



**Patient Guidebook
for Knee Replacement**



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Welcome Letter

Dear Patient,

Thank you for choosing Sutter Fairfield Surgery Center for your joint replacement surgery.

We are excited to offer you the latest in joint replacement technology, as well as a comprehensive, integrated program allowing you to do most of your recovery in the comfort of your own home.

Your surgeon has chosen this location to ensure you receive care designed around the needs of healthy patients undergoing elective surgery. We believe this option is a typically safer and more efficient care delivery model.

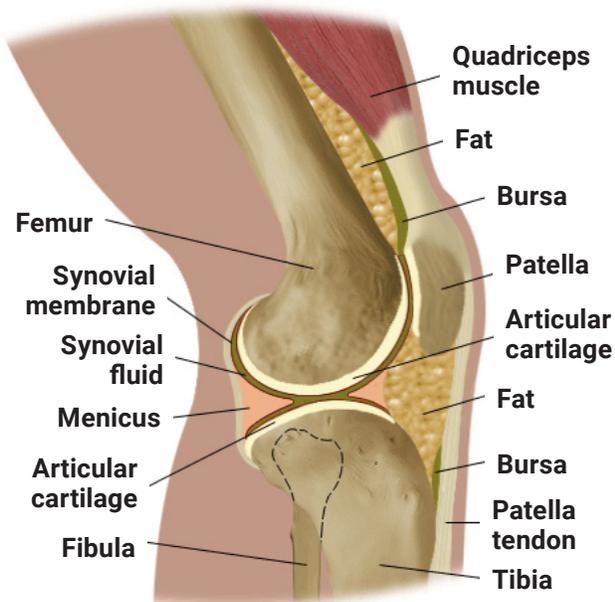
This program is designed with you in mind. You are the leader of your care team, and we want you to be fully informed and involved in the process. We will support you each step of the way.

Pre-Admissions

Sutter Fairfield Surgery Center
707-432-2575 (direct line)

Total Knee Replacement Overview

Fig. I
Anatomy of the Knee



Total knee replacement surgery replaces the entire knee joint with an artificial knee implant and resurfaces the end of the femur (thigh bone) and the top of the tibia (shin bone). The implant is composed of metal and polyethylene and secured into place with bone cement. Certain diseases and conditions can affect knee function. The most common reason for total knee replacement is advanced arthritis. On this page is a visual of a healthy knee (Fig I), a knee afflicted by arthritis (Fig II) and a total knee replacement after surgery (Fig III).

Fig. II
Arthritic Knee Joint Surfaces

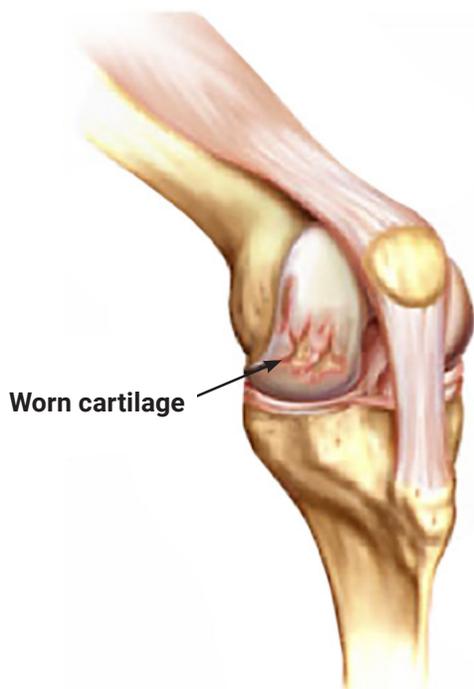
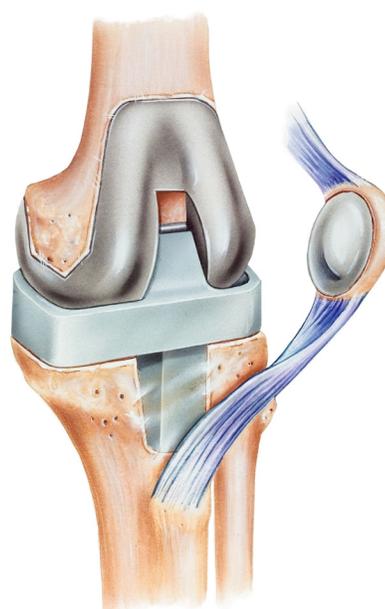


Fig. III
Total Knee Replacement

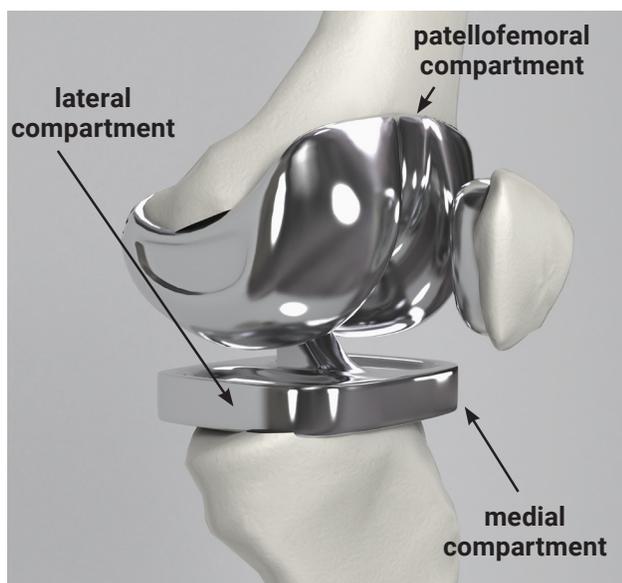


Unicompartmental Knee Replacement Overview

Unicompartmental knee replacement (UKR), or partial knee replacement, is an option for a small percentage of patients with osteoarthritis of the knee. Your doctor may recommend partial knee replacement if your arthritis is confined to one or more compartments of your knee.

Your knee is divided into three major compartments (Fig 1): The medial compartment (the inside part of the knee), the lateral compartment (the outside part of the knee), and the patellofemoral compartment (the front of the knee between the kneecap and the thighbone).

Fig. 1
Major Compartments



In a UKR, only the damaged compartment(s) is replaced with metal and plastic. The healthy cartilage and bone in the rest of the knee is left alone. Due to this small incision, it is considered “minimally invasive” surgery.

UKR has undergone significant changes since it was first performed in the 1970s. Today, the procedure offers many benefits over total knee replacement, including:

- ✓ **Smaller surgical incision**—The incision used in UKR is 2 to 3 times smaller than the one required for a total knee replacement. A smaller incision means less blood loss, less tissue damage and a faster recovery.
- ✓ **More cost effective**—UKR costs about half that of total knee replacement. If needed, the entire procedure can be converted to a total knee replacement.



Checklist for Completing Preoperative Appointments

- ✓ Do your preoperative exercises to strengthen the muscles around your knee. (See pages 17-18.) Remember, being in better shape before surgery makes for an easier postoperative recovery.
- ✓ Complete medical clearance requirements. Have all necessary tests, such as blood work, EKG and possible chest X-ray.
- ✓ Make sure you have a responsible caregiver committed to being with you 24 hours a day for at least the first three days after surgery.
- ✓ Clarify with your doctor which of your current medications to take and which to stop taking and when. If you are unclear, please call our preoperative nurse at 707-432-2575.

- ✓ Fill your prescriptions so they will be ready when you return home.
- ✓ Finish any dental work before your surgery.

Notify the Surgery Center if:

- ✓ You get sick (e.g., cold or flu) or have a fever.
- ✓ You get a skin infection or wound on the operative leg.
- ✓ Your knee pain or swelling significantly increases, or the knee feels unusually warm.



What Should I Pack for the Surgery Center?

- ✓ Flat, supportive and nonslip athletic or walking shoes.
- ✓ Eyeglasses instead of contacts.
- ✓ Dentures.
- ✓ Medications that you take regularly, in their **original packaging**. Each should state the way it should be taken, the dosage and the frequency. Please do not bring non-essential medications, such as vitamins and herbs.
- ✓ CPAP device and inhalers, if applicable.
- ✓ Telephone numbers of people you may want to call.
- ✓ A book, magazine or other portable hobby.
- ✓ A “going home” outfit that is loose, easy to put on and take off.
- ✓ Personal care items.
- ✓ Electronic devices (cell phones, iPad, etc).
- ✓ Phone charger for cell phone, or accessories.
- ✓ This guidebook to use as a reference.



Checklist for the Day/ Night Before Surgery

- ✓ Enjoy a light dinner, avoid alcohol.
- ✓ A nurse from the Surgery Center will have called you prior to surgery to discuss:
 - When to stop eating or drinking.
 - Which medications to take the morning of surgery.
 - What time you should plan to arrive at the center.
- ✓ You may brush your teeth and rinse your mouth the morning before surgery.
- ✓ Shower the night before and morning of surgery as directed by your surgeon. Do NOT apply lotions or perfumes or powders.



Special Note About Shaving

Please DO NOT shave your surgical area prior to your surgery. Your nurse will evaluate your skin prior to surgery and will shave the area at that time. If there are breaks in your skin, your surgery may need to be rescheduled due to the risk of developing an infection.

What to Expect the Day of Surgery

1. Arrive at the Surgery Center at your assigned time.
2. Once there, you will be asked to remove:
 - All jewelry. If your wedding band cannot be removed, it can be taped to your finger. It is best to leave all jewelry at home.
 - Dentures and partial plates.
 - Contact lenses and eyeglasses.
3. You will be asked to put on a patient gown, hat and slippers.
4. A nurse will check your heart rate, blood pressure, temperature and breathing.
5. A nurse will place an IV in your arm. You may be given a numbing medication locally, so this should be painless.
6. You will be asked to sign surgical and anesthesia consents, and be given time to ask questions.
7. Your surgeon will speak with you and mark the joint with a special pen.
8. An anesthesiologist will meet with you to discuss your anesthesia care plan.
9. You may receive antibiotics in your IV as prevention against infection.
10. You will be taken to the operating room with your operating room nurse.
11. You will be getting up to walk the day of surgery with a post-anesthesia care unit staff member.



The Recovery Room

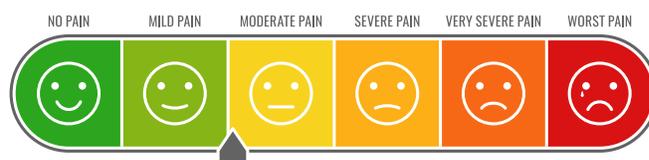
After your surgery, you will be taken to the recovery room, or post-anesthesia care unit. As you are recovering from your anesthesia, your surgeon will talk with your family and friends to let them know how things went. You may not remember much of this part, as the anesthesia drugs can affect your memory immediately after anesthesia.

What is squeezing my legs?

After you wake from surgery, you may have some plastic sleeves on both of your legs. Every few minutes, they will inflate with air, and you will feel a squeeze that starts at the ankle and works its way up. These sleeves help pump blood through your legs to prevent blood clots. The amount of time these are used depends on your level of activity. Think of them as your own personal leg massagers!

Am I going to have pain?

Some pain is normal after surgery, but most patients experience soreness rather than pain. Many say it's less pain than they experienced prior to surgery. You will be asked to indicate your pain level on a scale of 0 to 10 (0 being no pain and 10 being the most pain). We try to keep you at a 2 or 3 (or less) on the pain scale, since controlling your pain is a very important part of your recovery. Too much pain will keep you from being able to do your exercises and physical therapy, which are crucial to getting you back on your feet sooner.



Be sure to let the nurse know if:

Your pain medications seem to wear off too quickly or you start to feel nauseated. The earlier the team intervenes, the better you will feel. Please feel free to talk with your nurse about any other concerns.

Frequently Asked Questions Regarding My Stay

How long will I be at the Surgery Center?

Most patients get discharged from the center the same day as their surgery. Under certain circumstances there is the possibility of being admitted to the hospital or rehab center before discharge home. This decision will be made at the discretion of your surgeon.

Can a family member stay with me?

Your family can stay with you until you are taken to the operating room. Your family may stay in the waiting room or leave and provide a contact number. Our staff can notify your family/friend when they can return to stay with you. Your ride may want to bring a pillow and blanket for you for the trip home.

What will my stay at the center be like?

You will most likely be groggy initially after surgery due to the medications you received. Your vital signs (blood pressure, temperature and pulse) and any drainage from your dressing will be monitored by your nurse.

How long does surgery take?

Approximately 1½ to 3 hours. Some of this time is required for the anesthesiologist to make sure that you are comfortable, and for the nursing staff to take care of you immediately before and after surgery.

Do I have to bring a method of payment?

Yes. We make every attempt to work with your carrier to understand what your expected out-of-pocket costs will be. We will ask for this payment at the time of registration. You should receive a call within the week prior to surgery to let you know the estimated amount.

Do you provide meals?

Yes. We will take care of all meals during your stay. We offer nutritious choices, customized to your medical needs.

When can I eat?

Most patients do not feel hungry right away. Usually by the evening after surgery, they are ready to try solid food. Nausea may occur, but it is usually temporary. It is important to let your nurse know if you feel nauseated, as there is medication that can minimize this.

When do I start physical therapy?

Your surgeon will decide the timing of physical therapy based on the surgery. Remember that pain control is imperative. After surgery, you will be up and walking. You will start by sitting at the edge of the bed and work up to walking with your walker before you are discharged.

Important:

Do not attempt to get out of bed until assisted by your nurse.

What to Expect After Surgery

When can I leave the center?

Patients are usually discharged on the day of surgery. You will go home from the center when:

- ✓ Your nurse feels that you are safely moving around and able to get in and out of bed with the aid of a walker.
- ✓ You can get to the bathroom or bedside toilet by yourself with the aid of a walker.
- ✓ You can keep solid food down.
- ✓ Your incision has no signs of infection.
- ✓ Your vital signs are normal.
- ✓ You can control your pain with oral medication.
- ✓ Your support person is assessed for readiness for discharge and the ability to provide care.

What items will be sent home with me to use after discharge?

This depends on what has been ordered by your surgeon. It may include any of the following: ice bags, a special ice machine, a walker or crutches. Please check with your surgeon for what was ordered for you.

When can I drive my car?

Ideally, you should not operate a vehicle for a minimum of 6 weeks and until you've completed taking any narcotic medications. You and your family should both feel you're safe to drive. We **highly recommend** you take a test run in a vacant area before going out on the road.

How long will I need someone else to care for me?

Depending on your healing progress, you may need someone on call to assist you for two to four weeks after surgery.

Will I need a blood transfusion?

We do everything we can to minimize blood loss during surgery. We lower your blood pressure during surgery to diminish bleeding, cauterize cut blood vessels and use the smallest incision possible. Even so, some knee replacement patients might need an infusion of blood. Today's technology offers new options to replace blood versus traditional methods of blood transfusion. Please discuss with your surgeon the different options available, to ensure you have a plan in place in case it's necessary.



What Can I Expect in the Days Following Surgery?

It is important to realize that everyone recovers at different levels. Recovery is unique to each patient. Below are some general guidelines of what to expect.

Day of Surgery

You may learn exercises to help strengthen the muscles in your leg and increase the movement in your knee. Your healthcare team may suggest that you use a machine that gently bends and straightens your knee automatically, called a continuous passive motion machine. Daily activities may include:

- Walking a few steps with a cane, crutches or walker, with assistance.
- Sitting in a chair.
- Sitting on the side of the bed.
- Transferring yourself to a bedside commode.
- Climbing up and down two or three steps.
- Elevating the knee while lying flat on your back with five pillows under your ankle.

Day After Surgery

You will gradually increase your exercises and activities. Daily activities may include:

- Walking across the room with a cane, crutches or walker, with supervision.
- Getting on and off the toilet

Subsequent Days

Each day you will increase your exercises and activities. You may be able to:

- Bend the knee to a 90-degree angle or show improvement in bending the knee.
- Straighten the knee.
- Walk with a cane, crutches or walker.
- Move to a chair or toilet independently.
- Bathe and dress yourself.
- Climb several steps.

Your physical therapist will provide you with an exercise/activity log.



What Type of Professional Care May I Expect at Home?

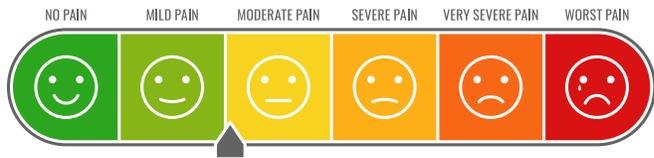
Your surgeon may order home health services, including physical therapy and nursing care, tailored to your needs. A therapist will continue assisting you with your home exercise program. A nurse may be available to monitor and manage your pain control and incision care, and may take a blood sample if needed to monitor your blood count. The home care team will coordinate care with your physician and will help you with the transition to outpatient rehabilitation.

If you have set up an outside care agency, please contact that agency for your home health care needs.

You may go directly to outpatient physical therapy which will be discussed with you by your surgeon. If so, please contact the facility as soon as possible to schedule your appointments.

Pain Management Overview

Pain management is a very important component of your surgery. One of the biggest concerns patients have about surgery is how much pain they will experience. Our goal is to alleviate your fears and concerns and ease your discomfort. A personalized pain management plan will be developed to meet your individual needs. Your doctors, nurses and therapists will work with you to manage your pain after surgery so you are as comfortable as possible and able to fully participate in, and receive the greatest benefit from, therapy sessions. Your doctors will discuss different options to control your pain and assist you in choosing the correct method based on your individual situation.



ON A SCALE OF 1 TO 10...

You can assist us in managing your pain by understanding the 10-point pain scale. The scale is a measurable description of the pain you are experiencing. By verbalizing the pain on a 10-point scale, zero (no pain) up to ten (most pain), you can share with your health professional the intensity of your pain. This helps your doctors, nurses and therapists determine the type of pain relief you require. We will ask you to use the pain scale to rate your pain before and after you take pain medication, and during therapy sessions. Some pain is expected and normal after joint surgery. We will work with you to set a reasonable pain tolerance and manage pain effectively so you can participate fully during your therapy.



Preventing Blood Clots

After surgery or when you are less active, you are at an increased risk of forming blood clots. Clots most often occur in the lower leg. In order to prevent clots from forming in the leg, you will have a pair of compression sleeves on your lower legs when you arrive in recovery. The sleeves are designed to compress your muscles and blood vessels. These will help reduce the risk of blood clots. Your surgeon will determine the use of the stockings based on risk factors and your history.

Your surgeon may place you on an anticoagulant, such as aspirin, after the procedure to help reduce the risk of blood clots.



Dental Treatments

It is possible in some situations for bacteria from the mouth, teeth or gums to travel through the bloodstream and settle in an artificial joint. This could increase your chance for infection.

The American Dental Association and the American Academy of Orthopedic Surgeons have developed guidelines for you to consider when having dental work after an artificial joint replacement. Infections are easy to avoid with an antibiotic prescription. Please defer any procedures for at least three months following surgery. Antibiotic prophylaxis is also recommended for upper or lower gastrointestinal procedures and genitourinary procedures. Regardless of your current health condition and potential procedure, please always check with your physician.

Safety and Preparation of Your Home



Entryway Stairs and Hallways

- ✓ Keep well-lighted and clutter-free.
- ✓ Remove all loose throw rugs.
- ✓ Install night lights and illuminated switches.
- ✓ Make sure carpets and area rugs are firmly anchored to the floor.
- ✓ Install nonskid pads on uncarpeted steps.
- ✓ Have two different escape routes in case of fire.
- ✓ Check and repair all loose handrails. You may want to have additional handrails installed in some locations.



Kitchen

- ✓ Move the most commonly used items within easy reach.
- ✓ Keep floors dry.
- ✓ Install and know how to use a fire extinguisher.
- ✓ Buy or pre-cook easy-to-prepare meals such as frozen foods, enough for a few days.
- ✓ Complete your grocery shopping prior to surgery.



Bathroom

- ✓ Place nonskid adhesive strips on the floor of bathtub/shower.
- ✓ Turn on lights, in addition to night lights, when getting up at night to use the bathroom.
- ✓ Sit at the bedside for a few minutes to fully waken before getting out of bed.
- ✓ Keep bathroom floor dry.
- ✓ Have a handheld shower for use with a shower seat.



Prepare Your Shower

- ✓ If your shower is also a bathtub, you will need a shower bench. If you have a shower stall, you can use any safe seat that is high enough. These can be bought online or at any medical supply store. Please consult with your physical therapist prior to purchasing.
- ✓ The seat should have rubber tips to prevent it from slipping.



Adjust Your Toilet

- ✓ If your toilet is not handicap accessible, you may want to consider buying a raised toilet seat, toilet safety frame or a three-in-one commode. These can be bought online or at any medical supply store.



General Safety Tips

- ✓ Remove furniture from walkways.
- ✓ Wear supportive comfortable shoes.
- ✓ Place emergency phone numbers near the phone.
- ✓ Never rush to answer the phone or door.
- ✓ Organize your day to give yourself plenty of time; rushing can cause falls.
- ✓ Be aware of changes in level surfaces (i.e., curbs, stairs, carpet vs linoleum).
- ✓ Pick up your feet to avoid tripping.
- ✓ Watch out for your pets; they can cause tripping. You may want to consider having a rambunctious pet stay with friends for a few days, or arranging a walking service.
- ✓ Make sure you have done your laundry so you do not need to carry laundry or go to a laundromat.
- ✓ Clean your house prior to surgery. You will not want to do housecleaning immediately after surgery.
- ✓ Relax in firm chairs that have armrests and sit a bit higher. Using pillows can raise the seat, which will make it easier to get up.

Helpful Hints for Activities of Daily Living

1. Usually you can drive yourself after 3 to 6 weeks. (Sometimes sooner with left-side surgery) You must be able to demonstrate equal leg strength and agility if you are in an accident, otherwise your carrier may not cover you.
2. Active sports (ex: tennis, golf) are not resumed for 6 to 12 months after surgery.

Monitoring for Complications

Deep Vein Thrombosis

Call your surgeon immediately if any of the following signs develop:

- Swelling in legs that does not go away when you elevate your feet.
- Pain in calf, or behind the knee.
- Calf warmth or redness.

Pulmonary Embolism

Call 9-1-1. Go to your local emergency room immediately if you experience any of the following:

- Shortness of breath.
- Chest pain.
- Coughing up blood or pink mucus.

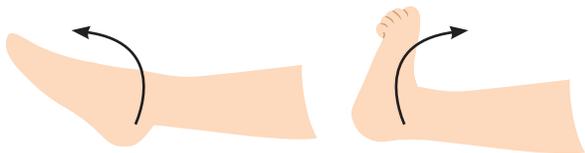
Knee Dislocation

Call your surgeon immediately if you develop these signs:

- Severe knee pain.
- Inability to walk.
- Shortened leg on the operated side.

Exercises for Before and After Surgery

To assist with your postoperative recovery, try to do these exercises 10 times each, 3 times a day. You will also benefit from doing these exercises before surgery. Only do what you can without aggravating your knee.

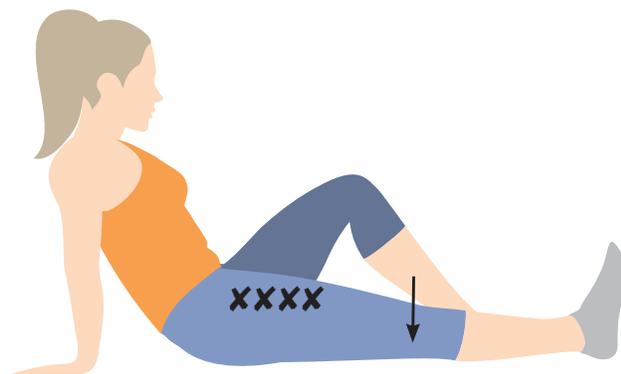
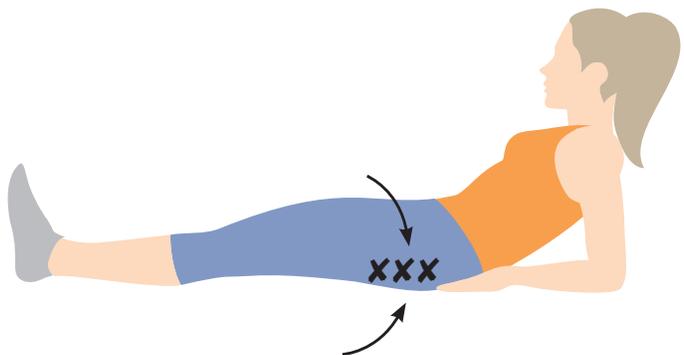


Ankle Pumps

1. Lie on your back with legs straight.
2. Pump your ankles up and down.

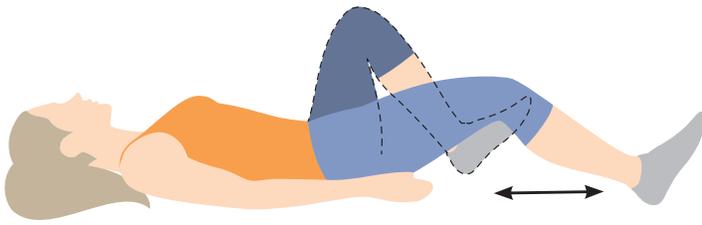
Glute Sets

1. Lie on your back with legs straight.
2. Squeeze your buttocks together.
3. Hold for 3 to 5 seconds, then relax.



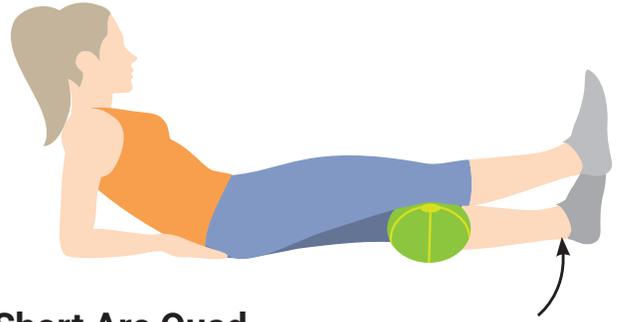
Quad Sets

1. Tighten your top thigh muscle by pushing the back of your knee to the bed.
2. Hold for 3 to 5 seconds, then relax.



Heel Slides

1. Slide your heel on the bed toward your buttocks by bending your knee.
2. Keeping your heel on the bed, slide your heel back down to return to the starting position.



Short Arc Quad

1. Place pillow under your knee.
2. Lift your foot up in the air and straighten your knee.
3. Slowly lower foot back to starting position.



Assisted Knee Flexion

1. Cross your non-surgical ankle over your other leg.
2. Gently bend your knee, pulling the surgical leg backward into flexion.
3. Hold for 10 seconds, then slowly return to the starting position.

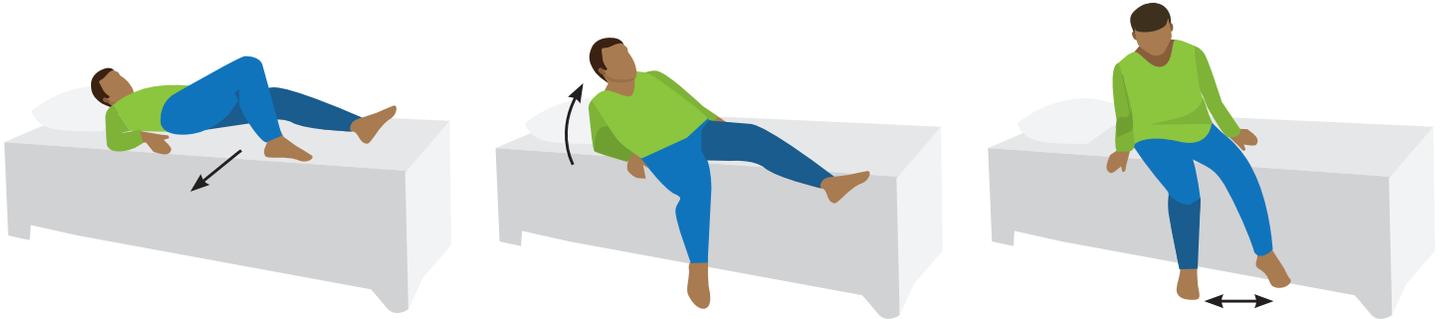


Passive Knee Extension

1. Place your surgical leg on a footstool or bench.
2. You may add a light weight to your thigh above the kneecap for a better stretching effect.
3. Rest in this position for 10 minutes or as long as you can tolerate.

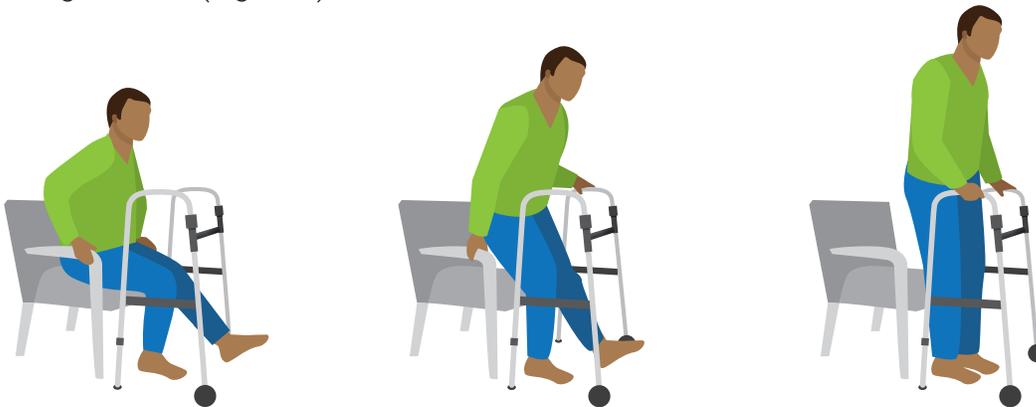
If any of these exercises causes prolonged pain or excessive discomfort, stop or scale back the exercise and consult your therapist.

At-Home Activity



Bed Mobility

1. To get out of bed, scoot to the side of bed using non-operative leg. (Figure 1)
2. Position your hands behind you and push up as you angle your body around and scoot your hips and legs forward to the edge of bed. (Figure 2)
3. If you have hip precautions, remember to keep your legs apart, toes up, and upper body semi-reclined. (Figure 3)
4. Reverse this process to get into bed.



Standing and Walking with a Walker

1. Scoot to the edge of the chair, keeping your operated leg extended in front of you. (Figure 1)
2. Push up using the armrests and the non-operated leg for support. If you have hip precautions, remember not to bend your torso too far forward. (Figures 2 and 3)
3. Reverse this process to sit down, reaching back for the armrests and slowly lowering yourself. No plopping!
4. When walking with a walker, first advance the walker, then step forward with your operated leg, then step forward with your other leg, supporting some of your weight with your arms on the walker as needed.
5. Remember to stand up straight; don't lean over your walker. Take even strides with a heel-to-toe walking pattern.



Tub/Shower Transfers

1. If you have a tub, using a tub bench is the easiest and safest way to get in and out. Sit down on the tub bench with your back facing the tub. (Figures 1, 2)
2. Pivot around, lifting your legs one at a time over the side of the tub. If you

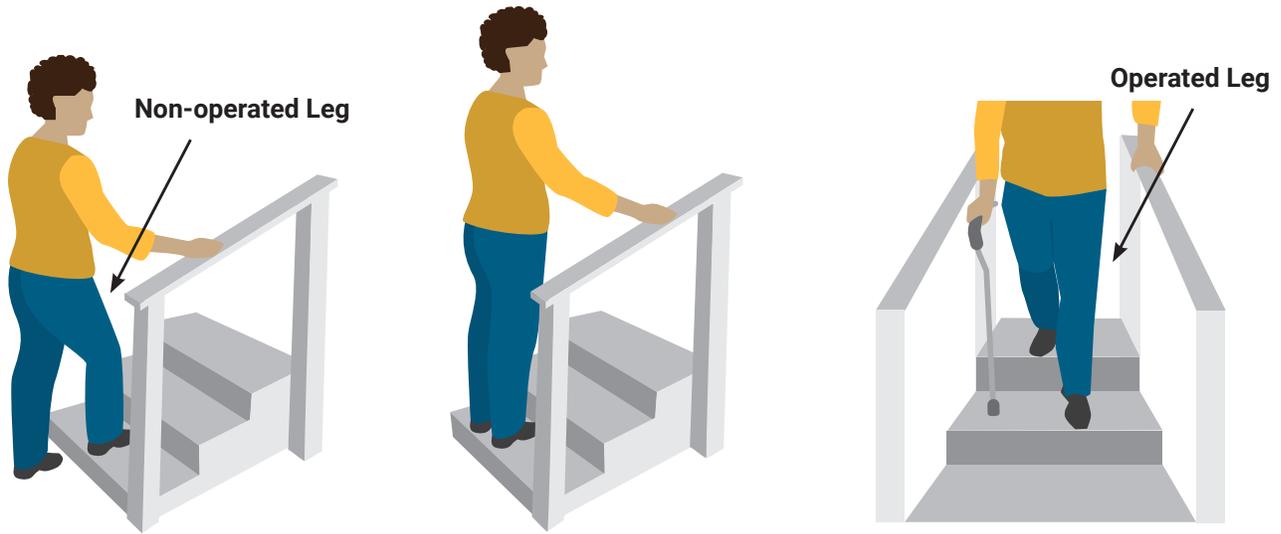
have hip precautions, remember to keep your upper body leaning backward. (Figures 3, 4)

3. Reverse this process to get out of the tub.



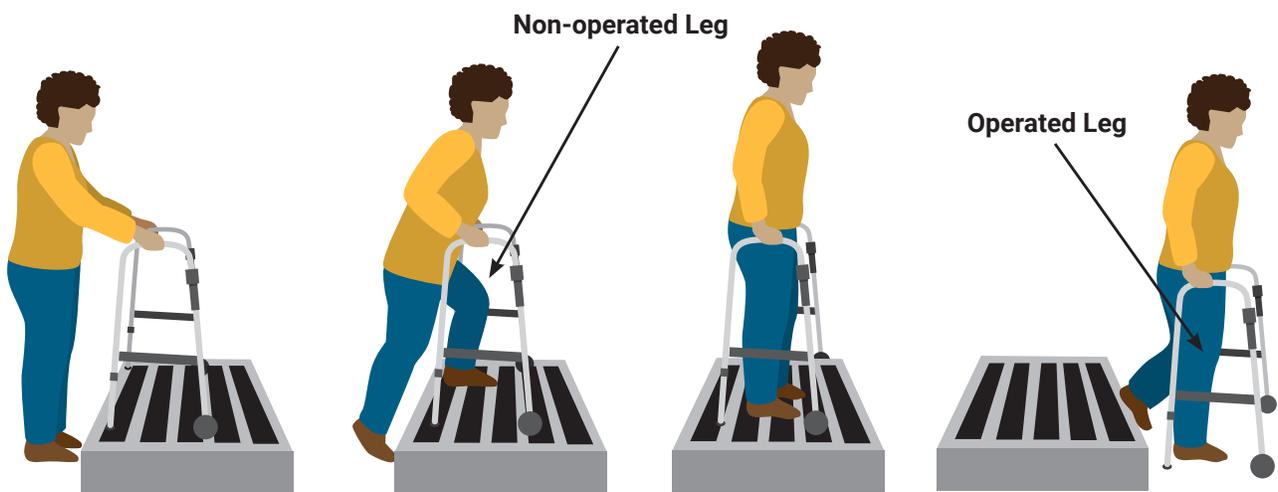
4. If you have a stall shower, enter and exit using a side-step technique. (Figures 1 through 3)

5. A shower chair may be useful to enable you to sit and wash while you are in the shower. Rubber bath mats and wall-mounted grab bars are also helpful for stability.



Stairs – Remember: “Up with old leg, down with new leg.”

1. When going up stairs, lead with the old (non-operated) leg, then advance the new (operated) leg. (Figures 1 and 2)
2. Take one step at a time initially and use the railings if possible. If no rail is available, fold up the walker and use it (or a cane) on one side.
3. When going down stairs, step down with the new leg then follow with the old leg, taking one step at a time. (Figure 3)



Curb step

1. When going up a curb step, approach with your walker, getting as close as possible. (Figure 1)
2. Lift the walker and place it on top of the curb, making sure all four posts are secure. (Figure 1)
3. Step up with your old leg, leaning forward onto the walker, then follow with your new leg. (Figure 2)
4. When going down the curb step, simply reverse this process, stepping down with the new leg first. (Figures 3 and 4)

Preoperative Patient Education Acknowledgement

I have received preoperative patient education regarding my knee replacement surgery and had the opportunity to ask questions and voice concerns.

I have received the knee replacement guidebook.

I understand that I may or may not receive antibiotics, depending on my surgeon's preference.

I understand the safety issues that need to be in place for my home recovery, as outlined in the guidebook.

I understand that pain management is an important issue, and that I can expect to have some pain during recovery. I understand how to take the pain medications and other therapies that may be ordered, in order to maximize comfort.

I understand the purpose of blood thinners and how to take them.

I understand that if any signs of clinical deterioration (shortness of breath, chest pain, increased bleeding, etc.) are noted during my procedure, a call will be placed to 9-1-1.

My support person was assessed for readiness for discharge and the ability to provide the required care.

Patient Signature _____ Date/Time _____

Support Person Signature _____ Date/Time _____

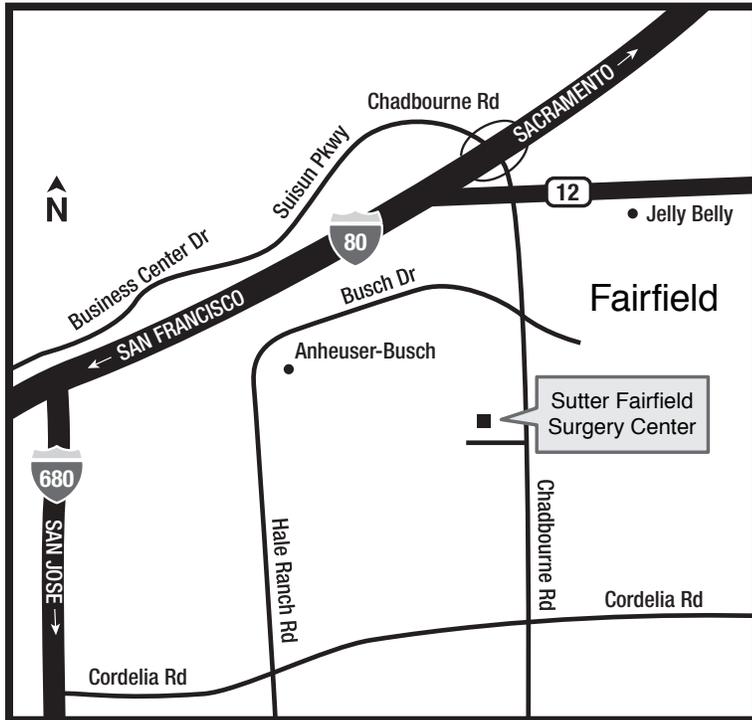
RN Signature _____ Date/Time _____

My Knee Replacement Preoperative Checklist

ITEM	DONE	DATE	NOTES
Receive a preoperative assessment arranged by your surgeon's office.			
Purchase/rent medical equipment as directed by surgeon (e.g., cold therapy unit).			
Schedule an appointment to meet with the Sutter Fairfield total joint coordinator and tour the center.			
Pack eyeglasses to read papers, nonslip shoes and comfortable clothes. Do not bring jewelry or contact lenses. Do not wear lotions. May bring electronics (cell phone, iPad, laptop, etc.) at your discretion. (NOTE: Surgery Center is not responsible for these items.)			
Fill any prescriptions ahead of time. Call your surgeon for a prescription if you were not given one.			
Pack any necessary medications you will need to take at the Surgery Center during your stay (e.g., heart medications, hormones, seizure medications). Please bring them in the original packaging with the instructions attached.			
Bring your CPAP device if you use one, even if you only use it occasionally.			
Bring your inhalers, even if you only use them occasionally.			
Bring these documents: <ul style="list-style-type: none"> • Photo ID • Insurance card • Method of payment • Advance directive (if you have one) 			



Directions / Contacts



Sutter Fairfield Surgery Center

2700 Low Court, 2nd Floor
Fairfield, CA 94534

Sutter Fairfield Surgery Center Contacts

Main Line

707-432-2700

Administrator

Sarah Sterling
707-432-2710

Pre-Admissions

707-432-2575

Director of Nursing

Jeannine Graves, RN, MSN-Ed,
MPA, OCN, CNOR
707-432-2508

Insurance Pre-Admissions

855-215-4614

Business Office Supervisor

Ana Canaya
707-432-2722

