



Please bring this booklet with you
for clinic visits and hospital stays

Total Knee Replacement

Patient and Coach Information

Table of Contents

INTRODUCTION.....	4
Patient and Coach Information.....	4
ALL ABOUT YOUR KNEE.....	5
What is a Knee Replacement?.....	6
PREPARING FOR KNEE SURGERY.....	7
Get Thinking and Feeling Your Best.....	7
Pre-Surgery Exercises.....	8
PRE-ADMISSION CLINIC (PAC) & PRE-SURGERY PATIENT CHECKLIST.....	11
MEDICATIONS AND EQUIPMENT.....	12
About Your Medications	12
Equipment.....	12
WHAT TO BRING TO THE HOSPITAL.....	13
BETWEEN YOUR CLINIC VISIT AND DAY OF SURGERY.....	14
The DAY BEFORE Surgery	14
The DAY OF Surgery	15
Anesthesia and Pain Control	15
YOUR PART AFTER KNEE SURGERY.....	17
Pain Control.....	17
Breathing Exercises.....	18
Circulation Exercises.....	18
Swelling.....	19
Rest and Sleep.....	19
Incision Care.....	19
Nutrition.....	19
GUIDELINES FOR MOVEMENT.....	20
GETTING MOVING.....	21
Benefits to Getting Out of Bed.....	24

AFTER– SURGERY EXERCISES	25
Reduce Swelling.....	28
DISCHARGE HOME.....	29
PATIENT IN-HOSPITAL CARE PLAN: YOUR TICKET HOME.....	30
Hospital Discharge Checklist	31
When to Seek Help	31
ACTIVITIES AT HOME.....	32
Tips for Around the Home.....	35
Tips to Avoid Falls.....	36
Post-Surgery Activity Guidelines	36
Return to Work	36
LONG-TERM CONCERNS.....	38
Preventing Infection	38
Loosening of Knee Joint	38
CONTACT INFORMATION.....	39

Please bring this booklet with you
for clinic visits and hospital stays

Introduction

You have chosen to have a knee replacement. The purpose of this booklet is to provide information for you and your coach before your knee surgery. This booklet gives you instructions on preparing for surgery and what to expect after your surgery.

Your health care team will do all they can to make your surgery a success. We hope that keeping you informed helps you understand what to expect and how you can take an active role in your care. How well you prepare for surgery and the efforts you make after surgery will be important factors in your recovery. Your success depends on you.

Patient and Coach Information

It is important that you choose a personal coach to be with you throughout your knee replacement journey. A coach is a person who will be supporting you prior to surgery, during your hospital stay, and at home with your recovery. This person can be a family member, friend or caregiver. Please review this booklet with your coach before your surgery so they have an understanding of the care you will be receiving.

What Does a Coach Do?

- Attends all pre– op sessions with you prior to your surgery
- Supports and works with you during your hospitalization
- Supports you with your rehabilitation once you have been discharged
- Translates – if English is not your first language

Remember...

Your coach is there to be a
“guide on the side” – not to
take over for you!

■ All About Your Knee

What Is a Knee Joint?

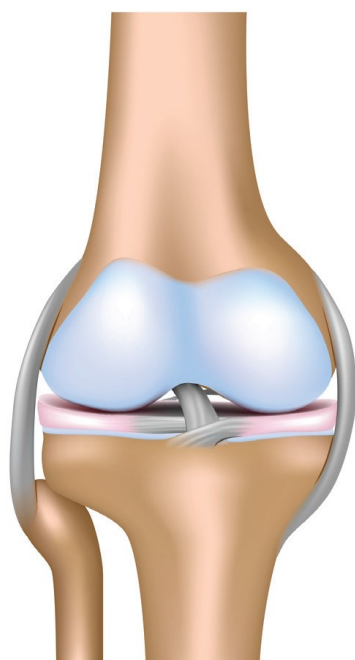
The knee is a 'hinge joint' made up of three bones in a hinge formation: the patella (knee cap), the end of the femur (thigh bone), and the top of the tibia (shin bone). In a healthy knee, cartilage covers the surface of the bones in the knee joint and lets you move smoothly and without pain.

Why Do I Need a Knee Replacement?

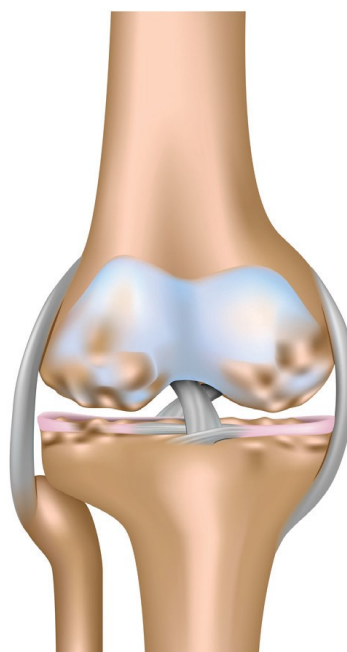
Arthritis of the joint is the most common reason for a knee replacement. Arthritis damages the cartilage and roughens the bone surfaces. This damage causes pain on movement and decreases joint movement and strength.

Most people have very good results after surgery, including:

- Less pain
- Better movement and strength
- Improved ability to do everyday activities



Healthy Knee Joint



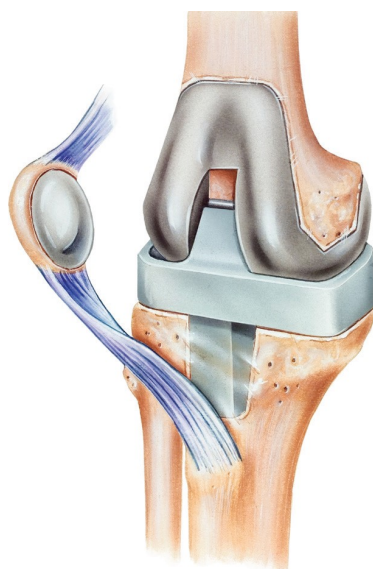
Osteoarthritis

What Is a Knee Replacement?

When a joint is replaced, the unhealthy or damaged bone is removed and replaced with man-made parts called a prosthesis. The components may be held in place with bone cement.

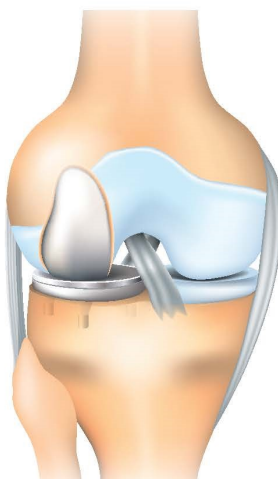
A Total Knee Replacement consists of three parts:

1. The upper metal piece fits into the thigh bone.
2. The lower metal piece has a plastic surface and fits into the shin bone.
3. The plastic button may be fitted onto the back of the kneecap.



A Partial knee replacement (unicompartmental procedure):

In a partial knee replacement only one side of the knee joint needs to be replaced. Upper and lower pieces are used.



■ Preparing for Knee Surgery

Get Thinking and Feeling Your Best

Emotional preparation is very important for your surgery. Sometimes it is difficult to deal with pain while waiting for surgery. You can experience problems sleeping and may become anxious or frustrated. It is important to deal with these feelings.

Here are some suggestions:

- Practice formal relaxation techniques like deep breathing, visualization/visual imagery and progressive muscle relaxation.
- Be active. Continue your usual daily activities. Use your walking aid to take stress off your sore joint.
- Discuss concerns with your coach or other support person.
- Be informed and prepared prior to your surgery. This will help decrease anxiety and make you more hopeful.

If you have not been regularly active, speak to your family doctor before starting a new exercise program.

Improve your physical health:

- Manage your weight by eating a well-balanced diet, as recommended by the *Eating Well with Canada's Food Guide*.
- Ensure that health issues (including dental, vision, cardiac, diabetes, prostate and urinary tract problems) are dealt with by your family doctor before your surgery.
- Quit smoking. It delays healing and slows your recovery from surgery.
Smoker's Helpline: 1-877-513-5333 www.smokershelpline.ca
- Stay active! Exercise and do your regular activities. Research shows that exercise can help decrease pain, increase strength and flexibility, and keep your heart healthy before surgery.
- Exercising for longer periods of time can benefit your heart, lungs, circulation and muscles. Exercises include walking (on land or in water), swimming or stationary cycling.

Start slowly. Begin with a few minutes and gradually progress to 20-30 minutes of exercise, three times a week.

Pre-Surgery Exercises

These exercises may be reviewed with you at an educational session. If you have any questions or problems with these exercises, please ask your doctor or therapist for help.

Start with 3 repetitions of each exercise with each leg. Gradually do more until you can complete 10 repetitions of each. Hold each position for 5 seconds. Repeat exercises twice a day.

1. Knee Leg Press

- Place a sheet around middle of foot.
- Actively bend knee. Use the sheet to give added bend.
- Straighten leg against resistance of the sheet.
- Repeat 10 times on each leg, twice a day.



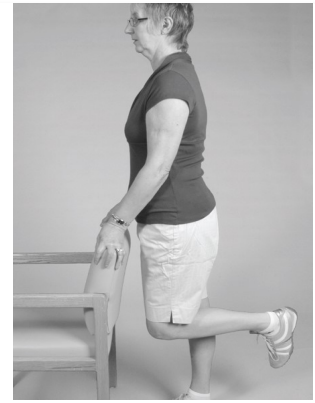
2. Quads Over a Roll (Knee Straightening)

- Place towel roll under knee.
- Lift heel off bed until knee is straight.
- Hold 5 seconds. Repeat 10 times on each leg twice a day.



3. Standing Hamstring

- Hold onto a counter top or sturdy chair for balance.
- Bend knee so your foot moves towards buttock on same side.
- Be sure to stand up straight. Do not lean forward.
- Repeat 10 times on each leg twice a day.



4. Standing Knee Abduction

- Hold onto a counter top or sturdy chair for balance.
- Keeping knee straight, move leg out to the side as far as possible.
- Be sure to stand straight. Do not lean.
- Hold 5 seconds. Repeat 10 times on each leg, twice a day.



5. Toe Raises

- Hold onto a counter top or sturdy chair for balance.
- Rise up on toes by lifting heels as high as possible.
- Be sure to stand straight. Do not lean.
- Hold 5 seconds. Repeat 10 times, twice a day.



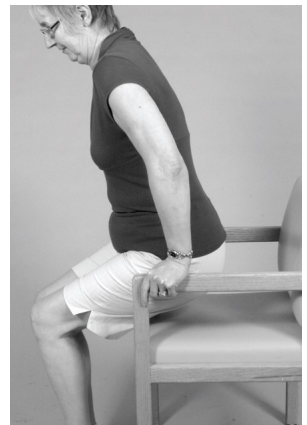
6. Sideways Leg Slide

- Lie on your back and slide your legs apart as far as you can.
- Keep kneecaps and toes pointing to the ceiling. Hold for 5 seconds.
- Return your legs to the middle. Repeat up to 10 times, twice a day.



7. Chair Push-Ups

- Sit with hands on arms of chair.
- Push down on hands to lift buttocks off chair.
- Hold 5 seconds. Repeat 10 times, twice a day.



■ Pre-Admission Clinic (PAC)

- The Pre-Admission Clinic (PAC) is an outpatient clinic that is the final step in preparing you for surgery.
- You will be contacted with an appointment date and time for this clinic. This appointment may happen approximately two to six weeks before surgery.
- You will be asked to bring all of your medication to this appointment in the bottles with their labels. This includes any prescriptions you are taking as well as anything over the counter and all herbals, supplements and minerals.
- It is strongly recommended to bring a coach/family member to this appointment.
- Basic tests may be done such as an ECG, x-rays, and blood test.
- If your surgeon requests an anesthetic or medical consultation, it will be done at this time.
- If you have any last minute questions, this is an excellent time to ask.
- You will be given a time to come to the hospital for your surgery.

■ Pre-Surgery Patient Checklist

Have the following ready before your surgery:

I have:

- a coach
- equipment that I will need when I go home (and I've practiced using it)
- railings installed on all sets of stairs
- a ride to the hospital
- arranged a ride home for when I'm discharged
- practiced the exercises in the booklet
- loose, comfortable clothing and walking shoes with closed backs to wear in the hospital
- some meals prepared for when I get home
- pillows (for elevation)
- ice (ice packs for reducing swelling)
- someone (my coach/family member) available to assist and support me when I get home
- talked to my doctor about medication issues

Medications and Equipment

About Your Medications

Some medications must be stopped several days before surgery.

Your doctor will tell you which medications to stop and when to stop taking them.

Common medications stopped before surgery are:

- Warfarin (Coumadin®, Taro-Warfarin®)
- Acetylsalicylic acid (ASA®, Aspirin®, Entrophen®)
- Clopidogrel (Plavix®)
- Ibuprofen (Motrin®, Advil®)
- ACE inhibitors (Coversyl®, Altace®)
- Herbal medications

Some medications
can cause bleeding
during surgery.

Equipment

You will need some of the following equipment.

Some of the equipment is provided on a loan basis by SaskAbilities and some will need to be purchased. A physical therapist or occupational therapist will help determine what you need and where to get it.

Plan to have the equipment for about 3 months following surgery to help protect your knee during activities of daily living:

- Walker/crutches/cane/Walker bag or tray
- Tub transfer bench/shower seat
- Raised toilet seat with arm rests/commode
- Wall grab bars
- Non-slip surfaces in tub/shower, bath mat outside of the tub
- Long-handled reacher, sock aid, long-handled shoe horn
- Long-handled sponge/brush
- Elastic shoelaces or slip-on shoes with support around the ankle
- Sturdy, firm armchair, above knee height
- Any other items identified for you by a health care provider.



It is very important to have any required equipment **before you go to the hospital for surgery**. Having the equipment in place ahead of time will give you the opportunity to practice with it before surgery so that you can manage better at home after you leave the hospital.

■ What to Bring to the Hospital

Items You Will Need:

- Comfortable walking shoes with support around the ankle
- Loose fitting clothing/walking shorts
- Toothbrush and toothpaste
- Dentures, eyeglasses, hearing aids
- Hairbrush
- Electric shaver (if you use one)
- Walker/leg lifter
- CPAP machine if you use one

DO NOT bring valuables, large sums of money or medications with you to the hospital. Your health care facility is not responsible for lost items.

Clothing and Belongings

- Remove all jewelry, dentures, glasses, contact lenses, artificial body parts, clothing, nail polish, and make-up before your surgery.
- Send all valuables home with your family/coach.
- All belongings will be taken to the surgical unit that you will be going to after surgery.

Length of Stay

- You will be discharged once you have met your care goals (see the In-Hospital Care Plan at the back of this booklet). You can expect to be discharged 0-2 days after surgery depending on the type of procedure you are having.
- Plan to have your coach or someone else available to assist and support you for 1 or 2 weeks after surgery.

Between Your Clinic Visit and Day of Surgery

- If you have an active wound, bladder infection or other infection it increases the risk your new joint could also become infected and surgery should be delayed. If you develop fever, cold, flu or gastric symptoms (such as diarrhea) before your surgery, please contact your surgeon.
- If you have a new medical issue or diagnosis or have required another surgery between your consult with Orthopedic Surgeon and your surgery date, please let your surgeon's office know as it might impact the success or timing of your joint replacement.
- You should not have a cortisone injection into the joint scheduled for replacement any nearer than 3 months before the surgery date. Cortisone injections in other joints shouldn't be done any less than 1 month before surgery. Check with your surgeon.
- If possible, any major dental work should be done at least 2 weeks in advance of joint replacement surgery.
- If you have any concerns about the timing of your surgery related to other medical conditions, don't hesitate to speak to your surgeon's office for guidance.

The DAY BEFORE Surgery

Skin Preparation:

- The night before or the morning of surgery – shower or bath using an unscented or non-perfumed soap.
- Remember to shampoo your hair.
- Remove nail polish.

Nutrition:

- Continue to follow your regular diet and avoid eating a heavy meal the day before surgery.
- It is important to have an empty stomach before surgery. Anesthesia can weaken the systems that keep food and drink safely in your stomach. Serious problems can arise if food or drink find their way out of the digestive system and into your lungs.

After midnight: (unless instructed otherwise by PAC)

- » **do not** eat any food
- » **do not** smoke
- Any medication that your doctor has instructed you to take should only be taken with a sip of water.

The DAY of Surgery

- Have someone drive you to the hospital.
- You will be directed to the pre-surgical area where the necessary preparation is done for your surgery.
- You and the doctor responsible for anesthesia will decide together what type of anesthetic is best for you.
- An intravenous (IV) will be started in one of your arms.
- You may be given sedation and other medication before your surgery.
- You will be taken to the operating room.
- You will be given an anesthetic.

Anesthesia and Pain Control

Anesthesiologist

An anesthesiologist is a doctor with specialized knowledge of illnesses, drugs and treatment of serious medical problems. This doctor gives you the medication that will relax you and allow you to sleep for your surgery, if required. A member of the anesthetic team will stay with you and monitor you closely throughout your surgery. The anesthesiologist also responsible for helping you manage your pain after the surgery. The anesthesiologist will discuss with you the type of anesthesia you will be having with your surgery.

Types of Anesthesia

1. Regional Anesthetic

Spinal or Epidural: Medication is injected in the spinal fluid below your spinal cord, freezing the nerves of your knees and legs. A small area on your lower back will be frozen. A very small needle is used to inject medication below your spinal cord (the needle is removed).

Possible Side Effects: headache, backache

Nerve Blocks: Medication is injected around the specific nerves needed to numb the surgical area and block the pain during and after the surgery. The duration of effect may last up to 24 hours.

With both methods, you have the option of staying awake during surgery or having medication to put you asleep. If you choose to stay awake, you will not see the surgery taking place, nor feel any pain.

2. General Anesthetic

The anesthetic will allow you to be asleep during the surgery. A breathing tube is placed in your mouth and throat to assist with your breathing. The tube is removed once the surgery is done. After surgery, you will be taken to the post anesthetic care unit where you will wake up.

Possible Side Effects: nausea, drowsiness, mild sore throat

Types of Pain Control

Several types of pain control are available. Your anesthesiologist will discuss which types are best for you. They may include:

Oral Pain Medication

- Usually pain is well controlled with oral pain medication.
- When you are able to sip fluids, you will be given your medication by mouth.

Intravenous or Injected Pain Medication

- This pain medication is given through an intravenous line or injected into a muscle if you are unable to take medication by mouth.

Patient Controlled Analgesia (PCA)

- You control the amount of pain medication you receive.
- By pushing a button, a pump delivers a small amount of medication into your intravenous line.

Don't be afraid to ask for pain medication. If your pain doesn't go away or gets worse after pain medication, tell your nurse.

Constipation may result from pain medication use. Be sure to drink plenty of fluids and eat foods high in fiber, such as fruits and vegetables, to prevent constipation. Use a stool softener while taking pain medication. Take a laxative if you do not have a bowel movement within two to three days. Notify your doctor if you don't have results after taking the laxative.

Your Part After Knee Surgery

Immediately after surgery you will be taken to the Post Anesthetic Care Unit (PACU)

- Your nurse will check your circulation and the sensation in your leg. They will also be monitoring your breathing, pulse, blood pressure and pain level.
- You will have a large dressing on your knee.
- There may be a drainage tube with a small container to help remove blood and fluid from your knee. This tube is removed before discharge.

You will then be taken to your hospital room:

- The nurse will continue to monitor your blood pressure and breathing.
- The nurse will ask you to do deep breathing exercises and foot and ankle exercises.
See the following page for these exercises.
- If you are having difficulty urinating, a nurse will insert a tube into the bladder to drain the urine.
- You can expect to see some bruising and swelling develop in your leg.
- The side rails will be raised on your bed for safety.
- Your coach and family members are welcome to visit.

Pain medication works best if taken:

- » regularly every 4-6 hours
- » before activity
- » before therapy
- » before severe pain develops, it is important to stay on top of it.

Pain Control

- After your surgery, you will be given pain medication. Good pain control allows you to move and become more active. Being pain free is not an expectation, you will have pain.
- You will be asked to describe your level of pain on a scale of 0-10. Zero represents no pain and 10 represents the worst possible pain.
 - » 1 to 3 = mild pain
 - » 4 to 6 = moderate pain
 - » 7 to 10 = severe pain

Numeric Pain Assessment Scale

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

No Pain

Worst Pain

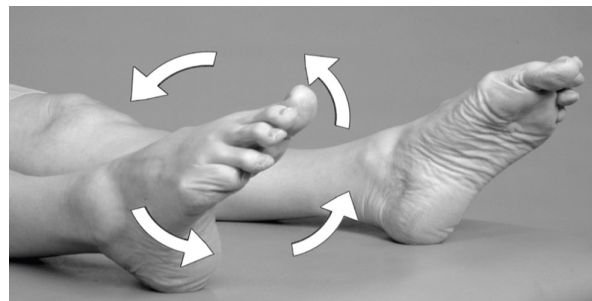
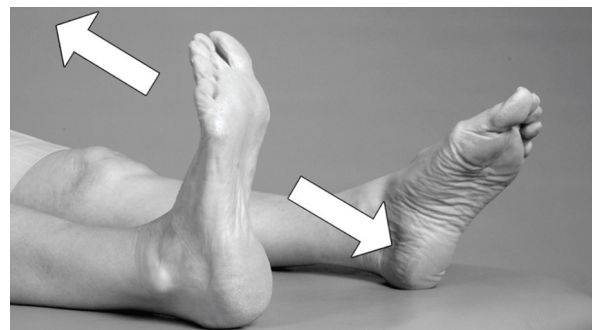
Breathing Exercises

- Sit or lie down.
- Inhale deeply through your nose.
- Without exhaling, take 3 small “sniffs” to fill your lungs.
- Hold 2 to 5 seconds, then exhale.
- Do this 10 times every hour that you are awake while in hospital.



Circulation Exercises

- Begin by lying on your back.
- Pump your feet up and down.
- With your legs straight out in front of you, squeeze the muscles on the front of your thighs and buttock muscles.
- Hold for 3 seconds. Relax.
- Do ankle circles in each direction.



REMEMBER: Your recovery will go more smoothly if you do breathing and circulation exercises and get out of bed and walk with assistance as early as possible.

Swelling

It is normal for your legs to swell after surgery, but it is important to try to reduce the swelling. Elevate your leg at least twice a day for 20 to 30 minutes each time.

- Lie on your back. Raise your leg using pillows so that your foot is well above the level of your heart.
- Make sure you have support all the way from your knee to your heel with no gaps. Your leg should be fully supported and your knee straight.
- Your leg should be relaxed. You should not be working to hold it on the pillows.



Note: Ice will be applied frequently and liberally by nursing/therapies to help with pain and swelling.

Rest and Sleep

- Limit your visitors.
- Try to get enough rest as it is important for recovery.
- When lying on your unaffected side, place 1 or 2 pillows between both your knees and ankles to help the leg relax and to support your knee.



Incision Care

- Your dressing will be checked and changed as needed.
- It is normal for your incision to feel tender, tight, itchy and numb.
- The incision can be sore for several weeks.

Nutrition

- You can eat solids when your appetite improves, unless otherwise instructed.
- A poor appetite is common after surgery.

Guidelines for Movement

During Early Stages:

DO NOT KEEP your knee in one position too long, as it will stiffen.

DO NOT FORCE your knee to extremes. Avoid sitting on low furniture, going down steep stairs, or sitting in the bottom of the tub.

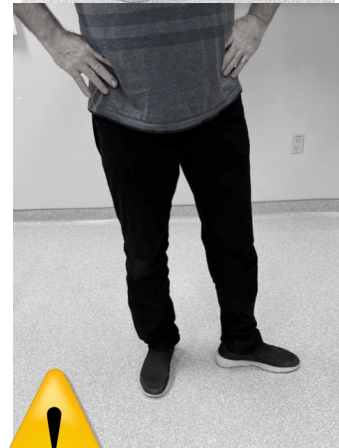
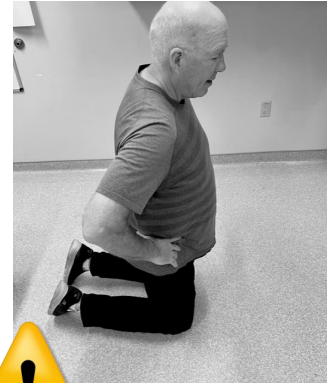
DO NOT KNEEL until your knee is fully healed. It may be uncomfortable to kneel or get up from a kneeling position, depending on the strength of your other leg and arms.

If possible, take an elevator or escalator. At home, think ahead and try to save the number of trips up and down.

DO NOT LIFT anything heavy, or push heavy objects with your knee. Talk to your doctor before returning to strenuous work such as heavy lifting, pushing or pulling.

DO NOT PIVOT or twist on your operated leg. Take small steps when Vacuuming or sweeping to avoid twisting or pivoting on your knee. After three months, you may be able to do limited dancing or golfing, if you avoid twisting your knee. Ask your occupational or physical therapist how to modify these activities.

DO NOT perform activities that require sudden stopping and starting (tennis, skiing, running, jumping) or contact sports. Swimming, walking and biking are good activities to resume once you heal.



Check with your surgeon if you have a different guidelines

Getting Moving

Activity will prevent you from getting stiff and sore. You will be shown how to change position and helped to sit on the edge of the bed (dangle) on the day of surgery. You will be helped to stand on the day of surgery. You will sit up, then stand and walk with a walker and staff assistance.

You will see a physical or occupational therapist soon after surgery. Your physical therapist will show you how to use your walking aid. Once you can walk alone, take short frequent walks during the day, using the walker or crutches. You will need a walking aid for 6 to 8 weeks. Use a walking aid until your doctor or physical therapist tells you otherwise. You will practice some everyday activities, including getting in and out of bed, dressing, and climbing stairs.

You will also start an exercise program to regain strength and movement in your knee. Some of the exercises may be painful, but it is important to start them as soon as possible.

You will not damage your replacement or incision by following your therapist's directions.

You will practice some everyday activities, including getting in and out of bed, dressing, and climbing stairs.

You should use pain medication about 30-60 minutes before exercises.

Getting In and Out of Bed

- To **get out of bed**, sit straight up with your legs out in front of you.
- Swing your legs over the side of the bed, using your operated leg as much as you can.
- You can get in or out of bed leading with either your operated or strong leg. If you are having difficulty, ask your therapist for suggestions.
- Do the reverse to **get in to bed**.
- For the first few weeks, place your operated leg slightly forward when you stand up.
- Do not pull up from your walker - push from seated surface when standing up.



Sitting In a Chair

Sit with your knee bent and your foot flat on the floor for short periods of time.

- Back up until you can feel the chair with the back of your legs.
- Slide your operated leg forward.
- Grasp the armrests and bend your knees.
- Lower yourself gently into the chair.
- To stand up, reverse the procedure.



Using the Toilet

You may use a raised toilet seat and armrests or a commode. Be sure that when you are seated, the toilet paper is within easy reach.

- Back up until you can feel the toilet with the back of your legs.
- Slide your operated leg forward.
- Grasp the armrests and bend your knees.
- Lower yourself gently onto the toilet.
- To stand up, reverse the procedure.



CS-PIER-0116

Climbing Stairs

You will learn to climb stairs before you leave the hospital.

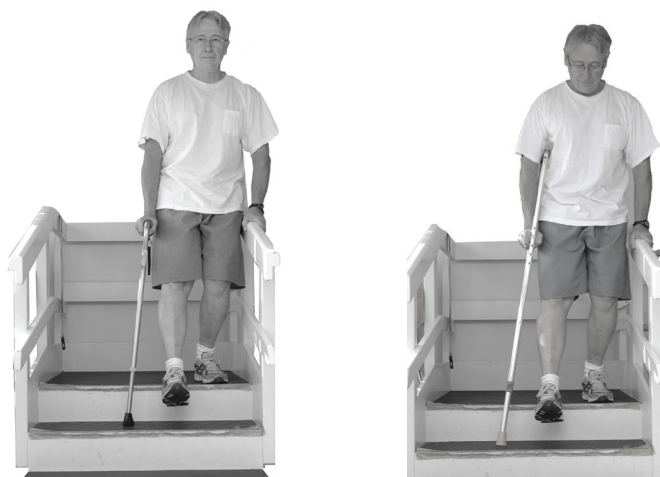
Going Up:

- Hold the handrail with one hand and a cane/crutch with the other.
- Step up with your strong leg.
- Then bring your operated leg and cane up to it.

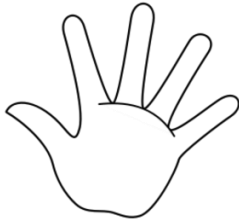


Going Down:

- Hold the handrail with one hand and a cane/crutch with the other.
- Step down with your operated leg and cane.
- Then step down with your strong leg.

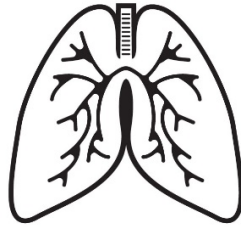


Benefits to Getting Out of Bed



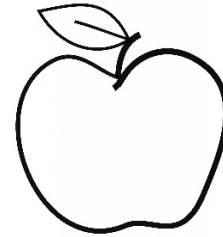
1. Skin

- Getting out of bed can help prevent bed sores



2. Lungs

- Improved breathing
- Improved ability to fight infections



3. Nutrition

- Improved appetite
- Less risk of choking when eating



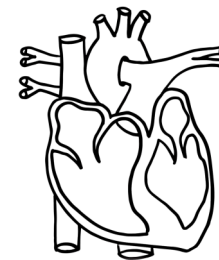
4. Brain

- Improved mood
- Improved sleep



5. Muscles/Bones

- Less weakness
- Prevents loss of strength
- Less pain in joints



6. Heart

- More stable blood pressure
- Improved circulation

Try the following to get up and get moving:

- Sit up in a chair for all of your meals
- Sit up in a chair when you have visitors
- Take short walks a few times a day
- Do bed exercises throughout the day

After-Surgery Exercises

Your in-hospital therapist will be going over these exercises with you. If you have questions or problems with the exercises, please talk to your doctor or health care provider.

The first step for all exercises should be to stabilize your body by pulling your stomach muscles back toward your spine.

Do these exercises **3 times a day** following surgery. You may wish to ice your leg before and after exercises.

TIP: DO NOT HOLD YOUR BREATH while exercising. It increases your blood pressure.

1. Knee Squeezes/Stretching

- Lie on your back with your operated leg straight.
- Press the back of your operative knee downward towards the bed.
- Hold 5 seconds to tighten the muscle on the front of the thigh.
- Do one set of 10 repetitions with each leg, 3 times a day.



2. Knee Bending

- Lie on your back, or sit upright on bed.
- Slide your heel towards your buttocks.
- You may use a strap around your foot to help bend your knee further.
- Hold for 5 seconds. Straighten your knee, pushing down into the bed.
- Do one set of 10 repetitions with each leg, 3 times a day.



3. Knee Straightening

- Lie on your back with a roll under your knee. A large coffee can or rolled up bath towel works well.
- Raise your heel off the bed until your knee is straight. Keep the back of the knee on the roll.
- Slowly lower your foot.
- Do one set of 10 repetitions with each leg, 3 times a day.



4. Straight Leg Raises

- Lie on your back with your operated leg straight and your other leg bent.
- Tighten the thigh muscle and push the knee straight.
- Keep the leg straight and slowly lift the leg 0-2 inches off the bed. Slowly lower it.
- Do one set of 10 repetitions with each leg, 3 times a day.



5. Tilted Knee Extension

- This exercise should be done if the back of your knee does not rest fully on the bed.
- Place a small roll under your ankle.
- Keep your knee and foot pointed towards the ceiling.
- Let the back of your knee relax and straighten.
- Stretch 3 times a day in this position for as long as you can. Work up to 5 minutes.



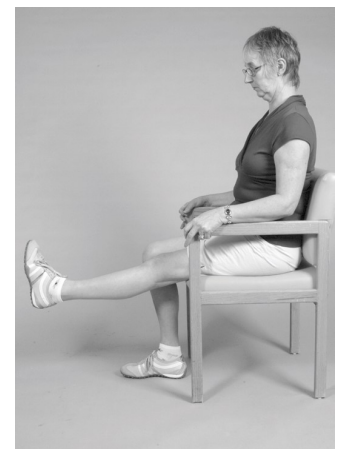
6. Chair Slides

- Sit in a chair. Slide operative foot close to the chair.
- Plant your foot and lean forward, bringing your knee over your toes.
- Bend your operative knee as much as you can so that you feel a stretch. Hold 5 seconds, then relax.
- Do frequently throughout the day.



7. Quads in Sitting Position (Knee Straightening)

- Sitting well back on the bed or the chair, pull your toes up and straighten your knee.
- Hold for a count of 5, then slowly lower.
- Bend back as far as you can.
- Alternate with the other leg.
- Do one set of 10 repetitions with each leg, 3 times a day.



Your return to normal strength and activity will be gradual but steady.

Reduce Swelling

- Lie on your back.
- Raise your leg on pillows so your foot is well above the level of your heart.
- Apply ice to knee.
- Make sure you have support all the way from your knee to your heel with no gaps.
- Your leg should be fully supported and your knee straight.
- Your leg should be relaxed. You shouldn't be working to hold it on the pillows.
- Relax for 20-30 minutes.
- Apply ice for up to 15-20 minutes at a time, as often as once an hour.
- If your incision isn't fully healed, you may use a cold pack (gel pack) wrapped in plastic and a tea towel.
- If your incision is fully healed, try using damp cold as it will penetrate more deeply and is easier to tolerate. Wrap your cold pack in a damp tea towel and place it directly over the painful area.



Discharge Home

You will be ready to go home approximately 0-2 days after your surgery. Recovery varies from person to person.

Before you go home, you must be able to safely:

- Move on and off the toilet and a chair
- Get in and out of bed
- Dress independently, with aids or with minimal help
- Walk the distance you need to get around your home
- Get in and out of the tub with a tub transfer bench (if applicable)
- Use stairs if necessary

You must know how to:

- Do your exercises - therapists will review these with you. This will be your home exercise program.
- Follow the movement precautions of this booklet, if they apply to you.

Day of Discharge

- It is important that your coach is present.
- Your nurse and therapist will review your discharge instructions with you and your coach.
- Discharge from the hospital is generally in the morning. Have a ride available.

If you are travelling a long distance:

- Plan to make frequent stops.
- Bring extra pillows and ice packs.
- Remember to take your pain medications before you leave the hospital.

■ Patient In-Hospital Care Plan: Your Ticket Home

Discharge Goals	Ready for Discharge
Pain	<ul style="list-style-type: none"> • Able to do daily activities • Able to perform exercises as shown by Physiotherapy • Taking oral pain medication (pills) • Know how to use pain medication at home
Nausea/Diet	<ul style="list-style-type: none"> • Able to eat and drink
Activities of Daily Living	<ul style="list-style-type: none"> • Able to walk with mobility aid on your own • Able to perform self-care (use toilet, dress, wash) • Able to climb stairs as needed
Coach/Help After Discharge	<ul style="list-style-type: none"> • Have a ride home from the hospital arranged • Have a plan to get to and from follow up appointments • Someone is able to assist you at home as needed
Equipment	<ul style="list-style-type: none"> • In place (tub bench, shower seat, walker etc.)
Bandage/Incision	<ul style="list-style-type: none"> • Bandage clean and dry • Aware of signs and symptoms of possible infection or concerns to watch for
Questions?	<ul style="list-style-type: none"> • All answered • Discharge instructions given and understood

Hospital Discharge Checklist

Make sure you check all items before you go home.

- I have confirmed my ride home.
- I know how to take care of my incision.
- I know what my medications are supposed to do and when to take them.
- I have an exercise program to follow.
- I understand how to follow my movement guidelines and what movement to avoid while my knee is healing.
- I know the signs that mean I need immediate medical attention.
- I have information about my follow-up appointments with my family doctor, physical therapist and surgeon.
- I have signed and kept a copy of my discharge instructions.
- I have arranged for all the equipment I need.

When to Seek Help (If you experience any of the following symptoms at home)

- Contact Emergency if:
 - If pain in your chest, difficulty breathing or shortness of breath
 - If an increase in pain, swelling or tenderness in your leg that is not relieved by elevation and icing
- Contact Surgeon if:
 - Your incision becomes red, hard, hot and swollen, or begins to drain
 - Redness or pain in your lower legs, even when resting
 - Chills and a fever (above 38.5° C)
 - A painful 'click' or decreased movement in your knee or sudden difficulty walking
- Contact Family Physician if:
 - Blood in your stool, urine or sputum, and increased bruising
 - Other infections such as a chest cold or bladder infection
 - If experiencing constipation issues.

After clinic hours, contact 811 or go to the nearest emergency department.

Activities At Home

Getting Dressed

Putting on underwear, pants, socks and shoes will be difficult.

- Sit on the side of the bed or a chair.
- Dress the operated leg first and undress it last.
- You may need the following if there is no one to help you dress:
 - » sock aid
 - » long-handled shoe horn
 - » long-handled reacher



Sleeping

- When lying on your side, place 1 or 2 pillows between both your knees and ankles for 6 weeks following surgery.
- When lying on your back, do not use pillows under your knee; it is important to straighten your knee completely.
- Use a firm mattress. If your bed is low, have it raised on blocks to bring it 1 or 2 inches above knee height.



Bathing

Your knee needs time to heal and the structures around the knee need time to tighten.

- DO NOT attempt to sit in the bottom of the tub for at least 3 months.
- A walk-in shower is easiest to use.
- Have a shower/tub seat to sit on and a non-slip mat on the bottom of your shower or tub.
- DO NOT bathe until stitches/staples are removed.
- You can shower if incision is kept dry with a waterproof dressing.
- If you use the tub to shower, you may need a tub transfer bench that has two legs inside the tub and two legs outside.
- You will sit on this bench from outside of the tub and swing your legs in.
- Try to arrange to have your coach assist you when showering or using your tub bench.
- You may need a grab bar to steady yourself while you get in and out.
- Use a long-handled sponge to wash your feet.
- DO NOT pull or lean heavily on towel rods, soap dish holders, shower curtain rods, or anything else that could be pulled off the wall.



Getting In and Out of the Car—when your driver picks you up

- Make sure the seat is above knee height.
- You may need a firm cushion on the car seat.
- Put a large plastic bag on the seat so the surface is easy to slide on.
- Move the seat back as far as possible and recline it slightly.
- Readjust the seat once you're in the vehicle.
- Back up to the car seat. Hold onto the door frame, not the door or your walker.
- Slide your operated leg forward and sit down.
- Lean back into the partially reclined seat and swing your legs into the car.
- To get out, reverse the process.



Driving

- Before starting to drive again check with your surgeon. You usually will not be able to drive for at least 6 weeks after surgery.
- You must be off narcotics before driving.
- You may be liable if you drive prior to being cleared.
- Before driving, you need to be able to bend your knee enough to sit comfortably, and have good muscle control to ensure adequate reaction time.
- Contact your surgeon if you are planning a long drive or flight.

Housework

DO NOT do heavy housework such as vacuuming or shovelling snow for at least 3 months.

- For lighter tasks, avoid bending, squatting, over-reaching and twisting.
- If possible, have a family member or friend help you. If doing the housework alone you may need to modify the way you do it.

Travelling After Surgery

Your new knee may set off metal detectors such as those at airports. Tell the security officer that you have a knee replacement. A hand-held wand can be passed over the area to confirm. If you are concerned about traveling, talk to your physician.

Sexual Activity

You may return to sexual activity when it is comfortable to do so, as long as you follow the standard knee guidelines for movement for at least 3 months. If you have questions, talk to your therapist. For additional information, see your therapist for a separate handout.

Tips for Around the Home

- Reorganize cupboards so that items you use often are within easy reach and you're not forced to squat or over-reach.
- Rest your knee by sitting on a high stool while cooking or ironing.
- Sit on a chair to unload laundry and wash smaller loads. Put all items into a laundry bag so you only have to carry one item.
- Leave bedding untucked.
- Use a long-handled broom or mop.
- Consider a walker bag or walker tray to transport items while using your walker.
- Sit on your tub seat to clean the tub and use a long-handled sponge to avoid overreaching.

Tips to Avoid Falls

- Avoid going outside in bad weather if possible.
- When walking outdoors, avoid poorly maintained sidewalks, unlit streets, and icy surfaces. Try to walk with a walking partner.
- In winter, wear boots with a good gripping sole.
- When you no longer need a walker, use a cane with an ice pick tip when walking on snow or ice.
- Remove floor mats around the house.
- Pathways should be cleared of cords, wires and clutter.
- Make sure your home is well lit. Use a night light or motion light if you get up during the night.
- Have a handrail on all stairways.
- Always use sturdy shoes with non-slip soles that give your feet and ankles firm support.
- Never rush to answer the telephone. An answering machine, cordless or cellphone can be helpful.
- Do not carry too many packages - use home delivery or a push cart.
- Have a non-slip mat in tub or shower.

Post-Surgery Activity Guidelines

About 3 months after surgery, you may resume the following activities if your surgeon approves:

- Swimming
- Golf
- Cycling on a regular bike (raise seat so your knee is not excessively bent)
- Gentle dancing
- Aquatic exercise
- Low impact aerobics
- Light hiking
- Gardening in raised beds or with long-handled tools (to limit excessive bending)

Return to Work

You will be off work for a period of time following your surgery. The length of time that you are off work will depend on your job duties and your employers ability to accommodate your post-operative restrictions. Please discuss with your surgeon or your Physical or Occupational Therapist about your anticipated return to work.

■ Healthy Eating for Recovery

It is very important to continue eating well at home for ongoing recovery from surgery.

Eat meals regularly, do not skip any meals.

- Try five small meals instead of three large meals.
- Eat protein rich foods at each meal and snack like lean meat, fish, poultry, milk, cheese, yogurt, eggs, beans, nuts, nut butters and tofu.
- Eat meals with foods from all of the food groups: meat and alternatives, grain products, vegetables and fruit and milk products.
- Stay well hydrated by drinking six to eight glasses (1500-2000 ml) of fluid each day. Choose water most often.

Snacking between meals can help you meet your nutrition needs after surgery.

Healthy high protein snack ideas may include:

- Peanut butter or cheese with crackers or fruit (banana or apple slices)
- Muffins made with seeds, nuts and dried fruit
- Pudding and yogurt (add milk powder for extra protein or choose Greek yogurt)
- Hard boiled eggs
- Hummus and crackers or carrot sticks
- Trail mix with nuts, seeds and dried fruit
- Smoothies or milkshakes made with fruit and yogurt.

Commercial nutrition supplement drinks such as Ensure, Boost or store brands can help if you have a hard time eating enough food.

■ Long-Term Concerns

Preventing Infection

You are at greater risk of getting an infection in your knee now that it has been replaced. If you develop an infection of any sort (bladder infection, abscessed teeth, lung infection), call your family doctor immediately. You may need antibiotics to prevent the infection from spreading to your replaced joint.

If you are having major dental work or other surgery, tell the dentist or surgeon about your joint replacement. They will let you know if you need to take special precautions.

An infection can travel through the bloodstream and land in your replaced joint, even years after surgery. If you develop a sudden onset of pain, redness, swelling, difficulty weight bearing and restricted motion, please contact your surgeon right away or go to the emergency department. It is important to diagnose and treat an infected joint replacement quickly to try and prevent further surgeries and serious illness.

Loosening of Knee Joint

Over time, the components of your knee replacement may loosen. This often takes many years and may be caused by too much stress being placed on the replaced joint. Talk to your surgeon if you have any questions or concerns about loosening.

Total Knee Replacement

Are You Prepared for Surgery?

Complete Your Pre-Surgery Checklist On Page 11.

Surgical Wait List Phone Lines

City	Phone
Regina	306-766-0460 Toll free: 1-866-622-0222 TTY Access: 1-866-312-7674
Saskatoon	306-655-0567 Toll free: 1-866-543-6767
Moose Jaw	306-691-2621
Prince Albert	306-765-6164

More Surgery Information

www.sasksurgery.ca

[COF_GetMovingBrochure \(movepainfree.org\)](http://COF_GetMovingBrochure(movepainfree.org))

LiveWell with Chronic Conditions

1-877-LIVE-898

1-877-548-3898

<https://www.saskhealthauthority.ca/your-health/conditions-diseases-services/chronic-disease-management>

The Arthritis Society

1-800-321-1433

www.arthritis.ca

Programs:

Twinges n' Hinges (Aquatic Program)

Arthritis Exercise Land Program

Arthritis Self- Management Programs

Canadian Joint Replacement Registry

1-416-481-2002

HealthLine

Call 811 or visit

<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/healthline>

Smoker's Helpline

1-877-513-5333

www.smokershelpline.ca

Canada's Food Guide

www.healthcanada.gc.ca/foodguide

SaskAbilities

SaskAbilities is contracted by the Ministry of Health to provide some of the equipment you may need. Some items are lent out free for as long as required. You must return equipment to one of the agencies listed below when it is no longer needed. You may need to purchase some additional equipment. Your physical or occupational therapist will complete the necessary forms for loan equipment and advise you if you need to purchase other equipment.

Saskatoon

2310 Louise Ave 306-374-4448

Regina

825 McDonald St. 306-569-9048

Swift Current

1551 North Railway St. W 1-833-778-9188

Yorkton

162 Ball Road 1-833-444-4126

Prince Albert

1205-1st Avenue East 1-888-987-5215

<https://www.saskabilities.ca/contact/#directory>



CS-PIER-0116

Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

PIER—Patient Information and Education Resource

MAY 2024

Disclaimer: This document was transitioned from the Saskatchewan Ministry of Health to become a Patient Information and Education Resource (PIER) for the Saskatchewan Health Authority on May 4, 2022. All images unless specifically identified are courtesy of the Saskatchewan Ministry of Health.