

Beth Israel Lahey Health 
Lahey Hospital & Medical Center

Your Guide to Knee Replacement

Department of Orthopaedic Surgery



List of Helpful Phone Numbers

Orthopaedic Surgery

Lahey Hospital & Medical Center, Burlington: **781-744-8650** (main number)

Lahey Medical Center, Lexington: 781-372-7020

Lahey Medical Center, Peabody: 978-538-4267

Preop Center: 781-744-8118

(to confirm the time of your surgery)

Orthopaedic OR Scheduling Office: 781-744-3626

(to reschedule or cancel your surgery or to sign up for an education class)

Case Management: 781-552-2777

(for questions about discharge plans)

Orthopaedic Triage Nurse: 781-744-3022

(for any medical questions after surgery)

Financial Counseling

Burlington: 781-744-8814

Peabody: 978-538-4101

Pharmacy

Burlington: 781-744-8658

(Monday–Friday, 8:30 am to 7:30 pm;

Saturday–Sunday, 8:30 am to 4:30 pm)

Peabody: 978-538-4150

(Monday–Friday, 8:30 am to 5:30 pm)

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Introduction

Thank you for choosing Lahey Hospital & Medical Center for the care of your knee. The Department of Orthopaedic Surgery is committed to providing you with the best knee replacement possible.

This booklet will teach you what you and your family need to know about knee replacement. It explains what to expect before and after surgery. You can also learn more about your surgery during one of our education classes. We will give you more details once the date of your surgery is set.

If you have questions about this booklet or about your knee replacement, please call the Department of Orthopaedic Surgery at **781-744-8650**.

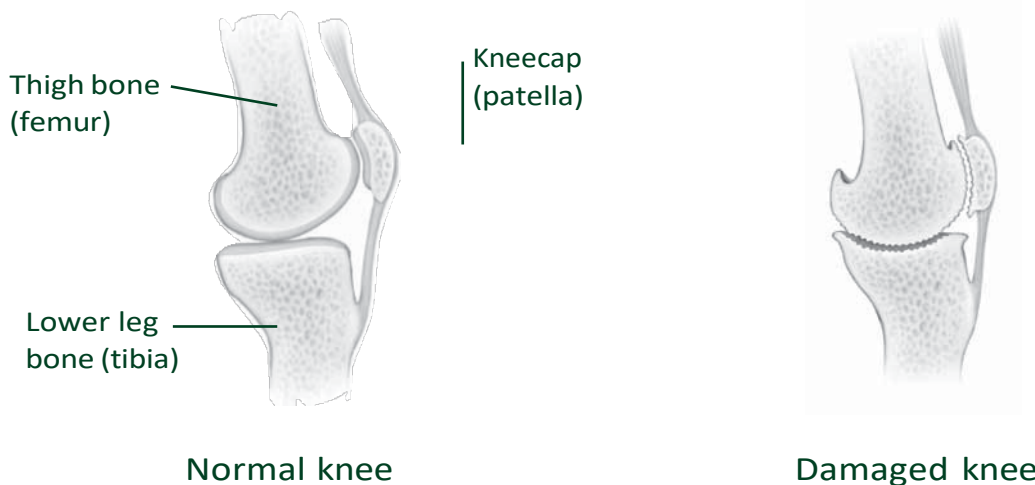
For more information about knee replacement and Lahey's Department of Orthopaedic Surgery, visit www.Lahey.org/OrthopaedicSurgery.



What Is Knee Replacement?

To understand knee replacement, it is helpful to know a little about your knee:

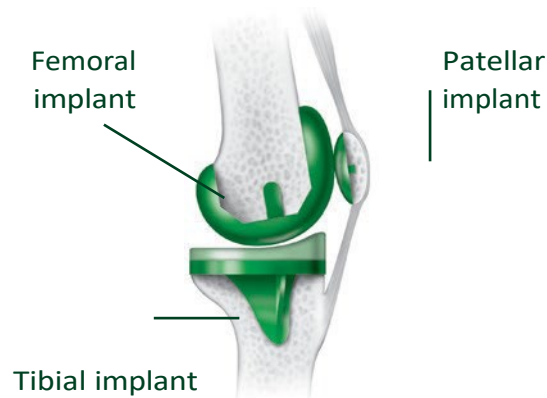
- Your knee is a joint that connects your upper leg to your lower leg.
- Your knee joint has 3 main parts: the end of your thigh bone (femur), the top of your lower leg bone (tibia) and the kneecap (patella).
- In a **normal knee joint**, these 3 bones are coated with a smooth surface called cartilage. This cartilage lets the bones move against each other easily.
- In a **damaged knee**, the smooth surface of the cartilage is destroyed. Bone rubs against bone, which causes pain, inflammation (swelling) and stiffness. This limits motion.



Knee replacement surgery replaces your damaged knee joint with an artificial (man-made) joint called a knee implant. Knee implants have 3 parts:

1. A metal piece attached to the end of your thigh bone (femoral implant),
2. A metal and plastic piece attached to the top of your lower leg bone (tibial implant) and
3. A plastic piece attached to your kneecap (patellar implant).

Once in place, the artificial knee implant acts like your natural knee and restores smooth, easy motion.



New knee

Choosing Knee Replacement

Choosing to have your knee replaced is a big decision. Here are some things to think about to help you make your decision:

- **There are 2 main reasons to choose to have knee replacement surgery:**
 - To **relieve pain** from a damaged knee that you can no longer handle.
 - To **improve motion** if a damaged knee prevents you from doing what you want to do.
- **Knee replacement is usually an elective surgery** (a surgery that is planned in advance and not an emergency). Most patients try other types of treatment before choosing knee replacement. For example, they may try nutritional supplements, medications, weight loss, physical therapy, injections and walking aids (such as a cane or crutches). They may also try to limit or change their activities. If you have tried these options and they have not helped, then knee replacement may be for you.
- **Knee replacement is major surgery.** As with all major surgeries, there are risks. Examples of risks include problems from the anesthesia that is used to control pain during surgery, bleeding, damage to nerves or blood vessels, fracture, dislocation (if your knee slips out of place), infection, or blood clots (clumps of blood that can block blood flow). There is also a chance that you will still have pain and stiffness after surgery.

Generally, knee replacement is very successful. It should relieve your pain and improve movement in your knee. Because of advances in technology, your new knee can last 20 years or more. If a knee replacement becomes loose or wears out, it can usually be fixed with surgery known as revision knee replacement.

Preparing for Surgery: Appointments You Will Need

Once you have decided to have your knee replaced, we'll ask you to work with one of our schedulers to choose a date for your surgery. Please be as flexible as possible when choosing the date.

You will also work with the scheduler to schedule some of the appointments you will need before your surgery. Many of them can happen on the same day.

Appointment With Orthopaedic Surgery

You will meet with a nurse practitioner or physician assistant in Orthopaedic Surgery. During this visit, you will:

- Have your knee examined
- Sign a consent form to give us permission to perform the surgery
- Learn more about preparing for and recovering from your surgery
- Have your questions about knee replacement answered
- Fill out forms that will later help us learn how successful your knee replacement was



You'll also learn about taking medications to help prevent blood clots after surgery. Patients who have a knee replacement have a higher risk of clots in their legs. They cannot move around a lot at first, so the blood flow in their legs slows down. As a result, blood can thicken, and clots (clumps of blood) can form. This can be dangerous. Fortunately, there are many steps we will take before, during and after surgery to prevent blood clots and keep you safe.

Patient Compact

Your role in your recovery is very important. During your appointment with Orthopaedic Surgery, your provider will talk with you about your role and the Patient Compact. This is a document that explains how you and your health care team can work together to get the best results from your surgery. It lists some of the ways you can actively participate in your recovery (such as communicating with the team and involving a trusted caregiver at home). We'll ask you to review and sign this document. A sample of the document is on page 37.

Appointment With the Preop Center

During your appointment with the Preop Center, the following will happen:

- **You'll have routine tests that you need for your surgery.** Examples include a blood test, urine test, a blood sugar test, EKG (a test that checks your heart's activity) and a test that checks for infection.
- **You'll meet with a nurse** who will ask you questions about your health. He or she will review specific steps to take before your surgery. For example, the nurse will explain what medications you can and cannot take. **Please share a list of your medications, vitamins and supplements with the nurse.** If you have any concerns about anesthesia, you can talk about them with your nurse. We can also arrange to have you talk with a member of the anesthesia team.
- **You'll have a physical exam** by a Lahey doctor. This will help us make sure that you are healthy enough to have surgery. If you are new to Lahey or have a primary care doctor outside Lahey, please bring to this visit the results from your last physical exam and a list of your medications. And if you haven't done so already, please let your primary care doctor know that you're planning to get your knee replaced.

Appointment With Radiology

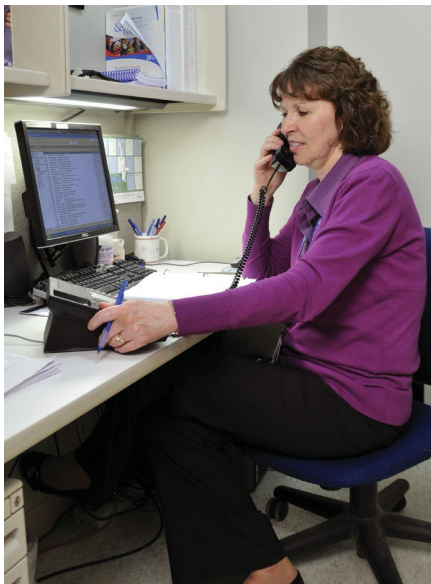
At this appointment, you'll have a special X-ray taken of your knee. This X-ray will help us make sure we have the right size implant for you.

Phone Call With a Case Manager

Before your surgery, a case manager will call you to help you make plans for your discharge (when you leave the hospital). Planning ahead of time helps lessen concerns you and your family may have about what will happen after you leave the hospital.

The case manager will help you explore the best place for you to recover right after surgery—at home, in a skilled nursing facility or in an acute rehab hospital. (These options are described on page 27.) Your health insurance company can let you know which of these options it covers.

To help determine the best place for you, the case manager will ask about your living situation. For example, he or she will ask about the number of stairs in your home and where the bathrooms and bedrooms are. You'll also be asked who will help you during your recovery.



Education Class on Knee Replacement

The Department of Orthopaedic Surgery offers education classes for patients having knee replacement surgery. We strongly recommend that you and the person who will be helping you at home after surgery attend one of these classes. We will give you more information about these classes once you have scheduled your surgery. You can also call 781-744-3626 if you have questions about the classes or would like to sign up for one.

Appointment With Your Dentist, if Needed

If you have dental problems, please tell us and get the care you need well before your surgery. Keeping your mouth healthy is important to prevent infections. Dental infection can lead to knee infection. We recommend that you do not have routine dental work, such as a cleaning, for 3 months after your knee replacement.

Chronic Conditions and Knee Replacement

We want to make sure that you get the best results from your surgery. Because of this, we ask that any chronic (long-term) condition you may have, like diabetes or high blood pressure, be under control before surgery. Patients with chronic conditions that are well-managed are much more likely to have a successful knee replacement surgery. If you have concerns about your condition, we encourage you to see your primary care doctor or specialist.

We also encourage you to talk with your primary care doctor if you are very overweight (body mass index of over 40). Together, you can decide whether this is the best time for surgery for you. Patients with a body mass index under 40 are more likely to have successful knee replacement surgery.

Preparing for Surgery: Medications and Lifestyle Changes

In General

- **Eat healthy meals.** Your body needs good nutrition to heal.
- **Get plenty of rest.**
- **Stop smoking** (or at least cut back). This will improve your breathing and help you heal faster. It will also lower your risk of complications (problems) after surgery. We will give you more information about quitting smoking. You can also call Lahey's Quitline at 781-744-7848 for help on quitting.
- **Stop drinking alcohol** (or at least cut back). It's important for us to know about your actual alcohol use so we can safely care for you. By avoiding alcohol, you lower your risk of complications after surgery and will heal faster.
- **Try to exercise.** This will improve your muscle tone and give you more energy, which will help you recover after surgery.
- **Continue to manage any chronic conditions**, like diabetes, that you may have. When chronic conditions are under control, it's easier to heal after surgery.
- **Develop a positive attitude** about your knee replacement!



1 Month Before Surgery

- **If you are on a blood thinner**, such as aspirin for a heart condition, warfarin (Coumadin), clopidogrel (Plavix), enoxaparin (Lovenox), fondaparinux (Arixtra) or rivaroxaban (Xarelto), you may need to stop taking it for a short while before your knee replacement. **Please discuss this with your surgeon and the doctor who prescribed the medication.**
- **If you take a drug that affects your immune system**, such as methotrexate (for example, Trexall and Rheumatrex), etanercept (Enbrel), infliximab (Remicade), adalimumab (Humira) or prednisone, you may need to stop taking it for a short while before and after your surgery. Please discuss this with your surgeon and the doctor who prescribed the medication.
- **At least 1 month before surgery, get any dental work** you may need. All dental work should be done at least 2 weeks before surgery.
- **Begin to plan for life after surgery.** Start to think about who will help you throughout your recovery.

Patients usually spend a few days in the hospital after their surgery. Once they've gotten used to their new knee, most patients can confidently go home straight from the hospital. Our visiting nurses, case managers and Orthopaedics department are here to help you with this transition.

2 Weeks Before Surgery

- **Call your surgeon** if you get a rash or other skin problem around the knee or leg that will be operated on.
- **If it's flu season** and you're thinking about getting the flu shot, try to get it at least 1–2 weeks before your surgery.
- **If you have an ingrown toenail**, be sure to have it treated by a podiatrist (foot doctor) before your surgery. Ingrown toenails can sometimes cause infections.

1 Week Before Surgery

- **Stop taking all nonprescription vitamins and herbal supplements.** These may increase your risk of bleeding or developing blood clots.
- **If you get a cold or the flu**, call the Preop Center.
- **Prepare a bag to bring to the hospital.** It should include:
 - Personal care items, such as a toothbrush
 - Loose, comfortable clothing such as exercise clothes
 - Shoes or sneakers that have a low heel, nonskid soles and good support
 - Anything that might help you relax or pass the time, such as reading materials or a device to listen to music (such as an iPod and its charger)



48 Hours Before Surgery

- **Stop taking** ibuprofen (Advil, Motrin), naproxen (Aleve) or similar over-the-counter medications for pain or swelling. This will help lower the risk of bleeding during surgery.

Day Before Surgery

- **Call the Preop Center** to find out what time you should arrive at the hospital and where you should check in for your surgery. Call **781-744-8118** between 10:30 am and 2:30 pm the day before your surgery. If your surgery is on a Monday, call the Friday before.



- You can eat or drink anything you want up until midnight. **After midnight, do not eat or drink anything except for the following:** water, soda, apple or cranberry juice, black coffee, or plain tea (no cream or creamer; sugar or sugar substitute, such as Equal or Splenda, is fine).

Day of Surgery

- Follow the instructions the Preop Center gave you.
- **Do not eat anything. Stop drinking 2 hours** before you need to arrive at the hospital.
- **Please leave all jewelry and valuables at home.** Your family and friends can bring your personal items, including your hospital bag, to you after the surgery.

Preparing for Surgery: Your Home

You can prepare your home ahead of time to make your life easier and safer when you return after knee replacement.



General Tips

- Rearrange furniture to make walking paths larger and straight. This will make it easier to use crutches or a walker when you first get home.
- Remove scatter rugs to prevent falls.
- Make sure all doorways and pathways are clear, and that your stairs have a sturdy railing.
- Install night-lights.
- Stock your freezer and pantry.
- If your home has a lot of stairs, consider living on one floor for a few weeks after surgery.

Items That Can Help

These items can make your daily activities easier. We can recommend which might be most helpful to you.

To make bathing and using the bathroom easier

- Nonskid mats for the shower or tub
- Grab bars in the shower/tub and near the toilet
- Shower chair
- Raised toilet seat or commode (a movable toilet that is high off the ground)
- Long-handled sponge

To make carrying items easier

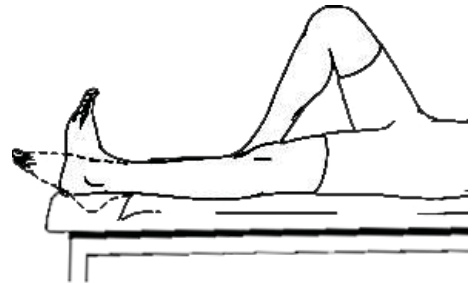
- A backpack or an apron with pockets

Preparing for Surgery: Exercises

To keep your muscle tone, help your blood flow and prevent blood clots, we recommend that you practice the following exercises before your surgery. **Do 10 of each, 3 times a day.** Do them in bed or a chair (if noted below), but not on the floor. A physical therapist will show you how to do these exercises in a class you can take before your surgery.

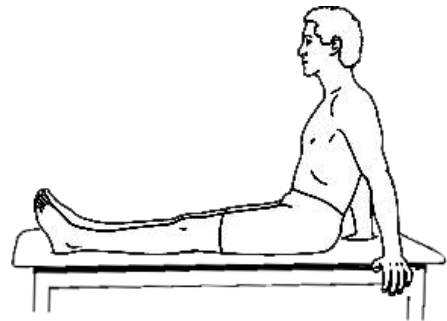
Ankle Pumps

Move your foot up and down slowly, feeling a gentle stretch in the calf muscle. You can do these lying in bed or sitting in a chair.



Quadriceps Sets/Knee Straightening

With your leg out straight, tighten your thigh muscle so that the back of your knee pushes down into the bed. Hold for 5–10 seconds. Relax.



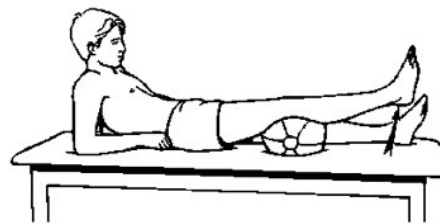
Gluteal Sets

Squeeze your buttocks muscles together and hold for 5–10 seconds. Then relax. This exercise can also be done sitting in a chair.



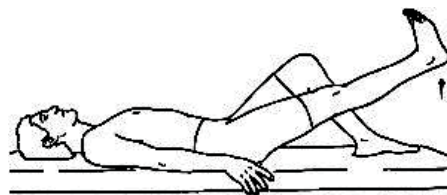
Lower Leg Lifts/Short Arc Quadriceps Sets

Place a rolled-up towel (about 8 inches in diameter) under your knee. Straighten your knee by lifting your lower leg and foot. Hold for 3–5 seconds. Slowly lower your leg, placing your heel on the bed.



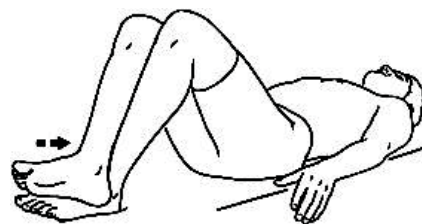
Straight Leg Raise

Lie on your back. Bend your good leg. Keep your other leg straight. Lift your straight leg 8 inches. Then slowly lower your leg.



Heel Slides

Lie on your back. Slide your heel toward your buttocks (as far as you can go). Slowly straighten your leg.



The Day of Your Surgery

Arriving at the Hospital

Check in where the Preop Center told you to (either Admissions on 4 West or Ambulatory Surgery on 2 West). After you check in, you will change into a hospital gown, and a name band will be placed on your wrist.

Getting Ready in the Preop Area

You will be brought to the preop area. If you'd like, a family member or friend can go with you to the preop area. He or she can stay with you until you're taken to the operating room.

In the preop area, the following will happen:

- A nurse will **check your vital signs**, including your heart rate and blood pressure.
- You will **talk with your surgeon** and his or her assistants. These may include a resident, fellow, physician assistant or nurse practitioner.
- Your surgeon will **mark the knee** that will be replaced with a “YES.” (Please don't write or draw anything else on your knee.)
- You will **meet your anesthesia care team**, whose main goal is to keep you safe and comfortable. They will review your medical records, discuss your anesthesia options with you and answer your questions.
- A very thin tube, called an **intravenous line (IV)**, will be placed in a vein in your arm. Before going to the operating room, you will get medication through the IV that will make you feel relaxed.



In the Operating Room

Before surgery

Next, you will be taken to the operating room. You will move to the operating table. Your vital signs will be checked again. Then you will be given anesthesia. Usually, patients can choose whether they want general anesthesia or spinal anesthesia after talking with the anesthesiologist in the preop area. Sometimes, the anesthesiologist will recommend a specific type of anesthesia for safety or comfort reasons.

- With **general anesthesia**, you'll be given a medication through your IV that causes you to fall into a deep sleep. Your anesthesia care team will closely watch you and check your vital signs throughout the surgery.
- With **spinal anesthesia**, a numbing medication will be injected into your lower back. You will become comfortable and numb from the waist down. There will be no pain from the surgery, and the comfort should last 1–3 hours after surgery. You will also receive medication through your IV throughout the surgery to make you relaxed.
- In addition to either general or spinal anesthesia, most patients will be given pain medications by mouth. Some patients are also given a nerve block. This is a numbing medication that is injected around the nerve in your groin or leg. It will make your leg feel like it is asleep and will help control your pain after surgery.

After you receive anesthesia and an antibiotic to prevent infection, your knee replacement surgery will begin. During the surgery, medication will be injected around your new joint to help control pain after surgery.

After surgery

When your surgery is over, the following will happen:

- A **surgical dressing** (a special type of bandage) will be placed over your incision (wound).
- **Support stockings and a special pump** may be placed on one or both of your legs. These will get your blood moving, prevent clots and lessen swelling.

In the Recovery Room

When the operation is over, you will be taken to the recovery room (also known as the PACU). When you arrive there, you will be sleepy. You may not remember much about the surgery or your time in the recovery room.

In the recovery room, you will:

- Receive **pain medication** through your IV line or by injection.
- Be given an **antibiotic** to prevent infection.
- Be taught how to use a device, called an incentive spirometer, to **help you take deep breaths**. Deep breathing will help prevent lung problems and fevers that can develop after surgery. It's important that you use the incentive spirometer at least 10 times every hour, when you are awake.
- **Start to move** with the help of staff. Depending on how you feel, you may be asked to sit at the edge of your bed and dangle your feet. Or you may be asked to stand at the bedside or move to a commode (a movable toilet that is high off the ground).

Leaving the Recovery Room

You will leave the recovery room once you seem to be recovering well and when a hospital room becomes available for you. Some patients may spend their first night in the hospital in the recovery room.

Blood Transfusions

With knee replacement surgery, you will lose blood from the bone, muscle and other soft tissues that are moved or cut.

In very few cases, patients might need more blood from a transfusion. Transfusions are not common but are more likely in patients with certain conditions. Examples of these conditions include having a low number of red blood cells (anemia) before surgery, a heart condition, extensive knee reconstruction (when your knee is “rebuilt”) and past knee surgeries on the same knee.

If you have questions about blood transfusion, please ask your surgeon.



For Friends and Family

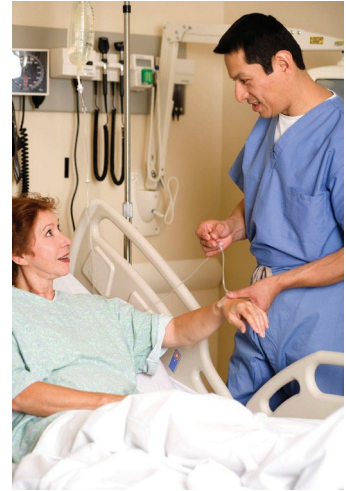
If your friends and family want to wait at Lahey during your surgery, they can go to the Family Waiting Room on 2 Central. In most cases, your surgeon will go to this room and speak with them after your surgery. Otherwise, your surgeon will call the person you chose as a contact after surgery. If you didn't choose a patient contact, you can ask for help from a patient advocate.

Your family will be able to see you for a short time in the recovery room. They can visit for a longer time once you are in your own hospital room.

Your Hospital Stay

Safety Measures

- There will be a button (generally on your bed) that you can press so you can reach a nurse. Make sure you can always reach this button.
- Always call your nurse when you need to get out of bed. For your safety, please wait for your nurse to help you.
- You may have an alarm on your bed or chair for your safety. If you try to get up from the chair or bed without help, an alarm will go off to alert a nurse.
- If you have a femoral nerve block, you must wear a knee immobilizer (which is like a brace) for 48 hours. The knee immobilizer protects your leg and will help prevent falls.



Medications

We will give you these medications:

- Pain medication to keep you comfortable
- Antibiotic to prevent infection
- Blood thinner to prevent blood clots
- Stool softener to prevent constipation (trouble moving your bowels), which can be caused by pain medication
- The usual medications you take at home (you may need to take different amounts or stop some for a short while)

Please remember to ask your nurse for pain medication if you are uncomfortable. It may take some time for your pain medication to start working. Please ask for pain medication before your pain becomes overwhelming.

Blood Tests

You will have several blood tests, usually early in the morning. These tests will help us see how well you're recovering.

Wound Care

Your wound will be covered with a special dressing (Mepilex dressing). It should be changed 7 days after it was put on.

Eating and Drinking

At first, you will be able to have only clear liquids, such as water, Jell-O and broth. We will offer you other foods when it is safe to do so.

Occupational Therapy (Activities of Daily Living)

During your hospital stay, you may meet with an occupational therapist who will:

- Give you tips on how to perform daily activities such as bathing, dressing and using the toilet
- Explain how to keep your home safe to help protect your new knee

Case Management

A case manager will visit with you and your family. The case manager will work with you, your family, your doctors, your therapists and your health insurance company to make final plans for your discharge (when you leave the hospital).

Physical Therapy

The goal of physical therapy in the hospital is to help you safely “transfer” (move from one spot to another), to help you learn to walk safely with a walker or crutches, and to help you bend and straighten your knee.

- **Transfers.** The therapists and the nurses will help you out of bed and into a chair safely. This movement has many benefits, including improving the blood flow in your legs. You will practice transfers at least 3 times a day while you are in the hospital. As you gain strength, you’ll need less help getting in and out of bed. Patients who are going home after their hospital stay are usually able to transfer in and out of bed and a chair on their own toward the end of their stay.



- **Walking with a walker, crutches or a cane.** As soon as you can, practice walking with the walker or crutches with the help of your nurse or physical therapist. When practicing walking, avoid pivoting (turning) on your operated leg and knee. You can generally put as much weight as you want on your operated leg, unless you are told otherwise.

- **Exercises.** You may practice the exercises you learned before your surgery (see page 16 for more information).
- **Range of motion.** Range of motion means how well you can straighten and bend your knee. The therapists will measure the range of motion of your knee. They will note your progress on a wall chart. During the first 2 weeks after your surgery, your most important job is to gain as much range of motion as possible. Your goal is to completely bend and straighten your knee.
- **Safety measures.** The therapists will talk with you about the steps to take at home to keep your knee safe.

When you are not bending the knee, it's very important to keep the leg straight. Do not put a pillow or blankets under your knee. Instead, put a rolled-up towel or pillow under your ankle, to help straighten your knee.

- **Stair climbing.** Toward the end of your hospital stay, you may practice climbing stairs.

Leaving the Hospital

Most patients leave the hospital (are discharged) before noon. Please ask family members to be ready to bring you home in the morning on the day you'll leave the hospital. Whether you are going directly home or to a skilled nursing facility or an acute rehab hospital, your case manager will help you and your family with discharge plans.

If You Are Going Home

You can go home if you:

- Can walk with support (a walker or crutches)
- Can climb stairs if needed

If you go home, you will most likely be discharged in 1–2 days. We recommend that someone stay with you for the first few days to help you.

Please make sure that the car you are going home in has plenty of leg room and is easy to get in and out of. Avoid cars with low bucket seats. We will arrange for a visiting nurse as well as a physical therapist and occupational therapist, as needed, to come to your house. During these visits, the nurse may change the dressing over your wound, check your skin and review your medications.



If You Go to a Skilled Nursing Facility or Acute Rehab Hospital

For some patients, going to a rehab or skilled nursing facility after leaving the hospital is the best option. This must be approved by your insurance plan.

- Your case manager will talk with you more about the difference between these facilities and which might meet your needs best. Generally, acute rehab hospitals are for patients who need more intense therapy (for example, if you had both knees replaced at the same time or have other medical issues that also need to be addressed). Skilled nursing facilities are usually for patients who need some more support with daily activities (such as getting in and out of bed or up the stairs by themselves) before they're safe to go home.
- If you do go to one of these facilities, you will most likely be discharged 2 days after surgery. Depending on your situation, a family member or friend may drive you there. You could also be taken by ambulance or chair car, but you may have to pay extra (depending on your insurance). We will give you a specific plan of care to take to the facility.
- When you return home, you'll likely have home health services, such as a visiting nurse, physical therapist and/or occupational therapist.

Discharge Instructions and Medications

Before you leave, we will give you specific instructions on how to help yourself recover. We'll give you a prescription for pain medication and suggest ways to prevent constipation. (Pain medications can often cause constipation.) We'll also give you a blood thinner to prevent clots. Your medications can be conveniently picked up at the Lahey pharmacy (located just inside the main entrance to the hospital) or at your local pharmacy.

Follow-Up Visits

- **Two weeks after surgery**, you'll have a visit with your health care provider in **Orthopaedic Surgery**. We will schedule this visit for you. During the visit, your provider will examine your wound, check on your recovery and explain how long you should take your blood thinner. Your provider will also let you know when to start outpatient physical therapy (when you'll leave your house to see the physical therapist).
- **Also within 2 weeks after surgery**, we recommend that you see your **primary care doctor** if you have other medical issues and to manage your medications. Please schedule this visit yourself.
- **Two to 4 weeks after surgery**, you'll likely start **outpatient physical therapy**. We recommend that you schedule your appointment as soon as your provider tells you when to start the therapy. Appointments for physical therapy book up quickly. Starting outpatient physical therapy during the 2–4 weeks after surgery is key to your recovery.
- **Six weeks after surgery**, your health care provider in **Orthopaedic Surgery** will check on your recovery and examine your knee. You will also have X-rays. We will schedule this visit for you.



Caring for Yourself After Surgery

Here are some steps you can take to help yourself heal and stay safe after you leave the hospital. We'll also give you more specific instructions during your hospital stay.



Taking Your Blood Thinner

Take your blood thinner for at least 6 weeks after surgery.

- If you have a **higher risk** of blood clots, you'll likely need Lovenox (a blood thinner that you inject) every day for 4 weeks. Then after that, you'll need an aspirin every day for 2 weeks. Patients have a higher risk if they have a personal or family history of clots or stroke, use tobacco or hormone therapy, have recently been treated for cancer, are very obese, or have certain other concerns (such as problems with movement after surgery, both knees replaced at the same time or knee surgery for a recent broken bone).
- If you have an **average risk** of blood clots, you'll take an aspirin once every day for 6 weeks.
- Your surgeon will talk more with you about your risk and which blood thinner is best for you.
- If you are already on a blood thinner, your surgeon and the doctor who prescribed it will work with you to come up with a safe plan.

If you have questions about your blood thinners after surgery, please call your surgeon's office. You will also get a chance to talk about them at your follow-up visit 2 weeks after surgery.

Pain Relief

- Take your **pain medication as prescribed**. As your pain improves, take less of your prescription pain medication. Pain medication can cause constipation. You can prevent constipation by drinking lots of water and taking a fiber supplement and stool softener.
- Put an **ice pack** on your knee. Use the ice pack for 20 minutes at a time, 3 times a day. Also use it after physical therapy or exercising. Cover the ice pack with a cloth to protect your knee from ice burn.
- **Keep your leg elevated (raised)** as often as you can. Think “toes above nose.” This will lessen swelling, which will help decrease pain. When resting, keep your knee as straight as possible. Putting a rolled-up towel under your ankle will help. Do **NOT** use pillows under your knee.

Wound Care

- We'll give you specific steps on how to care for your wound. Most patients will have a special dressing over their wound that seals the wound from air and germs. It will need to be changed about 7 days after it was put on. You can shower with this dressing. But do not take a bath or swim until you're told otherwise.
- **Check around your wound** (without removing the dressing) each day. Call your surgeon if you notice increasing redness, increasing pain or drainage (leaking fluid).

Support Stockings

We may give you support stockings to wear to help control swelling in your legs. Wear them when you are up during the day. Most patients wear these stockings for 6 weeks after surgery. If you find that there is more swelling or if the stocking doesn't seem to fit right, call your surgeon.

Help With Daily Activities

- Use a raised toilet seat or commode. Also consider using grab bars on the side of the toilet to make it easier to get up and down.
- The following items might make bathing easier: grab bars in the shower/tub area, a long-handled sponge to clean your lower body, and a tub seat. Avoid walking on slippery bathroom floors.

Physical Therapy

Active participation in physical therapy is very important to a successful knee replacement.

- Once you leave Lahey, you will work with physical therapists either in your home, a skilled nursing facility or an acute rehab hospital. As you recover, you will be able to do physical therapy in an outpatient facility.
- Your goals will be to transfer safely and to walk with a walker or crutches. You should also focus on your daily activities (for example, getting dressed) and having full range of motion in your knee.
- You may continue to practice the exercises you did before surgery and in the hospital. These exercises will help your blood flow, which helps prevent blood clots. They will also improve the range of motion in your knee and get you back to living the life you want.



Driving

Do not drive or run machinery while taking prescription pain medications. These medications can make you sleepy and affect how you make decisions. Also wait to drive until you feel you are ready both physically and mentally.

Sexual Activity

You may have sex when your discomfort from surgery lessens. A general rule for sex after knee surgery is to do what seems comfortable while keeping your knee safe.

Dental Work and Other Procedures

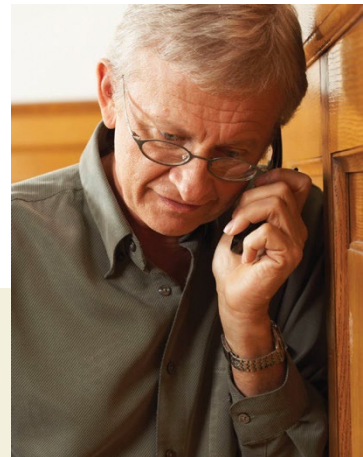
Wait 3 months after your surgery before you have routine dental work, such as a cleaning. If you have tooth or gum pain or an emergency, call your dentist right away. Tell him or her that you recently had your knee replaced.

Anytime you visit your dentist, tell him or her about your artificial knee. We recommend that you take an antibiotic before you have any dental work, including teeth cleaning, for at least 2 years (and possibly longer) after your knee replacement. This will help prevent infection. Either we or your dentist can give you a prescription for the antibiotic.

We also recommend that you take an antibiotic before you have a procedure that may involve a cut in your skin. This includes a colonoscopy.

Infections

Rarely, infections from other areas of the body can travel through the blood and settle in an artificial knee. Anytime you think you may have an infection of any kind—of your skin, your throat, your urinary tract or your teeth, for example—tell your primary care doctor or dentist right away. Let your doctor or dentist know that you have an artificial knee. He or she will decide whether you should take antibiotics to treat the infection.



When to Call Your Surgeon

If you have any of these symptoms, call your surgeon right away at **781-744-8650**:

- Increasing redness, swelling or drainage (leaking fluid) from your incision
- Fever over 101°F
- Any numbness or tingling in the knee/leg that was operated on
- Pain in your calf
- Pain or swelling in your knee that is getting worse

If you have chest pain or shortness of breath that doesn't get better with rest, call 911 or have someone take you to the emergency room.

Activity Guidelines

To heal properly, stay safe and enjoy your new knee for as long as possible, please follow these activity guidelines.

For the First 2 Months After Surgery

Be careful when you walk and move from one spot to another.

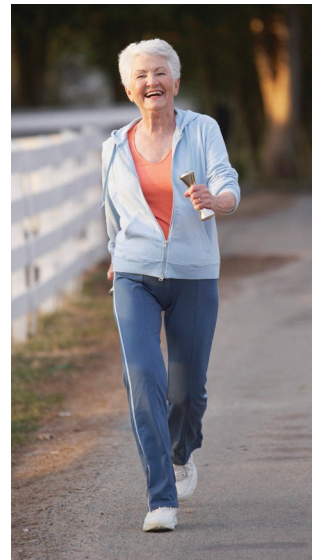
Try to prevent falls. For example, make sure all your scatter rugs are removed, and avoid slippery surfaces. Use your walking aid (for example, your walker or cane) until you feel safe.

Do not place a pillow under your knee when sleeping. A pillow will prevent you from being able to fully straighten your knee. Try to sleep on your back with a rolled-up towel under your ankle.

Avoid higher-impact exercises, such as jogging or running. Also avoid activities with a risk of falls, such as skiing or bicycle riding.

Stay active

- You will learn exercises to strengthen your knee during physical therapy. **We encourage you to work hard at these.** If you do, you'll see better results.
- Push yourself during the first 4 weeks after surgery to gain as much range of motion in your knee as possible. Knee motion is very important to the success of your surgery.
- During the day, get up every 30 minutes or so and take a brief walk. Sitting for too long may make the muscles around your knee stiff. Also take longer walks during the day. Walk farther as your strength and energy improve.
- Talk with your surgeon if you are considering airplane travel within the first 2 months after knee replacement. Flying may increase your risk of developing a blood clot.



For the Rest of Your Life

Your knee replacement should relieve your knee pain and make your knee work better for many years. You can do many activities with your new knee. To get the most from your new knee and to prevent damage to it, **protect it from unnecessary stress:**

- Low-impact activities are excellent for recreation and exercise after knee replacement. Examples include walking, cycling, swimming, bowling and golf.
- High-impact activities will increase the wear and tear on your new knee. Examples are jumping, running, jogging, lifting heavy weights, basketball, racquetball, squash, volleyball and tennis. You can do these activities, but they will place stress on your knee. (Doubles tennis is generally safer than singles.)
- Try not to gain weight. Extra pounds put stress on your new knee and entire body.

Return to see your surgeon so he or she can check on your new knee every 2–3 years. Also see your surgeon if you have swelling or other problems with your new knee that seem to last. If you move to a new area, make sure to have regular follow-up visits with your new doctor.

Compact

This document explains how you and your health care team can work together to get the best results from your surgery. We will give you a copy of this document and ask you to sign it.

MY ROLE IN MY TOTAL JOINT SURGERY AT LAHEY

We are delighted that you have chosen us for your care. Your health and safety are our main concerns. Our orthopaedic surgery team is committed to doing everything it can to make sure you receive the highest quality care before, during and after your joint replacement operation. We ask that you do your part as well. The more involved you are in your own care—and the stronger the partnership between you and your health care team—the better your results will be. We believe you will get the best results when you, your Lahey surgery team, your trusted caregiver at home and your primary care provider are all active partners in your care.

To help you get the best results, we ask you to commit to the following:

COMMUNICATING WITH MY SURGERY TEAM

- I will call my surgery team at 781-744-8650 when I don't understand something, when anything worries me or if anything unexpected occurs. I know that my surgery team will work with me to address my concerns.
- I will discuss all my current medications, nonprescription products, vitamins or herbs as well as all my current and past medical problems. I understand how important this information is in guiding my care and making me safer.

INVOLVING A TRUSTED CAREGIVER AT HOME

- I will have a trusted caregiver present with me during my hospital stay and clinic visits to help support me during my care.
- I will work with my surgery and primary care teams to develop a sensible plan for when I leave the hospital, for my after-surgery care and follow-up clinic visits.

COMPLETING IMPORTANT CARE STEPS

- I will follow the steps to prepare for surgery. These include keeping my appointments and reviewing educational material.
- I will tell my surgery and primary care teams before I stop or start any new medications. This way, we can discuss how this change might impact my care.

- I will use my cane, walker or crutches and elevate my leg appropriately throughout each day as directed by my care team.
- I will follow the instructions I get after surgery, including my after-surgery precautions. I know that by following them, I will improve my chances of a better and quicker recovery.
- I will do my therapeutic exercises as prescribed by the team. I recognize that following the suggested schedule of exercises is essential to my recovery and outcome.
- I understand I will have pain after surgery. And while the team will work with me to reduce the pain as much as possible, the pain will not go away completely in the first few weeks after surgery.
- I will ask any other care facility, such as a rehab facility, emergency room or other hospital, to contact the Lahey team if there is a change in my health in the 3 months after my surgery. Information from the Lahey team can help guide my care.

I realize that my decisions and my behavior have a significant positive impact on my recovery. Because I want to become and stay healthy, I fully accept my role as a partner in the Lahey joint replacement program.

Helpful Information

My surgeon: _____

My surgeon's phone number: _____

Date of my surgery: _____

Date of my preop visit: _____

Date of my 1st visit with Orthopaedic Surgery: _____

Date of my 2nd visit to get X-rays: _____

Date of my 1st Post Operative visit with Orthopaedic Surgery: _____

Thank you again for choosing Lahey Hospital & Medical Center for the care of your knee. If you have any questions about this guide or knee replacement, please do not hesitate to call **Orthopaedic Surgery** at 781-744-8650.