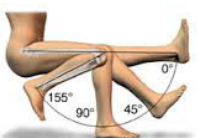


Knee Goals

The first two weeks after surgery is the most critical time for you to regain range of motion (ROM) in your new knee.

Your goal is to achieve ROM of 0 to 90 degrees by your two week follow up appointment.



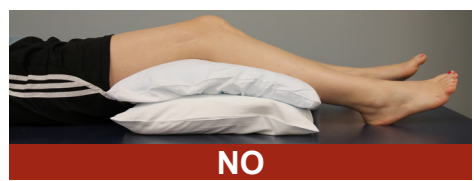
- Straighten Leg (0 degrees)
- Bent Leg (90 degrees)

Accomplish ROM Goals by:

- Controlling pain and swelling
- Caring for your wound
- Doing your exercises

Dos and Don'ts

Do not position a pillow under your knee



When resting, keep knee extended



Don't sit for long periods (more than 30 minutes) with your feet on the floor



Ankle Pumps

Do 10 every hour.

Thigh Squeeze

Tighten thigh muscles and straighten your knee, hold for 5-10 seconds. Work up to 10 reps, 3 times per day.

Buttock Squeeze

Tighten buttock muscles, hold for 5-10 seconds. Work up to 10 reps, 3 times per day.

Heel Slides

Bend your knee, sliding it toward your buttocks and keeping your heel on the bed. Do not let your knee roll inward. Work up to 10 reps, 3 times per day.

Straight Leg Raises

Lay with your operative leg straight and other leg bent. Lift straight leg up and hold. Work up to 5 reps, 3 times per day.

Knee Extensions

Place a rolled towel or ball under your knee. Lift your heel, straightening your leg while tightening your thigh muscle, hold for 10 seconds. Work up to 10 reps, 3 times per day.

Patient and Support Coach Jobs

Patient and Support Coach Jobs	Patient and Support Coach Jobs	
	Day of Surgery	Day 1 After Surgery
What Should I Do?	<ul style="list-style-type: none"> • Ask for assistance from staff (RN, therapist, or aide) to get up from bed or chair • Ice your knee often • (You need to ask for ice and ice refills) • When resting, keep your leg straight. Don't put blankets or pillows under you knee. • Start your exercises • Let staff know if you have pain, ask for pain medicine 	<ul style="list-style-type: none"> • Have your Support Coach arrive by 8:00am. We suggest using valet parking • Let RN know when you urinate (there should be a hat in the toilet). The RN will need to do a bladder scan immediately after you urinate • Ask for assistance from staff (RN, therapist, or aide) to get up from bed or chair • Ice your knee often • (You need to ask for ice and ice refills) • Continue your exercises • Keep leg straight. Do not put blankets or pillows under your knee • Let staff know if you have pain, ask for pain medicine
Prevent Pneumonia and Blood Clots	<ul style="list-style-type: none"> • Use your incentive spirometer 10 times every hour • Wear your squeezers (SCDs) on both legs at all times, unless you are walking • If your squeezers are not on, or you don't feel them squeezing, please let staff know • Wear TED Hose on your NON-OPERATIVE leg 	<ul style="list-style-type: none"> • Use your incentive spirometer 10 times every hour • Wear your squeezers (SCDs) on both legs at all times, unless you are walking • If your squeezers are not on, or you don't feel them squeezing, please let staff know • Wear TED Hose on both legs
Diet	<ul style="list-style-type: none"> • You may be hungry, but your stomach may not be able to tolerate solid food yet. Nausea and vomiting are common after surgery. Listen to your nurse. 	<ul style="list-style-type: none"> • You may be ready to eat a regular diet, but eat slowly

Going Home

Keys to Discharge

Most patients are discharged the day after surgery

- Support Coach here
- Tolerating Diet
- Comfortable on oral pain medication
- Met Physical Therapy Goals
- Met Occupational Therapy Goals
- No difficulties urinating after foley catheter is removed
- Must have 2 bladder scans less than 250mL (2 separate voids)
- Walker is delivered to room (if needed)
- Discharge order placed in computer by MD / PA-C
- Prescriptions sent / e-prescribed to your Pharmacy
- Patient has copy of Care Pathway After Discharge (handed out in Pre-Op class, additional copies available on 5A)
- Patient has copy of Home Care Plan

Medical Team Role

Medical Team Role	Day of Surgery	Day 1 After Surgery
Medication	<ul style="list-style-type: none"> • Decadron IV (q8 x 2) (for inflammation/pain) • Toradol IV (q6 x 3) (for inflammation/pain) • IV Antibiotic (q8 x 2) (prevent infection) - Must have 2 doses Post-Op (page Pharmacy 37185 for questions or to assist with retiming of medications) • Decadron not given to Diabetics • Some meds may not be ordered due to medical conditions • Other meds given based on patient needs or med hx 	<ul style="list-style-type: none"> • Last dose of Post-Op pain protocol meds (Decadron/Toradol) if not already completed • Unless contraindicated, Celebrex (anti-inflammation), Neurontin (pain) prescribed only during hospitalization • Decadron not given to Diabetics • Some meds may not be ordered due to medical conditions • Other meds given based on patient needs or med hx
Comfort Measures	<ul style="list-style-type: none"> • Ice knee often • May ice thigh for tourniquet pain • Prop leg with blanket (NOT pillow) under calf, free floating knee and heel • Assess pain and need for pain meds Q4^o minimally (contact SJO/ SCO service pager if pain not controlled) 	<ul style="list-style-type: none"> • Ice knee often • May ice thigh for tourniquet pain • Prop leg with blanket (NOT pillow) under calf, free floating knee and heel • Assess pain and need for pain meds Q4^o minimally (contact SJO/SCO service pager if pain not controlled)
Activity	<ul style="list-style-type: none"> • May get out of bed with assistance from staff (RN, PT, OT, or aide), gait belt and walker (have clerk order from supply chain if not on floor) • Check weight bearing status order • Monitor orthostatic BP upon patient's first time up • Start Post-Op exercises 	<ul style="list-style-type: none"> • May get out of bed with assistance from staff (RN, PT, OT, or aide), gait belt and walker (have clerk order from supply chain if not on floor) • Check weight bearing status order • Monitor orthostatic BP upon patient's first time up • Continue Post-Op exercises
Diet	<ul style="list-style-type: none"> • Clear liquids in PACU • Floor RN may advance diet as tolerated, if no evidence of ileus 	<ul style="list-style-type: none"> • Floor RN may advance diet as tolerated, if no evidence of ileus
Status	<ul style="list-style-type: none"> • Foley catheter to remain until Post-Op Day 1 (especially if Duramorph spinal) • Ensure patient has incentive spirometer and using properly (10x per hour) while awake • SCDs on both legs (YES, including operative leg) at all times unless patient is walking • TED Hose on non-operative leg 	<ul style="list-style-type: none"> • Remove foley @ 06:00am • Remove Catapres patch @ 06:00am • Bladder scan after voiding, if PVR > 250cc, then ISC • Notify service if patient requires ISC • SCDs on both legs (YES, including operative leg) at all times unless patient is walking • TED Hose on both legs once dressing is removed • If dressing necessary, use ACE wrap to secure. DO NOT use tape on knee

Final Steps

- Nurse reviews discharge instructions
- Nurse removes IV
- Support Coach or Transport Services can take you to the front entrance in a wheelchair. Contact valet services to bring your car up, at (810) 360-1386