

PATIENT EDUCATION GUIDE

TO KNEE REPLACEMENT



*pre-operative and
post-operative*
APPOINTMENTS AND CARE

preventing complications
FROM YOUR SURGERY

caring for yourself
AT HOME

Name: _____

Pre-Operative Appointment at the Hospital

Date: _____ Time: _____

Surgery

Date: _____

Time to arrive at the Hospital: _____

Surgeon's name: _____

Telephone: _____

The Joint Replacement Center

Phone: **845-348-7489**

Press: **1** - Surgical Scheduling
2 - Pre-Admission Testing
3 - Case Management
4 - Total Joint Navigator
5 - Total Joint Patient Unit
0 - Operator

Post-Operative Appointment at the Surgeon's Office

Date: _____ Time: _____



THE JOINT REPLACEMENT CENTER

AT MONTEFIORE NYACK HOSPITAL

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This guidebook is designed to walk you through each step of your surgery, from the time you decide to have surgery until you are fully recovered. Please bring this guidebook with you to all future appointments.

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- 04 Welcome
- 05 Patient Checklist
- 06 Types of Knee Replacement Surgery
- 07 Once Your Surgery Has Been Scheduled
- 08 Day of Surgery
- 10 Caring For Yourself at Home
- 11 Prevention of Complications
- 12 Patient Education
- 14 Pre-Operative Knee Exercises
- 18 Post-Operative Knee Exercises
- 24 Post-Operative Goals and Activity Guidelines
- 25 Self-Management Activities of Daily Living
- 28 Frequently Asked Questions
- 30 Patient Notes

WELCOME TO THE JOINT REPLACEMENT CENTER AT MONTEFIORE NYACK HOSPITAL

Patient Education Guide to Knee Replacement

Thank you for choosing The Joint Replacement Center.

The Center has implemented a comprehensive, individualized treatment program to guide you through each step of the process, utilizing the most current evidence-based methods. From our pre-operative class through your rehabilitation therapy after surgery, every detail will be reviewed with you. Participation in your treatment plan is vital for a successful outcome.

This guidebook is important. You will need it with you at your surgeon's office appointments, during your hospital stay and throughout your recovery.

The Joint Replacement Center at Montefiore Nyack Hospital is a dedicated unit within the hospital. Your length of stay will be based on your individual needs. With appropriate preparation, some patients will meet their discharge goals and can go home on the day of the surgery. Most patients will stay one night and be

discharged home the following day. If necessary, length of stay may be longer. Features of the program include:

- Private rooms for recovery
- Valet parking
- Alternative therapies to manage pain
- The most up-to-date treatment methods
- A team of board certified physicians, nurses, surgical technicians, anesthesiologists, patient care associates, physical therapists, occupational therapists, case management, and a Total Joint Navigator. The team is specialized to help assist you with a speedy recovery.
- Individualized care:
 - We take everything into consideration, including your hobbies, career, and living situation to ensure the program is tailored to you.
 - Family and friends are encouraged to participate as “coaches” in your recovery.



The Joint Replacement Center at Montefiore Nyack Hospital is a recipient of The Joint Commission's Gold Seal of Approval® for its hip and knee joint replacement programs, since 2014. It was the first to achieve this distinction in the lower Hudson Valley.

Learn more about The Joint Replacement Center's services and experts online at montefiorenyack.org/jointreplacement.

PATIENT CHECKLIST



FOUR WEEKS BEFORE SURGERY

- ☐ Start iron or vitamins if instructed by your physician.
- ☐ Continue pre-operative exercises.

TWO WEEKS BEFORE SURGERY

- ☐ Pre-operative class and appointment with Total Joint Navigator in person or via teleconference (i.e. Zoom).
- ☐ Obtain medical clearance from primary care physician or specialist, as necessary.
- ☐ Stop all medications that may increase bleeding (such as Aspirin, Motrin, Advil, Vitamin E).
Check with your physician regarding prescribed medications.
- ☐ Prepare your home for your recovery.
- ☐ Attend your last appointment with the surgeon.

DAY BEFORE SURGERY

- ☐ Receive a call from your surgeon's office telling you what time to arrive if you have not already been told.
- ☐ Pack your hospital bag; remember to leave all valuables home. Pack lightly!
- ☐ Shower the evening before surgery.
- ☐ Use the special wipes on the morning of surgery as instructed at your pre-operative class/visit.
- ☐ Do not eat or drink anything after midnight.
- ☐ If you are on diabetic medication, do not take on the morning of surgery; you should take beta blockers and blood pressure medications if you are prescribed them prior to arriving the morning of surgery.
- ☐ Review and follow all other instructions provided to you by your surgeon and the Hospital.

TYPES OF

Knee Replacement Surgery

TOTAL KNEE REPLACEMENT

The most common type of knee replacement is a Total Knee Replacement. This means that the entire cartilage surface of the tibia, femur and patella are replaced with metal and plastic implants to provide a smooth, pain free joint.

PARTIAL KNEE REPLACEMENT

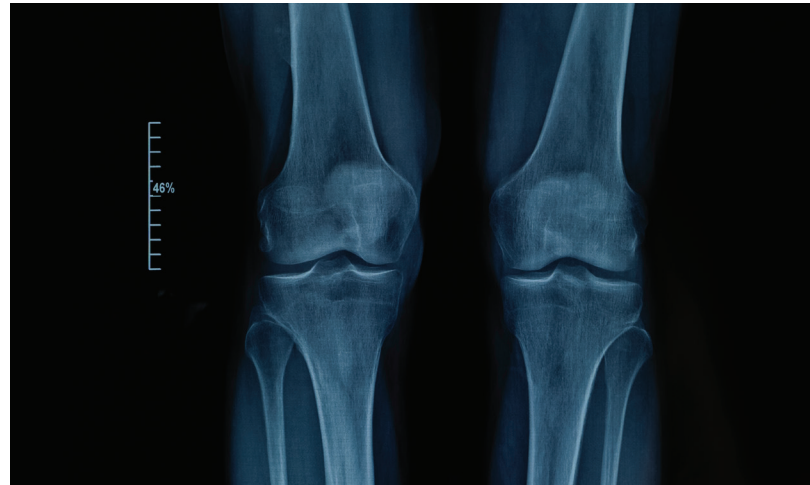
This type of surgery is performed when a portion of the knee has been affected by arthritis. During a partial knee replacement, only a portion of the knee joint surface is replaced. This may involve the inner portion, outer portion or the knee cap.

Your surgeon will advise you which option is appropriate for you.

STANDARD VERSUS ROBOTIC ASSISTED KNEE REPLACEMENT

Standard knee replacement is performed using instruments that help the surgeon measure the amount of bone to be removed. The surgeon also uses these instruments to align the components appropriately for the patient. The soft tissues are then “balanced” after the bone cuts are made.

With robotic assisted knee replacement, the robot is not performing the surgery. The procedure is performed entirely by the surgeon, using the robot as a tool to improve the accuracy of the cutting instruments. The robotic system uses a camera and optical trackers attached to the leg to know exactly where the patient’s knee is in space—like a GPS. The robot helps the surgeon assess the state of the soft tissue and planned bone cuts can be adjusted before the actual cuts are made, so less rebalancing is needed.



In any knee replacement surgery, the surgeon must cut both the bone and the soft tissue surrounding the knee. As deformity of the knee is corrected, the soft tissue around the joint has to be re-balanced correctly by the surgeon—making sure it’s not too loose or tight. If this doesn’t happen, it will result in pain, instability and potential restricted range of movement.

Whether you have traditional or robotic knee surgery, a new knee will help you get back to the activities you enjoy. The decision to use standard or the robot assisted surgery will be made by your surgeon.

ONCE YOUR

Surgery Has Been Scheduled

The surgeon's office will contact your insurance company to verify pre-authorization, pre-certification and obtain referrals as required.

At the time your surgery is arranged, you will also be scheduled for the Total Joint Class and pre-admission testing appointment. These appointments will be scheduled two weeks prior to surgery. The Total Joint Navigator will assist you with this process.

An appointment will be scheduled with your surgeon to review the results of tests completed at your pre-admission testing.

It is imperative that you, the patient, actively participate in preparation before your surgery for an optimal result.

It is important to be as fit as possible before undergoing a total knee replacement. This will make your recovery much faster. Refer to page 14 in the back of the book for complete detailed information on recommended pre-operative exercises.

TOTAL JOINT CLASS AND PRE-ADMISSION TESTING APPOINTMENT

At the Total Joint Class you will receive important information to assist with preparing for surgery and a speedy recovery. Please let the Total Joint Navigator know if you have additional questions for other members from our specialized team including nursing, physical therapy and care management. It is strongly suggested that you have a family member or close friend to act as your "coach," who will play a vital role in assisting you after your surgery. Medical equipment needed post-operatively will be identified and ordered for you after the class.

On the day of your pre-admission testing appointment, please utilize our complimentary valet parking. Once you enter our facility, our friendly staff in the lobby will direct you to Registration. Once registered, you will be escorted to the nursing staff.

PLEASE BRING THE FOLLOWING ITEMS:

- Photo identification
- Insurance card
- Any applicable co-payments
- Medication list
- Copy of Advanced Directives, if applicable
- Your designated coach
- This booklet

The nurse will ask you questions, collect your medical history and review any individual needs you may have to share with the team. Necessary blood work, EKG, a urine sample, and nasal swab will be collected.

You will receive a complimentary voucher for valet parking. Bring the voucher to the main desk in the lobby to obtain a token before leaving.

PRE-OPERATIVE OFFICE VISIT WITH SURGEON

During this visit, your surgeon will review all tests and review your medical clearance. This is an opportunity to ask questions. If you are on blood thinners, you will receive special instructions for stopping the medication. If needed, obtain a handicap parking permit from the surgeon at this visit.

PREPARE YOUR HOME

- Clean, do laundry and put clean linens on the bed.
- Prepare meals and freeze them in single serve containers.
- Cut the grass, tend to the garden and finish any yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install night lights in bathrooms, bedrooms, and hallways.
- Arrange to have someone collect your mail and take care of pets or loved ones if necessary.
- Review your checklist and pack your essentials as described.

DAY OF

Surgery

Do not wear makeup, and leave all valuables, jewelry, and large amounts of money at home. Pack lightly. Do not take diabetic medication on the morning of surgery; take beta blockers and blood pressure medications if prescribed prior to arriving the morning of surgery. Follow other specific instructions given to you by your surgeon.

ITEMS TO BRING TO THE HOSPITAL: PLEASE DO NOT OVERPACK

- Photo identification (legal form of ID such as your driver's license/passport)
- Insurance card
- List of home medications
- Comfortable walking shoes and overnight bag
- Eyeglasses/Contact Lenses/Dentures/Hearing Aids (with cases) if required
- This booklet
- Cell phone and charger
- Advanced directives

WHEN YOU ARRIVE AT THE HOSPITAL

You will be asked to come to the hospital two (2) hours before your surgery time. This will allow enough time to prepare you for surgery. It is important that you arrive at the hospital on time. In some cases, lateness may result in rescheduling your surgery.

When you arrive at the Hospital, you are encouraged to utilize the convenient valet parking service. Check in at the lobby desk and you will be directed to Registration. Please sign in at the kiosk located in the Registration lobby.

During your preparations, you will be seen by your surgeon who will initial your knee with a marker. The surgery will take approximately two hours.

RECOVERY PHASE

After surgery, you will be taken to the recovery area where you will remain for about 2-4 hours. Your anesthesiologist will assess you and order medications as needed to help you maintain an acceptable level of pain for you.

PAIN MANAGEMENT

The anesthesiologist and your nurse will assess your pain level, and discuss pain management goals utilizing the following pain scale. Please familiarize yourself with this tool as you may be asked often throughout your stay to rate your level of pain.



It is very important to communicate your level of pain to your nurse using the above pain scale to maintain a level of pain acceptable to you. When ready, you will be taken to your private room in The Joint Replacement Center. Please remember to use your call bell for any needs you may have.

ACTIVITY

You will be focused on a quick recovery. While in bed, you will have compression devices fitted to your lower legs. It is very important that you begin ankle pumps. This will help prevent blood clots from forming in your legs.

Physical therapy will visit you twice per day, and your level of pain will be assessed prior to your therapy session. Occupational therapy sessions occur once per day. Your coach is encouraged to be present during therapy sessions. You will also be assisted walking with the use of a walker. Sitting in the orthopedic chair in your room is preferable as we encourage you to be out of bed as much as possible.

Please familiarize yourself with visitor/age restrictions that may be in effect. Learn more here: montefiorenyack.org/visiting-hours-guidelines

- Your surgeon or physician assistant will assess you and your ongoing plan of care.
- The Total Joint Navigator and case manager will work closely with you to ensure all discharge plans are in place and will coordinate home therapy, if available.
- A pharmacist will visit you and review any medications you will be taking at home.
- Prepare to pick up your prescriptions you will be taking at home prior to discharge.

The goal of your joint replacement procedure is to return you to optimal mobility with decreased discomfort as quickly as possible.

Recovering at home is preferable and encouraged by your treatment team, when appropriate. Before you are discharged home, please plan to have someone available to drive you.

PHYSICAL THERAPY

Studies have shown outpatient physical therapy versus home therapy have similar outcomes. The Joint Replacement Center utilizes many programs to assist you in the first days following your hospital stay. In many cases, you will receive physical therapy at home. Following home therapy, outpatient physical therapy should be continued.



CALL, DON'T FALL
Please use your call bell for
any need you may have.

CARING FOR

Yourself at Home

Your safety, recovery, and comfort are very important to us.

- Take your pain medicine at least 30 minutes before your physical therapist comes.
- Change your position every 45 minutes throughout the day.
- Use ice packs for pain control. Apply to your affected joint, not directly on skin, to decrease discomfort, not more than 20 minutes each hour. You can use ice before and after your exercise program.
- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated.
- You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
- Pain medications that contain narcotics promote constipation. Use stool softeners or laxatives, such as Milk of Magnesia, if necessary. Add fiber to your diet.
- Take blood thinners as prescribed by your doctor as they help to avoid blood clots.
- Take your temperature if you feel warm or sick. Call your surgeon or navigator if it exceeds 101 degrees F.
- Use your knee immobilizer at night until instructed to discontinue use by your surgeon. This is usually used for 1-2 weeks after surgery.
- Wear your white compression stockings at all times until your surgeon tells you otherwise.
- Consult your physical therapist or surgeon with any questions.

CARING FOR YOUR INCISION

Your dressing should remain on and untouched for seven (7) days unless soiled or changed by your healthcare provider. Keep your incision and bandage dry. You may cover the staples with a dry sterile dressing or you may purchase Tegaderm, which is a waterproof dressing to allow showering.

When changing your dressing:

- Wash your hands
- Remove the old dressing
- Inspect the incision for signs and symptoms of infection:
 - Increased redness
 - Yellow/green drainage
 - Odor

Next steps:

- Apply Tegaderm or dry sterile dressing and tape (whichever you prefer)
- Pull up white compression stocking
- Repeat as needed until the staples are removed

It is important to remember to notify your Joint Navigator and surgeon if you require hospital admission for any reason within 90 days of your surgery.

PREVENTION

of Complications

Notify your dentist or other physicians that you have had a total joint replacement. Take prophylactic antibiotics when having dental work or other potentially contaminating procedures. This needs to be done for at least two years following your joint replacement surgery.

PNEUMONIA

- Wash your hands
- Stay as active as possible
- Use an incentive spirometer throughout the day
- Report any productive cough or fever to your surgeon or Navigator

BLOOD CLOTS

- Call your doctor if you have pain in the calf or swelling of the thigh
- Take blood thinners as prescribed
- Stay active
- Wear your compression stockings
- **PULMONARY EMBOLUS:**
This is an emergency. If you experience any of the following, you need to call 911:
 - Sudden chest pain
 - Difficult and/or rapid breathing
 - Shortness of breath
 - Sweating
 - Confusion



Stay as active as possible.

PATIENT

Education

PREPARING THE SKIN BEFORE SURGERY

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, this facility has chosen disposable cloths moistened with a rinse-free 2% chlorhexidine gluconate (CHG) antiseptic solution. The steps below outline the prepping process and should be carefully followed.

Water and ingredients commonly found in personal care products can reduce the antiseptic effects of CHG. Since CHG works best when left on the skin, do not rinse it off.

If showering or bathing is desired, the water should be warm not HOT. Shower or bathe at least one hour before prepping skin. When applying CHG, your skin should be completely dry and cool.

- Shower/bathe and shampoo hair the night before surgery or at least one hour before using these cloths.
- Shaving should be suspended at least 2 days prior to surgery on all areas of the body, including the face, legs, underarms, etc.

HOW TO PREP SKIN WITH PROVIDED CLOTHS ON THE MORNING OF THE SURGERY

1. Wash your hands.

2. To open the package(s):

Cut off the end of package, using scissors.

When applied to sensitive skin, CHG may cause skin irritation such as a temporary itching sensation and/or redness. Showering or shaving immediately before applying CHG may enhance this effect. If itching or redness persists, rinse affected areas and discontinue use.

3. Prepping your skin:

Wipe the area(s) outlined below. Avoid contact with eyes, ears, and mouth.

Use cloths to prep each area of the body, following the order stated in the directions. Wipe each area in a back and forth motion. Be sure to wipe each area thoroughly.

Allow area to air dry for one (1) minute. Do not rinse. It is normal for the skin to have a temporary “tacky” feel for several minutes after the antiseptic solution is applied.

- Wipe chest from neck to waist.
- Wipe both arms front and back from shoulder to fingertips, including underarms.
- Wipe abdomen, right and left hip, including abdominal folds and groin.
- Wipe both legs front and back from thigh to toes. Discard first wipe.
- Wipe back, starting at base of neck and ending at waist, then wipe buttocks.

*****Do not rinse or apply any lotions, moisturizers or make-up after prepping.***

COUGHING AND DEEP BREATHING AFTER SURGERY

Coughing and deep breathing exercises will speed your recovery and reduce the risk of respiratory complications.

How to Cough

Practice coughing before your surgery. After surgery, you will need to do these exercises at least every two hours to keep your lungs free of secretions.

- To help stimulate your cough reflex, take a deep breath. Breathe in through your nose and concentrate on fully expanding your chest. Breathe out through your mouth, and concentrate on feeling your chest sink downward and inward. Then, take a second breath in the same manner.
- Now, take a third deep breath and hold it for a few seconds. Cough two to three times in a row (once is NOT enough). This will clear your breathing passages.
- Now take three to five normal breaths, exhale slowly and relax.

How to Deep Breathe

- Lie on your back in a comfortable position. Bend your legs slightly and relax. Exhale normally. Then, close your mouth and inhale deeply through your nose. Hold your breath and slowly count to five.
- Purse your lips as though about to whistle and exhale completely through pursed lips.
- Repeat three to five times and relax. You can also do this exercise while lying on your side, sitting or standing, or as you turn in bed.



DEEP BREATHING

Performing deep breathing exercises several times an hour helps keep your lungs fully expanded, decreasing the risk of pneumonia.

PRE-OPERATIVE KNEE EXERCISES

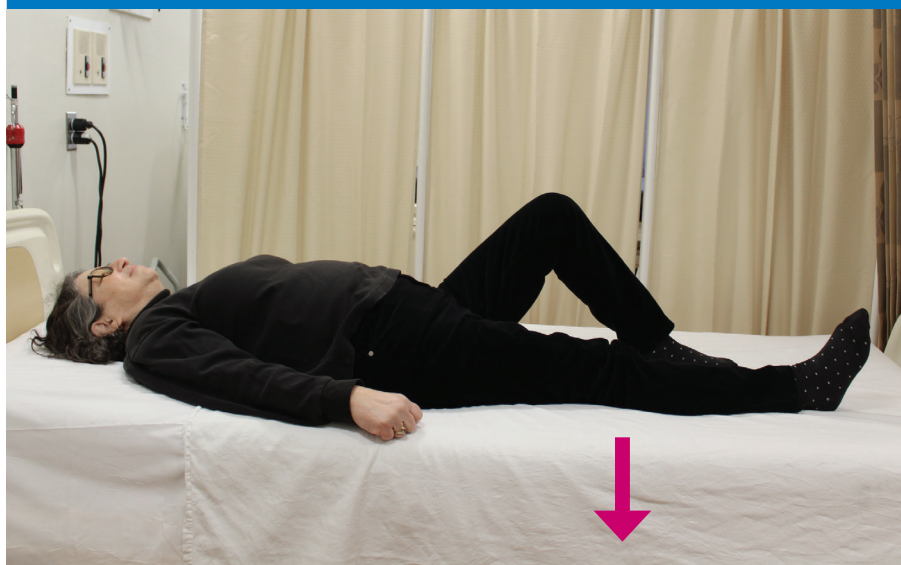
Repeat All Exercises 20 Times, 2 Times Every Day

ANKLE PUMPS



Move ankle up and down.

QUAD SETS



Lie on back, press knee into mat. Tighten muscles on front of thigh. Do not hold breath.

GLUTEAL SETS



Squeeze bottom together. Do not hold breath.

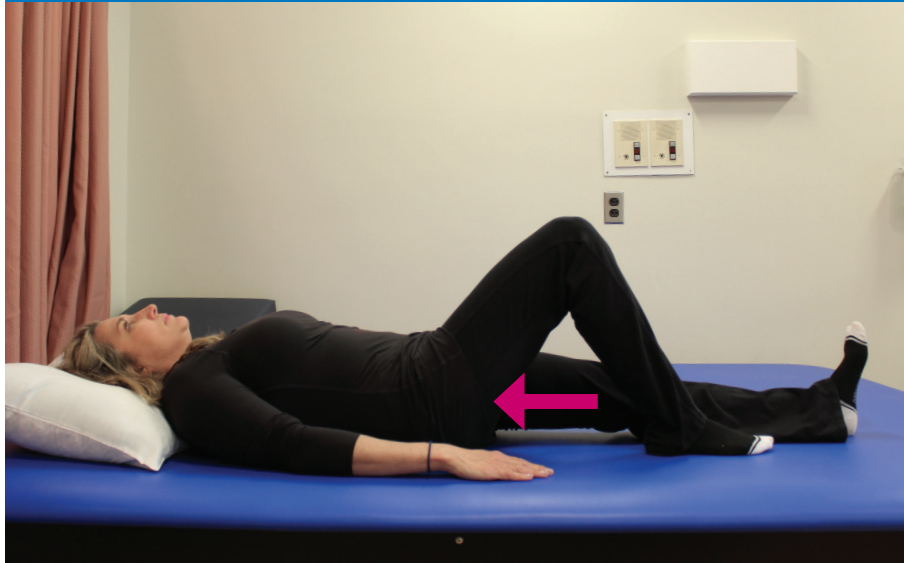
HIP ABDUCTION - ADDUCTION



Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point.

Pre-Operative Exercises continued...

HEEL SLIDES



Lie on bed, slide heel toward your bottom.

SEATED KNEE EXTENSIONS



Sit upright. Straighten knee.

SHORT ARC QUADS



Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll.

ARMCHAIR PUSH-UPS



Sit in armchair. Place hands on arm-rests. Straighten arms, raising bottom up off chair seat if possible. Feet flat on floor.

POST-OPERATIVE KNEE EXERCISES

Repeat All Exercises 20 Times, 2 Times Every Day

ANKLE PUMPS



Move ankle up and down.

QUAD SETS



Lie on back, press knee into mat. Tighten muscles on front of thigh. Do not hold breath.

GLUTEAL SETS



Squeeze bottom together. Do not hold breath.

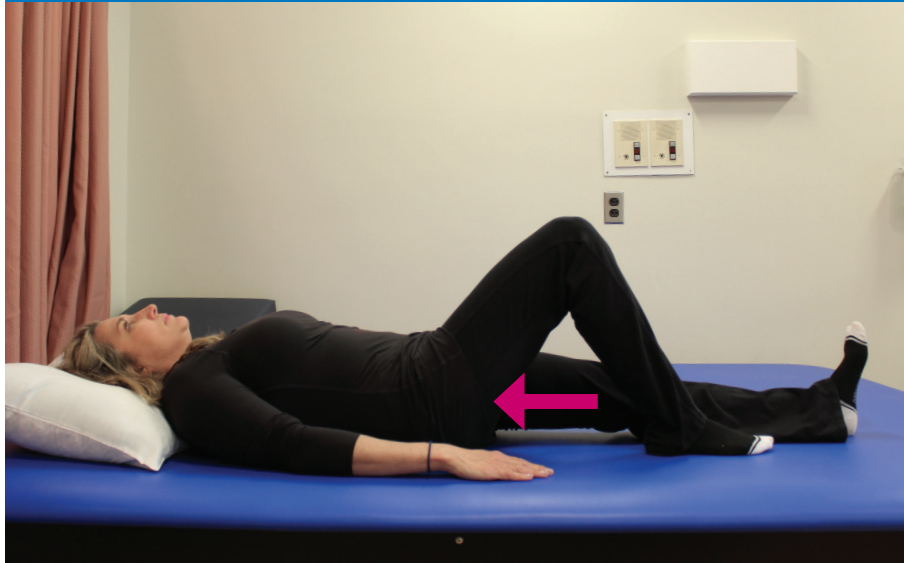
HIP ABDUCTION - ADDUCTION



Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point.

Post-Operative Exercises continued...

HEEL SLIDES



Lie on bed, slide heel toward your bottom.

SEATED KNEE EXTENSION & FLEXION



While seated, straighten and then bend your knee as much as possible. Place foot onto the floor, then slide foot under chair to flex knee.

PRONE KNEE FLEXION STRETCH



While laying on your stomach, bend your knee and bring your heel towards buttocks as far as possible. If this bothers your back, keep a pillow under your stomach.

STANDING KNEE FLEXION



While standing, hold onto a firm surface. Bend knee of operated leg up behind you. Straighten to a full stand. Repeat 20 times.

NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.

Post-Operative Exercises continued...

HIP FLEXION



While standing and holding onto a secure surface, march in place.
NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.

QUARTER SQUAT



With feet shoulder-width apart and back to wall, slide down wall until knees are at 30-45 degrees of a bend. Return to upright position.
DO THIS WITH YOUR THERAPIST FIRST. CAUTION: YOU SHOULD NOT BEND KNEES ENOUGH TO CAUSE PAIN.

SINGLE LEG STEP-UP



With foot of operated leg on a step (or book), step up and straighten that leg. Return. Exercise the good leg as well.

NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.

ANKLE DORSIFLEXION-PLANTER FLEXION



While standing, hold onto a firm surface. Raise up on toes. Go back on heels.

POST-OPERATIVE

Goals and Activity Guidelines

NOTE: Please do these with your therapist first.

WEEKS ONE AND TWO

During weeks one and two of your recovery, your goals are to:

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300 feet with support.
- Climb and descend a flight of stairs (12-14 steps) with a rail once per day.
- Independently sponge bathe or shower and dress.
- Gradually resume household tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist from the program given to you.

WEEKS TWO TO FOUR

During weeks two through four, you will move toward more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program in order to be able to achieve the best outcome. Your goals for the period are to:

- Continue with your first 2 week exercises.
- While walking, wean from full support using a cane or single crutch as instructed.
- Walk at least ¼ mile.
- Climb and descend a flight of stairs (12-14 steps) more than once daily.
- Independently shower and dress.
- Resume household tasks.
- Do 20 minutes of home exercises twice per day with or without the therapist.
- Begin driving. You will need permission from the surgeon.

WEEKS FOUR TO SIX

- Continue with 1-4 week goals.
- Walk with a cane or single crutch.
- Walk ¼ to ½ mile.
- Begin progressing on stairs from one foot at a time to normal stair climbing (foot over foot).
- Drive a car.
- Continue with home exercise program twice per day.

WEEKS SIX TO TWELVE

During weeks 6-12 you should be able to begin resuming all of your activities. Your goals for this time period are to:

- Continue with 1-6 week goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk ½ to 1 mile.
- Improve strength to 80 percent.
- Resume all activities including dancing, bowling and golf.

SELF MANAGEMENT

Activities of Daily Living

STANDING UP FROM CHAIR

Do not pull up on the walker to stand!

Sit in a chair with armrests whenever possible when performing this activity.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself before reaching for the walker.



WALKING

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the operated leg. Place your foot in the middle of the walker area. Do not move it past the front feet of the walker.
3. Step forward with the un-operated leg.
4. NOTE: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.



Self Management: Activities of Daily Living Continued...

GETTING INTO BED

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress.
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around so that you are facing the foot of bed.
5. Lift your leg onto the bed while scooting around (if this is your operated leg, you may use a leg lifter, a rolled bed sheet, a belt, or your Theraband to assist with lifting that leg onto the bed).
6. Keep scooting and lift your other leg onto the bed.
7. Scoot your hips back towards the center of the bed.

GETTING OUT OF BED

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your un-operated leg to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
5. Slide operated leg out in front of you when standing up.
6. Balance yourself before placing hands appropriately on the walker.



LYING IN BED

While in bed, wear your knee immobilizer to keep your knee straight. Try to keep the operated leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward.

GETTING INTO A CAR

1. Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
2. Using your walker, back up to the seat of the car until you feel it touch the back of your legs.
3. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you do not hit it on the doorframe.
4. Turn frontward, leaning back as you lift the operated leg into the car.

GETTING DRESSED USING A “REACHER” OR “DRESSING STICK”

1. Sit down.
2. Put your operated leg in the pant leg first, then your un-operated leg. Use the reacher or dressing stick to guide the opening of the pant leg over your foot.
3. Pull your pant leg up within easy reach.
4. Complete by standing with the walker in front of you to pull your pants up the rest of the way.

GETTING UNDRESSED

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your garment down to your knees.
3. Lower yourself down to a seated position keeping your operated leg straight.
4. Take your un-operated leg out first and then the operated leg.

USING THE “SOCK AID”

1. Slide the sock onto the sock aid all the way.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toes and pull the sock aid on and pull the sock on. Keep pulling until the sock aid pulls out.
5. A reacher or dressing stick can be used to take socks off.

If using a long-handled shoehorn:

1. Slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel.
3. Step down into your shoe, sliding your heel down the shoehorn.
4. Elastic shoe laces can be used with sneakers or any shoes that use shoelaces.

A purchased hip kit can be used to assist with dressing and undressing. It may include the following:

- Reacher/grabber
- Dressing stick
- Long-handled shoehorn
- Sock aid
- Elastic shoelaces
- Leg lifter

GETTING INTO THE TUB USING A TUB TRANSFER BENCH

Wait for the first visit from the therapist at home.

1. Place the tub transfer bench in the tub facing the faucets.
2. Back up to the seat until you can feel it at the back of your knees. Be sure you are in front of the tub transfer bench.
3. Reach back with one hand for the bench seat. Keep the other hand on the walker.
4. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
5. Slide back on bench and carefully swing legs into tub.

GETTING OUT OF THE TUB USING A TUB TRANSFER BENCH

1. While seated, lift your legs over the outside of the tub transfer bench.
2. Scoot to the edge of the bench seat.
3. Push up with one hand on the back of the bench seat while holding onto the walker with the other hand.
4. Slowly stand and balance while bringing the other hand to the walker.

A SHOWER CHAIR OR 3:1 COMMODE* CAN BE PLACED IN A WALK-IN/STALL SHOWER

A 3:1 commode may be used over the toilet at bedside or in a walk-in/stall shower.



Shower Chair



3:1 Commode

FREQUENTLY

Asked Questions

What is arthritis and why does my knee hurt?

In the knee joint there is a layer of smooth cartilage on the lower end of the femur (thighbone), the upper end of the tibia (shinbone) and the undersurface of the patella (kneecap). This cartilage serves as a cushion and allows for smooth motion of the knee. Arthritis is a wearing away of the smooth cartilage. Eventually, the cartilage wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

What is a total knee replacement?

A total knee replacement is really a cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an artificial substitute for the cartilage is inserted on the end of the bones. This is done with a metal alloy on the femur and plastic spacer on the tibia and kneecap (patella). This creates a new surface and functioning joint that does not hurt.

What are the results of total knee replacement?

Results will vary depending on the details of the surgery, the patient's activity level and the patient's adherence to the doctor's orders.

When should I have this type of surgery?

Your orthopedic surgeon will make a recommendation based on your history, exam, X-rays and response to conservative treatment. The ultimate decision to proceed with surgery will then be yours.

Am I too old for this surgery?

Age is not a factor if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new knee last and can a second replacement be done?

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?

Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Your surgeon will explain the possible complications associated with total knee replacement.

What are the major risks?

Most surgeries go well without complications, however complications can occur. These include but are not limited to post-operative stiffness, damage to arteries, veins, nerves, aseptic loosening, instability of components, fracture, and the need for revision surgery. Infection and blood clots are two serious complications. To avoid these, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections. Discuss any concerns you may have with your surgeon.

Should I exercise before the surgery?

Yes. Refer to the exercise section of this booklet.

Will I need blood?

It is very rare to require a transfusion after surgery. Banked blood is considered safe, but we understand if you prefer the use of your own blood. In respect of patients who prefer no transfusions, Montefiore Nyack Hospital is supportive of your choice.

How long will I be in the Hospital?

Most knee patients will be hospitalized for one or two nights after surgery. There are several goals that you must achieve before you can be discharged.

Will the surgery be painful?

You will experience some degree of pain. Our goal is to get your pain scale to an acceptable level for you.

We have found that the best regimen involves addressing pain from all sides and making sure that you remain alert, strong, and free from nausea.

For total knee replacements, the Anesthesiologist may perform an injection next to one of the nerves that goes to the knee. The injection is designed to help cut down the pain without making the muscles weak; this ensures that you can perform early rehabilitation, crucial in achieving maximum mobility. In addition to the injections (or blocks), you may receive anti-inflammatory medicines, pain modulators and narcotics to achieve the lower pain scale goals. This multi-modal regimen minimizes the use of narcotics and the drowsiness, nausea and constipation that they are known to cause. Pain management is very individualized and what may work for one patient may be very different from another. We take pride in providing personalized care.

Will I need a walker, crutches or a cane?

Yes. Typically you will start with a walker. Progression to a cane and then independent ambulation is based on your individual progress. The proper devices will be provided to you postoperatively.

Where will I go after discharge from the Hospital?

Most patients are able to go home directly after discharge.

Will I need help at home?

Yes, for the first several days, depending on your progress. If you go directly home from the hospital, the Care Manager will arrange for a physical therapist to work with you at home. Family, friends or your

designated coach should come to your home if possible to help. Preparing ahead of time can minimize the amount of help needed.

When can I resume driving?

The time you can resume driving depends upon your recovery. Most patients drive in three to four weeks, however you should discuss this with your surgeon.

When will I be able to get back to work?

We recommend to most people to take at least one month off from work, unless their job is quite sedentary. You should discuss this with your surgeon.

When can I have sexual intercourse?

The time to resume should be discussed with your surgeon.

How often will I need to be seen by my doctor following the surgery?

Your first post-operative visit should be one to two weeks after discharge. At that time, your surgeon will remove the staples. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks and then yearly.

Do you recommend any restrictions following this surgery?

Yes, high impact activities such as running, tennis, and basketball are not recommended. Injury prone sports such as downhill skiing are also dangerous for the new joint. You should discuss this with your surgeon.

What physical therapy/recreational activities may I participate in after my recovery?

You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, swimming, bowling and bicycling.

Will I notice anything different about my knee?

Yes, you may have a small area of numbness to the outside of the scar, which may last a year or more. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee.

What should I expect for bills after the procedure?

You will receive separate bills from the Anesthesiologist, the Hospital, Radiology, Pathology (if applicable) and your Surgeon and Physician Assistant.

PATIENT'S NOTES

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We are happy that most patients do so well they do not 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 when your next visit should be scheduled, call your doctor.

In an effort to highlight individuals and their services, we ask that you share your thoughts about your experience with us on a patient satisfaction survey you may receive in the mail. At Montefiore Nyack Hospital, we want to thank you for choosing our program and putting your trust in our care!

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*There is only one good
reason to have joint
replacement surgery: You
want to continue living a
full and productive life.*

The Joint Replacement Center

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