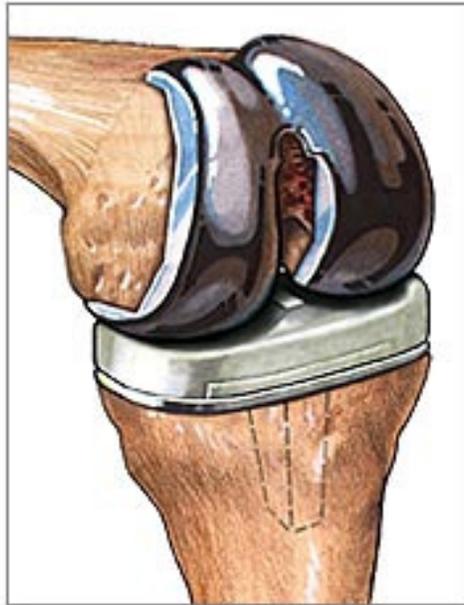




WOODSTOCK GENERAL HOSPITAL

MY GUIDE TO TOTAL KNEE REPLACEMENT



 ADAM.

Updated June 2010

This is a guideline only.

Please ask our staff if you have any questions or concerns.

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**A special thank you to Middlesex Hospital Alliance for their
assistance with this booklet.**

CONTACT INFORMATION

Patient Name: _____

Pre-surgical CCAC Home Visit Date and Time: (you will be contacted by phone):

Pre-admission Clinic Date and Time: _____

Surgery Date and Time: _____

Surgery Day Arrival Time at Hospital: _____

Surgeon: _____

Occupational/Physiotherapy Contact:

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MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

This booklet was created to help address the many questions and concerns you may have about your upcoming total knee replacement. It includes information on what the surgery includes, how to prepare yourself for the surgery, what to expect in the days following the surgery, how to prepare your home for when you are discharged from the hospital, and tips that will hopefully make this experience as positive and stress-free as possible.

Please read this guide thoroughly and write down any questions you may have. Bring this booklet with you on the day of your surgery and for follow-up visits.

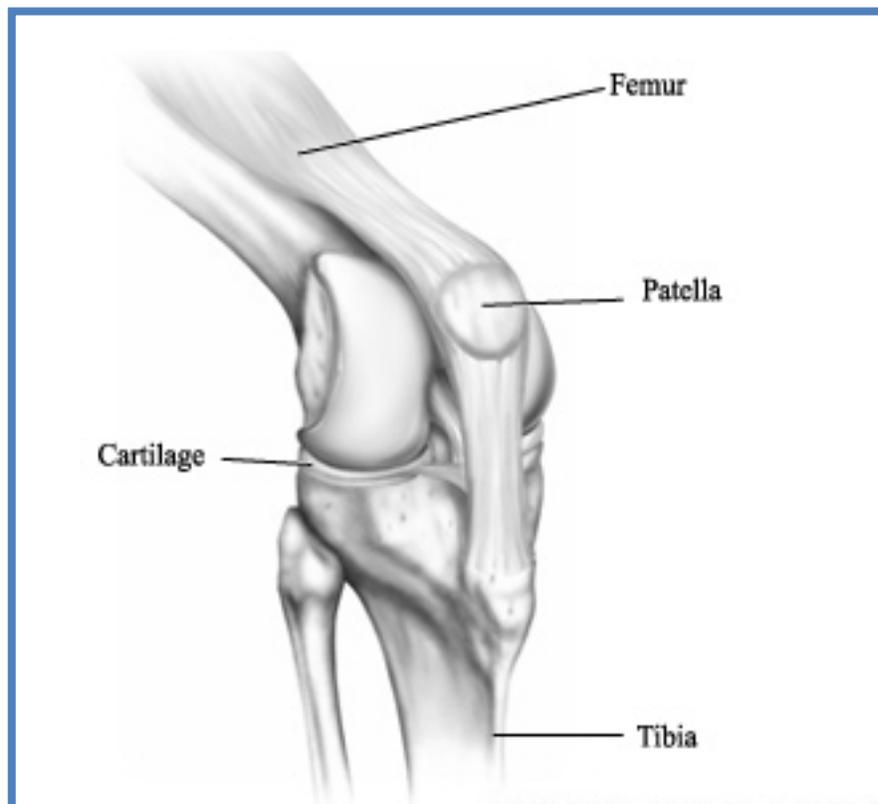
If you have any questions about the contents of this booklet, please contact the physiotherapy department at Woodstock General Hospital at: 519-421-4206

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THE HEALTHY KNEE

- The knee joint is the largest joint in the body and is made up of the kneecap (patella), thigh bone (femur) and shin bone (tibia)
- Articular cartilage is a smooth elastic tissue that covers and cushions the surfaces of these bones and allows them to move smoothly
- Menisci are “pads” of cartilage found between the femur and tibia that act as shock absorbers to protect bone surfaces
- Ligaments give support to the knee in all directions
- The knee moves like a hinge; these movements are generated by powerful leg muscles



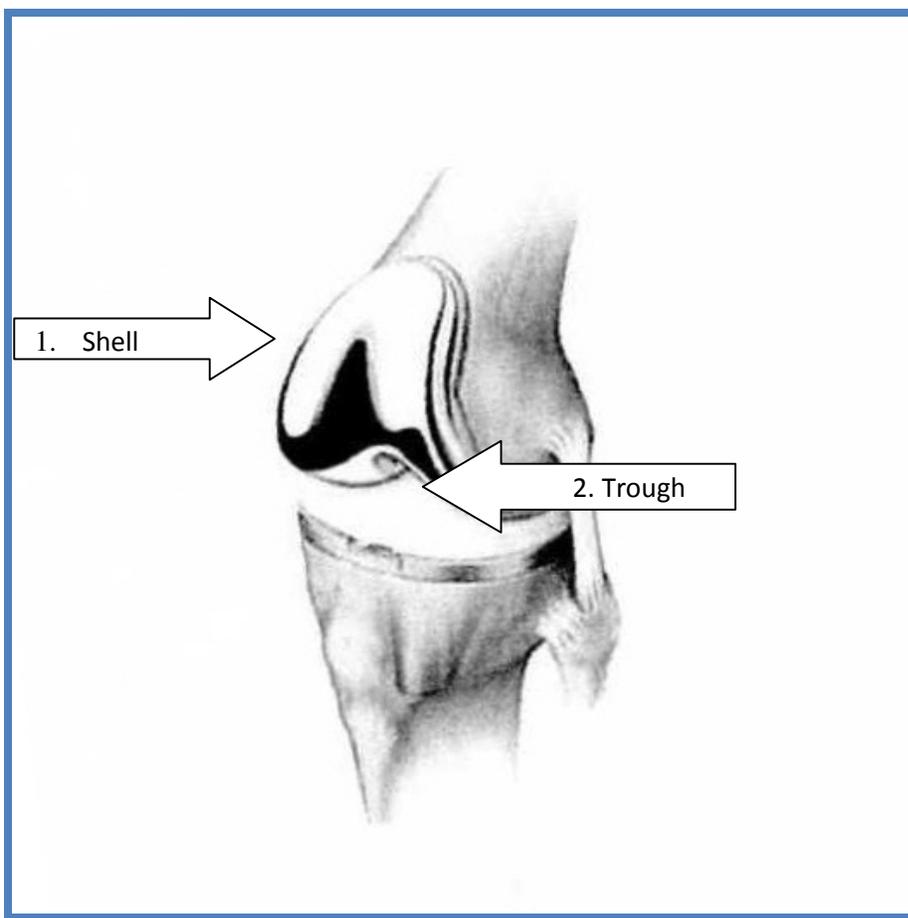
TOTAL KNEE REPLACEMENT

A healthy knee moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. Bony spurs can form in the knee joint or under the kneecap, which can make weight bearing, walking and even sitting very painful. This damage to the knee structures can be caused by osteoarthritis, rheumatoid arthritis, and previous knee injuries.

When other treatments no longer work and you cannot carry on with normal activities because of pain and limited movement, your doctor may recommend a total knee joint replacement.

There are 3 parts to the artificial knee:

1. The metal shell on the end of the thigh bone (femur)
2. The metal and plastic trough at the top of the shin bone (tibia)
3. The plastic button on the back of the kneecap (not shown on diagram)



PRE-SURGICAL HOME VISIT

Once the decision has been made for joint replacement surgery, your surgeon may arrange to have a therapist visit you at home before surgery to help you get ready to recover at home after you leave hospital.

The South West Community Care Access Centre (SW CCAC) is a Ministry of Health and Long-Term Care funded organization that provides health care services to individuals in their own homes. One service offered in the pre-surgical home visit for persons having a hip or knee joint replacement.

Four to six weeks prior to surgery, a SW CCAC Occupational Therapist or Physiotherapist can visit you at home to:

- Talk about what to expect post-surgery: how you will feel, your ability to move about and manage your daily personal care and household tasks
- Consider what supports you will want to arrange during your early recovery period
- Decide what equipment you will need to recover at home after surgery
- Give you a list of places where you can rent or purchase that equipment prior to going to hospital so it is ready for you after surgery
- Help you make sure your home is organized to allow you to move safely about when you get home
- Discuss options for post-op rehabilitation: what are the outpatient services available in your area and how can you make an appointment

The therapist will complete a report that includes all of this information and will forward it to the hospital pre-admission department so when you attend your pre-admission appointment that team will know what preparations you have made.

The report will also be placed on your hospital chart so the team on the hospital floor will have the information as well to support discharge planning.

You may or may not require in-home CCAC services post-operatively. A SW CCAC hospital Case Manager will work with your hospital care team to decide where you will receive your post-op rehabilitation and ensure that all the necessary appointments and services are arranged before you leave hospital.

Further information about SW CCAC can be obtained by calling 310-CCAC or going to our website: www.ccac-ont.ca

PRE-ADMISSION CLINIC

An appointment will be booked for you at the Pre-admission Clinic 1 to 4 weeks before your surgery. At the clinic you will learn about your surgery and be checked to make sure you are in good health before your surgery.

Feel free to bring someone with you to the pre-admission clinic.

The length of your pre-admission visit is dependent on the number of tests you require. Check in at Admitting on the first floor 15 minutes before your pre-admission appointment. The visit may take up to 3 hours.

Please note WGH is a scent-free environment. Do not wear any fragrances.

Pre-Admission Clinic	
Tests	<ul style="list-style-type: none">• You may have bloodwork taken or an ECG done• You may have x-rays done• Movements of you knee will be measured
Medications	<ul style="list-style-type: none">• Please bring all the medications you are taking in their original containers including herbal medicines• Review of medications to take the morning of surgery with a sip of water• Review of pain management post-operatively• Review of anticoagulant therapy
Activity	<ul style="list-style-type: none">• Review of exercises to perform after surgery• Review of assistive devices to help with daily activities following surgery
Nutrition	<ul style="list-style-type: none">• Do not eat or drink any fluids, including water after midnight the night before surgery except a sip of water with morning medications
Consults	<ul style="list-style-type: none">• You will be seen by a Physiotherapist and possibly an Anesthesiologist
Teaching	<ul style="list-style-type: none">• How to get ready for your knee surgery• What to expect during your hospital stay• How to get ready to return home• Pain control after surgery

ASSISTIVE EQUIPMENT

The following pages identify equipment that may assist you in your everyday activities following surgery.

They are recommended for your safety and will enable you to complete tasks independently when you return to your home.

These devices will be discussed in depth at your pre-admission appointment with your physiotherapist or occupational therapist. He/She will review which devices you will need and where you can purchase or rent equipment.

You will need to get these devices before your admission to the hospital and it is recommended you practice using these devices before your surgery.

ASSISTIVE EQUIPMENT

Gait Aids	<p>Standard Walker (MANDATORY)</p> <ul style="list-style-type: none">• Will assist in walking. Ask your physiotherapist or occupational therapist for the most appropriate type. <p>Crutches/cane - to assist on stairs</p> <ul style="list-style-type: none">• Can be purchased or rented in your community <p>Handrails</p> <ul style="list-style-type: none">• These should be installed along stairs for safety measure
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



**Bathroom
Equipment**

Raised Toilet Seats with arms

- Clamp-on or molded plastic styles for regular or oval toilet bowls

Grab Bars

- Can be mounted into a studed bathroom wall or clamped to the side of the tub

Bathtub transfer bench

- Required when getting out or into tub
- Discuss with your physiotherapist before getting into the bathtub

Hand Held Shower

- For use with tub bench

For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



Assistive Dressing Devices	<p>Sock Aid</p> <ul style="list-style-type: none"> • To help put on socks or hosiery without bending at the waist <p>Elastic Laces</p> <ul style="list-style-type: none"> • Make any lace-up shoes into slip-on shoes <p>Long-Handled Reacher</p> <ul style="list-style-type: none"> • To avoid bending to the floor, reaching overhead, or for assistance when dressing <p>Long-Handled Shoehorn</p> <ul style="list-style-type: none"> • Useful to put on shoes or take off socks without bending at the waist <p>Long-Handled Sponge</p> <ul style="list-style-type: none"> • To help reach feet and back when bathing
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



HOW TO PREPARE YOUR HOME

- ✓ Remove scatter rugs, extension cords, and telephone cords as they may cause you to fall.
- ✓ If you don't already have them, install handrails on at least one side of each stairway.
- ✓ Don't be afraid to ask for help if you find a task too difficult.
- ✓ Place things that you use often where you can easily reach them.
- ✓ Place a rubber mat in your tub and/or shower.
- ✓ Make sure there is a clear, well-lit path from your bedroom to the bathroom.
- ✓ Install a sturdy grab bar in your bathroom. DO NOT use a towel rack as a grab bar; these are not safe.
- ✓ Have easy access to a telephone and lamp from your bed.
- ✓ If there are a lot of stairs to go up to your bedroom, consider moving your bed to the main floor. Look into borrowing or renting a bed if necessary.
- ✓ When in the kitchen, use a cart with wheels to move heavy items or many items at once.
- ✓ Arrange for someone to come in and help with household chores upon your return. You will not be able to do tasks that require heavy lifting or bending, such as vacuuming, washing floors, laundry, and washing the tub.
- ✓ You may need to stay with a family member or friend or arrange convalescent care if you live alone.

EATING WELL WHEN YOU GO HOME

It is important that you have a good supply of nutritious foods at home.

- ✓ Stock your freezer with healthy foods and pre-cooked meals.
- ✓ Arrange for family or friends to do your grocery shopping or arrange for home delivery from your nearby grocery store.
- ✓ If they are available in your area, Meals-on-Wheels are a good nutritious option. *Contact your nearest Community Care Access Centre (CCAC) for details.*

WHAT TO EXPECT BEFORE AND AFTER SURGERY

You will need to begin making plans for your hospital stay and discharge before your surgery.

Doctors recommend that you do not shave below your waist for 48 hours prior to surgery.

You will have restrictions related to driving vehicle. Please see page 19. It is therefore important that you arrange transportation ahead of time.

You will be in hospital for only a few days. Most of your recovery will take place over the next few months.

Pain following surgery is normal and will continue over the next few months. Talk to your doctor about pain control options if pain is interfering with normal daily activities.

You will have to plan ahead for your responsibilities:

- ✓ To go home or to another place or facility to recover
- ✓ To have transportation
- ✓ To have special equipment in place at home for support
- ✓ Have support at home
- ✓ Physiotherapy appointments as needed
- ✓ To have your assistive equipment ready
- ✓ Medications
- ✓ To have groceries and food

DAY OF SURGERY

Please plan to arrive at patient registration to ensure your arrival to SDC **one hour before surgery**.

Expect to be in hospital for about **3 days**. You need to arrange for a ride home the day of discharge by 11:00am.

Do not eat or drink after midnight the night before your surgery except **a sip of water** with morning medications.

What you need to bring to the hospital:

- ✓ Shoes/slippers with rubber soles or grips
- ✓ A light weight robe
- ✓ A small overnight bag with clothes and personal care items
- ✓ Guide booklet

Day of Surgery	
Assessment & Monitoring	<ul style="list-style-type: none">• A nurse will review your Operating Room Checklist, Pre-op Questionnaire, Consent and Surgical Safety Checklists and other assessments including any questions you or your family may have
Tests	<ul style="list-style-type: none">• You may have bloodwork taken• An intravenous will be started
Medications	<ul style="list-style-type: none">• You may take morning medications with a sip of water• You will receive pain medications and antibiotics as prescribed
Nutrition	<ul style="list-style-type: none">• The nurse will check that you have had nothing to eat or drink since midnight except a sip of water with morning medications
Education	<ul style="list-style-type: none">• The nurse will review any questions you or your family have• Review the use of the Pain-controlled Analgesic (PCA) if needed• Review that a drainage tube may be placed at the operative site to allow drainage

What to Expect After Surgery

Tests and treatment	<p>You will have:</p> <ul style="list-style-type: none"> • An IV continued • Vital signs checked at regular intervals • Dressing checked/changed every 2-4 hours • Blood tests • X-Rays
Medications	<p>You may have medication for:</p> <ul style="list-style-type: none"> • pain control • nausea • anti-blood clot • antibiotics • your usual medications <p><i>Please inform a nurse if you have pain or nausea. You will be asked to rate your pain on a scale of 1-10.</i></p>
Activity	<ul style="list-style-type: none"> • Activity with your physiotherapist or occupational therapist will begin the day after surgery and continue through your rehabilitation. Please see the activity schedule on the next page for more detail. • Pain medications will be given by your nurse before your exercises
Nutrition	<ul style="list-style-type: none"> • You will be offered a regular diet as your nausea/comfort level permits • Maintain regular sips of fluids after surgery to stay hydrated
Consults	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapy • Anesthesia may follow you for pain control
Education	<ul style="list-style-type: none"> • Review post-op exercises and precautions • Review pain management, wound care and bowel precautions • Review follow-up appointments and care of your knee at home
Discharge Planning	<ul style="list-style-type: none"> • Your progress will be assessed daily by your Health Care Team to ensure a timely, safe discharge.
After Discharge	<ul style="list-style-type: none"> • You will have ongoing physiotherapy appointments following discharge • You may receive CCAC if required

Therapy Following Surgery

Day 0 (day of surgery)

A therapist and/or a nurse will review:

- How much weight you may put on your leg
- How to protect your knee when moving
- How to move safely in your bed
- How to get in/out of bed safely
- How to walk correctly using a walker
- Preventing injury to your knee

You will:

- Sit up/stand at bedside
- Walk short distances with assistance
- Deep breathing exercises and coughing exercises
- Perform range of motion exercises regularly

Day 1 (first day after)

A therapist and/or a nurse will review:

- How much weight you may put on your leg
- How to protect your knee when moving
- How to move safely in your bed
- How to get in/out of bed safely
- How to transfer safely into a chair
- Exercises and stretches
- How to walk correctly using a walker
- Preventing injury to your knee
- Use of ice on the knee

You will:

- Sit on the side of the bed and in a chair with help
- Walk to the bathroom or in the hall using a walker with assistance
- Do breathing exercises
- Continue range of motion exercises

Therapy Following Surgery	
<p>Days 2-3 (after surgery)</p>	<p>You will learn how to:</p> <ul style="list-style-type: none"> • Dress, bathe and go to the bathroom safely • Prevent injury to your knee • Manage your daily activities • What to do if you have questions when you go home <p>You will:</p> <ul style="list-style-type: none"> • Walk independently to the bathroom or in the hall • Practice climbing stairs with crutches or a cane • Continue range of motion exercises • Sit up in a chair for all meals • Review daily activities with a therapist • Review assistive device use with a therapist

***IMPORTANT:** Please ensure you understand your plans for physiotherapy upon discharge.

DRIVING

Standard Transmission Vehicle: You cannot drive until you can fully weight bear without walking aids, your oral pain medication need is minimal, your knee motion and strength are reasonable, and you can apply the brakes and clutch quickly if needed.

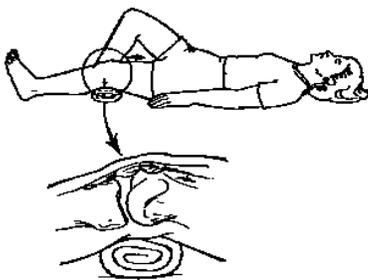
Automatic Transmission Vehicle: If you have had a **right** knee replacement, the conditions are as for a standard transmission vehicle. If you have had a **left** knee replacement, you may drive when your pain medication need is minimal.

PRECAUTIONS

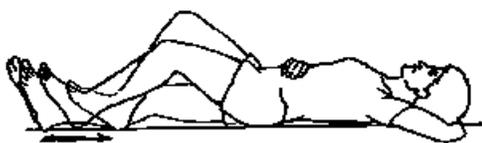
- Many people are afraid to bend their knee after surgery, believing this could be harmful. Especially since bending the knee is painful at first. But while certain movements should be avoided, you are encouraged to start bending your knee right away. Do it gently at first, but keep doing it!
- Do NOT rest your operated knee over a pillow. This can cause stiffness in both your knee and hip, making it harder to straighten your leg.

IMPORTANT *don't panic if you suddenly realize you haven't followed one of your knee precautions. It isn't likely that you have harmed yourself. Just try not to do the same thing again.*

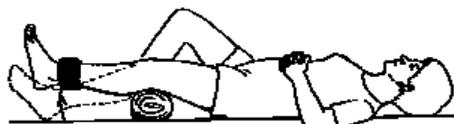
EARLY POST-OP KNEE EXERCISES



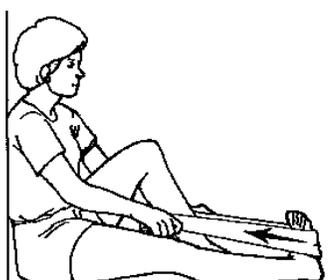
1. Lie on your back with operated leg straight.
2. Place a small rolled up towel under your knee of the operated leg.
3. Tighten your thigh and buttock muscles, pushing the back of your knee down into the towel.
4. Hold 5 seconds, repeat 10 times, 3 times per day



1. Lie on your back with legs straight.
2. Bend operated leg at hip and knee, sliding your heel toward buttock (you may use your strap to help)
3. Hold 5 seconds, repeat 10 times, 3 times per day



1. Lie on your back with a can or roll under knee
 2. Raise your heel off the bed until your leg is straight
 3. Hold 5 seconds then slowly lower.
- Repeat 10 times, 3 times per day.



1. Lie on your back or in sitting with leg straight out
2. Place strap around your toes and pull them up toward your hips until you feel a comfortable stretch in the back of your leg
3. Hold for 15-30 seconds, repeat 5 times, 3 times per day

Note: Place ice or a cold pack around the operated knee after your exercises for 15 mins to help reduce swelling & pain