



My Guide to Total Knee Replacement

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This is a guideline only.

Please ask our staff if you have any questions or concerns.

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Patient Name: _____

Surgery Date and Time: _____

Arrival Time: _____

Surgeon: _____

Occupational/ Physiotherapist Contact: _____

My Guide to Total Knee Joint Replacement

This booklet was created to help address the many questions and concerns you may have about your upcoming total knee replacement. It includes information on what the surgery includes, how to prepare yourself for the surgery, what to expect in the days following the surgery, how to prepare your home for when you are discharged from the hospital, and tips that will hopefully make this experience as positive and stress-free as possible.

Please read this guide thoroughly and write down any questions you may have. Bring this booklet with you on the day of your surgery and for follow-up visits.

If you have any questions about the contents of this booklet, please contact the physiotherapy department at Strathroy General Hospital at: 519-246-5901

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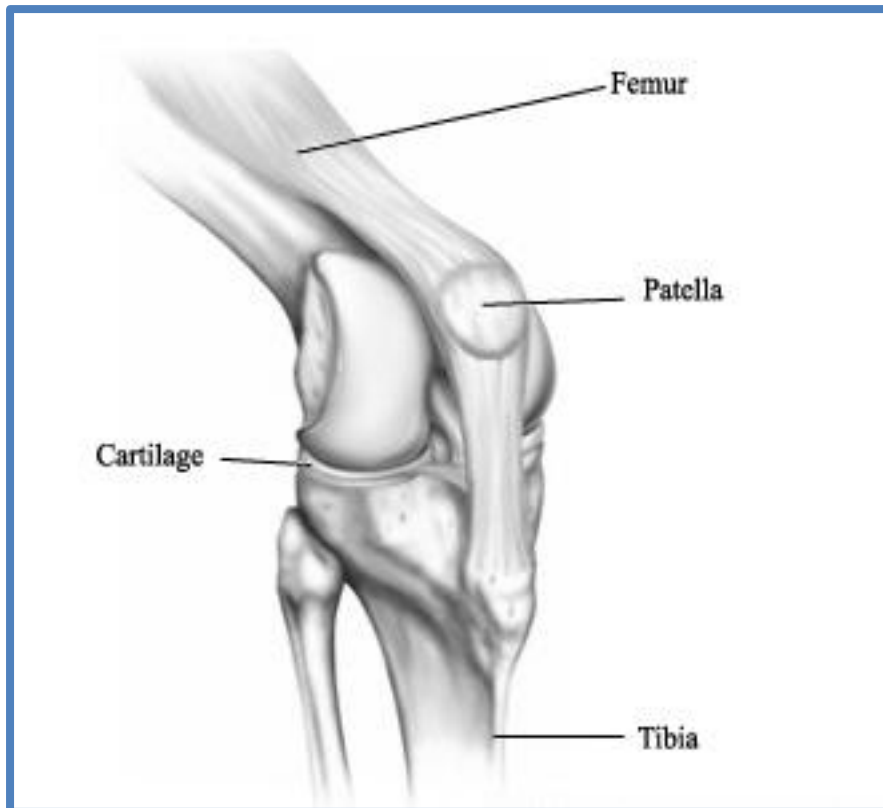
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The Healthy Knee

- The knee joint is the largest joint in the body and is made up of the kneecap (patella), thigh bone (femur) and shin bone (tibia)

- Articular cartilage is a smooth elastic tissue that covers and cushions the surfaces of these bones and allows them to move smoothly



- Menisci are “pads” of cartilage found between the femur and tibia that act as shock absorbers to protect bone surfaces
- Ligaments give support to the knee in all directions
- The knee moves like a hinge; these movements are generated by powerful leg muscles

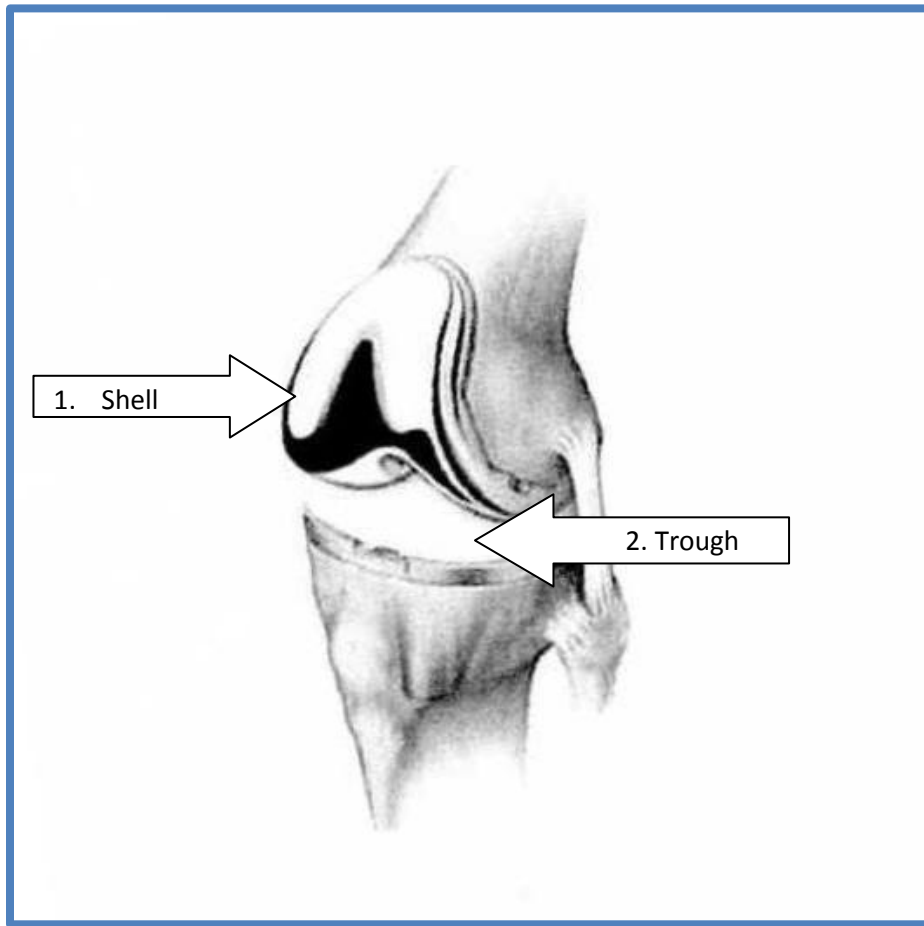
Total Knee Replacement

A healthy knee moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. Bony spurs can form in the knee joint or under the kneecap, which can make weight bearing, walking and even sitting very painful. This damage to the knee structures can be caused by osteoarthritis, rheumatoid arthritis, and previous knee injuries.

When other treatments no longer work and you cannot carry on with normal activities because of pain and limited movement, your doctor may recommend a total knee joint replacement.

There are 3 parts to the artificial knee:

1. The metal shell on the end of the thigh bone (femur)
2. The metal and plastic trough at the top of the shin bone (tibia)
3. The plastic button on the back of the kneecap (not shown on diagram)



Pre-admission Clinic

An appointment will be booked for you at the Pre-admission Clinic 1 to 4 weeks before your surgery. At the clinic you will learn about your surgery and be checked to make sure you are in good health before your surgery.

We strongly encourage you to bring someone with you to the pre-admission clinic.

Check in at Admitting before going to the Pre-admission Clinic. Expect to be in Pre-admission for **3 to 5 hours**.

Pre-Admission Clinic	
Tests	<ul style="list-style-type: none"> • You may have bloodwork taken or an ECG done • You may have x-rays done • Movements of you knee will be measured
Medications	<ul style="list-style-type: none"> • Please bring all the medications you are taking in their original containers including herbal medicines • Review of medications to take the morning of surgery with a sip of water • Review of pain management post-operatively • Review of anticoagulant therapy
Activity	<ul style="list-style-type: none"> • Review of exercises to perform after surgery • Review of assistive devices to help with daily activities following surgery
Nutrition	<ul style="list-style-type: none"> • Do not eat or drink any fluids, including water after midnight the night before surgery except a sip of water with morning medications
Consults	<ul style="list-style-type: none"> • You may be seen by an Anesthesiologist, physiotherapy, occupational therapy, CCAC, or the Arthritis Society
Teaching	<ul style="list-style-type: none"> • How to get ready for your knee surgery • What to expect during your hospital stay • How to get ready to return home • Pain control after surgery

Assistive Equipment

The following is a list of equipment that may assist you in your everyday activities following surgery.

They are recommended for your safety and will enable you to complete tasks independently when you return to your home.

These devices will be discussed in depth at your pre-admission appointment with your physiotherapist or occupational therapist. He/She will review which devices you will need and where you can purchase or rent equipment.

You will need to get these devices before your admission to the hospital and it is recommended you practice using these devices before your surgery.

Assistive Equipment

Gait Aids	Standard Walker (MANDATORY) <ul style="list-style-type: none">• Will assist in walking. Ask your physiotherapist or occupational therapist for the most appropriate type. Crutches/cane - to assist on stairs <ul style="list-style-type: none">• Can be purchased or rented in your community Handrails <ul style="list-style-type: none">• These should be installed along stairs for safety measure
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



<p>Bathroom Equipment</p>	<p>Raised Toilet Seats with arms</p> <ul style="list-style-type: none"> • Clamp-on or molded plastic styles for regular or oval toilet bowls <p>Grab Bars</p> <ul style="list-style-type: none"> • Can be mounted into a studed bathroom wall or clamped to the side of the tub <p>Bathtub transfer bench</p> <ul style="list-style-type: none"> • Required when getting out or into tub • Discuss with your physiotherapist before getting into the bathtub <p>Hand Held Shower</p> <ul style="list-style-type: none"> • For use with tub bench
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



<p>Assistive Dressing Devices</p>	<p>Sock Aid</p> <ul style="list-style-type: none"> To help put on socks or hosiery without bending at the waist <p>Elastic Laces</p> <ul style="list-style-type: none"> Make any lace-up shoes into slip-on shoes <p>Long-Handled Reacher</p> <ul style="list-style-type: none"> To avoid bending to the floor, reaching overhead, or for assistance when dressing <p>Long-Handled Shoehorn</p> <ul style="list-style-type: none"> Useful to put on shoes or take off socks without bending at the waist <p>Long-Handled Sponge</p> <ul style="list-style-type: none"> To help reach feet and back when bathing
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



How to Prepare your Home

- ✓ Remove scatter rugs, extension cords, and telephone cords as they may cause you to fall.
- ✓ If you don't already have them, install handrails on at least one side of each stairway.
- ✓ Don't be afraid to ask for help if you find a task too difficult.
- ✓ Place things that you use often where you can easily reach them.
- ✓ Place a rubber mat in your tub and/or shower.
- ✓ Make sure there is a clear, well-lit path from your bedroom to the bathroom.
- ✓ Install a sturdy grab bar in your bathroom. DO NOT use a towel rack as a grab bar; these are not safe.
- ✓ Have easy access to a telephone and lamp from your bed.
- ✓ If there are a lot of stairs to go up to your bedroom, consider moving your bed to the main floor. Look into borrowing or renting a bed if necessary.
- ✓ When in the kitchen, use a cart with wheels to move heavy items or many items at once.
- ✓ Arrange for someone to come in and help with household chores upon your return. You will not be able to do tasks that require heavy lifting or bending, such as vacuuming, washing floors, laundry, and washing the tub.
- ✓ You may need to stay with a family member or friend or arrange convalescent care if you live alone.

Eating well when you go home

It is important that you have a good supply of nutritious foods at home.

- ✓ Stock your freezer with healthy foods and pre-cooked meals.
- ✓ Arrange for family or friends to do your grocery shopping or arrange for home delivery from your nearby grocery store.
- ✓ If they are available in your area, Meals-on-Wheels are a good nutritious option.
Contact your nearest Community Care Access Centre (CCAC) for details.

What to Expect Before and After Surgery

You will need to begin making plans for your hospital stay and discharge before your surgery.

Do not shave below the waist for 48 hours prior to surgery or your SURGERY WILL BE CANCELLED.

Doctors recommend that you do not drive your car for at least 6 weeks following surgery. It is therefore important that you arrange transportation ahead of time.

You will be in hospital for only a few days. Most of your recovery will take place over the next few months.

Pain following surgery is normal and will continue over the next few months. Talk to your doctor about pain control options if pain is interfering with normal daily activities.

You will have to plan ahead for your responsibilities:

- ✓ To go home or to another place or facility to recover
- ✓ To have transportation
- ✓ To have special equipment in place at home for support
- ✓ Have support at home
- ✓ Physiotherapy appointments as needed
- ✓ To have your assistive equipment ready
- ✓ Medications
- ✓ To have groceries and food

Day of Surgery

Please plan to arrive at patient registration to ensure your arrival to SDC **two hours before surgery**.

Expect to be in hospital for about **2-4 days**. You need to arrange for a ride home the day of discharge by 11:00am.

Do not eat or drink after midnight the night before your surgery except **a sip of water** with morning medications.

What you need to bring to the hospital:

- ✓ A cane or crutches AND standard walker (no wheels) to assist with walking
- ✓ Shoes/slippers with rubber soles or grips
- ✓ A light weight robe
- ✓ A small overnight bag with clothes and personal care items
- ✓ Guide booklet

Day of Surgery	
Assessment & Monitoring	<ul style="list-style-type: none"> • A nurse will review your Operating Room Checklist, Pre-op Questionnaire, Consent and Surgical Safety Checklists and other assessments including any questions you or your family may have
Tests	<ul style="list-style-type: none"> • You may have bloodwork taken • An intravenous will be started
Medications	<ul style="list-style-type: none"> • You may take morning medications with a sip of water • You will receive pain medications and antibiotics as prescribed
Activity	<ul style="list-style-type: none"> • Bring assistive devices as discussed with your physiotherapist or occupational therapist at the pre-admission clinic • Confirm that needed home equipment is in place
Nutrition	<ul style="list-style-type: none"> • The nurse will check that you have had nothing to eat or drink since midnight except a sip of water with morning medications
Education	<ul style="list-style-type: none"> • The nurse will review any questions you or your family have • Review the use of the Pain-controlled Analgesic (PCA) if needed • Review that a drainage tube may be placed at the operative site to allow drainage
Discharge Planning	<ul style="list-style-type: none"> • Reinforce and explore post-operative discharge plans for assistance • Review follow-up procedure and x-rays

What to Expect After Surgery

Tests and treatment	<p>You will have:</p> <ul style="list-style-type: none"> • An IV continued • Vital signs checked at regular intervals • Dressing checked/changed every 2-4 hours • Blood tests
Medications	<p>You may have medication for:</p> <ul style="list-style-type: none"> • pain control • nausea • anti-blood clot • antibiotics • your usual medications <p><i>Please inform a nurse if you have pain or nausea</i></p>
Activity	<ul style="list-style-type: none"> • Activity with your physiotherapist or occupational therapist will begin the day after surgery and continue through your rehabilitation. Please see the activity schedule on the next page for more detail. • Pain medications will be given by your nurse before your exercises
Nutrition	<ul style="list-style-type: none"> • You will be offered a regular diet as your nausea/comfort level permits • Maintain regular sips of fluids after surgery to stay hydrated
Consults	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapy • Anesthesia may follow you for pain control
Education	<ul style="list-style-type: none"> • Review post-op exercises and precautions • Review pain management, wound care and bowel precautions • Review follow-up appointments and care of your knee at home
Discharge Planning	<ul style="list-style-type: none"> • You will have ongoing physiotherapy appointments following discharge • CCAC visits • Follow-up phone calls • Discuss post-op surgical visit and x-ray procedure

Therapy Following Surgery

Day 0 (day of surgery)

A therapist and/or a nurse will review:

- How much weight you may put on your leg
- How to protect your knee when moving
- How to move safely in your bed
- How to get in/out of bed safely
- How to walk correctly using a walker
- Preventing injury to your knee

You will:

- Sit up/stand at bedside
- Walk short distances with assistance
- Deep breathing exercises and coughing exercises
- Perform range of motion exercises regularly

Day 1 (first day after)

A therapist and/or a nurse will review:

- How much weight you may put on your leg
- How to protect your knee when moving
- How to move safely in your bed
- How to get in/out of bed safely
- How to transfer safely into a chair
- Exercises and stretches
- How to walk correctly using a walker
- Preventing injury to your knee
- Use of ice on the knee

You will:

- Sit on the side of the bed and in a chair with help
- Walk to the bathroom or in the hall using a walker with assistance
- Do breathing exercises
- Continue range of motion exercises

Therapy Following Surgery	
<p>Days 2-3 (after surgery)</p>	<p>You will learn how to:</p> <ul style="list-style-type: none"> • Dress, bathe and go to the bathroom safely • Prevent injury to your knee • Manage your daily activities • What to do if you have questions when you go home <p>You will:</p> <ul style="list-style-type: none"> • Walk independently to the bathroom or in the hall • Practice climbing stairs with crutches or a cane • Continue range of motion exercises • Sit up in a chair for all meals • Review daily activities with a therapist • Review assistive device use with a therapist

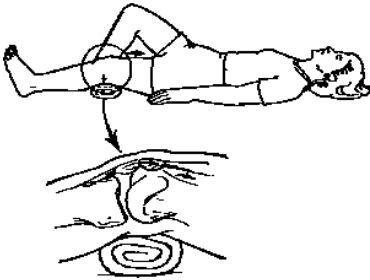
***IMPORTANT:** Upon discharge home, you will have several visits from a home care physiotherapist. After completion of therapy at home, it is your responsibility to arrange beforehand for additional physiotherapy appointments at an out-patient clinic in your area.

Precautions

- Many people are afraid to bend their knee after surgery, believing this could be harmful. Especially since bending the knee is painful at first. But while certain movements should be avoided, you are encouraged to start bending your knee right away. Do it gently at first, but keep doing it!
- Do NOT rest your operated knee over a pillow. This can cause stiffness in both your knee and hip, making it harder to straighten your leg.

IMPORTANT *don't panic if you suddenly realize you haven't followed one of your knee precautions. It isn't likely that you have harmed yourself. Just try not to do the same thing again.*

EARLY POST-OP KNEE EXERCISES



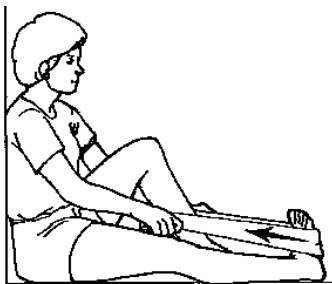
1. Lie on your back with operated leg straight.
2. Place a small rolled up towel under your knee of the operated leg.
3. Tighten your thigh and buttock muscles, pushing the back of your knee down into the towel.
4. Hold 5 seconds, repeat 10 times, 3 times per day



1. Lie on your back with legs straight.
2. Bend operated leg at hip and knee, sliding your heel toward buttock (you may use your strap to help)
3. Hold 5 seconds, repeat 10 times, 3 times per day



1. Lie on your back with a can or roll under knee
 2. Raise your heel off the bed until your leg is straight
 3. Hold 5 seconds then slowly lower.
- Repeat 10 times, 3 times per day.



1. Lie on your back or in sitting with leg straight out
2. Place strap around your toes and pull them up toward your hips until you feel a comfortable stretch in the back of your leg
3. Hold for 15-30 seconds, repeat 5 times, 3 times per day

Note: Place ice or a cold pack around the operated knee before and/or after your exercises for 10 mins to help reduce swelling & pain

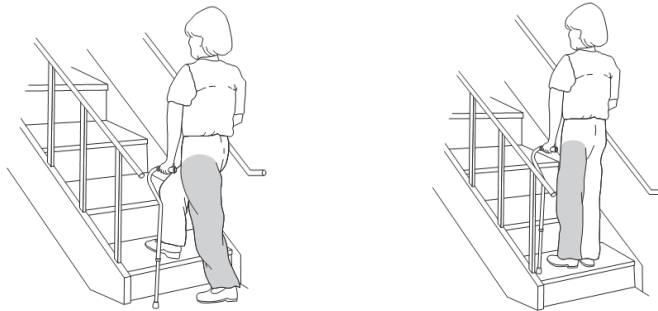
Climbing Stairs with a Cane

* When you are first home, have someone with you when you do the stairs – that person should be close behind you on the way up and should be one step below you on the way down.

Going UP stairs using a handrail – The GOOD leg steps up first

1. Stand close to the step and hold onto the handrail with one hand, the cane in the other hand.
2. Put your weight through the handrail and on the cane.
3. Step up with the good leg.
4. Straighten the good leg and step up with the operated leg, and then bring up the cane.

* Shaded leg is the operated leg



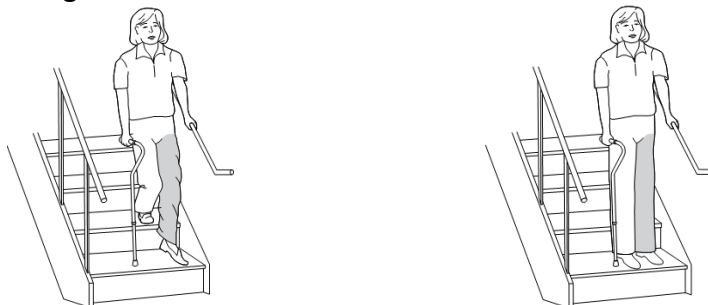
1. Step up with the good leg.

2. Cane and operated leg step up together.

Going DOWN stairs using a handrail –the OPERATED LEG steps down first

1. Stand close to the edge of the step and hold onto the handrail with one hand, the cane in the other.
2. Bring the cane down to the lower step followed by the operated leg.
3. Put your weight through the handrail and on the cane.
4. Step down with the good leg.

* Shaded leg is the operated leg



1. Cane down first, followed by operated leg.

2. Step down with the good leg.