



Your Guidebook for Knee Replacement Surgery

UPMCPinnacle.com



Total Knee Surgery Guidebook

Surgery Date: _____ **at** _____
(the hospital will call one business day prior to surgery with your arrival time)

Procedure/Side: _____

History & Physical: _____ at _____ a.m./p.m. with _____
at _____

Pre-Admission Testing: No appointment required. Walk In from 8 a.m. to 4:30 p.m. at any
UPMC Outpatient lab. Fasting is not required for this testing.

Total Joint Class: _____ at _____ a.m./p.m. located at _____

CT Scan: _____ at _____ a.m./p.m. located at _____

Primary Care Appointment: _____ at _____ a.m./p.m. with _____

Cardiology Appointment: _____ at _____ a.m./p.m. with _____

Post-Operative Appointment: _____ at _____ a.m./p.m. with _____

at the _____ office

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Welcome

Welcome to UPMC Pinnacle! We are honored to be your health care provider. In choosing our hospital you have opted for a facility that:

- Has served central Pennsylvania and the surrounding communities for more than 100 years
- Features a unique, comprehensive knee replacement program developed by a collaborative orthopaedic team. This team is comprised of you, physicians, nurses and other professionals trained in the care of patients undergoing knee replacement surgery
- Follows a patient-focused clinical pathway
- Has been named a Blue Distinction Center for quality care in hip and knee replacement, demonstrating overall quality of care and better patient results.

A comprehensive planned course of treatment has been developed just for patients undergoing knee replacement surgery. Patients play a key role in ensuring a successful recovery. You will be involved in your treatment each step of the program. This knee replacement guidebook provides information to maximize a safe and successful surgical experience.

The goals of surgery are to:

- Relieve pain
- Improve physical function
- Restore independence
- Return to an active lifestyle

OUR MISSION

UPMC Pinnacle is a charitable organization dedicated to maintaining and improving the health and quality of life for all the people of central Pennsylvania.

VISION

UPMC Pinnacle will be the most caring, innovative, disciplined and trusted health system in central Pennsylvania.

VALUES

Concern for the total well-being of people in our community and our System family.

Professionalism in dealing with our customers and each other.

Respect for individual dignity and for the needs, talents and differences of others.

Charity towards others and from others.

Collaboration with and through our employees, affiliated physicians, other health providers and organizations.

Satisfaction for those who entrust us with their care and for ourselves in fulfilling our mission.

Accountability for the quality of care and the appropriate use of community resources.

Safety in each act of care for our patients, our staff and our community and the design of the environment in which we work.

Getting to Know Your Health Care Team



You are now a member of an important team that includes your family, your doctors, nurses and other health care professionals. Together, we will work toward one common goal: improving the quality of your life through increased mobility.

When you turn to the first chapter of this guidebook, you take the first step in your venture. There are many things that have to be done before your surgery. With your active participation, positive attitude and our intervention, your journey should be smooth. And most importantly, we are here to guide you every step of the way.

You may come in contact with members of the health care team, including:

Orthopaedic Surgeon: The doctor who performs your surgery and decides when you are ready to leave the hospital.

Anesthesiologist: The doctor who is responsible for anesthesia during surgery and monitors your vital signs during and after your surgery. They are also responsible for pain control in the recovery room.

Registered Nurses: Nurses are responsible for your care when you are in the hospital. There are nurses in the pre-op area, operating room, and on the floor. You will talk to a pre-admission nurse the day before your surgery.

Nurse Care Coordinator: Nurse care coordinators provide you with support and education before your admission to the hospital, during your recovery from surgery and following discharge to home. Throughout your treatment they will act as a liaison between you and your health care team.

Outcomes Management Team: The outcomes management team is comprised of social workers and nurse case managers who help with your transition care needs upon discharge from the hospital.

Physical Therapist: While in the hospital your physical therapist will work with you to make sure you can walk safe distances and do stairs. They will teach you the exercises to do at home to regain strength and motion in your new joint.

Occupational Therapist: Your occupational therapist will teach you how to perform activities of daily living, such as dressing and bathing.

Licensed Practical Nurse (LPN): The LPN helps you with your daily health care needs by providing care and giving you medications. The LPN works under the supervision of an RN.

Patient Care Assistant (PCA): The PCA assists the nurse in providing quality care to every patient. The PCAs obtain vital signs, blood sugar, and assist patients complete their activities of daily living (bathing, eating, and helping you to the bathroom)

Dietary Host: They deliver the food trays to your room and take your order for your next meal.

Patient Transporter: Transporters may take you to the physical therapy gym and to/from tests if ordered.

Phlebotomist: A person who draws your blood when blood tests are ordered by your doctor.

Housekeeper: Your room will be cleaned daily by the housekeeping staff.

Hospital Chaplain: The hospital chaplain at UPMC Pinnacle is trained to meet your spiritual needs, and those of your family, regardless of religious denomination.

Hospital Staff Pharmacist: The staff pharmacist prepares medicines and provides advice and information to medical staff and nursing on the medications' use. The pharmacist is available to answer any medication-related questions you or your family may have.

Section 1: General Information

ROLE OF THE NURSE CARE COORDINATOR

The Nurse Care Coordinator will:

- Act as a liaison between you and your health care team throughout your treatment.
- Answer any of your questions, and if they cannot answer them they will find the appropriate person to answer them for you.
- Schedule your pre-operative education
- Provide your information to the Outcomes Management team to coordinate your transition to home.
- Contact you to ensure that you are recovering appropriately after you are discharged home.

PRE-OPERATIVE EDUCATION

Your surgeon recommends that you receive pre-operative education before your surgery. This education reviews how to get ready to come into the hospital, what to expect at the hospital, and how to take care of yourself at home. You can complete this requirement by attending a class, or by viewing a video or weblink.

Classes are offered at several different locations for your convenience.

If not scheduled by your surgeon's office, a Nurse Care Coordinator will contact you to schedule your pre-operative education.

Class Preparation:

- Please bring your own refreshments
- Review and bring this guidebook to class
- Bring a friend or family member who will be helping at home after surgery

FUNCTIONAL OUTCOMES

Patient-reported outcomes (PROs), also called patient-reported functional outcomes, are recognized as critical tools to improve care management by enabling clinical providers to, in real-time, assess the results of their treatments for the purpose of continuous quality improvement (CQI). You may be asked to complete a short questionnaire in the surgeon's office via email or telephone at several intervals throughout your care.

EMPOWER YOURSELF

Patients who are involved in their own care and ask questions generally do better than those who are not involved. Health care is a team effort, and you are the most important team member. By being actively involved, you will have a positive experience.

We welcome your questions because you have the right to know about every aspect of your care.

USING THE GUIDEBOOK

The purpose of this guidebook is to prepare and educate you about what to expect. For best results following your knee replacement, you should follow these guidelines.

This guidebook focuses on what you need to do before, during, and throughout the recovery process. It can assist you every step of the way.

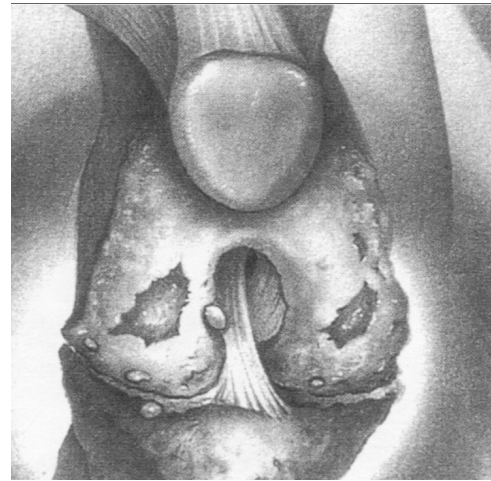
Please remember this is a guide. Your physician, nurse, or therapist may add or change any of the recommendations to meet your individual needs. Their recommendations take priority. However, ask questions if you are unsure of any information. It may be beneficial to keep your guidebook handy during your recovery stage.

UNDERSTANDING YOUR SURGERY

What Are the Causes of Serious Knee Problems?

Problems with major joints, like the knee, are most frequently the result of arthritis. Osteoarthritis is the most common form of arthritis. It is most often related to wear and tear that has been placed on the joints over the years. Its onset is usually after age 50. Factors that predispose this condition include family history, obesity, previous surgery to the joint where a large piece of cartilage (cushion between the bones) was removed, or previous fractures in the area of the knee.

Rheumatoid arthritis is one of the more common kinds of inflammatory arthritis. It is a chronic inflammatory disorder affecting the joints of the body, which are lined with a membrane called synovium. These joints include the hip, knee, shoulder, elbow, wrist, hands, and feet. Rheumatoid arthritis is likely of autoimmune origin, which means the body produces cells that irritate the synovium in the joint leading to destruction of the cartilage. This form of arthritis occurs in all age groups. It is characterized by stiffness, joint swelling, laxity of the ligaments, pain, and decreased range of motion.



What Is Knee Replacement Surgery?

The knee joint is composed of three parts: the end of the femur (thigh bone), the top of the tibia (shin bone), and the patella (knee cap). In a normal knee, these three bones are covered with a smooth cartilage that cushions the bones and enables them to move easily. In the arthritic knee, the cartilage layers are destroyed, resulting in bone rubbing against bone, which causes pain, muscle weakness, and limited motion. Total knee replacement surgery involves the resurfacing of the knee joint. Metal components are cemented to the ends of the bones, and a plastic liner is inserted between them. The kneecap is also resurfaced with a plastic liner. When in place, these components move together to allow normal motion of the knee joint. Bow leg or knock knee deformity can usually be corrected by the new alignment.

RISKS OF KNEE REPLACEMENT SURGERY

A knee replacement is considered to be major surgery. It is important that you are aware of potential risks and complications. These include problems from anesthesia, infection, surgical bleeding, blood clots, damage to nerves or blood vessels, and very rarely, death. Although these complications are rare, they are possible. Every precaution is taken by your health care team to avoid these complications.

What Results Can You Expect from a Knee Replacement?

Generally, total knee replacement is successful. Pain is relieved, deformity corrected, and patients resume former activities and enjoy an active lifestyle. Long-term success rates vary from 10 to 20 years, depending on age, weight, and activity level. Over time, an artificial joint may become loose or wear out, and could require further surgery and repair.

Section 2: Pre-operative Guidelines

Pre-operative Guidelines: A Timeline to Prepare for Your Upcoming Surgery

A majority of our patients discharge home the next day after surgery. You need to plan ahead so you can transition home safely. There are things you can do before your surgery to get ready.

SIX WEEKS BEFORE SURGERY (OR AS SOON AS SCHEDULED)

- Schedule pre-operative education (see page 9 on how to schedule)
- Decide who will help you at home
 - o You need to decide who will help you when you return home. You will be able to get up and down, walk with a walker, and do stairs but you will need help with your daily routine. We recommend that someone be with you for the first few days, especially at night. The best place to recover after surgery is at home. It is important you participate in your discharge plan. If you have any concerns about going home, a social worker or nurse case manager will help you plan a safe discharge.
- Pre-Operative Exercise Program (Prehab)
 - o Exercise is key to your recovery. It is recommended that you begin a pre-operative exercise program to promote strength and conditioning before surgery. You should perform your exercises two to three times a day for 10-15 minutes at a time. The exercises are located in the Appendix section of the guidebook.
 - o You may also be given a prescription to attend a formal 'prehab' physical therapy session.

FOUR WEEKS BEFORE SURGERY

- Obtain Medical Clearance
 - o Your surgeon will let you know who needs to provide medical clearance before your surgery based on your medical conditions.
- Preparing to Go Home
 - o Know who will be at home with you the first few days.
 - o Ask for help with daily chores such as laundry, housework, yard work, garbage removal, and shopping.
 - o Place frequently used items within easy reach. Items in lower cabinets should be raised to waist level, so you do not have to bend over to reach things.
 - o Arrange someone to care for your pet; this includes walking them. It is not safe to hold a pet on a leash after surgery.
 - o Prepare "easy" meals such as casseroles and easy to eat dinners that you can freeze, then microwave.
 - o Remove clutter from walkways that may cause you to trip or slip, such as throw rugs or electric cords.

- o Place nightlights in bedrooms, hallways, and bathrooms.
- o If your stairway does not have railing, you might want to install one to help you walk up and down steps safely.
- o At first you may only want to go up and down the stairs twice a day, so make sure you have things you need on the floor you will be spending most of your time.
- o Purchase non-skid footwear to help prevent slipping.

TWO WEEKS BEFORE SURGERY

- Begin showering daily with an antibacterial soap such as Dial or Safeguard
- Do not shave or wax the operative leg

THREE DAYS BEFORE SURGERY SKIN CLEANSING PRIOR TO ORTHOPAEDIC SURGERY

The bacteria that are normally found on your body can sometimes cause an infection in your incision after surgery. There are certain things you can do to decrease your risk of having an infection in your incision.

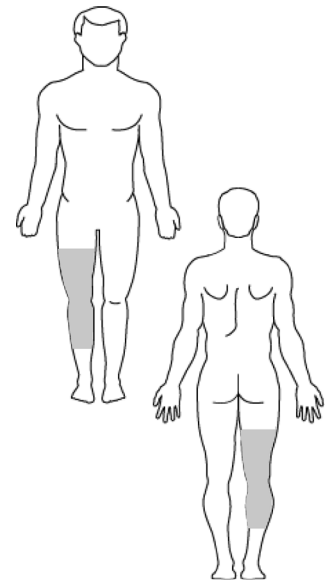
Use Chlorhexidine (CHG) soap to shower each evening for three days prior to the day of your surgery. If your surgeon directed you to use the scrub differently, please follow their instructions. If you are allergic to Chlorhexidine or have extremely sensitive skin, you can use an antibacterial soap to shower. (Dial or Safeguard for example)

Chlorhexidine soap will help remove bacteria that you cannot see on your skin that could enter your incision and cause an infection.

Because bacteria also live in your mouth, it is important that you brush and floss your teeth regularly prior to your surgery. Use of an antiseptic mouthwash also helps decrease the amount of bacteria in your mouth. (Listerine, etc.)

WHAT IS CHLORHEXIDINE ANTIMICROBIAL SKIN CLEANSER?

- It is a liquid soap that is stronger than regular soap.
- It is also called Hibiclens or Dyna-Hex.
- You may get it from your pharmacy or surgeon's office when you schedule your procedure.
- It is important that you use this soap to shower **each evening for three days** prior to the day of your surgery.
- Do not use it above your chin (do not wash your face or hair with this soap) or use it directly on your genitals.



EACH TIME YOU TAKE A SHOWER WITH THE CHLORHEXIDINE SOAP, PLEASE DO THE FOLLOWING USING A FRESHLY LAUNDERED WASHCLOTH:

1. Wash your whole body in the shower with an antibacterial soap (such as Dial or Safeguard). You may also wash your hair with your normal shampoo. Rinse off and do not use that wash cloth again.
2. Use 1/3 of a 4 oz. bottle of Chlorhexidine soap on a clean wet washcloth that was provided in the package with the soap.
3. Wash your knee where you will be having surgery for three minutes.
4. Scrub in circular motions. Be sure to get in all skin folds.
5. Continue washing your whole body, from your chin to your toes, ending with the groin area.
6. Turn the water off while scrubbing or move away from the shower spray to avoid rinsing the soap off.
7. Once you have completed the scrub, rinse the soap off your body completely.
8. After your shower is complete, pat yourself dry with a freshly washed towel. DO NOT apply any powder, deodorants or lotions the evening before your surgery. Dress with freshly washed clothing or pajamas after each shower.
9. Put clean bed linens only on the evening of the first shower with the Chlorhexidine soap.

THIS PROCESS SHOULD BE FOLLOWED EACH EVENING FOR THE THREE DAYS PRIOR TO THE DAY OF YOUR SURGERY.

- Some common side effects of cleaning the skin with Chlorhexidine soap include itchiness, redness and irritation of the skin. These side effects are not considered to be serious, as they usually disappear quickly. However, if the skin irritation persists or gets worse, call your doctor.
- **DO NOT USE in eyes, ears, mouth or genital area!**
- If you develop a skin reaction, stop using immediately. If the reaction is severe, call your doctor. If Chlorhexidine, Hibiclens or Dyna-Hex is accidentally swallowed, contact the Poison Control Center immediately 1-800-221-1222 (Central PA). Keep out of the reach of children.

ONE BUSINESS DAY PRIOR TO SURGERY

The business day prior to your surgery a member of the pre-admission department will call you to provide your surgery time, arrival time to the hospital, and final instructions.

Section 3: Preventing a Surgical Site Infection

WASH YOUR HANDS

When should you clean your hands?

- Before preparing or eating food
- Before touching your eyes, nose, or mouth
- Before and after changing wound dressings or bandages
- After using the restroom
- After blowing your nose, coughing, or sneezing
- After touching hospital surfaces such as bed rails, walkers, bedside tables, doorknobs, remote controls, or the phone

HOW SHOULD YOU CLEAN YOUR HANDS?

With an alcohol-based hand sanitizer:

- Put product on hands and rub hands together
- Cover all surfaces until hands feel dry
- This should take around 20 seconds

With soap and water:

- Wet your hands with warm water. Use liquid soap if possible. Apply a nickel-sized amount of soap to your hands.
- Rub your hands together until the soap forms a lather, and then rub all over the top of your hands, in between your fingers, and the area around and under the fingernails.
- Continue rubbing your hands for at least 15 seconds. Need a timer? Imagine singing the “Happy Birthday” song twice.
- Rinse your hands well under running water.
- Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

DIET AND NUTRITION

Good nutrition is an important factor in healing. Eating well and maintaining a healthy weight also helps eliminate unwanted stress to your joints and may reduce the risk of heart disease, high blood pressure, diabetes and cancer. To achieve good nutrition, we recommend a balanced diet of a variety of foods each day from the food plate below. Limit your intake of fatty, sugary foods. Make half of your plate fruits and vegetables.

A well balanced diet with a variety of foods will ensure your body receives the nutrients it needs for healing. A diet that may be lacking in nutrients will slow the healing process and delay your recovery. Foods you eat should be nutritious; cut back on “junk food” and foods that provide empty calories. Before surgery consider preparing healthy foods to be frozen and reheated. You may have a decreased appetite after surgery; a nutrition supplement drink such as Carnation Instant Breakfast, Ensure, or Boost can help you meet your nutrition needs to promote healing.



Use the food plate as a guide to healthy eating every day!

Choose **6 or more servings** from grains, beans and starchy vegetables

Choose **3-5 servings** of vegetables

Choose **2-4 servings** of fruits

Choose **2-3 servings** of milk or dairy

Choose **2-3 servings** of meat

Limit your intake of fats, sweets and alcohol

CARBOHYDRATE BEVERAGE BEFORE SURGERY

Some surgeons may provide their patients with two drinks that look like juice boxes that you are to have before your surgery. This drink is similar to Gatorade and contains carbohydrates. Studies have shown that these clear liquid carbohydrates may help aid in your recovery after surgery.

Instructions when to drink the beverage will be given to you by the pre-admission nurse on the phone call before your surgery. Please note: Patients do NOT have to drink this beverage to have a successful surgery.

TOBACCO CESSATION PROGRAM

If you smoke, chew tobacco, or use nicotine in any form you should try to stop. Products containing nicotine have serious adverse effects on your blood vessels. As a result, healing of wounds and bones is significantly impaired which increases your risk of infection. Also, smokers experience a greater degree of pain than non-smokers.



There is a tobacco cessation program available for you at UPMC Pinnacle. This program is titled “Tobacco IQ” and can help you to quit successfully and live a healthier life. You can self refer or be referred by your physician or another member of your health care team. A trained tobacco cessation educator will provide you with an individualized program and counseling sessions to help you quit using tobacco. This is a free service made possible by the PA Department of Health.

The educator can provide information for you on methods available to quit using tobacco. They can also help you find several different community resources to help you quit.

For more information, call UPMC Pinnacle at 717-231-8900 or call 24/7 PA Free Quit Line at 1-800-Quit-Now.

BLOOD SUGAR CONTROL AND HEMOGLOBIN A1C

The stress of surgery or medications can raise your blood sugar. It is important to keep your blood sugar levels close to normal while you are in the hospital. If your blood sugar is too high, you have more of a risk of getting an infection or having a slower recovery. Your blood sugar will be checked on arrival to the pre-operative area the day of surgery.

If you are diabetic, your blood sugars will be checked before each meal and at bedtime while in the hospital. Frequently insulin is given to treat elevated blood sugars. Please preschedule an appointment with your primary care physician or endocrinologist for one week after discharge.

VISIT YOUR DENTIST

Bacteria can easily enter your blood stream through the mouth during dental procedures and cause widespread infection. To minimize this problem:

- If you are having problems with your gums or teeth currently, schedule a dental check-up in the weeks before your surgery.
- Continue to brush and floss your teeth regularly.
- Notify your surgeon if you have any dental procedures before or after your surgery.
- Notify your dentist that you have had joint replacement surgery because they will most likely want you to take an oral antibiotic prior to your dental appointment.

Section 4: Your Surgical Experience

THE MORNING OF YOUR SURGERY

- Put on fresh clothes. Wear clothes that are loose fitting and can be easily removed.
- Come to the hospital at your scheduled time.
- Brush and floss your teeth. Upon awakening, you may brush your teeth and rinse with water, but do not swallow the water. Use of antibacterial mouthwash also helps to decrease the amount of bacteria in your mouth (i.e., Listerine).
- Take your daily medications as instructed by your physician or pre-screening nurse with a small sip of water.
- Do not smoke prior to your surgery or procedure.
- All piercings and jewelry (including wedding rings) must be removed.
- Leave jewelry and valuables at home.
- Avoid using perfumes, deodorants, powders, lotions, or shaving creams.
- Do not wear make-up.

WHAT TO BRING TO THE HOSPITAL

- Advance directives and living will
- Completed medication list
- The only medications you should bring with you to the hospital are rescue inhalers, eye drops, or brand name only required medications. Please leave all other medications at home.

Please also bring the following items, but leave them in your car until your room is assigned:

- Since eyeglasses, contact lenses, prosthesis and dentures must be removed before surgery, please remember to bring protective containers.
- CPAP machine
- Personal hygiene items (toothbrush, deodorant, razor, etc.).
- Shorts, tops, robe, well-fitting slippers or flat slip-on shoes.
- Loose-fitting clothing
- For safety reasons do NOT bring electrical items.
- Leave your walker in car that you are going home in.
- Please label all items that you bring with you.

UPMC Pinnacle does not accept responsibility for the loss or damage to any belongings brought into the hospital except for those that have been deposited in the hospital safe. Patients are urged to leave articles at home that they consider to be of personal value. Belongings that are retained at the bedside are the sole responsibility of the patient. Leave money and credit cards at home.

PROTECTING PATIENT'S HEALTH INFORMATION

The Health Insurance Portability and Accountability Act (HIPAA) includes standards to protect the security and privacy of health information. The HIPAA standards give you more control over how your personal health information is used and shared. However, UPMC Pinnacle understands that you may want some family and friends to receive additional information so we have developed a Personal Identification Number (PIN) system. The PIN system gives you control of who may receive more specific information about your condition and progress. The family and friends that you choose must provide the PIN listed prior to receiving any information. You may wish to tell your family and friends to keep this number confidential. Typically this number is given to you in the pre-op area.

THE PRE-OP AREA

A staff member will escort you into the pre-op area where you will be prepared for surgery. A family member can stay with you during this process. You will be asked to change into a hospital gown, and your clothes will be placed in a plastic bag.

Your nurse may use a swab to reduce bacteria from your nasal passages about an hour before your surgery. If you feel more comfortable doing this yourself, your nurse will assist you. This involves using a swab with a product on it that kills bacteria, putting it into your nostril, and swirling it around. This is done to kill the bacteria in your nose that could increase your risk of infection.

Before your surgery, you will see your surgeon and anesthesiologist. A nurse will start an IV and review your health history and medications. You may need to have a blood specimen sent to the lab, then you will be asked to empty your bladder.

You will also meet the hospital staff who will take care of you throughout the procedure. They will double check your identity, allergies, procedure, and basic health status. If you wear dentures, eyeglasses, or contact lenses, you will be instructed to remove them prior to going to the operating room. You will then be transported to the operating room.

FAMILY WAITING AREA

Once you are transported into the operating room, your family will be instructed to return to the surgical services waiting area. When your surgery has been completed, the physician will come to the waiting area to talk to your family member(s). Remember, it may be four to five hours from the time you leave your family until your surgery and recovery is completed. Once you are ready to move from PACU (Post Anesthesia Care Unit) to your hospital room, your family will be notified of your room number, and they may proceed to the waiting room on the orthopaedic nursing unit.

ANESTHESIA

- The anesthesiologist is responsible for your comfort and well-being during and immediately after your surgical procedure.
- Your anesthesiologist will meet with you prior to surgery. He or she will discuss your anesthetic options – general or spinal anesthesia – along with the risks and benefits associated with the types of anesthesia.
- Inform the anesthesiologist if you have ever had any problems with anesthesia or medications
- Nausea or vomiting may be related to anesthesia or type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medicines are available to be given for nausea and vomiting if needed.

THE OPERATING ROOM EXPERIENCE

Once in the OR you will see several people, hear unfamiliar noises, and it will be cold. Warm blankets may be applied at this time if you have not already received them. You will be assisted from the stretcher on to the OR table. Monitoring devices will then be applied. The scrub nurse (sterile nurse) will introduce her/himself and will again ask what surgery you are having today. This is a safety measure.

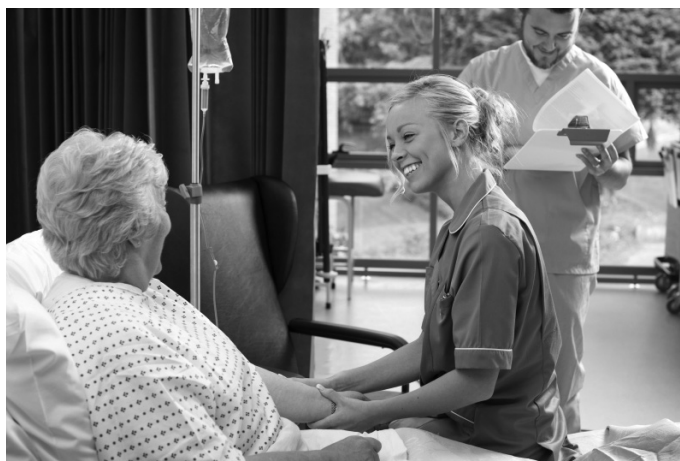
RECOVERY ROOM

After surgery, you will be taken to the post-anesthesia care unit (PACU) where you will remain until you are stable, and a room is available for you on the nursing unit. Please inform your family that the length of time in the recovery room will vary depending on your progress.

You will be watched closely by specially trained nurses. During this period, you may be given extra oxygen and your breathing and heart functions will be closely observed.

Your pain level will be assessed and medication will be given to obtain an acceptable level of comfort. An anesthesiologist is available to provide care as needed for your safe recovery.

Your family member(s) will be contacted when you are ready to be transported to your room.



Section 5: Your Hospital Stay and Activity

VISITOR GUIDELINES

We have listened carefully to our patients and their visitors, and created a consistent visitor policy that supports our aim to provide optimal health and an exceptional experience for our patients. This process contributes greatly to the safety of our patients, their loved ones, and our staff, as well as promotes rest and recovery for patients.

Visiting hours at UPMC Pinnacle are from 9 a.m. to 9 p.m.

- Parents are responsible for the control and behavior of their children.
- Visitors may be requested to leave at any time at the discretion of the medical, nursing or security staff.
- Children under 12 must be accompanied by an adult.
- Overnight guests are not permitted unless extenuating circumstances exist and prior approval has been granted by the nurse manager.

How many visitors can I have at the same time?

UPMC Pinnacle limits the number of people visiting a patient at the same time during daytime visiting hours, 9 a.m. to 9 p.m. Extraordinary circumstances are taken into consideration on a case-by-case basis.

- Adult private rooms – four visitors at a time
- ICU, ER – two visitors a time
- Exceptions or additional restrictions depend on a patient’s condition and location.

While we encourage family and friends to visit, please remember that rest is an important part of the healing process.

VISITOR CODE OF CONDUCT

- Observe all restrictions posted on patients’ doors.
- Limit the number of visitors in each room to two in semi-private rooms and four in private rooms, and be aware of the noise level.
- Keep the volume of the television and any electronic devices at a level that will not disturb other patients or visitors.
Cell phone conversations should not be disruptive to patients or visitors.
- Obtain permission from the nurse manager when you need to stay overnight with a patient or in a waiting room. (Generally, waiting rooms are not used for overnight stays.)
- Respect a patient’s right to privacy. Federal law requires that hospitals comply with strict laws to protect patients’ privacy. Staff can only provide condition updates to patients’ designated representatives.
- Do not visit if you are sick or have an illness that could be transmitted to a patient.
- Supervise children at all times. Visitation for children under the age of 12 is limited on general medical units unless special circumstances exist.
- Be courteous to both patients and hospital staff. Respect other people, their property and hospital property.
- Wear shoes and a shirt at all times (no exceptions).

PET VISITATION/SERVICE ANIMAL

- Pet visitation occurs in very limited circumstances and is permitted only with prior approval and adherence to strict guidelines.
- Service animals are permitted per the requirements of the US Code of Federal regulations 36.202 and the Americans with Disabilities Act of 1990.

HOSPITAL STAY

You will be taken to your hospital room on either a bed or a stretcher. When you arrive on the nursing unit you may feel groggy and sleepy. The nurses will frequently check your blood pressure, pulse, respirations and temperature. Nurses will monitor your dressing and incision throughout your hospital stay. If your vital signs are normal and your pain is controlled, physical therapy or the nursing staff will get you out of bed on the day of your surgery.

Communication

A call button is a device that you will be given to alert the staff that you need assistance.

The nursing staff will be checking on you about every hour to ensure your pain is managed, to offer you toileting and to ensure you are in an appropriate, comfortable position (they will not wake you up unless it is absolutely necessary).

The nursing staff will also use a dry erase white board to communicate with you and your caregivers.



It is our goal to provide superior care and excellent service to you and your family. If we have not exceeded your expectations, please tell us. Ask to speak to your charge nurse or nurse manager so we can address the issues you have. It is our goal to take care of any issues before you go home.

STOP THE SPREAD OF GERMS

- Hand washing is the best way to prevent the spread of germs. Do not hesitate to remind our staff to wash their hands before examining you or giving you your medicines.
- Ask friends and relatives who have colds, respiratory symptoms, or other contagious diseases not to visit you in the hospital.
- Ask your nurse for the flu and pneumonia vaccines to help you fight any germs you might have been exposed to.

HOSPITAL RECOVERY/ACTIVITY OVERVIEW

Intravenous Fluids and Antibiotics

You will be receiving intravenous (IV) fluids until you are able to tolerate a diet, at which time your IV will be capped. Antibiotics will be given through the IV as ordered. The IV catheter will be removed right before you leave the hospital.

Oxygen

After surgery you may receive oxygen through a tube (nasal cannula) under your nose. Periodically, a monitor will be placed on your finger to measure the amount of oxygen in your blood.

Pulse Oximeter

This is a device that may be placed typically on a finger to monitor the amount of oxygen in your blood.

Sleep Apnea

All patients are screened by the pre-admission nurse on their pre-op phone call for being at risk for sleep apnea. If a patient is screened positive, they will be monitored by a continuous pulse oximeter after surgery. Patients with known sleep apnea and who currently use a CPAP machine at home should bring their CPAP machine to the hospital.

Coughing and Deep Breathing Exercises

After surgery it is very important to take regular deep breaths to keep the small air sacs in your lungs open. It is important to cough to loosen any secretions that may settle in your lungs. You should take 10-15 deep breaths and cough each hour that you are awake.

To cough, take a deep breath in and cough forcefully from your abdomen.

To deep breathe, inhale as deeply as you can and hold while counting to 10. Now exhale all the air. Repeat this exercise five times.

If the respiratory therapist feels you need additional assistance with deep breathing, they may give you a small plastic device called an incentive spirometer (ISB). The spirometer helps you fully expand your lungs. You will be asked to breathe in your spirometer about 10 times every hour that you are awake. You will also be asked to continue to use the ISB for one week after discharge.

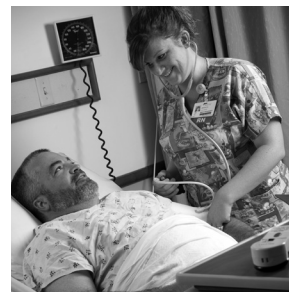


Dressings

Your knee incision will be covered with a dressing. Instructions on your incisional care will be provided to you prior to your discharge.

Drainage Tubes

You may have a foley catheter inserted during surgery to empty your bladder. The urine drains into a bag. The foley catheter will be removed the morning after surgery, or as soon as deemed appropriate. You may also have a surgical drainage tube inserted. This tube prevents blood or other fluid from accumulating in the body. It will most likely be removed before discharge.



Diet

Immediately after surgery, you will receive a clear liquid diet consisting of broth and gelatin. If you are able to tolerate a liquid diet, your diet will be advanced. It is normal to experience a loss of appetite for the first few days after surgery.

Ankle Pumps

Immediately after surgery, you will be encouraged to do ankle pumps every hour. This is done by moving your feet up and down and wiggling your toes. Ankle pumps help increase the circulation in your lower legs.

SCDs

Sequential compression devices (SCDs) will be ordered to prevent blood clots from occurring after surgery. SCDs are plastic sleeves that are applied to your lower legs. These sleeves are attached to a machine, which alternate inflation to help pump the blood back to your heart.

Blood Thinners (Anticoagulants)

After knee replacement surgery a medication to thin blood is started to prevent blood clots. Aspirin is the medication used to thin the blood. However, if you are allergic or unable to take aspirin, there are other medications that will be prescribed for you.

If you are currently on a blood thinner for a medical condition, it will be restarted after surgery.

Your surgeon will make the decision on which blood thinning medication will be prescribed at discharge based on your medical history and allergies.

Blood Transfusions

There is some blood loss associated with total knee replacement surgery. Your blood count will be checked after surgery to ensure you are maintaining adequate levels. If your blood count is low and you are feeling dizzy or weak, your surgeon may want you to receive a blood transfusion.

Out of Bed Day of Surgery

You will be out of bed and walking the day of your surgery. If you can't walk far, you will get up to the chair. With each walk, the distance you walk will be increased. You will learn how to walk to the bathroom, in the hallway, and climb stairs. Additionally you should be out of bed for all meals.

Preventing Falls

After knee replacement surgery, patients may experience stiffness and pain with walking, and balance can be affected. **Therefore, you always need to ask for help when getting up to go to the chair, bathroom, or for a walk.**

Ice

Ice will be placed around your surgical site. The ice decreases swelling and pain. It should remain on your knee for at least 20 minutes an hour while you are awake and especially after doing exercises. Do not apply ice directly to the skin; use a towel or pillowcase to protect the skin.

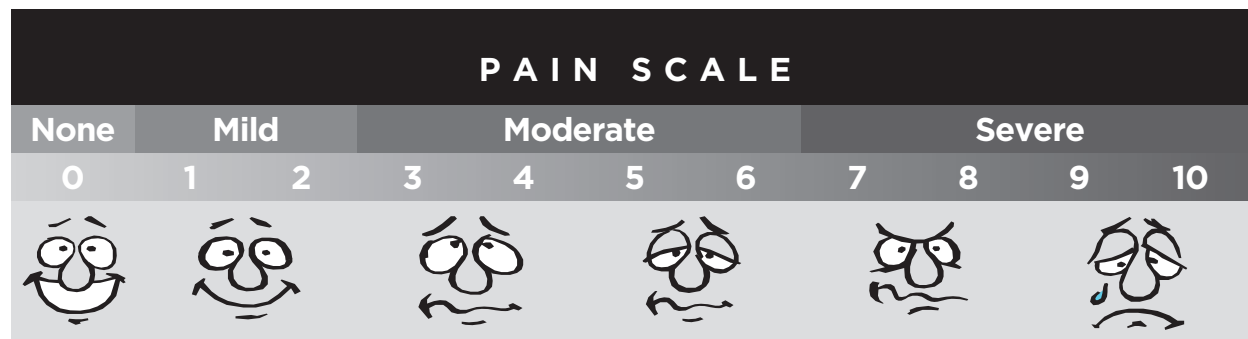
PAIN MEDICATIONS AND PAIN CONTROL

It is important for us to help manage your pain. You will experience pain after your surgery. Our goal is to decrease your pain, not completely eliminate it.

Pain management is not an exact science, and you will have pain after surgery. In the pre-op area you will be asked:

- Do you have pain now?
- Is it related to your scheduled surgery?
- What do you do for this pain currently (medications, ice/heat, positioning/elevation)?
- Where do you place your pain?
- Using the 0-10 pain scale, what level do you consider tolerable/goal?

After your surgery, we will rely heavily on your assessment of your pain, and work with you to relieve it. Rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being pain as bad as you can imagine (see scale below). This rating will help determine which pain medicine is needed, or if the pain medicine given was effective. You will discuss your goal for pain relief with your physician/caregiver.



It is normal to have pain after surgery. This does not mean that the surgery was unsuccessful or your recovery will be slow. Along with your pain medicine, it is important to walk, change positions frequently, and apply ice to help to decrease your pain.

Generally, your pain medication is written to be given on an “as needed” basis. Dosing is based on your reported level of pain. It is important for you to notify your treatment team when you are having pain so we can work on making you more comfortable.

MULTIMODAL PAIN CONTROL

Multimodal pain control means you will receive two or more medications that relieve pain. When these medications are used together, they are more effective at pain control and decrease the need for opioid medications, which assists with your recovery.

Medications that may be given in combination are acetaminophen (Tylenol), non-steroid anti-inflammatory drugs (Toradol, Mobic), and opioid medications (oxycodone, percocet, hydrocodone, and Norco). Your pain medication will be started immediately after your surgery and you will receive a prescription to take it at home.

KNOW YOUR MEDICINES

While in the hospital it is very important to know and understand the medications that you are taking.

- Ask your nurse about the medicines you are taking; what they are, what they do, how often they are given, what side effects they might have, and how long you'll be taking them.
- Ask if the medicines are safe to take with other medicines or dietary supplements that you may be taking and if there are any foods, drinks, or activities you should avoid while taking the medicines.
- If you do not recognize a medicine, inform your nurse.
- Let your doctor or nurse know if you have any allergies or previous reactions to any medications, foods, or latex.
- Please tell your health care team about all medicines that you are taking including vitamins, herbal remedies, and over-the-counter medicines.
- You should ask for your pain medication 30 minutes before exercising.

Common Side Effects of Your New Medications

MEDICATION	EXAMPLES	WHAT IS THIS USED FOR?	SIDE EFFECTS
Narcotics	<p>Percocet (oxycodone/acetaminophen)</p> <p>Oxycontin, Oxy IR (oxycodone)</p> <p>Norco, Vicodin (hydrocodone/acetaminophen)</p> <p>Morphine Dilaudid (hydromorphone)</p>	<p>- Used to ease pain</p>	<p>Feeling dizzy or lightheaded. Avoid driving and doing tasks or actions that call for you to be alert until you see how this drug affects you.</p> <p>Upset stomach or throwing up. Many small meals, sucking hard, sugar-free candy, or chewing sugar-free gum may help.</p> <p>Hard stools (constipation). Drinking more liquids or adding fiber to your diet may help. Talk with your doctor about a stool softener or laxative.</p> <p>itching: Let your doctor know if this continues or a rash develops.</p>
Laxatives	<p>Senna-S, Senna Plus (senna/docusate)</p> <p>Ducolax (bisacodyl)</p> <p>Milk of Magnesia (magnesium hydroxide)</p>	<p>- Used to treat hard stools (constipation)</p>	<p>Belly pain/cramps</p> <p>Gas</p>
Antinausea	<p>Zofran (ondansetron)</p> <p>Phenergan (promethazine)</p>	<p>- Used to prevent or treat upset stomach (nausea) or vomiting</p>	<p>Feeling lightheaded or sleepy</p> <p>Dry mouth</p>
Anti-inflammatory	<p>Toradol (ketorolac)</p> <p>Celebrex (celecoxib)</p>	<p>- Used to ease pain and swelling</p> <p>- Used to treat arthritis</p>	<p>Belly pain or heartburn</p> <p>Headache</p> <p>Loose stools (diarrhea)</p>
Iron Supplements	<p>Feosol, Slow-FE (ferrous sulfate)</p>	<p>- Used to treat low blood iron or anemia by helping your body make red blood cells</p>	<p>Belly pain</p> <p>Hard stools (constipation). Drinking more liquids, working out, or adding fiber to your diet may help. Talk with your doctor about a stool softener or laxative.</p> <p>Black stools</p>
Antiplatelets or Blood Thinners	<p>Aspirin</p> <p>Lovenox (enoxaparin)</p> <p>Coumadin (warfarin)</p>	<p>- Used to thin the blood so clots will not form</p>	<p>Upset stomach or heartburn</p> <p>Bleeding problems or bruising</p>
Steroids	<p>Decadron (dexamethasone)</p>	<p>- Used to treat swelling in parts of the body</p>	<p>Mood changes</p> <p>Upset stomach or belly pain</p> <p>High blood sugar</p>
Antispasm	<p>Valium (diazepam)</p>	<p>- Used to calm the muscles</p>	<p>Feeling tired, weak, or a change in thinking clearly. Avoid driving and doing other tasks that call for you to be alert until you see how this drug affects you.</p> <p>Dry mouth</p>

If you have any questions about the medications you are using, please contact your physician.

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Form 0604-53 (10/17) IND

Section 6: Inpatient Physical and Occupational Therapy

Physical Therapy (PT) works on walking, stairs, exercises and mobility of your new joint. Occupational Therapy (OT) addresses your activities of daily living (ADLs) which include getting in and out of bed, getting dressed, getting on and off the toilet, in and out of the shower, car transfers, and building your endurance.

Your initial therapy evaluation will occur in your hospital room or recovery room. A physical or occupational therapist will educate and assist you with getting into a chair and moving about as you can tolerate. After that initial evaluation, you will go to the PT gym for the remainder of your therapy sessions. You will be seen by PT twice daily and OT once daily.

Physical therapy may be arranged to begin within 24 to 48 hours after discharge to home. Outpatient physical therapy is preferred. The discharge planner will assist you with these arrangements. Prior to your discharge home, the discharge planner will arrange for any equipment needs at home.

WALKING

The nursing staff and physical therapy team will teach you how to transfer in and out of bed and will tell you how much weight you are allowed to put on your operative leg. You will be using a walker to walk to the chair. Each day, the distance you walk will be increased.

USING A WALKER

When using a walker, it is important to remember a few key rules.

- Push up from the surface you are sitting on (e.g., the bed or chair). **Avoid pulling on the walker to come to a standing position.** The walker could easily tip backwards and will not offer you optimal support to stand.
- It is easiest to stand up from chairs with armrests. The armrests give you better leverage and control to stand up and sit down safely.
- The walker helps to take some of the weight off of your leg initially.
- Keep your feet near the back of the walker frame or rear legs. You don't want to be too close or too far away from the walker. Stay inside the walker.
- Stand up straight when walking. Keep your shoulders back, head up, chest up, and stomach muscles tight.
- If you have wheels on your walker, there is no need to lift the walker – just push the walker forward as you walk.
- Your pace of walking is up to you. Think about increasing your pace and stride to what feels normal to you. Move at your own pace and at your own comfort level.
- Each day, increase the frequency and distance you walk. Go at your own pace. Frequent walks are important to help keep you moving and decrease your stiffness and pain.

STAIRS

It is important to know if you could navigate steps before your surgery, you will be able to do so after surgery.

Negotiating consecutive steps:

- Use handrail for assistance if one is available.
- Go up with your non-operative leg and come down with your operative leg.
“Up with the good leg and down with the bad leg.”
- Take one step at a time. This will make negotiating steps easier and safer for you.
- Concentrate on what you are doing. Do not hurry.
- Have someone assist or spot you as you feel necessary or indicated by your therapist. This person should stand behind and slightly to the side of you when going up the steps. When going down the steps, the person should be in front of you.

Negotiating a Curb or One Single Platform Step

- You can use the rolling walker.
- Move close to the step.
- Place the entire walker over the curb onto the sidewalk. Make sure all four prongs/wheels are on the curb.
- Push down through the walker towards the ground.
- Step up with the non-operative leg, then follow with the operative leg.
- Reverse this process for going down the step. Place your walker below the step, then step down leading with the operative leg first.

BED POSITIONING

- Keep legs flat in bed – no pillows or towel rolls under knees. You are able to put a towel roll at your feet/ankles, but not under your knees.

BED MOBILITY

- A therapist will address how to get in and out of bed based on which leg was operated on.

POSITION CHANGES

From a Bed

It is important to stand by pushing on the bed with at least one hand and NOT by pulling on the walker. Place your hands on the bed, and push up to standing. Focus on straightening your legs and shifting your weight over your feet. Bring your hands up to the walker one at a time. When sitting back down, be sure to reach for the bed one hand at a time to control your body.

Into a Chair

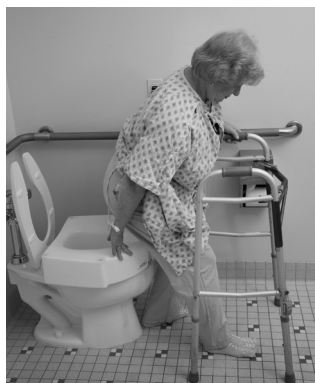
Back up to the chair until you feel it touch the back of your non-operative leg. With your hands, reach behind you to grasp the armrests of the chair. Take a step forward with your operative leg, so it does not bend too much. Using your arms and your good leg, begin to squat and lower yourself into the chair. You can let your operative leg rest on the floor if it is comfortable, or you can prop it up on a small stool.

Out of a Chair

Scoot yourself forward until you are sitting near the edge of the chair. Place your hands on the arms of the chair and begin to push yourself up into a standing position. Bring your hands up to the walker one at a time. Once you are in a standing position, slide your operated leg under you to gain your full balance.

On/Off Commode

Back up to the commode, like you would a chair. If you have something to hold on to beside your toilet, use it to help lower yourself down. Again, be sure to take a small step forward with your operative leg.



Into the Car

Back up to the car seat until you feel it at the back of your legs. Take a slight step forward with your operative leg to reduce the bend. Reach a hand behind you for the back of the seat and the other hand to a secure a spot either on the frame or dashboard. Lower yourself slowly to sitting. Scoot your hips back until you are securely on the seat. Bring one foot into the car at a time. You may need some assistance getting your operative leg into the car. You may want to move the seat the entire way back and recline the seat to increase the ease of getting your legs into the car. You may also want to bring a plastic grocery bag or trash bag with you to sit on in the car. It will make getting into the car easier.



Out of the Car

When getting out of the car, bring your legs out one at a time. You may need assistance to get your operative leg out. Place one hand on the back of the seat and one hand on the frame or dashboard. Push up to standing, bringing one hand up to the walker at a time.

ACTIVITIES OF DAILY LIVING

Lower Extremity Dressing

Sit on a supportive surface. You will want to dress your operative leg first, and then your nonoperative leg. Thread clothing over one foot at a time, pulling the underwear, then pants up to your thighs. Stand up once and pull up both garments at the same time. If needed, the occupational therapist will go over assistive devices that are available to make this process easier.

BATHING

Lower Extremity Bathing

A long handled sponge can be used to avoid excessive bending motions when washing your legs and feet.

In/Out of the Shower/Tub

Occupational therapy will discuss with you the proper technique for getting in and out of the tub or shower while you are at the hospital. Every case is different, and we want to be sure that you are comfortable with the setup you have at home, whether it be a tub/shower or a stall shower. If you have shower doors on your tub, you may want to think about taking the doors off. You will have more room to get yourself into the tub without the doors on.

GENERAL REMINDERS

- ✓ It would be a good idea to have whoever is going to assist you at home here on the day you are to be discharged so they can see how you are doing.
- ✓ Do not bring your own equipment from home.

Section 7: Home Care Guidelines

When you are medically stable and walking safe household distances and your pain is controlled, you will be ready to transition home.

Prior to going home you will be given:

- Activity, incision and medication instructions from your surgeon (you may want to keep these to share with your primary care physician)
- Your surgeon's phone number and date and time of your first follow-up appointment.
- Prescription for pain medicine
- Instructions/Prescription for a blood thinner



TRANSPORTATION

You will need to have a family member or friend transport you home from the hospital the day you are discharged.

The Drive Home

- If your drive is long, stop to stand up and stretch after 45 minutes to one hour.
- You may bring a pillow to sit on for comfort.

RECOVERING AT HOME

Most patients undergoing total knee surgery want to know when they will be able to return to their normal life. Many factors can contribute to recovery time, but typically patients can return to normal life activities within one to six months. Each day you will be able to resume more and more activities. Keep in mind, however, that recovery is a gradual process, and we all recover at our own pace.

There are some factors that may influence recovery time. One factor that influences recovery is having a positive attitude. Undergoing surgery can be a very stressful event.

It is important to have a support network that will be able to provide physical and emotional support as you recover. Set realistic goals and make note of your achievements no matter how small. Remember it is okay to adjust your goals as you go through your recovery, but aim to achieve them and seek help from your support network.

Pain management is essential for recovery in post-operative total joint patients. Be prepared for hard work and some pain. The use of pain medication as prescribed and regular icing will aid your recovery. Your strength and mobility will be affected initially but will improve. Follow the direction of your physical therapist and comply with the exercise program prescribed.

With your recovery, you may have swelling and bruising around the knee, groin and buttocks and down into the lower leg after your surgery. This bruising and swelling may last for up to six to eight weeks or longer and is a normal part of the healing process. The bruising will gradually go away on its own as the body reabsorbs the blood. Being on a blood thinner after surgery can contribute to some of this bruising too. The blood thinning medication is very important so please continue to use it as directed by your surgeon.

MEDICATIONS

Blood Thinners (Anticoagulants)

You will be given a blood thinner to prevent blood clots after your knee surgery. Your physician will determine what blood thinner you will be placed on. It is important to follow the instructions on the dose, frequency and length of time for the anticoagulant you are prescribed.

Pain Medications

Take your prescribed pain medication as prescribed by your surgeon. Gradually, as more time goes by, you should be able to increase the length of time between pills or decrease the number of pills. Please do not take any over-the-counter pain relievers that contain aspirin or acetaminophen (Tylenol) with your prescribed pain medication, unless directed by your surgeon.

Take pain medication 30-60 minutes before exercising or physical therapy. This will help you to perform your exercises with minimal pain. After exercising, apply ice to your incision for about 20 minutes to decrease swelling.

Laxatives and Stool Softeners

After your surgery you may experience constipation from the pain medication, decreased mobility and a change in appetite. You need to take stool softeners to keep the stool soft. Stool softeners should be started one week prior to your surgery. Patients should remain on stool softeners while taking pain medication. They are an over-the-counter medication that can be purchased at your local pharmacy or grocery store. Sometimes the addition of a laxative is needed to help relieve the constipation. Remember to eat a diet high in fiber and drink plenty of fluids. If your constipation is not relieved, please contact your family doctor or surgeon for advice.

BODY CHANGES

- Your appetite will be poor. Drink plenty of fluids to prevent dehydration and constipation. Your appetite will return.
- Your energy level will be decreased for the first month.
- You may have difficulty sleeping at night. This is not abnormal. Don't sleep or nap too much during the day to ensure you get adequate rest at night. This will help you to return to a more normal schedule.

CARING FOR YOUR INCISION

- Instructions on your knee dressing and when you may shower will be provided and reviewed with you prior to discharge
- Always wash your hands with warm water and soap for 15 seconds prior to working with your incision
- Keep your incision clean and dry
- DO NOT clean the incision or apply any ointments/lotions
- No soaking the incision in a bath tub, hot tub, or swimming pool, etc.
- Notify your surgeon if there is increased drainage, redness, uncontrolled pain, or odor

PREVENTING POST-OPERATIVE SURGICAL SITE INFECTIONS

Good personal hygiene habits aid in the prevention of post-operative surgical site infections. These habits include:

- Washing hands with warm water and soap for 15 seconds:
 - After using the toilet
 - Prior to and after working with your incision
 - Prior to food preparation and/or eating
 - After coming in contact with pets
- Washing your body and hair with soap or shampoo often
- Brushing and flossing your teeth and rinsing your mouth with antiseptic mouth wash at least once a day
- Wearing clean clothes. Dirty clothes should be washed with laundry soap before wearing them again
- Changing and laundering bed and bath linens often
- Using a clean washcloth and towel on your incision until completely healed

SIGNS OF INFECTION

- Persistent fever (oral temperature greater than 101.3 degrees)
- Shaking or chills
- Increased redness, tenderness, swelling or drainage from incision
- Uncontrolled pain

The best way to prevent infections is good hand washing.

SWELLING

- Swelling of your leg is common after surgery, especially as you begin to walk more, so you need to **ELEVATE YOUR LEG** and **PUT ICE ON YOUR LEG**.
- When sitting in a chair, it is important to sit with your leg propped up on pillows
- During the day you should elevate your leg above your heart a few times. You can lay in your bed or on the couch with your leg propped up on pillows. Remember, you cannot put a pillow directly behind the knee.
- If the swelling does not improve with rest, elevation, and ice or is associated with pain in the calf, redness, and warmth in the calf, call your surgeon.



BLOOD CLOTS

Surgery may cause the flow of blood to slow and clot in the veins of your legs. Taking your blood thinners as prescribed and walking around throughout the day will reduce the chance of a blood clot. While resting in a seated position or lying down, continue to do frequent feet and ankle pumps. However, it is important to recognize the signs of blood clots.

Warning signs of blood clots in the leg:

- Increased pain in the calf of your leg
- Tenderness, warmth or redness
- Increased swelling of the thigh, calf, ankle or foot that does not go down with elevation of the legs

Prompt treatment usually prevents the more serious complication of pulmonary embolus - an unrecognized blood clot could break off in the vein and go to the lungs.

Warning signs of blood clots in the lung:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Difficult and/or rapid breathing
- Localized chest pain with coughing, or when taking a deep breath
- Sweating
- Confusion

This is an emergency, and you should call 911 if suspected!

Section 8: Home Exercise Guidelines

A Home Exercise Program will be provided to you during your stay in the hospital to begin upon your discharge to home. The Home Exercise Program includes doing the exercises as instructed by your physical therapy team while you were in the hospital along with walking. The exercises are to be done three times a day.

EVERYDAY ACTIVITIES

- Walking: You should be walking 10 minutes every hour or taking short walks about every two hours, increasing your distance each day. Always use your walker or crutches and avoid over-exertion. DO NOT walk on uneven surfaces such as lawns or gravel. You will continue to progress to using a cane, then no assistive device.
- Climbing Stairs: To climb stairs, ascend using your good leg first; descend with your bad leg first. Keep these trips to a minimum when you first get home.
- Sitting: Use chairs that have arms, backs and firm seats. You need the arms to help lift yourself out of the chair. To maintain good circulation, pump your legs up and down after sitting in one spot for more than 30 minutes.

RESTRICTED ACTIVITIES

Until you see your doctor for your first post-operative check-up in two to three weeks, DO NOT do any of the following:

- Return to work
- Drive a car
- Participate in sports
- Engage in sex
- Take a tub bath
- Swim in a pool
- Sit in a hot tub
- Housework/yardwork

POST SURGERY FOLLOW-UP

Your first post-operative visit will generally be about 10-14 days after surgery. If you don't already have it, you should schedule your appointment as soon as you return home from the hospital. Besides a thorough check-up and x-rays of your knee, you will also receive a new set of instructions for care and a list of activities that you can now engage in. Your next visit will be determined by your surgeon and the progress you have made in physical therapy.

LIVING WITH YOUR KNEE REPLACEMENT

By having a knee replacement, you join an average of 450,000 Americans who undergo this surgery every year. More than 95 percent of them experience a dramatic reduction in pain and renewed ability to participate and enjoy physical activity. Still, a replacement knee is not a normal knee.

DENTAL CARE

Because infections commonly enter the body through the mouth, you must take certain precautions before having dental work.

- Tell your dentist that you have had joint replacement surgery
- Your surgeon may want you to take an antibiotic before dental work which will help keep bacteria from entering your blood stream. Your surgeon or dentist can prescribe the antibiotic
- You may also need antibiotics prior to any urinary tract or abdominal procedures

INTIMACY FOLLOWING KNEE REPLACEMENT

Your incision, muscles, and ligaments need time to heal. Sexual activity is not recommended immediately after surgery but can often resume safely at four to six weeks after routine knee replacement. Discuss with your surgeon when it is safe to return to sexual activity. Once a timeframe is determined, you can resume sexual activity when you feel ready. Avoid positions that will put additional strain on your knee (such as kneeling).

JUST FOR KNEES DO'S AND DON'TS

For safety, you should adhere to the following precautions, particularly during the first four weeks after surgery.

- ✓ DO push to gain maximum motion of your knee during the first six to eight weeks after surgery.
- ✓ DO stay active.
- ✗ DO NOT sit longer than 45 minutes at a time as this may make the muscles around your knee stiffen.

LIFETIME ACTIVITIES

After three to six months, you will most likely be able to resume the majority of activities that you were able to enjoy when you had a healthy knee. Still, there are some activities that your doctor prefers over others, and some that your doctor will want you to avoid entirely.

Check with your surgeon prior to beginning these activities.

Recommended

- Swimming
- Biking
- Golf
- Tennis (social doubles on a clay surface)
- Low impact and water aerobics
- Dancing
- Nordic track
- Bowling
- Fishing
- Gardening
- Elliptical stepper



Not Recommended

- Basketball
- Weight-lifting with weights that exceed 50 lbs.
- Racquetball

Avoid Entirely

- Jogging or running
- Contact sports
- Jumping sports
- High impact aerobics

Appendix

On the following pages, you will find exercises you may be instructed to do before your surgery and during your recovery. Your physician and physical therapist will advise you on which exercises are appropriate for you and the number of repetitions needed.

EXERCISES ARE TO BE DONE TWICE DAILY

1. Bend feet up and down, as if pumping a gas pedal.

Quad Set (QS)



2. Slowly tighten muscles on thigh of surgical leg while counting aloud to 10.

Glut Set (GS)



3. Bend one leg. Raise surgical leg 6-8 inches with knee locked. Exhale and tighten thigh muscle while raising leg. Repeat using other leg.

Heel Slides (HS)



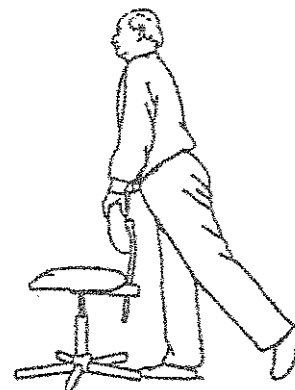
4. Place a rolled towel under knee. Lift foot and straighten knee. Hold five seconds.

Hip Abduction (ABD) & Adduction (ADD)



5. Bend knee and slide heel toward buttocks. Hold five seconds. Return.

Hip Extension



6. Keeping feet on floor, slide foot of operated leg back, bending knee.



7. Sitting in a chair, straighten operated leg and try to hold it.



8. Holding a chair for balance, slowly bend knees. Keep both feet on the floor.



Frequently Asked Questions (FAQ)

Q: When can I start driving?

A: About four to six weeks after surgery or as recommended by your surgeon. Do not drive if taking pain medication.

Q: When can I resume sexual activity?

A: In most cases, you may resume sexual activity when you feel comfortable enough to do so. Make sure to heed any position restrictions recommended by your caregivers. In general, most patients resume normal sexual activities within four to six weeks after surgery.

Q: How long do I have to keep doing deep breathing?

A: You should continue deep breathing and coughing for at least one week after discharge from the hospital. You should take at least 10 deep breaths an hour while awake.

Q: How long do I have to keep doing the exercises?

A: Specific exercises should be done until you are pain-free and walk without a limp; however exercise should be a life-long commitment.

Q: How long will my knee replacement last?

A: This may vary depending on age, weight, and activity level. However generally speaking most replacements last 10-20 years.

Q: How do I know if my incision is infected?

A: The signs of an infection may include the following: redness, warmth, drainage, excessive tenderness and fever. If you have any of these symptoms, contact your surgeon.

Q: How will I know if I have a blood clot in my leg?

A: The warning signs of a blood clot in the leg may include: increased calf tenderness, redness, warmth, and swelling that does not decrease with the elevation of the leg. If you have any of these symptoms call your physician immediately.

Q: What do I do if my foot swells?

A: Elevate the affected extremity over the level of the heart several times a day. If it does not improve and you develop calf pain, tenderness, warmth, or redness contact your surgeon's office.

Q: How will I know if I have a blood clot in the lung?

A: Warning signs of blood clots in the lung (pulmonary embolus or PE) may include: sudden chest pain, difficulty or rapid breathing, shortness of breath, sweating, or confusion. If you have any of these symptoms call 911 immediately.

Q: What can I do if I become constipated?

A: It is very common to have constipation post-operatively. This may be due to a variety of factors, but is especially common when taking narcotic pain medication. While you are taking prescription pain medication, you should continue with daily over-the-counter stool softeners. You may also try over-the-counter laxatives (i.e., Miralax, dulcolox, Milk of Magnesia) and if needed a suppository or Fleets enema.

Q: How long will I need to use a walker?

A: The length of time a patient will need to use a walker will depend on the progress of the patient. Please follow the guidance of your physical therapist on the appropriate time to transition from the walker to the cane.

Q: When can I go back to work?

A: Your surgeon will determine the length of time you will be off from work. This depends on the type of work you do. It will take longer to return to work if you have a more active job.

Q: When do the staples or sutures get removed?

A: You may have metal staples or black stitches closing your wound. These should be removed 10-14 days after surgery, typically at your follow-up appointment with your surgeon.

Q: How long will I be on a “blood thinner”?

A: Your surgeon will determine which blood thinner and the length of treatment for this medication.

Q: How can I safely dispose of my unused pain medications?

A: Please visit <https://apps.ddap.pa.gov/gethelpnow/pilldrop.aspx> to find a safe disposal location in your area.

Q: Will my knee replacement set off metal detectors at airports?

A: Your new knee replacement may activate metal detectors used in airports and some buildings. You may be asked to show your incision/scar.

Q: Can I have an MRI with a knee replacement?

A: Your artificial knee will NOT interfere with having an MRI.

Glossary of Terms

Ambulation – is walking

Anticoagulants – are blood thinners that may be ordered to minimize the risk of developing a blood clot. Some examples include: aspirin, Coumadin, Lovenox, Xarelto, and Eliquis

Arthroplasty – arthroplasty is the medical term for joint replacement.

Blood clot – blood clots in a vein occur when a person becomes immobilized and muscles are not contracting to push blood back to the heart. This stagnant blood begins to form small clots along the walls of the vein.

Cartilage – Cartilage is the smooth covering over the ends of bones in a joint. Arthritis causes cartilage damage.

Cement – depending on your age and condition of your bone, your joint will or will not be cemented in place.

Chlorhexidine – An antimicrobial skin cleanser is a form of soap that is used to clean the skin before surgery. It is stronger than regular soap because it contains an agent that kills germs on the skin that you cannot see.

Deep vein thrombosis (DVT) – is a blood clot that forms in a vein deep in the body. Most deep vein clots occur in the lower leg or thigh. A deep vein thrombosis can break loose and cause a serious problem in the lung, called a pulmonary embolism, or a heart attack or stroke.

Degenerative Arthritis – also known as osteoarthritis, is a type of arthritis that is caused by the breakdown and eventual loss of the cartilage of one or more joints.

Incentive spirometry (ISB) – a breathing device designed to help you take long, deep breaths, such as when you yawn. The incentive spirometer shows you how well you are taking deep breaths and expanding your lungs. Because it makes you breathe deeply, it improves your ability to clear mucus from your lungs. It may also increase the amount of oxygen that gets deep into your lungs.

Intravenous – fluid passed directly in to the vein by way of a small flexible tube.

Joint – where two or more bones come together, like the knee, hip, elbow or shoulder.

Ligaments – are tissues that connect bones at a joint and also allow motion to the joint.

Magnet designated hospital – This prestigious distinction recognizes excellence in nursing care. UPMC Pinnacle is Magnet certified at its Harrisburg, Community Osteopathic, and West Shore hospitals.

Magnetic Resonance Imaging (MRI) – uses a large magnet and radio waves to look at organs and structures inside your body. Health care professionals use MRI scans to diagnose a variety of conditions, from torn ligaments to tumors. MRIs are very useful for examining the brain and spinal cord.

Multimodal Analgesia – the use of two or more medications that relieve pain and when used together are more effective in blocking pain signals.

Norco – a common narcotic given in tablet form.

NPO – nothing by mouth; meaning nothing to eat or drink.

Pain scale – a scale from 1-10 which allows the nurse to approximately gauge your pain. 0 is no pain and 10 is the worst pain.

Patella - the knee cap

PIN Number – a unique number given to family and friends by the patient if they are willing to allow their health information to be released to designated person. This number changes with each admission to ensure privacy.

Post Anesthesia Care Unit (PACU) – the recovery room.

Percocet – a common narcotic given in tablet form.

Pre-admission testing – testing done prior to surgery to evaluate if the patient is healthy enough for surgery. Includes blood work, EKG and chest x-ray. May be more extensive for those patients that have a cardiac history.

Pulmonary Embolism (PE) – a sudden blockage in a lung artery. The cause is usually a blood clot in the leg called a deep vein thrombosis that breaks loose and travels through the bloodstream to the lung.

Range of Motion - refers to the distance and direction a joint can move to its full potential. Each specific joint has a normal range of motion that is expressed in degrees.

Senokot – a stimulant laxative that is used post-operatively to prevent constipation.

Sequential compression device (SCDs) – inflatable compression sleeves that force circulation in legs when a patient is resting in bed in order to prevent blood clots.

Synovium – the membrane that lines the joints.

White Board – a dry erase board in your hospital room used for the nurse and PCA to communicate with you.

Living Will Declaration

I, _____ being of sound mind, willfully and voluntarily make this declaration to be followed if I become incapacitated. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in **a terminal condition or in a state of permanent unconsciousness.**

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment.

- I do do not want cardiac resuscitation.
- I do do not want mechanical respiration.
- I do do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).
- I do do not want blood or blood products.
- I do do not want any form of surgery or invasive diagnostic tests.
- I do do not want kidney dialysis.
- I do do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

Other instructions: _____

I do do not want to **designate another person as my surrogate** to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness. Name and address of surrogate (if applicable): _____

Name and address of substitute surrogate (if surrogate designated above is unable to serve): _____

I do do not want to make an **anatomical gift** of all or part of my body, subject to the following limitations, if any: _____

I made this declaration on the _____ day of _____ (month/year).

Declarant's Signature: _____

Declarant's Address: _____

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness Signature

Witness Signature

Address: _____ Address: _____

UPMC Pinnacle
LIVING WILL DECLARATION



PATIENT IDENTIFICATION

Patient Name: _____

MR Number: _____

Date of Birth: _____

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination Is Against the Law

UPMC Pinnacle complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UPMC Pinnacle does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UPMC Pinnacle:

■ **Provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, and other formats)

■ **Provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Customer Relations Department, Patient Representative at 717-782-5503.

If you believe that UPMC Pinnacle has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: UPMC Pinnacle Customer Relations Department, Patient Representative, 111 S. Front Street, Harrisburg PA 17101-2099, 717-782-5503, fax 717-782-5587, or email sokum@pinnaclehealth.org or cmyers@pinnaclehealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Customer Relations Department Patient Representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Aviso informando a los individuos de los requisitos acerca de la no discriminación y la accesibilidad, y declaración de no discriminar: La discriminación es contra la ley

UPMC Pinnacle cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. UPMC Pinnacle no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

UPMC Pinnacle:

■ Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas capacitados.
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).

■ Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes capacitados.
- Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con Departamento de Relaciones de Clientes, Representante de los Pacientes.

Si considera que UPMC Pinnacle no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: Departamento de Relaciones de Clientes, Representante de los Pacientes, 111 S. Front Street, Harrisburg PA 17101-2099, 717-782-5503, 717-782-5587 fax, correo electrónico sokum@pinnaclehealth.org, cmyers@pinnaclehealth.org. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, Departamento de Relaciones de Clientes, Representante de los Pacientes, está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD) Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Interpreters Available

You have access to interpretation services 24/7 at no personal cost to you.

This chart includes languages commonly spoken in your community; additional languages are available.

English: Do you speak [language]? we will provide an interpreter at no personal cost to you.

<p>Albanian Shqip Flisni shqip? Ne do t'ju sigurojm një përkthyes pa asnjë kosto personale për ju.</p>	<p>Apakah Anda berbicara bahasa Indonesia? Kami akan menyediakan penerjemah tanp biaya apa pun untuk Anda.</p>	<p>Indonesian Bahasa Indonesia</p>
<p>Arabic اللغة العربية هل تتحدث اللغة العربية؟ سوف نوفر لك مترجماً فورياً بدون أي تكلفة عليك.</p>	<p>Parla italiano? Le forniremo gratuitamente un interprete.</p>	<p>Italian Italiano</p>
<p>Bosnian Bosanski Da li govorite bosanski? Obezbjedićemo Vam prevodioca besplatno.</p>	<p>한국어를 사용하십니까? 무료로 통역 서비스를 제공해 드리겠습니다.</p>	<p>Korean 한국어</p>
<p>Cambodian ភាសាខ្មែរ តើអ្នកនិយាយភាសាខ្មែរដែរទេ? យើងខ្ញុំនឹងផ្តល់ជូនអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃផ្ទាល់ខ្លួនដល់អ្នក។</p>	<p>您讲国语吗? 我们将免费为您提供翻译。</p>	<p>Mandarin 中文</p>
<p>Cantonese 粵語 您講粵語嗎? 我們將免費為您提供翻譯。</p>	<p>तपाईं नेपाली बोल्नुहुन्छ? हामी तपाईंको लागि निःशुल्क रूपमा दोभाषे उपलब्ध गराउने छौं।</p>	<p>Nepali नेपाली</p>
<p>Croatian Hrvatski Govorite li hrvatski jezik? Osigurat ćemo Vam prevoditelja besplatno.</p>	<p>Wann du Deutsch schwetzschzt, darrefschzt du ebber griege, as aa Deutsch schwetzt un dich helfe kann mit die english Schprooch.</p>	<p>Pennsylvania Dutch Deutsch</p>
<p>Farsi فارسی فارسی صحبت می کنید؟ یک مترجم شفاهی رایگان در اختیار شما قرار خواهیم داد.</p>	<p>Czy mówisz po polsku? Zapewnimy bezpłatną pomoc tłumacza.</p>	<p>Polish Polish</p>
<p>French Français Parlez-vous français ? Nous vous fournirons gratuitement un interprète.</p>	<p>Fala português? Vamos facultar-lhe um intérprete, sem custos para si.</p>	<p>Portuguese Português</p>
<p>French Creole Kreyòl Ayisyen Èske ou pale Kreyòl Ayisyen? N ap ba ou yon entèprèt gratis.</p>	<p>Вы говорите по-русски? Мы абсолютно бесплатно предоставим вам переводчика.</p>	<p>Russian Русский</p>
<p>German Deutsch Sprechen Sie Deutsch? Wir stellen Ihnen unentgeltlich einen Dolmetscher zur Verfügung.</p>	<p>Ma ku hadashaa Af Soomaali? Waxaan kuu helaynaa tarjumaan bilaa lacag ah.</p>	<p>Somali Af Soomaali</p>
<p>Gujarati ગુજરાતી તમે ગુજરાતી બોલો છો? અમે ઇન્ટરપ્રીટર દ્વારા પૂરો પાડીશું, જેનો ખર્ચ તમારે ઉપાડવાનો રહેશે નહીં.</p>	<p>¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted.</p>	<p>Spanish Español</p>
<p>Haitian Creole Kreyòl Ayisyen Èske ou pale Kreyòl Ayisyen? N ap ba ou yon entèprèt gratis.</p>	<p>Je, unazungumza Kiswahili? Tutakupatia mkalimani bila gharama yoyote kwako.</p>	<p>Swahili Kiswahili</p>
<p>Hindi हिन्दी क्या आप हिन्दी बोलते हैं? हम आपके लिए बिना किसी निजी लागत के एक दुभाषिया को उपलब्ध कराएंगे।</p>	<p>کیا آپ اردو بولتے ہیں؟ ہم بغیر آپ کے ذاتی لاگت کے آپ کے لئے ترجمان فراہم کریں گے۔</p>	<p>Urdu اردو</p>
<p>Hungarian Magyar Beszél magyarul? Teljesen költségmentesen biztosítunk egy tolmácsot az Ön számára.</p>	<p>Quý vị nói được tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị.</p>	<p>Vietnamese Tiếng Việt</p>

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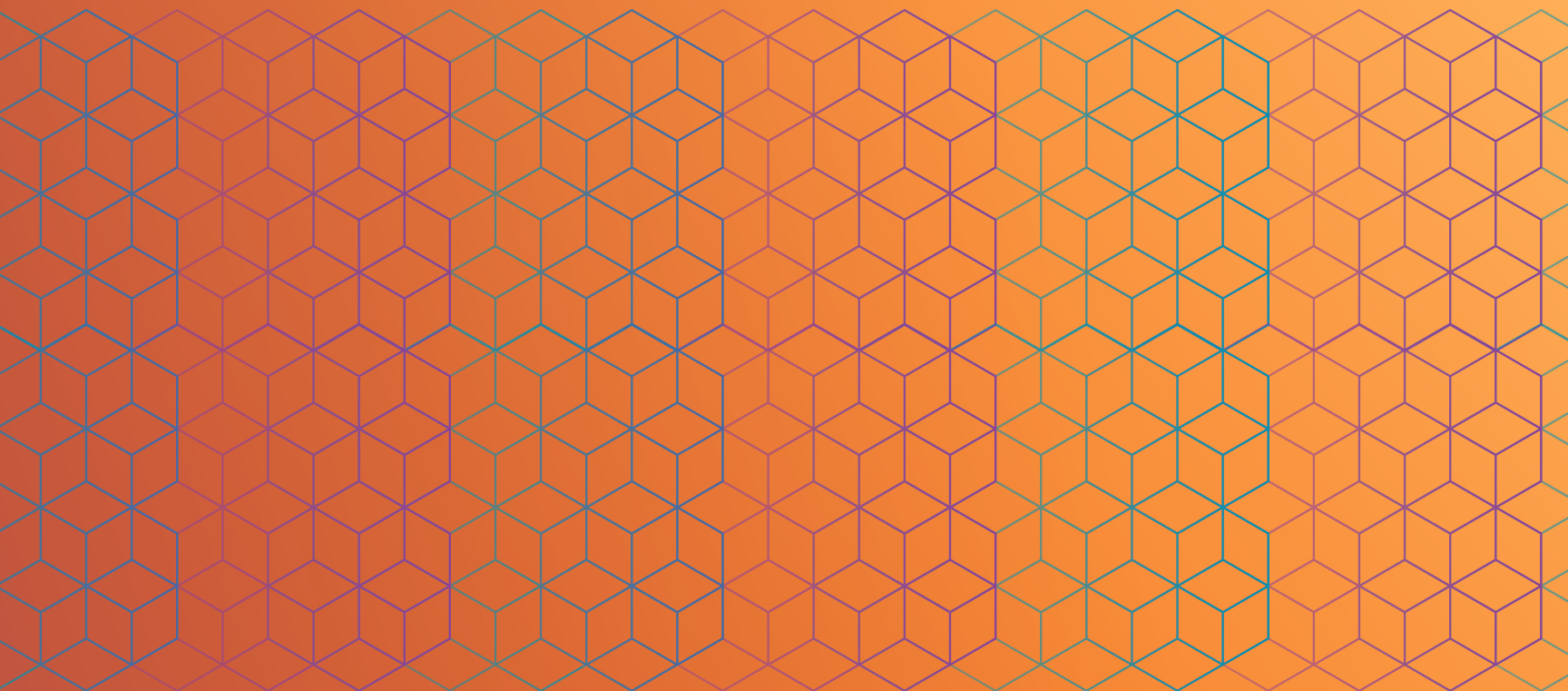
American Sign Language (ASL)



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