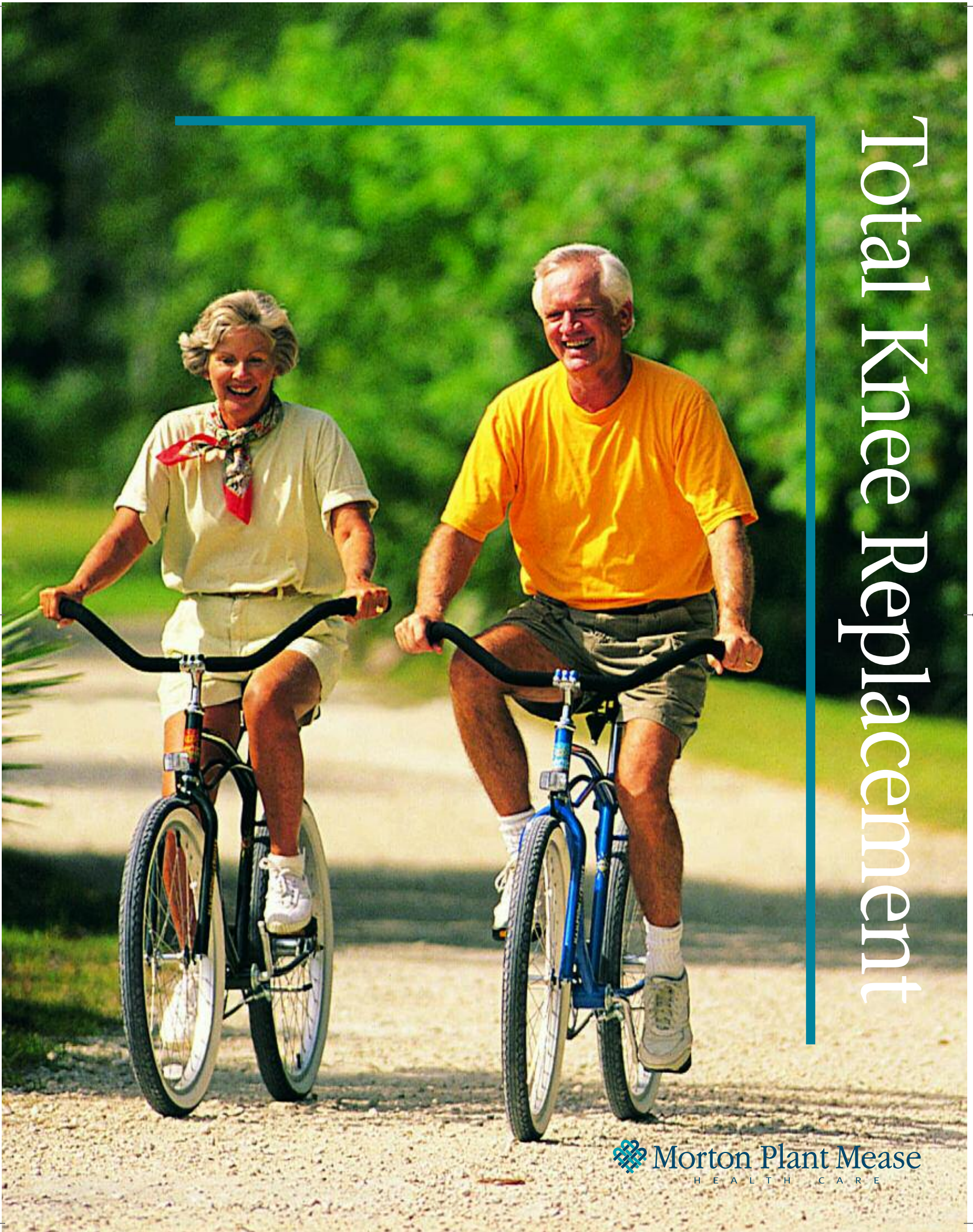
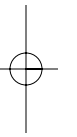
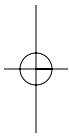
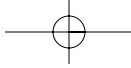
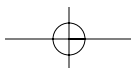


Total Knee Replacement





*This book was made possible
through a generous educational grant
from Stryker Corporation.*



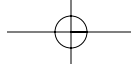


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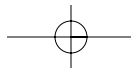
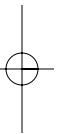
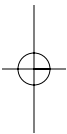
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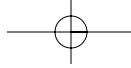


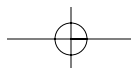
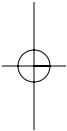
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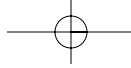
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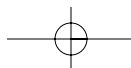
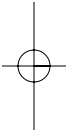
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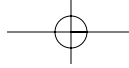
General Information

WELCOME TO THE TOTAL KNEE REPLACEMENT PROGRAM

YOUR MORTON PLANT TEAM

ON THE BIG DAY



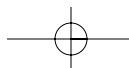
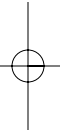
**CHAPTER ONE:****General Information****WELCOME TO THE TOTAL KNEE REPLACEMENT PROGRAM**

Learning as much as you can about total knee replacement in the days before your surgery will help you play a more active role in your recovery. That's why the health care professionals at Morton Plant Hospital developed this book. It is our hope that it will increase your general knowledge of total knee replacement. This book will also help you prepare for surgery, and guide you through recovery.

Because we wanted to give you as much information as possible, you may find this book a little overwhelming at first glance. We suggest you read it at a leisurely pace. But do try to read the entire manual before checking in for surgery.

Bring this book with you when you come to the hospital for your knee replacement. Review with your doctors, nurses, physical therapists, social workers and occupational therapists any questions you may have. They will address your concerns, guide you through the surgery itself, and help you and your family to create a recovery plan.

This book has been prepared only for your information. It should not be considered a substitute for medical advice.



CHAPTER ONE:**General Information****YOUR MORTON PLANT TEAM**

At Morton Plant Hospital, your orthopaedic surgeon is supported by a strong and talented team. These team members will help you prepare for surgery, make your hospital stay as comfortable as possible, and help you recover as quickly as possible. Members of your team include:

Nurses

Morton Plant nurses will coordinate your activities while at the hospital. They will help you learn how to move your body after surgery. They will also take charge of your personal care, pain management and discharge planning.

Physical Therapists

Our physical therapists will develop an exercise program specifically designed to strengthen your new knee and the muscles surrounding it. They will also teach you how to safely use a walker or crutches.

Occupational Therapists

After surgery, you may find daily tasks have become difficult. Getting in and out of bed, dressing yourself, showering, and washing the dishes may all seem challenging in the days immediately following your surgery. A Morton Plant occupational therapist may be ordered to teach you simple techniques to make activities of daily living easier.

Social Workers

Social workers will help you plan your release from the hospital. They will also communicate with your family and friends. During these discussions, social workers identify the support that your relatives and friends can provide during your recovery period, and educate them (and you!) on the community resources available to help you until you regain your complete independence. These professionals will also help you understand your insurance benefits.

While staying at Morton Plant, you may also meet other health care workers. These include home health, dietary, and respiratory care staff.

General Information

ON THE BIG DAY

You'll have a lot to think about on the day of your knee surgery. The last thing you want to worry about is where to park your car. By providing the information below, we hope to clarify all the specifics of your hospital stay. We hope to ease your mind.

Surgical Time and Admission Information

Surgical

A Morton Plant team member will call you between 2pm and 8pm on the day before your surgery. They will let you know what time to arrive at the hospital and where to check in. (This team member will also tell you where to park.) **If no one has called you by 5pm the evening before your surgery, please contact us at (727) 462-7010.**

Parking

There is a valet service for your parking convenience at the ER-1 entrance. The hours are 5am till 11pm. Please follow the maps provided on pages 5 and 6 of this packet.

Transportation

Van transportation is available to Pinellas County patients who have no other way to get to Morton Plant Hospital. Certain restrictions apply:

- Service available from 8am–3pm only.
- You must be able to step in and out of the van without help.
- You must be traveling to the hospital on a weekday, Monday to Friday.

(The service is **not** available on weekends.)

If you qualify for this service, please call (727) 461-8548. We will be happy to arrange transportation for you.

Patient Education

Morton Plant offers free knee replacement education classes every Tuesday from 1-3pm. These classes give you the opportunity to meet with an orthopaedic nurse. He or she will talk about what you can do to prepare for your surgery. The nurse will also answer any questions you have about the procedure. **It is highly recommended that you attend this class. To register for this class, please call (727) 462-7586.**

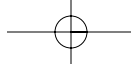
CHAPTER ONE:**General Information****ON THE BIG DAY CONTINUED****A Place to Stay**

The Delux Motel, located at 1477 S. Ft. Harrison Ave., offers a discounted rate to Morton Plant knee replacement patients and their families. This is very helpful if you want to spend the night before your surgery in Clearwater, or if your family members want to stay close to the hospital while you recuperate. Call the Delux at (727) 442-8993. (Make sure to let the hotel know that you are a Morton Plant patient.) The Belleview Biltmore Resort & Spa, 25 Belleview Blvd., also offers discounted rates. You can contact that hotel at (727) 442-6171.

Other Important Phone Numbers

Pre-admission nurse: (727) 461-8399

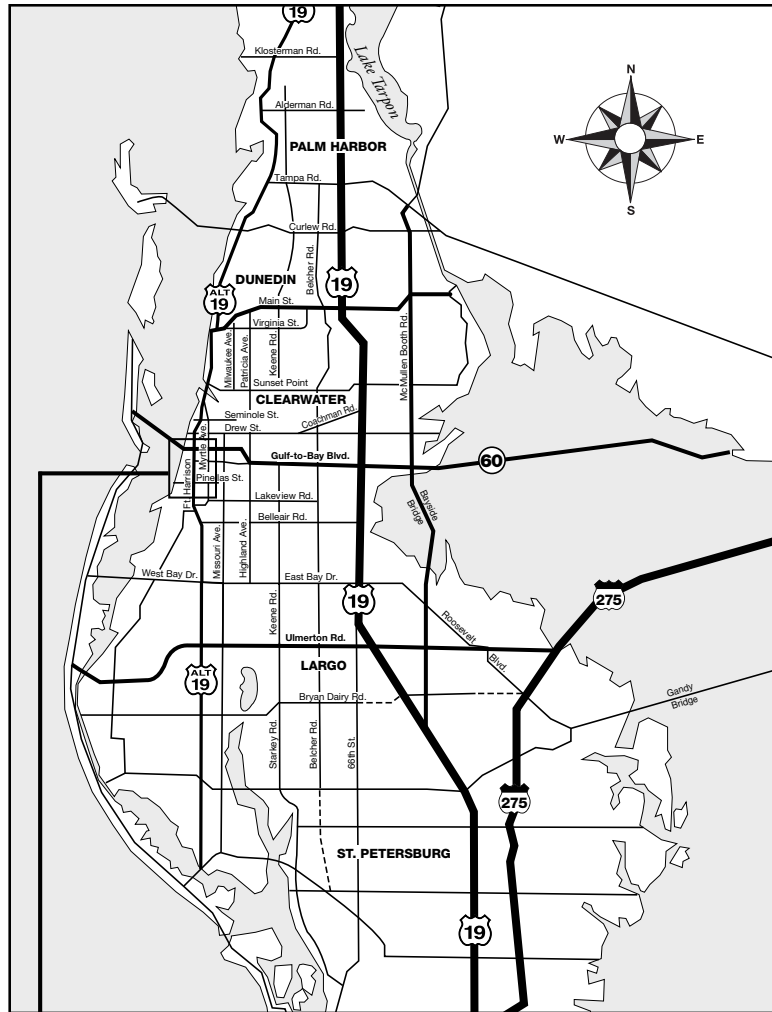
Pre-operative registration: (727) 462-7060



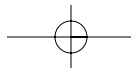
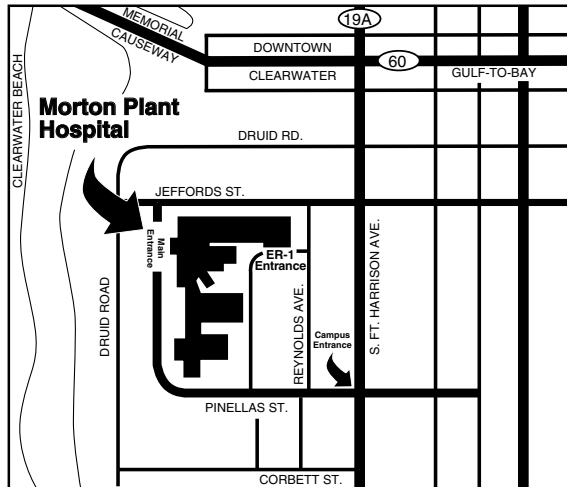
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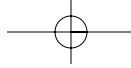
General Information

HOW TO FIND MORTON PLANT HOSPITAL



Morton Plant Hospital is located in downtown Clearwater. You can find us on Pinellas St., just off S. Ft. Harrison Ave. (also known as Alternate Route 19). For directions or more information, please call (727) 462-7500.

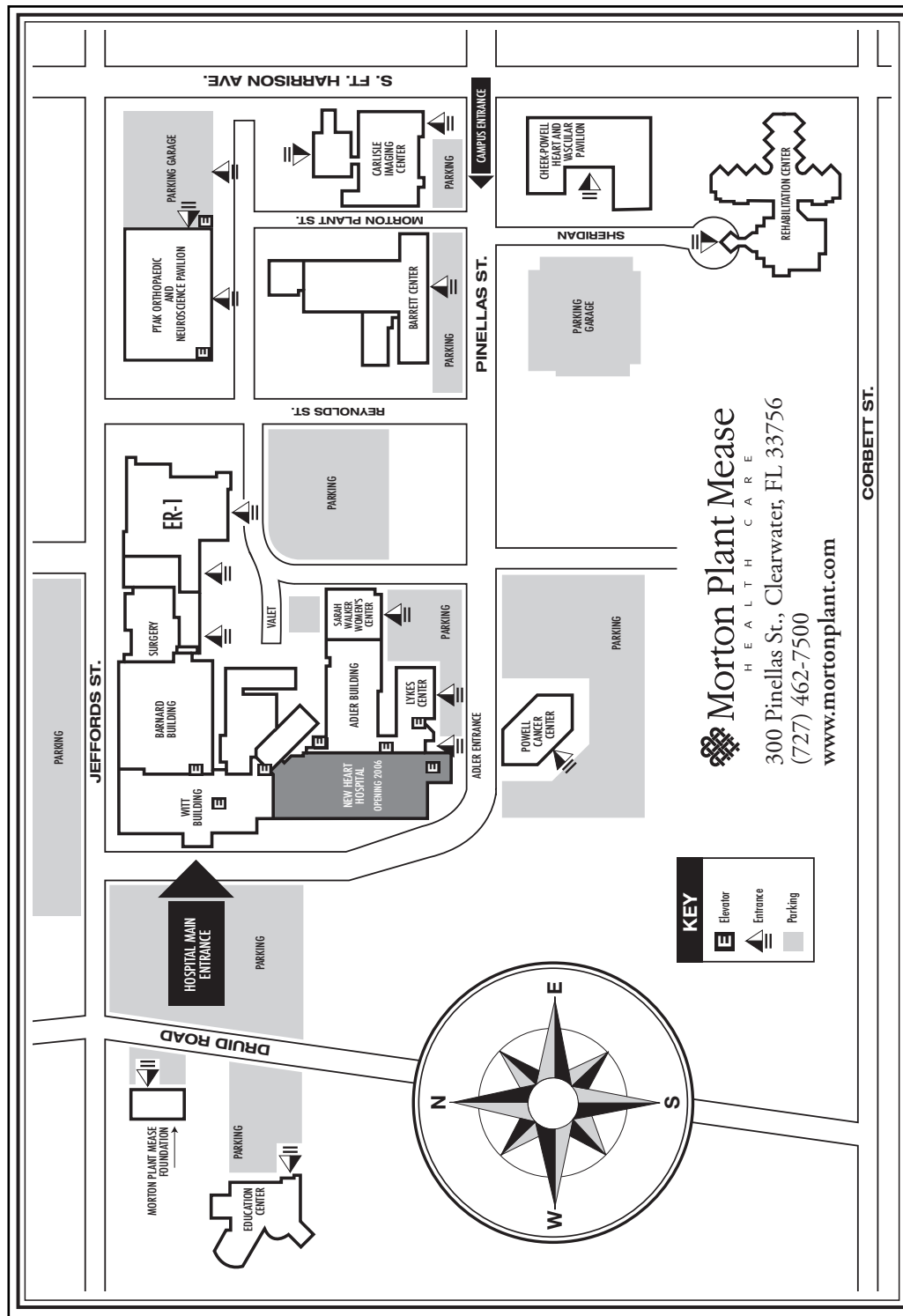




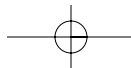
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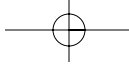
General Information

MORTON PLANT HOSPITAL CAMPUS MAP



*Valet Parking hours are 5am to 11pm.

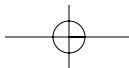
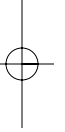
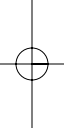


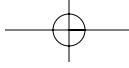


CHAPTER ONE:

General Information

THIS PAGE IS RESERVED FOR FUTURE INFORMATION





Meet Your Knee

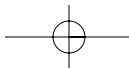
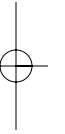
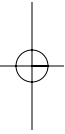
CHAPTER TWO:

Meet Your Knee

THE NORMAL KNEE

THE PROBLEM KNEE

YOUR NEW KNEE

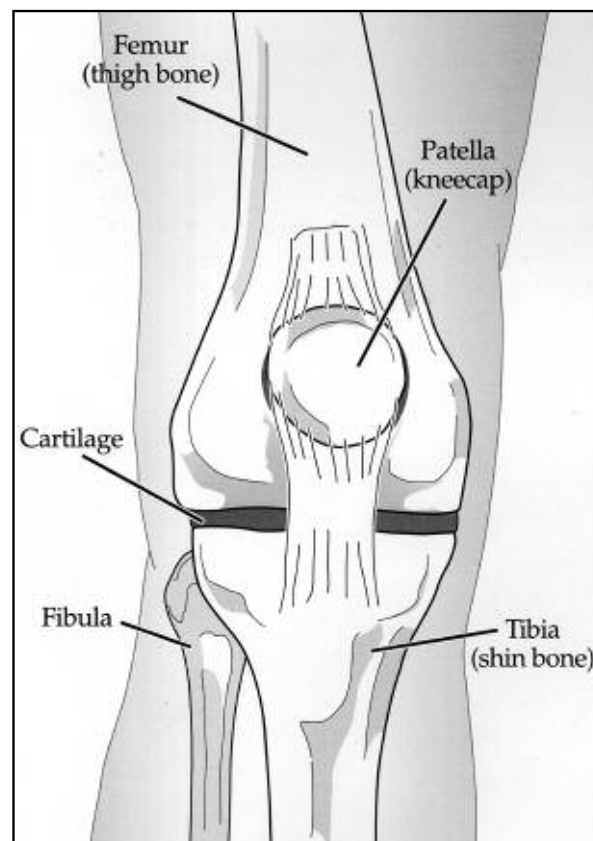


Meet Your Knee

THE NORMAL KNEE

The knee joint is the largest and most complex joint in the body. It has four parts:

- Two knuckle-like projections at the lower end of the thigh bone (technically, the "femur") and the upper end of the shin bone (the "tibia"). These areas slide against each other and allow you to bend your knee.
- Cartilage—or a smooth layer of tissue—covers joint surfaces and allows the knuckle-like projections from your thigh bone and shin bone to move smoothly against each other.
- The patella. This body part is more commonly known as the kneecap. It covers the knee joint, and is what you feel when you touch your knee.

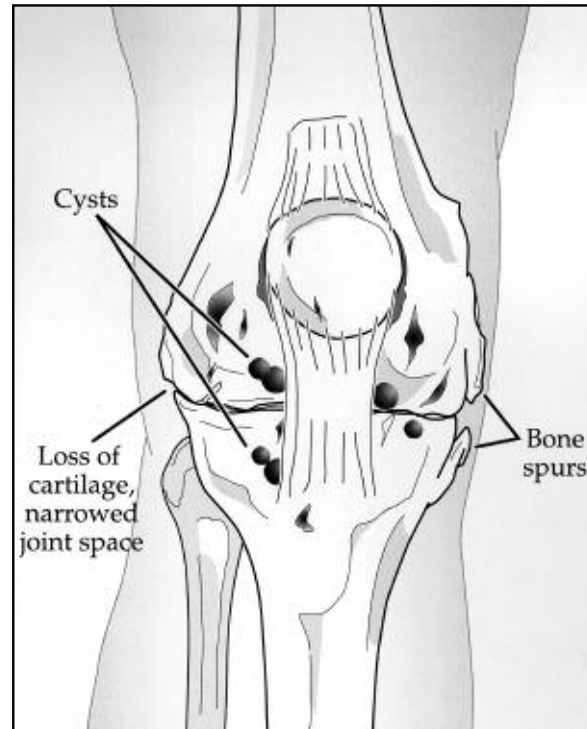


CHAPTER TWO:**Meet Your Knee****THE PROBLEM KNEE**

Infection, injury and disease can all affect the way the knee works. However, arthritis is the most common cause of knee-joint deterioration.

Arthritis is a name used to describe a number of diseases that cause swelling of the joints and friction between the cartilage and bones. This friction causes cartilage and bone to break down. When the rough edges of the bones move against each other, the result is pain and a loss of knee movement.

Pain in your knee leads to difficulty in performing daily activities. If you experience pain when bending your knee, it will be hard for you to climb stairs, to exercise, even to walk to the mailbox. Medicines can relieve the pain for a while, but they can't solve the long-term problem.



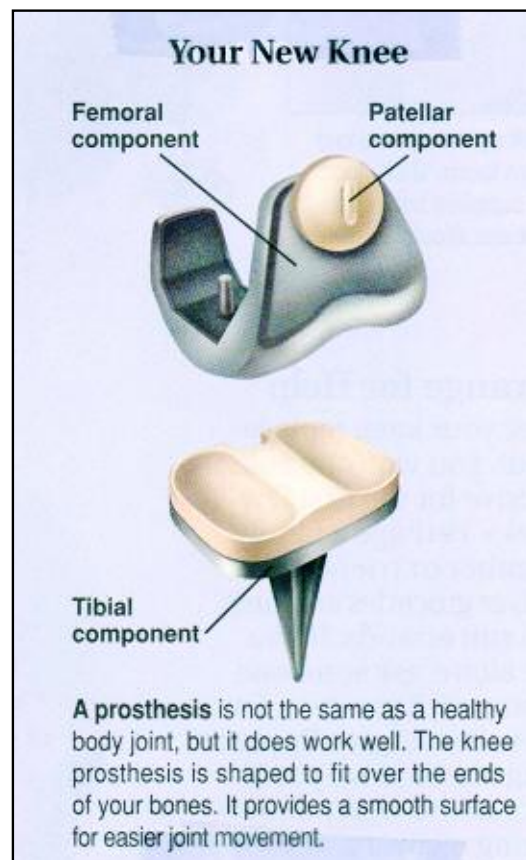
Meet Your Knee

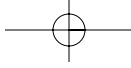
THE NEW KNEE

During your total knee replacement, an orthopaedic surgeon will remove damaged bone and cartilage from your knee and replace them with an artificial joint. (The artificial joint is called a "prosthesis.") This artificial knee will provide a smooth surface against which your bones can move.

The upper part of the artificial knee is constructed of metal (typically, titanium, stainless steel or cobalt) and fits into your thigh bone. The lower part fits into your shin bone and is built of metal and a type of plastic called "polyethylene." These two parts touch and glide against each other just as a normal knee joint does, allowing your knee to bend more easily.

A new kneecap will fit over the front of your artificial knee. Your new knee will be held in place by special bone cement, by your bone growing into the prosthesis, or by a combination of both.





Getting Ready for Surgery

CHAPTER THREE:

Getting Ready for Surgery

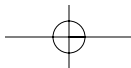
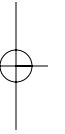
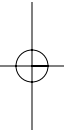
MEDICAL HISTORY, PHYSICAL EXAM

INSURANCE COVERAGE

BLOOD TRANSFUSION CHOICES

HEALTH CARE DIRECTIVES

DISCHARGE PLANNING



Getting Ready for Surgery

MEDICAL HISTORY, PHYSICAL EXAM

No surgical procedure can take place without us first taking a good look at your overall health. In order for your orthopaedic surgeon to do his or her job to the best of his or her ability, he or she needs to know about your medical history. The surgeon also needs to ensure that you are healthy enough to undergo knee replacement.

The week before your surgery, visit your primary care physician for a health history and physical exam. The exam will determine your current health status. (If you're wondering when to make your appointment, **now** is a good time to call.)

You may be directed to continue taking any general-health medications up until the day of your surgery. Conversely, you may need to stop taking certain medicines before checking into Morton Plant. **Please talk with your doctor about which medicines to take, and which to stop, before your surgery.**

It is very important that you tell your primary care physician about any medicine you may be taking—prescription or over-the-counter. Aspirin products and anti-inflammatory medications such as ibuprofen (the active ingredient in Advil and Motrin), naproxen (Aleve), piroxicam (Feldene), nabumetone (Relafen), and oxaprozin (Daypro) may need to be stopped several days before your surgery. This may also be true for diet pills, Vitamin E, and herbal supplements such as echinacea, ephedra, garlic, ginkgo, ginseng, kava, and St. John's Wort.

CHAPTER THREE:**Getting Ready for Surgery****INSURANCE COVERAGE**

Health care benefits are constantly changing. It is important for you to understand your benefits before undergoing surgery. Call your insurance provider to find out exactly what your plan covers, and what it doesn't.

BLOOD TRANSFUSION CHOICES

Your Morton Plant surgeon will try to keep your blood loss to a minimum. Still, you may need a transfusion during your surgery.

Blood for your transfusion can be obtained from the following sources:

- From the public: This is the most common way blood is donated and received. Any healthy person can donate blood—typically, to an organization such as Florida Blood Services. That blood is later used when someone with the same blood type needs a transfusion. Donors are carefully screened, and their blood is tested for diseases such as AIDS, HIV, and hepatitis. If you choose to simply accept donated blood, you need make no further preparations for your possible transfusion.
- From a family member or friend: This type of blood donation (sometimes called a "directed donation") occurs when a family member or friends donate blood for you. (Remember, any family member or friend donating must have the same blood type as you.) Your friend or family member will undergo the same screening and testing as general donors do. You may want to know that there is no evidence that blood from directed donors is any safer than the blood available from the general blood supply. To arrange for a directed donation, please call Florida Blood Services.
- You can donate your blood from six weeks before your surgery but no later than 14 days prior to your surgery. It will be used during your surgery if needed, and thrown away if not. You must check with your physician to make sure it is safe for you to donate your own blood. Because blood donations can make you anemic, your doctor may want you to take an iron supplement during the period you are donating. If you wish to donate your own blood, you must make arrangements with Florida Blood Services.

A listing of Florida Blood Services offices appears on the following page.

CHAPTER THREE:**Getting Ready for Surgery****BLOOD TRANSFUSION CHOICES CONTINUED**

If you choose to donate your own blood, you will need to make an appointment by calling Florida Blood Services at any of the numbers below.

Pinellas County—(727) 568-5433

Clearwater Office
1680-1682 S. Missouri Ave.
(727) 582-9500

St. Petersburg Office
10100 Dr. Martin Luther King Jr. St. N.
(727) 568-5433, ext. 2112

Tyrone Office
1700 66th St. N., Suite 102
(727) 384-4145

Largo Office
11401 Belcher Road, Suite E
(727) 544-5050, ext. 2583

Pasco County—(727) 819-5433

Hudson Office
7214 State Road 52
(727) 819-5433, ext. 3100

Wesley Chapel Office
5319 Village Market
(813) 929-6500

Hillsborough County—(813) 632-5433

Tampa Office
5301 E. Fletcher Ave.
(813) 903-2600

Brandon Office
727-A West Lumsden Road
(813) 661-4528

Plant City Office
1902 James L. Redman Parkway
(813) 752-7638

Northdale Office
15427 N. Dale Mabry Highway
(813) 964-1354

For information regarding blood donation, call **1 (800) 68-BLOOD** or visit www.fbsblood.org

CHAPTER THREE:**Getting Ready for Surgery****HEALTH CARE DIRECTIVES**

A health care directive (also known as a "living will") gives a person of your choice the power to act on your behalf during any medical emergency you may suffer. These documents are used to ensure that your wishes are followed even if you are no longer able to communicate them yourself.

A health care directive goes into effect when:

- You are in a coma or near death.
- You cannot communicate your wishes through speech, in writing, or by gestures.

If you don't yet have a living will, you may request one when you are being admitted to the hospital. Just ask an admissions representative for a living will form.

Since the medical team must know of your medical directives in order to enforce them, **please bring a copy of your living will to the hospital with you.** It will become part of your records.

Getting Ready for Surgery

DISCHARGE PLANNING

Our goal at Morton Plant Hospital is to have you ready to go home after your hospital stay. After all, that is where we would all like to be! However, there may be occasions when you need to have further rehabilitation. Planning for discharge is important. We will work with you and your family to develop a discharge plan that will help you make discharge arrangements before surgery.

Home Health Care

Most patients will need help beyond what family and friends can provide. Home health workers can bridge that gap. These include physical and occupational therapists, home health aides, and nurses. Home health workers help you walk, regain strength, and complete daily living tasks. They also monitor your condition and safety.

You are a candidate for returning home (with the help of home health) if you can:

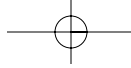
- Get in and out of bed or a chair with minimal help.
- Walk with a walker, crutches or cane.
- Walk from your bedroom to your bathroom, and from your bedroom to your kitchen.
- Safely navigate any stairs in your home.

Discharge to a Skilled Nursing Facility or Rehabilitation Center

Some patients need more help than home health can provide, requiring skilled nursing care and/or rehabilitation. In a skilled nursing or rehabilitation center, you can continue your rehabilitation before returning home. Therapy helps you build strength and endurance, with a goal of returning home as soon as possible.

There are aggressive rehabilitation hospitals in the area, including Mease Hospital Dunedin Transitional Care Unit and Morton Plant North Bay's Acute Rehabilitation Unit. In addition, there are a number of places to choose from for skilled nursing care, if needed. These include Morton Plant Rehabilitation Center, conveniently located on the Morton Plant Hospital campus. Our social worker will discuss these options with you at the pre-op class.

Talk with professionals in your orthopaedic surgeon's office and ask them to identify a facility that's right for you.



CHAPTER THREE:

Getting Ready for Surgery

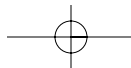
DISCHARGE PLANNING CONTINUED

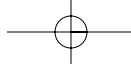
In order to ensure a smooth transition from Morton Plant to your nursing facility or rehabilitation center, you should complete the following tasks **before** checking into our hospital.

- Identify three skilled nursing facilities with which you feel comfortable, and which can provide the services needed by total knee replacement patients.
- Call your insurance company to ensure it will cover your stay at these facilities.
- If possible, visit each of these facilities before your surgery. If a personal visit is not possible, call to place yourself on their admissions lists. The staff of these facilities will need your name, date of surgery, and possible date of discharge from Morton Plant. (Most knee replacement patients are discharged from Morton Plant three to five days after surgery.)

When you arrive at Morton Plant, give your nurse or social worker a list of the facilities you have contacted. Use the form below.

	Facility Name	Facility Telephone Number
1.	_____	() _____
2.	_____	() _____
3.	_____	() _____





CHAPTER FOUR:

Caring for Yourself—Pre-Surgery Preparations

PRE-SURGERY STRENGTHENING PROGRAM

PRE-SURGERY PROGRESS CHART

PRE-SURGERY MOBILITY EXERCISES

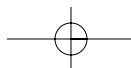
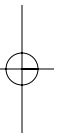
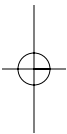
PREPARING YOUR HOME FOR YOUR RETURN

IF YOU LIVE ALONE

WHAT TO PACK

THE DAY BEFORE YOUR SURGERY

THE MORNING OF YOUR SURGERY



Caring for Yourself—Pre-Surgery Preparations

PRE-SURGERY STRENGTHENING PROGRAM

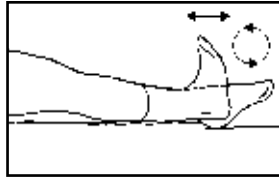
Because of your knee discomfort, you may have been living a less active life than you'd like. Having your knee replaced will correct your joint problem, but it won't strengthen the muscles surrounding your knee. That's up to you.

When muscles aren't used, they grow weak and fail to support the body properly. You need a regular exercise program to strengthen your muscles, so that they in turn can support your new joint. Starting this exercise program before your surgery can make for a much easier recovery.

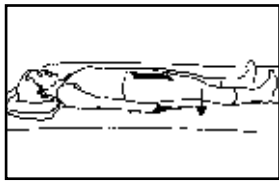
The following pages list several exercises you can perform before surgery. Because everyone responds to exercise differently, only you can judge how much exercise to complete each day. If an exercise causes an increase in your knee pain, stop doing it.

Try to exercise once or twice each day. Keep track of your progress on the chart provided later in this chapter. Begin several weeks before your surgery. You should start off by performing five repetitions of each exercise. If you can, increase the number of repetitions by five each week until you can perform each exercise 20 times.

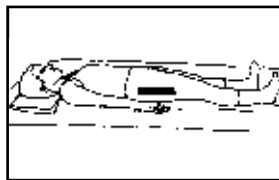
You can complete most exercises while lying down. Your bed is an excellent spot on which to perform these exercises.

CHAPTER FOUR:**Caring for Yourself—Pre-Surgery Preparations****KNEE EXERCISE—BEFORE SURGERY****Ankle Pumps and Circles**

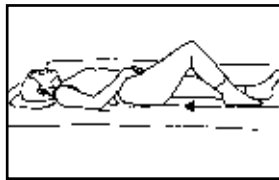
Lie down on your back with a pillow to support your head. Bend both your ankles up, pulling your toes toward you, then bend both your ankles down, pointing your toes away from you. In addition, rotate your foot clockwise and counterclockwise, keeping your toes pointed toward the ceiling.

**Thigh Squeezes**

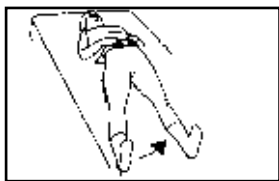
Lie down on your back with a pillow to support your head. Tighten the muscles in front of your thigh by pushing the back of your knees down onto the bed. Hold for five seconds.

**Buttocks Squeezes**

Lie down on your back with a pillow to support your head. Squeeze the muscles of your buttocks together. Tighten the muscles. Hold for five seconds.

**Heel Slides**

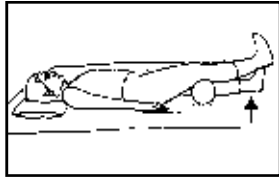
Lie down on your back with a pillow to support your head. Bend your knee by sliding your heel up toward your buttocks. Keep your heel on the bed. Keep your kneecap pointed toward the ceiling throughout the exercise. You may want to place a cookie sheet under your heel to help it slide more easily.

**Leg Slides**

Which knee is scheduled for joint replacement? That is called your "involved" side. Lie flat on your bed, and slide the involved leg out to the side, keeping your kneecap pointed toward the ceiling. Slide your leg back and return to the starting position.

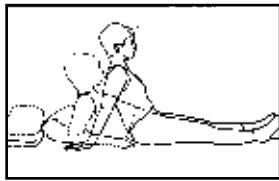
Caring for Yourself—Pre-Surgery Preparations

KNEE EXERCISE—BEFORE SURGERY CONTINUED



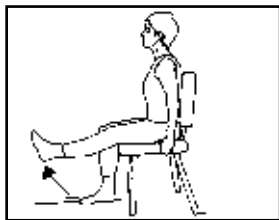
Lying Kicks

Lie on your back with a three-pound coffee can or rolled blanket under your involved knee (if your left knee will be operated on, use your left knee for this exercise). Straighten your knee. Hold for five seconds. The back of your knee should stay in contact with the can or blanket throughout the exercise.



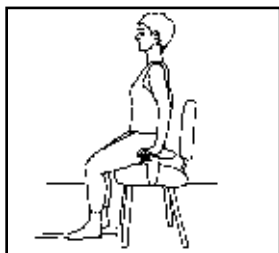
Bed Mobility Exercise

Lie flat on your back. Rise up onto both elbows. Straighten your arms out behind you and come to a sitting position. Lower yourself down onto your elbows again, then lie flat.



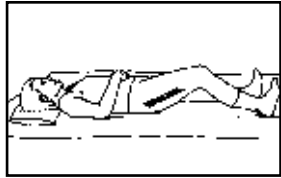
Sitting Kicks

Sit in a sturdy chair. Lift your involved leg and straighten your knee as much as possible. Hold for five seconds. Return to the starting position and relax.



Chair Push Up

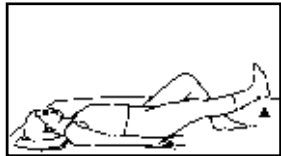
Sit on a sturdy chair with arms. Grasp the arms of the chair. Push down on the chair arms, straightening your elbows so that you raise your buttocks off the seat. Lower yourself slowly back into the chair. If your arms are weak at first, use your legs to help raise your buttocks off the chair.

CHAPTER FOUR:**Caring for Yourself—Pre-Surgery Preparations****OPTIONAL KNEE EXERCISES—BEFORE SURGERY****Hamstring Sets**

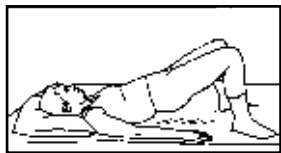
Lie down on your back with a pillow to support your head. Bend your involved knee a little and tighten the muscle on the back of your thigh by digging your heel into the bed. Hold for five seconds.

**Abduction Sets**

Lie down on your back with a pillow to support your head. Tighten muscles on the outside of your thigh by pushing the involved leg outward against an immovable object. Hold for five seconds.

**Straight Leg Raises**

Lie down on your back with a pillow to support your head. Bend your uninvolved leg. Keep your foot flat on the bed. Raise your involved leg about 12 inches, keeping your knee straight. Hold briefly. Progress to holding for five seconds.

**Bridging**

Slowly raise your buttocks from the bed, keeping your stomach muscles tight. Hold. Slowly lower your buttocks onto the bed. Relax.

CHAPTER FOUR:

Caring for Yourself—Pre-Surgery Preparations

PRE-SURGERY PROGRESS CHART

Keep track of your exercise progress by checking off the exercises you've completed, and the days you've completed them. You may also want to record how many repetitions of each exercise you were able to complete.

EXERCISE	WEEK ONE							WEEK TWO							WEEK THREE							WEEK FOUR											
	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S					
<input type="checkbox"/> Ankle Pumps/Circles																																	
<input type="checkbox"/> Thigh Squeezes																																	
<input type="checkbox"/> Buttocks Squeezes																																	
<input type="checkbox"/> Heel Slides																																	
<input type="checkbox"/> Leg Slides																																	
<input type="checkbox"/> Lying Kicks																																	
<input type="checkbox"/> Bed Mobility Exercise																																	
<input type="checkbox"/> Sitting Kicks																																	
<input type="checkbox"/> Chair Push Up																																	
OPTIONAL EXERCISES																																	
<input type="checkbox"/> Hamstring Sets																																	
<input type="checkbox"/> Abduction Sets																																	
<input type="checkbox"/> Straight Leg Raises																																	
<input type="checkbox"/> Bridging																																	

CHAPTER FOUR:**Caring for Yourself—Pre-Surgery Preparations****PRE-SURGERY MOBILITY EXERCISES**

Until your knee heals from surgery, you may need to learn how to move differently even when performing the most common tasks. Getting in and out of bed, for example, or getting on and off a chair. Practice the following mobility techniques **before** surgery, so you'll know how to move **after** surgery.

Getting In Bed

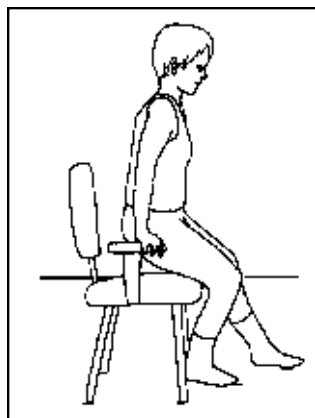
- Back up against the bed until you feel it hit the back of your legs.
- Place your involved leg forward. (This is the leg on which you will have surgery.)
- Reach for the bed surface, lowering yourself slowly to the edge.
- Scoot back on the bed until your knees feel supported.
- Gradually turn your body until you are straight in the bed.

Getting Out of Bed

- Come to a sitting position in the bed.
- Push with your hands and slide your body across the bed until you are sitting at the edge.
- Place your involved leg forward.
- Push off the bed and stand up.
- Do not reach for a walking device until your balance is secure.

Sitting On a Chair or Toilet

- To sit down, back up against the chair or toilet until you feel it hit the back of your legs.
- Place your involved leg forward.
- Reach back with both hands and sit down.

**Getting Off a Chair or Toilet**

- Slide to the edge of the chair or toilet.
- Push off with your arms while leaning forward slightly.
- Do not reach for a walking device until your balance is secure.

Caring for Yourself—Pre-Surgery Preparations

PRE-SURGERY MOBILITY EXERCISES CONTINUED

Sitting In an Armless Chair

- Approach the chair from the side.
- Place your involved leg forward if it is comfortable for you to do so.
- Reach back for the side edge of the chair and sit down, then turn yourself face- forward.

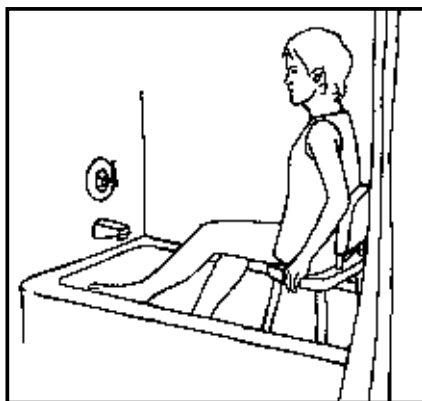
Getting Out of an Armless Chair

- Turn yourself so you are sitting sideways in the chair.
- Place your involved leg forward.
- Push up from the chair with both hands while leaning forward slightly.
- Do not reach for a walking device until your balance is secure.

Getting In the Shower/Tub

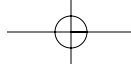
For a time after surgery, you may need handrails or grab bars to help support yourself getting in and out of the shower. In addition, ask someone to stand nearby to provide assistance, if needed. Since everyone's tub-and-shower setup varies, it's a good idea to talk to your occupational therapist. He or she can give you some tips for your bathroom.

- Buy a tub bench. Have it installed in your bathtub or shower.
- Approach the bench from the side, then place your involved leg forward.
- Reach back for the edge of the tub bench or handrail and sit down.
- Lift your legs into the tub. If you can't use your own muscles to move your involved leg, you can use a cane, crutch or a wide belt to lift your leg into the tub.



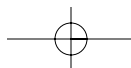
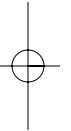
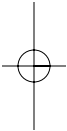
Getting Out of the Shower/Tub

- Bring your legs over the tub edge.
- Push up from the bench with both hands, or use handrails to pull yourself up.
- Do not reach for a walking device until your balance is secure.

**CHAPTER FOUR:****Caring for Yourself—Pre-Surgery Preparations****PRE-SURGERY MOBILITY EXERCISES CONTINUED****How to Go Up and Down the Stairs**

Your therapist will review the specifics of stair climbing with you, but, in general:

- Remember to go up the steps leading with your good leg, then bring your involved leg up to the same step. You can remember this technique with the adage, "Up with the good."
- When descending the stairs, lead with your involved leg, then bring your good leg down to the same step. The adage "Down with the bad" applies.



Caring for Yourself—Pre-Surgery Preparations

PRE-SURGERY MOBILITY EXERCISES CONTINUED

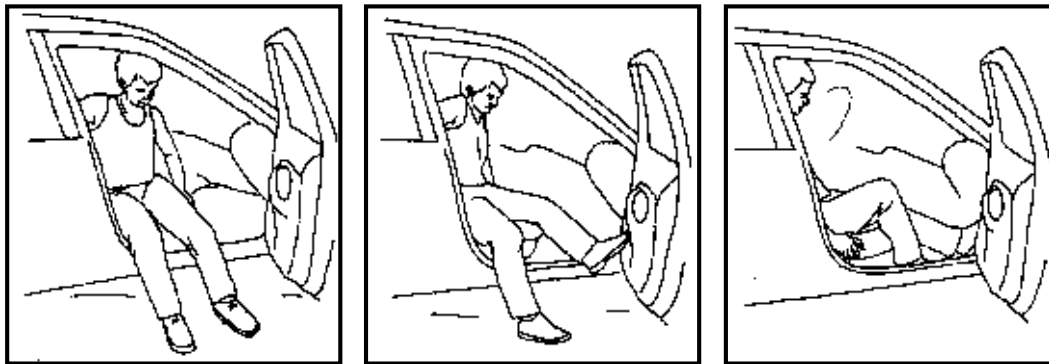
Getting In a Car

Placing a large plastic bag on the car seat will help you move more easily. Anytime you're getting in or out of a car, ask the driver to park about four feet from the curb edge. Also ask him or her to avoid inclines. Then:

- Back up to your car seat. Place your involved leg forward.
- Reach back and find a handhold—a dashboard, seatback, or stable car door will do.
- Slowly lower yourself onto the seat.
- Scoot back into the car seat. Ask for help from a friend, or use a cane, crutch or belt, to lift your involved leg as you bring your legs into the car.

Getting Out of a Car

- Slide closer to the driver's seat. Ask for help, or use a cane, crutch or belt to lift your involved leg out of the car.
- Scoot to the edge of the seat, and place your feet on the street (on the street, not the curb). Place your involved leg forward.
- Using the handholds discussed in "Getting In a Car" push with your arms and use your uninvolved leg to stand.
- Do not reach for your walking device until your balance is secure.



CHAPTER FOUR:**Caring for Yourself—Pre-Surgery Preparations****PREPARING YOUR HOME FOR YOUR RETURN**

Homecoming should be a joyful experience for you. To make the transition from hospital or rehabilitation center to home as happy, and as safe, as possible, you may want to rearrange some of the items in your house. Consider the following:

- Move frequently used items in the kitchen, bathroom, bedroom and workshop to tabletops, or to any surfaces sitting roughly at waist level. The items you'll probably move include shoes, clothing, food, medications, toiletries, and toilet paper.
- Move low tables away from your couch and your chairs.
- Make sure there are clear pathways leading from your bedroom to your kitchen, and from your bedroom to your bathroom. Eliminate clutter around the house.
- Remove all throw rugs from your floors.
- Are your stair railings secure? If not, fix them. If you're constructing a new railing on your stairs, make sure it extends a few inches past the end of the staircase.
- If your bathroom isn't on the first floor of your home, you may want to consider some temporary relief options. For example, you may want to purchase a portable commode.
- Install grab bars in your bathtub or shower. You may also want to place them by the toilet.
- Purchase a tub bench.
- Apply adhesive slip strips to your tub or shower.
- Consider using liquid soap (stored in a dispenser) rather than hand-held soap.
- Place a phone in your primary sitting area, and near your bed. You'll find cordless phones very convenient. If you are home alone, you should carry a cordless phone in your walker bag or fanny pack. (This increases ease of access in case an emergency arises.)
- Select a chair that you will use when you come home. The best chair for those recovering from knee replacement surgery will be firm, allow you to sit at least 18 inches above the floor, and have arms. It should be short enough so that your feet sit flat on the floor, and should place your knees lower than your hips.
- Install nightlights in each room. Try to buy the type with sensors that automatically turn the lights on at sundown.

Caring for Yourself—Pre-Surgery Preparations

IF YOU LIVE ALONE

Those living alone will face special challenges after knee replacement surgery. To make your homecoming as easy as possible, you may want to complete the following tasks before checking into the hospital.

- Find someone to do your yard work.
- Arrange to have your paper and mail delivered to your door rather than to your curb.
- Arrange for transportation to the grocery store, community events, your place of worship, family get-togethers, and to appointments with your physician and therapist.
- Find someone to help care for your pet.
- Prepare and freeze a few meals before your surgery.

CHAPTER FOUR:**Caring for Yourself—Pre-Surgery Preparations****WHAT TO PACK**

Bringing a few items from home can make your stay in the hospital or rehabilitation center more comfortable. We suggest you:

Bring to the Hospital

- Non-skid closed-toe-to-heel slippers, sneakers or walking shoes
- A toothbrush, toothpaste, mouthwash, or denture supplies
- A comb or hairbrush
- Shaving supplies and cosmetics
- A container of antibacterial wipes

Please bring no more than \$5 cash to the hospital with you. Please leave your jewelry and other valuables at home. Also, we prefer that you wear a hospital gown rather than your own nightgown or pajamas.

Bring to the Rehabilitation Center

- Loose-fitting slacks, sweatpants, shorts or house dresses
- Comfortable shirts or blouses
- Pajamas or nightgowns
- Socks
- Underwear
- A light jacket or sweater
- A container of antibacterial wipes
- A favorite snack (you can place them in Ziploc bags)
- Pictures of your loved ones
- A headset and tapes of your favorite music
- Books and magazines

Caring for Yourself—Pre-Surgery Preparations

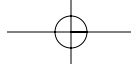
THE DAY BEFORE YOUR SURGERY

- **Do not eat solid foods after 9pm the night before your surgery. Do not drink anything—not even water—after midnight.** Please know that your surgery can be delayed if you don't follow these instructions.
- Report any changes in your physical condition to your surgeon. A number of problems may require the postponement of your surgery. These include a sore throat, a cold, a fever, dental problems, difficulty urinating, and skin conditions such as rashes or abrasions.

THE MORNING OF YOUR SURGERY

If you have any questions about whether you are healthy enough to undergo surgery, please ask a member of your health care team.

- If you have been instructed to take medications in the morning, swallow them with only a small sip of water. Do not drink or eat anything else unless instructed by your doctor.
- Bathe or shower, if you like.
- Leave yourself plenty of time to arrive at the hospital as directed.



CHAPTER FIVE:

Surgery and Recovery

AT THE HOSPITAL

ABOUT ANESTHESIA

MANAGING YOUR PAIN

PREVENTING COMPLICATIONS

A WORD ABOUT VISITORS

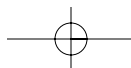
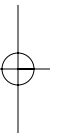
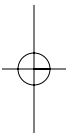
POST-SURGICAL CARE EQUIPMENT

POST-OPERATIVE RESPIRATORY EXERCISES

PATIENT CARE PLAN

WHEN CAN I GO HOME?

LIFTING, BENDING AND CARRYING



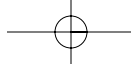
Surgery and Recovery

AT THE HOSPITAL

Being in the hospital is probably an unusual experience for you. Read this short list of Morton Plant procedures to help acquaint yourself with the hospital routine.

When you first arrive at Morton Plant, you will meet with a nurse. He or she will help review what you can expect before and after surgery. From there:

- You will receive a hospital gown to wear.
- You will visit the pre-surgery area. Friends and family members may wait with you there, if you choose.
- You will be wheeled via stretcher into the surgery holding room, where you will be introduced to your surgical team. You will then be taken into surgery. Any family members or friends visiting you will be directed to the surgery waiting room.
- You will undergo surgery. This process can take from 2 to 2½ hours.
- After the procedure, you will be placed on an orthopaedic bed and taken to the Recovery Unit or to the Post-Anesthesia Care Unit until you wake up. The waking-up process usually takes from 1 to 2 hours. During this time, your surgeon will talk with waiting family and friends.
- The anesthesiologist and recovery room nurse will care for you as you awaken. Depending on the anesthesia used, you may wake up wearing an oxygen mask. You may also experience temporary blurred vision, dry mouth, chills, or pain. Your nurse will monitor your vital signs and help make you as comfortable as possible.
- When you are fully awake and medically stable, you will be transferred to the Orthopaedic floor.



CHAPTER FIVE:

Surgery and Recovery

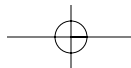
ABOUT ANESTHESIA

Anesthesia is medication that causes you to lose sensation—therefore, you feel no pain after anesthesia is administered. This loss of sensation may or may not be accompanied by the loss of consciousness.

At Morton Plant Hospital, an anesthesiologist or certified registered nurse anesthetist takes responsibility for giving you anesthesia. The doctor or nurse will evaluate your medical status and talk with you to decide which type of anesthesia is best suited for your surgery.

The type of anesthesia used will depend on your medical and surgical condition, and on your overall health. "General" and "regional" are the types of anesthesia most often used for knee replacement surgery.

Type	Definition	Advantages	Side Effects
General Anesthesia	General anesthesia acts primarily on the brain and nervous system. It not only eliminates sensations of pain during surgery, it also allows you to sleep during the procedure. General anesthesia is administered by injection or by inhaling it into your respiratory system.	Allows patients to sleep through extensive surgical procedures.	Side effects include a sore throat, headache, hoarseness and nausea.
Regional Anesthesia (Includes Spinal/Epidural Anesthesia)	Regional anesthesia involves the loss of sensation to a defined area of the body. Spinal/epidural anesthesia is a type of regional anesthesia. This type is given by injecting a local anesthetic into the lower part of your back, between your vertebrae. Other medicines, delivered through an I.V., usually leave you with little or no memory of the surgery.	Regional anesthesia is less intrusive to the body than general anesthesia. It tends to be easier on your heart and lungs than general anesthesia.	Side effects include minor headaches lasting for a few days after surgery. You may also have some problems urinating. Rarely, patients will experience a headache that emerges when they stand up, and vanishes when they lie down. If this should happen to you, lie flat and call your doctor immediately.



Surgery and Recovery

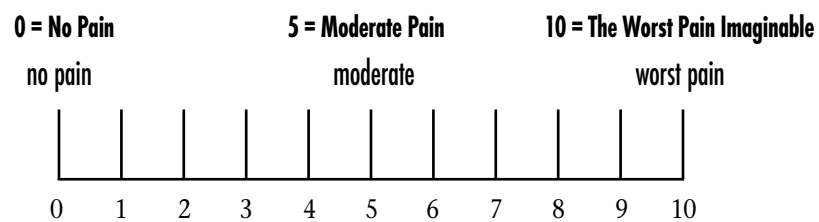
MANAGING YOUR PAIN

All patients have the right to pain management. Treating pain is an important part of your care and recovery.

Only you can describe the type, and degree, of pain you experience after surgery. The pain caused by surgery may be severe at first, but it will ease as your body heals. Be sure to report any pain to your doctor or nurse.

Measuring Your Pain

To help us measure your pain, we will ask you to rate it before and after a dose of pain medication. Rate your pain on the 0-10 point scale drawn below.



Easing Your Pain

At Morton Plant, we want to work with you to lessen or relieve any pain you feel after your knee replacement. Keeping pain under control will help you heal faster.

The keys to optimal pain control are:

- Taking pain medication as soon as the pain starts.
- Taking pain medication **before** physical therapy.
- Taking pain medication before you start doing anything that will cause pain. These activities include walking, dressing or sitting.

CHAPTER FIVE:**Surgery and Recovery****MANAGING YOUR PAIN CONTINUED****Pain Relief from Medication**

Your doctor will choose a pain control to best suit your needs. Some patients will be given pain medication—pills, shots, I.V.s—on demand. Doctors will specify that other patients be given pain medication at certain times during the day. Still others will be asked to use a Patient Controlled Analgesia Pump (also called a PCA Pump). This pump allows you to control your own pain management. When you begin to hurt, you simply press a button to inject pain medication into your system. If your doctor orders this type of pain management, your nurse will teach you how to use the pump.

Holistic Pain Relief

The following techniques can help ease mild-to-moderate pain. They also make pain medicine work better.

- Apply cold packs to the affected area if ordered by your doctor.
- Practice slow, rhythmic breathing. Imagine that you are in a calm, relaxing place.
- Guided imagery cassette tapes are available for you before and during your procedure. Ask your nurse about these tapes.

At-Home Pain Control

Know your pain control plan.

- Before leaving the hospital, you will be given a prescription for pain medication. Have it filled. (If you are given a prescription by your doctor before surgery, have it filled before you come to the hospital.) Take as ordered.
- Follow directions carefully. Some pain medications cause nausea if not taken with food. If you suffer from nausea even when taking the medication as directed, call your doctor.
- If your pain doesn't go away after taking your medicine, or if it gets worse, call your doctor.
- When your pain lessens, you may switch to over-the-counter pain medication.
- Many prescription pain medications cause constipation. Increase your intake of water, fruits and vegetables to avoid this. (See Chapter 6 for more information on post-surgical nutrition.)

Surgery and Recovery

PREVENTING COMPLICATIONS

After surgery, your body is in a weakened state, and at a greater risk for infection and other health problems. You and your caregiver can do much to reduce the chance of post-surgical complications.

- Nurses will measure your blood pressure, temperature and pulse.
- Health care workers will regularly check your involved leg for movement, feeling and proper circulation.
- To improve circulation and strength, exercise.
- Wear white elastic socks (called TED stockings) to support your muscles, promote circulation and prevent blood clots.
- You will receive medicine to prevent the development of blood clots.
- Use an Incentive Spirometer to help your respiratory system. Also perform deep breathing and coughing exercises.
- Your dressing and incision will be checked regularly. The dressing is changed one to two days after surgery. Sutures or staples are usually removed 10 to 14 days after surgery.
- You may have a small tube inserted in your knee. It will draw out excess blood and fluid from the area around your incision. This small tube will be removed one to two days after surgery.
- You will have an I.V. for one or two days. It is important to drink six to eight glasses of water after your surgery and after your I.V. is removed. If you feel too nauseous to drink, talk to your nurse.
- Your nurse will order a regular diet when you have bowel sounds and can pass gas.
- Your inactivity, combined with your pain medication, can cause constipation. To help avoid this state, drink plenty of fluids, include fiber in your diet, and increase your activity as you can. (For more information, see Chapter 6.)

If you have questions about any of these activities, please talk to your doctor or nurse.

CHAPTER FIVE:**Surgery and Recovery****A WORD ABOUT VISITORS**

The first few days after your surgery, you'll spend much time learning how to use your new knee. Your health care team will balance this activity with your need for rest. The hospital is often the best place to get the rest you need to regain your strength. For this reason, we ask that you please verify the visiting hours on the orthopaedic unit, and ask that your visitors respect them.

POST-SURGICAL CARE EQUIPMENT

After surgery, you may need to use some special equipment to help speed your recovery. Your surgeon may order the following:

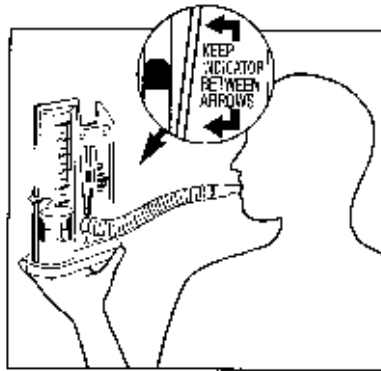
- **Cold Therapy Equipment:** Your doctor may order cold therapy for your surgical site. Cold helps minimize swelling and reduce pain. The most common equipment is an ice bag or a machine that circulates ice water.
- **Continuous Passive Motion Machine:** This machine, also called a CPM, is designed to gently bend and straighten your knee. This keeps your knee mobile. If your doctor prescribes a CPM, you should know that it is typically placed on your knee after surgery, and that the degree of bend it provides your knee will be gradually increased—usually to 90 degrees and beyond. You should use the CPM machine as much as possible to achieve maximum flexibility. Tell your nurse immediately if you have any numbness, burning, or itching in your involved knee while using the CPM.
- **An Incentive Spirometer:** This is a breathing device that helps maintain healthy lungs after surgery.
- **Patient Controlled Analgesia Machine:** This machine allows you to administer your own pain medication, and is generally used for one or two days after surgery.
- **Sequential Compression Device/PlexiPulse Machine:** Either one of these machines may be used to increase circulation and help prevent blood clots.
- **TED Stockings:** These white, elastic socks reduce the chance of blood clots forming in your legs after surgery. At first, you will wear these knee- or thigh-high stockings almost 24 hours a day.

Surgery and Recovery

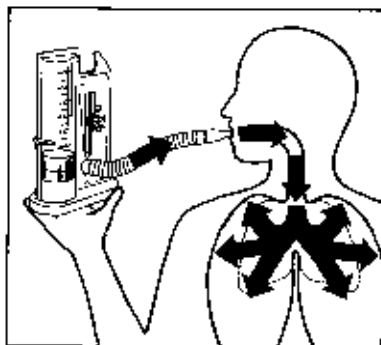
POST-OPERATIVE RESPIRATORY EXERCISES

An Incentive Spirometer is a device that assists in lung expansion. (Expanded lungs are healthier lungs.) You'll also find that taking slow, deep breaths and coughing periodically will help keep your lungs clear.

Use the Incentive Spirometer several times a day, preferably every hour while awake. If you feel lightheaded or dizzy, you may be overdoing it. Stop and rest. Resume deep breathing when you feel better.



Exhale completely, then close your lips tightly around the mouthpiece. Inhale slowly and deeply, keeping the small, blue ball between the two arrows.



When you can't inhale anymore, hold your breath for six seconds. Then exhale slowly. Repeat as often as prescribed by your physician.

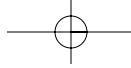
CHAPTER FIVE:

Surgery and Recovery

PATIENT CARE PLAN

The chart below lists some of the activities you should perform for optimal health and pain management in the days following your surgery. Please note that your individual care plan may vary from what is listed here.

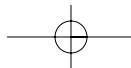
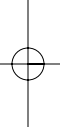
Day of Surgery	First Day After Surgery
<p>Use a pillow under calf only to keep heel off of bed.</p> <p>Activity Plan</p> <ul style="list-style-type: none"> • Turn to your side in bed with help. • Do ankle pumps and quadricep exercises 10 times each hour while awake. (See Chapter 4.) <p>Pain Control</p> <ul style="list-style-type: none"> • Use the pain scale. • Use pain medicines as needed. • Tell the nurse of effects of pain medicine. • Use cold therapy. <p>Breathing Exercises (Do 10 times each hour while awake.)</p> <ul style="list-style-type: none"> • Cough. • Deep breathe. • Use Incentive Spirometer. • Use oxygen if ordered. <p>As Ordered by the Doctor</p> <ul style="list-style-type: none"> • CPM. • White elastic socks—TED stockings. • Sequential Compression Device. 	<p>Use a pillow under calf only to keep heel off of bed.</p> <p>Activity Plan</p> <ul style="list-style-type: none"> • A physical therapist will assist you out of bed and into a wheelchair. • Move to the bedside commode with help during physical therapy. • Turn to your side in bed with help. • Participate in physical therapy twice daily. (Take pain medicine before therapy.) • Do ankle pumps and quadricep exercises 10 times each hour while awake. (See Chapter 4.) • Attend to personal hygiene. <p>Pain Control</p> <ul style="list-style-type: none"> • Use the pain scale. • Use pain medicines as needed. • Tell the nurse of effects of pain medicine. • Use cold therapy. <p>Breathing Exercises (Do 10 times each hour while awake.)</p> <ul style="list-style-type: none"> • Cough. • Deep breathe. • Use Incentive Spirometer. • Use oxygen if ordered. <p>As Ordered by the Doctor</p> <ul style="list-style-type: none"> • CPM. • White elastic socks—TED stockings. • Sequential Compression Device. • Social worker will evaluate your insurance for discharge planning.



Surgery and Recovery

PATIENT CARE PLAN CONTINUED

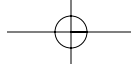
Second Day After Surgery	Remainder of Stay
<p>Use a pillow under calf only to keep heel off of bed.</p> <p>Activity Plan</p> <ul style="list-style-type: none"> • A physical therapist will assist you out of bed and into a chair. • Walk to bathroom and in the halls with the help of a physical therapist and a walker. • Achieve bed mobility with minimal help. • Continue independent practice of knee exercise program. • Attend to personal hygiene. <p>Pain Control</p> <ul style="list-style-type: none"> • Use the pain scale. • Use pain medicines as needed. • Tell the nurse of effects of pain medicine. • Use cold therapy. <p>Breathing Exercises (Do 10 times each hour while awake.)</p> <ul style="list-style-type: none"> • Cough. • Deep breathe. • Use Incentive Spirometer. • Use oxygen if ordered. <p>As Ordered by the Doctor</p> <ul style="list-style-type: none"> • CPM. • White elastic socks—TED stockings. • Knee Immobilizer. • Sequential Compression Device. <p>Review Discharge Plan Discuss with your health care team and your family your:</p> <ul style="list-style-type: none"> • Discharge destination. • Equipment needed at home. • Home help available. • Transportation. • Discharge date. • Any discharge education needed. 	<p>Activity Plan</p> <ul style="list-style-type: none"> • Walk to bathroom and in halls three or four times each day using a walker and with help from assistants. • Get in and out of your bed and chair. • Attend therapy sessions. • Continue knee exercises. • Attend to personal hygiene. • Wear white elastic socks—TED stockings. • Use your CPM as directed by your doctor. <p>Pain Control</p> <ul style="list-style-type: none"> • Use the pain scale. • Take pain medicine as needed. • Use cold therapy. <p>Breathing Exercises</p> <ul style="list-style-type: none"> • Cough. • Deep breathe. • Use Incentive Spirometer. <p>As Ordered by the Doctor Plans you need to finalize include:</p> <ul style="list-style-type: none"> • Your discharge date and destination. • Transportation. • Home health care equipment. • Support network of family and friends. • Prescriptions received and filled. • All of your questions answered. • Social worker will organize discharge planning.



CHAPTER FIVE:**Surgery and Recovery****WHEN CAN I GO HOME?**

A smooth and speedy recovery depends on your following the activities laid out by health care professionals in your patient care plan. By strictly following this plan, you'll have a better chance of leaving the hospital sooner for a rehabilitation center—or even better, home. Many patients can expect to leave the hospital in four days or less. These are patients who:

- Will be able to return to their own homes, or to family members' homes, after surgery.
- Will be discharged to a prearranged skilled nursing facility or a rehabilitation center. (While length of stay in these facilities varies, most patients can expect to stay anywhere from three to seven days.)

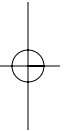
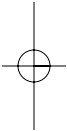


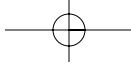
Surgery and Recovery

LIFTING, BENDING AND CARRYING

For a time after your surgery, you will have to treat your body very gently. Consider the following when reaching for or carrying items, and when bending:

- Avoid bending down to reach low cupboards. Use an assisting device such as a reacher whenever possible. (You'll find more information on a reacher in Chapter 7.)
- Avoid carrying anything in your hands while using a walker or crutches. Use apron pockets, clothing pockets, a fanny pack or backpack to store personal items.
- Avoid far reaches.
- Try using a rolling kitchen cart to carry heavy, hot or breakable items.





Caring for Yourself After Surgery

CHAPTER SIX:

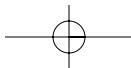
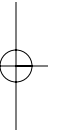
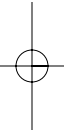
Caring for Yourself After Surgery

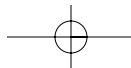
COMMON QUESTIONS AT DISCHARGE

QUESTIONS FOR YOUR FOLLOW-UP APPOINTMENT

YOUR HOME EXERCISE PROGRAM

WHAT YOU NEED TO KNOW ABOUT NUTRITION





Caring For Yourself After Surgery

COMMON QUESTIONS AT DISCHARGE

Before you go home, you will get specific instructions on your diet, medicines, exercise program, activity level, discharge equipment, follow-up appointment, and signs and symptoms to watch for. If you have any questions, ask your doctor or nurse. They want your recovery to be as smooth, and as speedy, as possible. The following are answers to some of the most common questions Morton Plant patients pose.

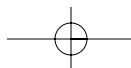
What are my activity restrictions and how do I follow them?

Regular exercise makes you feel better about yourself, helps you manage your weight, improves muscle tone and keeps your joints flexible. But you need to balance exercise with rest. Plan on resting at least once or twice each day.

Your home exercise program—developed by your health care team—will tell you what exercises to undertake, the proper technique for performing each, and the number of repetitions you should complete. Please follow this program to the best of your ability. Doing so will help your body improve its strength and flexibility. If you choose not to perform these exercises, chances are you will feel weak, and your joints will stiffen.

Follow these guidelines to prevent complications during the months following your knee replacement surgery.

- Place a regular pillow between your legs when lying on your side. The pillow will hold your legs in proper alignment.
- Avoid sudden movements.
- Do not twist your involved leg; take small steps when turning.
- When walking, point your big toe forward; don't turn your toe inward.
- When lying on your back, keep your toes pointed toward the ceiling.
- Do not stoop, kneel, or use low furniture or toilets. As a rule, chairs, beds and toilets should stand at least 18 inches off the floor.
- Avoid sitting for more than an hour at a time—even if you're taking a long car ride. Instead, break at least once every hour to stand, stretch, or take a few steps.
- Don't cross your legs, at either the knee or ankle.
- Do not sit in a rocking chair.
- Do not bend your knee more than 90 degrees.



CHAPTER SIX:**Caring for Yourself After Surgery****COMMON QUESTIONS AT DISCHARGE CONTINUED****How soon can I take a bath or shower?**

- You can shower after your sutures or staples are removed, usually 10 to 14 days after surgery. Alternately, you may shower when your incision has grown dry and clean, and when your physician says it's okay.
 - Use a tub bench. This offers you extra support and comfort until you become more mobile.
 - Do not sit in the bathtub.

How do I care for my incision?

Your surgeon will arrange for a home health aide to change your dressing, if needed.

When can I return to my regular eating habits?

Proper nutrition will help you recover quickly and feel your best. What you eat after your surgery will greatly affect your well-being. You need to eat well-balanced meals and drink lots of fluids.

- Resume a healthy diet as soon as you can.
- Do not skip meals. Eating three balanced meals each day is essential to maintaining your health.
- Eat a balanced diet, including offerings from all the basic food groups: dairy, meat, fruits, vegetables and grains.

I'm feeling constipated. Why?

Constipation can be caused by pain medicine, iron tablets, improper diet, decreased activity, and any combination of these. You can relieve constipation by:

- Drinking six to eight glasses of water each day.
- Keeping active.
- Increasing the fiber in your diet. Eat whole-grain breads, bran cereals, fresh fruits and vegetables.
- Decreasing the use of your pain medicine, when appropriate.

Talk to your doctor if your constipation persists. He or she may prescribe medicine to relieve the problem.

Caring for Yourself After Surgery

COMMON QUESTIONS AT DISCHARGE CONTINUED

When can I drive?

Ask your surgeon when you can drive. Once you receive his or her go-ahead, remember not to drive while taking pain medicine. These medications can impair your judgment and limit your ability to drive safely. Ask your surgeon about any special precautions you should take while driving.

When can I go back to work?

You need to talk to your doctor about the appropriate time for you to return to your work and hobbies.

What medical precautions should I keep in mind?

Inform your doctors and dentists of your knee replacement before undergoing any surgery, podiatric procedure, or dental work. You may need to take antibiotics before these appointments/procedures.

Why am I setting off metal detectors at airports?

Part of your new prosthesis is made of metal. Ask your surgeon for an implant identification card. Keep it with you at all times, especially when you have to pass through metal detectors.

How long do I need to wear white elastic socks?

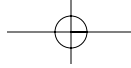
Wear them constantly until your first doctor visit after surgery. You may only take them off twice a day, for 15 minutes each time. You may also wash and dry them, but put them back on immediately.

When can I start having sex again?

Talk with your doctor about when it is safe for you to have sex again. When you do decide to become intimate, use a firm mattress. Remain the passive partner for the first six weeks after surgery. (For example, the bottom partner in the missionary position.) Keep your involved leg straight and toes pointed toward the ceiling during intercourse.

When do I need to see my doctor for follow-up?

Call your doctor's office to schedule a follow-up appointment. See the following page for a list of questions to ask during this visit.



CHAPTER SIX:

Caring for Yourself After Surgery

COMMON QUESTIONS AT DISCHARGE CONTINUED

Are there certain post-surgical symptoms that I should call my doctor about?

Yes. In general, you want to call your doctor if:

- Your involved leg is cool to the touch, a dusky color, grows numb or tingles.
- You develop a temperature of 101 degrees or higher, and start experiencing chills.
- Your incision starts draining or grows swollen, warm, red and painful.
- Your incision bleeds a bright red.
- You have discomfort that is not relieved by prescribed medicine, rest or cold therapy.
- You develop burning or urgency when urinating, or if your urine has a foul odor.

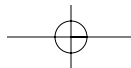
If you develop pain in your chest, call 911. This is a medical emergency.

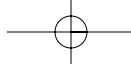
QUESTIONS FOR YOUR FOLLOW-UP APPOINTMENT

Use this checklist to keep track of the questions you may want to ask your doctor during your follow-up appointment.

Can I:

- Stop wearing TED socks? If not, how long do I need to keep wearing them?
- Take a bath? (Sit in the tub.)
- Start walking with a cane? If not, when do you think I can start walking with a cane?
- Drive a car? If not, when will I be able to drive?
- Increase my leisure activities? (Traveling, golfing, dancing?)
- Can I ever kneel on my new knee?
- Other questions. [Use the space below to list any additional questions you may have.]

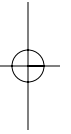


**CHAPTER SIX:****Caring for Yourself After Surgery****YOUR HOME EXERCISE PROGRAM**

Once you return home, continue your exercises to prevent complication and to build strength as you increase activity.

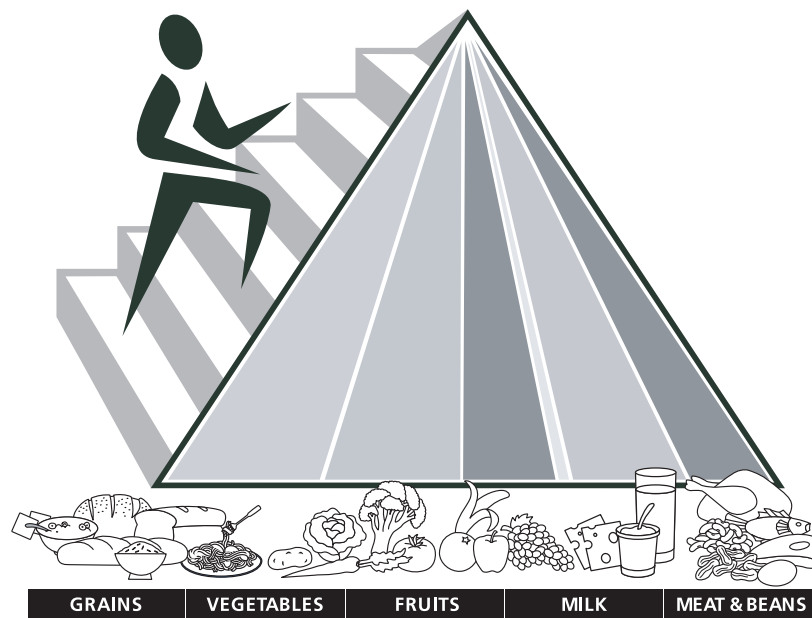
Your leg muscles probably feel weak. Surgery corrected your knee problem, and a program of regular exercise will strengthen your weakened muscles. Your success with rehabilitation now largely depends on your commitment to following the exercise program.

Your exercise program will be individually tailored by a home health physical therapist, or by your doctor.



CHAPTER SIX:**Caring for Yourself After Surgery****WHAT YOU NEED TO KNOW ABOUT NUTRITION**

“MyPyramid” is a food guidance system designed to help determine your needs to maintain good health. This tool stresses fruits and vegetables, lean sources of protein and low-fat dairy, whole grains and vegetable oils.



You can get an individualized MyPyramid at www.mypyramid.gov.

Nutrients can be found in many sources and can contribute to speeding your recovery, including:

Protein

Meat, poultry, seafood, eggs, dairy products and peanut butter

Zinc

Seafood, meat and poultry (best source), whole-grain cereals and breads, dairy products

Fluids

Water, juices and gelatin

Caring for Yourself After Surgery

WHAT YOU NEED TO KNOW ABOUT NUTRITION CONTINUED

Calcium

For your bone health and general well-being, plan on getting a minimum of 1200 to 1500 mg of calcium every day. The best food sources include:

- Milk—whole, reduced-fat or non-fat
- Yogurt
- Hard cheese or cottage cheese
- Salmon, mackerel or sardines (canned with bones)
- Broccoli
- Greens—collard, turnip, mustard, spinach and kale
- Calcium-fortified foods—read the labels

Tips:

- Drinking too many soft drinks may keep your body from using the calcium found in foods.
- You can meet your day's requirement for calcium by consuming three 8-ounce glasses of milk, one ounce of reduced-fat cheese and one serving of leafy green vegetables.

Iron

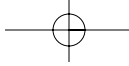
Red meats, egg yolk, chicken, turkey

Vitamin A

Dark green leafy vegetables, deep orange and yellow vegetables and fruits (such as spinach, winter squash, carrots, sweet potatoes, melons, peaches, pumpkins and apricots), milk and dairy products, liver, egg yolk

Vitamin C

Citrus fruits and juices, broccoli, green pepper, spinach, Brussels sprouts, cabbage, strawberries, tomatoes, potatoes, cantaloupe



CHAPTER SEVEN:

Back at Home

DISCHARGE EQUIPMENT

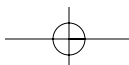
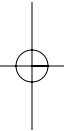
WHERE TO FIND EQUIPMENT

COMMUNITY RESOURCE DIRECTORY

IMPORTANT PHONE NUMBERS

MY MEDICAL QUESTIONS

NOTES



Back at Home

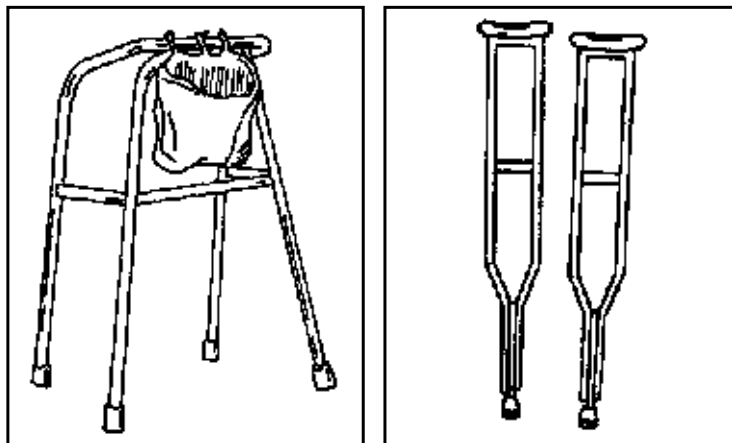
DISCHARGE EQUIPMENT

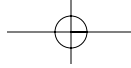
To ensure a safe recovery, you will need to use some special equipment. This chapter describes the items you may need.

At the very least, following your knee surgery you must have:

- A Walking Aid: This can be a walker, a set of crutches or a cane.
- A 3-In-1 Commode: This is a raised toilet seat set in an enclosed aluminum stand. It can be used in any room, or placed over your bathroom toilet. It gives you the extra lift knee patients need after surgery. Remember, you don't want to sit on anything low—be it a sofa or a toilet.

Insurance will cover the purchase of a walking aid and commode. You will probably have to pay for other items out of pocket. Read "Where to Find Equipment" for ideas on where these items can be purchased or rented. Check with your insurance company to identify coverage of equipment.

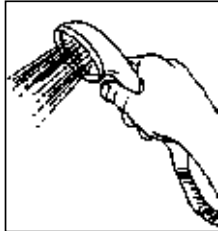




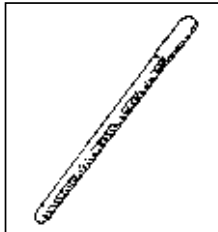
CHAPTER SEVEN:

Back at Home

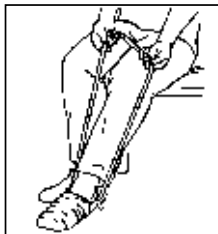
DISCHARGE EQUIPMENT CONTINUED



A hand-held shower head lets you control the spray of water. Use it while sitting on your tub bench.



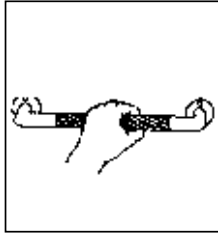
Elastic laces let you slip in and out of your shoes easily while keeping them tied. A long-handled shoe horn helps you guide your foot into the shoe.



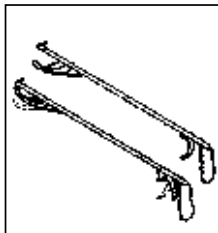
A sock aid will help you put on socks without bending.



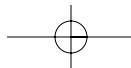
A long-handled sponge can be used to wash your feet—eliminating your need to bend.



Grab bars installed in the bathtub and shower will help you stay safe while climbing in and out.



A reacher will enable you to access items stored above or below waist level.

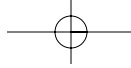


Back at Home

WHERE TO FIND EQUIPMENT

The following is a list of places where you can purchase or lease the equipment you will need after surgery. If you are able to obtain these items before surgery, your discharge will go more smoothly.

- Call local drugstores to see what selections of health equipment they carry.
- Obtain a department store health care catalog. It will detail a variety of equipment you can buy.
- Look in the Yellow Pages' "handicapped services equipment" or "home care services" sections to find retailers specializing in these products.
- BayCare HomeCare is a regional corporation selling health care items. They will deliver these goods to your home. Call 1 (800) 940-5151.



CHAPTER SEVEN:

Back at Home

COMMUNITY RESOURCE DIRECTORY

Here's a list of some of the community resources you might find useful at this time.

Adult Day Care

Hillsborough Senior Citizens Nutrition and Activity Program

(813) 272-6261

The Harbor

(727) 841-4200

Neighborly Care Network

(727) 573-9444

Community Care

Hillsborough County Aging Services

(813) 272-5242

Pasco CARES

(727) 862-9291

Neighborly Care Network

(727) 573-9444

Help With Chores

Pasco CARES

(727) 862-9291

Neighborly Care Network

(727) 573-9444

Homemaker Services

Pasco CARES

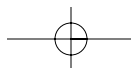
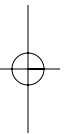
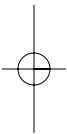
(727) 862-9291

Gulf Coast Community Care

(727) 538-7460

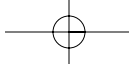
On the Internet

Access www.mortonplant.com for all your health information needs.



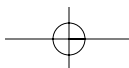
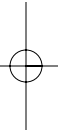
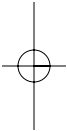
Back at Home**IMPORTANT PHONE NUMBERS**

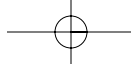
Service or Department	Number	When to Call
Main O.R. Department	(727) 462-7010	If you haven't heard from admissions the day before your surgery by 8pm
Florida Blood Services	1 (800) 68-BLOOD	To ask about hours or find the office nearest you
Free Van Transportation	(727) 461-8548	If you need a ride to the hospital
Hospital Information	(727) 462-7500	To get directions to the hospital or ask general questions
Home Health Agency		If you need extra medical care at home while you recover
Orthopaedic Surgeon		If you have medical concerns
Patient Education	(727) 462-7586	To register for knee replacement class
Physical Therapy		To schedule follow-up physical therapy appointments or ask about home exercises
Pre-Admission Nurse	(727) 461-8399	As needed
Pre-Operative Registration	(727) 462-7060	As needed
Skilled Nursing Facility		To ask questions about your admission



A FINAL NOTE

The Morton Plant Hospital total knee replacement program wants to ease your pain, and to help you regain your independence. Following the instructions in this manual will help ensure that you heal as fully as possible, as quickly as possible. If you have any questions about the material appearing here, please make sure to consult your doctor or nurse. He or she will be happy to talk with you.





Morton Plant Mease

H E A L T H C A R E

Morton Plant Hospital
300 Pinellas St.
Clearwater, FL 33756
(727) 462-7000
www.mortonplant.com

The success of Morton Plant Hospital is made possible through the generosity of patients, their families and members of the local community. For more information about the Morton Plant Mease Foundation, call (727) 462-7036 or visit www.mortonplantmeasefoundation.org.

