



SURGICAL SERVICES

# Total Knee Replacement



# Total Knee Replacement



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Centre



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## Introduction

Together with your Surgeon, you have decided that a total knee replacement is necessary to decrease your pain and increase your function. This booklet will provide you with information on how to prepare for your surgery and what to expect throughout your recovery and rehabilitation period.

The health care team has put together a Clinical Pathway, which will act as a guide, so that you will know what will happen on a day-to-day basis. This Clinical Pathway is on pages 3-4 of this booklet. Your surgeon, with the aid of the health care team, will determine how long your hospital stay will be. This may be from 1-2 days.

Please be sure to keep and read this information, as the team members will refer to these instructions throughout your stay.

## The Team

A number of health care professionals may be involved in your care. The following is a list and brief description of their roles.

**Nurses** will coordinate your care needs, assist you with your day-to-day care, explain how your pain will be managed, and help you to get ready to go home.

**Physiotherapists (PT)** will help you gain strength and movement in your operated leg. You will be taught exercises and how to resume walking in a normal manner using equipment, such as a walker, as needed. In addition,

**Occupational Therapists (OT)** will help you get back to doing activities that you need to do on a daily basis. They may show you different types of equipment to use for these activities and/or provide you with information on community resources that you can access.

**Discharge Planners/Social Workers** will be able to help you in planning for transfer and discharge from hospital and oversee appropriate contacts with other services or organizations.

**North West Local Health Integration Network (LHIN) Home and Community Care Hospital Coordinator** will set up in-home visits with health professionals if needed.

**Coach/Buddy** is usually a family member or close friend who will be taught to assist you with recovery and rehabilitation. They should attend the preadmission visits with the nurse and rehabilitation staff and be available to help with exercises and other tasks for about one week after discharge from hospital.

**Your role**, before and after surgery, is to prepare your home for discharge, arrange for supports for discharge, learn and do the exercises, practice with your equipment and let the team know how you are progressing.

## Preadmission & Acute Care Stay

	Preadmission Clinic and Rehabilitation	Day of Surgery	Post Operative (Post Op) Day 1
<b>Consults</b>	<ul style="list-style-type: none"> <li>Anesthetist</li> <li>Physiotherapist</li> <li>Nurse</li> </ul>		<ul style="list-style-type: none"> <li>Physiotherapy</li> <li>Occupational Therapy (if needed)</li> </ul>
<b>Tests</b>	<ul style="list-style-type: none"> <li>Lab Tests</li> <li>ECG (if needed)</li> <li>X-ray of knees</li> </ul>	As needed	Lab Tests
<b>Medications</b>	Review the medications that you are presently taking	<ul style="list-style-type: none"> <li>Intravenous (IV) started</li> <li>Antibiotics</li> <li>Pain and nausea medication</li> <li>Blood thinner to prevent clots</li> <li>Patient specific medication</li> </ul>	<ul style="list-style-type: none"> <li>IV</li> <li>Antibiotic</li> <li>Pain and nausea medication</li> <li>Blood thinner</li> <li>Laxative</li> <li>Patient specific medication</li> </ul>
<b>Treatments</b>	Chlorhexidine Gluconate soap skin prep for 3 days prior to surgery	Wound and dressing care	Drain removed if present Wound dressing change if needed
<b>Activity</b>	Learn and practice exercises and walking with walker or crutches (refer to page 7, 8, 13, 14 in booklet)	<ul style="list-style-type: none"> <li>Deep breathing and coughing</li> <li>Post op exercises as explained in the pre-op classes</li> <li>Up in the evening with help as needed</li> </ul>	<ul style="list-style-type: none"> <li>Up in chair</li> <li>Walking with walker with assistance</li> <li>Deep breathing and coughing exercises</li> <li>Post op exercises</li> </ul>
<b>Nutrition</b>	High fibre diet recommended	<ul style="list-style-type: none"> <li>Nothing by mouth before surgery</li> <li>Clear fluids after surgery</li> </ul>	Diet as tolerated High fibre diet recommended
<b>Teaching</b>	<b>Review</b> <ul style="list-style-type: none"> <li>Clinical Pathway</li> <li>Educational needs</li> <li>Exercises</li> <li>Post-op Rehabilitation needs (outpatient therapy)</li> <li>Assistive Devices and Equipment needs</li> </ul>	<b>Review</b> <ul style="list-style-type: none"> <li>Pain control</li> <li>Exercise program/ positioning</li> <li>Deep breathing and coughing</li> <li>Safe transfers</li> </ul>	<b>Review</b> <ul style="list-style-type: none"> <li>Pain control</li> <li>Exercise program/ positioning</li> <li>Deep breathing and coughing</li> <li>Safe transfers</li> <li>Prevention of constipation</li> <li>Safe use of walker/crutches</li> </ul>
<b>Discharge Planning</b>	Discuss discharge and rehabilitation plans Arrange for equipment at home; transportation; family/friend support; make outpatient PT appointment		Begin preparation for home discharge. Home discharge will occur between 1-2 days after surgery
<b>Goals</b>	Questions will be answered or directed to the appropriate person	<ul style="list-style-type: none"> <li>Pain and nausea is managed</li> <li>Vital signs normal</li> <li>Stand at bedside with help as needed</li> </ul>	<ul style="list-style-type: none"> <li>Pain is managed</li> <li>Sitting, standing and walking with assistance and equipment as needed</li> </ul>



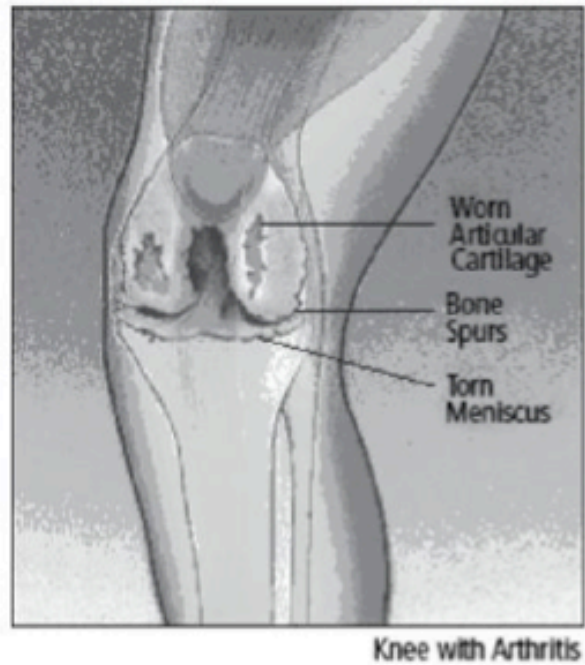
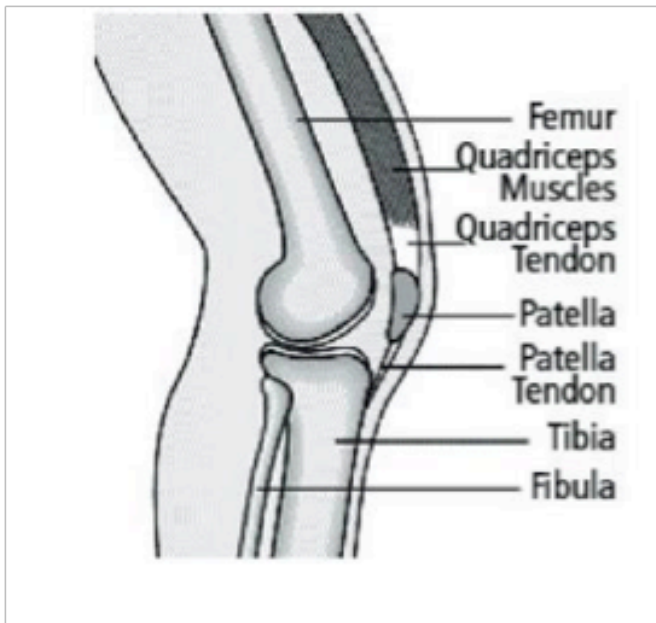
## Preadmission & Acute Care Stay Continued

	Discharge Day Post op Day 1-2
<b>Consults</b>	<ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Occupational Therapy if needed</li> <li>• Home and Community Care if needed</li> </ul>
<b>Tests</b>	As needed
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Laxative</li> <li>• Blood thinner</li> <li>• Patient specific medication</li> </ul>
<b>Treatments</b>	Wound dressing change if needed
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Up in chair</li> <li>• Walking with walker with assistance</li> <li>• Stairs practice</li> <li>• Post-op exercises</li> <li>• Dressing and washing independently</li> </ul>
<b>Nutrition</b>	Usual diet High fibre recommended
<b>Teaching</b>	Review <ul style="list-style-type: none"> <li>• Pain control and blood thinners</li> <li>• Exercise program/ positioning</li> <li>• Deep breathing and coughing</li> <li>• Safe transfers including bed, toilet and tub</li> <li>• Walking with walker/crutches</li> <li>• Stair climbing</li> <li>• Wound care abnormal signs and symptoms</li> <li>• Use of assistive devices</li> </ul>
<b>Discharge Planning</b>	Confirm if outpatient physio appointment, home supports and equipment are in place Staple removal arranged
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Pain is managed with oral medication</li> <li>• Walking in hallway independently with equipment (i.e.walker)</li> <li>• Toileting independently</li> <li>• Able to do stairs if required</li> <li>• Tub transfer safe and equipment arranged</li> <li>• Wound is healing</li> <li>• Ready for safely managing at home</li> <li>• Discharge home with nursing follow-up and outpatient physiotherapy appointment confirmed</li> </ul>

## What is a Total Knee Replacement (TKR)?

A Total Knee Replacement (TKR) is an operation that replaces a knee joint that has been damaged. The joint is replaced with an artificial knee joint called a prosthesis.

The knee is a hinge joint formed by three bones: the femur (thigh bone), the tibia (shin bone) and the patella (knee cap). Strong ligaments and muscles support the knee. Both ends of these bones are covered in cartilage. The cartilage is a smooth, shock-absorbing layer that allows the joint to glide easily. The kneecap (patella), which is attached by thigh muscles, is in front.



### Healthy Knee Joint

The three things that help the healthy knee work smoothly and without pain are:

- The smooth coating over the bones (cartilage).
- The slippery fluid inside the joint called synovial fluid.
- The muscles, ligaments and tendons which support and move the knee.

### Damaged (Arthritic) Knee

The three things that make the damaged knee painful and hard to move are:

- The smooth coating on the ends of your bones (cartilage) gets rough and worn away.
- The slippery synovial fluid begins to dry up.
- The muscles weaken and the knee gets stiff.

## Total Knee Replacement (TKR)

The three parts of the new implanted artificial knee are:

- The part that fits over the end of the thigh bone.
- The part that fits into the end of the shin bone.
- A small button on the under surface of the kneecap (this is not always done).



## Preparing for Joint Replacement Surgery

### Weeks before your surgery:

During the weeks before your surgery, many people will be asking about your insurance coverage, medical history and legal arrangements. If you have everything written down, you can reduce your frustration and speed the process. The following check list will be of help:

- Arrange for a buddy or coach (usually a family member or close friend) who will be taught to assist you with recovery and rehabilitation. They will act as your primary contact to receive information from the doctor and health care team and to provide

it to other family members and friends. The coach should attend the preadmission visits with the nurse and rehabilitation staff. The coach should be available to help with exercises and home management activities for about one week after discharge from hospital.

- A list of medical conditions, such as diabetes, asthma, HIV or hepatitis; any food restrictions; allergies or sensitivities; and all previous operations, including those that are not bone-and-joint operations.
- A list of all the medications you currently take on a regular basis. Copy the name of the medication, the dosage, and the frequency (daily, twice a day, etc.) from the prescription bottle. Don't forget to include vitamin and mineral supplements or other over-the-counter medications you take regularly. Your doctor may advise you to stop taking certain medications or supplements a week or two before your surgery.
- A list of any allergies or adverse reactions you've had to drugs or anesthesia in the past. Provide the name of the drug, why you were taking it, a description of your reaction, and when this happened.
- A list of your insurance coverage, including the name of the insurance company, the plan or group number, and contact information. Be sure to bring your Health Card, Status Card, and insurance cards to the hospital with you.

- Information about any legal arrangements you've made, such as a living will or Power of Attorney. Bring a copy of the documents with you to the hospital.
- If you are also planning dental work, such as extractions or periodontal treatments, schedule them well in advance of your surgery. Do not schedule any dental work, including routine cleanings, for several weeks after your surgery.

## Get in shape for surgery

The preparations you make can affect both the outcome of the surgery and your recovery time. Most of these suggestions are common sense, although some may surprise you.

- If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing and slows recovery.
- If you drink, don't have any alcohol for at least 48 hours before surgery.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can affect your surgery.
- Eat well. If you are overweight, your doctor may recommend a weight loss program.
- Complete the following pre-operative exercise program provided as directed, 3 times a day until surgery. Practice using equipment such as walker, crutches, etc. This will help get

you into shape and prevent complications post op.

## Ankle Pumping:

Bend both ankles up, pulling your toes toward you, then bend both your ankles down, pointing your toes away from you and move your feet in circles. Repeat 50 times every hour that you are awake.



## Static Quadriceps Strengthening:

Tighten the muscle on the front of your thigh by pressing the back of your knee down into the bed. Hold 5 seconds, repeat 10-20 times.





## Quadriceps Strengthening Over a Roll:

Place a roll under your knee. Raise your heel off of the bed. Ensure you keep the back of your knee on the roll. Hold 5 seconds, repeat 10-20 times.



## Straight Leg Raise:

Keeping your knee as straight as possible, tighten the muscles on the front of your thigh and raise your leg about 6 inches off the bed. Hold 5 seconds, repeat 10-20 times.



## Plan ahead for your homecoming:

Your surgeon will determine how long you will be in hospital. Your stay may be from 1 -2 days in the acute care hospital.

Your surgeon may order you a blood thinner when you go home to help prevent blood clots during the

recovery period (*note: there may be a cost involved with this, so please check with your insurance company or physician to see if this will be covered*).

## You will be ready for discharge when:

- Your wound is healing well (no excessive bleeding),
- Your pain is under control,
- You are able to get around safely with a walker, cane or crutches,
- You are able to get to the bathroom, and
- You are able to do the stairs (as needed).

## Planning Ahead

Recovering from joint replacement surgery takes time, but you can take steps now that will help make your recovery easier and faster. Planning ahead is the key to minimizing stress and maximizing your outcome.

- Arrange for someone to take you home when you are discharged from the hospital.
- Create clear pathway for walking inside and outside.
- If you do the cooking, make double batches of everything for a week of two before surgery. Freeze half, and you'll have two week of ready-made meals when you get home. Or stock up on ready-made foods you enjoy.
- Place items you use regularly in the kitchen (and other rooms as well)

at a level easy to reach so you don't have to reach up or bend down.

- Arrange to have help with housework (i.e. vacuuming).
- If possible, borrow a walker or a pair of crutches and see how well you can maneuver through your home. You may need to rearrange furniture or temporarily change rooms (make the living room your bedroom, for example).
- If you are using a cane, crutches or walker, check the rubber tips and replace if worn.
- Use nightlights, especially between your bedroom and bathroom.
- Keep your home free of clutter so that it is easy to move around furniture. There should be no scatter rugs.
- Remove or tie up long telephone cords and/or electrical cords.
- Consider modifying your bathroom

to include a shower chair or bench, grab bar, or raised toilet seat.

- Set up a "recovery center" at home where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, waste basket, pitcher and glass, reading materials and medications should all be within reach.
- If you do not already have a parking permit for accessible parking, you may want to apply for a temporary permit several weeks prior to your surgery. Contact the Ministry of Transportation (1-800 268-4686) or [www.mto.gov.on.ca](http://www.mto.gov.on.ca) for an application.
- If you will be needing transportation to your physiotherapy visits, check the following services (See [Northwesthealthline.ca](http://Northwesthealthline.ca)- Home Health and Community Supports- Transportation- Accessible or Volunteer and Non-accessible)

<b>Thunder Bay</b>	Lift + Superior Elder Care Red Cross Senior's Transportation Program Driving Miss Daisy Evi's New Quality Home Care Lutheran Community Care- Social Services Program Indigenous Friendship Centre	345-0777 473-1110 623-3073 630-0890 627-2258 345-6062 345-5840
<b>Dryden</b>	Red Cross Senior's Transportation Program MyLift Dryden Native Friendship Centre Senior Services	223-4751 223-3568 223-4180 223-5278
<b>Fort Frances</b>	Handi Van Community Support Services United Native Friendship Centre Dial-A-Ride	274-3266 ext 2500 274-2244 274-8541 275-9741

<b>Kenora</b>	Handi Transit Community Support- Transportation Ne Chee Friendship Centre	468-3295 468-4562 468-5440
<b>Marathon</b>	Senior Services Van	229-1740 ext 278
<b>Atikokan</b>	Transportation Program Atikokan Native Friendship Centre	597-6001 597-1213
<b>Schreiber-Terrace Bay</b>	Handi Transit Terrace Bay Community Health Transportation Program	825-3273 ext 0 825-3315 ext 244
<b>Sioux Lookout</b>	Senior Transportation Sioux Lookout First Nation Health Authority Transportation Services Nishnawbe Gamik Friendship Centre	738-1844 737-3850 737-1903
<b>Red Lake</b>	Community Support- Transportation	727-2277
<b>Geraldton</b>	Thunderbird Friendship Centre	854-1060

## Where to shop for equipment to assist you after surgery

Shop for the things that will make your life easier after surgery. Your list might include a long-handled shoehorn, a long-handled sponge, a reacher, a big-pocket shirt, apron or soft shoulder bag for carrying things around. Some of these things are available at:

### Thunder Bay Locations

#### Shoppers Home Health Care

285 Memorial Ave

1-807-345-6564,  
1-800-465-3986

#### Superior Home Health Care

977 Alloy Drive, Unit 7

1-807-623-9110, 1-888-625-5568

#### Motion Specialties

1154 Roland St

1-807-622-1877

### Out of City Locations

#### Fort Frances - Sunset Medical

140 Scott St. 1-807-274-0431

#### Dryden - Shoppers Home Health Care

325 Government St.

1-807-223-2900, 1-888-294-8056

#### Dryden - Medigas Medical

66 Keith Ave, (Mondays) 1-833-274-4204

#### Kenora - Shoppers Home Health Care

605 4th St., Keewatin

1-807-468-4244, 1-807-263-1008

#### Timmins - Shoppers Home Health Care

217 Algonquin St. E. 1-705-264-4311

Equipment may also be available at your local pharmacies or department stores. Check your telephone directory for locations nearest you.

## Medical preparations and Pre Admission Clinic

You will be scheduled for a visit in Pre Admission Clinic. It is the ideal time to uncover potential medical problems which could delay surgery. It is also your opportunity to ask questions and raise concerns about hospital procedures or your surgery and to plan for your return home. Please bring your buddy/coach with you to this visit if possible. Bring all your medications in their original container.

The clinic visit generally takes place 7-14 days before surgery. It can take 2-6 hours to complete the visit and tests. Out of town patients will be scheduled to visit on the day before the surgery.

During your clinic visit, you may have any number of the following activities:

- A nursing assessment of your health needs and learning needs.
- Completion of a medical history and physical examination.
- Teaching about your operation, what will happen to you and what are the important things you need to know.
- Co-ordination of pre-operative blood tests, x-rays or a heart tracing.
- Consultation with a medical specialist such as an anesthetist and/or an internist if needed.
- Rehabilitation appointment or class arranged.
- An opportunity to be connected with home care (North West LHIN Home and Community Care) or Discharge Planning for organizing post-op care if needed.

*Notify your doctor if you come down with a fever, a cold or any other illness in the week before the surgery.*

### Day before your surgery:

The 24 hours before your surgery will be busy. Use this checklist to make sure you don't forget anything.

- ☐ Take a shower or bath the night before your surgery. Give your affected leg extra scrubbing with Chlorhexidine sponges or antimicrobial soap. This will help reduce the risk of infection.
- ☐ Do not shave the area of the surgery. If this is necessary, the doctor will take care of it.
- ☐ Do not wear any make-up, lipstick, nail polish or body piercing items.
- ☐ Do not eat or drink anything after midnight the night before surgery.
- ☐ Bring a hospital bag. Items in your bag should include:
  - A pair of comfortable, well fitting shoes with non-skid soles
  - A knee-length robe or gown
  - Shorts or loose fitting clothes such as jogging pants, not NEW socks and underwear
  - Walker, cane(s) or crutches if you have them (with your name label on it)
  - Copies of your insurance cards,



Health Card, Status Card,  
advance medical directives and  
medical history

- A list of any medications you regularly take
- Personal care items such as a hair brush, denture case, tooth brush, tooth paste, soap, eyeglass case, contact lens case
- Leave your cash, credit cards and jewelry at home

### Morning of your surgery:

- Wash operative leg with Chlorhexidine Sponge or antimicrobial soap before coming to hospital
- You will arrive at the hospital at the designated time.
- You will be prepared for surgery in the Surgical Day Care Unit.
- The nurse will assess and review your preparation.
- Before surgery, the nurse will start IV antibiotics to prevent infection.

### Following surgery:

- You will wake up in the Recovery Room where you will stay until you are medically stable.
- You will be checked often by the nurse to make sure that you are comfortable and doing well. The nurse will monitor your ability to move your legs, wiggle your toes and feel sensation in your legs and feet. Your heart rate, blood pressure and knee dressing will also be checked.
- You will be reminded to deep breathe and cough and do your leg and ankle exercises. Try to remember to do these every hour. It will help prevent complications.
- Your family can visit with you when you are transferred to your in-patient bed, 3-4 hours after the start of your surgery.
- You will be getting out of bed with help on the evening of your surgery day.

### Pain Control

After surgery, your doctor, nurses and physiotherapists want to make your recovery as pain free as possible. **Only you know how much pain you have. Don't wait too long. It is important for you to tell your nurse if you have pain and if the pain management prescribed for you is working.** When you tell the nurse about the pain, use the following scale to describe the pain.

1      2      3      4      5      6      7      8      9      10

 No Pain                      Moderate Pain                      Worst Pain Possible 

There are different ways for pain to be controlled. The nurses will assess and offer you pain medication regularly. It is easier to control the pain if it is tackled early. Talk with the doctors and nurses about pain control methods that have worked well or not so well for you in the past. The following are some of the ways of relieving pain that your doctor may prescribe:

- Various pain medications given to you by intravenous, pill, injection and/or suppository.
- An IV pump that delivers the pain medication to you when you need it by pressing a button on the hand set.
- Spinal/Epidural Medication- An injection into your spinal column during surgery that will give you pain relief for hours after your surgery.
- Ice pack to the affected knee.

The goal of pain control is:

- To decrease the amount and intensity of your pain.
- To allow you to do your exercises comfortably. As you regain movement and strength in your knee, your pain will gradually subside.
- Prevent the complications that can come from not moving.

## Learning To Move

After surgery, plan ahead. Take pain medication ahead of time.

## Weight Bearing

Weight bearing is the amount of

weight that the doctor wants you to put on your new knee. There are three different amounts. Your Surgeon will determine how much weight to put on your operated leg.

- Feather or touch weight – Your operated leg touches the floor enough to help you balance. Do not put any weight on it.
- Partial weight bearing – Only a certain amount of weight can be put on your operated leg. Your physiotherapist will help you learn how much.
- Full weight bearing – You can put full weight, or as much as you can tolerate when standing or walking

## Using a Walker or Crutches

1. Move the walker or crutches forward first, followed by your operated leg. Then move your good leg forward.
2. Put your weight on the walker or crutches to take the weight off your operated leg when you step onto it. Follow weight bearing instructions when using a walker.



## Immediate Postoperative Exercises

You may begin the following exercises immediately after your surgery, as they are important for:

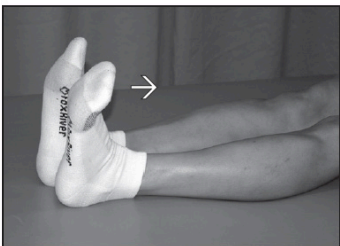
- Helping to prevent complications with your breathing
- Helping to prevent blood clots in your legs
- Increasing your circulation

### 1. Deep Breathing and Coughing Exercises

Until you are up and moving well take at least 10 deep breaths, followed by a cough, every hour that you are awake.

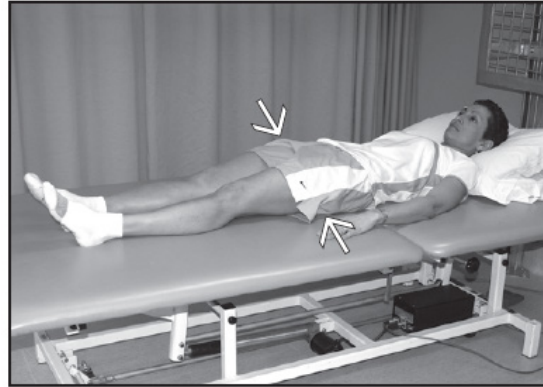
### 2. Ankle pumping

Bend both ankles up, pulling your toes toward you, then bend both your ankles down, pointing your toes away from you and move your feet in circles. Repeat 50 times every hour that you are awake.



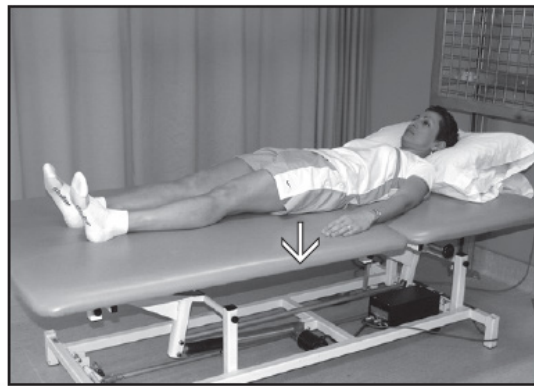
### 3. Buttock Contractions

Tighten your buttocks muscles by squeezing the muscles together. Hold for a count of 5 seconds. Repeat 5 to 10 times, 3 to 4 times each day.



### 4. Static Quadriceps Strengthening

Tighten the muscle on the front of your thigh by pressing the back of your knee down into the bed. Hold for a count of 5. Repeat 5-10 times, 3-4 times each day



## **Looking after yourself at home**

### **Showering**

- Ask your surgeon if and when you are able to take a bath. Shower or sponge bathe until your surgeon says otherwise. You must use a waterproof dressing over your incision until 24 hours after your staples have been removed.
- Use a long-handled bath sponge to wash your lower legs and feet if you cannot reach them on your own.
- You may need to obtain a bath chair, stool, board or bench if you have difficulty standing to shower or if you have difficulty lifting your legs back over the edge of the tub. Avoid stepping over the edge of the tub as this will increase your risk of falls. The Occupational Therapist can review how to transfer over the edge of the tub with you if needed before returning home.

### **Lower body dressing: Pants, underwear, socks and shoes**

- Gather your clothing and dressing aids (if needed). Place them within easy reach.
- Sit on a high, firm chair.
- Wear proper fitting comfortable clothing.
- Always dress your operated leg first.
- The Occupational Therapist may suggest devices like a reacher, sock-aid, long handled shoe horn

and elastic shoelaces to allow you to get dressed on your own. These items are not typically required for long term use unless you have other medical conditions that necessitate them.

### **Toileting**

- You may begin using a raised toilet seat after surgery to make it easier for you to get from sitting to/from standing.
- This item may not be required when you go home – check with your Occupational Therapist if you are uncertain if you need it.

### **Foot care/Foot wear**

- You may have difficulty reaching your toenails to cut them when you first go home. If possible, have them cut before your surgery.
- Wear a non-skid supportive shoe i.e. a running shoe to provide you support and cushioning for your new knee.

### **Homemaking Hints**

- Use an apron with several pockets.
- Carry hot liquids in containers with covers.
- Slide objects along the countertop rather than carrying them.
- Sit on a high stool when doing countertop tasks.

### **Preventing Falls**

- Wear non-skid supportive shoes. Shoes that lace up are good.



- Keep your home free of clutter so that it is easy to move around furniture. There should be no scatter rugs.
- Keep your home well lit. Night-lights should be used especially if you go to the bathroom at night.
- Plan ahead before moving. Concentrate on walking. Do not lean on furniture; use safe objects for support.

## Preventing Complications

Deep breathing and coughing are things that you can do to prevent pneumonia and congestion in your lungs. The nurses and physiotherapists will remind you to do this.

- Your surgeon will usually start you on a blood thinner (anticoagulant) to prevent clots from forming in your legs. These anticoagulants may continue after you are discharged from hospital. Doing the ankle pumping exercises and walking as soon as possible are also things that you can do to prevent clots from forming in your legs.

## Problems to Watch for at Home

### Constipation

Because the surgery will make you less active, it is easy to become constipated while in hospital. Your pain medications can also make you constipated. A gentle laxative could help with this. Other things that you

can do to help are to drink plenty of fluids, include fibre in your diet, eat lots of fruits and vegetables, and maintain regular exercise.

### Skin

Lying in bed puts pressure on parts of your body that are not used to taking pressure for any length of time - buttocks, ankles, elbows, shoulders or ears. The first signs of pressure sores are burning, redness or pain. The best way to prevent skin problems is to move around and avoid lying in bed for long periods of time.

### Incision care/ Suture removal

As your incision heals, the staples and/or sutures in your incision will need to be removed 12-14 days after your surgery. This will be done at home by Home and Community Care nursing, in Ambulatory Care, the Surgeon's clinic, a wound clinic or your family doctor's office.

Keep the wound clean and dry. Eating nutritious food will speed healing. Watch for these signs of infection:

- Increased redness and warmth around the incision
- Swelling or puffiness
- Drainage from the incision
- Increased pain
- Fever

If you have any of these signs, tell your doctor and health professional right away. Bacteria in your blood

can get into your new knee and cause infection. You must have any infection treated right away. Ensure the health professional (even at Emergency) calls your surgeon prior to prescribing any medicine.

Tell your dentist or other doctors that you have a knee replacement. Your dentist and doctors may decide that you need antibiotics before some treatments or dental work.

### **Basic Rules to Follow for 3 Months After Your Surgery**

1. Move your knee often and do the exercises that the physiotherapists have taught you 2-3 times a day.

2. If wanting to elevate your leg, put the pillow lengthways under your leg to make sure no bend in your knee.

3. It is normal to feel tightness, swelling and stiffness in your operate knee after surgery. This will get better with time and by doing your exercises regularly.

4. Regular icing will help to alleviate swelling and pain especially after exercises. Please discuss this with your surgeon and/or physiotherapist.

5. Follow the instructions given about weight bearing when walking. Your physiotherapist will let you know how much weight your doctor wants you to put on your leg.

6. Use tools to help you like a walker, canes and crutches, reaching devices and bathing and dressing aids.

## Guidelines to Resuming an Active Lifestyle

Walking is an excellent activity and you are strongly encouraged to gradually increase how far you walk after you leave the hospital. Walk outdoors as long as sidewalks are dry. Consider going to a mall to walk when the sidewalks are wet and/or slippery. If you have any concerns regarding other activities please consult your surgeon.

Follow surgeon/physiotherapist recommendation for progression of walking aids (i.e. Walker, crutches, cane).

### At 6 Weeks

Driving: You also need to be off any narcotics AND able to “slam” on the brakes if required

Stationary bicycling

Golf ( start at driving range)

Swimming (as long as wound healed)

Gardening (use a pad under knee)

Traveling in an airplane

\*\* Check insurance company policy prior to travel

### At 12 Weeks

Bowling

Outdoor cycling (not mountain biking)

Golf (on the course- suggest golf cart)

Cross country skiing (classic only)

Tennis (doubles)

Heavy lifting (>50 lbs) within tolerance

### At 1 Year

Kneeling activities (If tolerated)

\*Recommended to use knee pads

### At 1 Year

Ice and inline skating

Mountain biking

Downhill skiing

Cross country skiing (skate style)

Kayaking and Canoeing

Sailing

### Never

Jogging/ running

Squash/ racquetball

Basketball

High impact aerobics

Singles tennis

## Questions to Ask Your Doctor

You may see the surgeon at 6 weeks, 12 weeks, 1 year, 2 year, 5 year, 10 year, and then every 2 years after your surgery OR anytime that you have unexpected pain or symptoms. If a surgeon is not going to be in your community at these time frames, then a telemedicine (OTN) will be booked.

- What medications should I continue taking once I return home from the hospital?
- When should I see my doctor next?
- When do I stop taking my anticoagulants?
- How long do I continue my exercises?
- When can I return to work?
- When can I drive my car?

## Other Questions:

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Thunder Bay Regional Health  
Sciences Centre

Total Joint Clinical Pathway  
Team, North West Local Health  
Integrated Network (LHIN) Regional  
Orthopaedic Program and North  
West LHIN Regional Rehabilitative  
Care Program

We hope this booklet has helped to  
give you information on your total  
knee replacement. Hopefully it gives  
you the answers to your questions,  
to help alleviate some of your fears  
and concerns. The information comes  
from the knowledge and experience  
of your health professionals. Special  
acknowledgment to Sunnybrook  
Holland Orthopaedic and Arthritic  
Centre for sharing their exercise  
booklets.