

Outpatient Joint Replacement

Patient Handbook

Dr. P. Ramkumar

Unilateral Knee Replacement

**MemorialCare Outpatient
Surgical Center Long Beach**
an affiliate of SCA

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Long Beach, CA 90808
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Total Joint
Replacement
Program



Joint Replacement Program

We are pleased that you have selected MemorialCare Outpatient Surgical Center Long Beach for your Joint Replacement surgery, and we are excited about the opportunity to serve you during the entire process. Our team is completely focused on your success and return to a pain-free lifestyle. We believe in a comprehensive approach to joint replacement surgery, which means your surgeon, anesthesiologist, nurses, physical therapists, and other members of the health care team are focused on getting you healthy!

In selecting our center, you have chosen a facility that....

- Is committed to providing you with the highest quality health care.
- Uses a team approach to your surgical care, ensuring a smooth transition from pre-op through recovery. You and your team of health care professionals work together toward a common goal: getting you back to good health!
- Features a unique, comprehensive joint program developed by a team of orthopedic specialists. This program provides revolutionary improvements in surgical techniques, anesthesia, and joint technology.
- Has fine-tuned regional anesthetic techniques and pain management protocols. These techniques allow patients to wake up and begin walking within hours of their surgery.

We have developed this booklet and the corresponding educational class to help prepare you for what will happen before, during, and after your joint replacement surgery. Please keep this with you throughout your journey, as it provides a wealth of information that you can use as a resource. Also included, is some space for you to write your own questions, comments, and notes so that you can reflect on your experience as you go through the Joint Replacement process.

Again, thank you for trusting MemorialCare Outpatient Surgical Center Long Beach for your surgical experience.

Sincerely,

The Joint Replacement Team

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Important Information

Surgery Scheduled for:

Date: _____

Surgery Arrival Time:

Time: _____

Education Class “Boot Camp” for Joint Replacement:

Date: _____ Time: _____

Pre-Op Appointment with Joint Replacement Surgeon:

Date: _____ Time: _____

Primary Care Physician/Clearance Appointment:

Date: _____ Time: _____

Three Days Before Surgery - Checklist

- Do you have your Chlorhexidine Skin Prep and know how to use it?
- Do you have your Physical Therapy information and know when your 1st visit is?
- Is your Care Partner confirmed?
- Are your post-operative prescriptions filled?
- Walker? (you will be given your walker on the day of surgery if your walker was not delivered by a DME equipment company prior to surgery)

1st Physical Therapy Appointment:

Date: _____ Time: _____

1st Post-Op Surgeon Appointment:

Date: _____ Time: _____

Preparing For Your Surgery

Steps in Preparing for Surgery

1. Pre-Screening Blood Work/Diagnostic Testing
2. Physical Examination
3. Selecting Your Support Member
4. Pre-Operative Education Class
5. Providing Your Health History Information
6. Contact Your Insurance Company
7. Discharge Planning
8. What To Bring
9. Skin Prep
10. Symptoms To Report
11. Healthy Tips

Pre-Screening Blood Work/Diagnostic Testing

Your Surgeons' office will provide instructions for your pre-screening testing. Diagnostic testing, such as an EKG, Chest X-Ray, and lab work may be ordered prior to your procedure. If your physical exam and diagnostic results show you have any increased risk factors, you may need additional testing. A Covid test may be required, even if you are fully vaccinated.

Physical Examination

A few weeks before your surgery, you will need to undergo a complete physical examination. Your surgeons' office will give you instructions for this process. Based on your health history and test results, you may require further evaluation. This helps to identify any possible medical problems you may have that could put you at an increased risk during or after surgery.

Selecting Your Care Partner

This is the one of the most important members of your team. Your Care Partner's commitment and participation is key to ensuring your successful, and timely recovery. It is vital to select a Care Partner that will be there for you during your preparation for surgery, the education class "Boot Camp", and after your surgery.

Pre-Operative Education Class

Your surgeon would like you to attend a Joint Replacement pre-operative education class "Boot Camp" prior to surgery. This class will provide you and your Care Partner important detailed information of what to expect prior to, during, and after your surgery. The more prepared you are, the smoother your surgical experience may be. Please have your Care Partner attend this class with you.

Preparing For Surgery

Providing Your Health History Information

MemorialCare Outpatient Surgical Center Long Beach is a separate facility from your surgeons' office. Therefore, we will also need to obtain your health history information. We need your full medical and surgical history, current medications, and allergies. You will receive electronic notification to complete your medical history prior to surgery. Your Joint Replacement Nurse Navigator will provide instructions regarding the need to take any current medications prior to arrival for surgery.

Contact Your Insurance Company

You may want to contact your insurance company about your upcoming surgical procedure to confirm details of your coverage, such as your deductible and co-insurance. The surgical center may also contact you to inform you of any deductible and/or co-insurance that you may owe.

Discharge Planning

- For your safety, it is required that you have someone available to stay with you for the first 24 hours after surgery, including overnight. It is also highly recommended that you have your Care Partner stay with you for the first few days after surgery, if possible.
- No driving until cleared or instructed to do so by your surgeon.
- **Physical Therapy and Home Exercises**
 - 1) Start your daily Home Exercises PRIOR TO SURGERY and again THE DAY AFTER SURGERY
 - 2) Physical Therapy is typically started within the first 1-3 days after surgery.
 - 3) You will typically have Home Health Therapy for the first couple of weeks after surgery. For information about your Physical Therapy, please contact your surgeons' office directly.
- Post-operative medications typically include - narcotic pain medication, blood thinner, and stool softener.
- Prepare and purchase meals for times that you might be home alone.
- Falling hazards
 - 1) Remove loose rugs and clutter on the floor
 - 2) Tuck away any cords that are on the floor
 - 3) Obtain a non-slip rubber bath-mat for your shower and/or bath
 - 4) Make sure home stairways have handrails that are secure
 - 5) Arrange furniture so that you can easily move around your home
 - 6) Install shower handle grab bars (w/suction cups) to your shower/bath
- Dental Work Instructions After Surgery
 - 1) Do NOT have routine dental work (cleanings) OR dental procedures until 4-6 months after your surgery.
 - 2) Let your dentist know you have had Joint Replacement Surgery prior to future dental visits.
 - 3) You will typically need antibiotics prior to any future dental visits indefinitely.
 - 4) Your Primary Care doctor or dentist can typically prescribe the antibiotics that you will need.

Preparing for Surgery

Skin Prep:

You will be given Chlorhexidine wipes to prep your skin prior to surgery. This helps to reduce the risk of infection after surgery. The skin prep wipes are to be used 2 days before and again the morning of your surgery (3 days total). Please follow the steps below.

1. Change bed linens (sheets) prior to starting skin prep (day 1 required only).
2. Shower prior to starting the skin prep, making sure skin is dry prior to using the skin prep wipes. Use a clean towel to dry off.
3. Use 1 cloth to wipe the entire surgical leg, front and back, all the way to your ankle for at least 20 seconds, including your hip.
4. Use 1 cloth to wipe the entire non-surgical leg, front and back, all the way to your ankle for 20 seconds, including your hip. Use the same cloths to wipe your arms, neck, chest and abdomen for 20 seconds.
5. Do not shave around the surgical area 5 days prior to surgery. Allow your skin to air dry before putting on clean clothing. Do not apply lotion or rinse your skin after using the skin prep wipes.
6. Repeat the same skin prep routine each day as listed above.



Symptoms to report prior to surgery:

- Elevated temperature greater than 100.0 F
- Sore throat, shortness of breath, or body aches
- Nasal drainage that is yellow or green
- Cough, chest congestion, or change in taste or smell
- Nausea, vomiting or diarrhea, or problems with urination
- Open sores, scrapes, rashes, breaks in the skin anywhere on the body

Food/Nutrition:

Please allow for a nutritious diet prior to and post-surgery. Your body needs plenty of lean proteins, fruits, vegetables, and complex carbohydrates for wound healing. Plan-ahead and have food ready to help you with your good nutrition! Please avoid alcohol 5-7 days prior to surgery.

Physical Therapy/Exercise:

Physical Therapy/daily home exercise is vital to your recovery! Your exercise program begins before surgery, continues at the surgical center, and when you return home. Your Physical Therapist will modify and advance your physical therapy program based on your surgeons' protocol, if Physical Therapy was ordered by your surgeon. Physical Therapy is separate from your daily home exercises.

Stop Smoking:

Studies have shown that tobacco and nicotine impair the body's ability to heal. Smoking also increases your risk of complications during and after surgery. For more help, visit the American Lung Association website at www.lung.org.

Preparing for Surgery

Failure to follow all pre-surgical check-list instructions may result in the cancellation of your surgery.

Pre-Surgical Check-List

- Do NOT eat food or drink liquids that you cannot see through (Coffee, Soda, or Milk) 8 hours prior to surgery check-in
- Electrolyte Hydration Procedure: (Zero-Sugar Gatorade, Gatorade, Smart Water, Pedialyte or Ensure Clear Nutrition Drink). If you are diabetic OR take medications to control your blood sugar, please use Smart Water, Zero-Sugar Gatorade, or Zero-Sugar Pedialyte.
 - 1) Drink 30 to 48 oz total – start hydration procedure in the late afternoon or early evening the day prior to surgery and up to 6 hours prior to surgery check-in, if needed.
 - 2) Hydration Drink Recommendations: 10-16 oz at 5pm, 10-16 oz at 8pm and 10-16 oz at bedtime or midnight.
- Take routine-morning Blood Pressure Medications and Thyroid Medications with a sip of water prior to surgery check-in
- No gum, candy, or mints after midnight
- Avoid alcohol 5 days prior to surgery
- Stop Blood Thinners, Anti-Inflammatories, Vitamins and Supplements 7-10 days prior to surgery. Examples include:
 - Aspirin, Advil, Motrin, Ibuprofen, Naprosyn, Naproxen, Aleve, Excedrin, Meloxicam, Celebrex, Diclofenac, Fish Oil, Krill Oil, Vit E, Omega-3, Garlic Supplements and Turmeric Supplements, Ginko-Biloba, St. Johns Wart and Biotin
- Tylenol (acetaminophen) is NOT a blood thinner and can be taken prior to surgery
- Notify your surgeon and Joint Replacement Nurse Navigator if you take any of the below prescription blood thinners. You will be instructed on when to avoid the below medications prior to surgery. Examples include:
 - Xarelto, Eliquis, Plavix, Clopidogrel, Pradaxa, Coumadin, Savaysa, and Lovenox
- Bring inhalers for asthma/or breathing problems
- Do not wear the following:
 - Jewelry, contact lenses, lotion, perfume, cologne, or powder. Do not wear sandals or flip-flops.
- What to wear:
 - Loose-fitting comfortable clothing such as, sweat-pants or elastic shorts. Please wear tennis shoes or slip-on tennis shoes that have a front and back.
- Your Front-Wheeled Walker will be provided on the day of surgery at the surgical center. If this was provided ahead of time, please bring with you on the day of surgery.
- Cell phone and personal belongings will be secured in a belonging-bag
- Bring copy of Covid Vaccination Record or recent Covid Test Results (if instructed)
- Bring eyeglass case for glasses
- Bring Photo ID and Insurance Card
- Bring method of payment if you have a deductible and/or co-insurance
- Your Driver will need to be available at time of discharge

Arrival at Surgery Center

Arrival Time/Reception Area

It is very important that you check in on time for your surgery. Your arrival time will be confirmed with you the day prior to your surgery. Please check your driving directions and traffic ahead of time. You will check-in at the reception desk and be asked to present your insurance card and identification, as well as make your payment for any deductible and/or co-insurance responsibilities.

Pre-Operative Area

After checking in at the front desk, you will then be escorted to the pre-operative holding area where we will begin your pre-operative admission process. Here, you will meet your healthcare team. You will be asked to confirm your health and surgical history as well as your medications and allergies. Your surgical procedure will be confirmed and then you will sign your surgical consents.

Anesthesia Provider

You will meet your anesthesia provider prior to surgery. Please tell your anesthesiologist if you have ever had difficulty or problems with anesthesia or with medications. Your provider will explain the anesthesia you will receive and may confirm your medical history. Types of anesthesia may include General Anesthesia or Spinal Anesthesia. You may also receive a “nerve block” which can help to provide pain relief for generally 8 to 24 hours after surgery. Please call your surgeon or go to the nearest ER with any difficulty emptying your bladder or urinating once home. Anesthesia and medications you receive on the day of surgery can take up to 24 hours to wear off. During that time, you may feel sleepy and tired even when discharged to go home.

Surgeon

Your surgeon will confirm your procedure with you prior to surgery and will mark the operative site with a surgical marking pen. This protocol is also for your safety. You will have an opportunity to ask your surgeon questions prior to your procedure.

Operating Room

You will also meet your OR nurse prior to surgery and your procedure and medical history will also be again confirmed. Please let your OR nurse know if you have any back, hip or shoulder limitations. Your OR nurse and anesthesiologist will assist you to the Operating Room where you will then meet the rest of your surgical team. You will be transferred to another bed and connected to monitors that monitor your vital signs throughout your procedure. Medication will then be administered through your IV to initiate your anesthesia and to make you more comfortable.

Recovery Room & After Surgery

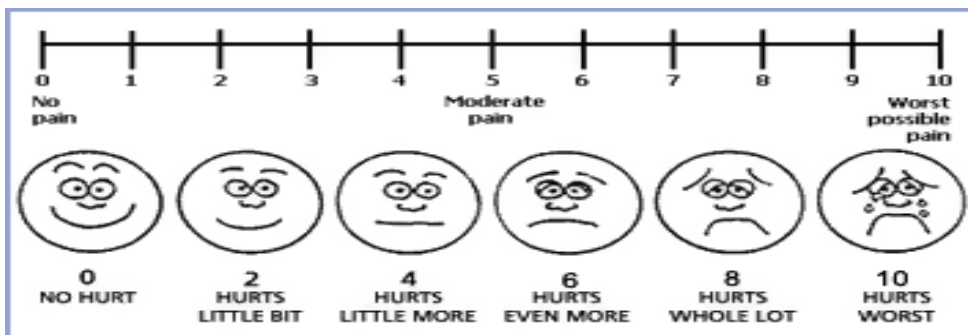
Recovery Area

Once your surgery is complete you will be taken to the recovery room. We will inform care partner how the surgical procedure went and will update them on how you are doing. You will be in the Recovery Room for generally 3-4 hours after your surgery.

Pain Medications and Pain Control

While you are at the surgical center, you will be asked to rate the level of pain you may be experiencing. The pain scale is numbered from 0 to 10, with each number representing a degree of pain with 10 being the highest.

Your surgeon will have ordered pain medication to help keep you comfortable after surgery if needed. Please feel free to communicate with your nurse if you are feeling any discomfort, or if there is anything you need to make you feel more comfortable.



Nutrition/IV Fluids

You will be provided with IV fluids while in the recovery room to keep you hydrated. Due to anesthesia and narcotic pain medication, your GI motility can be more sluggish. Therefore, you may not be able to tolerate regular, full meals during the immediate post-operative period. Once you are able, you can drink fluids, and progress your diet as tolerated.

Recovery Room & After Surgery

Discharge

You will be in the recovery room for typically 3-4 hours after surgery. Anesthesia may take 24 hours to wear off, so be aware that you could be very tired during this time. You will be discharged when your vital signs are stable, you are awake, and comfortable. You may be drowsy and sleepy when discharged and this is normal. Make sure your Care Partner is available to take you home prior to the time of your discharge. We will take you to your car via a wheelchair for your safety. Your nurse will update your Care Partner on how you are doing and let them know what time to pick you up.

To avoid falls, when getting up from a sitting or lying down position, move slowly. Put your feet on the ground and sit in an upright position for several seconds before you stand. Make sure you are not dizzy before standing.

Activity and Home Exercises

Ambulating and moving the surgical joint soon after surgery in the recovery room is an important process in your recovery. You will be asked to walk 25-50 feet with your walker and your nurse will assist you. The more you participate in your home exercise and Physical Therapy program, including before surgery, the better strength and mobility you may have after surgery. Make sure to resume your home exercise program the day after surgery.

Please use your walker for the 1st week after surgery, longer if needed. Walk around every 1 to 2 hours for 3 to 5 minutes during the day, increasing as tolerated. While walking, start with the heel and roll off the toes “heel-to-toe”. Simply put, try to walk normally, putting weight on the surgical leg as tolerated. Go slow and try to avoid limping. Each day, you will typically be able to walk more easily and put more weight on the surgical leg.

For your safety, it is important that you do not get out of bed on your own while at the surgical center. We do not want you to fall or hurt yourself. Our staff will assist you.

Dr. Ramkumar – Knee Replacement

Quick Care Guide Instructions

Diet

Upon returning home, start your diet with something light (soup, fruit or crackers). Avoid heavy, greasy, spicy foods and then advance your diet as tolerated.

Follow-Up Appointment

Make sure you have your follow-up appointment with your surgeon. This is typically 1-4 weeks post-surgery depending on your surgeon.

Medications

Narcotic Pain Medication: Dilaudid (Hydromorphone) for severe pain, Norco (hydrocodone/acetaminophen) for severe pain, Percocet (oxycodone/acetaminophen) for severe pain, or Tramadol for moderate pain. As pain becomes more tolerable, reduce narcotic pain medication and take Tylenol only.

Blood Thinner: Aspirin 81mg twice a day (am and pm) for 4 weeks OR Blood Thinner as instructed by your surgeon. Start your blood thinner the day after surgery.

Stool Softener: SenoKot-S, Senna, Miralax, or Colace starting the day you return home from surgery to prevent constipation while taking narcotic pain medication.

Anti-Inflammatories: Naproxen 500mg twice a day for two weeks after surgery (over the counter) OR Meloxicam. Start anti-inflammatory the day after surgery.

Nerve Pain Medication: Gabapentin as instructed for one week after surgery if younger than 75 years of age. Start the day you get home from surgery, before bedtime.

Antacid Medication: Omeprazole 20mg once a day (over the counter) while on anti-inflammatory medication. Start the day you get home from surgery.

Tylenol: Tylenol every 8 hours (three times per day). Start the day you get home from surgery.

Antiemetic: Ondansetron as needed for nausea. Start the day you get home from surgery as needed.

Steroid/Inflammation: Dexamethasone starting the day you get home from surgery for two days.

Ice

Ice the surgical site for 20-30 minutes, 4-6 times per day, until the swelling improves. Do NOT let ice directly touch your skin.

Elevation

Elevate your knee while resting as much as possible, until swelling improves. For Knee Replacement - elevate your knee by placing pillows under your calf and ankle ONLY as much as possible while elevating.

Showering and Dressing

You can shower 24-48 hours after surgery. Although the dressing is waterproof, it is best to keep your surgical site dry during showering OR as instructed by your surgeon.

Compression Stockings and SCD's (Sequential Compression Device)

Wear for the first 3 weeks after surgery if given. These can help prevent blood clots.

Home Exercises and Physical Therapy

1. **Walking:** every 1-2 hours during the day, "heel-to-toe", for 3-5 minutes increasing as tolerated. Start when you arrive home.
2. **Breathing and Incentive Spirometer:** take 10-15 slow deep breaths and/or use Incentive Spirometer 4x per day (if given). Start when you arrive home.
3. **Knee Exercises:** start prior to surgery and re-start the day after surgery. Please do 10-15 repetitions 3-5x per day.
4. **Ankle Pump Exercises:** 10-15 repetitions for both legs every 1-2 hours, starting the day you arrive home.
5. **Physical Therapy:** PT information is provided by your surgeons' office. Please make sure you have this information prior to surgery. Re-start daily home exercises the day after surgery in the morning.

Going Home

Going home

You will be given discharge instructions for your after-care as well as contact information in case any concerns or questions arise. Please contact your Total Joint Nurse Navigator or Surgeon if you have any concerns once home. Answers to many common questions and concerns are addressed in your Joint Replacement Patient Handbook. Please call 911 or go to your nearest ER if you have any life-threatening concerns.

Follow-Up/Diet

Your 1st follow-up appointment with your Surgeon is typically 1-4 weeks after surgery. Call to make this appointment if you do not already have a follow-up appointment. Upon returning home, start your diet with something lite such as soup, fruit or crackers. Avoid heavy, greasy, spicy foods and then advance your diet as tolerated.

Medications

Narcotic Pain Medication: Dilaudid (Hydromorphone) for severe pain, Norco (hydrocodone/acetaminophen) for severe pain, Percocet (oxycodone/acetaminophen) for severe pain, or Tramadol for moderate pain. As pain becomes more tolerable, reduce narcotic pain medication and take Tylenol only.

Blood Thinner: Aspirin 81mg twice a day (am and pm) for 4 weeks OR Blood Thinner as instructed by your surgeon. Start your blood thinner the day after surgery.

Stool Softener: SenoKot-S, Senna, Miralax, or Colace starting the day you return home from surgery to prevent constipation while taking narcotic pain medication.

Anti-Inflammatories: Naproxen 500mg twice a day for two weeks after surgery (over the counter) OR Meloxicam. Start anti-inflammatory the day after surgery.

Nerve Pain Medication: Gabapentin as instructed for one week after surgery if younger than 75 years of age. Start the day you get home from surgery, before bedtime.

Antacid Medication: Omeprazole 20mg once a day (over the counter) while on anti-inflammatory medication. Start the day you get home from surgery.

Tylenol: Tylenol every 8 hours (three times per day). Start the day you get home from surgery.

Antiemetic: Ondansetron as needed for nausea. Start the day you get home from surgery as needed.

Steroid/Inflammation: Dexamethasone starting the day you get home from surgery for two days.

Swelling and bruising

It is common for your knee and leg to be very swollen and bruised after surgery, including down to your ankle and foot. This is due to gravity and may last for several weeks after surgery, possibly longer. You may experience pain above your knee and around your thigh. This is from the tourniquet used during surgery and generally lasts for about a week. This discomfort tends to be worse at night.

Showering/Dressing

You will have a large dressing directly over the surgical site. Remove your dressing one week after surgery. You may also have a tan-colored elastic ACE Bandage wrapped around the outside of your knee. If it becomes too tight due to swelling, please loosen it, but leave this on. Remove any white gauze under your Ace Bandage after 2-3 days. You can shower 24-48 hours after your surgery OR as instructed by your surgeon. Make sure you are not dizzy before showering. It is best to NOT get the surgical site or dressing wet by placing saran wrap or a plastic bag over the dressing with tape until the dressing is removed. Do NOT submerge your surgical site under water until your surgeon clears you to do so.

Going Home

Symptoms to Report Once Home

1. Fever consecutively greater than 101.5 F
2. Calf or leg pain, combined with swelling and redness to calf or leg, including skin that is warm, red, and painful to touch.
3. Impaired circulation (extremity should always be warm and pink)
4. Persistent nausea and vomiting 24 hours from your discharge
5. Persistent bleeding
6. Signs of infection, such as drainage and redness
7. Severe pain not relieved with your pain medication
8. Persistent numbness to the extremity
9. Call 911 or go to the nearest ER with shortness of breath, chest pain, or life-threatening concerns or symptoms.

What is normal to expect?

1. You may experience superficial numbness around your incision site.
2. Your surgical site may feel warm to the touch for several weeks.
3. You can expect the first 3 days after surgery to be the most uncomfortable.
4. Your surgical joint may swell, up to a year after surgery, if you do too much activity in a day.
5. Majority of your healing is within the first 3 months after surgery.
6. Your surgical joint may feel stiff after surgery, this typically improves within the first few weeks after surgery.
7. Your surgical leg may be slightly bent “flexed” for the first few weeks after surgery.
8. You may feel really tired the 1st few weeks after surgery and this is normal.

Using stairs or steps:

- 1) Have your Care Partner assist you during your initial recovery period if possible.
- 2) Use your walker or a cane during initial recovery period.
- 3) Going up-stairs: step up 1st with your “good” non-surgical leg, then follow with the surgical leg.
- 4) Going down-stairs: step down 1st with your “operative” surgical leg, then follow with the “good” non-surgical leg.
- 5) Go slow, step-by-step.

Transfers

When sitting or getting into bed:

- 1) Get close to your bed or chair with your walker close to your body. Your bed or chair should be right behind you.
- 2) Hold onto the handrails of your walker, place most of your weight onto your upper body and your “good”, non-surgical leg.
- 3) Slide your surgical leg several inches in front of you and slowly sit down.
- 4) Wrap your ankle of your good leg up under your surgical-side ankle.
- 5) Extend or straighten your “good” leg to lift your surgical leg up and over.
- 6) Use your arms, upper body, and good leg to shift and move your body over into the bed.

When getting out of a chair or bed:

- 1) First, have your walker ready and close to you.
- 2) Get close to the side of the bed or edge of the chair using method above.
- 3) Use your “good” leg to lift your surgical leg up and over by wrapping your “good” ankle up under your surgical-side ankle and lifting.
- 4) Place most of your weight on your “good” leg and upper body while holding onto your walker while standing.

When getting into/out of car:

Use same principles/methods above when sitting and moving leg into/out of car.

Helpful Tips: Turn cane upside down and use the handle under your lower leg to help lift your leg.

Going Home

Resting/elevating your leg

Elevate your knee by placing pillows under the lower part of your calf or ankle ONLY as much as possible. Try to keep your knee and leg straight while elevating. This helps to get your leg to straighten sooner in your recovery. Your ankle should be at or slightly above the level of your heart. Sleeping with your leg elevated can help to continue to reduce swelling and pain. If side sleeping, sleep with a pillow between your legs and with surgical leg on top.

Correct Knee Elevation



Ice

Ice the surgical site for 25-30 minutes, 4-6 times per day, beginning the day you arrive home. Regular icing helps reduce swelling, therefore reducing your pain. Use ice packs placed over the surgical site. Do not let ice directly touch the skin.

Deep Breathing Exercises/Incentive Spirometer

Deep breathing exercises help prevent complications, such as pneumonia, while you are less active after surgery, beginning the day you arrive home. If provided an Incentive Spirometer, use this device for your breathing exercises. You can discontinue your breathing exercises when you are more active and moving around regularly.

Breathing Instructions:

1. Take a slow-deep breath in through your nose
2. Slowly exhale out through your mouth
3. Repeat 10 breathes, 4 x per day

Incentive Spirometer Breathing Instructions:

1. Sit upright and hold the device at eye level.
2. Exhale (breath out) slowly, then seal your lips around the mouth-piece.
3. Next, inhale (breath-in) slowly with your lips sealed around the mouth-piece.
4. As you take a deep breath in, the piston of the Incentive Spirometer will rise. Try to get the piston to rise as much as comfortably possible while inhaling, then hold for a couple of seconds.
5. Next, remove your lips from the mouth-piece, and exhale normally.
6. Repeat 10 breaths, 4 x per day



Compression Stockings and SCD's (Sequential Compression Device)

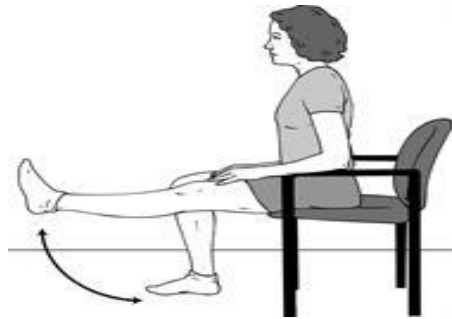
You might be given compression stockings or SCD's (device which squeezes your calves), if your surgeon orders them for you. Please wear for the first 3 weeks after surgery. These help to prevent blood clots. As a reminder, wear these ONLY if given or prescribed by your surgeon. You may remove compression stockings for 4 hours each day, if needed.

Home Exercises

Important: start your Knee Exercises prior to surgery and again the day after surgery in the morning.

Seated Knee Extension

While sitting in a supportive chair, straighten your surgical leg as much as is comfortably possible. Hold for a few seconds, then relax and bend your knee. Each day you will typically have more range-of-motion in your knee. It may take time for your leg to completely straighten. Please do 10-15 repetitions, 3-5 times per day.



Sitting Knee Flexion

While sitting in a supportive chair, bend your surgical knee while sliding your foot along the ground underneath you. Bend your surgical knee as much as is comfortably possible. Hold for a few seconds, then slide your foot forward. It may take time for your knee to bend as much as picture below. Please do 10-15 repetitions, 3-5 times per day.

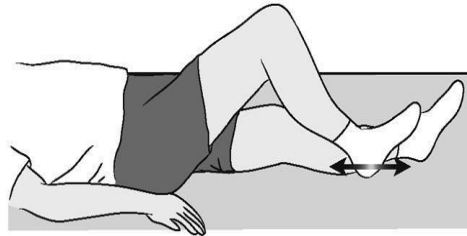


Home Exercises

Do the below exercises on your bed or couch – not the floor

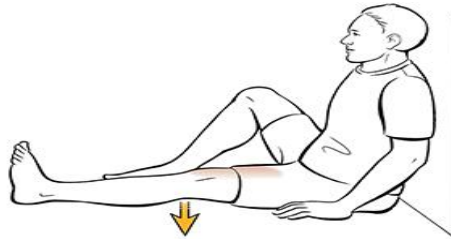
Heel Slides

Start with your legs straight and slightly apart. Bend your surgical knee while sliding your heel toward your buttocks. Avoid lifting your heel off the ground. Bend your knee as much as is comfortably possible. Hold for a few seconds, then relax and straighten your leg. Please do 10-15 repetitions, 3-5 times per day.



Quadriceps (thigh-squeeze)

Sit upright and with your back supported. Tighten your quadriceps (top of thigh) of your surgical leg and push the back of your knee downward. Hold for a few seconds, then relax your leg. Please do 10-15 repetitions, 3-5 times per day



Straight Leg-Raise (re-start this exercise 5-7 days after surgery)

While lying down, bend your non-surgical leg. Tighten your quadriceps (top of thigh) of your surgical leg, then straighten and lift your leg several inches off the ground. Hold for a few seconds, then lower your leg. Please do 10-15 repetitions, 3-5 times per day.

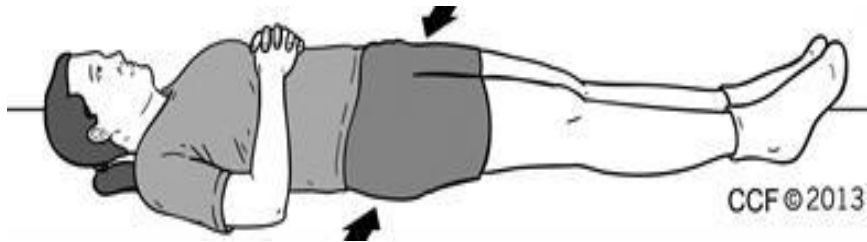


Home Exercises

Do the below exercises on your bed or couch – not the floor

Gluteal Sets

Lie on your back with your legs straight. Tighten buttock muscles (both sides), hold for a few seconds, then relax. Do not hold your breath. Please do 10-15 repetitions, 3-5 times per day.



Short Arc Quads

Lie on your back, with a towel rolled under your knee of the surgical leg. Next, slowly straighten your leg by lifting your foot and lower leg upward. Keep your thigh on the roll. Hold for a few seconds, then lower your leg. Please do 10-15 repetitions, 3-5 times per day.



Ankle-Pump Exercises

While sitting or lying down, slowly point your toes forward as much as possible and then flex your toes and foot backwards, toward your upper body. Do 10-15 repetitions on each leg, every 1-2 hours during the day. This helps your circulation while you are less active and helps prevent blood clots. You can discontinue this exercise when you are more active and moving around regularly.



DME Equipment, Etc.

DME (Durable Medical Equipment) can be purchased at any DME equipment supply store or online at Walmart or Amazon.

Correct Walker



Incorrect Walker



Raised Toilet Seat w/ Handles



Raised Toilet Seat



Shower Handle Grab Bars



Compression Stockings



Preventing Infection and Important Things

Preventing Infection

- Stay home the first couple of weeks after surgery
- Keep dressing dry and intact
- Make sure bedding and clothing is clean
- Stay away from people that are sick or not feeling well
- Use Skin Prep – Prior to surgery
- Wash hands frequently and practice good hygiene and cleanliness

Important Things – To Focus On

1. ICE - 20 to 30 minutes 4 to 6 times per day
2. Proper Leg Elevation – leg should be elevated with pillows under the ankle and calf only as much as possible
3. Walking - every 1 to 2 hours (during the day) for 5 to 10 minutes and increase as tolerated
4. Home Exercises - 3 to 5 times per day
5. Medications

Follow-Up and Surveys

Surveys (Patient Reported Outcome Measures) :

You will be asked to complete a few multiple-choice surveys about your surgical joint, general health, and pain (KOOS, PROMIS and PAIN). These important surveys are required and inform us, as well as your surgeon, how you are doing prior to and after surgery. You can expect these surveys to be sent to you electronically via text and or email.

Timeline for surveys:

- Prior to surgery
- 3 months post-surgery
- 6 months post-surgery
- 1 year post-surgery

Surgeon Follow-Up:

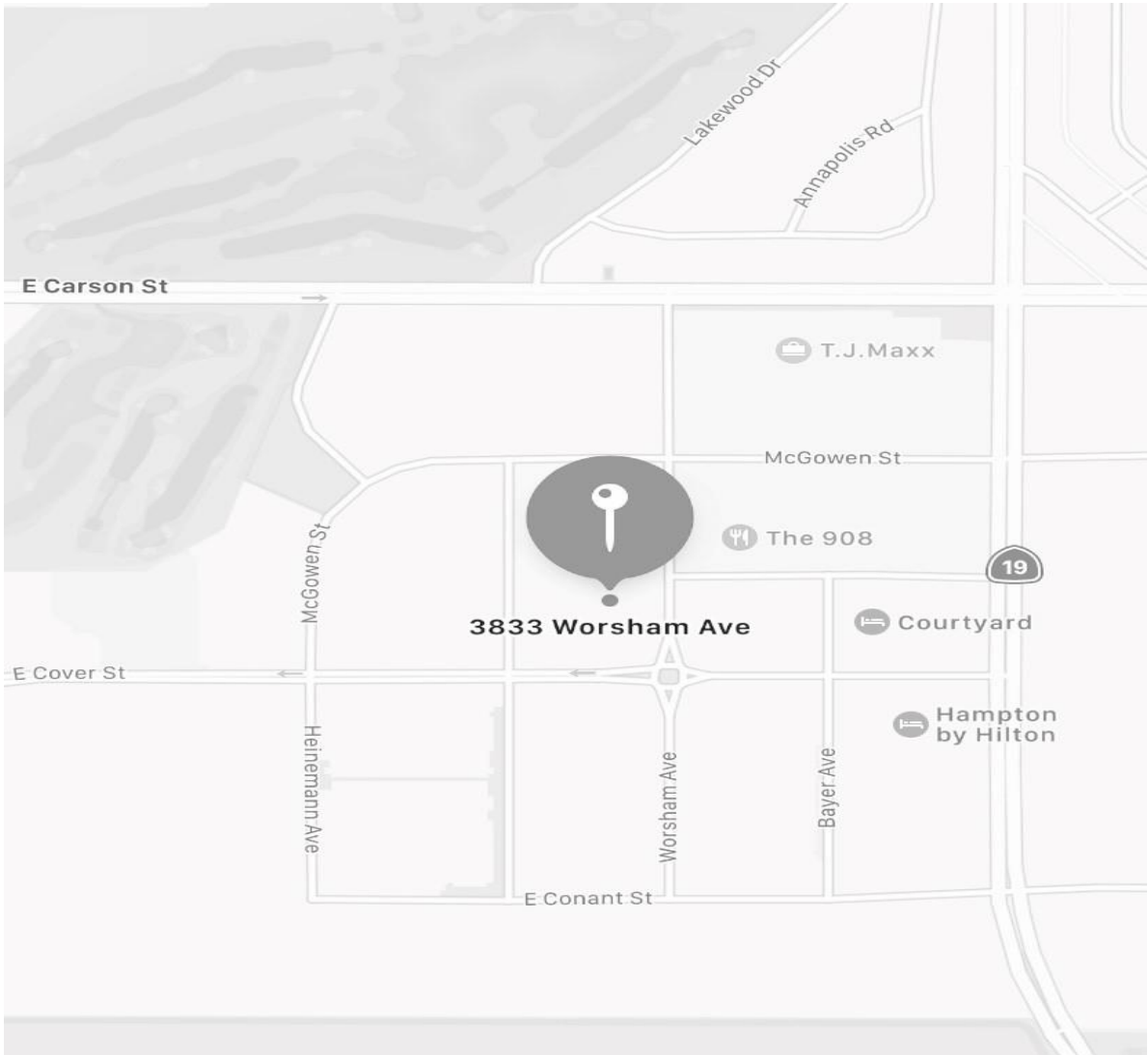
You can expect to follow-up with your surgeon several times after surgery. This will allow your surgeon to evaluate your progress and healing throughout your recovery.

Timeline for Surgeon Follow-Up:

- 2 weeks post-surgery
- 3 months post-surgery
- 1 year post-surgery

Directions

MemorialCare Outpatient Surgical Center Long Beach
3833 Worsham Ave, #200
Long Beach, CA 90808
562-426-2606



You must have someone over the age of 18 available to pick you up and drive you home after your surgery. You cannot use Public Transportation or a Taxi to drive you home.



Your Questions

We want to be sure to answer any questions you may have. If you have questions for your physician, the nurses or physical therapists, please write them down and be sure to ask us at any time.

For more information about
MemorialCare Outpatient Surgical Center Long Beach,
please visit our website at
www.longbeachoutpatientsurgery.com