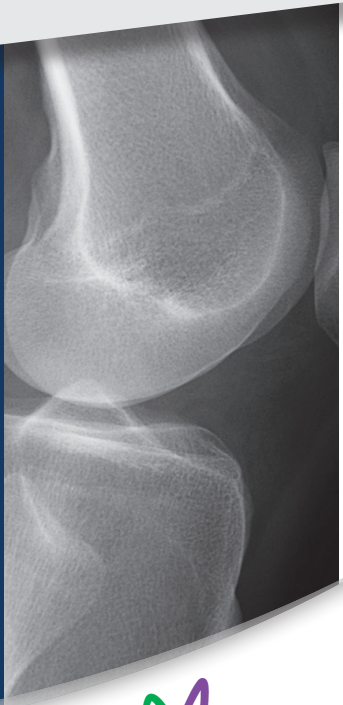
TOTAL KNEE REPLACEMENT

PREPARING FOR SUCCESS



MANNING REGIONAL HEALTHCARE CENTER

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Thank You for Choosing MRHC

Our team at Manning Regional Healthcare Center would like to personally thank you for choosing us to help you regain your quality of life again. We are excited to help you through your knee replacement journey and provide you with all the information needed to ensure a successful recovery. Our team is always here to answer any questions or concerns before and after surgery.

We understand that doctors' appointments and paperwork can become very overwhelming. We highly recommend you come sit down with our specialty clinic and rehabilitation teams to thoroughly discuss:

- How to prepare your home and body for surgery.
- What to expect every step of the way.
- What you need to do to ensure a successful recovery.
- How to care for your new joint for life.

Table of Contents

What is a Total Knee Replacement?

The knee itself is not replaced, as is commonly thought, but instead, the cartilage is replaced with an artificial surface. This is done with a metal alloy on the femur and the tibia, with a plastic spacer between the two and plastic on either side of the kneecap. This creates a new, smooth cushion and a functioning joint that does not hurt.

Normal Knee Joint

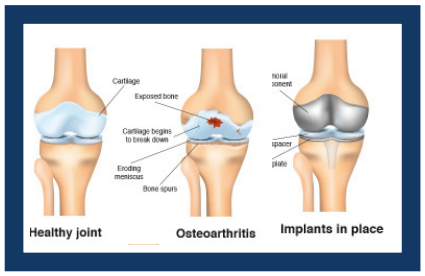
A healthy knee has smooth cartilage that covers the ends of the femur and tibia. The smooth cartilage lets the surfaces of the two bones glide smoothly as you bend your knee. The muscles and ligaments around the knee joint support your weight and help move the joint smoothly so you can walk without pain.

The Degenerated Knee Joint

The smooth cartilage layers can wear down on the ends of the femur and tibia. This degeneration can happen because of injury or arthritis. When the smooth surfaces become rough, the surfaces are like sandpaper. Instead of the joint gliding when you move your leg, the bones grind and you have pain and/or stiffness. When pain in your knee or leg prevents you from doing your usual activities and your x-rays show irregular surfaces at the knee, your doctor might suggest that you have a knee replacement.

Your Replacement Knee Prosthesis

To create a new knee joint, the ends of the bones forming the joint are surgically removed. They are replaced with parts made of metal and very strong plastic. The pieces may be cemented, or the metal may have a porous surface that the bone will grow into to create a tight fit.



Preparing for Surgery

Support

We recommend you select someone to be your coach while preparing and recovering from knee replacement surgery. This can be a spouse, family member, close friend or neighbor. We recommend that your coach attend doctor appointments with you and be available as needed for the first 1-2 weeks after surgery.

Meals

Make sure you go to the grocery store prior to surgery and have easy and accessible meals prepared and available.

Pre-Surgery Checklist

- ☐ Complete your pre-op physical with your family doctor
- ☐ Blood draw for your type and screen (blood type)
- ☐ DO NOT SHAVE near surgical site 5-7 days before surgery
- ☐ Stop smoking, it will decrease healing rate and increase infection risk
- ☐ Stop taking 1 week before surgery: NSAIDS, fish oil, herbal supplements or any other medications recommended by your doctor.
  - NSAIDS: Ibuprofen, Aleve, Advil, Motrin, Meloxicam (Mobic), Celebrex
  - You CAN take for pain: Tylenol or Tylenol p.m.
  - Ask your doctor when to stop blood thinners: Coumadin, Xarelto, Plavix

Preparing for Surgery

CONTINUED

Clothing to Bring

The day of surgery you will be wearing a hospital gown. The first day after surgery, a nurse or nurse's aide will help you get washed up and changed into your own clothing. We recommend you bring 2-3 outfits with you to the hospital.

- ☐ Loose-fitting comfortable t-shirt
- ☐ Shorts/capri length pants are recommended. Sweat pants are acceptable if you are able to pull them up for nursing to check your bandages.
- ☐ Tennis shoes with preferably a closed back. Your foot may be a little swollen after surgery.
- ☐ You will be provided with a pair of TED hose or edemaware and hospital socks with grips on the bottom
- ☐ A nurse or nurse's aid will assist you with a shower while in the hospital and educate you on how to cover/care for your incision. Please bring any personal products: shampoo/conditioner, toothbrush/toothpaste.

Equipment

Please bring your walker/cane if you have one. A physical therapist will make sure it fits you correctly and is working properly. Most patients prefer a front-wheeled walker for 1-2 weeks and then transition to a single point cane. Please clean your equipment prior to coming to the hospital to decrease infection risk.

If you do not have a walker you can borrow one from the hospital. If you would like to get your own please let us know so that we can assist you with purchasing one.

Home Safety Checklist

Housekeeping

- ☐ Clean up spills as they occur
- ☐ Keep floors and stairways free of clutter
- ☐ Put away personal items as soon as you're through with them
- ☐ Put items on shelves within easy reach

Floors

- ☐ Stay off newly washed floors until they are dry
- ☐ Rugs should have nonskid backings.
- ☐ Eliminate small rugs at the head and foot of each stairway
- ☐ Keep rugs and carpets free of tears and other defects
- ☐ Carpeting with short, dense pile

Bathroom

- ☐ Install rubber mats or non-slip decals in tubs or showers
- ☐ Grab bars in tubs and showers
- ☐ Keep soap in an easy-to-reach receptacle

Traffic Lanes

- ☐ Able to walk through rooms without detouring around furniture
- ☐ Keep paths from bedrooms to bathrooms obstacle free
- ☐ Keep telephone and appliance cords off floors where people can walk

Lighting

- ☐ Lighting should eliminate shadowy areas
- ☐ Have lamp or light switch within reach of your bed
- ☐ Night lights in bathrooms and hallways
- ☐ Stairways well-lit

Stairways

- ☐ Handrails should extend the full length of the stairs
- ☐ Can you get a good grip on handrails?
- ☐ Stairways free of broken or sagging steps
- ☐ Stairway carpets and molding edges securely fastened and in good condition

Outdoor Areas

- ☐ Outside walks and driveways free of cracks
- ☐ Put away garden tools/hoses after use
- ☐ Outdoor areas kept free of tripping hazards
- ☐ Keep outdoor walkways, steps, and porches free of wet leaves and snow
- ☐ Have doormats at the doorways

Footwear

- ☐ Shoes should provide good traction
- ☐ Wear house slippers that fit snugly
- ☐ Avoid walking in stocking feet
- ☐ Wear oxfords, loafers, or sneakers when you work in the house or yard

Personal Precautions

- ☐ Be alert for unexpected hazards
- ☐ If children visit, watch for them playing on the floor or for toys left in your path
- ☐ Watch for pets underfoot
- ☐ Make sure that bulky packages you carry don't obstruct your vision
- ☐ Carry small loads instead of big ones
- ☐ When you reach or bend, hold onto a support and refrain from turning too far. Pause to get your balance when you sit up or stand up.
- ☐ Avoid rushing to answer the phone or front door
- ☐ Eyeglass prescription up-to-date
- ☐ Have daily contact with a relative, friend, or neighbor

Day Before Surgery

Take a deep breath. We understand that this can be an overwhelming time but you will be under the best care. Our team at MRHC is ready and willing to answer any last minute questions or concerns to ensure you are prepared. Remember, you are preparing to get back the quality of life you want! Here is a checklist for the day before surgery.

- ☐ The hospital should have contacted you with your check-in time. If not, call and confirm.
- ☐ Drink a lot of water.
- ☐ Stop eating/drinking after 10pm unless given different instructions by the doctor.
- ☐ You should have been given a bottle of soap to shower with the night before and morning of surgery. If not, use anti-bacterial soap to shower the night before and morning of surgery.
- ☐ What to have ready to take to the hospital:
  - Clothing/shoes
  - Walker/cane if you already have one
  - Medications in their original bottles
  - CPAP if you have one
  - Insurance Card

Day of Surgery

What to Expect

Today is the day! Please have someone bring you to the hospital the day of surgery. Preferably the person you have chosen to be your coach/ support person, before and after surgery.

You will check in at the front desk and will then be escorted to your pre-op room. In pre-op, a nurse will help you complete admission paperwork and get your vitals. You will change into a hospital gown and the nurse will help get you ready for surgery.

You will visit with a Certified Registered Nurse Anesthetist (CRNA) to discuss your anesthesia options (general anesthesia vs. spinal anesthesia...see pg 10). Your surgeon will meet with you to answer any last minute questions/concerns and mark your operative side.

On average, surgery will take 1-2 hours. Once surgery is completed, you will be moved to the the recovery room and you will be monitored for 1-2 hours. The duration of your time in recovery will be tailored to your needs. In recovery, your care will be supervised by a nurse and a CRNA.

Once you meet certain criteria for discharge, you will be transferred to the med-surg floor. We recommend only one or two close family members or friends should visit you on this day. Most of the discomfort from surgery occurs during the first 12 hours following surgery. During this time you will be receiving pain medication through an IV and orally.

Your activity the day of surgery will depend upon the time of your surgery and how you are feeling. It is normal to walk the day of surgery and normally with full weight on your surgical side. You can begin performing ankle pumps immediately after surgery which help prevent blood clots in your legs while also decreasing pain and swelling.

You will wear pumps that gently squeeze your feet or calves to help with circulation and decrease blood clot risk. A respiratory therapist or nurse will meet with you after surgery and teach you how to use your Incentive Spirometer.

Anesthesia

In pre-op a CRNA will meet with you to discuss two options for your anesthetic care which include: 1. General Anesthesia and 2. Neuraxial/Regional (also commonly known as Spinal Anesthesia).

General Anesthesia

Pros:

- Traditional "asleep" anesthesia whereby medications are administered through your IV and you drift off to sleep. A breathing device is placed in your airway to administer anesthesia gases to keep you asleep.
- Uses large doses of IV narcotic medication for pain control throughout the surgery and in recovery to keep you comfortable
- You will be asleep until recovery

Cons:

- Increased chance of nausea and vomiting due to narcotics
- Increased chance of nausea and vomiting due to inhaled gases to remain asleep (typically in patients with a history of motion sickness)
- Longer "wake up" and grogginess from narcotic medication that is given during the case and in recovery as you wake up and need more to keep comfortable
- Increased likelihood of post-operative delirium
- Increased incidence of sore throat/scratchy voice from the breathing device inserted once asleep

Neuraxial/Regional Anesthesia (Spinal)

Pros:

- No pain immediately after the operation (we transition you smoothly to oral and IV medications and decrease your narcotic medication load over your stay)
- You will still be asleep until you are in recovery (we use a continuous dose of an IV medication called Propofol to sedate you during the surgery. It is "fast on and fast off"). Other institutions use intermittent medications which increase the likelihood of recall or remembering parts of the surgery.
- Less chance of nausea and vomiting (the drip medication and lack of narcotics and gas ensure this)
- Increased patient satisfaction
- Awake faster in recovery (less chance of delirium)
- No sore throat (no airway device is used)
- Recent studies show a decrease in post-operative cardiac, GI, urinary, renal and pulmonary complications (less stress on the heart and blood pressure swings, less constipation, less kidney issues, and less pneumonia or respiratory complications). There is a decrease in clotting issues after surgery such as deep vein thrombosis (DVT), pulmonary embolism (PE), and transfusion requirements. Overall mortality of patients in one study was also reduced by approximately one-third.

Cons:

- You will have numbness in your legs from the waist down for a few hours post-surgery.
- Very slight possibility of recall or "awareness" during surgery.
- Slight possibility of urinary incontinence until the medication fully wears off; especially male patients with prostate issues prior to surgery.
- Contraindicated in patients on blood thinners unless they have been held appropriately, patients with certain heart valve defects, and longer operative cases (eg. Having two total knees in the same day or an extensive revision)
- Minimal risk of nerve damage, residual back pain, or headaches.

Either way you choose, we will use standard intra-operative monitors to monitor you throughout the procedure (EKG stickers to monitor your heart, a blood pressure cuff to monitor your pressures, and a Pulse Oximeter to monitor your oxygenation) all placed in the operating room (OR), as well as an intravenous (I.V.) catheter placed in order to administer medications. A CRNA (Nurse Anesthetist) will take you back to the OR and be present for the entirety of the procedure. Rest assured that either of these procedures are extremely safe (complications from anesthesia are less than 1:100,000 or 0.00001 which is <0.001%)

After Surgery

On Day 1 after surgery nurses will assist you to shower and get dressed in the loose clothing that you brought with you to the hospital. Nurses will assist you in getting in/out of bed and walking to the restroom until you are cleared to be independent by the physical therapist. The physical therapist will assess your progress and educate you on how to properly use an assistive device (walker, crutches, cane) depending on your needs. The physical therapist will also assist you with therapeutic exercises that you will be performing at home for the next 2-3 months. You will also be instructed on stairs if needed and car transfers. Limited visitors are recommended and preferably not during physical/occupational therapy sessions.

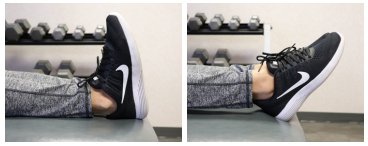
At this point in your care, attempts will be made to control your pain with oral medications versus IV medications. Patients typically stay on average two nights based on their progress. When dismissed by the doctor to go home, you will need someone to drive you. You will receive written discharge instructions concerning medications, physical therapy, ice, TED hose or edemaware, etc. We will schedule your follow-up appointment for you for 10-14 days following your procedure. Your first physical therapy appointment will be made as soon as possible after you leave the hospital. You will need to go to outpatient physical therapy 2-3 times per week for an average of 4-6 weeks. You will need someone to drive you to your physical therapy appointments.

If you qualify for further care after discharge from the hospital, your surgeon, physical therapist, and the discharge planners will discuss the options with you.

Knee Rehabilitation Exercises

Exercises Prior to Surgery

It is very important to begin these exercises as soon as possible before surgery. We understand that your knee is sore, but we want you to come into surgery as strong as possible. This will make tasks such as getting in/out of bed or up/down out of chairs easier after surgery. The stronger you are coming into surgery will also help speed up your post-operative recovery. Try to perform all exercises twice per day if able and 10-20 repetitions of each exercise.

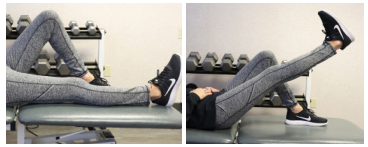


Ankle Pumps: Can be performed seated or lying on your back in bed/recliner. Bend your ankle/foot up and down like you are pushing on a gas pedal. Do this with both feet.

Quad Sets: Lie on your back with your legs straight, push the back of your legs down into the bed/recliner. You will notice that your thigh muscle will tighten as you push down. Hold for 3-5 seconds and then relax.

Gluteal Sets: Lie on your back with your legs straight. Tighten your buttock muscles and hold for 3-5 seconds and then relax.

Heel Slides: Lie on your back with both legs straight. Bend your surgical leg as far as you can comfortably tolerate by sliding your foot on the bed and then return to the straight position. You can place a cookie sheet under your foot to help glide easier.



Straight Leg Raise: Lie on your back with your surgical leg straight and your non-surgical leg bent. Keep your surgical leg straight and lift it to the height of your bent knee and slowly lower it back down to the bed/recliner.

Knee Rehabilitation Exercises

CONTINUED

Terminal Knee Extension: Lie on your back with a rolled blanket/towel or coffee can under your knee. Slowly lift your foot off of the bed, hold for 3-5 seconds, and then slowly lower your foot back to the bed/recliner.

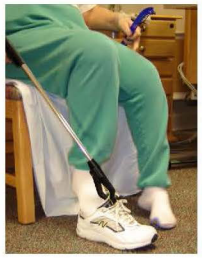
Seated Knee Flexion: Sit in a chair or slide out and sit on the edge of the bed. Slowly slide your foot back on the floor to work on bending your knee, hold for 3-5 seconds, and then return to the start position. You can do this on a slippery floor or place a cookie sheet under your foot if you are on carpet.

Leg Strengthening In Sitting: Sit in a chair or edge of bed. Slowly straighten your surgical leg, hold for 3-5 seconds, and then return to the bent position.

Heel Raises: Stand and hold onto the back of a chair or kitchen sink for balance. Lift the heels off the floor to come up onto your toes. Hold for 3-5 seconds and then return to flat foot position.

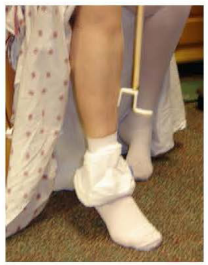
Knee Extension Stretch: Getting a straight leg is the most important motion after knee replacement because it affects how you walk without having a limp. To stretch the muscles behind your knee, you can sit in a chair and place your foot on another chair/ coffee table/stool to help stretch the hamstring muscles. Hold for 3-5 minutes. You can do this 3-5 times per day.

Adaptive Equipment



1) Sock Aide – To assist with putting on socks. *Eliminates the need to bend over.*

2) Reacher – To assist with lower extremity dressing; taking off clothes, and to assist with reaching for items on the floor or in a cupboard.



3) Extendend Shoe Horn – To assist with putting on and taking off shoes.

4) Dressing Stick – To assist with putting on and taking off pants, socks, and shoes.

5) Gait Devices – To assist walking.

- Walker
- Quad Cane
- Auxillary Crutches

6) Bathroom Safety

- Toilet Safety Frame –assists with safety when sitting/standing from toilet.
- Tub Transfer Bench - Eliminates need to step over high tub ledge.
- Tub/Shower Chair – Allows you to sit while you shower/bathe.
- Grab Bars – assists with getting into and out of tub or shower.
- Toilet Seat Riser– to put over toilet as regular toilet seats are often too low to sit on

Road to Recovery

Congratulations!

Surgery is behind you now and you are on the "road to recovery." We know these days can be long and tiring but remember....surgical pain is temporary pain. You will have good days and harder days, but keep working hard and follow your recommendations given by your medical team. Here are some tips and advice to help you at home.

Controlling Pain

- Take pain medication 30 minutes before physical therapy or home exercises.
- Rotate positions between sitting and laying down with your leg elevated every 45 minutes to an hour. Do NOT put a pillow behind your knee in a bent position. It will feel comfortable but will cause you to have difficulty straightening your leg which will affect your walking for the rest of your life.
- Walk around your house every 45 minutes to an hour to decrease pain, improve motion, decrease risk of blood clots, and to stimulate the bowels.

Controlling Swelling

- Lay down on your bed or couch and elevate your leg so it is straight and elevated above your heart with pillows or a foam wedge. Ice and ankle pumps while elevating will help increase drainage of swelling.
- Ice helps decrease both pain and swelling. You will be given specific recommendations in your dismissal instructions when you leave the hospital.
- The better you control your swelling, the better your pain and range of motion will be.

Body Changes

- It is normal to have decreased appetite. Try to eat healthy and well balanced meals. Protein and healthy nutrients will promote healing.
- Your energy level will be decreased for the first month after surgery.
- Sleeping at night can be difficult for the first month. Try not to nap too much during the day.
- Narcotic pain medication can promote constipation. Stool softeners, laxatives, milk of magnesia, prune juice, eating a high fiber diet, and drinking plenty of water can help prevent constipation.

Caring For Your Incision

- Keep your incision clean and dry by keeping it covered with a light dressing.
- If you have staples, stitches, or steri-strips they will be removed in 10-14 days at your follow-up appointment with your surgeon.

Don't Give Up!

Whether you have reached all the recommended goals in three months or not, all total joint replacement patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joint. With both your orthopedic and primary care physician's permission you should be on a regular exercise program three to four times per week lasting 20-30 minutes.

Do's & Don'ts

FOR THE REST OF YOUR LIFE

What to Do in General?

- Take prophylactic antibiotics one hour before you are having dental work or other invasive procedures for two years after surgery.
- 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° or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it and notify your doctor. The closer the injury is to your prosthesis, the bigger 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 reddened.
- When traveling, stop and change position hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.

What to Do for Exercise: Low-Impact Activity

- Low-impact exercise classes, water aerobics (when your incision is healed)
- Home program as outlined in the patient guide
- Regular one to three-mile walks
- Home treadmill
- Stationary bike
- Regular exercise at a fitness center
- Low-impact activities – golf, bowling, walking, gardening, dancing, etc.

What Not to Do:

May Cause Fracture Around Prosthesis

- Do not run or engage in high-impact activities (jump out of tractor/semi truck, jumping off ladder).
- Do not participate in high-risk activities such as downhill skiing, etc.

Recognizing & Preventing Potential Complications

Signs of Infection

- Increased swelling, redness at incision site
- Change in color, amount, and/or odor of drainage
- Increased pain in knee
- Fever greater than 101° F

Prevention of Infection

- Take proper care of your incision as explained.
- Take prophylactic antibiotics when having dental work or other surgical procedures.
- Continue these recommendations for at least two years after your surgery.
- Notify your physician or dentist that you have a total joint replacement.

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complications of pulmonary embolus.

Signs of Blood Clots in Legs

- Swelling in thigh, calf, or ankle that does not go down with elevation
- Redness
- Pain or tenderness in calf
- NOTE: Blood clots can form in either leg
- Your surgeon should be notified immediately if any of these signs occur

Prevention of Blood Clots

- Foot and ankle pumps
- Walking
- Compression stockings
- Blood thinners such as Coumadin or Heparin, or even aspirin as prescribed by your physician

Frequently Asked Questions

Patients have asked many questions about total knee replacements. Below is a list of the most frequently asked questions along with answers. If there are any other questions that you need answered, please ask your surgeon, therapist, or nurse. We want you to be completely informed about this procedure.

What are the results of total knee replacement? 90-95 percent of patients achieve good to excellent results with relief of discomfort and significantly increased activity and mobility.

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, x-rays, and response to conservative treatment. The decision will then be yours.

Am I too old for this surgery? Age is not a problem 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, or another specialist, 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? We expect most knees to last roughly 20 years. However, there is no guarantee and 10-15 percent may not last that long. A second replacement may be necessary.

Why do they fail? The most common reason for failure is loosening of the artificial surface from the bone. Break down of the plastic spacer may also result in the need for a new spacer. Normal activity and physical therapy do not cause the loosening to happen.

What are the major risks? Most surgeries go well, without any complications. Infection and blood clots are the two serious complications that concern us the most. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce risk of infections. The chances of this happening in your lifetime are one percent or less.

Should I exercise before the surgery? Yes. You should either consult a physical therapist or follow the exercises listed in this booklet. Exercises should begin as soon as possible before surgery.

How long am I incapacitated? Expect to get out of bed the day of your surgery. Most people walk to the bathroom on the day of surgery. If your surgery is late in the day, the nurse may just have you sit on the edge of your bed.

How long will I be at the hospital? Most knee patients will stay for one night after their surgery. There are several goals that you must achieve before you can be discharged home.

Will I need a second opinion prior to the surgery? You should contact your insurance company to pre-authorize your surgery. If a second opinion is required, the insurance company will tell you.

How do I make arrangements for surgery? Your surgeon's office will make arrangements for your surgery and your preoperative visit to your primary care physician, or a physician in Manning that can follow you at the hospital if you need their attention.

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.

Will the surgery be painful? You will have discomfort following the surgery, but we will keep you comfortable with appropriate medication. Generally, most patients are able to stop very strong medication within one day.

Who will be performing the surgery? Your orthopedic surgeon will do the surgery. There may be another orthopedic surgeon or a physician's assistant also present.

How long, and where, will my scar be? The scar will be approximately six inches long. It will be straight down the center of your knee unless you have previous scars, in which case we may use the prior scar. There will be some numbness around the scar, which is normal. This will not cause any problems.

Will I need a walker, crutches, or a cane? Yes. For about six weeks we recommend that you use a walker, a cane, or crutches. Physical therapy will assist you in these arrangements.

Will I need any other equipment? Yes. A raised toilet seat is helpful. A tub bench and grab bars in the tub or shower may also be necessary. An occupational therapist can help you decide.

Where will I go after discharge from the hospital? Most patients are able to go home directly after discharge. Transfer to a sub-acute facility is rare. Your doctor will discuss this issue with you if the need arises and make the necessary arrangements. You should check with your insurance company to see if you have sub-acute benefits.

Will I need help at home? Yes. The first several days, depending on your progress, you will need someone to assist you with meal preparation, etc. If you go directly home from the hospital, and need special help, your doctor may order home health. Family or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen

Frequently Asked Questions

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meals will reduce the need for extra help.

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.

When can I have sexual intercourse? The time to resume sexual intercourse should be about 6 weeks post-op.

Will I need physical therapy when I go home? Yes. We will arrange for physical therapy to continue working with you. The length of time required for this type of therapy varies with each patient. Since you will not be able to drive, you will need to arrange transportation to and from physical therapy.

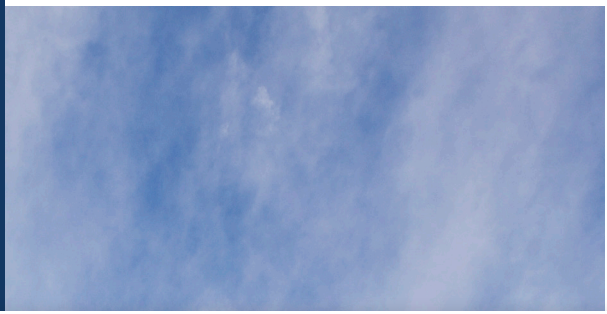
How long until I can drive and get back to normal? Studies have shown that it takes six weeks for sufficient healing and return of reaction time to allow you to safely return to driving. Based on which leg was operated on and whether your car is a manual or an automatic, your doctor may give you clearance to return to driving at an earlier date. Choosing to drive before being given clearance should be considered at your own risk. If you are on narcotic medications you should not drive. Consult with your surgeon before driving and with any questions regarding activities.

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

How often will I need to be seen by my doctor following the surgery? One to two weeks after discharge, you will be seen for your first post-operative office visit. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, six months, then yearly.

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

NOTES



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