Patient and Coach Information

Total Knee Replacement

Please bring this booklet with you for clinic visits and hospital stays

Saskatchewan Ministry of Health
with Five Hills, Prince Albert Parkland,
Regina Qu’Appelle and Saskatoon Health Regions

Government of Saskatchewan
Total Knee Replacement

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Introduction

You have chosen to have a knee replacement. The purpose of this booklet is to provide information for you and your coach before your knee surgery. This booklet gives you instructions on preparing for surgery and what to expect after your surgery.

Your health care team will do all they can to make your surgery a success. We hope that keeping you informed helps you understand what to expect and how you can take an active role in your care. How well you prepare for surgery and the efforts you make after surgery will be important factors in your recovery. Your success depends on you.

Patient and Coach Information

It is important that you choose a personal coach to be with you throughout your knee replacement journey. A coach is a person who will be supporting you prior to surgery, during your hospital stay, and at home with your recovery. This person can be a family member, friend or caregiver. Please review this booklet with your coach before your surgery so you have an understanding of the care you will be receiving.

What does a coach do?

- Attends an education session with you prior to your surgery
- Supports and works with you during your 3-5 day hospitalization
- Supports you with your rehabilitation once you have been discharged
- Translates – if English is not your first language

Remember… Your coach is there to be a “guide on the side” – not to take over for you!
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All About Your Knee

What Is a Knee Joint?

The knee is a ‘hinge joint’ made up of three bones in a hinge formation: the patella (knee cap), the end of the femur (thigh bone), and the top of the tibia (shin bone). In a healthy knee, cartilage covers the surface of the bones in the knee joint and lets you move smoothly and without pain.

Why Do I Need a Knee Replacement?

Arthritis of the joint is the most common reason for a knee replacement. Arthritis damages the cartilage and roughens the bone surfaces. This damage causes pain on movement and decreases joint movement and strength.

Most people have very good results after surgery, including:

- Less pain
- Better movement and strength
- Improved ability to do everyday activities
What Is a Knee Replacement?

When a joint is replaced, the unhealthy or damaged bone is removed and replaced with man-made parts called a prosthesis. The components may be held in place with bone cement.

A Total Knee Replacement consists of three parts:

1. The upper metal piece fits into the thigh bone.
2. The lower metal piece has a plastic surface and fits into the shin bone.
3. The plastic button may be fitted onto the back of the kneecap.

How Is the Surgery Done?

**FIRST**
Your kneecap is moved out of the way. Part of the end of the thigh bone is removed and replaced.

**THEN**
The top of the shin bone is removed and replaced with a metal platform. A plastic piece is fitted on top of the metal platform.

**LAST**
The back of the kneecap is smoothed and fitted with a plastic piece.

In a unicompartmental procedure, only one side of the knee joint needs to be replaced. Upper and lower pieces are used.
Preparing for Knee Surgery

Get Thinking and Feeling Your Best

Emotional preparation is very important for your surgery. Sometimes it is difficult to deal with pain while waiting for surgery. You can experience problems sleeping and may become anxious or frustrated. It is important to deal with these feelings.

Here are some suggestions:

- Practise formal relaxation techniques like deep breathing, visualization/visual imagery and progressive muscle relaxation.
- Be active. Continue your usual daily activities. Use your walking aid to take stress off your sore joint.
- Discuss concerns with your coach or other support person.
- Be informed and prepared prior to your surgery. This will help decrease anxiety and make you more hopeful.

Improve your physical health:

- Manage your weight. Eat a well-balanced diet, as recommended by the *Eating Well with Canada’s Food Guide*.
- Ensure that health issues (including dental, vision, cardiac, diabetes, prostate and urinary tract problems) are dealt with by your family doctor before your surgery.
- Quit smoking. It delays healing and slows your recovery from surgery.
- Stay active! Exercise and do your regular activities. Research shows that exercise can help decrease pain, increase strength and flexibility, and keep your heart healthy before surgery.
- Exercising for longer periods of time can benefit your heart, lungs, circulation and muscles. Exercises include walking (on land or in water), swimming or stationary cycling.
**PRE-SURGERY EXERCISES**

These exercises will be reviewed with you in the Educational Session at the Multi-Disciplinary Clinic. If you have any questions or problems with these exercises, please ask your doctor or therapist for help.

Start with 3 repetitions of each exercise with each leg. Gradually do more until you can complete 10 repetitions of each. Hold each position for 5 seconds. Repeat exercises twice a day.

**Note:** “Involved heel/leg” means the leg that will be undergoing surgery.

- **KNEE LEG PRESS**
  - Place a sheet around middle of foot.
  - Actively bend knee. Use the sheet to give added bend.
  - Straighten leg against resistance of the sheet.
  - Repeat 10 times on each leg, twice a day.

- **QUADS OVER A ROLL (KNEE STRAIGHTENING)**
  - Place towel roll under knee.
  - Lift heel off bed until knee is straight.
  - Hold 5 seconds. Repeat 10 times on each leg twice a day.

- **STANDING HAMSTRING**
  - Hold onto a counter top or sturdy chair for balance.
  - Bend knee so your foot moves towards buttock on same side.
  - Be sure to stand up straight. Do not lean forward.
  - Repeat 10 times on each leg twice a day.
STANDING HIP ABDUCTION
- Hold onto a counter top or sturdy chair for balance.
- Keep knee straight.
- Move leg out to the side as far as possible.
- Be sure to stand straight. Do not lean.
- Hold 5 seconds. Repeat 10 times on each leg, twice a day.

TOE RAISES
- Hold onto a counter top or sturdy chair for balance.
- Rise up on toes by lifting heels as high as possible.
- Be sure to stand straight. Do not lean.
- Hold 5 seconds. Repeat 10 times twice a day.

CHAIR PUSH-UPS
- Sit with hands on arms of chair.
- Push down on hands to lift buttocks off chair.
- Hold 5 seconds. Repeat 10 times twice a day.


**Tips to Avoid Falls**

- Avoid going outside in bad weather if possible.
- When walking outdoors, avoid poorly maintained sidewalks, unlit streets, and icy surfaces. Try to walk with a walking partner.
- In winter, wear boots with a good gripping sole.
- When you no longer need a walker, use a cane with an ice pick tip when walking on snow or ice.
- Remove floor mats around the house. Pathways should be cleared of cords, wires, and clutter.
- Make sure your home is well lit. Use a night light or motion light if you get up during the night.
- Have a handrail on all stairways.
- Always use sturdy shoes with non-slip soles that give your feet and ankles firm support.
- Never rush to answer the telephone. An answering machine or a cordless phone can be helpful.
- Do not carry too many packages - use home delivery or a push cart.
- Non-slip mat in tub or shower.

**Multi-Disciplinary Clinic (MD Clinic)**

This clinic helps you prepare for surgery through:

- Patient Assessment: You will be assessed by various multi-disciplinary team members, who may include a nurse, physiotherapist, occupational therapist, physician, etc.
- Patient Education and Preparation: *All surgical patients and their coaches* will return to this clinic for an educational session.
Pre-Admission Clinic (PAC)

- The Pre-Admission Clinic (PAC) is an outpatient clinic that is the final step in preparing you for surgery.
- This appointment happens approximately two weeks before surgery.
- You will be contacted with an appointment date and time for this clinic.
- You need to bring a coach/family member.
- Basic tests may be done such as an ECG, X-rays, and blood test.
- If your surgeon requests an anesthetic or medical consultation, it will be done at this time.
- If you have any last minute questions, this is an excellent time to ask.
- You will be given a time to come to the hospital for your surgery.

Patient In-Hospital Care Plan

The patient care plan is a general guide for your hospital stay.

People recover differently, so your activities and discharge might be slightly different than indicated in the guide.
# PATIENT IN-HOSPITAL CARE PLAN

<table>
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</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td>Intravenous and full fluids.</td>
<td>Full fluids (progress to regular diet)</td>
<td>Regular diet</td>
<td>Regular diet</td>
<td>Home</td>
</tr>
<tr>
<td><strong>Hygiene</strong></td>
<td>Assistance as needed</td>
<td>Basin with assistance</td>
<td>Wash at sink or basin at bedside</td>
<td>May shower or wash at sink by self</td>
<td></td>
</tr>
<tr>
<td><strong>Wound Care</strong></td>
<td>Dressing checked and reinforced as needed; Drain emptied as needed.</td>
<td>Wound checked daily; Dressing changed as needed</td>
<td></td>
<td></td>
<td>Surgical wound is clean and dry; wound care management arranged for home; Staples/suture removal arranged</td>
</tr>
<tr>
<td><strong>Pain Control/Medication</strong></td>
<td>Pain medications given regularly.</td>
<td>Oral pain medications, stool softeners and blood thinners.</td>
<td></td>
<td></td>
<td>Ask questions about your medications.</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Deep breathing and coughing; Foot and ankle exercises; Sit up on side of bed; Apply ice.</td>
<td>Sit at bedside, stand with help; Physical or Occupational Therapist will assist with post-op exercises and walking.</td>
<td>Continue to exercise. Up in chair at all meals. Walking with help and walking aid. With therapist, learn how to do daily tasks using assistive devices.</td>
<td>Practise stairs. Up and about on your own.</td>
<td>Up and about on your own.</td>
</tr>
<tr>
<td><strong>Discharge Planning</strong></td>
<td>Expected length of stay is 3 – 5 days. Planned day of discharge is written on bedside communication board.</td>
<td>Caregivers review discharge planning with patient &amp; family.</td>
<td></td>
<td></td>
<td>Physiotherapy follow-up will be arranged if required.</td>
</tr>
</tbody>
</table>

Prescriptions to take home.
MEDICATIONS AND EQUIPMENT

About Your Medications

Some medications must be stopped several days before surgery.

Your doctor will tell you which medications to stop and when to stop taking them. Common medications stopped before surgery are:

- warfarin (Coumadin®, Taro-Warfarin®)
- acetylsalicylic acid (ASA®, Aspirin®, Entrophen®)
- clopidogrel (Plavix®)
- ibuprofen (Motrin®, Advil®)
- herbal medications

Some medications can cause bleeding during surgery.

Equipment

You will need some of the following equipment.

Some of the equipment is provided on a free loan basis by the Saskatchewan Abilities Council and some will need to be purchased. A physical therapist or occupational therapist will help determine what you need and where to get it. Plan to have the equipment for about 3 months following surgery to help protect your knee during activities of daily living:

- Walker/crutches/cane
- Bath seat/shower seat
- Raised toilet seat/commode
- Wall grab bars
- Non-slip surfaces in tub/shower, bath mat outside of the tub
- Long-handled reacher, sock aid, elastic shoelaces, long-handled shoe horn
- Long-handled sponge/brush
- Sturdy, firm armchair, above knee height
- Any other items identified for you by a health care provider
It is very important to have any required equipment **before** you go to the hospital for surgery. Having the equipment in place ahead of time will give you the opportunity to practise with it before surgery so that you can manage better at home after you leave the hospital.

**Items you will need in the hospital:**
- walking shoes
- loose fitting clothing/walking shorts
- toothbrush and toothpaste
- dentures, eyeglasses, hearing aids
- hairbrush
- electric razor
- walker without wheels

**Clothing and Belongings**
- Remove all jewelry, dentures, glasses, contact lenses, artificial body parts, clothing, nail polish, and make-up before your surgery.
- Send all valuables home with your family/coach.
- All belongings will be taken to the surgical unit that you will be going to after surgery.

**LENGTH OF STAY**
- You can expect to be **discharged 3 to 5 days** after your surgery.
- **If you live alone, plan to have your coach or someone else available to assist and support you for 1 or 2 weeks after surgery.**
- If you anticipate needing more assistance on discharge, there are community resources available. A member of your health care team will talk about this prior to discharge from hospital.
PRE-SURGERY PATIENT CHECKLIST

Have the following ready before your surgery…

I HAVE:

- A coach
- Equipment that I will need when I go home (and I’ve practised using it)
- Railings installed on all sets of stairs
- A ride to the hospital
- Arranged a ride home for when I’m discharged
- Practised the exercises in the booklet
- Loose, comfortable clothing and walking shoes to wear in the hospital
- Some meals prepared for when I get home
- Pillows (for elevation)
- Ice (ice packs for reducing swelling)
- Someone (my coach/family member) available to assist and support me when I get home
- Talked to my doctor about medication issues

Between Your Clinic Visit and Day of Surgery

- If you suffer from constipation, take your usual laxative two days before surgery.
- Be sure you have a bowel movement before coming to the hospital.

**IMPORTANT:** If you develop a fever, infection, cold, flu, or gastric symptoms (such as diarrhea) before your surgery, please call your surgeon’s office as it may mean your surgery has to be rebooked.
THE DAY BEFORE SURGERY

Skin Preparation:
- The night before or the morning of surgery – shower or bath using an unscented or non-perfumed soap.
- Remember to shampoo your hair.
- Trim nails and remove nail polish.

Nutrition:
- Continue to follow your regular diet and avoid eating a heavy meal the day before surgery.
- It is important to have an empty stomach before surgery. Anesthesia can weaken the systems that keep food and drink safely in your stomach. Serious problems can arise if food or drink find their way out of the digestive system and into your lungs.

**After midnight:**
- do not drink fluids
- do not eat any food
- do not smoke
- do not chew gum

- Any medication that your doctor has instructed you to take should only be taken with a sip of water.

Day of Your Knee Surgery

- Have someone drive you to the hospital.
- You will be directed to the pre-surgical area where the necessary preparation is done for your surgery.
- You and the doctor responsible for anesthesia will decide together what type of anesthetic is best for you.
- An intravenous (IV) will be started in one of your arms.
- You may be given sedation and other medication before your surgery.
- You will be taken to the operating room.
- You will be given an anesthetic.
ANESTHESIA

Anesthetist

An anesthetist is a doctor with specialized knowledge of illnesses, drugs and treatment of serious medical problems. This doctor gives you the medication that will relax you and allow you to sleep for your surgery, if required. A member of the anesthetic team will stay with you and monitor you closely throughout your surgery. The anesthetist is also responsible for helping you manage your pain after the surgery.

The anesthetist will discuss with you the type of anesthesia you will be having with your surgery.

Types of Anesthesia

1. General Anesthetic

The anesthetic will allow you to be asleep during the surgery. A breathing tube is placed in your mouth and throat to assist with your breathing. The tube is removed once the surgery is done. After surgery, you will be taken to the post anesthetic care unit where you will wake up.

Possible Side Effects: nausea, drowsiness, mild sore throat

2. Regional Anesthetic (Spinal or Epidural)

Medication is injected in the spinal fluid below your spinal cord, freezing the nerves of your hips and legs. A small area on your lower back will be frozen. A very small needle is used to inject medication below your spinal cord (the needle is removed). You have the option of staying awake during surgery or having medication to put you asleep. If you choose to stay awake, you will not see the surgery taking place, nor feel any pain.

Possible Side Effects: headache, backache
TYPES OF PAIN CONTROL

Several types of pain control are available. Your anesthetist will discuss which types are best for you. They may include:

**Oral Pain Medication**
- Usually pain is well controlled with oral pain medication.
- When you are able to sip fluids, you will be given your medication by mouth.

**Intravenous or Injected Pain Medication**
- This pain medication is given through an intravenous line or injected into a muscle if you are unable to take medication by mouth.

**Patient Controlled Analgesia (PCA)**
- You control the amount of pain medication you receive.
- By pushing a button, a pump delivers a small amount of medication into your intravenous line.

**Epidurals**
- This medication is usually inserted before your surgery by your anesthetist.
- After your surgery, the epidural will be connected to a pump to give a steady dose of pain medication.

**Patient Controlled Epidural Analgesia (PCEA)**
- This is the same as an epidural, but you can push a button to give yourself an extra dose of pain medication when needed.
- It is programmed to allow only a safe amount of medication for your body.

**Femoral Nerve Blocks**
- This is an injection of local anaesthetic near the nerve(s) that go to the surgical site. It will “freeze” the area so it is numb and pain free.
- It provides up to 24 hours of post-surgery pain control and can be used along with a spinal or general anaesthetic.
Your Part After Knee Surgery

Immediately after surgery you will be taken to the Recovery Room:

- Your nurse will check your circulation and the sensation in your leg. They will also be monitoring your breathing, pulse, blood pressure and pain level.
- You will have a large dressing on your knee.
- There may be a drainage tube with a small container to help remove blood and fluid from your knee. This tube is removed about 2 days after surgery.

You will then be taken to your hospital room:

- The nurse will continue to monitor your blood pressure and breathing.
- The nurse will ask you to do deep breathing exercises and foot and ankle exercises. See pages 19 and 20 for these exercises.
- If you are having difficulty urinating, a nurse will insert a tube into the bladder to drain the urine.
- You can expect to see some bruising and swelling develop in your leg.
- The side rails will be raised on your bed for safety.
- Your coach and family members are welcome to visit.

Pain Control

- After your surgery, you will be given pain medication. Good pain control allows you to move and become more active.
- You will be asked to describe your level of pain on a scale of 0-10. Zero represents no pain and 10 represents the worst possible pain.
  - 1 to 3 = mild pain
  - 4 to 6 = moderate pain
  - 7 to 10 = severe pain

Pain medication works best if taken:
- regularly every 4-6 hours
- before activity
- before severe pain develops

### Numeric Pain Assessment Scale

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>Worst Pain</td>
</tr>
</tbody>
</table>
Rest and Sleep

- Limit your visitors.
- Try to get enough rest as it is important for recovery.
- When lying on your back, do not use pillows under your knees. This will keep them bent and it is important that you are able to get your knee to straighten completely.
- When lying on your side, place 1 or 2 pillows between both your knees and ankles to help the leg relax and to support your knee.

Incision Care

- Your dressing should be checked and changed as needed.
- It is normal for your incision to feel tender, tight, itchy and numb.
- The incision can be sore for several weeks.

Nutrition

- You will start on a liquid diet.
- You can eat solids when your appetite improves.
- A poor appetite is common after surgery.

› BREATHING EXERCISES

- Sit or lie down.
- Inhale deeply through your nose.
- Without exhaling, take 3 small “sniffs” to fill your lungs.
- Hold 2 to 5 seconds, then exhale.
- Do this 10 times every hour that you are awake while in hospital.
CIRCULATION EXERCISES

- Pump your feet up and down.
- Do ankle circles in each direction.
- With your legs straight out in front of you, squeeze the muscles on the front of your thighs and buttock muscles.
- Hold for 3 seconds. Relax.

Swelling

It is normal for your legs to swell a little after surgery, but it is important to try to reduce the swelling. Elevate your leg at least twice a day for 20 to 30 minutes each time.

- Lie on your back. Raise your leg using pillows so that your foot is well above the level of your heart.
- Make sure you have support all the way from your hip to your heel with no gaps. Your leg should be fully supported and your knee straight.
- Your leg should be relaxed. You should not be working to hold it on the pillows.

Note: In hospital, ice will be applied by nursing/therapies to help with pain and swelling.
**PRECAUTIONS**

**DO NOT KEEP** your knee in one position too long, as it will stiffen.

**DO NOT FORCE** your knee to extremes. Avoid squatting on low furniture, going down steep stairs, or sitting in the bottom of the tub.

**DO NOT KNEEL** until your knee is fully healed. It may be uncomfortable to kneel or get up from a kneeling position, depending on the strength of your other leg and arms.

**DO NOT CLIMB** a lot of stairs. If possible, take an elevator or escalator. At home, think ahead and try to save the number of trips up and down.

**DO NOT LIFT** anything heavy, or push heavy objects with your knee. Talk to your doctor before returning to strenuous work such as heavy lifting, pushing or pulling.

**DO NOT PIVOT** or twist on your operated leg. Take small steps when vacuuming or sweeping to avoid twisting or pivoting on your knee. After three months, you may be able to do limited dancing or golfing, if you avoid twisting your knee. Ask your occupational or physical therapist how to modify these activities.

**DO NOT** perform activities that require sudden stopping and starting (tennis, skiing, running, jumping) or contact sports. Swimming, walking and biking are good activities to resume once you heal.
**Getting Moving**

- Activity will prevent you from getting stiff and sore.
- Your nurses or therapists will show you how to change position and help you sit on the edge of the bed and stand on the first day after surgery.
- You will sit up, then stand and walk with a walker and staff assistance.
- You will see a physical or occupational therapist soon after surgery.
- Your physical therapist will show you how to use your walking aid.
- Once you can walk alone, take short frequent walks during the day, using the walker or crutches. You will need a walker or crutches for 6 to 8 weeks.
- Use a walking aid until your doctor or physical therapist tells you otherwise.
- You will also start an exercise program to regain strength and movement in your knee. Some of the exercises may be painful, but it is important to start them as soon as possible. **You will not damage your replacement or incision by following your therapist’s directions.**
- You will practise some everyday activities, including getting in and out of bed, dressing, and climbing stairs.

**Getting In and Out of Bed**

- To get in or out of bed, lead with either your operated or strong leg. If you are having difficulty, ask your therapist for guidance.
- Swing your legs over the side of the bed. Use your operated leg as much as you can.
Do the reverse for getting out of bed.

- For the first few weeks, place your operated leg slightly forward when you stand up.
- Do not pull up from your walker - push from seated surface when standing up.

**Sitting in a Chair**

Sit with your knee bent and your foot flat on the floor for short periods of time.

- Back up until you can feel the chair with the back of your legs.
- Slide your operated leg forward.
- Grasp the armrests and bend your knees.
- Lower yourself gently into the chair.
- To stand up, reverse the procedure.

**Using the Toilet**

You will use a raised toilet seat and armrests or a commode. Be sure that when you are seated, the toilet paper is within easy reach.

- Back up until you can feel the toilet with the back of your legs.
- Slide your operated leg forward.
- Grasp the armrests and bend your knees.
- Lower yourself gently onto the toilet.
- To stand up, reverse the procedure.
Getting Dressed

Putting on underwear, pants, socks and shoes will be difficult.

- Sit on the side of the bed or a chair.
- Dress the operated leg first and undress it last.
- You may need the following if there is no one to help you dress:
  - sock aid
  - long-handled shoe horn
  - long-handled reacher
  - dressing stick

Climbing Stairs

You should learn to climb stairs before you leave the hospital.

Going up:

- Hold the handrail with one hand and a cane/crutch with the other.
- Step up with your strong leg. Then bring your operated leg and cane/crutch up to it.

Going down:

- Hold the handrail with one hand and use a cane or crutch in the other.
- Step down with your operated leg and cane/crutch. Then step down with your strong leg.
After-Surgery Exercises

- Your in-hospital therapist will be going over these exercises with you. If you have any questions or problems with the exercises, please talk to your doctor or health care provider.
- Do these exercises **3 times a day** following surgery.
- The first step for all exercises should be to stabilize your body by pulling your stomach muscles back toward your spine.
- You may wish to ice your leg before and after exercises.

**KNEE SQUEEZES/STRETCHING**

- Lie on your back with your operated leg straight.
- Press the back of your operative knee downward towards the bed.
- Hold 5 seconds to tighten the muscle on the front of the thigh.
- Start with 1 set of 10 repetitions with each leg.
- Gradually progress to 3 sets of 10, on each leg, 3 times a day.

**KNEE BENDING**

- Lie on your back, or sit upright on bed.
- Slide your heel towards your buttocks.
- You may use a strap around your foot to help bend your knee further.
- Hold for 5 seconds. Straighten your knee, pushing down into the bed.
- Start with 1 set of 10 repetitions with each leg.
- Gradually progress to 3 sets of 10, on each side, 3 times a day.

**TIP:** DO NOT HOLD YOUR BREATH while exercising. It increases your blood pressure.
**KNEE STRAIGHTENING**

- Lie on your back with a roll under your knee. A large coffee can or rolled up bath towel works well.
- Raise your heel off the bed until your knee is straight. Keep the back of the knee on the roll.
- Slowly lower your foot.
- Start with 1 set of 10 repetitions with each leg.
- Gradually progress to 3 sets of 10, on each side, 3 times a day.

**STRAIGHT LEG RAISES**

- Lie on your back with your operated leg straight and your other leg bent.
- Tighten the thigh muscle and push the knee straight.
- Keep the leg straight and slowly lift the leg 2-3 inches off the bed. Slowly lower it.
- Start with 1 set of 10 repetitions with each leg.
- Gradually progress to 3 sets of 10, on each side, 3 times a day.

**KNEE STRETCH**

This exercise should be done if the back of your knee does not rest fully on the bed.

- Place a small roll under your ankle.
- Keep your knee and foot pointed towards the ceiling.
- Let the back of your knee relax and straighten.
- Stretch 3 times a day in this position for as long as you can. Work up to 5 minutes.
**CHAIR SLIDES**

- Sit in a chair. Slide operative foot close to the chair.
- Plant your foot and lean forward, bringing your knee over your toes.
- Bend your operative knee as much as you can so that you feel a stretch. Hold 5 seconds, then relax. Do frequently throughout the day.

**QUADS IN SITTING POSITION (KNEE STRAIGHTENING)**

- Sitting well back on the bed or the chair, pull your toes up and straighten your knee.
- Hold for a count of 5, then slowly lower.
- Bend back as far as you can.
- Alternate with the other leg.
- Start with 1 set of 10 repetitions with each leg.
- Gradually progress to 3 sets of 10, on each side, 3 times a day.

**REDUCE SWELLING**

- Lie on your back.
- Raise your leg on pillows so your foot is well above the level of your heart.
- Apply ice to knee.
- Make sure you have support all the way from your hip to your heel with no gaps. Your leg should be fully supported and your knee straight.
- Your leg should be relaxed. You should not be working to hold it on the pillows.
- Relax for 20-30 minutes.
- Apply ice for up to 15-20 minutes at a time, as often as once an hour.
If your incision isn’t fully healed, protect it with a cold pack (gel pack, crushed ice or frozen vegetables) wrapped in plastic and a tea towel.

If your incision is fully healed, you can try using damp cold as it will penetrate more deeply and is easier to tolerate. Wrap your cold pack in a damp tea towel and place it directly over the area that is painful.

**ADDITIONAL EXERCISE**

Begin when your therapist advises to do so.

- **Standing Hamstring**
  (see page 7 for instructions)

**Discharge Home**

You will be ready to go home 3 to 5 days after your surgery. Recovery varies from person to person.

**Before you go home, you must be able to safely:**

- Move on and off the toilet and a chair
- Get in and out of bed
- Dress with aids or with minimal help
- Walk the distance you need to get around your home
- Use stairs if necessary

**You must know how to:**

- Do your exercises – therapists will review these with you. This will be your home exercise program.
- Follow the movement precautions beginning on page 21 of this booklet.

**Note:** If you anticipate needing more assistance on discharge, community resources are available. A member of your health care team will talk about this prior to discharge from hospital.
Day of Discharge

- It is important that your coach is present.
- Your nurse and therapist will review your discharge instructions with you and your coach.
- Discharge from the hospital is generally in the morning.

If you are travelling a long distance:

- Plan to make frequent stops.
- Bring extra pillows and ice packs.
- Remember to take your pain medications before you leave the hospital.

WHEN TO CALL YOUR FAMILY DOCTOR

If you experience any of the following symptoms at home, call your family doctor:

- Pain in your chest, difficulty breathing or shortness of breath
- An increase in pain, swelling or tenderness in your leg that is not relieved by elevation and icing
- Your incision becomes red, hard, hot and swollen, or begins to drain
- Redness or pain in your lower legs, even when resting
- Chills and a fever (above 38.5° C)
- A painful ‘click’ or decreased movement in your knee or sudden difficulty walking
- Blood in your stool, urine or sputum, and increased bruising
- Other infections such as a chest cold or bladder infection

After clinic hours, contact your family doctor or go to the nearest emergency department.
HOSPITAL DISCHARGE CHECKLIST

Make sure you check all items before you go home.

☐ I have confirmed my ride home.

☐ I have had a bowel movement.

☐ I know how to take care of my incision.

☐ I know what my medications are supposed to do and when to take them.

☐ I have an exercise program to follow.

☐ I know the signs that mean I need immediate medical attention.

☐ I have information about my follow-up appointments with my family doctor, physical therapist and surgeon.

☐ I have signed and kept a copy of my discharge instructions.

☐ I have arranged for all the equipment I need.
Activities at Home

Sleeping

- When lying on your side, place 1 or 2 pillows between both your knees and ankles for 6 weeks following surgery.
- When lying on your back, do not use pillows under your knee; it is important to straighten your knee completely.
- Use a firm mattress. If your bed is low, have it raised on blocks.

Bathing

- Your knee needs time to heal, so do not get right down into the bathtub for at least 3 months. A walk-in shower is easiest to use. Have a shower/tub seat to sit on and a non-slip mat on the bottom of your shower or tub.
- If you use the tub to shower, you may need a tub transfer seat that has two legs inside the tub and two legs outside. You will sit on this bench from outside of the tub and swing your legs in.
- You may need a grab bar to steady yourself while you get in and out.
- **DO NOT** pull or lean heavily on towel rods, soap dish holders, shower curtain rods, or anything else that could be pulled off the wall.
- Use a long-handled sponge to wash your feet if you cannot bend far enough to reach them.
Getting In and Out of the Car

- Make sure the seat is above knee height.
- You may need a firm cushion on the car seat.
- Put a large plastic bag on the seat so the surface is easy to slide on.
- Move the seat back as far as possible and recline it slightly.
- Adjust the seat once you’re in the vehicle.
- Back up to the car seat. Hold onto the door frame, not the door.
- Slide your operated leg forward and sit down.
- Swing your legs into the car.
- To get out, reverse the process.

Driving

- Check with your surgeon before starting to drive again. You usually will not be able to drive for at least 6 weeks after surgery.
- Before driving, you need to be able to bend your knee enough to sit comfortably, and have good muscle control to ensure adequate reaction time.
Housework

**DO NOT** do heavy housework such as vacuuming or shovelling snow for at least 3 months.

- For lighter tasks, avoid bending, squatting, over-reaching and twisting.
- If possible, have a family member or friend help you. If doing the housework alone you may need to modify the way you do it.

Sexual Activity

You may return to sexual activity when it is comfortable to do so, as long as you follow the standard knee precautions for at least 3 months. If you have questions, talk to your therapist. For additional information, see your therapist for a separate handout.

Airport Metal Detectors

Your new knee may set off metal detectors such as those at airports. Tell the security officer that you have a knee replacement. A hand-held wand can be passed over the area to confirm. If you are concerned about traveling, ask your physician for a letter or card stating that you have a knee replacement.

Tips

- Reorganize cupboards so that items you use often are within easy reach and you’re not forced to squat or over-reach.
- Rest your knee by sitting on a high stool while cooking or ironing.
- Sit on a chair to unload laundry and wash smaller loads. Put all items into a laundry bag so you only have to carry one item.
- Leave bedding untucked.
- Use a long-handled broom or mop.
- Sit on your tub seat to clean the tub and use a long-handled sponge to avoid over-reaching.
POST-SURGERY ACTIVITY GUIDELINES

About 3 months after surgery, you may resume the following activities if your surgeon approves:

- Swimming
- Golf
- Cycling on a regular bike (raise seat so your knee is not excessively bent)
- Gentle dancing
- Aquatic exercise
- Low impact aerobics
- Light hiking
- Gardening in raised beds or with long-handled tools (to limit excessive bending)

Long-Term Concerns

Preventing Infection

You are at greater risk of getting an infection in your knee now that it has been replaced. If you develop an infection of any sort (bladder infection, abscessed teeth, lung infection), call your family doctor immediately. You may need antibiotics to prevent the infection from spreading to your knee replacement. If you are having major dental work or other surgery, tell the dentist or surgeon about your knee replacement. They will let you know if you need to take special precautions.

Loosening of Knee Joint

Over time, the components of your knee replacement may loosen. This often takes many years and may be caused by too much stress being placed on the replaced joint. Talk to your surgeon if you have any questions or concerns about loosening.
Surgical Wait List Phone Lines

<table>
<thead>
<tr>
<th>Health Region</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regina Qu’Appelle</td>
<td>306-766-0460</td>
</tr>
<tr>
<td></td>
<td>Toll free: 1-866-622-0222</td>
</tr>
<tr>
<td></td>
<td>TTY Access: 1-866-312-7674</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>306-655-0567</td>
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<tr>
<td></td>
<td>Toll free: 1-866-543-6767</td>
</tr>
<tr>
<td>Five Hills</td>
<td>306-691-2621</td>
</tr>
<tr>
<td>Prince Albert</td>
<td>306-765-6370</td>
</tr>
<tr>
<td>Parkland</td>
<td></td>
</tr>
</tbody>
</table>

More Surgery Information

www.sasksurgery.ca/patient/hipknee.html

LiveWell with Chronic Conditions

1-877-LIVE-898
1-877-548-3898
www.tinyurl.com/CDM-LiveWell

The Arthritis Society

1-800-321-1433
www.arthritis.ca

Programs:
Twinges n’ Hinges (Aquatic Program)
Arthritis Exercise Land Program
Arthritis Self-Management Programs

Healthline

Call 811 or visit www.healthlineonline.ca

Canadian Joint Replacement Registry

1-416-481-2002

Smoker’s Helpline

1-877-513-5333

Canada’s Food Guide

www.healthcanada.gc.ca/foodguide

Saskatchewan Abilities Council

SAC is contracted by the Ministry of Health to provide some of the equipment you may need. Some items are lent out free for as long as required. You must return equipment to one of the agencies listed below when it is no longer needed. You may need to purchase some additional equipment. Your physical or occupational therapist will complete the necessary forms for loan equipment and advise you if you need to purchase other equipment.

Saskatoon
2310 Louise Ave. 306-664-6646

Regina
825 McDonald St. 306-569-1262

Swift Current
1505 Chaplin St. W. 306-773-2071

Yorkton
144 Ball Road 306-786-9255

Prince Albert
1205-1st Avenue East 306-922-0225

www.abilitiescouncil.sk.ca