Pre-operative Knee Replacement Booklet

Patient Name: __________________________________________

Please review this guide with your nurse and family. Bring guide with you on the day of your surgery.
Welcome

Choosing the right hospital for your total knee replacement is no small decision. We are pleased that you have selected the Center for Joint Replacement at Virginia Hospital Center for your healthcare needs. Our Center is the recipient of the Gold Seal of Approval ™ from The Joint Commission for Joint Replacement Certification. The Center of Excellence designation signifies adherence to strict national protocols in nursing care, pain management and rehabilitation. It is recognition that every member of our team has special training in total joint replacement.

REMEMBER, THIS IS ONLY A GUIDE!
This booklet is meant as a general guide to your care; however, your individual care will be directed by your physician. You are not expected to read it all in one day, nor memorize any of it. Keep this guide as a handy reference as you prepare for your surgery. Bring the booklet to all appointments, the Pre-operative Joint Replacement Class and to the Hospital on the day of surgery.

We are very proud of our Total Joint Program and we are confident that you will be very satisfied with the care you receive. Our program is built on a simple, but very powerful mission statement.

Our Mission – to be the Best Total Knee Replacement Center.

We strongly encourage you to attend a Pre-operative Joint Replacement Class. You DO NOT need a surgery date to attend class. Attend class as soon as you can to ensure you are able to fully participate in all aspects of your plan of care.

There are two options available for the Pre-operative Joint Replacement Class:

1. **Pre-operative Joint Replacement Class at Carlin Springs** is a traditional classroom setting (schedule on next page).

2. **Pre-operative Joint Replacement Class Online** is in a video format. You will need internet access to participate.

To register for either class go to: [https://www.virginiahospitalcenter.com/tjr](https://www.virginiahospitalcenter.com/tjr)

If you do not have computer access or need help, call the Total Joint Line: 703-558-6621.
2019 Total Joint Class Schedule

You Do Not need a surgery date to attend class. Please attend the Joint Replacement as soon as you can to ensure you are able to fully participate in all aspects of your plan of care. Caregivers are encouraged to attend.

<table>
<thead>
<tr>
<th>Date</th>
<th>1pm-3:15pm</th>
<th>4pm-6:15pm</th>
<th>Date</th>
<th>1pm-3:15pm</th>
<th>4pm-6:15pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Jan</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
<td>6-Feb</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
</tr>
<tr>
<td>16-Jan</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
<td>20-Feb</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
</tr>
<tr>
<td>6-Mar</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
<td>3-Apr</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
</tr>
<tr>
<td>20-Mar</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
<td>17-Apr</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
</tr>
<tr>
<td>1-May</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
<td>5-Jun</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
</tr>
<tr>
<td>15-May</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
<td>19-Jun</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
</tr>
<tr>
<td>3-Jul</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
<td>7-Aug</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
</tr>
<tr>
<td>17-Jul</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
<td>21-Aug</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
</tr>
<tr>
<td>4-Sep</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
<td>2-Oct</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
</tr>
<tr>
<td>18-Sep</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
<td>16-Oct</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
</tr>
<tr>
<td>6-Nov</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
<td>4-Dec</td>
<td>1pm-3:15pm</td>
<td>4pm-6:15pm</td>
</tr>
<tr>
<td>20-Nov</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
<td>18-Dec</td>
<td>1pm-3:15pm</td>
<td>NO 4pm CLASS</td>
</tr>
</tbody>
</table>

Address for joint class: Virginia Hospital Center Urgent Care Center 601 South Carlin Springs Road Arlington, VA 22204

If you require an interpreter, please call Niama Roland, Joint Replacement Coordinator to schedule a phone class with interpreter. 703-558-6621
Table of Contents

Total Knee Replacement ........................................................................................................5
Preparation Checklist (Overview) ............................................................................................7
Surgical Checklist ...................................................................................................................8
Pre-operative Screening Telephone Appointment ..............................................................9
Registration for Your Surgery ...............................................................................................10
Antiseptic Wipes Instruction Sheet .......................................................................................11
Medication Form ..................................................................................................................12
Medications ..........................................................................................................................13
Breathing Exercises .............................................................................................................14
Nutrition ...............................................................................................................................15
Pain Management ................................................................................................................17
Pre-Operative Knee Exercises ............................................................................................18
Home Preparation ...............................................................................................................20
General Surgical Information .............................................................................................22
Day of Surgery Checklist ....................................................................................................23
Day of Surgery .....................................................................................................................24
Post-Operative Care ............................................................................................................26
Discharge Planning ..............................................................................................................28
Additional Resources .........................................................................................................29
Discharge Instructions .........................................................................................................30
Total Knee Replacement

Total knee replacement is a surgery to replace a badly damaged knee joint with man-made parts. These man-made parts are called prosthesis. The man-made joint is made of metal or a combination of metal and plastic.

The surgery is done to lessen pain and improve mobility. It is for people with severe osteoarthritis or rheumatoid arthritis of the knee.

The most common cause of knee damage requiring knee replacement is osteoarthritis, which is a degenerative disease of the bones of the knee that causes the surfaces of the knee joint to become irregular and rough, preventing smooth and painless motion of the knee joint. Knee joint replacement may be recommended for: knee osteoarthritis or arthritis causing knee pain that has failed to respond to conservative therapy, decreased knee function caused by arthritis, inability to work because of knee pain, inability to sleep through the night because of knee pain or inability to walk more than three blocks because of knee pain.
Total Knee Replacement

Risks involved with Total Knee Replacement include but are not limited to the following:

- Bleeding
- Blood clots
- Infection
- Respiratory issues
- Reaction to anesthesia
- Dislocation of joint
- Damage to nearby blood vessels, bones, or nerves
- Leg length difference

Please discuss any questions regarding risks with your surgeon.
## Preparation Checklist (Overview)

### Approximately 6 weeks prior to surgery

- Make pre-op appointments (see checklist on next page)
- Register for pre-op joint class - you do not need a surgery date
- Make outpatient therapy appointments
- Begin pre-op exercises/deep breathing exercises
- Begin nutrition management
- Begin using the pain scale
- Begin Smoking Cessation (STOP SMOKING)

### Approximately 30 days prior to surgery

- Complete medical clearance appointment
- Attend joint class if have not already
- Determine who will be helping/caring for you after surgery

### Approximately 2 weeks prior to surgery

- Complete pre-op screening telephone interview
- Complete pre-op appointment with surgeon
- Begin preparing your home/meals for your return
- Begin preparing for pet care
- Purchase cane and walker

### Approximately 6 days prior to surgery

- Complete pre-operative registration and pick up wipes at VHC
- Pack hospital bag
- Clear clutter, remove rugs, clean home environment

### The Night Before Surgery And Morning of Surgery

- Use Antiseptic Wipes
Surgical Checklist

Register at https://www.virginiahospitalcenter.com/tjr for the Pre-operative Joint Replacement Class. No surgery date is required to attend class.

As soon as you get your surgery date: ________________________
(Write in your surgery date here)

Arrival Time: ________________________

You will need to:

1. Call the Virginia Hospital Center’s Pre-op Screening Department at least 2 weeks before surgery (POS) at 703.558.6159 to schedule a Telephone interview for your medical history. Refer to page 9 for information regarding this interview.

2. Schedule a Pre-op Appointment with your Surgeon and/or Physician Assistant (PA) if requested._________________________
(Write the date/time here)

3. Schedule a Pre-op appointment with your Primary Care Physician (PCP) for a Medical Clearance letter. This may include an EKG and lab work. (Kaiser Members will be referred by Kaiser Permanente).

4. Schedule your Post-op appointment with your surgeon. This should occur 2 weeks after surgery.

5. Record date for required visit to POS Department at Virginia Hospital Center for registration and to pick up wipes (POS nurse will discuss this with you during your phone interview). See Page 10.

- Purchase Gatorade G2
- Purchase Cane
Pre-operative Screening Telephone Appointment

Call the POS Department as soon as you are scheduled for surgery to make an appointment for a telephone interview. A nurse in the POS department will obtain your health history and medication list for the Anesthesia Department. You must have the following information available during the interview:

- Photo I.D.
- Name and phone number of your Primary Care Physician

- Name and phone number of your Specialty Care Physicians

- Height _________________________ Weight _________________________
- Allergies/Reactions (including medications, foods, latex, contrast dye, adhesives, etc.)

- Completed medication list found on page 12
- List of previous surgeries and hospitalizations
At the end of the interview the nurse will give you instructions for the day of surgery. The instructions will include food and fluid restrictions, medications to take on the day of surgery as well as the time and location of arrival on the day of surgery.

- **No Smoking** 24 hours before your surgery including cigarettes, cigars, chewing tobacco, vapor or marijuana.
- **Do not eat or drink after midnight except for your carbohydrate drink:**
  - Drink 20 ounces Gatorade G2® and have it completed by THREE (3) hours before your surgery time.
  - (Kaiser) Drink ClearFast® and have it completed by TWO (2) hours before your surgery time.
  - Do NOT Drink any other liquids, if you do, we may have to cancel your surgery.

You will also be asked to come to the POS Department for registration and receive antiseptic wipes. You may come up to six (6) days before your surgery, Monday – Friday between 8:30am-4:30pm.

**Registration for Your Surgery**

You will report to the Pre-Operative Screening Department: LOBBY LEVEL 1625 North George Mason Drive, Arlington, VA 22205

Parking Garage A Parking is $5 per visit. Valet parking is encouraged and available in Parking Garage A, Level 1.

[www.virginiahospitalcenter.com/parking](http://www.virginiahospitalcenter.com/parking)

**Phone Number:** 703.558.6159
**Fax Number:** 703.558.5943

**Registration:** You will be registered for your surgery. Bring your photo identification and insurance cards for registration. If you have an Advance Directive (a living will or durable power of attorney) please bring a copy.

**Antiseptic Wipes:** You will receive two (2) packages of antiseptic wipes to use the night before your surgery and the morning of surgery. See page 11 for instructions for the wipes. Antiseptic wipes help reduce the risk of infection.
Antiseptic Wipes Instruction Sheet

Preparing the Skin Before Surgery

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, this facility has chosen disposable cloths moistened with a rinse-free, 2% Chlorhexidine Gluconate (CHG) antiseptic solution. The steps below outline the prepping process and should be carefully followed.

Preparing the Skin before Surgery:
- If you wish to SHAVE any part of your body, do so at least twelve (12) hours before you prep your skin. After that time, NO SHAVING.
- If you wish to shower, bathe or shampoo your hair, do so before you prep your skin.
- Skin must be prepped on the night before surgery and in the morning before you come to the hospital.
- First do a skin test by applying a small amount of product on the back of your hand and wait for one (1) minute. If there are no skin changes (redness, itching, burning, etc…) continue with the application.

**DO NOT** HEAT IN THE MICROWAVE

Directions:
- Do NOT allow this product to come in contact with your eyes, ears or mouth
- Use one clean cloth to prep each area of the body in order as shown in steps 1-6
- Wipe each area thoroughly in a back and forth motion. Do NOT scrub.
- Assistance may be required. Use all cloths in the packages.
- Do NOT rinse or dry your skin with a towel
- Do NOT apply any lotions, moisturizers, makeup or deodorant after prepping
- Allow your skin to air dry. Dress in clean sleepwear/clothes.

To open the package(s): Tear the cellophane film and discard. Tear each package open at the slit on the back tab. Remove two cloths at a time with the foam holder and place onto a clean table.

Use the six (6) cloths according to the diagram below:

1. Wipe your neck and chest.
2. Wipe both arms, starting with your shoulder and ending at your fingertips. Be sure to thoroughly wipe your armpit areas.
3. Wipe your right and left hip followed by your groin. Be sure to wipe folds in the abdominal and groin areas.
4. Wipe both legs starting at your thigh and ending at your toes. Be sure to thoroughly wipe behind your knees.
5. Wipe your back starting at the base of your neck and ending at your waist. Cover as much area as possible. Assistance may be required.
6. Wipe the buttocks.
Medication Form

You may complete this form and email to preadmissiontesting@virginiahospitalcenter.com prior to your interview.

Please list all medications prescribed by a physician – include pain medications

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>Route/Frequency</th>
<th>Reason/Diagnosis</th>
<th>Date &amp; Time of Last Dose Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list all over-the-counter medications. Examples include: Aspirin, Motrin, Metamucil, laxatives, cold medicine, etc.

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>Route/Frequency</th>
<th>Reason/Diagnosis</th>
<th>Date &amp; Time of Last Dose Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list all herbal supplements/vitamins

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>Route/Frequency</th>
<th>Reason/Diagnosis</th>
<th>Date &amp; Time of Last Dose Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name: _______________________________
Date of Birth: _______________________
Date of Surgery: _____________________
Medications

Certain medications, vitamins and supplements can have an effect on your blood by either thinning or altering clotting mechanisms. **If you are taking a blood thinner prescribed by your physician, please ask the prescribing physician when you should stop taking the medication prior to your surgery.**

**STOP TAKING THESE MEDICATIONS TEN DAYS BEFORE SURGERY**

- Aspirin and aspirin containing medications
- All NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), including NSAID creams and gels
- Vitamin E (200 International Units or more)
- Stop **ALL** herbal supplements. Below is a list of common herbal supplements.
  - All Omega Oils
  - Chondroitin
  - Fish Oil
  - Flaxseed
  - Garlic Tablets
  - Ginkgo Biloba
  - Ginseng
  - Glucosamine
  - Green Tea Tablets
  - St. John’s Wort

* Celebrex is safe to take as it does not have any effect on the blood. You may also use Acetaminophen (Tylenol) and Acetaminophen preparations for pain relief.

If necessary, please contact your surgeon and/or primary care physician for possible substitutions for pain medication prior to surgery. **It is important for you to get relief from pain so that you can do the pre-operative exercises and get a good night’s sleep as you prepare for this surgery.** A narcotic may be prescribed for bedtime use.

**Do not bring medications into the hospital, unless instructed by POS nurse during the phone interview.** If you have any concerns, please discuss the POS nurse.
Breathing Exercises

It is very important to take deep breaths both before your surgery when doing your pre-operative exercises and after surgery as you wake up from anesthesia and begin your recovery. Deep breathing will increase oxygen flow to the lungs to prevent complications and also help you to stay relaxed to manage your pain level and enable you to begin using your new joint. Practice taking a deep breath by using the following two (2) step technique:

1. Inhale deeply through your nose.
2. Exhale slowly through pursed lips while counting to five.

Remember to take slow, deep breaths as you change positions during daily activities and also throughout your exercise routine. Deep breathing will keep you relaxed and ease your discomfort as you move before and after your surgery.

While you are in the hospital, you will be asked to use an incentive spirometer to help you take deeper breaths and stimulate coughing. A member of our Respiratory Care department will instruct you in the use of this device.

If you have Obstructive Sleep Apnea (OSA), your length of stay in the Post Anesthesia Care Unit (PACU) may be prolonged. Bring your device or machine with mask and tubing into the hospital with you on the day of surgery. Upon arrival, the surgery center nurse will have the Biomedical department check your machine. It will be ready for use in the PACU and in your room.
Nutrition

It’s best to approach your surgery in a good nutritional state so that you are at your strongest. **Eating a well-balanced diet, consuming an adequate amount of lean protein, and increasing your fluid intake will help to reduce the chance of infection after surgery.**

If you have a tendency to be anemic, you may benefit from increasing your iron intake with your physician’s recommendation.

The following foods are rich in Iron:

- Spinach
- Iron-enriched whole grain breads/cereals (oatmeal, cream of wheat, grits)
- Beans
- Calf and chicken liver, turkey, chicken and beef
- Oysters, clams, scallops and shrimp

Foods high in vitamin C (citrus juice and fruits, melons, dark green leafy vegetables, and potatoes) help your body to absorb iron. **Limit tea and coffee at meal times so as to not decrease iron absorption.**

If you take an Iron supplement, drink plenty of water and fruit juices to stay well-hydrated as Iron supplements can be constipating.

Pay attention to your elimination. Increase daily fiber and fluids to maintain regular bowel movements. You may take over-the-counter laxatives and/or stool softeners if needed to stay regular in the weeks prior to admission.

Limit your daily caffeine intake for one week prior to surgery, as caffeine tends to increase urination, potentially causing dehydration.

Alcohol consumption should be decreased or eliminated. Please discuss alcohol consumption with your primary care doctor.

**Drink at least 8 full glasses of water each day for three days prior to surgery.** This will prepare your body to be well-hydrated for surgery and will help you to eliminate the anesthetic agents. It may also minimize any dizziness or light-headedness when you get out of bed.
Nutrition Tips based on the U.S. Dietary Guidelines (USDA)

- **Make ½ your plate fruits and vegetables.** Eat the color of the rainbow.
- **Make ¼ your plate lean protein** (beef—loin, round chuck, skinless chicken, turkey, beans or tofu).
- **Take your time.** Enjoy your food but eat less.
- **Avoid oversized portions.** Use a smaller plate, bowl and glass. Portion out foods before you eat.
- **Switch to fat-free or low fat (1%) milk.** They have the same amount of calcium and other essential nutrients as whole milk, but less calories and saturated fat.
- **Make half your grains whole grains.** Substitute a whole-grain product for a refined product—such as eating whole-wheat bread instead of white bread.
- **Compare sodium in foods.** Use the Nutrition Facts label to choose lower sodium versions of foods. Select canned foods labeled “low sodium”, “reduced sodium” or “no added salt”.
- **Drink water instead of sugary drinks.** Cut calories by drinking water. Soda, energy drinks and sports drinks are a major source of added sugar and calories in American diets.

On the day before your surgery:
- Avoid red meat, beans, nuts, fresh vegetables and whole grain products. This will reduce the amount of waste that moves through your intestine.
- Pay attention to your portions. Eat a light meal on evening prior to surgery.

Go to [https://www.virginiahospitalcenter.com/nutrition](https://www.virginiahospitalcenter.com/nutrition) for Post-Operative Nutrition information!
Pain Management

You will experience surgical pain after your joint replacement. Pain is evaluated on a numeric scale. While everyone experiences pain differently, these descriptions will help you determine your level of pain on the scale. Please begin to use this pain scale before surgery by assigning a number to your pain or discomfort as you move through your daily activities. This will allow you to become familiar with using a number to describe your pain and will be helpful to you and the Total Joint Team in managing your surgical pain during your recovery.

**UNIVERSAL PAIN ASSESSMENT TOOL**

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

- **0** = No pain.
- **2** = Discomfort or mild pain.
- **5** = Pain that interrupts your ability to relax and rest. Best described as: you’d like to take a nap, but can’t because it hurts too much.
- **7** = Best described as pain that wakes you up from a sound sleep.
- **10** = Excruciating

Zero to four is generally considered the reasonable range for post-operative pain.
Pre-Operative Knee Exercises

Begin the exercises on the next page as soon as you receive this booklet.

Exercises three through seven should be done while lying in bed. Please do not do these on the floor. **Stretch to comfort only and do the exercises with both the right and left legs.** The exercises should never cause pain or go beyond the normal movement of that joint. They are stretching exercises to keep your leg flexible and ready to accept a new joint.

Remember to **take slow deep breaths** as you do each exercise. This will provide oxygen to your muscle tissue and help you stay relaxed as you stretch your muscles. You may want to **count out loud slowly from one to ten as you hold each stretch.** This will prevent you from holding your breath during the stretch.

**If you have difficulty in doing your pre-operative exercises** please call the Physical Therapy department at 703.558.6191. A physical therapist will determine whether you need to schedule an appointment for a pre-operative physical therapy evaluation.

Go to [https://www.virginiahospitalcenter.com/tjr](https://www.virginiahospitalcenter.com/tjr) for access to the pre-operative exercise video!
Pre-Operative Knee Exercises

1. Arm Chair Push-up
   Put hands on arms of chair and push body up out of chair. **Repeat: 10 times. 2-3 times daily.**

2. Long Arc Quad
   Straighten your leg and try to hold it for 10 seconds. Slowly bend knee to return. Repeat with other leg. **Repeat: 10 times. 2-3 times daily.**

3. Heel Slide
   Bend knee and pull heel towards buttocks. Hold for 10 seconds. Return. Repeat with other knee. **Repeat: 10 times. 2-3 times daily.**

4. Gluteal Squeezes
   Squeeze buttock muscles as tightly as possible for 10 seconds. **Repeat: 10 times. 2-3 times daily.**

5. Quad Set
   Slowly tighten muscles on thigh of straight leg, which will press the back of your knee down onto the floor or mat. Hold for 10 seconds. **Repeat: 10 times. 2-3 times daily.**

6. Knee Abduction
   Slide one leg out to the side. Keep kneecap pointing toward the ceiling. Gently bring leg back to midline. Repeat with other leg. **Repeat: 10 times. 2-3 times daily.**

7. Ankle Pumps
   Bend ankles up and down alternating feet. **Repeat: 10 times. 2-3 times daily.**
Home Preparation

Since you will initially experience limited movement after your surgery, please prepare your home for safety.

- Move things that you use frequently to waist level if they are down low in the kitchen, bathroom, bedroom, etc.

- Consider buying or preparing food ahead of time and freezing it so that only reheating is required.

- Note: insurance companies no longer cover durable medical equipment that is available over the counter. This includes but is not limited to: 3-in-1 commode and bathing devices (tub transfer bench or shower seat). Please check with your insurance company about your coverage for a walker or crutches.

- You may need adaptive equipment such as a reacher, sock aid, a long handled sponge, and a long handled shoe horn. This equipment may be purchased as a kit or separately in the Outpatient Pharmacy at Virginia Hospital Center (see inside flap for Pharmacy hours). Go to https://www.virginiahospitalcenter.com/tjr for access to the equipment videos!

- To maintain safety and independence on the stairs, consider having a stair railing installed on any stairwell you must use during your recovery.

- Items such as tub/shower seats and hand-held shower attachments should be purchased and installed before your surgery date.

- Assess the level of the following items to determine if they are at the appropriate height for use after surgery:
  - Bed
  - Chair with arms
  - Car you will be riding in
  - Toilet seat
Home Preparation cont’d

This level can be measured by backing yourself up to each item. Check to see that the seat top of each item is at the level of the back of your knee crease or above your knee.

- Decide what chair you will use when you are recovering. If it is low, put a pillow/cushion in it to make it higher or use a higher chair. This will assist you to maintain comfort since you might not be able to bend your knee fully.

- Consider the car that will take you home. A four-door sedan is usually preferable but a two-door car will do if the front seat can be pushed back and a pillow raises the seat high enough. This will assist you to maintain comfort since you might not be able to bend your knee fully.

- Shoes need to be supportive, secure on your feet, slip resistant and not too tight fitting as your feet may be slightly swollen immediately after surgery. Clogs and Crocs are not appropriate.

Schedule your Outpatient Physical Therapy Appointments

Your surgeon will determine when your outpatient therapy should begin. Outpatient physical therapy centers fill up very quickly. To ensure a continuation of care you MUST schedule your outpatient appointments before surgery. Follow your surgeon’s instructions for when your outpatient therapy should begin. For recommendations, contact your insurance company or your surgeon’s office.

If the outpatient center requires a prescription prior to scheduling your appointment:
- Make sure to have the center’s name, phone and fax number.
- Contact your surgeon’s office and ask them to fax the prescription.
- You will need to find transportation to these appointments as you will not be driving until cleared by your surgeon.

Kaiser Members: you will receive outpatient physical therapy at a Kaiser Facility of your choice.
General Surgical Information

- Please arrive two (2) hours prior to your scheduled surgery. Report to 1625 North George Mason Drive, 2nd Floor Surgery Center. Use the Parking Garage A.

- Family and visitors are welcome to accompany you, but space is limited.

- Wear comfortable clothes. Upon arrival, you will change into a hospital gown, robe and socks. Your clothes can be kept in a locker. Plan to leave your other belongings with your family member.

- Do not wear jewelry, including your wedding band, as absolutely no jewelry or metal objects may be worn during the operation.

- Contacts may not be worn during surgery. Consider wearing eyeglasses to the hospital. Bring a case to keep your glasses safe. Plan to leave your glasses with a family member while you are in surgery.

- Hearing aids may not be worn during surgery. You will be asked to remove them just prior to going to the operating room. Bring a container to keep your hearing aids safe. Plan to leave your hearing aids with a family member while you are in surgery.

- Remove eye makeup and nail polish before surgery.

- To reduce the potential risk of infection
  - Have all types of artificial nails removed before surgery.
  - Have tooth and gum problems treated before surgery. See your dentist prior to surgery to have a cleaning and to ensure you have no cavities or mouth infections.
Day of Surgery Checklist

Date and Time of your Surgery: ___________ Arrival Time: ___________

Bring the Following:

☐ Picture ID and Insurance Cards

☐ Overnight Bag with:
   ☐ Personal toiletries
   ☐ Shorts or pants that are one size larger than you normally wear with loose fitting legs
   ☐ Slip resistant shoes
   ☐ Case or container for eye glasses, dentures and/or hearing aids
   ☐ Any sleep apnea equipment i.e. CPAP machine, mask and tubing
   ☐ Cell phone charger
   ☐ Cane, walker and/or crutches

DO NOT BRING:

☐ Medications unless directed by Pre-Operative Screening nurse.

☐ Valuables
Day of Surgery

You will arrive two (2) hours before your surgical time and get changed into hospital clothing. Your blood pressure, pulse, temperature and oxygen level will be taken. The nurse will review your chart and answer any questions you or your family may have prior to surgery.

You will meet your surgeon and anesthesiologist to discuss and finalize the plans involved with your surgery. At this time please feel free to ask any questions you might have regarding your anesthesia. **You will be asleep during your surgery.** A member of the Anesthesia Department is always available should you have any issues or concerns about your anesthesia care during your hospital stay.

When it is time for your surgery you will travel to the operating room by stretcher and be placed on equipment to monitor your heart, blood pressure and oxygen level.

After surgery, you will be taken to the Post-Anesthesia Care Unit (PACU). You will be on oxygen and your vital signs will be watched carefully by a PACU nurse as you recover from anesthesia. Your pain level will be assessed and you will be given medication to keep your pain tolerable. When you meet the PACU discharge criteria, you will be moved to your room on the Total Joint Replacement Unit (5th Floor of the Hospital). Your family will be contacted for visitation once you are settled in your room. **The phone number for the Center for Total Joint Replacement Nursing Station is 703.558.6481.**
Day of Surgery cont’d

An intravenous line (IV), placed during surgery to provide hydration, will continue to run until you are taking adequate amounts of oral fluid. The infusion will then be discontinued. The IV will remain in place until discharge. Prophylactic (preventative) antibiotics will be given to reduce the risk of infection in the artificial joint. You will be wearing anti-embolism stockings which are used to reduce your risk of developing blood clots.

You will leave surgery with a dressing to the knee area. You will have a wrap around your knee connected to an ice therapy machine to reduce inflammation and pain. This device will be given to you for use in your home. To prepare for this device, freeze EIGHT 16.9oz plastic bottles of water to use in the machine at home. (See page 31 for ice therapy instructions).

The Orthopaedic nursing staff will continue to closely monitor your condition. Throughout your stay the nurses will coordinate your care, provide pain management, and assist in your daily activities.

You will actively participate in your plan of care with the nursing and multi-disciplinary staff and your goals will be reviewed each day. Your needs are important to us. Nurses and patient care assistants will ensure your safety and comfort, and will also assist with toileting and bathing.

You will get out of bed soon after surgery to begin physical therapy or dangle your legs (sit at the side of your bed) with your nursing care team.
Post-Operative Care
(Day of surgery through Discharge Day)

Nursing:
- Your vital signs will be monitored.
- You will have blood tests.
- Your diet will be increased as you tolerate food.
- You will receive pain medications as needed. If you have any questions or concerns regarding the effectiveness of your pain medication, please contact a member of your nursing care team. With your cooperation, surgical pain can be safely and effectively managed.

Physical and Occupational Therapy:
- You will be taught ankle and calf exercises that help prevent blood clots.
- You will practice using your walker or crutches and cane.
- You will practice walking the stairs.
- You will practice getting dressed.

Case Management:
- Your case manager will visit you to begin discussing your discharge plans and your needs at home.
Discharge Day

Some patients will go home on Post-operative Day One after the morning PT session. Discharge begins at 11:00am. Your nurse will inform you of your discharge time.

- If you have met your PT goals and are medically stable, you will be discharged home.

- Your case manager will visit you to finalize your discharge plans.

- Your nurse will provide education and discharge instructions prior to discharge. Please have your caregiver available to receive discharge instructions with you.

  Go to https://www.virginiahospitalcenter.com/videos for access to our discharge instructions video!

Bedside Pharmacy Program
As a service to our patients on discharge day, the Outpatient Pharmacy can fill and deliver your discharge medication(s) to your room. If you wish to use this service, plan to have your insurance card and cash or credit card to pay your pharmacy co-pay. The pharmacist cannot accept checks. The bedside delivery program is only available Monday –Friday from 10am-4:30pm.
**Discharge Planning**

During your stay, your Case Manager for the Total Joint Replacement Program will be visiting you to ensure you have everything you need before you go home. Should you have questions or concerns, please call the Case Manager at 703.558.6659.

Our goal is to send every patient **home** directly from the hospital. For your safety, it is essential to have someone with you for the first 4 days after you get home.

If you need to additional help at home there are some resources available to you:

- Virginia Hospital Center Lifeline Program is a 24-hour personal emergency response and support service managed by Hospital staff and is free for patients for two months after surgery. You can get more information by visiting [www.virginiahospitalcenter.com/lifeline](http://www.virginiahospitalcenter.com/lifeline) or call 703.558.6859.
- Home Health Agencies: You can hire help at home. Visit [www.guidetoretirementliving.com](http://www.guidetoretirementliving.com) or call 1.800.394.9990 to get a list of home health agencies in your area.

Additional home care services are also available:

- **Meals-on-Wheels** is a non-profit organization which provides hot lunches and bag dinners for a small fee and a grocery delivery service
Additional Resources

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Joint Patient Line</td>
<td>703-558-6621</td>
</tr>
<tr>
<td>Pre-Operative Screening</td>
<td>703-558-6159</td>
</tr>
<tr>
<td>Case Manager</td>
<td>703-558-6659</td>
</tr>
<tr>
<td>Orthopaedic Department Nurse's Station</td>
<td>703-558-6482</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>703-558-6507</td>
</tr>
<tr>
<td>Total Joint Class: Virginia Hospital Center Urgent Care</td>
<td></td>
</tr>
<tr>
<td>601 South Carlin Springs Road, Arlington VA 22204</td>
<td></td>
</tr>
<tr>
<td><a href="https://www.virginiahospitalcenter.com/tjr">https://www.virginiahospitalcenter.com/tjr</a></td>
<td></td>
</tr>
<tr>
<td>HANDICAP PARKING DECAL VIRGINIA</td>
<td></td>
</tr>
<tr>
<td>HANDICAP PARKING DECAL D.C.</td>
<td></td>
</tr>
<tr>
<td>HANDICAP PARKING DECAL MARYLAND</td>
<td></td>
</tr>
</tbody>
</table>

Adaptive Equipment Price List (subject to change)

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustable walkers with 2 wheels</td>
<td>$50</td>
</tr>
<tr>
<td>Walker Skis</td>
<td>$6/pair</td>
</tr>
<tr>
<td>Walker Wheels 5”</td>
<td>$24/pair</td>
</tr>
<tr>
<td>Walker Basket</td>
<td>$15.99</td>
</tr>
<tr>
<td>Walker Flip tray</td>
<td>$29.99</td>
</tr>
<tr>
<td>Walker Cup and Cane Holder</td>
<td>$20</td>
</tr>
<tr>
<td>Canes (adjustable):</td>
<td>$12</td>
</tr>
<tr>
<td>Canes (foldable):</td>
<td>$14 - $25</td>
</tr>
<tr>
<td>Hip kits</td>
<td>$25.99</td>
</tr>
<tr>
<td>Reachers</td>
<td>$18.99</td>
</tr>
<tr>
<td>Sock aid</td>
<td>$9.99</td>
</tr>
<tr>
<td>Leg lifters</td>
<td>$21.99</td>
</tr>
<tr>
<td>Toilet Seat Riser with armrests</td>
<td>$44</td>
</tr>
</tbody>
</table>

1701 N. George Mason Drive • Arlington, VA 22205 • 703-717-7750
1st floor next to cafeteria • 8:00am-8:00pm
Discharge Instructions

Your nurse will review your detailed discharge instructions with you before you leave the hospital. It is helpful to have someone with you during your discharge teaching as it is a lot of information. Go to https://www.virginiahospitalcenter.com/videos for access to our discharge instructions video!

### ICE THERAPY QUICK GUIDE

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>IF YOU ARE PRESCRIBED COMPRESSION STOCKINGS, FOLLOW THIS GUIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FOLLOW OPERATING INSTRUCTIONS ON THE SIDE OF THE CUBE.</td>
<td>PUT THE STOCKINGS ON CLEAN, DRY LEGS.</td>
</tr>
<tr>
<td>2</td>
<td>IF YOU ARE USING FROZEN WATER BOTTLES, USE FOUR 16.9 OZ BOTTLES AND FILL WITH WATER HALFWAY BETWEEN THE WATER AND ICE LINES.</td>
<td>WEAR STOCKINGS DURING THE DAY FOR 2 WEEKS.</td>
</tr>
<tr>
<td>3</td>
<td>USE A BARRIER BETWEEN YOUR SKIN AND THE BLUE PAD AROUND YOUR KNEE (ACE WRAP, WASHCLOTH...)</td>
<td>TAKE STOCKINGS OFF AT NIGHT.</td>
</tr>
<tr>
<td>4</td>
<td>CHECK YOUR SKIN EVERY 1-2 HOURS. LOOK FOR SIGNS OF REDNESS OR FIRM/WAXY SKIN (SIGNS OF FROSTBITE).</td>
<td>YOU MAY HAND WASH THE STOCKINGS AND HANG DRY.</td>
</tr>
<tr>
<td>5</td>
<td>USE ICE THERAPY AS NEEDED FOR PAIN AND SWELLING.</td>
<td>DO YOUR ANKLE PUMPS!</td>
</tr>
<tr>
<td>6</td>
<td>ONLY USE DURING AWAKE HOURS. AVOID TRIPPING OVER THE CORDS.</td>
<td>IF YOU NEED HELP WITH THE STOCKINGS, SEE THE VIDEO AT VIRGINIAHOSPITALCENTER.COM/TJR</td>
</tr>
</tbody>
</table>

**Notes:**
DIET
Resume your normal diet. Eat healthy foods and increase your protein intake. Increase your fiber and water intake to avoid constipation. Take a laxative if no bowel movement within 3 days after surgery. See the nutrition guide in your folder for food recommendations.

ACTIVITY
Do your post-operative exercises as directed from PT. Balance rest and activity. You will be tired! Get up and walk every 45 minutes. Do not drive until your surgeon gives you permission.

FOLLOW UP
Make sure you have a post-operative appointment with your surgeon 2 and 6 weeks after surgery.

INCISION CARE
Wash your hands before touching your dressing. Keep your dressing clean and in place and follow surgeon instructions for removal. Do not bathe or swim until your surgeon permits. You may shower. Report signs of infection to your surgeon. See the STOPLIGHT guide on the back for signs of infection.

ICE AND ELEVATE
Ice therapy and Elevation are important to prevent swelling and pain. See the Ice therapy Quick Guide on your machine for instructions. While sitting or lying, elevate your leg above your hip (or higher, if tolerated). Use pillows or cushions under your ankle only, NOT under your knee.

COMPRESSION STOCKINGS
Compression stockings help to prevent blood clots. Wear your white stockings during the day for 2 weeks. Take the stockings off at night. You may hand wash them and hang to dry.

INCENTIVE SPIROMETER
Deep breathing helps to prevent pneumonia. Use your incentive spirometer twice a day for 2 weeks while at home.
## JOINT REPLACEMENT SURGERY
### POST-OPERATIVE NUTRITION RECOMMENDATIONS

### PROTEIN
- **20-30 GRAMS EACH MEAL**
- **10-15 GRAMS EACH SNACK**

Focus on high quality PROTEINS
- **20-25 GRAMS**
  - Cooked Chicken
  - Lean meat or fish (size of a deck of cards)
- **8 GRAMS**
  - 1 cup low-fat milk or yogurt
- **6-7 GRAMS**
  - 1 Egg
  - 1 Tbsp. Peanut Butter
  - 1 oz. cheese

**Vegetarians can get quality protein from soy-based foods.**

### ZINC
Helps the immune system work properly and may help wounds heal.
- Lean meat
- Poultry
- Seafood
- Milk
- Whole Grain
- Beans
- Nuts

### FIBER
- **25 GRAMS/DAY FOR WOMEN**
- **38 GRAMS/DAY FOR MEN**

Can help prevent constipation and has a natural laxative effect.
- Prunes or Prune Juice (along with plenty of water)
- Beans
- Fruit
- Whole Grains,
- Peas (fresh and dried)
- Vegetables
- Nuts
- Seeds

### VEGETABLES
- **2 1/2 CUPS A DAY**

Helps to make collagen and is needed for repairing tendons, ligaments and surgical wounds.
- Citrus Fruits
- Strawberries
- Kiwi
- Baked Potato
- Broccoli
- Bell Peppers

### FRUIT
- **2 CUPS A DAY**

### DRINK
- **8-10 CUPS OF WATER DAILY**

### VITAMIN D AND CALCIUM
- Nutrients associated with healthy bones.
- Low-fat dairy foods
### Joint Replacement Stoplight

<table>
<thead>
<tr>
<th>Green Light (Symptoms are normal and to be expected)</th>
<th>Yellow Light (Call your surgeon’s office and describe your symptoms)</th>
<th>Red Light (CALL 911!!!)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low grade temperature: 100.0 ° -101.4 ° F</td>
<td>• Temperature over 101.5°</td>
<td>• Unrelieved shortness of breath</td>
</tr>
<tr>
<td>• Swelling of operative leg that improves with</td>
<td>• Increase in swelling from previous day in lower leg-no improvement with elevation and ice</td>
<td>• Chest pain</td>
</tr>
<tr>
<td>elevation (above the heart) and ice therapy</td>
<td>• Increase calf swelling or localized calf pain</td>
<td></td>
</tr>
<tr>
<td>• Bruising of entire operative leg</td>
<td>• Increase drainage from incision or on dressing</td>
<td></td>
</tr>
<tr>
<td>• Mild constipation</td>
<td>• Odor or redness to incision</td>
<td></td>
</tr>
<tr>
<td>• Mild drainage to dressing</td>
<td>• No bowel movement in &gt;3 days</td>
<td></td>
</tr>
<tr>
<td>• Fatigued</td>
<td>• Pain not controlled by pain medication</td>
<td></td>
</tr>
<tr>
<td>• Pain controlled by pain medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REMEMBER!**  
*Wash your Hands.* *Take your medications exactly as ordered.*  
*Keep all of your follow-up appointments.*  
*Drink 8-10 glasses of water and eat protein.*  
*Balance rest and activity.*  
*Walk every 45 minutes!*