Knee Anatomy

- Femur (thighbone)
- Patella (kneecap)
- Tibia (shinbone)
- Lateral collateral ligament (LCL)
- Articular cartilage
- Anterior cruciate ligament (ACL)
- Posterior cruciate ligament (PCL)
- Meniscus

Total Knee Replacement

- Femur (thigh bone)
- Metal surface
- Plastic bearing
- Metal surface
- Screws
- Tibia (shin bone)
- Fibula
Hip Anatomy

Normal Psoas Tendon

Tight Psoas Tendon

Acetabular Rim

Labral Tear

Iliopsoas Tendon

Hip Replacement
“Knee replacement at Baylor Grapevine preserved my active lifestyle”

- Colleen Butterfield
Presentation Overview

• Getting Ready for Surgery
• Day of Surgery
• Your Hospital Stay
• Home Care
• **Physical Fitness**
  – Being physically fit will help during the recovery process
  – Discuss starting an exercise program before surgery with your surgeon
  – Review your booklet and practice post-op exercises
Getting Ready for Surgery

Pre-Admission Testing
• Your surgeon will schedule will arrange pre-admission testing
• You may need to complete paperwork and lab work at the hospital
• Your pre-admit testing nurse will instruct you on proper skin-prep

Morning of Surgery
• Follow your nurse’s instructions at pre-admission testing
• Take medications as recommended by your physician
What to Bring

- List of medications
- Loose-fitting, comfortable clothes for 3-4 days
- Any prostheses or assistive devices
- Toiletries
- Non-skid sole supportive shoes
- CPAP machine (if applicable)
Surgery Day

- Surgery Day Expectations
- Pre-Operative Holding & Anesthesia
- Operating Room
- Recovery Room
Surgery Day

**Surgery Day Expectations**

- Please follow all instructions given to you by your pre-admission nurse
- When you arrive at the hospital, check in at patient registration
- You will be escorted to the pre-op holding area
- You will receive a hospital gown, yellow fall-risk socks
- Your family will be escorted to the surgery waiting room. Progress can be monitored on the digital board with your unique ID number.
Pre-Operative Holding and Anesthesia
• An IV will be started shortly after arriving in the holding area. You will receive anesthesia, fluids and medication.
• You will meet your surgeon and anesthesiologist before your surgery. They are happy to answer any last minute questions.
• Pre-operative medications may be given.
• Your name, birth date and procedure will be checked frequently
• The surgeon will mark your skin on the operating area
What to Expect in the OR

- A “Timeout” will occur to ensure safety
- A urinary catheter will be placed
- A Hemovac drain will be placed in the knee joint drain excess fluid (knee replacement only)
- A dressing and ace wrap will be applied to incision area
- Intrathecal vs. Femoral Nerve Block
Waking Up from Surgery

• Following surgery you will go to the Recovery Room (PACU—Post Anesthesia Care Unit)
• Pain and nausea medications will be available
• You may feel:
  – Sleepy and confused
  – Opening your eyes will be hard and your eyesight may be blurred
  – Dry mouth
  – Soreness around incision site
  – Sore throat
“I can walk and live without pain. I’m back to where I was 20 years ago.”

- Bob Panizo
Your Hospital Stay

- Hospital Basics
- Pain Management
- Infection Control
- Diet
- Physical Therapy
- Discharge Goals
Hospital Basics

• Vital signs and bandages will be checked routinely
• For your safety, we do bedside reporting to help communicate between shifts
• All staff carry phones so you can speak to your nurse directly
• To prevent pneumonia, deep breathing and coughing is very important
• Your urinary catheter and drain will be removed Day 1 or Day 2 after surgery.
• We use different methods to prevent blood clots, these interventions are very important
Your Hospital Stay

Pain Management

- We are dedicated to helping you manage your pain
- You may be given a PCA pump which allows self-medication based on pain
- Pain medication including narcotics, local anesthetics, steroids and anti-inflammatory medication may be administered
- Pain medications may be injected, taken by mouth, or provided by an IV
- If your pain is not controlled, notify your nurse
- Side effects of pain medicine may include sleepiness, nausea, difficult urination, itchiness, constipation

Pain Management Scale
Equipment

- Continuous Passive Motion (CPM)
- Polar Care Machine
- Heel Block
- Abduction Pillow
- Walker
- Bedside commode
- JP drain / Hemovac Drain
- Foot pumps, Compression Hose, Sequential Compression Device
Preventing Infection During Your Stay

- Hand washing - use alcohol foam, wash hands after using restroom, remind caregivers and family to wash hands
- Keep skin around IV catheter and incision clean and dry
- Notify your nurse if a catheter or drainage tube is loose or clogged
- Ask friends and family not to visit if they feel ill
- IV antibiotics
• Your first meal after surgery may be clear liquids (broth, juice, gelatin, coffee, tea, popsicles.)
• Your diet will advance as tolerated.
• For medical problems such as diabetes, heart disease, hypertension, kidney disease, or other conditions, your physician may add restrictions to your diet in the hospital.
Physical Therapy Goals

- Exercising will help work off the effects of anesthesia, stimulate blood circulation and keep your muscles strong.
- Walking is very important to your recovery, as early as the day after surgery you will begin walking with physical therapists.
- Studies have shown that people who exercise heal faster and better than individuals that do not exercise.
Physical Therapy Goals

Getting Up and Around (with staff assistance only)
- Do not attempt to get out of bed, stand up, or walk without help.
- Baylor staff is here to assist you.
- It is imperative that you do your exercises, even if you are weak and uncomfortable at first.

Activity (with staff assistance only)
- Sit on the edge of the bed, then proceed to stand for a few moments.
- Take several slow deep breaths before you stand up.
- Stand and walk as straight as you can.
- Start slowly and stop after short distances.
- Push yourself to walk a bit further each day.
Knee Motion After Surgery

- Regaining knee motion after surgery is important.
- Knee motion improves steadily after surgery but can take months to reach full potential.
- Attempts at joint motion early after surgery can be uncomfortable.
- Attempts at motion are important to minimize future stiffness and scar tissue.
- A CPM machine may be used after surgery based on your physician’s recommendation.
- No pillows should be placed directly under your knee.
Hip Motion After Surgery

- Regaining hip motion after surgery is important
- Attempts at motion early after surgery can be painful, but attempts at motion are important to minimize future stiffness and scar tissue
Physical Therapy Exercises

**Foot Exercises (See book for additional exercises)**

Perform the following movements several times a day:

Ankle pumps

- Point your toes away from your body
- Roll your ankle
- Point your toes toward your head
- Swivel your ankle
Discharge Goals

At discharge, you should be able to:
1. Perform the home exercise program independently.
2. Communicate an understanding of postoperative precautions.
3. Get in and out of bed without assistance.
4. Transfer and walk with the aid of an assistive device.
5. Climb and descend curbs/stairs with the aid of an assistive device.
* Discharge goals may change based on individual needs.

When you are ready to go home, your doctor and nurse will provide you with instructions. Please follow them carefully.
Before you leave the hospital, be sure to know about:

- Medications
- Diet
- Rest, activity and exercise
- Incision care and removal of stitches/staples
- Going back to work
- Driving
- Airport metal detectors
- Follow-up visits with your doctor
1. Caring for Your Incision
2. Physical Therapy at Home
3. Planning for Your Return Home
Caring for Your Incision

- If approved by your surgeon, you may shower
- Keep incision clean and dry
- Contact your physician if redness, swelling or drainage occurs or if you have a fever greater than 100.4F
Home Health Care

- Physical therapist may visit at your home 3 times per week.
- Nursing/occupational therapy may be ordered
- Medicare covers home health care 100 percent, typically
- Insurance - varies based on health care plans
Many of these exercises are the same as those you performed prior to surgery.

You will receive additional exercises from your outpatient or home health physical therapist.

It is the responsibility of the therapist to push you in ways that may be uncomfortable.

Your outcome relies on steady improvement on a daily basis.
Outpatient Therapy

- Have a friend/family member drive you to therapy
- Physician will release you to therapy after your discharge home
Skilled Nursing Facility

- Inpatient at the facility, daily therapy
- Length of stay determined by progress
Inpatient Rehab

- Inpatient at the facility, daily therapy
- 1 ½ hours of therapy daily
- Length of stay determined by progress
Planning for Your Return Home

• Plan easy meals in advance.
• Organize your kitchen so that supplies are at shoulder or waist level to avoid excessive lifting, bending or reaching.
• Prepare a room downstairs if you live in a two-story house.
• Clear your house of obstacles and remove any throw rugs for safe walking.
• Have a firm chair with armrests and good height available.
• Arrange for help from a friend or family member to assist with housekeeping, shopping or driving.
• Be cautious of small pets who could trip you.