

# PREPARING FOR SURGERY

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- Arrange for family or friends to assist you at home for a few days after surgery.
- If you do not have anyone available to assist you after surgery, you may be required to stay at a transitional care facility after your surgery. Your surgeon's care coordinator can help you arrange this.
- If you are going home the same day as surgery or the morning after surgery, a visit from a home health care agency will be arranged.
- Plan to leave your home clean and orderly, so cleaning will not be necessary during your recovery.
- Try to arrange your recovery area (where you will sleep, where you will eat, and where you will use the bathroom) on one floor, so you can avoid going up and down stairs frequently.
- Remove throw rugs and clutter from traffic paths.
- Rearrange your kitchen to easily reach often-used items. Place these items in convenient locations that require no bending, reaching, or lifting.
- Get crutches or a walker prior to surgery. Practice using your crutches or walker around the house. Also practice getting in and out of your car with the crutches/walker while keeping your operative leg completely straight. Consider sitting across the back seat for your trip home from the surgery center if room is limited in the front seat.
- Have a shower chair and raised toilet seat available at home.
- Practice your physical therapy exercises before surgery.

# WHAT TO BRING TO THE SURGERY CENTER

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If you are discharging the day of surgery:

- Insurance card and photo ID
- Loose, comfortable, freshly laundered clothing
- Non-skid shoes that are easy to get on and off
- CPAP machine, if you are prescribed one for sleep apnea
- Copy of your Health Care Directive, if you have one
- Knee immobilizer, which should have been provided to you by your surgeon's office
- Any prescriptions that your surgeon had you fill prior to surgery that you haven't already taken

If you are staying in the Extended Recovery Care Unit and discharging the morning after surgery:

- Insurance card and photo ID
- Loose, comfortable clothing
- Non-skid shoes that are easy to get on and off
- CPAP machine, if you are prescribed one for sleep apnea
- Copy of your Health Care Directive, if you have one
- Knee immobilizer, which should have been provided to you by your surgeon's office
- Any prescriptions that your surgeon had you fill prior to surgery that you haven't already taken
- Prescription medications that you will need to take during your stay
- Personal hygiene items such as toothbrush and toothpaste
- Items for your enjoyment (book, magazine, iPad, etc.)

**Please leave personal valuables at home and do not wear any jewelry the day of surgery.**

# EATING, DRINKING AND MEDICATIONS

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- You will get an automated phone call two days before surgery explaining when to come to the surgery center and when to stop eating and drinking.
- Do not have any food after midnight. You may have only water up until 4 hours before your scheduled surgery time.
- If you were instructed to take any medications before surgery, you may take those with a small sip of water.
- If you do not follow the eating and drinking restrictions, your surgery will be delayed or cancelled.
- If you are on medications to control diabetes, consult with your health care provider who manages those medications for specific instructions. You may need to skip oral diabetes medications on the morning of surgery. If you are on insulin, you may need to decrease your dose on the day of surgery.
- If you are on blood thinners, speak with your health care provider who manages those medications as soon as you can to determine if it is safe for you to stop those medications, or if you need to be on a different blood thinner temporarily. If you are on Coumadin (Warfarin), you will need to have an INR of less than or equal to 1.5 within 24 hours before your surgery.

# THE EVENING BEFORE SURGERY

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- Shower the evening before and the morning of surgery. This helps reduce the amount of bacteria on your skin. DO NOT shave around your surgery site.

# THE MORNING OF SURGERY

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- Arrive at your scheduled time and check in at the front desk.
- A nurse will bring you to a pre-op room, have you sign consent forms, have you change into a gown and compression stocking, check your vital signs, and start an IV. Your nurse will shave your knee if needed.
- You will meet with the anesthesiologist to discuss anesthesia.
- You will see your surgeon. If you have been given any medications to help you relax, you might not remember seeing your surgeon.
- The OR staff will take you back to the OR after the surgeon has seen you.
- Your family member will return to the lobby while you are in surgery.

# AFTER SURGERY

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- You will be moved to the first recovery area. This is the Post-Anesthesia Care Unit (PACU).
- You will be monitored frequently during the first part of your recovery. The nurses will monitor your blood pressure, heart rate, temperature, pain level, and need for medications often.
- You may get oxygen through nasal prongs or a facemask, if needed, while waking from anesthesia.
- When you are awake enough and no longer need frequent monitoring, you may have visitors. Typically patients need about an hour before they are ready for visitors. However, some patients recover quicker and some slower. The nurses will keep your family updated during this time. If you did not receive all prescriptions before surgery, your family may be given the prescriptions while you are in the first phase of recovery.
- When you are alert and able to sit up, you will be offered a beverage and snack. If you have dietary restrictions, you are allowed to bring your own food.

# PREVENTING COMPLICATIONS

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## Keeping your lungs healthy:

- You should do deep breathing exercises and cough every hour you are awake for a couple of days after surgery. This clears your airways and can help prevent pneumonia.



You might be given a device such as an incentive spirometer (IS) to help you with your deep breathing exercises.

## Preventing blood clots:

- You will be given a pair of compression stockings to wear for 2 weeks following surgery. These may be removed once a day for personal hygiene.
- Your surgeon will prescribe a blood thinner, such as aspirin, for a few weeks after surgery.
- You should perform ankle pumps for the first few days, until your activity increases. Point and flex your toes 10 times every hour while awake.
- In the recovery room you will have a sequential compression device (SCD) on your feet. This will pump up at intervals to aid in circulation.



Some surgeons will arrange to have you wear something like these SCDs at home for a few days.

# PREVENTING INFECTION

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- Avoid touching your incision.
- Before and after providing care of your incision area, wash your hands.
- Until the incision is completely healed, use a different wash cloth for the incision area than the one used on the rest of your body.
- Keep clean sheets on your bed and make sure the clothing that comes in contact with your incision area is clean.
- Keep pets away from the incision area until fully healed.
- Smoking reduces your body's ability to heal and may contribute to infection. If you smoke, abstain from smoking for as long as possible after your surgery.
- If you are diabetic, keep your blood glucose levels under good control to promote successful wound healing.
- Follow your surgeon's recommendations regarding dental work after surgery.

# IF YOU ARE GOING HOME THE SAME DAY AS YOUR SURGERY

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- After you are ready for family to visit, a nurse will review the discharge instructions with you and your family. A written copy of your instructions will also be sent home with you.
- Your nurse will help you get dressed and will help you put on your knee immobilizer.



If you received a nerve block, you will need to wear a knee immobilizer when walking until the nerve block wears off.

- Your nurse will have you take a short walk and will assist you into the bathroom if needed.
- Depending on your type of surgery and your surgeon, you will either go home on oral antibiotics, intravenous (IV) antibiotics, or both. If you get IV antibiotics, your IV will stay in for about 23 hours after surgery. If you get oral antibiotics only, the nurse will remove your IV before you go home.
- You may or may not have a drain in place when you go home. If you go home with a drain, the home care nurse will remove it the following day.
- When you are ready to go home, the nurse will help you into your car and call report to the home care nurse who will see you at home.



# IF YOU ARE STAYING IN THE EXTENDED RECOVERY CARE UNIT

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- After you are ready for family to visit, a nurse will review the discharge instructions with you and your family. A written copy of your instructions will also be sent home with you.
- You will be moved to the Extended Recovery Care Unit (ERCU) sometime in the late afternoon or early evening.
- An evening meal will be provided for you. You will have a variety of soup, salad, and/or sandwich options to order from the Green Mill. They will deliver the food that evening. The Green Mill dinner is for patients only. If you have dietary restrictions or other preferences, you may bring your own food, or your family may bring food for you.
- You will have an IV and receive antibiotics through your IV periodically. This IV will be removed in the morning before you discharge.



You may or may not have a drain in your knee. If a drain is present, it will be removed in the morning before you discharge.

- There will be an opportunity to walk and use the rest room. If you received a nerve block, you will have to use a knee immobilizer when walking. Your nurse will help show you and your family how to wear the knee immobilizer.
- One adult family member is allowed to spend the night. This is not required. If your family member does not spend the night, he or she should return to the surgery center by 6am the following morning to prepare for discharge. The ERCU closes at 7am.
- When you are ready to go home, the nurse will help you into your car and call report to the home care nurse who will see you at home.

# HOME CARE

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- A nurse from your home care agency will meet you at home. He or she will try to meet you within 2 hours of arriving home, if possible. The number of visits may vary depending on your recovery.
- A physical therapist will see you in your home the day after surgery. They will do an initial evaluation and give you exercises to do. Patients usually will see the physical therapist for 2 in-home visits; you can then plan for outpatient physical therapy. Remember to take your pain meds before doing physical therapy!
- Some doctors will prescribe a continuous passive motion (CPM) machine for use at home. If your doctor prescribes a CPM, the supply company will arrange to deliver the CPM to your home some time before surgery. If you are staying in the ERCU, there will be a CPM available here for you to use the first night.



This CPM will move your knee up and down throughout the night.

# TRANSITIONAL CARE UNIT

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- Some patients choose or are required to stay in a transitional care unit (TCU) after surgery.
- If this is the right option for you, please have your surgeon's care coordinator help arrange this prior to surgery.
- Patients can either go to the TCU the same day as surgery, or patients can stay overnight in the ERCU and go to the TCU the next morning.
- Plan to have a family member drive you to the TCU. If you need to hire a transport service, it will likely be an out of pocket expense.
- Most TCUs will let you take your own home medications, but may require that your medications be in the original containers (not in a daily pill organizer.)
- If you do go to a transitional care unit, home care will not be arranged initially. The TCU can determine whether or not you will need home care after your discharge from their facility.

# PAIN CONTROL

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- You will have pain after surgery.
- We will offer you many measures to help keep your pain manageable.
- After you start oral pain medications, it is best to take these medications before your pain becomes significant.
- The better your pain is controlled, the easier it will be to have a successful recovery.
- Pain medications often have side effects. Take them with food to help prevent nausea. Take stool softeners/laxatives, drink plenty of fluids, and eat high fiber foods to help prevent constipation.
- Many patients feel more comfortable with a pillow under their knee, however this is NOT recommended. You could lose the ability to straighten your leg.
- You should use ice packs around your knee to help with pain and swelling. These will be provided during your stay. You can use the ice packs we provide, or you can use other measures such as gel packs when at home. Avoid heat, as this can make swelling worse.

# WHEN TO CONTACT YOUR SURGEON

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- Persistent fever. A low grade fever can be normal after surgery, but contact the surgeon if your temperature remains above 100.5 degrees for 2 days.
- Increased pain that does not get better after taking your pain medications.
- Signs of infection such as cloudy or foul smelling drainage, increased swelling and pain, or heat and redness around the incision.
- Persistent nausea and vomiting.
- Calf pain, tenderness and swelling.
- Changes in color and temperature of your operated leg.
- Opening of the incision.
- A fall or injury.