When joints age and ache, rely on The Joint Club for expert total joint replacement. You enjoy pre-surgery education, computer-assisted surgical techniques, experienced surgeons, private rooms with specialty-focused staff, outpatient therapy at our convenient HealthLink clinics and more.
Your orthopedic surgeon has given you this guide because the two of you have decided that a Total Joint Replacement is the next course of treatment for your condition. There is a lot to think about and do prior to having this surgery performed. There is also a lot to do afterwards, to enable you to return to a healthy and active lifestyle!

This Guidebook contains much of the information that you will need to prepare for and recover from your Total Joint Replacement surgery.

THE PURPOSE OF THIS GUIDE
Preparation, education, continuity of care and a carefully pre-planned discharge are essential for optimum results from joint replacement surgery. Communication is essential to this process. This guide is intended to serve as a communication and education tool for you, our guest. It is designed to be a reference guide for you to educate yourself on the following topics:

- What to expect every step of the way
- What you need to know
- Different phases of care for your new joint replacement

REMEMBER THIS IS JUST A GUIDE…
You are not expected to read all of it in one day, nor memorize any of it. Keep this guide as a handy reference for at least the first year after your surgery. It will help you to remember a lot of the recommendations made by your Joint Replacement Club Team.

THIS GUIDE WAS CREATED BY…
A multidisciplinary team from across the Baptist Health System, including professional educators, Joint Club nurses, physical and occupational therapists, case managers, and physicians, all guided by the department of Orthopedics.

SPECIAL THANKS TO:
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INFORMATION ABOUT BAPTIST HEALTH SYSTEM (BHS)

Total Joint Replacements are performed at all of our Hospital Facilities.

PRE-ADMISSION TESTING HOURS & PHONE NUMBERS:

Southeast Baptist Hospital
(210)297-3744
M-F 8:00 am to 4:30 pm

Northeast Baptist Hospital
(210)297-2613 or (210)297-2614
M-F 7:00 am to 3:00 pm

North Central Baptist Hospital
(210)297-4008
M-F 8:00 am to 4:00 pm

Baptist Medical Center
(210)297-7749
M-F 8:00 am to 5:00 pm
by appointment

St. Luke’s Baptist Hospital
(210)297-5887
M-F 8:00 am to 5:00 pm
no patients taken after 4:30

Visit our website on the worldwide web at: www.BaptistHealthSystem.com/ortho
and look for “Joint Club”
After your joint replacement surgery, you will most likely need outpatient physical therapy.

While you do have the right to choose to receive your therapy care at any facility in town (Baptist or not), we strongly recommend that you urge your doctors to send you to a Baptist Health System facility. The therapists and staff in these facilities have been specially trained in the protocol that your surgeons use to promote the most rapid recovery with the best physical improvement and customer satisfaction. This is called “continuity of care” and is a key factor in uninterrupted care and safety for your new joint.

We have 5 Outpatient facilities around San Antonio to serve you!
PART I: BEFORE YOUR SURGERY

Over the next several weeks, there are going to be many things that need to be coordinated and completed to ensure that your Joint Club process goes as smoothly as possible. Below is a checklist of the things that need to be taken care of, along with a general timeline.

OBTAIN MEDICAL AND ANESTHESIA EVALUATIONS
Prior to surgery, you should obtain medical evaluation from your surgeon. The surgeon will tell you whether you need to see your primary care physician and/or a specialist. If you need to see your primary care doctor or a specialist (for example a cardiologist), it will be for preoperative medical evaluation.

OBTAIN LABORATORY TESTS AND X-RAYS
You should have also received a laboratory testing and X-ray note from your surgeon. Follow the instructions in this form. The Pre-Admission Testing (PAT) nurse may arrange for additional testing as requested by your physician or anesthesiologist.

OBTAIN MRSA SCREENING AND ANTIBIOTICS
Get tested for MRSA (Methicillin Resistant *Staphylococcus aureus* – a bacteria) by nasal swab 9-12 days prior to your surgery. If you test positive, your physician will notify you about the results of the test. Your doctor will call in a prescription to your pharmacy. You will take antibiotics for 5 days, then return to the facility for re-testing on the 6th day. If the test is negative, your surgery will proceed as scheduled. If it continues to be positive, you may require further treatment prior to surgery; or special precautions during and/or after surgery.

START PRE-OPERATIVE EXERCISES
Many people with arthritis favor their joints over time to relieve the pain and thus become weaker in that leg. This may prolong recovery. It is important that you begin an exercise program as soon as possible before surgery to begin to strengthen your muscles. See the Exercise Appendix at the back of this guide and begin the Pre-Surgery Exercise Plan.

BEGIN TAKING IRON & VITAMINS
Prior to your surgery you may be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood, which is especially important for a quick recovery. Please, only take these as directed by your doctor.

BEGIN TAKING PROCRIT®
If you have selected the Bloodless Surgery / Blood Conservation pathway, and your surgeon has prescribed Procrit®, it is vitally important to the success of this pathway that you begin taking Procrit® as early as possible prior to your surgery. Your Pre-Admission nurse will instruct you according to the prescribed dosage and timing. This early start will allow plenty of time for your blood levels to elevate appropriately.
CONSIDER SMOKING CESSATION
If you are a smoker, the nicotine in cigarettes dramatically slows down the healing process, and places you at higher risk for lung problems during anesthesia. For these reasons, Baptist Health System has become a “Tobacco-Free” healthcare provider, with a focus on your “Health for Life”. Therefore, you (and your family and guests) will not be permitted to use tobacco (cigarettes or chewing tobacco) while on any BHS campus. We strongly advise you to quit for as long as possible before surgery. We recommend, for your better health, that you call 1-800-YES-QUIT to obtain support and advice from the American Cancer Society. You may also consider asking your doctor about using nicotine replacement products such as a patch, gum or cigarette substitutes to help you quit for good.

BILLING FOR SERVICES
Avoid surprises when you get your bill from Baptist. Keep in mind that you will receive separate bills from the anesthesiologist, hospital, Radiology and Pathology (if applicable), and the surgical assistant. Please make a point to contact your insurance carrier to determine what they cover and what will be your financial responsibility for your Joint Replacement Surgery.

PRE-SURGICAL PREPARATION CHECKLIST

REGISTER FOR PREOPERATIVE EDUCATION CLASS
Some of the Baptist Facilities host an instructional class for guests scheduled for joint surgery. The Pre-Admission Testing (PAT) Coordinator will schedule this class with you prior to your surgery. You will only need to attend one class. If you cannot attend class, arrange to view it on our website (www.baptisthealthsystem.com) or ask for an instructional DVD.

It is strongly recommended that you bring a family member or friend as your “coach” to the class. The coach’s role will be explained in class. The outline of the class is as follows:

- Learn About the Surgical Process
- Role of Your Caregiver
- Learn Your Breathing Exercises
- Complete Pre-Op Forms and Q&A Session
- Learn About Assistive Devices and Joint Protection
- Discharge Planning / Insurance / Obtaining Equipment
- Review Pre-Operative Therapy Exercises

PREPARE YOUR ADVANCE DIRECTIVES
(OPTIONAL BUT RECOMMENDED)
The law requires that everyone being admitted to a medical facility is given the opportunity to make an Advance Directive (also called a “Living Will”), concerning future decisions regarding medical care. Please refer to the Appendix for further information. Although you are not required to do so, you may make the directives you desire to govern your care in the unlikely event that you are unable to convey your wishes to your medical team during your hospital stay. If you have already prepared an advance directive, please bring copies to the hospital on the day of surgery.
**READ “ANESTHESIA AND YOU” (APPENDIX)**

Total Joint Replacement does require the use of either general or regional anesthesia. Please review “Anesthesia and You” (see Appendix) provided by our anesthesia practitioners for your information. If you have questions or want to request a particular anesthesiologist, please contact the Joint Club Coordinator or your surgeon’s office.

### 7-10 Days Before Surgery

- If you have any questions regarding your surgery that you need answered, call your physician’s office or the Pre-Admission Testing Center where your surgery is scheduled.

- Stop medications that increase bleeding. About 7-10 days before surgery stop all anti-inflammatory medications such as aspirin, Motrin®, Naproxen®, Vitamin E, etc. These medications may cause increased bleeding. You may continue Celebrex. If you are on Coumadin® you will need special instructions for stopping the medication. Ask your doctor if you are unsure about what medicines to stop for surgery.

- **DO NOT** stop taking ANY medications without speaking to your physician first.

### 5 Days Before Surgery

- **STOP SHAVING** the leg you will be having surgery on.

### 2 Days Before Surgery

- You will need to shower with a special soap three times prior to surgery. Use the soap 2 nights before surgery, the night before and the morning of the surgery. Use the soap on your entire body, except for your face. Your surgeon recommends this special soap to reduce the amount of germs on your skin prior to surgery to decrease infection risk. You will receive the soap when you attend the pre-operative class.

Example: If your surgery is on Monday morning, take a shower with the special soap on Saturday night, then on Sunday night and finally on Monday morning.

**Directions for Use of Soap**

1. Pour the special soap onto a washcloth
2. Wash your whole body (except for your face), especially all around the knee (don’t forget the back of the knee) with the special soap.
3. Wash the sides of your knee very thoroughly as well.
4. Rinse as usual. Dress as usual.
PREPARE YOUR HOME FOR YOUR RETURN
A few simple changes in your home can go a long way towards making your transition from Joint Club to home easier for you and your family and prevent injury to your new joint. Becoming aware of and removing hazards in your home can help make your recovery easier and safer. If necessary, get help rearranging furniture to make it easier to walk around safely.

Tip: Think about maneuvering around your home with a walker. Remove throw rugs and objects on the floor. Keep items you use often within easy reach. Move items so you are not reaching up high or bending down low. Move electrical cords out of the way. Make sure your house is well stocked with groceries.

Check out your usual sitting areas. For knee replacement patients, being able to arise from a low chair will be very difficult to do for a minimum of six weeks. Arrange to have a chair that is not too low and somewhat more firm than usual to sit in. Be sure to practice getting out of the chair before surgery. Make sure it is easy to get up with minimal effort. If not, you can raise the level of the seat by placing a firm pillow in the seat.

Remember, you will be using a walker for six weeks. It will be difficult for you to do many things. Proceed with all walking and standing activities SLOWLY and CAREFULLY.
USE THE FOLLOWING AS A CHECKLIST

✓ Get your grocery shopping for approximately six weeks done ahead of time

✓ Prepare some frozen meals to ease the burden of cooking while recovering

✓ Organize your home so that frequently used items are where they can be easily reached and you do not have to go up or down stairs

✓ Put frequently used items near your favorite chair (remote, phone, magazines, books & pills)

✓ Arrange your furniture so that there are clear walkways for you and your WALKER

✓ Pick up throw rugs and ensure carpet is tacked-down to prevent tripping

✓ Remove electrical cords and extension cords from walkways

✓ Clean the floors and vacuum the house, and ensure the walkways are clear

✓ Make sure the laundry is done and that the sheets on the bed are clean

✓ Arrange to have someone collect your mail and take care of pets or loved-ones, if necessary.

Your focus should be on recovery when you return home, so ensure that everything else is taken care of before your procedure.

THE BUSINESS DAY (M-F) PRIOR TO SURGERY

✓ If you have not already made the following arrangements: call a few business days ahead of time (not on the weekend) to the Pre Admission Testing (PAT) Nurse to find out your Arrival Time to the hospital and acquire a good map and/or directions to surgery entrance of the facility.

✓ It is important that you arrive on time to the hospital because sometimes the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases lateness could result in moving your surgery to a much later time.

THE NIGHT BEFORE SURGERY

✓ Do Not Eat or Drink anything, even water, after midnight the night prior to surgery, unless otherwise instructed to do so. This also includes NO chewing gum, hard candy, chewing tobacco or dipping snuff. The ONLY exception is taking your morning medications with a small sip of water, as instructed by your physician.

✓ No Smoking 12 hours prior to surgery!

✓ Pack your bags ahead of time. Be ready for surgery day so you do not need to rush!

✓ Personal Items to bring to the Hospital:
Personal hygiene items (toothbrush, powder, deodorant, battery operated razor, etc.); table clock; hand-held mirror to use at bedside; loose clothing (shorts, shirts, pants); well-fitted slippers, flat shoes or tennis shoes (**NO flip-flops or house shoes**).

For fire safety reasons you may **NOT** bring in electrical items (including cell phone chargers). You may bring **only** battery-operated items

- **You should** bring your CPAP machine if you have Sleep Apnea.

**✓** Also bring the following items with you to the hospital
- This Joint Club Guidebook
- A list of your personal contact numbers
- A copy of your Advance Directive (if you have not previously given it to PAT or Admissions)
- Your insurance card, driver license or photo I.D., and any co-payment required by your insurance. (If you have not previously given it to Pre-Admission Nurse or an Admissions representative)

**✓** Please **DO NOT** bring: any home medications (except eye drops), jewelry, valuables (including cell phones), or large amounts of money – you will **NOT** need them. We do our best to ensure the safety of you, your family, and your valuables, but, as with any public arena, losses do happen. So, **prevent the loss ahead of time** and leave money, jewelry and expensive electronics at your home.

### PART II. DAY OF SURGERY

**DO NOT** take medications for diabetes on the day of surgery unless otherwise advised by your physician.

**PARKING**

- Your family/coach may park in the Baptist Parking lot – be prepared to pay for parking at some facility garages.
- Do not leave valuables or anything visible in your vehicle.

**ENTERING THE HOSPITAL**

- Know ahead of time where to enter the facility and look for the signs directing you to the Surgery area.
- You will be greeted there and guided through the rest of the process.
WHAT TO EXPECT THE DAY OF SURGERY – PRIOR TO SURGERY

- You will be escorted to a room on the pre-op unit where you will be prepped for surgery.
- In the pre-op suite, you will be dressed in a gown, and an IV will be started.
- The surgical team will identify the operative knee and place your TED compression stocking on your non-operative leg.
- Your operating room nurse as well as your anesthesiologist will then visit with you to discuss your anesthesia options.

WHAT TO EXPECT THE DAY OF SURGERY – SURGERY INFORMATION

The knee joint is one of the body’s largest weight-bearing joints. It is a hinge-type joint. It has multiple ligaments to help it remain stable even during twisting and extreme ranges of motion. A healthy knee joint allows you to walk, squat, and turn without pain. But when a knee joint is damaged, it is likely to hurt when you move. Below are educational diagrams of the replacement procedure.

A Healthy Knee
In a healthy knee, smooth cartilage covers the end of the thighbone and the top of the shinbone where it joins the thighbone – called the knee joint. This allows the joint to glide easily while bending and absorb shock while walking. When the surrounding muscles support your weight and the joint moves smoothly, you can walk and bend painlessly.

A Problem Knee
In a problem knee, the worn cartilage no longer serves as a cushion and bone spurs may form in the joint. As the roughened bones rub together, they become irregular, with a surface like sandpaper. The bones grind together when you move your leg, causing pain and stiffness.

A Prosthesis
An artificial metal surface replaces the condyles of the thighbone, and an artificial plateau plate replaces the top of the shin-bone. These parts are separated by a plastic spacer and articulate to create your new artificial knee. Sometimes a new plastic backing to the kneecap is also used. All parts have smooth surfaces for comfortable movement once you have healed.
WHAT TO EXPECT THE DAY OF SURGERY – AFTER SURGERY

RECOVERY ROOM:

After surgery, you will be taken to a recovery area where you will remain for one to two hours. You will gradually wake up during the immediate recovery period. You may feel groggy, dizzy and/or nauseous from the anesthesia and you will still have tubes and monitors attached at various points on your body. During this time, additional pain medication will be administered (as needed), your vital signs will be monitored and an x-ray will be taken of your new joint.

- Your knee will have a “bulky” dressing that will remain on for 1-3 days.
- And, there may also be any combination of the following, depending on your condition:
  - Special sequential compression sleeves (called “SCD’s”) and graduated compression stockings (called “TED’s”) on both legs to help circulation and prevent blood clots, if ordered by your physician
  - The original intravenous tube (IV) for continued fluids, antibiotics and possible blood transfusions
  - A wound drain (HemoVac®) that will remove excess blood as healing occurs
  - A drain in your bladder (Foley catheter), which will remove urine
  - A pain control device (pain ball) into the hip area
  - An epidural IV in your back
  - An ice pack next to your incision

The nurses will keep a close watch on your recovery and help make you as comfortable as possible. If you need pain medicine, don’t wait too long to ask for it. It is easier to prevent pain than to stop or catch up with it once it is out of control. They may ask you to “pump” your feet up and down to make sure you have feeling in your legs and feet, especially on the side that was operated. It is important to tell your nurse if you have numbness or tingling or other strange sensations in your leg, ankle or foot. It is also important to tell your nurse if you have sleep apnea, as anesthesia and some pain medications may affect this condition.

TRANSFER TO THE JOINT CLUB:

Once you are fully awake and stabilized in the recovery room (about 1-2 hours after surgery ends), you will move to a room on the Joint Club Unit where a Joint Club nurse will receive you and continue to administer antibiotics and fluids through the IV.

The Joint Club team will check your blood pressure, heart rate, breathing and temperature regularly beginning when you arrive to your room. They will also work hard to ensure your comfort in your new room. Only one or two very close family members or friends should visit you on this day to allow you to rest and heal.
IN YOUR ROOM ON THE JOINT CLUB:

- **Activity:** You will remain in bed for most of the day after surgery and will begin increasing activities the morning of post-op day 1 (POD 1).
  - It is very important that you begin ankle pumps as soon as possible following surgery. This will “wake up” your leg and help prevent blood clots from forming in your legs.
  - You should also begin using your Incentive Spirometer (breathing device) and doing the deep breathing exercises that you learned in class. This will help to prevent pneumonia.

- **Diet:** You will most likely have “clear liquids” for your evening meal on the day of surgery. This usually consists of clear broth soup, Jell-O®, Sprite®, water and juice. This is to help prevent nausea and vomiting, common side effects of anesthesia. You may be hungry, but it is important that you stick to this diet. You may be given more food if you are able to tolerate it. **Please do not have family deliver food for you on this day.**

- **Bladder:** Due to anesthesia “after-effects”, you may not be able to urinate normally for a day or so. If you have difficulty urinating, a catheter may be placed in the bladder.

- **Pain Control:** You will have some degree of pain and discomfort after this surgery, so communicate with your nurse about your acceptable level of pain. He/she will continue your pain medication plan of care and adapt it to your needs. Vital signs and neurovascular checks will be recorded regularly during the first 24 hours following surgery, and as needed after that.

**PLEASE use the following Pain Assessment Tool to report your discomfort to your care team.**

![Pain Assessment Tool](image)
o **Fall Assessment:** Soon after arriving on the Joint Club Unit, you will be assessed for your fall risk. Additional precautionary measures may be taken to keep you safe. These additional measures may include a change in room assignment to move you closer to the nurses station, a bed alarm, assistive equipment, and may also result in a medication review at any time during your stay, if warranted.

***YOU ARE AT HIGH RISK FOR FALLS AFTER KNEE REPLACEMENT SURGERY***

Please, do not get out of bed without assistance. You will have decreased leg function and confusion and are at high risk for a fall. Call any time for help from any Joint Club caregiver.

**FALL PRECAUTIONS**

BHS takes patient safety very seriously. It is our priority! As a result of the medications and anesthesia, as well as your pain ball, you will be placed on FALL PRECAUTIONS. We have a strict policy that we ask you and your family to adhere to: **DO NOT** attempt to get out of bed for any reason without a Joint Club Staff member assisting you. This is an important rule to **MEMORIZE NOW** and follow at all times on the Joint Club unit.

**PLEASE, CALL US WHEN YOU NEED SOMETHING. WHETHER IT IS A DRINK OR HELP GETTING TO THE RESTROOM, IT IS VERY IMPORTANT THAT YOU HAVE THE ASSISTANCE OF A STAFF MEMBER WHEN GETTING OUT OF BED.**
PART III. AFTER THE SURGERY

POST-OPERATIVE DAY 1 (POD 1)

Activity:
On Day 1 after surgery you will be very active. Physical and Occupational therapists will begin to assist you with mobility very early in the morning. The therapy team will begin to train you how to get out of bed, transfer to the toilet and/or recliner. Then you will eat breakfast in the seated position. Following that, self-care training (bathing, grooming and dressing) will begin. You will also work on your walking and receive safety instruction while using a walker. Group therapy will begin later in the morning. Your coach is encouraged to be present as much as possible. You will also participate in group therapy in the afternoon.

Precautions:
Knee replacement interrupts the function of the muscles in your thigh and knee. These muscles will be weak and will slow to respond compared to what you are used to. This means that your knee may give way on you when you try to stand or walk. Please seek the help of a staff member before standing walking while on the unit.

Bloodwork:
The laboratory will take a small amount of blood for testing. One reason for this is to check your blood count, known as the hematocrit and hemoglobin count. If this count falls below normal levels, a transfusion may be necessary. In that case, you may receive the blood you donated prior to surgery. If you did not donate, you may receive blood-bank products. (Some guests choose the “bloodless surgery / blood conservation” option, and will not receive blood products of any sort. Please read the “Guide to Blood Management Options” section of the Appendix for more information).

Medications:
- Iron may be given to help increase blood levels. Iron may cause constipation, so you may also receive a stool softener.
- Blood Thinners may be given to help prevent blood clots from forming.
- Pain Medicine – You will have a PCA pump that will deliver pain medication intravenously for you. In addition, you may be prescribed some supplemental pain medications by your physician, which will be administered to promote comfort and activity as needed.

IV Fluids:
May be discontinued and the IV catheter may be capped to allow more mobility.

Diet:
Regular diet is usually resumed on POD 1. Drink plenty of water to prevent constipation unless instructed otherwise.

Case Management:
Your case manager will begin working on your post Joint Club placement. It is important that you discuss any special needs that you may have after leaving the Joint Club. That will enable the case manager to order the proper equipment and continue your post-surgical care at the most optimum level for you.
POST-OPERATIVE DAY 2 (POD 2)

Activity:
Day 2 Activity will build on Day 1. You will begin Physical and Occupational therapy early in the morning again. You will review transfer training and eat breakfast in your recliner. Following that, you will review and perform more independent self-care and then work on improving your endurance and strength for your walking ability. You will also work individually with a physical therapist on stairs, ramps and balance training. Group therapy will begin later in the morning. Your coach is encouraged to be present as much as possible. You will also participate in group therapy in the afternoon.

Precautions:
You will still be at a high risk for fall due to weak thigh muscles. Ask for help when getting out of bed or chair and/or walking.

Bloodwork:
A small amount of blood will be taken to recheck your blood count.

Medications:
Pain Medicine – On POD 2 the main focus for pain control is to “take the edge off” of your pain. The goal is to control pain from the incision and enable as much mobility as possible.

Case Management:
Your Case Manager will continue to work on your discharge planning. The entire Joint Club team will be consulted to review your progress. Then the Case Manager will consult with you and your family to determine the most appropriate placement for you when you leave the Joint Club. Additionally, your Case Manager will be ordering any adaptive equipment that the Joint Club team has recommended for you to use when you leave the facility.

POST-OPERATIVE DAY 3 (POD 3) - DISCHARGE DAY

Day 3 is Similar to Day 2. The focus of therapy will be to continue progressing in strength, walking and independence with self-care. You will work individually with therapists and participate in group session(s) while you are still in Joint Club. Most Joint Club guests are discharged following the afternoon group therapy session of POD 3. Any adaptive equipment that you will need for your return home will be delivered to your Joint Club room on the morning of this day.

Please be aware that discharge times vary, depending on insurance policies, availability of beds at after-care facilities, and transportation. Rarely, a small percentage of guests are not yet medically stable enough for discharge on POD 3. Joint Club will continue as usual for these guests until Saturday.

While it is the goal of the Joint Club program for you to return to your home after leaving the hospital, the decision on whether you go home or to sub-acute rehab will be made collectively by you, the Case Manager, your surgeon, physical therapist, and your insurance company. Every attempt will be made to have this decision finalized in advance but it may be delayed until the day of the discharge.
**CARE PATHWAY:**
Below is a pictorial representation of the Joint Club knee replacement care pathway. This graphically outlines the major activities and care changes that will be occurring during your stay. This summarizes the verbiage from above. You will see this posted in your room, and around the Joint Club, for you and your family to refer to as needed to plan your days.

### DAILY GOALS for a Safe Discharge after Knee Replacement

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<tr>
<td><strong>Diet</strong></td>
<td>Clear liquids or small meal as tolerated</td>
<td>Begin food and drink up in chair</td>
<td>Meals up in chair</td>
<td>Same as Day 2</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>You will need rest. To prevent falling, please ask for help if you need to get out of bed.</td>
<td>Walk a minimum of 25 - 50 feet with walker</td>
<td>Roll a minimum of 101 - 150 feet with walker</td>
<td>Walk a minimum of 150 - 200 feet with walker and practice using stairs and ramps</td>
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<tr>
<td><strong>Treatment</strong></td>
<td>Work to increase bending (flexion) by 10 degrees per day (using CPM machine)</td>
<td>Increase Flexion to 90 degrees in CPM</td>
<td>Increase Flexion to 110 degrees in CPM</td>
<td>Achieve maximum 110 - 120 degrees of Flexion</td>
</tr>
<tr>
<td><strong>Pain Medication Regimen</strong></td>
<td>Pain ball, PCA N, and/or pills for pain control</td>
<td>Use pain ball, IV and/or pills for pain control</td>
<td>Pain ball &amp; IV removed, pills only, as needed for pain control</td>
<td>Same as Day 2</td>
</tr>
</tbody>
</table>

**Discharge Planning & Instruction**
Begin on the day of surgery and you will be educated and informed on all of these categories throughout your stay at BHS

- Discharge Plan discussed with patient & family and conveyed to Joint Club Team
- Use walker as directed, for up to six (6) weeks
- Driving precautions & restrictions
- Exercises and use CPM/Extension Block as directed
- Home safety, fall prevention, & ADL training
- Home medication education
- Blood Clot Prevention
After Discharge – What to Expect

You will receive written discharge instructions concerning medications, physical therapy, and activity. The Joint Club Case Manager will arrange for any necessary assistive equipment to be delivered to your Joint Club room prior to your discharge. The Case Manager will also make arrangements for post-discharge Home Health or Outpatient Physical Therapy for you. Take this Guide with you to help guide your therapists and other caregivers in continuing your rehabilitation.

Many Joint Club Guests Return Directly Home

You will need to arrange for someone to drive you home. You will not be able to drive yourself. If possible, try to have your driver bring a larger, easy to enter and exit vehicle such as a van or truck. Small cars will require substantial bending of the surgical leg, and a very large truck may be difficult to climb into. You may also need to have a large cushion for you to sit on while in the car. This will prevent bending your knee too far in the car.

Guests who return home will have their rehabilitation continued either by home health therapists (who perform therapy at your home) or in an outpatient physical therapy clinic. Either therapy choice will continue to focus on improving your motion, strength and mobility.

Some Guests May Go to a Sub-Acute Rehab Facility

The Joint Club Case Manager will arrange for admission to a post discharge rehab facility and can help you arrange for transportation to the facility. Nursing staff will complete the necessary transfer papers. Either your primary care physician or a physician from a sub-acute facility will be caring for you in consultation with your surgeon. Expect to stay 3-14 days, based upon your progress. Upon discharge home, the sub-acute rehab staff will provide discharge instructions to you.

Please remember that your insurance company must approve sub-acute stays. A stay in a sub-acute rehab facility must be done in accordance with guidelines established by Medicare. Although you may desire to go to sub-acute when you are discharged, your insurance company will monitor your progress while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from sub-acute rehab, or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans preoperatively for care at home.

In the event your insurance company does not approve sub-acute rehab, you can always pay privately if it is your desire to go to sub-acute rehab. Please keep in mind that the majority of our Joint Club guests do so well that they don’t meet the strict qualification guidelines for sub-acute rehab. Also keep in mind that insurance companies do not become involved in “social issues,” such as lack of caregiver, animals, etc. These are issues you will have to address before admission.
AFTER DISCHARGE – AROUND THE HOUSE

TIPS FOR SAVING ENERGY & PROTECTING YOUR JOINTS

IN THE KITCHEN
- **DO NOT** get down on your knees to scrub floors. Use a mop and long handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.

IN THE BATHROOM
- **DO NOT** get on your knees to scrub the bathtub. Use a mop or other long handled brushes.
- You may need to use a “shower chair” for several weeks for safety.
- Use an elevated toilet seat to enable you to arise more easily from the toilet.

SAFETY & AVOIDING FALLS THROUGHOUT THE HOUSE
- Pick up throw rugs, and tack down loose carpeting, cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backing.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. **DO NOT** run wires under rugs, this is a fire hazard.
- **DO NOT** wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in elevated chairs with arms. That helps avoid bending more than 90 degrees and makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get lightheaded.
- **DO NOT** lift heavy objects for the first three months, and then only with your surgeon’s permission.
- **Act deliberately and SLOWLY.** Stop and think. Use good judgment.

**Do’s and Do-Not’s: For The Rest Of Your Life**

Whether you have reached all of the recommended rehab goals in three months or not, you need to continue with a regular exercise program to maintain your overall fitness and promote the health of the muscles around your joints. With permission from both your orthopedic and primary care physicians, you should be participating in regular aerobic and strengthening exercise programs three to four times per week lasting 20 – 30 minutes. Choose low-impact activities and be careful! High-impact activities such as running and singles tennis may put too much load on the joint and are not recommended. Also, high-risk activities such as downhill skiing are discouraged because of the risk of fractures around the prosthesis.
**AFTER DISCHARGE - IMPORTANT TO-DO’S**

- Use your walker for six weeks after surgery unless otherwise instructed by your surgeon. It is important to use the walker for all walking activities, even for a few short steps, to help protect healing tissues in your knee.
- Be careful when sitting up or standing from a lying position. Some post-surgical candidates become light-headed and dizzy, and may fall. Stay seated if dizziness occurs.
- Sit in an elevated chair, or on a cushion to allow you to arise more easily.
- Wear compression (TED) stockings on both legs at all times for six weeks.
- Exercise regularly and USE your leg. Do not “baby” it by not bearing weight on it.
- Take antibiotics one hour before you are having dental work or other invasive procedures for two years after surgery.
- Although the risks are very low for post-op infections, it is important to realize that the risk remains.
- A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than **101.5 degrees**, notify your doctor. Also, if you sustain an injury such as a deep cut or puncture wound, you should clean and disinfect it and put a sterile dressing or Band-Aid® on it and notify your doctor. The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- Get a card from your surgeon that states you had a joint replacement. Carry the card with you, as you may set off security alarms at airports, malls, etc.
- When traveling, get up and change position hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended See “Lifetime Follow-up Visits” in the appendix of this guide.

**WHAT NOT TO DO**

- Do not shower until the surgeon has cleared you to do so – prevent infection.
- No swimming pools, hot tubs or bathing until instructed by surgeon – prevent infection.
- Do not perform strenuous exercise until cleared by the surgeon – promote healing.
- Do not drive until cleared by the surgeon – prevent motor vehicle accidents.
- Do not run or engage in high impact jumping or hopping type activities.
- Do not participate in high-risk activities such as downhill skiing, sky diving, etc.

**WHAT TO DO FOR EXERCISE**

- Choose Low Impact Activities
- Professionally instructed exercise classes (notify your class instructor of your surgery)
- Home exercise program as outlined in this Guidebook
- Regular one-to-three mile walks (wear good, supportive shoes)
- Home treadmill
- Stationary bike
- Regular exercise at a fitness center (notify your trainer of your surgery)
- Low-impact activities such as golf, bowling, walking, gardening, dancing, etc.
**POST-OPERATIVE CARE**

**CARING FOR YOURSELF AT HOME**
When you go home there are a variety of things you need to know for your safety, your speedy recovery and your comfort.

**CONTROL YOUR DISCOMFORT**
- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to Tylenol®. You may take two Extra-Strength Tylenol® in place of your prescription medication up to 4 times per day.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use more than 20 minutes at a time each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer (to be used as an ice pack later).

**BODY CHANGES**
- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping. This is normal. Don’t sleep or nap too much during the day so that you may sleep better for long periods of time at night.
- Your energy level will be decreased for the first month or so.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives such as milk-of-magnesia if necessary.

**COUMADIN**
Coumadin® is a blood thinner that you may be given to help avoid blood clots in your legs. You will need to take it for three-six weeks if required by your physician and depending on your individual situation. Coumadin® comes in the form of a pill that must be taken once each night at the same time. The amount you take may change depending on how much your blood thins. Therefore it will be necessary to do blood tests once or twice weekly to determine this. See Discharge Coumadin® Instructions (Appendix).

**STOCKINGS (TED HOSE)**
You will be required to wear special white stockings on both legs. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the occurrence of blood clots.
- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It’s best to lie down and raise the leg above heart level.
- Wear the stockings continuously. They may be removed for a brief period not to exceed 30 minutes, two to three times per day. Remove for bathing and showering.
- **DO NOT ROLL YOUR TED HOSE DOWN TO YOUR KNEES!**
- Notify your physician if you notice increased pain or swelling in either leg.
POST-OPERATIVE CARE

CARING FOR YOUR INCISION

- Keep your incision dry.
- Keep your incision covered with a light dry dressing until your staples are removed. Usually 10-14 days.
- You may shower only after receiving permission from your surgeon. After showering, apply a dry dressing.
- Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision. After showering, put on a dry dressing.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 101.5° F.

DRESSING CHANGE PROCEDURE

1. Wash your hands thoroughly. Really, wash them well, this is important!
2. Open all dressing change materials (ABD pads, 4X4 if needed, Betadine® swab if indicated).
3. Remove stocking and old dressing.
4. Inspect incision for the following:
   - increased redness
   - increase in clear drainage
   - yellow / green drainage odor
   - surrounding skin is hot to touch
5. Pick up ABD pad by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lay over the incision.
6. Place one or two ABD pad(s) over the incision (depending on drainage).
7. Pull up the TED stocking up to your thigh as high as possible.

SIGNS OF INFECTION

- Increased swelling, redness and/or
- change in color, amount, and odor of drainage
- significantly increased pain in knee area
- fever greater than 101.5° F

PREVENTION OF INFECTION

- Take proper care of your incision as explained
- Take prophylactic antibiotics before having dental work, or other potentially contaminating procedures
  - This needs to be done for at least two years after your surgery
- Notify your physicians and dentists that you have total joint replacement
**POST-OPERATIVE CARE**

**BLOOD CLOTS IN LEGS (DVT)**
Inactivity after surgery may cause the blood flow to slow and pool in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

**SIGNS OF BLOOD CLOTS IN LEGS**
- Swelling in thigh, calf or ankle that does not subside with elevation.
- Pain, tenderness in calf. **NOTE:** Blood clots can form in either leg.

**PREVENTION OF BLOOD CLOTS**
- Do the Foot and ankle pump exercises EVERY hour
- Be active and WALK for exercise!
- Generally avoid being stagnant or inactive for more than 1 hour at a time
  - If you are driving far or flying, try to get up and walk around once every hour
- Wear the compression (TED) stockings for six weeks after surgery
- Blood thinners such as Coumadin®, Lovenox®, or Heparin.

**PULMONARY EMBOLISM**
Rarely, an unrecognized blood clot could break away from the wall of a vein and travel to the lungs. This is an **EMERGENCY! CALL 911** if you notice the following signs or symptoms during unusual circumstances:

**SIGNS OF PULMONARY EMBOLUS (PE)**
- Sudden chest pain (at rest or during exercise)
- Difficult, labored and/or rapid breathing (when NOT exercising or active)
- Unusual shortness of breath (when NOT exercising or active)
- Excessive, inappropriate sweating (especially when you have not been active)
- Unusual or significantly worsening confusion

**PREVENTION OF PULMONARY EMBOLUS**
- Prevent blood clots in legs (see prevention of blood clots above)

**Recognize a blood clot in your leg and call a physician promptly!**
DO: Use your walker for 6 weeks after surgery. This is very important since the walker relieves some of the weight off of the healing knee and protects the joint, even when just taking a few short steps.

DO: Be very careful when bending over to pick up something from the floor, pulling pants on or donning socks and shoes. Your leg will be weak for six weeks or more and you may lose your balance easily. Sit in a chair when doing these activities.

DO: Wear the compression (TED) stockings at all times except when showering. You must wear these for 6 weeks from the date of surgery. You should have 2 pair, one to wear while washing the other.

DO: Be cautious when standing or sitting from a lying position. You could get light-headed or dizzy, or even pass-out! Sit until the dizziness goes away, and then stand. Remain by the bed or couch until you are sure that you are not dizzy any more. That way, you can sit down quickly and avoid a potential fall.

DO: Sit in chairs that are the appropriate height for you. It is much easier to arise from a chair that keeps your thighs parallel to the ground and/or your hips higher than your knees. Avoid low chairs and over-stuffed sofas and couches.

DO: Try to use large vehicles that are easy to get into and out of without stressing the surgical leg.

DO NOT: Shower until the surgeon says it’s OK. Showering may allow water to carry infectious organisms into the surgical site. Keep the incision as dry as possible until the staples are removed. Do not bathe, swim or submerge the incision in a hot-tub.

DO NOT: Run, bike, climb ladders, dance or do exercises other than those you have been instructed in until your doctor or therapist says that it is okay.

DO NOT: Drive until your surgeon tells you that it is okay.
Joint Replacement Club Guests have asked many questions about total knee replacements. Below is a list of the most frequently asked questions along with the answers. If there are any other questions that you need answered, please ask anyone on the Joint Club staff. We want you to feel completely informed about this procedure.

**How long will my new knee last and can a second replacement be done?**
We expect most prostheses to last more than 10-15 years. However, there is no guarantee and 10-15 percent may not last that long. A second replacement may be necessary.

**Why do joint replacements fail?**
The most common reason for failure is loosening of the artificial surface from the bone. Erosion of the plastic spacer may also result in the need for a new spacer.

**What are the major risks?**
Most surgeries go very well, without any complications. Infection and blood clots are the two most common complications, but they occur in less than 1% of cases. To avoid these complications, we use antibiotics and blood thinners that you may read about in the appendix of this Guide. In addition to special precautions taken in the operating room to reduce risk of infections, you will also wear anti-blood clotting stockings and perform various exercises to reduce your risk of developing a blood clot.

**Should I exercise before surgery?**
Yes, prior to surgery, you should either consult an outpatient physical therapist or follow the exercises listed in this Guide. Exercises should begin as soon as possible.

**Will I need blood?**
Baptist Health System is one of the only centers in South Texas utilizing a “Bloodless Surgery / Blood Conservation” program. It is unlikely that you will need blood after surgery, but you may be asked by your surgeon to “donate” your own blood to be re-transfused into you after surgery. For more information read “Guide to Blood Management Options” in this Guide’s Appendix.

**How do I donate my own blood?**
Most guests will not need to donate blood. If, however, your physician feels it is necessary, it will be arranged by the surgeon’s office.

**How long before I may resume activity?**
You will probably remain in your bed for the rest of the day after your surgery. However, the next morning you will be assisted by your therapist in getting up, sitting in a recliner and you should even begin walking with a walker later that day.

**What if I live alone?**
There are several options available to you when you leave the Joint Club. You may either transfer to an acute rehab facility, a skilled nursing facility, home (with a home health nurse and physical therapist) or home with outpatient therapy.
FREQUENTLY ASKED QUESTIONS –
TOTAL KNEE REPLACEMENT

How long does the surgery take?
We reserve approximately three to four hours for surgery and preparations for this surgery.

Do I need to be put to sleep for surgery?
You may have a general anesthetic, which most people call “being put to sleep.” Some guests prefer to have a spinal or epidural anesthetic, which numbs the legs and does not produce loss of consciousness. The choice is between you and your anesthesiologist. For more information read “Anesthesia and You” in this Guide’s Appendix.

Will the surgery be painful?
You will have discomfort following the surgery. However, with our unique pain control techniques, we will keep you as comfortable as possible. Generally, most guests are able to stop very strong medication within one day. Some guests may be prescribed additional pain control medicine with a special pump that delivers the drug directly into an IV via an on-demand pump. This is called a PCA pump.

Who will be performing the surgery?
Your orthopedic surgeon will lead the surgical team during surgery. Many specialists and assistants will contribute to your successful outcome.

Will there be any scarring?
Yes, your scar will be approximately six inches long; straight down the front of your knee, unless you have previous scars, in which case the surgeon may use the prior scar. There may be some numbness around the scar. The scar's appearance will diminish over time, but will not disappear completely.

Will I need a walker?
Yes. For about six weeks it is most beneficial for you to use a walker to ensure the best outcome of your joint replacement. The Joint Club Case Manager will assist you in arranging for a walker if necessary.

What about Crutches or a Cane?
Joint Club participants are not allowed to use crutches or a cane during the first six weeks following joint replacement surgery, unless specifically requested by the surgeon. This is to ensure maximum safety and allow firm seating of the implant during your recovery.

Where will I go after discharge from the hospital?
The goal of the Baptist Joint Club program is that each guest is prepared to return to his or her home following discharge. A large percentage of guests are able to go home directly, but some may transfer to a sub acute rehab facility. Even fewer may go to a skilled nursing facility. The Joint Club Case Manager, in consultation with your surgeon and the rehab team will help you with discharge planning and making the necessary arrangements.
Frequently Asked Questions –
Total Knee Replacement

Will I need help at home?
Yes. During the first several days or weeks, after you return home, you may need someone to assist you with meal preparation and personal care. If you go directly home from the hospital, the Case Manager will arrange for home health care professionals to come to your house as needed. You should make plans to have family or friends available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and several days worth of single portion frozen meals will reduce the need for extra help.

Will I need physical therapy at home?
Yes, it will be necessary for you to participate in home health or outpatient physical therapy for several weeks following joint replacement. Guests are encouraged to utilize a Baptist outpatient physical therapy facility to help with mobility and activity, as well as to promote getting out of the house frequently. However, if you are not able to get out easily, home health therapy may be best for you. The Case Manager will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, the Joint Club Case Manager will arrange for a physical therapist to provide therapy at your home for approximately two weeks. Following this, you may go to a Baptist outpatient therapy facility for three times a week to assist in your rehabilitation. The length of time required for this type of therapy varies depending on your progress with recovery.

When will I be able to get back to work?
We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with minimal mobility requirements. Our occupational therapists will make recommendations for joint protection and energy conservation on the job. Additionally, accommodations will be needed for you to use a walker at work for up to six weeks.

How long until I can drive?
The ability to drive depends on whether surgery was on your right leg or your left leg, and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could be driving at two weeks. If the surgery was on your right leg, or if you have a manual (stick-shift) transmission, your driving could be restricted as long as six weeks. Getting “back to normal” will depend somewhat on your progress. Consult with your surgeon or therapist for advice on your activity.

When can I have sexual intercourse?
The time to resume sexual intercourse should be discussed with your surgeon.

Do you recommend any restrictions following this surgery?
Yes. High-impact activities, such as running, singles tennis and basketball are not recommended. Injury-prone sports such as downhill skiing are also dangerous for the new joint. What physical/recreational activities may I participate in after my recovery? You are encouraged to participate in low impact activities such as walking, dancing, golf, hiking, swimming, bowling and gardening.
THE IMPORTANCE OF LIFETIME FOLLOW-UP VISITS WITH YOUR SURGEON

Over the past 10 years and after performing more than 10,000 joint replacements, we have discovered that many people are not following up with their orthopedic surgeon on a regular basis. The reason for this may be that they don’t realize they are supposed to, or they don’t understand why it is important.

So, when should you follow-up? These are some general rules:
- Every year, unless instructed differently by your physician.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain that requires medication.

There are two good reasons for follow-up visits with your orthopedic surgeon:

1. If you have a cemented knee prosthesis, we need to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening, because it usually happens slowly over time. This does not often occur in the first 10 years, but it occasionally can. After 10 years of use, the incidence is greater. Seeing a crack in cement doesn’t necessarily mean you need another surgery, but it does mean we need to follow things more closely.

   Why? Two things could happen. Your prosthesis could become loose and this might lead to pain. Or, the cracked cement could cause a reaction in the bone, called “osteolysis”, which may cause the bone to thin out. In both cases you might not know this for years. Orthopedists are constantly learning more about how to deal with both of these problems. The sooner we know about potential issues, the better chance we have of avoiding more serious problems.

2. The second reason for follow-up is that the plastic liner in the joint may wear. Small wear particles may get in the bone and cause osteolysis, similar to what can happen with cement. (Again, this may cause the bone to thin out). Replacing a worn liner early can keep this from happening.

   X-rays taken at your follow-up visits can detect these problems. Your new x-rays can be compared with previous films to make these determinations. This should be done in your doctor’s office.

It is great that most of our guests do so well that they don’t think of us often. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. He’ll be delighted to hear from you.
Appendices
Exercising is one of the most important factors for obtaining the best results from knee replacement surgery. You may receive other exercises from a physical therapist at an outpatient facility or at home. In either case you need to participate in an ongoing home exercise program as well. After each therapy session ask your physical therapist to write down in your Guide the appropriate exercises for you to do at home. These goals and guidelines are listed on the next few pages.

**PRE-SURGERY EXERCISE PLAN**

Make every effort to begin these exercises as early as possible before your surgery. The more that you can do these prior to surgery, the stronger you and your leg will be afterwards.

Only do what you are able to do without increasing your pain. It is important that you not exacerbate your pain prior to surgery.

**PRE-SURGERY EXERCISE PRESCRIPTION PLAN FOR TOTAL KNEE REPLACEMENT**

1. Ankle Pumps Exercise 20 reps 2 times/day
2. Quad Sets (Knee Push-downs) Exercise 20 reps 2 times/day
3. Gluteal Sets (Butt Squeezes) Exercise 20 reps 2 times/day
4. Abduction/Adduction (Slide Heels In and Out) Exercise 20 reps 2 times/day
5. Heel Slides (Slide Heels Up and Down) Exercise 20 reps 2 times/day
6. Short Arc Quads (PVC Pipe Exercise) Exercise 20 reps 2 times/day
7. Straight Leg Raises Exercise 20 reps 2 times/day
TOTAL KNEE REPLACEMENT
POST-OP EXERCISE PLAN

Weeks 1 - 2

After three to four days you will be ready for discharge from the hospital. Most Joint Club guests go directly home, but you may go to a rehabilitation center for 3 to 14 days. During weeks 1 and 2 of your recovery your short-term goals are to:

- **CONTINUE WITH WALKER UNTIL OTHERWISE INSTRUCTED.**
- Walk at least 300 feet with support from walker.
- Practice stepping up and down a step or stairs while using a handrail for safety.
- Walk up and down curbs, ramps, etc. – do not avoid them, but be safe doing it.
- Independently sponge bathe or shower (after staples are removed) and dress.
- Gradually resume homemaking tasks as able, don’t avoid them.
- Do 20 minutes of home exercises from program given to you twice a day with or without the therapist.

**Post-op Exercise Prescription Plan for Total Knee Replacement**

1. **Ankle Pumps**
   - Exercise 20 reps 2 times/day

2. **Quad Sets (Knee Push-downs)**
   - Exercise 20 reps 2 times/day

3. **Gluteal Sets (Butt Squeezes)**
   - Exercise 20 reps 2 times/day

4. **Abduction/Adduction (Slide Heels In and Out)**
   - Exercise 20 reps 2 times/day

5. **Heel Slides (Slide Heels Up and Down)**
   - Exercise 20 reps 2 times/day

6. **Short Arc Quads (PVC Pipe Exercise)**
   - Exercise 20 reps 2 times/day

7. **Straight Leg Raises**
   - Exercise 20 reps 2 times/day

8. **Seated Knee Flexion**
   - Exercise 20 reps 2 times/day

9. **Extension Stretch**
   - Exercise 20 minutes 2 times/day

10 – 18. **Advanced Exercises to be reviewed by your next physical therapist**
**TOTAL KNEE REPLACEMENT**

**POST-OP EXERCISE PLAN**

**Weeks 2 - 4**

Weeks 2 to 4 will see you recovering to more independence. Even if you are receiving outpatient therapy you will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are to:

- Achieve on – two week goals.
- **CONTINUE TO USE WALKER (until 6 weeks after surgery)**
- Walk at least ¼ mile.
- Climb and descend a flight of stairs (12-14) once daily.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.

**STRENGTHENING EXERCISES**

1. Exercise reps times/day
2. Exercise reps times/day
3. Exercise reps times/day
4. Exercise reps times/day
5. Exercise reps times/day
6. Exercise reps times/day

**STRETCHING EXERCISES**

1. (stretch/ ) times/day
2. (stretch/ ) times/day
3. (stretch/ ) times/day

**ADDITONAL COMMENTS:**

PT_______________________________ Contact #________________________
TOTAL KNEE REPLACEMENT
POST-OP EXERCISE PLAN

Weeks 4 - 6

Weeks 4 to 6 will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals for this time period are to:

- Achieve one – four week goals.
- **CONTINUE TO WALK WITH WALKER (until 6 weeks after surgery)**
  Walk ¼ mile – ½ mile.
- Begin progressing on stair from one foot at a time to regular stair climbing. (a few stairs at a time)
- Drive a car (after 6 weeks, for either right or left knee surgery)
- Continue with home exercise program twice a day.

**STRENGTHENING EXERCISES**

1. Exercise reps times/day
2. Exercise reps times/day
3. Exercise reps times/day
4. Exercise reps times/day
5. Exercise reps times/day
6. Exercise reps times/day

**STRETCHING EXERCISES**

1. (stretch/ ) times/day
2. (stretch/ ) times/day
3. (stretch/ ) times/day

**ADDITONAL COMMENTS:**

PT ____________________________ Contact # ____________________________
Listed below are two groups of home exercises that are essential for a complete recovery from your surgery. The first group focuses on range of motion and flexibility exercises that are important to improving your motion. The second group features strengthening exercises to restore you to full strength. Have your therapist mark which exercises you should be doing. Some you will do in weeks one – two, others during weeks three – four, and still others during weeks five – six and beyond. Exercising should take approximately 20 minutes and should be done twice daily. If you are recovering quickly, it is recommended that you supplement these exercises with others that your therapist recommends.

**Range of Motion and Strengthening Exercises**

1. **Ankle Pumps**
   - Ankle pumps can help prevent circulation problems, such as blood clots.
   - Do ankle pumps by pointing your toes down and then lifting them up.

2. **Quad Sets**
   - Sit against the head of a bed.
   - Place the leg with the new joint straight out in front of you.
   - Tighten only the front thigh muscles.
   - Then press the back of your leg toward the ground.
   - Hold for a count of 5.
   - Repeat as directed.

3. **Gluteal Sets**
   - Squeeze your buttocks together tightly.
   - Your hips will rise slightly.
   - Hold for a few seconds, then release.
4. **Abduction/Adduction**
- Lie with your feet slightly apart.
- Keeping your knee and foot pointing toward the ceiling, slowly slide your leg out to the side.
- Slide your leg back together.
- Do NOT cross legs.

5. **Heel Slides**
- Lie down or sit with your legs stretched out in front of you.
- Slide your heel toward your buttocks as far as possible.
- Hold for a few seconds, then slide your heel back.

6. **Short Arc Quad Extension**
- Lie on your back with a towel roll under your knee. Straighten your knee (still supported by the roll) and hold 5 seconds. Slowly return to the starting position. Repeat.

7. **Straight Leg Raises**
- Lie in bed. Bend one leg.
- Keep your other leg straight on the bed.
- Lift your straight leg as high as you comfortably can, but not higher than 12 inches.
- Hold for a few seconds.
- Then slowly lower the leg.

8. **Sitting Knee Bends**
- Sit in a chair with a towel under the knee.
- Straighten your leg as much as you can. Hold for a count of 5.
- Then bend your leg back as far as you can. Hold for a count of 5. Repeat as directed.
Who are the anesthesiologists?

The Operating Room, PACU and Intensive Care Units at Baptist Hospitals are staffed by Board Certified and Board Eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at each Baptist facility.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs and the types available for you are:

- **GENERAL ANESTHESIA** provides loss of consciousness.
- **REGIONAL ANESTHESIA** involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications can be given to make you drowsy and blur your memory.

Will I experience any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your physicians and nurses can relieve pain with medications. Your discomfort should be tolerable, but do not expect to be totally pain free. The staff will teach you the pain scale (0-10) to assess your pain level.

What will happen before my surgery?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, together you will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have. You will also meet your surgical nurses. Intravenous (IV) fluids will be started and pre-operative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also prepared for fluid and blood replacement when necessary.
What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU). Specially trained nurses will monitor your condition closely. During this period, you may be given oxygen and your breathing and heart functions will be observed closely. An anesthesiologist is available to provide care as needed for your safe recovery.

May I choose an anesthesiologist?

Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage, or medical plan participation by the anesthesiologist, please contact your insurance company for guidance.
FACTS AND FAQ’S ABOUT THE ON-Q® PAINBALL

What is a pain ball?
The pain ball delivers a regulated local anesthetic medicine dose right to the place where the pain is. For knee replacement surgery the pain ball catheter is inserted into the nerve sheath, in hip or lower back. This is the nerve that runs down the front of the leg. The pump is completely portable and will be placed in a carrying pouch, and will deliver medicine to help ease the surgical incision pain on the front of your knee.

What kind of medicine does it dispense?
It is a local anesthetic such as Novocaine, Lidocaine, and Bupivacaine. These medicines contain numbing agents, very similar to what you may have experienced at a dentist.

How long will it last?
The pain ball is placed by the anesthesiologist right before your surgery and will last 3-4 days.

What does it feel like?
The local numbing agents will make portions of your leg feel numb. In most cases, the front and side of the knee, portions of the inside and outside of the thigh and shin and ankle areas may feel numb. Your leg may also feel very weak, tingly and like it may give out if you tried to stand on it.

Why does my leg feel weak, like it will give out?
In addition to numbing the sensation, the medicine will also significantly diminish the strength of the muscles controlled by the nerve. The major muscle involved will be the quadricept, on the front of your thigh. This muscle group is responsible for straightening your knee. Since this muscle is weakened by the surgery AND the medicine, your knee will feel very weak.

If my leg is weak because of the medicine, how do I do therapy?
One of the great things about the On-Q® Pain Ball is that it can be regulated. The amount of medicine bathing the nerve can be altered to allow more muscle function during therapy sessions.

Are there any dangers associated with the Pain Ball?
Not necessarily. However, since the muscle and leg will be very weak while the Pain-Ball is at full strength, it is very important that you DO NOT TRY TO STAND OR WALK WITHOUT ASSISTANCE. Your leg could give out and cause you to fall to the ground suffering injury.

How is it different from my PCA pump?
Narcotic medications affect the entire body. The pain ball affects only the surgical site. The medicine can be put right where the surgical cut is and it relieves the pain even while you are up and moving.
GUIDE TO BLOOD MANAGEMENT OPTIONS

What is the role of blood in your body?
Your red blood cells bring oxygen to your organs and tissues. Oxygen is carried and released by hemoglobin. A below normal hemoglobin level is called anemia.

Know your blood count: Male: 14-18g/dL Female: 12-16g/dL

My doctor says I am anemic. What happens next?
- Tests to find the cause of anemia
- Blood tests to determine your iron levels
- Receive information about increasing your blood count with:
  - Iron Therapy
  - B12
  - Folic Acid
  - Vitamin C
  - Erythropoietin

What is blood management?
The appropriate provision and use of blood and blood products while using strategies to reduce or avoid the need for blood transfusion. By doing so, patient outcomes are improved. A multidisciplinary, patient centered approach to minimizing blood transfusions is required.

When would my doctor recommend a blood transfusion?
A blood transfusion may become necessary when the body cannot produce blood quickly enough due to: hemorrhage (blood loss) caused by high blood loss during surgery, red cell destruction, or decreased red cell production because of medications, chemotherapy, and/or serious illness or anemia.

What can I do to prevent blood loss during surgery?
Certain actions can be taken to reduce the risk of blood transfusion and can be initiated as early as the preoperative setting in conjunction with the time of surgery. These actions can be in the form of restricting certain medications or nutritional supplements that may influence the way you bleed or clot. It might be in the form of assuring that your blood values are adequate enough to support a surgical procedure and, if not, assisting in optimizing these values prior to surgery. There are surgical devices, medications, and techniques that can be used by the surgeon and anesthesiologist during surgery to reduce blood loss as well. During surgery, lost blood can be collected, washed and given back to the patient. Being a patient in a progressive blood management institution brings you the multi-level delivery of all of these strategies. In order to be as prepared for surgery as you can be and to reduce the risk of transfusion, all areas of preparation mentioned above need to be working together; preoperative, intra- and post-operative. These centers are coordinated by taking into consideration all levels of care from the time the decision is made that you need surgery, through your recovery and discharge from the hospital.
BLOOD MANAGEMENT OPTIONS, CONTINUED

How do I prepare myself for surgery so that I will lose less blood?
Inform your physician of the drugs and supplements that you presently take. Many items affect the way you clot or bleed that you might be presently taking. Find a surgeon who respects and agrees with your desire to lose as little blood during surgery as possible and has a team he can rely on for your treatment after surgery.

Explain to me medications that are available to be used during surgery to aid in reducing blood loss:
There are many drugs that can be used during surgery to assist in reducing blood loss. Each works in different ways. Some drugs enhance clot formation while others interfere with clot breakdown. There is a Blood Conservation expert on the Joint Club team who can answer any other questions you may have regarding Bloodless Surgery/Blood Conservation.

What should I ask my doctor regarding my options in surgery with a focus on transfusion-free care?
What do you plan on doing during surgery that will restrict or prevent blood loss? What is the product or drug made from? Should I do anything prior to surgery that will assist in reducing my blood loss? Is the anesthesiologist prepared to take care of me in this surgery with my refusal of blood? Am I going to be able to talk to the anesthesiologist before surgery? Do you have any questions for me regarding what I will accept and not accept when it comes to fractions of blood components?

FACTS AND FAQ’S ABOUT PROCRIT®

What is Procrit?
EPOETIN ALFA is a synthetic hormone, when injected, stimulates your bone marrow to make more red blood cells. Procrit® is used by physicians to treat low blood count (anemia) due to various illnesses or therapies such as chronic kidney disease, cancer chemotherapy, or HIV-therapy. It may also be used before surgery if you already have anemia. This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

What should I tell my health care provider before I take this medicine?
He or she should be informed if you have any of these conditions:
- blood clotting disorders
- cystic fibrosis
- high blood pressure
- seizures
- an unusual or allergic reaction to erythropoietin, albumin, benzyl alcohol, hamster proteins, other medicines, foods, dyes, or preservatives
- current pregnancy or you are trying to get pregnant
- requirement for breast-feeding a baby
- cancer, but are not on chemotherapy
- heart disease, such as angina or heart failure
- low levels of folate, iron, or vitamin B12
How should I use this medicine?
This medicine is for injection under the skin. A health-care professional in a hospital or clinic setting may give it to you.

What if I miss a dose?
Try not to miss doses! It is very important to keep to a regular schedule. Ask your doctor or health care professional for instructions if you miss a dose.

What may interact with this medicine?
Do not take this medicine with darbepoetin alfa

This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non-prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What side effects may I notice from receiving this medicine?
Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- nausea, vomiting
- breathing problems
- feeling faint or lightheaded
- unusually high blood pressure
- pain, swelling, warmth in the leg
- seizures
- unusual weakness or fatigue
- fever, chills (flu-like symptoms)
- redness, stinging, or swelling at site where injected
- chest pain
- falls
- muscle aches or pains
- rapid weight gain
- swelling of feet or ankles
- diarrhea
- headache

FACTS AND FAQ’S ABOUT COUMADIN®

COUMADIN® AND HOW IT WORKS:
Coumadin is an anticoagulant. The purpose of this medication is to prevent harmful clots from forming or growing. The medication works by decreasing the amount of active clotting factors in the bloodstream.

COUMADIN®: HOW IT SHOULD BE TAKEN:
Coumadin remains in the body for a very long time and, therefore, needs to be taken ONCE daily. You should learn and understand these facts about taking Coumadin:

- Take Coumadin at the same time every day.
- Take Coumadin exactly as the physician or AAMC pharmacist prescribes.
- NEVER take more or less of the Coumadin unless specifically directed by your physician.
- If you forget to take your dose, DO NOT double your dose the next day, but take your regularly prescribed dose.
- Missing only one dose will not cause a clot to form. Missing more than one dose may cause problems, while taking more than the prescribed dose may cause bleeding.
DETERMINING THE DOSE OF COUMADIN®:
While you are taking Coumadin, a blood test will be done each day that you are in the hospital to monitor the effectiveness of the medication. This blood test is called the prothrombin time, or PT. When you are discharged from the hospital, the blood test monitoring is decreased to 2 times a week. Coumadin therapy will continue for 3 weeks. If you have a history of blood clots, then therapy will be for 6 weeks.

MONITORING THE DOSAGE AFTER DISCHARGE FROM THE JOINT CLUB:
HOME – If you are discharged to home with home health services, the home health nurse will come out twice a week to draw the prothrombin time. These results are called to the physician, who will contact you if your dose needs to be adjusted.
- If you DO NOT utilize home health nursing, then you will have to go to an outpatient medical lab and have the prothrombin time drawn there. The physician will obtain the results and will contact you if your dose needs to be adjusted.
REHAB – If you are transferred to an Acute Rehab, the monitoring is usually done two times a week. The physician caring for you at the rehab will adjust the Coumadin dose as necessary. When you are discharged from rehab, home-health or outpatient blood monitoring will be arranged by the rehab staff, if necessary.

SIGNS OF ADVERSE EFFECT:
Because one of the signs of too much Coumadin is bleeding, you should be aware of the signs and symptoms of bleeding. Call your doctor right away if any of these signs and symptoms is present. Also, call your doctor if you sustain any falls or injuries while taking Coumadin.
- Excessive bleeding from your gums while brushing your teeth.
- Frequent or severe bruising.
- Nose bleed for no reason.
- Dark or bloody urine.
- Black or tarry stools or obvious blood in your stools.
- Unusual bleeding.

DRUGS TO AVOID WHILE TAKING COUMADIN:
Aspirin, Aspirin-containing and non-steroidal medications can all INCREASE the effect of Coumadin and, therefore, should be avoided unless prescribed by a physician.
Inform all of your doctors that you are on Coumadin, and consult your pharmacist before taking any over-the-counter medications.

HOW DIET AFFECTS COUMADIN®:
Changes in diet may also affect the way Coumadin works. It is important to maintain a steady well-balanced diet. Too many dark green leafy vegetables on consecutive days may alter the prothrombin time. Therefore, maintain the same weekly balance of vegetables.

ALCOHOL:
Alcohol consumption should be avoided while on Coumadin, because it can also increase the prothrombin time.
What is Lovenox® Injection?
LOVENOX® (enoxaparin) is commonly used after knee replacement surgery to prevent blood clotting. It also used to treat existing blood clots in the lungs or in the veins. Lovenox is similar to heparin as it is an anticoagulant or blood thinner. However, Lovenox does not actually thin the blood, but decreases the ability of blood to form clots.

What should my healthcare professional know before I receive Lovenox®?
They need to know if you have any of these conditions:
- Bleeding disorders, hemorrhage, or hemophilia
- Brain tumor or aneurysm
- Decreased kidney function
- Diabetes
- High blood pressure
- Infection of the heart or heart valves
- Receiving injections of medications or vitamins
- Liver disease
- Previous stroke
- Prosthetic heart valve
- Recent surgery or delivery of a baby
- Ulcer in the stomach or intestine, diverticulitis, or other bowel disease
- Undergoing treatments for cancer
- An unusual or allergic reaction to Lovenox, heparin, pork or pork products, other medicines, foods, dyes, or preservatives
- Pregnant or trying to get pregnant
- Breast-feeding

How should I use this medication?
Lovenox is for injection under the skin. A health-care professional usually administers it, or you or a family member may be trained on how to give the injections. If you are to give yourself injections, make sure you understand how to use the syringe, measure the dose if necessary give the injection, and dispose of used syringes and needles properly. Use the syringes only once. Throw away syringes and needles in a closed container to prevent accidental needle sticks. Use exactly as directed. Do not exceed the prescribed dose, and try not to miss doses.

To avoid bruising, do not rub the site where Lovenox has been injected.

What if I miss a dose?
It is important to administer Lovenox at regular intervals as prescribed by your healthcare professional. Depending on your condition, Lovenox is usually given either once daily (every 24 hours) or twice daily (every 12 hours). If you have been instructed to use Lovenox on a regular schedule, use missed doses as soon as you remember, unless it is almost time for the next dose. Do not use double doses.
**What drug(s) may interact with Lovenox®?**
- Anti-inflammatory drugs such as ibuprofen (Motrin®), naproxen (Aleve®), or ketoprofen (Orudis-KT®)
- Aspirin and aspirin-like medicines
- Cilostazol (Pletal®)
- Clopidogrel (Plavix®)
- Dipyridamole (Persantine® or Permole®)
- Fish oil (omega-3 fatty acids) supplements
- Herbal products containing feverfew, garlic, ginger, gingko, or horse chestnut
- Ticlopidine (Ticlid®)
- Warfarin (Coumadin® or Jantoven®)

Tell your prescriber or healthcare professional about all other medicines you are taking, including non-prescription medicines, nutritional supplements, or herbal products. Also tell your prescriber or healthcare professional if you are a frequent user of drinks with caffeine or alcohol, if you smoke, or if you use illegal drugs. These may affect the way your medicine works. Check with your healthcare professional before stopping or starting any of your medicines.

**What side effects might I notice from receiving Lovenox®?**

Side effects that you should report to your prescriber or healthcare professional as soon as possible:

- Rare or uncommon:
  - signs and symptoms of bleeding such as back or stomach pain, black, tarry stools, blood in the urine, or coughing up blood
  - difficulty breathing
  - dizziness or fainting spells
  - heavy menstrual bleeding

- More frequent:
  - bleeding from the injection site
  - fever
  - unusual bruising or bleeding: bleeding gums, red spots on the skin, nosebleeds. Side effects that usually do not require medical attention (report to your prescriber or healthcare professional if they continue or are bothersome): pain or irritation at the injection site, skin rash, or itching.

**What should I watch for while taking Lovenox®?**

In case of an accident or emergency, it is recommended that you place a notification in your wallet that you are receiving Lovenox.

Your condition will be monitored carefully while you are receiving Lovenox. Notify your prescriber or healthcare professional and seek emergency treatment if you develop increased difficulty breathing, chest pain, dizziness, shortness of breath, swelling in the legs or arms, abdominal pain, decreased vision, pain when walking, or pain and warmth of the arms or legs. These can be signs that your condition has worsened.
Monitor your skin closely for easy bruising or red spots, which can indicate bleeding. If you notice easy bruising or minor bleeding from the nose, gums/teeth, in your urine, or stool, contact your prescriber or healthcare professional immediately, these are indications that your medication needs adjustment or evaluation. Keep scheduled appointments with your prescriber or healthcare professional to check on your condition.

If you are going to have surgery, tell your prescriber or healthcare professional that you have received Lovenox.

Do not take aspirin or aspirin-like products (ibuprofen, naproxen, or ketoprofen) while using Lovenox unless directed to do so by your prescriber.

Be careful to avoid injury while you are using Lovenox. Take special care brushing or flossing your teeth, shaving, cutting your fingernails or toenails, or when using sharp objects. Report any injuries to your prescriber or healthcare professional.

**Where can I keep my medicine?**

*Keep out of reach of children!*

Store at room temperature below 25 degrees C (77 degrees F); do not freeze. If your injections have been specially prepared, your may need to store them in the refrigerator-ask your pharmacist. Throw away any unused medicine after the expiration date.

Make sure you receive a puncture-resistant container to dispose of the needles and syringes once you have finished with them. Do not reuse these items. Return the container to your prescriber or healthcare professional for proper disposal.

**NOTE:** This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for this drug. If you have questions about the drug(s) you are taking, check with your healthcare professional.
FACTS AND FAQ’S ABOUT ASPIRIN (ASA)

People in the following categories should not use aspirin without first checking with their physician:

- Pregnant women. Aspirin can cause bleeding problems in both the mother and the developing fetus. Aspirin can also cause the infant's weight to be too low at birth.
- Women who are breastfeeding. Aspirin can pass into breast milk and may affect the baby.
- People with a history of bleeding problems.
- People who are taking blood-thinning drugs, such as warfarin (Coumadin).
- People with a history of ulcers.
- People with a history of asthma, nasal polyps, or both. These people are more likely to be allergic to aspirin.
- People who are allergic to fenoprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate sodium, naproxen, sulindac, tolmetin, or the orange food-coloring tartrazine. They may also be allergic to aspirin.
- People with AIDS or AIDS-related complex who are taking AZT (zidovudine). Aspirin can increase the risk of bleeding in these patients.
- People taking certain other drugs (discussed in Interactions).
- People with liver damage or severe kidney failure.

Aspirin should not be taken before surgery, as it can increase the risk of excessive bleeding. Anyone who is scheduled for surgery should check with his or her surgeon to find out how long before surgery to avoid taking aspirin.

Aspirin can cause stomach irritation. To reduce the likelihood of that problem, take aspirin with food or milk or drink a full 8-oz glass of water with it. Taking coated or buffered aspirin can also help. Be aware that drinking alcohol can make the stomach irritation worse.

Stop taking aspirin immediately and call a physician if any of these symptoms develop:

- ringing or buzzing in the ears
- hearing loss
- dizziness
- stomach pain that does not go away

**Do not take aspirin that has a vinegar-type smell.** That is a sign that the aspirin is too old and ineffective. Flush such aspirin down the toilet.
HOME SAFETY AFTER JOINT REPLACEMENT

Minor modifications can be made to your existing restroom that will make it a much easier and safer place for you to move around after joint replacement surgery.

As depicted in this illustration, installation of grab bars (even temporary bars) will help you keep balanced while in the tub. A shower chair may also be necessary to prevent you from falling.

An elevated toilet seat makes it easier for people who have had knee replacements to arise from the commode.
A *continuous passive motion* machine, (CPM), is used postoperatively on total knee replacements. By repeatedly bending (also called “flexing”) and straightening (called “extending”) the surgical knee, the CPM prevents stiffness, lessens pain and promotes proper healing of a Total Knee Replacement.

**Installation**
- Place the CPM unit on a solid, flat surface.
- Attach the Soft Goods to the carriage of the CPM by using the instructions provided with the Soft Goods.
- Plug the three-prong into a properly grounded wall outlet.
- Do not plug it in if switch is in the on position.

**Operation Instructions:** Setup operation of the CPM is quick and easy. However, the operation instructions must be followed in order to ensure proper anatomical alignment for use of continuous passive motion.

- Place the CPM on your bed on the side that your surgical knee will be on.
- Ensure that the CPM is straight in line with your body.
- Also, ensure that it is not tilted so that it will rotate your foot out or in. Your toes should be pointed towards the ceiling as much as possible.
- Use a rolled-up towel on the side the machine is tilting towards to reverse the tilt.
- You should not need to adjust the leg length or foot/ankle adjustments after it is initially set up for you in your home or other after-hospital facility.

**TURN THE MACHINE ON PRIOR TO PLACING YOUR LEG IN THE CPM**

- Carefully place your surgical leg into the CPM machine and strap the foot and thigh straps with the Velcro attachments.
- If your groin, thigh, knee or other part of your leg is contacting the METAL parts of the machine, use soft towels between your skin and the machine. The repetitive motion can cause slight chaffing and discomfort.
- If liquid or foreign object comes in contact with the CPM, turn power switch off and call the medical supply company to replace or inspect the machine before using it again.
Below is a picture of the most common CPM “pendant” or “remote” controller that you will most likely be using.

The buttons in the boxed area are the ones you will use most often.
Your EXPERIENCE at our facility is very important to us! It is our sincere hope that you feel more like you are in a fine hotel than a hospital during your stay with us. That is why we call it “Joint Club” rather than just “Baptist Hospital”.

We hope that you take note of the service you receive, especially how we CARE FOR YOU, TAKE CARE OF YOU, and HEAL YOU!

You may receive a survey from Press Ganey. We strive for “Very Excellent” service and appreciate your confirmation that we providing a “very excellent experience”.

We provide you with a copy of the survey, so you know where our areas of focus are.

PLEASE FILL out your survey and return it in the self addressed-stamped envelope.

Your input will make this an even better program in the future!!!

INSTRUCTIONS: Please rate the services you received from our facility. Fill in the circle that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

<table>
<thead>
<tr>
<th>A. ADMISSION</th>
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<th>poor</th>
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</thead>
<tbody>
<tr>
<td>1. Speed of admission process</td>
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<tr>
<td>2. Courtesy of the person who admitted you</td>
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Comments (describe good or bad experience): ________________________________

continued...
### B. ROOM

1. Pleasantness of room decor ............................................................... 〇 〇 〇 〇 〇
2. Room cleanliness ............................................................................... 〇 〇 〇 〇 〇
3. Courtesy of the person who cleaned your room ........................................ 〇 〇 〇 〇 〇
4. Room temperature ............................................................................. 〇 〇 〇 〇 〇
5. Noise level in and around room .............................................................. 〇 〇 〇 〇 〇

Comments (describe good or bad experience): ____________________________

### C. MEALS

1. Temperature of the food (cold foods cold, hot foods hot) ......................... 〇 〇 〇 〇 〇
2. Quality of the food ............................................................................... 〇 〇 〇 〇 〇
3. Courtesy of the person who served your food ........................................... 〇 〇 〇 〇 〇

Comments (describe good or bad experience): ____________________________

### D. NURSES

1. Friendliness/courtesy of the nurses ......................................................... 〇 〇 〇 〇 〇
2. Promptness in responding to the call button ........................................... 〇 〇 〇 〇 〇
3. Nurses’ attitude toward your requests ..................................................... 〇 〇 〇 〇 〇
4. Amount of attention paid to your special or personal needs ...................... 〇 〇 〇 〇 〇
5. How well the nurses kept you informed ............................................... 〇 〇 〇 〇 〇
6. Skill of the nurses ................................................................................. 〇 〇 〇 〇 〇

Comments (describe good or bad experience): ____________________________

### E. TESTS AND TREATMENTS

1. Waiting time for tests or treatments ...................................................... 〇 〇 〇 〇 〇
2. Explanations about what would happen during tests or treatments .......... 〇 〇 〇 〇 〇
3. Courtesy of the person who took your blood ......................................... 〇 〇 〇 〇 〇
4. Courtesy of the person who started the IV ............................................ 〇 〇 〇 〇 〇

Comments (describe good or bad experience): ____________________________

### F. VISITORS AND FAMILY

1. Accommodations and comfort for visitors ............................................. 〇 〇 〇 〇 〇
2. Staff attitude toward your visitors ....................................................... 〇 〇 〇 〇 〇

Comments (describe good or bad experience): ____________________________
**G. PHYSICIAN**

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<tbody>
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<td>1. Time physician spent with you</td>
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<td>2. Physician's concern for your questions and worries</td>
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<td>3. How well physician kept you informed</td>
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<td>4. Friendliness/courtesy of physician</td>
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<td>5. Skill of physician</td>
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Comments (describe good or bad experience): __________

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**H. DISCHARGE**

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<tbody>
<tr>
<td>1. Extent to which you felt ready to be discharged</td>
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<td>2. Speed of discharge process after you were told you could go home</td>
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<td>3. Instructions given about how to care for yourself at home</td>
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Comments (describe good or bad experience): __________

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**I. PERSONAL ISSUES**

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<tr>
<td>1. Staff concern for your privacy</td>
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<td>2. How well your pain was controlled</td>
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<td>3. Degree to which hospital staff addressed your emotional needs</td>
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<td>4. Response to concerns/complaints made during your stay</td>
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</tr>
<tr>
<td>5. Staff effort to include you in decisions about your treatment</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Comments (describe good or bad experience): __________

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**J. OVERALL ASSESSMENT**

<table>
<thead>
<tr>
<th></th>
<th>very poor</th>
<th>poor</th>
<th>fair</th>
<th>good</th>
<th>very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How well staff worked together to care for you</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Likelihood of your recommending this hospital to others</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. Overall rating of care given at hospital</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Comments (describe good or bad experience): __________

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We thank you for choosing us for your Total Joint Replacement!  
May God bless you throughout your recovery and the rest of your life!  
It was our pleasure to assist you!