

# YOUR TOTAL KNEE REPLACEMENT GUIDE



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A PRACTICE OF COPLEY HOSPITAL

802-888-8405

[www.mansfieldorthopaedics.com](http://www.mansfieldorthopaedics.com)



# YOUR TOTAL KNEE REPLACEMENT GUIDE

Thank you for choosing Copley Hospital and Mansfield Orthopaedics for your joint replacement. Our mission is to provide the highest quality orthopaedic services with an individualized, personal touch. Our team is here to make your stay as pleasant and as brief as possible.

This booklet was developed to provide you with general information concerning your joint replacement. It explains the steps that you will need to take in preparation for your admission to the hospital. In addition, it also reviews what you can expect at the time of surgery, during your hospital stay postoperatively, and upon arrival home. Although the booklet reviews the most common scenarios, each individual is unique and therefore specific instructions may vary depending upon your needs.



There are numerous details that go into planning a successful surgical experience and we suggest that you read the entire booklet carefully.

Feel free to write down any questions you may have on the pages provided at the back of the booklet. Please plan to bring this booklet to the Joint Replacement Class and any other pre-surgical appointments.



## INTRODUCTION TO JOINT REPLACEMENT

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  - causes of knee pain
  - who is a candidate for knee replacement
  - what is knee replacement
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# YOUR JOINT REPLACEMENT HEALTH CARE TEAM



Your surgeon, your primary care physician or Hospitalist are your Medical Staff team. Your surgeon is assisted by a certified Physician Assistant in both the hospital and the surgeon's office.

The Anesthesia Provider administers your anesthesia, monitors you during surgery and manages your care until you are ready to leave the recovery room.

The Pharmacy staff provides your medications, monitor for drug reactions and can answer questions you might have about medications.

The Nursing Staff provides 24-hour nursing care for you in the hospital.

Physical Therapists help you regain strength and motion in your new joint. They will teach you how to walk and change positions safely and comfortably.



Occupational Therapists show you how to perform activities of daily living such as dressing and bathing in ways that are safe and comfortable while you recover.

The Care Management Team is made up of nurses and social workers in our Patient and Family Services department. They will help you coordinate your discharge plan and make necessary arrangements for equipment, transportation, and rehabilitation you may need after your hospital stay.

Dietitians work to meet your dietary needs during your stay and can also provide advice on healthy eating after you have been discharged.

There are many other behind-the-scene workers such as housekeepers, engineers, administrative assistants, and others who contribute toward your comfort. We will do our best to make you and your family as comfortable as possible.

# TIMELINE TO JOINT REPLACEMENT SURGERY

## ☐ Your operation is scheduled on:

Day: \_\_\_\_\_, Date: \_\_\_\_\_

## ☐ Appointment with Primary Care Physician for Medical Clearance:

Date: \_\_\_\_\_

- 30 Days Prior to Surgery
- Call Mansfield Orthopaedics when you have an Appointment

Date: 802-888-8405

## ☐ Joint Replacement Class:

Date: \_\_\_\_\_, from 1-3pm at Copley Hospital

- At Least 1 Month Before Surgery

## ☐ Visit with Pre-Operative Nurse:

Day: \_\_\_\_\_, Date: \_\_\_\_\_, Time: \_\_\_\_\_

- At Copley Hospital, check in at Registration Desk in Main Entrance

## ☐ In order to learn the time when you need to arrive on the day of your operation you MUST:

- CALL 802-888-8255 (Operating Room Receptionist) on:

Day: \_\_\_\_\_, Date: \_\_\_\_\_

\*Between 1:00 and 3:00pm

My arrival time is: \_\_\_\_\_

## ☐ Routine Dental Cleaning; we encourage you to have a routine cleaning 6 to 8 weeks prior to surgery.

- Dental cleaning should not take place in the 6 weeks leading up to your surgery AND
- No Dental work, unless an emergency, for 6 months post surgery.

☐ Other: \_\_\_\_\_  
\_\_\_\_\_



# 1. UNDERSTANDING YOUR SURGERY

## ANATOMY

The knee is a hinge joint and is comprised of three bones including femur, tibia and patella. Strong ligaments provide stability, and muscles provide motion and strength to the knee joint. The surfaces of all three bones are coated with cartilage to allow smooth gliding, rotation and cushioning. The knee joint is surrounded by a lining called the synovial membrane which produces lubricating fluid to decrease friction at the joint surface.

## CAUSES OF KNEE PAIN

Normal knee function can be disrupted by damage to the gliding surfaces (cartilage). The most common causes include:

1. Osteoarthritis which is wear and tear damage to the cartilage surface. The cartilage surface gradually softens and wears away with time.
2. Rheumatoid arthritis is an inflammatory disease which damages the cartilage surfaces due to chronic inflammation.
3. Traumatic arthritis can follow severe knee injuries including fractures and ligament injuries. These can occur at any age and often lead to premature arthritis.



## WHO IS A CANDIDATE FOR KNEE REPLACEMENT?

The most commonly reported indications for joint replacement include:

- Night pain that awakens you from sleep.
- Difficulty walking more than one to two blocks.
- Unable to walk without the aid of a cane or a crutch.
- Limitation in performing household or daily activities including going up and down stairs or exercising.

Conservative treatments include activity modification, relative rest, anti-inflammatories, injections and often arthroscopic surgery to clean out loose fragments. If you have tried a number of these treatments and are continuing to have significant pain that affects your daily activities, then joint replacement is a treatment option for you. The final decision on whether to have a knee replacement should be a shared decision made by you, your family, your family doctor and your orthopaedic surgeon.

## WHAT IS A KNEE REPLACEMENT?

A knee replacement involves surgical resection of the damaged cartilage surfaces of the knee with replacement utilizing highly polished metal alloys and polyethylene (plastic).

## WHAT IS THE SUCCESS OF KNEE REPLACEMENT?

Knee replacement has been one of the more important orthopaedic advances in the 20th century. Improvements in surgical materials and techniques since then have greatly increased its effectiveness. Approximately 300,000 knee replacements are performed each year in the United States with studies showing that over 95% of patients have pain relief and improved function.

## ABOUT YOUR IMPLANT



Your surgeon will help you determine which type of knee replacement is best for you. We primarily use two different types of knee replacements. The standard Stryker Triathlon Total Knee Replacement, also known as the “get around knee.” This has been used by Dr. Huber and Dr. Aros for many years. The implant is especially helpful for patients who are overweight, do now have a functioning posterior cruciate ligament (PCL), or have severe leg deformity from their knee arthritis. Visit [www.stryker.com](http://www.stryker.com) for more information.

We also use the ConforMIS iTotal knee replacement. This is a Personalized knee replacement made just for you. A CT Scan is done preoperatively for the implantable components to be made for your knee. It takes 6 (+) weeks for the metal and plastic pieces to be made after the CT scan is done. With this implant, about 30% of bone is preserved compared to a standard total knee replacement. Also, the posterior cruciate ligament (PCL) remains intact. For more information visit: [www.conformis.com](http://www.conformis.com)



## WHAT IS THE LIFE EXPECTANCY OF KNEE REPLACEMENT?

Unfortunately, there is no way to know precisely how long your joint replacement will last. With new materials and techniques the lifespan of knee replacements continues to increase. With time and wearing process, a small number of patients will require revision surgery. Other problems such as infection or instability can develop and necessitate a need for revision surgery.

## ACTIVITIES TO MAXIMIZE YOUR KNEE REPLACEMENT

Knee replacement metal components are cemented into place. The plastic components can develop wear depending on activity levels. The following is an activity guideline list for obtaining maximal longevity of your knee replacement.

<b>Acceptable</b>	Recreational walking, swimming, golf with a cart, driving, light hiking, recreational biking, ballroom dancing, normal stair climbing
<b>Questionable</b>	Vigorous walking or biking, doubles tennis, repetitive lifting more than 50lbs. repetitive aerobic stair climbing, skiing
<b>Not Advisable</b>	Running, basketball, contact sports, jumping sports, high-impact sports, singles tennis

## WHAT ARE THE RISKS OF KNEE REPLACEMENT SURGERY?

As with any major surgery, there are risks associated with joint replacement including but not limited to:

- Infection, which occurs in less than 1% of patients.
- Excessive bleeding into the joint.
- Blood clots in the veins in the legs (deep vein thrombosis) or a clot in the lung (pulmonary emboli).
- Risk of injury to nerves that surround the knee, most commonly the superficial skin nerves, in 5% of patients.
- Stiffness.
- Average knee bend obtained after surgery is 0 to approximately 115-120 degrees. This may be more limited if physical therapy is delayed or impaired postoperatively. Normal motion ranges from 0 to 140 degrees.
- Implant loosening or wear can occur over time depending on activity level.
- Continued pain at the front of the knee or the thigh can occur.



Major medical complications including heart attack and stroke are very low; however, chronic illnesses increase the potential for these complications. If you have a chronic illness such as diabetes or heart disease, medical clearance from your primary physician will be required. At Mansfield Orthopaedics, all Joint Replacement surgery requires medical clearance. See page 11 for more information about Medical Clearance.

## ANESTHESIA

At Copley Hospital the common choice of anesthesia for Total Joint Replacement is a neuraxial regional technique, commonly called a spinal or epidural anesthesia. This method offers several benefits as compared with general anesthesia, although both methods are safe.

You and your anesthesiologist or CRNA (Certified Registered Nurse Anesthetist) will decide on the day of your surgery which anesthetic technique or which combination of anesthetic techniques is appropriate for you based on your health, health history and type of surgery. The anesthetic technique, risks and benefits as they apply to you and your surgery will be explained in detail by a member of our anesthesia team on the day of your surgery.

Please share any questions or concerns that you may have regarding your anesthetic technique during your visit with the pre-operative nurse. This visit is scheduled at least one month before your surgery. If you still have questions following that visit, please ask the pre-operative nurse to arrange for a telephone conversation with a member of the Anesthesiology team or call 888-8255 and ask for the anesthesia provider on call.

Spinal anesthesia makes you comfortable below the waist for the duration of the surgery and for several hours afterwards. If desired, you may also receive IV (intravenous) medications during the surgery to create a light sleep. If you desire total amnesia during the operation this can be accomplished with intravenous medications. Some of the other chief benefits of spinal anesthesia is a decreased risk of breathing problems, decreased blood loss and or decreased risk of blood clot after surgery.

In contrast to spinal anesthesia, general anesthesia makes the entire body and mind comfortable with anesthetic gases that are breathed in and out through the lungs. There are small increases in risks with this form of anesthesia depending on your current state of health.

The spinal is performed in the side-lying or sitting position. You may be sedated to facilitate the comfortable placement of the spinal. The skin of your lower back is prepared with an antiseptic solution and a local anesthetic is administered. Complete surgical anesthesia below the waist ensues within 5 to 10 minutes. Sensory nerves (feeling) and motor nerves (movement) will be blocked for the time needed for surgery and for several hours afterwards. As the spinal wears off, pain medicine will be given by mouth and through your IV.

During the surgery, careful monitoring of heart rate, blood pressure, oxygen level, temperature and breathing is performed by a member of the anesthesia team to ensure that you are safe and comfortable.

## POST-OPERATIVE PAIN MANAGEMENT

The goals of post-operative pain control include maximizing pain relief, minimizing side effects and encouraging a physical rehabilitation program. At Copley we use a variety of methods for pain control that are tailored to meet your needs. Anesthesiology and Orthopaedics work together to ensure pain control. It is not possible that we can take away all of your pain, but with your help, our goal is to manage your pain so that you are able to tolerate activity.

Initially most patients will receive morphine which is placed in the medicine of the spinal. This method gives excellent pain relief for the first 12-24 hrs after surgery. The following day or at any time you have pain you will have a combination of IV and oral medications depending on the level of your pain.





## PREPARING FOR YOUR SURGERY

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# PREPARING FOR YOUR SURGERY



**It is very important that you help prepare for your surgery. Here are the things you can do to help make your surgery successful:**

- **Cut back or eliminate smoking or alcohol**
- **Get plenty of rest**

## MEDICAL EVALUATION

A visit with your primary care physician is needed for medical evaluation before your surgery. Due to the fact that certain medical conditions increase the risk of surgical complications, a complete physical exam by a primary care physician should be performed within 14 to 30 days before surgery. In addition, various laboratory tests, EKG tests, and x-rays may be ordered and reviewed.



## DENTAL

Routine dental cleaning should take place at least 6 to 8 weeks **prior** to joint replacement surgery.

## EXERCISE PRIOR TO SURGERY

In general it is important for you to continue to be as active as possible. A therapist will discuss the exercise program at the Joint Replacement Class. See pages 32 and 33 for exercises.

## NUTRITION PRIOR TO SURGERY

Eat three well-balanced meals daily. Add an extra serving of a protein food daily, such as meat, poultry, fish, nuts, legumes, milk or cheese. Add an extra serving of a food rich in vitamin C daily, such as citrus fruits and juices, tomatoes, and tomato juice. The website [www.choosemyplate.gov](http://www.choosemyplate.gov) provides a guideline for meeting basic nutritional needs.

## OTHER CONSULTATIONS

If you are seeing a specialist such as a cardiologist or a rheumatologist for management of a medical condition, your primary care physician or anesthesia Provider may request an additional consultation with them prior to surgery.

## ASSISTIVE WALKING DEVICE

You will need a walker or crutches. If you have one of these, please bring the equipment with you to the hospital so we may check that it is adjusted properly for your use. Please let us know if you need this equipment.

## DIETARY CONCERNS WITH COUMADIN

Vitamin K helps your blood to clot. Eating large amounts of foods containing Vitamin K may affect the way Coumadin works. You may still enjoy Vitamin K-rich foods while on Coumadin; however keep your dietary intake of them consistent. For example, if you consistently drink a cup of green tea daily or eat a green salad daily, continue. If you are not consistent, then limit your intake of Vitamin K-rich foods to one serving per day. Vitamin K-rich foods include:

Asparagus	Collard greens, cooked	Mustard greens, cooked
Blackberries	Grapes (red or green)	Peas, cooked
or blueberries, raw	Kale, cooked	Pickles, cucumber,
Broccoli, cooked or raw	Kiwi fruit	dill or kosher dill
Brussels Sprouts	Lettuce, green leaf, raw	Spinach, cooked or raw
Cabbage, cooked	Lettuce, romaine, raw	

Note: Higher concentrations of Vitamin K are found in the outer leaves and peelings of vegetables.



Make careful decisions about dietary supplements. You can take a daily multivitamin (may contain 25 micrograms of vitamin K/tablet). Do not take supplements that contain large amounts of vitamin K (more than 100 micrograms/day).

Herbal supplements to avoid include:

Alfalfa, Arnica, Bilerry, Butchers Broom, Cat's Claw, Dong Quai, Feverfew, Forskolin, Garlic, Ginger, Ginkgo, Horse Chestnut, Inositol Hexaphosphate, Licorice, Meiliot (Sweet Clover), Pau d'arco, Red Clover, St. John's Wort, Sweet Woodruff, Turmeric, Willow Bark, Wheat Grass.

Cranberry juice may be restricted depending on your diet.



## MEDICATIONS

- Bring all of your medications with you to your visit with the pre-operative nurse. If you are having a phone interview with the pre-operative nurse, have all your medications in front of you during the phone interview. This includes all medications: prescriptions, over-the-counters, herbals, vitamins and homeopathic.
- **Stop all Herbals, Vitamins, Homeopathic and natural remedies at least 14 days before surgery.**

Anti-Inflammatories/NSAIDs: If you take anti-inflammatories to help relieve some pain, it is recommended to stop taking them 2 weeks before your surgery.

Generic Name	Trade Name	Time To Stop Before Surgery
Diclofenac Ibuprofen Indomethacin Ketoprofen	Voltaren Advil, Motrin Indocin Orudis, Oruvail	At least 14 Days Before Surgery.
Celecoxib Diflunisal Naproxen Sulindac	Celebrex Dolobid Aleve, Naprosyn Clinoril	At least 7 Days Before Surgery.
Meloxicam Nabumetone Piroxicam	Mobic Relafen Feldene; Pexicam	At least 14 Days Before Surgery.

## ADVANCE DIRECTIVES

Hospital Policy requires that all patients are asked about Advance Directives and organ donations. Do not be alarmed. This is a document that appoints someone to make medical decisions for you in the event that you are not able to make decisions for yourself. You can register with the state and download this document free of charge at [www.vtethicsnetwork.org](http://www.vtethicsnetwork.org). We also have free booklets at the hospital that you can take and fill out. Contact Copley's Patient and Family Services at 802-888-8311 if you have questions or would like assistance with an Advance Directive.

Bring any Advance Directive documents you have to the hospital with you on the day of your pre-operative visit or surgery and give to your nurse. They will be added to your medical record.

## TRANSPORTATION HOME

You will be discharged 2-3 days after your surgery and transportation home should be arranged before your surgery. A vehicle that is too high or too low may be difficult to get in/out. Make sure that the vehicle that will be taking you home is one that you can easily get into without stepping up, or bending down.

## PREPARING YOUR HOME BEFORE SURGERY

- Be sure to plan ahead for meals. Prepare food or purchase easily prepared foods before you are admitted for your surgery.
- Rearrange food and cooking utensils so they can be easily reached. Arrange help for food shopping and meal preparation.
- Arrange your home so that frequently used items are accessible. Place your phone in a convenient area, such as near your bed or chair. Clear walk areas of clutter and area rugs so you won't trip over them.
- Beware of pets and uneven surfaces or floors.
- Have a bed on your first floor to make mobility easier for you until you can safely climb a flight of stairs.
- Make sure your bed is near a bathroom.
- Add night lights to illuminate walkway at night time.
- Place shoes, clothing, and toiletries at a height where you can reach them without bending.
- You may want to get a walker basket to carry things.
- Having someone install a safe railing, hand held shower or grab bars in the bathroom **before** your surgery will give you peace of mind that you have a safe home to return to after surgery.
- Make sure you have a comfortable chair in which to sit, that is not too high, not too low, and allows you to elevate your legs (recliner or ottoman).
- Arrange for transportation for 3-4 weeks until able to drive.

If you have questions about your home setting, equipment or any other concerns, please call one of our inpatient therapists at Copley Hospital Rehabilitation Services at 802-888-8303.

If you have questions or concerns about financial issues, or think you may need services such as delivered meals, emergency systems or rehabilitations centers, please call our Patient and Family Services Department at 802-888-8311.

## ILLNESSES

- If you develop any skin irritations, rash or open areas on or near your surgical area notify your Primary Care Physician and Surgeon immediately.
- If you have any changes in your health, such as a cough, cold, fever or the possibility of pregnancy, please call your Pre-Operative Nurse at 802-888-8391 to discuss this as soon as possible. Please do not wait until the day of your surgery.

## TIME OF SURGERY

Although the date of your surgery is prescheduled, your time of arrival will not be determined until the day before surgery.

The day before your surgery, please call Copley's Operating Room Scheduler between 1:00pm and 3:00pm Monday through Friday at 802-888-8255 to confirm your arrival time for your surgery. Please call on Friday for Monday surgery.

## REGISTRATION

You must register at the Registration Desk each time you visit. Our Registration Desk, located in the Main Lobby, is open Monday through Friday 6:30am – 4:00pm. If you arrive after hours please go to the Emergency Department for registration. You must register:

1. When you come for your pre-surgery lab work and EKG
2. When you visit with the pre-operative nurse (prior to surgery), unless your visit is performed via phone.
3. When you come in for surgery. Please arrive at least 15 minutes prior to your scheduled arrival time.

Please bring your health insurance cards with you when you register, along with any co-payment you are responsible for.

For your convenience, you can complete a pre-registration form online at [copleyvt.org](http://copleyvt.org). You will still need to stop by Registration in the Main Lobby to show your insurance card, confirm information and sign your forms.



## JOINT REPLACEMENT CLASS

Prior to your surgery we strongly advise you to attend the Joint Replacement Class. At the Joint Replacement Class we will cover:

- Before surgery activities
- Medications
- Explanation of surgery
- Post surgery activities
- Explanation of hospital stay
- Your exercise program
- Answer questions you might have

**Please bring this booklet to your Joint Replacement Class.**

If you are not able to attend a Joint Replacement Class, please contact the Mansfield Orthopaedic Scheduler at 802-888-8405.

## PRE-OPERATIVE NURSE INTERVIEW

You will have a scheduled phone or in-person interview with a Pre-Operative Nurse. During the interview the nurse will review your lab results and medical clearance.

It is very important that you have ALL of your medications and pills with you for this appointment. Your pre-operative nurse will note the names, dosages, and times of administration for your medications. Our pharmacist will review and may call you, your doctor or pharmacy to answer any questions. This will insure that you continue to receive your regular medications while in the hospital as well as prevent any possible drug interactions with the medications you receive before, during, or after surgery.





## DAY OF SURGERY

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# DAY OF SURGERY



## AT HOME PRIOR TO COMING TO THE HOSPITAL

### MEDICATIONS

It is very important to find out from your Pre-Operative Nurse which medications to stop and which to continue.

- Continue regular medication as directed until day of surgery.
- Morning of surgery take only medicine as directed with small sips of water.

### FOOD AND DRINK

- **Do not eat OR drink after midnight the night before your surgery.**
- Please do not chew gum or suck on mints or candy.

### SHOWERING AND SHAVING

- Do not shave or clip the operative limb for one week prior to surgery.
- **The night before surgery take a shower with the HIBICLENS cleanser given to you.** Follow the instructions on the cleanser. You should clean your entire body from your neck to your toes with the cleanser. Pay particular attention to cleaning your knee area.
- The night before surgery sleep in freshly cleaned sheets and wear clean pajamas to bed.
- **Shower again with the hibiclens cleanser the morning of your surgery.**
- Drying of your skin is a normal effect of these cleansing showers. Do not apply any lotions.
- Remove all nail polish, jewelry and make-up.



### WHAT TO LEAVE AT HOME

Leave valuables such as wallet, money, credit cards, and jewelry, including rings, at home.

Important, do not wear any rings; if you are unable to remove your rings, see a jeweler prior to surgery to have them removed.

### WHAT TO BRING

- Comfortable loose fitting clothing that will fit over a bandage while in the hospital and to wear home.
- Short pants or skirts help prevent tripping while walking.
- Any medications that the Copley Pharmacy has asked you to bring. The medications will be kept safely in the pharmacy or sent home with a family member after seen by the pharmacist. No medications may be kept in your room at the hospital.
- Flat supportive athletic or walking shoes that are non-slip.
- Eyeglasses instead of contacts.
- If you wear dentures, eyeglasses, or hearing aids, please help safeguard them by keeping them in a case labeled with your name.
- Assistive walking device such as walker or crutches.
- This booklet - your Copley Hospital Knee Replacement Guide.
- Telephone numbers of people you may want to call. Bring a calling card if you plan on making calls outside of the local calling area.
- Book, magazine, computer or other hobby item. Public access to a wireless network (WiFi) is available throughout much of the facility.

## ARRIVING AT THE HOSPITAL

### REGISTRATION

Upon arrival go to the Registration Desk located in the Main Lobby. Please bring with you your health insurance cards, along with any co-payment you are responsible for. Once registered, you, and one family member or friend, will be directed to the Pre-Operative area.

### VISITORS AND WAITING INFORMATION

We suggest only one family member or friend (care partner) accompany you to the hospital the day of surgery.

We welcome you as you are an important part of your loved one's recovery process. We understand that waiting for someone to have surgery can be a stressful time and want to make you as comfortable as possible. We have provided a comfortable space for you in the Reception Area located in the Main Lobby. For your convenience, the area offers a television, magazines and wireless access (WIFI). You may also choose to wait in the Cafeteria located on the second floor, which also has WIFI access.



During registration, you, as the accompanying family member or friend, will be asked how you prefer to be reached: by Copley pager or your cell phone. If you prefer that we contact you by cell phone let us know the number. The surgeon will contact you after the surgery. As soon as medically appropriate, you will be contacted by our staff to join your relative or friend in the recovery room. Pagers work only while on Copley's campus. If you plan to leave the campus we ask that you let us know, and if you have a Copley pager, please leave it with the volunteer at the Information Desk. Upon your return please check-in at the Information Desk. The Desk is staffed Monday – Friday 8:00am to 4:00pm.

Please be aware that, for confidentiality and patient care reasons, only one visitor will be allowed into the pre-operative or recovery room at a time. We ask that visitors silence their beepers and cell phones while visiting.

The cafeteria is open daily for breakfast from 6:30-10:30am; lunch 11:30am – 1:30pm and dinner from 4:00-6:30pm. Drinks, snacks, fruit, soup and salad are available throughout the afternoon. The Copley Hospital Gift Shop is located adjacent to the main lobby and is open Monday through Friday 9:30am-3:30pm. You can reach the Gift Shop by calling 888-8229. You are also invited to use our Health Sciences Library, located on the first floor, across from Administration. Computers for public use are available in the Library.

## PRE-OPERATIVE AREA

- First, you will be asked to put on a hospital gown, and remove any make up, contact lenses, glasses, hair pieces, hair pins or ties. These will be given to your family member, or placed in a personal belongings bag.
- Your pre-operative assessment will take approximately 30 minutes. This will include having you use the restroom, listening to your lungs, checking your blood pressure, blood sugar (if you have diabetes), and skin condition.
- A sequential compression stocking (leg squeezer) will be placed on your non-operative leg to aid in circulation. This will continue to be used during your hospital stay until you are walking regularly.
- Your intravenous (IV) will be started by the nurse.
- Your surgeon or their assistant will visit you to mark your operative limb and answer any questions.
- Your surgeon or their assistant will review the information on the consent form for your surgery.
- Your anesthesia provider will visit with you to discuss your health, the type of anesthesia (general or spinal) and some options for post-operative pain control.
- Lastly, your operating room nurses will transport you to the operating room.



*During your surgery your anesthesiologist or CRNA will remain with you ensuring that you are safe and comfortable.*



*Inside an Operating Room*



*Your surgical team will be wearing full surgical gear while performing your surgery.*

## SURGERY

Once you are in the operating room you will meet multiple people on the surgical team, and a urinary catheter will be placed in your bladder after anesthesia is administered. Next, your joint replacement surgery will take place.

## POST ANESTHESIA CARE UNIT (RECOVERY ROOM)

You will be taken to the Post Anesthesia Care Unit (PACU) to recover from anesthesia.

- Your vital signs, including heart rate, blood pressure, temperature and respiratory rate, will be frequently monitored.
- Your dressing, and the circulation and movement in your toes and legs will also be checked.
- You will be in a hospital bed and your operated knee will be in a continuous passive motion (CPM) device.
- A sequential compression device, commonly called a “leg squeezer,” will massage your legs to improve the circulation of blood back to your heart. You will wear these while in bed and at night. You will not go home with them.
- During this time, your surgeon will speak with your family.
- Once you have recovered from anesthesia, you will be taken to your assigned hospital room.





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# YOUR HOSPITAL STAY

## PHYSICIAN VISITS

Your Surgeon or Physician Assistant will see you each day you are in the hospital either at the beginning of the day before surgeries/office hours, or after surgeries/office hours.

## BANDAGES

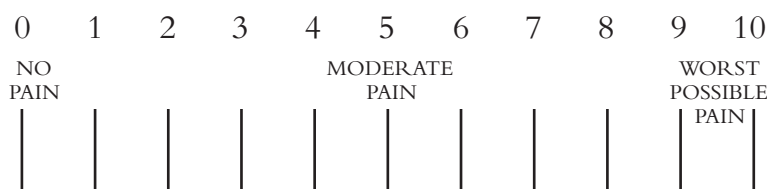
Your knee will be wrapped with a bulky bandage. This bandage will be reinforced, changed as needed, and eventually removed. You may take a shower in the hospital.

## PAIN MANAGEMENT

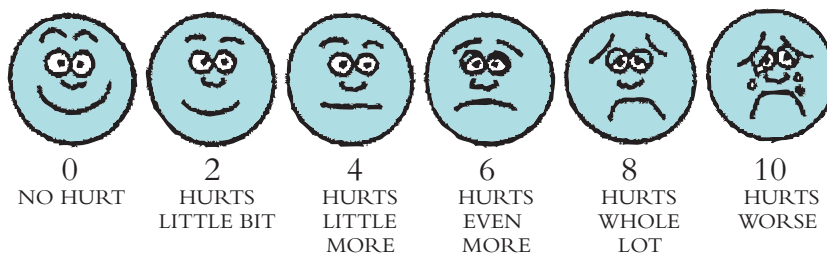
One of the most important factors influencing the outcome of the rehabilitation process is pain management. The amount and type of pain you may have will vary. It will be difficult to perform required activities effectively if you are too uncomfortable. Therefore, your nurse and therapist will recommend medication prior to therapy to manage any increase in discomfort. Starting in the PACU and throughout your hospital stay your nurses, doctors, and therapists will be asking you what your pain level is on a scale of 0-10 to help monitor your symptoms.

**It is not possible to be pain free**, but our goal is to manage your pain at a 3 or less so you are able to tolerate activity and physical therapy. It is very important for you to be proactive in this process.

You will need to tell your nurse how well and how long the medication is working. This is important because we can change your pain medication regimen if necessary. Notify your nurse or therapist if you are experiencing side effects of the medication such as dizziness or nausea. The goal is to keep ahead of your pain instead of peaks and valleys that might cause increasing discomfort. Sleeping medications are available to you if you are having difficulty sleeping.



## WONG-BAKER FACES PAIN RATING SCALE



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winlestein M.L., Schwartz P:  
Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc.  
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## PREVENTING BREATHING PROBLEMS

You will be given and asked to use your Incentive Spirometer 10 times per hour while you are awake. For example if you are watching television, use your Spirometer during the commercial breaks.



## PREVENTING BLOOD CLOTS

Maintaining good circulation in your legs after surgery is very important as it helps prevent clots (phlebitis). Along with wearing your sequential compression stockings (leg squeezers), you can help your circulation by doing ankle pumps (moving your foot up and down frequently), your leg exercises (as instructed) and walking. In addition you will receive a small dose of blood thinning medication (Coumadin) by pill each evening as well as an injectable blood thinner (Lovenox).

## ANTI-COAGULANT MEDICATIONS (Blood Thinner) (Coumadin/Warfarin & Lovenox)

You will be placed on Lovenox, an injectable medication, and Coumadin, a pill. Lovenox is usually given until Coumadin levels become therapeutic. Lovenox is a small injection that is given under the skin once a day. Most patients will take one tablet of Coumadin daily for 30 days. When you are taking anti-coagulants, you should be on the lookout for signs of bleeding that may not be obvious. These are some of the signs to watch out for:

- Dark/Pink Urine
- Blood in Eyes/Bloody Nose
- Black Tarry Stool
- Bruising Easily/Excessive Bleeding from Cuts or Gums
- Blood in Vomit (either red or with the appearance of coffee grounds)

Notify your doctor if you have any symptoms that concern you. Your pharmacy and the internet can provide you with a complete list of information and side effects on Anti-Coagulants.

When you are taking Anti-Coagulants, blood samples (PT and INR) may be taken each morning while you are in the hospital so your doctor can monitor your blood levels and adjust your medication dosage as needed.

## DIETARY CONCERNS WITH COUMADIN

Vitamin K helps your blood to clot. Eating large amounts of foods containing Vitamin K may affect the way Coumadin works. You may still enjoy Vitamin K-rich foods while on Coumadin; however keep your dietary intake of them consistent. For example, if you consistently drink a cup of green tea daily or eat a green salad daily, continue. If you are not consistent, then limit your intake of Vitamin K-rich foods to one serving per day. See page 8 for a listing of Vitamin K-rich foods.

## NOURISHMENT

Initially you will be receiving intravenous (IV) fluids. Once you are eating and drinking, the IV will be stopped. You will be encouraged to have clear liquids and move from liquids on the day of surgery to light food as soon as you are able to tolerate eating. You will then progress from light food to regular food.

## CONSTIPATION

You will receive stool softeners to prevent constipation. Drinking more fluids and eating more fiber is helpful.

## URINARY CATHETER

Your urinary catheter will be removed on the first day after surgery. This may cause a slight burning pain; this is normal and resolves quickly. Drinking fluids will help

## REHABILITATION

Exercise and walking are the most important part of your recovery after knee replacement. Your activity program includes leg exercises and getting out of bed soon after surgery, advancing to walking and activities of daily living.

The goal of your in-hospital therapy is to help you perform your activities of daily living safely with a walker, or crutches, and to regain range of motion in your new knee. Motion of your knee is important and you need to work at bending and also straightening your knee. Physical and occupational therapists will see you daily after your surgery to help you recover. While there are specific physical therapy goals each day, every person progresses at their own rate. All we ask is that you try your best each day.



## CPM

A Continuous Passive Motion (CPM) Machine can be helpful for your recovery. This machine bends and straightens your new knee. The degree of bending of the CPM machine will be increased with a goal of increasing it by 5 degrees each time you use it in the hospital. Your nurse will always help you get in and out of the machine. Your doctor will order a CPM machine to be delivered to your home the day you are discharged from the hospital.

# HOSPITAL STAY DAY BY DAY



Hospitalization for joint replacement surgery is approximately 2-3 days. Here's an outline of your post-operative course:

## SURGERY DAY

- Recover in PACU (post anesthesia care unit).
- Transfer to your hospital room.
- Your nurse will frequently monitor your vital signs and check the movement and circulation in your legs.
- Ice will be kept on your incision.
- As instructed, you will use your incentive spirometer 10 times every hour that you are awake.
- You may get out of bed with assistance, to sit at the side of the bed, stand, or walk.
- You will be given clear liquids, such as tea, broth or gelatin.
- Your urinary catheter will remain in your bladder.
- You will be given a blood thinner and blood will be drawn to monitor levels.

## HOSPITAL DAY (POST-OPERATIVE) 1

- Breakfast around 8:00am.
- A Physical Therapist will teach exercises in bed, then get you out of bed and into a chair.
- Begin walking.
- Your vital signs and movement and circulation in your legs will be checked.
- Your IV and urinary catheter will be removed.
- Ice will be kept on your incision.
- Use your incentive spirometer 10 times every hour while you are awake.
- Continue to take a blood thinner and blood will be drawn to monitor levels.

## HOSPITAL DAY (POST-OPERATIVE) 2-3

- An Occupational Therapist will work with you on bathing, dressing, and teaching you how to use aids such as a grabber. They will go over all your discharge needs, making sure that you understand how to use your adaptive equipment.
- Vital signs and movement and circulation in your legs will be checked.
- Continue to take a blood thinner and blood will be drawn to monitor levels.
- Eat a regular diet.
- Take a shower.
- A Physical Therapist will continue to work with you on exercise, getting out of bed, walking in your room, walking in the hallway, and up and down steps if necessary with a walker or crutches. They will also review your discharge instructions and prescribed exercises with you, making sure you understand. The exercise program is outlined on pages 32 and 33. They will answer any questions you may have about going home.
- A member of Copley's Patient and Family Services will meet with you to go over your discharge plans, arranging for the things you will need at home.

## YOU ARE READY FOR DISCHARGE WHEN:

Your physical therapist and joint replacement team determines you:

- Can get in and out of bed safely
- Can get up to the bathroom or commode safely
- Are tolerating your diet
- Are comfortable on oral pain medications
- Laboratory values are within normal limits
- Healing well

## DISCHARGE

You will be discharged with prescriptions for your medications, including blood thinning medicines and pain medications.

You will be given instructions from your doctor, nurse, and physical therapist covering your activities, exercises, medications, wound care, and follow-up care.

Most patients are released to their own home with arrangements for home health visits.

If you think you will not be able to care for yourself at home after surgery, please contact Copley's Patient and Family Services prior to surgery or at any time during your hospital stay. You can reach them at 802-888-8311. A member of our Patient and Family Services department will visit you during your hospital stay to review your discharge plans and needs.

## FOLLOW UP

Your surgeon will see you in the office 4 weeks after surgery. New x-rays will be taken at that visit. Outpatient physical therapy, including pool therapy, will start 3 weeks after surgery.



# AFTER KNEE SURGERY

## GETTING DRESSED AFTER KNEE SURGERY

- Sit on the side of the bed or in an armchair. Use the adaptive devices provided to you by your occupational therapist.
- Put on underwear and pants first. Using the dressing stick, catch the waist of the underwear or pants with the hook. Lower the stick to the floor and slip the pant leg over your operative leg first. Then do the same for your non-operated leg.
- Pull the pants up over your knees. Stand, with the walker in front of you, and pull the pants up.
- When undressing, take the pants and underwear off your non-operated leg first, reversing step #3 above.

## SOCKS AND STOCKINGS AFTER KNEE SURGERY

- For men, knee-high socks are recommended.
- For women, knee-high socks or stockings are recommended.
- Slide the sock or stocking onto the stocking aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece. Secure the sock in place with the garters or notches in the plastic piece.
- Holding onto the cord, drop the stocking aid out in front of the operated foot. Slip your foot into the sock and pull it on. Release the garters, or remove the sock from the notches with the dressing stick.
- To take socks or stockings off, use the hook on the dressing stick to hook the back of the heel and push the sock off your foot.

## SHOES AFTER KNEE SURGERY

- Wear slip-on shoes or use elastic shoelaces so you won't have to bend over to put the shoes on and tie the laces.
- Use the dressing stick on a long handled shoehorn to put on or take off your shoes.

## TOILET TRANSFERS AFTER KNEE SURGERY

- Use a toilet commode or other equipment recommended by your therapist.
- Back up to the toilet until you feel the back of your knees touching it. Reach back for the armrest and slowly lower yourself onto the toilet, keeping your operated leg out in front.
- Bend your knee and hip on the non-operated side as you lower yourself onto the seat.
- Reverse the procedure for getting up, using the armrest to push on. Get your balance before grabbing the walker.

## CAR TRANSFER AFTER KNEE SURGERY

- Back up to car with walker.
- Enter the side that allows your operated leg to be supported by the car seat. For example, if your left leg is the operated leg, enter the car on the driver's side.
- Lower yourself slowly to the seat.
- Back onto the seat in a semi-reclining position.
- You maybe able to pivot into the seat and face forward if your therapist gives you permission.



## HOMEMAKING AFTER KNEE SURGERY

- Use an apron with several pockets.
- Carry hot liquids in containers with covers.
- Slide objects along the countertop, rather than carrying them.
- Sit on a high stool when doing countertop tasks.
- Use a reacher to reach objects on the floor. Do not bend down to pick up objects.
- A walker bag can be purchased and be used to carry items including plates, silverware, food in sealed containers, etc.
- Remove scatter rugs from the floor to avoid tripping over them.

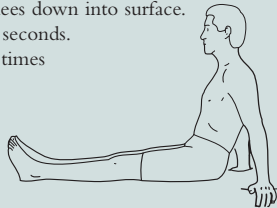


# PHYSICAL THERAPY EXERCISE PROGRAM

## EXERCISES TO DO BEFORE SURGERY

### Strengthening: Quadriceps Set

Tighten muscles on top of thighs by pushing knees down into surface. Hold 5-10 seconds. Repeat 10 times.



### Isometric Gluteals

Tighten buttock muscles (squeeze your bottom). Repeat 10 times.



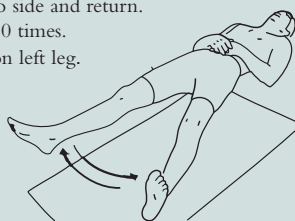
### Ankle Pump

With right leg, gently bend and straighten ankle. Move through full range of motion. Repeat on left leg. Repeat 10 times.



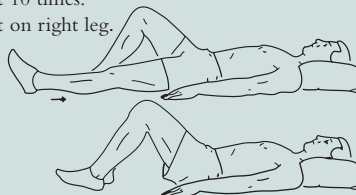
### Hip Abduction / Adduction with Extended Knee (Supine)

Keeping your knee straight, bring right leg out to side and return. Repeat 10 times. Repeat on left leg.



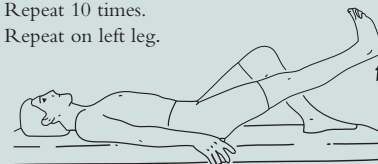
### Self-Mobilization: Heel Slide (Supine)

Move left heel toward buttocks, then straighten knee. Repeat 10 times. Repeat on right leg.



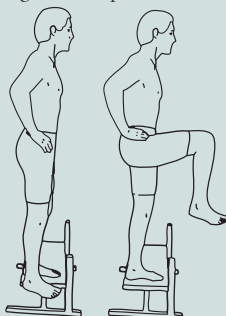
### Strengthening: Straight Leg Raise

Tighten muscles on front of the right thigh, then lift leg 6 inches from surface, keeping knee locked. Repeat 10 times. Repeat on left leg.



### Hip Flexion (Standing)

With support, standing at the kitchen counter, bring your right knee up like you are marching. Repeat 10 times. Repeat with your left leg.



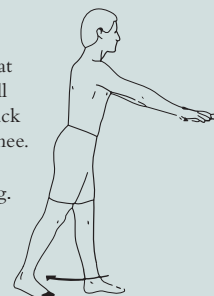
### Strengthening: Hip Flexion

With support, (standing at the kitchen counter), bring your right leg forward, keeping your knee straight. Repeat 10 times. Repeat with your left leg.



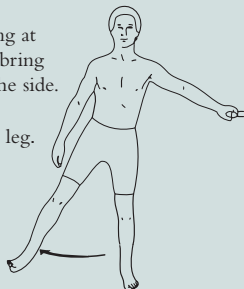
### Strengthening: Hip Extension

With support, (standing at the kitchen counter), pull your right leg straight back without bending your knee. Repeat 10 times. Repeat with your left leg.



### Strengthening: Hip Abduction

With support, (standing at the kitchen counter), bring your right leg out to the side. Repeat 10 times. Repeat with your left leg.



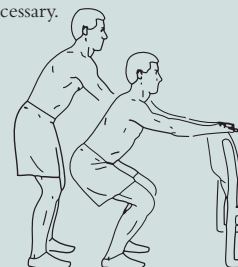
### Strengthening: Knee Flexion (Standing)

With support, (standing at the kitchen counter), bend right knee as far as possible. Repeat 10 times. Repeat with your left leg.



### Functional Quadriceps: Chair Squat

Keeping feet flat on floor, shoulder width apart, squat as low as is comfortable. Use support as necessary. Repeat 10 times.



### Heel Raise: Bilateral (Standing)

With support, (standing at the kitchen counter), lift your heels up, so you are standing up on your toes. Repeat 10 times.



### Toe Raise (Standing)

With support, (standing at the kitchen counter), rock back on your heels. Repeat 10 times.



### Balance: Unilateral

With support, (standing at the kitchen counter), attempt to balance on right leg, with eyes open. Hold up to 10 seconds. Repeat 5 times.



## POST OPERATIVE EXERCISES

After surgery you will work on straightening your knee.

### Wall/Chair Push Up:

With arms slightly wider than shoulder width apart and feet 18-24 inches from the wall, gently lean body toward wall and return to starting position. Also, this can be done by holding onto arms of a chair and gently trying to lift your body off the seat.



### Heel Prop:

Remember, no pillow under your knee to help promote maximum straightening. With a rolled towel under the heel of your operated ankle, try to straighten your knee. Try to maintain this position for up to 10 minutes 3 times per day. This also can be done by placing ankle of operated leg on another chair or ottoman without support under the knee.



### Rocking Chair

Sitting in a rocking chair, with feet flat, rock back and forth trying to keep your feet from sliding forward, pulling your heel back each time to get more range of motion. Try rocking for 25-50 repetitions and progress to rocking 5-15 minutes 3 times per day.





## HOME

- Home Health.....Page 37
- Signs of Infection.....Page 37
- Wound Care and Showering.....Page 37
- Pain Medication.....Page 38
- Maintaining Your Knee Replacement for Life...Page 38
- When to Call Your Doctor.....Page 38
- Your One-Month Follow Up...A to Z.....Pages 39-40



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## 4. HOME



### HOME HEALTH

A Home Health Nurse will contact you when you return home to arrange for visits.

A Physical Therapist will come to your home 2-3 times per week continuing to provide therapy services as needed until you are able to go to an outpatient clinic. Occupational therapy services will be provided if needed. On Mondays and Thursdays, the Home Health staff will monitor your blood levels for your blood thinner, Coumadin. Otherwise, continue to take your medication as prescribed. You may need to have your blood level checked at the hospital the last week you are taking Coumadin. Outpatient physical therapy, including pool therapy, will start 3 weeks after surgery. Should you choose Copley for this, an appointment will be made prior to your discharge.

### SIGNS AND SYMPTOMS OF INFECTION

It is important to know and look for the signs and symptoms of wound infection.

They are:

- Redness.
- Warmth.
- Firmness.
- Foul-smelling or pus-like drainage.
- Fever.
- Pain that does not go away.

If you notice any of these signs or symptoms contact your home health nurse, or your physician's office immediately.

### WOUND CARE

You, and your caregiver, should always wash your hands thoroughly before and after touching your wound. We encourage using an ace wrap from thigh to toes for the first 7-14 days to decrease swelling. Ice can be used multiple times per day for 15-20 minutes each time. Do not use ice while using the CPM.

### DRESSING CARE

You will either go home with a Silver Wound Dressing or a Dermabond Dressing. The Silver Dressing stays on the wound for the first week after surgery. The dressing should be kept clean and dry until removed. If significant moisture develops between the skin and dressing, call Home Health. The visiting nurse will remove the wound staples and silver dressing 7-10 days after surgery. If a Dermabond tape dressing is used, this can be removed by Home Health 14-21 days after surgery. No staples are used with this type of wound closure. You may shower without covering the Dermabond 4 days after surgery if there is no drainage.

### SHOWERING

All wounds should be kept covered for the first 3-4 days. When showering cover the wound with Tegaderm, dry the area after showering, and re-apply clean dressing. If Dermabond is used, you may shower without Tegaderm. No bathing in tub/hot tub until cleared by the Home Health Nurse or your Surgeon.

### DENTAL

Routine dental work, including cleanings, should be avoided for the first 6-12 months after surgery. However, dental problems should be addressed promptly to avoid having any infection spread to your newly replaced joint.

You will need to take antibiotics prior to ANY dental work, even routine cleaning, FOR THE REST OF YOUR LIFE. Notify your dentist of this requirement so that they can add this history to your chart.

## PAIN MEDICATION

Pain medication is unique to each individual. We encourage you to use pain medications as prescribed and gradually decrease the dosage and frequency. Most people are able to decrease the amount of pain medicines within the first 4 weeks, primarily using medicine as needed for therapy sessions.

Please notify Mansfield Orthopaedics during normal business hours at 802-888-8405 of your need for a prescription at least 48 hours before you need to pick it up. Mansfield Orthopaedics will not refill prescriptions before they are due to be refilled. Should you need a change in prescriptions due to adverse side effects, you must return the appropriate amount of unused medication to the office before a new prescription will be written. If you are experiencing an urgent issue concerning your prescriptions during off hours, please call Copley Hospital at 802-888-8888 and ask to have the Orthopaedist on call paged.

## MAINTAINING YOUR KNEE REPLACEMENT FOR YOUR LIFETIME

**Exercise Daily** – Unless specifically modified by your doctor, usual activities such as walking, housekeeping, gardening, driving, and dancing are encouraged. Exercise is important on a regular basis. We recommend low impact activities such as walking, swimming and biking. High impact activities, such as jogging, will reduce the lifespan of your joint replacement and should be avoided as a means of fitness.

**Maintain your Ideal Weight** – increased forces on your joint may lead to wear or loosening; your weight directly correlates with the amount of force on the joint.

**Infection Precautions** – It is important to protect the artificial joint from any infection. **Do not plan any surgical procedures, foot work or dental work for 6 months after surgery because of the chance of infection, and because you are on a blood thinner during part of this time period.** At the first visit to the doctor after surgery, you will be given a prescription for an antibiotic which you should take as directed prior to **any** medical or dental procedure. Please notify your dentist and primary care physician so they include this in your medical record.

**Periodic Office Visits** – Patients receiving knee replacement should see their surgeons periodically after surgery. This varies depending on the individual. This follow-up helps diagnose any potential problems which may arise. During these follow-up visits, you will be seen by a professional staff person and/or your orthopedic surgeon.

## WHEN TO CALL YOUR DOCTOR

Please call your doctor 802-888-8405, or 802-888-8888 and ask to have the Orthopaedist on call paged if you notice any of the following symptoms.

- Significant increased redness, swelling, drainage, warmth or tenderness of the operated site.
- Fever greater than 102° F
- Significant increased pain.
- **Notify your doctor immediately if you have new onset of shortness of breath, increased pain in calf or thigh or increased swelling in calf or ankle.**

## CONSTIPATION

We encourage you to take over-the-counter stool softeners with more fluids and fiber, as necessary.



# YOUR ONE-MONTH FOLLOW-UP A TO Z



## Activity level

- Gradually start increasing your activity level between 1 and 3 months after surgery.

## Bowels

- Narcotic pain medicines can cause constipation so drink lots of water, consume foods high in fiber, and use over-the-counter stool softeners.

## Coumadin

- (Warfarin) stop this medicine one month after surgery.

## Driving

- Resume driving only after you are no longer taking narcotic pain medicine AND you no longer use an assistive walking devices (cane, crutch, walker).

## Exercises

- Do your exercises daily as instructed.

## Follow-up

- Typically, 3-4 months after surgery.

## Game ready?

- With permission from your surgeon, you may return to downhill skiing, snowshoeing and other activities after 3+ months.
- Running is not recommended.

## Healing

- It takes 12 months to fully recover.

## Infection

- Although infection is rare, it is important to report any fever, increased joint pain, redness and/or swelling.
- Take antibiotics prior to dental visits for the rest of your life.

## Jumping

- Small movements are acceptable, but jumping from any height greater than 1-2 feet is discouraged.

## Kneeling

- Not recommended for extended periods of time.

## Ligaments

- The medial and lateral collateral ligaments remain intact, the menisci are always removed
  - with a Stryker Triathlon PS (Posterior Stabilized) total knee replacement, the anterior cruciate ligament (ACL) and the posterior cruciate ligament (PCL) are removed.
  - with a ConforMIS iTotal PS knee replacement, the ACL & PCL are removed.
  - with a ConforMIS iTotal CR (Cruciate Retaining) knee replacement, only the ACL is removed, the PCL remains intact.

## Medicine

- Resume supplements and vitamins one month after surgery, once you have stopped the blood thinner (Coumadin).
- Most patients stop taking pain medicine between 2 and 4 weeks after surgery.
- You make take pain medicine around physical therapy sessions to maximize benefit.

## Noise

- Hearing a mechanical “click” sound after a knee replacement is normal.

## Other side

- For patients who need their other knee replaced, we recommend a minimum of 3 months between surgeries.

## Pain

- Most are able to wean off their narcotic pain medicine around 1 month after surgery, but you will continue to have some discomfort that will gradually fade.

## Questions?

- Call Mansfield Orthopaedics anytime with questions. # 802.888.8405.  
We have someone on call 24/7.

## Range of motion

- The goal one month after surgery is 120° of flexion, and full extension (0°).

## Swelling

- A new knee will always be larger than a non-operative knee.
- Experiencing swelling for the first 3+ months after surgery is within normal limits.

## Therapy

- Start pool therapy at 3 weeks and land therapy thereafter.  
(Mansfield Orthopaedics will provide a referral)

## Using your surgical leg

- Most are surprised how quickly their surgical leg becomes their strong leg.

## Visiting nurse/therapist

- Visits are two times per week until you start outpatient therapy.

## Work

- It depends upon the nature of one's job. If a patient's job is fairly sedentary, he or she can probably return in 1 month. For more active work, the patient may need up to 3 months before returning to full-time duty.

## X-rays

- Your surgeon will periodically order follow-up x-rays.

## You did it!

- Congratulations! Recovering from total joint replacement surgery is no easy feat.

## Zombie

- Sleep patterns can change after surgery. We recommend talking with your Primary Care Physician if you continue to have trouble sleeping after surgery.



## RESOURCES/PHONE NUMBERS

- Copley Hospital Phone Numbers.....Page 43
- Home Health Services.....Page 43
- Physical Therapy and Occupational Therapy  
Facilities..... Page 44



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# JOINT REPLACEMENT PHONE DIRECTORY



Many members of the Joint Replacement Team will be involved in your surgery. They will be contacting you directly. You may contact them as well with any questions you may have.

## **AT COPLEY HOSPITAL:**

**Mansfield Orthopaedics** 802-888-8405; for surgery scheduling, surgeons, and Mansfield Orthopaedics appointment questions

**Hospital Pharmacy** 802-888-8375; for medication questions

**Nursing Units** for questions while you are in the hospital

802-888-8355 Medical/Surgical

802-888-8371 Special Care

802-888-8356 Nurse Manager

**Patient and Family Services** 802-888-8311; for questions about rehabilitation facilities and discharge needs

**Patient Financial Services/Billing Office** 802-888-8336; for billing questions and information about our financial assistance program

**Pre-Operative Nurse** 802-888-8391

**Registration/Patient Access** 802-888-8271; for insurance and admission questions

**Rehabilitation Services** 802-888-8303; for physical or occupational therapy questions

**Copley Hospital Main Number** 802-888-8888

## **OTHER RESOURCES:**

**Home Health Services** (VAHHA Member Agencies)

Addison County Home Health & Hospice 802-388-7259 [www.achhh.org](http://www.achhh.org)

Caledonia Home Health Care and Hospice 802-748-8116 [www.nchcvt.org](http://www.nchcvt.org)

Central Vermont Home Health & Hospice 802-223-1878 [www.cvhhh.org](http://www.cvhhh.org)

Franklin County Home Health Agency 802-527-7531 [www.fchha.org](http://www.fchha.org)

Lamoille Home Health & Hospice 802-888-4651 [www.lhha.org](http://www.lhha.org)

Manchester Health Services 802-362-2126 [www.manchesterhealthservices.com](http://www.manchesterhealthservices.com)

Orleans Essex VNA & Hospice 802-334-5213 [www.orleansessexvna.org](http://www.orleansessexvna.org)

Rutland Area VNA & Hospice 802-775-0568 [www.ravnah.org](http://www.ravnah.org)

Visiting Nurse & Hospice of VT and NH 888-300-8853 [www.vnavnh.org](http://www.vnavnh.org)

VNA of Chittenden & Grand Isle Counties 802-658-1900 [www.vnacares.org](http://www.vnacares.org)

VNA of Southwestern VT Health Care 802-442-5502 [www.svhealthcare.org](http://www.svhealthcare.org)

## PT and OT Facilities

The following is a list of some Physical Therapy and Occupational Therapy Facilities in and around our region. You may choose where you wish to pursue therapy treatment from this list or refer to the Yellow Pages and/or the internet for other therapy facilities.

### Copley Facilities:

Copley Hospital Rehabilitation Services, Morrisville 888-8303

Copley Rehabilitation at Mansfield Orthopaedics, Morrisville 888-8634

Copley Rehabilitation in Hardwick, Hardwick 472-6186

Copley Rehabilitation in Stowe (Stoweflake Resort) 888-8634

Barre	Choice Physical Therapy*	476-3305
	Concentra Physical Therapy*	223-7499
Berlin	Choice Physical Therapy*	476-3305
Cambridge	Nordic Rehab & Wellness Clinic	644-5803
	Phoenix Physical Therapy	863-6662
Fairfax	Fairfax Family Physical Therapy	849-9308
Hardwick	Copley Rehabilitation in Hardwick	472-6186
	Victoria Hill Physical Therapy	472-6622
Jeffersonville	Sunrise Physical Therapy*	644-8011
Jericho	Body Logic Massage	899-1184
	Momentum Physical Therapy Plc	899-5200
Lyndonville	Northern Physical Therapy PC	626-4224
Milton	Excel Physical Therapy Inc.	893-7427
Montpelier	Choice Physical Therapy	476-3305
	Essential Physical Therapy	229-1891
Morrisville	Copley Hospital Physical Therapy	888-8303
	Copley Rehabilitation	
	at Mansfield Orthopaedics*	888-8634
	Personalized Physical Therapy	888-5230
Newport	Pinnacle Physical Therapy*	888-8687
	Community Wellness & Rehab*	334-5858
	Freedom Physical Therapy*	334-2400
	No. Country Hospital Physical Therapy*	334-3260
	Northeast Kingdom Physical Therapy*	334-8558
	Physical Therapy Options	334-8882
Richmond	Long Trail Physical Therapy	434-8495
St. Johnsbury	Daniel Wyand Physical Therapy & Associates	748-3722
Stowe	Copley Rehabilitation in Stowe*	888-8634
	Hand Therapy Associates	253-2195
	Personalized Physical Therapy	253-6852
	Pinnacle Physical Therapy	253-2273
Waittsfield	The Sports & Rehab Clinic*	253-5694
	Back to Action Physical Therapy	496-5340
	Elevation Physical Therapy*	496-6344
Waterbury & Waterbury Center		
	Family Physical Therapy*	244-1140



## FREQUENTLY ASKED QUESTIONS

- Frequently Asked Questions.....Pages 47-48



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# FREQUENTLY ASKED QUESTIONS



## **When will I go home?**

You will be ready for discharge from the hospital 2-3 days after your surgery.

## **When do I start Outpatient Therapy?**

Most patients start outpatient therapy 2-3 weeks after surgery. Prior to that you will receive physical therapy at home through a Home Health Agency usually two times per week.

## **How long is the surgery?**

Your surgery time will vary. Your surgical time includes pre surgical care, anesthesia, post surgical care, and recovery room time.

## **I have diabetes and take daily medication. What do I do the day of my surgery?**

Your Pre-Operative Nurse will discuss your daily medications with you.

## **How do I adjust my Coumadin?**

Take your Coumadin as prescribed by your surgeon when you left the hospital. If any adjustments are needed, your doctor's office will call you and instruct you on how to adjust your dosage.

## **When should I return for my first visit after surgery?**

You will be prescheduled for your first post-op appointment at 4 weeks after surgery.

## **When should I change my bandage?**

Your bandage will be changed for the first time while you are in the hospital. Your home health staff will assist you with changing your bandage once you are home. If you have a question about when or how to change your bandage call your home health staff for assistance. When you bathe, or anytime it might get wet, you need to cover your incision with Tegaderm. If your bandage becomes wet you will need to remove it and put on a new dry bandage. Wash your hands thoroughly before and after touching your wound or bandage.

## **When will my wound dressing be removed?**

At approximately 7-10 days from your surgical date, staples are removed. If Dermabond is used, 14-21 days or later. Your home health staff will perform this for you.

## **Is swelling of my hip and leg normal?**

Yes, some swelling is expected for three to six months. To decrease swelling, elevate your leg and apply ice for 15 minutes at a time (4-5 times a day).

## **What exercises should I perform at home?**

Walking, muscle contracting exercises and range of motion (extension and flexion). Please refer to your Physical Therapist's recommendations for exercises and activities to continue at home. You may also reference the Exercise Program included on pages 32-33.

## **When can I have sexual relations?**

You can have sexual relations when you are comfortable after surgery.

## **When can I resume my exercise program?**

You should discuss this with your surgeon before doing any form of exercise other than walking or the exercises your physical therapist has prescribed. Your therapist will give you some light exercises to do in the hospital and at home. A therapist, who will visit you at home, will guide your progress to an independent level of functioning.

## **May I bear full weight after surgery?**

Yes, you may begin full weight bearing immediately after surgery.

**I am nervous about getting “hooked” on pain pills. How do I avoid this?**

The risk of becoming addicted to pain medication after surgery is very small. The bigger risk is a possible prolonged recovery if you avoid your pain medications, and cannot effectively do your required activities. If you are concerned about addiction, or have a history of substance abuse (alcohol or any drug), talk with your doctors. They will monitor you closely during your recovery. If issues arise following surgery, they will consult the appropriate specialists.

**I am a small person who is easily affected by medicine. I am nervous that a “normal” dose of pain medication will be too much for me. What should I do?**

During recovery, your healthcare team will observe how you respond to pain medication and make changes as needed. Be sure to communicate with your doctors any concerns you have prior to surgery.

**I don’t have a high tolerance for pain. I am afraid that the pain will be too much for me to handle. What can I do?**

Concern about pain from surgery is very normal. The most important thing you can do is to talk with your surgeon and anesthesia provider about your particular situation. Setting pain control goals with your doctors before surgery will help them better tailor your pain treatment plan. Treating pain early is easier than treating it after it has set in. If you have had prior experiences with surgery and pain control, let your doctor know what worked or what did not. There are options available for you for pain control after surgery.

**How do I adjust my pain medication?**

Take your pain medication as prescribed by your surgeon. It is very important to take pain medication 30 minutes prior to your home physical therapy session. Your home health nurse can answer your questions about how much and how often to take your pain medications as you heal. You can also call your surgeon with questions.

**How long will I need to use assistive devices (crutches, walker or a cane)?**

You may need some type of assistive device for several months after your surgery. You are allowed to put full weight on your operative leg, unless instructed otherwise by your surgeon. You will use crutches or a walker initially and advance to a cane as quickly as your strength and balance allow (usually 2 to 4 weeks).

**May I go outdoors prior to my first follow-up appointment?**

Yes, we encourage you to do so.

**May I ride or drive in a car prior to my first follow-up appointment?**

You may begin driving when walking without assistive devices (cane, crutches, walker) and not taking narcotic pain medication.

**Why is my leg bruised?**

It is common to see bruising on the skin. It is from the normal accumulation of blood after your surgery.

**How long will I remain on the blood thinner?**

You should continue a blood thinning medication for one month following surgery as directed by your surgeon.

QUESTIONS FOR MY JOINT REPLACEMENT  
HEALTH CARE TEAM



Lined area for writing questions.



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