

A 3D medical illustration of a human knee joint. The femur (thigh bone) is at the top, and the tibia (shin bone) is at the bottom. A total knee replacement implant is shown, consisting of a femoral component on the femur and a tibial component on the tibia. The patella (kneecap) is also visible. The background is a dark, textured surface with a subtle circular pattern.

Your Total Knee Replacement

ORTHOINDY
HOSPITAL

Your Total Knee Replacement

Thank you for choosing OrthoIndy Hospital for your knee replacement surgery. Please use this booklet, as well as your Preparing for Surgery booklet as a guide for information and recommendations. Always be sure to follow your physician's instructions first and ask for any clarifications needed. By reviewing the following information, you will optimize yourself for a great outcome and minimize risks of complications.

Additional Online Resources

- Preparing for Surgery Guide – OrthoIndy.com/PreparingForSurgery
- Supplement Guide – OrthoIndy.com/Supplements
- Ultimate Guide to Total Knee Replacement – OrthoIndy.com/guides/total-knee-replacement
- How to Use Adaptive Equipment – OrthoIndy.com/Joint-Surgery
- Transportation After Surgery – OrthoIndy.com/Joint-Surgery

Discharge Planning

Discharge Planning Starts Now

Most patients successfully return directly home after leaving OrthoIndy Hospital. It is important to speak with your surgeon prior to surgery about discharge options. Your care team will assist in coordinating whatever is determined to be best for you.

Possible therapy options include:

- **Home exercise program** with assistance of friends/family.
- **Outpatient physical therapy** close to home. You will need to have someone drive you to your appointments, usually three times per week.
- **Home health services** may be required if specific criteria is met deeming you home-bound.
- **Inpatient rehabilitation** typically occurs in a skilled nursing facility/nursing home for those who have significant medical issues that require monitoring and are not progressing in physical therapy for a safe discharge to home. If this has been identified as a possible path prior to surgery, you should contact your insurance to determine what facilities are in your network. Access [Medicare.gov/Care-Compare](https://www.Medicare.gov/Care-Compare) for facilities near your home.

Case Management

If you have any questions or need help planning for your discharge, please call Case Management at **317.956.1148**.

Home Planning and Preparation Recommendations

- If your bedroom is upstairs, you may need to set up a temporary sleeping area on the first floor. Stairs are possible but are difficult until you have full mobility.
- Remove all throw rugs, loose rugs, electrical cords and clutter from hallways/walking areas. These pose a risk for falling.
- Consider having a night light to assist in getting up during the night.
- Check your cabinets for items you routinely use and place them at a level where you will not need to bend, get on a step stool or your tiptoes to reach.
- Have extra pillows or pads for chairs, sofas and automobile seats to elevate the seat to allow for easier accessibility.
- Use chairs that have arms and do not use chairs with wheels unless they lock.
- Install safety bars in the shower and near stair railings.
- Consider using a long-handled sponge/brush and shower hose for bathing. You may use a shower chair or tub bench to sit in the shower once your surgeon has given you clearance to do so. You will not be able to sit on or in the tub until your surgeon clears you.
- Consider attaching a basket or bag to your walker to carry necessary items.
- Prepare an area for supplies you will need, such as a telephone, TV remote control, tissues, medication, reading materials, etc.
- You may need to consider rearranging some furniture so you have clearance for a walker.
- Make preparations for pets that may be underfoot.
- Consider activities that you will be able to engage in during your recovery such as hand games, movies, knitting, etc.
- It might be helpful to have a family member or friend stay with you the first few days you are home.

Adaptive Equipment

Crutches, Walkers or Canes

If you already have the walker and/or crutches, please bring them with you the morning of surgery, labeled with your name. Your physical therapist will then determine which is best for you and adjust sizing to fit you properly, if needed.

Most insurances pay for walkers, crutches or canes after total knee replacement surgery. Remaining items such as a raised toilet seat, shower chair, reacher, long-handled bath sponge, shoehorn, sock aid and dressing stick are **not** usually covered by insurance. Check with your insurance company.

Walkers with two wheels are okay, but not walkers with seats.

If you do not have a walker, physical therapy will issue a new one to you after surgery. Insurance usually covers a walker for total knee replacement surgery.



Shower Seat

A shower seat extends over the side of the tub to provide safe access into the tub. The bath seat goes inside the tub or shower and adjusts to the proper height. This allows you to enter the tub by first sitting down, keeping weight off the operative leg. Most bath seats will elevate to 21 inches.

Using a Shower Seat with a Walker at Home

When you first begin bathing after your surgery, have someone assist you until you have a routine and feel safe with the motions involved. A walk-in shower is easier. However, if you use a shower/bathtub combination, you may find the tub seat helpful. It provides a safer way to enter and exit the bathtub as described on the following pages. The shower/tub seat will also help you avoid rising from a low sitting position. Do **NOT** attempt to step over the side of the tub by yourself and remember to use a non-skid mat.

- Place the shower seat firmly in the tub. Stand with your back toward the bathtub with your walker in front of you.
- Next, lower yourself slowly onto the shower seat while reaching back with one hand. **Do not plop down.**
- Slowly lift your un-operative leg over the side of the tub. Use your arms to gently lift your operative leg over the side of the tub.
- Slide your bottom back to make sure you are in a safe, comfortable sitting position. It is helpful to fit your shower with a hand-held sprayer before your surgery.
- To get out of the tub, lift your operative leg as you use your stronger leg to help turn your body. Place your feet flat on the floor before you attempt to stand. Beware of wet floors.

Elevated Toilet Seat

An elevated toilet seat reduces stress on your knees following surgery. Available with and without handles.

Dressing Stick

A dressing stick assists you in dressing yourself until you are able to bend your knee more. The combination hook-pusher on one end helps you pull on slacks or skirts, or to remove socks.

Long-handled Shoehorn

Until you are able to reach your foot, a long-handled shoehorn helps you put on your shoes.

Elastic Shoelaces

Elastic shoelaces provide firm support yet stretch to allow your feet to slip in or out of the shoes without having to untie and retie them.

Reacher

Use a long-handled reacher to pick up dropped items and to put on underwear or pants until you are able to bend your knee enough to reach your foot. Pull the trigger to activate the “claw.”

Sock-aid

If you are unable to reach or bend over because of pain or physical limitations, a sock-aid helps get your socks on.

Where to Find Adaptive Equipment

OrthoStore

OrthoIndy offers durable medical equipment through its partnership with Miotech. These items are designed to help in your recovery and are available online at OrthoIndy.com/OrthoStore.

Other Places to Find Adaptive Equipment

- | | | |
|--|--|--------------------|
| • Apria Healthcare
317.865.4200 | • Bed, Bath & Beyond | • Amazon |
| • At Home Health Equipment (AHHE)
4309 W. 96th St.
Indianapolis
800.848.4670 | • CVS Pharmacy | • Walgreens |
| | • Home Depot | • Wal-Mart |
| | • Home Health Depot
800.617.4140 | |
| | • Lowe's | |
| | • Menard's | |

Equipment is also available on multiple websites. Search under “adaptive equipment for tub and shower” and “adaptive equipment for activities of daily living.”

Helpful Resources

- How to Use Adaptive Equipment – OrthoIndy.com/Joint-Surgery
- Transportation After Surgery (discussed on the following page) – OrthoIndy.com/Joint-Surgery



45°



90°

Transportation

Upon discharge, the nursing staff will assist you to safely get into your car. Here are some things to consider and practice before surgery: for a few weeks after surgery, it is more comfortable to ride in a mid-size or large car. Your size, the size of the front and back seats of the car, as well as height are factors to consider. Try out the seating situation before surgery.

Front Seat

- Scoot the seat all the way back to allow as much leg room as possible.
- Back up to the seat, find handholds and ease yourself down. Make sure there is enough room to bring in your legs without bending your knee greater than 70 or 80 degrees.
- It may also help to recline the back of the seat to allow you to scoot back even further in the seat.

Back Seat

If you are unable to comfortably bring in your legs to sit in the front passenger seat, consider the back seat. Make sure the seat bench is wide enough to support the width of your body as you sit sideways with your operative leg stretched across the seat. You want to make sure your back can tolerate this position during the drive home.

- Enter the back seat of the car on the same side as your surgical side. For example, if you had your right knee replaced, enter the back seat of the car from the right side (passenger side) of the car.
- Locate the handholds.
- Sit down slowly with one hand on the walker and the other hand on a sturdy support.
- Use your non-operative leg, your arms and hands to scoot and slide your body in the sitting position across the seat. Place a plastic trash bag under your bottom to make it easier to slide across cloth car seats.
- Continue moving backwards until your operative leg is totally supported by the seat and your back is resting on the car door.
- Use a pillow behind your back for support and comfort.
- To get out of the car, just reverse your movements using your arms and non-operative leg.



Before Your Surgery

Dental Work

No dental cleanings or procedures should be done two weeks before surgery or three months after. Make sure your dentist is aware you will be having total joint replacement surgery so the information can be placed in your chart. After your joint replacement, you will need to take preventative antibiotics before any dental work, as well as any other invasive procedure such as minor surgeries, ingrown toenails, prostate, bladder or genitourinary tract exams. **You will need to do this for the rest of your life.** This helps to preserve and protect your artificial joint. **Please wait three months after your total joint replacement before having any elective procedures done.** See the list of procedures on the back of your surgery verification card.

Surgery Verification Card and Procedures Requiring Antibiotic

You will receive a surgery verification card, which identifies you as a total joint patient. After surgery you may set off metal detectors at the airport and other locations utilizing metal detectors. If you did not receive an implant card, you may call **317.956.1199** to request one. The reverse side of this implant card lists a sampling of procedures that require antibiotic pre-dosing.

While you are in the hospital, please alert our staff if you have not received one of these cards.

ORTHOINDY
BONE • JOINT • SPINE • MUSCLE

Surgery Verification
317.802.2000 • 800.223.3381 • 317.956.1000

Patient Name:

Surgeon Name:

Date of Surgery:

Location of Implant:

The owner of this card has a permanent metal implant in place.

The owner of this card has a total joint replacement and/or has in place a permanent metal implant. This implant may activate a metal detection device.

For Total Joint Patients Only:

Prior to any of the following procedures, cardholders should inform their physician(s) or dentist(s) that they have a total joint replacement. This will assist him or her in properly determining whether to administer antibiotics with the procedure.

Any Dental Procedure
Any Infection
Manipulations and
Treatment

Any Surgical Procedure
Included but not limited to:
• Prostate and Bladder
• Kidney
• GYN

- Sigmoidoscopy
- Tonsillectomy
- Bronchoscopy
- Liver Biopsy
- Genitourinary Tract
- Barium Enema

Prevention of Surgical Site Infections

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can be minor, involving the skin only, but others are more serious and involve parts of the body deep under the skin. These infections can result in you needing more surgeries and antibiotics for several weeks, making your recovery more difficult and costly.

Preparing Your Skin for Surgery

The number one cause of infection after a surgical procedure is bacteria (germs) living on the person's own skin. Reducing bacteria from your skin before surgery helps prevent these infections. Studies show that applying specific products to the skin removes bacteria and lowers the risk of infection at the surgical site.

- Chlorhexidine gluconate (CHG) is a product that is often used to cleanse the skin before surgery. CHG adheres to the skin and kills/reduces the amount of bacteria on your skin for several hours. Applying CHG the night before and the day of surgery provides two layers of protection. **If you are allergic to CHG, please let your health care provider know.**
- Povidone iodine nasal antiseptic is a product that reduces bacteria in the nose for at least 12 hours after applying. **If you are allergic to iodine or shellfish, please let your health care provider know.**

The Night Before Surgery

Bathe/shower with 4% chlorhexidine gluconate (CHG) the night before surgery. Hibiclens is a brand name for a soap that contains 4% CHG. You can get CHG at most large pharmacies or online at OrthoIndy.com/OrthoStore. Please follow these instructions for cleaning your skin using CHG:

1. In the shower or tub, wash your body with regular soap and water first. Wash your hair as usual with your normal shampoo.
2. Do **NOT** shave 24 hours before surgery as CHG can irritate freshly shaved skin.
3. Rinse the hair and body thoroughly to remove soap and shampoo residue.
4. Turn the water off to prevent rinsing off the CHG too soon.
5. Apply the CHG to your body from the neck down avoiding private areas. Do **NOT** use CHG above the neck. Do **NOT** use CHG near the eyes or ears to avoid permanent injury to those areas.
6. Wash the body gently for five minutes. Pay special attention to the knee that is being operated on.
7. Do **NOT** wash with regular soap after using the CHG.
8. Turn the water back on and rinse the body thoroughly.
9. Pat dry with a clean, soft towel.
10. Do **NOT** put lotion, powder, oil, deodorant, make-up or any other product on your skin after bathing.
11. Dress in clean pajamas or night clothes and sleep on clean sheets.

The Day of Surgery

- Do **NOT** shower or bathe on the day of surgery. Washing with regular soap after applying CHG could reduce the product's ability to kill bacteria.
- You may wash your face and hands as you normally would.
- Do **NOT** put lotion, powder, oil, deodorant, make-up or any other product on your skin.
- After you arrive at the hospital pre-operative area, staff will help prepare you for surgery.
- The staff will ask you to remove your clothing and provide you with special wipes to apply CHG.
- You will use these wipes to apply the CHG from your chin down to your toes covering all areas of your body, except your head, face and private areas.
- Staff will assist you with any area that is difficult to reach.
- Allow your skin to air dry and then put on your hospital gown.
- Hospital staff will provide you with the povidone iodine nasal antiseptic product and instruct you on how to apply it. You will need to apply the antiseptic to the inside of your nose. The antiseptic is brown in color and you may notice a discoloration while blowing your nose for several days after.

Please keep chlorhexidine (Hibiclens) out of reach of children.

After Your Surgery

Recovery Room or Post Anesthesia Care Unit (PACU)

- After your surgery, you will go to the PACU where you will be monitored as you wake up.
- Several factors determine the length of your stay in PACU including the type of procedure and the anesthetic used; average time in PACU is about one hour.
- The nurses will monitor your blood pressure, pulse, respiratory rate and oxygen level.
- PACU nurses will also assess your IV intake, urine output and your dressing.
- During recovery and throughout your stay, staff will encourage you to take deep breaths, cough and move your feet.
- Family and friends are not allowed in the PACU. When you are ready to leave the PACU, we will notify your friends and family.

Care Following the Recovery Room

Intravenous (IV)

- Your IV will remain in place until you are ready to be released.
- You will receive IV fluids until you are able to eat and drink without nausea or until your physician decides.
- You may receive pain medication and/or antibiotics through your IV site.
- Make the nurse aware if your IV site becomes painful or you notice any changes in the site.

Dressing/Incision

- You may have a dressing over your incision.
- You may or may not have your dressing changed prior to going home.
- You may have skin staples; these will be removed as ordered by your physician.
- Your surgeon may place a drain during surgery to help the incision heal and prevent bruising in the surrounding wound tissue. Drainage will be collected and measured after surgery. This is typically removed the day after surgery. There may be some discomfort as the drain is being removed.
- You will need to follow your surgeon's discharge instructions regarding your dressing and incision.

Eating and Drinking

- Your nurse will let you know when you can begin to eat and drink. It is best to start with sips of clear fluids to ensure you are not having any nausea then gradually advance until you are able to tolerate solid foods.

Measures to Preventing Blood Clots by Improving Circulation

- You may be instructed to wear compression stockings (TED hose).
- It is best to wear your TED hose for two weeks following surgery.
- Remove TED hose daily to prevent heel sores. Observe heels daily for pressure areas and redness. Elevate your heels to avoid pressure from the mattress. Burning or soreness in the heels may indicate too much pressure.
- You may have TED hose on both legs, regardless of only one operative site.
- Staff may apply compression devices to your feet while in the hospital. Compression devices automatically squeeze and release through foot sleeves connected to a machine.
- Perform ankle pumps, pull your toes up toward your chest and point your toes down. This action, contracts and relaxes your calf muscles.

Activity

- Incentive Spirometry (IS) is important to prevent pneumonia and/or fever. IS encourages deep breathing. Medications used for anesthesia or pain can prevent you from breathing deeply. Staff will instruct you to utilize IS to perform ten deep breaths every two hours while awake. You should continue the use of IS for one week at home.
- Physical therapy (PT) may begin the day of surgery. Staff will sit you up on the edge of your bed or a chair as early as one hour following recovery room. Your therapist will coordinate your therapy during times your pain medication is most effective.
- Initially some dizziness or lightheadedness is common while getting out of bed. Staff will ensure it is safe for you to get out of bed by monitoring your tolerance and vital signs as you begin moving.
- PT will evaluate you and create a customized therapy program beginning in the hospital and continuing upon your discharge to home. If needed, you will be instructed on how to go up and down stairs. PT will issue a properly fitted walker for you to take home. If you already have a walker, PT will want you to utilize that walker while in the hospital to thoroughly evaluate it for fit and appropriateness. Walkers that include a seat are not acceptable for therapy.

Avoiding Falls

The danger of falling is very high, especially for patients who have just had surgery. If you have fallen before or you are dizzy, unsteady on your feet, are having problems hearing or getting confused, the risk of falling is even higher. Please refer to Preparing for Surgery page 12 for ways to minimize fall risk at home. While in the hospital factors that can increase the risk of falling:

- Not being in your own home and bed.
- Certain medicines (sleep aids, pain medicine and water pills).
- Certain procedures (pain block that makes your leg numb during and after surgery).

Measures Taken to Prevent Falls During Your Hospital Stay

- **Always call for assistance before getting up from the bed, chair or commode.**
- The call light will be in reach to allow you to call for assistance.
- While you are in bed, a bed alarm will be activated to alert staff if you attempt to get out of bed without calling for help.
- An emergency call cord is in the bathroom for you to call for help before standing up from the commode.
- We encourage families and employees to keep your path clear of furniture and other items.
- Staff will check on you frequently to be sure you are safe.
- A wide cloth belt called a gait belt will be in your room and used to help assist you with moving safely.

Avoiding Medication Errors While in the Hospital

- Make sure you have given staff a complete list of medications that you take. This includes all prescription medications, over-the-counter medications, vitamins, herbs, supplements and natural remedies.
- Your medical staff also needs to know the amount of alcohol you drink each day or week as well as recreational drugs you use, if any.
- Make sure before taking any medication while in the hospital that the nurse has checked your wristband and asked you your name before giving you the medication. The nurse will use a bar code scanner to check medications you receive and your patient identification band to keep you safe in the hospital.
- **Don't be afraid to tell the nurse if you think you are about to get the wrong medicine.**
- **Know what time you should receive your medication and speak up if you don't get it.**
- Let the nurses know if you don't feel well after taking a medicine.
- Call the nurse immediately if you think you are having a side effect or reaction from the medicine.

Avoiding Other Hospital Errors During Your Stay

OrthoIndy Hospital works to keep patients safe during their stay. As a patient, you can help us make your stay safe by being active and involved during your hospital stay.

- Please speak up if you have any questions or concerns about your care. Ask again if you don't understand something. We want you to know what is going on with your own body.
- Be alert and aware of all treatments and medications you get while in the hospital.
- Educate yourself about your surgery and recovery period.
- Ask someone you trust such as a family member or close friend to be your advocate while in the hospital. Please remember that your medical information is protected by the HIPAA law. www.hhs.gov/hipaa
- **Make sure you understand all of your discharge instructions before you leave.**

Resource: *Speak Up: Preparing for Surgery*. The Joint Commission, JointCommission.org/speakup.aspx.

Precautions Following Knee Replacement Surgery

After total knee replacement surgery, patients should avoid the following activities for **six weeks** or per their surgeon's instructions:

- Avoid twisting the operative leg while standing/walking.
- Avoid kneeling (church, gardening).
- Do not plop down in a chair.

Possible Complications Associated with Total Knee Replacement Surgery

Although joint replacement surgery is quite safe and predictable, potential complications include:

- **Infection** – As reviewed previously on page 8 and in the Preparing for Surgery Guide (OrthoIndy.com/PreparingForSurgery).
- **Blood Clot Prevention** – As reviewed previously on page 10 and in the Preparing for Surgery Guide (OrthoIndy.com/PreparingForSurgery).
- **Tourniquets** – During surgery, the surgeon places a tourniquet on your surgical leg. Some patients complain of tenderness or bruising where the tourniquet was during surgery. If you should have any tenderness or bruising, apply ice to the areas.
- **Blood Loss Requiring a Transfusion** – While a transfusion may be required for some, your surgeon will take precautions to minimize the need of a transfusion by minimizing blood loss.
- **Stiff Knee**
 - Do not skip physical therapy sessions or exercises recommended by your surgeon.
 - Place a pillow under your heel (**not** the knee) so that the knee can straighten out more while resting.
- **Leg Length Discrepancy** – To ensure a stable and well functioning prosthesis, your surgeon will do everything possible to equalize your leg lengths. However, if this should occur, your surgeon will assist in correcting by placing a small lift inside your shoe. This will result in a stable prosthesis.

- **Neurovascular Damage**
 - Numbness and weakness or persistent pain in the leg and foot.
 - Rare loss of muscle function. Nerve injuries of this type can lead to a “foot drop” or the inability to raise your ankles or toes.
 - An area of numbness in the skin surrounding the surgical scar is normal. Over time, this area of numbness may decrease, while a small portion closer to the scar may be permanent. This “superficial” skin numbness does not interfere with the function of the leg or knee.
- **Loosening of the Prosthesis** – This can happen over time and may require a revision surgery to repair.
- **Dislocation of the Joint Prosthesis or Fractures (Femur or Tibia)** – Observe all precautions to help reduce the risk of dislocation. Your physical therapist will go over these with you.

Going Home

Goals for Going Home Safely

- If your care team deems you ready to go home
- If you can sit up and lie down on your own
- If you can stand up from a sitting position on your own
- If you can walk safely with your walker or crutches
- If you can demonstrate precautions, perform home exercises and perform your own activities of daily living such as bathing, brushing your teeth and dressing

Care of Your Incision

You will receive specific written instructions upon discharge. Incision care instructions will vary per surgeon.

Showering/Bathing

- You may shower per surgeon instructions. When you are able to shower, do not rub the incision.
- Do not submerge your surgical site in any type of water (tub, pool, hot tub, spa, lake, ocean, etc.) until approved by your surgeon.

Physical Therapy/Exercises

Please follow the exercise plan that your physician and physical therapist have established for you. Your recovery process and continued health depends on good nutrition, rest and proper exercise.

OrthoIndy Outpatient Physical Therapy Locations

Carmel

805 W. Carmel Dr.
Carmel, IN 46032
317.956.1260

Fishers

10995 Allisonville Rd.
Suite 101
Fishers, IN 46038
317.956.1280

West

7950 Ortho Ln.
Brownsburg, IN 46112
317.268.3121

Center Grove*

1579 Olive Branch Parke Ln.
Suite 100
Greenwood, IN 46143
317.884.5111

Northwest

6040 W. 84th St.
Indianapolis, IN 46278
317.956.1080

Westfield*

17471 Wheeler Rd.
Suite 114
Westfield, IN 46074
317.275.6131

** Occupational therapy is not offered at Center Grove or Westfield..*

Medication

- Take all medication as prescribed by your physician. You may need to take your anticoagulation medication for about one month after surgery.
- Some people may go home with a prescription for injections to help prevent blood clots. It is important that you or a family member learn how to perform these injections prior to leaving the hospital. Home care will not come to your home every day for every dose. The nursing staff will instruct you and/or your family on these blood thinner injections.
- Remember to check with your physician before you begin taking any over-the-counter medications or herbal supplements.

Nutrition and Orthopedic Surgery

It is common to have a poor appetite after surgery. Eat as well as you can when your appetite is good. Eating small, frequent meals or snacks can help you to take in more nutrients. This can improve your energy level and enhance the recovery process.

Keep in mind that your body is healing and requires adequate nourishment for tissue regeneration at this time. **Therefore, your hospital stay and immediately post-op is not a good time to begin a weight loss program.**

Fluids

Drink plenty of fluids (at least eight 8-oz glasses each day unless directed otherwise by your physician) to prevent dehydration. Most of your fluid intake should come from water.

Protein

Protein consists of amino acids, which are building blocks that help grow and maintain the body's tissues including muscles, tendons, blood vessels, skin, hair and nails. After surgery, your main focus for protein should be to consume high quality protein from good sources. This means you should aim to increase your intake of **eggs, lean meats, fish, tofu, nuts, seeds, beans, dairy products and soy products**. These are foods that contain essential amino acids which help aid wound healing and keep your immune system strong.

Key Nutrients to Reduce Inflammation

Limit consumption of fried foods, fast food, processed foods, and sugary foods. The following foods may actually help fight inflammation and pain:

- **Omega-3s** – The best foods for omega-3 fatty acids: salmon (wild, fresh or canned), herring, mackerel (not king), sardines, anchovies, rainbow trout, Pacific oysters, omega-3-fortified eggs, flaxseed (ground and oil) and walnuts.
- **Extra-virgin Olive Oil** – Olive oil contains the “good” monounsaturated fat, which protects the body against inflammation because it contains antioxidants called polyphenols. Use olive oil in cooking, salad dressings or season it with fresh garlic and red pepper and use as dip with bread in place of margarine or butter.
- **Antioxidants**
 - **Vitamin C*** – Guava, bell peppers, oranges, grapefruit, strawberries, pineapple, kohlrabi, papayas, lemons, broccoli, kale, Brussel sprouts, kidney beans, kiwi, cantaloupe, cauliflower, red cabbage, mangos, white potato (with skin) and mustard greens. **Vitamin C can help absorb iron from food and supplementation.*
 - **Selenium** – Brazil nuts, albacore tuna, crab, oysters, tilapia, pasta (whole grain or whole wheat), lean beef, cod, shrimp, whole grains, turkey and wheat germ.
 - **Beta-carotene (Vitamin A)** – Sweet potato, carrots, kale, butternut squash, turnip greens, pumpkin, mustard greens, cantaloupe, red bell pepper, apricots and spinach.
 - **Quercetin (Bioflavonoid)** – Onions (red, yellow, white), kale, leeks, cherry tomatoes, broccoli, blueberries, black currants, elderberries, lingonberries, cocoa powder, apricots and apples with skin (*Red Delicious).
 - **Anthocyanidins (Bioflavonoid)** – Blackberries, black currants, blueberries, eggplant, elderberries, raspberries, cherries, boysenberries, red/black grapes, strawberries and plums.

Constipation Tips

Constipation may occur after surgery because of reduced physical activity and the use of pain medication. To solve this problem:

- Drink at least eight 8-oz. glasses of water daily.
- Add fiber to your diet by eating at least five servings of fruits and vegetables and three to four servings of whole grains, such as multigrain bread, brown rice, and whole grain cereals.
- Eat yogurt with live culture.
- If you experience constipation, you may take an over-the-counter stool softener, laxative or fiber supplements.
- Warm fluids such as coffee, tea, broths, etc., may stimulate a bowel movement.
- Foods containing caffeine (coffee, tea, chocolate, etc.) may also stimulate a bowel movement.

Helpful Resources

- Academy of Nutrition and Dietetics – [EatRight.org](https://www.eatright.org)
- ChooseMyPlate for Nutrient Density – [ChooseMyPlate.gov](https://www.choosemyplate.gov)
- Eating for Strength and Recovery – [EatRight.org/fitness/training-and-recovery/endurance-and-cardio/eating-for-strength-and-recovery](https://www.eatright.org/fitness/training-and-recovery/endurance-and-cardio/eating-for-strength-and-recovery)
- 8 High Protein Foods to Reach For (Dietitian Approved) – [Health.ClevelandClinic.org/8-high-protein-foods-to-reach-for-dietitian-approved](https://health.clevelandclinic.org/8-high-protein-foods-to-reach-for-dietitian-approved)

Timeline for Recovery and Pain Management

Up to Two Weeks After Surgery

- Use your walker, taking it easy around the house, doing home exercises and/or physical therapy as instructed.
- Take your pain medications when needed per your physician's orders.
- May switch from walker to a cane if feeling safe.

Three Weeks After Surgery

- Continue with home exercises and/or physical therapy as instructed.
- Taper down your pain medicine as tolerated by lengthening the time between doses; instead of taking a pill every four to six hours, try every five to seven hours and so on. Try taking only one pill at a time instead of two. Try switching to Tylenol.
- If you have your left knee replaced, you may be able to drive if:
 - You have your surgeon's permission.
 - You are off all narcotics.
 - You have an automatic transmission.

Four Weeks After Surgery

- If you have your right knee replaced, you may be able to drive if:
 - You have your surgeon's permission.
 - You are off all narcotics.
 - You have an automatic transmission.

Six Weeks After Surgery

- 80% recovered.
- Okay to ride in the car more than two hours.

Up to Two Months

- Continue to follow all precautions.
- Still may have some pain/swelling with increased activity.
- Once healed, you will have very few restrictions regarding your prosthesis. Walking, golfing, bowling, swimming, riding a bike and doubles tennis are not restricted. Avoid running, jumping or heavy lifting.

Role of the Caregiver

Tips on caring for your loved one at home following total joint replacement surgery

Please review all details in your provider instructions, Preparing for Surgery guide and this booklet.

First Days Home

For the total joint replacement patient, it is likely that the first few days at home are the most difficult. Be aware of the following to help care for them.

Your loved one:

- Will most likely be tired and have pain.
- May become frustrated or even scared when faced with the difficulty of getting around.
- May feel they have lost their independence. This is likely the time that they will need you the most.
- Need assistance getting to the restroom and getting up from the toilet.
- Need assistance performing basic grooming necessities.

Medications

It is important that your loved one take all medications as prescribed. To have a better understanding of what medications they will be taking at home, it is helpful if you are present at the hospital when they receive their discharge instructions. As a caregiver you may need to help your loved one with their medications including:

- Helping them keep on a medication schedule.
- Monitoring the medication for refills.
- Renewing and picking up prescriptions from the pharmacy.

Wound Care

You will need to care for your loved one's incision as ordered and monitor it for any changes. Duties involving wound care include:

- Change dressings – Instructions will be given upon discharge.
- Monitor the incision for redness, swelling and drainage.
- Report any wound changes to the surgeon.
- Acquire any dressing change supplies needed.

Household Chores

Household chores and meal preparation are difficult for someone who had surgery. You will need to assist with the following:

- Shopping, cooking, cleaning, laundry and various other household chores.
- Ensuring they are eating the right foods.
- Making sure they are getting plenty of rest.

Follow-up Appointment/Physical Therapy

It is important your loved one keeps all appointments after surgery to follow-up with the surgeon and PT sessions, if ordered. Missing appointments can lead to complications or setbacks in their recovery. You will also need to provide or arrange transportation to appointments.

Motivation for Rehabilitation and Exercises

Your loved one will likely say that exercising is painful and difficult, especially at first. You can help by:

- Providing motivation and encouragement through this difficult time.
- Helping them keep track of exercises including their results and progress.
- Making sure they stick to the rehabilitation plan.
- Giving them support and encouragement.

Emotional Support

In addition to the physical stress after surgery, there is also a great deal of mental stress related to recovery and rehab. You should remember:

- Decreased activity can affect a person's mental attitude and outlook.
- People can become frustrated due to pain or their feelings of inadequate progress with rehab.
- You can provide emotional support and encouragement by keeping them motivated and on the path to recovery.

Questions and Concerns

It is common to have questions for the physician, nurse and/or therapist after surgery and while recovery is taking place. Keep a pen and pad of paper handy to write down any questions or concerns. This helps you both remember any discussions that you need to have with the medical team.

Your Resources When You Go Home

Medical Issues

If you have concerns about your diabetes, blood pressure, urination or any other medical issue, please consult your primary care physician.

Case Management

If you have questions regarding services set up by our Case Management department, please call **317.956.1148**.

Dietary Questions

If you have questions regarding your dietary intake, please contact our dietitian at **317.956.1114**.

Physical Therapy

If you have questions regarding your therapy or exercises, please contact our Physical Therapy department at **317.956.1086**.

Hospital Billing

If you have questions regarding your bill, please contact our Billing department at **317.773.4225**.

OrthoIndy Surgeon

If you have questions or clarification is needed regarding your instructions, contact your surgeon's office at **317.802.2000**.

