



# Health Facts for You



A patient's guide to total  
knee replacement surgery at  
the American Center

**UW**Health

Before Surgery & After Surgery Unit  
(608) 440-6300  
1-800-323-8942

Orthopedic Clinic  
Monday – Friday, 8:00am – 5:00pm  
(608) 263-7540

Nights, Weekends, and Holidays  
(608) 262-0486  
1-844-607-4800

## UW Health at The American Center

**Valet parking** is a free service. It is open from 6 am to 4 pm.

The **Before Surgery and After Surgery Unit** is located to the left of the main hospital doors.

By law, we need to ask if you would like to complete an advance medical directive (AMD). This is a Power of Attorney (POA) for Health Care or a Living Will. **This decision is up to you.** A POA allows you to name a health care agent who could speak for you if you were not able to do so. If you choose to complete an AMD, you must be 18 or older and of sound mind. **You have the choice to complete the form or not.**

If you choose to fill one out, complete it and have it signed and witnessed before coming to surgery. There is not enough time to complete the forms that morning. The two witnesses cannot be family members or UW Hospital staff. Exceptions are chaplains, social workers and volunteers. The person you name as your health care agent may not be a witness. We suggest you choose a neighbor or friend. If you need help to complete this form or have questions, call our Patient Relations office at **(608) 263-8009**.

If you wish to have a member of the **Spiritual Care Services** visit while you are in the hospital please talk to a member of your health care team.

## **Welcome to UW Health at The American Center**

Knowing what to expect is part of getting ready for surgery. We hope this booklet helps you.

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## Getting Ready

Within 30 days before your surgery, you will need to have a **pre-surgery work up** visit. During this time you may have a physical exam and talk with other health care staff. The complete exam may be done by your primary doctor or ortho provider. This depends on your health status and insurance plan.

The exam may include

- Blood work
- ECG (electrocardiogram)
- X-rays
- Other tests

The doctor will also discuss any medicines to stop before surgery. Stop over the counter vitamins and herbal supplements 7 days prior to surgery.

## Smoking Cessation

We strongly suggest you quit smoking before surgery. Smoking will impair and delay healing time. You should also avoid second hand smoke. Talk with your doctor or nurse if you need help to quit. The Smoking Quit Line number is **1-800-QUITNOW (784-8669)**.



## Psychosocial Aspects of Surgery

Your surgery may have an impact on you and your loved ones. The impact may be both mental and physical. Finding out what to expect, what is normal and what is not, gives you a chance to adjust to the changes caused by surgery. Patients with strong emotional support tend to recover faster. It is best to talk with someone about your thoughts and feelings.

Setting goals and having a rehabilitation (rehab) plan before surgery will give you sense of control. You will be able to measure your progress. Try to focus on positive thoughts. Remind yourself the goal is to improve your movement and quality of life. Our staff is here to support you during this time. If you are having problems coping or need support, please talk with your doctor or nurse.

## Planning Ahead

**Plan to schedule routine teeth cleaning or dental work ahead of time.** In most cases, it is ok to have dental cleanings done up until 1 week before surgery. Other dental work should be done 3 to 4 weeks before surgery. You should not have routine dental cleanings done until 3 months after your joint surgery. If dental work must be done in cases of infection or a dental emergency, please notify the Orthopedic Clinic.

Plan ahead and prepare your home before surgery.

## Getting your home ready

To prevent falls at home, watch out for:

- Loose throw rugs or carpets
- Pets that may run in your path
- Water spills
- Bare slippery floors
- Long cords across the floor, such as phone or fan cords
- Ice on steps and porches

If you live alone, you should plan for someone to stay with you for a few days.

You may want to make plans for help with:

- Meals
- Child and pet care
- Household chores
- Yard work

## Physical Therapy (PT)

- Be sure to practice the exercises near the back of this booklet once a day **before** your knee surgery. Stop any exercises that increase pain.
- You need to schedule your follow up PT appointments **before** your surgery. These appointment slots fill fast.

## Length of Stay

Most patients are able to go home after one night in the hospital. Please make arrangements for a ride home and for someone to stay with you at home. Before your surgery, a member of the Coordinated Care team will speak with you about possible discharge plans and care needs. Please check with your insurance company on coverage for medical equipment and/or outpatient therapy services. If you need help with this, your Coordinated Care team member can assist you with obtaining information and facilitating the discharge plan.

## Transportation

You will need to arrange for a family member or friend to transport you home at discharge. A four-door vehicle works best. If you need help with a ride, be sure to let your nurses know well in advance. We can help you arrange transport but there may be a cost to you. The cost depends on your insurance.

## Medicines

You need to plan ahead and decide where you would like to get your new medicines. **They will not be placed on your hospital bill.** If your insurance accepts prescriptions from the TAC Pharmacy, we can fill them here. **Keep in mind that you will need money to pay any co-payments at this time.** You may also get your medicines at your local pharmacy.

## Day before Surgery



A nurse will call you the day before surgery to review your instructions. You will be told when and where to check in. If your surgery is on a Monday, the nurse will call you the Friday before. If you have questions about how to prepare for surgery, please be sure to ask the nurse when they call.

**Before this call, please review details the clinic or anesthesia staff gave you during your clinic visit.** If you do not hear from us by **3:00 pm**, please call **(608) 234-6698**. Tell us where you will be staying the night before surgery.

If you have a cold, fever, or illness before surgery, call the Orthopedic Clinic. After hours or on weekends ask for the doctor on call for the Orthopedic Clinic.



## Night before Surgery

1. Do not drink alcohol **after 8 pm** the night before surgery. If mixed with anesthesia, it can cause problems.
2. Do not eat solid food **after midnight**. This includes gum and candy.
3. Do not use tobacco **after midnight**.
4. Do not drink milk or juice with pulp, **after midnight**.
5. Stop drinking clear liquids **four hours** before your surgery time.  
Clear liquids include:
  - Water
  - Black coffee
  - Apple or white grape juice
  - Clear protein water
6. We will tell you during your clinic visit whether you should take any of your pills the morning of surgery. Take them with a small sip of water.
7. **If you have diabetes, you will be given details about your insulin or oral pills at your clinic visit.**
8. Refer to Health Facts for You #7938 *Getting Your Skin Ready for Surgery with Hibiclens® Chlorhexidine gluconate (CHG) Soap-Adult* for skin prep instructions.
9. Try your best to have a restful night before surgery. If you are coming from out of town, you may want to stay in Madison. Guest Services can provide you with a list of nearby hotels at a discount rate. Please call **(608) 440-6242**.
10. Do not wear make-up. Please remove nail polish from at least one finger.

11. The morning of surgery, brush your teeth and rinse, but do not swallow.
12. Remove and leave all jewelry, body piercings, and rings at home. Do not bring large sums of money and credit cards with you. Please bring money for co-payment for any medicines you want filled at the hospital.
13. Bring along inhalers, CPAP, eye glasses, eye drops, hearing aids, dentures, prostheses, and other special equipment that you will need. Be sure these items are labeled and in a case. Please **do not** bring bottles of pills with you the morning of surgery unless you have been told to do so. You will be asked to leave your glasses, dentures, and hearing aids with your family before you go to surgery.
14. Please bring non-skid slippers or slip-on shoes and a few personal items. You may want to bring loose fitting clothes or pajamas. You may want to bring a book or something to do. TVs are in each room. Bring your cell phone if you wish to make long distance calls.
15. You may bring in your laptop or smartphone. All of the rooms have free wireless internet access. Put these items away when leaving your room. The hospital is not responsible for lost or stolen items. **Please leave your belongings in the trunk of your car the day you check in (except CPAP and inhalers).** Once your room is ready, your family can bring your things to you.

## **Day of Surgery**

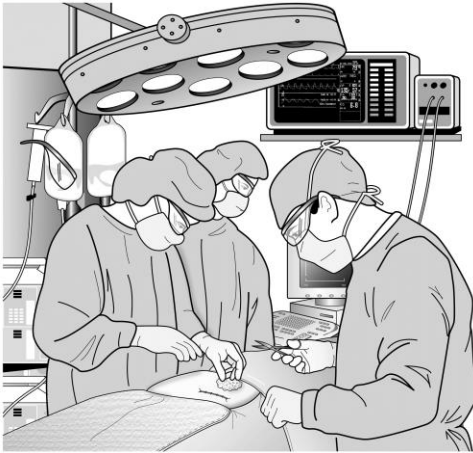
The **Before Surgery and After Surgery Unit** is open 5:30 am to 9:00 pm. The main hospital door is open until 9 pm. Please check in at your scheduled time.

After you arrive, you will be taken to a room to get ready for surgery. Your family member(s) will be shown to a waiting area. A nurse will ask you questions about your health and help you get ready. A member of the anesthesia team will meet with you and answer questions. You will have an intravenous (IV) placed in a vein of your hand or arm. It is used to give fluids and medicine. You may be given medicine to help you relax. Before you leave for the operating room (OR), we will page your family so you can meet with them.

## A Note to Families

The amount of time your loved one spends in the operating room depends on the type of surgery. You can wait in the **Surgical Waiting area**. If you have family that will be calling, please have them call **(608) 440-6400**. You may want to bring along a book or something to do since the time may seem to pass slowly. There are reading materials and TVs in this waiting area from 6 am until 9 pm weekdays. The nurses will keep you informed during surgery. After surgery, the surgeon will talk with you.

### In the Operating Room (OR)



Once you are in the OR, your nurse will answer questions and make sure you are comfortable. The staff wears masks, protective eyewear, gowns and hats. They will help you move onto a narrow, firm bed. The nurse will place a safety belt, like a seat belt, across your legs. They will place ECG (electrocardiogram) patches on your chest, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heart rate and oxygen level. The anesthesiologist will ask you to breathe oxygen through a soft plastic mask and

medicine will be given to you through your IV.

### In the After Surgery Unit



After your surgery, you will be taken to the After Surgery Unit where staff will watch you as you begin to wake up. They will check your vital signs and pain level. Family and friends are not allowed in the After Surgery Unit. After 1 to 2 hours, we'll bring you to the orthopedic unit. Family and friends are able to visit you once you are settled in your room.

## **Inpatient Unit**

Your nurse will keep checking on you after you arrive on the **overnight care unit**. We will check your:

- Strength and sensation
- Dressing
- Pain level
- Urine output and bladder volume. We will use a bladder scan machine to check your bladder volume. It works like an ultrasound machine to check the amount of urine in your bladder

The tubes, drains, and equipment you may see include:

- Face mask or tube under your nose to give you oxygen
- Plastic clip on your finger to check your heart rate and oxygen level
- Drain in your wound
- Catheter to drain urine from your bladder
- Intravenous or IV pump for fluids and medicine
- Leg wraps that inflate and deflate and elastic stockings to improve blood flow in your legs

## **Eating after Surgery**

Slowly moving from liquids to solids may prevent nausea. You may not be able to eat right after surgery. At first, you may get only ice chips. As your body allows, your diet will progress from clear liquids (juice and broth) to full liquids (milk or ice cream) to normal foods.

## **Coughing and Deep Breathing**

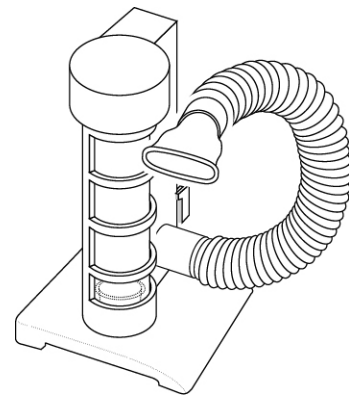
The nurse will ask you to breathe deeply, cough, and use a breathing tool called an incentive spirometer. Deep breathing helps prevent pneumonia.

To cough and deep breathe

1. Breathe in deeply and slowly through your nose. Hold it for a few seconds.
2. Exhale slowly through the mouth.
3. Repeat twice more.
4. Breathe in again; hold it, and then cough.

To use the incentive spirometer

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. Slowly raise the Flow Rate Guide between the arrows.
3. Hold it. Continue to inhale, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.
4. Remove the mouthpiece and breathe out as usual.
5. Slowly, repeat 10 times each hour while you are awake.



## **Blood Clot Prevention**

People who have knee surgery are at a higher risk of getting blood clots. To decrease the risk of a blood clot, you may take medicine, likely aspirin or warfarin, to thin the blood for 2-4 weeks or more after surgery. Your doctor will decide how long. Blood draws may be needed to check how well the blood thinner is working. This depends on the blood thinner your doctor orders.

## **Pain Management**

Many people worry about how much pain they will have after surgery. Although it varies with each patient, you should expect some degree of pain after surgery. We will work with you to make sure you have the best pain control possible. There are a number of options your doctor may choose for pain control. Your doctor will discuss pain control options with you before surgery.

Your doctor may order pain medicine, intravenous (IV) pain medicine at first and then pain pills. Pain pills may include a mix of short acting and slow release pain medicines. IV medicines are fast acting, but do not last as long as pills. A nerve block is a one-time shot.

No matter what your doctor orders right after surgery, the goal is to use pain pills as soon as you can because they give you longer lasting relief and better quality pain control than the other options.

Some patients find pain relief from methods other than medicine. These include:

- Ice therapy- Elevation of the affected leg above your heart
- Deep breathing exercises
- Distraction
- Repositioning

It is very hard to safely do away with all of your pain. Pain medicine can make you very sleepy and may affect your breathing. We want to keep you safe and make you as comfortable as we can. To help make this happen, we want to teach you about what to expect and how to set realistic goals for pain control. Your nurses will always be working with you to find the best way to manage your pain.

A good pain management plan will allow you to work with physical therapy to improve your strength. Good pain control should also allow you to rest comfortably without feeling too sleepy. Each person responds in their own way to pain medicine. It often takes a while to find what works best for you.

For best results

1. Talk with your doctor and nurses about the choices you have.
2. Take (or ask for) pain medicine before physical therapy or when pain **first begins**. Pain pills take 20 - 30 minutes to work.
3. You will be asked to rate your pain using this scale.

#### 0-10 Number Pain Scale

|             |          |          |             |          |                 |          |          |               |          |                 |
|-------------|----------|----------|-------------|----------|-----------------|----------|----------|---------------|----------|-----------------|
| <b>0</b>    | <b>1</b> | <b>2</b> | <b>3</b>    | <b>4</b> | <b>5</b>        | <b>6</b> | <b>7</b> | <b>8</b>      | <b>9</b> | <b>10</b>       |
| <b>No</b>   |          |          | <b>Mild</b> |          | <b>Moderate</b> |          |          | <b>Severe</b> |          | <b>Worst</b>    |
| <b>Pain</b> |          |          |             |          |                 |          |          |               |          | <b>Pain</b>     |
|             |          |          |             |          |                 |          |          |               |          | <b>Possible</b> |

4. Tell us about pain that will not go away. Do not worry about being a “bother.”
5. Let us know if you feel any side effects from the pain medicine. This includes feeling very sleepy, dizzy, nauseous or lightheaded.

## Constipation

Surgery, narcotic pain medicine, decreased activity level, and a change in your diet all play a role in getting constipated. After surgery, it is very common to have a problem with your bowels. Medicines may be ordered to help prevent or treat constipation.

## Physical Therapy

PT may start as soon as the same day of your surgery. Or it may begin the morning after surgery. The therapist will come to your room. You will learn how to:

- Move comfortably in bed
- Get in and out of bed safely
- Walk and begin bending your knee
- Use a walker or crutches to walk and go up and down stairs

Getting full knee extension is very important after surgery. The nursing staff will help you to work on this. If recommended, you may need to wear a knee immobilizer brace. Your nurse will tell you if this is the case.

To prevent falls, do not get up too quickly after eating, lying down, resting, or using the toilet. We want you to call for our help when you want to get up during your hospital stay.

In the hospital, PT is often scheduled twice a day to improve the strength and flexibility of your leg. Ask your nurse for pain medicine **before** your PT. It is also good to have a family member or friend attend one PT session with you. They can see how you walk and what exercises you are doing.

You should keep doing your exercises 3 times a day for 3 months. Then, you may switch to a maintenance program doing the same exercises 3 times a week for at least a year.

The length of PT after surgery depends on your progress, but may last 6 to 8 weeks.



## **Leaving the Hospital**

There are many things that need to be done on the day of discharge before you leave. **These tasks may take several hours.** Your nurse will teach you about your diet, incision care, showering, driving, activity level, and your follow-up clinic visit.

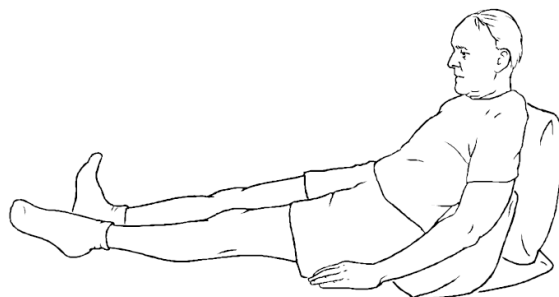
The unit pharmacist will review your medicines with you. If you plan to have your prescriptions filled at the UW Health pharmacy before you leave the hospital, please bring your insurance card and photo ID. If you are unclear about how to pay for your medicines, a member of the case management team will help you.

## **Overall Recovery Time**

The recovery time after surgery varies from person to person. Most patients are no longer using a cane, walker, or crutches after 6 to 8 weeks. Surgery can cause you to feel weak and tired. In most cases, common sense will tell you when you are doing too much. But too little activity can delay the return of your strength. For the best outcome, you should keep doing the exercises given to you by PT.

DO NOT PERFORM ANY OF THESE EXERCISES PRE-OPERATIVELY IF THEY INCREASE PAIN

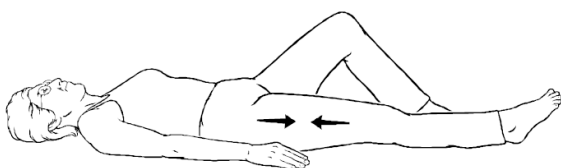
### Ankle Pump



Bend ankles up and down.

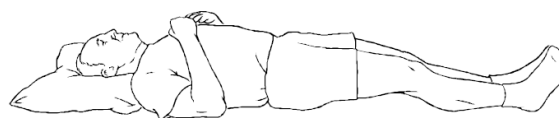
Repeat 10-20 times. Perform 1 time a day pre-operatively. Repeat 5-7 times a day while in the hospital and 3 times a day at home.

### Quad Set



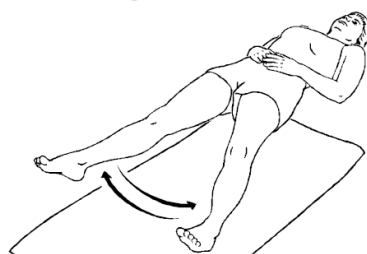
Squeeze your thigh muscles by pressing down into the bed with the back of your knees. If done correctly, your heels should rise up slightly. Hold for 5 seconds, repeat 10 times. Perform 1 time a day pre-operatively, 5-7 times a day while in the hospital and 3 times a day at home.

### Gluteal Squeeze



Squeeze buttocks muscles as tightly as possible while counting out loud to 5. Repeat 10 times. Perform 1 time a day pre-operatively, 5-7 times a day in the hospital and 3 times a day at home.

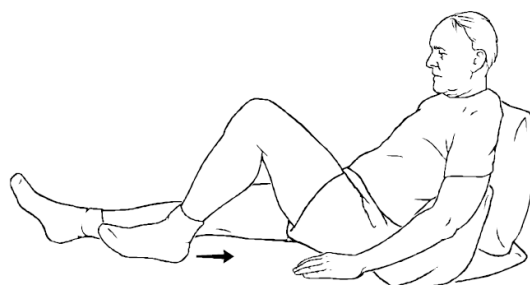
### Hip Abduction / Adduction: with Extended Knee (Supine)



Slide operative leg out to the side. Keep kneecap and toes pointing up. Gently bring leg back to midline. Repeat 10 times.

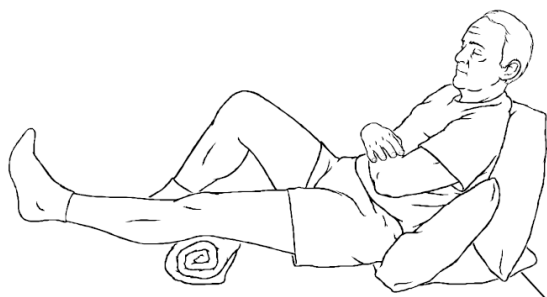
Perform 1 time a day pre-operatively, 3 times a day while in the hospital and at home.

### Heel Slide



Bend your operative hip by sliding your heel toward your buttock. Go as far as you feel comfortable going, and then straighten the leg again. Repeat 10 times. Perform 1 time a day pre-operatively, 3 times a day while in the hospital and at home.

### Short Arc Quad



Place a rolled up towel or folded pillow underneath your operated knee. Work on straightening your knee out, keep the back of the knee in contact with the pillow. Hold 5 seconds. Repeat 10 times. Perform 1 time a day pre-operatively, 3 times a day while in the hospital and at home.

### Straight Leg Raise



Bend non-operative leg. Raise operative leg 6-14 inches off the bed with knee locked straight. Repeat 10 times. Perform 3 times a day while in the hospital and at home.

## Phone Numbers

|   |                       |
|---|-----------------------|
| Before Surgery and After Surgery.....   | <b>(608) 440-6300</b> |
| Guest Services.....   | <b>(608) 440-6242</b> |
| Hospital Paging Operator.....   | <b>(608) 262-0486</b> |
| Orthopedic Clinic weekdays.....   | <b>(608) 263-7540</b> |
| After hours or weekends.....  | <b>(608) 262-0486</b> |
| Orthopedic Clinic fax.....  | <b>(608) 662-4545</b> |
| Toll free.....  | <b>1-844-607-4800</b> |
| Patient Information (for room number).....  | <b>(608) 440-6400</b> |
| Patient Relations.....  | <b>(608) 263-8009</b> |
| Pharmacy .....  | <b>(608) 240-4265</b> |
| Registration.....   | <b>(608) 261-1600</b> |
| To get admit paper work started, speak with a financial<br>counselor or confirm insurance |                       |
| Surgical Waiting Area.....  | <b>(608) 440-6400</b> |

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2017 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7805