

Outpatient Joint Replacement

Patient Education and Resource Guide



YOUR EDUCATION RESOURCE GUIDE FOR OUTPATIENT JOINT REPLACEMENT

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Welcome

WELCOME TO SurgCenter Gilbert

The entire Orthopaedic Team at SurgCenter Gilbert is dedicated to restoring quality of life, one patient at a time, for those who suffer from joint pain.

Quality of life means something different for each individual. For many, it means spending time with family, enjoying a round of golf, a bicycle ride or the pleasure of a simple walk. For everyone, being able to move and walk without pain is an important part of living well. As we age, doing the things we love to do without pain often becomes a challenge.

Arthritis affects about 40 million Americans, or one in eight. Our orthopaedic surgeons have seen the ways in which arthritis attacks joints and robs people of mobility and independence. Our dedicated experts have devoted their professional lives studying how to better combat the effects of arthritis. Through high quality compassionate care, research, and surgical advances, we can help revitalize your quality of life.

Our orthopaedic surgeons have worked closely with the medical staff to develop an outpatient joint replacement program that shortens your post operative stay, improves your quality of orthopaedic care, and makes your entire experience more enjoyable. Bringing together our combined expertise, we have created a program that is unparalleled, with your satisfaction as our top priority. With an outpatient focus, we have an infection rate that is markedly less than that reported in large hospital inpatient settings.

Joint replacement surgery is the newest wave of outpatient procedures. A program design has been launched that focuses on the Partial Knee Arthroplasty (PKA), Total Knee Replacement (TKR), and Total Hip Replacement (THA). This shift from being a hospital "inpatient" to an "outpatient" where recovery takes place out of the hospital and in your home has already happened for procedures such as major ligament reconstruction and rotator cuff repair. Refinement of surgical techniques, anesthesia protocols, and patient selection has enabled this transformation. Our outpatient Arthroplasty system is based on the clinical evidence from over 50,000 joint replacements and hundreds of research publications of patient outcomes.

This program can provide a major benefit to you and your family. Your education and participation are essential to ensuring you have an outstanding experience and the best possible outcome...so please read all of the information in this binder. You'll know what to expect, how to prepare, and learn important tips on how to recover well.

Our goal is to treat each person as if he/she was a family member. Our approach to innovation creates real solutions that empower each surgeon to deliver personalized

care to each patient.

With comprehensive patient education and individually tailored care, our program is designed to provide the information, care, and support you need every step of the way to achieve your ideal experience.

Sincerely,

Your SurgCenter Gilbert team

Understanding Your Joint Replacement Surgery

INTRODUCING THE SurgCenter Gilbert TEAM

SurgCenter Gilbert has an experienced and highly skilled team who will focus specifically on you. Each one of our team members is specially trained to help ensure a safe and successful recovery. They work together with you and your coach to ensure an excellent experience. SurgCenter Gilbert team includes:

Orthopaedic Surgeon: Your orthopaedic surgeon is the physician who will perform your joint replacement operation and will oversee your care throughout your experience at SurgCenter Gilbert.

Physician Assistant: Your physician assistant will assist your orthopaedic surgeon in the operating room and help manage your care and recovery processes.

Anesthesiologist: Your anesthesiologist will administer the appropriate medications to keep you comfortable and relaxed during surgery. They will also assist in your postoperative pain management.

Pre-Admission Testing: Your orthopaedic surgeon or primary care provider will obtain pre-operative testing so the Team can assure that it is safe as possible to proceed with the procedure. If you have a history of *heart disease*, your cardiologist is an integral member of the team as we plan your joint replacement surgery. Your cardiologist will provide surgical clearance as well as assist in managing your cardiac medications before, during, and after your procedure.

Registered Nurse: Throughout your experience, you can expect to meet several nurses who function in various roles. They will help prepare you for surgery and will be in the operating room during your surgery. After surgery, the post-operative team will carry out all orders given by your surgeon while keeping you comfortable and safe.

Physical Therapy Team: Your physical therapy team is trained to help you gain strength and motion in your new joint and will help ensure that you do your exercises correctly. Your physical therapy team will also help teach you how to properly and safely use your walker or crutches after surgery. Most SurgCenter Gilbert joint replacement patients will want to visit with physical therapy following discharge from the facility.

COMMON CAUSES OF KNEE PROBLEMS THAT LEAD TO THE NEED FOR JOINT REPLACEMENT

What Are The Symptoms Of Osteoarthritis?

Symptoms of osteoarthritis can include:

- Joints that are sore and ache especially after periods of activity
- Pain that develops after overuse or when joints are inactive for long periods of time
- Joint swelling
- Stiffness
- Loss of range of motion

What Causes Osteoarthritis?

Osteoarthritis is the most common type of arthritis. It is also known as the “garden variety arthritis” and affects nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. People in early stages of life can also develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is the cushion that covers the ends of bones in normal joints and helps provide protection so those bones don't rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

There are several factors that increase a person's chances of developing osteoarthritis including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint, and overuse. The aging process, as well as ordinary wear and tear, is the most frequent reason.

What Is “Compartmental” Knee Osteoarthritis?

The knee joint is divided into three specific areas, called “compartments”. We have found over half of all of our patients with knee arthritis have the disease confined to only one compartment of the knee. This leaves the remaining parts of the knee functional and not in need of surgical intervention.

PARTIAL KNEE REPLACEMENT SURGERY

If the cartilage damage in your knee has occurred within only *one compartment* of your knee, a partial knee replacement procedure may be performed. Partial knee replacement surgery involves resurfacing one portion of the knee joint and using artificial components to replace damaged tissue. At SurgCenter Gilbert Suites, your surgeon uses the least invasive techniques available.

If your surgeon has recommended a partial knee replacement, or “Uni Knee”, this is likely based upon the x-rays and examination. It appears that most of your knee is functioning normally and that your arthritis and pain is coming from only one of the three areas of the knee. With this in mind, a partial knee replacement has been recommended.

Partial knee replacement has been in existence for several decades - it is not new or experimental. The longevity and success of partial knee replacement has been reported to be as good or even better than a total knee replacement. The concept with partial knee replacement is to do the least amount of surgery necessary to eliminate or reduce your pain, without “burning bridges” or “throwing the baby out with the bath water”.

This minimally invasive procedure allows for a faster recovery, less risk of complications, and provides better function, satisfaction, and activity than a total knee replacement. Total knee is a good and proven procedure, but when a smaller, less-invasive, and more conservative surgery can provide the same or better outcome, the surgeons at SurgCenter Gilbert favor this procedure.

TOTAL KNEE REPLACEMENT SURGERY

Total knee replacement, while a bigger operation than partial knee, provides better than 90% satisfaction for the patient. Total knee replacement is recommended when more than one compartment is “worn out”, when the deformity is greater, and when ligaments are damaged, not functioning well, or cannot be balanced. The recovery from total knee replacement can be longer and more difficult than partial knee; however, doing the right operation first with the least invasive techniques available to provide long-lasting pain relief is the goal of SurgCenter Gilbert.

95% of the time, pre-operative x-rays and examination are accurate in determining if a patient is a good candidate for partial or total knee replacement. However, 5% of the time something seen or observed during the procedure would move the surgeon to change from a partial knee to a total knee replacement.

With multi-level pain management and the pre-operative and post-operative protocols developed and practiced at SurgCenter Gilbert, Total knee replacement can be safely performed in the outpatient environment, as it has been for the past several years.

TOTAL HIP REPLACEMENT SURGERY

Total hip replacement is for patients with end-stage hip osteoarthritis or a myriad of other conditions that result in hip joint destruction like avascular necrosis or hip dysplasia. The advent of newer, minimally invasive surgical approaches has allowed surgeons to perform hip replacements with considerably less pain and debilitation. In combination with modern anesthesia techniques and a multimodal approach to pain control, hip replacements can now be performed safely as an outpatient. Embracing these novel and less invasive techniques in joint replacement allow us at SurgCenter Gilbert to provide the same successful surgery with less negative impact on the patient with more rapid recovery and an improved surgical experience.



Knee Replacement



Hip Replacement

THE RISKS OF JOINT REPLACEMENT SURGERY

All surgical procedures have some risks. Despite utilizing specialized pre-operative testing, less invasive techniques, and novel pain and rehabilitation management, every joint replacement is still a major surgery. Although advances in technology and medical care have made the procedure very safe and effective, these risks do exist. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopaedic surgeon, primary care provider, and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. We will do our very best to avoid the most common risks which include:

Blood Clots: Blood clots can form in a leg vein and in your lungs after knee replacement surgery and can be dangerous. Blood clots are more common in older patients, patients who are obese, patients with a history of blood clots, and patients with cancer. We believe in evaluating your risk and developing a preventative treatment plan for each patient. Reducing the risk of blood clots is an essential reason why you can expect to get moving very quickly after surgery.

Hematoma: Bleeding into the joint can occur either immediately after surgery or at a later time. This is accompanied by acute pain and swelling and is sometimes confused with infection.

Infection: Infection is very rare in healthy patients having joint replacement. Patients with chronic health conditions, like diabetes or liver disease, or patients who take some forms of corticosteroids, are at higher risk of infection after any surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery.

Nerve, Blood Vessel, and Ligament Injuries: Damage to the surrounding structures including nerves, blood vessels and ligaments, are possible but extremely rare. More commonly there is numbness in the area of the incision which usually, but not always, resolves in 6-12 months. Don't be surprised if you have some small residual numbness in one or more areas around your incision.

Wound Healing: Sometimes the surgical incision heals slowly, particularly if you take corticosteroids or have a disease that affects the immune system, such as diabetes. Smoking can cause serious complications, and quitting before undergoing joint replacement surgery is *strongly encouraged*. Talk with your orthopaedic team or your family physician if you need help with smoking cessation.

Limited Range of Motion: Within a day of surgery, you will begin exercises to help improve the flexibility of your knee or hip. Your ability to bend your knee after surgery often depends on how far you could bend it before surgery. The motion before surgery can also affect the motion of your hip following recovery. Even after physical therapy and an extended recovery period, some people are not able to bend their hip or knee far enough to do normal activities such as reaching your feet to put on socks or tie your shoes.

Arthritis Progression (Partial Knee): After surgery, the knee may experience further degeneration in the remaining portions of the knee that were not replaced. This has been documented to be less than 10% at 20 years for partial knee replacement procedures.

Wear: Your new knee or hip replacement is a mechanical device that will wear over time. The rate of wear may depend on your age, weight, and activity level.

Loosening of the Joint: Over the long term, loosening of the artificial joint is a risk associated with joint replacement. Loosening may occur when tissue grows between the artificial joint and your bone.

WHAT RESULTS ARE TYPICAL

You can expect a successful outcome from your joint replacement surgery. Generally, patients experience less pain and more mobility, and can resume most of the activities they enjoyed before the onset of arthritis. Long-term studies show that over 90% of artificial joints are intact and fully functional after 10-years. Your artificial joint will last longer if you maintain your ideal weight, exercise, and undergo routine follow-up examinations.

YOU CAN ALSO HELP REDUCE YOUR RISKS OF MANY OF THESE COMPLICATIONS BY:

- Reducing or eliminating the use of tobacco
- Being compliant with managing your diabetes, if applicable
- Maintaining a healthy diet
- Using good hand washing techniques
- Performing your exercises as directed by physical therapy
- Limiting high impact activities as directed by your surgeon

Preparing for Your Surgery

Your SurgCenter Gilbert experience begins long before your actual surgery. These guidelines will prepare you for a rapid and safe recovery in your quest for improved mobility and health, and for living younger, longer.

To make sure you and your family are fully prepared for your joint replacement experience, it is important that you carefully and thoroughly review this Patient Education Resource Guide and practice your exercises before surgery. This information will help you better understand your diagnosis, the joint replacement process and what to expect every step of the way as you prepare for your Ideal Patient Experience. You will be introduced to the exercises, tips, and activities that will speed recovery and promote success. Please call us if you have any questions or concerns regarding this information.

HELP FROM YOUR FAMILY

Recovering from your joint replacement is a team effort. Your family's and "coach's" support can make all the difference the weeks before and after your surgery. This person should be someone who is willing to support you every step of the way and who can participate fully in activities before surgery and during your recovery.

SCHEDULING YOUR SURGERY

Once it has been determined that surgery is your best option, you may schedule your surgery while in the office or you may call SurgCenter Gilbert at 480-725-9777 after you return home. At that time, we will work with you to obtain pre-authorization from your insurance company. This may take several days to accomplish.

PRACTICING YOUR EXERCISES

Included in this Patient Education Resource Guide you will find exercises you will need to do before and after surgery. Performing these exercises regularly and properly is perhaps the most important factor in speeding recovery and determining long-term success of your new joint. Keep in mind that the exercises are designed to strengthen muscles around the joint and improve mobility. The exercises are not always easy, but they are an important part of your treatment and recovery process. Some soreness in your joint is normal and will improve overtime. If you experience severe pain with any exercise, you should stop immediately.

**If you experience severe pain with any exercise,
you should stop immediately.**

PHYSICAL THERAPY EVALUATION AND EDUCATION

The effects of arthritis on your knee or hip result in loss of strength and difficulty with many functional activities. The goal of the surgery is to restore these to a less painful and more functional level. Physical Therapy plays a vital role in your recovery. This will help you, your coach, and your family participate in your recovery through education, practice, and encouragement.

MEDICATIONS YOU MAY TAKE PRIOR TO SURGERY

You may take your prescription medications as directed by your SurgCenter Gilbert surgeon. These may include Celebrex® and over the counter medications such as Tylenol®, Claritin® and Benadryl®. Also, you will receive a call from a SurgCenter Gilbert nurse contacting you on behalf of the anesthesiologist. Together you will review which medications you should take the morning of surgery. Take the designated medications with small sips of water.

Medications You Must STOP Taking Prior to Surgery

Some medications that you currently take may prove harmful during surgery because they thin your blood and increase the risk of bleeding after surgery.

If you take the following medications* you must stop taking them prior to your surgery:

- **2 Weeks Prior:** Prescription diet medications, herbal supplements (such as St. John's Wort), vitamins, Methotrexate™ and other rheumatoid arthritis medications.
- **7 Days Prior:** Blood thinners, anticoagulants, and antiplatelet agents (such as Coumadin®, Plavix®, Effient®), Aspirin, compounds containing aspirin, hormone replacement therapy, omega 3 fatty acids.
- **4 Days Prior:** Anti-inflammatory medications (such as Ibuprofen®, Motrin®, Advil®, Aleve®, Naproxyn®, Relafin® or Diclofenac®). You may continue Celebrex®.

*These are examples only. Please discuss all your current medications and supplements with your surgeon.

PREVENTING SURGICAL SITE INFECTION

There are several steps that you can take to help prevent surgical site infections.

Dental Care: All dental work, including cleaning, must be completed at least **SIX** weeks prior to your surgery. You must call the office if any dental problems arise before your scheduled surgery date.

Shaving: It is very important that you do not shave your legs or use any hair removal products anywhere near the surgical area for **FIVE** days prior to surgery. Studies show an increased risk of surgical site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow bacteria to enter.

Clean Hands: Hand hygiene is very important. You will notice your caregivers using alcohol-based hand sanitizer prior to seeing you. We also strongly encourage your family and friends to utilize this cleanser, and to wash their hands frequently to prevent the spread of infection.

Illness: If you become ill with a fever, cold, sore throat, flu, or any other illness, please contact your Surgeon's office.

Skin Rash: Broken skin or rashes should be reported to your Surgeon's Office.

Pre-Surgery Bathing: Hibiclens (chlorhexidine gluconate 4% solution) solution is available over the counter at most drug stores. You will be instructed to shower with Hibiclens (chlorhexidine gluconate 4% solution) the night before and the morning of your surgery. During your shower, use the Hibiclens (chlorhexidine gluconate 4% solution) cleanser leaving it on your knee or hip area for 3-5 minutes. Also, do not use any lotions, perfumes or powders. Following your shower, put on clean, fresh pajamas and clean sheets on your bed.

TIPS FOR PREPARING YOUR HOME

You and your family may want to consider these tips to help make your home safe and comfortable for when you return from your surgery.

- Purchase a non-slip bath mat for inside your tub/shower.
- Check every room for tripping hazards. Remove throw rugs and secure electrical cords out of your way.
- Determine what items from dressers, cabinets and shelves you will need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- Plan on using a cordless phone or plan to use a cell phone. They can be tucked away inside a pocket, carried easily or set within reach.
- Make sure stairs have handrails that are securely fastened to the wall. If you must negotiate stairs to enter or once within your home, please discuss this at your preoperative visit.
- If you have pets, you may want to consider boarding them for a few days after your return home.
- A chair which has a firm back and arm rests is recommended during your recovery. A chair that sits higher will help you stand more easily. ***Chairs with wheels should not be used under any circumstances.***
- In order to minimize cooking, prepare meals in advance and freeze them. Alternatively, you can purchase prepared meals for convenience.
- Install night lights in bathrooms, bedrooms, and hallways.
- Avoid yard work for 10 days prior to surgery. Make arrangements for outdoor work

such as gardening or cutting the grass for at least 2 weeks after surgery.

- Do laundry ahead of time and put clean linens on your bed.
- Arrange for someone to collect your newspaper and mail.
- Since your safety is our primary concern. We require that your coach, spouse, family member, or friend stay with you after your surgery until you are able to perform activities of daily living independently and safely. Typically, this occurs within a few days after you return home.

YOUR PREOPERATIVE DAY

You may eat or drink as desired until midnight the night before the surgery.

You will not need to bring your home medications to the facility on the day of surgery. Please plan to spend a couple of hours before and after your surgery with us. You may eat or drink as desired until midnight, but please restrict alcohol to one serving the night before surgery.

The team at SurgCenter Gilbert will review your past medical history and your medications. They will also confirm that all appropriate and necessary testing has been completed and results are acceptable.

You may be asked many of the same questions more than once; however, it is important to verify information for your safety. Providing the highest quality of care is our priority.

Please give SurgCenter Gilbert your cell phone number and your family's cell phone number so that we may contact you

DAY OF SURGERY

- Shower from the chin down with the Hibiclens (chlorhexidine gluconate 4% solution) before coming to the facility.
- Wear clean, comfortable clothes. Avoid wearing any fragrance, cream, lotion, makeup or nail polish.
- Take any medications as instructed during your preoperative call with a small sip of water.
- Report to the check-in area on time.

Your Surgery at SurgCenter Gilbert

ARRIVING AT SurgCenter Gilbert

The day of your surgery will be a busy one. Please remember not to eat or drink anything, including mints or gum, after midnight the evening before your surgery. Surgery typically takes 2 hours. Depending on your response to anesthesia, your family should be prepared to wait several hours.

It is important that you arrive at the center with plenty of time to check in and prepare for surgery. You will be instructed on your expected arrival time.

SURGERY PREPARATION

After you check in at registration, you will be directed to the surgical preparation area. A wristband will be applied at this time. If you have any allergies, an additional wristband will be applied. It is important for you to verify that all information on your identification bracelet is correct.

Once you've determined that your identification bracelet is correct, you will be asked to change into a surgical gown. Your clothes and any items you brought with you will be placed in a bag with your name on it.

**Remember not to eat or drink anything, including mints or gum, after midnight the evening prior to your surgery.
And No Smoking!**

Just before surgery, a nurse will review your medical records, take your vital signs, perform a brief physical exam, clean the surgical site, and make sure everything is in order.

As surgery approaches, a nurse will start an IV. This allows medication and fluids to flow directly into your bloodstream. We utilize preoperative antibiotics to reduce the risk of infection.

Your orthopaedic surgeon and the anesthesiologist will visit you in the pre-op holding area prior to surgery. Among other things, your surgeon or physician assistant will ask you to identify which joint is being operated on and will mark the surgical site with a special marker. Your anesthesiologist will ask you a number of questions to help determine the best anesthesia for you.

FAMILY WAITING

Currently, our policy on family waiting is to maintain social distancing. So, we are recommending that the patient be “dropped-off” at the facility and the family member be available via a telephone. This policy may change. Discuss the latest policy with the SurgCenter Gilbert nurse during your preoperative call.

Once your joint replacement is complete, a member of the surgical team will contact your family member or friend. At this point, they will be able to speak with your surgeon to discuss your procedure.

ANESTHESIA

General Information

Your anesthesiologist will meet you before surgery. At that time, he/she will examine you, discuss your medical history, and determine the best plan for your anesthetic care. It is important that you discuss any prior problems or difficulties you may have had with anesthesia.

Your anesthesiologist will discuss the risks and benefits associated with the various anesthetic options, as well as the potential side effects that can occur with each. Any time you have surgery and anesthesia there is a chance that you may experience some nausea and vomiting; however, medications are available to treat both and are routinely given ahead of time to try to prevent these symptoms.

THE OPERATING ROOM

Inside the operating room, you will be cared for by a team of physicians, anesthesia, nurses and skilled technicians. The total time required for surgery will be different from patient to patient depending on the complexity of your procedure.

RECOVERY

After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU) or recovery room. Your stay in the PACU will depend upon your rate of recovery from the effects of the anesthesia. Following joint replacement, your PACU stay is typically a couple hours.

Nurses will check your vital signs; blood pressure, respiratory rate, and heart rate - and monitor your progress.

Pain medications will be provided through your IV as needed. Our goal is to use preoperative medications and special medication injections during the surgery that will reduce your pain and therefore the need for postoperative narcotic medications.

Nurses will check your bandages, check drainage from your surgical site, and encourage you to cough and take deep breaths. They will also apply ice to decrease swelling.

Once you are awake and ready for your first walk, your recovery nurse will assist you and teach you how to use your walker. After your stay in the PACU, you will be discharged home to recover in the comfort of your familiar surroundings.

Do not try to walk until your nurse determines you are ready.

WHAT TO EXPECT AFTER SURGERY

Once your vital signs are stable and you have regained movement and sensation in your lower extremities, your nurse will assist you to sit at the edge of the bed, stand, and walk.

Managing Your Pain

The amount of pain and discomfort you experience depends on multiple factors. You will receive pain medication orally and if needed through your IV after surgery. Your physicians and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques.

Communication is an important part of helping us manage your pain. It is important to share information with your nurses about any pain you experience. Be as specific as possible. For example, where is the pain? How often do you feel pain? What does the pain feel like: is it sharp, dull, aching, spreading out? On a scale of 1 to 10, where 10 is the worst pain imaginable, how would you rate your pain?

For most patients, the surgical anesthetic wears off over a period of days. When this occurs, you will start taking pain medications by mouth. Arrange to take your pain pills approximately 30 minutes prior to doing your exercises to help control the soreness that often accompanies activity in the first few days after surgery.

Additional Medications

You can expect to receive IV antibiotics before you go home and additional medicines as needed. Sometimes, patients may feel nauseous or constipated. Both symptoms can be managed with medication so it is important that you talk with your nurse if you don't feel well.

Early Ambulation

You may walk with the assistance of your nurse when it has been determined that you are stable, and you have regained feeling and movement in your legs.

Your SurgCenter Gilbert team will help you begin your exercise routine. These exercises are designed to help increase strength and flexibility in the joint. Ultimately, the goal is for you to perform activities of daily living, like walking, climbing stairs, and getting in and out of a bed and up and down from a chair or toilet. Also, for knee replacement surgery, bend your knee at least 90 degrees. In order to ensure maximum success, it is important that you follow physical therapy instructions after you are discharged to home.

YOUR RECOVERY GOALS

DAY OF SURGERY

- Up in chair as tolerated
- Diet as tolerated. Start slow and advance as you feel better.
- Ankle pumps as instructed
- Incentive spirometry 10 times every hour while awake
- Ice therapy in place
- Physical therapy begins
- Manage pain
- Transition home
- Walk with crutches or a walker to help with balance for first few days

AT HOME: FIRST POSTOPERATIVE DAY

- Continue use of ice packs every 2 hours
- Take pain medications as needed
- Elevate ankle above the knee and the knee above the hip to reduce swelling when you are not doing exercises or walking
- Exercises at least 3 times
- May go up and down a flight of stairs once (or as tolerated)

AT HOME: SECOND POSTOPERATIVE DAY

- May shower
- After showering please pat the wound area dry
- Increase your activity as pain and swelling allow.
- Work on bending exercises 3-4 times a day
- Continue use of ice packs every 2 hours

- Take pain medications as needed
- Elevate ankle above the knee and the knee above the hip to reduce swelling when not walking or doing your exercises
- Outpatient or Home Physical Therapy may begin to further help improve function, walking, and reduce swelling

Unless otherwise noted, you can bear weight on the affected leg as you can tolerate. It is important to use crutches or a walker to prevent falls during this time. Most patients use crutches or a walker for 1 to 2 weeks. The amount of pain you experience and the improvement in your limp should be your guide for discontinuing the crutch use.

If a nerve block was performed, you may continue using the knee immobilizer until the effects have worn off. You may remove this at night but please use it until you can raise your leg off the bed while straight. You may bend your knee as tolerated.

If you have any questions or problems, please call your physicians office.

It is an honor and privilege to care of you and we hope to have you back to walking and activities as soon as possible.

1. **BE AWARE:** This section is intended to be a general reminder for your home care. You must review your entire booklet for more specific instructions.
2. **WOUND CARE:** You may wish to wear a light gauze dressing over your incision for comfort or if you are having drainage. If you have staples or sutures they will be removed in 10 to 14 days in the office or by home health. If you have a glue-type of wound closure device, no dressing or wound care is needed. Shower directly over the glue and pat dry. Do not submerge your wound into a pool, bath or hot tub until you are told it is safe by your surgeon.
3. **ANTIBIOTICS:** FOR YOUR LIFETIME, you must take care to prevent an infection of YOUR TOTAL JOINT. Antibiotics must be taken before any dental procedure, including routine cleanings, any medical procedure which could cause bleeding and for any bacterial infection.
4. **DRIVING:** Left leg surgery: you may drive when you feel up to it and not taking narcotics during the day. Right leg surgery: You may not drive until after your surgeon and therapist agree that it is safe (typically, this is between weeks 3-6). You may return to the office early to take a driving reaction time test to see if you are comfortable driving.
5. **ACTIVITY AND BATHING:** Please do not take a bath until the wound is healed (2-3 weeks) or the staples or sutures are removed. You may shower starting post-operative day 2. Change positions every 45 minutes. Walk with a walker or crutches. Do not repetitively go up or down long flights of stairs.

6. **COMFORT MEASURES:** Use Ice compression wrap as instructed. Rest more frequently. Take prescribed pain medication. Lie down with your leg slightly elevated. The tendency is to over-do it in the first 3-4 weeks as you are feeling better.

7. **CALL DOCTOR:** If you have a fever above 101 degrees, if you notice any drainage from your incision or if you have an increase in pain, swelling or redness in either leg, or numbness or tingling in the operative leg, which is not relieved by changing your position.

Transitioning Home

PREPARING TO RETURN HOME

You'll be ready to go home once you're able to walk safely and perform your exercise program and your surgeon or physician assistant determines that you are ready for dismissal. You must arrange for someone to stay with you when you go home or you will not be released from the facility in a timely manner.

You must arrange for someone to stay with you when you go home.

EQUIPMENT WHEN YOU LEAVE THE FACILITY

The following is a list of common equipment used after a joint replacement. Your therapists will assist you in evaluating the type of equipment you will need following your surgery. Equipment recommendations are based on the individual needs of each patient.

- Front-Wheeled Walker/Cane/Crutches
- Raised toilet seat/Bedside commode

THE TRIP HOME

You will need to arrange for your family member or friend to drive you home. To make your ride more comfortable, your driver should bring pillows for you to sit on, slide your seat back, and recline the seat slightly. Be sure to use your ice packs as needed.

Whether traveling by vehicle or plane, it is vital that you do ankle pumps and walk for 10-15 minutes every 1 -2 hours. This will help prevent blood clots and joint stiffness.

RECOVERING AT HOME

MEDICATIONS

Be sure to take your pain medications by mouth with a meal or snack. Avoid drinking alcohol or driving while taking prescribed pain medication. Consider taking pain medication 1/2 hour prior to performing the prescribed physical therapy exercises.

It is normal to experience a deep ache through the bone after surgery.

Some people experience constipation while taking pain medication. You may consider drinking prune juice daily, drinking more water, adding fiber to your diet, or taking an over the counter stool softener to prevent this. Exercise and walking also help prevent constipation.

Resume your home medications as instructed by your physician.

ACTIVITY

Continue your hip and knee exercises as instructed by your physical therapist three times every day. You may bear weight as tolerated on the surgical leg, unless instructed otherwise by your surgeon.

Get up and walk for 10 minutes every hour using your front-wheeled walker for support and safety. Continue to use your walker for 1-4 days following surgery or longer if needed. In addition, take two 10-15 minute walks each day.

Bend and straighten your knee 10-20 times slowly every hour. Increase the amount you bend your knee with each exercise.

Left leg: You may resume driving when you have regained complete control of your leg (usually within 7-10 days after surgery) and are no longer taking narcotic pain medications. Right leg: discuss with your surgeon.

Avoid resistance training or swimming until cleared by your surgeon

MANAGING SWELLING

It is normal to have bruising around your thigh or knee and down to your foot as well as up the inner thigh to the groin area. You may also experience swelling of the upper and lower leg down to the foot and ankle. Swelling usually peaks around 7 days after surgery.

Be sure to use your ice packs for about 20 minutes every couple of hours while awake

with your leg elevated. This will help reduce pain and swelling. Be sure to place a towel or ace wrap on your knee under the ice machine wrap.

Ice should not be placed directly on the skin.

Elevate your leg 10" above the level of your heart and apply the ice if you have excessive swelling. You may place a pillow under your heel but do not place one under your knee.

INCISION CARE

Keep your incision clean and dry. You may shower when your incision is dry, typically 48-72 hours after surgery.

Use regular soap but do NOT use creams or lotions directly on your incision until cleared by your surgeon.

Avoid soaking your incision in a tub bath, hot tub or participating in any water activities until the incision is completely healed, closed, and no longer draining. This typically occurs two to four weeks after surgery.

You may leave your incision open to air when there is no longer any drainage.

DIET AND REST

Eat a healthy diet to promote healing. You may experience a decreased appetite after surgery. This is normal and should gradually resolve itself.

Take rest breaks as needed during the day and get a good night's sleep to support the healing process. However, it is common to have difficulty sleeping after surgery. This will gradually improve but is typically worse around 4-6 weeks after joint replacement.

You may sleep on your back or on your side with a pillow between your legs for comfort.

WHEN TO CALL YOUR SURGEON

A moderate amount of bruising, swelling, and redness can be expected after knee joint replacement surgery. If you experience any of the following, you should contact your surgeon's office.

- A fall
- Numbness, tingling, or burning that persist even after elevating your leg and applying ice
- Pain not relieved by medication or pain that is getting worse
- Thick yellow drainage or bleeding from the incision site
- Inability to do your exercises
- Excessive swelling that persists
- Toes that are very cold and do not get warm when you cover them
- Increased redness around your incision
- A temperature over 101 degrees F (38.3 degrees C)
- Any unexpected problems, concerns, or questions

If you need a refill of your pain medication, please call your surgeon's office during business hours, as most pharmacies are also open during these hours and will be able to fill your prescription in a timely manner.

It is unlikely, but if you experience chest pain, palpitations or difficult breathing, please call 911.

LIFE AFTER JOINT REPLACEMENT

Traveling

When traveling long distances, you should attempt to change position or try to stand every hour. Some of the exercises, like ankle pumps, can also be performed should you need to sit for long periods of time. If travelling within 12 weeks of your surgery, you should inform your surgeon so a plan can be created to decrease your risk of complications such as blood clots.

Because your new artificial joint contains metal components, you will likely set off the security systems at airports or shopping malls. This is normal and should not cause concern.

Exercises and Activity

Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high impact exercises, like running, jumping, heavy weight lifting, or contact sports, are not recommended. Participating in these activities, or activities like them, may damage your joint or cause it to wear down much more quickly. Low impact activities like swimming, walking, gardening, and golf are encouraged. You may kneel on your new knee without damaging it; however, it may feel uncomfortable.

Dental Care

Following your joint replacement surgery, it is important to notify your dentist that you have a joint implant. It is essential that you obtain a prescription from your dentist for a prophylactic antibiotic to be taken PRIOR to any dental cleaning or procedure for the rest of your life. You will need to remind your dentist before every scheduled appointment in the future of this requirement in order to reduce the risk of developing an infection in your joint.

Reducing Risks of Infection in Your New Joint

To reduce your risk of infection, antibiotics may need to be administered prior to any invasive test, procedure or surgery. The physician or surgeon performing the test, procedure, or surgery should prescribe antibiotics if indicated.

Follow-up Care

You will see your surgeon or physician assistant for a follow-up appointment about 2-3 weeks, 6 weeks, and 1 year after surgery. Joint replacements are monitored thereafter every 5 years for life. We may include phone surveys for research purposes.

Exercises and Mobility

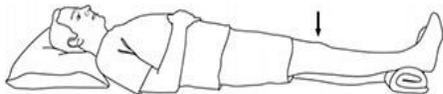
The following pages contain a list of basic exercises and activities that you will be performing following your knee surgery. Hip replacement patients are encouraged to perform the outlined ankle pumps and exercises found on page 29. These activities are vital in helping you return to your normal activities and are designed to help increase leg strength, flexibility and function. Practicing the exercises at home prior to your surgery will make the exercises easier for you after surgery.

As a general rule, exercises should be performed three times a day. Do not add weights or other resistance to these exercises for at least six weeks after surgery.

EXERCISE DESCRIPTIONS

Phase I: Begin these exercises the first day after surgery

Propped Knee Extension: To fully straighten your knee, prop your surgical leg on a small towel or pillow under your heel, not under the knee. Maintain this position for 5 minutes, slowly increasing your tolerance to 30 minutes at one time. Perform 1 repetition.



Quad Sets: To achieve a fully straight knee and to improve quadriceps strength, lie with your leg straight and toes pointed toward the ceiling. Tighten the muscle on the top of your thigh, keeping your thigh on the bed while attempting to raise your heel slightly off the bed. Hold your muscles tight for ten seconds. Perform 2 sets of 10 repetitions.



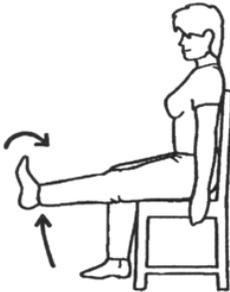
Ankle Pumps: To promote circulation and to decrease swelling postoperatively, in bed or sitting in a chair, point your toes up, down, left and right. Perform 2 sets of 10 repetitions.



Heel Slides: To promote active bending, lie on your back with your legs straight and your toes pointed toward the ceiling. Slowly pull your heel towards your buttocks as far as you can, attempting to achieve greater motion with each repetition. Perform 2 sets of 10 repetitions.



Seated Knee Extension: To promote quadriceps strength, sit with your knees bent at 90 degrees. Straighten your leg at the knee while keeping your back upright. Slowly lower your leg to the starting position. Perform 2 sets of 10 repetitions.



Seated Knee Flexion: To promote knee bending, sit in a chair with your knee bent to 90 degrees. Keeping your foot flat and fixed to the floor, gently move your buttocks forward in the chair. Relax in the new position for 20 seconds. Perform 1 set of 5 repetitions.



Phase II: Begin these exercises 7 days after surgery.

Straight Leg Raises: To promote quadriceps strength, lie on your back and bend your uninjured knee to a comfortable position. Tighten your thigh muscle to straighten your operated knee and slowly raise your leg until your thighs are parallel, hold 3 seconds. Slowly lower your leg and relax the thigh muscle. Only perform this exercise if you are able to keep your knee completely straight when lifting your leg. Perform 2 sets of 10 repetitions.



Sit to Stands: To promote quadriceps strength, start by sitting in a chair with armrests and rise to a standing position, pushing with your arms to assist if needed. Slowly lower yourself back to sitting. Progress to sitting and standing without the use of your arms. Perform 2 sets of 10 repetitions.



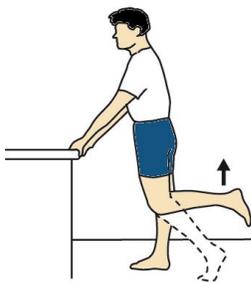
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Calf Stretch: To achieve full knee straightening and to stretch out your calf muscles, stand with your hands on a wall and step forward with the foot of your uninjured leg. Gently lean your hips toward the wall while keeping your surgical knee straight, your heel on the floor and your toes pointed straight ahead. Hold this position for twenty seconds and repeat with the other leg. Perform 2 sets of 5 repetitions.

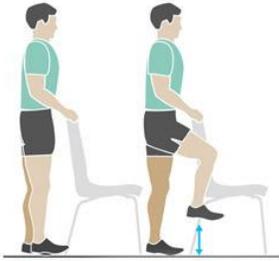


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Standing Knee Bends: To promote hamstring strength, hold onto a table or counter for balance and bend your surgical knee, moving your foot toward your buttocks and keeping your thighs parallel. Slowly return to starting position. Switch legs after 10 repetitions. Perform 2 sets of 10 repetitions.



Standing Marching: To promote knee motion and strength, hold onto a table or counter and lift your knee up to the level of your hip, keeping your body erect, and lower slowly. Alternate legs with each repetition. Perform 2 sets of 10 repetitions.



Standing Toe and Heel Raises: To improve your standing balance, stand with feet shoulder distance apart and hold onto table or counter. Rise up onto the balls of your feet, lower slowly and rock back onto your heels, lifting your toes off the floor while keeping your knees straight. Perform 2 sets of 10 repetitions.



Standing Hip Abduction: To strengthen your hip muscles, stand on non-surgical leg while holding onto a counter. Keeping your trunk upright, knee straight and toes pointed forward, move your surgical leg out to your side and slightly back. Lower leg slowly to starting position. Switch legs after 10 repetitions. Perform 2 sets of 10 repetitions.



Mobility

Walking with an Assistive Device

1. Move your walker or crutches first, then your surgical leg, followed by your other leg.
2. Heel to Toe gait: When walking with a walker or crutches, stand tall and look ahead (not at the floor), bend your knee to take a step while keeping your toes pointed straight ahead, then set your heel on the floor first.
3. For better balance, stay in the middle of your walker. Do not step beyond the front of your walker.
4. Use your walker until you are able to walk confidently without a limp. If you find yourself holding onto the wall or other objects while walking, you need to continue to use your walker. You may transition to a cane when you are able to stand on your surgical leg without support.

Stairs

"Up with the good. Down with the bad."

1. Hold onto the railing during stair negotiation.
2. Step up with the "good leg" (non-surgical leg) first, then the surgical leg.
3. Step down with the "bad leg" (surgical leg) first, then the non-surgical leg.

Bed Mobility

Getting Out of Bed

1. Scoot your bottom and hips to the edge of the bed.
2. Slide your legs off the edge of the bed while using your arms to help sit up.

Getting Into Bed

1. Slide your surgical leg forward for comfort and sit on the edge of the bed.
2. Scoot your bottom and hips back, bring your legs onto the bed.
3. Scoot up in bed using your arms and non-surgical leg.

Standing

1. Scoot to the edge of the seat, keeping your surgical leg forward for comfort.
2. Push from armrests or toilet to stand.

Sitting

1. Back up (using a walker or crutches) until both legs touch the chair or toilet.
2. Slide your surgical leg forward for comfort, reach back for the armrest, handle or toilet and then sit slowly.

Tub / Shower Transfers

Use adaptive equipment if needed. For a step-in shower:

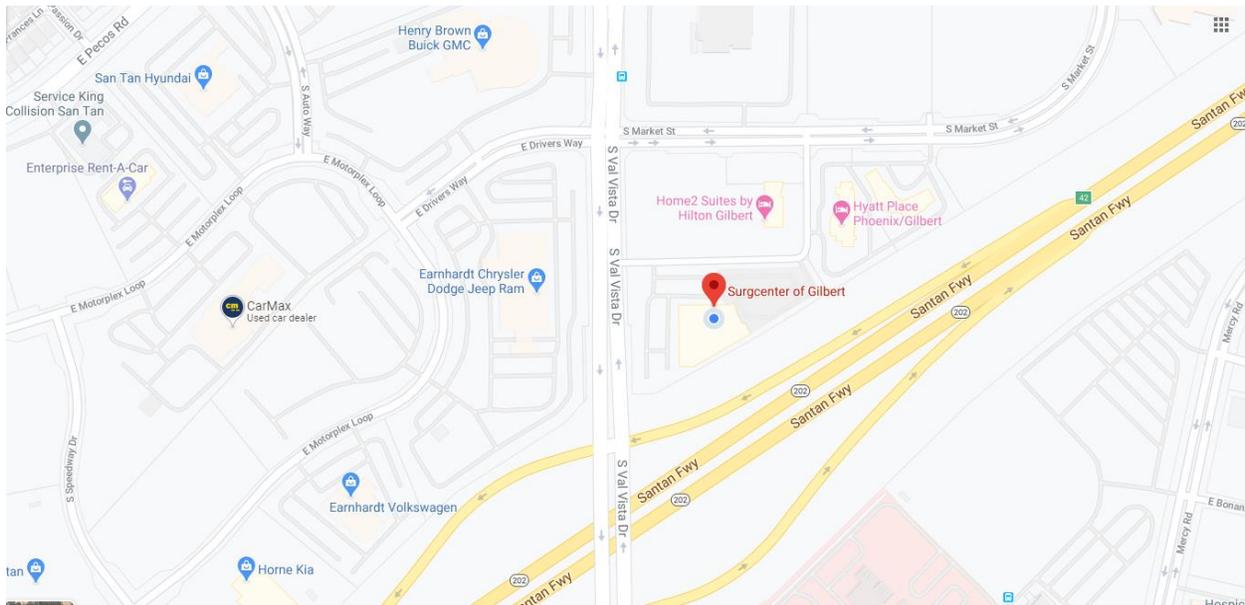
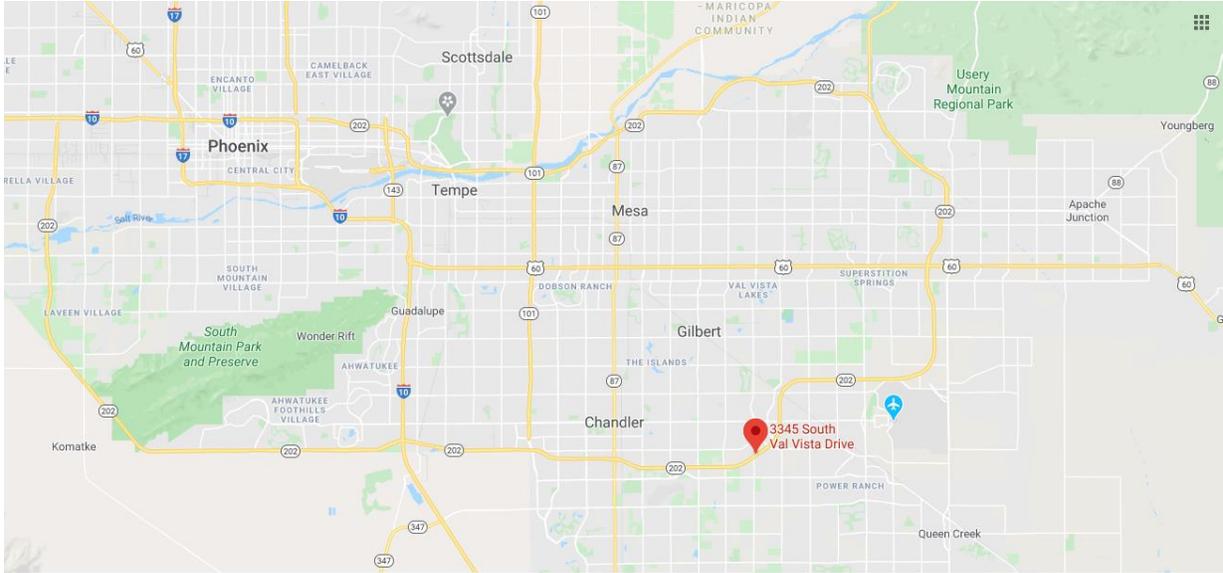
1. Place shower chair into the shower.
2. Stand near the shower lip.
3. Step over the shower lip with your non-surgical leg first and then your surgical leg.
4. Back up to the shower bench or seat.
5. Slide your surgical leg forward for comfort, reach back for the chair or bench and sit slowly. If available, use hand-held shower and/or long-handled sponge to avoid excessive bending.

Car Transfers

Slide the seat of your car as far back as possible and if able, recline the seat. If needed, place a pillow on the seat to make it level. Two-door cars work best for access, but sedans are fine for car transfers. SUVs and trucks should be avoided for transfers due to the difficulty of getting in and out of the vehicle.

1. Back up to the car using your walker (or crutches). Reach back to the car seat or dashboard for support.
2. Slide your surgical leg forward as you sit down on the edge of the seat.
3. Scoot back on the seat as far as possible and lean back as you swing your legs into the car.
4. To get out of the car, reverse the above procedure.

Thank you for choosing the SurgCenter Gilbert. Our team wishes you wonderful health and a life of living younger longer.



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