Knee Replacement Journal
Your Joint Journey Guide

PeaceHealth
The Spirit of Health
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Important Phone Numbers

Name: ________________________________________________________________

Phone Number:  ________________________________________________________

Your Surgeon: _________________________________________________________

Your Primary Care Physician:  ____________________________________________

Your Physical Therapist:  ________________________________________________

Your Pharmacy:  ________________________________________________________

Pre-op Contacts

Total Joint Program Coordinator ................................................................. 360-514-6787
Sound Hospitalists/Medical Consult .............................................................. 360-514-3727
PeaceHealth Southwest Insurance Authorization/Verification ...................... 360-514-2122
PeaceHealth Southwest Nurse/Pre-assessment (PAS) Services ..................... 360-514-4821
PeaceHealth Southwest Patient Access/Registration .................................... 360-514-2124
Rebound Billing Office .................................................................................. 360-449-1129
Rebound Surgery Scheduling ....................................................................... 360-449-1063
Southwest Washington Blood Program ....................................................... 360-567-4800
Total Joint Center Rebound Main Number ................................................ 360-254-6161
The Vancouver Clinic Orthopedics ............................................................. 360-882-2778

Surgery Contacts

PeaceHealth Southwest Main Hospital .......................................................... 360-514-2000
PeaceHealth Southwest Ortho Nursing Unit-Tower 8 ............................... 360-514-4800
Surgery Check-in ......................................................................................... 360-514-4966

Post-op Contacts

Anticoagulation Clinics
PeaceHealth Southwest Specialties Anticoagulation Clinic ......................... 360-514-2500
Vancouver Clinic Anticoagulation Clinic .................................................... 360-397-3269
PeaceHealth Southwest Patient Financial Services .................................... 360-514-7002
PeaceHealth Southwest Physical Therapy .................................................. 360-514-2048

Websites

- www.peacehealth.org/ortho
- www.tvc.org
- www.reboundmd.com
## Appointments Checklist

### PRE-OP

**Dental Exam**
- Day __________ Date __________
- Time ______________
- Location ____________________________

**Joint Journey Class**
- Day __________ Date __________
- Time ______________
- Location **Total Joint Center**

**Lab Work/EKG**
- Day __________ Date __________
- Time ______________
- Location ____________________________

**Medical Consult (page 16)**
- Day __________ Date __________
- Time ______________
- Location ____________________________

**Nurse Pre-assessment/PAS**
- Day __________ Date __________
- Time ______________
- Location **Total Joint Center**

**Blood Donations (if required by your surgeon)**
- Day __________ Date __________
- Time ______________

### SURGERY

**Pre-op Physical Exam with Surgeon**
- Day __________ Date __________
- Time ______________
- Location ____________________________

**Location** **PeaceHealth Southwest’s Firstenburg Tower**

### POST-OP

**Post-Op Physical Exam with Surgeon**
- Day __________ Date __________
- Time ______________
- Location ____________________________

**Outpatient Physical Therapy**
- Day __________ Date __________
- Time ______________
- Location ____________________________
- Therapist ____________________________

**Anticoagulation Lab Work**
- Day __________ Date __________
- Time ______________
- Location ____________________________
- Location ____________________________
Section One:

Before Surgery

Welcome

We are pleased that you have chosen PeaceHealth Southwest Medical Center Total Joint Center. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.

Each year, more than one million people make the decision to undergo joint replacement surgery. The surgery aims to relieve your pain, restore your independence, and return you to work and other daily activities.

The program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the first day after surgery, and move towards normal activity in six to twelve weeks.

The Total Joint Center has planned a comprehensive course of treatment. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to promote a more successful surgical outcome.

Your team includes physicians, physicians’ assistants, certified nursing assistants, nurses, care coordinators and physical and occupational therapists specializing in total joint care. Every detail, from pre-operative teaching to post-operative exercising, is considered and reviewed with you. The Total Joint Program Coordinator will act as a guide through your treatment program.

Using the Journal

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. The Journal is a communication tool for patients, physicians, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide. Your physician, physician’s assistant or nurse practitioner, nurses, or therapist may add to or change any of the recommendations.

Always use their recommendations first and ask questions if you are unsure of any information. Keep your Journal as a handy reference for at least the first year after your surgery. The information in the Journal covers a lot of details and may look overwhelming. As it will assist you with your surgery, we recommend reading the entire guide, at a pace that suits you.

The goal of surgery is to:

- Relieve pain
- Restore independence
- Return to an active lifestyle
Joint Center Overview

We offer a unique program to encourage discharge from the hospital in one to two days after surgery. Program features include:

- Dedicated nurses and therapists trained to work with joint patients
- Casual clothes (no drafty gowns)
- Private rooms
- Group Activities
- Family and friends participating as “coaches” in the recovery process
- A Total Joint Program Coordinator who coordinates pre-operative care and discharge
- A Patient Journal

We also offer:

- Quarterly reunion luncheons for former patients and coaches
- Newsletters about arthritis and joint care
- Education classes about Arthritis management

Your Joint Replacement Team

**Orthopedic Surgeon** – Is the skilled physician, who will perform the procedure to replace your damaged knee.

**Total Joint Program Coordinator** – Acts as your advocate throughout the entire joint replacement journey.

**Registered Nurse (RN)** – Much of your care will be provided by nurses responsible for your daily care. Your nurses will ensure orders by your physician are carried out to keep you safe and progressing, including medications and monitoring you vital signs.

**Certified Nursing Assistant (CNA)** - Works directly with you nurse to assist with your care needs such as bathing, dressing, and meals.

**Physical Therapist (PT)** – Will assist you in returning to your daily activities and help you problem solve through any barriers to obtaining independence. They will train you and your coach in safe transfer techniques, provide gait training and teach exercises designed to regain your strength and motion after surgery.

**Occupational Therapist (OT)** - Will guide you in performing daily tasks such as bathing, dressing and toileting with your new joint. They may discuss and/or demonstrate special equipment used in your home after your joint replacement; including long handled tools, shower benches, and raised toilets.

**Discharge Planner** – Will monitor your plan of care, evaluate and assist with coordinating appropriate discharge plans based on your unique medical and social needs.
Role of the Total Joint Program Coordinator

The Total Joint Program Coordinator will assist you with your care needs from the preoperative course through discharge and post-operative discharge follow-up.

The Total Joint Program Coordinator will:

- Answer questions and coordinate your hospital care with the Joint Replacement Team members.
- Coordinate scheduling of pre-operative education classes.
- Act as your liaison throughout the course of the treatment from pre-operative through the post-operative discharge.
- Answer questions and direct you to specific resources within the hospital.
- Act as a liaison for coordination of your pre-operative care between the doctor’s office, hospital, and the testing facilities as necessary.
- Assess your needs at home including caregiver availability.
- Involve a discharge planner if home health or skilled nursing care is needed.
- Assist you in getting answers to insurance questions.

You may call the Total Joint Program Coordinator at any time pre-operatively to ask questions or raise concerns about your pending surgery.

Total Joint Program Coordinator Telephone Number is 360-514-6787.
Medication List

Please fill out the Medication list with the requested information.

<table>
<thead>
<tr>
<th>Medication Name/Dosage</th>
<th>Instructions</th>
<th>Reason for Therapy</th>
<th>Duration</th>
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<tbody>
<tr>
<td>What is the name of your medication? What is the dosage?</td>
<td>When and how do you take this medication?</td>
<td>Why are you taking this medication?</td>
<td>How long have you been taking this medication?</td>
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Get Started

Joint Care Team Call
After surgery has been scheduled, you will be contacted by a member of the Joint Care Team to:

- Act as a liaison for coordination of your pre-operative care.
- Verify you have made an appointment, if necessary, with your doctor and have obtained preoperative tests your doctor ordered.
- Answer questions and direct you to hospital resources.

Medical Clearance
You should receive a medical clearance letter from your surgeon’s office. The letter will tell you whether you need to see your medical clearance doctor or a specialist.

Follow the instructions in the letter. If you need to see your doctor, it will be for pre-operative medical clearance. This is in addition to seeing your surgeon before surgery. This appointment should occur approximately three to four weeks prior to surgery.

Pre-Anesthesia Clinic
You will receive a call from one of our Pre-Anesthesia Clinic nurses to review your health history and all medications that you are currently taking (including all over-the-counter medications, herbs, vitamins or other supplements). This call should occur three to four weeks prior to surgery.

This is the time to provide a valid number for the hospital to contact you the night before surgery to verify check-in time.

Lab Work/EKG
You may be asked to complete your pre-operative lab work (blood and urine tests) and EKG separate from your medical consult appointment. Your scheduler will direct you where and when your lab work is to be completed. Be sure to bring the Lab Requisition form to your appointment. This appointment occurs approximately three to four weeks prior to surgery.

Screening for Obstructive Sleep Apnea (OSA)
PeaceHealth Southwest Medical Center is screening surgical patients for Obstructive Sleep Apnea. Obstructive Sleep Apnea (OSA) is a disorder that limits or obstructs breathing during sleep. People with OSA do not get enough deep, restorative sleep and suffer from repeated low oxygen levels during sleep.

If you are identified as “at risk,” you may be contacted by the hospital Pre-Anesthesia Clinic and offered a referral to a sleep specialist for further evaluation.

The STOP-Bang Questionnaire is a screening tool we will use to determine if further testing is recommended. We ask you to complete it out as accurately as possible. You may need to ask your family for help in answering the questions, as many people are not aware of some symptoms.
Symptoms of OSA may include:

- Loud snoring
- Gasping or choking during sleep
- Excessive daytime fatigue
- Feeling groggy when you wake-up
- Morning headaches
- Frequent nighttime urination
- Weight gain

Studies show that 1 in 5 people have mild OSA, and 1 in 15 have moderate to severe OSA. People with mild OSA can develop severe OSA while on narcotics for pain management after surgery or after receiving anesthesia.

Medications That Increase Bleeding

Your doctor should tell you when to stop any medications before surgery. For example, discontinue all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for stopping the medication. Your surgeon and medical doctor will instruct you about your other medications.

Stop Taking Herbal Medicine

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John’s wort, ephedra, goldenseal, feverfew, saw palmetto, and kavakava.
Healthcare Decisions

Advance Medical Directives are printed instructions that communicate the patient's wishes regarding healthcare.

If you have an Advance Medical Directive, bring a copy of the document with you to the hospital.

Stop Using Nicotine in all Forms!

Nicotine:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

If you stop using nicotine before surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don’t smoke at home.
- Throw away all cigarettes and ashtrays.
- Don’t put yourself in situations where others will be using nicotine products.
- Reward yourself for each day you do not use nicotine.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

¹Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty http://www.aaos.org/news/aaosnow/jun12/cover2.asp Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

Nicotine can impair oxygen circulation to your healing joint.

Oxygen circulation is vital to the healing process.
Eat a Healthy Diet

Surgery can be very stressful on the body. Your body needs specific nutrients and minerals to heal adequately. Preparation with healthy eating habits before your elective surgery will positively help your body respond to the stresses of surgery and recovery. Recommended eating habits prior to surgery:

- Adequate servings of fresh fruits and vegetables
- Adequate sources of iron; lean red meats, fortified cereals
- Low sodium, low saturated fats
- Eliminate sweets
- Increase fluids for adequate hydration; water is best for this

If you are diabetic, it is very important to control your blood sugars. Maintaining stable and within target blood sugars before and after your surgery will promote healing and help to reduce complications. Following a carbohydrate controlled meal plan as well as taking your prescribed diabetes medications may help you to regulate your blood sugars. Ask to speak with your doctor or certified diabetes educator if you have any questions or concerns to ensure your healthy success!

Start Iron and Vitamins

Some minimal blood loss is common during knee replacement surgery. Prior to surgery, you may be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood. Please ask you surgeon if you have any questions or concerns.

Maintain a Healthy Weight

A healthy weight is very important before and after joint replacement surgery. Being overweight can place a lot of stress on your new knee joint. This then can increase your risk for complications after surgery. Your primary care doctor can make a referral for you.

Constipation Before Surgery

- It is helpful if you are not already constipated when you come in for surgery. Make sure that you have had a bowel movement the day before or morning of surgery.
- You may want to start taking a stool softener a couple days before surgery. Example: Colace AKA Docusate Sodium; follow the instructions on the bottle or per doctor or pharmacist recommendations.
- If you develop loose stool please stop taking stool softener until it resolves.
- Increase your fiber and water intake to help regulate your bowels.
Start Pre-operative Exercises

Many patients with arthritis of the knee avoid using their painful leg. Muscles become weaker, making recovery slower and more difficult. Beginning an exercise program before surgery can help make recovery faster and easier.

Consult your doctor before starting pre-operative exercises. Take 15 to 20 minutes, twice a day to do your exercises. Perform exercises on both legs. These exercises are located on page 39.

It is also important to strengthen your entire body, not just your legs, before surgery. Strengthen your arms by doing chair pushups because you will be relying on your arms when walking with the walker or crutches; getting in/out of bed and chairs; and on/off the toilet. Perform light endurance activities for your heart and lungs – walking for 10 to 15 minutes each day, if pain allows.

Obtain a Front-Wheeled Walker (Two Wheels in Front)

You will need a walker to use after the surgery. Most patients need a front wheeled walker. Your surgeon will provide a prescription for the device so that you can pick it up ahead of time at one of the Durable Medical Equipment stores listed on the sheet provided in your Joint Journey class.

Other options for obtaining a front-wheeled walker include borrowing from a friend, checking with your church or lions club, or thrift stores.

Please call the Total Joint Program Coordinator at 360-514-6787 if you need assistance in obtaining a walker or prescription — we are happy to assist you.

Planning Ahead for Going Home

Understanding your plan for discharge is an important task in the recovery process. Although you will be able to walk with a walker soon after surgery, you will need some help for a few weeks with cooking, shopping, cleaning, bathing, and laundry. Identify a family member or friend now to be your Coach during your recovery. Please plan on having your Coach at the Joint Journey Pre-operative class and available for all therapies while you are in the hospital. Many people do not have one person who can do all of the Coach tasks, so plan on having a back-up Coach.

Most patients should be able to go directly home, as it is usually best to recover in the privacy and comfort of your own surroundings.

You can expect help from the Total Joint Program Coordinator and the Discharge Planner to develop a plan that meets your particular needs. Please do not hesitate to contact the TJPC with discharge needs or concerns.
Prepare Your Home

It is important to have your house ready for your arrival back home. We have provided a checklist that will help guide you and your Coach in this process. If you have questions or concerns, please call the Total Joint Program Coordinator at any time.

- Find a comfortable place to do your before surgery exercises that are provided in your journal. Keep in mind this place may work for after surgery exercises also.
- Practice walking through your house with your walker to ensure a clear path (another reason to get your walker before surgery).
- Identify chairs with armrests in the living and kitchen areas that have firm seats. Extra cushions or pillows can be used to build up height.
- Put things you use often on a surface that is easy to reach.
- Check railings to make sure they are not loose.
- Clean your home: Dusting, Vacuuming, Cleaning floors, etc.
- Wash laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single serving containers.
- Cut the grass, tend the garden and other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install night lights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in the tub.
- Ensure that the height of your bed, chair and toilet are high enough so you can stand up without difficulty.
- Arrange to have someone collect your mail and take care of pets.
- Stock your medicine cabinet with over-the-counter medications that you can pick up at most drug stores:
  - Stool softeners: Docusate Sodium
  - Laxatives: Miralax, Senna, Senna Plus, suppositories, magnesium citrate
  - Tylenol (Acetaminophen) regular strength
Coach Tasks

- Review all information in this Journal.
- Attend the Joint Journey Education class with you.
- Provide transportation to and from all appointments including day of surgery until you are cleared to drive by your surgeon.
- Bring your personal belongings to the hospital including walker.
- Attend Group and individual exercise sessions during the hospital stay.
- Attend Discharge class.
- Assist you with walking in the hospital (once cleared by PT) and at home.
- Assist with therapy exercises at home.
- Encourage use of Ice Packs, ankle pump exercises, and deep breathing exercises in the hospital and at home.
- Pick up prescriptions before you are released from the hospital.
- Assist with removing and applying your compression stockings daily for 6 weeks unless directed otherwise or you are able to complete this task on your own.
- Assist with medication management at home.
- **Provide help 24 hours a day for 1-2 weeks.**

Importance of Your Coach

**Involving a friend or relative as your coach is very important.**

Your coach attends the preoperative class with you and is present during your hospital stay to provide support during exercise classes, and keep you focused on healing.
## Surgery Timeline

### Four Weeks Before Surgery

**Start Vitamins, Iron**
You may be instructed to take multivitamins, as well as iron. Iron helps build up your blood count which may help prevent the need for a blood transfusion.

### Two to Three Weeks Before Surgery

**Pre-operative Class**
Attend a class for joint surgery patients. Bring your coach and this Journal. If you cannot attend, contact the Total Joint Program Coordinator for alternative times or accommodations.

**Class Outline:**
- Joint Disease
- What to Expect from Coach/Caregiver
- Meet the Joint Replacement Team
- Learn Breathing Exercises
- Answer any Questions You May Have
- Learn Pain Management Options
- Education on Special Soap (Hibiclens) and Shower Process
- Review Pre-operative Exercises/Preparing Your Home
- Learn About Assistive Devices and Joint Protection
- Discharge Planning/Insurance/Equipment
- Complete Pre-operative Forms

### Seven Days Before Surgery

**Pre-operative Visit to Surgeon**
Have an appointment in your surgeon's office seven to ten days before surgery. In some circumstances this appointment could be only one day before your surgery.

**Stop Medications That Increase Bleeding**
Seven to ten days before surgery depending on your surgeon's preference, discontinue all anti-inflammatory medications (Aspirin, Motrin, Naproxen, Vitamin E, Omega 3, Fish oil, etc.) and blood thinners (Coumadin, Lovenox, Plavix, Aspirin, or Eloquis). These medications may cause increased bleeding. You may require special instructions on stopping your blood thinners, please speak with your surgeon regarding these specific instructions. Please stop all herbal medications as they too can increase bleeding.
## Night Before Surgery

**Find Out Your Arrival Time at the Hospital**

The hospital’s surgery department will call you after 5 pm the day before surgery (or Friday if surgery is Monday) to tell you what time to arrive for surgery. Please be sure you have provided the hospital with a valid number to reach you at the night before surgery.

Your surgeon will provide instructions for the night before surgery. Generally: Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed.

### Shower Prep

Your doctor will discuss showering with a special soap (Hibiclens) night before and morning of surgery.

## Day of Surgery

- Repeat Hibiclens shower.
- Remember to not eat or drink anything when you wake.
- Come to the hospital at the instructed time to give staff time to start IVs, prep, and answer questions. It is important you arrive on time as occasionally the surgery time is moved up.
What to Bring to the Hospital Checklist

It is important to have your house ready for your arrival back home. We have a checklist that will help guide you in this process. If you have questions or concerns, please call the Total Joint Program Coordinator.

- Your Joint Journey Journal
- Copy of your current medication list
- Copy of Advance Medical Directives, Power of Attorney documents, or POLST (if you have these items)
- Insurance card, photo I.D. or driver’s license
- Front-wheeled walker
- Personal hygiene items (toothbrush/toothpaste, deodorant, battery-operated razor, comb/brush, etc.)
- Inexpensive Watch
- Loose fitting shorts, sweats, tops, jogging suit, pajamas, nightgown (more than one set)
- Robe if desired
- Undergarments
- Slippers with non-slip soles; flat shoes or tennis shoes (must have an enclosed heel)
- CPAP machine including mask and tubing, if you have Sleep Apnea
- Eyewear, mouth wear, hearing aids (and batteries), cleaning solutions and cases for these items
- Makeup and hand mirror if desired
- Books, magazines or other hobbies (crocheting, cards, crosswords, etc.)
- Handheld games
- Cell phone, Reading tablet, I-pad, headphones, and chargers
- Hard candy or gum (to battle the dry mouth from anesthesia)
- Midnight snacks if desired
- Sleeping mask, ear plugs (anything to help you sleep at night, not medication)

Special Instructions

- At your pre-op appointment check with your surgeon regarding diabetes or other medications which should NOT be taken the day of surgery.
- **Leave jewelry, valuables, medications, and large amounts of money at HOME.**
- Remove makeup before procedure.
- Nail polish is okay to leave on.
- No body lotion.
Frequently Asked Questions (FAQs)

What is osteoarthritis and why does my knee hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Trauma, repetitive movement, or for no apparent reason, the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling, and loss of motion.

What is total knee replacement?

The term total knee replacement is misleading. The knee is not replaced, but rather an implant is used to re-cap the worn ends of the bone.

This is done with a metal alloy on the femur and a plastic spacer on the tibia and patella (kneecap). This creates a new, smooth cushion and a functional joint that can reduce or eliminate pain.

How long will my new knee last and can a second replacement be done?

A joint implant's longevity will vary in every patient. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time but typically today's implants last 15-20 years.

What are the major risks?

Most surgeries go well, without complications. However, infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners.

How long will I be in the hospital?

Most patients are hospitalized for one day after surgery. Mobility generally begins the day of surgery. You will sit at the edge of the bed the day of surgery and even take a few steps. Using a walker, your nurse or physical therapist will help you walk to the bathroom and sit in a chair. Patients are generally discharged to home once they are able to sit, stand and walk safely with the walker or other assistive device, are able to tolerate food and pain medication and your surgeon and medical physician okay you for discharge.
What if I live alone?

Three options are available to you. Please contact the Total Joint Program Coordinator at 360-514-6787 to discuss your discharge plan.

- Return home and receive help from a Coach (relative or friend) or a private duty caregiver.
- Have a home health nurse and physical therapist visit you at home for two or three weeks.
- Stay in a skilled nursing facility following your hospital stay.
Section Two:

At the Hospital

Understanding Anesthesia

Who are the Anesthesiologists?
The Operating Room, Post Anesthesia Care Unit (PACU), and Intensive Care Unit at the hospital are staffed by board certified and board eligible anesthesiologists.

What Types of Anesthesia are Available?
Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- **General anesthesia** – produces temporary loss of consciousness.
- **Regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the body. Regional anesthetics include spinal blocks, epidural blocks and arm and leg blocks. Medications are also given to make you drowsy and blur your memory.

Will I Have Any Side Effects?
Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as complications or side effects that can occur with each type. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses will do everything possible to relieve pain and keep you safe. Your discomfort should be minimal, but do not expect to be completely pain free. The staff will teach you the pain scale to better assess your pain level.
Understanding Pain

All patients have a right to have their pain managed. Pain can change throughout the entire recovery process. You may have some good days and some not so good days. If you need more help with your pain management, talk to your nurse, the Total Joint Program Coordinator, or your surgeon.

How is Pain Managed?

In the long term, surgery will reduce the amount of arthritic pain you have. However, you will still have some short-term pain as you heal.

It is important to tell us if you have pain. In order for us to help you, we need to know what your pain is like. You can use the following scale, with 0 meaning no pain and 10 meaning the worst you can imagine. Our goal is to keep your pain at your acceptable level. This pain may be troubling, but can be coped with most of the time.

You will determine the acceptable level that also allows you to mobilize as needed for therapy and daily activities. Let your caregivers know how you feel and how well pain relieving measures are working for you. There are several things we use to lessen your pain such as ice packs, repositioning, walking and medications (narcotic and non-narcotic).

Using Ice Packs

You may have numbness around your surgical site so use care when applying ice packs. Always use a barrier such as a sheet between the pack and your skin and only leave it on for 15 minutes per hour.

Long Term Pain Management

You will go home with a prescription for pain medicine. You will work with your orthopedic surgeon and therapists on how best to manage pain as you progress through your Joint Journey.

Hospital Care - What to Expect

**What about taking medicine before surgery?**
The morning of your surgery, take only those medicines as directed by your surgeon at your pre-op physical exam with a small sip of water. At the hospital, you may also be given preventive pain medicine before surgery.

If you are diabetic, your blood sugar might be checked more often than you usually do while you are in the hospital. Because surgery and procedures can make it more difficult to control your blood sugar, you may be given insulin, even if you do not use it at home.

**When should I arrive for my surgery?**
On the day of your surgery, arrive to the hospital at the instructed time. Go to PeaceHealth Southwest’s Firstenburg Tower entrance (refer to map on page 6). Proceed to surgery on the second floor and tell them you are there to check in.

**Where does my coach wait?**
Bring your coach with you on the day of your surgery. While you prepare for surgery, your coach can wait in the surgical lounge on the second floor. During your surgery, your coach can take a pager and go anywhere in the hospital. **Most patients are in surgery about two hours and in the recovery room for one to two hours.**

**Will surgery be painful?**
You will have discomfort following surgery, but we keep you comfortable with appropriate medication. Most patients will receive oral pain medication with some additional IV medication for “breakthrough” pain.

**How long and where will my scar be?**
Type of surgical technique will determine location and length of scar. Traditional approach is to make incision lengthwise over the front of the knee. There may be some numbness around scar after it is healed. This is normal and numbness disappears with time.

**Avoiding Constipation During Your Hospital Stay:**
- You will be given a stool softener and/or laxative at least once a day.
- We ask that you drink lots of fluids (i.e. water and juice)
- Make sure to let your nurse and doctor know if you have any concerns about constipation
- Be PROACTIVE in your bowel care
### Before Surgery

- You will meet with your surgeon and confirm what surgery he or she is performing for you.
- You will meet your anesthesiologist immediately before your surgery.
- Your anesthesiologist will review your information needed to evaluate your general health to determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications. He or she will answer any further question you may have.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).
- You will also meet your surgical nurses.

### During Surgery

The anesthesiologist will manage vital signs — heart rate and rhythm, blood pressure, body temperature and breathing — as well as monitor your fluid and need for a blood transfusion if necessary.

### After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new joint may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, dry mouth, and chills.
- Once you are stable you will then be taken to the Total Joint Center on Tower 8.
- Most of the discomfort occurs the first 24-48 hours following surgery, so you may receive pain medication in pill form or by IV.
- **Only one or two very close family members or friends should visit on surgery day.**
- At some point on this day, you will most likely be assisted out of bed to walk or sit in chair. If you are back to the unit by mid-afternoon, you will have your first physical therapy session. Mobility helps to relieve discomfort and prevent blood clots from forming in your legs.
- If you arrive late afternoon or in the evening, nursing will assist you out of bed and physical therapy will begin in the morning.
- Begin using your Incentive Spirometer and do the deep breathing exercises you learned.
### Post-op Day One – Possible Discharge Day

- Expect to be out of bed, bathed, dressed in your own clothes, and seated in a recliner before breakfast. Shorts/tops are best; if you choose to wear long pants, they should be loose fitting and easy to get on and off.
- Your surgeon/PA and the Total Joint Program Coordinator will visit.
- The physical therapist will get you walking with a front-wheeled walker or crutches.
- You will continue taking pain medication by mouth.
- Group therapy typically begins in the morning.
- Occupational therapy will begin. They assist you with performing self-care and home safety tasks and modifications.
- If able to you will walk in the halls and learn to climb up/down stairs.
- You will eat lunch with other patients, the coordinator, and your coach.
- We ask that your coach be present for group therapy and education opportunities. Visitors are welcome late afternoon or evening.
- If you meet all of your therapy goals and are cleared by the surgeon and medical provider you will discharge to home this afternoon.

### Post-op Day Two - If Still in the Hospital

- Expect to be out of bed, bathed, dressed in your own clothes, and seated in a recliner before breakfast. Shorts/tops are best; if you choose to wear long pants, they should be loose fitting and easy to get on and off.
- Day will start with a morning walk.
- You will have Group Therapy twice (unless you discharge before the second class). Coaches to participate in therapy and education classes.
- You will eat lunch with other patients, the coordinator, and your coach.
- You will walk the halls and learn to climb up/down stairs.
- Goal is to discharge after the morning exercise class if you have met your goals and are safe to do so.
- Evenings are free for visitors, if you have to stay another night.
Physical Therapy Schedule

Note: Most patients will discharge to home on post-operative day one or two. Times are approximate and represent a typical schedule. Physical therapist will advise patients and family members if times change.

<table>
<thead>
<tr>
<th>Day of Surgery</th>
<th>Most patients may be seen by the physical therapist today for their post-op PT evaluation. No group therapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-op Day 1</td>
<td>For patients not evaluated on the day of surgery, the physical therapist will come to your room to evaluate you between 7 a.m. and noon. We do encourage coaches to be present for this first therapy session.</td>
</tr>
<tr>
<td></td>
<td>There are two group therapy sessions at 9:30 a.m. and 1:30 p.m. Coaches please plan to attend as many group therapy sessions as possible, especially the first one. Our patients are not in the hospital long and every therapy session is vital to their recovery. We understand some coaches cannot be present for all therapy sessions because of work schedules.</td>
</tr>
<tr>
<td></td>
<td>Discharge Class starts as soon as group lunch ends. In the discharge class, patients and coaches will learn discharge care. Coaches please plan to attend.</td>
</tr>
<tr>
<td></td>
<td>Most patients will discharge today if Physical therapy goals are met and their surgeon and medical physician say that it is safe.</td>
</tr>
<tr>
<td>Post-op Day 2</td>
<td>There are two group therapy sessions scheduled for this day: 9:30 a.m. and 1:30 p.m. Those patients that do not discharge on post-op day 1 will discharge today after the first group therapy session, if physical therapy goals are met.</td>
</tr>
<tr>
<td></td>
<td>If you do not go home early on this day, you will attend the second therapy session at 1:30 p.m.</td>
</tr>
</tbody>
</table>
Discharge Options

Going Directly Home

- You need to have Coaches that can provide 24 hour help for the first 10-14 days.
- Have someone pick you up. They should bring a vehicle that is easiest for you to get in and out of. It is wise to evaluate this prior to surgery. Vehicles that are very low or very high are not good choices for you after your joint replacement due to limited mobility.
- Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Confirm equipment delivery; hospital will assist with arrangements as necessary.
- Take your Journal with you.
- Patients going home may begin therapy at an outpatient PT facility.
- If Home Health services are needed, the hospital will arrange.
- Coaches need to be present for discharge education.

Please make sure you understand all of your discharge instructions prior to leaving the hospital. Ask questions and make sure you feel comfortable about caring for yourself at home.

Going to a Skilled Nursing Facility

- Patients who require skilled nursing care at discharge, plan to discharge to home after your first follow-up appointment with your surgeon.
- Someone needs to drive you, or ask the hospital to arrange for transportation.
- Transfer papers will be completed by surgeon.
- Your primary care doctor or a doctor from the skilled nursing facility will care for you in consultation with your surgeon.
- Skilled nursing stays must be approved by your insurance company. In order to transfer to a skilled nursing facility, you must meet admission criteria established by the facility in accordance with your insurance company or Medicare.
- If skilled nursing is not approved, you may still choose to go there and pay privately or the hospital will make alternate arrangements for home care.
Frequently Asked Questions (FAQs)

**Will I need a walker, crutches, or a cane?**
Yes, we ask that you obtain a Front-wheeled walker before arriving to the hospital for surgery. Patients progress at their own rate. We recommend you use a front-wheeled walker or crutches for four to six weeks. The Discharge Planner can arrange for equipment as needed.

**Where will I go after discharge from the hospital?**
Most patients are able to go home directly after discharge. Some patients may transfer to a skilled nursing facility. The Total Joint Program Coordinator, physical therapist and surgeon will help with this decision and make necessary arrangements. Check with your insurance company to see if you have skilled nursing care benefits.
Section Three:

At Home After Surgery

Caring for Yourself at Home

When you go home, there are a variety of things you need to know for safety, recovery, and comfort.

Be Comfortable

- Take pain medicine as needed, at least 30 minutes before physical therapy and at bedtime.
- Tylenol is helpful for pain control. Should be taken as directed by your surgeon. It is okay to use both narcotic pain medication and Tylenol to manage pain. The goal is to decrease the amount of narcotic pain medication needed as soon as possible.
- To prevent stiffness, we suggest changing positions frequently. We recommend that you stand up and walk at least every hour during the day to prevent stiffness.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort and swelling. It is recommended for 15 minutes each hour. Use before and after exercise program or walking long distances.
- Swelling of the knee and leg after a knee replacement is normal. Elevate your legs ABOVE the level of your heart to reduce swelling with a pillow under your ankle. DO NOT place pillows behind the operative knee. This will also help with pain control. Do not let your legs hang down for too long. Focus on keeping them elevated whenever resting.
- You may sleep on your side with pillows between your legs for comfort.

Body Changes

- Your appetite may be poor. Your desire for solid foods will return. Small frequent meals are helpful.
- Drink plenty of water to keep you from getting dehydrated.
- You may have difficulty sleeping. Try to avoid naps throughout the day and work hard during the day time hours to promote sleep. Don’t worry, your normal sleep patterns will return in time.
- Your energy level will be decreased for at least the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.
Bruising
You may develop bruising of the operative leg, particularly behind the knee. This is normal and expected. You should not be alarmed by the bruising. Bruising will gradually go away on its own as the body absorbs the blood.

Blisters
Some patients may develop blisters around the knee and/or incision. Although they can be alarming in appearance, they pose no significant risk to your knee replacement. They may leak some clear fluid for a period of time but eventually a scab will form and they will heal. We recommend that you DO NOT POP OPEN, and allow them to heal on their own.

Constipation
Constipation is COMMON after surgery and is caused by anesthesia, narcotic pain medication, inactivity, and decreased food and water intake. Many patients do not have a bowel movement before they discharge from the hospital due to the short hospital stay. This means once you have returned home you will need to be proactive in preventing constipation. Even if you have never had an issue with constipation you may experience it after surgery.

After Your Hospital Stay
- Continue to take a stool softener and/or laxative while taking narcotic pain medication.
- Drink at least eight to ten 8 ounce glasses of water daily.
- KEEP MOVING!!! If you move, your bowels will move!
- The goal while you are taking pain medication is to have a bowel movement every other day. If you do not have a bowel movement on day two you will need to try something else.
- If you have not had a bowel movement in 3 days please contact your physician’s office.

Compression Stockings
Your surgeon may have you wear special stockings to compress veins in your legs. This helps keep swelling down and reduces chance for blood clots.
- If swelling in operative leg is bothersome, elevate leg for short periods throughout the day and do your ankle pumps. It is best to lie down flat and raise leg above heart level. DO NOT place pillow under your knee to elevate your leg.
- Wear stockings continuously, removing for one hour every day while you bathe and wash the stockings.
- Notify your doctor if pain or swelling increases in either leg.
- You will wear the stockings for 4-6 weeks after surgery, depending on your surgeon’s preference; ask surgeon when you can discontinue.
- We will show you “tricks” that make application of the stockings easier- use of a plastic baggie over your bare foot helps the stockings slide on easier or exam gloves worn by your coach can help them grip the stockings.
Incision Care

- Keep incision dry and covered with a light dressing (preferably a waterproof dressing) until your follow-up appointment with your surgeon.
- You may shower with a waterproof dressing per your surgeon’s instructions.
- Use a freshly laundered washcloth and towel for every shower for the first two weeks after surgery.
- Notify surgeon if increased drainage, redness, pain, odor, or heat around the incision.
- Take temperature if feeling warm or sick. Call surgeon if temperature/fever exceeds 100.5 degrees.

Dressing Change Procedure

Change only as needed for saturation of drainage and/or fluid collection under dressing or if dressing no longer sticking to skin.

1. Wash hands.
2. Open dressing materials (waterproof dressing or gauze and tape).
3. Remove stocking and old bandage.
4. Inspect incision for:
   - increased redness
   - increase in clear drainage
   - yellow/green drainage
   - odor
   - surrounding skin hot to touch
5. Pick up dressing or gauze by the corner and lay over incision. Be careful not to touch the inside of the bandage that will lie over the incision. Nursing staff will show you and your coach how to change your dressing prior to leaving the hospital.
6. If you are replacing with a waterproof dressing staff will show you how to secure the tape. Tape dressing in place if using gauze.
Recognizing and Preventing Potential Complications

**Infection**
You have undergone a total joint replacement procedure. There are instances where infection in one part of your body may cause bacteria to circulate in your blood, possibly resulting in infection at the site of your implant. Therefore, it is essential that you seek prompt treatment of infections anywhere in your body. You should contact your surgeon's office if you have any concerns that you might have an infection in your total joint implant. You should contact your physician or your dentist if you have any concerns that you might have an infection in other areas of your body.

<table>
<thead>
<tr>
<th>Signs</th>
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<tbody>
<tr>
<td>• Increased swelling and redness at incision site.</td>
</tr>
<tr>
<td>• Change in color, amount, and odor of drainage.</td>
</tr>
<tr>
<td>• Increased pain in knee.</td>
</tr>
<tr>
<td>• Fever greater than 100.5 degrees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Take proper care of incision.</td>
</tr>
<tr>
<td>• Good dental hygiene is important and you should see your dentist for regular dental care whether or not you are having a dental problem. Before you have any dental procedure your surgeon recommends that you take antibiotics prior to the procedure. Your dentist can order that for you, or you can contact your doctor’s office for a prescription prior to your dental appointment. <strong>These guidelines should be followed for the rest of your lifetime unless directed differently by your surgeon.</strong></td>
</tr>
<tr>
<td>• When having any type of surgery or invasive procedure, it is important to inform your doctor who will be preforming the procedure that you have had a total joint replacement. Your doctor can then make the determination of whether or not preventative antibiotics are needed. Please contact your surgeon’s office for the prescribing guidelines for your doctor. Your surgeon will tell you whether these guidelines should be followed for several years or for the rest of your life.</td>
</tr>
</tbody>
</table>

The above recommendations follow the February 2009 guidelines of the American Academy of Orthopaedic Surgeons which can be viewed at:

www.aaos.org/about/papers/advisetmt/1033.asp
Blood Clots
Surgery and lack of movement may cause blood to slow and pool in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

To prevent blood clots following your surgery you will likely be put on a blood thinner, also called an anticoagulant. Anti means against and coagulant refers to blood clotting. Therefore, an anticoagulant helps prevent clots from forming in the blood.

There are many types of anticoagulant medications that are used after joint surgery, which are also sometimes called “blood thinners”. The type and duration of your blood thinner medication varies depending on your surgeon. Ask your surgeon what type of blood thinner they will put you on after surgery.

<table>
<thead>
<tr>
<th>Signs of Blood Clots</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Swelling in thigh, calf, or ankle that does not go down with elevation.</td>
<td>▪ Perform ankle pumps.</td>
</tr>
<tr>
<td>▪ Pain, heat, and tenderness in calf, back of knee, or groin area.</td>
<td>▪ Walk several times a day.</td>
</tr>
<tr>
<td>▪ Blood clots can form in either leg.</td>
<td>▪ Wear compression stockings.</td>
</tr>
</tbody>
</table>

Please call your surgeon’s office right away, if you suspect a blood clot or have questions.

- Persistent headache
- Nosebleeds
- Bleeding of the gums
- Red or black colored bowel movements
- Red or dark brown colored urine
- Vomiting blood
- Heavy bleeding when shaving (if skin is nicked)
- Unusually heavy vaginal bleeding (menstruating women)
- Skin rash, itching or hives, swelling of the face, lips, or tongue (with injectable medications)
- Pain or irritation at the injection site (with injectable medications)
**Pulmonary Embolism**

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should **CALL 911** if you have any of the following symptoms.

<table>
<thead>
<tr>
<th>Signs</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden chest pain.</td>
<td>Prevent blood clots in your legs</td>
</tr>
<tr>
<td>Difficult and/or rapid breathing.</td>
<td>Follow guidelines to prevent blood clot in legs.</td>
</tr>
<tr>
<td>Shortness of breath.</td>
<td></td>
</tr>
<tr>
<td>Sweating.</td>
<td></td>
</tr>
<tr>
<td>Confusion.</td>
<td></td>
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</tbody>
</table>
Post-operative Goals

**Weeks One to Two**

Goal is discharge from the hospital within one to two days. Most patients go directly home, but you may be advised to go to a skilled nursing facility for 3 to 6 days to increase independence.

- Continue with front-wheeled walker or two crutches (unless otherwise instructed).
- Walk at least 300 feet with walker or support.
- If you have stairs, climb and descend a flight of stairs (12-14 steps) with rail once a day.
- Independently sponge bathe or shower (with waterproof dressing until your surgeon says it is okay for water to run over your incision).
- Dress in street clothes each day.
- Actively bend your knee at least 90 degrees.
- Straighten your knee completely. This can be accomplished by placing a pillow or towel under your ankle as directed by physical therapy.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.

**Weeks Two to Four**

Goal is to gain more independence. Follow the exercise program to achieve the best results.

- Achieve one- to two-week goals.
- Move to cane or single crutch, as instructed by physical therapist.
- Walk at least one-quarter mile.
- Climb and descend flight of stairs (12-14 steps) more than once daily.
- Actively bend your knee 90 degrees.
- Straighten knee completely.
- Shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day.

**Weeks Four to Six**

Goal is recovery to full independence. Home exercise program is important in obtaining this independence.

- Achieve one- to four-week goals.
- Walk with a cane or single crutch.
- Walk one-quarter to one-half mile.
- Begin progressing on the stairs from one foot at a time to regular stair climbing (foot over foot).
- Actively bend your knee 110 degrees
- Straighten your knee completely.
- Home exercise program twice a day.
Weeks Six to 12

Goal is to resuming all of your activities.
- Achieve one- to six-week goals.
- Walk without a cane or crutch — and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Bend knee to 120 degrees.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.

Post-operative Exercises

Activity Guidelines
Exercising is important to obtain the best results from your knee surgery. After surgery, you will receive exercises from the physical therapist in the hospital to do at home. They will instruct you on how often to perform the exercises below. Some patients may require outpatient physical therapy after surgery, ask your surgeon if this is right for you. If so, you may not start outpatient physical therapy for at least one week after you leave the hospital. You will need to train daily with a home exercise program until your goals are reached.

At Home Exercises

Ankle Pumps

Flex and point your feet. **Perform 10 times.**
Quad Sets (Front of the Thigh Tightening)

Lie on your back, press knees into mat by tightening muscles on front of thigh (quadriceps). Hold for 5 count. Do NOT hold breath. **Perform 10 times.**

Hamstring Sets (Back of Thigh Tightening)

Lie on your back with knee slightly bent. Push your heel down firmly, tightening muscles in the back of your thigh. **Hold 5 seconds, then relax.**

Heel Slides

Lie on your back; slide heel up the surface bending knee. Post-operative, your therapist may have you use a strap around foot to assist with knee bend. **Perform 10 times.**
Short Arc Quads

Lie on your back, place a 6-8 inch rolled towel under knee. Lift foot from surface, straightening knee as far as possible. Do not raise thigh off roll. **Perform 10 times.**

Straight Leg Raises

Lie on your back with unaffected knee bent and foot flat, tighten quad on affected leg and lift leg 12 inches from surface. Keep knee straight and toes pointed toward your head. **Perform 10 times**

Seated Knee Flexion

Sitting in straight-back chair, bend affected leg as far under chair (use opposite foot to help). When maximum bend is reached, plant foot and slide hips forward further bending knee. Hold for 20 to 30 seconds. **Repeat 10 times.**
Knee Extension Stretch

Sitting in comfortable chair, prop affected foot on chair or stool. Place towel roll under ankle so calf is unsupported, and apply an ice pack on top of knee. **Hold position for 5-10 minutes.**

Activities of Daily Living

**WALKER SAFETY**

**First Things First**

It is important that you follow your doctor’s orders and only put the amount of weight on your operated leg as advised. After surgery, your physical therapist and nurse will review this with you. Follow these instructions until you are reevaluated by your physician and told to follow new instructions.

**Precautions**

- Be aware of the surface you are walking on. When outside, be cautious of uneven and icy or wet surfaces (dirt, grass, gravel, cement, etc.).
- Remove all loose/throw rugs, especially in the bathroom, kitchen and entry ways.
- Clean dirt and stones from the walker rubber tips and if they wear out, replace them. Also, make sure all hardware is tight.
- Have someone nearby to help you until you get used to walking with the walker, especially when walking on stairs.
- Do not try to hop one-legged without the walker (if you have limitations in weight bearing on one side) even for short distances as this could lead to further injury.
- Try to walk slowly, especially at first; going fast can be fatiguing and dangerous as the walker could tip easily.
To Walk With A Walker

- Proper walker height allows a slight amount of elbow bend when standing erect with hands on the walker.
- To walk, move the walker ahead so the back walker legs are at least to your toe level.
- Step forward to the middle of the walker with your affected leg first and push down on the handgrips as you step forward with your other leg.
- Check your balance before you pick up and advance the walker again.
- You never need to get closer than the middle of the walker. Stay back from the front walker bar. If you get too close and your legs get ahead of your hands, you may lose your balance backward.
- When using a walker with wheels and you don’t have to limit weight bearing on one side, you can roll the walker along the floor continuously as you stay between or slightly ahead of the back legs.
- Wheeled walkers make less noise if you are not pushing down hard on the back legs while moving it forward.
- You may put tennis balls, ski or glider tips on the back legs to lessen the noise on hard floors.

To Get Up From A Chair

- Avoid sitting in chairs that are low or do not have arm rests as it is difficult to get out of these.
- The walker is too unstable to hang onto when getting up or down - use the chair armrests or seat surface instead.
- Scoot forward to the edge of the chair.
- Place affected leg slightly forward and other foot back underneath you.
- Keep your head up and lean shoulders forward over your unaffected leg (or both).
- Push up from chair with both hands on the chair arm rests or seat edge.
- Check your balance with the walker once up.

To Sit Down In A Chair

- Use the walker to back up to the chair until you feel the chair on the back of your legs.
- Place affected leg slightly forward.
- Let go of the walker and reach back for the chair arm rest with first one hand and then the other.
- Slowly lower body to chair, keeping surgical leg forward as you sit.

Bed Transfers - getting into bed:

1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with both hands, sit down on edge of bed and scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Move walker out of way, but keep it within reach.
4. Scoot hips around so you are facing foot of bed.
5. Lift leg into bed while scooting around (if this is surgical leg, you may use a cane, rolled bed sheet, belt, or leg lifter to assist with lifting leg into bed).
6. Keep scooting and lift other leg into bed.
7. Scoot hips toward center of bed.

**Bed Transfers - getting out of bed:**
1. Scoot hips to edge of bed.
2. Sit up while lowering non-surgical leg to floor.
3. If necessary, use leg-lifter to lower surgical leg to floor.
4. Scoot to edge of bed.
5. Use both hands to push off bed. Bring your surgical leg back as you stand up.

Do NOT sleep with a pillow under operated knee when you are on your back. Turn to your side if you cannot sleep with your knee flat against the bed.

**Stair Climbing:**
- **If you have only one step** and you have weight bearing limitations, it is easiest to turn around and back up to the step using the walker, then step up backwards with your good leg first. Bring your operated leg up, step backward and then bring up the walker. Be careful as you turn around.
- **If you have several steps**, you will need a railing or an assistant on one side.
  - **Going up**: Step close to the bottom step; turn walker sideways with opening away from you; place two walker legs (or a cane) on the step you are going to and the other two on the step you are on. Grasp the upper corner of the walker (or cane) with one hand and hold the railing (or helper) on the other side; push down on the walker (or cane) to check stability and then step up with your “good” leg first; then bring operated leg up, check your balance and advance the walker up again.
  - **Going down**: Position the walker sideways as noted above; grasp the upper corner of the walker (or cane on lower step) and the railing (or helper) as above; push down on the walker (or cane) to check stability and then step down with the “bad” (operated) leg first; bring the good leg down, check your balance and move the walker.

**Bathing and Toileting**

Equipment: Bath bench, raised toilet seat or bedside commode, long handle sponge, hand held shower head
Process for Bathing:

- Your surgeon may clear you to shower the day after surgery. Your incision needs to be well sealed and waterproof prior to showering. Avoid baths, hot tubs or swimming for several weeks and until your incision is completely healed.

- **Caution should be taken when stepping into a bathtub.** Initially it will be safer to use a walk-in shower or bath bench.

- Do not get into the shower until your balance and agility allow you to do so safely. Your Front-wheeled walker can be placed in the shower to aid with your balance as needed. Do not get down into the tub. Always have someone to help you the first few times you shower.

- Transfer onto a bath bench in a tub, back up to the edge of the tub, sit down over the edge of the tub onto the bench keeping your surgery leg in front of you. Once safely seated, carefully bring your legs into the bathtub - use a leg lifter as needed for your surgical leg.

- To dry off your feet, use a towel wrapped around a reacher device or long-handled shoehorn. Another idea is to hold onto the ends of a long towel and form a loop that will reach down to your toes. Lift legs over edge of tub, using leg lifter for surgical leg, if necessary. Hold onto shower seat or railing.

Helpful Hints:

- Have someone with you for your first several showers.

- A non-skid mat, a grab bar, tall stool, and walker are all useful for safety.
Note:

- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- Use rubber mat or non-skid adhesive on bottom of tub or shower.
- To keep soap within reach, make soap-on-a-rop e by placing bar of soap in toe of old pair of pantyhose and attach it to bath seat.

Process for Toileting

- To transfer onto a raised toilet seat or commode, back up until you feel the toilet behind you.
- Reach back for the commode armrest or counter, keeping your surgery leg in front of you and slowly sit down.

Helpful Hints:

- If you have a bedside commode, set the commode next to the bed during the night to avoid walking to the bathroom in the dark. Put the bucket in place and face the commode toward the head or foot of the bed to make safe transfers. During the day the commode can be returned to the toilet in the bathroom and placed over the toilet with the bucket removed. It provides a raised seat as well as arm rests.

To set the height of the commode or any chair, measure from the floor to the back of the knee and add three inches.

Car Transfers

Process:

- Have your driver push the front seat passenger side seat all the way back and recline it to a comfortable position.
- Use your walker to back up to the car. Keeping your surgery leg in front of you, reach back and slowly sit down on the side of the seat.
- Once seated, lean back into the seat using your arms to scoot your bottom back. You may need assistance lifting your surgery leg into the car.

Helpful Hints:

- If you have cloth seats, a plastic bag over the seat will help you slide easier.
- You may want a firm cushion to elevate the seat height.
Driving

- You have a legal responsibility to be a safe driver and your safety while driving will be compromised after surgery.
- You need to have good leg strength and coordination to operate the pedals safely.
- Research has shown that most people are safe to drive about six weeks after surgery. If you have had a knee replacement on your left knee, you may start to drive an automatic transmission when you are not taking narcotic pain medicine and you can easily get in and out of the car.
- If you had your right knee replaced if can take up to 6 weeks before it is safe to drive again.

Lower Body Dressing (Pants and Underwear)

Equipment: Reacher and/or Dressing Stick

Process:

- To dress you will either want to be sitting on a bed or in an armchair. You may find it more difficult on a soft bed.
- Make sure that your equipment and clothes are next to you before you begin.
- Use the reacher and hold the top waistband of either the underwear/ pants on the side of the leg you had your surgery on. Always dress the operated leg first. Once the surgery leg is in the pant leg use the reacher to guide the good leg into the pant leg and pull into place.
- Pull the underwear/pants up to your thighs prior to standing to pull both of them on completely.
- Keeping your surgery leg in front of you stand with your walker to pull your underwear/pant to your waist.
- To remove your pants reverse this process.

**Helpful Hints:**
- Straighten the pants out to ensure there are no folds in the pants as you put them on.
- Once you can reach the pants with your hands put the reacher aside.
- Your socks or compression socks are slippery and may increase your chances of falling. Use care when standing on bare floors.
- It is easiest to put your compression socks on prior to pulling up your pants.

**Sock Dressing** *(Socks and compression hose)*

**Equipment:** Sock aid

**Process:**
- Put the sock aid on your lap. Pull the sock onto the sock aid remembering to pull the sock tight against the end and keep the heel side down.
- Hold the handles on the cord and lower the sock aid to the floor in front of your foot. Gently pull the handles with your foot inside the sock aid until the sock is in place.
- You may want to use the reacher or dressing stick to adjust the sock as needed.
- To remove your sock use the plastic covered end of the dressing stick or reacher, push the sock off over your heel and then over your toes.

**Helpful Hints:**
- The sock aid will also work for the compression socks.
Shoes
Equipment: Long handled shoe horn and elastic shoe laces

Process:
- Position the shoes in front you prior to putting them on using a reacher or shoe horn
- Stand with your walker to slip your shoes onto your feet.
- If you have restricted weight bearing on your surgery leg or balance issues you may need to sit for this activity.

Helpful Hints:
- It is recommended to wear slip-on shoes that are supportive.
- Elastic shoe laces are made to prevent bending over to tie shoes.

Around the House: Saving Energy and Protecting Your Joints

Kitchen
- Do NOT get on knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all cooking supplies at one time. Sit while preparing meals.
- Place frequently-used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use a high stool or put cushions on a chair when preparing meals.

Bathroom
Do NOT get on knees to scrub bathtub. Use a mop or other long-handled brushes.

Safety Tips and Avoiding Falls
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms to make it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for first three months and then only with surgeon's permission.
Home Environment

What do I sit on?

You will find it easiest to sit in a chair that has arm rests and a solid seat such as a wing back chair, some office chairs, high stools such as in the kitchen or some patio furniture may also work well. You will want to avoid chairs that rock, have wheels, swivel or move as they increase your risk of falling. Recliners can be comfortable but because they are soft and sit low, they make transfers difficult.

- To sit in a recliner, back up until you feel the chair behind you. Keeping your surgery leg in front of you, reach back for the arm rest. Sit slowly on the front edge of the recliner. Lean back and use your hands to help scoot your bottom back.
- To stand, lean back, using your hands to help scoot your bottom forward. Keep your surgery leg in front of you, use your arms to push up.

Helpful Hints:

- It may be difficult to bend down and pick up objects from the floor. Keep a reacher close by to pick up items off of the floor. It can be helpful to attach the reacher to your walker.
- Keep frequently used items in the bathroom and kitchen at counter height to avoid bending and reaching.
- Remove all throw rugs from the floor to prevent slips or falls.
- You may find it useful to use a walker bag or tray on your walker to place items in to carry around your home.
- Keep animals out of the way to prevent falls.

Sexual Activity

- Sexual activity can be resumed as soon as tolerated.
- Please speak with your surgeon if you have specific questions related to resuming sexual activity after joint replacement.
Dos and Don'ts for Rest of Your Life

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and health of the muscles around the joints. With both your orthopedic and primary care physician’s permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes. Impact activities such as running and singles tennis may be too much load on the joint and are not recommended. Infections are always a potential problem and you may need antibiotics for prevention.

What to Do

- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- Although risks are low for post-operative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body. If you develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon for long term follow up at his recommended intervals.

Exercise

- Impact activities such as running and singles tennis may put too much load on the joint and are generally not recommended.

What to DO for Exercise

- Choose low impact activity.
- Home program outlined in your Journal.
- Regular one- to three-mile walks.
- Home treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.

What NOT to do for Exercise

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not take up sports requiring strength and agility until you discuss it with surgeon.
Recommended Exercise Classes

**Aquatic**
Participants are led by certified aquatic fitness professionals through a series of designed exercises that, with the aid of the water's buoyancy and resistance, can improve joint flexibility and muscular strength. Warm water and gentle movements can help relieve pain and stiffness. Doctor's permission is required.

YMCA, Firstenburg Community Center, and the Marshall Community Center have many options for low impact exercise classes.

Importance of Lifetime Follow-up Visits

When should you follow-up with your surgeon?
- Every year, unless instructed differently.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

You need a regular exercise program to maintain the fitness and health of muscles around your joints.
Frequently Asked Questions (FAQs)

We are glad you have chosen PeaceHealth Southwest Medical Center for your Joint Journey. Patients have asked many questions about joint replacement. Below is a list of the most frequently asked questions along with the answers. If there are any other questions that you need answered, please ask your medical team. We want you to be completely informed about this procedure.

**Will I need help at home?**
For the first 1-2 weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Family or friends need to be available to help. Preparing before surgery can minimize the amount of help needed. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for help.

**Will I need physical therapy when I go home?**
You will be seen in the hospital by PT and learn exercises to do at home. The success of your Joint replacement depends on your participation with exercises at home. You will have goals for strength and range of motion. Your doctor may prescribe PT a few weeks after surgery to help you meet your goals.

**Will my new knee set off security sensors when traveling?**
Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure. You should carry a medic alert card indicating you have an artificial joint. Check with your surgeon on how to obtain one.
Am I too old for this surgery?
Age is generally not an issue if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

Will I need a second opinion prior to the surgery?
The surgeon’s office secretary will contact your insurance company to preauthorize your surgery. If a second opinion is required, you will be notified.

What are the possible complications associated with joint replacement?
While uncommon, complications can occur during and after surgery. Some complications include infection, blood clots, implant breakage, malalignment, dislocation and premature wear, any of which may necessitate implant removal/replacement surgery. While these devices are generally successful in attaining reduced pain and restored function, they cannot be expected to withstand activity levels and loads of normal healthy bone and joint tissue. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as a patient’s post-surgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

Do I need to be put to sleep for this surgery?
You will likely receive medications which cause amnesia or loss of memory for the time of surgery. What most people call “being put to sleep” does not always mean you receive a general anesthetic. Many of our patients have a spinal anesthetic which numbs only the legs. Frequently patients are then given medications which allow them to “sleep” during the surgery. The choice is between you, your surgeon and the anesthesiologist.

Who will be performing the surgery?
Your orthopedic surgeon will perform the surgery. An assistant often helps the surgeon during the surgery. The assistant may be a Physician Assistant or a specially trained Registered Nurse.

My leg is swollen after surgery. Is that normal?
Some swelling in your leg and ankles can be normal. Your body is still recovering from surgery and it may take a while for your tissue and blood vessels to return to normal functioning. You need to change positions throughout the day and elevating your feet above the level of your heart can help. Balance is key; walk a little, sit a while and lie down with your feet up for a while. If you have unusual redness, warmth or pain in your calves, notify your physician immediately as these may be signs of a blood clot.

How will this affect my sleep?
It is very important you get your rest. You will be busy doing therapy exercises, walking and healing. Finding a comfortable position to sleep sometimes is difficult. When your knee is not moving it will get stiff, so while sleeping you will probably need to change positions. It is very important you have a pillow between your knees to keep the leg of your new knee in good alignment; it cannot cross your midline. While sleeping on your back, you can put a couple of pillows under your lower leg to elevate it/ this will help with swelling that may be collecting in your feet.

What physical/recreational activities may I participate in after my surgery?
You are encouraged to participate in low impact activities such as walking, dancing, golfing, hiking, swimming, bowling, and gardening at your surgeon’s recommendation.
When can I take a shower?
This depends on your surgeon and what is used to close your incision. Most patients can shower with a waterproof covering on their incision. You will receive specific instruction while you are in the hospital.

How long until I can drive and get back to normal?
Your surgeon will determine when you can drive. Remember you must be off pain medication once you are cleared to drive by the surgeon.

When will I be able to get back to work?
We recommend that most people take at least one month off from work unless their jobs are quite sedentary and they can return to work on crutches or a walker.

I feel a little depressed. Is that normal?
Yes, you have been through a lot and the side effects of the narcotic medications will also have an effect.

How long will my new joint last?
All implants have a limited life expectancy depending on an individual’s age, weight, activity level and medical condition(s). A total joint implant’s longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all your surgeon’s recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?
Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Gradual wearing of the plastic liner in the “socket” portion of the implant may also result in the need for a new liner.

How long, and where, will my scar be?
Surgical scars will vary in length but most surgeons attempt to keep the incision as short as possible. For a knee, this is between two and eight inches.

Will I notice anything different about my joint replacement?
In many cases, patients with joint replacements think that the new joint feels completely natural. However, we always recommend avoiding extreme position or high impact physical activity. The incision can remain tender and sensitive for quite some time. It will gradually improve.
Section Four:  
Appendix  
Glossary  

- **Abdomen**: Part of body commonly thought of as the stomach; it's situated between hips and ribs.  
- **Ambulating**: Walking.  
- **Assistive Devices**: Walker, crutches, cane, or other device to help you walk.  
- **Compression Stockings**: Special stockings that encourage *circulation*, i.e.: TEDS™.  
- **Dorsiflexion**: Bending back foot or toes.  
- **Dressings**: Bandages.  
- **Embolus**: Blood clot that becomes lodged in a blood vessel and blocks it.  
- **Incentive Spirometer**: Breathing tool to help exercise lungs.  
- **Incision**: Wound from surgery.  
- **IV**: Intravenous.  
- **OT**: Occupational therapy.  
- **Prothrombin**: Protein component in blood that changes during clotting process.  
- **PT**: Physical therapy.
## Exercise Flow Sheet

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<thead>
<tr>
<th>Patient Name</th>
<th>Date</th>
<th>Repetitions</th>
<th>A</th>
<th>B</th>
<th>C</th>
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# Pain Medication Record

**How often can I have my medication?**

Please use this tool while you are in the hospital and at home.

<table>
<thead>
<tr>
<th>Time/Date</th>
<th>Pain Level</th>
<th>Medication (i.e. oxycodone, Tylenol)</th>
<th>Dose (mg or tabs)</th>
<th>Pain Level (30-45 min later)</th>
<th>Notes</th>
<th>Last BM</th>
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A journey of a thousand miles
begins with a single step

~ Lao-Tzu