KNEE REPLACEMENT GUIDEBOOK

Getting You Back on Your Feet and Back to Your Life.
Dear Valued Patient

With caring hearts and capable hands, the Joint Center team strives to provide first-class care to all of our patients to help restore you to a higher quality of living. Every joint replacement patient who walks through our doors is treated with the personalized care that is the hallmark of our service. We also maintain a team atmosphere in our joint center, whether it is our highly skilled staff members working together to help you, or patients joining forces to help one another excel during the recovery process.

You will be involved in your comprehensive planned course of treatment every step of the way. This begins with a Pre-Op education class that helps you understand what to expect, and continues through your discharge from the hospital and recovery at home or in a skilled nursing facility (SNF) for rehabilitation.

The Joint Center is the largest orthopedic program in southwest Florida and one of only a handful of wellness-based joint replacement centers in the country. The Joint Centers are located within three of Lee Health hospitals—Lee Memorial Hospital, Gulf Coast Medical Center and Cape Coral Hospital.

In addition to our talented orthopedic surgeons who will perform your surgery, our joint center team members include navigators, nurses, therapists, case managers and patient care technicians with decades of experience caring for joint replacement patients.

You are in caring hands and your safety is our No. 1 concern.

Patient Name __________________________________________
Orthopedic Surgeon Name: ________________________________
Office Address: _________________________________________
Office Phone Number: _________________________________
Surgery Date: __________________ Time: ____________________
Approximate number of days for hospitalization: ____________
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Using Your Knee Replacement Guidebook

Being well-informed about your surgery can improve your recovery and outcomes. It is our goal to prepare you for surgery and assist you on the road to recovery. Sharing the information in this guidebook is the first step of the journey. Please take the time to review the knee guidebook you received from your surgeon’s office.

The guidebook is intended to work as a companion to the total joint class and your stay within our hospital, so please remember to bring this guidebook with you to class and to the hospital. Your physician, physician’s assistant or therapist may add to or change any of the recommendations. Always use their recommendations and ask questions if you are unsure about any information.

Joint Center Pre-Op Education Class

Prior to surgery we highly recommend that you take the time to attend one of our Pre-Op education classes, which will provide valuable information regarding your upcoming surgery and hospital stay. The class is generally 90 minutes long.

To register, please call the 239-424-1499.

The Pre-Op education classes are held at Lee Memorial Hospital on Wednesday; at Gulf Coast Medical Center on Friday and at Cape Coral Hospital on Tuesday. We recommend choosing a class at the hospital where your surgery is scheduled. However, patients are welcome to attend any scheduled class.

A patient support person (coach) is strongly encouraged to accompany you and will learn how to “coach” you through your hospital stay and recovery period. A registered nurse, therapist and a pharmacist conduct the class.

What You Will Learn in Class:

- Preparing for surgery
- What happens the day of surgery
- What happens after surgery
- Effects of anesthesia
- Pain management
- Pre- and Post-Op exercises
- Use of a walker/assistive devices
- Physical therapy/ Occupational therapy
- Review of potential complications and preventive measures
- The role of your “coach” (family member, patient support person, friend)
- Infection prevention
- Important contact names and numbers
# Pre-Op Appointment Schedule Chart

Use this table to keep track of your appointments. Not all patients will need every appointment listed below.

<table>
<thead>
<tr>
<th>Scheduled Appointments</th>
<th>Who / Where</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>Pre-Op Appointment with Surgeon</td>
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<td>Pre-Op Appointment with Consulting Physician</td>
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<tr>
<td>Pre-Procedure Testing and Registration Appointment</td>
<td>Lee Health</td>
<td>239-561-3250</td>
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<tr>
<td>Pre-Op Education Class</td>
<td></td>
<td>239-424-1499</td>
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<tr>
<td>Lab Appointment</td>
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<td>OK to eat before appointment</td>
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<tr>
<td>Plan for possible urine sample</td>
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<tr>
<td>EKG Appointment</td>
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<tr>
<td>Does not apply to all patients</td>
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<tr>
<td>Chest X-Ray</td>
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<tr>
<td>Does not apply to all patients</td>
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<tr>
<td>Call nurse navigator with any questions</td>
<td>Lee Memorial Hospital</td>
<td>239-343-3341</td>
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<td>Cape Coral Hospital</td>
<td>239-343-0290</td>
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<td></td>
<td>Gulf Coast Medical Center</td>
<td>239-343-0290</td>
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<tr>
<td>Other:</td>
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Testing Prior To Your Procedure

Prior to your procedure, a pre-procedure testing nurse will call you to obtain your medical history. If your pre-operative orders indicate the need for testing, the nurse will make an appointment for you. In this guidebook, we have provided sample pre-procedure health questions to give you an idea of the types of questions the nurse will ask.

Pre-Procedure Health Questions

A registered nurse representing Lee Health may call you prior to your surgery date to gather information regarding your health history, so we can determine the need for Pre-Op tests, such as blood tests and X-rays.

The telephone interview will last approximately five to 10 minutes. Please review and fill in the following questions, so you are prepared.

Height: ____________________________________________

Weight: ____________________________________________

Allergies: __________________________________________

Name of family doctor? _______________________________________

Significant family medical history: _____________________________

Medications:

Dosage/How often? _________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Have you had any other surgeries? ________________________________

________________________________________________________________

________________________________________________________________

Skin:

Any bruises, bug bites or scratches? ______________________________

Alcohol Use:

How much? How often? _________________________________________

Smoking:

Do you smoke? _____ How many years? _______ How many per day?____

Have you had an EKG, stress test, echocardiogram or chest X-ray in the past year?
If yes, where? ____________________________________________
Cancer:
Do you have or have you ever had cancer? ______________________________
Where? ____________________________________________________________
Did you have chemotherapy? ________________________________________
radiation or stem cell treatment? ________________________________
Family history of cancer? __________________________________________
Do you have any bleeding problems? ________________________________
Have you or a relative ever had any problems with anesthesia? ____________
Do you have any body piercings? ________________________________

Heart:
☐ chest pain ☐ heart attack ☐ heart failure
☐ high blood pressure ☐ pacemaker ☐ defibrillator

Respiratory:
☐ shortness of breath ☐ emphysema ☐ productive cough ☐ asthma

Neurological:
☐ headaches ☐ seizures ☐ stroke
☐ faintness ☐ back problems ☐ head injury

Psychological:
☐ depression ☐ substance abuse ☐ suicide thought or attempt

Infectious disease:
☐ tuberculosis ☐ HIV ☐ hepatitis

Gastrointestinal:
☐ liver problems ☐ pancreatitis ☐ reflux
☐ hiatal hernia ☐ weight loss or gain

Endocrine:
☐ diabetes ☐ thyroid problems ☐ bladder problems ☐ prostate problems

Miscellaneous:
☐ arthritis ☐ glaucoma ☐ blood transfusion
☐ blood reaction ☐ recreational drug use
# Medication Sheet

**PATIENT NAME** ______________________________ **DOB** ____________________

**PRIMARY PHYSICIAN NAME**

**PHYSICIAN TELEPHONE NUMBER**

**PHARMACY**

**PHARMACY TELEPHONE NUMBER**

<table>
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<tr>
<th>Allergy</th>
<th>Reaction</th>
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<tr>
<th>Date</th>
<th>Prescription Medications / Over-The-Counter / Vitamin Supplements</th>
<th>Dose</th>
<th>Frequency</th>
<th>Last update</th>
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Preparing For Your Joint Replacement

Your Pre-Op Checklist

**What to Do Before Surgery**

- Register and attend Pre-Op Class
- Contact your insurance company if you have questions regarding coverage and cost of medical equipment and in-network rehabilitation facilities or home health agencies
- Pre-register for hospital
- Obtain medical and cardiology clearance
- Start Pre-Op exercises
- Review “Exercise Your Right” (appendix)
- Start iron, and or vitamins (as instructed by your surgeon)
- Read “Anesthesia and You” (appendix)
- Pre-Op visit with your surgeon, discuss all pertinent medical history including past infections
- Stop medications that increase bleeding, as instructed
- Prepare your home
- Complete medication list on page 8
- Make a copy of your advance directives to bring to hospital
- Contact nurse navigator with questions as needed

**What to Do the Day before Surgery**

- Confirm your arrival time at the hospital
  (Someone from the hospital will call you the day before surgery)
- Do not eat or drink after midnight
- Pack items to bring to the hospital
- Follow any special instructions
Our Joint Center

Our Joint Centers located in Lee Memorial Hospital, Gulf Coast Medical Center and Cape Coral Hospital are one-of-a-kind in the region.

Patients having surgery typically return home after a two- to three-night stay in the hospital.

The Joint Center includes the following:

- Pre-operative total joint education class
- Navigators, nurses, therapists, care managers and patient care technicians who specialize in the case of joint patients
- Emphasis on group activities and individual care
- Patient support person is educated to act as “coach” in the recovery process
- A comprehensive patient guide for you to follow before your surgery and beyond
- Reunion luncheons for former patients and coaches
- Newsletters to update you with new information about arthritis and joint care
- Public education seminars about hip and knee pain
Frequently Asked Questions about Total Knee Surgery

We are glad that you have chosen the Joint Center to care for your knee. Patients often have many questions about total knee replacement. Below is a list of the most frequently asked questions and their answers.

If there are any other questions that you need answered, please ask your surgeon or the orthopedic nurse navigator. We want you to be completely informed about this procedure.

**Before:** Raw bone rubbing on raw bone.  
After: A new surface creates a smooth functioning joint.

*What is arthritis and why does my knee hurt?*
In the knee joint, there is a layer of smooth cartilage on the lower end of the femur (thighbone), the upper end of the tibia (shinbone) and the undersurface of the patella (kneecap). This cartilage serves as a cushion and allows for smooth motion of the knee. Arthritis is a wearing away of the smooth cartilage. Eventually, the cartilage wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

*What is a total knee replacement?*
A total knee replacement is really a cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an artificial substitute for the cartilage is inserted on the end of the bones. This is done with a metal alloy on the femur and plastic spacer on the tibia and kneecap. This creates a smoothly functioning joint that does not hurt.

*What are the results of total knee replacement?*
Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level and the patient's adherence to the doctor's orders.

*Why should I attend the Joint Center program?*
You will become highly educated on all aspects of your new joint. You will experience the benefits of early movement, which include increase strength, increased blood flow, and improved breathing ability.
**When should I have this type of surgery?**
Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam and X-rays. Your orthopedic surgeon will ask you to decide if your discomfort, stiffness and disability justify undergoing surgery. There is usually no harm in waiting if conservative, nonoperative methods are controlling your discomfort.

**Am I too old for this surgery?**
Age is 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.

**How long will my new knee last, and can a second replacement be done?**
All implants have a limited life expectancy that depends 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 you must follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time. It is possible to do a second replacement, but this varies depending on each patient.

**Why might I require a revision or repair to the joint replacement?**
Just as your original joint wears out, a joint replacement will wear over time, too. The most common reason for revision, or repairing the joint replacement, is a loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Your surgeon will explain the possible complications associated with total knee replacement.

**What are the major risks?**
Most surgeries go smoothly, without any complications. However, infection and blood clots are two possible, serious complications. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infection. Your orthopedist will discuss ways to reduce that risk.

**Will I need medical or cardiac clearance?**
For your safety, before surgery you may need to visit your primary care physician or other specialist such as a cardiologist. The purpose of this visit is to make sure that you are healthy enough to have surgery.

**Should I exercise before the surgery?**
Yes, you should consult your surgeon and physical therapist about the exercises appropriate for you. Use this guidebook as a reference for exercises.

**Will I need blood?**
It is possible that you may require a blood transfusion after your surgery. Our blood is screened and tested to prevent transmission of any disease. Your surgeon will review your lab values daily to determine if a blood transfusion is necessary.

**How long will I be incapacitated?**
Based on your doctor’s orders, you may get out of bed on the day of surgery. The next morning, all patients will get up, sit in a chair or recliner and should be walking with a walker later that day.
How long will I be in the hospital?
Most knee patients will be hospitalized for two to three days after surgery. There are several goals that you must achieve before you can be discharged.

Will I be able to smoke?
All Lee Health facilities are nonsmoking campuses and are tobacco and vapor free. Smoking produces mucus and makes it harder for your lungs to work. This increases your chance of complications after surgery. Another consequence of smoking and use of nicotine is the effect is has on healing of tissue and bones. Nicotine in cigarettes and chewing tobacco constricts blood vessels and can clog arteries that feed oxygen to new bone growth. Please discuss any concerns with your physician prior to admission.

What if I live alone?
Two options are available to you. You may return home and receive help from a relative or friend who will stay with you in your home until you are safe to be alone, and at the same time receive home health therapy, three times a week for two to four weeks. You may also go to a sub-acute skilled nursing facility for rehabilitation after your hospital stay. Check with your insurance company to see which facilities are covered under your plan.

Will I need a second opinion prior to the surgery?
The physician's office will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How do I make arrangements for surgery?
After your surgeon has scheduled your surgery, the Pre-procedure Testing department will contact you and guide you through the admission process.

How long does the surgery take?
We reserve approximately two to two-and-a-half hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery. After surgery you will spend one to two hours in the recovery room.

Do I need to be asleep under anesthesia for this surgery?
You may have a general anesthetic, which most people call “being put to sleep.” Some patients prefer to have a spinal or epidural anesthetic, which numbs only your legs and does not require you to be asleep. The choice is between you, your surgeon and the anesthesiologist. You will be given an option of having a nerve block to help with post-surgery pain. For more information, read “Anesthesia and You” in the appendix.

Will I need a nerve block?
In the pre-op area you will be able to discuss your options with your anesthesiologist about a nerve block (a regional anesthetic that can “numb up” the surgical site) to help with post-operative pain. It will not necessarily take away all of your discomfort so you will also be offered pain medication as needed. You can expect temporary weakness of the leg and the muscles around the surgery site, but this will go away as the block wears off.

Will the surgery be painful?
You will have pain following surgery; we will try to keep you as comfortable
as possible with the appropriate medication that your physician has ordered. The goal is to control your pain at the point that will allow you to perform daily activities and to sleep. Generally, most patients are able to stop taking intravenous medication within one day. We encourage the use of oral pain medication as soon as you are able to tolerate food and fluids. Our pain scale is from 0-10. You will be asked to rate your pain from 0= no pain to 10=worst pain ever.

There are different ways to assist in controlling your pain:
- Pain medication in pill form and or by intravenous (IV) catheter
- Nerve blocks and pain balls (pain relief method)
- Simple exercises, such as slow deep breathing, repositioning yourself, ice packs, aromatherapy, and soothing music will all help to relax your muscles and reduce tension.

**Who will be performing the surgery?**
Your orthopedic surgeon will perform the surgery. A first assistant often helps during the surgery, and you will be billed separately by that assistant.

**How long, and where, will my scar be?**
The scar can vary in length; it will be down the center of your knee, unless you have a previous scar on your knee, in which case we may use the existing scar. There may be some lasting numbness around the scar.

![Pain Scale](image)

**Will I need a walker and a raised commode?**
Yes, we recommend that you use a walker. The length of usage will be determined between you and your therapist. You will need a raised commode with handles for assistance in toileting.

**Who will help me with discharge arrangements?**
The case manager will interview you the day of or day after surgery for information to assist with discharge planning. The case manager will work with you, your surgeon, therapist, and insurance company to plan the safest discharge arrangement for you. This may include transportation needs, rehabilitation needs, and equipment needs. Since this is an elective surgery, it is advisable to discuss available covered options with your insurance company prior to your surgery to help expedite your discharge process.
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 sub-acute skilled nursing facility and stay there for seven to 21 days. The case manager and therapist will help you with this decision and make the necessary arrangements. You should check with your insurance company to see if you have sub-acute skilled nursing rehabilitation benefits. Take the time to tour two or more of the facilities prior to surgery, keeping in mind transportation from hospital to skilled nursing facility, if needed.

What medications will I be on when I leave the hospital?
Not all patients go home on the same medications. Your surgeon will adjust medications to your specific needs. The new medications will be a blood thinner and pain medication. Be aware of the side effects of all your medication.

Will I need help at home?
Yes, the first several days or weeks, depending on your progress, you will need someone to assist you; your safety is our No. 1 concern. If you go directly home from the hospital, the case manager will arrange for a home health agency to provide physical therapy. Patient support people (coaches) need to be available to help you with exercises on days when the therapist is not there.

Preparing before your surgery can minimize the amount of help required. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single portion meals prepared and frozen will reduce the need for extra help. Driving arrangements should be made until the surgeon gives permission to resume driving.

Will I need physical therapy when I go home?
Yes, we will arrange for a physical therapist to come to your home. Following this, you may go to an outpatient facility two to three times a week to assist in your rehabilitation. The length of time required for this type of therapy varies with each patient.

How long until I can drive and get back to normal?
Your surgeon will determine when you can resume driving. Getting back to driving will depend somewhat on your progress. Do not drive if you are taking narcotic pain medication. It is advisable for you to obtain a temporary handicap parking permit. Have your physician complete the application prior to surgery.

When will I be able to get back to work?
We recommend that most people take at least one month off work unless their jobs are quite sedentary, and they can return to work with crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

When can I shower or submerge in water?
Upon discharge you will be given instructions on when and how to shower. Do not go into a pool, pond, hot tub or to the beach without physician approval. Discuss with your surgeon at your post-operative visit when you will be allowed to submerge in water or swim.
**When can I have sexual intercourse?**
The time to resume sexual intercourse should be discussed with your orthopedic surgeon.

**How often will I need to be seen by my doctor following the surgery?**
You will be seen for your first post-operative office visit two to six weeks after discharge. The frequency of follow-up visits will depend on your progress.

**Do you recommend any restrictions following this surgery?**
Yes—High-impact activities, such as running, singles tennis and basketball are not recommended. High-risk sports, such as downhill skiing, are also dangerous for the new joint.

**What physical/recreational activities may I participate in after my recovery?**
You are encouraged to participate in low-impact activities, such as walking, dancing, golf, hiking, swimming, bowling and gardening.

**Will I notice anything different about my knee?**
Yes, you may have a small area of numbness to the outside of the scar, which can last a year or more. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee. This is the result of the artificial surfaces.

**What can I do to prevent an infection?**
- Tell your doctor if you have a history of joint or skin infections, such as a multi-drug resistant organism (MDRO). Methicillin resistant *staphylococcus aureus* (MRSA) is an example of an MDRO.
- Follow your surgeon’s pre-operative and post-operative instructions.
- Bring clean, loose fitting clothes for each day of your hospital stay. You should don clean clothing daily.
- Do not shave your surgical site area with your home razor within a week of surgery. Your surgical team will “clip” the hair at your surgery site with a special razor.
- Do not submerge the surgical site under water until cleared to do so.
- Prior to surgery you will be given a special cleaning product with instructions; make sure to follow all directions.
- Wash hands frequently.
- Take antibiotics prescribed by your physician and always finish them even if you feel better.
- Notify your physician of any sign of infection.
Your Pre-Op Checklist

Insurance

If you have questions about your insurance coverage, please call your insurance company before surgery.

Insurance company name: ____________________________________________________________

Insurance company phone number: ____________________________________________________

Policy #: ________________________________________________________________

Group #: ________________________________________________________________

Name of insured: ________________________________________________________________

Name of person you spoke with: ____________________________________________________

Your insurance plan will determine what is covered and what your co-pays and deductibles will be. Please take the time to call them and ask questions. To help you with this conversation, we have prepared a list of questions to ask.

What are my in-network benefits and co-pay in Florida for:

• Orthopedic surgery ____________________________________________________________

• Hospitalization ________________________________________________________________

• Skilled Nursing Rehabilitation Facilities
  o How many days will be covered/ rate ____________________________________________

• After hospital care
  o Home Health ________________________________________________________________

  o Number of nursing in-home visits ______
  o Number of physical therapy visits ______

• DME (medical equipment) company in-network (walker, 3:1 bedside commode, wheelchair ) ___
Pharmacy name

Pharmacy phone number

If your physician prescribed any of the post-operative medication below, please verify your co-pay with your insurance company.

Lovenox (anticoagulant)

Nucynta (pain management)

Xarelto (anticoagulant)

Pre-Registration

After your surgery has been scheduled, you will need to provide information for pre-registration. You will be asked to supply the following information:

- Full legal name as it appears on your insurance card
- Your local home address
- Your local home phone number or cell number
- Social Security Number
- Driver’s license or photo ID
- Insurance card with the name of the insurance company, mailing address, policy and group numbers. If you are not the primary insured, the policy holder’s name.
- The name of your current employer, if applicable
- Your emergency contact name, phone number, and address

Billing For Services

After your procedure, you will receive separate bills from the anesthesiologist, the hospital, the radiology and pathology departments (if applicable), the physical therapist and the surgical assistant. If your insurance company has specific requirements regarding participation status, please contact your company.

Start Pre-Op Exercises

Many patients with arthritis favor their bad joints. This causes the bad joints to become weaker, which interferes with recovery. It is important that you begin an exercise program before surgery.
Contact Nurse Navigator with Questions

- The nurse navigator guides patients through the entire surgical process from preadmission to discharge.
- Facilitates preoperative education about the procedure, recovery, and rehabilitation.
- Maintains communication with the patient and family before, during and after the hospital stay.
- Answers any questions a patient might have about the procedure, recovery and rehabilitation.

Call 239-343-3341 to contact the Lee Memorial Hospital orthopedic nurse navigator or 239-343-0297 for the navigator at Cape Coral Hospital or Gulf Coast Medical Center.

Review “Exercise Your Rights”

The law requires that everyone being admitted to a medical facility has the opportunity to make advance directives concerning future decisions regarding their medical care. Please refer to the appendix for more information about advance directives. Although you are not required to do so, you may make the directives you desire. If you have advance directives, please bring copies to the hospital on the day of surgery.

Read “Anesthesia And You”

Total joint surgery does require the use of either general anesthesia or regional anesthesia. Please review “Anesthesia and You” in the appendix for information provided by our anesthesia department. If you have questions or want to request a particular anesthesiologist, please contact your surgeon’s office.

10 Days before Surgery

Pre-Op Visit to Surgeon
You should have an appointment with your surgeon 7-10 days prior to your surgery. This will serve as a final checkup and a time to ask any questions that you might have.
Prepare Your Home for Your Return
We suggest that you take a few steps to prepare your home prior to your surgery. Preparing early will help make things easier for you upon your return from the hospital.

- Be sure there is plenty of food, supplies and medication.
- Store your important items at waist level so you do not have to bend over to reach them.
- Arrange furniture to allow easy access for walking.
- Clean and wash the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single serving containers or stock up on healthy, prepackaged frozen meals.
- Cut the grass, tend to the garden and finish any other yard work.
- Remove throw rugs and tack down loose carpeting.
- Remove or tape down electrical cords and other obstructions from walkways to allow enough room for your walker.
- Be sure your house is well lit and use night lights.
- Arrange to have someone collect your mail and take care of pets or loved ones, if necessary.
- If you have stairs inside or outside your home, make sure you have a sturdy handrail to grab.
- If you have a two-story home make plans to sleep on the first floor.
- Make sure that you have an appropriate chair to sit in, at least knee high with arm rests—a sturdy recliner works well.
- Arrange for your transportation to home, follow-up appointments and any errands.
What to Bring to the Hospital
For your comfort we suggest you bring some personal items from home:

• Personal hygiene items, such as a toothbrush, powder, deodorant and electric razor
• Loose-fitting, elastic waist shorts and T-shirts—exercise or gym clothes (one set for each day)
• Dentures, glasses, hearing aids and their cases—please remember it is your responsibility to keep them safe
• Your guidebook to the hospital with your medication sheet filled out
• A copy of your advance directives
• If you bring a cell phone, cell phone charger or computer, please remember it is your responsibility to keep it safe

Seven Days before Surgery
Stop Medications That Increase Bleeding
Seven days before surgery, stop all anti-inflammatory medications, such as Motrin®, Aleve®, vitamin E, Naproxen and Ibuprofen. These medications may increase bleeding. Check with your surgeon to see if you should continue Celebrex® or Mobic®. If you are on blood thinners, you will need special instructions. The nurse from the preprocedure testing will instruct you about what to do with your medications.

Eat Nutritious Foods and Drink Plenty of Fluids
Be sure that you have a bowel movement one to two days before your surgery. Get a jump start by adding fiber in your diet and drinking plenty of fluids.

Day before Surgery
Find Out What Time You Should Arrive at the Hospital
The day before surgery the hospital will call you to tell you what time your procedure is scheduled. You will be asked to come to the hospital two hours before the scheduled surgery so the nursing staff has sufficient time to get you ready for surgery and answer questions. It is important that you arrive on time because surgery could start earlier than scheduled. If you are late, it could create a significant problem, and in some cases, tardiness could result in moving your surgery to a much later time.

Night before Surgery
Your surgeon recommends an antibacterial soap to reduce the number of germs on your skin prior to surgery.

Shower prior to surgery the night before and the morning of with the cleansing product provided to you by your surgeon. Follow the instructions carefully to decrease your risk of infection.

Do Not Eat or Drink
Your stomach needs to be empty. Do not eat or drink anything after midnight, INCLUDING WATER, unless otherwise instructed. No chewing gum, candy or mints.
The following instructions are very important and MUST be followed. Otherwise, your surgery may be cancelled.

- Follow all instructions given to you by your surgeon's office or the nurse from pre-procedure testing.
- Do not drink alcoholic beverages or take recreational drugs 48 hours prior to surgery.
- Do not smoke during the 24 hours before your surgery. Smoking may cause anesthetic problems and increased carbon monoxide in the bloodstream.
- If you are diabetic, do not take any diabetes medications or insulin the morning of the procedure, unless otherwise instructed.
- Leave all money, jewelry, valuables and medications at home.
- Wear clothing that is easy to take on and off, keeping in mind the type of procedure you will be having and what will be comfortable to wear home.

For your safety, the following must be removed:
- All jewelry and body piercings
- Contact lenses – including extended wear
- Wigs, hairpins and hair clips
- Makeup
- Leave at least one fingernail on each hand free of nail polish.
- Remove nail polish from your toes on the leg that is being operated on.
- Do not use lotions, gels, hairspray, cologne, perfume or powders. These products could increase your risk of infection.

Please contact your physician if you have any of the following symptoms prior to your procedure:
- Elevated temperature or fever
- Respiratory congestion, cold or cough
- Open sores or rashes
- Scratches, bug bites or bruises on or around the surgical area

Any of the above symptoms could indicate an illness that may require delaying your surgery.

Pre-Op Exercises

**Goals and Activity Guidelines**
It is important to be as fit as possible before undergoing a total knee replacement.

This will make your recovery much faster. Eleven exercises are shown here that you should start doing now and continue until your surgery. You should be able to do them in 15 to 20 minutes, and it is recommended that you do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery.

Also, remember that you need to strengthen your entire body, not just your leg. It is **very important** that you strengthen your arms by doing chair push-ups (exercise No. 8) because you will rely on your arms to help you get in and out of bed, in and out of a chair, walk and to do your exercises post-operatively.
Breathe normally while exercising. Stop doing any exercise that is too painful.

Range of Motion and Strengthening Exercises

1. Ankle Pumps
   Move ankle up and down. Repeat 20 times, 4 times a day.

2. Quad Sets (knee push-downs)
   Lie on back, straighten the knee by tightening muscles on front of thigh. Do not hold breath. Repeat 20 times, 4 times a day.

3. Gluteal Sets (bottom squeezes)
   Squeeze bottom together. Do NOT hold breath. Repeat 20 times, 4 times a day.

4. Hip Abduction and Adduction (slide heels out and in)
   Perform one leg at a time. Lie on back, keeping leg straight, slide leg out to the side. Perform one leg at a time. Keep toes pointed up and knees straight. Bring leg back to starting point. Repeat 20 times, 4 times a day.
5. **Heel Slides** *(slide heels up and down)*
   Lie on bed. Slide heel toward your bottom. Repeat 20 times, 4 times a day.

![Illustration of Heel Slides]

6. **Short Arc Quads**
   Lie on back and place towel roll under thigh. Lift foot, straightening knee fully. Do not raise thigh off roll. Repeat 20 times.

![Illustration of Short Arc Quads]

7. **Knee Extension (long arc)**
   Sit with back against chair. Straighten knee. Repeat 20 times, 4 times a day.

![Illustration of Knee Extension (long arc)]

8. **Armchair Pushups**
   This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat, if possible. Feet should be flat on the floor. Repeat 20 times, 4 times a day.

![Illustration of Armchair Pushups]
9. Seated Hamstring Stretch
   Sit on couch or bed with leg extended. Lean forward and pull up ankle. 
   Stretch until pull is felt. Hold for 20 to 30 seconds. Keep back straight. 
   Relax. Repeat 5 times, 4 times a day.

![Seated Hamstring Stretch](image)

10. Straight Leg Raises
    Lie on back, “good” knee bent and foot flat. Lift opposite leg up 12 inches. 
    Keep knee straight and toes pointed up. Relax. Repeat 20 times, 4 times a 
    day.

![Straight Leg Raises](image)

11. Knee Extension Stretch
    Prop foot of operative leg up on chair. Place towel roll under ankle and ice 
    pack over knee. Do this for 20 minutes, 4 times a day.

![Knee Extension Stretch](image)
Hospital Care

Before leaving home make sure to shower the second time with the appropriate cleansing product.

Arriving At The Hospital

Have someone drive you to the hospital. Park your vehicle in front of the hospital, near the main entrance. Enter through the main entrance and follow signs to the registration desk. This is where you will complete your registration process as needed. Some patients have already completed the registration process and will be instructed to report directly to the surgery check-in area. Be sure to bring your insurance card, driver’s license or photo identification and any insurance copayment or required deposit with you to the hospital. Please do not bring any valuables with you.

What To Expect Surgery Day

The Pre-Op surgery nurse will greet and prepare you for surgery. This includes changing into a gown, reviewing medical information, starting an intravenous (IV) catheter in your arm to keep you hydrated with fluids and removing the hair from the operative area. The operating room nurse and anesthesiologist will review your medical history. Your anesthesiologist will explain the types of anesthesia you will receive, the risks involved and will answer any questions. The anesthesiologist will also discuss your pain management options, and if you chose to have a nerve block to help with post-surgery pain, it will be done in Pre-Op under light sedation. You will be given an antibiotic to prevent infection. Once your nurse has completed your preparation, a family member can sit with you until it is time for surgery. Before surgery your surgeon will ask you what type of surgery you are having and will initial the area with a marker. This is done to make sure that the correct procedure is being performed on you.

After your surgery is finished, the surgeon will go to the waiting area to let your family know the procedure is completed. You will be transferred to the Post Anesthesia Care Unit (PACU) where you will wake-up after anesthesia. During this time, the PACU staff will work with you on managing your pain, monitor your vital signs, and take an X-ray of your new joint. Your family is not allowed in PACU, but can see you as soon as you get to your assigned room. Your stay in PACU may be 1-3 hours. Time may be affected by additional monitoring, giving medication, your ability to wake up, or if you are waiting for a room assignment.

You will then be taken to the orthopedic unit, where a nurse will care for you. Upon arrival to your room, you will be evaluated by a multi-disciplinary team to determine your plan of care. Your nurse will check your vital signs frequently. You will receive fluids through an IV to keep you hydrated. It is important for you to let the nurse know how you are feeling. Let him or her know if you are feeling nauseated and how well your pain is controlled during your stay. You will be given water to drink, and your diet will be advanced as tolerated.

Only one or two family members or friends should visit you on this day.
It is very important that you begin ankle pumps on the first day. This will help prevent blood clots from forming in your legs. You may have compression devices around your lower legs/feet or snug stockings to help prevent blood clots. You may have a knee immobilizer until your block wears off. You should also begin coughing and deep breathing, along with using your incentive spirometer, 10 times every hour while awake. You will receive a copy of “Knee Knews,” a newsletter outlining the day’s activities.

Day 1 - After Surgery

On Day 1 after surgery, you will be helped out of bed very early in the morning and seated in a recliner in your room. Never compromise your safety—always call for assistance when getting out of bed. You are a high risk for falls due to anesthesia and pain medicine, so please do not try to get up without staff assistance. Your nurse call light should be accessible to you at all times. You will be given an opportunity to wash your face and hands and brush your teeth. Then, the staff will assist you with getting dressed.

Dress in the loose clothing you brought to the hospital. Shorts and tops are usually best because long pants are restrictive. Your surgeon and physician’s assistant (if applicable) will visit you during the day. IV pain medication will be stopped, and you will begin oral medication. Your nurse will begin teaching you about anticoagulation therapy, signs and symptoms of deep vein thrombosis, infection, medication management/side effects and incision care. You can expect a visit from your case manager to discuss any services, equipment and/or alternate placement required.

Group therapy will begin today and will be held twice a day. The physical therapist will assess your progress and help you walk with a walker. The therapists will make sure you can safely go up and down stairs. Your coach is encouraged to be present as much as possible.

Day 2 - After Surgery

On Day 2 after surgery, you will be helped out of bed very early in the morning. Staff will assist you with activities of daily living and getting dressed. Your day will start with a morning walk to exercise class.

Most patients will be discharged after their first physical therapy session. Depending on your progress and special needs, you may be seen by an occupational therapist to go over any needs you have at home to help with
daily functions such as dressing, bathing, hygiene and taking care of yourself at home.

Once your physician has written your discharge order, it may take 1-2 hours to get your paperwork ready. The nurse will give you and your coach verbal and written discharge instructions. You will be taken to your vehicle by a wheelchair. A staff member will assist you get in your vehicle.

Day 3 - After Surgery

This day applies to patients who are going to a skilled nursing facility or who were not discharged on Day 2. Day 3 is similar to Day 2.

Post-Op Care

If You Are Going Home With Home Health:

You will need someone to drive you home. You will receive written discharge instructions concerning medications, physical therapy, activity, etc. Your physician will write orders for you to have home health. Our case managers will work with your insurance company to make these arrangements before you are discharged. The name and phone number of your home health agency will be written on your discharge orders. Take this guide book home with you to use as a reference.

If You Are Going To A Skilled Nursing Facility:

The decision to go home or to a subacute skilled nursing rehabilitation facility will be made collectively by you, the care manager, your surgeon, therapist and your insurance company. You will be asked for your preferences early in your hospital stay. It is wise to visit 2-3 facilities prior to surgery. Check with the insurance company for preferred facility coverage.
Someone responsible needs to drive you, or we can help you arrange transportation for a fee. Transportation costs to facilities are not covered by insurance or Medicare. However, case managers can make arrangements for you with a local nonemergent transportation company. If you have family or friends, they can provide transportation to the skilled nursing facility.

Case management will prepare a transfer packet to be taken to the facility. A physician from the subacute skilled nursing facility will care for you in consultation with your surgeon. Expect to stay seven to 21 days, based on your progress. When you are discharged to go home, the subacute rehabilitation staff will give you instructions. Take the guidebook with you.

Please remember that your insurance company must approve subacute skilled nursing stays. A patient’s stay in a subacute rehabilitation facility must be arranged in accordance with the guidelines established by Medicare. Although you may desire to go to subacute skilled nursing facility when discharged, your insurance company will monitor your progress while you are in the hospital. After evaluating your progress, you will either meet the criteria to benefit from subacute rehabilitation, or your insurance company will recommend that you return home with other care arrangements, such as Home Health services.

Therefore, it is important for you to make alternative plans before your surgery for your care at home.

In the event that your insurance company does not approve subacute rehabilitation, you can always go to subacute rehabilitation and pay privately. These arrangements must be made promptly while in the hospital. Please keep in mind that the majority of our patients do so well that they do not meet the guidelines to qualify for subacute skilled nursing rehabilitation. Also keep in mind that insurance companies do not become involved in “social issues,” such as lack of a caregiver, caring for pets, etc. These are issues that you will have to address before admission.

Caring For Yourself At Home

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

Controlling Your Discomfort

- Take your pain medicine with food at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to Tylenol®. You may take two, extra-strength Tylenol in place of your prescription medication up to four times per day. Do not take extra Tylenol plus your pain medicines that contain Tylenol together or any additional over-the-counter products containing Tylenol.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use the ice for more than 20 minutes at a time each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer to be used as an ice pack later.
Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Foods may taste different. Your desire for solid food will return.
- You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
- Pain medication that contains narcotics promotes constipation. Increase your fluid and fiber intake. Eat a lot of fruits. Prunes and prune juice will help. Use stool softeners, Miralax, or Milk of Magnesia if necessary.

Blood Thinners

Arixtra®, Lovenox®, Coumadin®, Xarelto®, and aspirin are blood thinners that you may be given to help avoid blood clots. You will need to take this medication for as long as your surgeon prescribes. See “Discharge Instructions” in the appendix for more details about these medications.

Stockings

- You may be asked to wear special white stockings. These stockings are used to help compress the veins in your legs. This helps reduce swelling and the chance for blood clots.
- If swelling in the leg that was operated on is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level using three pillows. Keep your leg straight.
- Wear the stockings continuously, removing for one to two hours twice a day. Someone will need to assist you with putting on and taking off the stockings.
- Notify your physician if you notice increased pain or swelling in either leg.
- Ask your surgeon when you can discontinue stockings. Usually, you can stop wearing them three weeks after your surgery.
- Make sure your stockings do not get bunched up on your legs, as this can affect circulation.

Caring for Your Incision

- Keep your incision dry.
- Your staples will be removed in 10 to 14 days.
- Follow your doctor’s instructions on when to resume showering.
- Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision.
- Please do not touch the incision unless absolutely necessary.
- Take your temperature if you feel warm or sick. Call your surgeon if your temperature exceeds 101.5 degrees Fahrenheit.
Recognizing and Preventing Potential Complications

Infection

**Signs of Infection**
- Increased swelling and redness at incision site
- Change in color, amount and/or odor of drainage
- Increased pain in knee
- Fever greater than 101.5 degrees Fahrenheit

**Prevention of Infection**
- Take proper care of your incision as explained.
- Notify your physician and dentist that you have a total joint replacement.
- Take prophylactic antibiotics exactly as prescribed by your provider when having dental work or other potentially contaminating procedures. Follow your doctor’s or dentist’s recommendations.

Blood Clots in Legs

Immobilization may cause the blood flow to slow and coagulate in the veins of your legs, creating a blood clot. This is why you must take blood thinners after surgery. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

**Signs of Blood Clots in Legs Might Include:**
- Sudden acute change in affected leg
- Swelling from ankle up

**Note:** Blood clots can form in either leg. Total knee replacement patients may have many of these signs without having a blood clot in the legs.

**Prevention of Blood Clots**
- Sequential Compression Devices (SCDs) such as foot and ankle pumps or Intermittent Pneumatic Compression Device (IPCD) placed around calf
- Walking
- Compression stockings
- Blood thinners, such as Coumadin, Lovenox, aspirin, Xarelto and Arixtra. You will need to follow strict compliance while taking these blood thinners.
Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should **CALL 911** immediately if you suspect this has happened.

**Signs of Pulmonary Embolus**
- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

**Prevention of Pulmonary Embolus**
- Prevent blood clot in the legs
- Recognize a blood clot in the leg and call your physician promptly

Post-Op Exercises And Goals

**Activity Guidelines**

Exercising is important to obtain the best results from total knee surgery. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program, too. After each therapy session, ask your therapist to mark the appropriate exercises in your guidebook. These goals and guidelines are listed on the next few pages.

**Weeks 1 and 2**

After 2-3 days, you should be ready to be discharged from the hospital. Most joint patients go directly home, but you may go to a skilled nursing facility for seven to 21 days. During the first and second weeks of your recovery, your two-week goals are the following:
- Continue with a walker or cane unless otherwise instructed.
- Walk at least 300 to 500 feet with your assistive device.
- Climb and descend a flight of stairs (12 to 14 steps) once a day using a railing.
- Actively bend your knee up to 90 degrees.
- Straighten your knee completely.
- Independently (sponge) bathe or shower and dress.
- Gradually resume household tasks.
- Do 20 minutes of home exercises four times a day, with or without the therapist, from the program given to you.
**Weeks 2-4**
During weeks two through four, you will gain more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to achieve the best outcome. Your goals for the period are the following:

- Achieve one- and two-week goals.
- Wean from full support to a cane or single crutch as instructed.
- Walk at least a quarter mile.
- Climb and descend a flight of stairs (12 to 14 steps) more than once daily.
- Bend your knee more than 100 degrees.
- Independently shower and dress.
- Resume household tasks.
- Do 20 minutes of home exercises, twice a day, with or without your therapist.

**Weeks 4-6**
During weeks 4-6, you will get closer to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals for this time period are the following:

- Achieve one- to four-week goals.
- Walk with a cane.
- Walk a quarter to a half mile.
- Begin progressing on stairs from one foot at a time to regular stair climbing (few stairs at a time).
- Actively bend knee 110 degrees.
- Drive a car, with surgeon’s approval.
- Continue with home exercise program twice a day.

**Weeks 6-12**
During weeks 6-12, you should be able to begin resuming all of your activities.

- Achieve prior goals.
- Walk with no cane and without a limp.
- Climb and descend stairs in a normal fashion (foot over foot).
- Walk one-half to one mile.
- Bend knee to 120 degrees or more.
- Straighten knee completely.
- Improve strength to 80 percent.
- Resume all activities, including dancing, bowling and golfing.
Home Exercises After Your Joint Replacement

Home exercises are essential for a complete recovery from your surgery. Range of motion and flexibility exercises are important to improve your motion. Strengthening exercises restore you to full strength. Continue your Pre-Op exercises (page 24). Your therapist will mark which additional exercises you should do. You will do some exercises in the first two weeks, others during weeks 2-4 and others during weeks 4-6 and beyond. Exercising should take approximately 20 minutes and should be done four times daily. Maintain normal breathing throughout exercise. If you are recovering quickly, it is recommended that you supplement these exercises with others that your therapist recommends.

1. Seated Knee Flexion
   Sitting on a straight-backed chair, cross leg with “bad” leg on bottom. Slide feet underneath the chair. Keep your hips on the chair. Try to gently stretch and bend your knee as far as possible. Plant foot and move bottom forward on chair. Repeat 20 times, 4 times a day.

2. Prone Knee Flexion Stretch
   Bring heel toward buttocks as far as possible. If this bothers your back, keep a pillow under your stomach. Repeat 20 times, 4 times a day.
3. **Seated Hamstring Stretch**
   Sit on a couch or bed with your leg extended. Lean forward and pull your ankle up. Stretch until you feel the pull. Hold for 20-30 seconds. Keep your back straight. **Repeat five times, 4 times a day.**

4. **Quarter Squat**
   *Do this exercise with your therapist first.*
   With feet shoulder-width apart and back to wall, slide down wall until knees are at a 30- to 45-degree bend. Return to upright position. **CAUTION:** You should not bend knees enough to cause pain. **Repeat five times, 4 times a day.**
5. Ankle Dorsiflexion - Plantar Flexion
While standing, hold on to a firm surface. Rise up on your toes. Go back on your heels. Repeat 20 times, 4 times a day.

6. Marching in Place
While standing, march in place. Repeat 20 times, 4 times a day.
7. Single Leg Step-Up

*Do this exercise with your therapist first.*

With foot of operative leg on step, straighten that leg. Return. Use a step or book. Height of step will depend on your strength. Start low. You may exercise your non-operative leg, too. Repeat 20 times, 4 times a day.

8. Retro Leg Step-Up

*Do this exercise with your therapist first.*

Step backward with one foot, then the other. Step forward in the same way. Use a step or book. Ask your therapist how high the step or book should be. Repeat 20 times, 4 times a day.
Precautions and Home Safety Tips

Standing Up From a Chair:

Do NOT pull up on the walker to stand!

Sit in a chair with armrests when possible.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without an armrest, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself before grabbing for the walker.

Using a Walker

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with operated leg. Place the foot in the middle of the walker area. Do not move it past the front of the walker.
3. Step forward with the unoperated leg.
4. NOTE: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.
Lying In Bed - Keep Knee Straight

DO NOT put a pillow under your knee. Your knee should be kept as straight as possible. Place a small pillow under your ankle to help keep your knee straight.

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

When getting out of bed:
1) Scoot your hips toward the edge of the bed.
2) Sit up while lowering your non-operative leg to the floor.
3) If necessary, use a leg-lifter to lower your operated leg to the floor.
4) Scoot to the edge of the bed.
5) Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6) Balance yourself before grabbing for the walker.
Transfer – Shower and Tub

Discuss showering and bathing with your surgeon. Do not submerge the surgical site until discussed and approved by your surgeon. Submerging the site in water too soon can result in infection. Ask your home health therapist to demonstrate the safest techniques for accessing your shower or tub at home.

Transfer – Toilet

You will need a raised toilet seat or a three-in-one bedside commode over your toilet for several weeks after your surgery.

**When sitting down on the toilet:**

1) Take small steps and turn until your back is to the toilet. Never pivot.
2) Back up to the toilet until you feel it touch the back of your legs.
3) If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the middle of the walker while reaching back for the toilet seat with the other.
4) Slide your operated leg out in front of you when sitting down.

**When getting up from the toilet:**

1) If using a commode with armrests, use the armrests to push up. If using a raised toilet seat without armrests, place one hand on the middle of the walker and push off the toilet seat with the other hand.
2) Slide operated leg out in front of you when standing up.
3) Balance yourself before grabbing the walker.
Transfer - Car

Getting into the car:

1) Push the car seat all the way back. If possible, recline the seat but return it to the upright position for traveling.
2) Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
3) Back up to the car until you feel it touch the back of your legs.
4) Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head, so that you do not hit it on the doorframe.
5) Turn frontward, leaning back as you lift the operated leg into the car.

Climbing stairs:

1) Ascend with nonoperated leg first (up with the good).
2) Descend with the operated leg first (down with the bad).
Around The House - Protecting Your Joints

Kitchen

- Have family or friends assist you when you get home.
- Don’t attempt to carry items in your hands while using the walker. Ask for help or use a walker basket.
- **DO NOT** get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where you can reach them without too much bending or stretching.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.

Bathroom

- **DO NOT** get down on your knees to scrub the bathtub. Use a mop or other long-handled brushes or ask a family member or friend for assistance.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards, such as pets, small objects or uneven surfaces.
- Provide good lighting throughout your home. Install nightlights in the bathrooms, bedrooms and hallways.
- Keep extension and telephone cords out of pathways. **DO NOT** run wires under rugs because 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. This makes it easier to get up.
- Rise slowly from either a sitting or lying position, so you do not get lightheaded.
- **DO NOT** lift heavy objects for the first three months, and then only with your surgeon’s permission.
- Stop and think. Use common sense.
Do’s And Don’ts for Long Term Joint Health

Whether they have reached all the recommended goals in three months or not, all joint patients need a regular exercise program to maintain their fitness and the health of the muscles around their joints. With your orthopedic and primary care physicians’ 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 put too much load on the joint and are not recommended. High-risk activities, such as downhill skiing, are discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem. Report signs and symptoms of infection to your surgeon immediately.

What To Do In General

- Take antibiotics as prescribed by your dentist or physician. Some patients may need to do this long term. Ask your physician.
- Although the risks are very low for Post-Op infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101.5 degrees Fahrenheit, or sustain an injury such as a deep cut or puncture wound, you should clean it the best you can, put a sterile dressing or Band-Aid 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 the area is painful or becomes red.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- Visit your surgeon yearly unless otherwise recommended. See “Yearly Follow-Up Visits” in the Appendix.

What to Do for Exercise

Choose a Low-Impact Activity
- Recommended exercise classes
- Home program as outlined in Guidebook
- Regular one- to three-mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center
- Low-impact sports and activities, such as golfing, bowling, walking, gardening, dancing, etc.

What Not To Do

- **DO NOT** run or engage in high-impact activities
- **DO NOT** participate in high-risk activities, such as downhill skiing, etc.
Information Resources

Additional Information about Joint Replacements

Orthopedic Nurse Navigator .................................................. 239-343-3341
Joint Center at:
  Cape Coral Hospital .......................................................... 239-424-3150
  Gulf Coast Medical Center .................................................. 239-343-0300
  Lee Memorial Hospital ......................................................... 239-343-3411
Joint Center e-mail .............................................................. TotalJointCenter@LeeHealth.org

Internet Resources

www.LeeHealth.org/jointcenter ................................................. Joint Center
www.arthritis.org .................................................................. Arthritis Foundation

Follow-Up Care and Programs for Rehabilitation and Wellness

Lee Health – Home Health Services ......................................... 239-225-7700

There’s no place like home when you are recovering from surgery, ill or disabled and need extra help. Today, high technology medical equipment for use in the home provides treatments and services that once were available only in the hospital. In the privacy of your own home, you can receive highly skilled care from Lee Health – Home Health Services’ registered nurses; physical, speech and occupational therapists; certified home health aides and medical social workers. Our case managers will make these arrangements for you prior to your discharge.

HealthPark Care Center ......................................................... 239-343-7300

At HealthPark Care Center, our goal is to help people help themselves. We offer all the services of a skilled nursing facility, including a full range of rehabilitative and subacute services. HealthPark Care Center combines the most current and comprehensive geriatric treatment with the care and compassion needed for residents to reach their maximum potential. Our case managers will make these arrangements for you prior to your discharge.

Skilled Nursing Unit at Lee Memorial Hospital ....................... 239-343-3390

The Lee Memorial Hospital – Skilled Nursing Unit is an 18 bed unit located on the 3rd floor of our downtown hospital. The unique setting allows for seamless patient transitions while also providing the amenities, services and comfort of the hospital. Our goal is to assist each patient with their rehabilitation needs and prepare them to return back to the community as quickly as possible.
Outpatient Rehabilitation Services

Lee Health provides high quality, comprehensive rehabilitation services including physical therapy, occupational therapy and speech therapy for all ages. A referral from your physician is required to schedule an appointment with a therapist. Once you have received the referral, please contact us at 239-424-1499 to set up an initial appointment.

Fort Myers
Outpatient Rehabilitation at City Center
3114 Cleveland Ave., Fort Myers, FL 33901 ................................................. 239-343-4980
Riverwalk Sports Medicine & Rehab Clinic
8350 Riverwalk Park Blvd., Suite 2, Fort Myers, FL 33919 ...................... 239-343-8850
Outpatient Center at HealthPark Commons
16281 Bass Rd., Suite 200, Fort Myers, FL 33908 ........................................ 239-343-7244
Gulf Coast Medical Center Outpatient Rehabilitation Center
13685 Doctors Way, Suite 250, Fort Myers, FL 33912 .............................. 239-343-1645
Outpatient Center at the Sanctuary
8960 Colonial Center Drive, Fort Myers, FL 33905 ...................................... 239-343-9460

Cape Coral
Lee Center for Sports Medicine and Rehabilitation
Cape Coral Hospital, 636 Del Prado Blvd. Cape Coral, FL 33990 ...... 239-424-2317

Bonita Springs
Outpatient Rehabilitation at Bonita Bay
26800 S. Tamiami Trail, Suite 3, Bonita Springs, FL 34314 ................. 239-495-4495

Wellness Centers

Lee Health’s Wellness Centers are a member of the Medical Fitness Association and backed by the medical experts of Lee Health. Our fitness specialists will design an individualized fitness program to meet your fitness goals, and are available to track your progress and make adjustments, as needed. Group exercise classes, aerobic and weight training, personal coaching, aquatics are some of the many programs available. Discounts are available for Joint Center graduates.

3114 Cleveland Ave., Fort Myers, FL 33901 ................................................. 239-343-4980
609 SE 13th Ct., Cape Coral, FL 33990 .................................................. 239-424-3220
Appendix

Exercise Your Rights

Put Your Health Care Decisions in Writing
It is our policy to place patients’ wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?
Advance medical directives are a means of communicating to all caregivers the patient’s wishes regarding health care. If a patient has a living will or has appointed a health care agent and is no longer able to express his or her wishes to the physician, family or hospital staff, Lee Health is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of advance directives:
- Living wills are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.
- Appointment of a health care agent (sometimes called a medical power of attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.
- Health care instructions are your specific choices regarding use of life-sustaining equipment, hydration and nutrition and use of pain medications.

When admitted to the hospital, you will be asked if you have an advance directive. If you do, please bring copies of the documents to the hospital with you, so they can become a part of your medical record. Advance directives are not a requirement for hospital admission.

Anesthesia and You

Who will administer anesthesia?
The operating room and post anesthesia care unit (PACU) at the hospital are staffed by board certified and board eligible physician anesthesiologists. All of the anesthesiologists are members of Medical Anesthesia and Pain Management Consultants and have privileges to practice in Lee Health. In most cases, an anesthesia care team will deliver your anesthesia. This team consists of an anesthesiologist—a physician in the specialty of anesthesia—who supervises a certified registered nurse anesthetist (a nurse with special training in anesthesia).

What types of anesthesia are available?
Decisions regarding your anesthesia are tailored to your personal needs. The types available for you consist of the following:
- General anesthesia provides loss of consciousness.
- Regional anesthesia involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and arm and leg blocks.
**Will I have any side effects?**

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the narcotics that are prescribed. Although they are less of a problem today due to 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 can relieve a degree of pain with medications. You will have pain. Do not expect to be totally pain-free. The staff will teach you the pain scale (0–10) to assess your pain level.

**What will happen before my surgery?**

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. At this time you will be offered an optional pain block. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached, such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia.

**During surgery, what does my anesthesiologist do?**

The anesthesiologist and certified registered nurse anesthetist (CRNA) are responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. He or she is also responsible for fluid and blood replacement when necessary.

**What can I expect after the operation?**

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU), where specially trained nurses will watch you closely. During this period, you may be given extra oxygen, and your breathing and heart functions will be observed closely. An anesthesiologist is available to provide care as needed for your safe recovery.

**May I choose an anesthesiologist?**

Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. Requests for specific anesthesiologists should be submitted in advance through your surgeon’s office for coordination with the surgeon’s availability.
About Arixtra® (fondaparinux)

**How it Works**
Arixtra® (fondaparinux) is an anticoagulant. The purpose of the medication is to prevent harmful blood clots from forming or growing.

**Arixtra® and How It Should Be Taken**
Arixtra is given by injection using a pre-filled syringe. Your doctor will prescribe your exact dose and tell you how often it should be given. You will be taught how to give your medicine at home. Make sure you understand all instructions before giving yourself an injection. Do not use more medicine or use it more often than your doctor tells you to. You will be shown the body areas where this shot can be given. Use a different body area each time you give yourself a shot. Keep track of where you give each shot to make sure you rotate body areas. Give yourself the shot while you are lying down. If a dose is missed or you forget to use your medicine, use it as soon as you can. If it is almost time for your next dose, wait until then to use the medicine and skip the missed dose. Do not use extra medicine to make up for a missed dose.

**How to Store and Dispose of This Medicine**
Keep this medication at room temperature and away from heat and direct light. Dispose of used needles by placing them in a hard, closed container that the needles cannot poke through. Keep this container away from children and pets. Ask your pharmacist, doctor or health caregiver about the best way to dispose of any leftover medicine, containers and other supplies. You will also need to throw away old medicine after the expiration date has passed.

**When This Medicine Should Not Be Used**
You should not use this medicine if you have had an allergic reaction to Arixtra or excessive bleeding caused by this medication. You should not use this medicine if you have severe kidney disease, major bleeding, an infection involving your heart, or if you weigh less than 110 pounds.

**Drugs and Foods to Avoid**
Ask your doctor or pharmacist before using any other medication, including over-the-counter medicines, vitamins and herbal products. Avoid taking aspirin or medicines that contain aspirin, unless your doctor tells you to.

Make sure your doctor knows if you are also using any of the following medications:
- Coumadin® (warfarin)
- Advil®
- Aleve®
- Motrin®
- Naproxen®
- Piroxicam®
- Bextra®

**Warnings While Using This Medicine**
Tell your doctor if any of the following applies to you:
- You are pregnant or breast-feeding.
- You have bleeding problems, ulcers or bleeding in your digestive system.
- You have uncontrolled high blood pressure, kidney disease or eye problems caused by diabetes.
• You have a history of stroke or bleeding caused by heparin.
• You have recently had brain, back or eye surgery.

This medicine may cause bleeding problems. This risk is higher if you have a catheter in your back for administering pain medicine or anesthesia (sometimes called an “epidural”), or if you have kidney problems. The risk of bleeding increases as the severity of your kidney problems increases. Discuss this with your doctor if you are concerned.

Your doctor will need to check your blood at regular visits while you are using this medicine. Be sure to keep all appointments.

**Signs of Adverse Effects**
Call your doctor immediately if you notice any of these side effects:
• Allergic reaction, such as itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness or trouble breathing
• Change in how much or how often you urinate
• Dizziness, confusion or low blood pressure
• Dry mouth, increased thirst, muscle cramps, nausea or vomiting
• Numbness or weakness in any part of your body
• Rapid weight gain
• Sudden or severe headache, dizziness, trouble seeing or hearing
• Swelling in your hands, ankles or feet
• Unusual bleeding, bruising or weakness

If you notice these less serious side effects, talk with your doctor:
• Fever or pale skin
• Mild bleeding, itching or rash where the shot is given
• Nausea, constipation or vomiting
• Mild skin rash or itching
• Trouble sleeping

**About Coumadin® (warfarin)**

**How It Works**
Coumadin® (warfarin) is an anticoagulant. The purpose of this medication is to prevent harmful clots from forming or growing. The medication works by decreasing the number of active clotting factors in the bloodstream.

**How It Should Be Taken**
Coumadin needs to be taken **ONCE** daily. You should learn and understand the following facts about taking Coumadin:
• Take Coumadin at the same time every day.
• Take Coumadin exactly as the physician or pharmacist prescribes.
• **Never** take more or less of the Coumadin unless specifically told to by your physician or pharmacist.
• If you forget to take your dose, **do not** double your dose the next day but take the regularly prescribed dose.
• Missing only one dose will not cause a clot to form.
• Missing more than one dose may cause problems, while taking more than the prescribed dose may cause bleeding.
Determining the Dose of Coumadin
While you are taking Coumadin, a blood test will be done each day that you are in the hospital to monitor the effectiveness of the medication. This blood test is called International Normalized Ratio (INR). When you are discharged from the hospital, the blood test monitoring is decreased to two times a week. If you have a history of blood clots, therapy will continue for six weeks.

Monitoring the Dosage after Discharge from the Hospital

Home
If you are discharged to go home with assistance from home health services, the home health nurse will come out regularly to draw the INR time. These results are called to your doctor, who will call you that evening to adjust your dose.

If you do not use home health nursing, you will have to go to an outpatient medical lab and have the INR time drawn there.

Rehabilitation
If you are transferred to rehabilitation, the monitoring is usually done two times a week. The physician caring for you at rehabilitation will adjust the Coumadin dose as necessary. When you are discharged from rehabilitation, the rehabilitation staff will arrange home health or outpatient blood monitoring, if necessary.

Signs of Adverse Effects
One of the signs of too much Coumadin is bleeding, so you should be aware of the signs and symptoms of bleeding. Call your doctor immediately if any of these signs and symptoms are present:
• Excessive bleeding from your gums while brushing your teeth
• Frequent and severe bruising
• Nosebleed for no reason
• Dark or bloody urine
• Black or tarry stools or obvious blood in your stools
• Unusual bleeding
Also, call your doctor if you sustain any falls or injuries while taking Coumadin.

Drugs to Avoid While Taking Coumadin
Aspirin, aspirin-containing and nonsteroidal medications can INCREASE the effect of Coumadin and, therefore, should be avoided unless prescribed by a physician. Inform all your doctors that you are taking Coumadin and consult your pharmacist before taking any over-the-counter medications.

How Diet Affects Coumadin
Changes in diet may also affect the way Coumadin works. It is important to maintain a steady well-balanced diet. Too many dark green leafy vegetables on consecutive days may alter the INR time. Therefore, maintain the same weekly balance of vegetables.

How Alcohol Affects Coumadin
Alcohol consumption should be avoided while taking Coumadin because it can also increase the INR time.
About Lovenox® (Enoxaparin)

How It Works
Lovenox® (Enoxaparin) is an anticoagulant. The purpose of the medication is to prevent harmful blood clots from forming or growing.

Lovenox® and How It Should Be Taken
Lovenox is given by injection using a prefilled syringe. Your doctor will prescribe your exact dose and tell you how often it should be taken. You will be taught how to give your medicine at home. Make sure you understand all instructions before giving yourself an injection. Do not use more medicine or use it more often than your doctor tells you to. You will be shown the body areas where this injection can be given. Use a different body area each time you give yourself a shot. Keep track of where you give each shot to make sure you rotate body areas. Give yourself the shot while you are lying down. If a dose is missed, you should call your doctor for instructions.

How to Store and Dispose of This Medicine
Keep this medication at room temperature and away from heat and direct light. Dispose of used needles by placing them in a hard, closed container that the needles cannot poke through. Keep this container away from children and pets. Ask your pharmacist, doctor or health caregiver about the best way to dispose of any leftover medicine, containers and other supplies. You will also need to throw away old medicine after the expiration date has passed.

When This Medicine Should Not Be Used
You should not use this medicine if you have had an allergic reaction to Lovenox, heparin or products made from pork. You should not use Lovenox if you have bleeding disorders or active bleeding.

Drugs and Foods to Avoid
Ask your doctor or pharmacist before using any other medication, including over-the-counter medicines, vitamins and herbal products. Avoid taking aspirin or medicines that contain aspirin unless your doctor tells you to.

Make sure your doctor knows if you are also using any NSAIDs, blood thinners or any of the following medications:

- Coumadin® (warfarin)
- Persantine® (dipyridamole)
- Toradol® (ketorolac)
- Anturane® (sulfinpyrazone)
- Advil®
- Aleve®
- Motrin®
- Orudis®
- Dolobid®
- Feldene®
- Indocin®
- Relafen®
- Voltaren®
- Xeralto®
- Arixtra®
• Pradaxa®
• Ibuprofen®
• Celebrex®

**Warnings While Using This Medicine**
Tell your doctor if any of the following applies to you:
• You are pregnant or breast-feeding.
• You have a stomach ulcer.
• You have high blood pressure.
• You have diabetes.
• You have kidney disease.
• You have a bleeding disorder, such as hemophilia.
• You have recently had a stroke, or surgery on your eyes, brain or spine.
• You have a heart valve replacement.

Your doctor will need to check your blood at regular visits while you are using this medicine. **Be sure to keep all appointments.**

**Signs of Adverse Effects**
Call your doctor immediately if you notice any of these side effects:
• Allergic reaction, such as itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness or trouble breathing
• Blood in your urine
• Bloody or black, tarry stools
• Chest pain, shortness of breath or coughing up blood
• Fever
• Numbness or weakness in your arm or leg, or on one side of your body
• Pain in your lower leg (calf)
• Sudden or severe headache, problems with vision, speech or walking
• Unusual bleeding or bruising
• Vomiting blood or material that looks like coffee grounds

Less serious side effects that you should talk with your doctor about include the following:
• Confusion
• Nausea or diarrhea
• Pain, redness, bruising, swelling or a lump under your skin where the shot is given

**About Xarelto® (rivaroxaban)**

**How It Works**
Xarelto® is a prescription medicine used to help prevent blood clots from forming in patients after hip or knee replacement surgery.

**How It Should Be Taken**
The recommended dose of Xarelto® is 10 mg taken orally once daily, with or without food as directed by your physician. You should take Xarelto® exactly as directed by your doctor. Do not skip a dose or stop taking Xarelto® unless you are advised to do so by your doctor. Stopping may increase your risk of a blood clot. If a dose is missed, take Xarelto® as soon as possible and continue on the following day, taking Xarelto® as directed by your doctor. Do not take two doses at the same time.
**Warnings While Using This Medication**

Tell your doctor if any of the following applies to you:
- You have a bleeding disorder or have problems with unusual bleeding.
- You have any problems with your kidneys or liver.
- You are pregnant or planning to become pregnant.
- You are breast-feeding or planning to breast-feed.
- You are taking certain medications for HIV or fungal infections.

**Signs of Adverse Effects**

Alert your doctor right away if you develop any:
- Tingling, numbness or muscle weakness, especially in your legs. This is particularly important if you had a procedure called spinal or epidural puncture as part of your anesthesia for your hip or knee replacement surgery.
- Unusual bleeding or bruising (bruises that develop without an injury or grow in size).
- New bleeding (for example, nose bleeds, bleeding gums, red urine, bright red blood in your stool, coughing up or vomiting blood).
- Bleeding that is heavier than usual (for example, from cuts or menstruation).
- Dizziness, weakness, or tiredness, all of which could indicate a loss of blood.
- Pain, swelling, or new fluid leakage in or around the surgical incision.
- Stiff, sore, hot or painful joints.

**Drugs or Foods to Avoid while taking Xarelto®**

Xarelto® contains lactose. People with certain rare problems associated with lactose or galactose intolerance (e.g., Lapp lactase deficiency, glucose-galactose malabsorption) should not take this medication.

Tell your doctor or dentist about all the medicines you take. This includes Xarelto®, any other prescription and nonprescription medicines, over-the-counter medications, and herbal supplements. Make sure that your doctor knows if you are taking any of the following due to a potential for drug interactions.
- acetylsalicylic acid
- amiodarone
- azole antifungal medications (e.g., ketoconazole, itraconazole, voriconazole)
- carbamazepine
- certain anti-HIV medications (e.g., ritonavir, indinavir, nelfinavir)
- clopidogrel
- corticosteroids (e.g., hydrocortisone, methylprednisone, prednisone)
- cyclosporine
- dipyridamole
- fondaparinux
- grapefruit juice
- heparin and low-molecular weight heparins (e.g., enoxaparin, dalteparin)
- macrolides (e.g. erythromycin, clarithromycin)
- nonsteroidal anti-inflammatory medications (NSAIDs; e.g., diclofenac, ibuprofen, naproxen)
- phenobarbital
- phenytoin
- rifampicin
- SSRIs (e.g., citalopram, escitalopram, fluoxetine, paroxetine)
- St. John’s wort
- tacrolimus
- ticlopidine
• verapamil
• warfarin

Aspirin (by mouth)
Aspirin at lower doses is an antiplatelet agent which prevents harmful blood clots from forming, and at higher doses aspirin is an effective anti-inflammatory agent.

When This Medicine Should Not Be Used:
You should not use this medicine if you have had an allergic reaction to aspirin or to pain and arthritis medicine (such as Motrin®, Advil®, Naprosyn®). Aspirin should not be given to children or teenagers with fever, chickenpox, or symptoms of the flu or viral infection, because aspirin can cause a serious disease called Reye's syndrome. You should not use this medicine if you have an active stomach ulcer or any kind of bleeding problem.

How to Use This Medicine:
Tablet, chewable tablet, coated tablet, fizzy tablet, delayed-release tablet, delayed release capsule
Take your medicine as directed.
It is best to take this medicine with food or milk.
Swallow the tablet, capsule, or coated tablet whole. Do not crush, chew, or break it. The chewable tablet may be completely chewed or swallowed whole.

Drugs and Foods to Avoid:
Ask your doctor or pharmacist before using any other medicine, including over-the-counter medicines, vitamins, and herbal products. Aspirin can cause stomach bleeding. Drinking alcohol can make this worse. If you have three or more drinks of alcohol every day, ask your doctor if you should take aspirin.
Make sure your doctor knows if you are also using a blood thinner (such as Coumadin®), probenecid, cortisone medicine (such as prednisone) or methotrexate. Make sure your doctor knows if you are also using ticlopidine (Ticlid®), dipyridamole (Persantine®) or sulfinpyrazone (Anturane®).

Warnings While Using This Medicine:
Check with your doctor before using if you are pregnant or breastfeeding, or if you have asthma, kidney problems or a history of ulcers. Aspirin may cause incorrect results with some urine sugar tests.

Possible Side Effects While Using This Medicine
Call your doctor right away if you notice any of these side effects:
• Severe stomach pain
• Bloody vomit or vomit that looks like coffee grounds
• Blood in stools or urine
• Skin rash or hives with intense itching
• Swelling of the face or eyelids
• Wheezing or trouble breathing
• Severe dizziness or drowsiness
• Ringing in the ears

If you notice these less serious side effects, talk with your doctor:
• Upset stomach
• Heartburn
Physical Therapy Daily Schedule

**NOTE:** Times are approximate. The physical therapist will advise patients and family members if the times change.

**Day of Surgery:** You may be evaluated by a physical therapist today.

**Post-Op Day 1:** Coaches are encouraged to attend as many group therapy sessions as possible. We understand some coaches cannot be there for all the sessions because of work schedules. Physical therapy sessions are held twice a day. See the white board in your room for times.

**Post-Op Day 2:** Patients who are two days post-op will have one or two group therapy sessions. Your therapist will write your therapy class times on the white board in your room. Most patients being discharged to home will leave today. See “Day of Discharge.” Coaches are encouraged to attend.

**Post-Op Day 3:** If you are transferring to a skilled nursing facility and you have traditional Medicare, you will need to stay three nights and continue with therapy twice a day until discharge.

**Day of Discharge:** Patients are usually discharged after the morning group therapy session. Most patients going home with Home health are discharged on post-op Day 2. However, based on your progress, you may need to stay until post-op Day 3.

The Importance of Lifetime Follow-Up Visits

During the past several years, orthopedic surgeons have discovered that many people do not follow up with their surgeons on a regular basis. They may not realize they are supposed to or they may not understand why it is important.

**So, when should you follow up with your surgeon? These are some general rules:**
- Every year, unless instructed differently by your physician
- Anytime you have mild pain for more than a week
- Anytime you have moderate or severe pain
- Anytime you have signs and symptoms of an infection

**There are two good reasons for routine follow-up visits with your orthopedic surgeon:**
- If you have a cemented knee, we need to evaluate the integrity of the cement. With time and stress, cement may crack. You would probably be unaware of this because it usually occurs slowly, over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.
Why? Two things could happen. Your knee could become loose and lead to pain, or the cracked cement could cause a reaction in the bone called “osteolysis,” which may cause the bone to thin out and lead to loosening. In both cases you might not know this for years. Orthopedists are constantly learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.

• The second reason for follow-up is that the plastic liner in your knee may wear. Little wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early and grafting the bone can keep this from worsening. X-rays taken at your follow up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations. This should be done in your doctor’s office.

Fortunately, most patients do so well that they do not think of us often. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. We will be delighted to hear from you.
Keep-In-Touch List

Name____________________________________________________________

Phone___________________________________________________________

Address_________________________________________________________

Type of _________________________________________________________

Name____________________________________________________________

Phone___________________________________________________________

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Lee Health Hospitals

- Lee Memorial Hospital .................................. 239-343-2000
  Rehabilitation Hospital ................................ 239-343-3900
  2776 Cleveland Avenue

- Gulf Coast Medical Center .......................... 239-343-1000
  13681 Doctor’s Way

- Cape Coral Hospital ................................... 239-424-2000
  636 Del Prado Boulevard

- HealthPark Medical Center ........................... 239-343-5000
  Golisano Children’s Hospital of Southwest Florida 239-343-KIDS
  9981 S. HealthPark Drive (5437)

Outpatient Center

- HealthPark Commons, 16281 HealthPark Commons 239-432-3000
- Sanctuary, 8960 Colonial Center Drive ............ 239-343-9400
- Plantation, 13601 Plantation Road ............... 239-343-0776
- Riverwalk, 12600 Creekside Lane ................. 239-432-9012
  Riverwalk Sports Medicine and Rehabilitation
  8350 Riverwalk Park Blvd, Suite 3 .............. 239-424-1499
- Surfside, 2441 Surfside Blvd ...................... 239-424-1499

Convenient Care

- Fort Myers, 4771 S. Cleveland Avenue ............ 239-481-4111
- Fort Myers, 16230 Summerlin Road, Suite 215 . 239-481-4111
- Cape Coral, 1682 NE Pine Island Road .......... 239-481-4111

Lee Community Healthcare

- Cape Coral Clinic, 1435 S.E. 8th Terrace .......... 239-424-2757
- Dunbar Clinic, 3511 Dr. Martin Luther King Blvd. . 239-343-4910
- North Fort Myers Clinic, 13279 N. Cleveland Ave. . 239-652-4111

P.O. Box 2218 • Fort Myers, Florida 33902 • www.LeeHealth.org

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