

WestCoastJointandSpine.com



West Coast Joint and Spine Center

# Patient Pathway to **RAPID RECOVERY**

## Knee Replacement Surgery



## Contact Information

### West Coast Joint and Spine Center

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## Welcome to West Coast Joint and Spine Center!

Hello!

You've made the decision to have knee replacement surgery. So what happens next?

At West Coast Joint and Spine Center, our experienced doctors and staff members will be with you at every step of your journey to a successful surgery and recovery.

We understand that the more you know about what happens before, during and after your surgery, the easier the experience will be on you, your family, and any other caregivers.

This patient workbook includes helpful information you'll need to achieve a positive surgical result, including:

- How to prepare for surgery
- What to expect on surgery day
- How to successfully recover at home

Please bring this workbook with you to your first meeting with your personal Joint COACH. If you haven't scheduled this meeting yet, please call our main office phone number today.

You are our valued patient. You are also a very important member of our medical team. If you need anything, just ask. We will be here to help.

Thanks again for choosing West Coast Joint and Spine Center.

Warmly,

Andrea Gallardo, RN  
Administrator

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West Coast Joint and Spine Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. West Coast Joint and Spine Center is a facility in which physicians have an ownership or investment interest. The list of physician owners or investors is available to you upon request.

Information presented in this material has been reviewed and approved by the Governing Board or Medical Executive Committee (MEC) of the facility. The Governing Board and MEC are comprised of physicians and ASC leadership and oversee patient safety, quality assurance, performance improvement, and compliance with the applicable requirements of accrediting agencies, and state and federal laws. This material was developed in consideration of local community healthcare standards and practices.



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# FINANCIAL CONSIDERATIONS

## Understanding Surgery Center Fees

At West Coast Joint and Spine Center, we help you understand how much your surgery will cost and how much you will have to pay out of your own pocket.

Here's what you need to know:

### Surgery Center:

- Your surgeon will give us specific procedure codes so we can estimate our charges for your procedure
- One of our Patient Financial Advocates will contact your insurance company and find out how much they will pay
- Facility fees include the cost of using our facility, our staff, and any medical supplies we use during your surgery

### Surgeon:

- You will receive a separate statement from your surgeon's office for their services
- Please contact their office to find out how much of the surgeon's charges you may have to pay yourself

### Anesthesia:

- You will receive a separate statement from the anesthesia group
- The anesthesiologist and anesthesia providers are not employees of West Coast Joint and Spine Center
- Please contact them directly if you have any questions about their services

### Physician's Assistant:

- If your surgeon uses a First Assistant (FA), you may receive a separate bill for the FA's services
- Please ask your surgeon if they will use a FA for your procedure
- FA services may be shown on your estimate of benefits statement

### Lab Work:

- If you need to have lab work done before or after your surgery, go to your regular lab or one that is covered by your insurance
- If you need to have a specimen sent for analysis during your surgery, you may receive a bill from Path Logic, 866-863-1496 or Lucent Pathology Partners, 916-788-8999
- Please contact them if you have any questions about their services

Feel free to  
contact us at:

916-235-8775

## Medical Equipment:

- Surgery center fees do not include costs for medical equipment. For example, a walker, cane, crutches or sequential compression (SCD/IPC) sleeve
- Your Joint COACH and surgeon will help you decide if you need to buy any equipment to help with your recovery

## Questions to Ask Your Insurance Company

1. Is the anesthesia group in my network?
  - a. If the answer is no, is there a process to follow to receive full benefits because this is the anesthesia group that the surgeon uses?
2. Does my policy cover *outpatient physical therapy care*?
  - a. How many sessions are covered in a calendar year?
  - b. What is my co-payment for each visit?
3. Does my health insurance cover *home physical therapy care*?
  - a. How many sessions are covered in a calendar year?
  - b. What is the co-payment for each visit?
4. Does my policy cover durable medical equipment?  
Is there a co-payment?
  - a. Walker or cane \_\_\_\_\_
  - b. Raised toilet seat \_\_\_\_\_
  - c. Shower chair \_\_\_\_\_
  - d. Bedside commode \_\_\_\_\_

## PREPARING FOR SURGERY

### The Team Approach

At West Coast Joint and Spine Center, our team is focused on helping you and your family get ready for your knee replacement surgery. You'll receive support from every member of your care team — before, during and after surgery.

### Outpatient Surgery Benefits to Patients

If you meet the requirements for outpatient surgery, you will receive many short-term benefits without losing any long-term results. Here's why choosing outpatient surgery is often safer, more convenient and less stressful than at a hospital.

- **Go home the same day** instead of spending the night in the hospital
- **Less risk of infection** because the surgery center does not have medically "sick" patients
- **Increased comfort** as you start rehabilitation at home during the early stages of your recovery
- **Reduced recovery time** because of multimodal pain management
- **Faster return** to your everyday activities

### Support for Family Members and Caregivers

You'll want to choose a family member, close friend, or caregiver to help you before your surgery and throughout your recovery. This person will become an important member of your support team. Ways they can help include driving you to the surgery center, helping you move around the house after surgery, meal planning, and much more.

Before your surgery, it's a good idea to:

- **Review this workbook** with your family, friends and caregivers
- **Introduce your doctor** to the key members of your support team
- **Attend a physical therapy (PT) session** together so the therapist or nurse can help family members learn how to help you at home

Outpatient knee surgery has many benefits, including going home the same day.

## Preoperative Work-Up

Most arrangements for the tests will be made through either our surgery center or your doctor's office. They may include one or more of the following:

- Laboratory tests
- History/physical examination
- X-rays
- Dental clearance (within 6 months)
- Other evaluations if you need them

## Lowering Your Risk of Infection

West Coast Joint and Spine Center follows a comprehensive program to help reduce your risk of developing an infection after surgery. This includes bacterial infections like MRSA.

## Preoperative Skin Preparation

Preparing your skin is an important first step toward preventing infection. Two days before your surgery date, your doctor would like you to shower with a special soap called Chlorhexidine Gluconate (CHG). This soap helps remove as many germs as possible to help prevent infection around your surgical site.

Please follow these instructions to clean your skin with the CHG soap. ***Do not use CHG if you are allergic. If your skin becomes irritated, stop using the CHG and switch to an antibacterial soap.***

## Shower (no baths) schedule:

- Evening before surgery
- Morning of surgery

## Showering Steps:

1. Wash your hair, face and genitalia with your everyday soap, and rinse as usual
  - Do not use CHG on your face or genitalia
2. Follow the instructions on the bottle of CHG or as your Joint COACH suggests
  - Use a *clean cloth, nylon bath puff, or sponge* for each shower
3. Use 1/3 of the bottle for each shower
  - Turn the water off and gently wash your skin for 5 minutes (*do not scrub*)
  - Turn the water back on and rinse your body thoroughly
  - Do not use regular soap after using the CHG
4. Pat dry, using a *clean, soft towel* after each shower
5. After showering the night before surgery, put on fresh, clean pajamas and put clean linens on your bed



**The #1 Way to Prevent the Spread of Germs!**



## Nicotine and Your Recovery

If you smoke, or use any form of tobacco, you need to know:

***Smoking/nicotine may be the single most important factor that leads to complications after surgery!***

To lower your risks during recovery, you should stop using all tobacco products at least 6 weeks before your surgery. This includes any kind of tobacco or nicotine replacement product, e-cigarettes or chewing tobacco.

Please talk to your doctors today about the best way for you to stop smoking.

## Medications

Your health care team will ask about any medications you take. Some drugs can affect anesthesia or cause excessive bleeding during surgery. ***It is important to tell them about all your medications including:***

- Prescriptions medications
- Blood thinners
- Aspirin
- Diabetic medications
- Steroids
- Over-the-counter medications
- Vitamins
- Dietary supplements
- Herbal supplements

## Avoiding Alcohol Before and After Surgery

Studies have shown that drinking too much alcohol can have harmful effects on different systems in your body. We know that drinking alcohol also increases your risk for complications after surgery. Negative effects of alcohol include:

- Increased risk of infection
- Increased stress
- Flare-ups of other health problems
- Increased bleeding risk
- Slows the healing process

## Alcohol and Anesthesia

Anesthesia is very safe and most people do not experience serious problems. The type of surgery you have, anesthesia method you receive, and how healthy you are before surgery are factors that can affect how you respond to anesthesia.

If you drink, you need to know that having alcohol in your body during surgery can cause your body to react negatively to the anesthesia medications. This can happen because alcohol increases urination, which can lead to dehydration. Even if you are only mildly dehydrated, it could cause problems with your anesthesia.

***REMEMBER: You must have an open and honest conversation with your surgeon about any nicotine, alcohol, and drugs that you use.***

Finally, you should never drink alcohol while you are taking pain medication or sleep aides.

**Be open and honest with your surgeon about nicotine, alcohol, or drug use**

Talk to your physical therapist before you buy any medical equipment

## Eating Healthy

Eating healthy is even more important when you are recovering from surgery. Your body will burn a lot of energy as it heals. In the weeks before your surgery, start replacing unhealthy foods and drinks with healthier, more nutritional choices. Also, let your doctor know about any weight loss, diet concerns, and stomach or digestion problems.

After surgery, your body needs enough calories and good nutrition to fully recover. Eating the right foods after surgery can lower your risk of infection, speed up healing, and increase your strength and energy.

One of the best ways to eat better is to eat “whole foods.” These are foods that remain as close to their natural form as possible. ***Whole foods like fresh fruits and vegetables, whole grains, and lean protein can help your body heal.***

## Assistive Equipment

There are many types of medical equipment that can make it easier for you to move around more safely and comfortably as you recover.

During the pre-surgery education time, the Joint COACH will talk with you about the type of equipment you may need after your knee replacement. If you already have any of this equipment, please tell us. ***Do not buy any equipment unless your nurse or surgeon recommends you get it.***

Your insurance may not cover many of these items. But you can buy them yourself at many chain pharmacies, super centers, and home medical stores. Here’s a list of some of the most common assistive items.

### Personal Aids:

- Walker with wheels
- Crutches or Cane
- Long-handled grabber
- Sock aid
- EZ-slide shoehorn (metal)
- Elastic shoe laces

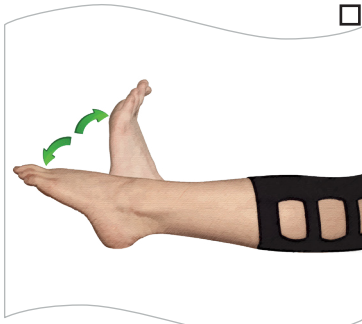
### Bathroom Aides:

- Elevated toilet seat
- Toilet seat riser
- Shower chair
- Grab bar for shower/tub
- Hand-held shower head
- Long-handled bath sponge

## Staying Active

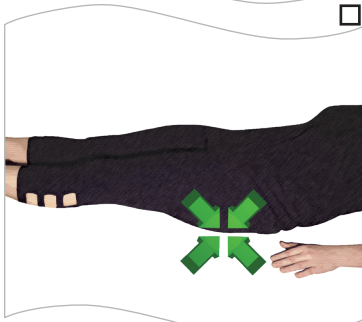
Continue your normal activities for as long as you can until your surgery date. Do not start any new strenuous exercise or activities.

The exercises on the opposite page will help you prepare for your surgery and recovery. If you experience extreme pain, slow your routine or eliminate the exercise which triggers the increased pain. ***These exercises are the first stage of your recovery after surgery, so it is very important that you know them prior to surgery.***



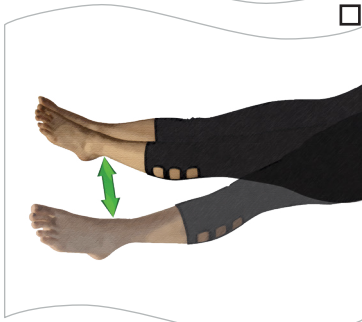
### Ankle Pumps

Bend ankles to move feet up and down, alternating feet.



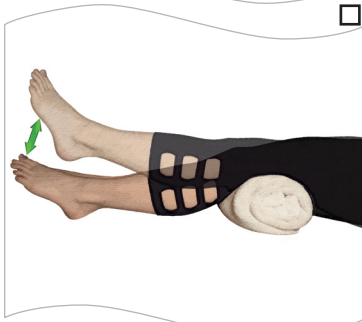
### Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible while counting out loud to 10.



### Hip Abduction

Keep your toes pointed toward the ceiling. Move your leg out to the side as far as possible. Slowly return to the starting position and relax.



### Short Arc Quads

Place a rolled towel under your knee. Raise the lower part of your leg until your knee is straight. Hold for 10 seconds.



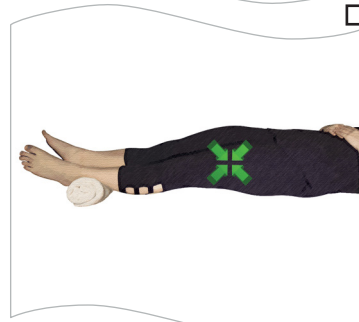
### Seated Push Ups

With your hands on the arm rests, push yourself up using your arms and hold for a few seconds. Slowly lower your body back into the seated position.



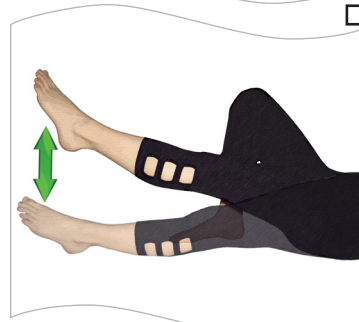
### Heel Slides

Bend one leg at a time, allowing the foot to be flat on the surface. Keep opposite leg straight.



### Quad Sets

Slowly tighten muscles on thigh of one leg while counting out loud to 10. Repeat with other leg to complete set.



### Straight Leg Raises

Bend one leg. Keep other leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from bed and hold for 10 seconds. Lower it, keeping muscles tight for 10 seconds. Relax. Repeat with other leg.



### Long Arc Quads

Straighten one leg and hold it for 10 seconds. Repeat with other leg.



### Knee Slides

Slowly slide your foot forward in front of you until a stretch is felt in the knee and hold for 10 seconds. Then slide your foot back as far as you can and hold for 10 seconds.

## Home Safety

Making your home a safe place to recover is an important part of getting ready for surgery. You may find it harder to move around for several weeks after surgery. Use this list to help identify things around your home that could cause problems during recovery.

### All areas:

- Make sure all areas are wide enough for a walker
- Keep all areas well lit
- Keep the floor clear of clutter, cords, and throw rugs
- Always wear non-slip shoes and never wear socks on tile and hardwood floors
- If you have pets, ask someone to help you feed and care for them

### Recovery area:

- You may have trouble getting in and out of beds that are too high or too close to the floor
- Set up your recovery area so it's comfortable and convenient with:
  - Bathing and grooming supplies
  - Extra clothes, socks, rubber soled shoes
  - Snacks and bottled water
  - Things to read, extra glasses, power strip for charging devices
  - Extra pillows to help you be more comfortable
  - Blanket or throw to cover your body
  - Small container to store your medications
  - Long-handled grabber for reaching objects

### Stairs:

- Talk to your surgeon or Joint COACH if you have stairs in your home

### Bathroom:

- Don't use bath oils or gels that could cause you to slip in the shower or tub
- Use a shower stool or chair with strong rubber grips on the legs
- Consider installing temporary or permanent hand rails
- Check for water on the floor before stepping in or out of the shower

### Kitchen:

- Try not to kneel, bend, or stretch to reach kitchen items or food
- Move items that you use the most to counter level
- Keep healthy food, snacks, and water bottles at counter level
- Always watch for water or spills on the floor
- Fix 2 weeks of meals and snacks before your surgery

## THE DAY BEFORE SURGERY

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### Preoperative Phone Call

The day before your surgery, a nurse will call you in the afternoon to answer any final questions and tell you what time to arrive at the center.

During this phone call, you will be instructed to not eat or drink anything after midnight the night before your surgery. We will also remind you which medications you can take the morning of your surgery with a small sip of water.

## THE DAY OF SURGERY

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You may NOT have anything by mouth including water, candy, gum, mints or cough drops.

If directed by your healthcare provider, you may take approved medications with a small sip of water the morning of surgery.

### What to Bring to the Surgery Center

#### Things to bring or do:

- Advanced directives
- Any medical equipment you have been asked to bring
- Loose-fitting clothing with wide leg openings
- Rubber soled shoes (no slippers or flip flops)
- Cases for eye glasses, contact lenses, or removable dental items
- Insurance cards, photo ID

#### Things to leave at home:

- Valuables like jewelry
- Home medications



## THE DAY OF SURGERY

### Preoperative Area

Before surgery, different members of your care team will come in to speak with you and review your medical history and lab reports. You may be asked the same questions more than once. For your safety, all team members need to know about your medical history and health on the day of your surgery.

### Nursing Staff

The nurse will help you change into a gown and get ready for surgery.

This process includes:

- Confirming your consent for surgery and anesthesia
- Checking your vital signs
- Starting an IV and giving you any preoperative medications
- Cleaning your surgical site with special soap to help prevent infection

### Anesthesia Care Team

All anesthesia care is directed by board-certified anesthesiologists. The type of anesthesia you receive is based on your medical history, your preferences, and the type of surgery you're having. In the preoperative area, your anesthesia provider will talk to you about:

- The risks and benefits of the anesthesia plan for your surgery
- What to expect when going under and waking from anesthesia
- An overview of general anesthesia, pain block, or spinal

### Multimodal Anesthesia

Multimodal pain management is an important part of caring for surgical patients. This process uses two or more pain relief medications (or techniques) to give you the best levels of pain control. The combination of medications, and how they are given, targets different pain receptors in your body.

Patient benefits include:

- Less nausea, vomiting, and heavy sedation (opioid side effects)
- Eases inflammation and soothes nerves that are injured during surgery

### General Anesthesia

With general anesthesia, medications will be injected into your intravenous (IV) line that puts your whole body to sleep. Once you are asleep, a breathing tube in your mouth will help you breathe during surgery. During the operation, you will receive additional medication through your IV and through your breathing tube. This helps you stay asleep throughout the surgery.

### Spinal Anesthesia

With spinal anesthesia, a small amount of local anesthetic will be injected into your back, causing your lower body to rapidly become numb. This is a single injection that blocks the pain from the surgical area. You will be awake during the placement of the spinal anesthetic for safety reasons. You may receive some medications through your IV to relax you or minimize any anxiety. You may not be able to move your legs immediately after surgery for a short time.

### Regional Anesthesia (Nerve Block)

In regional anesthesia, a specific part of your body is numbed with a medicine injected close to the nerves. For knee replacement surgery, the medicine will be injected near the nerves in your leg. This medication is very effective for pain management, blocking the message of pain that the nerves are trying to send to your brain.

It is very important to tell your surgeon and anesthesiologist if you are on blood thinners, like aspirin. If you take a prescription blood thinner, you may need additional blood tests to make sure it is safe for you to have regional anesthesia.

Before receiving the regional anesthetic, you may be given a small amount of medication to relax you and reduce any discomfort or anxiety. These medications work well and you probably won't remember any of this process.

### Operating Room

A nurse and anesthesiologist will take you to the operating room in a bed and help you move to the OR table. People will be in the room with you getting ready for surgery. Most patients do not remember much after this point. The total time for the surgery will be different for each person.

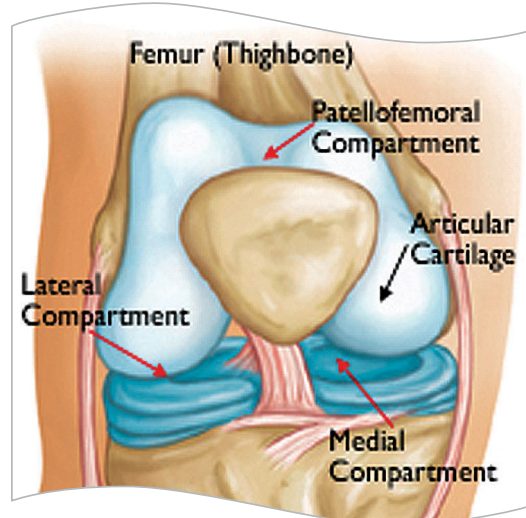
### Recovery Room (PACU)

A nurse will be at your bedside to help you wake up from anesthesia. You will have oxygen to help you breathe and wake up. You may feel sleepy and disoriented during the first hour of recovery. The nurse will be right there to monitor your vital signs, pain, and other side effects of the anesthesia and surgery.

## YOUR SURGERY AND RECOVERY

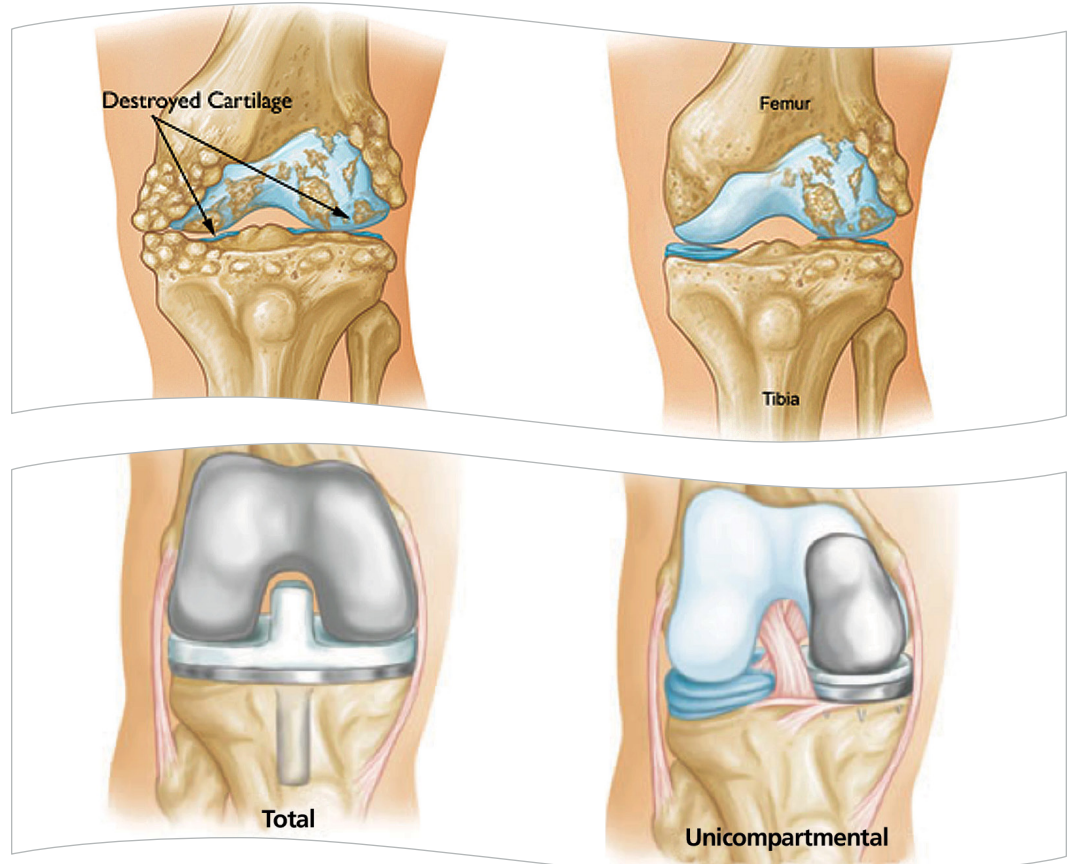
### Understanding Outpatient Knee Replacement

Your knee is one of the largest joints in your body. It is essential to performing everyday activities, including walking and sports. Arthritis or an injury can cause severe pain in your knees. For many people, knee replacement surgery is the best way to move around without pain and improve the quality of their lives.



Your knee is divided into three major compartments:

- The medial compartment (the inside part of the knee)
- The lateral compartment (the outside part)
- The patellofemoral compartment (the front of the knee between the kneecap and thighbone)

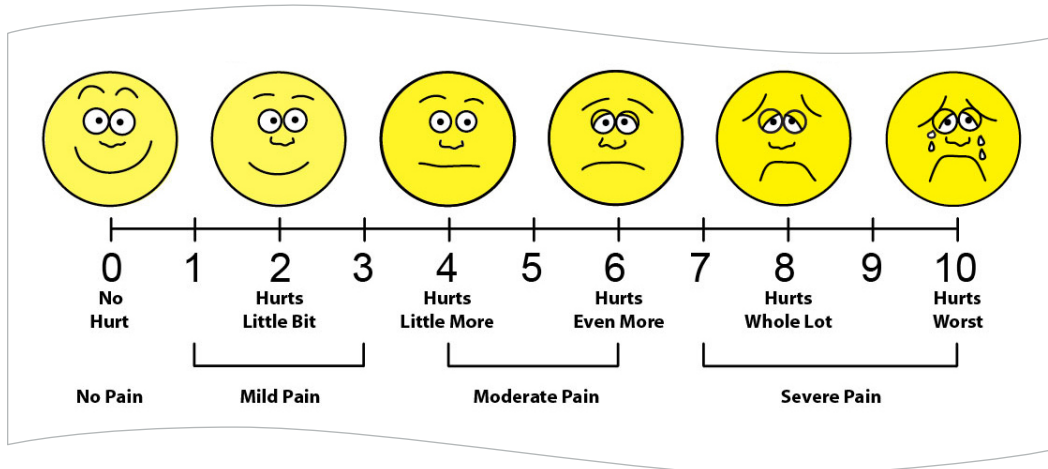


In knee replacement surgery, one or both ends of the bones in a damaged knee joint are replaced to create new joint surfaces. Here's what happens during this type of surgery:

- A metal prosthesis resembling the normal shape of the femur in the knee joint is placed over the end of your femur bone
- The top of the tibia bone is replaced with a metal plate with a small stem that reaches down into the bone
- The femoral component articulates with a specially shaped polyethylene tibial insert that attaches to the tibial plate
- All these components are inside the joint to preserve the normal capsule and major stabilizing ligaments on the sides of your knee
- Generally, the bottom side of the kneecap, or patella, is resurfaced with a polyethylene implant
- These components are fixed in place with cement or bone ingrowth into porous surfaces

### Pain Assessment and Management

The best way for our team to help you manage your pain is by clearly communicating how bad it hurts. If you are feeling any pain, please let your doctor or nurse know right away.



You will need to be as clear as possible about your pain. For example, we need to know:

- Where are you feeling pain?
- How often do you feel pain?
- On a scale of 0 to 10, where 10 is the worst pain you can imagine, how would you rate your pain?
- Is there anything that makes the pain go away?

It is important to understand that you will be in some kind of pain after surgery. Please tell your nurses when you are uncomfortable. Pain medications will be available.

## Postoperative Care

You have worked hard to get your body ready for surgery and recovery. We want to help you go home as quickly as possible. While you're at our center, your care team and nurse will help you meet these goals:

- Be able to move from sitting to standing with a helper standing nearby
- Be able to move yourself from one place to another, including:
  - Getting on and off the toilet safely with a helper standing by
  - Walk 100 feet using assistive equipment with a helper standing by
  - Walk up and down three physical therapy practice stairs with help
- Learn to use adaptive equipment to do everyday activities (like getting dressed) with a helper standing by
- Explain to us that you understand how to safely get in and out of a car
- Explain how your recovery may affect your family and how you will answer their questions

*TIP:* It's helpful to practice these movements at home before you have surgery.



## DISCHARGE PLANNING

### Going Home After Surgery

At West Coast Joint and Spine Center, we understand that the best place for you to recover from knee surgery is at home. That's why we start planning and helping you get ready for discharge well in advance.

Before your surgeon will allow you to go home, you will need to meet these important conditions:

- You are medically stable
- You have met the postoperative goals set by your care team
- You have set up your postoperative appointment with your surgeon
- You have set up your postoperative physical therapy sessions
- A family member or caregiver will be there to help when you get home

### Tips for Recovering at Home

- Be patient – it may be several weeks before you return to most normal activities
- Take prescription pain medication only as directed by your surgeon
- Do not take over-the-counter anti-inflammatory medications (aspirin, ibuprofen, Aleve®, Advil®) without your doctor's approval
- Use your assistive devices the way you have been shown
- Elevate your leg as much as possible
- Wear support stockings (TED Hose) if your surgeon recommends it
- Eat a well-balanced diet
  - Drink lots of fluids and eat more fruits and fiber
  - Remember the meals you prepared before your surgery
  - Take a multi-vitamin capsule every morning for at least one month

The best  
place to recover  
is home  
sweet home

**Call 911  
or go to the  
closest ER  
if you experience  
chest pain or  
shortness of breath**

## Preventing Surgical Site Infection

- Wash your hands often with soap and water
  - Always wash before touching your incision
  - Have others clean their hands before touching you
- Clean your body (shower) regularly
  - Do not get any water on a traditional wound dressing
  - Pat dry (don't rub) a waterproof wound dressing
  - Do not bathe or soak in the bathtub
  - Do not apply creams or lotions close to your incision

## Signs of Infection

***Call your doctor if you see any of these signs of infection:***

- Pus or drainage
- Bad smell coming from the wound
- Fever or chills
- Redness and hot to the touch
- Pain or sore to touch

## Signs of Blood Clots

***Call your surgeon right away if you have:***

- Pain and swelling in both legs
- Redness and warmth to the touch
- Leg pain that gets worse when you bend your foot
- Leg cramps (especially at night and/or in your calf)
- Skin discoloration

## Blood Thinners (Also Called Antiplatelet Drugs or Anticoagulants )

### **Why is this drug prescribed?**

Anticoagulant medications, also known as blood thinners, make it harder for your body to form blood clots. Clots that form in your blood vessels can be dangerous if they move into another part of your body. For example, if a clot moves to your lungs (pulmonary embolism), it can cause a strain to your heart or make it hard to breathe.

Aspirin is the most common blood thinner medication. Please follow your doctor's directions for taking aspirin the same way you would for taking a prescription medication.

### **When should it be used?**

Your doctor will let you know when to start taking anticoagulant medication. It is very important that you take this medication *at the same time every day*. Be consistent.

### **What special instructions should I follow while using this drug?**

Your doctor will decide how much anticoagulant you need. Follow your doctor's instructions exactly. Too much of the anticoagulant can cause you to bleed more. Too little of the anticoagulant may allow a harmful clot to form.

When you are discharged from the surgery center, you will receive instructions about the type of anticoagulant your surgeon wants you to take. You should follow these directions carefully and contact your doctor's office if you have any questions.

### **What should I do if I forget to take a dose?**

Take the dose you missed as soon as possible on the same day. But DO NOT take a double dose of anticoagulants the next day to make up for the dose you missed. If you forget to take a dose, please tell your doctor.

### **What side effects can this drug cause?**

The most common side effect is a higher risk of bleeding complications.

## AFTER KNEE REPLACEMENT

### Making a Full Recovery

After surgery, it's important to closely follow your doctor's instructions. Healing the area where you had surgery is the first step toward making a full recovery.

*It is normal to feel pain after knee replacement surgery.* You can expect a moderate amount of pain during the first two weeks. After that, you may have mild pain for several more months. This happens as your bones fuse with the implant. To help reduce swelling and pain, keep your knee elevated during the first part of your recovery.

You may have more pain during your physical therapy sessions. Schedule your pain medications so that you will be taking the medications 30-45 minutes before physical therapy.

Walking is very important to a successful recovery. But you should not walk too much – or too little. Ask your doctor or physical therapist how much walking is right for you. Here are some more helpful guidelines:

### Precautions

- Depending on the type of surgery you have, your surgeon may recommend you follow certain precautions

### Sitting

- Sit in chairs with arms
- Don't sit for longer than 30 to 45 minutes at a time, including while riding in a car

### Sleeping

- Talk with your surgeon or Joint COACH about best tips for sleeping and to clarify when you will be able to sleep on your operative side
- It is normal to have trouble sleeping at night due to pain or discomfort at the surgical site — getting up and moving around may help
- You can nap during the day, but DO NOT stay in bed all day
- Do not keep your knee in one position all night — this will undo all your progress in physical therapy
- Do not sleep with a pillow under your knee — if you were given a foam support, you can use it off and on during the day, but be sure to remove it before you go to bed at night

**Moving**

- Exercising and walking are the key to your successful recovery
- It is important that you keep doing your exercises, even if your joint hurts when you move it
- Icing your joint for 15-20 minutes after exercising can help reduce discomfort

**Stairs**

- You should carefully walk up or down stairs with support
- Do one step at a time – “Good leg” up and “bad leg” down
- Always use the railing for support and balance

**Driving**

- Your doctor will let you know when you can start driving again — normally, that will be 2-4 weeks after your surgery
- You must be off of all narcotic pain medication and have quick reaction time

Your stitches will be removed at your first follow-up appointment, usually one to three weeks after surgery. Your surgeon will decide how soon you can start physical therapy and which activities will be the most helpful for your recovery. In most cases, you will gradually return to normal daily activities around six weeks after surgery.

**Lifestyle Changes**

After knee surgery, most patients can move around without pain and return to most normal activities. But you will need to avoid certain physical activities. For example, activities that put stress on your implant and the bones and tissue around it.

After your knee has healed, you'll be able to enjoy most low-impact activities, including walking, hiking, swimming, and golf. But you'll need to avoid high-impact activities that involve running, jumping, pivoting, or torquing (rapid joint rotation as in tennis or football), or heavy lifting. Some types of manual labor may also put too much strain on your knee joint.

Talk to your doctor before you begin any activity that involves your knees or feet. It's also important to stay at a healthy weight to reduce the strain on your implant. If you smoke, try to stop. Not smoking will improve your circulation and help maintain healthy tissue around all your joints.









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