

# Total Knee Replacement Care on the Orthopedic Unit

## Days 1-3



**W**elcome to the Orthopedic Patient Care Center on 3 Main. Here, under the direction of your physician, you will work with various healthcare professionals specifically trained in caring for patients following joint replacement surgery. Your nursing team consists of your nurse, nursing care technician and patient care facilitator. Other team members include your care manager, who will assist in coordinating your plans following your hospitalization; your physical therapist; your occupational therapist; and any other specialists your doctor deems necessary.

Managing your pain after surgery is a high priority to us. Your nurse will ask frequently about your pain level in order to determine if you are getting adequate pain relief. You will be asked to grade your pain on a 0 to 10 scale: 0 being no pain at all, 10 being the worst pain imaginable. Your pain will be managed by multiple methods.

Another area of high priority is preventing blood clot formation. Foot pumps or leg compression devices, along with elastic stockings, will be used. The foot pumps, compression devices and elastic stockings help keep blood flowing during periods of limited activity. A Continuous Passive Motion (CPM) machine may be ordered for you by your physician. This machine slowly bends



*Continuous Passive Motion (CPM) machine*

and then straightens your leg. You should use the machine when you are in bed and, if possible, when you sleep 6-8 hours per day. It will keep your knee joint flexible and aid in blood clot prevention.



A blood thinner, as prescribed *Pain control device* by your physician, may also be given to you to prevent blood clot formation. It may be given in the form of a pill or an injection in your abdomen. You may bruise or bleed more easily while on these medications and will need to take precautions.

There will be a lot of people coming in and going out of your room during your stay. Please don't hesitate to ask for names and share any concerns that you may have. If you have any concerns not being addressed by staff, please ask for the charge nurse by pressing the "nurse call button" or dialing Ext. 49395 directly from your room phone.

Over the next three days, your healthcare team will work with you to stabilize your condition, improve your mobility and plan your discharge to your home, rehabilitation center or skilled nursing facility.

## **Postoperative Day 1**

- Early morning blood work and possible blood transfusion depending on your test results. Pre-donated blood will be given, if needed.

- Clear liquid diet will be advanced as tolerated. You may experience nausea from the pain medication. Please ask your nurse for medication to control the nausea.

- Physical therapy twice a day at your bedside.

- Sit in chair with the help of nursing staff or physical therapist.

- Use the bedside commode or walk to the bathroom with assistance, as needed.

- Meet with patient care facilitator and care manager (social worker).

## Postoperative Day 2

- Early-morning blood work and possible blood transfusion, depending on your test results. Pre-donated blood will be given, if needed.

- Foley catheter, IVs, drain and ice bag will be discontinued.

- Physical therapy twice a day in the rehabilitation gym, where you will learn to walk with a walker and other techniques to improve your mobility.

- An occupational therapist will visit once a day to teach you how to use any equipment needed to perform activities of daily living, such as putting on and taking off pants, shorts and undergarments, and how to use adaptive equipment.

- Continue to sit in the chair twice a day and increase your walking distance daily.

- Your current pain medication will change to pill form. Please request medication before your pain level becomes too severe. If the pills do not control the pain, please tell your nurse.

## Postoperative Day 3 (Discharge Day)

- Routine care and physical therapy will be given as usual on the morning of discharge. Physical therapy will add car and bathroom transfers to your routine therapy. You will practice postoperative safety precautions. Family members are expected to attend therapy sessions. They will learn how to assist with transfers and walking, as well as postoperative safety precautions.

- The care manager will visit again to finalize plans for when you leave the hospital. If you have any questions concerning your care, please ask the nurse or clarify discharge concerns with the care manager.

- Discharge time at Baptist Hospital is before 11 a.m. In order to make your day a smooth one, you need to make the following arrangements:

- 1) Have your family or friends take home any flowers or personal items the day before discharge.

- 2) If you will be discharged home, plan to have someone ready to pick you up before the discharge time. You will not be able to drive yourself. If the car has a low seat, you should sit on a pillow to go home. The front passenger seat should be pushed back and reclined as far as it will go.

- 3) If you are being discharged to a facility, transportation arrangements will be discussed with you.

- At the time of discharge, the nurse will give you your instructions for care at home and any follow-up appointments and explain your discharge medications. Take this opportunity to ask the nurse about any concerns that you may have.



*Your healthcare team*

## Physical Therapy Program

Your physical therapy program will begin the day after your surgery. Treatments will be given twice a day for about 15-30 minutes a session. You will start at your bedside and progress to therapy in the gym by the second day after surgery. It is a good idea to ask for pain medication prior to beginning physical therapy or any activity that could cause you pain, such as walking or getting out of bed. Since swelling will be expected, plan to bring a pair of shoes at least a half-size larger than you normally use. This will allow your foot to be more comfortable and safe while walking.

## Exercises

**Ankle Pumps** (This exercise will help you reduce swelling and increase circulation.)

- Lie flat in bed.
- Point your toes toward the foot of the bed.
- Point your toes toward your knee.
- Repeat 10 times.



**Quadriceps Sets** (This exercise will strengthen your thigh muscles.)

- Lie on your back with your legs straight.
- Tighten your thigh muscles by pushing the back of your knee down into the bed.
- Hold the contraction for five seconds and then release.
- Repeat 10 times.
- Do not hold your breath.



**Gluteal Sets** (This exercise will strengthen the muscles in your buttocks.)

- While lying on your back, squeeze your buttock muscles together for five seconds and then release.
- Repeat 10 times.
- Do not hold your breath.



**Straight Leg Raises** (This exercise will strengthen your thigh muscles.)

- Lie on your back.
- Keep the non-operated leg bent and straighten the operated leg as much as possible by tightening the muscles on top of the thigh. Hold this contraction.
- Lift the heel of the operated leg a few inches off the bed and return to starting position on the bed.
- Repeat 10 times. Remember to continue breathing and do not hold your breath.



**Upper Body Lifts With Trapeze** (This will help relieve pressure from your buttocks and help you move more easily in bed.)

- Holding onto the trapeze, pull your upper body up with both arms while keeping the buttocks on the bed.
- Repeat five to 10 times.



**Standing Up From a Chair or Bed and Walking Using Your Walker**

- Scoot to the edge of the bed or chair.
- Place your operated leg straight forward.
- Place both hands on the bed or armrest of the chair and push up into a standing position and then reach for the walker. Do not reach for the walker before standing up.
- Move the walker forward.
- Move the operated leg forward into the middle of the walker.
- Push down on the walker with your arms for support and move the non-operated leg forward into the walker.
- Repeat this sequence for each step.



## Going Up and Down a Step

### Going up a step

- Approach the step with the walker.
- Place the walker on the step, making sure all legs of the walker are flat on the steps.
- Push down into the walker with your arms for support and step onto the step with your non-operated leg.
- Step up with your operated leg and repeat, if needed.



### Going down a step

- Approach the edge of the step with the walker.
- Lower the walker and place it down on the floor first.
- Step down with the operated leg into the center of the walker.
- Step down with the non-operated leg.

