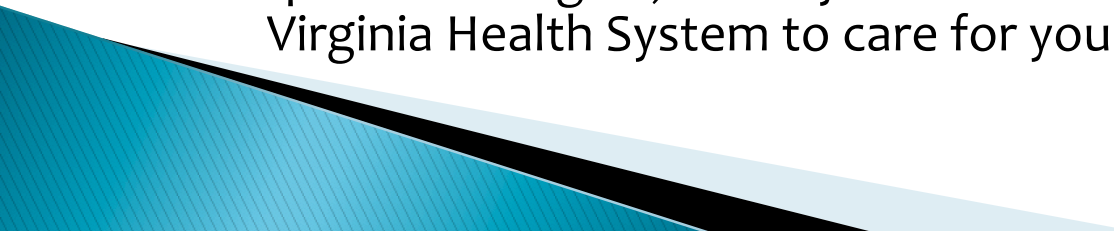


Total Knee Replacement Class

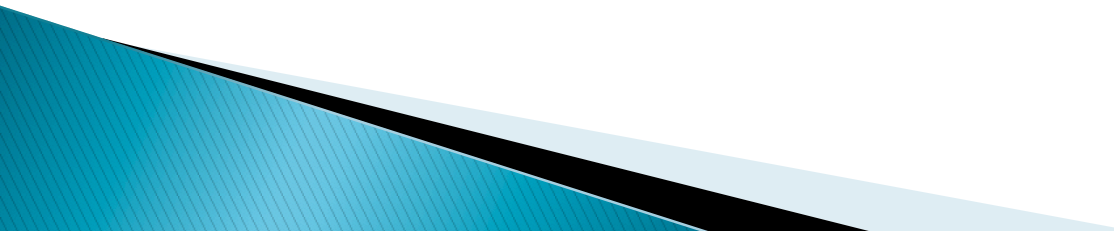
The Orthopedic Clinic at UVA



Thank you.....

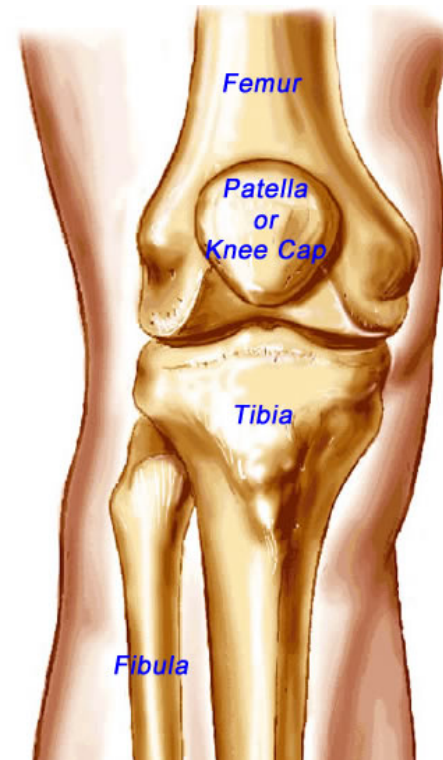
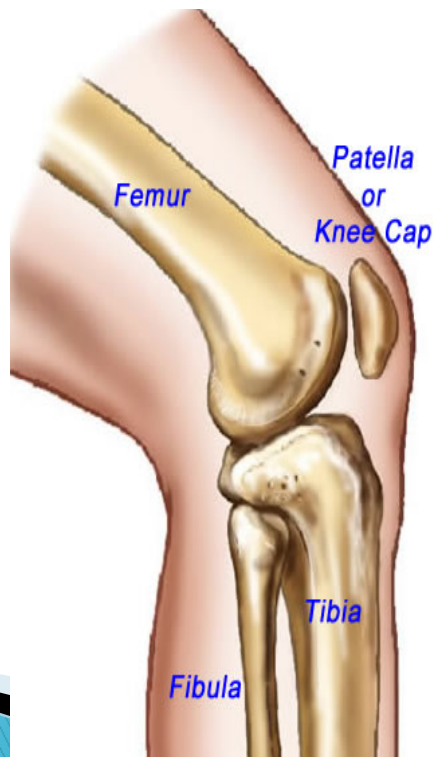
- Thank you for choosing to have your joint replacement surgery at the University of Virginia Health System.
 - All of our surgeons are board-certified in Orthopaedics and specialize in joint replacement surgery. Each of them has completed a Fellowship in joint replacement as well. Our patients stay on 6 East, a floor that is equipped with specially designed beds, care plans, and physical therapy equipment.
 - The Adult Reconstruction Service of the University of Virginia Health System strives to provide superlative care to each of our patients. We are here to meet all of your needs and answer any questions you and/or your family may have. Please do not hesitate to ask any member of your healthcare team if you have questions. Again, thank you for allowing the University of Virginia Health System to care for you.
- 

Your Healthcare Team

- ❑ Orthopedic Surgeon
 - ❑ Registered Nurse
 - ❑ Physician Assistant or Nurse Practitioner
 - ❑ Residents
 - ❑ Physical Therapist
 - ❑ Occupational Therapist
 - ❑ Case manager
- 

Normal Knee

- The knee is the largest and strongest joint in your body
- It is made up of the lower end of the femur (thighbone), the upper end of the tibia (shinbone), and the patella (kneecap).



Arthritic Knee

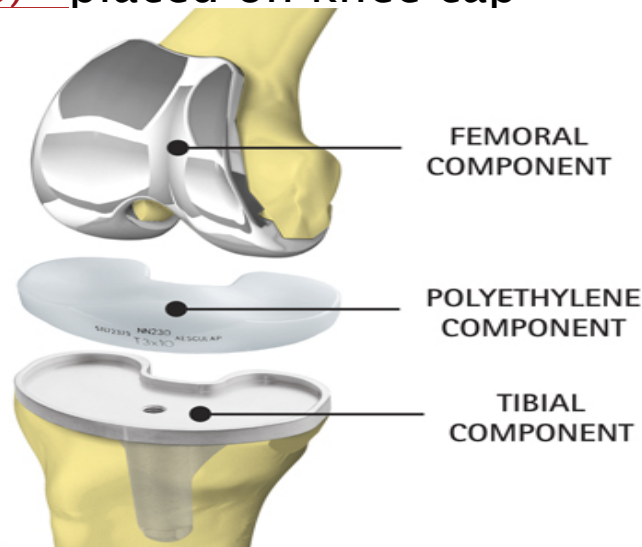
- Most common reason for knee replacement surgery.

Osteoarthritis is a condition in which the natural cushioning between the joints wears away. When this happens, the bones of the joint rub against one another which results in pain, swelling, stiffness and decreased ability to move.

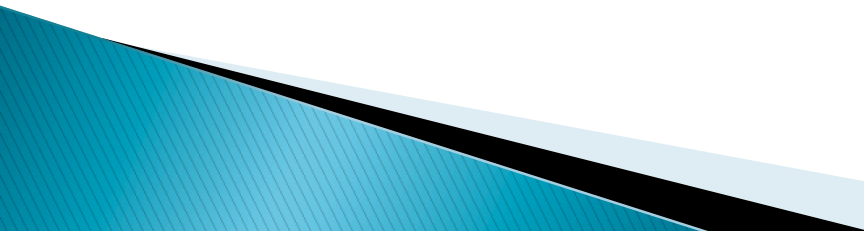


Total Knee Replacement Surgery

- When you have a total knee replacement, the surgeon removes the damaged cartilage and bone from the surface of your knee joint and replaces them with artificial components of metal and plastic.
- Femoral Component– placed on the end of thigh bone
- Tibial Component– placed on the top of tibia or lower leg
- Plastic Insert– placed between the femoral and tibial components
- Patellar (knee cap) –placed on knee cap



Preparing for Surgery

- Medical Clearance with your Primary Care Physician(PCP) or one of UVA's medical clinics in order to get the go ahead with your surgery. THIS IS VERY IMPORTANT!!! Please have this done prior to your workup appointment!
 - Your medical clearance will include blood work, EKG and chest x-ray if appropriate.
 - Work-up appointment– sign consent forms and meet with the joint coordinator to review discharge plans and answer questions.
 - PETC– Pre-anesthesia Evaluation and Testing Center– after your workup appointment in the clinic, you will then go for your screening at PETC which is located at the UVA Medical Center in the admissions office
- 

Preparing for Surgery

We want you to be well informed about what your out of pocket cost will be after your surgery



➤ If you have private insurance: call the number on the back of your card and ask for coverage and co-pay for:

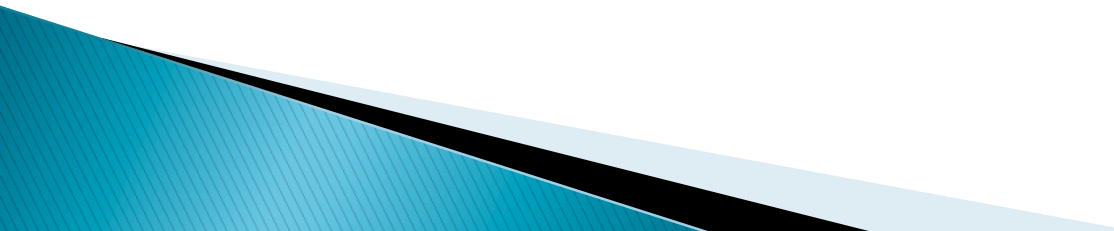
- ✓ Home Health
- ✓ Skilled Nursing Facility Care
- ✓ Inpatient Rehabilitation
- ✓ Out-Patient Physical Therapy

➤ Medicare

➤ Social work is available for planning and resource identification

Preparing for surgery

Getting in the best physical shape possible before surgery can lessen the chance for complications and shorten your recovery time.

- Reduce your risk of infection– vigorous hand washing
 - Stay as active as possible
 - Perform your pre–surgical exercises that are located in your joint replacement workbook
 - **STOP SMOKING** –If you smoke, cut down or quit. Smoking affects blood circulation, delays healing and slows recovery.
- 

Preparing for Surgery

- ▶ 14 DAYS before surgery: **STOP** taking multivitamins, Vitamin E, fish oil, flaxseed oil and all other herbal products
- ▶ 7 DAYS before surgery: **STOP** taking Aspirin, all Aspirin containing products and anti-inflammatory medications (NSAIDs) such as ibuprofen, Naprosyn, Voltaren, Mobic and Celebrex
- ▶ *If you are currently taking a blood thinner medication such as Coumadin, Plavix or Eliquis, please consult your primary care physician about when to stop*



Preparing your home

- Preparing your home in advance will make things easier and more comfortable. A family member or friend will need to be with you 24 hrs a day for the first few days.
- Get your house as free of clutter as possible
- Remove loose throw rugs
- Have a path wide enough for a walker
- Prepare a “recovery ‘ table with a lamp, cell phone or cordless phone, glass of water, pain medications and other necessary items
- Move electrical cords out of the way



Preparing your home

- Bathtub/shower should have rubber floor mat, grab bars and place a nonslip rug outside of the tub or shower
- Add a couple of night lights in bedroom and hallways
- Prepare meals that can be stored and frozen. Stock up on prepared foods
- While you are in the kitchen (and in other rooms, as well), place items you use regularly at arm level so you do not have to reach up or bend down.



Home safety equipment



Bedside commode
3 in 1 commode



Front wheeled walker



Elevated toilet seat



Grab bars & shower head
extension

Home Safety Equipment



Shower chair



Transfer tub bench

Care Partners

- Our care partner program gets families involved in your care and become a part your healthcare team. You can assign up to two family members or friends to serve as your care partner during your hospital stay, one of which may stay after visiting hours or overnight.
- Care Partners receive an identifying armband to wear at all times, and a security code to get information when they call the unit. The security code allows the Care Partner to receive information directly from the health care team and to manage information to friends and other family members
- Care Partners must adhere to hospital rules and are not able to shower at the hospital. Shower facilities are available at the Hospitality House from 10–2pm. They will have towels and supplies for you to use. A staff member must make these arrangements for you.



Day Before Surgery

- You will be called by the operating room scheduler who will tell you what time to report to the hospital the next day. They usually call between 2 and 5 PM. If you don't hear from them by 5 PM call the number on the first page of your workbook.
- Use the soap and cleansing cloths provided for you . Shower with the soap 5 days before surgery, the night before and morning of surgery. Use special cleansing cloths after shower the night before and the morning of surgery.
- Nothing to eat or drink after midnight except small sips of clear fluids to take your prescribed pills. The SAS staff will let you know which medications to take before surgery.
- If you have any infection prior to surgery, please call the clinic to discuss. Depending on what type of infection you have, your surgery may need to be rescheduled.

Day of surgery

- Report to Hospital Admissions on the first floor to the right of the Information Desk in the lobby of the hospital.
- You will be taken to the Surgical Admission Suite (SAS) for preparation for your surgery.
- Please bring no more than 2 family members as space is limited.
- Your family or friends will stay in the surgery waiting room.



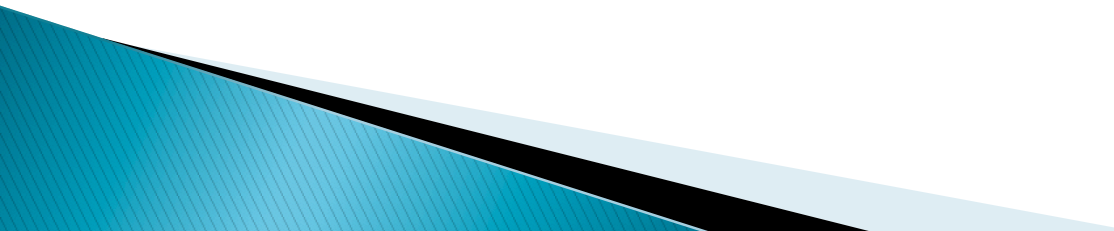
Surgery Day

- Surgery generally takes 1½ – 2 hours for a primary knee replacement. Revision surgery may last longer.
- Post-operative recovery takes place in the Post-Anesthesia Care Unit (PACU).
- When you are awake and your pain is under control, you will be transferred to your room on our Joint Replacement unit, 6 East.




Day of surgery

Bring the following with you:

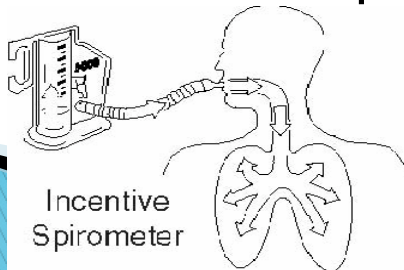
- ❑ Do bring your “blood” bracelet, if given
 - ❑ Do wear comfortable, loose clothes
 - ❑ Do bring insurance cards
 - ❑ Do follow all instructions given about medicines
 - ❑ Do bring lip balm to apply to your lips after surgery
 - ❑ Do bring any paperwork given to you by the doctor and this handout
 - ❑ Do bring an Advance Directive form (if you have filled one out)
- 

Recovery

- The dedicated Orthopaedic unit is 6 East
 - Average total length of stay is 2 –3 days.
 - During your recovery, you will be evaluated and treated by a physical therapist and occupational therapist throughout your hospital stay.
 - Our goal is to have you out of bed on the day of surgery or morning after.
- 

Recovery

- You may have a drain in your knee incision which removes fluid from the surgical site. This drain will be removed by a doctor prior to your discharge from hospital.
- You will be encouraged to perform deep breathing exercises with an incentive spirometer hourly for approximately 24 hours. This may prevent lung infections that can occur after general anesthesia.
- IV fluids will be used to provide hydration and PCA (patient controlled Analgesia) pump will provide pain medication
- An antibiotic dressing will be applied over your incision and should remain in place for 7 days after surgery



Pain management


- Our **GOAL** is to help you manage your pain and ease your recovery
- Postoperative pain, swelling, and bruising are a normal part of the recovery process following knee surgery.
- Your healthcare team will routinely ask you to rate your pain use the UVA Pain Scale
- Your pain management starts in the preoperative phase all the way through our recovery:
 - ☐ Abductor canal block– will be discussed by your anesthesiologist
 - ☐ Exparel– for primary knee replacements
 - ☐ PCA for 24 hours
 - ☐ Oral pain medication

Pain management

PCA –Patient Controlled Analgesia

- Allows you to control the administration of your pain medication
- The pump is “locked out” to ensure that you cannot give yourself more than what is programmed
- Discontinued on post-op day 1

Oral Medication

- Pain pills are started as soon as you can tolerate sips of water and regular diet
 - You will be sent home with a prescription for pain medication and the orthopedic clinic can refill your pain medication for 3 months after surgery
- 

Pain Management

Side effects of pain medications

- ▶ Sleepy
- ▶ Nausea
- ▶ Itchy skin
- ▶ Constipation

Ways to prevent constipation after surgery

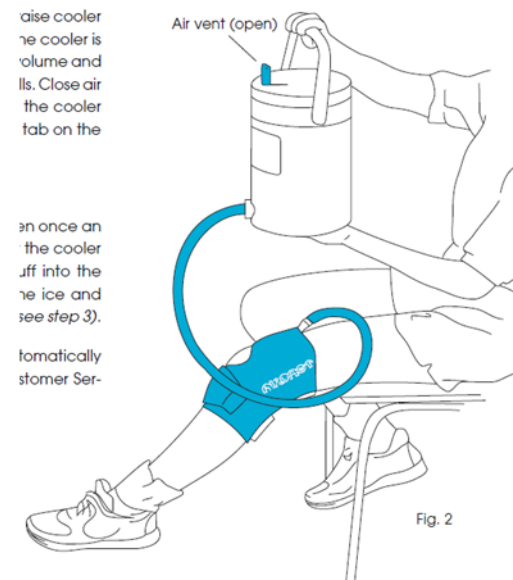
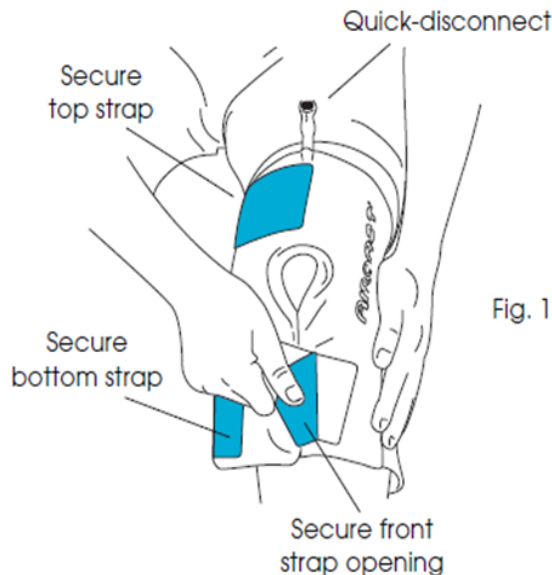
- ▶ Take an over the counter stool softener 7 days before surgery and every evening that you take pain medication
- ▶ Increase fiber in your diet
- ▶ Increase fluid intake
- ▶ Orange juice with iron



Pain management

Cryo (Ice) Therapy

- ❑ Used to reduce swelling and pain.
- ❑ Never place ice directly on skin
- ❑ Use 24/7 for at least the first two weeks after surgery.
- ❑ You can move around when using this system as long as someone carries the cooler part or disconnect from tubing
- ❑ Keep the cooler near the same level as the cuff.



Prevention of blood clots

- Foot pumps or SCDs will be applied while you are in the hospital bed
- Perform ankle pumps while resting in bed
- Aspirin or other blood thinner medication such as Coumadin or Lovenox will be started in the hospital
- Getting out of bed on the day of surgery or next morning
- Activity is IMPORTANT in preventing blood clots after orthopedic surgery



Blood thinning medications

You will be on blood thinner medication when you leave the hospital.
Your surgeon will decide which blood thinner is best for you


Patients using Aspirin

- ❑ Take 325mg Aspirin a day for 6 weeks

Patients taking Coumadin (Warfarin)

- ❑ Take Coumadin for 4 weeks followed by 2 weeks of Aspirin
- ❑ Your Coumadin dose will depend on a blood test called an INR
- ❑ Lab work is needed with Coumadin therapy

Patients on Lovenox

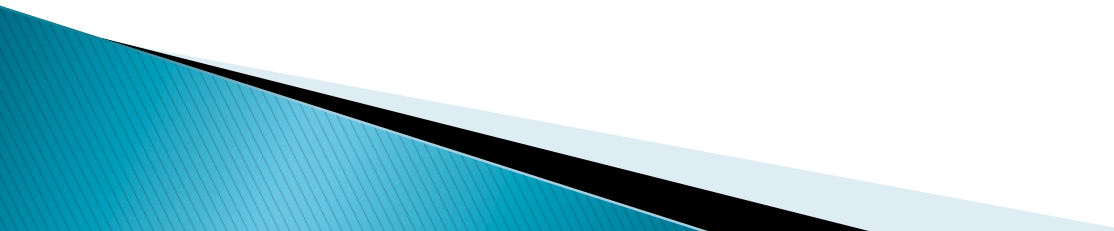
- ❑ Injectable medication
 - ❑ Take for 14 days after surgery
 - ❑ Lab work is required one time
- 

Blood thinning medication

Do NOT take the following while on blood thinner medications

- ❑ Alcohol
- ❑ OTC medications unless cleared by your pharmacist or doctor
- ❑ Arthritis medications
- ❑ OTC herbal products

Please contact your nurse or doctor if you experience

- ❑ Bleeding that does not stop
 - ❑ Dark brown urine or red urine
 - ❑ Blood in stools– red or black
 - ❑ Nosebleeds
- 

Prevention of blood clots

Warning signs of blood clots

- Pain in your leg or calf that is unrelated to your surgical incision
- Tenderness or redness around or below the knee
- Swelling of your thigh, calf, ankle or foot


Warning signs of pulmonary embolism

- Sudden chest pain
- Difficulty breathing
- Shortness of breath

Notify your doctor immediately if you develop any of these signs

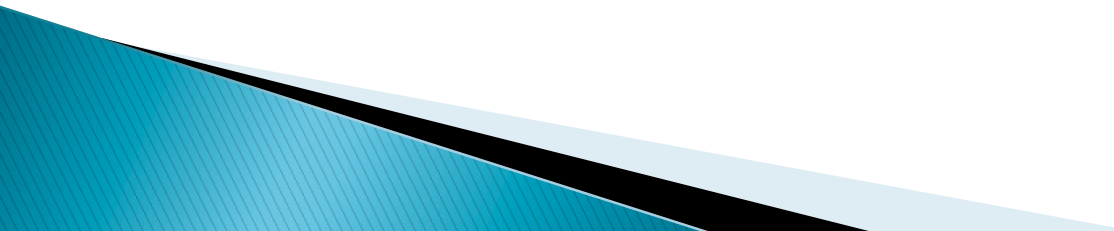


Care of your incision

- ▶ No shower for 10–14 days until staples are removed
 - ▶ An antibiotic dressing will be applied over your incision and should remain in place for 7 days
 - ▶ Once the dressing is removed begin daily dressing changes with gauze and tape to maintain a clean and dry incision
 - ▶ Do not put ointments or gels on your incision
 - ▶ Do not take tub baths, get in hot tubs or swimming pools
 - ▶ Do not allow pets in your bed while your incision is healing
- 

Discharge from Hospital

You will be discharged from hospital according to your chosen Plan A or Plan B.

- Most patients can go directly home as long as they have someone staying with them for the first few days and the surgeon and physical therapist feel it is safe
 - If you cannot go home directly after your discharge from the hospital, you should have a 1st choice and a 2nd Skilled Nursing Facility planned.
 - Your assigned Case Manager at the hospital will contact your agency or facility of choice to let them know you are discharged.
- 

Driving precautions

Usually, your surgeon will not want you to drive until you have been seen in the clinic six weeks after your surgery. However, below are the general rules to driving after knee replacement:

Right Knee Replacement

- Generally, no driving for 6 weeks

Left Knee Replacement

- No driving until off Narcotic pain medications and able to walk with a cane

Preventative care

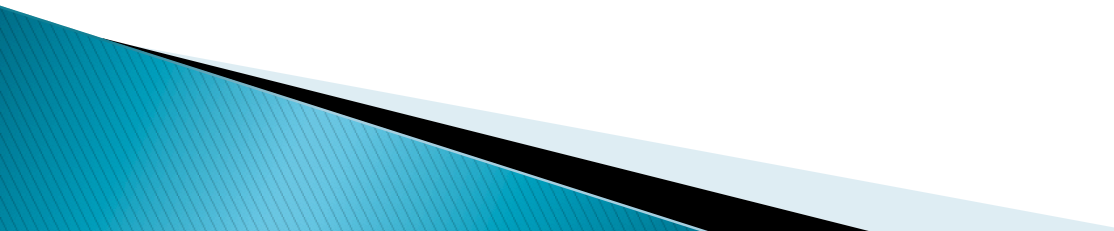
- Keep hands clean and take proper care of your incision
- Keep pets out of your bed and away from your incision
- After your joint replacement, you will need to take antibiotics before any potentially invasive procedure for the rest of your life .
- The most common of these are dental procedures (dental cleaning) and colonoscopies.
- If you are scheduled to have an invasive procedure such as a colonoscopy, speak with the person performing this procedure and have them prescribe antibiotics if necessary. Be sure to tell them you have had a joint replacement.
- Contact your family physician to get treated as soon as possible for any infections (bladder, sinus).
- You will be given a Medical Alert card to carry in your wallet which outlines which procedures require antibiotics.

Follow up visits

6 weeks

- You will be seen at the Orthopaedic Clinic and X-rays of your knee will be taken.
- Your surgeon will evaluate your progress.
- Physical therapy prescription will be renewed if necessary

Additional follow up visits

- Typically, your surgeon will see you three months, six months, and one year after your surgery to evaluate your progress.
 - If you are doing well at your 6 week visit, you may not have to see your surgeon until your 1 year anniversary of your surgery
 - You can expect x-rays to be taken and each visit
- 

Questions???

