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Dear patient,

At Baylor Scott & White Medical Center – Frisco, we are striving to develop a tradition of caring for our patients and communities. We strive to deliver healthcare compassionately and to act with absolute integrity in the way we do our work and the way we live our lives.

Your concerns are important to us. In order to achieve quality healthcare, we welcome your comments, complaints, or feedback. We are committed to providing you with quality care.

You also have a right to participate in ethical issues concerning your care and may request to meet with a representative from our Medical Ethics Committee.

If you have questions, please call our house supervisor at 972.369.2947, who will notify an administrator to meet with you, or you may leave a message on our feedback hotline by calling 214.407.5699. You have our personal assurance there will be no retribution for asking questions or raising concerns about any issues.

Should you desire to lodge a grievance, listed below are the agencies which may assist you:

**Texas Department of Health**
Health Licensing & Compliance Division
1100 W. 49th St.
Austin, TX 75756-3199
Phone: 888.973.0022
Fax: 512.834.6653

**Joint Commission on Accreditation of Healthcare Organizations**
Division of Accreditation Operations
Office of Quality Monitoring
1 Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone: 888.973.0022
Fax: 630.792.5636

We are equally committed to assuring our actions consistently reflect our words. In this spirit, we want your visit here at Baylor Scott & White – Frisco to be an enjoyable one.

Sincerely,

**Mickey Morgan, MD**
Chairman, Board of Managers
Baylor Scott & White – Frisco
**Accommodations Near Baylor Scott & White – Frisco**

**Comfort Suites**  
4796 Memorial Drive  
The Colony, TX 75056  
972.668.5555 (direct)  
1.800.4CHOICE (reservations)  
choicehotels.com

**Embassy Suites**  
7600 John Q. Hammons Drive  
Frisco, TX 75034  
972.712.7200 (direct)  
embassysuites.com

**Fairfield Inn by Marriott**  
4712 W. Plano Parkway  
Plano, TX 75093  
972.519.0303 (direct)  
1.800.228.2800 (reservations)  
fairfieldinn.com

**Hampton Inn & Suites**  
3199 Parkwood Blvd.  
Frisco, TX 75034  
972.712.8400 (direct)  
1.866.751.8400 (reservations)  
holidayinn.com

**Westin Stonebriar Resort**  
1549 Legacy Drive  
Frisco, TX 75034  
972.668.8000 (direct)  
1.888.627.8441 (reservations)  
westin.com/stonebriar

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**Pre-certification and authorization**

Many insurance companies require pre-certification or pre-authorization for surgery. Please contact your insurance company or notify them of your upcoming surgery. They will then contact your physician for clinical information.

Workman’s compensation and some managed care plans require approval for surgery before a surgical date can be selected.

You may log on to BSWHealth.com/Frisco for a current list of contracts with insurance plans along with contact phone numbers for individual departments throughout the hospital.

**Registration: pre-op class**

Register for Total Joint Preoperative Education class by calling our scheduling department at 214.407.5054.

**Registration: surgery**

You may register for your surgery online at BSWHealth.com/Frisco. Scroll down to the bottom of the page. Our patient registration form is listed under “Patients and Visitors”.

Your surgeon may request that you schedule pre-admission testing before your surgery. Please call 214.407.5066 to make an appointment.
Contact phone numbers

Registration 214.407.5066
Pre-Admission Nurse 214.407.5166
Social Services 214.407.5437
Patient Advocate 214.407.5180
Director - Center of Excellence Total Joints 214.407.5128
Total Joint Nurses 214.407.5168
                          214.407.5169
                          214.407.5176
Manager Post-Surgical 214.407.5250
Unit Chief Nursing Officer 214.407.5190
Senior VP Clinical Services 214.407.5050

Complaints/compliments

We appreciate your comments. The employees at Baylor Scott & White – Frisco believe your comments allow us the opportunity to grow.

COMPLAINTS

At Baylor Scott & White – Frisco, we pride ourselves in the customer service we provide for our patients and their families. If, at any time, you are not satisfied with the care you receive, room environment, etc., please let us know immediately.

You may file a complaint by contacting any of the following personnel:

Post-Surgical Unit Manager
Patient Advocate
Director, Center of Excellence

Total Joint Nurses
Chief Nursing Officer

COMPLIMENTS

Our nurses and hospital staff strive to make your stay a pleasant experience. If you feel someone has gone above and beyond to care for you or your family member, please take the time to fill out a Pursuit of Excellence card. Pursuit of Excellence cards are located in the front lobby outside the cafeteria, the nurses stations, or may be obtained by asking one of our staff members.

Pursuit of Excellence cards are read by senior administration, the department director, department manager and the employee.
Information about knee replacement

The following information contains general guideline, which may need to be modified to address your specific needs. To that end, we would like to encourage you to learn as much as possible about your responsibilities as a knee replacement patient. We realize surgery is stressful, but, rest assured, we are dedicated to taking outstanding care of you. We truly view your surgical experience and care as a team responsibility.

GENERAL FACTS

Arthritis, congenital or development problems, or trauma can work against the natural function of your joint causing pain in the knee and leg and severely restricting your range of motion. These problems may force you to walk with a limp or restrict your everyday activities.

The medical term for knee replacement is arthroplasty, and it is a proven method of treatment for individuals suffering from arthritis or any disabling knee problem. Arthroplasty can provide relief from pain and discomfort, straighten the leg, work to correct deformities in the leg and enhance joint stability.

During the past two decades, the science of knee replacement has made great strides, resulting in several types of prostheses available for use. Using a combination of metal and plastic, your physician will create a new joint for you.

Currently, there are two methods used for attaching your new joint, or prosthesis, to the bone and providing a stable fixation.

Cemented: Poly methyl methacrylate is used to attach the prosthesis to bone like a glue or grouting material.
Cementless: The bone ingrows directly to the prosthesis. The majority of knee replacements are cemented.

Your general health, weight, age, bone structure and activity level are some of the factors your physician will use to determine the type of prosthesis that will be right for your surgery. A knee replacement consists of removing the arthritic or damaged surface of the femur and tibia and replacing the surfaces with a metal prosthesis. Then a plastic bearing is placed between the surfaces. The deep portion of the kneecap that would articulate against the metal is replaced by a plastic cap.

This booklet is intended to be a guide for our patients having a single knee replacement. Revision knee replacement follows a similar course, but depending on the type of revision preferred, your postoperative course may be modified. Still, other patients may require revision surgery because of a failed knee implant.
OUR GOAL
Our goal is to see you through your knee replacement surgery with few complications and the greatest result – both in your recovery, and in the relief and comfort knee replacement can provide. That’s why we continue to strive to provide you with the best environment for surgery and recovery. And, why we look to you to be conscientious in adhering to the program your physician develops for you.

Preparing for surgery – a timeline

ONE MONTH PRIOR TO SURGERY
1. Purchase immunonutrition recovery drink. Your surgeon’s office will give you instructions regarding this drink.
2. If you require a letter of medical necessity for a leave of absence for your employer, or for the durable medical equipment, please submit your request in writing to your physician’s office at this time.

TWO WEEKS PRIOR TO SURGERY
Two or three weeks before your surgery, you will have a medical evaluation performed by an internist. This evaluation may include lab tests, a chest X-ray and an electrocardiogram. The results of these tests will allow us to decide if you are ready for surgery. Once cleared for surgery, the hospitalist will see you every day while you are in the hospital and will monitor your program medically. They will be responsible for ordering your diet and medications and will handle any medical problems that might arise.

TEN DAYS PRIOR TO SURGERY
Your surgeon will give you specific instructions about your home medications. As a general rule, you must discontinue use of any aspirin, aspirin-containing products, ibuprofen or certain anti-inflammatory drugs 10 days before surgery. In addition, please stop fish oil, ginkgo biloba and ginseng. See the next page for a complete list. Most arthritis medications should also be discontinued. These products tend to increase bleeding during and after surgery. You may take Tylenol as a substitute. Discuss any other medications you are taking, such as those for heart, diabetes or high blood pressure, with the internist clearing you for surgery.

FIVE DAYS PRIOR TO SURGERY
1. You will receive a prescription for an antibiotic ointment. Please apply in each nostril two times a day for five days.
2. Drink one immunonutrition recovery drink three times per day for five days.
Medication restriction list

Two weeks prior to surgery, refrain from taking vitamin E, aspirin or aspirin products, and medications containing ibuprofen because they promote bleeding.

PRODUCTS CONTAINING ASPIRIN:

A.P.C.  Buff-A compound  Emogrin  Percobarb
A.S.A.  Buffadyn  Empirin  Percodan
Acecabar  Buffaprin  Emprazil  Persistin
Alka-Seltzer  Bufferin  Equagesic tabs  Phenacaps
Alpha-ped  Buffinol  Esgic  Phensal
capsules  Butalbital  Excedrin  Presalin
Anacin  Cama  Feldene  Robaxisal
Analgestine  Cama-inlay tabs  Fiorinal  Rotense
Anaphen  Caparon  4-Way cold tabs  Roxiprin
Anodynos  Caphathyn  Gelprin  Salabar Jr.
Anytal w/acetylsal  Carisoprodol  Gennisyn  Salocol
Apermin  Cefinal  Indocin  Scip-Dyne Compo
Ascriptin  Cheracol capsules  Liquiprin  Sedagesic
Asperbuf  Congespirin  Lortab Asa tabs  Sedalgesic
Asperea  Cope  Mamal  Sk-65 Comp. Caps
Aspergum  Coralsone  Measurin  Soma Comp. Tabs
Aspirbar  Coricidin  Midol  St. Joseph products
Aspirijen Jr.  Damason-P  Monacet w/  Stanback
Aspirin  Darvon compound  Codeine  Stendin
Aspirin Suppos  Derfort  Motrin  Supac
Aspir-phen  Derfule  Niprin  Synalgos capsules
Aspiratab  Diagesic  Norgesic Forte  Synalgos D.C. Cap
Aspodyne  Dolor  Norwich Aspirin  Talwin compound
Axotal  Doloral  Orphengesic  Tolectin Trigesic
B-A-C tablet  Dolpron #3 tabs  Pabirin Buff. Tab  Vanquish
Bayer  Dristan  P-A-C  
BC Powder  Duragesic  Palgesic  
Bexopheine  Dynosal  Pangesic  
Biogasic  Easprin  Pap  
Bufabar  Ecotrin  Pepto-Bismol  

PRODUCTS CONTAINING IBUPROFEN:

Advin  Motrin  Aleve
Haltran  Nuprin  Clinoril
Medipren  Rufen  Daypro
Midol 200  Vitamin E  Disalcie

OTHERS TO AVOID:

Lodine
Naprosyn
Orudis KT
Relafen
Sulindacq
Trilisate
Wintergreen Mints
The night before and the day of surgery

**DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT EXCEPT A CARBOHYDRATE DRINK THREE HOURS BEFORE SURGERY.**
Your surgeon’s office will give you instructions regarding this drink.

**TO DECREASE THE BACTERIAL COUNT ON YOUR SKIN,** we recommend cleaning the skin with a solution, such as 2% chlorhexidine gluconate cloth. Your physician has requested that we give or send this product to you for use prior to surgery for killing and stopping the growth of germs on your skin. There is a total of six cloths. (Three packets with two cloths to each packet). Please do not put lotion on your body.

Directions for use of 2% chlorhexidine gluconate cloth

(If your doctor has given you other instructions, follow those instead of this list.)

**THE NIGHT BEFORE SURGERY**
1. Please shower using a freshly laundered washcloth and towels. Use one cloth to moderately scrub the part of your body where the surgery is planned. Scrub for about three minutes. Use another two cloths to apply the product to the rest of your body. Leave a minimum of one hour between shower and application of chlorhexidine gluconate cloths. If you open a pack and only use one cloth, leave the other cloth in the packet to use in the morning.
2. When the product dries (it might be tacky or slightly sticky), put on clean sleepwear and, if possible, sleep on clean bed linens. The goal is to have the product remain on your skin so that it will start to kill germs.

**THE MORNING OF SURGERY AT HOME**
1. Do not shampoo your hair, shower or bathe because we want to keep the product you applied the night before on your skin.
2. Using the remaining cloths, apply the product in the same manner as the night before.

**AT THE HOSPITAL**
The hospital staff may give you more cloths and ask you to repeat this process when you arrive in the preoperative area. If you do not have the exact amount of product, don’t worry; concentrate on the area of skin that will be involved in the surgery. If you have any questions, please call the infection preventionist at 214.407.5434.

You should not use this product if you are allergic to chlorhexidine gluconate. Keep out of eyes, ears, mouth, mucous membranes and vaginal/perineal area.
After surgery - home care

While in the hospital, a social worker will meet with you to arrange home care after surgery. All equipment needed after surgery will be arranged before you leave the hospital. A physical therapist will discuss several issues with you, such as the width of your doorways, the height of the chair you should sit in, unsafe rugs on the floor, the best location for your bed, and any other areas as needed.

You can also select a home care company based on past preferences or recommendations. If you have a preference, please let the hospital discharge planner know the name of the agency, the telephone number and any contact name you may have at least two weeks prior to your surgery date. If you do not have a preference, we will offer you several options based on your location and insurance stipulations.

Pre operative checklists

HOME SAFETY CHECKLIST
- Remove rugs or uneven surfaces
- Check height of mattress
- Place common items close by
- Evaluate the need for temporary pet relocation
- Make clear pathways for your walker
- Count your stairs
- Plan easy meals in advance
- Place nonskid bath mat in your tub/shower

PACKING LIST

Medical items:
- CPAP or BIPAP machine (if applicable)
- Home medications in their original bottles excluding:
  - Anxiety or sleep medications: Lorazepam, Alprazolam, Ambien
  - Pain medications: Oxycodone, Hydrocodone, Morphine, Tramadol, Lyrica
  - Supplements or over-the-counter medications

Paperwork:
- Copy of Advanced Health Directive (if applicable)
- Driver’s license or photo ID
- Insurance card

Personal items:
- Loose-fitting clothes (e.g. nightshirt, shorts, sweats, etc.)
- Underwear, socks, nonskid slippers or tennis shoes
- Personal toiletries
- Eyeglasses, contact lenses with case/solution, hearing aid and batteries
- Phone charger

*Any electrical items must be preapproved by Plant Operations.

Do not bring:
- Valuables including jewelry or credit/debit card
Your hospital stay

**DAY OF ADMISSION**

Typically, your surgeon's office will ask you to arrive two hours prior to your scheduled surgery time. Enter through the main lobby doors and go to the registration desk at the main entrance. The person at registration will verify or obtain your admission information, and your family will be given a pager. At the appropriate time, your pager will sound and a nurse will take you to your room in pre-op. You will then be asked to complete any remaining paperwork, your vital signs will be checked and you will meet the anesthesiologist.

Your anesthesiologist will discuss the anesthesia options available to you and determine the best anesthesia technique for your unique medical history. An IV will be started and the anesthesiologist may give you some medication to help you relax.

Two family members may wait with you until it is time for your surgery. Once you are taken to the operating room, your pre-op nurse will instruct your family where to wait based on your surgeon's preference. When your surgery is completed, your surgeon or his representative will meet with your family.

Once your surgery is complete, you will be taken to the recovery room for approximately one to two hours. No visitors are allowed in the recovery area. Your family will be notified when you are discharged from the recovery area and sent to your hospital room.

**WHAT TO EXPECT AFTER YOUR KNEE REPLACEMENT SURGERY**

You will be taken to the inpatient orthopedic unit from the recovery room. All patient rooms are private. Your nurse will be monitoring your vital signs (pulse, temperature and respiration rates) frequently, and an automatic blood pressure cuff will check your blood pressure. You may be placed on a monitor to watch your heartbeat and oxygen levels.

**Pain control:** Tell your nurse if your pain is not controlled. You may be given your pain medication by IV or orally.

**Other medications:** You will receive several doses of intravenous antibiotics to prevent infection.

**Diet:** With your physician's approval, you may start taking clear liquids. You will be given a menu and instructions to order your meal tray through Dine on Demand.

**Bathroom activities:** A Foley catheter may be inserted into your bladder during surgery to keep your bladder drained of urine at all times. This will be removed at the discretion of your surgeon.

*Continued*
Breathing exercises: A nurse will remind you to deep breathe every 2 hours while you are awake. An incentive spirometer will be provided by the respiratory therapist to assist you in your breathing exercises. This will help keep your lungs expanded and help prevent pneumonia.

Special equipment: An IV line, usually placed on the back of your hand, wrist or forearm, will provide the fluids and medications your body needs during and after your surgery. A Hemovac tube may be used to drain excess fluid away from your surgical wound.

Personal care: The nursing staff or patient care technician will assist you with your personal hygiene.

POST-SURGERY – DAY ONE

Your pulse, temperature and respirations will be checked by your nurse or patient care technician.

Pain control: As your numbing medicine begins to wear off, tell your nurse when you begin to feel discomfort, as it takes about 30 minutes for your pain medication to start working. You must ask for your pain pills.

Diet: If you are able to tolerate liquids without nausea, you will gradually advance to a solid, general diet at lunchtime.

Bathroom activities: The Foley catheter may remain in place. You will be able to call for assistance to use the bedside or restroom commode.

Breathing exercises: You will be reminded to deep breathe with your incentive spirometer every two hours.

Special equipment: Your IV may continue through this day. If you have a Hemovac tube, it may stay in, or be removed depending on how much is drained.

Personal care: The nursing staff or patient care technician will assist you with your personal care.

Activity and movement: You will see a representative from physical therapy twice today. They will provide you with an instruction sheet for exercises. With the assistance of the physical therapy staff, you may dangle your legs from the bed, stand with a walker, and use the walker to move around your room. The goal is to have you up and walking. Do not get out of bed without assistance from the staff.

Discharge plans: Your social worker may visit with you today to discuss discharge needs, which may include discharge disposition (home healthcare, rehabilitation unit or skilled nursing unit) and discharge equipment (walker). Depending on your progress, you will most likely be discharged today (POD-1).
POST-SURGERY – DAY TWO
If needed for medical reasons, your pulse, temperature and respirations will continue to be checked by your nurse.

**Bathroom activities:** You will be able to call for assistance to use the restroom or bedside commode as needed.

**Pain control:** Please tell your nurse if you are not getting pain relief.

**Breathing exercises:** You will be reminded to deep breathe with your incentive spirometer every two hours.

**Personal care:** The nursing staff or patient care technician will assist you with your personal care.

**Activity and movement:** You will see a representative from physical therapy twice today for morning and afternoon physical therapy sessions. Flexion of the knee to 90 degrees is important.

**Discharge plans:** Your social worker will continue to monitor your needs as they apply to your discharge plans. Most other patients are discharged today, depending on their progress and previous medical history. If you are being discharged, your walking goal is 200-plus feet. You will receive final physical therapy discharge instructions on car transfers, stairs and home physical therapy. If you are going to rehab, your orders for therapy will be sent to your new therapist. The name and contact number for home health will be written on the bottom of your discharge paperwork given to you by your nurse at discharge. Please note: A home health aide is not a part of home care.

**Your family:** You may have visitors at any time and your family can assist you with your exercises.
Your discharge from the hospital

It is unlikely a patient will need more intensive physical therapy or more skilled nursing than can be provided in the home setting. Should your circumstances require more, we will refer you to a rehabilitation or skilled nursing facility and will discuss these requirements with you further during your stay in the hospital. Medicare or your insurance rules may determine what is available to you. In the last several years, Medicare has applied very specific and strict rules to which patients must adhere to qualify for rehabilitation. It is no longer guaranteed. In either case, your timely recovery is of the utmost importance.

INPATIENT REHABILITATION CRITERIA

The Centers for Medicare and Medicaid Services (CMS) states 60 percent of all patients admitted to inpatient rehabilitation facilities must meet at least one of the following criteria:

CMS top rehabilitation diagnoses
- Stroke
- Brain injury
- Deformity at birth
- Amputation
- Fracture of hip
- Spinal cord injury
- Major multiple trauma, for example motor vehicle accident
- Neurological disorders, for example multiple sclerosis, Parkinson’s disease or muscular dystrophy
- Burns
- Active rheumatoid arthritis
- Knee or hip replacement
  - Patient had both knees replaced at the same time, or both hips replaced at the same time
  - Patient is extremely obese with body mass index (BMI) of at least 50 at the time of admission
  - Patient is age 85 or older at the time of admission

Additional admission criteria
- Able to tolerate three hours of therapy or be able to progress to three hours within seven days
- Must require 24-hour nursing, supervision and physician care

Note: Living alone, or not having someone to care for you after surgery, is not criteria for admission to a rehabilitation facility.
At home

The anticipation is over. You have spent weeks waiting for the hospital, the surgery and the ability to walk with your new knee joint. Now it’s time to readjust. It will take your new knee six to eight weeks to heal, and you must learn to balance exercise periods with rest periods. It is very important to not overdo or push yourself beyond the limits of pain. **It is also very important to take your pain medication, especially if pain is preventing you from doing your exercises.**

You may need to call your physician’s office for a follow-up appointment approximately two to four weeks after your surgery.

**SHOWER**

It is safest to shower sitting down. If you have an Aquacel dressing, you may get it wet. If you have a gauze dressing, you need to keep it covered to shower. You will receive further dressing instructions upon discharge.

**CARE OF YOUR INCISION**

If you have staples that hold the incision together, they will remain in place for 10 to 14 days. To keep the wound clean, just let water run over it and pat it dry. It is not necessary to scrub the incision and no special soap is required. You may shower as long as there is no drainage from the wound and you have been taught how to transfer safely. If you have staples, your physician or home care nurse or therapist will remove the staples in 10 to 14 days from the date of your surgery.

**ANTICOAGULATION MEDICATION**

Anticoagulation medication slows the process of blood clotting and may be prescribed to you when you are discharged from the hospital to reduce to risk of blood clots. The length of this prescription will vary depending on each patient’s individual needs.

Anticoagulant medications are of critical importance if you have a history of a blood clot or clots, or if you were on an anticoagulant before your knee replacement surgery. If your physician or the physician’s team decides you need a prescription anticoagulant, your nurse will visit with you before you are discharged to tell you all about the medication and answer any questions you or your family may have.
Pain medication

This is one of the most important sections in this booklet. Knee replacement can result in considerable pain and discomfort for a period of time after surgery. It is our intention to provide you with as much relief from this pain as possible. Once home from the hospital, many of our patients find they only require Tylenol for mild pain control. A few patients may require a narcotic medication to alleviate pain. However, your physician will work with you to determine the best pain medication for you. You may also receive an anti-inflammatory medication. You should not receive pain medication from any other source.

During surgery, a numbing medicine that blocks nerve impulses in your body is injected into the tissue around your hip joint and will usually last 24 to 48 hours.

All the narcotic-based pain medications can cause constipation. Most people have a bowel movement two to three days after surgery. If you have not had a bowel movement, taking Milk of Magnesia and a Dulcolax suppository may be necessary.

A big concern is the use of narcotic pain medications in a safe and appropriate manner, because there is the potential for abuse resulting in drug dependency if used for extended periods of time. Dependency can happen to anyone. Your physician will closely monitor narcotic prescriptions coming from his or her office. If this applies to you, please help us by complying with the physician's office policy regarding narcotic prescriptions, as follows:

All non-prescription pain medication should be taken according to labeling instructions and your family physician's instructions.
Recognizing and preventing complications

As with any surgery, you run the risk of potential complications when you have your joint replaced. If you have further questions regarding potential complications of your surgery, please speak with your surgeon.

DEEP VEIN THROMBOSIS (DVT)
A deep vein thrombosis occurs when a blood clot forms in one or more of the deep veins in our body, usually in the legs. Symptoms of a DVT can occur in either leg and may include:
• Swelling in the calf, thigh or ankle that does not go down with elevation
• Pain or tenderness in the calf area
If you experience any signs of a DVT after your surgery, please notify your surgeon. When you are in the hospital, there will be measures taken to prevent blood clots. Some of them may include:

Foot pumps (AVI)/Sequential compression device (SCD)
These are devices that will be put on either of your feet or calf area, depending on what has been ordered by your surgeon. These devices help to prevent blood clots by gently compressing then relaxing in a sequential sequence, mimicking blood flow during ambulation.

Early ambulation
Ambulation is a critical part of DVT prevention. After you are discharged from the hospital, take a short walk (approximately 10 minutes) every hour you are awake.

Blood thinners
Your surgeon will prescribe a blood thinner after surgery, as well as when you are discharged from the hospital. The blood thinner is chosen based on your surgeon’s preference. Some common examples include:
• Lovenox®
• Aspirin
• Xarelto®

PULMONARY EMBOLISM
A pulmonary embolism is an obstruction of a blood vessel in the lungs, most commonly caused by a blood clot that has traveled from elsewhere in the body, most frequently the legs. Symptoms of a pulmonary embolism may include:
• Sudden chest pains
• Difficult or rapid breathing
• Shortness of breath
• Sweating
• Confusion
If you experience any signs of a pulmonary embolism, please call 911. Although very treatable, this is considered to be a medical emergency and needs to be treated quickly. The measures taken to prevent a pulmonary embolism are the same as that of a DVT. Please see DVT paragraph above for detailed information.
INFECTION
Signs and symptoms of infection may include:
• Fire-engine redness around the incision site
• Increasing pain
• Increasing swelling (normal swelling is often greatest four to five days after surgery)
• Drainage from the incision site
• Temperature (>101.5°)
If you experience any symptoms of an infection, please notify your surgeon.

There are a few things you can do to prevent an infection:
• Keep your incision clean. Do not let animal paws or children touch your incision.
• Always take antibiotics before going to the dentist or any invasive procedure. If in doubt, ask your surgeon.

PNEUMONIA
Pneumonia is inflammation in the lungs that is caused by a bacterial or viral infection. Symptoms of pneumonia may include cough and/or fever. If you experience any symptoms of pneumonia, please contact your surgeon. While you are in the hospital, you will be instructed on activities to help prevent pneumonia. It is recommended to continue these instructions after discharge.

Incentive spirometer (IS)
An incentive spirometer is a breathing exercise that helps you take long, deep breaths, opening up your lung bases and helping to prevent pneumonia. It is encouraged to continue using your IS approximately 10 times every two hours while awake for the first few weeks after surgery.

Early ambulation
After you are discharged from the hospital, it is recommended to walk approximately 10 minutes every hour while you are awake.
Physical therapy

We want you to feel comfortable in your home environment. Our therapy room is designed to help you practice activities that may seem challenging such as stair-climbing or showering in a bathtub/shower combination. The following pages provide you with graphic illustrations and directions on the appropriate use of walkers, canes and adaptive equipment, as well as the best way to get in and out of a car.

**THE WALKER: STANDING**

Slide your hips forward to the edge of the bed, chair, or toilet seat. Keep your operative leg (the leg on which surgery has been performed) outstretched and your good leg beneath you on the floor.

Place your hands beside you on the edge of the bed, chair, or toilet seat and push yourself up.

Shift your weight onto your good leg and move your hands to the handgrips of the walker. Bring your operative leg back even as you straighten your good leg.

Do not pull yourself up with the walker. The pulling motion may cause it to tip, and you may fall backwards.

Make sure you are steady and balanced before taking a step. Be sure to walk slowly.
Lift the walker and place it at a comfortable distance in front of you with all four of its legs on the floor. First move your operative leg toward the walker. Then step with your other leg, bringing it slightly ahead of the operative leg.

Do not take big steps that place you too close to the front of the walker. There should be space between you and the walker at all times. If you are too close, you may lose your balance. Hold your head up and look straight ahead. It is tempting to watch your feet, but more tiring, and you may run into something.
THE WALKER: SITTING

Slowly back up to the chair, bed or toilet until you feel it against the back of your legs.

Let go of the walker and reach back for the bed, chair arms or toilet seat while sliding your operative leg forward.

Slowly lower yourself onto the seat by leaning forward and keeping your operative leg outstretched in front of you. Go slowly so that you do not flop into the chair.

Slowly lower yourself to the seat and gradually walk both legs forward. Again, do not flop down.
THE WALKER: GOING UP THE STAIRS
While you are in the hospital, please notify your physical therapist if you have stairs at home.

Approach the stairs and place your feet about six inches from the first step.

Fold the walker and hold it in one hand. Place your other hand on the rail.

Lift the folded walker and set it to the back of the first step. Step up first with your good leg and then bring up your operative leg.

At the top of the stairs, unfold the walker and set it on the landing. Make sure you hear the walker click into locked position. Place both hands on the walker.

First, step up with your good leg and then bring up your operative leg.
THE WALKER: GOING DOWN THE STAIRS

Approach the stairs and place your feet about six inches from the top step.

Fold the walker and hold it in one hand. Place your other hand on the rail.

Set the folded walker down on the front edge of the top step.

First step down with your operative leg and then bring your good leg down.

At the bottom of the stairs, unfold the walker and set it on the landing. Make sure you hear the walker click into the locked position.

Place both hands on the walker. First step down with your operative leg and then with your good leg. Proceed with your walk.
THE CANE: WALKING
The cane is a load-sharing device and goes in the hand opposite the operative joint. This allows you to lean (load share) on the cane when stepping forward to balance weight on the operative joint.

Cane length should be adjusted so that when you are standing, the handle of the cane is at the level of your hip. Hold the cane on the side of your good leg (unless directed otherwise by your physical therapist).

First step down with your operative leg and then bring your good leg down. Next, step forward with your good leg, bringing it ahead of the operative leg and cane.

THE CANE: GOING UP THE STAIRS
Grasp the handrail with your free hand. Begin by raising your good leg up to the first step.

Then bring your operative leg and cane together up to the same step, keeping your leg and cane in parallel alignment.
THE SHOWER BENCH FOR BATHTUB TRANSFERS
While you are in the hospital, please notify your physical therapist if you will be using a tub/shower combination at home.

Place the shower bench firmly in the tub. Stand with your back toward the bathtub. Be sure to have someone with you to hold the bench steady.

Lower yourself slowly onto the bath bench. Do not flop down. You may be advised to support your operative leg with your good leg. If so, place your good leg under your operative leg.

Slide back and make sure you are in a safe sitting position. Swing your legs into the tub.

Reverse the process to get out of the tub. Put your ankles close together (do not cross), swing your legs out and place your feet flat on the floor before you stand. Again, have someone assist you.
Helpful hints

BATHING/SHOWERING
- If possible, have someone help you the first time you get into the tub. Make sure someone is in the house in case you need assistance.
- If you need a shower stool, make sure it is placed firmly in the tub.
- Put nonskid strips or pads in your bathtub for safety.
- Have a secure place to put your soap to avoid dropping it. Try soap-on-a-rope, a deep soap dish, or an octopus soap holder.
- Use a long-handled sponge or bath brush if you cannot reach your lower legs and feet.
- Try a portable shower hose so you can sit while you shower.
- Turn on cold water first to avoid burning yourself.

Safe vehicle transfers

GETTING INTO THE CAR
It is important to know how to get into the car in a safe manner. It is preferable for you to ride in a mid-size or larger-size car with regular bench seats rather than bucket seats. On a long trip, you may need to make a rest stop approximately every 90 minutes. When you stop, get out and shift your weight from one leg to the other or walk around.

• On the passenger side, make sure the seat is as far back as possible.
• Stand with your back toward the car. Sit and scoot back.
• Swing your legs into the car. If you have extra-long legs, be sure to scoot back as far as you can. You may also want to recline the seat so you will have as much room as possible to swing your legs in.
GOING HOME FROM THE HOSPITAL
If you choose to sit in the back seat of the car on your trip home from the hospital:

Getting in the car
• Back yourself up to the seat. Use your hands and good leg to sit down on the car seat.
• Using your hands and good leg, slide yourself across the seat. Your operative leg should be against the car seat.

Exiting the car
• Open the door that your feet are closest to.
• Use your hands and good leg and slide toward the door.
• Push up to stand using the back of the seat and the walker or crutches.
  Once standing, reach for your walker.

You may want to bring a pillow or two to place between your back and the car.

Knee exercise rehabilitation

The following exercises are to be performed four to five times daily, 10 to 15 times each. They are designed to allow mild strengthening, gentle motion and maintenance of adequate circulation. It is very important to only use the exercises in your physician’s protocol. If additional exercises or changes to these prescribed exercises are suggested or introduced, please call your physician’s office before undertaking any new exercise regimen.

ANKLE PUMPS
Lie on your back. Point feet and toes toward you and then away from you, bending at the ankle.

CALF STRETCHING
Sit in a chair or on the edge of the bed. Place a towel or strap around the foot of your operative leg. Use the towel or strap to help you pull the top of your foot toward your body so that you feel a stretch behind your knee and/or calf. Hold five to 10 seconds.
**SEATED HAMSTRING STRETCHING**
Sit with operative leg propped as shown. Relax, letting the leg straighten. Lean forward, keeping the back of the knee as straight as you can. Hold this position for 15 to 30 seconds. You will feel a pulling sensation at the back of your knee. Repeat five to seven times.

**SUPINE HAMSTRING STRETCHING**
Lie on your back. With your operative leg straight, let your ankle lie on a towel roll. You will feel a stretch behind your knee. This exercise can be done separately throughout the day. It will require a gentle stretch for five to 10 minutes to be effective.

**QUAD SETS WITH A TOWEL ROLL UNDER THE ANKLE**
Sit or lie on your back with operative leg straight and with a roll of towels under the ankle. Press the back of the operative knee downward. This will tighten the muscle on the top of your thigh. Hold five to 10 seconds. You should be able to see your skin gather along the incision.

**STRAIGHT LEG RAISES**
In the sitting position or hip flexed position (to protect your back), pull toes up, tighten your thigh muscle and lift your operative leg off the bed 4 to 6 inches with the knee straight. Bending your good knee will also protect your back.
SHORT ARC QUADS
Lie on your back with a 6- to 8-inch towel roll placed under your thigh on your operative leg. Lift your heel up and straighten the knee. Hold two to five seconds.

LONG ARC QUADS
Sit on the edge of a chair or the bed. Place a small pillow or towel roll under the knee of your operative leg. Bend and straighten your knee as fully as you can.

HEEL SLIDES / SHEET PULL
Lie on your back. Place a sheet or gait belt around your operative foot. Slide your heel toward your buttocks. While bending your knee, use the belt/sheet to assist in flexing your leg. Keep your knee pointed toward the ceiling. Hold the bend position for five to 10 seconds, and then slide your heel back to its original position.
LARRICK’S EXERCISE

Extension: Place a small pillow or towel roll under your operative leg. Support your operative leg with your good leg by placing your foot under the heel. Attempt to straighten your operative leg while using your good leg to assist as necessary.

Flexion: Place a small pillow or towel roll under your operative leg. Cross your good leg over your operative leg at the ankle. Attempt to bend your operative knee while your good leg applies gentle pressure on top – thereby increasing the bend of the knee. A chair is a good place to try this exercise.

GRAVITY-ASSISTED KNEE FLEXION

Lie on your back and use your hands to hold your operative leg as shown. Bend your knee as far as you can, allowing a very gentle stretch or pulling sensation to your knee. Hold for five to 10 seconds.
Total/partial knee replacement precautions for the hospital and home

**SITTING PRECAUTIONS**
Sit only in a firm upright chair with arms. It is important that your knee remains comfortable and swelling is kept to a minimum. Prolonged sitting may cause increased swelling and stiffness, which may lead to blood clot formation. If your chair is too low you can build up the seat height by placing a folded quilt or bedspread (but not pillows that flatten out) in the chair.

**BATHROOM GUIDELINES**
Do not get down into a bathtub. Please refer to Page 23 for bathtub guidelines.

**WALKING GUIDELINES**
Do not walk without proper support. Use the equipment you were instructed to use at the time of your discharge from the hospital. Walk around the house several times daily. If you would like to walk outside, your home physical therapist needs to walk with you the first time. Frequent, short walks are preferred. Do not take trips until you have been seen by your doctor.

**REST PERIODS**
Rest in bed or laying on a sofa, not in a chair. Rest periods must be taken to control swelling.

**SWELLING**
Swelling is common following knee replacement and is often greatest four to five days after surgery. Some people experience swelling while still in the hospital. Others may notice it once they are home and become more active. Still others may never have swelling. Areas most likely to become swollen are the foot, ankle, knee and, at times, the thigh. **To counter swelling:**
- Elevate your feet higher than heart level while you are lying down.
- Prop your legs on two to three pillows and keep your knees straight. Remember, “toes should be higher than the nose.”
- Do this during your rest periods for 45 minutes to one hour, two to three times per day. If swelling does not decrease after sleeping all night and elevating your legs during your daytime rest periods, contact your surgeon’s office. However, be sure to try the recommended measures before notifying them.

*Continued*
EXERCISE
Do your exercises three to four times a day as instructed in the hospital. Do not vary from the exercise program in any way before checking with your physician. If your physical therapist wishes to make any changes to your activity or home guidelines, clearance must first be obtained by your surgeon. Do not use any weights.

STAIR-CLIMBING
While we have included instructions for negotiating stairs within this booklet, stair-climbing should be avoided until after your first postoperative visit. However, if necessary, during the initial weeks at home after your surgery, limit the use of stairs to one round trip per day. After your first postoperative visit, stair-climbing may be allowed in moderation.

DRIVING
You may be allowed to drive an automatic car, not a standard shift, four to eight weeks after your release from the hospital. Clearance for driving must be obtained from your physician’s office after your first postoperative visit. Before driving, you must be in complete control of your operative leg and not be taking any narcotic medications. This is a matter of state law.

SEXUAL RELATIONS
Following knee replacement surgery, you will need to wait several weeks before returning to sexual activity (usually after your first postoperative visit).

SPORTS PARTICIPATION
Do not participate in any sports until released by your surgeon.
Infection prevention

Following knee replacement, antibiotics are recommended prior to certain procedures. Please call your surgeon’s office for guidelines regarding medications.

RECOMMENDED ANTIBIOTIC GUIDELINES:
• Infected ingrown toenail
• Gallbladder surgery
• Vaginal hysterectomy
• Tonsillectomy and/or adenoidectomy
• Bronchoscopy with a rigid bronchoscope
• Urethral catheterization if urinary tract infection is present
• Vaginal delivery if infected
• Sclerotherapy for esophageal varices
• Esophageal dilation
• Cystoscopy
• Dental procedures known to induce gingival or mucosal bleeding, including professional cleaning
• Surgical operations that involve intestinal or respiratory mucosa
• Urinary tract surgery if urinary tract is infected
• Incision and drainage of infected tissue

ANTIBIOTICS ARE NOT RECOMMENDED FOR:
• Tympanostomy tube insertion
• Cardiac catheterization
• Infection of local intraoral anesthetic (except intraligamentary injections)
• Endoscopy with or without gastrointestinal biopsy
• Skin biopsy/removal of lesions
• Cataract surgery
• Endotracheal intubation

PREVENTION OF INFECTION AND DENTAL CARE
Any infection in another part of your body (lungs, kidneys, mouth, skin, etc.) could possibly spread to your new joint through the blood stream. Contact your family doctor for general medical problems, such as these types of infections, and tell the doctor you have a knee replacement. You may need to take antibiotics to prevent the infection from spreading to your joint replacement. If you schedule any type of surgery, tell your surgeon you have an implant. They may want to start you on antibiotics before surgery. You will always need to take an antibiotic before dental cleanings. Call your dentist or your physician’s office for a prescription. Dental care on a regular basis every six months, including X-rays, is important to prevent infection originating in your teeth. Do not neglect this important aspect of healthcare.

If you have any questions about pending procedures, please call your physician’s office.
Frequently asked questions

WHEN WILL I HAVE MY FIRST POSTOPERATIVE VISIT?
Your first postoperative visit should be scheduled two to four weeks after your surgery. If not previously scheduled, please contact your surgeon’s office. This first visit is very important because this is the time your physician will assess your progress and make changes that will allow you to be more active and independent. Your first visit will include an assessment, X-rays, and possibly, a revised exercise and activity program.

WHAT ABOUT LONG-TERM MAINTENANCE?
• Some surgeons recommend avoiding high-impact activities like jogging, running, tennis and volleyball. Please refer to your surgeon for questions.
• Participate in low-impact activities, such as golf, swimming, walking, cycling, bowling, dancing or yoga. If there is an instructor, be sure to let them know about your new knee joint.
• Be proactive in working to prevent infection in your new knee. Consult with your dentist or surgeon in advance of any procedure.
• Yearly X-rays and doctor visits are vital in the long-term maintenance of your new joint. If you are moving out of town, we would like to make sure that you use the services of another orthopedic surgeon in your new community.

WILL I SET OFF THE ALARM AT THE AIRPORT?
Sometimes the implant may cause the metal detector alarm to sound at the airport. Due to security reasons, implant companies no longer provide joint replacement identification cards.

Notes

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