



UNM

Sandoval Regional  
Medical Center, Inc.

*The Service of a Community Hospital with the Expertise of the University of New Mexico*

# YOUR JOINT JOURNEY

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## Exploring the Process of Joint Replacement



## Total Knee Replacement Patient Guide

**Quality Service • Compassionate Care**

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# Welcome to UNM Sandoval Regional Medical Center

Dear Patient, Family and Caregivers:

Thank you for choosing us for your joint surgery. We are excited to work with you and look forward to being your partners during this time. We want to be part of helping you have a quick recovery and a lifetime of good health.

As a partner in this journey, our team is committed to giving you the highest quality of care and support before, during and after your surgery. This book will guide you through the process of getting your new knee at UNM SRMC. It covers what you need to know about the surgery, your hospital stay, recovery and getting back to your daily routines.

This guide describes the process *most* patients go through. But every patient is special. Your experience may be a little different. If you ever feel that something in this booklet disagrees with what you hear from your joint team, please ask about it. We encourage you to take an active role in your treatment. Please ask us any questions you have.

Once again, welcome to UNM SRMC. Thank you for trusting us with your care!

In Good Health,

*Your Joint Care Team*



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# **What is a Total Knee Replacement?**

# Understanding Your Knee Surgery

During total knee replacement surgery, your damaged knee joint is replaced with an artificial joint (called a prosthesis). This surgery almost always reduces joint pain and improves your quality of life.

## Before Your Surgery

You will most likely arrive at the hospital on the morning of the surgery. Be sure to follow all of your doctor's instructions to get ready for surgery.

You should stop eating or drinking 10 hours before surgery.

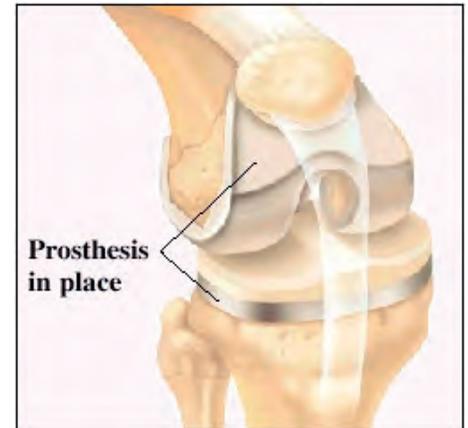
If you take a daily medicine, ask if you should still take it the morning of surgery.

At the hospital, your temperature, pulse, breathing and blood pressure will be checked

An IV (intravenous) line may be started to give you fluids and medicines needed during surgery.

## During the Surgery

When the surgical team is ready, we take you to the operating room. There you get anesthesia. The anesthesia either helps you sleep through surgery or makes you numb from the waist down. Then the surgeon makes a cut on the front or side of your knee. The surgeon cleans away any damaged bone, then puts the new joint in place. The surgeon closes the cut with surgical staples or stitches.



The parts of the prosthesis are secured to the bones of the knee. Together, they form the new joint.

# Understanding Your Knee Surgery

## After Your Surgery

After surgery, we take you to the **PACU** (post-anesthesia care unit). When you are fully awake, you'll be moved to your room. The nurses will give you medicines to ease your pain. You may have a **catheter** (small tube) in your bladder.

An **SCM** (sequential compression machine) may be used to prevent blood clots by gently squeezing then releasing your leg. Soon, we'll help you get up and moving.

## When to Call Your Doctor

Once at home, call your doctor if you have any of these problems:

- Knee pain gets worse
- Pain or swelling in a calf or leg
- Unusual redness, heat, or oozing from your operated knee
- Fever of 101.0 °F or higher

**If you have chest pain or trouble breathing, call 911.**

# **Getting Your Medical Visits and Paperwork Done**

# Get “Pre-Op” Clearance

There are many things you need to do before we can set up your surgery. First, you need to get your other doctors to agree that you are healthy enough to have surgery.

“Pre-op” is short for “pre-operative.” It means “before surgery.” Pre-op clearance comes from your doctor, dentist and other health care providers who know you. It means you are ready for surgery.

## How do I get pre-op clearance?

- See your primary care doctor.** This is to make sure you are healthy for the surgery. Your doctor may do some or all of these:
  - Physical examination
  - Blood work
  - Echocardiogram (EKG)
  - Transthoracic echocardiogram (TTE)
  - Chest X-ray
  - Urine analysis
  
- You may need to **see a heart doctor** if your primary care doctor thinks you should. If so, you will need to ask the heart doctor for a letter saying that you may have the surgery.
  
- See your dentist** for a check-up. You may need to have any dental problems fixed before surgery. This helps protect you from infection after surgery.

# Go to “Pre-Op” Visits

You will have 2 pre-op appointments.

1. Appointment with your surgeon (in your surgeon’s office)
2. Pre-Anesthesia Clinic appointment

Your surgeon’s staff will set up the visits. You can do them both on the same day, or stretch them over more than one day.

## What should I bring to my surgeon’s office?

- Bring a copy of all your medicines and dosages. Include over-the-counter medicines and herbal remedies.
- Make a list of all your allergies and reactions. Put this with your medicine list.

## What happens at my surgeon’s office?

Your surgeon will:

- Do a mini physical exam.
- Go over the risks of surgery with you.
- Order more lab tests if needed.
- Answer questions about the surgery.
- Have you sign your consent for the surgery.
- Have a nurse go over your surgery instructions with you.

## Ask your surgeon:

- When to stop eating and drinking before surgery.
- If you should take your daily medicines on the morning of surgery. **This is very important if you take a blood thinner or blood pressure medicine.**

## What happens at the Pre-Anesthesia Clinic?

Your surgeon’s staff will set up your visit to the Pre-Anesthesia Clinic.

During your visit, you will:

- See a member of the staff. They will ask you questions about your medical and health history.
- Learn about the risks of getting anesthesia for your surgery.

# Take a Total Joint Class

Before your surgery, you will take a class to learn what to expect from the surgery and from us. It will also explain what we expect from you. It's called your Total Joint Class.

Your surgeon's staff will schedule you for a joint class. The class lasts about an hour and a half (1 1/2 hours). It's a good idea to bring your spouse, partner or caregiver with you.

## What happens at the Total Joint Class?

- The teacher will tell you what to expect during and after your surgery.
- The teacher will answer your questions and concerns.
- You will meet with a physical and/or occupational therapist. They will show you exercises to do before and after your surgery.
- You will visit the Medical-Surgical Inpatient unit and other parts of the hospital. This will help you feel more at home during your stay.



## Our Total Joint Coordinator is Here for You!

If you have any questions or concerns at any point in your joint replacement journey, please contact the UNM SRMC **Total Joint Coordinator** at (505) 280-6819.

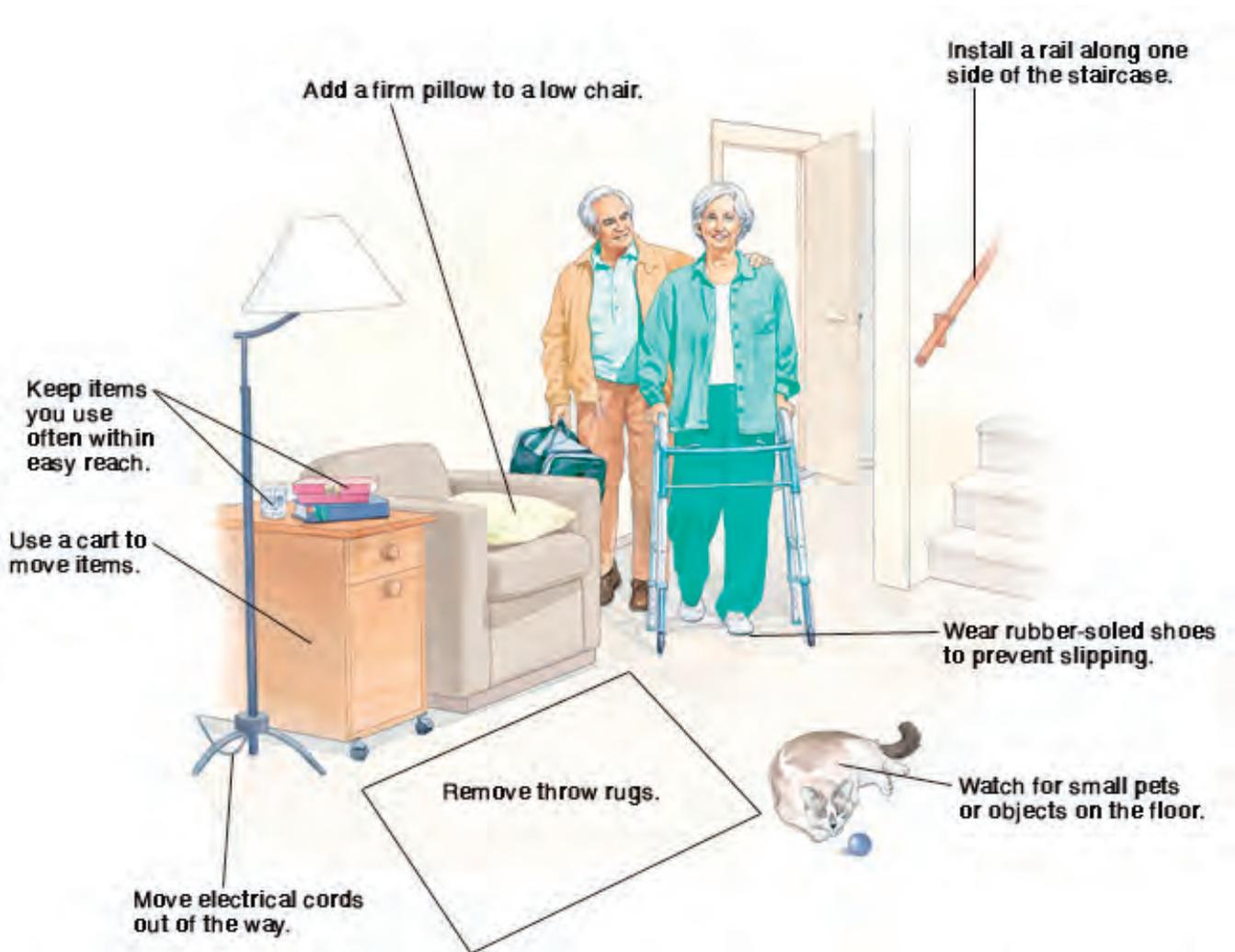
## How Surgery Gets Scheduled

Your surgeon's staff will schedule your surgery after you:

- Have all of your pre-op clearances (from your primary care doctor, dentist and heart doctor, if needed).
- Have taken the Total Joint Class.

# Getting Your Home Ready

# What to Do at Home Before Your Surgery



## Are my floors safe?

- Repair any holes in the floor, loose boards or ragged carpets.
- Remove small throw rugs and other loose objects that could make you trip and fall.
- Tape down electrical cords.
- Make an area for pets to stay where they won't trip you or make you fall.

## Can I get around with my walker?

- Move furniture to keep path clear.
- Check doorways in your home. Make sure they are 21 inches wide or wider. Move things you need to rooms you can reach with a walker.

## Will I be able to get into and out of bed?

- If your bedroom is not on the first floor, move it to the ground level. Or set things up so that you only have to go up or down stairs once a day.
- You may need to raise or lower your bed. Find out: Practice getting out of bed using one leg. Can I reach what I need without bending or climbing?

## How will I get the things I need?

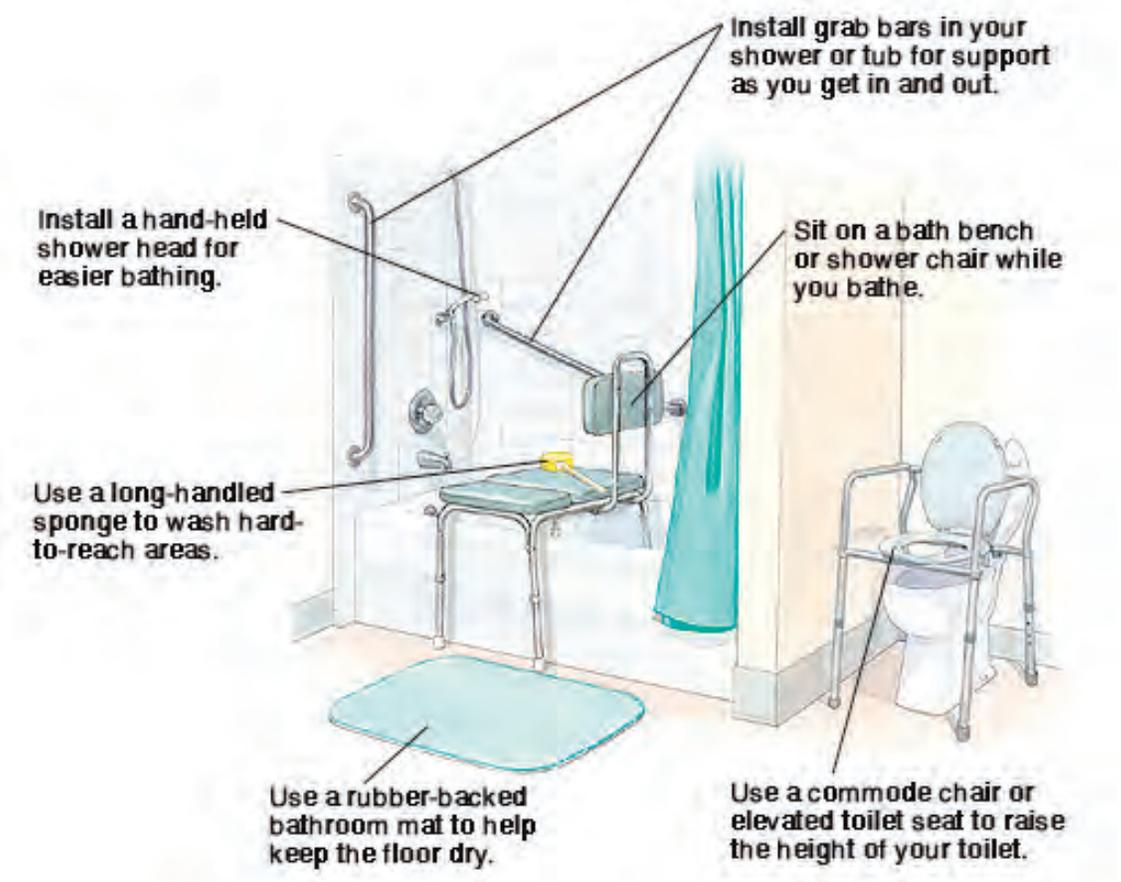
- Place food on shelves and in the fridge where you can reach it.
- Put cooking and eating utensils where you can get them without bending down.
- A “reacher” can come in handy when you need to grasp objects that are too far above or below you. It can also be used to pick things up from the floor.



## Will I be able to shower and use the toilet?

- Get a transfer bench with rubber tips or suction cups. Put it next to the bathtub or shower.
- In the joint class, ask your physical therapist what kind of seat to use for showering. Get one now. If your insurance won't pay for a shower seat, you can buy one at a thrift store or a Wal-Mart. You may also be able to get one from **Back in Use** on the internet. Ask your physical therapist during the joint class.
- A hand-held shower head can help with safe showering.
- You may need to put in a grab bar on the shower or tub wall to help you get in and out.
- You may want to install a grab bar next to the toilet, too.





**Install a hand-held shower head for easier bathing.**

**Install grab bars in your shower or tub for support as you get in and out.**

**Sit on a bath bench or shower chair while you bathe.**

**Use a long-handled sponge to wash hard-to-reach areas.**

**Use a rubber-backed bathroom mat to help keep the floor dry.**

**Use a commode chair or elevated toilet seat to raise the height of your toilet.**

# Getting Yourself Ready

# Learn How to Move to Protect Your New Knee

## Learn “Knee Precautions”

Knee precautions are ways of standing, sitting and moving that will help protect your new knee. Learn them and start practicing them **before** your surgery:

### **DO:**

- ✓ Raise your operated leg often for the first few weeks after surgery.
- ✓ Bend your knee as much as you can.
- ✓ Get down on your knees if it feels OK.
- ✓ Do your exercises.
- ✓ Do daily tasks by yourself as much as you can.
- ✓ Walk, golf, swim, ride a bike.
- ✓ Sex is safe to return to once your body is well again. Just make sure your knee is comfortable. And don't put any stress on the joint.

### **DON'T:**

- ✗ Don't put a pillow or towel roll under your knee when lying on your back.
- ✗ Don't sit in chairs without arms.
- ✗ Don't go up and down stairs more than you need to.
- ✗ Don't start activities such as running and jumping before you check with your surgeon.

## Practice Home Safety

**Using the Knee Precautions above, practice:**

- Sitting down and getting up from a chair.
- Lying down in bed and getting up from your bed.
- Getting dressed.
- Getting onto and off of your toilet.
- Getting into and out of your shower.

**Tip:** See pages 37-40 for a step-by-step guide to these and other tasks.

# Make Plans for Getting Home and Being Home

## What will I need after my surgery?

- Who's going to take you to and from the hospital and appointments? Try to arrange for a back-up driver in case of car trouble.
- What kind of car will you be riding in? Can you get in and out without climbing or twisting?

- Will your bedroom be ready for you when you go home?
- Did you forget about any falling or tripping hazards in your house? Steps, rugs, furniture, cords?
- Did you stock up on canned and frozen food at home?
- Who will help with your pets?

## Arrange for the Help You Will Need After Surgery

After you leave the hospital with your new knee, you will need help with daily chores and recovery. Talk to your doctor. Ask your health insurance if they will cover these kinds of care.

### Home Health Care

You may be able to get home health care 2-3 times per week. Each visit lasts 30-45 minutes.

Check with your health insurance to see if this is covered and if there's a co-pay.

Most insurance plans **don't** pay for someone to stay with you in your home. Check with your insurance plan to be sure.

### Skilled Nursing Facility (SNF)

In most cases, your insurance will pay for a SNF. Ask them to be sure. Not all SNFs are nursing homes. Some only do rehab therapy.

- You must have a need for either physical or occupational therapy.
- You don't have to do 3 hours a day of therapy. You will likely only do 1-2 hours a day.

### Acute Rehabilitation

If you qualify, your insurance may pay for an acute rehabilitation facility. Ask them how you can qualify. In general, you need the following:

- Your medical problem and surgery must meet certain conditions.
- You must show progress with therapy.
- You must be able to do 3 hours a day of therapy (in 1 to 1½ hour blocks).
- You must have a medical condition that needs to be watched by a doctor.

**Find out what your doctor and therapist recommend, and what your insurance will pay for.**

# How to Clean Your Skin Before Surgery

Cleaning your skin *before* your surgery can reduce your risk of an infection *after* surgery.

You will get 3 packets of special soap to clean your skin. →

This soap is called chlorhexidine. The brand name is Hibiclens®.

Use 1 packet each night for **3 nights** before your surgery.



## Your Washing Schedule

**1 week before your surgery** \_\_\_\_\_ (date)

-  **Stop shaving surgery area.**  
Do not shave or use any hair removers (like “Nair” or waxing) on the area.

**3 nights before your surgery** \_\_\_\_\_ (date)

-  **Stop shaving any area** of the body, including the legs and underarms.  
Men can still shave their face.
- Put clean sheets on your bed.** Use these sheets for all 3 nights.
- Evening shower** - First, take a normal shower to clean your skin and your hair.  
Then follow the washing instructions on the next page.
- Wear clean pajamas to bed.** Wear these pajamas for all 3 nights.

**2 nights before your surgery** \_\_\_\_\_ (date)

- Evening shower** - First, take a normal shower to clean your skin and your hair.  
Then follow the washing instructions on the next page.

**1 night before your surgery** \_\_\_\_\_ (date)

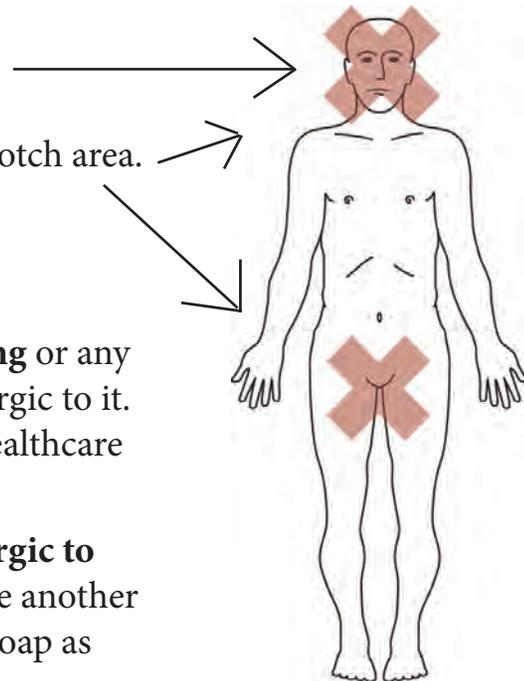
- Evening shower** - First, take a normal shower to clean your skin and your hair.  
Then follow the washing instructions on the next page.

**On the day of your surgery** \_\_\_\_\_ (date)

- Put on clean clothes and go to the hospital for your surgery.

## Be Careful **Not** to do These Things

- ❌ **Do not** use this special soap on your face, head or hair.
- ❌ **Do not** let it get into your eyes, ears, nose, mouth or crotch area.  
Do not use on broken skin or open wounds.  
If the soap touches these areas, rinse it with water for at least 1 minute.
- ! **Stop using the soap if you have a rash, redness, itching** or any other problem with the chlorhexidine. You may be allergic to it. Rinse with water for at least 1 minute. And call your healthcare provider.
- ❌ **Do not** use these packets if you **know** that you are **allergic to chlorhexidine**. Please tell your healthcare provider. Use another kind of antibacterial soap, such as Dial. Use the other soap as you normally would. Rinse it off your skin each time.



## Steps for Using Special Soap

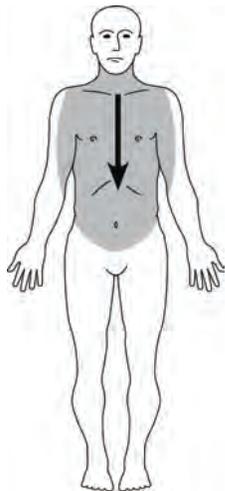
- ✓ Turn shower water off.
- ✓ Open and pour one package of Hibiclens© on a clean dry washcloth.
- ✓ Clean your whole body with the washcloth and special soap in the order on the next page.
- ✓ **Let each area air dry for 1 minute for wash to work.**
- ✓ **Clean each area in a back and forth motion.**



*Follow Steps 1-7 on the next page.*

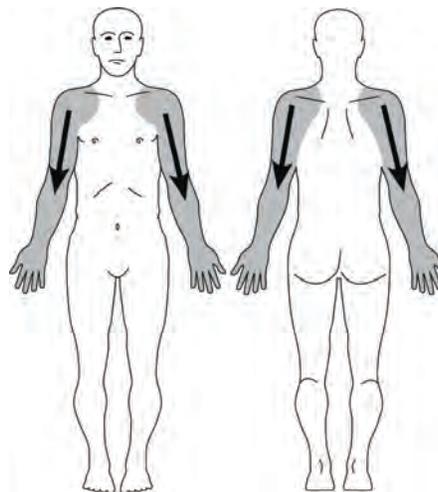
**1.**

Wipe your neck, chest and stomach.



**2.**

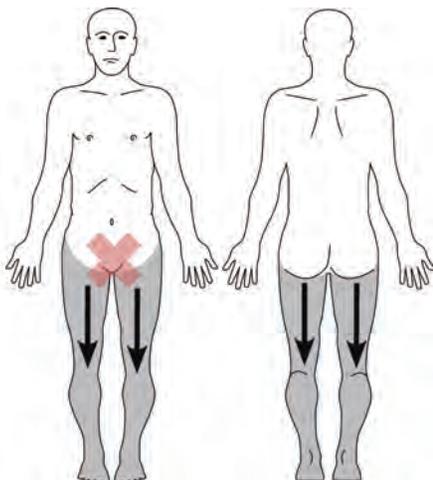
Wipe both of your arms. Start at your shoulders and work your way to your hands and fingertips. Don't forget to clean your armpits.



**3.**

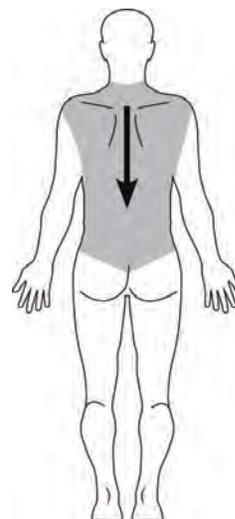
Wipe both of your legs. Do 1 leg at a time. Start at your upper leg near your crotch.

Work your way to your feet and toes. Don't forget to clean behind your knees.



**4.**

Wipe your back. Start at your neck and work your way down to your waist. You may need help to do this step.

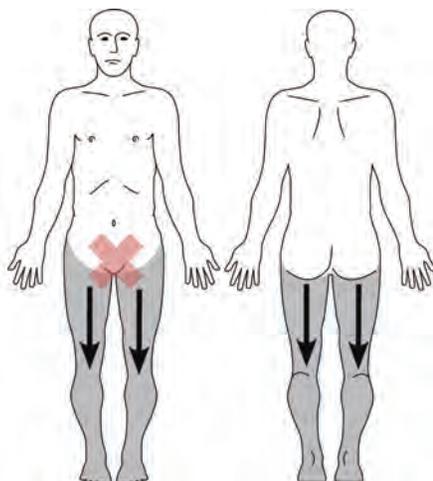


**5.**

Wipe your right and left hips. Avoid your crotch area.

**6.**

Wipe the outside of your buttocks. Do not use like toilet paper.



**7.**

Wait 1 minute to make sure all soap is dry. Then rinse off the soap in the shower.

Do not scrub.



**Do not use any lotions or make up after you wash your skin.**



# **The Day Before Surgery**

# Surgery Scheduling Will Call You

- The business day\* before your surgery, you will receive a call from Surgery Scheduling. They will tell you what time your surgery is, and what time to be at the hospital.
- If you have not received your call by 4 p.m., you may call us at (505) 994-7550.

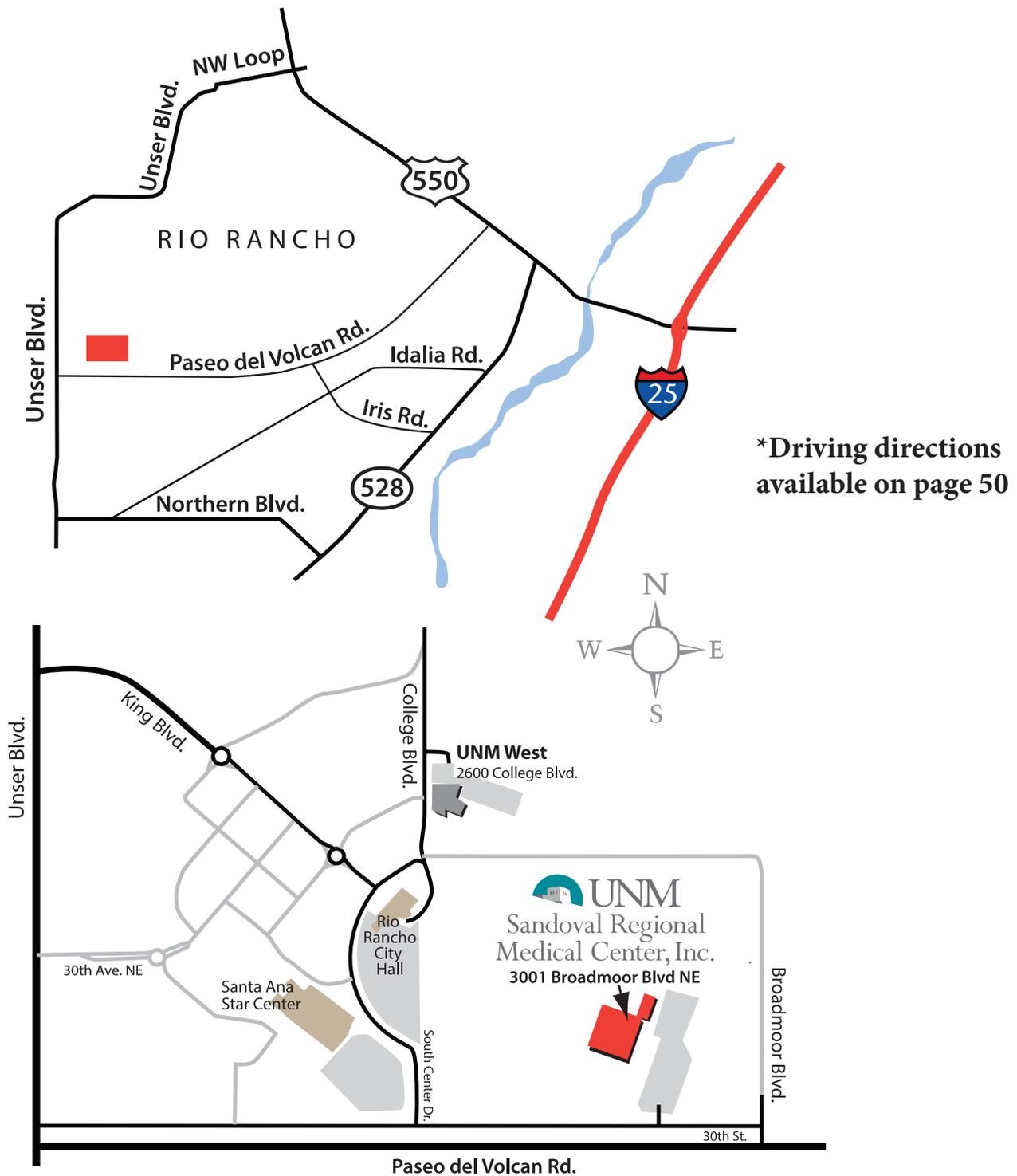
**\*If your surgery is on a Monday, you will receive your call the Friday before.** Please don't call over the weekend.

# **On the Day of Your Surgery**

# Eating, Drinking and Medicines Before Surgery

- Don't eat or drink anything starting at **midnight** before your surgery.
- Follow your surgeon's orders about whether or not to take your medicines.

## Map for Getting to the Hospital



# What to Bring to the Hospital

- ✓ A light weight, short robe that ties or buttons up the front.
- ✓ House shoes with soles that won't slide. Avoid slip-ons. They can make you trip.
- ✓ Comfortable socks.
- ✓ Comfortable, elastic-waist clothes, shorts or sweat pants, and loose-fitting shirts.
- ✓ If you have a front-wheeled walker at home, please bring it in. Our physical therapists will make sure that it is still in good condition and right for your use. If not, we will give you a new walker.
- ✓ Personal items such as soap, shampoo, comb/brush, razor, makeup, glasses, dentures, hearing aids, etc.
- ✓ This book.

Your things will be left with your family in the waiting room while you are in surgery. They will be taken to your room when you are ready.

## What Not to Bring to the Hospital

- ✗ Don't bring jewelry, radios, DVD or CD players, cell phones, iPods, etc.

# What to do When You Arrive for Surgery

From the main lobby on the 1st floor of UNM Sandoval Regional Medical Center, take the elevator to the 2nd floor. The Surgical Services check-in will be to your right when you exit the elevator on the 2nd floor. Please check-in and wait until your surgical team is ready.

## After You Check Into Surgery

You will be taken to the pre-op holding area when they are ready. They will give you a gown to put on. They will start an IV in a vein. One family member may go with you at this time.

Next, you will meet the doctor who will give you the anesthetic. Then your surgeon will come see you. The surgeon will answer any last-minute questions you have and prepare you for surgery.

# Right After Your Surgery

- Your surgeon will go to the waiting room to talk with your family about the surgery.
- You will recover from surgery in a special area, called the PACU (postanesthesia care unit).
- After you wake up, you will be moved to your room in the Medical-Surgical Inpatient Unit on either the 4th or 5th floor. But you may stay in recovery for a while first. You may need to wait for a bed to become open.



## When You Get to Your Room

- When you get to your room, your nurse and patient care tech will help you get settled. Here's what to expect:
- There will be a tube in your bladder, which was put in during surgery. We will take it out the day after surgery.
- You may be on oxygen right after surgery. We will work with you on deep breathing and making sure you don't have trouble breathing normally.
- There will be a special tool in your room to help you fill your lungs and get more oxygen. This tool is called an IS, or Incentive Spirometer (pictured right). You will learn how to use it once every hour while awake. This helps avoid lung problems and fevers after surgery.
- You will get antibiotics to help stop infection.



# **In the Days After Your Surgery**

# Equipment to Help You Heal

## Compression Devices

- You will wear “leg squeezers” (pictured below). They help prevent blood clots. Be sure to keep them on **at all times** while in bed.



- You may also have special stockings on your legs after surgery. These are called TED stockings (pictured below). They fit snugly and help prevent blood clots from starting in your legs after surgery.



**Important:** Keep your TED stockings on all the time, **in and out of bed**, even after you go home. At your first follow up appointment, your doctor will tell you how long you need to keep wearing them.

## Cryocuff for Total Knee Replacements

- The cryocuff combines cold and compression to reduce pain and swelling.
- The cryocuff delivers cold and compression to your operated knee continuously.



- The cryocuff will be going home with you. The nursing staff will teach you and your family how to use it.

# Handling Pain

- Remember, you've just had a big surgery. You will have some pain. We can't take away all your pain, but we will help you manage it the best you can.
- It is important to take the pain medicine just like your doctor says to. You need it so you can work with physical and/or occupational therapy.
- Pain medicine can make it hard for you to pass stool (poop). You may need a strong bowel treatment or stool softeners while on pain medicine. Tell your nurse if you can't pass stool.

# Preventing Blood Clots

After any joint replacement, you need to take medicine to reduce the risk of blood clots. These medicines are called anticoagulants. Some brands we use are Lovenox, Arixtra and Rivaroxaban.

- You will be on this medicine for up to 30 days after surgery.
- You may get this medicine as a shot or in a pill. Your surgeon and your insurance company will decide which one you get.
- We will teach you and a family member why this medicine is important. If we are sending you home with the shot, we will teach you and a family member how to give it.

**Important:** Use a new needle and syringe each time you give yourself a shot.

# Managing Blood Loss

You can lose a lot of blood during surgery. After your surgery, we will check your blood to make sure you have enough red blood cells.

- Lab techs will come and draw blood every morning. It's important that you let them draw your blood.
- If your levels are low, you may feel weak, tired, light-headed or faint. If that happens, we may have to give you a blood transfusion.

# Changing Your Bandages or Dressing

- Your surgeon will tell us when to change the dressing on your knee. Your dressing will be changed at least once before you go home, maybe more.
- Staples or stitches will be removed at your follow-up appointment.

## Starting to Eat and Drink Again

- After surgery you may feel sick to your stomach. Please let your nurse or tech know right away if this happens. You can get medicine to help your stomach feel better.
- Eating or drinking too fast can make you feel sick or throw up. Go slowly.
- Usually you begin with ice chips, then water and then regular food. You will slowly get back to eating a normal diet. You will get fluids through a tube in your arm until you can drink water without getting sick.



## Eating While in the Hospital

Good nutrition helps with healing. Follow these general guidelines:

- Eat a variety of foods.
- Drink plenty of fluids.
- Maintain your weight.
- Be sure to select things on your menu that you like to eat.
- Be sure to include calcium rich foods in your diet. For example: low-fat milk, low-fat cheese, yogurt, low fat cottage cheese, and broccoli.

**Important:** If you have questions about your diet, please ask to see the dietitian during your stay.

# Your Therapy: Physical and Occupational

You will have physical therapy and occupational therapy the first day after your surgery. In order to get better you must work with therapy every day. Once we show you how to protect your knee, you will learn the skills needed to return to normal life. You'll learn how to walk, sit and dress. **Important:** Ask for pain medicine before each training session. It will help make moving easier.

**Physical Therapy** is made up of exercises to help you get stronger. **Occupational Therapy** is made up of exercises that help you do daily activities. Both make you better able to take care of yourself. Both kinds of therapists will give you exercises that help you be safe and protect your joint. They will also tell you things to avoid in the hospital and at home.

## Physical Therapy

The day after surgery, a physical therapist will test your strengths and areas of need. This includes questions about your home living set-up, as well as how well you move. This is to find out if you need extra help once you leave the hospital.

The physical therapist will help you get out of bed and begin to walk. You will learn:

- How to protect your new joint.
- How to move safely.
- Things to be aware of for a good recovery.
- Exercises to help your recovery while in the hospital.

The physical therapist will also give you exercises to do at home. It's important to move and get out of bed early. This helps with your strength and working of your new joint. Physical therapy will help improve your strength.

## Occupational Therapy

Occupational therapy will help you move with less outside help. The occupational therapist will give you hints to help you be more independent with your **Activities of Daily Living**. These are things you do every day: get dressed, take a shower, brush your teeth.

After surgery, an occupational therapist will watch you do your Activities of Daily Living. They will judge your strengths and areas of need. This will include questions about your home life and how you live day to day. They will help you out of bed and help you walk. They will ask you to get dressed or bathe. Seeing how well you do will help the therapist make a plan for you.

# Your Daily Program in the Hospital

Starting the day after your surgery, we have a routine we follow with most patients. Here's what happens during a typical hospital stay after knee replacement.

## Day #1 - The Day After Your Surgery

- Early in the morning, we will remove the tube in your bladder. Lab techs will come and draw blood.
- Your doctors will see you to check on how you are doing. They usually come between 6:30 and 7:30 AM.
- You will work with Physical and Occupational Therapy.
- You will eat all meals in a chair at your bedside, starting with lunch on the day after surgery. **Be sure to call us whenever you want to get in or out of bed.**
- The planning for you to go home begins. We call this “discharge planning.” Our social worker and discharge planner will talk with you about your plans for leaving the hospital.

## Day #2 and #3

- You will work with Physical and Occupational Therapy.
- It's easy for you to fall now. **Please ask for help getting in and out of bed.**
- You will take pain pills as needed to control your pain.
- We will teach you how to give a blood thinner (anticoagulant) shot if you are going home with one. The nurse will watch you give yourself a shot before you leave the hospital.
- We will give you prescriptions for your medicines. These will include pain pills, stool softeners, and blood thinner shots.
- Some patients will be discharged in the afternoon of Day #2. Others will need to stay one more night and will be discharged the third day after surgery. This will be decided by your surgeon.



# Getting Ready to Leave the Hospital

When you leave the hospital, we “discharge” you. That means we go through steps to make sure you are ready to go. We have to fill out lots of paperwork, too. Discharge planning starts the day after your surgery. Our discharge planner will talk with you about your plans for after you leave the hospital.

You will need some special equipment after you leave. The discharge planner can help you find out what types of equipment you will need. They will also help you to see if your insurance will pay for it. For example:

- You will get a front-wheeled walker to take home, if you haven’t been given one in the last 5 years.
- You may get other equipment supplied by the hospital. You may be billed for this equipment if it is not covered by your insurance.
- Most insurance plans follow the Medicare rules for equipment. This means the equipment must be needed for a medical reason.

## Questions with Insurance Coverage or Discharge?

Please call Monday-Friday 7:30 AM - 4:00 PM.

- Discharge Planner: (505) 994-7455



# **After You Leave the Hospital**

# Doctor Visits After Surgery

You will have several follow-up visits with members of the joint team.

## After 10 to 14 days

- Your staples will be removed and steri-strips applied.
- The doctor will look at your incision, check how you are doing with physical therapy and ask you about your pain.

## After 4 to 6 weeks

- We will look at a set of x-rays of your joint. The x-rays help us see how well your new knee is working.
- We will answer any questions and help with any needs that you have.

## After 3 months, 6 months and 1 year

- Examine joint.
- Look at x-rays.
- Talk about activities you can start doing again.
- Answer questions and help with any needs that you may have.

# Your Care After Surgery

When you leave the hospital you may go home, to a rehab hospital or to a skilled nursing facility. If you go home, be sure to start Physical Therapy as soon as possible.

## Taking Care of Your New Joint

An infection in your body could harm your new joint. Talk with your surgeon before planning medical or dental procedures. You may need to take antibiotics first to prevent infection.

To check how stable your new knee is over time, you may have x-rays every year or two.

## Questions?

For any questions or concerns, please call our **Total Joint Coordinator at (505) 994-7774.**

## What to Do On Your Own

Practice walking every day. Try to do more each week. Start by getting your own glass of water. If the weather is good, walk to the corner to mail a letter. Just keep at it!

After healing and when you get some knee movement back, you may be ready to have sex. See the tips in the Appendix on page 46.

## When to Call the Surgeon

**Call your surgeon if you have any of these signs:**

- Knee pain is worse.
- Pain or swelling in a calf or leg.
- Unusual redness, heat or drainage at the surgery site.
- Trouble breathing or chest pains.
- Fever over 101°F.

# Activities for Daily Living

To protect your new knee, make sure you do daily tasks the way your therapist has taught you. Remember the following tips.

## Sitting Down

1. Back up until the edge of the chair touches your legs.
2. Put your operated leg out in front.
3. Lower yourself into the seat. Use the armrests to support your weight. Always keep your operated leg out front.



## Using Stairs

### Going Upstairs

1. Step up with your good leg.
2. Bring your operated leg up to meet it.

### Going Downstairs

1. Step down first with your operated leg.
2. Bring your good leg down to meet it.

# Getting in Bed

## Sit Down

1. Stand with your back to the bed. Back up until the back of your good knee touches the bed.
2. Keep the foot on your operated leg forward.
3. Hold the crossbar of your walker with one hand. Reach back for the bed with the other hand. **Don't** twist.
4. Lower your bottom onto the bed.



## Support Yourself

1. Put both your hands on the bed behind you for support.
2. Lean backward onto the bed.



## Lie Down

1. Swing one leg, then the other, from the floor onto the bed. As you do, use your elbows and hands to lower your upper body onto the bed. Move your whole body as a unit. **Don't** twist.
2. Get comfortable.
3. Use a reacher to pull up the blankets. **Don't** reach to the end of the bed.
4. Keep your walker within easy reach of your bed.



## Dressing

1. Bring all clothes to your bed or chair using a bag on the front of your walker.
2. Sit to dress and undress.
3. Dress the operated leg first.
4. Undress the un-operated leg first.

## Showering

Follow your therapist's tips for what kind of shower chair to use. Use a long-handled sponge and a shower hose for washing legs and feet.

## Using the Toilet

1. Back up until you feel the toilet touch the back of your legs.
2. Lower any clothing on your lower body to midhigh or knee level. (e.g. underpants, pants, skirt)
3. Place your operated leg in front of you, keeping your weight on the other leg.
4. Reach back for toilet rails or toilet seat and slowly lower onto the elevated toilet seat. Then scoot back.
5. When you're done, don't twist at the waist to clean yourself. If you can't reach your bottom without twisting at your waist, you will need more tools. Talk to your physical or occupational therapist.
6. Before standing, raise your pants as high as you can. Use a reacher if they have fallen too low. Don't reach towards the floor.
7. Slide your operated leg forward, place hands on rails or toilet seat, and stand.
8. Use a reacher to raise underpants and any other lower body clothing.



## Cooking and Other Chores

### Do's:

- ✓ Sit on a high kitchen stool when cooking.
- ✓ Avoid reaching up or bending down.
- ✓ Slide things across the counter when you can.
- ✓ Put lids on hot drinks and soups if you have to carry them.
- ✓ Let others help you around the house the first month after your surgery.

### Don'ts:

- ✗ Don't bend to pick things up off the floor. Use a reacher or long-handled tongs.
- ✗ Don't bend when making beds or cleaning bathrooms.

## Getting into Cars

When you are a passenger:

1. Be sure the car seat is all the way back.
2. Keeping your operated leg forward, lower yourself onto the seat. Let the seat support you.
3. Slide back half lying down. Turn your whole body, bringing your legs into the car one at a time.



# Exercises to Perform Before and After Surgery

Do 10-20 sets of each of the following exercises 2-3 times a day

## Ankle Pumps

Bend ankles to move feet up and down, alternating feet.



## Quad Sets

Slowly tighten muscles on thigh of straight leg while counting out loud to 10. Repeat with other leg to complete set.



## Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible while counting out loud to 10.



## Heel Slides

Make sure bed is flat. Bend knee and pull heel toward buttocks. Hold for 10 seconds. Return. Repeat with other knee to complete set.



# Exercises to Perform Before and After Surgery

Do 10-20 sets of each of the following exercises 2-3 times a day

## Short Arc Quads

Place a rolled towel under your knee. Raise the lower part of your leg until your knee is straight. Hold for 10 seconds.



## Straight Leg Raises

Bend one leg. Keep the other leg as straight as possible and tighten muscles on top of the thigh. Slowly lift the straight leg 10 inches from the bed and hold for 10 seconds. Lower it, keeping muscles tight for 10 seconds. Relax.



## Hip Abduction

Keep your toes pointed toward the ceiling. Move your leg out to the side as far as possible. Slowly return to the starting position and relax.



# Eating Well at Home

## Nutrition After Surgery

Some people feel a little nauseous after surgery. This is often due to medicines, water loss or simply the stress of surgery. Don't push yourself to eat. Listen to your body, and you'll know what to eat and when.

Were you on a special diet before surgery, such as low-salt?  
If so, ask your doctor if you should follow your diet during recovery.

## Start Slowly

1. Start off with liquids and soup. They are easier to digest.
2. Move on to soft solids when you feel ready. Try mashed potatoes, applesauce and Jell-O.
3. Slowly move to solid food. Don't eat fatty, rich or spicy foods at first.
4. Eat smaller amounts, more often.

## Drink Fluids

- It's normal to lose fluids during surgery. Getting water back in your system helps you feel better. It also balances the chemicals in your body.
- Drink at least 6 glasses of clear liquids like water, apple juice or ginger ale a day. Do this unless your doctor tells you **not** to.

## Good Nutrition

- Good nutrition helps your body build tissue and heal wounds.
- Eat a low-fat, high-protein diet.
- High-protein cereal, fish and chicken help repair tissue affected by surgery.

**Special Note:** Be sure to follow any specific post-op instructions from your surgeon, nurse or dietitian.

## Guidelines for Weight Gain

- Keep nutritious snacks on hand. Examples include yogurt, juice, cheese, milk and ice cream.
- Eat several small meals and snacks often.
- Use high-calorie, high-protein foods such as yogurt, cheese, pudding, ice cream, peanut butter, cottage cheese or Carnation instant breakfast drink.
- Eat your favorite foods!
- Add diced meat, cheese or vegetables to sauces, soup and casseroles.

## Guidelines for Weight Loss

- Cut back on portion sizes.
- Use less sugar.
- Avoid fried foods, rich desserts, whole milk, cheese made with whole milk, more than a tablespoon of salad dressing, gravies and sauces.
- Choose lean meats, low-fat milk cheeses.
- Eat plain desserts, angel food cake or fruits.
- Avoid too many sweets such as cakes, pies, cookies, ice cream, candy, soft drinks, donuts and Danishes.
- Eat at regular meal times.
- Avoid eating while watching TV, reading or driving. Sit at the table, eat slowly and enjoy each bite.
- Try reduced-calorie margarine, mayonnaise and salad dressing.
- Choose plenty of vegetables, fruits and whole grain foods.





# **Appendix**

**Your Joint Surgery Checklist**

**Antibiotics Sheet**

**Questions to Ask Your Insurance Company**

**Becoming Intimate Again: Sex and Your New Knee**

**Contact Information**

**Directions to UNM SRMC**

# Joint Surgery Checklist

## Check off each thing as you get it done

- Get medical clearance from primary doctor
- Get cardiac clearance from heart doctor (if needed)
- Get dental clearance
- Go to Pre-Op visit(s)  
Date and Time: \_\_\_\_\_
- Go to Pre-Anesthesia Clinic visit  
Date and Time: \_\_\_\_\_
- Take a Total Joint Class  
Date and Time: \_\_\_\_\_
- Have your surgery!  
Date: \_\_\_\_\_
- Give a copy of the Antibiotics Sheet to all of your doctors and dentists

## If needed...

- Call Home Healthcare Agency
- Call to Rehab center
- Stop taking Coumadin, Plavix or Aspirin  
Date: \_\_\_\_\_
- Return to work. Date: \_\_\_\_\_
- Get FMLA papers filled out, if needed



# Antibiotics Sheet

## (To Prevent Infection After Surgery)

Please give a copy of this page to your primary doctor and any other doctors you visit after your surgery. They may need to give you special medicine at certain times because of your new knee.

Procedure	Antimicrobial Agent	Dose	Timing	Duration
Dental	Cephalexin, cephradine, amoxicillin	2 gm PO	1 hour prior to procedure	Discontinued within 24 hours of the procedure. For most outpatient/office-based procedures, a single pre-procedure dose is sufficient.
Ophthalmic	Gentamicin, tobramycin, ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin, ofloxacin, or meomycin-gramicidin-polymycin B cefazolin	Multiple drops topically over 2 to 24 hours or 100mg subconjunctively	Consult ophthalmologist or pharmacist for dosing regimen	
Orthopaedic	Cefazolin Cefuroxime OR Vancomycin	1.2 g IV 1.5 g IV 1 g IV	Begin dose 60 minutes prior to procedure	
Vascular	Cefazolin OR Vancomycin	1.2g IV 1.0g IV	Begin dose 60 minutes prior to procedure	
Gastrointestinal, Esophageal, Gastroduodenal, Billiary tract	Cefazolin	1 – 2 g IV		
Colorectal	Neomycin + Erythromycin base (oral) OR metronidazole (oral)	1 g 1 g	Dependent on time of procedure, consult with GI physician and/or pharmacist	
Head and Neck	Clindamycin + Gentamicin OR Cefazolin	600-900 mg IV 1.5 mg/kg IV 1-2 g IV	Begin dose 60 minutes prior to procedure	
Obstetric and Gynecological	Cefoxitin, Cefazolin, Ampicillin/sulbactim	1-2 g IV 3 g IV	Begin dose 60 minutes prior to procedure	
Genitourinary	Ciprofloxacin	500 mg PO or 400 mg IV	1 hour prior to procedure Begin dose 60 minutes prior to procedure	

# Things to Ask Your Insurance Company

1. Does my insurance policy pay for home health care?	Yes or No
If yes, is there a co-pay?	Yes or No
2. What home care does it include?	
Nursing?	Yes or No
Physical therapy/Occupational therapy?	Yes or No
Home health aide?	Yes or No
3. Do I need authorization before you will pay for a blood thinner like Lovenox or Arixtra? (Blood thinners help prevent blood clots.)	Yes or No
If yes, who do I need to contact?	_____
4. Does my policy pay for durable medical equipment?	Yes or No
If yes, is there a co-pay?	Yes or No
What will it pay for?	
Raised toilet seat	Yes or No
Front wheel walker	Yes or No
Bedside toilet	Yes or No
5. Does my policy pay for acute rehabilitation?	Yes or No
If yes, is there a co-pay?	Yes or No
6. Does my policy pay for nursing or therapy while I am in the hospital?	Yes or No
If yes, is there a co-pay?	Yes or No
7. Will my policy pay for someone to stay with me during the day after I get home?	Yes or No
If yes, is there a co-pay?	Yes or No
8. Who should I call if I have questions?	_____

# Becoming Intimate Again

After a total knee replacement, you may have many questions:

- How soon can I be active?
- How will my sex life be affected?
- When can I have sex again?

The good news is, it's likely that you can return to sex sooner than many other activities. This sheet can help you learn to support and protect your new joint when you're ready to have sex again. So talk and plan with your partner!

## The First Step

A total knee replacement is major surgery. Healing takes time. At first, you may be afraid that any activity, including sex, could cause pain or injury. Your partner may also be afraid of hurting you. These fears are normal. Having concerns about the way your body looks is also normal. Talk about these things with your partner. Share this sheet. Read it together or separately; it's up to you two. What matters most is that you talk with each other about your needs—emotional as well as sexual ones.

## As You Heal

Before surgery, knee pain may have greatly limited your movement. But now that the problem knee has been replaced, you should have less pain. And, with time, you should be able to move your knee more in each direction. As you heal, you may feel ready to be more active again. You may also find a renewed desire for sex. When you and your partner are ready, learn which positions are best for you.

## Setting the Scene

Having sex can be a little easier if you plan ahead. Here are a few tips:

- Take a mild pain medicine about 20 to 30 minutes before sex. This can help prevent minor aches. Avoid taking medicine so strong that it covers warning pain.
- Have pillows and rolled towels nearby. They can be used for body support.
- Relax. Do a few easy stretches within a safe range of motion.

## What Positions are Safe?

You may be wondering what positions are safe for sex. The positions on this sheet should be safe after a knee replacement. Just make sure your knee is comfortable. And don't put any stress on the joint. Also, take the same care getting out of a position as you did getting into it.

### Face-to-Face

- This position works after a knee replacement. Being on the bottom is safe for a man or a woman with a new joint.
- The partner on the bottom keeps his or her legs apart and turned out slightly. Depending on comfort, the person on the bottom can recline propped up on pillows or lie flat.



### Sitting in a Chair

- This position works after a knee replacement. It is a safe position for a man or a woman with a new joint.
- The man sits on a straight chair. His feet are supported or are flat on the floor. The woman sits on the man's lap.



### Woman Lying and Man Kneeling

- This position works for a woman with a new knee joint.
- The woman lies on the bed on her back, with her buttocks near the edge of the bed. Both feet should be supported or flat on the floor.
- The man kneels in front of the woman, on pillows placed on the floor. His hands are placed on either side of her body.



## Side-Lying Position

- This position works for a man with a replaced knee joint. He should lie on his side, with the new joint on the bottom.
- This position also works for a woman with a replaced knee joint. She should lie on her side, with the new joint on the bottom.
- Use pillows for support.



### A Note for Partners

If your partner has had a knee replacement:

- Make sure he or she has the surgeon's "OK" before having sex.
- Help your partner stay comfortable.

*Have Fun!*





# Sandoval Regional Medical Center, Inc.

*"The Service of a Community Hospital with the Expertise of the University of New Mexico"*

## **IMPORTANT ORTHOPEDIC PHONE NUMBERS**

**Emergencies:** .....911

### **Medical Issues:**

8 am - 4 pm Monday- Friday (except holidays):

SRMC Orthopedic Clinic.....505-994-7397

UNMH Orthopedic Clinic.....505-272-2231

After Hours and holidays:

SRMC .....505-994-7000

UNMH.....505-272-2111

*\*Please ask to speak to the Orthopedic Resident/Provider on call*

### **Surgical Date Changes/Cancellations:**

SRMC Orthopedic Clinic.....505-994-7397

Sports Medicine (OSIS).....505-925-4913

Orthopedic Faculty Clinic (Medical Arts).....505-925-4021

**SRMC Pre-Anesthesia Clinic**.....505-994-7426

**Prescription Questions/Refills**.....Please contact your pharmacy

**SRMC Financial Services**.....505-994-7144

**UNMH Financial Services**.....505-272-1055

**SRMC Total Joint Coordinator**.....505-994-7774

# Directions to UNM SRMC

**3001 Broadmoor Blvd. NE • Rio Rancho, NM 87144**

## **From Albuquerque**

1. Take I-25 North toward Santa Fe
  2. Take Exit 242 for NM-165 E toward US-550 W/Bernalillo/Placitas
  3. Keep left at the fork, follow signs for US-550/Sandoval County Station
  4. Turn left onto NM-165 W/US-550 N; continue to follow US-550 N
  5. Drive 3.2 miles and turn left onto Paseo Del Volcan Rd.
  6. Drive 6.0 miles and turn right onto Broadmoor Blvd. NE
- \*The facility will be on your right-hand side.

## **From Santa Fe**

1. Take I-25 South to Albuquerque
  2. Take Exit 242 for US-550 W/NM-165 E toward Rio Rancho/Placitas
  3. Turn right onto US-550 N
  4. Drive 3.2 miles and turn left onto Paseo Del Volcan Rd.
  5. Drive 6.0 miles and turn right onto Broadmoor Blvd. NE
- \*The facility will be on your right-hand side.

## **From Southern Blvd. and Unser Blvd.**

1. Take Unser Blvd. North
  2. Turn right onto Paseo Del Volcan Rd.
  3. Drive 1.1 miles and turn left onto Broadmoor Blvd. NE
- \*The facility will be on your left-hand side.

## **From Intersection of Iris Rd. and NM-528**

1. Head northwest on Iris Rd. NE
  2. Turn left onto Paseo Del Volcan Rd.
  3. Drive 2.7 miles and turn right onto Broadmoor Blvd. NE
- \*The facility will be on your right hand side.

**Map on Back**



UNM

Sandoval Regional  
Medical Center, Inc.



**3001 Broadmoor Blvd. NE • Rio Rancho, NM 87144**

