



# Total Knee Arthroplasty

Patient and Caregiver Guide

---

# Important phone numbers and locations

**Summit Medical Center**..... (307) 232-6600

6350 East 2<sup>nd</sup> Street  
Casper, WY 82609

**Preadmission Testing Nurse**.....(307) 232-3248

**Care Coordinator Nurse**.....(307) 232-4055

**Casper Orthopedics**.....(307)265-7205

If you call before or after our office hours with an urgent problem, the answering service will relay your message to the on-call doctor. He or she will promptly return your call.

**Thunder Basin Orthopedics** ..... (307)358-6200

If you call before or after our office hours with an urgent problem, the answering service will relay your message to the on-call doctor. He or she will promptly return your call.

You can also visit us at <https://summitmedicalcasper.com> to take a virtual walk through the hospital and to learn about upcoming events, special classes and webinars that are available to patients and families.

If you would like a personal tour of the hospital before your stay, please call 307-232-4055. We would be happy to show you around.

---

Welcome to Summit Medical Center. We are honored to care for you. We hope this information helps you prepare for your surgery and recovery. If you have questions, please call and ask any one of your healthcare team members.

This book is a guide. Your surgeon, nurses, and therapists may change some information in this book to meet your needs.

**About My Surgery**

My surgery date: \_\_\_\_\_

My check-in location: \_\_\_\_\_

My arrival time: \_\_\_\_\_

No food, drink, water, gum, or nicotine, the morning of surgery unless you are given different instructions from your surgeon.

My surgeon: \_\_\_\_\_

My doctor: \_\_\_\_\_

My coach: \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

---

# Table of Contents

About Your knee .....	5
Total Knee Replacement Surgery .....	6
Your Healthcare Team.....	7
Preparing for Your Surgery .....	9
Your Surgery.....	15
Day Before Surgery .....	16
Day of Surgery .....	16
After Surgery .....	17
When to Call Your Surgeon .....	22
Preparing to Go Home.....	23
Leaving the Hospital.....	23
Walker and Crutches.....	24
Exercise Plan.....	28
Checklist .....	32
On-Q Pain Device .....	33
Notes .....	34
Helpful Resources .....	35
Pictures and Examples of Equipment.....	36

# About Your Knee

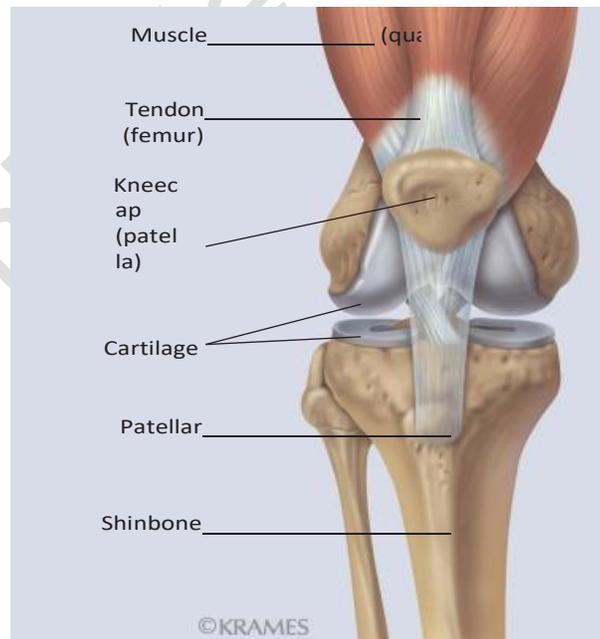
Knowing about your knee and how it works will help you to understand your knee surgery. The knee joint is one of the strongest joints in your body. When your knee is healthy, it allows you to bend, squat, walk, and support your body weight without feeling pain.

## A Healthy Knee

Your knee is located where the femur (thighbone) meets the tibia (shinbone). The patella (kneecap) sits along the groove at the bottom of your thighbone.

A healthy knee has the following parts:

- **Cartilage** – a slippery, strong flexible tissue. It is found where the bones meet. The cartilage helps the bones to glide over each other when the knee bends or straightens.
- **Tendons** – tough bands of tissue that attach the muscles to the bones. Muscles are needed to help move and support the knee joint.
- **Ligaments** – short bands of stretchy tissue that connect bones to other bones.



Copyright © 2017 The StayWell Company, LLC.

# Knee Replacement Surgery

You may have damage to any of these parts of your knee. Depending on your age and the amount of damage to your knee, you may need to have all or only part of the joint replaced. Your surgeon will decide this.

## Total Knee

Total knee replacement surgery removes the damaged and painful areas of the femur (thighbone) and tibia (shinbone). These areas are replaced with specially designed metal and plastic parts. Together, these parts make up the implant. Some artificial joints are kept in place with special cement. Others have surfaces into which your bone can grow.

Muscles and tendons hold natural joints in place. During surgery, these may be cut to free a place for the new joint. When the new joint is put in place, they are re-attached or removed. As those muscles and tendons heal, they will also help hold your new joint in place.

Your surgeon starts by preparing the bone. The surfaces of the joint are cleaned and shaped to hold the implant. The parts of the implant are put in place. Your surgeon tests the fit and alignment of the implant.

When the implant fits correctly, its parts are secured to the bones. The parts are joined, forming a new joint. Finally, the skin incision is closed.

## Partial Knee

Partial knee replacement surgery replaces or resurfaces one area of the knee joint. This surgery can prevent or delay the need for total knee replacement. The implant used for partial knee replacement has a plastic bearing that lasts a long time with normal activity.

Partial knee replacement surgery means:

- A smaller incision or scar
- Less tissue removed from both the tibia and femur
- A smaller implant
- A quicker recovery

**Total Knee Replacement**



**Partial Knee Replacement**



Copyright © 2017 The StayWell Company, LLC.

---

# Your Orthopedic Healthcare Team

Your healthcare team helps get you back on your feet by preparing you for surgery and recovery. You and your family are important members of the care team. Please let us know if you need anything. We have many team members who work with you and your coach for a successful recovery. Your team may include the following:

- **Orthopedic surgeon** performs your knee surgery and manages your care.
- **Physician Assistant** assists the Orthopedic Surgeon with your surgery and helps in managing your care.
- **Anesthesiologist** gives you medicine during surgery to prevent you from feeling pain. Will place On-Q Pain device.
- **Medical doctor/hospitalist** may help in managing your care.
- **Coach** is a person you choose to support you in preparing for and recovering from your joint replacement surgery. This person can be a spouse, friend, or family member. Your coach will provide support and encouragement throughout your experience.
- **Nursing staff** will care for you before, during, and after your surgery. They will help keep you comfortable and safe while you are with us.
- **Physical therapists (PT)** will guide you through an exercise program to improve your strength, range of motion, and walking. They will teach you how to use a walker or crutches, how to go up and down stairs safely, and how to get in and out of a car.
- **Occupational therapists (OT)** teach you the best and safest ways to do daily activities such as: getting dressed, getting in and out of a chair or bed, bathroom use, household tasks, and can assist with equipment needs.
- **Case management team** will help plan your move from the hospital to your home or next level of care. They will also arrange for any equipment or services you will need.

Other team members may include dietitians, lab technicians, and pharmacists. The healthcare team works together to help you recover as quickly as possible.

---

## Your Role

When it comes to preparing for and recovering from surgery, much of the work is up to you. Your healthcare team will help as much as they can, but **you** have the biggest role in making your surgery successful. You will need to get your home and body ready for surgery. Following your doctor's orders before and after surgery will make a big difference in your recovery.

## Coach Responsibilities

Your coach also plays an important part in your surgery and recovery. This person should be a spouse, relative, significant other, or friend who will be able to support you before, during, and after your hospital stay. Your coach will **not** be expected to lift or carry you. If you are under 18 years old, you **must** bring a parent or legal guardian with you. They should plan to:

- Attend the pre-op (before surgery) joint replacement class with you
- Help you with your exercises
- Give you directions and reminders
- Attend therapy with you in the hospital
- Stay with you and be available to help for **at least** 3 days after you leave the hospital

# Preparing for Your Surgery

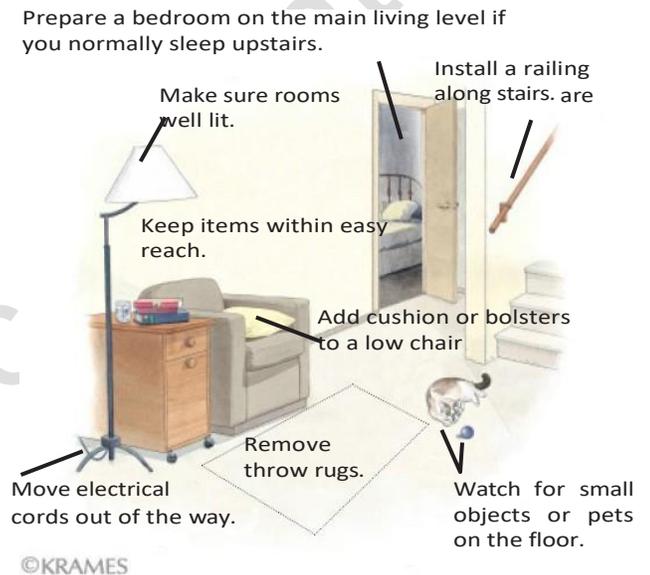
## Preparing Your Home

Make your home safer and more comfortable for your recovery. Ask a friend or family member to help you. Do as much as you can before your surgery.

## Home Safety

Prevent falls and other injuries by making a few simple changes around your home.

- Always keep your cell phone or cordless phone with you.
- Keep your walker, cane, or other assistive walking device within reach at all times.
- Use chairs with straight backs and sturdy arm rests which make it easier to stand.
- Raise the seat height of a low chair by adding a cushion.
- Clear clutter from pathways so you do not fall.
- Ask someone to help clean up spills.
- Remove throw rugs.
- Tape down electric cords or tuck them behind furniture.
- Use a night-light or have a light source in every room.
- Move the items you use most often to counter height to avoid excess bending or reaching.
- Do your laundry before having surgery.
- Clean your house before having surgery or ask others to help you clean.
- Tie a bag to your walker to carry your items.
- Wear shoes that fit and will not fall off your feet when you walk. Do not walk around in your socks.



## Kitchen

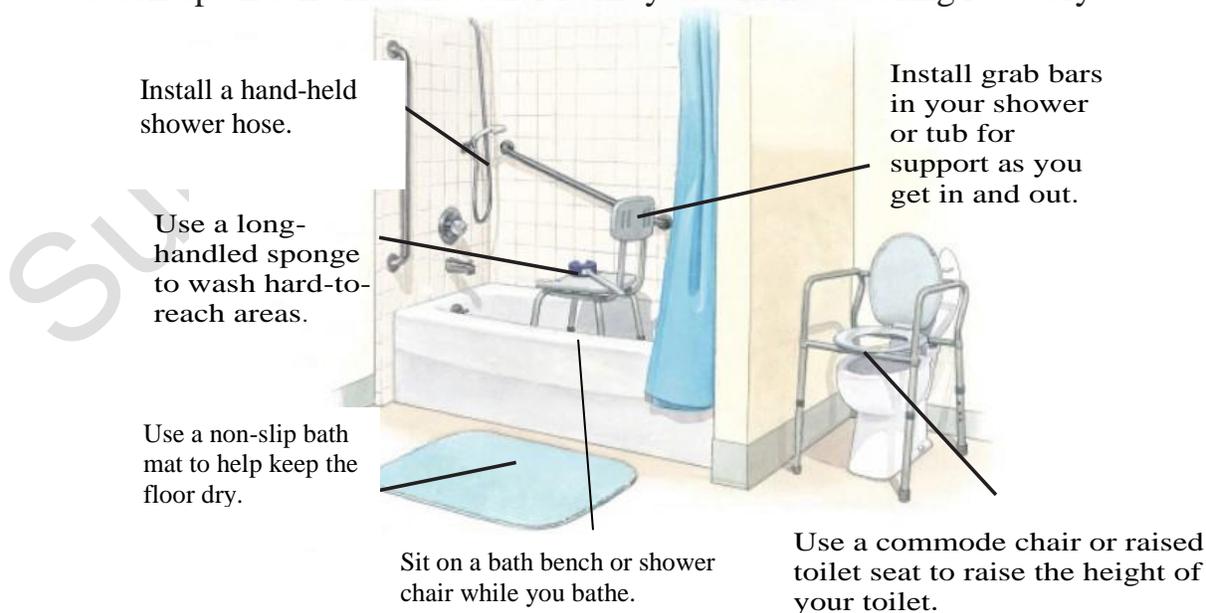
- Plan some easy-meal menus and shop in advance.
- Make and freeze meals ahead of time. After surgery, you may want bland/comfort foods.
- Stock up on foods that are easy to prepare.
- Many grocery stores will deliver an order right to your door. Contact your local grocery store for more information.

## Bedroom

- Sleep on a bed that you can get in and out of easily.
- Consider installing a bedrail to make getting in and out easier.
- Consider having a bedroom on the main level.

## Bathroom Tips

- Prevent slips and falls by installing railings and non-slip surfaces.
- Check existing grab bars for strength and stability, and repair if needed.
- You and your therapist may discuss ways to raise the height of your toilet seat.
- Make bathing easier by using a shower hose, liquid soap, a long-handled sponge, and a bath bench or shower chair without a back. That way you will not have to bend at the knee to bathe. See page 35
- Watch out for hazards, such as wet floors.
- Dry off in the shower to prevent bringing water out onto the floor.
- Stock up on toiletries and other items you will need during recovery.



---

## Stairs

- Arrange things so you do not have to use the stairs often.
- Make sure stairs have handrails that are securely fastened to the wall.
- Fix loose or uneven steps.
- Cover bare wood stairs with nonskid strips. If there is carpet, be sure it is firmly attached.

## Outdoors

- Try not to walk on uneven sidewalks or ground.
- When stepping off a curb, be aware of its height.
- You may want to use your cane or walker if the weather is bad, such as on windy or rainy days or when there is snow on the ground.
- Add more outdoor lighting if needed.
- Watch for pets that could trip your feet, jump on you, or lie in your walking path.
- Plan for a pet sitter or dog walker if needed.
- Arrange for help with yardwork or snow removal ahead of time.
- Decide which of your vehicles you can get in and out of the easiest. Be sure you have enough legroom.

## Help at Home

In the first weeks after surgery, you may want some help at home. Arrange for this now. Family and neighbors may be able to help with meals, cleaning, laundry, driving, and other demands. Check into community services available in your area.

## Special Equipment

Consider **borrowing** from others or local loan closets. Your therapists will talk with you during your hospital stay about what equipment you may need to use after surgery. Some of these may include:

- Walkers, crutches, cane
- Toilet riser
- Extra cushions to raise the seat of your favorite chair
- Hand held shower head and shower chair or bench
- Grab bars
- Reacher or sock aid
- Elastic shoe laces

---

## Quitting Tobacco Use

Tobacco use, whether in cigarette, e-cigarette, pipe, cigar, or chew form, greatly increases the risk of complications from surgery. If you are a smoker, **now** is the time to quit. Your immune system, your circulation, your airways, and your lungs are damaged by smoking. Smoking is the leading preventable cause of premature death in the United States.

### **Reasons to Quit**

- Your recovery may go better. Smoking raises your chances of having problems after total joint replacement surgery. Those who smoke have an increased risk of:
  - Bones not healing
  - Total joint failure
  - Pain needing more narcotic use
  - Medical complications after surgery (Examples: Blood clots, increased blood pressure, increased heart rate)
  - Osteoporosis
- You will lower your risks of heart attack, stroke, many forms of cancer, and lung disease.
- You will feel better and breathe easier.

### **Resources to Help You Quit**

Quitting is hard, but do not give up. It may take more than one try to quit for good. It is important to have a plan. Ask your doctor, nurse, respiratory therapist, or pharmacist for help.

- National Quit Line (800) QUITNOW (784-8669) For Deaf and Hard of Hearing Callers: Relay 7-1-1
- Freedom from Smoking Online: [www.ffsonline.org](http://www.ffsonline.org)
- National on-line website: [www.smokefree.gov](http://www.smokefree.gov)
- Guide to Quitting Smoking: [www.cancer.org](http://www.cancer.org)

### **Alcohol**

Before your surgery, you may need to stop or reduce the amount of alcohol you drink.

- Alcohol can impair your vision or your ability to walk.
- Alcohol may impair healing and increase the risk for infection.
- Ask your doctor if you need to quit or limit alcohol intake.

---

## Maintaining Healthy Bones

### **Nutrition**

Good nutrition helps wound healing. Vitamins in fruits and vegetables and protein in meat and fish will build new tissue and prevent infection. It is important to get enough calories and protein in your diet to heal.

### **Your Appetite**

For a few weeks after surgery, you may notice that you do not have an appetite or that food tastes different. Your appetite will improve over time. Calories are needed for healing and for energy. Your recovery is not a time to try to lose weight. If needed, a weight loss program can be started after you have recovered from your surgery.

- If your appetite is poor, eat smaller meals instead of large ones. Eating smaller portions 5 or 6 times a day may help you get the nutrition that you need. Aim for 3 meals and 2 snacks every day.
- Try a nutritional supplement, such as protein bars or protein shakes, for a snack.
- Eat something before physical therapy.

### **Eat a Balanced Diet**

The My Plate website can help you choose the best types and right amounts of foods to eat. Your nutrition needs may be different depending on your gender, age, and activity level. Visit [www.choosemyplate.gov](http://www.choosemyplate.gov) to find specific guidelines for you.



### **Why You Need Calcium**

Calcium is important to prevent osteoporosis. If you have osteoporosis, your bones can become weak and break easily.

Healthy habits can affect how well the body is able to use calcium.

- Exercise helps the body to use calcium and makes the bones stronger.
- Your body needs vitamin D and vitamin K for healthy bones.

---

## Things to Bring to the Hospital

### **Paperwork**

Forms required by your insurance carrier.

A copy of your Healthcare Directive or Durable Power of Attorney for Healthcare if you have one. If you do not have one and would like more information, talk with your healthcare team.

### **Personal items**

Cases for your glasses, dentures, and/or contact lenses. Label the containers with your name to keep them safe when not in use.

Things that help you feel comfortable and support your healing. Some examples may be music, pictures, or religious material.

Loose, comfortable clothes.

Walking shoes.

### **Medicine**

You will be asked to bring a complete list of the medicine you take at home. This includes vitamins, herbals, dietary supplements, inhalers, ointments, eye drops, and Nitroglycerin. A nurse will review the medicine with you.

### **Personal Medical Equipment**

If you use a CPAP machine for sleep apnea, bring the machine and cord. Also, bring your CPAP tubing, mask, and settings.

Bring devices you use to walk at home such as a cane, walker, or brace.

If you take special medications such as Chemo therapy medication, please bring these with you to the hospital.

### **Options to Protect Your Valuables**

Leave your valuables at home, as you will be spending time in therapy and away from your room. You are responsible to keep track of your items.

Have a family member take your checkbook, wallet, credit cards, large amounts of cash, jewelry, and sentimental items.

---

# Your Surgery

Being prepared will help your joint replacement surgery go more smoothly. Make a checklist of things you need to know. Then write down your questions. Your healthcare team will answer your questions.

## Before Surgery

There are things that must be done before your surgery.

- Schedule an appointment for your physical exam with your primary doctor. You may have more appointments with specialists as needed. It is important to talk with your doctor about the risks and benefits of having joint replacement surgery. Report **any** injuries or signs of infection to your doctor or nurse right away. Surgery may need to be re-scheduled until any possible source of infection is treated.
- Follow your doctor or nurse's advice for taking medicine.
- Talk to your healthcare team about needed dental care. Schedule an appointment with your dentist as directed by your doctor. Your mouth could have bacteria that would be harmful to a new joint.
- Complete tests as ordered by your doctor.
- Attend a joint replacement education class.
- Review this book.
- Start preparing your home.
- Talk to your family about the care you will need when you return home. You should have someone with you for **at least** 3 days after you return home.
- Contact your insurance company for pre-authorization, pre-certification, a second opinion, or referral form as needed.
- Have the following information ready for pre-registration:
  - Insurance Card with name of insurance company, mailing address, policy and group number.
  - Your photo I.D

---

## Day Before Surgery

- A nurse will call you the day before your surgery. If your surgery is on a Monday, you will be called the Friday before. The nurse will tell you what time to come in for your surgery.
- Pack your bag.
- Shower as instructed.
- Eat a light supper and a bedtime snack.
- Nothing to eat or drink after midnight. Follow instruction about taking medications on the day of surgery.

**You will be given specific instructions about showering before your surgery.**

## Day of Surgery

- Shower as instructed.
- Brush your teeth. Do not swish with water or mouth wash.
- Wear clean, comfortable clothes.
- Do not use any perfume, deodorant, cream, lotion, powder, or nail polish.
- Take only the medicine that you were instructed with a small sip of water.

---

# After Surgery

- Your orthopedic surgeon will speak with your family after your surgery.
- A volunteer will help or direct your family to your room on the orthopedic unit.

## In Your Hospital Room

After surgery, you will be taken to a hospital room where your coach can join you. You will begin moving your knee joint and most often will start therapy the day of surgery. Your plan of care will be reviewed with you. You will be watched closely to keep you safe.

## Equipment Used in the Hospital

Here is some of the equipment that **may be used**: See page 36 for pictures

- An IV line to give fluids and medicine, oxygen tubing and oxygen monitor, sequential compression device (SCD) to help blood flow in your legs and prevent blood clots
- An incentive spirometer to help you breathe deeply and prevent respiratory infections like pneumonia
- A drainage tube in your joint to release fluid and reduce swelling
- An ice pack system to reduce pain and swelling
- A commode chair or raised toilet seat

## Pain Management

**All** patients will have pain after surgery. Our goal is to help manage your pain. You will be asked to rate your pain on a scale of 0 to 10 (10 being the worst). Your surgeon will decide which type of pain medicine is best for you. You will be given pain medicine that has been ordered by your surgeon. When your pain is well managed, you are better able to perform your daily activities. Tell your nurse if your pain is **not** controlled well by these medicines.

## **Pain Medicine After Surgery**

It is important to work with your healthcare team for good pain management. When you begin therapy, your nurse will give you a pain pill about a half hour before your session. Tell your nurse or surgeon about:

- Your pain. Do not wait until your pain becomes intolerable.
- The pain control methods or medicines that have helped you in the past.
- Any concerns you have about taking pain medicines.

---

## **Pain Control After Surgery**

Summit Medical Center is a partner in opioid stewardship. We offer our patients a non-opioid pain control option called an On-Q device. The On-Q device is a pain control catheter that is placed by your anesthesiologist before surgery. The On-Q delivers a local numbing agent that is opioid free but blocks the surgical area and causes it to be numb. This helps decrease pain and allow for less use of opioid pain medications. This decrease the chances of complications of opioids and helps prevent extended recovery times associated with opioid use. See attached section on On-Q Device

## **Identifying Pain**

Summit Medical Center uses many methods to help you identify your pain. One way is a scale of 0-10.

### **Pain Rating Scale**

- 0 Pain free
- 1 Very minor annoyance – occasional minor twinges.
- 2 Minor annoyance – occasional strong twinges.
- 3 Annoying enough to be distracting.
- 4 Can be ignored if you are really involved in your work, but still distracting.
- 5 Can't be ignored for more than 30 minutes.
- 6 Can't be ignored for any length of time, but you still can go to work and participate in social activities.
- 7 Makes it difficult to concentrate, interferes with sleep. You still can function with effort.
- 8 Physical activity severely limited. You can read and converse with effort. Nausea and dizziness set in as factors of pain.
- 9 Unable to speak. Crying out or moaning uncontrollably. Near delirium.
- 10 Completely distressed. Pain makes you pass out.

## **Other Methods for Pain Management**

Here are other ways to have good pain control:

- Using cold therapy or ice
- Changing your position or walking
- Listening to music or using aromatherapy, acupressure, guided imagery.

---

# Preventing Falls

## **During Your Hospital Stay**

Our goal is to keep you safe from a fall. After joint replacement surgery, you are at a high risk of falling.

Falls can happen because of:

- Changes in your balance caused by the surgery, weakness, or numbness from On-Q device
- Using new equipment like walkers or crutches
- Taking pain medicine

**Call** the nurse before you get out of bed and when you are done in the bathroom. We may use a bed alarm during your stay to remind you to call for help. Staff will check on you often to keep you safe. A fall may result in a longer stay in the hospital or even another surgery. Remember, the hospital is not your familiar environment. You may be connected to cords, pumps, or other equipment. Even if you no longer need therapy, you still need to ask for help to get up or walk.

**Call Don't Fall!**

**Do not get up without help.**

## **Preventing Falls at Home**

It is important to do what you can to lower your risk of falling. See the section Preparing Your Home at the beginning of this book for things you can do to make your home safer and prevent falls.

---

# Preventing Infection

A replacement joint is not as good at fighting germs as a natural joint. Infection can be a serious problem after joint replacement surgery. If a new joint gets infected, it is hard to cure. Sometimes the new joint must be removed. You can help prevent infection by:

- Cleaning your hands with soap and water or hand sanitizer.  
Clean your hands:
  - Before touching your incision or changing your dressing
  - After using the toilet, blowing your nose or petting animals
  - After doing laundry, housework, or yard work
- Making sure your family and friends wash their hands.
- Getting your teeth checked by a dentist. Bacteria from cavities or gum disease can be a source of infection. Brush your teeth 2 times a day.
- Being aware of any cuts, scrapes, sores or redness. These could be a path for germs to get into your body.
- Treating bladder infections. If you have cloudy urine, your urine smells strongly or it burns when you pass urine, you may have a bladder infection. Tell your surgeon if you have any of these symptoms after surgery.

## Care of Your Incision

Normally, it takes about 2 weeks for your incision to heal enough to stay closed. If you have sutures or staples, they will be removed about 2 weeks after surgery. Over the next 6 to 8 weeks, your incision may feel tight and itchy, which is part of normal healing. It is common to have more swelling and pain 4 to 7 days after surgery. After about a week, swelling and pain will get better day by day. You will continue to have some swelling over the next 6 to 12 months. To care for your incision:

- **Keep your dressing clean and dry.**
- You may shower (consider a shower chair). Refer to the instructions you were given.
- Do not soak the knee or take baths until your surgeon tells you it is okay.
- Wear loose clothing that is easily washed and does not rub or irritate the incision.
- Never dab lotion, ointment, powders, or perfume on the incision.

---

## **Preventing Pneumonia**

Take deep breaths every hour while you are awake to clear the anesthesia from your lungs and help prevent pneumonia. You will start this in the hospital. You will need to continue at home until you are walking around your home about every hour during the day. If you have an incentive spirometer, use it as directed. See page 36

## **Preventing Blood Clots**

A deep vein thrombosis (DVT) is a blood clot that can form in a leg vein after knee replacement surgery. A piece of the clot can break off, travel through the blood stream to the lung, and can cause death. Your doctors may tell you to use:

- A sequential compression device (SCD) that improves your blood flow by gently squeezing and releasing your leg or foot. (see page 36)
- Compression stockings (TED hose) or ACE wraps. (see page 36)
- Medicine to prevent clotting.
- Activity to help increase circulation:
  - Ankle pumps while lying in bed
  - Walking

## **Preventing Constipation**

A side effect of taking pain medicine is constipation. Decreased activity can also lead to constipation. To avoid becoming constipated:

- Gradually increase your intake of fiber-rich foods such as fruits, vegetables, and whole grains.
- Drink 8 or more 8 oz. glasses of fluids each day.
- Stay as active as you can.
- Consider drinking prune juice each day.
- Consider taking a stool softener or laxative. Many of these are available over-the-counter at your local store. If you have questions, ask your doctor or pharmacist.

If constipation problems continue, call your doctor. Check with your doctor or nurse before giving yourself an enema.

---

## Rest and Sleep

After surgery, you may have a hard time sleeping. Taking your pain pills around bedtime controls your pain so you can stay asleep. Rest will help you get your strength back more quickly. Here are some tips to help you rest:

- Go to bed at the same time each night.
- Stop and rest for a few minutes after activity.
- Take short naps or rest periods when you are feeling tired.

## When to Call Your Surgeon

Call your surgeon if:

- Your lower leg or toes feel numb, tingly, cool to the touch or are pale
- You have a fever over 101 degrees Fahrenheit (38.3 degrees Celsius)
- Your incision:
  - Has increased redness
  - Is hot to touch
  - Is more painful than it has been
  - Oozes a new drainage or smells bad
  - Bleeds enough to come through your bandage
- Your pain medicine is not managing your pain
- You have side effects from your medicine such as an upset stomach, throwing up, redness, rash, or itching
- You have pain or swelling in the calf of either leg
- The edges of your incision come apart
- You have any questions or concerns about your health

**If you experience chest pain  
or trouble breathing**

**Call 911.**

---

# Preparing to Go Home

It is common to feel anxious when you think about caring for yourself away from the hospital. The more you learn, the more confident you will feel. It is best if you have someone stay with you when you first go home. Most often, you will be ready to go home when you are able to walk safely and do your exercises. Your surgeon will decide when you are ready to leave the hospital. A nurse, case manager, or social worker will visit you in the hospital to discuss any help you may need.

Before you leave, you can expect to be given:

- Written instructions for how to care for yourself and when to call the surgeon
- Prescriptions for pain and blood thinner medicine as ordered by your surgeon
- Follow-up appointments

## Leaving the Hospital

Your doctors and therapists will decide when you are able to go home. After you have been given all the needed instructions, you will be ready for the trip home. It is normal for you to feel tired and worn out. Plan rest periods in-between your activities. Your energy level will improve in the days and weeks ahead.

- Remember to ask for a pain pill before you leave the hospital. This will make the ride home more comfortable.
- Plan on wearing loose-fitting street clothes that do not have tight elastic at the waist or ankles. Your knee will have some swelling and bandages and loose clothes will make dressing easier.
- Sit in the front passenger seat of the car and recline the backrest a little.
- Always wear your seatbelt.
- If you are traveling a long distance, plan to get out of the car and stretch every hour. This will keep you from getting too stiff and will also help prevent blood clots in your legs.

# Using a Walker

Before you leave the hospital, you will need to learn how to use a walker or crutches. It is important to follow all the instructions you were given. When you are learning to use your walking device, always have someone close by you. You may want to use a gait belt.

## Safety Tips

- Use good posture. Hold your head up and shoulders back.
- Keep your movements slow and smooth. Check your balance.
- Get plenty of rest. Using a walker or crutches is harder and riskier when you are tired.
- Make sure the tips of the walker feet or crutches are clean and dry.
- Always hold onto the handgrips on the side of the walker, never the front crossbars.
- Avoid loose rugs or wet spots on the floor or any slippery surfaces.
- Be careful on uneven, wet, or icy sidewalks.



©KRAMES

## Using a Walker

Walkers can give you balance and support when you walk. Never use the walker to pull yourself to a standing position. Use your arms to boost yourself up instead.

### Walking

1. Place your walker an arm's length in front of you.
2. Step forward one step with your surgical leg.
3. Then, step forward with your stronger leg so that it steps past your surgical leg.
4. Repeat these steps to keep walking.



Copyright © 2017 The StayWell Company, LLC.

# Sitting and Standing with a Walker

## Sit to Stand with a Walker

1. Slide to the edge of the chair or bed.
2. Put your surgical leg forward, place your other foot back underneath you.
3. Place your walker in front of you.
4. Push yourself up to standing, using the armrests of the chair.
5. Then reach for your walker.

## Stand to Sit with a Walker

1. Get close to the chair or bed.
2. Move back until you feel the edge of the chair or bed against the back of your legs.
3. Put your surgical leg forward; keeping it relax.
4. Reach for the chair and lower yourself slowly, using your arms and stronger leg.



## Going Up and Down Curbs

### Curbs Up Curbs.

1. Bring your feet and the walker as close to the curb as you can.
2. Put your
3. weight on both of your legs.
4. Lift your walker onto the sidewalk.
5. Step onto the sidewalk with the non-surgical (good) leg.
6. Use the walker to support your weight, lift up the foot of your surgical leg.



### Down Curbs

1. Bring your feet and the walker as close to the edge of the curb as you **safely** can.
2. Move your walker onto the street.
3. Keep the back legs of the walker against the curb.
4. Using the walker to support your weight, lower the surgical leg.
5. Step down with the other foot.

Tip for Curbs and Stairs: Up with the good leg and down with the bad.

## Going Up and Down Stairs

Use a handrail when you go up and down stairs.

1. Grip the handrail with one hand.
2. Hold the walker sideways with your other hand, so that the opening faces toward you.
3. Place your walker so that 2 of the walker legs are on the step you are on and 2 are on the next step.
4. To step up: lead with your stronger leg. Follow with the surgical leg, so that you are taking one step at a time. Hold onto the front handgrip.



Copyright © 2017 The StayWell Company, LLC.

5. To step down: lead with your surgical leg. Follow with the stronger leg, so that you are taking one step at a time. Hold onto the back handgrip.



Copyright © 2017 The StayWell Company, LLC.

---

# Using Crutches

Crutches will help you get around while your surgical leg heals. They do not provide as much stability and support as a walker. Benefits depend on proper fit and safe use.

Things to know when using crutches:

- Stand up straight.
- Place the tops of the crutches 2 finger widths below your armpits.
- Never lean on the top of a crutch with your armpit. Use your hands to hold your weight. You can damage a nerve by putting pressure on your armpit.
- Press the top of the crutches against your rib cage.
- Slightly bend your elbows.
- Crutch tips stay to the side about 6 to 8 inches from your feet.

## Walking

1. Move the crutch tips forward.
2. Bring your surgical leg forward even with the crutch tips.
3. Step forward with your stronger leg until you are a step-in front of your surgical leg.
4. Repeat these steps to keep walking.



## Going Up or Down Stairs or Curbs

When you climb stairs, use a hand railing whenever you can. Hold both crutches on one side. Grip the hand railing with your other hand.

### Going Up

1. Step up with your stronger leg.
2. Then follow by stepping up onto the same step using the surgical leg and crutch at the same time.



### Going Down

1. Bend your stronger leg slightly at the hips and knee.
2. Step down, first with your crutch, then your surgical leg.
3. Follow with your stronger leg onto the same step.

# Daily Home Exercises Before and After Surgery

\*If any of these exercises cause you more pain before your surgery, please stop doing those exercises.

Do each exercise 10 to 20 times, 2 times each day.



## Ankle Pumps

Pump your ankles up and down as far as you can.



## Quad Set

Tighten the muscles on the top of your surgical leg, pushing the back of your knee down into the bed. Hold for 5 seconds.



## Hamstring Set

Bend your surgical knee slightly. Dig your heel into the bed and pull back like you would take a shoe off. Hold for 5 seconds.



## Heel Slide

Slide your surgical heel towards your buttock bending your knee as far as you can. Hold for 5 seconds. Use a sheet or elastic leg lifter to help you. For ease, use a cookie sheet or plastic bag under your heel.

5



### Knee Straightening: Lying

Place a towel roll or coffee can under your surgical knee. Lift your foot off the bed by straightening your knee. Hold for 5 seconds. Make sure your knee remains on the roll.

6



### Straight Leg Raise

Keeping your surgical knee straight, lift your leg 6 to 8 inches off the bed. Use a sheet or elastic leg lifter to help you as needed. Bend your non-surgical leg to ease back strain.

7



### Hip Abduction

**(Only** do this exercise if your surgeon or therapist told you to) Slide your surgical leg out to your side and back to the middle. Keep your toes pointed to the ceiling.

8



### Knee Straightening: Sitting

Sit on a chair that will not roll or bed. Scoot back so your thigh is fully on the chair. Lift your surgical foot to straighten your knee fully. Hold for 5 seconds. Use a sheet or elastic leg lifter to help if needed.

9



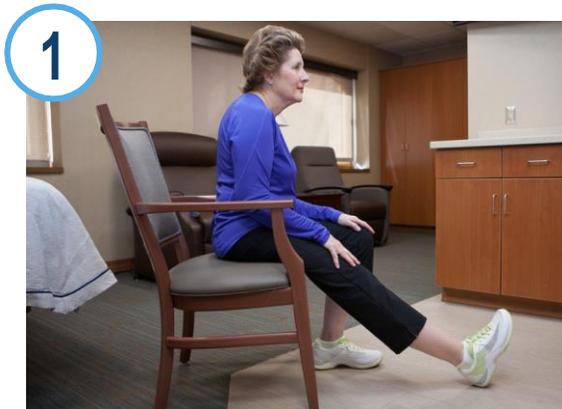
### Knee Flexion: Sitting

Sit with your surgical foot resting on the ground. Slide your foot back and forth bending it as much as you can. Hold for 5 seconds. Use a cookie sheet or plastic bag to help.

# Daily Home Stretches After Surgery

Continue to do the Daily Home Exercises after your surgery. Also, start the following stretches after your surgery. When you begin physical therapy, ask for a pain pill a half hour before your session. Movement is the best cure for pain. Moving increases blood flow to your new joint.

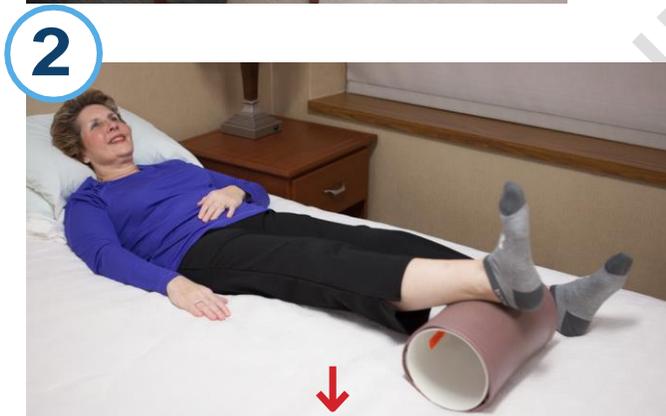
If any of these exercises cause you more pain before your surgery, please stop doing those exercises.



## Extension Stretch: Sitting

Sit on the edge of a chair that will not roll. Place your surgical leg forward with your heel resting on the ground. Push your knee toward the floor by tightening the muscles on the top of your thigh. Hold for 10 seconds. You may also push down with your hand to help the stretch.

– OR –



## Extension Stretch: Lying

Lie with a towel roll under your surgical heel. Tighten the muscles on the top of your thigh by pushing your knee straight. Hold for 10 seconds.



## Knee Bending Stretch: Sitting

Sit in a chair that will not roll in a position where your feet just touch the ground. Pull your surgical foot back under the chair as far as you can. Keeping your foot in place, scoot forward toward the edge of the chair. Hold for 10 seconds. Scoot back into the chair to release the stretch.

---

## Plan for the Day

About every 1 to 2 hours, walk a distance that you are able. Follow the instructions from your healthcare team about how often to do your exercises and stretches. Elevate and ice your knee as you were taught by your healthcare team.

<b>Time</b>	<b>Exercises</b>	<b>Stretches</b>	<b>Elevate and Ice</b>
6 a.m.			
7 a.m.			
8 a.m.			
9 a.m.			
10 a.m.			
11 a.m.			
12 p.m.			
1 p.m.			
2 p.m.			
3 p.m.			
4 p.m.			
5 p.m.			
6 p.m.			
7 p.m.			
8 p.m.			
9 p.m.			
10 p.m.			

---

# Checklist of information

Check off the items on the list below when you know the answers. Ask your nurse or doctor if you need more information.

- When to Call the Surgeon
- Medicine Safety
  - The names of my medicine
  - When and how to take each medicine
  - Common side effects of my medicine
  - What to do about side effects
- Pain Control
  - How to take my pain medicine
  - Side effects of my pain medicine
  - Other ways to help manage my pain
- Food and Drink
  - What foods I can eat
  - How much liquid I should drink
- Incision
  - Signs and symptoms of an infection
  - How to care for my incision
  - When my stitches or staples should be removed
- Activity Safety
  - Lifting
  - Driving
  - Bathing
  - Walking
- My Recovery
  - My health condition or surgery
  - Follow-up appointments with my doctor or surgeon
  - Tools to stop smoking or using tobacco
  - How to prevent blood clots and constipation
  - The importance of rest and how often to rest
  - Community support resources
- Emotions
  - You may have feelings of sadness or depression after surgery. These emotions are common.
  - Call your doctor if these feelings do not go away. Call 911 if you feel like

---

# On-Q Pain Relief System

## Pain Relief Right Where You Need It

The ON-Q\* system is a small disposable pump filled with a local anesthetic medication to relieve your pain after surgery. It continuously delivers medication that blocks pain in the area of your procedure. With the ON-Q\* system, you may get better pain relief than by taking narcotics alone. You may also need to take less narcotic medication.

## How the ON-Q System Works

The pump is connected to a small catheter (tube), which is inserted by your surgeon or anesthesiologist. Depending on your procedure, the catheter will be placed near the surgical incision site or under the skin next to a nerve near the surgical area. The ON-Q\* pump continuously delivers the medication at a very slow flow rate. It is completely portable and may be clipped to your clothing or placed in a small carrying case. Please see pictures on page 36

## Frequently Asked Questions

### WILL THE ON-Q\* SYSTEM TREAT ALL OF MY PAIN?

- Patients experience different levels of pain. The ON-Q\* system works with other medications or therapies your doctor may prescribe to manage your pain after surgery. With the ON-Q\* system, you may need less narcotics and have better pain relief than with narcotics alone.

### HOW DO I KNOW THE PUMP IS WORKING?

- The pump delivers your medication very slowly. It may take longer than 24 hours after your procedure to notice a change in the size and look of the pump.
- As the medication is delivered, the pump (ball) will gradually become smaller.
- You should also take any other pain medicine as instructed by your doctor.

### HOW LONG WILL MY ON-Q\* PUMP LAST?

- Depending on the size of your pump, it may take 2-5 days to give all the medication.
- All the medication has been delivered when the ON-Q\* pump is no longer full. The outside bag will be flat, and a hard tube can be felt in the center of the pump.

### WHERE CAN I FIND MORE INFORMATION ABOUT MY PUMP?

- You will be provided with a Patient Guideline prior to discharge. Patient Guidelines can also be found on [www.myON-Q.com](http://www.myON-Q.com).
- There is a 24-hour Product Support Hotline for questions about your pump — 800.444.2728. You can call Summit Medical Center anytime with questions at 307-232-6600. Please call your doctor for all medical questions and dial 911 for an emergency.



---

## Helpful Resources

The following equipment may be recommended and helpful after your procedure. See page 36 for examples

- |                        |                                 |
|------------------------|---------------------------------|
| *Walker/Cane/Crutches  | *Shower Sponge with long handle |
| *Reacher/Grabber       | *Shower Chair                   |
| *Shower Transfer Bench | *Shoe Horn with long handle     |
| *Sock Helper           | *Leg Lifter                     |
| *Elevated Toilet Seat  | *Removable Grab Bars            |

**Please call Summit Medical Center with any questions or concerns.  
The care coordinator is available to help 307-232-4055.**

These items can be found online at sights such as Amazon, Walmart, and Walgreens.

Some items may be found at local loan closets and senior centers at no charge.

The two local loan closets in Casper are:

Casper Senior Center  
1831 East 4th Street  
Casper, WY  
307-265-4678  
Open M-F 8-4p

Brain Injury Alliance  
140 East K Street  
Casper, WY  
307-473-1767  
Open M-F 9-4p

Most hotels in the Casper area offer medical rates for patients and families.

Some local hotels around Summit Medical Center are:

Main Stay Suites  
307-472-7829  
551 Granite Peak Casper WY

Holiday Inn  
307-577-5000  
721 Granite Peak Casper WY

Best Western Plus  
307-472-1120  
651 Granite Peak Casper WY

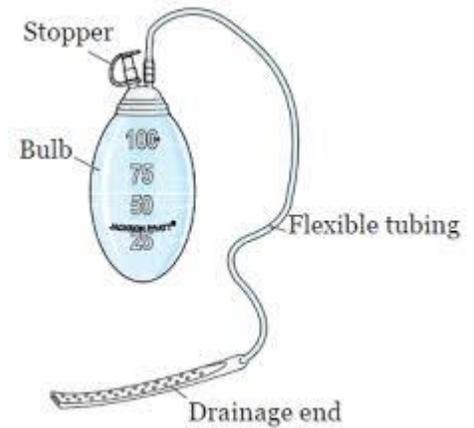
Residence Inn  
307-234-9008  
4930 East 2nd Casper WY

# Pictures and Examples of Medical Devices

## Oxygen Tubing and monitors



Drain



IV pump



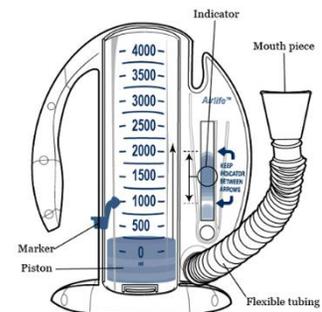
Gait Belt



The On-Q pain relief system and carrying case



Incentive Spirometer



# Pictures and Examples of Medical Devices

Sequential Compression Device (SCD) and TED hose to prevent blood clots



Examples of items that would be helpful for use at home:



Toilet Riser with handles



Long Handle Shower Brush



Shower Seat



Long handle Shower



Sock helper



Reacher

Removable Grab Bars



Leg Lifter





---

Summit Medical Center  
6350 East 2nd Street  
Casper, WY 82609  
307-232-6600  
[summitmedicalcasper.com](http://summitmedicalcasper.com)

---