

# Total Knee Replacement Handbook



مستشفى طيبة  
TAIBA HOSPITAL



@taibahospital

1808088

www.taibahospital.com





## Teamwork

A patient of healthcare providers is ready to help you prepare for your knee replacement and care during your recovery. Physicians, Nurses, Physical therapist, Clinical Pharmacist, Nutritionist, Social worker and Clinical Care Coordinator are the principal players on your team. Taking an active role in your care is very important to a fast and smooth recovery.

As a patient, your role before and after your knee replacement is important for a fast and successful recovery. It is also important to involve a family member or significant other before, during and after surgery. This includes accompanying you to the doctor's office and physical therapy in the hospital. You will find having the emotional support of a loved one who has a thorough understanding of the physical side of the procedure will help you return to a full and active life.

You will be in our program for 3 months and we will monitor you within this period from the time you enrolled in the program, admitting in the hospital and discharge follow up.

# Benefits Of Total Knee Replacement Program

The benefits from participating in TKR Program are:

- Our program will take care of you from the enrollment of program till 3 months from Orthopedic Department or any department in the hospital. The healthcare team involve will follow you and they will pay most attention in your health. Our program will give you a high quality care of medical service in all hospital departments.
- When you come to make any lab and radiological investigations they will know that you are in the TKR program and will give the best service.
- We have Clinical Care Coordinator that will guide and help you during the process of your surgery before and after surgery. Coordinator will give you contact number in case you have any question and ensure that you get best and faster services during your surgery. The coordinator will coordinate in other Healthcare team to ensure that your needs are attended.

## Details On What Clinical Care Coordinator Can Help With Patient

Some of the areas that Patient Care Coordinators can assist you and your family with are as follows:

- Assistance in determining your medical benefits
- Obtaining Medical Equipment
- Medical Social Worker referrals
- Transportation coordination
- Home Health Coordination
- Coordinate between Patient and Healthcare providers
- Discharge follow up
- Satisfaction monitoring

## Social Worker

Taiba hospital will deliver social workers services for patients in a safe and effective way. We work with people and families to support them through difficult times and ensure that they are safeguarded from harm. Our role is to provide support, help and information in order to improve outcomes in people's lives. While you are in the hospital, you will be visited by a social worker when needed/referred/requested. The social worker will conduct interviews and assist you in understanding and participating in your rehabilitation program. He/she can assist you in your rehabilitation outside the hospital with the necessary information & coordination for outpatient physical therapy and special equipment.

A part of your rehabilitation will be dealing with the variety of emotions you may experience by the change in your physical health. A social worker can provide objective listening and support contacts for you after you leave the hospital.

You may request a visit from a social worker at any point in your stay.

- We will do our best to make you feel more comfortable and resolve your problems.
- For any assistance, please 1808088 ext. 0 and ask to talk to our social worker.

# Helpful Contact Information

Front Office Supervisor  
(+965) 50787878/ 50747474

Clinical Care Coordinator  
(+965) 94761425 / 94761424

- Schedule can change anytime according to Registrar Doctors' availability

(Consultant Orthopedic)

Sunday, Tuesday and Thursday 7am-3pm

Monday and Wednesday                      Operation Day

Friday and Saturday                              Off

For assistance, please call 1808088

You can contact any of these numbers in case of Emergency or you can come in OPD during clinic hours or in our Emergency Department open for 24 hours.

# What Is Total Knee Replacement (Arthroplasty)?



Technological advances have made it possible for your painful knee to be replaced with 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 prescribed a Total Knee Replacement to lessen your pain and make walking easier.

Criteria for Total Knee Replacement Surgery:

1. Pain affects Activities of Daily Living
2. Failed conservative treatment for 3 months

# Purpose of a Total Joint Replacement

- To alleviate pain
- To restore lost function- walk without pain
- To improve quality of life and maintain your independence

We are over 90% successful in achieving these goals. This is not a surgery for recreational sports/ activities.

## Risks and Possible Complications of Total Joint Replacement Surgery

The following is a list of potential complications and risks associated with major surgeries such as total joint replacement. The list is provided not to frighten you, but to inform you of possible risks of procedure. The chance of a complication occurring is very low.

Possible complications include:

- Anesthesia complications (very rare)
- Infection (less than 1 in 100)
- Loosening of implants (or failure/breakage of implants)
- Injury to blood vessels (very rare)
- Injury to nerves (less than 1 in 200)
- Fracture of your bone during implantation (very rare)
- Thrombophlebitis (blood clots form in your legs or pelvis, less than 1 in 200)
- Pulmonary embolus (blood clot in the lungs, less than 1 in 200)
- Blood loss leading to a transfusion of blood (less than 1 in 10)
- Transfusion reactions (very rare)
- Heart attack (less than 1 in 300)
- Stroke (less than 1 in 300)
- Death (less than 1 in 300)

Your Physician is aware of these possible complications and takes many precautions to reduce these risks. If you have any questions or concerns about these or other complications of surgery, please discuss them with your surgeon.



# How can I Minimize my Risks and Maximize my Results?

Prior to having you surgery scheduled, we want you to be in the best possible health. We will have you work with a team of health care providers to make sure that your surgery is as safe as possible.

- Weight loss will reduce the risk of complications.
- Diabetes is a risk factor for surgical complications including infection. If you are diabetic, your blood sugars need to be under good control. This is measured by your daily blood sugars and by your hemoglobin A1C. The best goal for hemoglobin A1C is 7 or lower. To be considered for total joint replacement, your hemoglobin A1C must be below 9 and your daily blood sugars well controlled. If needed, you will work with your primary care physician to meet these goals.
- Smoking and use of tobacco products increases your risks for surgery.
- Conditions such as heart attack (myocardial infarction), valve replacement, stroke, rheumatic fever, liver failure, kidney failure, lung disease and other major health problems may require additional testing and management. Our peri-operative specialists will work with your primary care physician to manage these conditions prior to scheduling your surgery.
- Hip and knee surgery increases your risk for developing blood clots which may be life threatening. Previous blood clots, smoking, use of birth control pills, lack of activity and certain types of cancer can increase your risk of developing a blood clot. If any of these apply to you, please be sure and tell your surgeon.
- Many conditions can decrease the strength of your immune system: HIV, chronic illness, smoking and certain medications may cause you to be more susceptible to infection. Please let your health care team know if any of these apply to you.
- Alcohol may interfere with anesthesia and pain medications. Do not drink any alcohol beverages (beer, wine or hard liquor) within 1 week (7days) of your surgery.
- If you are in recovery from drug or alcohol dependence, please discuss this with your surgical team. Our physician can help you and your family manage your pain medications to decrease the risk of relapse.

## **Illness**

If you develop any illness such as cold, flu, temperature, skin rash or infection, or “flare-up” of a health problem in 10 days prior to surgery, it is important that you notify your surgeon, it is important that you notify your surgeon’s office immediately. Sometimes minor health problems can be quite 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.

To protect your immune system from cold and flu the surgeon may advise you to take Pnevovax Vaccine. PNEUMOVAX

is a vaccine that is given as a shot (injection). It helps protect you from infection by certain germs or bacteria which are called pneumococcus. PNEUMOVAX is for people 55 years of age and older.

According to Ministry of Health Kuwait it is mandatory that age 55 years of age and above may take the vaccine in their designated health centers. Upon enrolled in the program the healthcare provider will ask for your Immunization health card to check if you receive the penumovax vaccine, it is important to present your card for proper assessment. If you did not receive the immunization you will be referred to go to health centers.

## Appointments Needed Prior to Surgery

In order to help you be ready for safe surgery as possible you will need to attend a number of appointments. These include but are not limited to the following:

### **Pre-operative appointment:**

1. You will be seen by one of our Physician's who will do a history and physical, go over the risks and possible complications along with the benefits of the surgery, have you sign your surgical consent, and order any remaining lab tests that may be needed, along with any additional x-rays your surgeon has requested. You will be given all needed instructions and directions for your surgery. Enrollment in the program (benefits) will be discussed by your Physician and your Clinical Care Coordinator.
2. You will be also seen by the Anesthesia Department for the first time, you will be evaluated by the anesthesiologist and have an opportunity to ask questions about your surgical anesthesia.
3. You will be assessed by Internal Medicine and Cardiologist for pre-operative assessment as recommended by anesthesiologists or according to your condition.

### **Having help available**

Until you learn to become more independent, you will need help with your daily activities so it is important that you arrange for someone to be available to assist you for about 2 weeks after you are discharged from the hospital.

In choosing a caregiver, consider that this person should be physically able to assist you with the following activities:

- Standing up from a chair, sofa, or bed
- Stand-by support while walking or managing stairs
- Assist as needed with bathing, dressing and housekeeping chores
- Transportation to appointments, back home after your surgery, picking up prescriptions and grocery shopping
- Assist in meal preparation

# Getting Your Home Ready

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

## Bedroom

- If you have two or more story home, arrange bed/sleeping area on the ground floor.
- Make sure that you have lighting at night between your bed and bathroom.
- Keep flashlight at bedside.
- Place a phone within reach on a nightstand without having a 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.
- Move toilet paper so you do not have to reach forward or twist around when using the bathroom.
- Explore purchasing a hand- held shower head and shower chairs which will allow sitting while bathing once showers are allowed; a long handled sponge is useful.
- Rubber mat in the floor will be helpful to avoid slippery when taking bath.

## Living space

- Remove scatter 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 which has arm rest, a high seat and straight back available for you to sit in.
- Arrange your furniture allowing clearance for a walker.
- 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-heeled 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 way when you are walking.
- Find an apron with pockets to hold things like mobile, medication, tissue, etc.
- Place frequently worn items in dresser drawer that do not require bending or stooping.
- Purchase a grabber to pick up dropped items; practice using it before surgery.

# Showering and Skin Prep before Surgery

The night before surgery it is important to shower with special soap, it is recommended to have a shower with antiseptic liquid, which help your skin to get rid of any organism contamination or colonization. Please don't hesitate to contact the health care provider for coordination.

Do not shave the surgical area unless required by the surgeon.

## Nothing to eat or drink after midnight before surgery

### **Diet instructions before surgery:**

- Stop all fluids, food, chewing gum, mints, or candy after midnight, with exception of:  
Your usual morning blood pressure and heart medications on the day of surgery as recommended by physician.
- You may brush your teeth but do not swallow any water. Please do not chew, suck or swallow anything
- Do not take diabetes medication or insulin on the day of surgery, unless otherwise instructed.

## Your Hospital Stay

- 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
- Knee length or short bathrobe
- Toiletries such as toothbrush, toothpaste, comb, brush, etc..
- Glasses, hearing aids with extra batteries and their containers
- Container for dentures or partials
- Comfortable clothing to wear home

### **Important reminders:**

- Leave valuable items such as money, jewelry, watches, and additional credit cards.
- Do not wear metal products such as hair clips, 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.
- It is important to bring all the X-Ray, MRI and any investigation done before surgery

### **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 bowel movement while you are in the hospital; however, constipation is a common problem following surgery, so please request a laxative if you think you need one.

### **DON'T BE AFRAID TO SPEAK UP IF YOU'RE UNCOMFORTABLE**

## **After Surgery**

A small tube (Foley catheter) may be inserted into your bladder to drain urine. This catheter will be removed if you are fully ambulating after surgery.

If you don't have a catheter and you think that your bladder is full, please let your nurse know.

### **Breathing exercises**

You will need deep breathing exercise by your nose (inhale) and breathe out by mouth (exhale) using your Incentive Spirometer to open your lungs and clear secretions after surgery. Pre-operative instruction on how to use the spirometry will be given by Physiotherapist.



# Blood Transfusion

- The surgeon will request blood before surgery for transfusion during or after surgery. It is required for all patients who will undergo the surgery to replace the blood loss during surgery. To ensure that the blood will be available few days before surgery, we will request for blood to be available on the day of surgery.
- If the patient has a rare blood group and auto-antibody in blood the other option will be Autologous Blood Transfusion which can be done in Kuwait blood bank.

## **What is autologous blood transfusion**

- Is the process of donating one's own blood prior to surgery

Some of the advantages of autologous blood donation include:

- The patient is assured that the blood is an exact match to his or her blood type, thereby avoiding transfusion reaction.
- There is no risk of inadvertently transmitting infectious agents.
- Autologous blood donations supplement the community blood supply.
- The process of donating blood promotes blood cell production by bone marrow.
- The patient is often reassured by the knowledge that his or her own blood will be used if a blood transfusion becomes necessary.

Some disadvantages to autologous blood donation do exist, which include:

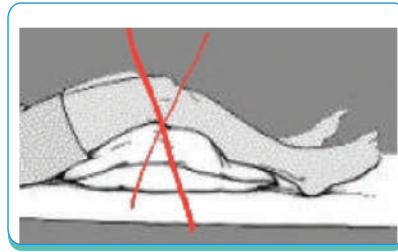
- Contamination of autologous blood with infectious agents is possible during the donation process.
- There is a possibility that a patient's blood will be mislabeled or that allogeneic blood will be inadvertently transfused.
- Autologous blood donation costs more to process and store.
- Blood may be transfused unnecessarily because an autologous blood supply exists.

Intra-operative blood salvage may consider during surgery, Intraoperative blood salvage, also known as autologous blood transfusion or cell salvage, is a medical procedure involving recovering blood lost during surgery and re-infusing it into the patient. It is a major form of autotransfusion.

Several medical devices have been developed to assist in salvaging the patient's own blood in the perioperative setting. With a greater effort to avoid adverse events due to transfusion there has also been an emphasis on blood conservation

# Pre and Postoperative Physiotherapy advices

1. **Proper positioning of the knee/s:** After the operation, it is very important to take care about the good positioning of the knee/s to avoid any deformity (flexion contracture) and stiffness or pain. The knee/s straight (operated leg) is elevated with a pillow or two pillows from below the knee till the ankle to decrease the swelling in both lower limbs , it's not allowed to have a pillow under the knee/s, to avoid knee/s contracture.



2. **Early post operative exercises:** It's recommended to practice regularly breathing and gentle circulatory exercises as soon as the patient is able, these exercises help increase circulation to your legs and feet, which is important for preventing complications such as chest infections and blood clots in legs. They will also help strengthen your muscles and improve knee movement.
3. **Changing position in bed:** Because it is not possible for you to turn yourself alone from side to side in bed mainly the first 3 days, nurses staff or physical therapist will teach and help you to change your position to protect your surgery and will assist you to do this. This will help circulation to all body parts and stop sore, red areas developing, especially on your bottom or heels. If possible changing position must be done every 3 hours.

## Post operative exercises include:

1. **Breathing exercises:** Take long and slow deep breaths. Each breath should be deeper than the previous breath. Using of spirometry (2 to 3 sets, each set 15 times, every 2 to 3 hours).



## 2. Circulatory exercises:

- Ankle exercises include pump feet up and down.
- Rotate both ankles in a clockwise and anti clock wise direction.
- Repeat 15 times every 2 to 3 hours.

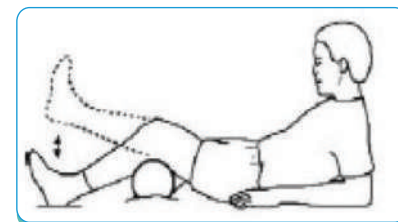


3. **Thigh squeezing:** Squeeze your thigh muscles tightly to hold the knee as straight as you can. Hold for 5 seconds. Rest. And repeat. 15 times every 3 hours.

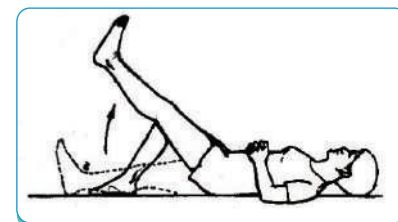
4. **Ankle pump & circle exercises:** Bend both your ankles up, pulling your toes toward you, then bend both your ankles down, pointing your toes away from you. In addition, rotate each foot clockwise and counter clock wise, keeping your toes pointed toward the ceiling. Repeat 3 sets of 15 each. 3x a day).



5. **Short arc quadriceps strengthening:** Supine on your back or sitting up with your leg horizontal on a flat surface such as a bed. Place a rolled up towel or a pillow under the knee. Pull your toes towards you. Slowly lift your foot up off the bed until your knee is straight (keep your knee resting on the towel). Hold for 5 secs and slowly lower. Repeat 3 sets of 15 each, 3x daily.



6. **Straight leg raising:** Bend one of your legs (if possible) with your foot flat on the bed. Raise your opposite leg up with pulling your toes towards you, keeping your knee straight. Hold briefly. Progress to holding for 5 seconds. Slowly lower your leg down and relax. Repeat 3 sets of 15 each, 3x daily.



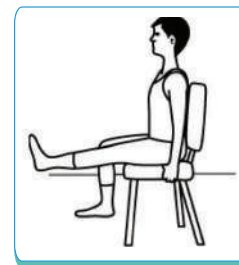
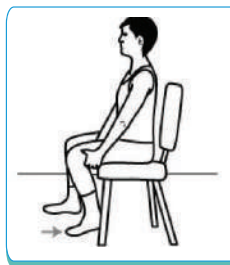
7. **heel slide (bending the knee):** Bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed. Slide your heel back down to the starting position. Keep your kneecap pointed up toward the ceiling. Repeat 3 sets of 15 each, 3x daily.  
Assisted knee bend (heel slide): with the help of a bed sheet or a towel attached to the ankle try with your hands to pull the ankle to your buttocks as far as you can. Hold for 5 seconds and then slide your heel back to the starting position.





### 8. **Sitting knee flexion & extension:**

Sit in a chair with knee bending till 90 degrees or more if possible. Lift your foot, straightening your knee as much as possible. Try to keep your knees level, as if you were holding a tray on your lap. Hold for 5 seconds. Slowly lower your leg down and bend it as far as you can. hold and relax. Return to the starting position and repeat with opposite leg. Repeat 3 sets of 15 each, 3x daily.



### 9. **Leg slide (abduction & adduction):**

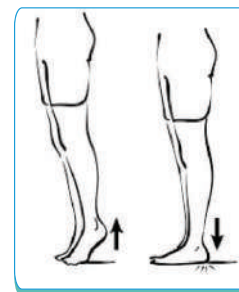
On supine position, with your legs straight, Slide your leg out to the side, keeping your kneecap pointed up toward the ceiling. Slide your leg back to return to the starting position. You may raise your leg 10 to 15 cm from the bed to make the exercises more difficult. Repeat 3 sets of 15 each, 3x daily.

You can do each leg separately or the two legs together (advanced).



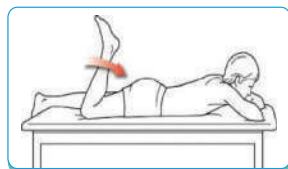
### 10. **Calf strengthening ( tiptoe standing):**

In standing position, with taking support on the wall or a firm chair, try to stand up on your tiptoes, hold for 3 to 5 seconds, rest, and repeat. 3 sets, 15 times each, 3x daily (if possible).



### 11. **Hamstrings strengthening (in standing or prone position):**

In standing or prone position, try to bend your knee backward by raising up your heel away from the floor as far as you can, hold for 3 seconds and lower your leg slowly, rest, then repeat. 3 sets, 15 times each 3 times a day.



## 12. **Chair squat:**

Keeping feet flat on floor, shoulder width apart, squat as low as is comfortable, if possible hold for 3 seconds and stand up. Use support as necessary. Avoid letting your knee go over your toes. Pretend you are sitting in a chair. Repeat 10 times.



## **Sitting to standing position exercises:**

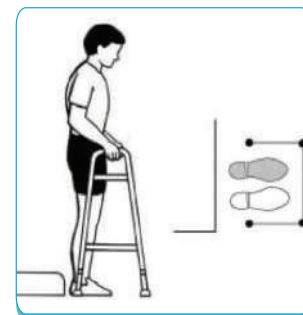
Sit on a firm chair with arm rests, bend both of your knees as far back as possible by keeping your feet on the floor, first try to stand up fully with the assistance of both hands by holding the chair arm rests, then try to use only one chair arm rest, later on try to stand without any assistance then sit down. Try do not bend you back forward as possible you can to avoid back pain.

## **Walking:**

Walking is the best exercises to help your knee/s recover. In the beginning you will start walking with a walker (without wheels) (the high of the walker will be adjusted on the same elevation level of your hip, it will be adjusted by the physical therapist), stand comfortably and erect with your weight evenly balanced on your walker. Advance your walker a short distance, on the way that the backward legs of the walker must be on the same level of your toes, then start ambulating with the operated leg (in case of single TKR), or with the weaker (in case of BTKR), to reach the mid space of the walker, with your knee straightened so the heel of your foot touches the floor first, then advance the other leg. Remember to bend your knee when you will move it forward to help the knee to become flexible in walking.

Walk slowly and smoothly as you can, don't hurry, adjust the length of your step and speed as necessary to walk with an even pattern.

When your knee become strong enough (generally after 3 to 4 weeks post-operative), you can begin using a single crutch or cane. Hold it in the hand opposite of the operated side of surgery (in case of single TKR) or in the hand of the weaker leg (in case of BTKR).



## **Stair climbing and descending:**

First you will need a handrail for support and will be able to go only one step a time. Always lead up the stairs with your good knee (in case of single TKR) and down the stairs with your operated knee. In case of BTKR lead up with the strong knee and down stairs with the weak knee. As you become stronger and more mobile, you can begin to climb stairs foot over foot.

# Physiotherapy Discharge Planning Instructions

1. Reaching between 80 and 100 of knee flexion and 0 degree of extension.
2. Functional gait: shifting alone from /into the bed, walking on flat surface using of assistive device, (using walker, climbing and descending stairs, self independent in toilet).
3. Reaching good quadriceps and hamstring muscle strength for desired level of activities.
4. No giving-way or pain with desired level of activities.
5. Home program exercises: continue the same exercises already done in the hospital (giving the patient a pamphlet includes all exercises that patient supposes to continue after discharge).
6. Apply cold compress in the knee but not directly to the skin after exercise 3 times per day for 15-20 minutes.

## Planning for Your Discharge

### Discharge planning

Patient that have knee replacement surgery are generally discharged on 4th day post-operatively for single knee surgery and on 10th day post-operatively for bilateral knee surgery.

### Medical equipment

1. Standard medical equipment that will be needed at the time of your discharge from hospital is a walker, cane, hospital bed (optional). The care coordinator will give you a medical report that you can avail this is the government or for Kuwaiti citizens only. For non-Kuwaiti to buy in private sector.
2. The doctor may also recommend a bedside commode.



## Home care

- Use your walker for 3 to 4 weeks depends on your muscles strength after surgery. Do not stop using your walker until you are stable and can transition to a cane or no assistive device.
- 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 weeks. This means that it is okay to walk around in and around your home.

## 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 pain medication as needed to manage the pain. Keeping your pain managed will help you do your exercises and prevent loss of motion.
- Keep leg elevated to reduce the swelling and pressure.
- Use ice on your knee 15-20 minutes as instructed.
- Do not leave your leg down for long periods.
- If you experience significant pain or swelling, contact your doctor immediately.
- Increase activities gradually. You need to exercise, but don't overdo.

# Wound Care

## Incision care and hygiene

In most cases you may shower after surgery as instructed by healthcare provider, unless your incision is draining or you are instructed otherwise. After showering, gently pat the area dry. Do not take bath or go into pools of water until advised by your surgeon after your first postoperative clinic visit.

Keep the area dry and avoid using creams or ointments. Ask a family member to check your incision for sign of redness, swelling, drainage, increase tenderness, or bleeding.

Tell your physician and therapist if you notice any of these signs. The incision was closed with staples or suture. Don't touch the incision site or remove the pad unless it was removed or soak with water, just replace the pad that was given to you before discharged or follow-up in OPD for dressing.

# When to Call Your Surgeon or Care Coordinator

Dear Patient:

We all care for you in and out of the hospital and until your healing.

When you are at home, we hope from you to call us if you or any family member observes these following:

1. The wound and redness around it is increased.
2. Bleeding or any discharge from wound.
3. Increase leg swelling more than when you were in the hospital.
4. If your body temperature is more than 38.5 C.
5. If you have severe burning sensation in urinating
6. If you have severe pain in your teeth and before going to dentist.

If you have any questions don't delay and call us anytime in the contact numbers provided to you.

## Important Reminders

Be aware that your prosthesis may activate metal detectors. Your physician will give you a medical report in case you will travel.

If you are scheduled for dental work, you may need to take antibiotics. Prophylactic antibiotic therapy will prevent spread of infection to your prosthesis, a medical report will be issued by your physician in case you need dental procedure.

### **Do not's for knee patients**

- Do Not twist your knee
- Do Not sit in armless chairs. Chair arms are useful to aid in rising to a standing position.
- Do Not get up from a chair until you have moved to the edge of the chair. Keep your involved leg in front of you while you are getting up and in case of Bilateral TKR keep the strongest leg in front.
- Do Not sit in chair with roller wheels. Avoid sitting on low places to avoid forward back bending.
- Do Not sit in bathtub.
- Do Not try and carry anything in your hands while you are walking with your walker.
- Do Not wear high heeled shoes. Wear low or flat, closed toe and heel, supportive shoe for optimum safety.
- Do Not perform high impact activities such as running, jumping or race walking.

# Commonly Ask Questions After Surgery

## 1. Should I will be worried about swelling in my knee or leg?

Swelling is a common and normal part of healing. Rest, Ice and Elevation can help reduce swelling in your knee and leg.

## 2. Should I be worried about redness or bruising?

It is normal to have some skin color changes including some redness and bruising after surgery. Keep track of the discoloration. Bruising will typically resolve on its own and can discuss it with your surgeon at your visit.

## 3. When should I expect to have a bowel movement?

We would like for you to have had your first movement at the hospital. If not, we would expect you to have one within 3 days of arriving at home. You should have a high fiber diet and use stool softeners at home due to strong pain medications.

## 4. When will I start my physiotherapy after discharged in the hospital?

Physiotherapy will start after removal of skin staples in 4 weeks or as directed by Physician in OPD.

## 5. How long will I have to use walker after surgery?

Most patients will use walker for up to 4 weeks after surgery.

## 6. Should I use Ice Packs?

Ice may help you relieve pain and reduce swelling, but don't apply directly in your skin.

## 7. Should I put lotion on my incision?

Not until your incision is healed or as instructed by your physician.

## 8. My pain medication is not adequately controlling my pain. What should I do?

You have been prescribed by strong medicine to help control the pain. You will not be pain free, but our hope is that your pain is at tolerable level. If pain doesn't improve in time please contact your healthcare provider.

## 9. Will the pain in my knee stop?

As you recover the pain in your knee will lessen. It is important to remember that even with a total knee replacement the knee is not "normal" and may always feel somewhat different.

### **10. How do I get more pain medication?**

Most patient will be given a couple of refills for their pain medication or may contact your healthcare provider.

### **11. What sort of recreational activities can I participate in after my knee replacement?**

This will be discussed with your physician. Typically, as your knee heals and strengthens you will become more active.

### **12. How long will I be off work after surgery?**

You will be given an off work for 90 days or as recommended by your physician.

On behalf of Taiba Hospital Total Knee Replacement Program Team we would like to thank you for being active participant, being involved in the care process and especially for the family of the patient who are willing to support our program in order to serve you better. We wish you fast recovery and hopefully to see you return in your normal activities of daily living.

THANK YOU