Insall Scott Kelly®
Institute for Orthopaedics & Sports Medicine

Patient Information
On
Total Knee Replacement Surgery

Insall Scott Kelly®
Institute for Orthopaedics and Sports Medicine

BRING THIS BOOKLET TO THE HOSPITAL WITH YOU WHEN YOU ATTEND THE PRE-ADMISSION EDUCATION SESSION, WHEN YOU COME IN FOR PRE-ADMISSION TESTING AND WHEN YOU ARE ADMITTED FOR SURGREY. IT WILL SERVE AS A CHECKLIST AND REFERENCE FOR YOU.

Welcome to the Insall Scott Kelly Total Knee Replacement Program. The program has been designed to assist you in preparing for your Total Knee Replacement, as well as to guide you through your hospitalization, surgery and recovery.

Total Knee Replacement is not a passive procedure. It requires hard work on your part to attain the optimum result. Members of the health care team will offer help, encouragement and support; however, the bulk of the work must be done by you, the patient. In addition to your orthopaedic surgeon, other doctors involved with your care are:

Anesthesiologist – Insures temporary loss of pain sensation and induces sleep to permit surgery, and monitors your condition during the operation.

Internist – Makes sure that you are medically fit for surgery and Follows your medical progress after surgery.

"**Fellows"** – Fully qualified orthopaedic surgeons undergoing advanced training with your surgeon. Fellows work closely with the surgeon in providing your care.

Pain Specialist – Assists you in managing your pain after surgery.

Physiatrist – Prescribes your physical therapy regimen in accordance with your surgeon's goals.

While the majority of your actual in-hospital care is provided by the nurses, other health team members involved in your care may include:

Clinical Coordinator/Case Manager – Provides patient education, is available to answer questions, and assists in coordinating your discharge planning.

Dietitian – Reviews dietary restrictions or special diets your condition may warrant.

Nurse Practitioner – Maintains a collaborative practice with your doctor. Assists in direction and individualizing your daily care.

Occupational Therapist – Available to teach you easier ways to perform daily activities if needed.

Patient Care Associate – Assists you with personal hygiene and performs other procedures under the supervision of the nurse.

Physical Therapist - Teaches you how to walk and bend your knee again.

Physician Assistant – Responsible for much of your day-to-day medical care. Follows lab results and perform physical exams or clinical procedures under the direction of your doctor.

Social Worker – Works with other health team members to assure that you will able to safety manage at home. Is also available to assist you in dealing with the stress of your hospitalization.

The health care team works together to help you return to an active, independent lifestyle. It is up to you to learn as much as possible about your knee replacement and to follow the instructions given to you by your surgeon and other health team members. This booklet has been developed to help you do just that. We ask that you read it carefully and write any questions on the pages provided, so that we may answer them for you during the Pre-Admission Education Session.

IMPORTANT INSTRUCTIONS FOR THE PATIENT ARE IN BOLD THROUGHTOUT THE TEXT

TABLE OF CONTENTS

Table of Contents

1: THE KNEE

The knee is the largest and one of the most complex joints in the body. In addition to bending (flexion) and straightening (extension), your knee also rotates. It should glide smoothly while remaining well aligned and stable, allowing you to walk and perform normal activity.

NORMAL KNEE STRUCTURE

The knee joint is formed by the junction of three bones: the thigh bone (femur), the shin bone (tibia), and the kneecap (patella). These bones are connected by ligaments, tendons, and muscles that allow you to bend and straighten your knee. The ends of the bones are covered with a smooth shiny substance (articular cartilage) that cushions and protects them from each other. In addition, the joint lining (synovium) produces a lubricant that helps the knee to move smoothly.

PROBLEM KNEES

The smooth surface of the bones, the articular cartilage, can be worn away allowing the bones to rub together. This results in an irregular joint with rough surfaces that cause pain and swelling. When there is significant wear of the joint and uneven loss of the supporting bone, the knee may assume an angular deformity-either bow-legged (varus) or knock-kneed (valgus).

Destruction of articular cartilage can occur as a result of

1. aging or wear and tear (osteoarthritis)
2. inflamed or thickened synovium (rheumatoid arthritis)
3. loss of blood supply (osteonecrosis)
4. injury (traumatic arthritis)

When the destruction is advanced, and combination of rest, medication, heat or cold and other therapies fail to relieve the pain, surgery may be indicated.

KNEE REPLACEMENT

A Total Knee Replacement involves removing diseased or destroyed portion of the bone and replacing it with an artificial surface.

The formal component resurfaces the end of the thigh bone. The tibia component resurfaces the upper end of the lower leg, and the patellar component resurfaces the underside of the kneecap. These components, or prostheses, are made of metal and plastic, which on contact produce a smooth gliding surface. They are usually cemented in place. Currently, there are numerous total knee designs available. Your orthopaedic surgeon will select the design that best fits your needs.

The operation takes 1 _ to 2 hours for a single knee and approximately 3 to 4 hours for two knees. If both knees are being done, the surgeon finishes the first knee, and while it is being closed, begins the second knee.

You will be in the hospital approximately 3 to 4 days.

The main results that you may expect from your Total Knee Replacement are relief of pain and improved function. While it may be some months before all of the soreness goes away, the disabling pain that prevented you from performing many activities will be gone after the normal postoperative period.

2: CONTROLLING RISK FACTORS

With any major surgery there are certain risks. It is important that you understand the risks involved in having Total Knee Replacement, as well as what be done to minimize those risks and prevent the incidence of post surgical complications. Conditions that may increase your risk of having postoperative complication include obesity, heart and lung disease, smoking, diabetes, tooth diseases, or any sign of infection such as a recent cold, flu, or sore throat. By having potential problems identified before surgery, you can work with the health care team to prevent post surgical complications.

Prior to your admission for surgery, you will be examined by an internal medicine specialist and have routine laboratory tests, either here at the hospital or by your own primary physician. After reviewing the results of your tests, physical exam and medical history, the physician will be able to identify any particular health risk factors that you may have. If high risks are identified, your doctor may recommend additional tests or may discuss with you the need to delay surgery until these risks can be brought under reasonable control. **Even now, before you have your pre-admission testing, there are things that you can begin doing to reduce the risk of post operative complications.**

SMOKING

As per Federal Laws smoking is prohibited in all medical facilities. **If you are a smoker, you should join a program to stop smoking now.** Smoking increases you chances of lung complications and can delay wound healing.

NUTRITION

Both poor nutrition and obesity can increase your risk for infection and/or delay wound healing. While excessive weight can make you recovery period more difficult, a crash diet is not the answer. **If you are obese and would seriously like to lose weight before or after surgery, we recommend that you join a physician-supervised weight-loss program.** As you lose weight, you see some improvement in your knee function and a decrease in knee pain. When your weight is under control and you are

preparing for knee replacement surgery, it is important that your diet be nutritionally sound.

INFECTION

Bacteria travel through the bloodstream and are attracted to an artificial prosthesis. Therefore, an infection anywhere in the body presents a problem to a patient with a Total Joint Replacement. **It is important that you be free of infection before you have your knee replaced, and that your obtain immediate treatment for any infection that my occur after you knee replacement surgery- and for the rest of you life.** The most common areas that may be sources of bacteria in the body are the teeth and genitourinary tract. Any problems should be corrected before pre-admission testing.

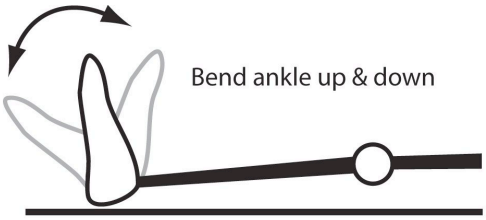
- **If you have not had a dental check- up with-in the last 6 months, you should do so now.**
- **If you have any problems with your urine – frequency, burning or difficulty passing urine – you should see your urologist or family doctor.**
- **Let your surgeon know if you have a cold, sores, cuts, or inflamed areas anywhere on your body.**
- **Making sure that you are free of infection may avoid having to delay your surgery.**
- **Tell the doctor if you are taking antibiotics for any reason.**

EXERCISE

While pain may limit your physical activity before surgery, there are some exercises that you should begin doing now to strengthen your muscles and prepare yourself for surgery.

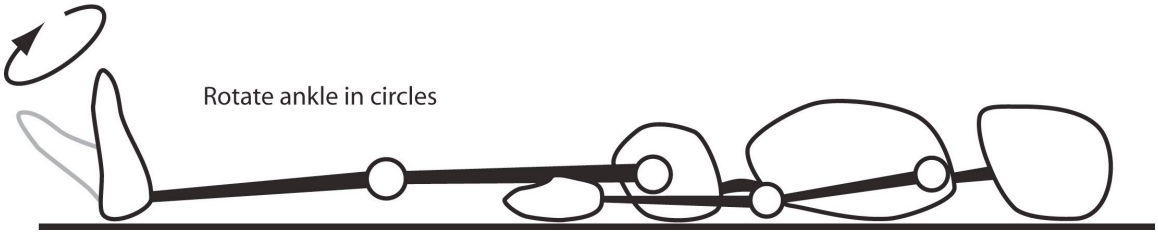
- **Do each of the following exercises 10 times with both legs, at least twice a day.**
- **Do not hold your breath while exercising.**
- **Lie on your back with your legs straight.**

Ankle pumps – strengthen your knee and ankle muscles and help circulation in your legs.



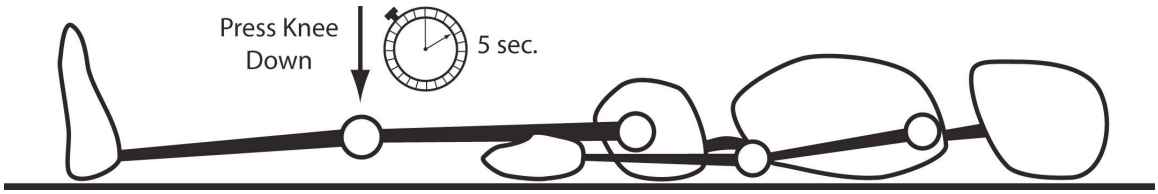
1. Bend ankles up and down.

2. Make circles with vour ankles.



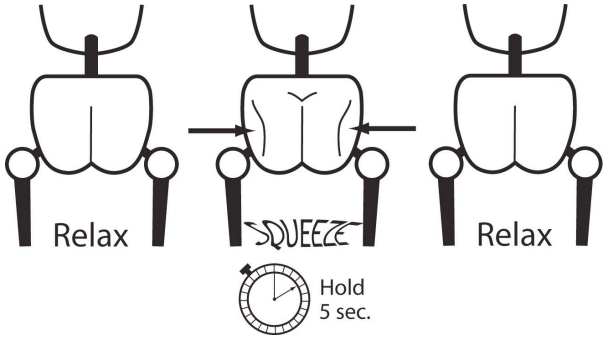
Quad sets – strengthen the quadriceps muscle in your thigh, which assist you in walking and straightening your knee.

1. Tighten your thigh muscle by pushing the back of your knee into the bed.
2. Hold, count to five slowly, and relax.



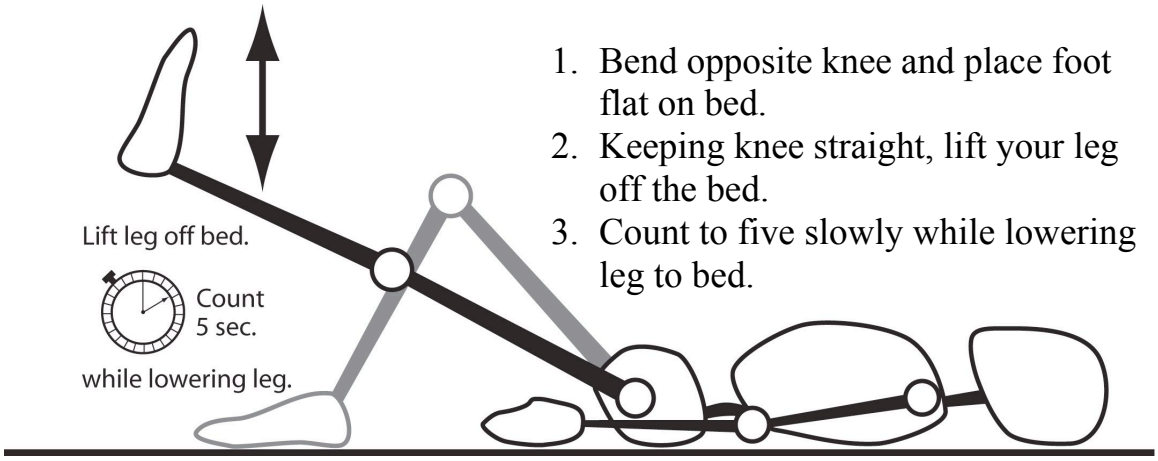
Gluteal Sets – strengthen your buttock muscles, which help hold your body erect.

1. Squeeze your buttocks together.
2. Hold, count to five slowly, and relax.



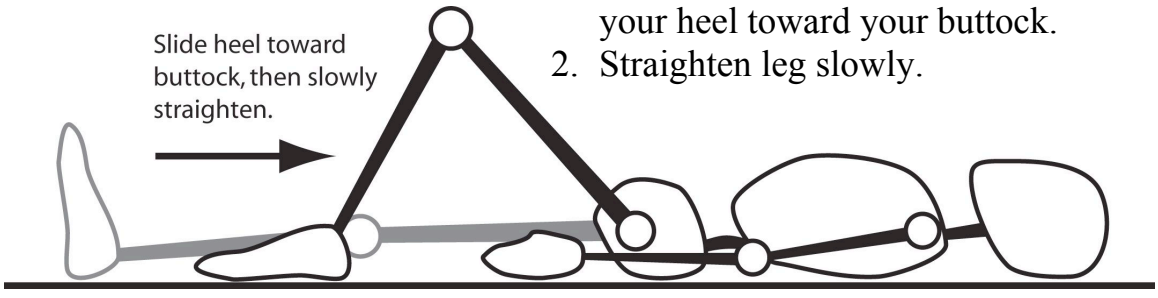
Straight Leg Raises – strengthen muscles that are important when walking.

1. Bend opposite knee and place foot flat on bed.
2. Keeping knee straight, lift your leg off the bed.
3. Count to five slowly while lowering leg to bed.



Heel Slides – strengthen muscles that help your knee to bend.

1. Bend your knee, slowly, by sliding your heel toward your buttock.
2. Straighten leg slowly.

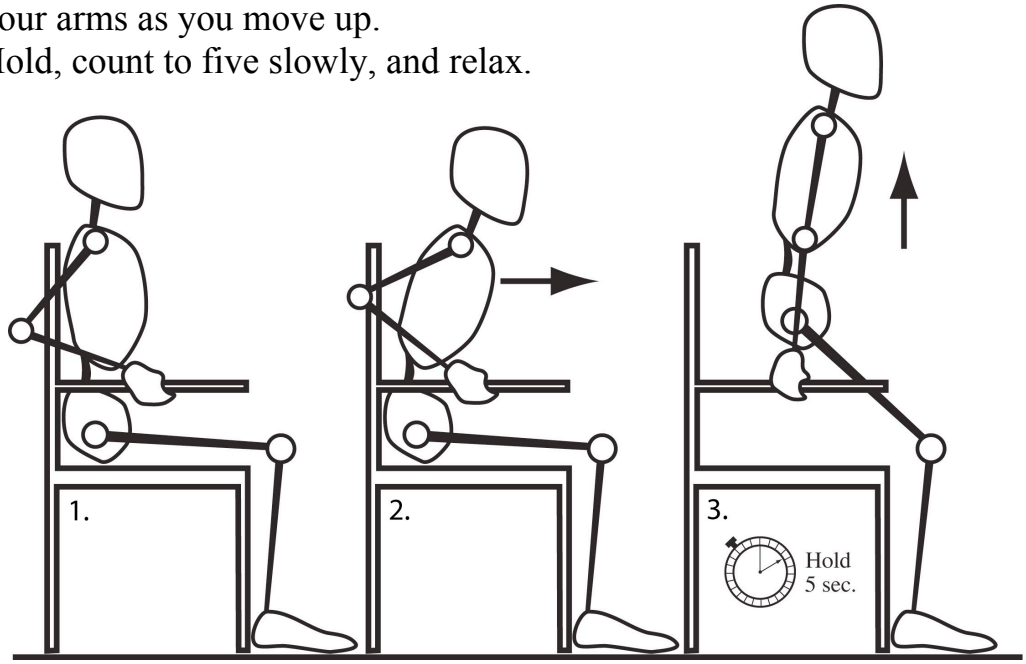


These are the same exercises that you will be expected to do postoperatively, so practice now will make them easier after surgery. Upper extremity exercises are also important, as you will be using your arms to move yourself around in bed and to help support your weight when walking after surgery. All patients should do these exercises, but they are especially important for women, who generally do not have as much upper body strength as men.

- **Do each of these exercises 10 times, at least twice a day.**
- **Sit in a sturdy chair that has arms.**

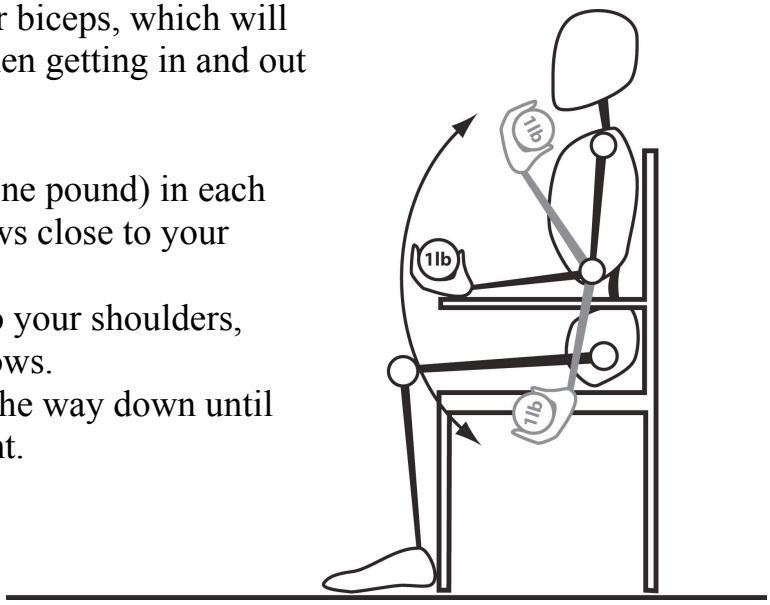
Press-ups – strengthen your triceps muscles, which will help you when getting in and out of bed.

1. Grab arms of chair at the level of your hips. Keep elbows bent and in toward your body.
2. Lean body forward and push up out of chair; straighten your arms as you move up.
3. Hold, count to five slowly, and relax.



Bicep curls – strengthen your biceps, which will help you move in bed and when getting in and out of bed.

1. Hold a can of coffee (one pound) in each hand. Keep your elbows close to your body.
2. Slowly lift both cans to your shoulders, bending only your elbows.
3. Slowly lower cans all the way down until your elbows are straight.



3: COMPLICATIONS

Complications that can occur following Total Knee Replacement include:

BLOOD CLOTS

Research has shown that blood clots in the leg can occur in as many as 50 percent of people having a Total Knee Replacement. Most of these clots do not cause symptoms and do not present any problems to the patient. Blood clots that occur high in the leg can break loose and move to the lungs (pulmonary embolism) resulting in breathing problems, but these are rare. To prevent these clots from occurring we:

a) Get you out of bed walking as soon as possible.
b) Give you a medication to prevent abnormal clotting. A blood test may be required to monitor the effect of the medication depending on which medication is given.
c) Apply an intermittent compression device to increase circulation in your legs until you are able to be up and walking.

Your part in preventing a blood clot includes:

a) Moving your ankles up and down when in bed.
b) Wearing the compression device as much as possible.
c) Walking as much as you can.
d) Use of compression stockings for 6 weeks.
e) Limiting sitting – no longer than 45 minutes at a time without walking.

Occasionally, bleeding into the knee joint from anticoagulation therapy can occur. Usually, physical therapy will allow re-absorption. Very rarely, surgical evacuation is needed.

Because blood clots are a well known problem following Total Knee Replacement, we are constantly looking for better ways to prevent this complication. You may be asked to take part in a research study aimed at a better understanding of the problem. If this is the case, the project will be explained to you, and the decision whether to take part will be entirely up to you.

NERVE DAMAGE

Patients with certain severe knee deformities may be at risk for nerve injury due to stretching that occurs during correction of the deformity. In addition, postoperative swelling around the knee can cause increased pressure on the nerve, causing tingling, numbness or weakness in the foot.

Members of the health team will
1. Check the motion and sensation in your foot frequently after surgery.
2. Remind you to begin ankle pump exercises as soon as you can move you're your legs again.

It is important that you tell the nurse immediately
A. If you are unable to do the ankle pumps.
B. If you feel any tingling, numbness of burning in your foot, as these may be signs of pressure on the nerve.

The sooner we can relieve pressure on the nerve, the sooner it will function normally again. A nerve recovers very slowly, but with time usually returns to normal.

INFECTION

Although it may occur in less than 1 percent of patients, infection in a Total Joint Replacement is one of our greatest concerns. It necessitates removal of the prosthesis. In addition to considerable expense, this can cause additional suffering, increased disability and prolong recovery.

Precautions taken to prevent infection include:
1. Use of a special clean-air operating room.
2. Wearing of special "space suits" by the entire operating room team.
3. Antibiotics given during surgery and for 24 hours after surgery.

Your role is to safeguard yourself against infection and obtain immediate treatment if a problem does occur. In addition, you must be aware that certain routine procedures (e.g., dental cleaning, cystoscopy, proctoscopy) can stir up bacteria and present a risk to your knee.

After surgery you will be given a "medical alert" card to keep in your wallet. **You must show this card to any doctor or dentist that treats you for any problem.** It outlines for them when and which antibiotic should be used to protect your Total Knee Replacement. **These precautions are to be followed for the rest of your life.**

MECHANICAL PROBLEMS

Although rare, mechanical problems can occur. Some of these are:

A. **Loosening of the Prosthesis** – This could require revision surgery to correct the problem.

B. **Dislocation –** usually due to excess motion in an unstable knee. This may require a return to the operating room to surgically relocate the knee.

C. **Fractures –** can occur during operation if bones are very brittle. A brace may be needed to stabilize the fracture, but activity can usually progress.

D. **Poly Wear** – The plastic can wear out, necessitating another surgery to replace this polyethylene componet.

E. **Stiffness –** Sometimes soft tissue adhesions form preventing you from freely bending your knee. A manipulation requiring a short period of anesthesia is then needed.

Even taking these problems into account, the success rate for Total Knee Replacement is 95 percent at 15 years.

4: **LIMITATION & RESTRICTIONS**

In the immediate postoperative period, limitations are aimed at allowing your knee to heal and may be directed by how well your knee bends. Early motion is encouraged and there are no restrictions.

For 6 weeks after surgery avoid dancing and all sports except swimming (do not do the backstroke). You may swim if there are wide steps for getting in and out of the pool. Do not use a ladder. You may also use a stationary bicycle.

An artificial knee does not bend quite as much as a normal one, so full squatting may not be possible. Kneeling can be uncomfortable but is not harmful to the prosthesis.

Providing all is well at your 6-month check-up, we encourage you to engage in those recreational activities that do not put unnecessary stress on your knee.

Acceptable Activities

Biking	Golf
Boating	Horseback Riding
Bowling	Hiking
Cross-Country Skiing	Swimming (avoid breast stroke)
Dancing	Walking
Doubles Tennis	

ACTIVITIES TO BE AVOIDED FOR LIFE

Jogging	Singles Tennis*
Jumping	Downhill Skiing*
Running	

In general, no impact or contact sports

* If you were proficient before surgery, your doctor may allow you to resume downhill skiing, and/or singles tennis. Ask at your 6-month check-up.

If there is a specific activity you have concerns or questions about, please ask your surgeon before your surgery so that you can make an informed decision.

5: BLOOD TRANSFUSION

It is accepted that after knee replacement surgery you may require a blood transfusion. Today, there are several ways to replace blood lost during surgery. Your surgeon will decide which method is best for you.

Some methods available are:

AUTOTRANSFUSION (BLOOD SALVAGING)
Your own blood collected during and/or immediately after surgery from a drain in your knee is given back to you.

AUTOLOGOGOUS DONATION
This requires that over a period of time before surgery, you donate your own blood to be stored in the event that it is needed during or after your operation.

DIRECTED DONOR
A donor that you specify, who has your blood type, may donate blood in your name for use by you if needed.

HOMOLOGOUS BLOOD (BANKED BLOOD)
This is blood donated by someone else, screened and matched with your own blood by the New York Blood Center or another blood center.

If you are to receive auto transfusion or banked blood, no special preparation is required. If your surgeon decides that you should pre-donate your own blood (Autologous donation) or if you choose to use a directed donor, you will be given instructions on how to do so by the office staff (see pamphlet "Transfusion Options").

For any of the methods described you will be asked to sign a consent form, "Blood Transfusion Informed Consent" (see section on consents).

If you are to donate your own blood, you will be given a prescription for iron tablets to be taken tree times a day until your surgery. Iron can cause constipation or diarrhea but it is important for building up your blood count. Most patients do

not require iron after surgery. If you do require iron, you will be given a prescription before you leave the hospital.

6: FINANCIAL INFORMATION

As you make your decision to have surgery, finances are always a concern. This section will give you some indication of what you can except to be billed for when having a Total Knee Replacement. You can then look over your insurance coverage and have a better idea of your financial responsibility.

Charges are divided into those for technical services, which will appear on your hospital bill, and those for professional services, which are billed individually by the specific doctor. An example of this is an x-ray: The charge for the x-ray itself will appear on your hospital bill. In addition, you will receive a bill from the radiologist for reading the x-ray.

Even if these bills are to be paid by your insurance, you should know what each bill covers. If it is not clear, you should call or write THE PERSON SENDING THE BILL and ask for clarification. In addition to your surgeon and the anesthesiologist, other doctors who may send you a bill are the following:

1. **Internist**
2. **Physiatrist**
3. **Pain specialist**
4. **Radiologist**
5. **Pathologist –** required by law to examine specimen of the bone from your knee.
6. **Intensivist –** directs your care if you spend any time in the intensive or cardiac care unit.
7. **Consultants –** specialists called by your doctor for a specific program, e.g. urinary, cardiac or stomach problems or persistent confusion. You and/or your family will be told of the necessity.

7: CONSENTS

There are several consent forms you will be required to sign before your operation. In addition, some surgeons require a consent form to be signed for their office records. **It is important that you read all of these carefully and ask questions about any area you do not understand before you sign.** Samples of the forms are included at the end of this book, along with information on your rights as a patient.

1. Consent for General Medical Treatment
2. Request and Authorization for Operation and/or Procedure
3. Blood Transfusion Informed Consent
4. Personal Valuables
5. Health Care Proxy
6. Financial Agreements
7. Admitting Department Patient Notification Notice
8. Permission for taking photographs or video recordings for educational purposes (if applicable).
9. Consent for any research projects in which you agree to participate (if applicable).

8: PRE-ADMISSION TESTING (PAT) DAY

Pre-admission testing, including lab work and medical clearance, is required 7 to 10 days before your joint replacement surgery. Some insurance organizations require that the clearance and testing be done by your primary care physicians at their center. In these cases it is important that your surgeon receive the results of your physical exam and lab tests at least 2 business days before your scheduled surgery. If your pre-admission testing is to be done in the hospital, the appointment will be made for you by the surgeon's office staff. You will receive a phone call from the pre-admission staff confirming your appointment.

ADVANCE PREPARATION

A. Complete the health history form in this session.
B. Read this booklet – write questions on pages provided.

PRE-ADMISSION TESTING DAY

This may be long day so you should

A. Eat breakfast or lunch before arriving.
B. Take your regular medicines (you may want to bring your pain medicine with you).
C. Wear comfortable, easy to remove clothing.
D. Bring with the PAT:
- **Your completed health history form.**
- **Results of any test you may have had outside this hospital and/ or copies of any chest x-rays or EKGs done within the last year.**
- **Your insurance card or forms.**
- **This booklet and your list of questions.**

E. Report to the admitting office on the first floor of the hospital at the assigned time and check in with the receptionist.

You will have:

1. A nurse review your health history with you and provide preoperative instruction.
2. A complete physical examination by an internist.
3. Lab work- blood and urine tests.

4. Chest x-ray.
5. Electrocardiogram (EKG).

If you are taking any medication, be sure to ask the doctor if you should take it the morning of your surgery.

If you have not already attended one of the pre-admission Patient/Family Education sessions, you should arrange to attend one now so that you will be well prepared for your surgery.

HEALTH HISTORY

Name _____

Birth Date _____ Gender _____

Name of family doctor _____

Doctor's phone number _____ Date of last visit _____

List any drugs, foods or items that you are allergic to and the type of reaction they cause.

Allergic to:	Type of reaction
_____	_____
_____	_____
_____	_____
_____	_____

List **ALL** medications, including eye drops, vitamins and over-the-counter drugs that you are currently taking.

Medication Name	Dosage (milligrams)	Frequency and specific times taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you use any of the following?

	What?	How much?	How often?
Tobacco	_____	_____	_____
Alcohol	_____	_____	_____
Drugs	_____	_____	_____

Do use any of the following?

	Yes	No
Dentures	_	_
Glasses	_	_
Contact Lenses	_	_
Hearing Aid	_	_
Braces	_	_
<u>Assistive Devices</u>		
Cane	_	_
Crutches	_	_
Walker	_	_

Other (describe) _____
_____

Family History

	Living	Deceased	Age	Cause of Death
Mother	_____	_____	____	_____
Father	_____	_____	____	_____
Siblings'	_____	_____	____	_____
	_____	_____	____	_____

Has anyone in your family been treated for any of the following?

	Yes	No	Relationship
Bleeding Disease	_	_	_____
Cancer	_	_	_____
Diabetes	_	_	_____
Heart Disease	_	_	_____
High Blood Pressure	_	_	_____

List your previous hospitalizations for surgery or illness.

When	Reason for Hospitalization	Where
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been treated for any disease/condition?

When	Disease/Condition
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of last dental check-up: _____
Date of last x-ray: _____
Date of last cardiogram (EKG) _____

If you have had a chest x-ray, cardiogram, echocardiogram or stress test in the last year, please bring a copy of the film or reading with you to PAT. If you have had other health problems, please bring the appropriate records such as lab results or consultation reports.

9: HOSPITALIZATION

You will be admitted to the hospital the day of your surgery. **It is important that you arrive at the hospital at least 2 hours before your operation.**

The admitting Office will call you the evening before your admission date to confirm the time you should arrive at the hospital. **If you do not hear from the Admitting Office or you will not be home in the evening, please call the Admitting Office, (212) 434-3198. The doctor's office is not responsible for the time of your surgery.**

ADVANCE PREPARATION

- **Avoid aspirin and other anti-inflammatory drugs for 1 -2 weeks before surgery to prevent excessive bleeding.**

- **Notify family that visiting hours are from 11am to 8:30pm and should be limited to 2 visitors at a time.**

- **Suggest that your friends call, visit or send flowers when you return home and are better able to appreciate them.**

- **Check with you insurance company to see if they will cover assistive devices (walker or cane) given to you in the hospital.** Some plans, e.g. HIP, require that the patient obtain this equipment prior to entering the hospital.

- **Arrange for someone to escort you home from the hospital.** You will be in the hospital approximately 3-4 days. Discharge time is 10am.

- **Pack a bag to be brought to the hospital by your family, *THE DAY AFTER SURGERY*. It should contain the following:**

    1. **Knee-length robe that opens all the way down the front.**
    2. **Toiletries, including shaving equipment, comb, and make-up as desired.**

3. **Sleepwear if you wish (most patients are more comfortable in hospital gowns because of the equipment used).**
4. **Undergarments.**
5. **Your insurance card or forms.**
6. **Personal phone numbers you may need and a calling card if you will be making calls outside of the New York City area codes (212, 646, 718, 516, 847, and 347).**
7. **Pencil or pen for filling out menus and making notes.**
8. **This booklet.**

Notify your physician immediately if there is any change in your physical condition, such as a cold, fever or infection, between your pre-admission testing and the day of surgery.

DAY BEFORE SURGERY

- **Make sure that you have a bowel movement the day before surgery.** If you suffer from constipation you may want to take an enema in the early evening to clear your bowel.

- **Take a shower before retiring or in the morning if you prefer; do not use lotion or powder.**

- **DO NOT eat solid foods or drinks liquid after midnight.**

- **Get a good night rest before your surgery.**

MORNING OF SURGERY

- **DO NOT eat or drink anything: this includes water and coffee. THESE INSTRUCTIONS ARE FOR YOUR SAFETY AND ARE EXTREMLY IMPORTANT.**

- **Take only those medications approved by the pre-admission testing doctor, usually insulin or blood pressure medication, with a very small sip of water.**

- **Wear loose, casual clothing that will be easy to get into when you leave the hospital and a low-heeled, closed walking shoe with a rubber sole.** You will be wearing these shoes the day after

surgery to walk. (Slip-on shoes are preferable to tie shoes, if you have them, as they allow you to be more independent.)

- **Bring only what you'll need for the first 24 hours –dentures, glasses, toothbrush and toothpaste, comb. Your other items should be packed to be brought in by your family the day after your surgery.**

- **DO NOT wear jewelry or bring valuables with you.** This includes rings and watches. The only things you will need to pay for in the hospital are the telephone and the television. Each of these can be paid for with a check or a credit card.

- **If you bring a cane or walker with you to the hospital, label it with your name.** If you do not have one, we will provide one for you at discharge.

- **If you have a complicated health care proxy or a living will, bring a copy with you.**

- **Bring the list of medications and their doses which you take.**

You will be given an identification band that is to be worn throughout your hospital stay, and you will be prepared for surgery. A nurse will review your health history with you, take your vital signs and assist you with changing into a hospital gown. Your belongings will be placed in a brown shopping bag and given to whoever is with you for safekeeping. If you are alone, your belongings will be held in the recovery area until you are assigned a room.

At this point, you will leave your family and be taken to the "holding area" just outside the operating room. Here you will

- Meet the anesthesiologist, who will review your health history and medications, and will discuss with you the options for anesthesia that fit your general health and the needs of your surgery.
- Meet the nurse from the operating room, who will explain what will be done to you before you fall asleep.
- Identify to the doctor or his/her assistant which leg is to be operated on so that it can be clearly marked before you go into the Operating Room.
- Have your leg shaved and scrubbed.

From here you will go into the Operating Room.

ANESTHESIA

Total Knee Replacement patients receive epidural, spinal or general anesthesia. Patients may also receive a femoral nerve block. The type of anesthesia will be determined by you anesthesiologist and surgeon after evaluating your medical history. The epidural and spinal involves placing a small catheter in your back through which an anesthetic is administered to decrease the pain felt in your leg after surgery. You will be lightly sedated and unaware of the surgical procedure, but will wake up as soon as it is over.

FAMILY WAITING AREA

Once you have left your family, family members should remain in the surgical waiting room where they will be kept informed of any delays and updates on your status. Your family will be told when you are in the Post Anesthesia Care Unit (PACU). Check with your surgeon as to how your family will be notified of the outcome of the surgery. Let the office know that your family members will be in the surgical waiting room so the surgeon will know where they can be reached. Hot meals, sandwiches and beverages are available in the cafeteria. Family and visitors are welcome (see Location Directory).

VISTORS ARE NOT ALLOWED IN THE POST ANESTHESIA CARE UNIT.

Any family members in the surgical waiting room will be notified when you leave the PACU and are being brought to your assigned room. They will be able to join you there. The room itself may not be available before that time due to patients discharge and bed/room cleaning. IF THE ROOM IS READY AND FAMILY MEMBERS CHOOSE TO WAIT THERE, THEY MUST UNDERSTAND THAT NO INFORMATION WILL BE AVAILBE. The nurses on the unit have no information about you, your condition or when you will be coming to the unit. For this reason we encourage family members to remain in the surgical waiting area until they are told you are on your way to your assigned room. Once you have arrived in your room, arrangements can be made for a telephone and/or TV if you so desire.

10: POST ANESTHESIA CARE UNIT (PACU)

You will be awake as soon as your operation is over. You will be moved directly onto your bed and taken to the PACU. This is a large, brightly lit room with several other patients. Here you will be closely monitored by the nursing staff as your body adjusts to the stress of surgery.

In the PACU you will be connected to machines that continually record your blood pressure and heart rhythm. You will have intravenous lines (IVs) for fluids, blood and medication, and you'll be given oxygen through a nasal cannula. It is normal for you to experience a dry mouth and /or chills. The nurse will give you something to relieve these symptoms.

A Foley catheter (to drain your urine) will have been placed in your bladder in the operating room. This catheter stays in your bladder until the second day after surgery.

There will be a dressing on your operated knee covered with an ace bandage. You may also have a drain in your knee to collect blood from the operated area. In most cases this blood is given back to you.

It is important for you to know that if you had epidural anesthesia you will not be able to feel or move your legs when you arrive in the PACU. You will be asked frequently by the nurse to move your toes to monitor the gradual return of sensations and movement.

Your operated leg will be placed in a continuous passive motion (CPM) machine, which will slowly start your knee bending.

While you are in the PACU, blood tests and an x-ray of your new knee joint will be done.

You will remain in the PACU until you are alert, your vital signs are stable, you are able to move your legs, and your pain is under control.

On the day of surgery, even when you are in your own room, you will feel sleepy and tired. This is a day to rest and recover. The nurses will be checking your condition and assisting you as needed.

11: POSTOPERATIVE PAIN MANAGEMENT

As feeling returns to your legs, you will begin to experience pain. Each patient perceives pain differently. You will be visited be a member of the Pain Service, who will decide which method of pain management is best for you. Most Total Knee Replacement patients will be placed on either epidural analgesia or intravenous patient controlled analgesia (PCA).

Epidural analgesia provides prolonged pain relief with small doses of medication given through your epidural catheter.

PCA allows you to control your own pain medication without waiting for the nurse. You will be given medication through your intravenous (IV) line until the pain is at a tolerable level for you; then you will be given a button to push when you feel pain. Medication will go through your IV and begin taking effect in 2 to 3 minutes. The amount of medicine you receive is based on your needs and regulated by a computer, so there is no danger of taking too much medication. Pain medicine works best before the pain becomes severe, so for the next couple of days you will be encouraged to use as much medicine as you need to allow you to move about and tolerate your therapy. No one but you should ever push the button for more pain medication.

Occasionally, due to anesthesia, motion, pain or pain medication, nausea may occur. **Do let your nurse know if you become nauseated.** There is something you can be given to alleviate your symptoms, and if necessary your pain medication can be changed.

Someone from the Pain Service will see you daily and respond to any changes needed in your pain medication. He or she will also monitor your other medications to ensure drug efficacy and safety.

On the second or third day after surgery, as your need for pain medication decreases, you will be switched to oral pain medication. We encourage you to take your pain pills, regularly to prevent the pain from becoming severe, because pain will slow down the rehabilitation.

Adjustments can be made in the dose if the medicine causes any unusual feelings.

12: ORTHOPAEDIC NURSING UNIT

PREVENTING COMPLICATIONS

On the orthopaedic nursing unit, your condition will be monitored by the nurses. They will work with you to prevent complications and to assure that you are making progress.

Lungs

To help keep your lungs clear, you will be instructed to cough and breathe deeply, as well as how to use an "incentive spirometer." **You should do this 10 times every hour when you are in bed.**

Bowel

Your bowel activity may be slow to return as a result of the epidural anesthesia and the pain medication. To prevent distension in your abdomen, you will be started on liquids and slowly progressed to solid food. **If you have not moved your bowels by the second day after surgery, you should ask for a laxative or suppository, even if you have not been eating.** It is important that you move your bowels no later then the third day after surgery.

Anti-Embolism Stockings

You will be wearing elastic stockings while you are in the hospital to prevent excess swelling in your legs. They will be removed daily for bathing and reapplied. **You are to wear the stockings day and night for 6 weeks after surgery.** They fit snugly so you may need help getting them on and off.

Intermittent Pneumatic Compression

A device designed to increase circulation and prevent blood clots will be applied to both legs in the PACU. These are to be worn at all times except when walking. **If they are removed for care or therapy and not reapplied, you should call the nurse to put them back on for you.** Once you are walking freely (day 3-4) they will be discontinued.

Neurovascular

Sensations and motion in your foot will be checked frequently. **You should report any numbness, tingling or difficulty moving your toes, or any burning or discomfort in your heels, immediately.**

THE PATIENT PATHWAY BEGINS THE DAY AFTER YOUR SURGERY

PATIENT PATHWAY
TOTAL KNEE REPLACEMENT

Name _____

Date of Surgery _____

DAY 1 _____day/date

1. Bed exercises	_ A.M.	_ P.M.
2. CPM 0-100 degrees* – at least 4 hrs	_ A.M.	_ P.M.
3. Dangle	_	_
4. Walk	_	_
5. Sit in chair for 10-15 min. (Bend knee to degrees)	_	

May Sleep in CPM

DAY 2 _____day/date

1. Bed exercises	_ A.M	_ P.M.
2. CPM 0-80 degrees – at least 2 hrs (Increase as tolerated)	_ A.M.	_ P.M.
3. Walk to bathroom	_	_
4. Use Toilet	_	
5. Sit in chair for lunch and dinner (Bend to 70 degrees)	_	_
6. Do evenings care in bathroom with help	_	

May Sleep in CPM

* As Per Doctor/ Physical Therapist

DAY 3 _____day/date

1. Bed exercises	_ A.M.(2x)	_ P.M. (2x)
2. CPM 0-90 degrees0 at least 2 hrs. (Increase as tolerated)	_ A.M.	_ P.M.
3. Wash up in bathroom with help	_	
4. Walk – try cane	_	_ _
5. Sit in chair for all meals (Bend knee to 80 degrees)	_	_ _

Out of bed for most of day – limit sitting to 45 minutes at a time.

6. Do evening care in bathroom _

Day 4 _____ day/date

1. Bed Exercises	_ A.M. (2x)	_ P.M. (2x)
2. CPM 0-100 degrees- at least 2 hrs.	_ A.M.	_ P.M.
3. Wash up in bathroom or shower with help	_	
4. Walk	_	_ _
5. Sit in chair for all meals (Bend knee to 90 degrees)	_	_ _

6. Try stairs _

7. Practice home exercise program _

8. Practice home exercise program _

9. Collect prescriptions _

10. Ask last-minute questions

DAY-BY-DAY MILESTONES

First Day After Surgery

- The drain in your knee will be pulled out.
- You will begin knee exercises – the same exercises you were doing at home (ankle pumps, quad sets, and Gluteal sets).
- You will be given your patient "pathway" as a guide, so that you can begin checking off your activities as they are completed.

ALL MOVEMENTS AND ACTIVITY AT THIS POINT IS PAINFUL, SO USE YOUR PAIN BUTTON.

Second Day After Surgery

- Your Foley catheter will be removed. You may experience a slight burning the first time you urinate. **If you are allowed fluids, you should drink as much as you can tolerate.** You may need to use a bedpan or urinal. **You should ask for help to the bathroom or for the bedpan or urinal as soon as you can you feel a need to empty your bladder, as at this stage you do move slowly.**
- Your knee dressing will be removed and an elastic stocking applied. You will be able to see the staples in you incision. These will be removed between 2 and 3 weeks after your surgery.
- **Discuss with the pain specialist stopping the epidural or PCA and changing you to pills to manage your pain.**
- **You should request a laxative if you have not moved your bowels.**

REMEMBER TO USE YOUR PAIN MEDICINE BEFORE ACTIVITY!

Third Day After Surgery

- You should move your bowels. **If you have not moved your bowels since the surgery ask for a suppository or Fleet enema.**
- **Follow the "patient pathway."**
- **Increase your CPM and ambulation.**

DISCHARGE GOALS

After day 3 you will continue increasing your activity until you are independent in

1. Getting in and out of bed, on and off the toilet, and in and out of a chair.
2. Walking with a cane or walker.
3. Going up and down a few stairs.
4. Actively bending your knee between 70 and 90 degrees.
5. Performing the home exercise program.
6. Managing your pain with oral medication.

When you have reached these goals, you will be ready for discharge. This is usually 3 to 4 days. Since progress occurs quickly, your doctor will tell you the evening before that you may go home in the morning.

Your family should be prepared to pick you up by 10am the next morning. If they visit you the evening before discharge, it will be helpful for them to take most of your things home at that time.

DAY OF DISCHARGE

Discharge time is 10am. Please make arrangements to be picked up at that time. If no one is available to pick you up, arrangements can be made for a taxi or car service to take you home. (Ambulettes are used only if you have three or more flights of stairs into your home. Cost is $30 to $120 depending upon your location.) You will be responsible for this payment. Transport will assist you with your belongings to your car.

You should have the following:

1. **A prescription for a pain reliever and any other medication you require.**
2. **Two pairs of elastic stockings.**
3. **Cane or walker.**
4. **Written home exercise program.**
5. **Home care plan with name of contact person. If no one comes to your home to evaluate you with 2 days call this contact person.**
6. **Discharge summary (given by the nurse).**
7. **Medical alert/antibiotic wallet card.**
8. **This booklet.**

We recommend that you take pain medication before you leave the hospital to make your trip home as comfortable as possible.

Preparing for discharge, getting dressed and traveling to your home can be very tiring. Even though you feel well and are excited to be home, you should rest for most of the day. The day after your return home you should call your surgeon's office for an appointment to have your staple removed and for your 6-week follow-up appointment.

13: PHYSICAL THERAPY

The goals of physical therapy are to increase the strength and range of motion in your walking. Physical therapy will begin on the first day after surgery. Thereafter, you will have therapy twice a day during your hospital stay.

Physical therapy will take place at your bedside. In the PACU your operated leg will be placed in a continuous passive motion (CPM), which will begin to gently move your knee. This machine is important for preventing stiffness and regaining your knee's range of motion. For the first few days you will be in the CPA for most of the time that you are in bed. The range of motion on the machine will be increase each day.

On your first day after surgery, the physical therapist will give you a list of exercise and teach you the proper way to do them. **You will need to do these exercises several times a day on your own, as well as with your therapist.** Your physical therapist will assist you in sitting on the side of the bed. You will walk with walker distance and sit up in a chair. You will use a walker for the first two days and then you will progress to a cane. Your therapist will provide a walker for use in the hospital and a cane for home use unless you have brought your own.

Each day you will gain more independence and your activity level will increase. You walking will improve as will your balance, endurance and range of motion.

Physical therapy is very important to your recovery. The success of you surgery will largely depend on your cooperation and motivation, both during therapy sessions and on your own. Beyond your physical therapy sessions, exercising several times a say and walking with assistance (when your therapist tell you it is safe to do so) will help to maximize the benefits of your surgery.

14: SOCIAL WORK

Depending on your needs, a social worker may visit you while you are in the hospital to discuss your plans for managing at home after surgery. He or she will refer your case to an appropriate home care agency, which will provide nursing care, physical therapy or blood tests ordered by your doctor. In some cases, your nurse will be making these arrangements. IT IS IMPORTANT TO REMEMBER THAT YOUR INSURANCE COMPANY DETERMINES THE AGENCY USED AND THE AMOUNT OF SERVICES YOU WILL RECEIVE. You will be provided with a written plan of care with the name and phone number of the agency that will be responsible for your continued care at home. This plan of care will be provided to you by either the social worker or the nurse.

If needed, the social worker is available to coordinate transition care such as:

- Discharge to a skilled nursing facility
- Discharge to a long-term rehabilitation center
- Assistance with personal or family circumstances that require immediate attention
- Coping with your illness and/or hospitalization.

A social worker can also provide emotional support during your stay. You may request a social sercvice visit through your nurse at any time.

15: **PASTORIAL CARE**

The Department of Pastoral Care and Education is available to help meet the religious and spiritual needs of patients and family members of all faiths. Rabbis, priests and chaplain, cover inter a wide array of faith backgrounds and make regular rounds on the in-patient units. If you would like to a see a chaplain, please call the department (see location directory). Chaplains are available 24 hours a day seven days a week, by page. The operator can assist you in paging a chaplain.

Catholic Needs
Priests visit patients regularly, offering the sacraments. Communion is available up to three and four times a week. Please call the department if you would like to see a priest. The priests are available 24 hours a day for emergencies. If you have an urgent need for a priest on an evening or weekend, please call the parish directly (see location directory).

Jewish Needs
The rabbinic chaplain visits Jewish patients on a weekly basis to access their needs. Sabbath hospitality Bikur Chalim visitation and Sabbath candles are available, as well as refrigerators for kosher use. For these arrangements or to see a rabbi, please call the department.

Other Religions
Episcopal communion is available on request. A Greek Orthodox priest is available for visits. Foreign language chaplains are available upon request.

For a list of local houses of worship, please call the department.

MANAGING AT HOME AFTER SURGERY

Please read this section carefully. It tells you how to prepare your home and gives you tips on how to arrange for the help you will need after discharge.

UNREALISTIC EXPECTATIONS ABOUT WHAT HELP WILL BE PROVIDED TO PATIENTS IS A MAJOR CAUSE OF STRESS BEFORE DISCHARGE.

Advance preparation will help alleviate that stress.

Advanced Home Preparation Form

1. Where will I stay after leaving the hospital?

	Name/Address	Telephone Number
My home	_____	
Relative's home	_____	
Friend's home	_____	
Other	_____	

2. Who will pick me up from the hospital? _____
Or _____ _____
Car Service Cost from Hospital to home

3. Will I be alone during the day? _ Yes _ No
If yes, answer questions A-E

A. Who will I call that lives close by if I don't feel well?

_____
Name/ Address Telephone number

B. Who will pick up perishables, e.g., milk, fresh vegetables, for me?

_____
Name/ Address Telephone number

C. Who will come by to help me with miscellaneous tasks?

_____
Name/ Address Telephone number

D. Who will have a set of my house/ apartment keys in case I need something while I am in the hospital?

_____
Name/ Address Telephone number

4. Who will take me to my doctor's appointment?

_____

(When riding in a car you should sit in the front passenger seat with the seat pushed back. Avoid very low cars-they will be difficult to get in and out of.)

16: MANAGING AT HOME AFTER SURGERY

Since you will be in the hospital only a short time, it is important to prepare your home before you are admitted so that you can manage more easily when you are discharged. No matter how well you do after surgery, there is always a certain amount of fear at the idea of leaving the hospital. Understanding your limitations and preplanning on your part can help alleviate these fears.

ADVANCED HOME PREPARATION

Complete the Advance Home Preparation Form at the beginning of this section. Answer all the questions now. It will be more difficult to take care of these things after surgery.

- **Stock household supplies, nonperishable and easy to prepare foods.**
- **Cook and freeze small portions of your favorite meals.**
- **Move the coffeepot and microwave to the kitchen table, if possible, so that you will not have to carry hot food.**
- **Consider having non-slip mats and or/grab bars installed in you tub or shower (these are useful to the whole family).**
- **Remove scatter rugs, wires, electric cords and long telephone (or tape down to avoid tripping).**
- **Consider boarding any pets that may trip you up as you walk with your cane.**
- **Rearranging furniture to allow you clear areas for walking,**
- **Arrange an area where you can stretch out to rest and do your exercise at least twice a day. (Remember, low couches are difficult to rise from.)**
- **Place phone numbers you may need near the phone. Consider a cordless telephone.**

Consider purchasing:

1. **A sport sac to wear around your waist.**
   This can be used to carry glasses, pad, pencil, Kleenex, etc.
2. **A thermometer.**
3. **A timer to remind you to get up and stretch.**
4. **One or Two reusable ice packs (10 inches to 14 inches).**

ACTIVITIES AT HOME

Exercise

Continue the exercises you were doing in the hospital as well as the home exercise program given to you by your therapist. You may use a stationary bike to increase the motion in your knee. **DO NOT DO EXERCISES WHILE LYING ON YOUR STOMACH AND DO NOT USE WEIGHTS UNTIL YOU ARE TOLD TO, USUALLY AFTER YOUR 6- WEEK VIIST WITH THE DOCTOR.**

Walking

Increase the number of times you walk each day. This is more important than distance, although you should also gradually increase the distance walked. **Use your cane or walker to protect your new knee.** If you live in a two story house, you will be able to go upstairs to sleep and shower. If there is a bathroom on the first floor and a place you can stretch out to rest and do your exercises, you may want to spend most of the day downstairs and go up to the second floor in the evening to sleep.

Sitting

Sit on a firm, straight-backed chair with arms. This will help you when getting up and down. **DO NOT sit on soft, low couches, chairs or on recliners.** Your legs should be bent at 90 degrees or more. **DO NOT sit for longer than 45 minutes without standing, walking and stretching.**

Bathing

It is recommended that for the first few days at home, you sponge bathe. You may wash your incision with plain water. It is all right to get your incision wet with plain water. It is all right to get your staples wet, but do not rub them; pat them dry. The therapist that comes to your home will evaluate your balance and ability to manage safely in your home environment. He/ She will assist you with tub/shower transfers and make recommendations if any assistive equipment (e.g. Tub seat or grab bar) is needed. DO NOT shower when you are home alone until the therapist tells you that it is safe to do so. Remember, tubs are slippery when wet, and even

with a grab bar, getting in and out of the tub can be dangerous. DO NOT sit in the bathtub. Tubs are very low and you will not be able to get up.

Sleep/Rest

Patients have reported difficulty sleeping for a few weeks after surgery. Short rest periods during the day may prevent fatigue and allow you time to stretch out and do your exercises. Lie on a firm surface. Remember that low, soft couches will make it difficult to get up. DO not put any pillows or pads under knee. This could make it difficult to straighten your knee afterward.

Sexual Activity

Pain, stress, and medication can all affect sexual function. As your knee heals and becomes less painful, you and your partner can look forward to resuming sexual relations. There should be no limitations to your sexual activity as a result of your Total Knee Replacement.

Meals

You will be able to manage light preparation, e.g. coffee and cereal, sandwiches, or heating something in the microwave or oven, as soon as you return home. **Do eat fresh fruit and vegetables to keep your bowels regular.** You may not regain your normal appetite for a couple of weeks until your activity increases.

Driving/ Travel

While you may feel well and your knee may be bending well, you should not drive until your surgeon gives you permission. This normally occurs at the 6-week follow-up visit. While driving is not harmful to your knee, your driving response time is decreased and you may not be able to stop quickly enough to avoid an accident. A sudden pain or spasm could cause you to lose control of the car. In addition, there are considerations when getting in and out of a car:

- Have the front seat moved as far back as possible.
- Enter from the street level and not from the curb.
- Back up toward the seat until you feel the seat behind your knees, then sit.

- Turn forward; have someone help lift your legs if you are unable to do so, or use your good leg to assist your operated leg.
- Reverse this procedure for getting out.
- DO NOT ride in a car for longer than 45minutes without getting out, walking around and stretching.

If you are traveling home by air or by train during the first few weeks after the surgery, special arrangements should be made with the airline or railroad:

- Reserve a bulkhead seat, which has more room, so that you can stretch your leg out. Get up and walk short distances with help if it is a long flight/ride.
- Use a wheelchair to get from the curb to the departure area, but walk to stretch your leg out before getting on the plane/train.
- Move slowly when leaving the plane/train as you will be stiff after a long period of sitting. Give yourself time to work the stiffness out of the knee.

Social Activity

After your first week home, we encourage you to go out. Between the second and the third week after your surgery, you'll go to the doctor's office to have your staples removed. This is the perfect opportunity to go out for lunch and begin resuming your social activities. Do not resume strenuous activities such as dancing or sports (except swimming) until your doctor says it is safe to do so.

Returning to Work

Do not plan to return to work before your 6 week postoperative visit to the doctor. Even if your job does not require much physical work, it is usually at least 6 weeks before you are comfortable enough to concentrate on other things. **All of your efforts during these first 6 weeks should be concentrated on your therapy and regaining normal knee strength and function.** If your job requires manual labor, it will be 3 to 6 months before you can resume work.

INITIAL ADJUSTMENT AT HOME

Pain

You will continue to have pain in your knee for some time after surgery, but will gradually decrease. In addition to your pain medicine, you should use an ice pack on your knee. This is usually most helpful after walking or doing exercises. Pain is often worse at night. This can interfere with your sleep. Take your pain medicine before you go to bed and keep it near the bed in case you need more during the night. Pain on climbing stairs may last for up to a year after surgery.

Swelling

It is normal to have swelling in your knee, leg and even your foot. As you are more active at home, your leg may swell more. Plan to lie down with your legs elevated above the level of your heart after activity. Also, be sure to wear your elastic stocking at all times except when bathing.

Depression

It is not unusual for you to feel depressed when you first get home after surgery. You may be irritable and cry easily. This may last for 2 to 3 weeks. Having friends over for card and board games, reading or any sedentary hobby can help pass the time.

Other Complaints

It is normal after surgery for you to experience feeling of

- Tight “bands” around the knee.
- “Clicks” from the knee.
- Numbness around the incision, especially the outer side.

17: HELP AT HOME AFTER SURGERY

While you will be able to take care of yourself as soon as you get home, you will need help with

- Removing and reapplying elastic stockings
- Grocery shopping
- Major/family meal preparation
- Laundry
- House cleaning
- Changing bed linen
- Transportation

You must make plans ahead of time for how managing these tasks.

We will request that a physical therapist come to your home after you leave the hospital. If you require blood tests, we will make agreements for those to be done at home. This may qualify you for the short-term services of a home health aid if you need extra help.

A home health aide (HHA) is a person who is primarily concerned with your personal care. Among the things a HHA can do are

- Assist in shopping, cooking and light cleaning.
- Assist you getting out of bed.
- Help with bathing and dressing.
- Teach you new ways to do household tasks.

We request these services for all patients under going a Total Knee Replacement, but IT IS YOUR INSURANCE CARRIER THAT DETERMINES IF YOU ARE COVERED FOR THESE SERVICES. Each insurance carrier has rules and makes decisions based on its own criteria regardless of what your surgeon requests.

FOR THIS REASON WE CANNOT GUARANTEE ANY PATIENT SERVICE. Most carriers do provide at least some of these services. The nurse caring for you will refer your case to the home health care agency. Before you leave the hospital, she or he will give you a name and phone number of this agency.

There can be no guarantee as to when these services will begin. Generally, whithin a day or two of discharge, a nurse will arrive at your home to evaluate

your condition and discuss what services will be provided. This means that vital signs such as temperature and blood pressure, and your general physical condition are checked. There may be a three to four day delay for physical therapy and/ or home health aide services.

If you feel that you will need or want assistance as soon as you arrive home, you must make these arrangements yourself before coming into the hospital. If available, we suggest that family or friends assist you until services are in place. REMEMBER, IT IS THE NURSE FROM THE HOME HEALTH CARE AGENCY THAT DETERMINES HOW MUCH CARE CAN BE PROVIDED, HOW OFTEN SERVICES ARE GIVEN AND HOW LONG THEY WILL LAST, REGARDLESS OF WHAT THE PHYSICIAN HAS REQUIRED.

If the nurse who visits your home is unable to provide as much help as you would like, you may arrange for additional help at you own expense. Attached is a list of other heath care agencies you may wish to contact. You may also use the yellow pages to identify agencies near your home.

The therapist who comes to your home is there to supervise you exercises and assure that you are making progress. The exercise itself must be done by you to get the most benefit from the surgery. DO NOT wait for the therapist to begin exercising.

Both the nurse and the therapist will call to let you know approximately when they will arrive. Some patients are seen in the morning and others in the late afternoon. IF YOU DO NOT HEAR FROM THEM, CALL THE NUMBER OF THE AGENCY GIVEN YO YOU ON THE DISCHARGE PLAN.

While we understand that the initial adjustment to being home after surgery is not easy, most patients manage very well, especially those who prepared in advanced.

To help us work with your insurance carrier to provide you with help at home, please complete the attached discharge planning form and bring it with you to the pre-admission education class. If Medicare is your primary insurance you do not have to complete this form. Medicare will provide a visiting nurse, physical therapist and home health aide services for a limited time. **If your Medicare is managed by another carrier, you must fill out this form.**

DISCHARGE PLANNING FORM

Name (Patient) _____
Insurance Carrier _____
Policy number _____
Contact Person/ Case Manager _____
Telephone Number _____
Primary Care Physician _____

Call your insurance carrier and ask these very specific question:

1. Am I covered for home physical therapy? _ Yes _ NO

2. For how many visits am I covered? _____

3. Am I covered for blood test at home? _ Yes _ No
   (prothrombin time)

4. Am I covered for a home health aide? _ Yes _ No

5. For how many visits am I covered? _____

6. Do my covered visits combine nursing,
   physical therapy and home health aide visits _ Yes _ No

7. Have I used any of my covered visits? _ Yes_ No

8. How many total visits do I have left? _____

9. Am I required to use a specific agency
   for my home care? _ Yes _ No

10. If yes name of agency _____
    Telephone number _____

11. If more than one agency may be used, please bring a list of agencies and telephone numbers with you to the hospital.

HOME HEALTH CARE AGENCIES

- This is a partial listing of the agencies that provide all levels of home health care services, including home health aides, live-ins, nurse's aids, L.P.N.s, etc. The duties of the home health aide include meal preparation, shopping and light housekeeping. Some agencies charge carfare or a placement fee. Be sure to inquire before you place an order.

- Generally, fees for a home health aide range from $10 – $20 per hour.

Please ask the agency representatives about their charges.

ACS/ ALERNATIVE CARE SYSTEM, INC.
Branch Manager (212) 286-9200

Branch Manager, New Jersey (201) 217-0707

A LIFE SAVER HOME CARE SERVICES, INC.
Manager (718) 972-9792

AVALON REGISTRY (212) 245-0205

CARING HAND (212) 696-1400

FOLEY NURSING (212) 794-9666

HEALTH FORCE (212) 687-4880

MAP / MIDPOINT ASSOCIATED PRACTITIONERS, INC
(212) 505-1878

PLAZA NURSES AGENCY (212) 466-1662

SECRET CARE/SELECT HOME CARE (212) 645-1594

STAFF BUILDERS (212) 867-2301

U.S. HOMECARE CORP. (212) 563-1979

VISTING NURSE (212) 434-3247

18: INPATIENT REHABILITATION FACILITIES

In exceptional situations, it may be necessary for you to receive additional therapy before going home. Examples are if other physical or medical conditions complicate your recovery, or if you require additional time and therapy to achieve independence. In these cases, you may need to be transferred to a rehabilitation facility.

If the health team feels you would benefit from extended rehabilitation, it will be discussed with you in further detail. If your needs are short term (1 to 2 weeks) and a bed is available, you may be transferred to one of the rehabilitation facilities. If your needs are longer term, you will be transferred to another longer term, facility. Either way, if it is determined that you will need further rehabilitation, your transfer will take place as soon as it can be arranged (usually 2 to 3 days after surgery). PLEASE UNDERSTAND THAT THE DECISION FOR ACCEPTANCE TO ANY REHAB FACILITY IS NOT CONTROLLED BY YOUR SURGEON. If you meet the criteria set by both the rehabilitation facility and a bed is available, you will be discharged to the facility.

While we always consider a patient's preference for a rehabilitation center if one is necessary, we must refer your case to at least three different qualified facilities. You will be discharged to whichever facility has the first available bed.

WE CANNOT KEEP YOU IN THE HOSPITAL WHILE WAITING FOR A BED AT A PARTICULAR REHABILITATION CENTER IF A BED IS AVAILABLE AT ANOTHER FACILITY.

19: REASONS TO CALL YOUR DOCTOR

When there is a problem concerning your new knee, you should contact your surgeon's office. Be prepared to tell the office staff the date of your surgery, type of the surgery and when the problem started. Important information your surgeon needs to know about includes:

- Thick, bloody or foul smelling drainage from your knee. Please note the small amounts of bloody drainage are normal.
- A temperature over 100 degrees for 2 consecutive days.
- Excessive redness around your incision. While your staples are still in, some redness is expected and may increase with exercise.
- Sudden pain, redness or swelling in the calf of your leg.
- Numbness, tingling, loss of sensation or weakness in your legs or foot.
- Any infection you may develop, if you are unable to reach your family doctor to prescribe an antibiotic.
- **Remember your Medical Alert wallet card.**

If any of the above events occur, call your surgeon's office. If the office is closed, the answering service will have the doctor on call will get back to you.

Your family doctor will continue to provide your health care for problems concerning blood pressure, heart conditions, diabetes, etc., or if you should develop a cold, flu, or stomach problems.

Remind your doctor or dentist that you have had a Total Knee Replacement each time you visit. Show him or her your Medical Alert wallet card so that he/she can call us directly if there are any questions.

20: PRE-ADMISSION PATIENT/FAMILY EDUCATION SESSION

As part of Insall Scott Kelly Total Knee Replacement program you should attend one of the Pre-Admission Education Sessions. You may attend as early as 4 weeks before your scheduled surgery, but no later than 1 week before. Your surgical booking agent will tell you when the classes are held, the days and times and where the classes are held.

We encourage family members and/ or friends who will be assisting you at home after surgery to attend.

You should read this book before attending the class as it may trigger some question for you to ask.

The class will include additional information about your Total Knee Replacement, a session with a physical therapist and a review of your individual discharge plan (your completed Advance Home Preparation Form and Discharge Planning Form.) An opportunity to ask questions and clarify information you may not understand in the book will also be provided.

APPOINTMENTS

	DATE	TIME
BLOOD DONATIONS	_____	_____
	_____	_____
PRE-ADMISSION EDUCATION SESSION	_____	_____
SURGERY	_____	_____
STAPLE REMOVAL	_____	_____
6-WEEK POST-OP X-RAY	_____	_____
6-WEEK VISIT	_____	_____
6-MONTH VISIT	_____	_____
1-YEAR VISIT	_____	_____
2-YEAR VISIT	_____	_____
3-YEAR VISIT	_____	_____
4-YEAR VISIT	_____	_____
5-YEAR VISIT	_____	_____

PHONE NUMBERS

	NAME	NUMBER
SURGEON	_____	_____
PHYSICIAN'S ASSISTANT	_____	_____
FAMILY DOCTOR	_____	_____
PHARMACY	_____	_____
HOME CARE CONTACT	_____	_____

OTHER: _____

_____

_____

_____

_____

_____

_____

_____

Record your questions or concerns here so that they can be addressed at the Pre-admission Education Session.

QUESTIONS

NOTES