

# Total Knee Replacement Handbook: Your Passport to Surgery and Recovery



We look forward to working with you for a smooth recovery so you can return to the things you love.

As a patient, your role before and after total knee replacement is important for a fast and full recovery.

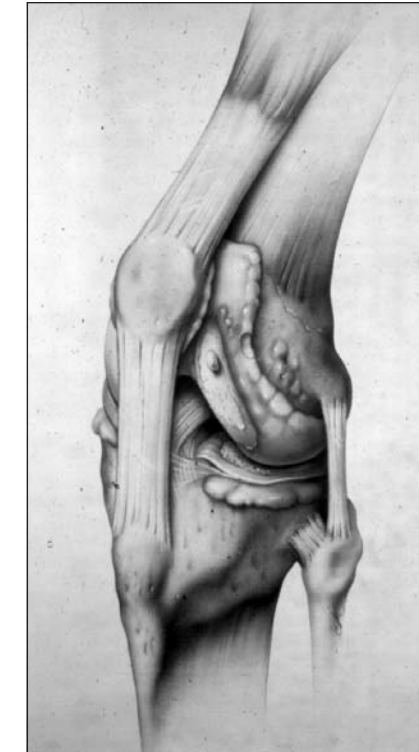
A team of healthcare providers is ready to help you prepare for your knee replacement and care during your recovery. Physicians, nurses, therapists, and patient care coordinators (PCCs) are the principal players on your team.

This handbook has been developed to give you information and to help you plan for your surgery and recovery. Look it over and keep it with you. Taking an active role in your care is very important to a fast and smooth recovery.

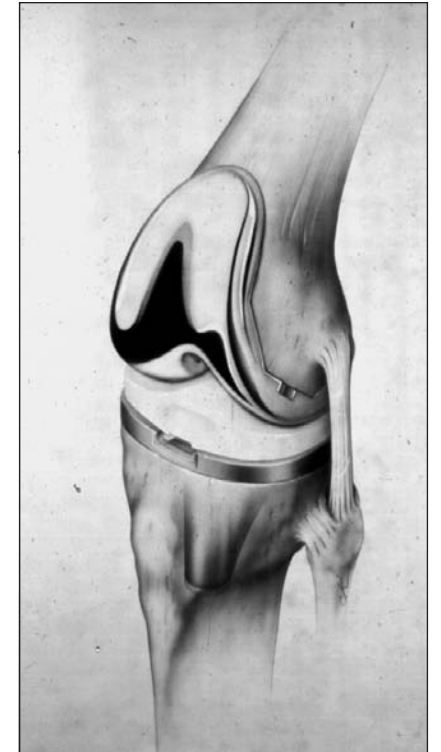
## Your New Knee

Technological advances have made it possible for your painful knee to be replaced with a prosthesis (artificial knee). The knee is a hinge joint and is formed where the thigh and lower leg meet. When you bend your knee to walk, the bones rotate and glide on each other and help support your weight.

Your orthopedic surgeon has recommended a total knee replacement to lessen your pain and make walking easier. Unlike your present knee, your prosthesis has a limited safe range of motion and will need special care after surgery.



ARTHRITIC KNEE JOINT



KNEE WITH PROSTHESIS

Kaiser Permanente  
Redwood City Medical Center  
Department of Orthopedics  
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Adapted from Kaiser Permanente, Greater Southern Alameda Service Area

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## Before Your Hospital Stay

### PREPARING FOR YOUR SURGERY

Preparing for surgery varies depending upon your surgeon. For example, you may be told to take a multivitamin or iron tablet for three to four weeks prior to your operation. Occasionally a patient is asked to make a blood donation prior to surgery.

**The day before your operation, you will most likely be instructed by your doctor not to eat or drink anything after midnight (that includes drinking water, chewing gum, mints, etc).** The following pages will explain some of the other preparations you may need to make.

#### Preoperative Lab Tests

You will need some blood test and possibly other types of tests before your surgery. The labs will be ordered on the computer and should be completed as soon as you decide you want to proceed with surgery.

#### Blood Tests

- CBC – evaluates how well your body carries oxygen, and the number of red and white blood cells in your body.
- Electrolytes – evaluates percentages of potassium, sodium, chloride and other chemical substances in your body.
- PT and PTT – evaluates the time it takes for your blood to clot.
- Blood typing and blood cross-matching as needed.

#### Other Tests

- EKG – required if you are 50 years of age or have a history of heart problems
- Urinalysis – is requested to ensure your urine is free of bacteria
- Pulmonary Function Test – may be required if you have a history of breathing problems
- Other heart tests as needed

You will likely receive a telephone visit or an in-person visit with a Perioperative Medicine Specialist to help prepare you for your surgery.

### BLOOD DONATION

During joint replacement surgery, there can be considerable blood loss and in some cases blood transfusion might be necessary. Twenty years ago there were major concerns about the risk of contracting HIV and hepatitis from blood transfusions, since then excellent screening tests for those viruses have been developed and volunteer donors are carefully screened for risk factors.

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In 2008 (the data is even more favorable now) the risk for contracting HIV from donated blood was 1 per 1,467,000 units transfused, the risk of contracting hepatitis C was 1 per 1,149,000 per units transfused and the risk of contracting hepatitis B was 1 per 282,000 per units transfused. Donated blood supply (“blood bank blood”) is very safe, and convenient, but it is possible to donate one’s own blood prior to surgery. Your doctor will discuss this issue with you.

Blood loss is anticipated during total knee replacement surgery. You might need a blood transfusion to replace blood lost during the procedure. Blood donated by volunteer donors is carefully screened by blood banks and we consider it safe. You have the right to donate your own blood. This is called an autologous donation. We recommend that you discuss the possibility of blood transfusion and your options with your surgeon.

Blood may be collected up to 42 days before the date of use, but no later than six working days prior to date of anticipated use. A special processing fee is charged for this service because additional recordkeeping and handling are required, even if the blood is not used by the donor. Autologous blood cannot be used for other patients.

The autologous donation site for Kaiser Permanente is **Blood Centers of the Pacific**. For more information, visit [bloodcenters.org](http://bloodcenters.org) or call the blood center to schedule an appointment:

Bay Area (including the North Bay): **(800) 215-6225**

Blood Centers of the Pacific include locations in Fairfield, Millbrae, Napa, Redding, Redwood City, San Francisco, San Rafael and Walnut Creek.

Staff in the Orthopedic Clinic or blood bank can answer additional questions you may have about autologous or designated donor blood donation.

## GETTING READY TO DONATE BLOOD

It is recommended that your diet include foods high in iron to ensure an adequate blood level:

- Cream of Wheat, or other iron fortified cereals such as “Total” (read nutritional labels)
- meats such as liver, lean red meat, oysters, tuna in oil
- dried fruit and prune juice
- dark green leafy vegetables, such as broccoli or spinach
- beans, such as navy or kidney beans

If your doctor recommends an iron pill:

- do NOT take your iron pill on an empty stomach
- drink plenty of orange or other citrus juices when taking the pill
- eat foods high in Vitamin C to help iron be better absorbed
- wait one hour after taking the pill before drinking caffeine drinks such as coffee or tea to ensure good absorption

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## DONATION DAY

Eat a well-balanced meal and drink extra water or juices before donating your own blood. The procedure takes about one hour. The staff will monitor your blood pressure, pulse and temperature and make sure your blood level is high enough to donate. Snacks such as orange juice and cookies are available after you have completed the donation. The blood bank staff will not let you leave until they feel it is safe for you to do so. Do not plan to participate in any strenuous activity for the remainder of the day. Fluids and good nutrition are also important after the donation.

## RESTRICTED PRE-SURGERY MEDICATION

### Warning:

ALL DRUGS (prescription, over-the-counter and illegal) CAN BE DANGEROUS DURING YOUR SURGERY!

### Important

Tell your doctors and nurses about any drugs you have taken in the last 30 days, including herbal products such as Ginkgo Biloba or garlic supplements that may impact clotting.

BLOOD PRESSURE AND HEART MEDICINES are important for your doctors to know about. Most need to be continued until your surgery. Your doctors will tell you which ones to take.

### Surgical Bleeding

- Some medicines can cause serious bleeding during an operation.

### Blood Thinners

- Coumadin (warfarin) – ask your doctors when, and if, you should stop. Usually 7 days before surgery.
- Ticlid (ticlopidine) – stop 14 days before surgery.
- Lovenox (enoxaparin) a type of heparin – stop 24 hours before surgery.
- Plavix (Clopidogrel) – stop 10 days before surgery.

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## MEDICATION TO AVOID BEFORE SURGERY

### Stop 10 Days Before Surgery

- Aspirin (salicylates) - many products contain salicylates. Examples are: Anacin, Excedrin, Darvon, Talwin, Bufferin, Midol, Sine-Off, etc.
- Patients with coronary stents should continue to take Aspirin. Please check with the Perioperative Medicine Department if you have questions.

### Stop 3 Days Before Surgery

- NSAIDS (Non Steroidal Anti-inflammatory Drugs)

**Note:** Acetaminophen (Tylenol) and Codeine DO NOT cause bleeding and may be continued. Some Drugs can react with anesthetic medicines and may cause heart damage.

### All Illegal Drugs – stop at least 3 weeks before surgery.

You should also avoid Ginkgo Biloba, Vitamin E, Feverfew, and Green Tea capsules. All of these can thin your blood, increasing the risk of blood loss during surgery.

Bring a list of ALL medications you take to your medical appointments. Be sure to include both prescription and over the counter medications, herbal and food supplements, and include the dose and frequency.

**Please also inform the Perioperative Medicine Specialist if you have had stents placed in your coronary (heart) arteries.**

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## Important and Additional Information

### Smoking

Smoking is not only harmful to your lungs, heart, and blood vessels; it slows the healing process and places you at increased risk during surgery. It is very important that you stop smoking. If you need help, call the Health Education Department at **(650) 299-2433** for available smoking cessation programs.

### Illness

If you develop any illness such as a cold, flu, temperature, skin rash or infection, or “flare-up” of a health problem in the 10 days prior to your surgery, it is important that you notify your surgeon’s office immediately. Sometimes minor health problems can be serious when combined with the stress of surgery. Please try not to damage, cut, or scratch the skin, especially on your operative leg. Animal scratches/bites or infection, etc., could result in your surgery being postponed.

### Have Help Available

Until you learn to become more independent, you will need help with your daily activities. It is important that you arrange for someone such as family or friends to be available to assist you for about two weeks after you are discharged from the hospital. It is important that you make these arrangements before coming to the hospital. Help at home will not be provided by Kaiser Permanente. The Social Services Department can give you resources that are available if you plan to pay privately. Social Services Department **(650) 299-3207**.

**If you do not have the appropriate help available, your surgery may be postponed.**

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## PRE-SURGERY EXERCISES

It is important to begin to exercise as soon as you know you are having surgery. These exercises strengthen your arms, thighs, and knee muscles, increase range of motion, and promote mobility after surgery. Start slowly. If exercise causes pain, fatigue or shortness of breath, call your orthopedic surgeon.

### 1. Begin a cardiovascular conditioning program

Start slowly and increase your time as your endurance and knee will allow. If your pain increases, slow down, decrease your time or stop the program. Work up to a 20 minute program per day. You should be able to talk normally while exercising, but feel as though you are working fairly hard.

- **Swim:** This would ideally be done in a warm pool. Swim laps or perform general exercise in the pool to get your heart rate up.
- **Bike:** If you are unable to use a pool, biking would be the next choice. If balance is challenging for you, use a stationary bike.

### 2. Chair Push Ups

Put your hands on the arms of the chair and push down in order to lift your body up. Repeat 10 times, 2–3 times per day as able.



### 3. Long Arc Quads

While sitting in a chair, slowly raise your foot until your knee is completely straight. Repeat 15 times, 2–3 times per day as able. Don't forget to exercise both legs.



### 4. Straight Leg Raises

Lie down on your back with your good knee bent and foot flat on the ground. Lift the other leg up while keeping the knee straight. Raise your leg no higher than the height of the other leg's knee. Repeat 15 times, 2–3 times per day as able for both legs.



### 5. Hip Abduction

Lie on your side. Keeping your leg straight, lift your leg toward the ceiling so that your foot is 6–8 inches of the bed or floor. If it is too difficult, try performing this exercise while lying on your back. Repeat 10 times, 3 times per day as able.



### 6. Abdominal Crunches / Partial Situps

Lie on your back with your knees bent. Support your head with your hands. Raise shoulders up until they clear the floor and then return to the starting position. Repeat 10 times, 3 times per day.



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## Getting Your Home Ready

For your safety, it is important to make some changes in your home environment. This should be done before you come to the hospital for surgery.

### Bedroom

- If you have a two story home, arrange a bed/sleeping area on the ground floor.
- Make sure that you have lighting at night between your bed and bathroom.
- Keep a flashlight beside your bed.
- Place a phone within reach on a nightstand without having to turn or twist in bed. Consider purchasing a cordless phone if you don't already have one.

### Bathroom

- Consider installing grab bars on walls of the shower or tub.
- Consider a high rise toilet seat which may be helpful but not essential.
- Explore purchasing a hand-held shower head and shower chair which will allow sitting while bathing once showers are allowed; a long handled sponge is useful.

**Note: High rise toilet seats and shower chairs are not covered by Kaiser Permanente or Medicare and must be purchased at your own cost.**

### Kitchen

- Precook meals (have some already prepared meals available).
- Stock up refrigerator and pantry with frozen and convenience foods.
- Place frequently used pans/utensils within reach without bending or climbing.
- Remove throw rugs from your home.
- Use only non-skid floor wax on linoleum floors.
- Prepare serving carts to push food from stove to table.
- Teach others in the home how to use stove, microwave, dishwasher, clothes washer/dryer as needed.
- Explore using Meals on Wheels.

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### Living Space

- Remove throw rugs or other objects on the floor, (such as electrical or telephone cords) which could cause you to trip and fall.
- Have a firm chair with arm rests, a high seat, and a straight back available to sit in.
- Arrange your furniture so there is clearance for a walker. Walkers are at least 2 feet wide.
- Low chairs, swivel chairs, or rolling chairs are not safe for you to sit in after surgery.
- Place a list of emergency numbers by each telephone.

### Wardrobe/Closet

- You will need low, broad-heelled or flat shoes that are properly fitted.
- Allow ease in dressing by wearing elastic waist or draw string garments.
- Find some knee length gowns/night shirts and robes that won't get in the way when you are walking.
- Find a garment with pockets to hold things like a cordless or cellular telephone, tissues, TV remote, medications, juice boxes, etc.
- Place frequently worn items in dresser drawers that do not require bending or stooping.

### Useful Items

- Purchase a grabber to pickup dropped items; practice using it before surgery. These can be found at most retail pharmacies like CVS and Walgreens.
- Consider a long shoe horn to reach your feet.

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## During Your Hospital Stay

### WHAT TO BRING TO THE HOSPITAL

- This Total Knee Replacement Handbook.
- List of all medications and supplements you take, including dose and frequency.
- Loose slippers with non-skid soles and heel backs. Your feet will be swollen after surgery.
- No open back shoes.
- Knee-length or short bathrobe.
- Toiletries such as a toothbrush, toothpaste, comb, brush, etc.
- Glasses, hearing aids with extra batteries and their containers.
- A container for dentures or partials.
- Comfortable clothing to wear home.
- Kaiser Permanente and other medical insurance card(s), photo identification.
- Co-payment (If your health plan coverage requires a co-payment for hospitalization or discharge medications, bring **ONLY** the amount of cash necessary, a check or a credit card to cover these expenses.)
- Copy of your Advance Health Care Directive if you have one.
- Leave valuable items such as money, jewelry, watches, additional credit cards, laptop computers, and cell phones at home.
- Please consider that a check or credit card should be used for the cost of transportation services, if friends or family are not able to transport you.
- Do not wear any metal products such as hair clips, bobby pins, jewelry, or metallic nail polish on the day of surgery.
- Inform hospital staff of any medication and non-medication allergies you may have. Non-medication allergies include latex, flower/plants, surgical or paper tape.
- Your CPAP machine if you use one when sleeping

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## MOBILITY AND COMFORT MEASURES

Shortly after your surgery, the nurse or physical therapist will get you out of bed. Getting up and out of bed will help prevent blood clots, constipation and pneumonia.

The goal is to keep you comfortable. If the medication to control your pain is not working, tell your nurse. You and your nurse will plan together to control your pain.

You may not have a bowel movement while you are in the hospital; however, constipation is a common problem following surgery, so please ask for a laxative if you think you need one.

**PLEASE SPEAK UP IF YOU ARE UNCOMFORTABLE!**

### TREATMENTS

There will be a plastic drainage tube leading to a container which removes fluids that collect at the surgical site. Your doctor will remove the drain 24 to 48 hours after surgery.

A small tube (Foley catheter) may be inserted into your bladder to drain urine. This catheter will be removed 24 to 48 hours after surgery. If you don't have a catheter and you think your bladder is full, please let your nurse know.

You will need to take deep breaths using your incentive spirometer (ICS) to open your lungs and clear secretions. This will decrease complications after surgery, such as pneumonia or poor lung volume. You should use your incentive spirometer 10 times every hour while you are awake.

### PHYSICAL THERAPY IN THE HOSPITAL

Starting your exercise program and mobility early is vital to making your rehabilitation successful.

- Your first session with a physical therapist may be on the day of your surgery, but more often on the day following surgery.
- You will participate in therapy 1-2 times each day while you are in the hospital.
- Your physical therapist will go over the exercises that you will be doing in the hospital and when you go home to make sure you are performing them correctly. This will include range of motion and strengthening exercises.
- Your physical therapist will assist and instruct you in activities of daily living, (getting in and out of bed, using the restroom, etc).
- A physical therapist will teach you how to use a walker while you are in the hospital.
- Your surgeon will monitor your progress with physical therapy and determine your rehab needs after discharge. The goal is to discharge you home with outpatient therapy or in some cases with Home Health and/or Home Health therapy.



## PHYSICAL THERAPY EXERCISES AFTER SURGERY

In order to help improve your range of motion, strengthen your legs, decrease your pain, and increase circulation, it is important to do your exercises often during the day.

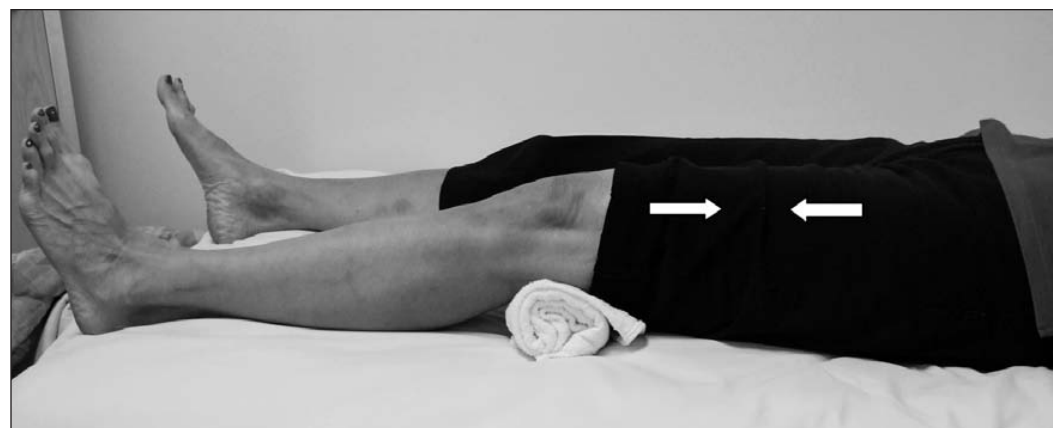
### 1. Passive Knee Extension

Place a large enough towel under the ankle of the operative leg so that your calf clears the bed. Let your knee go as straight as possible. Try and hold this position for 3–5 minutes every 2 hours. This will work on increasing your knee extension range of motion.



### 2. Quad sets

Place a small towel roll behind the operative knee. Try to slowly push down on the towel by tightening the muscles in the thigh. Hold for 6–8 seconds and repeat 10–20 times, 3–4 times per day.



### 3. Heel Slides

Loop a towel behind your knee.  
Bend your knee as much as possible by pulling your heel toward your buttocks using the towel to assist the motion.  
Allow the heel to slide back down slowly until the knee is straight again.  
Repeat 10–20 times, 3–4 times per day.



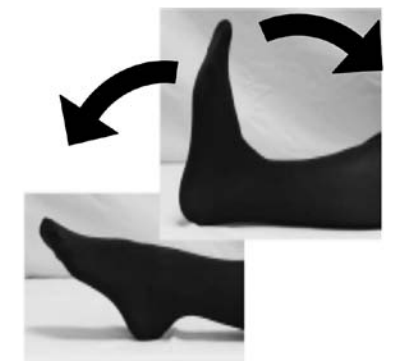
### 4. Short Arc Quads

Place a pillow under your operative knee.  
Slowly raise the foot up, while keeping your knee on the pillow, until your knee is fully extended. Hold 6–8 seconds. Repeat 10–20 times, 3–4 times per day.  
This exercise is a more advanced exercise for early stage rehabilitation and should only be completed if your physical therapist feels you have an adequate quad contraction.



### 5. Ankle Pumps

Bring your toes towards your shin as far as possible and then point your toes down as far as possible.  
Do both feet together.  
Repeat 10–20 times, every hour if possible.



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## Planning for Your Discharge

### DISCHARGE PLANNING

Discharge planning is an integral part of your hospitalization. Coordinating services, medical equipment and care (as ordered by your physician) after hospitalization can sometimes take a few hours to several days. This is why discharge planning begins on the day you are admitted to the hospital.

Patient Care Coordinators (also known as PCCs) are registered nurses. They are available to assess and discuss your needs for post hospitalization care. By doing this they hope to achieve a smooth and successful discharge for you and your family when your doctor feels you are ready.

Some of the ways patient care coordinators can assist you and your family are:

- Assistance in determining your medical benefits
- Obtaining medical equipment
- Medical social worker referrals
- Transportation coordination
- Home Health coordination
- Skilled nursing facility referrals and placement if qualified and medically necessary
- Board and care/residential home referrals if needed

Patients that have knee replacement surgery are generally discharged on the 2<sup>nd</sup> or 3<sup>rd</sup> post-operative day. Please make sure someone is available to give you a ride home as soon as you are discharged.

Transportation home or to a skilled nursing facility is generally not a covered benefit under most health plans. The PCCs can assist you in arranging transportation at your expense, if needed.

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### MEDICAL EQUIPMENT

Medical equipment and the amount of insurance coverage vary and are determined by your health plan. It is important that you understand which equipment will be covered and which you will need to take on as an additional expense of your surgery.

1. Standard medical equipment that will be needed at the time of your discharge from the hospital is a front-wheeled walker.
2. The doctor may also recommend a bedside commode; this may be covered under your insurance policy if specific criteria are met.
3. **Elevated toilet seats are NOT a covered benefit by any health plan.** They can be purchased at any medical supply store.

The physical therapist will recommend to your surgeon any durable medical equipment (DME) you may need at the time of your discharge from the hospital. As ordered by your physician, the Discharge Planning Department will arrange for DME delivery to your home or the hospital.

If your specific health plan coverage does not include a DME benefit, you may still receive preferred rates from our contracted vendors.

You will need medications to prevent blood clots after your surgery. If necessary, your nurse will teach you and those involved with your post surgery care how to administer injections at home. Most people learn quickly and are able to accomplish the injections without difficulty. Coumadin therapy will require blood test monitoring. A home health nurse will visit to monitor this. Many patients will need only aspirin therapy.

### HOME CARE

- Use your walker, crutches or cane for as long as you need for safety. Do not stop using your walker until you are instructed otherwise by either your physical therapist or your doctor.
- Use an adjustable commode seat if needed.
- Put frequently used items on counter tops within easy reach.
- Use an assistive device for dressing, such as a sock-aid or dressing-aid for pulling pants up if needed.
- Walk for function only, for the first 2 - 4 weeks. This means that it is okay to walk in-and-around your home but don't go outside for extended walks, as it may cause more swelling in your knee.
- Do not put a pillow or rolled towel behind your operated knee. This interferes with getting your knee straight.

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## PAIN CONTROL

It is normal to have pain in your knee following surgery. Pain at night can persist for 8–12 weeks after surgery.

- Use your pain medication as needed to manage the pain. Keeping your pain managed will help you do your exercises and prevent loss of motion.
- Keep the leg elevated to reduce the swelling and pressure.
- Use ice on your knee for 15–20 minutes at a time. Always place a wet or dry hand towel over your knee first to prevent burning your skin. Repeat this as often as you wish but no more than once per hour.
- Do not leave your leg down for long periods.
- If you experience significant pain or swelling, decrease your activity, elevate your leg and apply ice. Contact your doctor immediately if the swelling and pain still persist.
- Increase activities gradually as instructed by your health care provider. Use your crutches or walker for the full amount of time that your doctor recommends. You need to exercise, but don't overdo it.

## WOUND CARE

- Keep a clean, dry dressing on your incision until your doctor says it is okay to leave it exposed.
- Change the dressing if it becomes wet or dirty.
- Check with your doctor about showering.

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## When to Call Your Doctor

Call your doctor for the following:

1. **Incision becomes swollen, red, or if you notice drainage.**
2. **Pain develops with weight bearing or if the leg looks misaligned.**
3. **Pain develops in calf or chest.**
4. **Temperature over 100.5 degrees Fahrenheit.**

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## Online Resources

### Prepare for Your Procedure (Emmi®)

Looking for answers online about your surgery or procedure? The interactive programs, “Prepare for Your Procedure (Emmi®)” on your doctor’s home page can help you learn more about what to expect.

“Prepare for Your Procedure” is an interactive program that uses a friendly voice and helpful graphics to guide you through each step of your procedure. Start, stop and go back through the program as needed.

Visit your doctor’s home page at [kp.org/mydoctor](http://kp.org/mydoctor). Select the “**Tools & Classes**” tab and click on “**Prepare for Your Procedure – Emmi.**” Select the program you wish to view and register to begin. “Prepare for Your Procedure” includes programs on a variety of procedures including Total Knee Replacement, Preparing for Childbirth, Cataract Surgery and many more!

#### “Prepare for Your Procedure” covers:

- Your Body
- Your Condition
- Before Your Procedure
- Your Procedure
- After Your Procedure
- Risks and Benefits
- Alternatives

I would like you to watch the following “Prepare for Your Procedure” programs:

- ACL Reconstruction
- Anesthesia for an Adult**
- Anesthesia for Your Child
- Bunionectomy w/ Possible Osteotomy
- Carpal Tunnel Release
- Knee Arthroscopy
- Shoulder Arthroscopy
- Shoulder Replacement
- Taking Warfarin (Coumadin®)**
- Total Hip Replacement
- Total Knee Replacement**

#### How did “Prepare for Your Procedure” impact over 13,000 other patients?\*

**98%** Improved my understanding of what to expect

**95%** Provided me with new information

**93%** Increased my comfort level

**86%** Covered risks I didn’t know before

**91%** Better understanding of what to do before procedure

**91%** Better understanding of how to take care of myself after procedure

\* Emmi satisfaction survey data based on 13,756 respondents as of February 2010.

## Frequently Asked Questions

### 1. When can I drive?

Approximately 6-8 weeks after surgery. Manual transmission may require a longer waiting time. Return to driving requires that you are no longer on narcotic pain medications, able to enter and exit the car independently and are able to perform emergency braking.

### 2. When can I travel?

Long distance travel should be minimal for 6 to 8 weeks. Make frequent stops where you can get out and walk. You are at high risk for developing blood clots in your legs because of the surgery. Support stockings are recommended for travel to help with your circulation. The elevated risk for developing blood clots persists for 90 days following surgery.

### 3. When are my sutures/staples removed?

Most patients have dissolving sutures that do not need to be removed. If you do have staples, they will be removed 10-21 days after surgery.

### 4. When can I shower?

When your doctor says you can, which is usually after discharge from the hospital, and there is no drainage from the surgical wound. You should use a shower chair to assure your safety since your leg is still weak.

### 5. How long will I need a walker or crutches?

An assistive device such as a walker, cane or crutch will be required for as long as needed for safety. The time depends on the progress you make. Everybody recovers at a different rate.

### 6. When can I put full weight on my new knee?

Usually immediately unless your doctor tells you otherwise.

### 7. Will I set off the alarm at airport security?

It commonly happens. You will need to allow extra time to go through a secondary security check.

### 8. When should I resume my regular medication?

When you are discharged, you should resume your regular medications unless otherwise instructed by your doctor.

### 9. Do I need antibiotics if I am having dental work?

Your physician may decide to have you take antibiotics after the joint replacement surgery prior to dental appointments (including cleanings). The incidence of joint infection after a dental procedure is rare. In addition to dental work, always identify to healthcare providers that you have a joint replacement anytime you require the following procedures:

- cystoscopy, colonoscopy, proctoscopy, sigmoidoscopy, endoscopy
- surgery of any kind
- urinary catheterization

### 10. When can I have intercourse?

Waiting 4 to 6 weeks after surgery will allow your new knee time to begin healing. During your 6 week follow-up appointment your doctor can assess the stability of your new joint and make recommendations. The partner with the new knee should assume a passive position on the bottom until flexion has returned to full strength. Sexual desire may be diminished after surgery due to the amount of energy being directed towards relearning walking skills. A woman may benefit from placing a pillow under her thighs.

### 11. How can I obtain a handicapped parking permit?

An application can be obtained from the Department of Motor Vehicles, or from the Orthopedic office. Your doctor can assist you by completing the portion requiring his signature.

### 12. How long will I need physical therapy?

Your progress and participation will determine this answer. Walking and your daily attention to the exercises given to you by your physical therapist in the hospital are the key. You should continue these exercises for at least 6-8 weeks or until your recheck with your doctor.

### 13. How long will the new joint last?

Average implant longevity is about 15-20 years but may vary depending on your age, weight, activity level and bone quality. Your knee is part of a registry which tracks the longevity of the prosthesis your doctor chose for you.

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# My Doctor Online

Sign up at [kp.org/mydoctor](https://kp.org/mydoctor)

Visit **My Doctor Online** to access trusted health information 24/7. Your journey to good health just got a little easier at [kp.org/mydoctor](https://kp.org/mydoctor).

### Connect with Your Doctor

- Learn about your doctor's background
- Send a secure e-mail to your doctor
- Make a routine appointment

### Manage Your Health

- Check your lab results
- Meet with an online health coach
- Refill your prescriptions
- Review your medical visit notes

### Expand Your Knowledge

- Read about your health conditions and treatments
- Access videos, interactive health tools and podcasts
- Prepare for Your Procedure with Emmi®





Looking for answers online about your procedure? The interactive programs, “Prepare for Your Procedure (Emmi®)” on your doctor’s home page can help you learn more about what to expect.

Visit My Doctor Online  
[kp.org/mydoctor](http://kp.org/mydoctor)

More details on page 20



## IMPORTANT PHONE NUMBERS

### **Orthopedics Surgery Scheduler**

Monday–Friday  
8:30 am–12:30 pm and 1:30 pm–5 pm  
(650) 299–2081 or (650) 299–2082

### **Orthopedics Department**

Monday–Friday  
8 am–12:30 pm and 1:30 pm–5 pm  
(650) 299–2160

### **Surgical Support Services/Advice**

(650) 299–2079

### **Perioperative Medicine Department**

(650) 299–4895

### **Surgery Cancellation Line**

(650) 299–2266

### **Blood Centers of the Pacific**

(800) 215–6225 (Blood Donation)

### **Kaiser Permanente**

Appointments and Advice  
(650) 299–2000

### **Kaiser Permanente**

Member Service Call Centers  
English: (800) 464–4000  
Senior Advantage (Medicare members)  
(800) 443–0815  
Spanish: (800) 788–0616  
Chinese Dialects: (800) 757–7585

TTY (800) 777–1370

TTY California Relay 711