrease risk for falls.
- Keep your trunk upright and look forward.
- Keep your wrists straight and your elbows slightly bent.
- During the winter season use ice grip cane attachments.
Guidelines for Weight Gain
- Keep nutritious snacks on hand. Examples include yogurt, juice, cheese, milk and ice cream.
- Eat several small meals and snacks often.
- Use high-calorie, high-protein foods such as yogurt, cheese, pudding, ice cream, peanut butter, cottage cheese or Carnation instant breakfast drink.
- Eat your favorite foods!
- Add diced meat, cheese or vegetables to sauces, soup and casseroles.

Guidelines for Weight Loss
- Cut back on portion sizes.
- Use less sugar.
- Avoid fried foods, rich desserts, whole milk, cheese made with whole milk, more than a tablespoon of salad dressing, gravies and sauces.
- Choose lean meats, low-fat milk cheeses.
- Eat plain desserts, angel food cake or fruits.
- Avoid too many sweets such as cakes, pies, cookies, ice cream, candy, soft drinks, donuts and Danishes.
- Eat at regular meal times.
- Avoid eating while watching TV, reading or driving. Sit at the table, eat slowly and enjoy each bite.
- Try reduced-calorie margarine, mayonnaise and salad dressing.
- Choose plenty of vegetables, fruits and whole grain foods.
JOINT SURGERY CHECKLIST

Check off each thing as you get it done
- Get medical clearance from primary doctor
- Get cardiac clearance from heart doctor (if needed)
- Get dental clearance
- Go to Pre-Op visit(s)
  Date and Time: ___________________
- Take a Total Joint Class
  Date and Time: ___________________
- Have your surgery!
  Date: ___________________

If needed...
- Call Home Healthcare Agency
- Call to Rehab center
- Stop taking Coumadin, Plavix or Aspirin
  Date: ___________________
- Return to work. Date: ___________________
- Get FMLA papers filled out, if needed