



Resource guide for your knee replacement

Working together for
a successful procedure at
Adventist Health St. Helena



**Joint Commission Gold Seal of Approval™ Advanced
Certification for Total Hip and Total Knee Replacement.**

Coon Joint Replacement Institute has been awarded the advanced certification for providing coordinated and comprehensive care to patients undergoing a total hip or total knee replacement.



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Adventist Health St. Helena has made all reasonable efforts to ensure that the general information provided in this Patient Education Resource Guide is accurate and up-to-date. However, there are no representations or warranties provided regarding this information, either expressed or implied. These guidelines are for educational and informational purposes only and do not present in-depth treatment of specific research findings or topics. This guide is not intended to take the place of recommendations by health care professionals. Be sure to consult with your physician or health care professional before you make any lifestyle changes (i.e. beginning an exercise program) or for questions related to your specific surgery, condition, or treatment options.

Dear Patient,

The physicians and staff at the Coon Joint Replacement Institute and Adventist Health St. Helena are working, one patient at a time, to restore quality of life for those suffering from joint pain.

Quality of life means something different for each individual. For many, it means spending time with family, enjoying a round of golf, a bicycle ride or the pleasure of a simple walk. For everyone, being able to move and walk without pain is an important part of living well. As we age, doing the things we love to do without pain often becomes a challenge.

Arthritis affects about 40 million Americans, or one in eight. Our orthopedic surgeons have seen the ways in which arthritis attacks joints and robs people of mobility and independence. We've spent our professional lives studying how to better combat the effects of arthritis. Through research and surgical advances, we can help revitalize your quality of life.

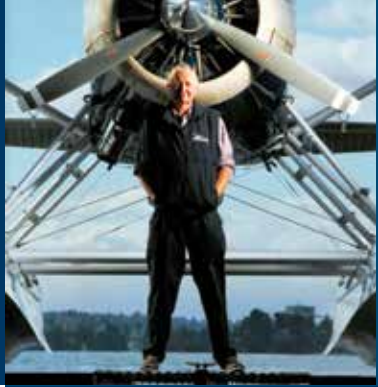
As surgeons, we've worked closely with the medical staff to develop a joint replacement program that shortens hospital stays, improves the quality of orthopedic care and makes your recovery more enjoyable. Bringing together our combined expertise, we have created a program that is unparalleled.

Your commitment is essential to ensuring the best possible outcome, so please read all of the information in this binder. You'll know what to expect, how to prepare, and learn important tips on how to keep mobile.

With extensive patient education and a comprehensive continuum of care, our program is designed to ensure you have the information, care, and support you need every step of the way.

John N. Diana, MD
Board Certified Orthopedic Surgeon

Ryan E. Moore, MD, PhD
Board Certified Orthopedic Surgeon



John Nordstrom | CEO | Nordstrom Department Stores

“I stayed in the hospital one night, walked out of the hospital the next day, got on an airplane and came home.”

Understanding Your Joint Replacement Surgery

Introducing your Adventist Health St. Helena Team

Adventist Health St. Helena has an experienced and highly skilled team who will focus specifically on you.

Each one of our team members is specially trained to help ensure a safe and successful recovery. We work together with you and your coach to ensure an excellent experience. Your team includes:

Orthopedic Surgeon: Your orthopedic surgeon is the physician who will perform your joint replacement operation and will oversee your care throughout your stay at Adventist Health St. Helena.

Physician Assistant: Your physician assistant will assist your orthopedic surgeon in the operating room and help manage your care and recovery processes.

Orthopedic Navigator: Your navigators will serve as coordinators of care as they follow you throughout the joint replacement process. They will provide clinical information and instruction before and after surgery and help you prepare for your transition home.

Coach: Your coach is a person that you designate to support you as you prepare for and recover from your joint replacement surgery. This can be a spouse, friend or family member who will provide you support and encouragement throughout your experience.

Patient Service Advisor: Your advisor will serve as your personal concierge for appointment scheduling, questions and anything else we can do to make your visit more comfortable.

Anesthesiologist: Your anesthesia team, comprised of a board certified anesthesiologist and nurse anesthetist, will formulate, explain and administer the appropriate medications to keep you comfortable and relaxed during surgery. They will also assist in your postoperative pain management.

Primary Care Provider: Your primary care provider is your family physician and the physician who will manage your overall health. You can expect your primary care provider to stay in contact with your orthopedic surgeon and be informed regarding your progress after your discharge from the hospital.

Cardiologist: If you have a history of cardiac disease, your cardiologist is an integral member of the team as we plan your joint replacement surgery. Your cardiologist will provide surgical clearance as well as assist in managing your cardiac medications as we plan for your surgery and throughout your hospitalization and recovery.

Hospitalist: A hospitalist is a physician who may follow your medical care if needed during your hospital stay and will work with your orthopedic surgeon to meet your care needs.

Registered Nurse: Before, during and after your surgery, you can expect to meet many different nurses who perform many different jobs. Nurses will help prepare you for surgery and will be in the operating room with you throughout your surgery. After surgery, a team of nurses will carry out all orders given by your surgeon, as well as keep you comfortable and safe in the hospital.

Case Managers: These team members help to plan your transition from the hospital to your home and arrange for any additional equipment and services needed.

Certified Nursing Assistant: Your certified nursing assistant, or CNA, will help you with activities such as bathing, dressing, or getting to the bathroom. CNAs will often help nurses with other tasks as well.

Physical Therapy Team: Your physical therapy team is trained to help you gain strength and motion in your new joint and will help ensure that you do your exercises correctly. Your physical therapy team will also help teach you how to properly and safely use your walker after surgery.

Dietitian: Your dietitian provides nutritional counseling to help you make healthy choices about the foods you eat. She can help you understand the connection between diet and healing.

Chaplain: Our chaplains are specially trained to serve your spiritual needs upon your request, as well as those of your family, regardless of your religious denomination. Our chaplains are also available to assist you with advance directives.

X-Ray Technicians: Medical imaging plays an important role by taking the images that assist your surgeons in planning your surgery.

Massage Therapist: A massage therapist will visit you in the pre-operative area and in your hospital room to provide massage therapy.

Other team members that you may meet include pharmacists, lab technicians, patient transporters and respiratory therapists.

Common Causes of Knee Problems

What is osteoarthritis?

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type, affecting nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones don't rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. And, if the condition worsens, joint bones can rub together, causing pain and discomfort.

What are the symptoms of osteoarthritis?

Symptoms of osteoarthritis can include:

- Joints that are sore and ache, especially after periods of activity
- Pain that develops after overuse, or when joints are inactive for long periods of time
- Joint swelling
- Stiffness or loss of range of motion

What causes osteoarthritis?

There are several factors that increase a person's chances of developing osteoarthritis, including family history, obesity, injuries such as fractures in the joint, previous surgeries where cartilage was removed from a joint, and overuse.

What is rheumatoid arthritis?

Rheumatoid arthritis is an inflammatory form of arthritis, meaning that the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about 1 percent of Americans, but is much more common in women than in men. This form of arthritis occurs in all age groups.

What are the symptoms of rheumatoid arthritis?

Symptoms of rheumatoid arthritis can include:

- Joint symptoms developing gradually over years, or developing very quickly
- Stiffness and joint swelling
- Ligaments that stretch and become loose
- Decreased range of motion
- Pain

Knee Replacement Surgery



Your knee is made of three basic parts that move and work together to ensure smooth motion and function. When arthritis affects the joint and the cartilage that cushions the knee wears away or is destroyed, you are a candidate for knee replacement.

Your orthopedic surgeon will consider many factors, such as age, bone density and the shape of your joints to determine the exact kind of knee replacement that is best for you.

The Risks of Knee Replacement Surgery



Joint replacement surgery is major surgery, and although advances in technology and medical care have made the procedure very safe and effective, there are risks. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care provider and your family.

Total Knee Replacement Surgery



If the cartilage damage in your knee has occurred on both sides of the joint, or in all three joint components, a total knee replacement procedure may be performed. Knee replacement surgery involves resurfacing the knee joint and using artificial components to replace damaged tissue. Our surgeons often use minimally invasive techniques to avoid cutting the large muscle of the thigh known as the quadriceps. In addition, your surgeon may incorporate computer navigation, shape matching technology and robotics to align your knee more precisely. These techniques may allow for a faster recovery.

Computer navigation is like GPS for the surgeon and involves fixing navigation pins to the thigh bone (femur) and lower leg bone (tibia) during surgery. The pins are used only for assisting with your procedure and are removed after surgery.

Partial Knee Replacement Surgery



Sometimes, the cartilage damage in your knee is limited to one or two surfaces. When this happens, a partial knee replacement procedure may be more appropriate.

Unicompartmental Knee Replacement

In a unicompartmental knee joint replacement surgery, one part of your knee joint is resurfaced.

Bicompartmental Knee Replacement

In a bicompartmental knee joint replacement surgery, two parts of your knee joint are resurfaced.

At Adventist Health St. Helena, your surgeon utilizes an innovative technique involving the use of a robotic arm which provides three-dimensional planning before surgery to optimize bone resurfacing and implant positioning during surgery based on your anatomy. The use of robotics allows the surgeon to remove less bone for resurfacing than traditional surgical techniques. This may facilitate improved outcomes after surgery.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. We will do our very best to avoid the most common risks which include:

Blood Clots: Blood clots can form in a leg vein and in your lungs after knee replacement surgery and can be dangerous. Blood clots are more common in older patients, patients who are obese, patients with a history of blood clots, and patients with cancer.

Infection: Infection is very rare in healthy patients having knee replacement. Patients with chronic health conditions, like obesity, diabetes, or liver disease, or patients who take some forms of corticosteroids, are at higher risk of infection after any surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery.

Nerve, Blood Vessel, and Ligament Injuries:

Damage to the surrounding structures in the knee, including nerves, blood vessels and ligaments, are possible but extremely rare. More commonly there is numbness in the area of the incision which usually, but not always, improves in 6-12 months.

Wound Healing: Sometimes the surgical incision heals slowly, particularly if you are obese, take corticosteroids, smoke, or have a disease that affects the immune system, such as rheumatoid arthritis or diabetes.

Limited Range of Motion: Within a day of surgery, you will begin exercises to help improve the flexibility of your knee. Your ability to bend your knee after surgery often depends on how far you could bend it before surgery. Even after physical therapy and an extended recovery period, some people are not able to bend their knee far enough to do normal activities such as reaching your feet to put on socks or tie your shoes.

Hematoma: Bleeding into the knee can occur either immediately after surgery or at a later time. This is accompanied by acute pain and swelling, and is sometimes confused with infection.

Instability: After surgery, the knee may feel a bit unstable. This will normally improve as muscles regain their strength.

Wear: Your new knee replacement is a mechanical device that will wear over time. The rate of wear may depend on your age and activity level.

Loosening of the Joint: Over the long term, loosening of the artificial knee joint is the most common risk associated with total knee replacement. Loosening may occur when tissue grows between the artificial joint and your bone.

You can also help reduce your risks of many of these complications by:

- Reducing or eliminating the use of tobacco and alcohol
- Being compliant with managing your diabetes, if applicable
- Maintaining a healthy diet
- Using good hand washing techniques
- Performing your exercises as directed by physical therapy
- Limiting high impact activities as directed by your surgeon
- Losing weight if you are overweight

What Results Are Typical?

You can expect a successful outcome from your knee replacement surgery. Generally, patients experience less pain and more mobility, and can resume most of the activities they enjoyed before the onset of arthritis. Long-term studies show that 85–90% of artificial joints are intact and functional after 20 years. Your artificial joint will last longer if you maintain your ideal weight and if you avoid high impact activities.

Preparing for Your Joint Replacement Surgery



Diane Livingston | Vintner

“In March, I had my knee replaced and played golf in the beginning of May. I felt good and could say I felt like I had my game back.”

Preparing for Your Joint Replacement Surgery



Your experience begins long before your actual surgery.

These guidelines will prepare you for a rapid and safe recovery in your quest for improved mobility and health, and for living younger longer.

To make sure you and your coach are fully prepared for your joint replacement experience, it is important that you carefully and thoroughly review this Patient Education Resource Guide and practice your exercises, as described later in this guide, before surgery. The information will help you better understand your diagnosis, the joint replacement process and what to expect every step of the way as you prepare for your Joint replacement surgery. You will be introduced to the exercises, tips, and activities that will speed recovery and promote success. Please call 877.747.9991 if you have any questions or concerns regarding this information.

Help From your Coach

We strongly recommend that you bring your coach, family member, or friend with you to the clinic and hospital. It is essential that you have assistance and support at home after surgery for at least 7 days; although you will be mobile, you will need someone to supervise you, drive you home from surgery and to your physical therapy appointments, as well as help with daily activities. This person should be someone who is willing to support you throughout the process and who can fully participate in activities both before and after surgery.

You must have someone to assist you for at least the first 7 days after surgery.

Scheduling Your Surgery

Once it has been determined that surgery is your best option, you may schedule your surgery. Unless other arrangements have been made, your surgery scheduler will contact you. Please check your calendar carefully before making a commitment to a specific date for your surgery in order to avoid scheduling conflicts.

We will work closely with your insurance company in order to obtain authorization for your surgery. However, insurance authorization will not occur until within the last month before your surgery date. If you have specific insurance questions, we recommend that you contact your insurance company directly for further information.

Who to Contact

Navigators at 707.967.5960 for clinical questions regarding medication, surgery, prescriptions, or preoperative or postoperative instructions.

Office assistants at 707.968.0670 for paperwork questions including physical therapy orders, disability, preoperative paperwork received.

Scheduling a Physical Exam

It is important that you have a complete physical exam with your primary care provider prior to surgery. Contact your primary care provider after your surgery is scheduled to schedule an appointment so that your paperwork can be completed prior to surgery. If you have a history of heart disease, please make an appointment with your cardiologist to obtain approval for surgery.

Please have your physicians send your exam information and surgical clearance to our fax at 707.968.9580. In addition to your physical exam, you may need to undergo a series of tests to help make sure you are healthy and ready for joint replacement surgery. We will provide you with forms for the appropriate tests that you will need.

Contact your primary care provider after your surgery is scheduled to schedule an appointment so that your paperwork can be completed FOUR weeks prior to surgery. If you have a history of heart disease, please make an appointment with your cardiologist to obtain approval for surgery.

regularly and properly is perhaps the most important factor in speeding recovery and determining long-term success of your new joint. Keep in mind that the exercises are designed to strengthen muscles around the knee and improve mobility. The exercises are not always easy, but they are an important part of your treatment and recovery process. Some soreness in your joint is normal and will improve over time. If you experience severe pain with any exercise, you should stop immediately.

If you experience severe pain with any exercise, you should stop immediately.

Medications

Please continue to take your medications as directed by your primary care provider. There are some prescription medications and many over the counter medications that may need to be discontinued prior to surgery. Your navigator will contact you between 10 and 14 days before surgery in order to direct you regarding which medications to continue and which to discontinue prior to surgery.

We do not prescribe pain medications for use prior to surgery. In fact, we highly recommend that if you are taking prescription pain medications prior to surgery that you gradually discontinue them so that you are not taking them for 2-4 weeks before surgery. In this way, the pain medication that we prescribe after surgery will be much more effective in relieving your postoperative pain.

Medications You Must STOP Taking Prior to Surgery

Some medications that you currently take may prove harmful during surgery. If you take the following medications* you must stop taking them prior to your surgery:

- 2 weeks prior – Vitamins, herbal supplements, prescription diet medications, and some rheumatoid arthritis medications
- 7 days prior – blood thinners: anticoagulants, anti-platelet agents (Coumadin, Plavix, Effient), aspirin and compounds containing aspirin, anti-inflammatory medications (Ibuprofen, Advil, Motrin, Aleve, Naproxen, Naprosyn, Diclofenac)

You may resume your vitamins and supplements 2-3 weeks after surgery.

*These are examples only. Please discuss all your current medications and supplements with your surgeon.

Preventing Surgical Site Infection

There are several steps that you can take to help prevent surgical site infections.

Dental Care: All dental work, including cleaning, must be completed at least SIX weeks prior to your surgery. You MUST call the office if any dental problems arise prior to your scheduled surgery date. If you have an infection in your mouth, this MUST be resolved prior to surgery or your surgery may be postponed.

Shaving: It is very important that you do not shave your legs or use any hair removal products anywhere near the surgical area for five days prior to surgery. Studies show an increased risk of surgical site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow bacteria to enter.

Clean Hands: Hand hygiene is very important. You will notice your caregivers using alcohol-based hand sanitizer when entering your room. We also strongly encourage your family and friends to utilize this cleanser, as well as wash their hands frequently to prevent the spread of infection.

Illness: If you become ill with a fever, cold, sore throat, flu, or any other illness, please contact us at 877.747.9991.

Skin Rash: Broken skin or rashes should be reported to your surgeon's office; if significant, your surgery may be postponed.

Pre-Surgery Bathing: You will receive 3 packets of Hibiclens wipes prior to surgery along with instructions regarding how to use them after showering the night before surgery. (This is in replacement of our prior process of showering with liquid Hibiclens). You will not shower the morning of surgery.

Tips for Preparing Your Home

You and your family may want to consider these tips to help make your home safe and comfortable when you return from your surgery.

- ☐ Purchase a non-slip bath mat for inside your tub/shower.
- ☐ Check every room for tripping hazards. Remove throw rugs and secure electrical cords out of your way.
- ☐ Determine which items from dressers, cabinets and shelves you'll need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
- ☐ Plan on using a cordless phone or a cell phone. They can be tucked away inside a pocket, carried easily or set within reach.
- ☐ Make sure stairs have handrails that are securely fastened to the wall. If you must negotiate stairs to enter, or once within your home, please discuss this at your preoperative visit.
- ☐ If you have pets, you may want to consider boarding them for a few days after your return home.
- ☐ A chair which has a firm back and arm rests is recommended during your recovery. A chair that sits higher will help you stand more easily. Chairs with wheels should not be used under any circumstances.
- ☐ In order to minimize cooking, prepare meals in advance and freeze them. Alternatively, you can purchase prepared meals for convenience.
- ☐ Install night lights in bathrooms, bedrooms, and hallways.
- ☐ Avoid yard work for 10 days prior to surgery. Make arrangements for outdoor work such as gardening or cutting the grass for at least 2 weeks after surgery.
- ☐ Do laundry ahead of time and put clean linens on your bed.
- ☐ Arrange for someone to collect your newspaper and mail.
- ☐ **Your safety is our primary concern. We require that your coach, spouse, family member, or friend stay with you after your surgery until you are able to perform activities of daily living independently and safely, usually 7-10 days after surgery.**

Packing for Your Hospital Stay

The following checklist should help you pack for your hospital stay.

Items to Pack

- ☐ Clean, comfortable, loose-fitting clothing such as elastic waist pants, shorts, skirts or jogging outfits for your trip home from the hospital.
- ☐ Tennis shoes or shoes with flat, rubber bottoms. Do not bring tight fitting footwear as your feet may swell following surgery. Do not bring slides or backless slippers.
- ☐ Eye glasses, contact lens cases with solution, and denture storage.
- ☐ If you use a breathing machine, such as a CPAP, bring your machine, mask and hose.
- ☐ Your insurance card.
- ☐ Credit card number or check to make any necessary co-payments.
- ☐ Your personal front-wheeled walker, if you have one, labeled with your first and last name. If you do not have a walker, one will be provided at the hospital.
- ☐ Your own pillows if you think they would make you more comfortable. To keep them separate from hospital pillows, it is helpful if you place them in colorful pillowcases.
- ☐ Your advance directive, either a living will or durable power of attorney for health care. If you don't already have an advance directive, forms will be available at the hospital.
- ☐ Reading material for your enjoyment.
- ☐ This Patient Education Resource Guide.

ITEMS TO LEAVE AT HOME

- ☐ Jewelry, cash or valuables of any kind should be left at home or in the care of a trusted loved one.

Countdown to Surgery

8 WEEKS BEFORE SURGERY

- Schedule your surgical clearance physical exam with your primary care provider to be completed approximately **4 weeks** prior to surgery.
- Begin making arrangements for someone to accompany you to your preoperative appointments, to transport you to the hospital the day of surgery, to come to the hospital for discharge instructions the morning after surgery, to drive you home the day you are released from the hospital, and to stay with you upon your return home after surgery for 7-10 days.

6 WEEKS BEFORE SURGERY

- All routine dental work, including cleaning, must be completed six weeks prior to surgery OR you need to wait for 6 weeks after surgery. You **MUST** call the office if any dental problems arise prior to your scheduled surgery date.

4 WEEKS BEFORE SURGERY

- Surgical clearance appointment with your primary care provider or cardiologist; physician’s office to fax clearance to us at 707.968.9580.
- Perform any ordered tests within 30 days of surgery.
- Begin your exercise program, as described in the back of this book; perform daily if able.
- It is recommended that you stop smoking.

2 WEEKS BEFORE SURGERY

- Start making home preparations.
- Stop taking vitamins and supplements as directed.

10 DAYS BEFORE SURGERY

- Avoid yard work until cleared by your surgeon. This is to avoid any damage to your skin.

* THESE ARE EXAMPLES ONLY. Please discuss all your current medications and supplements with your surgeon or physician assistant and follow their directions.

1 WEEK BEFORE SURGERY

- Stop taking blood thinners, anticoagulants, and anti-platelet agents, such as aspirin, as well as anti-inflammatory medications.
- If you become ill, have broken skin, or develop a rash, please call us at 877.747.9991.
- If ordered, complete final preoperative tests.
- Stop shaving your legs or using hair removal products.
- Reduce alcohol consumption and stop smoking.
- Have ice or ice packs available for home use after surgery.

1 DAY BEFORE SURGERY

- Come to your preparation appointment; occasionally these appointments are scheduled more than 1 day prior to surgery or are conducted over the telephone.
- Fill the new prescriptions, if not already obtained, at the pharmacy.
- Do not eat or drink anything after midnight, including gum, mints, and candy. Limit your intake of alcohol the evening prior to surgery to avoid the risk of dehydration. It is fine to enjoy a glass of wine or your favorite cocktail with dinner the evening before surgery.
- Shower the evening prior to surgery and then use the Hibiclens wipes as instructed.
- Get a good night’s rest.

DAY OF SURGERY

- Wear clean, comfortable clothes.
- Take any medications as instructed with a small sip of water.
- Report to the check-in area on time.

* THESE ARE EXAMPLES ONLY. Please discuss all your current medications and supplements with your surgeon or physician assistant and follow their directions.

Insurance Information

Joint replacement surgery is a covered benefit with most health plans including Medicare and Medi-Cal. At Adventist Health St. Helena we accept most insurance plans. Our financial advisors work behind the scenes to help authorize your surgery; this can occur no sooner than 30 days before your scheduled surgery date.

At your consultation, we will obtain your insurance information from you so that we can verify your benefits. Please bring your insurance card with you to your appointments. The hospital will communicate with you the estimated amounts due for both the surgeon and the hospital one to two weeks in advance of your surgery date at Adventist Health St. Helena.

Our goal is to provide each patient with the best estimate of charges and payments in order to ease the uncertainty that the financial aspect of health care can sometimes bring. We believe that this is a critical component of your overall experience with us.

Please be aware that most insurances do not cover any equipment for knee joint replacement surgery other than a front-wheeled walker. If you have or can obtain a front-wheeled walker, please bring one; if not, your physical therapist will issue a walker at the hospital after surgery. Most patients use the walker less than one week.

Planning Ahead for Your Recovery

Our surgeons highly recommend that you return home with your coach (family member or friend) to assist you for at least 7 days after surgery. We will give you a prescription for outpatient physical therapy, to begin 5-7 days after surgery, at your preoperative appointment. You will need to schedule your appointments at the clinic of your choice; consider scheduling these appointments prior to your surgery. While you are taking prescribed pain medication after surgery, you will need someone to drive you to these appointments.

Home health services are rarely ordered postoperatively as most of our patients do not need nor qualify for them. If it is determined during your hospital stay that you need home health services, we will request that our hospital case manager assist in arranging these services for a short time. It is not possible to arrange home health services prior to your surgery.

Similarly, our patients rarely qualify for skilled nursing facility or rehabilitation facility stays postoperatively. While it may be a covered benefit, there are many criteria that must be met in order for you to obtain this benefit. We urge you to plan to return home with assistance. Again, it is not possible to arrange for a skilled nursing facility stay prior to your surgery.

Disability paperwork may be completed online by you prior to your surgery but we cannot complete our portion of this paperwork until after you have surgery. Family medical leave paperwork can be processed prior to your surgery.

You should plan to be off work for 6 to 8 weeks after surgery. You must discontinue all prescribed pain medication prior to returning to work.

Your Preoperative Day

You may eat or drink as desired until midnight the night before the surgery.

Prior to your surgery, you will be scheduled to meet with your surgeon or physician assistant for a preoperative examination. In some instances this appointment may be conducted via telephone. Bring all medications you are currently taking to your preoperative appointment in order for our team to have the appropriate information. You may need to bring some of your home medications to the hospital on the day of your surgery, such as inhalers, eye drops, or other specialized medications. During your hospital stay, please do not take any medications without the knowledge and consent of your nurse.

The purpose of this visit is to ensure that you are ready for surgery. The physician assistant will review your past medical history and your medications and confirm that all appropriate and necessary testing has been completed and results are acceptable. You will receive prescriptions for medication to be taken after surgery as well as a physical therapy prescription.

You may eat or drink as desired until midnight but please restrict alcohol to one serving the night before surgery.

You will not be admitted to the hospital until the day of your surgery. Please make arrangements for lodging if needed the night before.

Although you may feel that we ask some redundant questions, it is important to verify information for your safety. Providing the highest quality of care is our priority.

Please give the clinic your cell phone number and that of your coach so that we may contact you at any time.

It's important that you bring all medications that you are taking to these appointments.

Your Surgery at Adventist Health St. Helena



Pete Carroll | Head Coach

“There was extraordinary expertise from everyone you encounter throughout the whole process. They deliver on everything they promise – how it’ll happen, what will happen, when it’ll happen –and they’ll exceed expectations.”

Your Surgery at Adventist Health St. Helena

Arriving at Adventist Health St. Helena



The day of your surgery will be a busy one. Please remember not to eat or drink anything, including mints or gum, after midnight the evening prior to your surgery. There may be several hours that pass between the time you check into the hospital and the time that your surgery is completed. Your family and coach should be prepared to wait a few hours.

It is important that you arrive at the hospital with plenty of time to check in and prepare for surgery. You will be instructed on your expected arrival time.

Wear Comfortable Clothes. Avoid wearing cologne, perfume, or fragrances of any kind. Deodorants, creams, lotions and shaving creams should be avoided. Do not wear makeup.

When you arrive, you should plan to park in designated patient parking areas or use our free valet service. For your convenience, a map is provided at the back of this guide.

Surgery Preparation

After you check in at registration, you will be directed to the surgical preparation area. A wristband will be applied at this time. If you have any allergies, an additional wristband will be applied. It is important for you to verify that all information on your identification bracelet is correct. We will be asking you to confirm this information many times throughout your hospital stay as one way of ensuring your safety.

Remember not to eat or drink anything, including mints or gum, after midnight the evening prior to your surgery.

Once you’ve determined that your identification bracelet is correct, you’ll be asked to change into a hospital gown. Your clothes and any items you brought with you will be placed in a bag with your name on it.

Just before surgery, a nurse will review your medical records, take your vital signs, perform a brief physical exam, clean the surgical site, and make sure everything is in order. Sometimes, additional tests may need to be performed.

As surgery approaches, a nurse will start an IV. This allows medication and fluids to flow directly into your bloodstream.

Your orthopedic surgeon or physician assistant and the anesthesiologist will visit you in the pre-op holding area prior to surgery. Among other things, your surgeon or physician assistant will ask you to identify which knee is being operated on and will mark the surgical site with a special marker. Please refrain from marking the skin yourself.

Family Waiting

On the morning of surgery, your coach, family member or friend will be able to stay with you until you’re ready to be transported to the operating room. At this point, they will be escorted to a family waiting area where they will wait for approximately two hours while you have your surgery.

Once your knee replacement is complete, a member of the surgical team will contact your coach, spouse, family member or friend. At this point, they will be able to speak with your surgeon to discuss your procedure.

Anesthesia

General Information

Your anesthesia team will consist of a physician anesthesiologist (MDA) and a certified registered nurse anesthetist (CRNA). The anesthesia team will review the pre-admission information and conduct a brief interview with you. Keep in mind that there is some redundancy in this process; this is intentional so that we get the most accurate information possible. Following the evaluation, the anesthesia team will discuss the risks, benefits, and alternatives of your anesthetic.

Spinal Anesthesia

Most patients at Adventist Health St. Helena receive a spinal anesthetic with sedation for their joint surgery. We prefer spinal anesthesia for 3 main reasons: simplicity, postoperative pain control, and avoidance of general anesthesia. General anesthesia is an option for most patients if a spinal anesthetic is contraindicated.

Prior to the spinal procedure, you will be given a sedative intravenously, not to make you unconscious but rather to provide relaxation and relieve the natural anxiety patients have prior to surgery. The spinal anesthetic is conducted in the sitting position. The low back is prepped sterilely and a

local anesthetic (e.g. Novocaine) is injected to numb the skin and blunt all but a mild pressure sensation. A very small gauge needle is inserted through the numbed area between the backbones and into the spinal canal. Local anesthesia and a small dose of narcotic are injected and the needle is removed, completing the procedure. In most cases, the procedure takes less than five minutes.

Inside the operating room, you will be cared for by a team of physicians, physician assistants, nurses and skilled technicians. The total time required for your surgery will be different from patient to patient depending on the complexity of your procedure. Generally, most joint replacement surgeries last between one to two hours, including preparation time.

Recovery

After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU) or recovery room. You will spend approximately one hour in the PACU while you recover from the effects of anesthesia.

Nurses will check your vital signs—such as blood pressure, respiratory rate, and heart rate—and monitor your progress. They will also start your ice therapy.

Pain medications will be provided through your IV as needed.

Nurses will check your bandages, check drainage from your surgical site, and encourage you to take deep breaths. They will also apply foot compression devices to help with circulation.

Generally, most joint replacement surgeries last between one and two hours, including preparation time.

Following the spinal, your legs will begin to get warm and numb. The loss of sensation due to the local anesthetic generally lasts 4–6 hours. The pain relief effect from the narcotic usually lasts 24 hours. This, combined with medications the surgeon will place directly in the knee joint, greatly improves postoperative pain control.

In the operating room, you will receive an additional intravenous sedative. Most patients sleep for the duration of the surgery and awaken when the sedative is discontinued at the end of the procedure.

What to Expect after Surgery

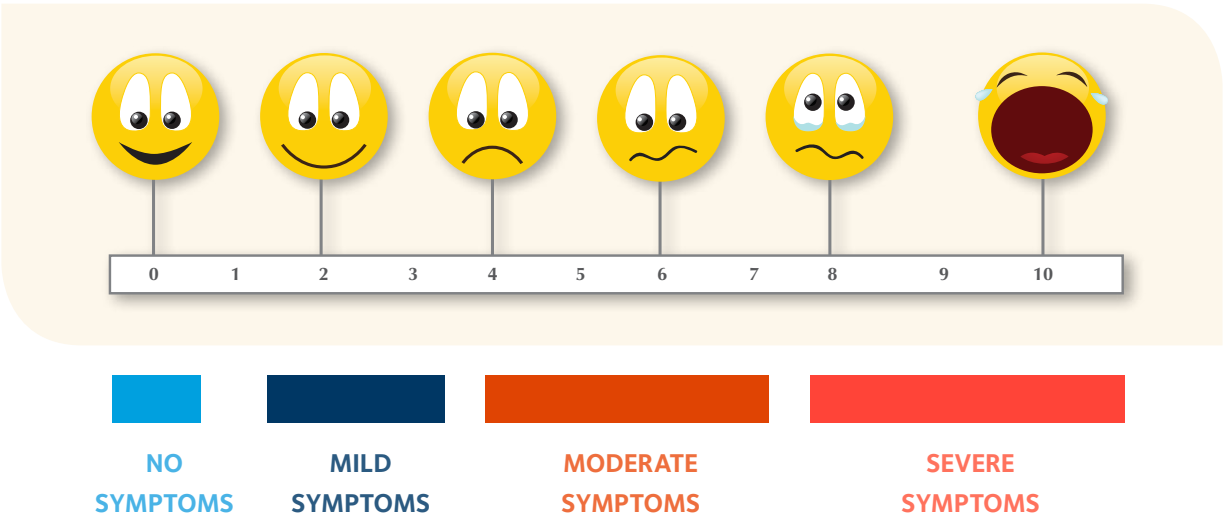
Once you have arrived in your room, nurses will assess you and continue to monitor you frequently until you are stable. You will notice a bandage on your knee and a tube that drains fluid away from your joint. Additionally, you will have a small tube inserted into your bladder, called a catheter, so you do not have to get out of bed to urinate. You can also expect to have a compression pump on your feet. This pump will squeeze your legs at regular intervals to circulate blood and to help prevent clotting. If you do not feel the compression, be sure to let your nurse know.

You will have ice therapy on your surgical site continuously for up to 24 hours after surgery.

Managing Your Pain

The amount of pain and discomfort you experience depends on multiple factors. You will receive pain medication through your IV after surgery and by mouth once you are recovering in your room. Your physicians and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques.

Communication is an important part of helping us manage your pain. We encourage you to share information with your nurses about any pain you experience. Be as specific as possible. For example, where is the pain? How often do you feel pain? What does the pain feel like: is it sharp, dull, aching, spreading out? On a scale of 1 to 10, where 10 is the worst pain imaginable, how would you rate your pain?



Do not try to walk until your physical therapist determines you are ready.

For most patients, the spinal anesthetic wears off after approximately 4 hours. An injection is given in the joint area that helps relieve pain for the first 12 to 24 hours after surgery. You need to notify the nurse if you are having pain so that you may begin taking pain medication by mouth. Arrange to take your pain medication approximately 30 minutes prior to physical therapy or home exercises to help control the soreness that often accompanies activity after surgery.

Additional Medications

You can expect to receive IV antibiotics the first day of your hospital stay, as well as medications for pain and medications to prevent blood clots, called anticoagulants. Sometimes, patients may feel nauseous or constipated. Both symptoms can be managed with medication, so it is important that you talk with your nurse if you do not feel well.

Early Ambulation

You may walk with the assistance of a physical therapist when it has been determined that you are stable and have regained feeling and movement in your legs.

Your physical therapist will help you begin your exercise routine. These exercises are designed to help increase strength and flexibility in the joint. Ultimately, the goal is to be able to both straighten and bend your knee as well as strengthen your knee in order to perform functional activities, such as getting in and out of bed, getting up and down from a chair or toilet, walking, and climbing stairs. In order to ensure maximum success, it is important that you follow physical therapy instructions both while you are in the hospital and after you are discharged from the hospital.

While in the hospital, you will be treated individually by your physical therapy team member to work on walking, strength and range of motion.

Deep Breathing, Coughing, and the Incentive Spirometer

You will receive a device called an incentive spirometer. The spirometer helps you fully expand your lungs and keeps them active in order to prevent chest congestion. You may practice coughing after using the incentive spirometer to make sure that your lungs are clear.

Your Recovery

DAY OF SURGERY

- ☐ Diet as tolerated
- ☐ Ankle pumps as instructed; compression devices in place
- ☐ Incentive spirometry 10 times every hour while awake
- ☐ Tubes and dressings in place
- ☐ Ice therapy in place
- ☐ Physical therapy begins
- ☐ Manage pain

DAY ONE

- ☐ Transition to oral pain medications
- ☐ Tubes removed
- ☐ Dressing changed
- ☐ Ability to urinate
- ☐ Up in chair during day
- ☐ Diet as tolerated
- ☐ Ankle pumps
- ☐ Physical therapy, walking and exercises
- ☐ Use your incentive spirometer 10 times every hour while awake
- ☐ Review your home instructions
- ☐ Transition home

Transitioning Home

“I have more flexibility than I have had in years. I can go on hikes in the mountains, walks on the beach, and all I can say is ‘Thank you’ Adventist Health St. Helena”



Bruce Kennedy | Olympic Athlete

Preparing to Return Home



You'll be ready to go home once you are able to walk safely and perform your exercise program and your surgeon or physician assistant determines that you are ready for dismissal. Your coach must be available the morning after surgery to receive discharge instructions with you. Most patients are ready for discharge home one day after surgery.

You must arrange for someone to drive you home and stay with you when you go home.

You'll be ready to go home once you're able to walk safely and perform your exercise program and your surgeon or physician assistant determines that you are ready for dismissal. Your coach must be available the morning after surgery to receive discharge instructions with you. Most patients are ready for discharge home one day after surgery.

Before you go home, we will make sure that all your discharge needs are met. Your surgeon may order the following based on your individual needs, medical history, allergies, and age:

- Pain medication to decrease postoperative pain
- Aspirin or another blood thinning medication to thin the blood
- Anti-nausea medication to prevent nausea and vomiting

You will receive these prescriptions at your preparation appointment. Some of these medications may not be covered by your insurance.

The Trip Home

If you are returning home by car, you will need to arrange for your coach, family member, or friend to drive. To make your ride more comfortable, your driver may bring pillows for your comfort, slide your seat back, and recline the seat slightly.

Your coach must be available the morning after surgery between 9:00 A.M.- 10:00 A.M. to receive discharge instructions with you.

Whether traveling by vehicle or plane, it is vital that you do ankle pumps and walk for 5-10 minutes every 1-2 hours. This will help prevent blood clots and joint stiffness.

Recovering at Home

Medications



Be sure to take your pain medications by mouth with a meal or snack. Avoid drinking alcohol or driving while taking prescribed pain medication. Consider taking pain medication 1/2 hour prior to performing the prescribed physical therapy exercises. It is normal to experience a deep ache through the bone after surgery.

Most people experience constipation while taking pain medication. You should consider drinking prune juice daily (if you are not diabetic or taking Coumadin), drinking more water, adding fiber to your diet, and taking an over-the-counter or prescription stool softener (docusate sodium or Colace) twice daily. Exercise and walking also help prevent constipation. Over-the-counter laxatives, suppositories, or enemas are usually necessary to relieve constipation after surgery. We recommend that you take a laxative, such as senna, beginning the day after surgery and each day until you have a bowel movement.

If you would like a refill on prescription pain medication, please give us at least 3 days notice. When you are ready to discontinue the prescription pain medication, you must do so gradually by decreasing the dosage and increasing the time between doses.

Activity



Continue your knee exercises as instructed by your physical therapist three times every day. You may bear weight as tolerated on the surgical leg unless instructed otherwise by your surgeon.

Get up and walk for 5 minutes every hour using your front-wheeled walker for support and safety. Continue to use your walker for 1-4 days following surgery, longer if needed. In addition, take two 5-10 minute walks each day.

Bend and straighten your knee 10 times slowly every hour, attempting to increase the amount you bend your knee with each exercise. Do not place a pillow under your knee to maintain bending as this will cause stiffness and may interfere with your ability to straighten the knee.

Avoid resistance training or swimming until cleared by your physician assistant or surgeon.

You may resume driving when you have regained complete control of your leg, usually 14 days after surgery, and are no longer taking prescription pain medications. It is normal to experience painless clicking after your knee joint replacement surgery but this should dissipate with time.

Managing Swelling



It is normal to have swelling around your knee, up to your groin and down to your foot and ankle. You may also experience bruising of the upper and lower leg down to the foot and ankle. Swelling will gradually increase, usually peaking between days 4 and 7, and then gradually decrease. However, swelling may persist for 3 months or longer after surgery.

To help decrease pain and swelling, elevate the knee higher than the heart with the leg straight and apply the ice, using a towel or other fabric underneath as a barrier. Do this for 30 minutes 3 to 6 times daily. You may use an ice pack or purchase a reusable gel pack at your local pharmacy.

Ice should not be placed directly on the skin.

Incision Care



Keep your incision clean and dry. Change your dressing once daily, more frequently if soiled. Wash your hands, unwrap the ace wrap and remove the gauze pads. You may retain the dressing over the drain site for one to two days if it appears clean but

it must be removed by the third day after surgery. If there is any drainage on the gauze, replace with clean gauze and rewrap with ace wrap beginning above the ankle and ending at the thigh, then tape.

If there is no drainage on the gauze, you need not replace the gauze or ace wrap; you may leave the incision open to air.

You may shower 2-3 days after surgery, covering the incision with plastic, saran, or press and seal wrap for 5-7 days after surgery; you must cover the incision to shower as long as it is draining. Pat the area dry with a clean towel after showering. Use regular soap in the area but do not use directly on the incision. Do not apply creams, lotions, or ointments to the incision for at least 4 weeks after surgery or until cleared by your surgeon or physician assistant.

Avoid soaking your incision in a tub bath or participating in any water activities until the incision is completely healed and closed. This typically occurs six weeks after surgery. You may not use a hot tub until cleared by your surgeon.

Remove the steri-strips in 14 days unless the incision is open or draining. If this occurs, please notify us at 877.747.9991 or 707.968.0670.

Diet and Rest



Eat a healthy diet to promote healing. You may experience decreased appetite after surgery. This is normal and should gradually resolve.

Take rest breaks as needed during the day and get a good night's sleep to support the healing process. However, it is common to have difficulty sleeping after surgery. This will gradually improve. You may sleep on your back or on your side with a pillow between your legs for comfort.

Fever



Low-grade fever is common within the first 48-72 hours after surgery. Generally, this is a result

of inflammation after surgery or shallow breathing that affects the lungs. Please report a persistent temperature of 101 degrees or higher.

WHEN TO CALL YOUR SURGEON:

- A moderate amount of bruising, swelling, and redness can be expected after knee joint replacement surgery. If you experience any of the following, you should contact your surgeon or physician assistant at **877.747.9991**:
- A fall
 - Numbness, tingling, or burning that persists
 - Pain not relieved by medication, or pain that is getting worse
 - Thick, yellow drainage from the incision site or any drainage that persists or recurs more than 1 week after surgery
 - Inability to do your exercises
 - Excessive swelling that does not improve or decrease after 10-14 days
 - Toes that are very cold and do not get warm when you cover them
 - Increased redness around your incision
 - A temperature over 101 degrees F (38.3 degrees C)
 - Any unexpected problems, concerns, or questions

If you need a refill of your pain medication, please call us at **707.967.5960 Monday through Thursday between 9 a.m. and 3 p.m. Pacific Standard Time. Be sure to include your name, date of birth, phone number, the name of the medication you are requesting, and the pharmacy name and number. We will usually need to speak to you prior to refilling your medication.**

It is unlikely, but if you experience chest pain, palpitations, or difficulty breathing, please call 911.

Life After a Joint Replacement

Traveling



When traveling long distances, you should attempt to change position, stand or walk for 5–10 minutes every 1–2 hrs. Some of the exercises, like ankle pumps, can also be performed should you need to sit for long periods of time.

Because your new artificial knee contains metal components, you will likely set off the security systems at airports or shopping malls. This is normal and should not cause concern.

No special medical card is needed to clear airport security when traveling by air.

Exercises and Activity



Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high impact exercises, like running, jumping, heavy weight lifting, or contact sports, are not recommended. Participating in these activities, or activities like them, may damage your joint or cause it to wear down much more quickly. Low impact activities such as swimming, cycling, walking, gardening, and golf are encouraged. You may kneel on your new knee without damaging it; however, it will likely feel uncomfortable.

Reducing Risks of Infection in Your New Joint

To reduce your risk of joint infection, we recommend avoiding most invasive tests, procedures, or surgeries for 6 months postoperatively if possible. The physician or surgeon performing any needed test, procedure, or surgery prior to that time should prescribe or administer antibiotics if indicated. It is

also important to treat any bacterial infection as soon as possible.

Follow-Up Care

Though you may live a distance from Adventist Health St. Helena, we are committed to caring for you during your recovery period. If you experience any difficulties or have questions regarding your recovery, please call your orthopedic navigators at 707.967.5960 or the clinic at 707.968.0670. We may request a photo of your surgical leg be sent to us via electronic mail.

You will see your surgeon or physician assistant for a follow-up appointment at 3 and/or 6 weeks, 3 months, 6 months, and 1 year after surgery. Your 6 week appointment is essential for your ongoing recovery and best outcome. We expect a minimum knee joint range of motion of 110 degrees at six weeks after surgery. Joint replacements are monitored thereafter every 5 years for life. In addition, we may include phone surveys for research purposes.

Dental Care



Following your joint replacement surgery, it is important to notify your dentist that you have a joint implant. It is essential that you obtain a prescription from your dentist for a prophylactic antibiotic to be taken PRIOR to any dental cleaning or procedure for life after surgery. Before your dental appointments you will need to remind your dentist of this requirement in order to reduce the risk of developing an infection in your joint.

Exercises & Mobility

“Just one week ago today I had surgery on my right knee using the MAKO procedure. I can’t speak highly enough about this procedure. It is amazing!”



Richard Jetton | CEO, Corbett Smith



The following pages contain a list of basic exercises and activities that you will be performing following your knee surgery. These activities are vital in helping you return to your normal activities and are designed to help increase leg strength, flexibility and function. Practicing the exercises at home prior to your surgery will make the exercises easier for you after surgery.

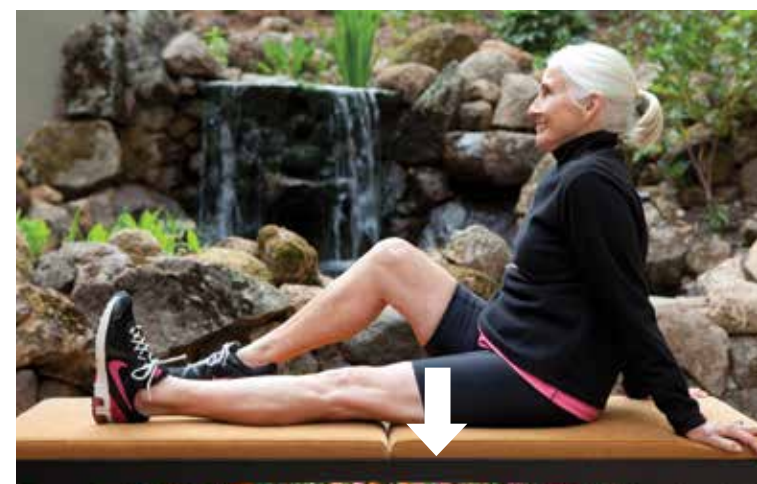
As a general rule, exercises should be performed three times a day. Do not add weights or other resistance to these exercises for at least six weeks after surgery.

Exercise Descriptions

PHASE I: Begin these exercises the first day after surgery.



- 1 Propped Knee Extension** – To fully straighten your knee, prop your surgical leg on a small towel or pillow under your heel, not under the knee. Maintain this position for 5 minutes, slowly increasing your tolerance to 30 minutes at one time. Perform 1 repetition.



- 2 Quad Sets** – To achieve a fully straight knee and to improve quadriceps strength, lie with your leg straight and toes pointed toward the ceiling. Tighten the muscle on the top of your thigh, keeping your thigh on the bed while attempting to raise your heel slightly off the bed. Hold your muscles tight for ten seconds. Perform 2 sets of 10 repetitions.



3 **Ankle Pumps** – To promote circulation and to decrease swelling postoperatively, in bed or sitting in a chair, point your toes up, down, left and right. Perform 2 sets of 10 repetitions.



5 **Seated Knee Extension** – To promote quadriceps strength, sit with your knees bent at 90 degrees. Straighten your leg at the knee while keeping your back upright. Slowly lower your leg to the starting position. Perform 2 sets of 10 repetitions.



4 **Heel Slides** – Lie on your back with your legs straight and your toes pointed toward the ceiling. Slowly pull your heel towards your buttocks as far as you can, attempting to achieve greater motion with each repetition. Perform 2 sets of 10 repetitions.



6 **Seated Knee Flexion** – To promote knee bending, sit in a chair with your knee bent to 90 degrees. Keeping your foot flat and fixed to the floor, gently move your buttocks forward in the chair. Relax in the new position for 20 seconds. Perform 1 set of 5 repetitions.

Phase II: Begin these exercises 7 days after surgery.



1 Straight Leg Raises – To promote quadriceps strength, lie on your back and bend your uninvolved knee to a comfortable position. Tighten your thigh muscle to straighten your operated knee and slowly raise your leg until your thighs are parallel, hold 3 seconds. Slowly lower your leg and relax the thigh muscle. Only perform this exercise if you are able to keep your knee completely straight when lifting your leg. Perform 2 sets of 10 repetitions.



2 Sit To Stands – To promote quadriceps strength, start by sitting in a chair with armrests and rise to a standing position, pushing with your arms to assist if needed. Slowly lower yourself back to sitting. Progress to sitting and standing without the use of your arms. Perform 2 sets of 10 repetitions.



3 Calf Stretch – To achieve full knee straightening and to stretch out your calf muscles, stand with your hands on a wall and step forward with the foot of your uninvolved leg. Gently lean your hips toward the wall while keeping your surgical knee straight, your heel on the floor and your toes pointed straight ahead. Hold this position for twenty seconds and repeat with the other leg. Perform 2 sets of 5 repetitions.



4 Standing Knee Extension – To strengthen your quadriceps muscle and straighten your knee, stand with your back against the wall and your uninvolved leg slightly forward for balance. While keeping your foot on the floor, press the back of your surgical knee toward the wall to straighten it and hold for ten seconds. Perform 2 sets of 10 repetitions.



5 Standing Knee Bends – To promote hamstring strength, hold onto a table or counter for balance and bend your surgical knee, moving your foot toward your buttocks and keeping your thighs parallel. Slowly return to starting position. Switch legs after 10 repetitions. Perform 2 sets of 10 repetitions.



6 Standing Marching – To promote knee motion and strength, hold onto a table or counter and lift your knee up to the level of your hip, keeping your body erect, and lower slowly. Alternate legs with each repetition. Perform 2 sets of 10 repetitions.



7 Standing Toe And Heel Raises – To improve your standing balance, stand with feet shoulder distance apart and hold onto table or counter. Rise up onto the balls of your feet, lower slowly and rock back onto your heels, lifting your toes off the floor while keeping your knees straight. Perform 2 sets of 10 repetitions.



8 Standing Hip Abduction – To strengthen your hip muscles, stand on non-surgical leg while holding onto a counter. Keeping your trunk upright, knee straight and toes pointed forward, move your surgical leg out to your side and slightly back. Lower leg slowly to starting position. Switch legs after 10 repetitions. Perform 2 sets of 10 repetitions.

Mobility

Walking With An Assistive Device



- 1 Move your walker or crutches first, then your surgical leg, followed by your other leg.
- 2 Heel to Toe gait: When walking with a walker or crutches, stand tall and look ahead (not at the floor), bend your knee to take a step, and, keeping your toes pointed straight ahead, set your heel on the floor first.
- 3 For better balance, stay in the middle of your walker. Do not step beyond the front of your walker.
- 4 Use your walker until you are able to walk confidently without a limp. If you find yourself holding onto the wall or other objects while walking, you need to continue to use your walker. You may transition to a cane when you are able to stand on your surgical leg without support. Hold the cane in the hand opposite the surgical leg.

Stairs



- 1 Hold onto the railing during stair negotiation.
- 2 Step up with the “good leg” (non-surgical leg) first, then the surgical leg.
- 3 Step down with the “bad leg” (surgical leg) first, then the non-surgical leg.

Bed Mobility



Getting out of bed

- 1 Scoot your bottom and hips to the edge of the bed.
- 2 Slide your legs off the edge of the bed while using your arms to help sit up.



Getting into bed

- 1 Slide your surgical leg forward for comfort and sit on the edge of the bed.
- 2 Scoot your bottom and hips back, bring your legs onto the bed.
- 3 Scoot up in bed using your arms and non-surgical leg.

Standing



- 1 Scoot to the edge of the seat, keeping your surgical leg forward for comfort.
- 2 Push from armrests or toilet to stand.

Sitting



- 1 Back up (using a walker or crutches) until both legs touch the chair or toilet.
- 2 Slide your surgical leg forward for comfort, reach back for the armrest, handle or toilet and then sit slowly.

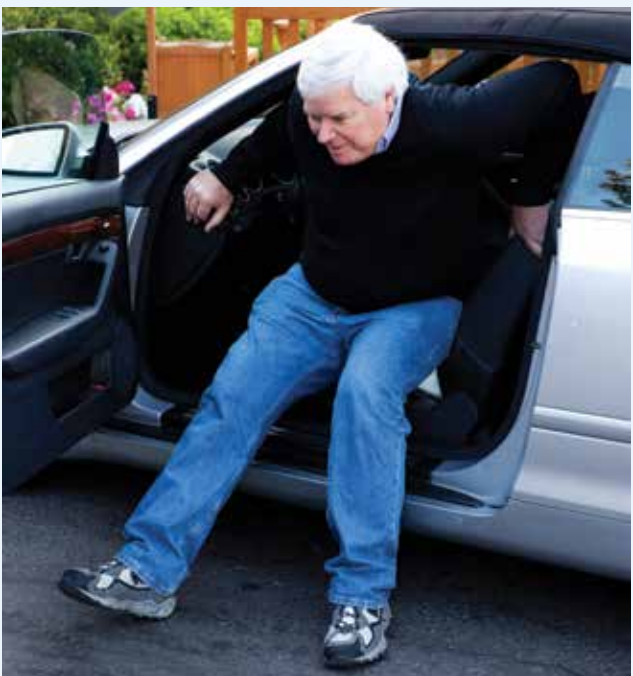
Tub/Shower Transfers



Use adaptive equipment if needed.
For a step-in shower:

- 1 Place shower chair into the shower.
- 2 Stand near the shower lip.
- 3 Step over the shower lip with your non-surgical leg first and then your surgical leg.
- 4 Back up to the shower bench or seat.
- 5 Slide your surgical leg forward for comfort, reach back for the chair or bench and sit slowly. If available, use hand-held shower and/or long-handled sponge to avoid excessive bending.

Car Transfers



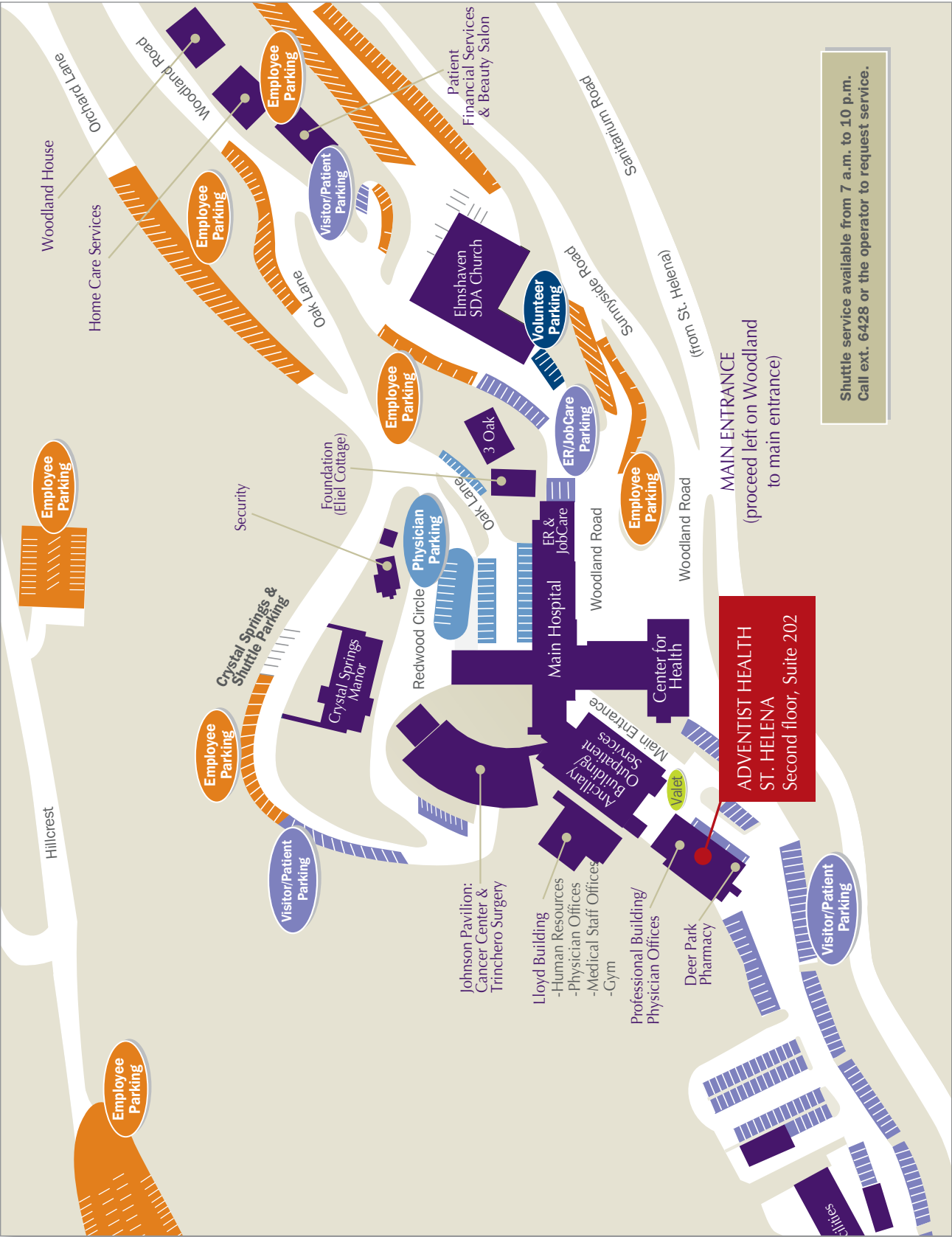
Slide the seat of your car as far back as possible and if able, recline the seat. If needed, place a pillow on the seat to make it level. Two-door cars work best for access, but sedans are fine for car transfers. SUVs and trucks should be avoided for transfers due to the difficulty of getting in and out of the vehicle.

- 1 Back up to the car using your walker (or crutches). Reach back to the car seat or dashboard for support.
- 2 Slide your surgical leg forward as you sit down on the edge of the seat.
- 3 Scoot back on the seat as far as possible and lean back as you swing your legs into the car.
- 4 To get out of the car, reverse the above procedure.

“Before I had the surgery I was in excruciating pain and very limited as to what I could do. The day after the surgery I was able to walk without a walker. Six weeks later I had my second knee done. My quality of life is so much better.”



Judith K. Peart | Retired



Medication Log

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Thank you

for choosing Adventist Health St. Helena.
Our team wishes you wonderful health and
a life of doing the things you love.



Coon Joint
Replacement Institute