



# KNEE REPLACEMENT

A guide for patients and their families.



**BAPTIST HEALTH**<sup>®</sup>

LOUISVILLE

## BEFORE SURGERY

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### Complete the following before your surgery.

- Quit tobacco use at least four weeks before surgery.
- Do not drink alcohol for 48 hours before surgery.
- Begin exercises.
- Complete joint care class.
- Read the joint replacement booklet and bring it to the hospital.
- Attend pre-admission testing.
- Develop a plan for assistance after discharge from the hospital.
- If overnight stay:
  - Have transportation arranged for pick-up by 10 a.m. the day of discharge.
  - Pack clothing that is loose and comfortable for exercise and walking.
- Prepare your home for recovery.
- Shower daily beginning three days before surgery with antimicrobial soap.
- Use wipes as instructed by pre-admission testing nurse.
- Stop or take medications as directed by the surgeon and/or pre-admission testing.
- No shaving any body part for one to two days before surgery.
- Pack your CPAP machine and insulin pump (if you use these items).
- The morning of your surgery drink 20 ounces of carb loading hydration drink such as Gatorade or Powerade hours before arrival for surgery. If diabetic drink sugarfree Gatorade or Powerade. *(No red- or purple-colored drinks)*

## BEFORE SURGERY

### JOINT CARE EDUCATION

- Your surgeon recommends you attend this class before your joint replacement surgery.
- This class is required if longer than one year from previous joint replacement surgery or you're having a surgery on a different joint.
- Family members and friends who will be assisting the patient after surgery or patients who are considering total joint replacement surgery are encouraged to view.
- After attending the joint care class, please complete the information at the end.

#### To access class:

- Use QR code
- Website – <https://www.baptisthealth.com/jointreplacementlouisville>
- If having difficulty accessing class, please call the orthopedic program coordinator at 502.259.4722.



### BEFORE YOUR SURGERY

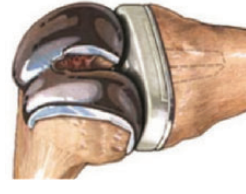
- No dental work or teeth cleaning by a dental office within five weeks prior to surgery.
- Bring a list of medications with the date each was last taken. Do not bring the actual medications unless instructed to by your physician or the pre-admission testing nurse.
- If you are on an insulin pump, bring cartridge refills.
- Do not bring jewelry or other valuables to the hospital.
- Bring closed-back shoes that fit well and have gripper soles. Do not walk barefoot.
- Bring t-shirts, shorts or pants loose enough to fit over a dressing and pajamas or a gown.
- If applicable, bring your CPAP machine.
- Bring this total joint booklet.
- Unless already used regularly do not bring a walker, cane, crutches or wheelchair for after surgery (hospital has supply available for use).
- Shower daily, beginning at least three days before surgery using an over-the-counter anti-microbial soap (such as Dial). Wash the front and back of the operative area.
- Do not apply any creams, lotions, or ointments to the operative extremity for two days before surgery.
- Do not shave any part of your body one to two days prior to surgery.
- Use the chlorhexidine cloths following the instructions provided by the preadmission testing nurse.
- If you suspect you are having an allergic reaction to the chlorhexidine, stop use and notify the surgeon.
- Sleep on clean bed sheets, wear clean clothes, and avoid sleeping with any pets the night before and after surgery.
- Notify the surgeon if you have any signs of illness, such as sore throat, cough or congestion or if you have any open areas of skin or a rash on the operative extremity.

## TOTAL KNEE REPLACEMENT



### BEFORE

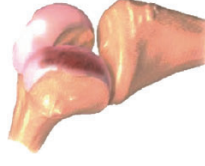
- When two bones form a joint, the ends of the bones are covered with cartilage.
- When cartilage wears away over time, or is damaged by a traumatic event, bones can rub together, causing pain.



### AFTER

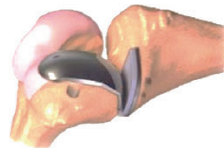
- In a Total Knee Replacement, the damaged cartilage is trimmed away from the thighbone (femur) and the shin bone (tibia). The ends of the femur and tibia are reshaped to fit the prosthetic joints.
- The cartilage on the back of the kneecap (patella) may be replaced with a button-shaped prosthetic; if damage is noted.
- Prosthetic joints come in different sizes and are made from different substances. Your surgeon will determine the size and type of prosthesis that is best for you.

## PARTIAL KNEE REPLACEMENT



### BEFORE

- In this picture, the red color represents damaged cartilage that occurs on one side of the knee joint.



### AFTER

- In a Partial Knee Replacement, damaged cartilage that occurs on one side of the knee joint is trimmed away and replaced with a prosthetic partial joint.
- This procedure is usually completed as an outpatient surgery, and patients go home the day of surgery.

## PREPARING YOUR HOME

### MOBILITY

- You will be able to climb stairs after surgery; however, limiting stair travel is recommended until your discomfort lessens.

To enhance mobility, here are some tips:

- Establish your living space on one level (if possible).
- Select a bed and chair of appropriate height. Make sure chair not too low and hips are lower than your knees.
- Handrails for stairs are recommended inside and outside.

### PREVENTING FALLS

- Carry a portable phone to call for assistance.
- Remove area rugs and mats.
- Continue to wear closed back shoes that fit well with gripper soles.
- If not wearing shoes do not walk barefoot wear socks with grippers.
- Remove clutter and clear pathways to avoid tripping.
- Be careful around pets to avoid tripping.
- Avoid wearing robes or gowns longer than knee length.

### RECOMMENDED ITEMS TO HAVE AT HOME

- Hand sanitizer
- Two (2) 4-inch gauze pads and a roll of paper tape
- Reacher to pick-up items (optional)
- Long shoehorn to help apply footwear (optional)
- A sock aid
- Extra pillows for positioning

### DISCHARGE

Over 90% of patients go home after joint replacement. Research shows that patients discharged to home have fewer complications and readmissions to the hospital. Your physician may recommend that you go home the same day as your surgery if you meet all required goals. Please talk with your physician about this prior to the day of surgery to determine if this option will work for you.

- Having a discharge plan in place before surgery is best practice.
- As part of our Joint Care Program, Baptist offers Home Health and Outpatient Therapy. However, the selection for post-hospital therapy is up to you.
- Final approval for discharge to a Skilled Nursing Facility (SNF) is based on "medical criteria" and will not be made by the insurance company until after surgery. Living alone or having a lot of stairs is not considered "medical criteria."

## DAY OF SURGERY

Change your diet to clear liquids at midnight the night before surgery. Clear liquids are considered anything you can read a newspaper through in its liquid form.

During this time:

- Avoid caffeinated and red-colored beverages.
- The morning of your surgery drink 20 ounces of carb loading hydration drink such as Gatorade or Powerade 2-hours before arrival for surgery. If diabetic drink sugar-free Gatorade or Powerade. (No red- or purple-colored drinks)
- Stop all oral intake one hour before your scheduled arrival time.

Follow the instructions from the pre-admission nurse and surgeon on when to stop or start taking certain medications.

## AFTER SURGERY

### CONSTIPATION

- Drink 6-8 glasses of fluid per day.
- Eat a healthy diet with lots of fruits and vegetables.
- Take an over-the-counter stool softener and adjust the dosage based on your bowel habits.
- If the stool softeners fail to be effective, you can add a laxative daily such as an ounce of milk of magnesia.
- Chewing gum will help get your gut/bowels moving

### LEG/KNEE STIFFNESS/SWELLING

- Scar tissue forms fairly rapidly during the first few weeks after surgery. Sleeping with a leg bent can lead to a flexion contracture in knee replacement patients that results in an inability to full straighten the leg, and will require additional surgical intervention.
- Sleep with the leg straight.
- Place pillows to keep leg straight. Using a wedge pillow will help keep the leg straight and above heart level.
- To prevent swelling, elevate the operative extremity on pillows when in bed and intermittently throughout the day.
- Apply the cold wraps supplied by the hospital for twenty minutes, 5-8 times per day.

### BLOOD CLOTS

- The best way to prevent blood clots is to get moving.
- Frequent walking, repositioning and exercising can help prevent blood clots
- Compression devices on either your feet or calves are used during your hospital stay to stimulate circulation.
- Medications started after surgery will make your blood less likely to clot as you recover.
- After surgery, perform 20-30 repetitions of quad sets and ankle pumps when awake to reduce risk of blood clots. (See Exercise Appendix)

### PROTECTION OF HEELS

- Float the heels over the edge of a pillow when in bed or in a reclining chair.
- Frequent position changes are recommended while you are in bed to avoid pressure injuries to your skin.

### LUNG HEALTH

- Lung tissue is moist. When not up moving around as often, moisture pools in your lungs. We all breathe in and out germs every day; however, in the less active patient, germs will grow in the fluid that has formed in the lungs. Moving around and coughing with deep breaths throughout the day helps prevent that fluid from building up in the lungs. Other measures that help prevent infection in your lungs include:
- Use an incentive spirometry 6-8 times per hour while awake. (The nurse will teach you how to use the incentive spirometer).
- Deep breath and cough every 2 hours while awake.
- Sit straight up when eating, drinking or taking medications.
- Short frequent walks around the house.

### MAINTAIN A CLEAN ENVIRONMENT

- Avoid sick people during your recovery.
- Keep incision clean and avoid touching.
- Wash hands frequently.

### NAUSEA AND VOMITING

- Take pain medications with food.
- *If you experience nausea and vomiting when taking medications, notify the doctor.*

## THERAPY GOALS

### WALKING AFTER SURGERY

You will be up walking immediately after surgery. IF NOT GOING HOME AFTER SURGERY THE GOAL IS TO WALK YOU FROM THE STRETCHER TO BED OR CHAIR IN YOUR HOSPITAL ROOM

- Lower leg joint replacement patients are taught to go up and down stairs before discharge.
- The Physical Therapist will assess for the need of any specialized equipment such as a walker or an elevated toilet seat.
- Any equipment for home use will be ordered from the hospital. Copays for discharge equipment are determined by your insurance company, and are due at the time of delivery.
- Physical therapy continues after hospital discharge. Your surgeon will provide recommendations for discharge therapy services (home health or outpatient services).
- The discharge planner from the hospital will assist in setting up your discharge therapy at the agency or facility of your choice.
- You will continue doing your exercises as taught to you after surgery. The therapist will provide instructions on home exercise program such as frequency and reps.

### EXERCISES AFTER SURGERY

See appendix on page 9 for exercises. Do each exercise with 10 times and gradually increase to 20.

## DISCHARGE INSTRUCTIONS

### DISCHARGE

- Discharge from the hospital occurs when you are stable, and you have a safe place to go.
- Some patients discharge on the day of surgery, and this requires advanced planning. An orthopedic nurse navigator will call you to assist in the advance planning. The number for the orthopedic nurse navigator is 502.259.4723.
- For those who stay overnight, please have transportation arranged for 10 a.m. the morning of discharge.

### INCISION/WOUND CARE

- Your surgeon will provide specific instructions for care of your type of dressing.
- Elevate operative leg and apply ice to reduce swelling and soreness.
- Do not wait until follow up appointment to notify surgeon of any concerns. Contact your surgeon as soon as possible with the following:
  - Any bleeding or suspect blood in your urine and/or stool
  - Fever, incision warm to touch, redness and/or oozing from incision
- Avoid the Emergency Room or Urgent care unless your surgeon advises you to go. These visits could expose you to contagious germs.
- If you are experiencing a life-threatening complication such as chest pain, difficulty breathing, seizures, passing out, stroke or injury; please call 911 or go to Emergency Room immediately.

## RECOVERY

On average, recovery and return to pre-surgery activities takes 3-6 months. The surgeon will let you know when you can drive and resume normal activities.

For any questions before, during and after your hospital stay:

- During the day on Monday through Friday, you may call the orthopedic program coordinator at 502.259.4722
- On nights and weekends, please call 844.365.260 to speak to a RN.

### CANE AND WALKER HEIGHT

With the tip resting on the floor, the handle of the cane or walker should come to the level of your hip bone on the side of your upper thigh.



### GETTING UP FROM A CHAIR

- While seated, move your sore leg out in front of you.
- Push up from the arms of the chair while you stand.
- Once standing, hold onto the walker for support.
- Do not use the walker to pull you up.



## APPENDIX: EXERCISE PROGRAM

It is important that you maintain and possibly improve your strength and range of motion while you are waiting to have surgery.

You can do this by:

- Taking frequent short walks; use a cane or walker to allow you to walk safely.
- Avoid sitting for long periods, as this can lead to cramping and swelling.
- Begin exercises listed in this booklet.
- The exercises can be done while lying down on your bed.
- If doing any of the exercises **before** surgery causes pain, eliminate that exercise, or decrease the motion or repetitions. **After** surgery, it is important to complete all your exercises as directed by your therapist.

### QUAD SET

- Lie on your back with one knee bent and your affected leg straight with your knee resting on a towel roll.
- Gently squeeze your thigh muscles, pushing the back of your knee down into the towel.

### GLUTE SET

- Lie on your back. Tighten your buttock muscles, then release.

### ANKLE PUMPS

- Lie on your back. Slowly pump your ankles by bending and straightening them.

### HIP ABDUCTION-ADDUCTION

- Slide your leg out to the side (keeping your knee and toes pointed to the ceiling). Then slide your leg back to the starting position.
- Do not bring your leg past the midline of your body.



### SHORT ARC QUADS

- Place a firm pillow or large towel roll under your knee.
- Slowly lift your foot up.
- Your knee should remain on the pillow and your leg should be as straight as possible.
- Slowly lower your foot to the starting position.



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## APPENDIX: EXERCISE PROGRAM

### STRAIGHT LEG RAISES

- Begin lying on your back with unaffected knee bent and your surgical leg straight.
- Engaging your thigh muscles, slowly lift your straight leg until it is parallel with your other thigh, then lower it back to the starting position and repeat.



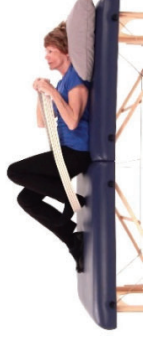
### HEEL SLIDES

- Slowly slide one heel up on the bed, bending your hip and knee.
- While keeping your heel on the bed, slowly straighten your leg returning to the starting position.



### HEEL SLIDES WITH SHEET OR BELT

- Wrap a sheet or belt around your foot.
- Using the sheet or belt, slowly slide one heel up on the bed, bending your hip and knee.
- Keep your heel on the bed throughout this exercise and slowly straighten your leg returning to the starting position.



### HAMSTRING STRETCH WITH SHEET OR BELT

- Sit on the bed with your leg extended.
- Wrap the sheet or belt around your foot.
- Lean forward and pull toes back until you feel a pull behind your leg.



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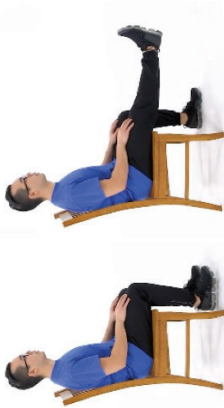
## KNEE FLEXION/EXTENSION SITTING

- Sit with knees bent.
- Hook good leg in front of bad leg and help to bend the knee further.
- Hold for 10 to 20 seconds.



## KNEE EXTENSION SITTING

- Begin sitting upright in a chair.
- Slowly straighten one knee so that your leg is straight out in front of you. Hold, then return to starting position and repeat.



## STAIR CLIMBING WITH RAIL

- Begin by climbing the stairs, one at a time, stepping up the first stair using the stronger leg, then placing the affected/surgical leg on the same step.
- Repeat. When coming down, descend first using the affected/surgical leg, then the more stable leg, using your arm for support.



BAPTIST HEALTH®

# OUTPATIENT THERAPY SERVICES

ONE-CALL REFERRAL • 502.962.2400 • FAX 502.962.2401

## LA GRANGE

### CRESTWOOD

6580 Kenwood Crossing Road  
Crestwood, KY 40034  
502.241.1660, opt. 2 • Fax 502.241.1654  
Custom orthotics • Dry needling  
• Orthopedic physical therapy

### LA GRANGE

1025 New Moody Lane  
La Grange, KY 40031  
502.222.3303 • Fax 502.222.3953  
Adult occupational and speech therapy  
• Dry needling • Orthopedic physical therapy • Pediatric physical, occupational and speech therapy

## CENTRAL KENTUCKY

### ELIZABETHTOWN

1111 Ring Road  
Elizabethtown, KY 42701  
270.706.5010 • Fax: 270.706.5105  
Orthopedic and neurophysical therapy • Speech therapy • Hand therapy • Vestibular therapy • Dry needling • Aquatic therapy

### ELIZABETHTOWN PEDIATRICS

1111 Ring Road  
Elizabethtown, KY 42701  
270.706.5010 • Fax: 270.706.5105  
Pediatric physical therapy • Occupational and speech therapy

### RADCLIFF

75 Nature Trail, Suite 1  
Nature Trail Medical Plaza  
Radcliff, KY 40160  
270.351.0098 • Fax 270.352.0860  
Orthopedic physical therapy and occupational therapy • Hand therapy

### RADCLIFF PEDIATRICS

75 Nature Trail, Suite 1  
Nature Trail Medical Plaza  
Radcliff, KY 40160  
270.351.0098 • Fax 270.352.0860  
Pediatric physical, occupational and speech therapy

### BARDESTOWN

3615 E. John Rowan Blvd., Suite 201  
Bardstow, KY 40004  
502.331.4778 • Fax: 502.331.4755  
Orthopedic physical therapy • Dry needling

### BRANDENBURG

534 Hillcrest Drive  
Brandenburg, KY 40108  
270.706.5010 • Fax: 270.706.5105  
Orthopedic physical therapy • Dry needling

## LOUISVILLE

### LOUISVILLE MEDICAL PAVILION

3900 Kresge Way  
Louisville, KY 40207  
502.897.8137 • Fax 502.896.7259  
Dry needling • Lymphedema  
• Orthopedic physical therapy  
• Vestibular and balance program • Pelvic health

### BRECKENRIDGE

2800 Breckenridge Lane, Suite 140  
Louisville, KY 40220  
502.928.0040 • Fax 502.928.0049  
Orthopedic physical therapy  
• Work-related injuries

### EASTPOINT

2400 Eastpoint Parkway, Suite 120  
Louisville, KY 40223  
502.253.6689 • Fax 502.253.6680  
Occupational physical therapy • Vestibular therapy • Dry needling

### FERN VALLEY

3605 Fern Valley Road  
Louisville, KY 40219  
502.962.5242 • Fax 502.964.1052  
Custom orthotics • Dry needling  
• Orthopedic physical therapy  
• Work-related injuries

### JEFFERSONTOWN

10216 Taylorsville Road  
Louisville, KY 40299  
502.267.1799 • Fax 502.267.0955  
Dry needling • Orthopedic physical therapy • Vestibular therapy

### MILESTONE

750 Cypress Station Drive  
Louisville, KY 40207  
502.896.7083 • Fax 502.515.1263  
Aquatic therapy • Dry needling  
• Fabrication of custom orthotics  
• Orthopedic physical therapy • Vestibular and balance program

### LOUISVILLE NEURO REHAB

4002 Kresge Way, Fourth Floor  
Louisville, KY 40207  
502.896.7447 • Fax 502.896.7469  
Treatment of stroke and neurological conditions • Vestibular and balance program • Adult occupational and speech therapy • Hand therapy

### BLANKENBAKER

11630 Commonwealth Drive  
Louisville, KY 40299  
502.261.8333 • Fax 502.267.6428  
Dry needling • Orthopedic physical therapy • Work-related injuries, including functional capacity evaluations





## BAPTIST HEALTH LOUISVILLE CONTACTS

Baptist Hospital Louisville | 502.897.8100  
Baptist Hospital Class Registration | 502.897.8131  
Baptist Hospital Pre-Admission Testing | 502.897.8044  
Baptist Hospital Case Manager | 502.897.8816  
Baptist Hospital Orthopedic Program Coordinator | 502.259.4723  
Baptist Hospital Home Health Services | 502.454.5656  
Baptist Hospital Outpatient Physical Therapy | 502.896.7447  
Baptist Louisville 24-Hour Nurse Call Center | 844.365.260

## MEDS TO BEDS PHARMACY

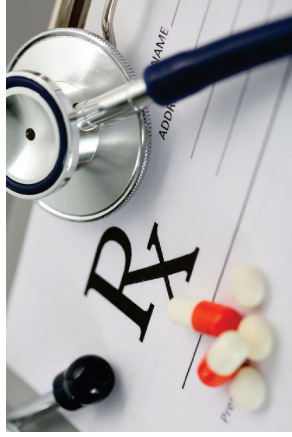
### WHAT IS 'MEDS TO BEDS'?

Meds to beds is a convenient pharmacy service that allows your discharge medications to be delivered directly to your bedside before you leave the hospital.

This prevents you from having to make a stop on your way home, removes the wait at your local pharmacy, and ensures your medications are covered and affordable.

If you wish to use the Meds to Beds Pharmacy services, you need to:

- Notify your nurse in pre-op or on the nursing unit.
- Be prepared to pay the typical co-pay as defined by your insurance at the time of delivery.



*Thank you for choosing Baptist  
Health Louisville for your total joint  
replacement surgery.*



Achieved magnet designation for excellence in nursing by the American Nursing Credentialing Center's Magnet Recognition Program three times.



Joint Commission certifications in total hip replacement and total knee replacement with an experienced board-certified team of surgeons and nurses.



**BAPTIST HEALTH**  
ORTHOPEDIC CARE





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