PROLIANCE ORTHOPAEDICS & SPORTS MEDICINE

BELLEVUE • ISSAQUAH • REDMOND

RETURN TO MOTION

Your Guide to Total Knee Replacement

CONTENTS

WELCOME TO PROLIANCE ORTHOPAEDICS & SPORTS MEDICINE

Proliance Orthopaedics & Sports Medicine believes that only when compassion, customer service, and technical expertise come together can we deliver exceptional patient care, thereby providing our patients with the assurance that they are in the right place and in the right hands.

It is our honor to partner with you for your joint replacement.

To maximize your surgical success, it is critical that you:

1. Appreciate that each patient has their own unique challenges, and not all joint replacement patients are the same. We have developed this patient education book as a guide for your upcoming joint replacement journey. It covers most of information that you will need to know about your upcoming surgery. If you have any questions or concerns, please address these with your surgical team.
2. Understand that you will be discharged home from the Surgery Center with a Care Partner who can be a spouse, a family member, a significant other, or close friend. A Care Partner is essential for a successful journey through surgery, and recovery.
3. Attend a pre-operative physical therapy appointment(s) prior to surgery.
4. Schedule regular physical therapy appointments starting 48–72 hours following surgery. Working regularly with your therapist, for most patients is essential to achieving optimal post-operative function.
5. Understand that discomfort is a normal and expected result associated with your surgery. Typically, some level of narcotic pain medication is required after surgery.

It is our commitment to provide the expertise, resources, and services to ensure the best possible experience and outcome following your joint replacement.

PROLIANCE CONTACT INFORMATION

Proliance Highlands Surgical Center (PHSC) 510 8th Avenue NE Suite 100 Issaquah, WA 98029	425.507.0800
Proliance Orthopaedics & Sports Medicine Bellevue Overlake Medical Pavilion 1231 116th Avenue NE Suite 750 Bellevue, WA 98004	425.455.3600
Proliance Orthopaedics & Sports Medicine Issaquah 510 8th Avenue NE Suite 200 Issaquah, WA 98029	425.392.3030
Proliance Orthopaedics & Sports Medicine Redmond 18100 NE Union Hill Rd Suite 330 Redmond, WA 98052	425.455.3600
Proliance Sports Therapy & Rehabilitation – Bellevue 1200 112nd Avenue NE Suite C-260 Bellevue, WA 98004	425.462.5006
Proliance Sports Therapy & Rehabilitation – Issaquah 510 8th Ave NE Suite 340 Issaquah, WA 98029	425.313.3055
Proliance Highlands Surgical Center Billing Department	425.507.0733
Matrix Anesthesia 3005 112th Ave NE Suite 210 Bellevue, WA 98004	Billing inquiries: 425.822.8888

DRIVING DIRECTIONS TO SURGERY FACILITY

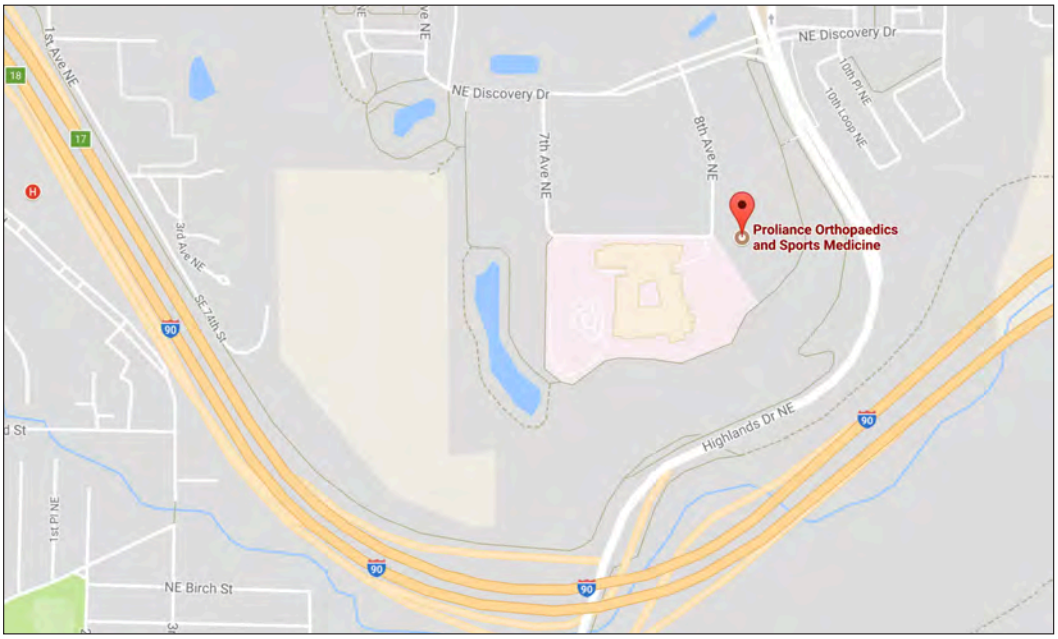
510 8th Ave. NE
Suite 100
Issaquah, WA 98029
425.507.0800

From I-405 take the I-90 eastbound exit (or Eastbound I-90)

- Take Exit #18 Highlands Drive — Sunset Way
- Bear left at "Y" continue onto Highlands Drive after approximately 1/2 mile, turn left at the traffic light onto NE Discovery Drive
- Turn left at next light onto 8th Avenue NE
- Proliance Highlands Medical Center is on the left. The surgery center is on the 1st floor inside the main doors. There is free parking in front of the building. Do not park at Swedish Hospital.

From Westbound I-90 take Exit #18 Highlands Drive — Sunset Way

- Take right at light for Highlands Drive
- Continue on Highlands Drive up the hill after approximately 1/2 mile, turn left at the traffic light onto NE Discovery Drive
- Turn left at next light onto 8th Avenue NE
- Proliance Highlands Medical Center is on the left. The surgery center is on the 1st floor inside the main doors. There is free parking in front of the building. Do not park at Swedish Hospital.



Before Surgery

Pre-Operative Phase of Care

NOTES

- If requirement isn't met, surgery **will be** cancelled.
- If requirement isn't met, surgeon reserves the right to cancel surgery.

SURGERY TIMELINE

6 Weeks Prior

- STOP SMOKING **Pg. 10**
- Medical Clearance **Pg. 12**
- "Pre-Hab" **Pg. 12**
- Pre-Operative Activity **Pg. 14**
- Pre-Operative Exercises **Pg. 15**
- Preparing Your Home For Discharge **Pg. 16**

4 Weeks Prior

- Medical Clearance/Blood Work + EKG as Needed **Pg. 12**

2 Weeks Prior

- Pre-Operative Office Visit **Pg. 13**
- Stop Medications as Indicated **Pg. 21**

2 Days Before Surgery

- You should be contacted by the surgical center nursing staff. If you have not received a phone call, then call 425.507.0800

Night Before Surgery

- 1 of 2 Hibiclens Showers **Pg. 24**
- NOTHING to EAT or DRINK After Midnight

Surgery Day

- NOTHING to EAT or DRINK
- 2 of 2 Hibiclens Showers **Pg. 24**

PRE-OPERATIVE TIMELINE

4–6 Weeks Prior to Surgery

STOP SMOKING! This includes tobacco and all marijuana products including ingestibles. If you need support, we can write you a prescription or refer you to your primary care provider.

1. Schedule an appointment with your **Primary Care Provider** to obtain medical clearance. This will help to reduce the risk of any complications by diagnosing and addressing any underlying medical conditions prior to surgery.
2. Complete your **home safety evaluation** form. You will need to bring this to your pre-operative appointment and review it with your therapist. You will need to bring a completed copy to your pre-operative appointment for review with the Physician Assistant and/or staff.
3. Make your **"pre-hab" and education appointment** with physical therapy. This appointment will help you prepare for your surgery. Your visit will include creating a personalized pre-operative exercise plan, review of your home safety evaluation form, and pre-operative teaching to prepare you for potential individual challenges following surgery. Your Care Partner should attend this appointment with you.
4. Start pre-operative exercises as directed by your therapist.
5. Obtain all home equipment that you will need following surgery. This includes a front wheel walker and a cane. Your surgeon and/or therapist can help to decide if any additional equipment is needed. Home equipment can be rented or purchased. Our office will provide you with a prescription for your equipment. Bring your front wheel walker to your pre-hab appointment so your therapist can help with any height adjustments if needed.
6. Any necessary dental work must be completed 6 weeks prior to surgery. If you need emergency dental work, please inform your surgeon.

2–4 Weeks Prior to Surgery

1. Complete appropriate **lab work and EKG as required**. Our office or your primary care physician will determine which tests are needed and order them. These must be completed within 15-30 days prior to surgery. Any diagnostic testing outside of 30 days from surgery must be repeated.

2. Attend your **pre-op appointment**. This will allow us to address any remaining questions, and to review your surgical file and provide pre- and post-op education.
3. **Stop all narcotics** at least 4 weeks prior to surgery. You may continue to take Tylenol or acetaminophen up until your surgery. For anti-inflammatories, see page 21.

2 Weeks Prior to Surgery

1. Stop taking all supplements, herbal remedies, minerals, and vitamins that are not on the approved vitamin list.

1 Week Prior to Surgery

1. **Review the stop medication list** and discontinue listed medications as directed. This list will include all prescriptive and non-prescriptive drugs. See pages 21-23.
2. You may continue Tylenol or acetaminophen up until surgery.

2 Days Prior to Surgery

1. If you have not spoken directly with a member of the nursing staff from Proliance Highlands Surgery Center, please call 425.507.0800. They will conduct a pre-operative phone interview with you.

Night Before Surgery

1. Take your first of 2 Hibiclens showers… See page 25 for further details.
2. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT.**

Morning of Surgery

1. **NOTHING TO EAT OR DRINK.** This includes no gum chewing, sucking on a mint and/or candy. Do not swallow mouth wash.
2. Take your second Hibiclens shower. Take extra care not to drink water while in the shower.
3. You may brush your teeth, but do not swallow any water.
4. Wear loose fitting clothing and follow your Day of Surgery guide.
5. In general, DO NOT TAKE medications the morning of surgery unless previously discussed with your care team. A nurse from the surgery center will also discuss your medication use during the pre-op phone interview. If you have not had your pre-op phone interview 48 hours before surgery, contact the surgery center at 425.507.0800.

IMPORTANT PRE-OPERATIVE APPOINTMENTS

With your upcoming joint replacement, our primary goal is your health and safety. To ensure the best possible outcome, you will be required to attend the following appointments.

MEDICAL CLEARANCE

To ensure you are in optimal health, you will be required to have a series of medical tests and to have been medically cleared by your Primary Care Physician or other specialists as needed. This is termed your "Medical Work-Up" and will include:

1. A physical exam by your Primary Care Physician.
2. Blood work based on your individual risk factors.
3. An EKG if needed.
4. Any additional tests if indicated.

These tests, which are based on your medical history, will help minimize potential medical complications during and following surgery. If you do not have a Primary Care Provider, our office will help you find one.

PRE-HAB

This appointment is required prior to surgery. It should be made by you, as soon as possible, after scheduling surgery. If possible, it is our preference that this appointment is with Proliance Sports Therapy. We have two locations available for your convenience: Issaquah or Bellevue. See page 66 for directions. They have a well-designed program that will help prepare you for surgery. They will teach you strategies for:

1. Fall prevention after surgery.
2. Exercises to help increase range of motion and build strength. Post-operative exercises and design your post-operative rehab program.
3. Proper extremity elevation.
4. Control of swelling.
5. A review of your Home Safety Checklist.

If you have an established relationship with a Physical Therapist and would prefer to continue working with them, we are happy to help accommodate this. You will need a prescription from our office which will outline the pre-operative evaluation and training requirements you need to accomplish prior to surgery.

PRE-OPERATIVE OFFICE VISIT

Your pre-operative appointment will be made for you at the time your surgery is scheduled. It is required within 30 days prior to surgery. This is typically conducted by a Physician Assistant, PA-C. They will review the following:

1. Medical and surgical history
2. Medications
3. Planned surgical procedure, recovery, and rehabilitation plan
4. Anesthesia
5. Questions or concerns
6. Education

You are strongly encouraged to bring your Care Partner to this appointment so that they have a better understanding of how to care for you once home. This appointment serves as your primary education and planning visit. At this appointment you will be provided the following prescriptions:

1. Any medical devices, based on individual need, such as a front wheel walker. See page 65 for a list of medical supply stores.
2. An application and prescription for a disabled parking permit.
3. Post-operative medications, which will include a narcotic, a stool softener, medication to treat possible post-operative nausea or vomiting, and a blood thinner to help prevent blood clots/DVT.

Your post-operative medications will be reviewed with you at great length during this appointment. As noted above, you will receive the prescriptions at this time. We strongly suggest you fill your medications prior to surgery. Per state regulations, we cannont fill narcotic prescriptions over the phone. Our office policy is: prescription refills may take up to 48 hours.

If you do not have a history of taking narcotics, then we recommend trying “one” pain pill at some point prior to surgery to ensure you tolerate it well. It is best to take it in the early evening. This will allow us to make appropriate changes prior to surgery, if necessary.

During this trial do not operate a car or hazardous machinery.

PRE-OPERATIVE ACTIVITY

Maintaining an active lifestyle prior to surgery will help you achieve a faster recovery. Keeping your upper and lower body strong, and maintaining as much range of motion in your knee as possible will be important in your recovery phase. Remaining active will not cause more damage to your joint, nor will it have a negative impact on your recovery or your end outcome.

You will determine your own activity tolerance. Continue to exercise and remain as active as you can, possibly including the elliptical machine, cycling or a stationary bike, water activities such as swimming or water aerobics, yoga, golfing, hiking, and walking. Every patient is different. The important thing to remember is activities as you tolerate them. You should be reasonably comfortable in doing what activity you have chosen–if you are not, stop, and try something different.

PRE-OP EXERCISES

HEEL SLIDES

Lying on a flat surface, floor or bed, slide your operative heel backwards toward your buttock by bending your knee, while gently pulling a towel placed around your foot.

Keep your foot in contact with the floor during the exercise. Slowly straighten your leg.

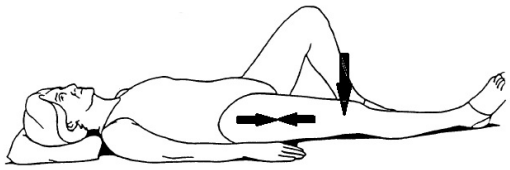
Repeat 8–10 times.

ISOMETRIC QUAD SETS

With your operative leg straight, press the back of your knee down towards the floor/bed.

The goal is to straighten your leg/ knee as much as possible.

Hold for 6 seconds, relax your leg, then repeat 3–5 times.

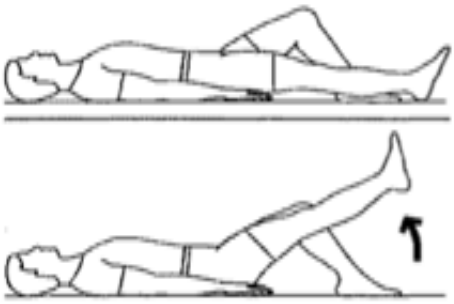


STRAIGHT LEG RAISE

Start with your non operative leg bent at 45 degrees, and your operative leg flat on the floor or bed.

The exercise is then to lift your operative leg up while keeping it straight.

Hold for 30 seconds then repeat. Do 3-5 sets.



KNEE EXTENSION STRETCH

In a semi-reclined position, place a large pillow or rolled towel under the operative side ankle.

Allow your operative leg to relax. Increase the stretch of the leg, allowing for more extension.

Hold for 1 to 5 minutes as tolerated.

PREPARING FOR HOME DISCHARGE

Success following surgery requires a well-thought-out post-operative plan. Since the majority of your recovery is at home, the relationship between you, your surgeon and their staff, and your home care team will be paramount.

Your home care team should consist of a Care Partner, which can be family, or friends. It will be important that your Care Partner prepares for surgery alongside you. This person should be involved in the preparation of your home to ensure that it is a safe environment. Your Care Partner should be an active participant in your pre-hab sessions, physician visits, and post-op appointments. It is important that your Care Partner is physically able to help you.

CARE PARTNER

Your Care Partner should be someone who you feel comfortable with, who is able to physically assist you and care for you with such duties as personal hygiene, showering, dressing, transportation to and from physical therapy (2–3 times a week), preparing meals, shopping, child and pet care, and light household cleaning.

This person **must** be home with you for the first 24–48 hours following surgery while you adjust to your new activity limitations. After 48 hours, they may leave the house for short periods of time. As you gain more independence, their away time can increase. In many cases the Care Partner will be able to return to work in 5-7 days following surgery based on your level of independence. Our office is happy to guide family members in filing for FMLA. You can obtain this paperwork from the caregiver's HR department. We generally have a 1–2 week turnaround time in filling out your FMLA and disability paperwork.

PREPARING FOR RECOVERY AT HOME

1. Review the Home Safety checklist with your Physical Therapist at your pre-hab appointment and return it to us at your pre-op visit.
2. Make a plan for negotiating stairs if necessary.
3. Plan for small meals that are easily accessible.
4. Clear walking paths of potential hazards such as rugs and electrical cords. Confirm that common paths to your bathroom and elsewhere will be well lit at night.

5. Arrange furniture for easy use. Taller sitting surfaces are more practical than lower ones.
6. Taller chairs with arms provide the best support for transferring from sitting to standing, and standing to sitting.

FAMILY MEDICAL LEAVE ACT (FMLA)

State and Federal regulations allow family members to take the necessary time away from work to care for family without repercussions from their employers. For more information go to **http:/www.dol.gov/whd/fmla/**.

PREPARING YOUR HOME FOR RECOVERY

For the first several weeks following surgery, your mobility may be severely limited and you will need some form of ambulatory assistive device such as a front wheel walker and/or cane. A safety check of your home prior to surgery is an important step. Your home safety checklist will be reviewed by you and your therapist to ensure there are no foreseeable hazards that may cause and unsafe environment following surgery.

In general, you will want to ensure the following:

1. No cords strung across pathways. This includes telephone and/or electric cords.
2. Remove area rugs that may pose as tripping hazards.
3. Remove all clutter from walkways.
4. If necessary, move furniture to make for more accessible pathways throughout your home.
5. Evaluate floor surfaces. Do NOT polish floors. Wear non-slip socks and/or footwear.
6. Be aware that pets are tripping hazards!

BATHROOM SAFETY

The following will help improve bathroom safety and prevent falls:

1. Non-skid mat in the shower.
2. Shower or tub chair if space allows.
3. If your shower will not accommodate a chair or bench, choose a shower that does not have a glass door, if possible.
4. Hand held shower heads can help to prevent falls.
5. Grab bars are very helpful. CAUTION: Remember that towel racks are not recommended for support as they can easily give way.
6. Hand-held sponge sticks can make washing your lower extremities more accessible. Amazon is a good source for grooming and mobility aids.

KITCHEN SAFETY

If necessary, reorganize your kitchen so that regularly used items are easily within reach.

1. Have prepared meals and snacks in easy to reach locations.
2. An elevated chair can be helpful when working at the kitchen counter or eating at an island.

Home safety continued on next page.

BEDROOM SAFETY

1. Always wake your Care Partner for assistance before you get up.
2. Having a night light in place will help you avoid falls.
3. Have your ambulatory aid device in an easily accessible location to help you get out of bed. This will help prevent falls.
4. Most accidents happen at night while getting out of bed to go to the bathroom. Anticipate your needs by clearing a well-lit path prior to surgery. This includes rugs and furniture as previously mentioned.

HOME SAFETY

1. Do you feel safe returning to your home?
2. Are you in a mentally and physically safe environment?
3. Do you feel threatened at home?
4. Are you concerned about excessive use of drugs or alcohol at your home?
5. Do you feel forced by someone other than yourself to have this surgery?
6. If so, please talk with your surgeon/PA. **Your safety and well-being are our primary concern.**

HOME SAFETY CHECKLIST

Bring this form with you to your Pre-Hab appointment.

GENERAL	Yes	No
Do you take four or more medications daily?		
Have you noticed a change in your hearing?		
Have you noticed a change in your vision?		
Do you have macular degeneration, glaucoma, cataracts or a visual field cut?		
Have you fallen two or more times in the past six months?		
Do you walk with a cane or walker?		
OUTSIDE ENTERANCE		
Are there broken or worn steps? Number of steps to enter your house:_____		
Are there broken or missing railings?		
Are there unpaved/uneven surfaces to walk on?		
In there a steep ramp or hill?		
LIVING ROOM		
Are there throw rugs?		
Do you have a carpet that is not secure?		
Is it difficult to get into or out of any of your furniture?		
Do you have a telephone that is not accessible?		
Are lamp, extension, and/or telephone cords in the flow of foot traffic in the room?		
Is there low-height furniture?		
Is there clutter in pathways?		
KITCHEN		
Are regularly used items out of reach (do you need to climb to reach them)?		
Do you use a step stool that is not sturdy or in good repair?		
Do you have trouble picking up objects from the floor?		
Do you have difficulty cleaning up spills on the floor?		
BEDROOMS		
Do you have difficulty turning on the light in a dark room?		
Do small rugs and runners slide or roll up when you push them with your foot?		
Is the lamp or light switch not within reach of your bed?		
Is the telephone not within reach of your bed?		
Do you have difficulty getting up and down from your bed?		
Do you have difficulty getting to a closet or drawer?		
BATHROOMS		
Do you wear floppy slippers or a long bathrobe?		
Do you have difficulty getting in and out of the tub/shower?		
Do you have difficulty getting on and off the toilet?		
Does the floor have a slippery surface?		
Are there throw rugs?		
Do you use a towel rack as a grab bar?		
Do you have difficulty turning on the light?		
Do you get up during the night to use the bathroom?		
STAIRWAYS		
Are there stairs without full-length railings?		
Are there dark hallways or stairwells?		
Is it difficult you to see the outline of each step as you go up and down the stairs?		
Are the stairs coverings (rugs, treads) loose, torn or worn?		
HALLWAYS		
Are there objects and clutter in the passageways to the rooms?		
Do area rugs or runners slide up or roll up when you push it with your foot?		
Are lamps, extension and/or telephone cords in the flow of foot traffic?		

PRE-OP MEDICATION INFORMATION

The use of narcotic medication before surgery can pose substantial difficulties in controlling post-operative pain. It has been proven that the long-term narcotic pain relief function and patient satisfaction after surgery are demonstrably less in patients taking narcotics before surgery. It is essential to discontinue use of all narcotics no less than four weeks prior to surgery. After you stop taking narcotics, you can continue to use Tylenol, anti-inflammatories following guidelines, ice, and further modify activities.

All tobacco products and marijuana products should be discontinued six weeks prior to surgery. This will help promote proper wound healing, reduce the risk of infection, and decrease possible respiratory complications during and after surgery. **Marijuana use may increase your risk of a catastrophic bleeding complication after surgery.** Consult your Primary Care Physician if you feel you need help with this process.

BLOOD THINNING MEDICATIONS

There are several over the counter and prescriptive medications that cause blood thinning as part of their normal mechanism of action. Their use may result in an increased blood loss during and after surgery. Below is a list of these medications and when to stop them prior to surgery.

Stop the following anti-inflammatories as listed:	
Ibuprofen (Motrin, Advil)	**10 days prior**
Aleve (Naproxen)	**10 days prior**
Diclofenac (Voltaren)	**10 days prior**
Indomethacin (Indocin)	**10 days prior**
Meloxicam (Mobic)	**10 days prior**
Relafen (Nabumetone)	**10 days prior**

The following prescription medications must be stopped prior to surgery.

DO NOT Take 5 Days Prior To Surgery	
Coumadin (Warfarin)	**Discuss these medications with your Cardiologist or Primary Care Physician**
Xarelto (Rivaroxaban)	
Pradaxa (Dabigatran)	
Eliquis (Apixaban)	

DO NOT Take 10 Days Prior To Surgery	
Aspirin 81 mg or 325 mg	Plavix

ACCEPTABLE MEDICATIONS THAT MAY BE TAKEN UNTIL SURGERY

The following are acceptable over the counter medications that you can safely take until the day before surgery. If you need to take any over-the-counter medications that are not on this list please discuss usage with your surgical team.

Tylenol	**Medications that are safe to take up to the day of surgery. Do not take the morning of surgery.**
Celebrex	
Vitamin A, B, C, D with Calcium	
Magnesium	
Iron products	
Amino Acids (L-Arginine and L-Glutamine)	

COMMON OVER THE COUNTER AND ALTERNATIVE MEDICATIONS

Many over-the-counter medications can increase the risk of operative blood loss and increase the risk for potential complications. It is EXTREMELY IMPORTANT that you share all medication use with your surgical team even if it is "an occasional" usage. The following is a list of commonly taken, non-prescriptive medications that need to be stopped 14 days prior to surgery. If you are taking any over-the-counter medications that do not appear on this list please discuss them with your surgical team. If you have any questions or concerns about what you are taking, please discuss with your surgical team.

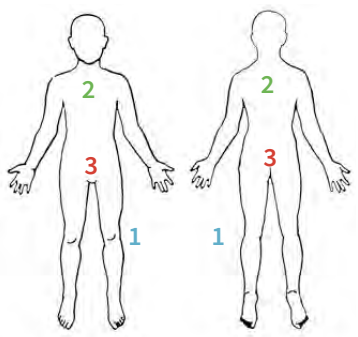
DO NOT Take 14 Days Prior To Surgery	
Gingko Biloba	Vitamin E
Garlic	CoQ 10
Ginseng	Flaxseed
Ginger	Fish Oil
Dong Quai	Glucosamine
Omega-3 fatty acids	Ephedra
St. John's Wort	ALL minerals
Feverfew	Tumeric/Curcumin

PRE-OPERATIVE SHOWERS WITH HIBICLENS

Proper skin care prior to surgery will play an important role in preventing post-operative infections. You will need to shower both the night before and the morning of surgery with 2% or 4% Chlorhexidine Gluconate (**Hibiclens**). Our office will provide you with a bottle.

WHILE IN THE SHOWER

First wash your entire body as you normally would with soap and shampoo. Rinse well and do not apply any other products. Turn the water off, and using a washcloth, apply the Hibiclens a full cap full at a time. Wash your operative leg first, then from the neck down. Wash your feet and groin last. Once applied, allow the lather to remain for at least 20 seconds then rinse well. DO NOT scrub the Hibiclens off your skin.



1. First, wash the surgical site thoroughly, front and back, followed by the remainder of the surgical extremity.
2. Wash from the chin down the torso.
3. Wash the feet/toes, followed by washing the groin and buttock last. **Avoid washing the end of the penis and vagina.** If Hibiclens gets in these areas rinse well with water.
4. **DO NOT** re-apply soap until your next shower.

AFTER SHOWERING

1. Dry yourself with a clean, freshly washed towel.
2. **Dress in freshly washed clothing.**

DO NOT apply any lotions, make-up, hair products, or perfumes. Remove all nail polish from your fingers and toes.

SHAVING

DO NOT shave or wax body hair on the surgical leg for at least 72 hours prior to surgery. Facial shaving is okay.

GOOD NUTRITION

A proper diet will provide the necessary nutritional building blocks to optimize post-operative healing and recovery. It is also a key element in preventing constipation following surgery. It is important that you and your Care Partner plan healthy meals as part of your recovery process.

First and foremost, AVOID ALL TOBACCO AND MARIJUANA PRODUCTS for at least six weeks following surgery.

CONSTIPATION: in order to avoid this uncomfortable and at times painful post-operative complication, stay well hydrated and eat foods rich in fiber. Avoid dried, dehydrated, and processed foods. Avoid cheese, sweets, excessive red meats, and dairy products until you are having regular bowel movements.

Avoid foods with the following:

1. Foods high in salt (sodium).
2. Food or drinks high in sugars: Candy, fruit juice, vegetable juice, colas, energy drinks, etc.
3. Limit high-fat foods such as cake, cookies, ice cream, pizza, and delivery food.
4. Avoid prepared meals such as TV or frozen dinners.

FOCUS ON THE FOLLOWING FOOD CHOICES

Eat Protein

1. 3 daily servings of protein: Fish, seafood, pork, poultry, tofu, beans/legumes, or eggs.
2. Protein snacks include: Nuts, hard-cooked eggs, beef jerky, string cheese, Greek yogurt, protein bars high in protein and low in carbohydrates (sugar). The amino acids in protein help with wound healing and tissue regeneration. Protein can also increase your strength and energy following surgery.



Fruits and Vegetables (Fiber)

1. Consume fruits that are fresh or frozen (1–2 daily servings).
2. Eat a variety of raw and cooked vegetables (4–6 daily servings). Foods high in fiber will help to prevent post-operative constipation.

Whole Grains (More Fiber)

1. Choose 100% whole grain and high-fiber cereals, bread, oatmeal, crackers, rice, and pasta.



PROPER HYDRATION

1. Drink at least 64 oz. of water per day. This can include herbal/decaffeinated teas.
2. A water bottle at your side is a good way to increase water intake.
3. Avoid dehydrating beverages such as excessive caffeine and energy drinks.
4. Proper hydration will help prevent constipation and increase the efficiency of medications.

Eight 8 oz. glasses of water a day will keep you healthy and hydrated!

NOTES

Day of Surgery

DAY OF SURGERY & RECOVERY

Check In (Approximately 1.5 hours prior to surgery)

- See page 31 for check in process.
- Two family members are welcome to be with you at this time.

Surgery

- Approximately 2 hours.
- See page 34 for surgery details once taken to the operating room.
- Family members are free to leave at this time if they prefer. Please leave a reliable phone number with staff.

Phase 1 Recovery

- Approximately 1 hour.
- See page 36 for details.

Phase 2 Recovery

- Approximately 1-4 hours.
- Two family members will be allowed to be with you.
- You will be able to walk with staff for the first time.
- See page 36 for details.

Home

DAY OF SURGERY

We encourage you and family members to ask questions or express any concerns about your surgery. The nursing and operating room staff, your anesthesiologist and surgeon, and the remaining staff work as a team to make your surgery a positive experience.

MORNING OF SURGERY

1. **NOTHING TO EAT OR DRINK** after midnight the night before surgery. If you eat or drink after midnight your surgery must be **canceled** for your safety. This includes gum, breath mints, cough drops, etc. **Your safety is always our primary concern.**
2. **Take your second Hibiclens shower.** Take care not to swallow water while in the shower! DO NOT apply any products such as lotions, powders, hair spray, gel, perfume, or deodorant.
3. Take only the medications that you and your surgeon previously discussed. Otherwise, take NO medications. Your medication list will also be discussed during your pre-operative phone call with a nurse from the Proliance Highland Surgery Center
4. **Dress in loose baggy gym-type clothing** that will be easy to change in and out of. No yoga or tight stretch pants. If possible, wear shoes without laces (e.g. slip-on shoes with a closed heel).
5. Remove all jewelry. No exceptions.
6. **DO NOT write anything** on either knee or anywhere on your body. This could compromise your safety. The morning of surgery, your surgeon will visit with you. They will ask that you point to the surgical site and they will put their initials on your surgical knee. The surgical team will re-confirm the accuracy of the surgical site when in the operating room, using these initials as a part of the process.

WHAT TO BRING

1. Insurance information, pharmacy cards, your photo ID, and a list of your medications. If you were prescribed OxyContin, bring this with you.
2. Your ice machine if you purchased one. See page 64.

WHAT NOT TO BRING

1. Do not bring credit cards.
2. Do not bring cash. Have your Care Partner hold your payment of choice for filling your prescriptions. Again, we recommend having all prescriptions filled prior to the day of surgery.
3. Do not bring any valuables such as jewelry, rings, earrings, or watches.
4. Do not bring your cell phone. Use your Care Partner's cell phone if necessary.

CHECK IN FOR YOUR SURGERY

Proceed directly to the Proliance Highlands Surgery Center on the first floor of Proliance Highlands Medical Center. Your check-in time will be 1.5 hours prior to your surgery. If you have not been contacted by the Proliance Highlands Surgery Center pre-operative nurse within 2 days of your surgery, please call the PHSC at 425.507.0800. Once at the surgery center, you will begin the check-in process.

1. You will need to present your insurance information and photo ID.
2. The nursing staff will be notified that you have arrived.

AFTER YOU HAVE CHECKED IN

1. A nurse will take you and up to 2 family members to a private room where you begin to get ready for surgery. Your family will be able to stay with you until you are taken into the operating room. The Surgery Center is not an appropriate place for toddlers or young children. It is recommended that you find child care. **Outside of the common cold, we ask any visitor who is ill to please stay at home.**
2. Once in your private room, you will change into a hospital gown and socks, both of which will be provided. A warm blanket will be provided as you get comfortable in a recliner chair. Your clothes will be stored in an unsecured locker. Again, we ask that you bring nothing valuable with you.
3. Your medical history will be briefly reviewed.
4. Your vital signs, height, and weight will be recorded.
5. An IV will be started in one of your arms, using a numbing agent.
6. Your anesthesiologist will visit with you and discuss anesthesia options. He/She will be happy to answer any questions or concerns you might have about your anesthesia.
7. Your surgeon will see you prior to surgery. They will go through a series of safety questions. This will include asking what type of surgery you are having; they will then ask that you point to the body part. They will then mark the limb. DO NOT write anything on your body.
8. The nursing staff and your surgeon will review your surgical consent with you and have you sign it.
9. You will be given a medicated nasal swab prior to surgery to help prevent infection. This will be provided by the nursing staff and they will instruct you on using the swabs.

FAMILY MEMBERS

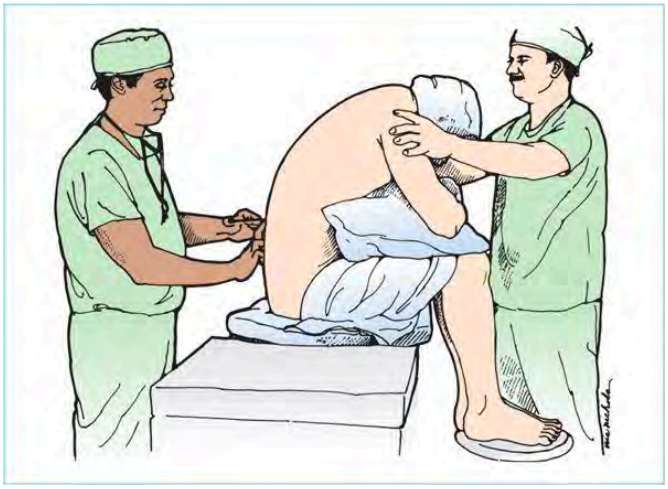
Once in the operating room, it will be roughly 2.5-3.5 hours before family members will be allowed to see you again. The surgery center is equipped with free Wi-Fi and has a TV in the waiting area. There is a Starbucks and cafe in the lobby of Swedish Hospital, just inside the main entrance, located across the surgery center parking lot. The cafe at Swedish is open until 2:00 pm. Family members do not need to stay at the surgery center for the entire time you are in surgery, if leaving, provide a contact number with the front desk so that your surgeon, or nursing staff can contact them if needed.

ANESTHESIA

1. There are a combination of options for your anesthesia. Prior to surgery, you will discuss these options with your anesthesiologist to make the selection that is right for you. Please feel free to ask questions during this conversation. The preferred combination is a spinal anesthetic in conjunction with an adductor canal nerve block. In this scenario, the spinal is placed first followed by the abductor canal block. A general anesthetic is also available if you prefer.
    a. Spinal anesthesia is placed with you sitting up on the table. A needle is placed into the lower back and a short-acting numbing agent is used. As a result of the anesthesia you will have no feeling in your lower extremities for approximately 2-3 hours. Once the spinal is placed, you will be positioned for surgery, with particular care for your safety and comfort. Once this is accomplished, you will be given IV medicine which will allow you drift off to sleep for the entirety of your surgery.
    b. The adductor canal is an injection that is placed under ultrasound guidance once in the operating room. It is placed by your anesthesiologist into your lower inner thigh, and typically provides numbness to the front of the knee lasting 48-72 hours.
    c. General anesthesia is an option. With this, you will go to sleep for your surgery. When given a general anesthesia, we still recommend the adductor canal block to help minimize the post-operative pain.
2. Towards the completion of your surgery your surgeon will inject what is known as the “pain cocktail.” The pain cocktail is a combination of numbing agents that will numb the back of the knee. The pain cocktail is injected into all operative total knees unless there is an allergy to any of the medications used in it. The injection will last 6-14 hours before it starts to wear off.
3. If you have any questions about your anesthesia please free feel to contact Matrix Anesthesia at 425.455.2015.

ONCE IN THE OPERATING ROOM

1. Prior to walking to the operating room, you will meet with your surgeon, anesthesiologist, and operating room nurse. There will be ample time to ask questions and discuss any concerns you may have. DO NOT hesitate to ask questions or address concerns if you have them.
2. The operating room is a very bright and cold environment. Your operating room nurse will provide you with heated blankets to ensure your safety while making you as comfortable as possible.



This is the position for the spinal placement

3. Monitors for oxygen, heart rate, and blood pressure will be placed.
4. Once you are comfortable, your anesthesiologist will administrator your anesthesia as previously discussed. Your anesthesiologist will not leave your side and will continue to monitor your vital signs throughout your surgery.
5. Your total time in the operating room is roughly 2 hours. This time includes the administration of anesthesia, positioning on the operating room table, preparing your knee (which includes using a solution to help sterilize your knee), and placement of sterile drapes. This takes approximately 30 minutes. The surgery itself takes roughly 1.5 hours. You may have a slight orange stain to your skin following surgery, lasting up to a week as a result of the skin prep used to help sterilize your knee. This is a normal occurrence following surgery and not an allergic reaction.
6. Immediately prior to making the incision, your surgeon will lead the team through a "surgical timeout" which includes another review of your medical history and pertinent information, including your name, date of birth, allergies, and confirmation of the surgical site.
7. At this time, you will receive the first of 2 doses of IV antibiotics.

RECOVERY

PHASE 1

- Once your surgery is completed, you will be transferred to the recovery room (PACU).
- Following surgery, your surgeon will talk to family members and your Care Partner.
- Once in the recovery room you will continue to be monitored closely by your recovery room nurse(s).
- It is not uncommon to feel groggy, nauseous, or lightheaded during phase 1 recovery. You may have little or no recognition of phase 1.
- You will remain here in Phase 1 until you are awake, alert, and have regained sensation to your lower extremities. Any post-operative symptoms are well controlled, such as nausea, vomiting, or any post-operative pain. Typically, you will remain in the PACU for 60 minutes before being transferred to phase 2.

PHASE 2

- Once in phase 2 your family will be allowed at your bedside.
- You may be able to start drinking water and eat a small snack.
- You will be allowed to walk with staff for the first time.
- The nursing staff will continue to monitor you, and if necessary treat any remaining post-operative symptoms.
- An ice pack will be placed on your operative knee.
- You will receive your second dose of IV antibiotics.
- You will be ready to go home when the following criteria are met: you are tolerating food and liquids, pain and any post-operative nausea are well controlled, you demonstrate the ability to safely walk and do stairs (if needed), and are cleared by your surgeon and nursing staff for a safe home discharge. Once these requirements, and any individual needs specific to your care are met, then you will be discharged home.
- Your nursing staff will give you a wheelchair ride to your car. Your Care Partner will be able to pull the car up to the entrance of the surgery center. Surgery center staff will help you safely transfer into your car.

NOTES

After Surgery

Post-Operative Phase of Care

AFTER SURGERY TIMELINE

Home Day of Surgery

First Night Following Surgery

- Begin your rehab process by icing and elevating your operative leg.
- Start your post-operative exercises. See page 49.

2-3 Days Following Surgery

- Resume your outpatient physical therapy within 3-5 days following surgery.

7 Days Following Surgery

- Approximately 7-10 days after your surgery you will have your first post-operative visit.
- Your pain medication will be refilled if needed.
- Your dressing will be removed and your staples/sutures will be removed.

6 Weeks Following Surgery

- Approximately 6 weeks from surgery you will have your second scheduled appointment.

AFTER SURGERY

THE FIRST NIGHT FOLLOWING SURGERY

Rehab will start immediately following surgery. You will have your first therapy session with a staff member prior to discharge from the Surgery Center. You will need to resume your outpatient physical therapy 3-5 days following surgery.

Once at home, start the exercises as taught during your prehab appointment. Your rehabilitation timeline will be based on many individual factors, including pre-surgical range of motion (ROM) and strength, rehabilitation compliance, age, and health status.

The number one rule following your surgery is **DO NOT FALL**. Take great caution in preventing any falls by using your ambulatory devices (such as a front wheel walker), and ensure your home is properly prepared as discussed in your pre-operative planning phase. Allow your Care Partner to help with all transfers and give assistance with ambulation until your physical therapist clears you for independent ambulation.

Following surgery, you will need to start prophylaxis treatment for preventing a blood clot (DVT). This will consist of exercises (see page 46) and medication. The medication choice will be based on several potential risk factors. Your surgeon will discuss this with you prior to surgery.

Begin icing your surgical extremity as soon as you return home. Ice as much as tolerated for the first 48 hours. Then ice regularly for the next 1-2 weeks as needed to treat discomfort. For ease, you should have 2–3 sets of ice bags or an ice machine. The recommended amount for each ice session is 2-3 bags. Manage any post-operative pain as necessary. Strategies to help manage your post-operative pain will be discussed with you by your surgeon and a guide to pain management is detailed on page 41. If you have any questions or concerns please contact our office at **425.455.3600**. If you feel you have uncontrolled pain, contact our office.

It can generally be managed through our office and typically **does not require a trip to an urgent care facility or emergency room.**

Once home, gently advance your diet. Start with foods that are considered “clear liquids” such as broth, gelatin, and tea. Once you are tolerating clear liquids, add foods that are typically very gentle on your stomach, such as saltine crackers, rice, or lightly buttered toast. **DO NOT** start with heavy or greasy foods as this may cause severe nausea and vomiting.

POST-OPERATIVE PAIN MANAGEMENT

It is important to realize that if you are NOT experiencing pain then you do not need to take pain medications. While they are important in the recovery process, they can have their own side effects such as constipation, nausea/vomiting, or dizziness. Equally important in the post operative phase is the use of Tylenol (acetaminophen), icing, and elevation. Your surgeon or a physician's assistant will be calling you the evening of surgery and daily for the first 3 to 4 days to monitor your progress and troubleshoot if necessary.

WHAT TO EXPECT AT HOME AS YOUR ANESTHETIC WEARS OFF

Post-operative pain following your knee replacement is normal and expected. The onset and intensity of pain is extremely variable, because the duration of the nerve block varies with each individual.

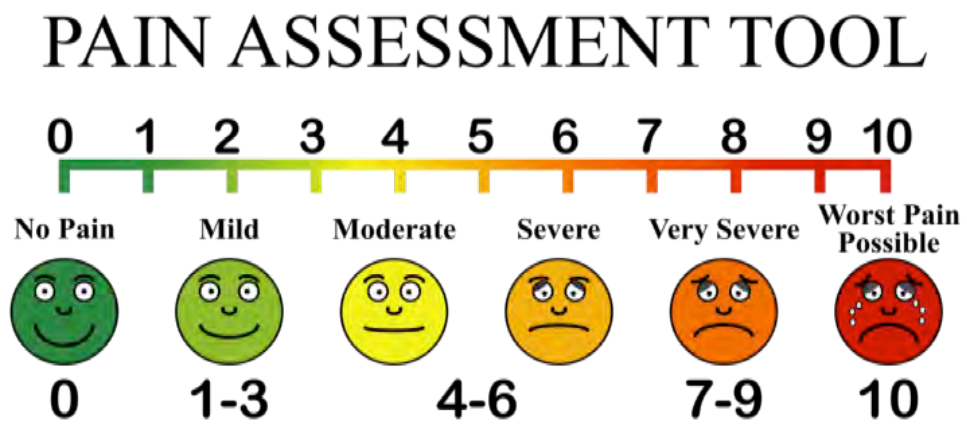
A typical post-operative course:

- **6-14 hours** following surgery: The "pain cocktail" injected in your surgery site will gradually wear off. This will likely be noted by an increase in discomfort in the back and outside aspect of the knee. This should stabilize within a few hours and may require a small increase in your pain medication.
- **48-72 hours** following surgery, the adductor canal block will gradually wear off. You will notice an increase in pain to the front of the knee. At this point many people will experience enough discomfort to increase their narcotic dose.
- An increase in swelling and aching will often coincide with activities or physical therapy. This may cause overall knee stiffness. It is important to ice, elevate, and use Celebrex if prescribed by your surgeon. Over the counter anti- inflammatories, such as Aleve, Ibuprofen, or Advil, should NOT be used without your surgeon's knowledge.

HOW AND WHEN TO TAKE PAIN MEDICATIONS

Pain management after surgery is a vital component to your recovery. You and your surgeon will create a program to specifically control your pain, constipation, and nausea/vomiting based on your individual needs. This allows you to do your therapy as well as rest with minimal pain. It is NOT realistic to expect to be pain free. When to start your pain medication, how often to take it, and how much to take varies greatly among patients. You should start taking pain medications once you start to feel substantial discomfort. If you are not feeling discomfort then you DO NOT need to take pain medications.

Below is a guide to timing and pain medication dosing. If you have any questions or concerns please do not hesitate to contact your surgeon's office.



TAKE ONLY ONE TYPE OF NARCOTIC AT A TIME. DO NOT MIX NARCOTIC PAIN MEDICATION WITHOUT DISCUSSING THIS WITH YOUR SURGEON.

DOSAGE ACCORDING TO THE PAIN ASSESSMENT TOOL

Pain from 0–2:

Tylenol 975 mg (3 regular Tylenol or 2 extra strength Tylenol) every 8 hours and Celebrex (200mg), if prescribed, twice daily.

Pain from 3–5:

Oxycodone 5 mg or Dilaudid 2 mg every 4 hours as needed.

Pain from 6–7:

Oxycodone 10 mg or Dilaudid 4 mg every 4 hours as needed.

Pain from 8–10:

Oxycodone 10–15 mg or Dilaudid 6 mg every 4 hours as needed.

Once home, continue to take Tylenol and Celebrex 200 along with your narcotics as prescribed.

Take pain medications only as you feel you need it: Do not anticipate pain and take narcotics “just in case."

Once you establish the amount and frequency of pain medications necessary for your pain control, plan on using that amount routinely for just a few days until your pain subsides. Once your pain starts to decrease, you can wean from narcotics by taking fewer pills at a time, or taking your pills less frequently.

Example 1: Take 10 mg every 4 hours instead of 15 mg

Example 2: Take 10 mg every 6 hours instead of every 4 hours

If you experience pain that you feel is not controlled by the medications prescribed in your post-operative plan, **please call the office at 425.455.3600** and speak to a member of your medical team. If it is after 5:00 p.m. or over a weekend/holiday you will be directed to the on-call physician. **Almost all pain management issues can be dealt with through our office, and DO NOT require going to the Emergency Room.**

At times it will be necessary for you to take a long acting narcotic called OxyContin or MS Contin in conjunction with your regular narcotics. Your surgeon will discuss this with you if needed. This will need to be taken every 12 hours. Ideally, they should be taken at 9:00 a.m. and 9:00 p.m.

THINGS TO KNOW ABOUT PAIN MEDICATIONS

1. **DO NOT** take more than the amount prescribed. This can cause respiratory depression and ultimately cause you to stop breathing.
2. **DO NOT** consume alcohol or any other drugs, including marijuana. This too can cause respiratory depression and ultimately cause you to stop breathing.
3. Narcotics **WILL** cause constipation: A bowel care program is laid out on page 45. Take your medications with a small snack to avoid stomach upset.
4. Narcotics can cause a variety of side effects, including nausea/vomiting, rash, anxiety, hallucinations, excessive sweating, and dizziness. If you experience anything out of the ordinary for you, please call our office to discuss your symptoms and to discuss whether changing your medications may be appropriate.
5. Narcotic refills require a 24–48 hour turnaround time and require a **written copy** of the prescription. You can pick up your prescription at our Bellevue, Issaquah, or Redmond office. Tell your medical team which office would be most convenient for you. **Our office CANNOT refill your narcotics after 5:00 p.m. during the week, nor over the weekend or on holidays.** Please anticipate your needs so as not to run out.
6. Not all pain is best controlled with narcotics. Icing and elevation will be key in decreasing pain levels. You will also be given an anti-inflammatory, typically Celebrex, and Tylenol (acetaminophen) both of which can provide a substantial amount of pain relief after the initial 2–3 days following surgery. These will be discussed with you before surgery and you will likely take routinely, rather than only when needed.
7. **Nearly all problems can be resolved with a phone call to our office.** There is always someone on call who can help so do not hesitate to call. If you do not feel your symptoms are life threatening, please contact our office before going to an urgent care facility or emergency Rrom.

BOWEL CARE/CONSTIPATION

Constipation is a very common problem following surgery, and is a result of a combination of factors. The use of narcotics, poor diet and hydration, and lack of activity are factors in developing constipation. Eating a healthy diet high in fiber, staying well hydrated, and increasing activity will help prevent constipation from occurring. You will be prescribed medication to help reduce the risk of developing this post-op side effect.

Until you have regular bowel movements, we encourage you to follow the regimen below:

1. You will be prescribed Senokot-S, which is a combination stool softener and laxative.
2. If you have not had a bowel movement in two days, then you can add over the counter Miralax or Metamucil.
3. If you have not had a bowel movement 24 hours after starting Miralax or Metamucil, call our office.
4. Stay well hydrated and eat foods high in fiber.
5. Once you start having regular bowel movements, you may discontinue the use of stool softeners.

If you develop sudden onset abdominal pain, nausea, or vomiting contact our office. This may be a sign of a more serious post-operative complication.

If you have a history of constipation, or concerns about this being a potential post-operative occurrence, you can start over the counter Miralax as directed 3 days prior to surgery.

PREVENTING BLOOD CLOTS

Following surgery, you are at risk for developing a blood clot known as a deep vein thrombosis, or DVT. During surgery, interventions will be used to help minimize this risk. Following surgery you will be placed on a blood thinner based on your individual risk factors. Your surgeon will prescribe one of the three following options:

Aspirin

Patients who are placed on aspirin will be required to take a full strength, 325 mg tablet twice a day with food for 30 days. Celebrex is the only anti-inflammatory that is safe to take while on aspirin. **Start this medication the night of surgery.**

Coumadin

Patients who are on Coumadin will initially require bi-weekly blood monitoring either at Overlake Hospital Anti-Coagulation Clinic (ACC), or your primary care physician. Total therapy length is 30 days. It is not uncommon to have the dosage change daily. Dietary restrictions will also be discussed to prevent interference with the medication. You will be required to watch a short educational video prior to surgery. **Start this medication the night of surgery.**

Eliquis

Patients that are placed on Eliquis will be required to take 2.5 mg twice a day for 30 days. **Begin this medication the morning after surgery.**

Ankle Pumps

Increasing blood flow in your legs following surgery is equally as important as your blood thinning medication. Performing ankle pumping exercises, short frequent periods of activity while avoiding excess periods of inactivity will help reduce the risk of developing a blood clot.

ANKLE PUMPS

With your leg relaxed, gently flex your foot and point your toes (bend and straighten the ankle).

Repeat 10 times (each leg), every hour while awake.

Issues that surround the use of blood thinners:

1. Nonsteroidal Anti-inflammatories, such as Aleve, Advil, ibuprofen, or Motrin **may not be used.**
2. Blood thinners can cause bruising. Report any unusual bleeding or bruising (i.e., bleeding gums, nose bleeds, or excessive menstrual flow).
3. They can cause spontaneous bleeding into the knee. If this occurs, there will be sudden swelling around the knee causing increased pain, warmth and a decrease in range of motion. If this occurs call the office.
4. Despite being on a blood thinner, a DVT can still occur. If you are concerned that you might be developing a blood clot, contact our office and we will arrange for an ultrasound study to be performed. This is a non-invasive test done in a clinic setting, and typically DOES NOT require an emergency room visit.

Signs and Symptoms of a Blood Clot

1. Swelling in your calf or thigh that does not improve within an hour of elevation.
2. Pain, increased warmth and/or tenderness in your calf, or with motion in your ankle.

Signs and Symptoms of a Pulmonary Embolus (PE)

This is a true medical emergency. It occurs when a blood clot travels to your lungs.

CALL 911 IMMEDIATELY IF YOU DEVELOP ANY OF THESE SYMPTOMS:

1. Sudden chest pain.
2. Difficulty breathing which can consist of feeling short of breath, or pain upon a deep breath.
3. Confusion and anxiety.
4. Sweating accompanied by any of the above symptoms.
5. Coughing blood.

REHABILITATION

ELEVATING AND ICING YOUR LEG FOLLOWING SURGERY

You will experience swelling following surgery at some level. In general, swelling will increase as the day goes on and after activity. It should decrease after you rest or have

slept through the night. This may last for several weeks. As you are better able to find a balance between keeping swelling at a manageable level and activity, physical therapy, and home exercises, you will have less discomfort and gain range of motion. The following are ways to help manage your swelling:

1. Icing: Place 2-3 ice bags on top and on the sides of the knee as tolerated for the first 48 hours. Then you may reduce this to 30–45 minutes 4–5 times a day for the first week. After the first week, continue to ice as needed. Always ice after doing therapy and your home exercises. If you are interested in purchasing an ice machine, see page 64.
2. Elevating your surgical leg while lying down. Place pillows under the entire operative leg and not solely under the surgical knee.
3. Do not sit for long periods of time.
4. Balance your activity with periods of rest.

If you have any questions about elevating your surgical extremity, please discuss this with your physical therapist or our office.

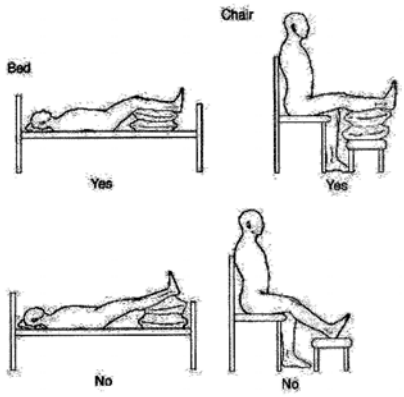
ELEVATION

Gently elevate your operative knee by placing pillows under the calf and foot. You can bend at the hip to help keep your back comfortable

KEY: DO NOT allow the pillows to support the knee itself.

DO NOT put your operative leg in an uncomfortable position. Having the leg straight without any bend in the hip will place unnecessary stress on your lower back.

Ensure your knee is level or above your hip joint if you are sitting in a chair.



Unless under the guidance of your therapist, DO NOT rest with any type of support device under your knee as shown. This can impede blood flow.

POST-OPERATIVE EXERCISES

You will be able to walk before you are discharged from the Surgery Center. We will expect that you will resume your out patient physical therapy 2-3 days following surgery. Until then, you will need to start your own, self- directed therapy as planned during your prehab visit. At the minimum, begin the following exercises the night of surgery.

REMEMBER:

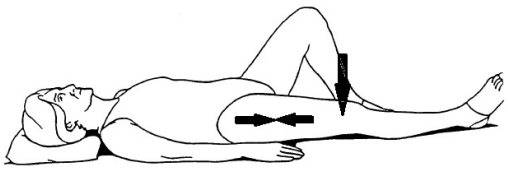
- Perform each exercise slowly.
- Do NOT hold your breath.
- Stop any exercise that is too painful.

Do one set of each exercise the night of surgery. The day after surgery you should do 3–4 sets each. Ice your knee for 30-45 minutes after doing each set.

QUAD SETS (KNEE PUSH DOWNS)

Lie on your back, keep your knee straight. Push the back of your knee into the bed while tightening the muscle on the front of your thigh.

Hold for 5 seconds, and then relax.



HEEL SLIDES (SLIDE HEELS UP AND DOWN)

Lie on your back, bend your knee by sliding your heel toward your bottom, and then straighten the leg. Bend your knee to a position that you can tolerate.

ANKLE PUMPS

This exercise is important in helping to prevent blood clots (DVT). You should begin this exercise the night of surgery and follow the guidelines on page 46.

TAKING CARE OF YOURSELF AT HOME

SHOWERING, DRESSING CHANGE, AND INCISION CARE

Following surgery, you will have a special dressing called an Aquacel applied over your incision. This dressing is waterproof which will allow you to shower the day after surgery. You may experience dizziness or lightheadedness, which can be a side of effect of narcotic use, or just getting up too quickly following long periods of sitting or sleeping. If this occurs, sit back down immediately, and do not shower until it clears. If it does not clear within a few minutes, contact our office. Use of a shower stool and hand-held shower head can increase confidence and safety, if available.

Despite the Aquacel's waterproof nature it will not allow you to soak the incision. You must avoid baths, saunas, pools or hot tubs. If the dressing remains relatively dry and not fluid soaked, it will remain in place for 7-10 days. It is common to have a small amount of drainage. If you feel the amount is excessive, or your dressing may need to be changed, please contact our office. Otherwise we will remove the dressing at your first post- operative appointment 7-10 days after surgery. We will also remove the staples or sutures at that time.

Once the staples or sutures are removed, steristrips will be placed over the incision. These will reduce the stress on the incision and help with wound healing. You can get the steristrips wet and they will naturally fall off on their own.

Once the dressing is removed you will not need to redress the incision as long as it stays clean and dry. For comfort, you may place a lightly wrapped ace wrap over your incision to prevent clothing from rubbing on the incision. Our office will provide dressing s if needed.You should not apply any lotions or creams until 6 weeks after surgery.

FOLLOW-UP APPOINTMENTS

First Post-Operative Visit

Your first visit to the office will be 7-10 days after surgery. It will be scheduled at the time you scheduled your surgery. In general, it will be with a Physician Assistant who is familiar with your surgery. If you are not sure **when, what time,** or **which office,** call the office and we will be happy to direct you. You should **arrange for a ride** to this appointment as you will not yet be ready to drive. Every post-operative course is different so please feel free to ask questions, discuss your surgery and/or recovery, or any other concerns you may have. In general, the following will happen at this appointment.

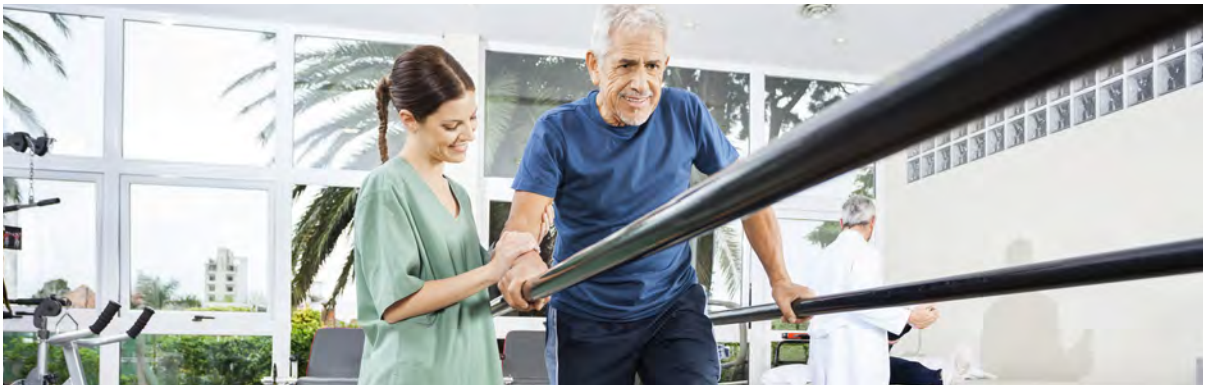
1. Your dressing and staples or sutures will be removed.
2. Your dressing will be replaced if needed.
3. Medications will be refilled if needed.
4. Depending on surgeon preference, x-rays may be taken. If they are not taken at this visit they will be taken at the 6 week follow up visit which will be with your surgeon.
5. A review of your outpatient physical therapy progress.

Second Post-Operative Visit

Your second scheduled follow-up visit will be with your surgeon. This appointment is typically 6 weeks after surgery, and will be scheduled at the same time you schedule your surgery. It is fairly typical that patients are able to drive themselves at this point. Most patients have stopped using the majority of narcotics. If x-rays were not taken at your first Post-Operative visit they will be taken at this visit. Your surgeon will review your physical therapy progress, discuss any other concerns, and make additional recommendations as needed.

OUTPATIENT PHYSICAL THERAPY

Resume your outpatient physical therapy 3-5 days following surgery. Your therapy should be with a physical therapist who is easy and convenient for you to see. Your therapy schedule will be based on your progress. Typically, 3 visits a week are required for the first 2 weeks, then twice a week for the next 6-8 weeks. You will receive your prescription for outpatient physical therapy during your pre-operative appointment. Scheduling your therapy appointments early in the planning stages will allow you to schedule times and days that will best accommodate you and your rehab process.



LUNG HEALTH

Following surgery, it will be very important to resume normal breathing patterns. While starting early physical therapy for your knee is vital to your recovery, the same is true for your lungs. It is not unusual following surgery to take smaller, more shallow, and weaker breaths. The goal immediately following surgery is to regain your normal breathing pattern to prevent post-operative complications such as pneumonia. Respiratory exercises should be done every hour while awake. This will include purposely taking 10 deep breaths every hour, increasing your activity level, and gradually deceasing narcotic use as this is a common cause of depressed respiratory function.

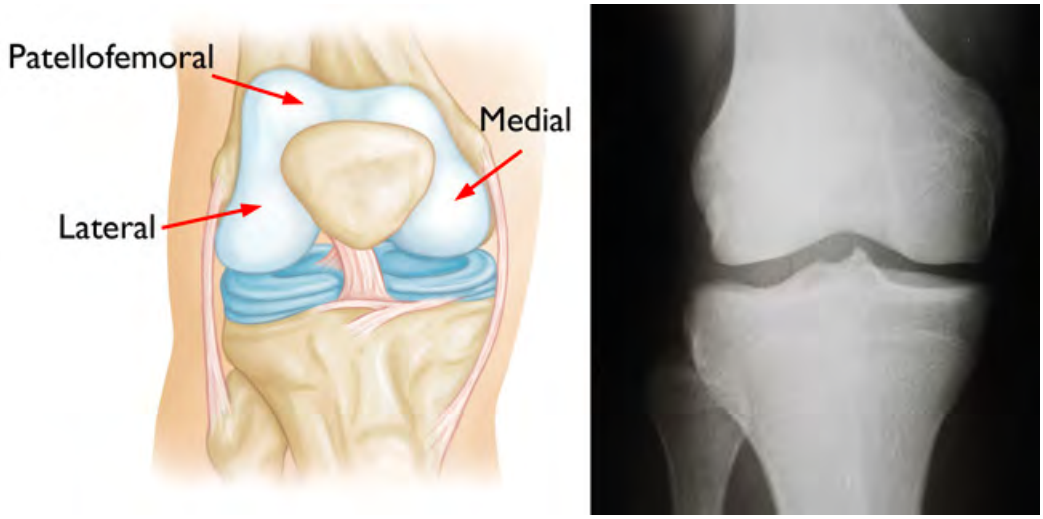
Overuse of narcotics can lead to respiratory depression, and even respiratory arrest which can be fatal. You should only take your medication as prescribed by your surgeon. Combining narcotics with alcohol or other medications such as Valium, marijuana products, or Ambien without your surgeon's approval can cause respiratory arrest.

Joint Replacement

Patient Education

JOINT REPLACEMENT GLOSSARY

The knee joint is the largest joint in the body. It is a hinged joint consisting of the bottom of the femur and the top of the tibia. It is divided into 3 continuous compartments: The medial (inside) lateral (outside), and the patellofemoral (space under the knee cap). The bones in all three compartments are lined with a special smooth cartilage called hyaline cartilage. This cartilage protects the ends of the bones and, in conjunction with joint fluid enables the joint to move freely with relatively no friction. In a healthy joint, all three compartments work in harmony.



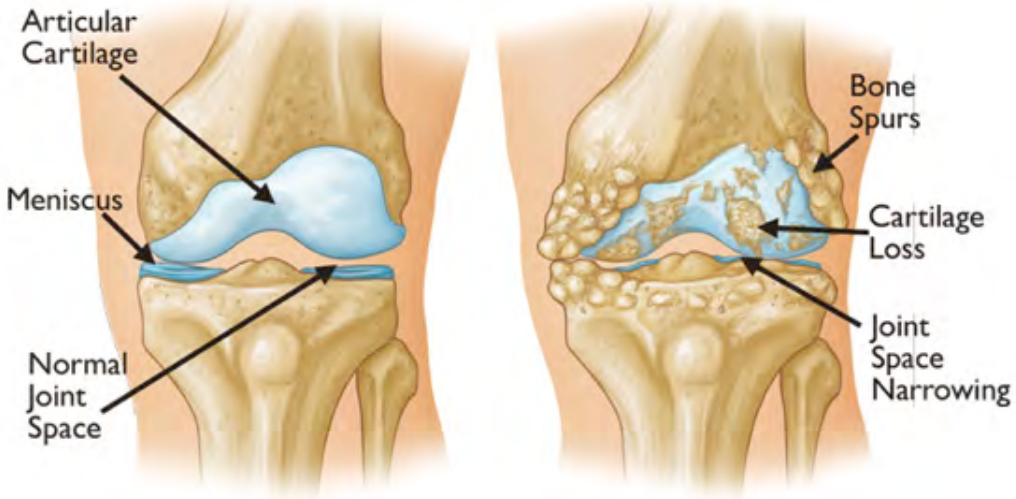
Arthritis is the loss of the joint cartilage lining the bones in one or more of the three compartments. The leading cause of arthritis is osteoarthritis, better known as “wear and tear” arthritis. Less common causes of arthritis include rheumatoid, post-traumatic arthritis, or avascular necrosis (AVN). When arthritis occurs in one or more compartments, it causes increased swelling of the knee, stiffness, weakness, and pain. Patients will experience a significant reduction in their ability to perform even basic activities of daily living.

When conservative treatment options such as injections, anti-inflammatories, activity modification, and physical therapy have failed to reduce pain and swelling and increase motion and function, then knee replacement is an appropriate treatment option. It is a safe and effective means of reducing pain, increasing motion, correcting leg deformity, and returning patients to a healthy and satisfying lifestyle.

The first knee replacement was performed in 1968. Since then, there have been advances in the materials composing total knee implants, and in surgical techniques. These advances have greatly increased the success of total knee replacement surgery. According to the Agency for Healthcare Research and Quality, more than 600,000 knee replacements are performed each year in the United States.

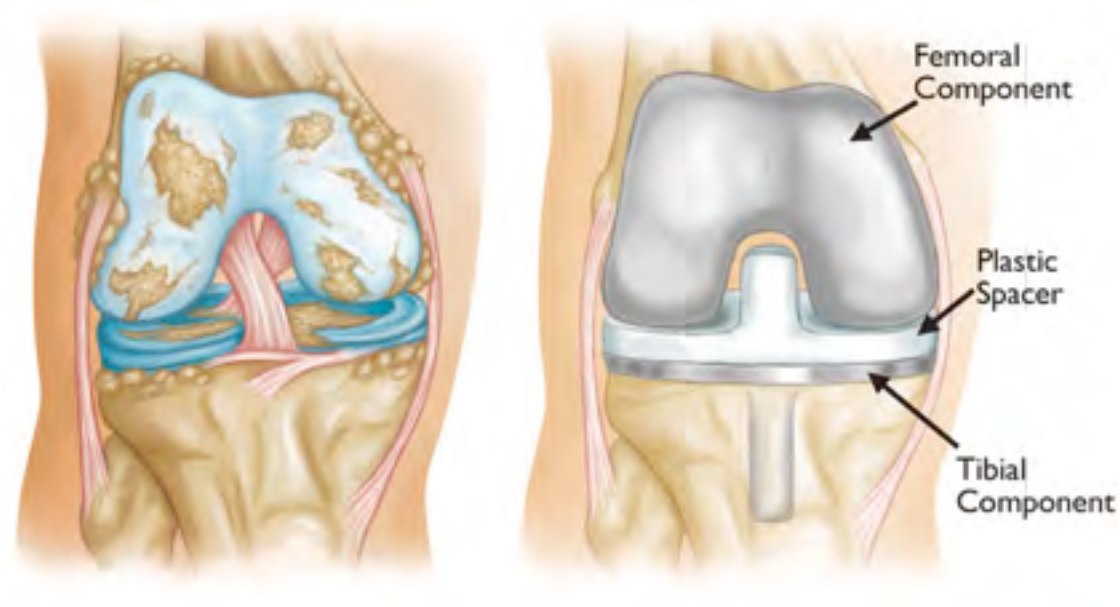
The knee below is a healthy appearing knee. The articular surface, also referred to as the joint surface, is smooth without any cartilage loss or damage.	The knee below demonstrates typical wear and tear of arthritis. There is damage to the articular cartilage, joint space narrowing, and bone spurring, all of which are hallmark findings of arthritis.

HEALTHY KNEE **ARTHRITIC KNEE**



TOTAL KNEE REPLACEMENT

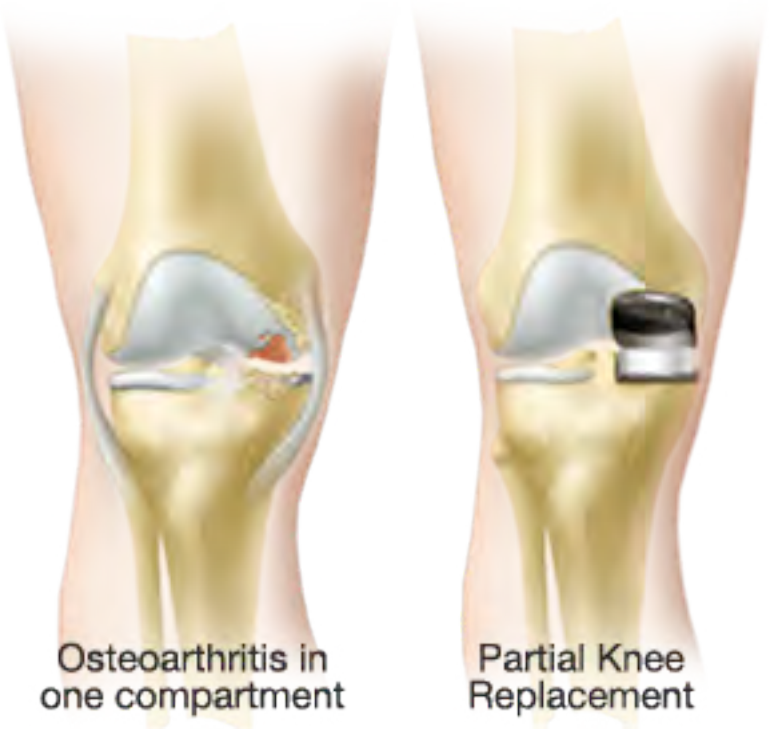
A total knee replacement is performed when two or more of the compartments demonstrate cartilage loss. This is determined by x-rays, symptoms, and clinical exam.



Simply put, your knee replacement will consist of reshaping the end of your femur, the top of the tibia, and the underside of the knee patella. Minimal bone is lost following a knee replacement. During surgery the femur, tibia, and knee cap (patella) will be sized, and corresponding implants will be placed. The implants are fixed to the bone by "bone cement." There are multiple sizes of implant for each compartment being replaced. It is not one size fits all. A plastic liner is inserted between the femoral and tibia component. The ligaments holding the knee together are properly balanced. Once the implants are firmly in place, the knee will be fully extended and flexed beyond 130 degrees. This will ensure that the knee is stable and capable of full range of motion.

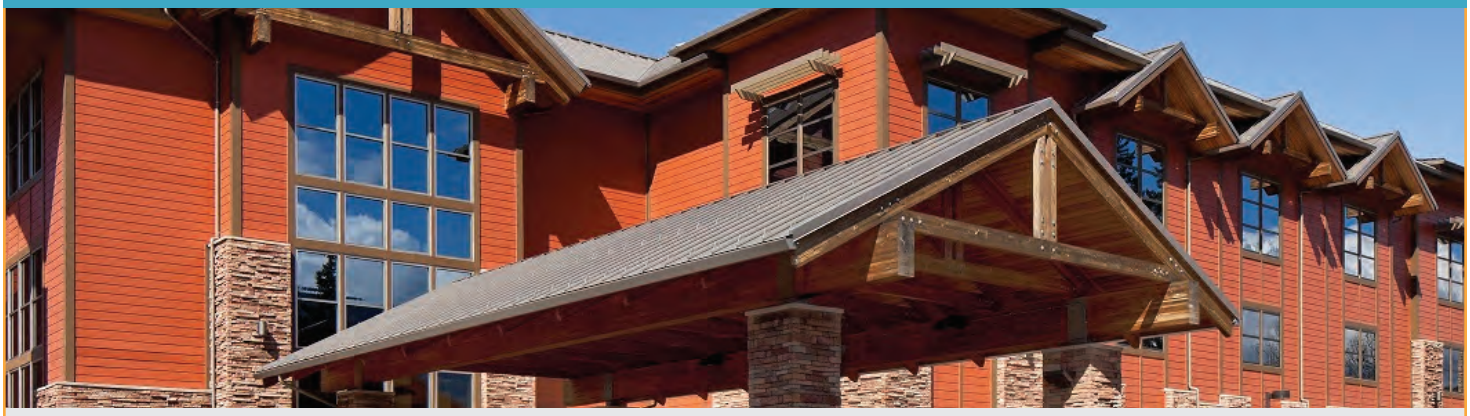
PARTIAL KNEE REPLACEMENT

A partial knee replacement may be possible when only one compartment, typically the medial, shows signs of arthritis. Only that compartment will be replaced if all of the other indications are met. Each compartment has its own special indications for partial knee replacement. Your surgeon will discuss this with you at length prior to surgery.



The image on the left shows isolated cartilage loss of the medial compartment. The image on the right is the result of a partial knee replacement. Only the medial, or inside compartment, of the knee is replaced. The end of the femur and the top of the tibia are sized in the operating room, reshaped, and fixed to the bone with bone cement. A plastic liner is inserted between the femoral and tibia component. The ligaments holding the knee together are properly balanced. Once the implants are firmly in place, the knee will be fully extended and flexed beyond 130 degrees. This will ensure that the knee is stable and capable of full range of motion.

NOTES



FAQ

RETURN TO WORK

Timing of your return to work is different for every patient. In general, those with sedentary jobs can plan to return between 4-6 weeks, with the average typically closer to 6 weeks. For those with more physically demanding jobs it can be as long as 12 weeks. Talk with your surgeon to determine a realistic timeline for your return to work.

WALKER/CRUTCHES/CANE

This will be based on your individual ability to ambulate safely. You will have pre-operative instruction in the use of these devices and you will most likely start using a walker immediately after surgery. Your therapist will help to guide you into making the transition from a walker/crutches to a cane and then to independent ambulation.

PRE-OPERATIVE BLOOD DONATION

You will not need to donate blood. Donating blood actually increases the risk that you will need a blood transfusion from another person. Your surgeon will minimize blood loss by performing meticulous, efficient surgery using a tourniquet and giving you a medication during surgery proven to lower blood loss.

POST-OP INFO

TRAVEL

Ideally we would like for you to stay in the area for at least 6 weeks following surgery. If you are planning on traveling outside of the Seattle area, please discuss this with your surgeon so that necessary precautions can be discussed.

AIRPORT SECURITY

You will most likely set off the alarm at security at the airport. It is most efficient if you can simply go through the body scanner, but if that option is not available, tell the TSA agent and go through the routine scanner. If you do set off the alarm, they will wand you and perform a pat down before letting you through security. TSA ignores cards and letters stating that you have an artificial joint and are not worth showing.

POST-OPERATIVE ANTIBIOTICS

FOR DENTAL

You will need to take prophylactic oral antibiotics for dental work, and we will prescribe them for you if your dentist will not. The dental literature states that you do not need to take this precaution once you are more than two years from your joint replacement, **but we recommend them for a lifetime.**

FOR COLONOSCOPY + SKIN INFECTION

You do not need antibiotic coverage for colonoscopy, but **antibiotics are recommended for skin infections** on the operated leg or for surgical-created skin violations such as skin biopsies.

YOU CAN MAKE YOUR SURGERY THE MOST SUCCESSFUL IF YOU:

- **STOP SMOKING;**
- Maintain a healthy diet and stay well hydrated;
- Achieve a reasonable weight;
- Wean and stop pre-operative narcotic use.

ANTI-INFLAMMATORIES

The role of anti-inflammatories following surgery will be an important part of your recovery. Typically two weeks after surgery the majority of your pain will be influenced by swelling in your knee. Controlling the swelling will decrease stiffness and pain, help increase range of motion, and allow for a more rapid return of strength in your joint. During the first 4 weeks following surgery the **ONLY** anti-inflammatory you should take is Celebrex. No other anti-inflammatories should be used during this time frame. Their use will interfere with the effectiveness of your blood thinning medication. After 4 weeks you may begin a regimen of your choice. **Please discuss potential anti-inflammatory use with your surgeon.**

DISABLED PARKING PERMITS

Our office will provide you with a temporary disabled parking application and prescription. You can mail your application to the state or take it to a State Licensing (DOL) office. The following link will take you to locations of approved Licensing Offices by county. **https:/fortress.wa.gov/dol/dolprod/vehoffices/**

IMPLANT SELECTION

One of the advantages of having your knee replaced by your surgeon at Proliance, is our freedom to select the implant that is best for you. While there are many companies that manufacture total knee implants, they are not all the same. Your surgeon will discuss which implant is right for you. Below are links to companies commonly used by your surgeon.

www.zimmerbiomet.com | www.stryker.com | www.smith-nephew.com

GENERAL INFORMATION

MRSA/AVOIDING INFECTIONS

While the infection rate following joint replacement occurs in fewer than 1% of procedures, it remains a serious complication. Therefore Proliance Orthopaedics and Sports Medicine has established a program to minimize surgical infection, consisting of:

1. Pre-and-post-operative IV antibiotics.
2. Nasal antiseptic swabs with Povidone-Iodine solution applied to each nostril prior to surgery at the surgery center.
3. Pre-operative showers the night before and morning of surgery with Hibiclens antibacterial solution.
4. Screening for Methicillin-Resistant Staphylococcus Aureus (MRSA). MRSA carriers are at an increased risk for infection. We will screen you for MRSA so you can be treated if you are a carrier.

DRIVING

Driving will depend on which knee was replaced. If you had a left knee replacement and you drive an automatic, you can drive whenever you are completely off narcotics. If you had a right knee replacement or drive a manual transmission, you will need to meet the following criteria:

1. Discontinued narcotics.
2. Have good quadriceps control by means of an independent straight leg raise.
3. Have 90 degrees of bend without warming up.
4. You must be able to perform an emergency stop before driving.

POLAR CARE KODIAK ICE MACHINE

The polar care Kodiak Cold Therapy System is the most convenient and versatile offering in Breg's Polar Care Line. Its easy to use, compact design makes it great for clinic, hospital, and home use. With the addition of a little ice and water, you will enjoy 6-8 hours of effortless cold therapy. Offering the only battery powered option on the market, Breg ensures you can enjoy the benefits of cold therapy from anywhere: on the sidelines or in the backyard. Each battery pack comes with four replaceable AA batteries ready to power 10-14 hours of motorized cold therapy. Proper use requires an insulation barrier between the Intelli-Flo® pad and your skin.

Cost: $220 (approx.) and is not covered by insurance.

For more product or service information, please contact your local sales representative:

Kylie Knight

Pacific Medical, INC.

253.508.7174

kknight@pacmedical.com

For directions on how to use, please call the representative listed above, or go to the website: **www.topshelforthopedics.com/products-coldtherapy.html**

DURABLE MEDICAL EQUIPMENT LOCATIONS

Please arrange to have your medical equipment delivered prior to your hospitalization. Please give your prescription to the facility delivering your supplies as a portion may or may not be covered by your insurance.

Bellevue Healthcare Locations:

Bellevue, WA 2112 116th Ave NE Bellevue, WA 98004 Phone: 425.451.2842 Fax: 425.467.6661	**Seattle, WA** 3509 Stone Way North Seattle, WA 98103 Phone: 206.724.0033 Fax: 206.388.0033
Redmond, WA 2015 152nd Ave NE Redmond, WA 98052 Phone: 425.451.2842 Fax: 425.467.6661	**Spokane, WA** 45 W 2nd Ave Spokane, WA 99201 Phone: 509.532.7779 Fax: 509.532.1088
Bellingham, WA 1025 N State Street Bellingham, WA 98225 Phone: 360.527.0475 Fax: 360.373.3660	**Sequim, WA** 520 East Washington Sequim, WA 98382 Phone: 253.274.8500 Fax: 260.681.2444
Bremerton, WA 5251 SR Highway 303 NE Bremerton, WA 98311 Phone: 360.373.3660 Fax: 360.373.3660	**Tacoma, WA** 45 W 2nd Ave Spokane, WA 99201 Phone: 509.532.7779 Fax: 509.532.1088
Everett, WA 2031 Broadway Everett, WA 98201 Phone: 425.258.2778 Fax:425.258.6710	**Wenatchee, WA** 223 Wenatchee Ave Wenatchee, WA 98801 Phone: 509.662.8700 Fax:509.662.8715
Kennewick, WA 223 West 1st Ave Kennewick, WA 99336 Phone: 509.586.2778 Fax: 509.585.2777	**Yakima, WA** 10 West Yakima Ave Yakima, WA 98902 Phone: 509.452.3700 Fax: 509.452.3701
Lacey, WA 4500 Pacific Ave SE Lacey, WA 98503 Phone: 360.438.2955 Fax: 360.438.2112	You are welcome to take your prescription wherever you would like to obtain your medical equipment.

Bellevue Healthcare is an independently owned and operated business and not affiliated with Proliance.

PROLIANCE SPORTS THERAPY LOCATIONS

1200 112th Ave NE, Ste. C-260
Bellevue, WA 98004

425.462.5006

510 8th Ave NE, Ste. 340
Issaquah, WA 98029

425.313.3055