



Total Knee Replacement



 **St. Joseph's
Hospital-North**
BayCare Health System

StJosephsNorth.com



Welcome to St. Joseph's Hospital-North

This booklet will provide guidelines to help prepare you for surgery at St. Joseph's Hospital-North and let you know what to expect before, during and after your operation. Because every patient has special needs, you will also receive detailed instructions from your doctor and health care team related to your individual health care needs.

Before Admission

- Complete all tests and doctor visits as requested by your orthopedic surgeon.
- Attend the preoperative knee replacement education class.
- If your doctor recommends, obtain a walker prior to admission. You may buy one at a medical supply company or ask your orthopedic surgeon for a prescription.
- Practice using your walker at home.
- Complete checklist (see page 7).

To schedule an Education Class: (813) 644-6701

Getting Ready for Surgery

Take steps ahead of time to make your recovery at home as easy and safe as possible.

Remember that your mobility will be limited in the days and weeks after your surgery. You will be using a walker at first. Take some time before surgery to make some easy changes to reduce your risk for falls and remove possible hazards that may get in your way.

Here are a few simple ideas:

Move furniture: You may need to move furniture to create wide traffic paths and remove walking hazards that may be in the way. Make it as easy and safe as possible to move around your home during your recovery.

Put items you use often within easy reach: You will want to avoid using a stool or bending over. A rolling cart may be helpful.

Buy a firm pillow: Putting a firm pillow on a low chair or sofa before sitting down may be more comfortable for you.

Wear safe shoes: Wear well-fitting, rubber-soled shoes to prevent slipping.

Move electrical cords out of the way: To reduce your risk of tripping over loose cords, move them out of the way if possible or tape them securely to the floor.

Pick up clutter and remove throw rugs: Rugs can shift or bunch, causing you to slip or trip. Don't take chances - remove all of them before your surgery. Move extra clutter out of the way while you recover to allow you more space to move around with a walker.

Watch for small pets or objects on the floor: After your surgery, always keep an eye on the floor as you walk to avoid tripping over pets or small objects.

Stock up on food: It's a good idea to stock up or prepare simple meals to have on hand when you get home. Simple prepared or frozen foods may be helpful. To prevent having to bend over or use a stool or stepladder, store as many supplies as possible between your waist and shoulder level so that they will be easy to reach.

Prepare a room on the main living level to sleep in, if you usually sleep upstairs.

Get help with household chores: For the first few weeks after surgery, you will need some help with typical household chores like cooking, cleaning, shopping, bathing and doing laundry. If you don't have a spouse, relative or friend who can help with these tasks, your health care team can help you make arrangements ahead of time for someone to help you around the home. You can also arrange a short stay at an extended care rehab facility while you recover.

Before Surgery

Staff will call to schedule your Pre-Procedure Testing appointment. Important: Bring picture ID, insurance card, papers from surgeon, medication bottles and Advanced Directive or Living Will with you to class or pre-op area the day of surgery. Report to Pre-procedure Testing on the first floor in the physician office building.

Day of Surgery

When you arrive at the hospital, report to the Information Desk. Pre-op will be notified and you will be escorted to the Pre-op Unit to prepare for your surgery. When it is time for your surgery, you will be taken by stretcher to the operating room. Your family can wait for you in the second floor surgery waiting room. Knee surgery usually takes about two to four hours.

After Surgery

- You will wake up slowly in the recovery room, where you will spend the first hour or two after surgery. Your nurses will monitor your progress closely. Family cannot visit you in the recovery room, but can see you after you have been moved to your hospital room.
- You will have an I.V. line to receive medicine and fluids. You may receive an antibiotic and other medicine to ease any symptoms you may have, such as pain or nausea. Be sure to tell your nurse if you are in pain or feeling sick.
- When you fully recover from the effects of anesthesia, you will be taken to your hospital room on the orthopedic wing.
- Depending on your medical history, surgery experience and recovery room stay, you may spend the night in the Intensive Care Unit (ICU) for closer monitoring. The surgeon or nursing staff will inform you and your family if this is necessary.

What Can I Expect After Leaving the Recovery Room?

- You will be moved to a hospital room and greeted there by the nursing staff. A frame will be placed on your bed to make it easier for you to move around. You may receive oxygen through a small tube placed in your nose. You will have a dressing on your knee and may have a drain coming from your knee to remove any extra blood or fluid from the area to reduce swelling. An ice bag may be used to reduce swelling. Most patients will have a urinary catheter, which is a small tube used to drain urine from your bladder. You will have an I.V. in your arm or other area to receive fluids, antibiotics and other medicine as needed.
- Support and compression stockings may be used to help improve circulation and decrease your risk of blood clots. Inflatable stockings, called SCDs (sequential compression devices) may also be used to gently squeeze and then release your foot. You may be given medicine to help prevent clots.
- You may have an immobilizer on your leg to stop you from bending it at first.
- You may have a Continuous Passive Motion Machine (CPM) to increase flexibility by gently moving your knee.
- You will be given a device called an incentive spirometer to help you with deep breathing exercises. Breathing exercises will help reduce your risk of developing pneumonia and other breathing problems. The nursing staff or respiratory therapist will teach you how to use the incentive spirometer. You will be shown how to use it regularly after surgery to take about 10 full breaths every hour when awake.
- You may be offered ice chips to start with, then water. If you do not feel sick to your stomach or vomit (throw up), the nurses will advance your diet. Please let them know if you follow any special diet.
- Managing your pain will be very important after surgery. Each doctor manages pain to best meet your needs. Be sure to talk with your nurse or surgeon about options available to manage your pain.
- Some patients require a blood transfusion after surgery to replace blood loss. Every effort is made to minimize this; however, blood loss is common during knee surgery.
- The length of your hospital stay for a total knee replacement will be determined by your physician. Depending on your progress, you will either go home or move to a skilled nursing facility. The nursing staff, physical therapist, social worker and surgeon will discuss this with you and your family.

Schedule for Your Hospital Stay

Day 1:

- **Activity:** The physical therapist will help you get out of bed. At first, you may only be able to move to a nearby armchair. Your goal today will be to be out of bed, sitting in the chair for at least one hour.
- **Medicine:** Most patients will receive medicine to help prevent blood clots. This may be a pill or a small injection (shot) in your abdomen. Your doctor will order other medicine as needed.
- **Managing your pain:** Continue to discuss your pain management plan with your surgeon and your nurse. Although it may not always be possible to be completely pain free, it will be important for you to be as comfortable as possible. You will need to be able to rest and do exercises to promote healing.
- Your urinary catheter may come out today. You will use a bedpan/urinal or the bathroom/bedside commode.
- **Plans to go home:** Planning begins with the social worker, nurses and your surgeon.

Day 2:

- **Activity:** You will continue with the exercise program designed by you and your physical therapist.
Using a walker, the goal will be for you to be able to walk out into the hall today. Continue to do the leg exercises as shown by your therapist when in bed.
Use your incentive spirometer every hour while awake to help prevent lung complications.
- **Medicine:** You will continue taking medicine to help prevent blood clots, as well as pain medicine and other prescribed medicine.
- **Managing your pain:** You can expect some pain with exercise and walking; however, therapy can be scheduled around your pain medicine to make you as comfortable as possible.
- **Plans to go home:** Social work will be in to discuss plans for you to go home (called “discharge”).

Day 3:

- Your I.V. may be removed today, if it has not already been removed.
- **Activity:** Therapy progresses. You will stay out of bed longer and walk further.
- If going home, begin making plans for transportation for the next morning and social work will continue to help with the arrangements for services or equipment needed. If additional support services are needed, plans will be made to transfer you to a skilled nursing facility today.

What Happens After Leaving the Hospital?

- Some patients require further rehabilitative care at a skilled nursing facility. You will continue strengthening your body, increasing the distance you can walk and increasing the amount of time you can stay out of bed. When the therapists feel that you are independent and safe, you will be sent home.
- If you go directly home from the hospital, written care and follow-up instructions will be given to you and/or your family. Your doctor may order Home Health Physical Therapy.
- After you return home, you may receive a mailed patient satisfaction survey. Your comments and feedback are vital to our continual quality improvement. Please complete the survey and return to the hospital as soon as you can. We value our patients' input and strive to provide quality health care for all we serve.
- Should you have any questions or wish to visit any of the units, please do not hesitate to contact us.



Checklist for Coming to the Hospital

- ☐ If recommended by your physician, obtain a walker.
- ☐ Prepare your home. See simple safety ideas on pages 2 and 3.
- ☐ Make a list of all medicine, herbs, vitamins and supplements you are taking. Write down any allergies you may have to food or medicine. Bring the list with you to the hospital.
- ☐ Pack a bag to bring with you to the hospital. Include:
 - A pair of comfortable, sturdy nonslip shoes.
 - Copies of your insurance cards.
 - Copies of your advance directives (living will, health care surrogate, power of attorney).
 - You may want to pack something to read.
 - Personal care items that are not supplied by the hospital such as a hair brush, denture paste, contact lens cleaner, makeup, hearing aid batteries, eyeglasses, sleeping clothes, robe, etc.
 - Loose-fitting clothes, like shorts and t-shirts.
 - DO NOT bring jewelry, credit cards, large amounts of cash or other valuables. Leave them at home.
- ☐ Take a bath or shower the night before surgery.
- ☐ DO NOT eat or drink anything after midnight the night before surgery, except for any medicine your doctor told you to take; take with small sips of water.
- ☐ DO NOT use any lotions, powders or colognes on the day of surgery.
- ☐ DO NOT wear jewelry, makeup, lipstick or nail polish the day of surgery.

Notes:

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