



OASIS SURGERY CENTER
Total Knee Replacement Education



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PARTNERING FOR SUCCESS

Thank you for choosing OASIS Surgery Center for your total joint replacement surgery. Our mission is to consistently deliver a premier outpatient experience in an atmosphere that promotes patient safety, patient satisfaction and quality outcomes. We strive to be the preferred provider of orthopaedic and pain management services in our region.

Understanding the process will make the time spent throughout your entire journey to a better quality of life smoother and more comfortable. This is a team approach – it will take all of us working together to achieve these goals.

With this in mind, outpatient total joint replacement surgery requires you, as the patient, to have a coach (a family member, friend, or loved one). Your coach must be able to accompany you to all pre-op appointments and education sessions, and be readily available to care for you postoperatively. Your understanding, participation and commitment – and that of your coach – are important to the success of your procedure.

This manual is designed to be your guide. You will find important information and instructions to prepare you for your surgery. Please take the time to read the materials carefully. We encourage you to share this information with your coach and everyone else that will assist you. You may begin doing the pre-surgical exercises to build strength and stamina right away. Make sure to bring this booklet with you to your education visit.

Our experience with patients requiring total joint surgery has shown us that following these recommendations and careful preparation reduces complications and leads to a quicker recovery. Please feel free to contact us with any questions you may have regarding any aspect of your care.

Sincerely,

The OASIS Surgery Center Physicians and Staff

OVERVIEW OF TOTAL KNEE REPLACEMENT

The knee joint is the largest joint in the body. It is the “hinge” of the leg – allowing the leg to bend and straighten. During total knee replacement surgery, the damaged part of your knee is removed and replaced with an implant. Sometimes, bone cement is used to hold the implants in place. Different factors determine what types of implants are used and your surgeon will choose the implant that is best suited for your needs and lifestyle.

Your surgery will take approximately two hours. Plan to be at our center for about 6 to 7 hours from the time you arrive.

Multiple types of anesthesia may be given such as: a nerve block which numbs the leg from the knee down, a spinal anesthetic which numbs the body from the waist down, and medications given through the IV for pain and relaxation.

There are potential complications associated with any surgery. The following are some of the possible complications which are associated with knee replacement surgery:



Infection

Blood clots

Pneumonia

Numbness

Wound healing complications

Please discuss any questions or concerns with your surgeon or anesthesiologist.

PREPARING FOR SURGERY

SCHEDULING:

Most insurance companies require pre-authorization prior to surgery. A staff member will call your insurance company to check eligibility and obtain pre-authorization as needed. OMNI staff members will review your medical history and inform you of any laboratory, diagnostic testing, or medical/ cardiac clearances that are needed. Please make arrangements to have this testing immediately. The results need to be received by the physician's office before you meet with our nurse educator.

NURSE EDUCATOR APPOINTMENT:

You will be contacted by our nurse educator prior to surgery to schedule a pre-surgical orientation. You and your coach **MUST** attend this appointment. At this visit, you will learn in detail about the procedure and:

- How to prepare your home
- What equipment you will need
- What to expect before, during, and after surgery
- Exercises to prepare for the surgery
- Receive all necessary equipment such as knee immobilizer, walker, crutches, etc
- Confirm that home based physical therapy has been arranged

EXERCISE:

Exercising helps improve your strength, range of motion, and endurance. This helps lead to a successful outcome and recovery. Following the exercise program provided in this booklet will help speed recovery and make doing everyday tasks easier and less painful during your rehabilitation period.

SMOKING AND ALCOHOL USE:

Smoking causes breathing problems, increases the risk of medical complications, and slows recovery. Smoking also increases the risk of infection and blood clots after surgery. If you smoke, we strongly encourage you to quit.

Before surgery, it is important to be honest with your health care providers about your alcohol/drug use. This information is used to determine if you are at risk for any alcohol/drug related problems that may occur after surgery and affect your recovery.

DIABETES:

Managing your blood sugar is always important, but it is extremely important before surgery. Controlling your blood sugar before surgery can help reduce risks of problems after surgery, such as infection and wound healing .

PREPARING FOR SURGERY *Continued*



HOME SAFETY PREPARATION:

Setting up your home before you have surgery will help keep you safe, make your life easier, and assist in your recovery. Below are suggestions for preparing your home:

- Move obstacles out of your walkway such as extension cords, foot stools, etc.
- Create a wide, clear path that will allow a walker to pass through
- Remove throw rugs from floors
- Make arrangements to keep pets in another area of the home
- Keep frequently used items within reach – example – food, medications, phone
- Check handrails near stairs to ensure they are secure
- Have several weeks' clean clothes available
- Freeze pre-made dinners and stock up on non-perishables
- Communicate with your coach to arrange for mail pick up, driving, etc.

MEDICATIONS

The following list contains examples of the types of medications you **MUST** discontinue prior to your surgery. This list is **NOT** all-inclusive. Please inform our nurse if you are currently taking any of the following medications, vitamins or herbal supplements.

Medications/Herbals/Vitamins to be stopped 2 weeks prior to your surgery:

Aleve, Naprelan, Anaprox (Naproxen Sodium)

Arthrotec (Diclofenac/Misoprostol)

Ansaid/Flurbiprofen

Cataflam, Voltaren SR (Diclofenac)

Clinoril (Sulindac)

Daypro/Oxyprozin

Feldene (Piroxicam)

Indocin (Indomethacin)

Lodine, Lodine XL (Etodolac)

Meclomen, Meclofen (Meclofenamate)

Methotrexate (check with your prescribing doctor)

Mobic (Meloxicam)

Motrin, Advil (Ibuprofen)

Naprosyn (Naproxen)

Nalfon

Orudis, Orudis-E, Orudis-KT, Oruvail (Ketoprofen)

Oxybutazone (Oxyphenbutazone)

Ponstel/Mefenamic Acid

Relafen (Nabumetone)

Herbals:

Fish Oil

Omega-3 Fatty Acids

Ginko (Ginko Biloba)

Horse Chestnut (Aesculus Hippocastanum)

PREPARING FOR SURGERY *Continued*

Feverfa (Tanacetum Parthenium)
Garlic
Ginger
Ginseng
Goldenseal
Echinacea
Black Cohosh

Vitamins:

Vitamin E
MSM
Multi-Vitamins



Medications to be stopped 1 week prior to surgery:

Anagrelide/Agrylin
Aspirin/ASA (Anacin, Excedrin, Ecotrin, ect...)
Coumadin (check with your prescribing doctor)
Lovenox (check with your prescribing doctor)
Persantine
Plavix (check with your prescribing doctor)
Pletal
Pradaxa (Dabigatran)
Ticlopidine/Ticlid
Trental



Medications it is ok to take up to your surgery date:

Celebrex
Neurontin
Norco
Percocet
Tylenol
Ultracet
Ultram
Vicodin

PREPARING FOR SURGERY *Continued*

DURABLE MEDICAL EQUIPMENT:

Standard equipment for a patient recovering from joint replacement surgery includes a walker, crutches, cane, and knee immobilizer. The OMNI office will contact your insurance company to determine what is covered under your policy. When you meet with therapy they will provide you with the equipment you need. Additional items you may need:

- Grabber
- Long handled shoe horn
- Velcro or elastic shoe laces
- Raised toilet seat
- Shower chair
- Grab bar for shower/tub
- Hand held shower head
- Long handled bath sponge

You will receive pneumatic compression stockings the day of surgery. You will be instructed on their use for when you return home. These stockings reduce the possibility of blood clots postoperatively.

THE DAY BEFORE SURGERY:

- You will receive a call from OASIS Surgery Center to confirm your procedure and the time you need to arrive the day of surgery.
- Make sure that all prescriptions for medications have been filled and are available to bring to the surgery center.
- Eat a regular sized dinner - the day before surgery is not the time to feast on large quantities of heavy or rich foods.
- Nothing to eat or drink after midnight - including mints, gum, or water. Your surgery may be canceled or delayed if you do.
- Take all routine medications except those already stopped - if there are any questions about which medications to take, please check with our office.
- Do not use lotions or powders on your leg.
- Do not shave your knee or leg.
- Before going to bed, you will need to shower with a special soap called chlorhexidine gluconate (CHG). See the next page for showering instructions.
- Get a good night's sleep - it is important to be well-rested before surgery.

PREPARING FOR SURGERY *Continued*

SHOWERING INSTRUCTIONS

The Night Before Surgery

- Wash your face and hair with regular soap and shampoo that does not contain lotions or conditioners. Rinse thoroughly. Turn off the water. Apply the surgical scrub to a clean, wet washcloth and thoroughly wash your body from the neck down. Scrub the area where your surgery will be performed in a gentle circular motion for at least 1 minute.
- Turn the water back on after waiting 1 minute and rinse your body well.
- **DO NOT USE** regular soap or shampoo after the surgical scrub has been used.
- Dry with a clean, dry towel.

The Morning of Surgery

- Rinse your body with water only. **DO NOT** wash your body or hair with regular soap or shampoo.
- Turn water off and apply the surgical scrub to a clean, wet washcloth and thoroughly wash from the neck down. Scrub the area where your surgery is to be performed in a gentle, circular motion for at least 1 minute.
- Turn the water back on after waiting 1 minute and rinse your body well.
- **DO NOT USE** regular soap or shampoo after the surgical scrub has been used.
- Dry with a clean, dry towel.
- Dress in clean, loose fit clothing.

Important:

Do not use the CHG surgical wash if you are allergic to Chlorhexidine. Notify your physician's office if you have an allergy, rash, open wound, or infection on your skin prior to your scheduled surgery.

DO NOT:

- ❶ Use surgical scrub near your eyes or ears
- ❶ Use surgical scrub on your mouth
- ❶ Use surgical scrub on your genital area
- ❶ Use any leave-in hair styling products

PRE-OP CHECKLIST

To complete before surgery:

- I have attended the nurse educator appointment with my coach
- I have completed all blood work and diagnostic testing needed pre-operatively
- I have received my durable medical equipment and I have been trained on its use
- I have filled all medication prescriptions and medications are available to bring the day of surgery
- I have stopped all medications as instructed
- I have prepared my home for a safe return
- I have completed my pre-op exercises as instructed
- I have done my pre-op skin cleansing as instructed
- My coach has read and has been instructed on the information provided to me

THE DAY OF SURGERY

ON THE DAY OF SURGERY, YOU MUST REMEMBER SEVERAL IMPORTANT THINGS:

- Take only the medications you have been told to take; take them with a small sip of water.
- Comply with the strict instructions about food/beverage consumption.
- Do not wear make-up or jewelry.
- Do not take insulin unless otherwise instructed.
- Do not take oral diabetes medication (pills) on the morning of your surgery unless otherwise instructed.

AT THE SURGERY CENTER:

- Bring knee immobilizer, crutches and/or walker
- Bring all prescription and routine home medications in their original packaging with you to the surgery center
- Bring photo ID and insurance card
- Family member and/or coach must accompany you to the surgery center

Pre-Op:

- You will sign the surgical and anesthesia consent forms
- You will be given a cocktail of pre-op medications with a sip of water. These medications will reduce pain and nausea post-operatively.
- An I.V. will be started and pre-op sedatives and antibiotics will be administered
- A nerve block will be performed by the anesthesiologist
- The surgical area will be shaved (if necessary) and prepped
- Your surgeon will meet with you and your family and/or coach in the pre-op area, confirm and mark the surgical site and answer any questions you may have.
- You will then be transferred to the OR (family members and/or coach to the waiting area)

THE DAY OF SURGERY *Continued*

SURGERY:

The surgery takes about two hours to complete. While you are in the operating room, your family and/or coach may wait in the surgical waiting room. The surgeon will speak with your family while you are recovering.



POST-OP/RECOVERY:

- At the end of surgery you will be transferred to the Post-Anesthesia Unit (PACU).
- You will wake up with the knee immobilizer, ice packs and Sequential Compression Devices (SCD's) on and you will go home with these items.
- The nurses will monitor your vital signs and keep you comfortable. Medications will be administered as necessary for pain or nausea.
- You will be warmed with a warm air blanket.
- You will be given oxygen to help you breathe as anesthesia is wearing off.
- You will get into a chair and ambulate in the recovery area after the anesthesia wears off.
- You will be monitored in the recovery room for several hours. You will be discharged home once we are sure that you are stable and comfortable.
- The medications administered at the surgery center, as well as the nerve block, should provide excellent pain relief at home. It is extremely important to follow the post-operative pain management protocol (See next page) to ensure ongoing pain relief.
- You will be given a brief home instruction sheet - detailed home instructions are on the next several pages of this booklet.

THE DAY OF SURGERY *Continued*

POST-OPERATIVE PAIN MANAGEMENT PROTOCOL:

You will be given prescriptions/instructions for the following medications:

- Aspirin 325mg 1 tab every 12 hrs
- Celebrex 200mg 1 tab every 12 hrs
- Ultram 50mg 2 tabs every 6 hrs
- Norco or Percocet every 4 hrs as needed for pain
- Oral Antibiotics

Take Aspirin and Celebrex every 12 hrs alternating with each other

Take Ultram 2 tabs every 6 hrs as scheduled

Take Percocet or Norco every 4 hrs as needed for pain (Stool softener may be needed if taking routinely)

The diagram below can be used as an example:

Post-Op Med Protocol



THE DAY OF SURGERY *Continued*



DISCHARGE INSTRUCTIONS

Diet:

- Start with liquids and progress to normal diet.

Wound Care Instructions:

- Leave dressing in place. Ace wrap may be removed in 48 hours for showering. Adhesive dressing may be removed in 5-7 days following surgery.

Activity Instructions:

- Activity as tolerated with full weight bearing.
- Alternate short walks and sitting with periods of rest.
- No driving until released by your physician and physical therapy.

Additional Instructions:

- You will be seen by a Physical Therapist in your home the day of surgery. Therapy will see you at home and then transition you to outpatient therapy as appropriate.
- Continue knee exercises as instructed by physical therapy.
- Apply ice to the knee for 30 minutes after each physical therapy session and as needed to relieve pain/swelling. Do not apply ice directly to skin.
- Elevate operative knee when sitting.
- Use the Sequential Compression Devices as directed.
- Be sure to take all post-operative medications as prescribed by your doctor.

DISCHARGE CHECKLIST

- All home medication prescriptions filled
- All necessary home equipment has been acquired (walker, cane, etc.) and I am comfortable with its use
- Home therapy contacted - visit by therapist confirmed for evening of surgery
- Post-Op appointment scheduled for 10-14 days
- Family member and/or coach will be with me for 48 hours after discharge



RECOVERING FROM SURGERY AT HOME

DAILY ACTIVITY

Exercise is extremely important for the success of your knee surgery, but you must avoid the extremes of too little or too much.

- Do not sit for longer than 30-45 minutes at a time. Use chairs with arms. You may nap if you are tired, but DO NOT stay in bed all day. Frequent short walks are the key to a successful recovery.
- You will experience discomfort in your operative knee and you may have difficulty sleeping at night. This is part of the recovery process. It is important that you do your exercises even though the knee hurts when you move it. 15–20 minutes of icing after exercising is often helpful in decreasing the discomfort. The key to a successful recovery is movement – both exercise and walking.
- Sleep without a pillow under your knee. Keeping your knee in one position all night will undo all your hard work during the day.

PRECAUTIONS:

While recovering from surgery, you will follow specific precautions to heal properly and to minimize potential complications. Ask when it is appropriate to stop following these precautions.

KNEE:

- Do not pivot or twist your operative leg
- Do not kneel or squat
- Do not lift or carry things while walking. Wear an apron with several pockets to keep your hands free
- Do not allow yourself to become exhausted

SAFE USE OF YOUR WALKER

- Keep your hips straight when using the walker, full weight bearing as able/tolerated.
- Do not use the walker as a support when getting in or out of bed, up from a chair, or off a toilet. It is not stable enough in that position. Back up to the chair until you feel the front of the chair on the back of your legs. Reach down for the arms and lower yourself safely into the chair.

IN AND OUT OF BED

- Sit on the edge of the bed in the same manner as you would a chair. Scoot your buttocks back across the bed until hips and thighs are on the bed. Rotate your body until you are straight on the bed.
- Get into bed with the non-affected leg first, get out of bed with the affected leg first.
- Use sheets and pajamas made of a slippery fabric to make scooting easier.

RECOVERING FROM SURGERY AT HOME *Continued*

TOILET

- Back up to the toilet until you feel the front of the toilet on the back of your legs. Reach down for the seat or rail and lower yourself safely.
- Push up from the seat with your non-operated leg, reaching forward with one hand at a time to your walker

STALL SHOWER

- If your cane fits into the shower stall, step in with the affected leg first. If you are unable to fit the cane into the stall, step in backwards with your strong leg first.
- Make sure surfaces inside and outside the shower area are non-skid to decrease your risk of slipping.
- Use a long handled sponge or brush to wash and dry legs.

CAR – FRONT SEAT

- With the passenger seat pushed back, back up to the seat using your walker. Lower yourself into the seat.

Tip: A plastic trash bag can help you rotate side to front

CAR – BACK SEAT

- If surgery was on your right leg, enter on the passenger side.
- If surgery was on the left leg, enter on the driver's side.
- Back up to the open rear car door with your walker or cane. Lower yourself carefully into the seat. Scoot across the back seat and have pillows stacked so you can semi-recline.

Although you may feel that you are doing extremely well, it is important to be seen in our office for routine follow-up.

Call your OMNI physician at 330.492.9200 if:

- You have a fever over 101.5 or chills
- Your incision becomes more red, swollen, painful, or if it has a discharge
- If your incision opens or bleeds a lot (saturates the dressing)
- If your pain medication is not controlling your pain
- If you have side effects from your medications such as nausea, a rash or itching
- If you have calf pain, a change in color or temperature in your legs, warmth in the calf area, or swelling

RECOVERING FROM SURGERY AT HOME

PATIENT AND COACH ATTESTATION

I have received the Outpatient Total Joint Replacement Education booklet.

I am aware that I must have a coach available to accompany me to all pre-op appointments, nurse educator visit, surgery visit, and be with me for 48 hours post-operatively. My coach and I will need to read and understand this booklet.

I understand that if my coach and I cannot meet these requirements, I am not a candidate for outpatient total joint surgery and I will have to go to the hospital for care.

Patient Name: _____

Patient Signature: _____

Date: _____

Coach Name: _____

Coach Signature: _____

Date: _____

PRE-SURGICAL EXERCISES



1. Heel slides

Repeat 10 Time(s)

Complete 3 Set(s)

Perform 2 Time(s) a Day

***INSTRUCTIONS:** Assume a back-lying position with your involved leg straight and your uninvolved leg bent. Slowly slide your heel toward your hip; hold briefly, then return to the start position. You should feel a gentle stretch in your hip, thigh, and knee. Perform a series of repetitions, then take the appropriate rest.*



2. Knee Flexion (Wall Assist)

Repeat 10 Time(s)

Complete 3 Set(s)

Perform 2 Time(s) a Day

***INSTRUCTIONS:** Assume a back-lying position with your buttocks close to a wall; place involved leg on wall. Slowly bend knee by sliding your heel toward the floor and hold for a 2-3 seconds; then return to the starting position. Your other leg should be used for assistance to re-position your involved leg in the starting position or to decrease the effects of gravity while it is bending. Take the appropriate rest between sets.*



3. Straight Leg Raises

Repeat 10 Time(s)

Complete 3 Set(s)

Perform 2 Time(s) a Day

***INSTRUCTIONS:** Assume a long-sitting position leaning back on your hands, elbows or lying flat. Bend a single knee up and leave the opposing leg to be exercised straight. Contract your thigh muscle, pull your toes toward your nose, and slightly externally rotate this leg outward. Raise this leg a comfortable distance toward the ceiling and slowly lower. Perform a complete set on one side and then switch.*

PRE-SURGICAL EXERCISES *Continued*



4. Single Leg Quad Sets

Repeat 10 Time(s)

Hold 6 Seconds

Complete 3 Set(s)

Perform 2 Time(s) a Day

INSTRUCTIONS: Assume a long-sitting position with a rolled up towel under your knee. Bend your other knee up and lean back on your hands. Pull your toes toward your nose, and extend your leg pushing the back of your knee into the towel. Hold 6 seconds. Perform a full set on one leg and switch if desired.



5. Hip Abduction

Repeat 10 Time(s)

Complete 3 Set(s)

Perform 2 Time(s) a Day

INSTRUCTIONS: Assume a back-lying position on a table, or surface that will allow your leg to slide comfortably. Move involved leg out to side, keeping knee straight, making sure not to move your hips; return to starting position. Perform complete set, then take appropriate rest.



6. Isometric Hip Adduction

Repeat 10 Time(s)

Hold 5 Seconds

Complete 3 Set(s)

Perform 2 Time(s) a Day

INSTRUCTIONS: Assume a hook-lying or back-lying position with knees bent. Position a pillow between your knees. Brace your lower torso by contracting your abdominals and low back muscles. Push knees together for 5 – 6 seconds; relax and repeat. Take the appropriate rest between sets.

PRE-SURGICAL EXERCISES *Continued*



7. Squat to Chair

Repeat 10 Time(s)

Complete 3 Set(s)

Perform 2 Time(s) a Day

INSTRUCTIONS: Assume a standing position- feet slightly wider than shoulder width and a chair positioned behind you to tap touch as you lower. Slowly sit back leading with your hips and buttocks while bending knees as if attempting to sit in the chair. Do not sit down and rest between repetitions. Maintain an upright trunk with abdominals tight. Hold dumbbells or medicine ball for a greater challenge.



8. Free Squat Partial

Repeat 10 Time(s)

Complete 3 Set(s)

Perform 2 Time(s) a Day

INSTRUCTIONS: Assume a standing position- feet slightly wider than shoulder width. Allow your arms to rise in front for balance as you squat. Perform a partial squat to 45 degrees of hip and knee flexion not allowing your knees to cross forward over your toes. Maintain an upright trunk with abdominals tight. Squat lower to 90 degrees of hip and knee flexion, and hold dumbbells or medicine ball for a greater challenge.



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