

Knee Replacement

A Patient's Guide



Welcome To West Chester Hospital

Welcome to West Chester Hospital, where our focus is on our patients and their families. With spacious private rooms, sleeping accommodations for family members, meals on demand, and open visiting hours, we hope to make you as comfortable as possible throughout your stay. Along with a caring and highly skilled clinical staff, special features such as “smart beds” with simple controls, a sophisticated nurse call system, and Navicare™ patient tracking ensure that all your medical and personal needs are met quickly. Providing an excellent hospital experience in a safe and comfortable environment is our top priority.

This booklet will provide you with valuable information regarding your total knee replacement, your stay at West Chester Hospital and your return home. We hope you will find the information in this book helpful, but it should not replace direct communication with your caregivers. Please feel free to ask your care team any questions you may have. Our team of specialized orthopaedic surgeons, nurses and therapists will provide the answers you need to ensure the best possible outcome to your procedure.

The goal of our dedicated surgical staff is to assist you in every way, from preparing for surgery, during the procedure and as you return home. We will provide the resources you need to help you continue your recovery and regain your independence.

Please do not hesitate to contact us with any questions at any time. We will do our best to provide an answer in a courteous and prompt manner. The phone number for the surgery information desk is 513-298-8000.

Again, thank you for choosing West Chester Hospital for your knee replacement surgery.



a series of questions about your past health and will perform a physical examination of you. The history and physical must be completed no more than 30 days prior to your surgery. Your personal physician can do this for you, or you can have it done at the hospital along with your pre-admission testing.

Pre-admission testing

You need to have several tests completed before your surgery, including blood tests, X-rays, an EKG, or other tests depending on any pre-existing medical conditions. These are done to determine if you are healthy enough for surgery. Once your surgery is scheduled by the doctor's office, a hospital representative will call you and set a time that is convenient for you to come to the hospital for these tests. If you prefer not to wait, you can schedule the tests yourself by calling (513) 298-7616.

Joint replacement class

Joint replacement classes at West Chester Hospital are highly recommended. They are free and nothing will be billed to you or your insurance company. This is not a class to discuss your specific surgery, but it will get you ready for your hospital stay and recovery at home. Several members of your joint replacement team will speak during this class. This is an excellent time to ask any questions you may have regarding your hospital stay. You may consider asking a spouse, friend or caregiver to accompany you to the class; it is often helpful to have a second set of eyes and ears to make sure you don't miss something.

Reducing the risk of infection

Infection is always a concern with any surgery. Inform your doctor if you have a fever or cold; it may be safer to postpone your surgery. You should also notify your surgeon prior to the surgery if you have a cold or flu, urinary tract infection, rash or any type of sore. This is very important to help prevent any type of post-operative infection. Reducing infection risk may also include a visit to your dentist. Bacteria can enter your gums and travel through your bloodstream to your knee. If you have dental work that needs to be done, make sure to do this before your surgery.

Preparing for Your Surgery

Your surgery team will discuss the details about your upcoming surgery with you. You will decide as a team what, when and where your surgery will be completed. When these decisions are made, your physician's office will call the hospital and schedule your surgery. This date will be far enough in advance for you to get several things accomplished before your surgery.

Things to be accomplished before my surgery:

Date of surgery:

-
- ☐ History and Physical (*must be completed no more than 30 days before your surgery date*)
 - ☐ Pre-admission testing
 - ☐ Pre-operative joint replacement class

History and physical

Your surgeon and care team need to understand your medical status to make sure they keep you safe and well during your surgical procedure. They will ask you

Things to do (or not do) the night before surgery:

- DO NOT eat or drink after midnight. You may eat a snack before you go to bed if it is before midnight.
- DO clean the surgical area with special soap recommended by your surgeon.
- DO NOT drink alcohol, including beer or wine.
- DO NOT smoke.
- DO NOT chew gum.
- DO NOT eat any type of hard candy.
- DO NOT shave the surgical area at home.
- DO NOT wear make-up or nail polish.
- DO take medications as directed with just a sip of water.
- DO brush your teeth, but do not swallow the water.
- Bring only necessary personal items with you to the hospital.
- Leave all valuables at home.
- Pack a bag including the following:
 1. List of medications you are currently taking
 2. Copy of Advanced Directives (if you have them)
 3. Comfortable outfit(s) that is easy to get on/off
 4. Pair of shoes, not open in the back and preferably lace up

Pre-operative medication: what to take; what to stop taking

This question will be answered by your surgeon, family physician and/or the anesthesiologist who will see you at your pre-admission testing appointment. This is very individualized so make sure you understand this at least a week ahead of your surgery. Some of your medications, such as aspirin and other anti-inflammatory medicines, may need to be stopped 5-7 days before your surgery. Do not forget to tell your physician about any herbs or supplements you take, as you may also need to stop taking these before your surgery.

DO NOT take your diabetic medications the morning of your surgery unless you have been instructed to do so by your doctor.

Medications you should take the morning of surgery:

- Blood pressure medications
- Beta blockers (heart medications)
- Anti-seizure medications

Day of Surgery

Before surgery

Please arrive at the hospital at least two hours before your scheduled surgery time. When you come to West Chester Hospital, you may check in at the reception desk on the second floor. Your family or friends who accompany you to the hospital will receive a pager, which will help the staff keep them informed of your progress throughout your procedure. You will be escorted to the admitting area, where you will be assigned a private room with a restroom and television. If you choose, one other person may accompany you to your room while you wait to begin your surgery.

There, you will see several staff members, including nurses, your surgeon, a patient care associate, the anesthesiologist, and the orthopaedic program coordinator. To ensure your identity and safety, each staff member will ask you the same series of questions:

- What is your name?
- What is your date of birth?
- Do you have any drug allergies?
- What are we doing for you today?

Your surgeon will also mark the area where you are to have surgery. When you go into the operating room, the surgical team there will again ask you the same questions. This is for your safety, so please be patient with these questions. After the question and answer process, your family and friends may visit your room until you are ready to go to surgery.

Family waiting area and instructions

Your family will receive a pager upon your arrival. The receptionist can page your family anywhere in the hospital, so they may visit the cafeteria or Gift Shop while they wait. However, if they go outside the hospital, they will need to give the receptionist a phone number where they can be reached so when your surgery is over they can be notified immediately. This is important as your surgeon will want to speak with them after the surgery is completed.



After Surgery

When your surgery is over you will be moved to the Post Anesthesia Care Unit (PACU), or recovery room, which is a large open room with patients in various stages of recovery. Visitation in the recovery area is restricted to maintain patient privacy and safety.

When you arrive at the PACU, registered nurses will work closely with the surgical team to review the surgery and to develop a post-surgery plan of care. There, the nurses will check your vital signs, the dressing on your knee, and your oxygen levels. They will also give you medication to control your pain, if needed.

The operating rooms are kept at cold temperatures due to the electrical equipment, but every attempt will be made to keep you warm during your procedure. If you are cold in the PACU, please let the nurse know and he or she will provide you with a warmed blanket.

Some other things that might occur in the PACU include:

- You may have some follow-up tests done, including an X-ray of your surgical knee.
- You will have coverings on your legs or feet that look like leg warmers or booties. These are attached to pumps that will squeeze your legs or feet every few minutes to help improve circulation and prevent blood clots.
- There may be a drain in your knee. This is normal and the doctor or nurse will take this out at the appropriate time.

- You will have an oxygen tube in your nose. As you wake up from surgery, you will be very sleepy and may not want to breathe deeply enough. The tube will deliver oxygen to help you breathe until you are fully awake.
- You may have a tube in your bladder to drain your urine. This is called a catheter, and it will be removed once you are able to get up and use the restroom on your own.
- Please let your nurse know if you are feeling nauseated, and he or she will give you medication.
- You will be moved to your own private room approximately one to two hours after your surgery.

Moving to the orthopaedic unit

Once you are awake, your vital signs are stable, and your pain is under control, you will be moved to your private hospital room on the orthopaedic unit. This is where you will be for the remainder of your hospital stay. A nurse or patient care assistant will greet you when you arrive at your room, conduct a physical assessment, ask you several questions, and take your vital signs. Your nurse will make sure you have the proper pain control.

Your family and friends are welcome to visit your room at this time. Please do not try to get up or to use the bathroom by yourself. Use your nurse call button and someone will be glad to help you. We make every effort to respond in a timely manner. Your physical therapists will help determine when it is safe for you to get out of bed on your own.

You will be given an incentive spirometer, which is a device that will help keep your lungs clear and open, preventing pneumonia. A respiratory therapist will educate you on how to use the spirometer, but you may expect that it may make you cough when used properly. This is good because it will help loosen congestion in your lungs. It is very important that you use it several times a day.

After your knee replacement surgery, it is important to remember that you should not cross your legs at any time.

Your Hospital Stay

Post-operative pain control

You may have a patient-controlled analgesia (PCA) pump after surgery. This machine will deliver a prescribed amount of pain medication at intervals through your IV. You can control it by pushing a button if you are experiencing more pain. You cannot overdose yourself with this machine; it is preset to give you only the amount of medication your doctor prescribes for you. If you push the button and do not receive any medication it is probably because not enough time has passed since your last dose. This will not reset the timer, so you will still be able to receive the scheduled dose at the appropriate time. There is no risk of getting addicted to this medication. Only you should push the pump button, not your family or friends. You will be awake enough to push this button when you need it.

You will also receive oral pain medications. You will need to eat something before the nurse gives you this medicine so it does not upset your stomach or make you dizzy. You can have this medication every four to six hours, or on an as-needed basis. Please let the nurse know when you are having pain.

Not everyone feels pain in the same way. Our goal is to make your pain tolerable. When your pain is tolerable, your recovery is faster and you will want to get up and moving sooner. Getting out of bed and on your feet is important in preventing blood clots or even pneumonia.

The nurse and therapists will ask how you would rate your pain level on a scale of 0-10, zero being no pain and 10 being the worst pain you have ever felt. The answer to this question will help the nurse know the type and amount of medication to give you. We advise that you request your pain medication 45 minutes before your scheduled therapy sessions. There may be some side effects of pain medications, including:

- Constipation - not having a bowel movement for more than 2-3 days, or having a hard time passing stool. Your doctor can give you medication to help prevent this.

- Sleepiness
- Upset stomach
- Slowed breathing

If you have concerns about these side effects, talk with your doctor or nurse and they will be happy to discuss your questions.

While taking these medications, call the nurse right away if you experience:

- Shortness of breath or difficulty breathing
- Wheezing
- Dizziness or lightheadedness
- Itching
- A rash

If you are at home and you experience any of these symptoms, call your doctor immediately.

Other ways to ease your pain without using medicine include:

- Start moving – first try sitting in a chair, then progress to taking a walk.
- Use ice packs (do not use heat on an incision).
- Practice deep breathing and relaxation techniques.
- Use your incentive spirometer.
- Find distractions to help you focus on something else – watch television, listen to the radio, read, or talk with others.
- Change your position in bed.
- Rest.
- Find spiritual support – talk with someone of faith.

Ask your nurse if you need help with any of these.

Preventing blood clots

Your doctor will order some specific things to help prevent blood clots. You will probably have thick white stockings on when you come out of surgery. You will wear these even after you return home. You will also have pump-operated sleeves or booties on your calves or feet to help your circulation. The booties will alternately pump one leg at a time. One will tighten and release, and then the other one will tighten and release. This mimics muscle contractions that occur when walking and helps to keep blood flowing through your legs.

A pharmacist will come to your room to discuss blood thinner medications that will help prevent blood clots. You and your caregiver will be trained and educated about all the ways to prevent blood clots when you return home.

What and when to eat after surgery

When you are physically ready to eat, and the nurse agrees, you will first get some ice chips. Your diet will progress according to your doctor's orders. When the nurse assesses that you are ready to eat a real meal, you will receive a menu to order your food.

West Chester Hospital offers meals-on-demand, which means that you can order from a menu and pick what you want to eat. You can order as much or as little as you want and as often as you like. Meals are made-to-order, so it may take 30-45 minutes to receive your order.

Room service is available from 6:30 a.m. – 6:30 p.m. Just dial 8EATS (83287) from your hospital room phone. If you are hungry before or after room service hours, your nurse can get you a snack from the food pantry on your floor.

Exercising after surgery

It is very important to get moving as soon as you can after your surgery. This will help prevent blood clots, pneumonia, de-conditioning and other complications. If your surgery is early in the day, you can get up as soon as that evening. If your surgery is later in the day, you can get up the next morning.

Your nurse or physical therapist will first help you dangle your legs at the bedside, which will help you get used to being upright after your surgery. Soon after that you will be encouraged to get out of bed, sit in a chair and walk into the bathroom with assistance. Please do not do these things by yourself until your therapist determines it is safe to do so. If you want to get up, ask your nurse, patient care assistant or therapist to help you.

At first, you will probably need to use a walker, crutches or a cane, depending on what feels safest and most comfortable to you. Soon, you will restart the exercises you did prior to your surgery. Exercising may cause pain in your knee, but this should not deter you from exercising. Your physician will prescribe pain medications that will allow you to participate fully in therapy.

Your surgeon may want you to use a continuous passive motion (CPM) machine. This machine will be in bed with you and will cause your operative leg to bend and straighten at regular intervals and at levels prescribed by your surgeon. This is usually used four to six hours a day at two-hour intervals.

If your doctor wants you to use a CPM machine at home, it will be ordered by the doctor's office and delivered to your home before your surgery. The company that delivers it will make sure you know how to use it before they leave. You will not be able to take the one from the hospital with you.

Before being discharged from the hospital, you should be able to:

- Get into and out of your bed and chair without assistance
- Walk 100 feet with use of walker, crutches or cane
- Bathe and dress with minimal help
- Climb up and down stairs with minimal assistance (if you have stairs at home)
- Control pain with medication



Returning Home

Day of discharge

Your surgeon or a member of the surgical team will visit you the day of your discharge to answer any final questions you may have and to make sure you have the prescriptions you will need at home.

The physical/occupational therapist will see you the day of discharge to make sure you are ready to return home. He or she will discuss your post-surgical knee precautions with you to make sure you know how to protect your new joint.

The social worker will see you to make sure you have the equipment you will need at home. If you are going to a rehabilitation facility he or she will make sure the paperwork is complete and will arrange for transportation to the facility.

The nurse will give you written instructions on what to do when you get home and make sure you have any emergency numbers you may need. You have worked hard while you have been in the hospital and have learned a lot about life with your new knee. Some things to keep in mind include:

- Some days you will feel better than others. It may take one to two months before your energy level returns to normal.
- Keep your incision dry. Do not take tub baths, or use hot tubs or swimming pools until your wound is completely healed.
- Do not drive until your doctor says you are ready.
- Your return to work depends upon what kind of work you do and your doctor's specific orders.
- Always carry your card that states you have had a joint replacement, which may set off security alarms (especially at places like the airport).

Leaving the hospital

The average stay is about one to three days. If you are not ready to go home after three days, you will be transferred to a skilled nursing facility to continue rehabilitation until you are ready to go home.

Your physical therapist will work with your physician and social worker to help you decide where the best place is for you to complete your recovery and rehabilitation. If you

have someone at home to help care for you, your hospital team will most likely recommend that you can return home. If you have no one at home who is able to care for you, the safest place might be a rehabilitation facility.

Before your surgery you should select two or three facilities you would prefer to go to, if it becomes necessary. You should have more than one in mind in case your first choice does not have a room available on the day of your discharge. The social worker will assist you in finding a rehabilitation center that is covered by your insurance company.

If you are going home after surgery, someone should be available to care for you 24 hours a day for the first week. This is for your safety, in case of falls, side effects of medication and general help around the house. It is also comforting to have someone who cares about you as you recover from your surgery.

Getting your home ready for discharge

Your ability to perform your usual daily activities may be altered after your surgery. Here are a few things you can do before your surgery to make your transition back home safer and easier:

- Make sure walkways are clear and wide enough for you and your walker, crutches or cane. Rearrange furniture if needed.
- It will be difficult to get up from low surfaces, so make sure your chairs, toilet and bed are high enough for you to get into and out of easily. Your therapists will help you determine the best height for these items.
- You may want to measure the height of your chairs and bed before you come into the hospital. That way your therapists can help you practice getting up and down from those heights before you go home.
- Consider getting a walker bag or basket for transporting items in your home.
- Remove throw rugs, carpet runners, and bathroom mats from the floor; these are tripping hazards. Also make sure room rug corners are tacked down to prevent curling.
- Place frequently used kitchen and bathroom items at an easy-to-reach level to avoid excessive bending and stretching.
- Consider installing skid-resistant strips or a rubber mat in your bath tub to prevent slipping on a wet tub floor. You might also consider using shower shoes or a bath seat.

- Consider installing grab bars next to the toilet and bath tub to help with transfers. Do NOT pull on towel racks as they are typically not securely fixed into the wall.
- If you do not already have one, consider getting a cordless phone or cell phone to ensure that a phone is always close by.
- Make sure you have supportive walking shoes (no open back shoes) and comfortable, loose-fitting clothing.
- Complete housekeeping tasks and laundry before surgery; place clean linens on the bed, prepare and freeze several meals.
- Cut the grass, tend to the garden and finish any other yard work before surgery.
- Arrange to have someone collect your mail, take out the trash and take care of pets or loved ones, if necessary.
- Make arrangements for transportation to any appointments you may have until cleared for driving by your surgeon.
- Make arrangements to have someone stay with you for at least a week if you are returning directly home after surgery.

There may be potential hazards in your home that can make it unsafe, especially after surgery when your mobility is impaired. Check for the hazards listed on pages eight and nine of this book, and ask a family member or friend to help you make the recommended corrections that will ensure your safety

Exercising at home

It is important to continue physical therapy to make sure you regain full strength and motion in your knee, and to return to normal walking and activity. You should continue to do the exercises your therapist taught you. In addition, you will either have a therapist come to your home, or you will go to an outpatient therapy clinic for continuing rehabilitation.

Some things to keep in mind after your surgery include:

- Some swelling in your legs is normal. You will have thick white stockings on when you leave the hospital. Your doctor will let you know how long you will need to wear these. To help take down the swelling in your leg, try walking short distances, lie down every two hours, elevate your legs on pillows, or put ice on your knee for 15 minutes.
- Some discoloration and bruising from your knee to your ankle is also normal. This is caused by small amounts of blood from the surgical incision. The bruising will slowly disappear, but may last several weeks.
- Walking is very good for you. Try to get up and walk around your house every two hours. Weather permitting; you are encouraged to walk outside for 20 minutes a day.
- You may hear some clicking in your knee during activity. This is normal and does not mean there is anything wrong with your knee implants.
- Do not take any long trips or drive for at least 4-6 weeks after surgery.
- Your doctor will let you know when it is safe to take a bath or shower. When you do bathe, do not scrub the incision. Use gentle soap and gently pat the incision dry.
- Your knee will be sore but will get better in time. Take your pain medication as prescribed and use ice to help relieve some of your discomfort after activity.
- **If the pain is unbearable, contact your doctor right away.**

At home, manage your pain by:

- Filling the prescription that your doctor will give you before you go home. Please read the information about this medication before you take it.
- Taking medicines as directed. Do not take more than prescribed or more often than prescribed.
- Taking less medicine when your pain level gets better.
- Calling your doctor if the pain does not get better.
- Giving your medicine time to work, usually about 20 minutes.
- Timing your medicines to be effective when you know you are about to do some activity.
- If your pain medicine makes you constipated, eat more fruits and vegetables and drink more liquids. You may also ask your doctor about taking over-the-counter laxatives until the problem is solved. Do not take these laxatives any longer than needed.

Incision and wound care

Keep your wound clean and dry. Your doctor will let you know the day of discharge how long to keep your incision covered. If you are allowed to shower, remove the dressing, shower, pat the incision dry, and place a clean dry dressing over the incision.

Home Hazards - How Safe is Your Home?

As your health care provider, we want to make sure you will return home to a safe environment. This handout lists hazards you may find in your home, how to correct them and the rationale for correcting them. We suggest you or a family member check your home for signs of hazards regularly and fix them quickly to prevent falls or other problems.

HAZARD	CORRECTION	REASONS
LIGHTING		
<ul style="list-style-type: none"> • Too direct, creating glare • Too dim • Inaccessible light switches • Changing bulbs • Nightlights 	<ul style="list-style-type: none"> • Reduce glare with evenly distributed light, indirect lighting, translucent shades. • Provide ample lighting to all areas. • Switches should be accessible on entrance to room. • Have helper available to change bulbs. • Have nightlights in bedrooms, bathrooms and hallways. 	<ul style="list-style-type: none"> • Improves visual acuity. • Reduces risk of falling when walking across darkened room.
FLOORING		
<ul style="list-style-type: none"> • Torn carpet • Rugs • Slippery floors 	<ul style="list-style-type: none"> • Repair or replace torn carpet. • Rugs should have non-skid backs and should be tacked down to prevent curling. • Place rubber mats in sink areas. Wear rubber-soled shoes in kitchen. Use non-slip wax on floors 	<ul style="list-style-type: none"> • Prevents trips and slips.
FURNITURE		
<ul style="list-style-type: none"> • Cluttered pathways • Unstable tables • Chairs without armrests • Chairs that move • Electrical cords 	<ul style="list-style-type: none"> • Arrange furniture so that pathways are not obstructed; avoid cluttered hallways. • Table must support weight of person leaning on table, and should have 4 sturdy legs of even length. Avoid tripod or pedestal tables. • Chairs should have arm rests and sturdy legs. • Avoid chairs with wheels and chairs that rock or glide. • Clear cords from pathways or tape down if unable to remove. 	<ul style="list-style-type: none"> • Helps people with impaired vision. Also allows room for assistive devices. • People use furniture for support when standing up or sitting down. • Arm rests assist with transfers. • Sturdy, stable chairs do not slide away when transferring. • To prevent trips and falls.

HAZARD	CORRECTION	REASONS
KITCHEN		
<ul style="list-style-type: none"> • Cabinets too high • Gas or electric range with difficult to read dials. 	<ul style="list-style-type: none"> • Use reacher to get lighter things from low or high shelves. • Mark "on" and "off" positions on dials clearly. 	<ul style="list-style-type: none"> • Reduces risk of falling due to frequent reaching or standing on step stools or chairs. • Avoids burns by accidental touch.
BATHROOM		
<ul style="list-style-type: none"> • Bathtub <ul style="list-style-type: none"> - Slippery tub floor - Side of tub used for support or transfer. • Towel bars / sinks – Unstable for use as support while transferring from toilet • Toilet seat – too low • Medicine cabinet <ul style="list-style-type: none"> - Inadequate lighting - Medications improperly labeled • Doors locked 	<ul style="list-style-type: none"> • Install skid-resistance strips or rubber mat. Use shower shoes or bath seat. • Use secure, portable grab bar on side of tub or install permanent grab bars into studs of walls. • Fix grab bars into wall studs next to toilet. • Use elevated toilet seat, bedside commode or fix grab bars into studs next to toilet. • Install brighter lighting. • All medications should be labeled and in correct bottle. Keep magnifying glass in or near cabinet. Use mediset. • Avoid locks on bathroom doors, or use only locks that can be opened from both sides. 	<ul style="list-style-type: none"> • Prevents slipping on wet tub floor. Sitting for showers prevents falls. • Aids transfers. Portable grab bars can be taken along when traveling. • Aids on-off transfer from toilet • Prevents incorrect administration of medication, especially for visually-impaired. • Permits access by others if fall occurs.
STAIRWAYS		
<ul style="list-style-type: none"> • Rise between steps is too high • Missing handrails • Steep steps • Slippery steps • Difficulty seeing edge of steps 	<ul style="list-style-type: none"> • 6-inch maximum rise. • Should be installed on both sides of stairway. Recommend cylindrical rail placed 1-2 inches away from wall. • Stairways with landings are best. • Place non-skid treads securely on all steps. • Install brightly colored tape along step edge. 	<ul style="list-style-type: none"> • Reduces risk of tripping • Ease of grasping with either hand and can use both arms for extra support. • Rest stop especially convenient for cardiac or pulmonary patients. • Prevents slipping • Reduces risk of tripping, especially visually-impaired individuals.



Your joint replacement team and their roles

Orthopaedic surgeon

This is the physician who will be performing your surgery and who will help you make certain decisions about your surgery. This physician is the expert in your knee replacement and is happy to answer any questions you might have about your surgery.

Operating room team

This team is comprised of many people who will make sure things go smoothly while you are in the operating room, and who will ensure your surgeon has everything he or she needs to perform your surgery. You will not be left alone at any time during the surgery; a nurse is assigned to stay with you at all times. Additionally, an anesthesiologist will always be with you to ensure your safety.

Orthopaedic program coordinator

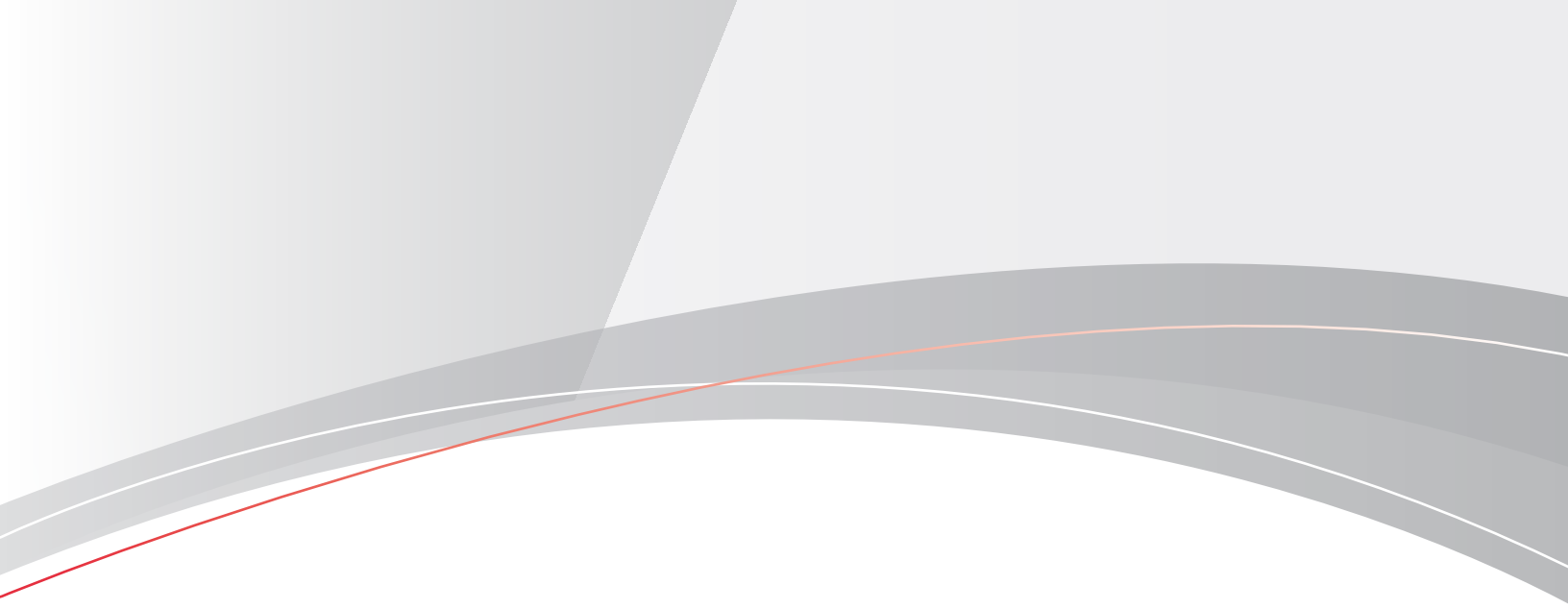
The program coordinator will serve as your guide through every step of the process from pre-surgery through your return home. She will plan your hospital stay and enroll you in a joint replacement class. She is available to answer all of your questions prior to surgery. You will receive her business card during the class, so if you have any questions or concerns, please do not hesitate to call her.

Social worker

A social worker will assist you with making plans for your return home or when you move to a rehab facility.

Typically there are three options:

1. Patients who have caregivers available in the home around the clock (at least for the first week after discharge) may be progressing well enough to go home and continue therapy on an outpatient basis. Your social worker can help you make appointments at a conveniently located outpatient therapy clinic.
2. Patients who have caregivers at home may also be eligible for in-home therapy and a skilled nurse visit. The social worker will assist you in selecting a home care agency that you prefer and that is covered by your insurance. Certain criteria must be present in order to be eligible for home care services.
3. Patients who do not have caregivers at home to assist them may need extended care and therapy at a skilled nursing facility in the community. Your social worker will provide a list of skilled nursing facilities that are covered by your insurance and will assist you in making arrangements for a short stay. We advise patients to tour two or three facilities before surgery so you can select a facility that meets your needs when you are discharged from the hospital.



The social worker will meet with you after surgery and work with your physician and therapists to make sure all your discharge needs are met prior to leaving the hospital.

Clinical dietician

It is important to eat a well-balanced diet before and after your surgery to help you heal quickly. Certain foods that contain proteins, carbohydrates and other important nutrients will help you recover faster. A clinical dietician will explain all of this to you during the pre-operative joint replacement class. He or she will be available after your surgery to answer any questions and make sure your nutritional needs are met.

Pharmacist

During the joint class, a pharmacist will explain a few medications used in the joint replacement process, and will answer any medication questions you may have. Often patients are discharged from the hospital on a blood thinner to prevent blood clots. The pharmacist will teach you and your caregiver about the blood thinner you are prescribed, and how to take it properly.

Physical therapist

A physical therapist will see you within the first 24 hours after your surgery and then twice a day after that for exercises. You will know when your therapy is scheduled each day because your therapist will mark the times on a white board in your room. Make sure to

ask for your pain medication at least 45 minutes prior to your therapy. The therapist will work with you to increase your range of motion, strength and mobility after surgery. He or she will instruct you on any precautions you must follow to protect your new knee while moving about. These precautions are usually temporary (approximately 9-12 weeks), and your doctor will let you know when you can resume normal activity. The therapist will work with your social worker to ensure you go home with a walker, crutches or cane, as well as a bedside commode or any other equipment you might need.

Occupational therapist

An occupational therapist will see you within 24 hours after your surgery and once daily for the rest of your hospital stay. The therapist will make sure you are able to do routine daily activities, such as putting on your clothes, getting to the bathroom, bathing, grooming, and so on, while maintaining your post-surgical precautions. He or she may recommend specialty equipment to help you accomplish these tasks. Items such as reachers, sock aides, long-handled shoe horns and sponges are available for you to practice with at the hospital and to take home if needed. The occupational therapist and social worker will help you decide what equipment you need to perform your activities and will help you obtain those items.

How to get to West Chester Hospital

West Chester Hospital is located at

7700 University Drive
West Chester, Ohio 45069

We are conveniently located on the University Pointe campus and across from the Voice of America shopping center on Cox Road in West Chester, Ohio.

Getting here from the north

(Dayton, Middletown, Monroe):

- Take I-75 south to exit 24, Liberty Way.
- Turn left onto Liberty Way
- Turn right onto Cox Road.
- Turn right onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.

Getting here from the northeast (Lebanon):

- Take I-71 south to exit 25, Kings Mills Road/State Route 741
- Turn right onto Kings Mills Road.
- At the Kings Mills/741 split, turn left to continue on Kings Mills Road.
- Turn left onto E. Main Street/State Route 42.
- Turn right onto Tylersville Road.
- Turn right onto Cox Road.
- Turn left onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.

Getting here from the east (Mason):

- Take I-71 north to exit 24, Western Row Road.
- Turn left onto Western Row Road.
- Bear right to merge onto Tylersville Road.
- Continue on Tylersville Road.
- Turn right onto Cox Road.
- Turn left onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.



Getting here from the south (Cincinnati):

- Take I-75 north to exit 22, Tylersville Road.
- Turn right onto Tylersville Road.
- Turn left onto Cox Road.
- Turn left onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.

Getting here from the west (Hamilton):

- Take State Route 129 east to Liberty Way exit.
- Turn left onto Liberty Way.
- Turn right onto Cox Road.
- Turn right onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.

513-298-3000

UCHealth.com/WestChesterHospital

Total Knee Replacement Exercise Program

Total joint arthroplasty can provide relief from pain and improve your mobility. You can assist in your return to normal daily activities by following the instructions of your physician, nurse, occupational therapist and physical therapist. Asking questions and being an active participant in your care will improve your ability to heal and recover from surgery quickly.

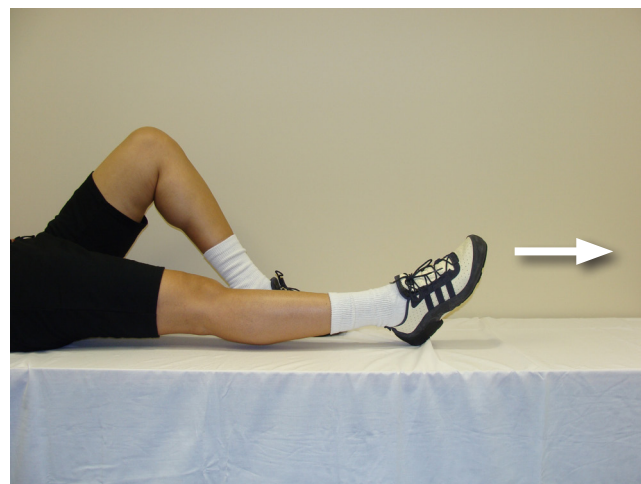
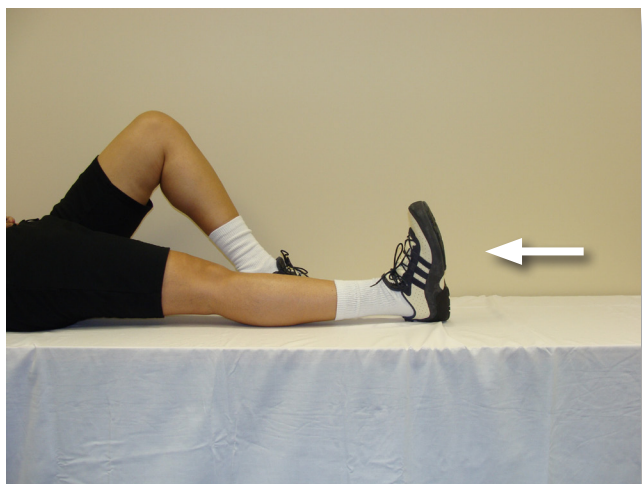
Mild to moderate daily exercise will improve flexibility and strengthen your muscles following surgery. In collaboration with your physician, your physical therapist will establish an individualized exercise program based on your specific needs.

It is normal to experience some pain with exercise, but not to the extent that the increased pain lingers for more than one to two hours after exercise. If you have severe pain during exercise, or if your pain continues for one to two hours after exercise, discontinue these exercises and discuss the pain with your physical therapist or physician.



Your Physical Therapist:

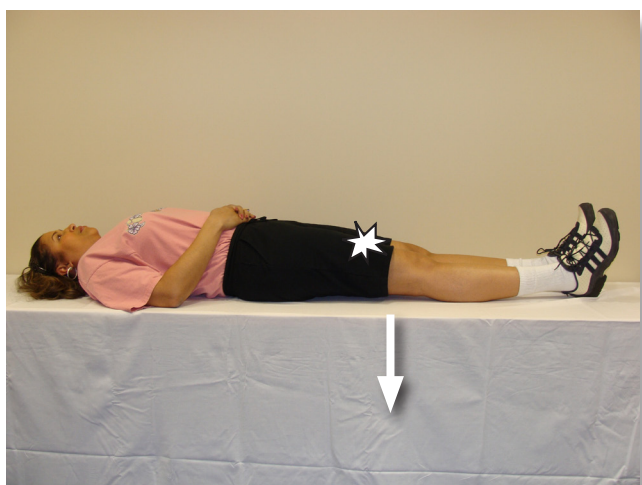
Contact Information:



Ankle Pumps

Pump your foot up and down slowly.

Repeat _____ times, 2 times a day.



Quadricep Sets (Thigh Squeezes)

Tighten muscles on top of thigh by pushing your knee down into bed. Hold for the count of 5 sec. Do not hold your breath.

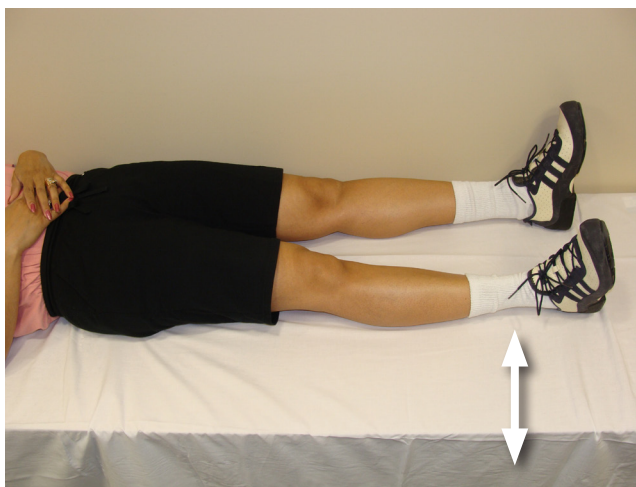
Repeat _____ times, 2 times a day



Gluteal Sets (Bottom Squeezes)

Squeeze your buttocks together. Hold for the count of 5 sec. Do not hold your breath.

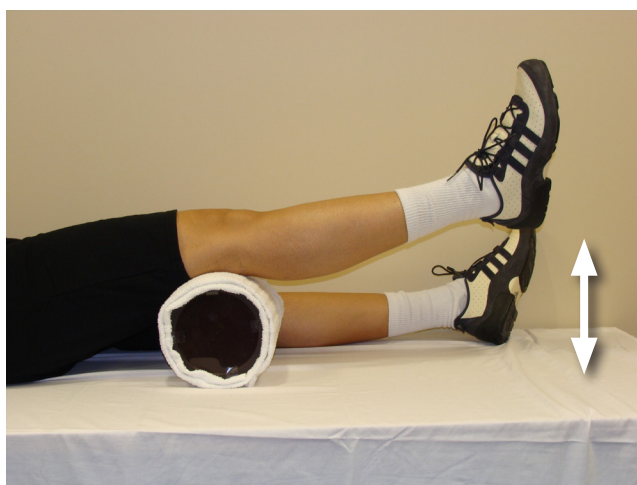
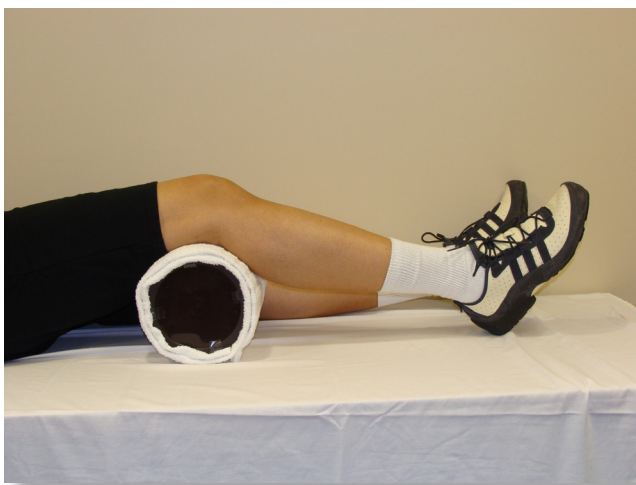
Repeat _____ times, 2 times a day



Hip Abduction (Snow Angels)

Keep toes and knee pointing toward ceiling. Slide your surgical leg out to the side, and then back in so leg is in line with the hip.

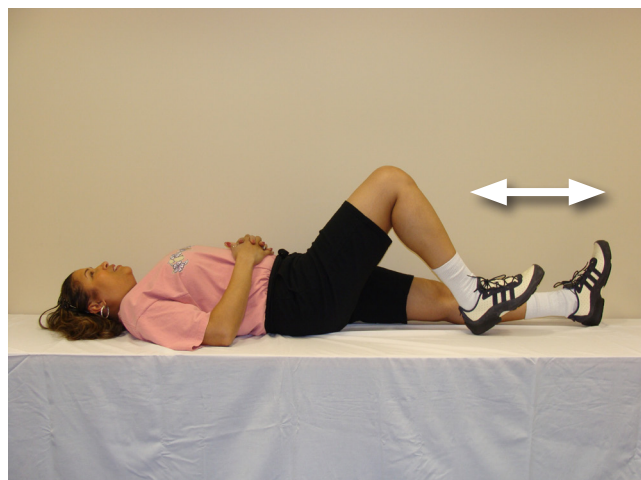
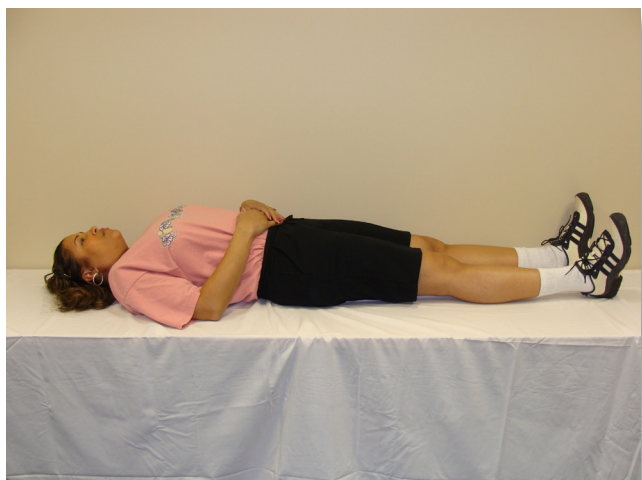
Repeat _____ times, 2 times a day



Short Arc Quads

Place a blanket roll under your knee and straighten your knee by tightening the muscles on top of your thigh of your surgical leg. Hold for 3 seconds and then slowly lower your leg back to the bed.

Repeat _____ times, 2 times a day



Heel Slide

Keep your foot on the bed, slowly slide your foot of your surgical leg towards your buttocks so that your hip and knee bend. Bend your knee as far as you can. Slowly straighten your leg back down.

Repeat _____ times, 2 times a day



Straight Leg Raises

Lie on your back. Bend your non surgical leg and put your foot flat on the bed. Tighten the muscles in the front of thigh of the surgical leg, as in doing a quad set. Slowly lift your leg as high as the opposite knee, keeping the surgical leg as straight as possible. Then slowly lower your surgical leg back down to the bed.

Repeat _____ times, 2 times a day



Long Arc Quads (knee extension)

Sit erect on a firm chair or on the side of the bed. Feet are flat on the floor. Straighten your surgical leg as far as you can. Slowly return your foot to the floor.

Repeat _____ times, 2 times a day



Knee Extension Stretch

Sit with leg extended and supported on books or a stool. Opposite leg bent with foot supported on floor. Without allowing the knee to bend, lean forward at hips until you feel a stretch behind the knee.

Hold for _____ sec.

Repeat _____ times, 2 times a day



Knee Extension Stretch (with towel)

Sit with leg extended and supported on books or a stool. Opposite leg bent with foot supported on floor. Place a towel around the ball of your foot. Hold the ends of the towel and gently pull towel towards your knee.

Hold for _____ sec.

Repeat _____ times, 2 times a day

**Knee Flexion Stretch (self assisted)**

Sit in chair and cross your non-operated leg over your operated leg at the ankle. Pull operated leg back (flex) as far as you can.

Hold for ____ sec.

Repeat ____ times, 2 times a day

**Knee Flexion Stretch (chair assisted)**

Sit in a chair. Bend (flex) operated leg at the knee as far as able. While keeping the foot positioned on the floor (do not let your foot slide forward) press down into the arm rests of the chair and gently scoot forward. Move as far forward as you can tolerate while holding the stretch.

Hold for ____ sec.

Repeat ____ times, 2 times a day

Prepare your home for your return from the hospital

Your ability to perform usual daily activities may be altered after your surgery. Use this check list to help you complete some tasks ahead of time that will ease your transition home:

- ☐ Make sure paths through your home are wide enough for a walker or crutches, and rearrange furniture as needed.
- ☐ Obtain a walker basket or bag to help you transport items when you need to use your hands for a walker or crutches.
- ☐ Pick up throw rugs, carpet runners and bathroom mats from the floor.
- ☐ Place frequently used kitchen and bathroom items at a level that prevents excessive bending or reaching.
- ☐ If you do not already have one, consider getting a cordless phone or cell phone that you can keep with you at all times.
- ☐ Make sure you have supportive walking shoes (no open back shoes) and loose-fitting clothing that is easy to get on and off.
- ☐ Complete light housekeeping tasks and laundry.
- ☐ Put clean linens on the bed.
- ☐ Prepare several meals and freeze them.
- ☐ Cut the grass, tend to the garden, and finish any other yard work.
- ☐ Arrange to have someone collect your mail, take out the trash and take care of pets or loved ones, if necessary.
- ☐ Arrange for transportation to appointments you may have until you can resume driving.
- ☐ If your plan is to return directly home, arrange for someone to stay with you for at least a week, especially at night.

Notes

[illegible]

Notes

West Chester Hospital

7700 University Drive
West Chester, OH 45069

www.UCHealth.com/WestChesterHospital

