**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 goals 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
- Don’t sit for long periods (more than 30 minutes) with your feet on the floor
- Keep your heel on the bed. Do not let your knee bend. Lift straight leg up and hold. Work up to 5 reps, 3 times per day.

- Bend your knee, sliding it toward your buttocks and holding your heel on the bed. Do not let your knee bend. Lift straight leg up and hold. Work up to 5 reps, 3 times per day.

- Place a rolled towel or ball under your knee. Tighten your thigh muscle, hold for 10 seconds. Work up to 10 reps, 3 times per day.

- Flatten your heel on the floor and extend your knee. Hold for 5-10 seconds. Work up to 10 reps, 3 times per day.

### Inpatient Total Knee Replacement Pathway

#### Day of Surgery

- **What Should I Do?**
  - 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 your knee.
  - Start your exercises
  - Let staff know if you have pain, ask for pain medicine

- **Medication**
  - 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

- **Activity**
  - 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

- **Diet**
  - Flatley 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
  - SCFs on both legs (YES, including operative leg) at all times unless patient is walking
  - TED Hose on non-operative leg

- **Status**
  - Clear liquids in PACU
  - Floor RN may advance diet as tolerated, if no evidence of ileus

- **Comfort Measures**
  - 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 minimally (contact SJO/SCO service pager if pain not controlled)

- **Medical Team Role**
  - Last dose of Post-Op pain protocol meds (Decadron/Toradol) if not already completed
  - Unless contraindicated, Celebrex (anti-inflammation), Neurontin (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

#### Day 1 After Surgery

- **What Should I Do?**
  - 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
  - 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.

- **Medication**
  - 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 minimally (contact SJO/SCO service pager if pain not controlled)

- **Activity**
  - 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

- **Diet**
  - Flatley 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
  - SCFs on both legs (YES, including operative leg) at all times unless patient is walking
  - TED Hose on non-operative leg

- **Status**
  - Clear liquids in PACU
  - Floor RN may advance diet as tolerated, if no evidence of ileus

- **Medical Team Role**
  - Last dose of Post-Op pain protocol meds (Decadron/Toradol) if not already completed
  - Unless contraindicated, Celebrex (anti-inflammation), Neurontin (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

- **Final Steps**
  - Nurse reviews discharge instructions
  - Nurse removes IV

- **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