

**Preparing for your
TOTAL KNEE REPLACEMENT
or
UNICOMPARTMENTAL KNEE
REPLACEMENT**



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Achieve Home Care has developed this booklet for your convenience in preparing for your upcoming surgery. This book is intended to familiarize you with all three phases of your upcoming knee replacement:

1. Preoperative preparation
2. The surgery itself
3. Postoperative recovery and rehabilitation

We firmly believe that optimizing your preoperative education will not only make this entire experience more pleasant for you, but it will also enhance the outcome of your surgery.

As you will soon appreciate, this process is a team endeavor. It is crucial for you to prepare yourself to be an active informed member of the team.

These are general guidelines for all patients preparing for knee replacement procedure. Invariably, there will be additional concerns unique to your specific set of circumstances. Please do not hesitate to discuss these concerns with us as they arise so that they can be adequately addressed.

Attached, you will find guidelines that will help you to prepare for your upcoming surgery. You should find information on how to prepare your home, how to pack, and what to expect. If you have additional questions, please do not hesitate to contact our office for additional information.

We believe that our orthopaedic team and system is superb and we look forward to assisting you on your pathway to recovery. If you do not wish to have Achieve Home Care provide your postoperative care, please contact us and we will remove you from our contact list.

We look forward to helping you achieve an optimal outcome.

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Table of Contents

**TOTAL KNEE REPLACEMENT or
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I.	Preoperative	
	A. Check List	4
	B. Preparing your home for your return.	5
	C. What to bring to the hospital	6
II.	During Your Hospital Stay	
	A. Physical and Occupational Therapy	7
	B. Nursing	8
	C. General Care	8
	D. Discharge Planning	8
III.	Postoperative: What to expect after you've gone home	
	A. Daily Activities	9
	B. Physical Therapy	9
	C. Walking	9
	D. Nursing	10
	E. Bathing/Shower	10
	F. Sutures/Staples.	10
	G. Surgical Site Care	10
	H. TED Hose.	10
	I. Will I Need to Change Bandages	11
	J. Driving	11
	K. Medications	11
	L. Incentive Spirometer.	11
	M. Emergent Care.	11
IV.	Frequently Asked Questions	12

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I.

PREOPERATIVE

A.

CHECKLIST

- ___ Read this book from cover to cover.
- ___ Prepare your home for your return. Recommendations are made on page 5.
- ___ Pack for the hospital page 6.
- ___ Pre-surgical appointment with the surgeon – Appointment Time: _____
- ___ Pre-surgical screening appointment at the hospital – Appointment Time: _____
 - *Routine blood work and testing will be performed at this appointment.*
 - *You will have a consultation with an anesthesia representative at this appointment*
- ___ Pet Owners: Make arrangements for someone to care for your pet(s)
- ___ Sign the attached letter for discharge planning (Take this letter and the Achieve Home Care card with you to the hospital. Give the letter to the nurse who admits you).
- ___ Arrive at the hospital at the designated time
 - *Bring your Achieve Home Care home health letter/card*
 - *Bring a copy of your living will and/or health care surrogate*
- ___ If inpatient rehab is a consideration for facilities, take a list of 2-3 facilities where you would like to be transferred to.
- ___ Get your home health questions answered by calling Achieve Home Care

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PREOPERATIVE

B. PREPARING YOUR HOME FOR YOUR RETURN AFTER SURGERY

Please consider the following recommendations:

___ If you live alone, arrange to have someone (a family member or friend) stay with you and/or assist you at home after surgery, ideally for 1 – 2 weeks.

___ If your home has more than one floor, prepare a bed on the ground floor. Be sure that the height of the bed is not too low. Add another mattress if necessary. A hospital bed may be ordered for you by your doctor prior to your discharge to home.

___ Eliminate hazards that may cause you to trip:

- Remove throw rugs and other potential obstacles from your floors.
- Beware of small pets/pet toys.
- Remove electrical cords and phone cords from walkways.

___ Minimize your shopping needs during the first several weeks after surgery.

- Stock up on food and supplies.
- Prepare meals ahead of time and store them in the freezer.
- Store food/supplies within easy reach (waist to shoulder height).
- Prepare a list of your favorite home delivery numbers.

___ Equip your bathroom with safety features.

- Rubber bath mat in shower stall/bathtub.
- Non-slip mat on bathroom floor.
- Hand held shower attachment for control while bathing (Optional).

___ Arrange things you might need so you can reach them more easily:

- Phone numbers of friends, relatives, and your doctor
- Medications
- Telephone
- Magazines
- Cooking/eating utensils

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PREOPERATIVE

C. WHAT TO BRING TO THE HOSPITAL

- ___ • Any admitting papers your surgeon may have given you.
- ___ • Your signed home health agency of choice letter.
- ___ • Comfortable walking shoes with rubber soles and a heel back are recommended, but not necessary.
- ___ • A short robe and loose fitting clothing (i.e., loose pajamas, baggy shorts) are recommended, but not necessary.
 - *You will be in a hospital gown initially*
 - *Your subsequent clothing should easily fit over the sterile dressings that will cover your incision.*
- ___ • Personal toiletries.
- ___ • Eyeglasses (if you require them).
- ___ • A book or hobby (i.e., crossword puzzles) for entertainment and relaxation. (all of the hospital rooms have TVs).
- ___ • The telephone numbers of those whom you may wish to call from the hospital.

WHAT YOU SHOULD NOT BRING TO THE HOSPITAL

- Your own medication(s)
- Jewelry
- Large amounts of cash
- Other valuables

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II. WHAT TO EXPECT DURING YOUR HOSPITAL STAY

A. Physical and Occupational Therapy:

During your hospital stay, you will have two sessions per day with either a physical therapist or occupational therapist.

1. You have three essential therapy goals to achieve during your hospital stay:
 - a. Walking with a walker on your new knee.
 - b. Transferring into and out of bed safely.
 - c. Performing exercises to reduce the risk of blood clots.

Your therapist will assist you with each of these goals. You will be requested to walk with a walker within 24 hours of your surgery. The hospital will provide the walker for your hospital therapy. Your physical therapist will instruct you in how much weight you may put on your operated leg. You will walk further each day.

Remember... your motivation and participation in your therapy program is a vital component in determining the ultimate degree of success of your new knee (as well as how quickly you can return home)! Your rehabilitation program is by no means limited to your formal sessions with your physical therapist. You will be instructed in exercise that you should perform independently throughout the day.

Your hospital stay prepares you for your discharge to home. An Achieve Home Care physical therapist will continue your postoperative care in the comfort of your home. You will continue receiving instructions in a progressive exercise program. You will also be taught how to get into and out of your shower and how to bathe and dress while observing your precautions. The therapist will also instruct you in exercises to keep the rest of your body well-conditioned. As well as to increase your strength, mobility and function, you will be performing balance activities and exercises.



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WHAT TO EXPECT DURING YOUR HOSPITAL STAY (cont.)

B. Nursing:

- Nursing will be monitoring your incision site.
- You may be taking a blood thinner pill or injection to help reduce the risk of blood clots.
- Nursing will be monitoring your vital signs and pain level. You will have a catheter for the first 24 hours after surgery.

C. General Care:

- TED (compression) stockings will be applied to both of your legs prior to discharge. If your surgeon recommends these stockings, they are to be worn for 6 weeks following surgery. They may be removed overnight and be reapplied prior to getting out of bed in the morning. They are used to reduce swelling in your legs.

D. Equipment :

- A walker will be necessary following your procedure. A member of Achieve Home Care Ortho Team will meet with you to discuss your equipment needs and to review your home care orders. Your walker will be ordered at this time. Elevated toilet seats/chairs are NOT recommended following this procedure. See page 12-K for additional information.

E. Hospital stay:

The average length of hospital stay after surgery is 2-3 days. Discharge is dependent on medical clearance and progress in therapy.

F. Discharge Planning

The majority of individuals undergoing this procedure progress extremely well at home with home health care. Occasionally, inpatient rehabilitation is necessary. Skilled nursing facilities and rehabilitation centers are examples of inpatient facilities. Several criteria will indicate if you are a candidate for this type of extended care. The hospital staff will make this decision with your input, following surgery. If an inpatient transfer is required, the hospital discharge planner will facilitate this transition. One of our representatives will follow your progress in the inpatient facility. If you would like for us (Achieve Home Care) to provide your home health services, please inform the hospital or nursing facility discharge planner. Sign and give the attached letter to the discharge planner. This will ensure a smooth transition to home care. Please contact Achieve Home Care (813) 969-3700 if you have any questions or concerns during your inpatient stay or to notify us of your anticipated discharge. A business card is also included in this packet.

G. Prescriptions

You will receive prescriptions for pain medication and a blood thinner at the time of your discharge. These prescriptions should be filled the day you go home.

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III. WHAT TO EXPECT AFTER YOU GO HOME

A. Daily Activities:

You will need some assistance with meal preparation and transportation.
You may need some assistance getting your surgical leg into and out of bed.
You will need some assistance dressing and bathing.

Additional items that may be beneficial after your surgery:

- Long shoehorn
- Bag or carpenter's waist apron to attach to walker to transport light items
- Reacher (may be given to you by the hospital)
- Bath sponge on a long handle (may be given to you at the hospital)

B. Physical Therapy:

An Achieve Home Care physical therapist will come to your home the day after you are discharged from the hospital. They will call you prior to coming. If you have not heard from Achieve Home Care by 10:00 am the morning after you arrive home, please call the Achieve Home Care Ortho Team at (813) 969-3700. A physical therapist will visit you approximately 3-5 times per week for several weeks. You will be instructed by your Achieve Home Care physical therapist in a progressive exercise program and you will be advanced as is appropriate. You may transition to outpatient Physical Therapy after home care. Your home Physical Therapist will help you with this transition.

Your home health therapy goals include:

1. Independent basic and then advanced home exercise program
2. Independent bed and shower transfers
3. Independent walking, progressing from walker to cane to independence
4. Walking on level and unlevel surfaces and stairs
5. Independent bathing
6. Independent dressing
7. Independent enter and exit residence
8. Knowledge of awareness of progression in exercise program and return to functional and recreational activities.

C. Walking

Immediately following your knee replacement surgery you will be using a walker. You will progress to a cane based on your surgeon's protocol, your knee motion, strength, and balance. This is usually between the 2nd and 6th postoperative week. A cane will be ordered for you at the appropriate time, if you do not have one. For a revision knee replacement, you will be using a walker for an extended period of time, based on your specific circumstances. Your home physical therapist and surgeon will instruct you if you will be following a different protocol. Your physical therapist will also instruct you in how much and how often you should be walking. It is usually advised that you walk 5-10 minutes every 1-2 hours throughout the day once you are home.

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WHAT TO EXPECT AFTER YOU GO HOME (Cont.)

D. Nursing:

An Achieve Home Care nurse will arrive at your home the day after your hospital/inpatient discharge. Nursing care will include:

- Instruction in signs and symptoms of infection
- Instruction in medication regime
- Assessment of wound
- Blood draws, if ordered
- Instruction in administering injections, if ordered

Frequency and duration is based on needs, physician orders, and insurance authorization.

While on Coumadin, fingerstick blood draws will be performed twice per week, with your Coumadin dosage changing on Monday and Thursday.

E. Bathing/Shower:

A sponge bath should be performed until staple removal. You are allowed to take a shower 24 hours after your sutures or staples have been removed. A home health aide may be ordered for personal care needs, bathing, dressing and grooming on an as needed basis. Home Health Aide coverage does not include housekeeping tasks such as vacuuming, dishes and laundry.

F. Sutures/Staples Removal:

Sutures are removed 2-3 weeks after surgery (first post op visit)

G. Surgical Site Care:

- Your paper strips (steristrips) will be removed at your first visit after surgery. There will be underlying stitches that will usually not be visible to you.
- Keep your incision clean and dry at all times until your staples have been removed. Do not shower or take a bath until your staples have been removed, unless your surgeon tells you that you may do so.
- Do not wear tight fitting clothes over your incision.
- If your incision is sensitive, you may cover it with a sterile gauze pad.
- Avoid exposure to direct sunlight for one year. Direct exposure to sunlight during this period will make your scar more evident. Apply high SPF sun block to your incision when it is exposed to sunlight.
- Infections are rare following total knee replacement, however, you must remain alert to the possibility.

H. Compression Stockings (TED hose):

To be worn for 6 weeks following surgery to reduce the risk of blood clots. They may be removed overnight and reapplied prior to getting out of bed in the morning.

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WHAT TO EXPECT AFTER YOU GO HOME (Cont.)

I. Will I need to change any bandages after surgery?

No. You will go home with steristrips covering your incision site. Your Achieve Home Care nurse will inspect the incision and change the initial dressing.

J. When can I drive?

Driving is permitted 6 weeks following most primary knee replacement surgeries.
Driving is prohibited while taking pain medication.

K. Medications:

You will be given various prescriptions prior to your hospital discharge. Pain medication may alter your judgment and reflexes. Avoid drinking alcoholic beverages or driving while you are taking pain medications. Continue to take all of your regular medications unless otherwise instructed by your surgeon or your internal medicine doctor.

L. Incentive Spirometer – inhale 10 times per hour. The RN in the hospital will show you how to raise the bar.

M. Emergent Care Symptoms: What symptoms do I need to be aware of?

Call 911 or go to the nearest Emergency Room if you experience:

- Chest pain or difficulty breathing
- Calf pain, swelling or a hot feeling in your leg
- Any difficulty breathing, or pain in your side or back when breathing

These are potential indicators of pulmonary embolism which can be life threatening

Warning Signs:

Which warrant a call to the physician's office and Home Health Agency include:

- Severe and rapidly increasing pain, chills or fever (over 101.5°), maintained 4hrs
- Drainage from the incision after 5-7 days.
- A marked change in redness or swelling of the incision area

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IV. FREQUENTLY ASKED QUESTIONS

1. How much home care will I need after surgery?

Approximately 4-6 weeks of therapy is provided following this procedure. This may be reduced or lengthened based on how quickly your goals are reached.

2. What is the cost of my Home Health Care?

The cost to you depends on your Insurance provider.

Medicare: Part A covers your home health care. It usually pays 100% of your home health need, including physical therapy and nursing. It does not cover medication.

In order to be eligible for these benefits, the Medicare criteria is:

- a. That you are homebound (leaving home is a taxing effort and requires the assistance of another person).
- b. That you are under the care of a physician and are receiving a skilled service, such as physical therapy or nursing.
- c. That you are progressing in therapy.
(Outpatient therapy is covered by Part B and is covered at 80%)

Private Insurance:

Private insurance is highly variable. We will contact your insurance company prior to surgery and request your benefit information. Achieve Home Care currently has the following insurance contracts: Medicare, Aetna, BCBS, Humana, Tricare, United, Workers' Compensation. Many insurance companies require a co-pay or will cover a percentage of your home health care. For questions regarding your specific responsibility, please contact your insurance company. Aetna, BCBS and Cigna are managed by Care Centrix. They will not provide the home health agency with any copay information. Please contact them directly at 1-800-808-1902 Authorization will be received prior to your home care visit and will be discussed with you at the first visit.

3. Who pays for my equipment?

This depends on your insurance.

Medicare: Medical equipment (walkers, bedside commodes) are covered at 80% by Medicare.

If you have a supplemental insurance, it may pick up the other 20%. (Medicare provides 80% of a walker every 5 years).

Private insurance coverage is variable. Please contact your insurance company if you have questions about your coverage.

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