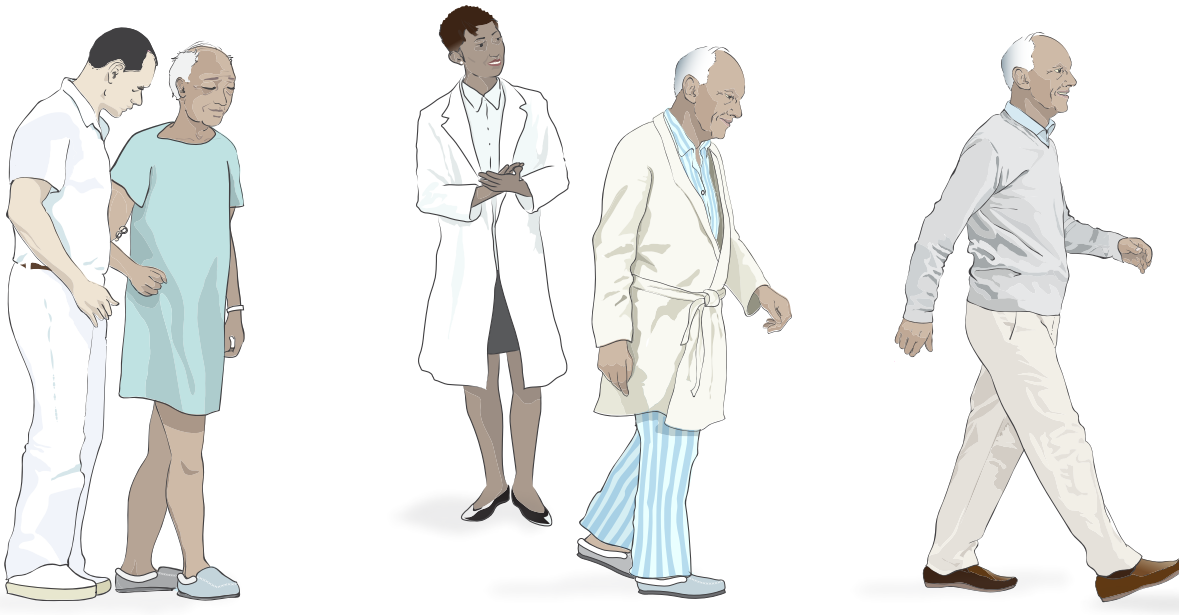


A guide to your **Knee Replacement Surgery**



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

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This booklet is based on a clinical pathway developed by the Enhanced Recovery Canada Hip and Knee Arthroplasty Working Group and the McGill University Health Centre Patient Education Office.

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

This material is also available online through the Enhanced Recovery Canada and Healthcare Excellence Canada websites:

www.enhancedrecoverycanada.ca

www.healthcareexcellence.ca

What is a Care Pathway?

When you come to the hospital for your knee replacement surgery, you will be part of a program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Give you daily goals to achieve

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, exercising, and controlling your pain. These will help you to feel better faster and go home sooner.

Bring this booklet with you on the day of surgery. Use it as a guide in hospital and when you go home after your hospital stay. Staff may refer to it as you recover, and review it with you before you go home. We also invite you to visit Precare (<https://precare.ca/en/>) where you can watch a video to prepare for your surgery. Click on “Surgical Procedures” then on “Orthopedics” and “Knee Surgery”.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

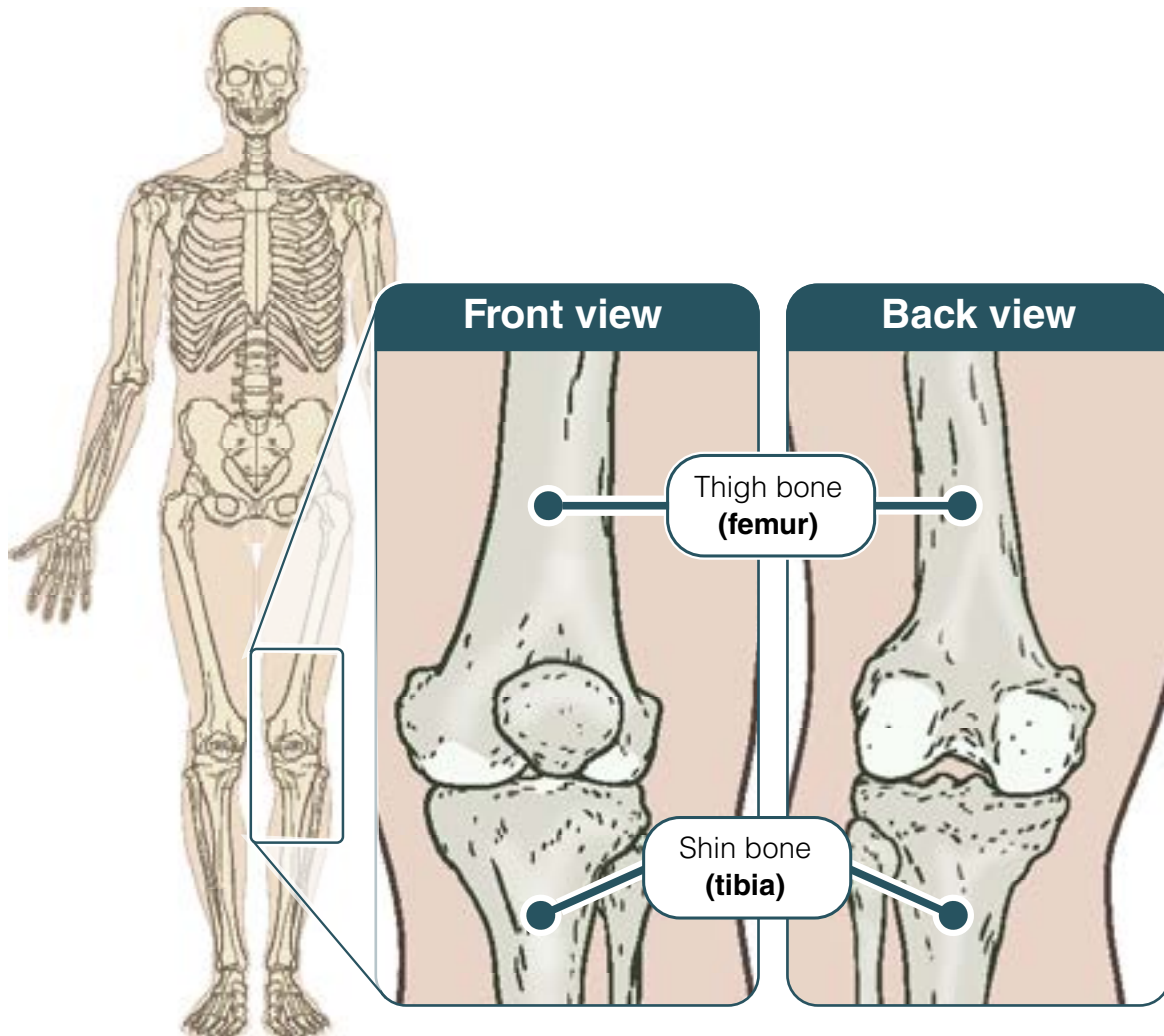
Your surgery team



If you are not comfortable communicating in French or English, bring someone to translate for you.

What is the Knee Joint?

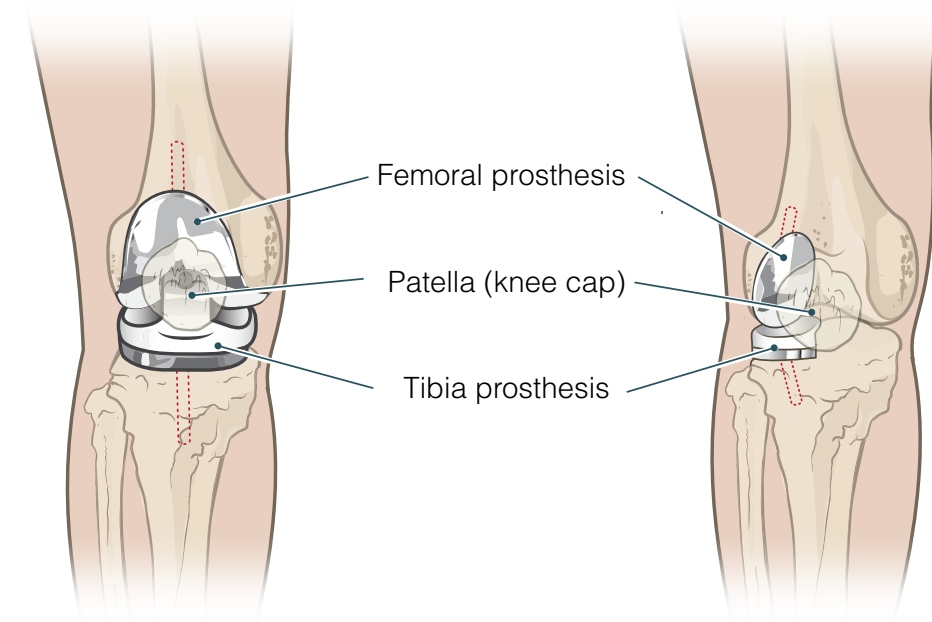
The knee joint works like a hinge. The thigh bone called the **femur** in your upper leg is hinged to the shin bone called the **tibia** in your lower leg. The knee joint allows the shin bone to move backward and forward on the thigh bone so that you can bend and straighten your leg.



What is a knee replacement surgery?

Advances in surgical techniques and pain control may allow you to leave the hospital sooner than you might expect. Your surgeon will let you know if you are a good candidate for an outpatient knee replacement surgery. If you are an outpatient, the surgery and hospital stay will last less than 24 hours.

When the knee joint is worn out or damaged, two types of surgery are possible.



1. **Total knee replacement**, which means replacing the internal and external joint surfaces of the knee.
2. **Uni-compartmental knee replacement** means replacing only the worn surfaces from only one portion of the knee: either internal or external.

The surface of the ball joint is also replaced depending on how worn out it is.

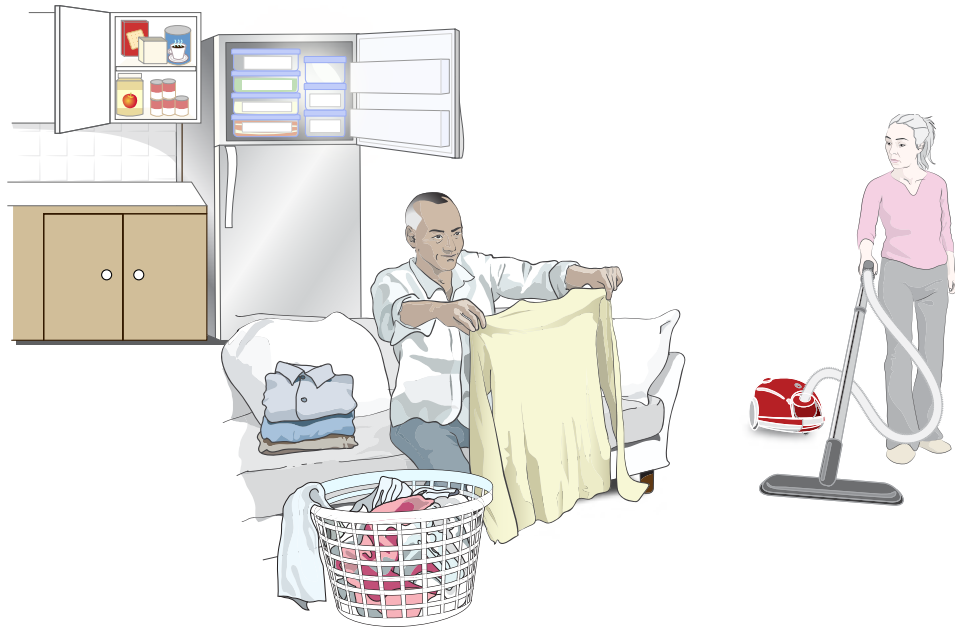
The goal of this surgery is to reduce your pain and increase your mobility.

Preparing for your surgery

Plan ahead:

Make sure everything is ready for you when you go home after your surgery. Some tasks might be difficult, especially at the beginning.

At first, you may need some help from friends or family with meals, laundry, bathing, cleaning etc.



If you do not have enough help at home after your surgery, talk with your community health clinic. They might offer services like housekeeping or meal delivery.



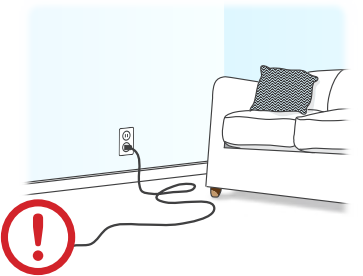
If you are still worried about returning home after surgery, speak with your doctor or another member of your health care team.

Preparing for your surgery

Arrange your living space to make life easier when you go home after your surgery.

Here are some suggestions:

- Place items that you use a lot where they are easily reachable
- Put away carpets and area rugs. Clear the space around your bed, in the hallways, in the kitchen and bathroom so that you can get around freely with your walker.
- Remove electric cords from the floor where you may walk. You might want to move some furniture around so that you can move around safely after surgery.
- Get 2 good quality, non-slip mats
 - 1 for the shower/tub (sticky patterns in the tub are not sufficient).
 - 1 for the bathroom floor.
- Get well-fitted shoes and slippers with soles that are not slippery.
- Stock the refrigerator and freezer. Buy frozen foods or prepare individual portions that can be reheated until you are well enough to cook.
- Get a thermometer to check your temperature after your surgery.
- Use an ice pack or a bag of frozen peas to help with swelling and pain control.



Preparing for your surgery

Stop smoking and vaping

If you smoke, we encourage you to quit at least **4 weeks before surgery**. It can help you recover faster.

Quitting smoking isn't easy, so talk to your doctor. You can quit even if you have smoked for many years. Your doctor can help you. See **page 50** to learn more. It is never too late to quit!



Reduce your alcohol use

Inform your health care team about how much alcohol you regularly consume. The amount of alcohol you consume can negatively affect your surgery. Your health care provider can help you to cut down on your alcohol use.

Important: Do not drink alcohol for 24 hours before surgery. Alcohol can change the way some medications work. This could affect how well you recover.



Organize your ride back home

If leaving on the same day as your surgery, arrange your ride back home for **late afternoon**. (Ask your driver to stay, if available.)

If you stay overnight, arrange a ride **before noon** the next day.



Exercise program before your surgery

Try to exercise every day. Being physically active before surgery can make a big difference in how you recover. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day.

Exercise does not need to be hard to make a difference. A 10 minute walk every day is a good start. If exercising is painful, consider low-impact exercises such as swimming or biking, and/or, upper body activities such as arm circles or seated bicep curls.

These exercises are important to help strengthen your muscles and help your recovery after the surgery.



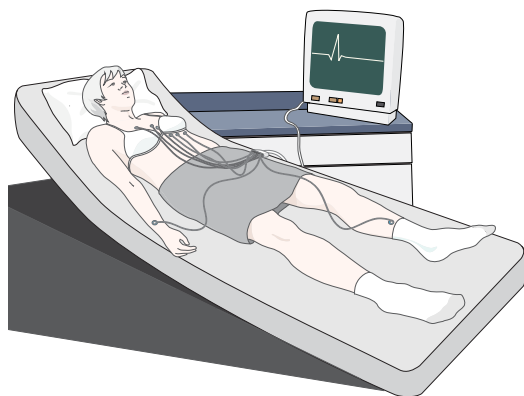
If you need help strengthening your body before surgery, ask your surgeon for a referral to a kinesiologist.

Pre-operative Clinic visit

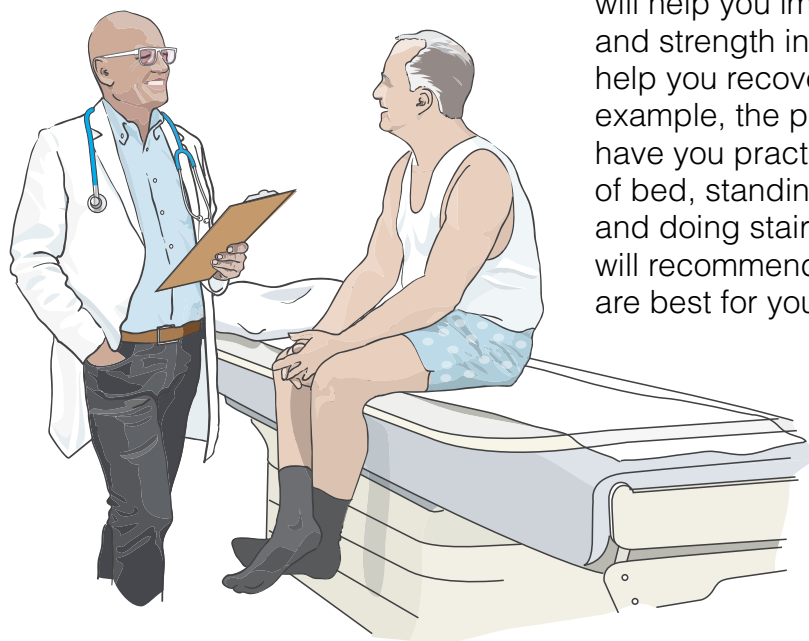
The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

When you visit the Pre-op Clinic, you may:

- Have blood tests.
- Have an ECG (electrocardiogram) to check your heart.
- Meet an anesthesiologist (the doctor that will manage your pain.)
- Meet with a physiotherapist who will review exercises and activities.



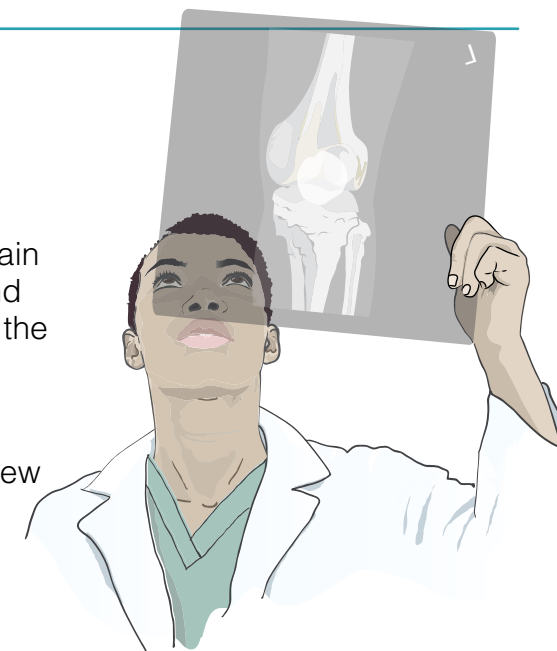
After the surgery, the physiotherapist will help you improve your movement and strength in your knee joint and help you recover your mobility. For example, the physiotherapist will have you practice getting in and out of bed, standing from a chair, walking and doing stairs. The physiotherapist will recommend the exercises that are best for you.



Pre-operative Clinic visit

You will:

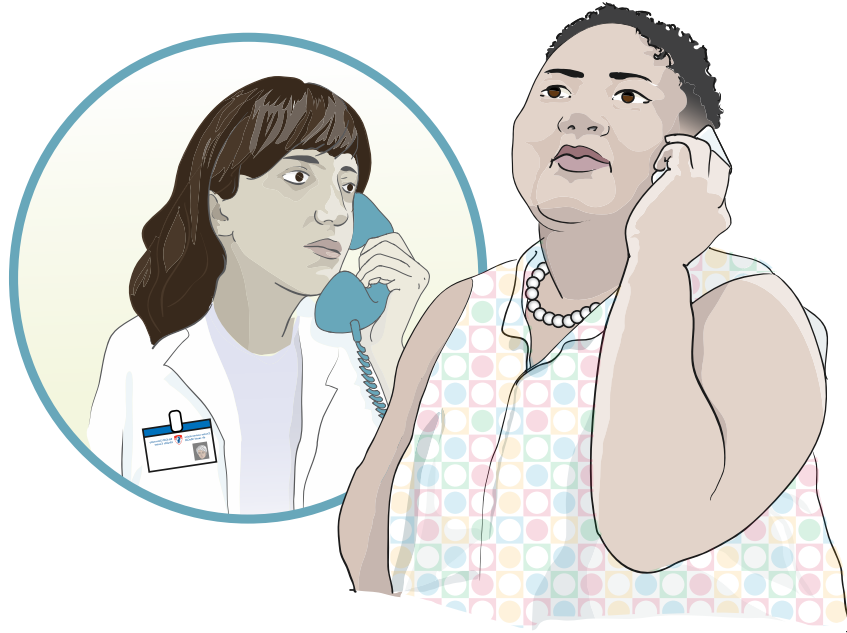
- Meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital.
- Have an X-Ray of your knee.
- Meet with a doctor who will review your medications and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.



You may have to stop taking some medication and natural products before surgery. The Pre-op Clinic doctor will explain to you and will order in your file which medication you should stop and which ones you should keep taking. Ask your pharmacy to fax us your list of medications.

Phone call from Admitting

The hospital will contact you to let you know when to come to the hospital. They will give you the date of surgery, the exact time, and where to go.



Date of surgery:

Time to be at the hospital:

Where to go:

Cancelling your surgery

If you are sick (fever, coughing), have an infection, are pregnant, or for any reason cannot come to the hospital for your surgery, call the following numbers as soon as possible:

Your surgeon's office:

.....

And, the hospital's surgery booking department:

.....



If you need to leave a message on the answering machine, tell us:

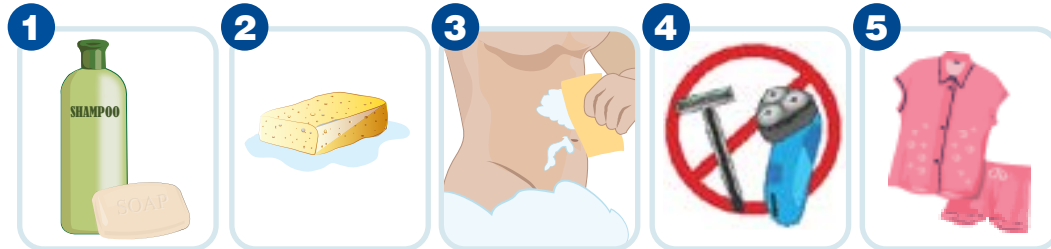
- your full name
- the date of your surgery
- your telephone number
- your hospital card or provincial health care plan number
- your surgeon's name
- the reason for cancelling your surgery

! It is possible that your surgery may be delayed or cancelled because of another emergency. If so, your surgeon will reschedule your surgery as soon as possible.

Washing

You may be asked to wash with a chlorhexidine soap before surgery. This soap helps kill the germs that cause infections. You should have received information about this at your pre-operative clinic visit. Here are the steps to take:

The night before surgery



1 Use regular soap and shampoo for your face and hair.

2 Take a shower with either: chlorhexidine product OR regular soap (if you have an allergy to chlorhexidine).

3 Wash your body from the neck down, including your belly button and your genital area.

4 Do not shave the area where the surgery will be done.

5 Wear clean clothes to bed.

The morning of surgery



1 Take a shower with either: chlorhexidine product OR regular soap (if you have an allergy to chlorhexidine).

2 Do not wear lotion, perfume, makeup, nail polish. Do not wear jewelry or piercings.

3 Do not shave the area where the surgery will be done.

4 If you wear contact lenses, wear your glasses instead.

5 Put on clean and comfortable clothes.

What to eat and drink

Eating well will give you the energy you need to recover from surgery. But you may need to restrict your diet just before your surgery.

Your pre-op nurse will explain what to eat and drink before surgery, including **the day before surgery** and the **morning of surgery**.

The day before surgery

- Eat and drink normally up until 6 hours before your surgery.
- You can continue to drink clear fluids (a liquid you can see through) up to 2 hours before your surgery.

The morning of surgery:

- **Do not eat any food.**
- You can continue to drink clear fluids (a liquid you can see through) up to 2 hours before your surgery.



Drink clear fluids up to 2 hours before your surgery.

Examples of clear fluids are:

Water, fruit juices without pulp, tea, or coffee (without milk or cream), sports drinks that have electrolytes, jello or popsicles.



Exception: If you are asked to come at 6 a.m., stop drinking any clear fluids at 5:30 a.m.

Remember: Some people should not drink at all after midnight. Your nurse will tell you if you need to stop drinking at midnight.

What to bring to the hospital

- This booklet
- hospital card or provincial health care plan number
- The list of all the medication you take. Include doses of prescribed and over-the-counter medications
- Bathrobe, pajamas, non-slip slippers or shoes
- Personal items (toothbrush, toothpaste, comb, deodorant, and tissues)
- Private insurance information (if you have any) for private and semi-private rooms

If needed:

- Glasses, contact lenses, hearing aids, dentures. Bring their storage containers labeled with your name
- Cane, crutches, walker, labeled with your name
- CPAP machine, if you have sleep apnea



Do not bring anything of value. Do not bring credit cards or jewelry. The hospital is not responsible for lost or stolen items.

At the hospital

Admitting area

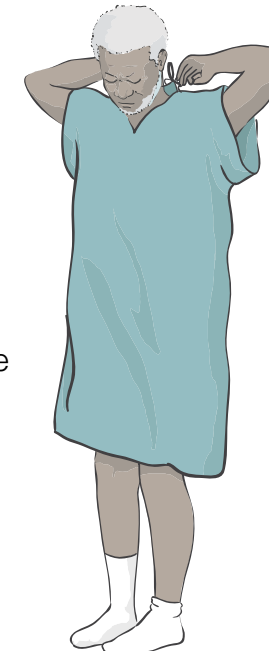
Go to _____ at the time you were told.
You will sign an admission form.



The admitting clerk might ask what kind of room you prefer to stay in after surgery: a private or semi-private room, if available.

At the Surgical Admission area, your nurse will:

- Ask you to state your full name to ensure correct patient identification
- Ask you to change into a hospital gown
- Fill out a Pre-operative checklist with you
- Make sure your personal items are in a safe place
- Give you some pills to take with some water
- These pills will help you to avoid or reduce your pain and nausea after surgery



At the hospital

OPERATING ROOM 3



In the Operating Room

A patient attendant (orderly) will take you to the Operating Room after a short wait.

In the operating room, you will meet your surgical team and the anesthesiologist (the doctor who will take care of the pain). You will be pain-free during your surgery.

Your surgery will normally take 1 hour to 1 hour 30 minutes.

Your surgeon works with noisy instruments. If you think these noises may bother you, speak with the anesthesiologist. You can bring in your own music (ie. phone, portable radio) as long as you wear ear buds.



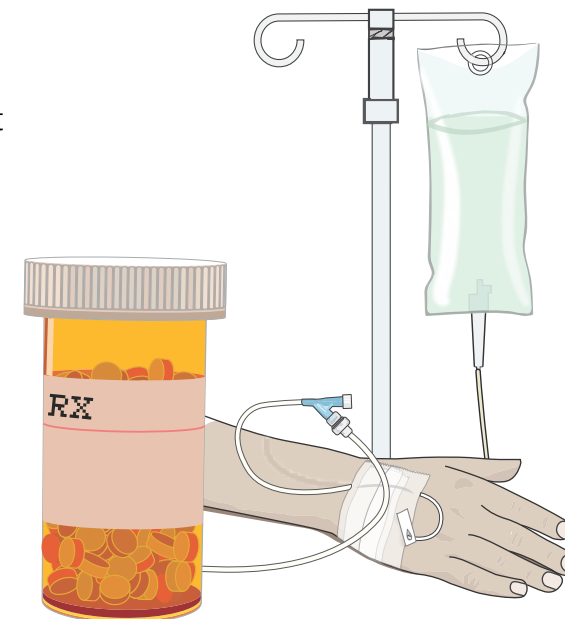
The anesthesiologist will give you medicine called an anesthetic to reduce or prevent pain. There are three main types: local, regional and general. You can ask your anesthesiologist what type may be best for you.

You will be placed on your back during the operation.

After your surgery

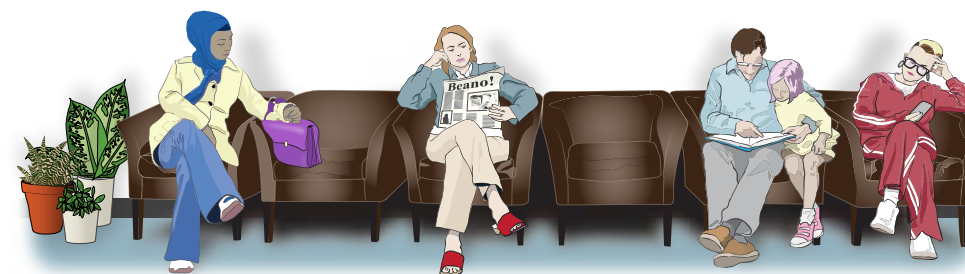
The anesthesiologist, respiratory therapist and a nurse will take you back to the Post Anesthesia Care Unit (PACU) (also called the Recovery Room). You will stay here as long as it takes to monitor your vital signs and stabilize your pain. The anesthesia and surgical team will help to minimize your pain after surgery. Several methods can be used:

- anti-inflammatory drugs and/or Tylenol
- local analgesics (injected)
- opioids (short and long acting)



Waiting room

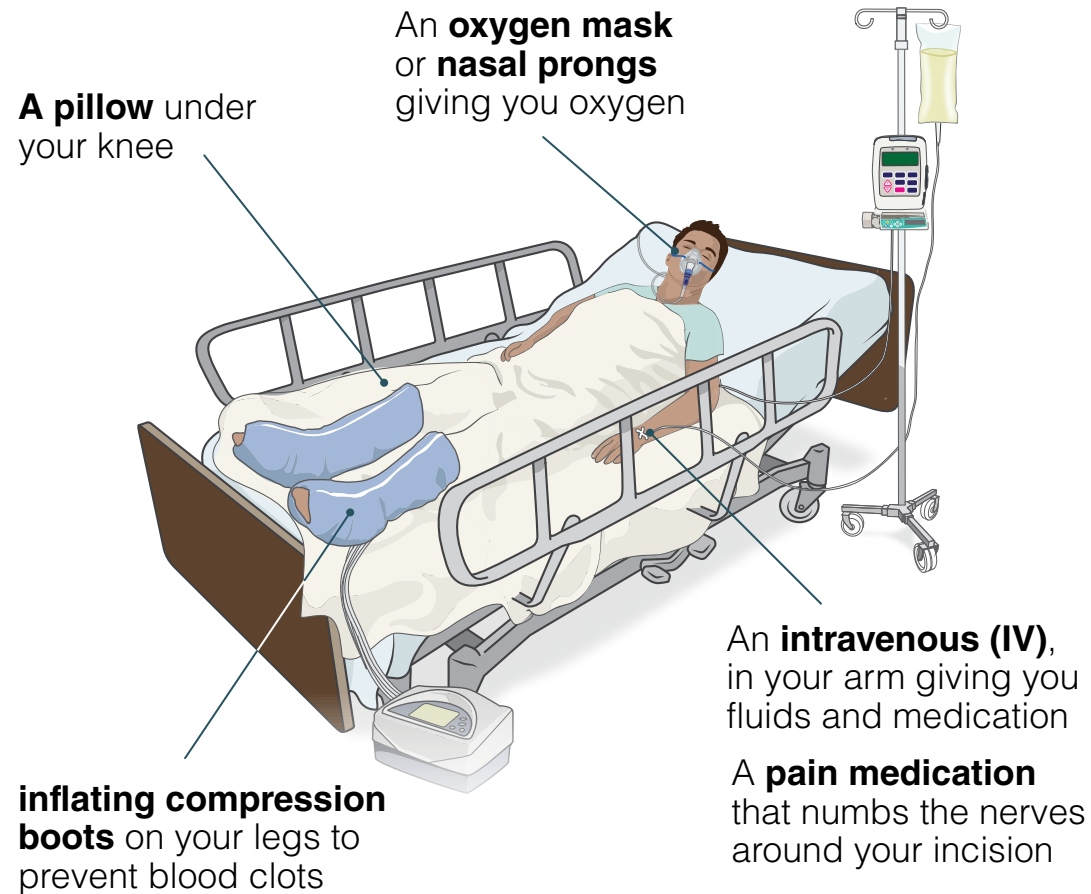
Family or friends can wait for you in the waiting room.



Post-Anesthesia Care Unit (PACU)

- The nurse will:**
- Check your pulse and blood pressure
 - Check your bandage(s)
 - Ask you if you have pain
 - Make sure you are comfortable
 - Check that you are getting enough fluids

You might have:



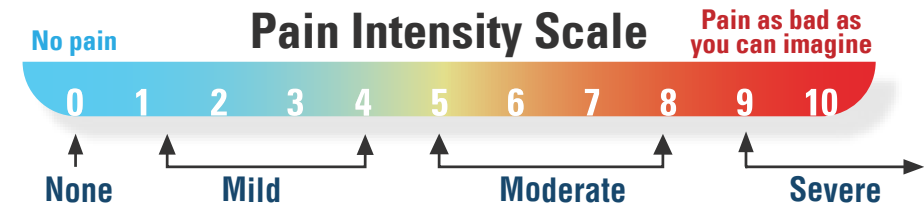
Pain control

Our goal is to keep your pain low so you can:

- Breathe better
- Eat better
- Recover faster
- Move better
- Sleep better

Get to know the pain scale

0 means no pain and 10 is the worst pain you can imagine. It is normal to feel some pain after knee replacement surgery. A level of 1-3, pain you can “tolerate” is common. In this situation, your pain can be controlled well with acetaminophen.



It is best not to use opioids (e.g., morphine, oxycodone, hydromorphone) which may cause nausea, confusion, dizziness and constipation. If your pain gets to a 4 or more, let your nurse know. This will help us decide how to manage your pain. Normally, you will be allowed to move your knee freely unless your surgeon tells you otherwise.

To help control your pain, we encourage you to use ice, acetaminophen, anti-inflammatories and non-opioid pain relievers rather than opioids.



Our goal is to keep your pain score below 4 out of 10. Do not wait until the pain gets too strong before telling us.

Exercises

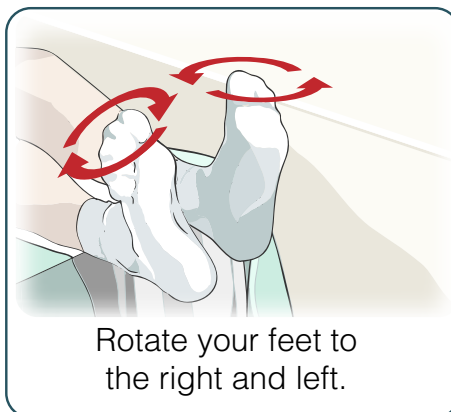
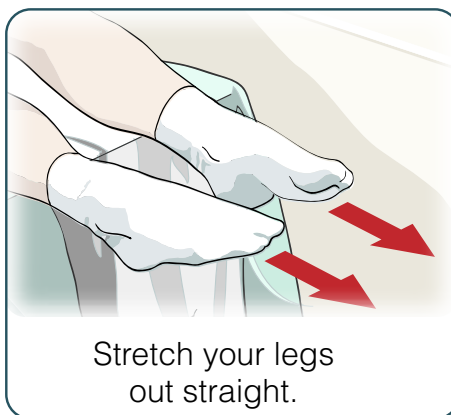
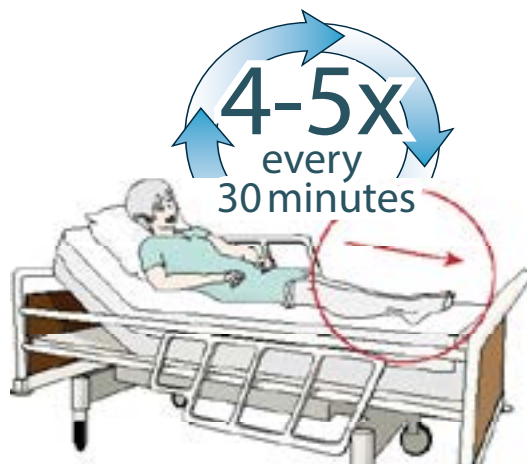
You must move around after surgery. This will help prevent blood clots, muscle weakness and lung problems like pneumonia.

The following exercises are for **Same Day Admission patients only** who are staying overnight in the hospital (p27). Start these exercises when you wake up. Continue them while you are in the hospital.

Leg Exercises

These exercises help your blood flow in your legs.

Repeat each exercise 4 to 5 times every 30 minutes while you are awake.

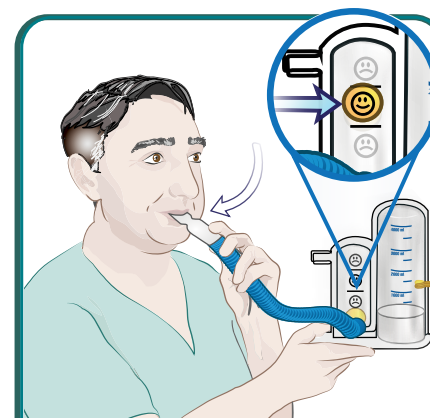


Exercises

Deep breathing and coughing exercises

We may give you an inspirimeter. An inspirimeter is a machine that helps you breathe deeply. It helps prevent pneumonia.

To use your inspirimeter:



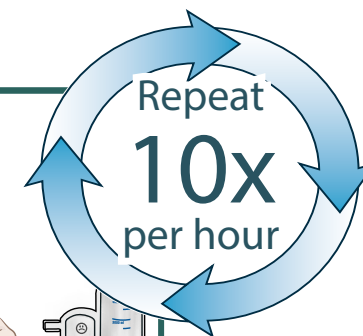
Put your lips around the mouthpiece.

Breathe in deeply. Try to hold the yellow ball where you see the happy face 😊



Remove the mouthpiece and breathe out.

Rest for a few seconds.



Repeat this exercise 10 times every hour while you are awake.



Take a deep breath and cough. If you have some secretions, cough them up.

If going home on the day of surgery, these are goals for day 0:



If you are an outpatient candidate, your goals for Day 0 (day of surgery) are the same as listed on pages 27-28, except that you will be discharged from the hospital by the end of the day (usually 3-6 hours after your surgery).


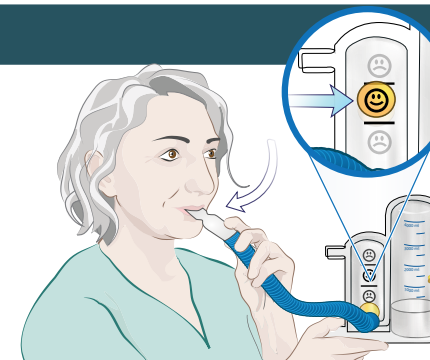
Before you leave, an appointment will be made to see your surgeon again around 4 to 8 weeks later.

We will give you the prescriptions for your medications and equipment as well as a request form for x-rays.

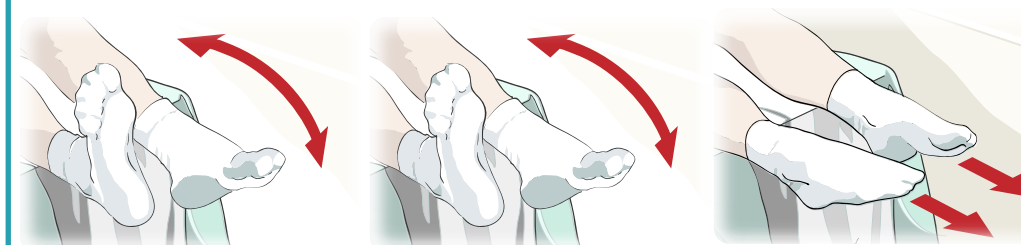



If staying overnight after surgery, these are goals for day 0:

Activities

1. A member of your healthcare team will help you stand and walk on your first day, plus sit on a chair.
2. Do your breathing exercises (see page 25).
3. Do your leg exercises.
4. You will use the bathroom if needed instead of using the commode or the urinal.

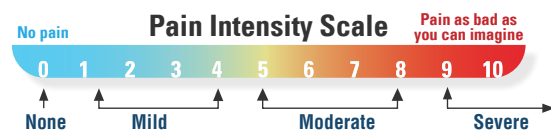



! You may have temporary difficulty urinating. If so, tell your nurse. Your nurse can insert a urinary catheter to empty your bladder.

Goals for Day 1 and every day after while in hospital

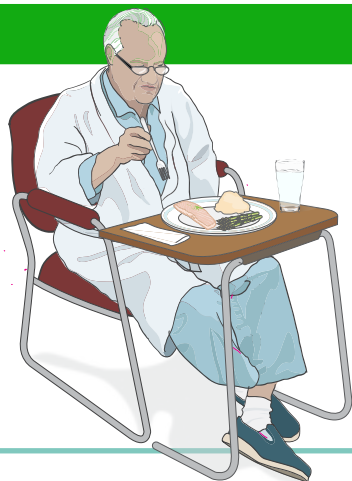
Some patients may go home on Day 1 while others will leave on Day 2. If you go home today plan to go home **before noon**.

Pain



Tell your nurse if you are having pain greater or equal to 4/10 on the pain scale.

Diet

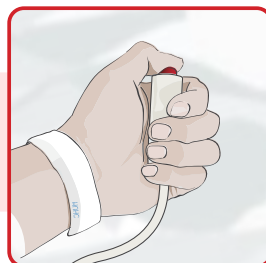


Eat regular foods/drink liquids (unless your doctor tells you not to).

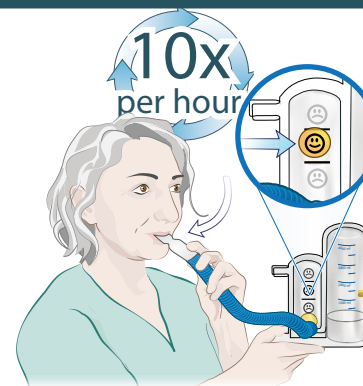
You should always have your meals while sitting in a chair.



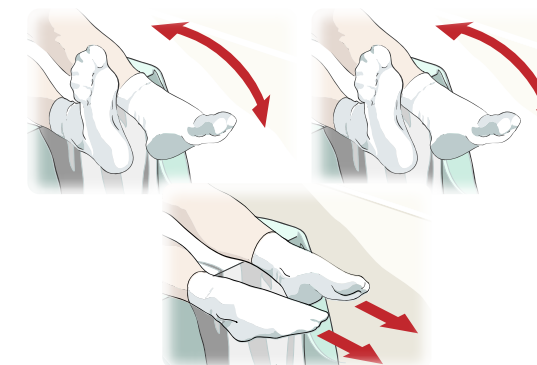
Always have your call bell at your side when in bed or sitting in a chair.



Activities



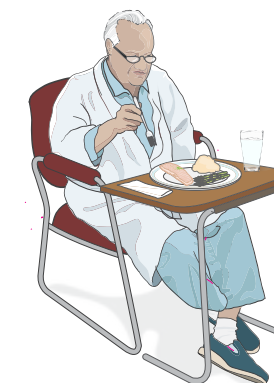
1. Continue to do your **breathing exercises** at least 10 times every hour while awake. (See page 25).



2. When in bed, do your **leg exercises**.



3. Using your walking aid, walk to the bathroom and avoid using the commode or the urinal.



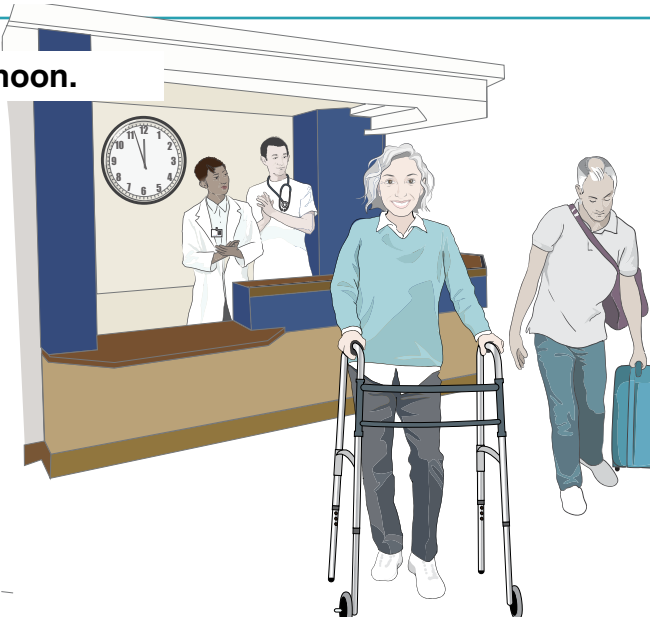
4. Always have your meals while sitting in a chair.



Walking is good exercise. Move short distances at first. When you feel comfortable, go on longer walks. Take breaks when you need. Walk often.

Day of discharge

Plan to go home before noon.



Before you go home:

The nurse and/or the physiotherapist will:

Go through your exercise program (see pages 36-40) and review the discharge instructions.

The nurse will:

- Review how to safely use your pain medication.
- Review the “At home” section of this booklet especially the parts about blood clots, how to take care of your incision (cut), when to bath/shower, and going back to work.
- Give you your follow up appointment with your surgeon and your prescription for your medication.

If your surgeon asks you to use a cane, it should be used on the opposite side of the operated leg. This will be shown to you before you leave the hospital.

When you are discharged from the hospital, you will be well on your way to recovery and will be able to slowly get back to your regular activities.

Pain

You will have some pain and discomfort for a few weeks after your surgery. This is normal, but it will get better.

Your surgeon has prescribed pain medications to help you heal and get back to life as quickly as possible. These medications may include acetaminophen (Tylenol) and anti-inflammatory medications for mild to moderate pain.



If the acetaminophen (Tylenol) and the anti-inflammatory pills do not control your pain and the pain stops you from moving, a stronger pain medication called an opioid (or a narcotic) will also be prescribed.

Opioids are highly addictive. If you need to use opioids, take the lowest dose possible for the shortest amount of time. You should not need to take opioid pain medication for more than 2 to 3 weeks.

This stronger pain medication can be taken as directed on the bottle. For questions or concerns with pain medications, contact your pharmacist and/or your surgeon.



- Pain should get less with time.
- After each exercise session, if you have pain, put ice (or a bag of frozen peas) on the operated knee to decrease pain and inflammation. Put the ice in a plastic bag; wrap the bag with a dry cloth (do not apply directly on the skin). You may put the ice on your knee every 2 hours but just for about 15 minutes at a time.

Pain control

Did you know that pain medication can cause constipation?
To help your bowels stay regular:



Drink more liquids.



Eat more whole grains, fruits and vegetables.



Take stool softeners if prescribed by your surgeon.



Get regular exercise (a 10-minute walk every day is a good start). If you keep on with your exercise program, your pain will get less. If pain stops you from doing your exercises, take the pain medications as prescribed by your surgeon 60 minutes before doing your exercises.

Diet

Eat and drink healthy foods with fiber (fruits, vegetables, whole grains). Drink plenty of fluids to help prevent constipation.

Eat foods that have protein to help your body heal. Meat, fish, chicken and dairy products are good sources of protein.

If you get full quickly, try eating smaller amounts at each meal and add nutritious snacks between meals. Try high protein, high calorie shakes or commercial supplements.



If you have nausea that doesn't go away and you can't keep anything down, call your surgeon's office. If you cannot reach your surgeon or nurse, go to the Emergency Department (ED).

For Day Surgery patients

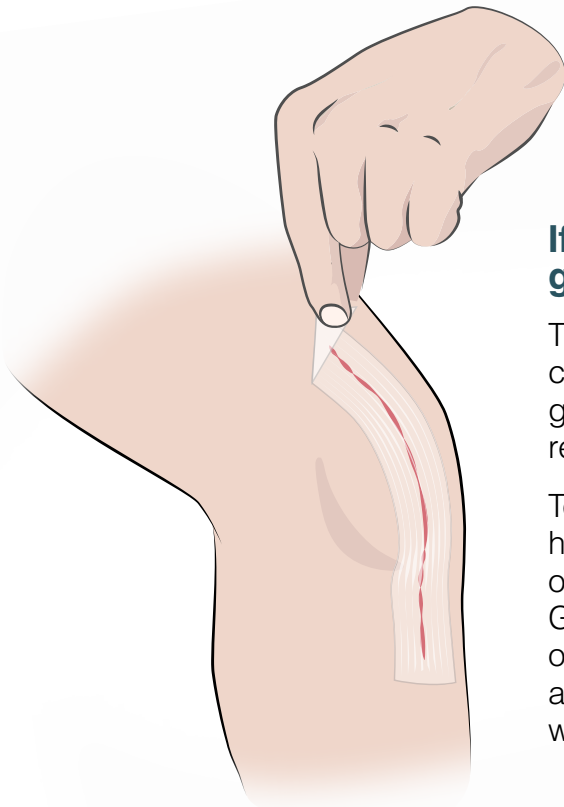
Some patients feel nauseous (feeling that you need to vomit) after general anesthesia or when taking pain medication. Try drinking fluids and don't eat big amounts in the first 24 hours after surgery. Gradually return to your regular diet.

Incision (cut)

If metal clips were used to close your cut:

The bandage covering your cut can stay on for 5-10 days. It can then be removed and a fresh one can be applied until your metal clips are removed.

We will give you an extra dressing before you leave the hospital. After the metal clips are removed, and if your cut has no drainage, your cut can stay uncovered with no more bandage over it.



If melting sutures or a strip of glue was used to close your cut:

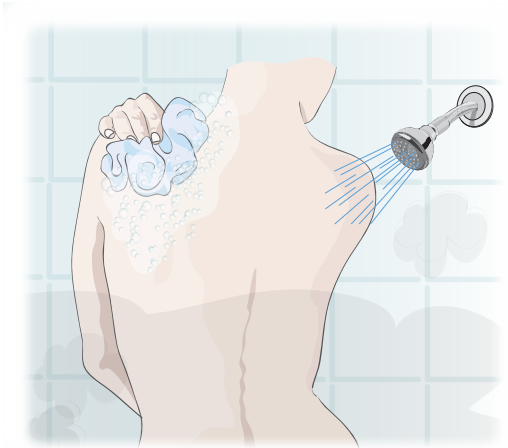
The dressing covering your cut can stay on for 10-12 days. If a glued mesh was used, it should be removed 12 to 14 days after surgery.

To remove the mesh, wash your hands and apply petroleum jelly or moisturizing cream to the glue. Gently remove the mesh by pulling on the corner of the strip. It may tear a little and remove dry skin. Do not worry. Leave the wound to air dry.

Incision (cut)

Washing and showering

- For any type of wound closure method, you can shower with the bandage on as long as it remains sealed and you do not get the incision wet.
- If your wound has been closed with clips, you can shower 24 hours after they have been removed and if the incision does not drain.
- If your cut was closed with melting sutures or glue, you can shower when the dressing is removed after 10-12 days - if the wound is dry and does not drain.



Use an adjustable bath bench to take a shower during your recovery.

Your exercise program

The physiotherapist will choose the correct exercises for you by writing a ✓ in the boxes below.

It is important to follow the physiotherapist's advice to help your recovery. Avoid having anyone forcefully bend your knee after surgery.

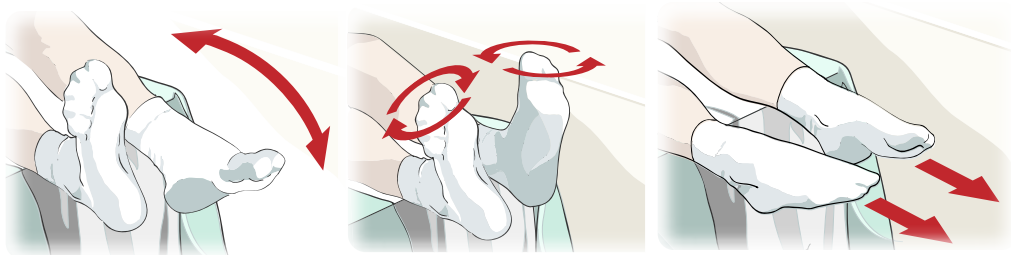


**Avoid any twisting movements or jumps.
Do not overwork your knee.**

- Do the exercises 2 times a day.
- Repeat each exercise at least 10 times and gradually increase the number of repetitions as you feel able.
- The goal is to bend your knee to at least 90 degrees and to completely straighten the leg during the first week. It is important to do the exercises slowly and to relax between each exercise.

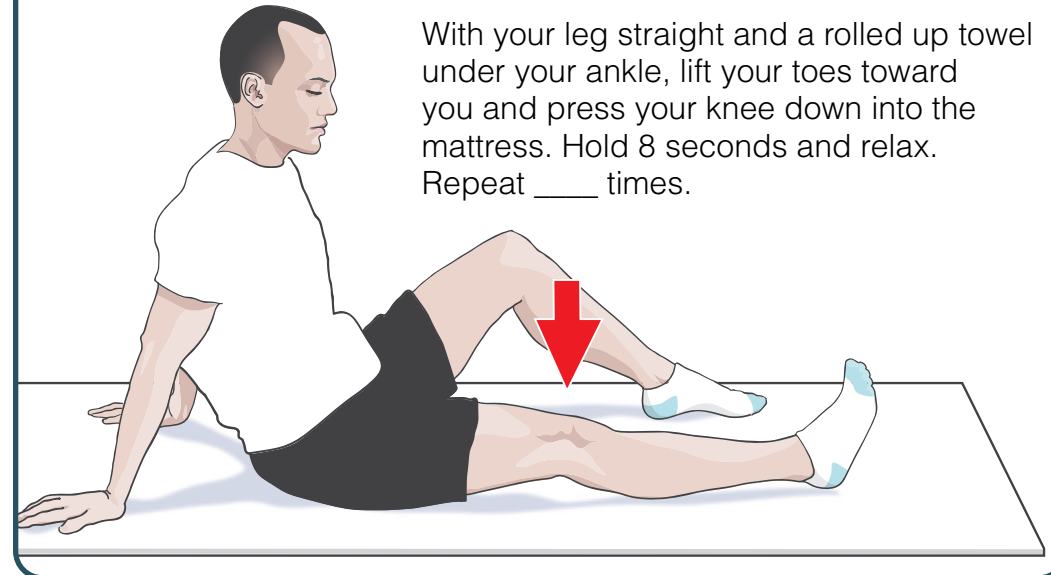
✓ Ankle pumping

With your legs straight and without moving them, lift up your toes as much as you can, and then point downwards, as much as you can. Repeat __ times.



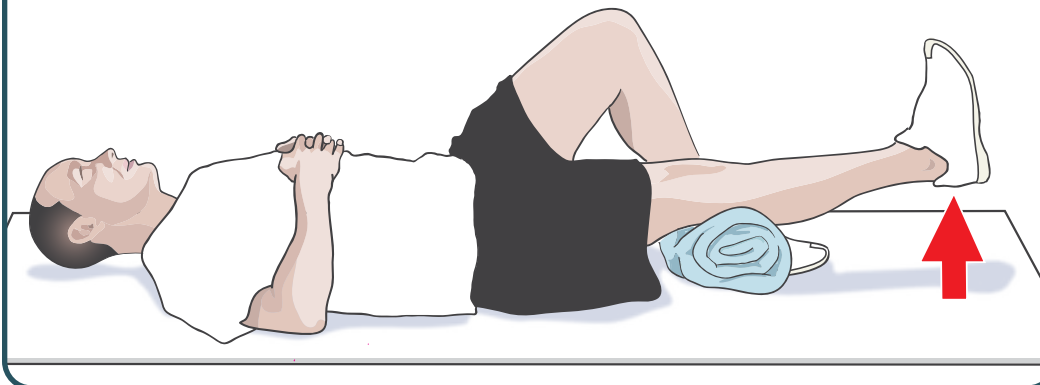
Your exercise program

✓ Strengthening of thigh

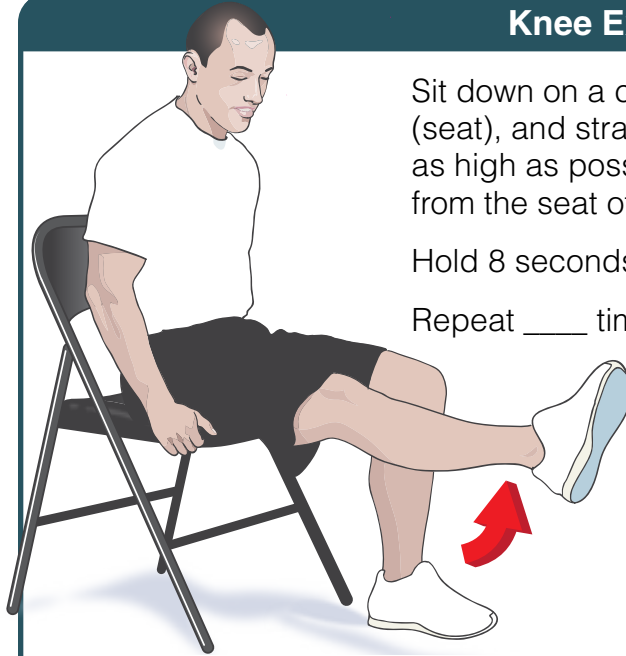


✓ Knee Extension

While lying down, place a rolled up towel under your knee. Lift your foot and straighten your leg, without lifting your knee off the towel. Hold 8 seconds and put your leg back down. Repeat __ times.



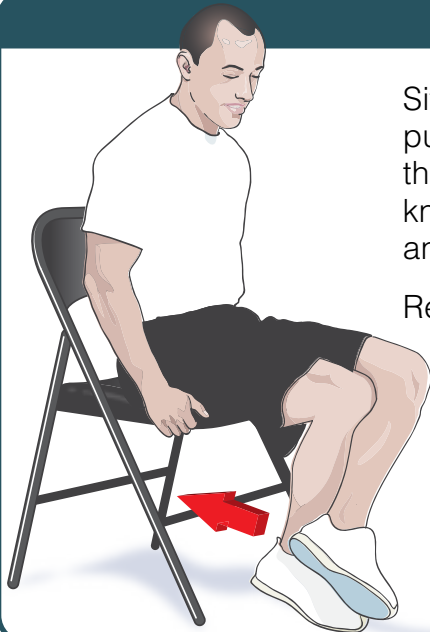
Your exercise program

Knee Extension - sitting ✓ 

Sit down on a chair that has a hard surface (seat), and straighten your leg, lifting the foot as high as possible, without lifting your thigh from the seat of the chair.

Hold 8 seconds.

Repeat ____ times.

Knee Flexion - sitting ✓ 

Sit down and bend the operated knee, pushing your heel backwards. You can use the other leg to help yourself. Bend your knee until you feel a stretch in your knee and hold 8 seconds.

Repeat ____ times.

Your exercise program

✓ Squat Strengthening

Stand up with your hands leaning on your walker or furniture to keep your balance, your feet shoulder width apart and your weight spread evenly on both your legs. Bend your knees slightly while leaning forward. Do not do deep squats. Hold 8 seconds.

Repeat ____ times.



Your exercise program

✓ ■ Preparing To Go Upstairs

Stand up with your hands resting on a walker or furniture to keep your balance. Lift your knees, one after the other, as if you were about to go up a stair. Hold 8 seconds.

Repeat ____ times.



✓ ■ Strengthening of the Quadriceps

Stand up with your back against the wall, feet apart and your hands resting on your walker to keep your balance. Spread your weight evenly on both legs. Try to touch the wall with your knee. Put a towel behind the knee - hold 8 seconds.

Repeat ____ times.



Activities of daily living

Walking is excellent exercise.

You will start walking at the hospital with help from staff. Your strength will slowly increase. Walk short distances several times a day.

Use the support of walking aids such as a walker, crutches or cane until your leg is stronger. As soon as you stand up, try to divide your weight equally on both legs. If you use a cane it should be on the opposite side of the operated leg. We will explain this before you leave the hospital.



The stairs



To go up:

Put the good leg up on the step.

Bring the operated leg, the crutches or the cane up at the same time on the step.



To go down:

Put the operated leg and the crutches or the cane down to the step.

Step down to the same step with the good leg.

Activities of daily living

Household chores

Use an apron with large pockets, a knapsack or a basket attached to your walker to carry objects.

If possible, put your table close to the kitchen counter during the time you are recovering.



Clothing

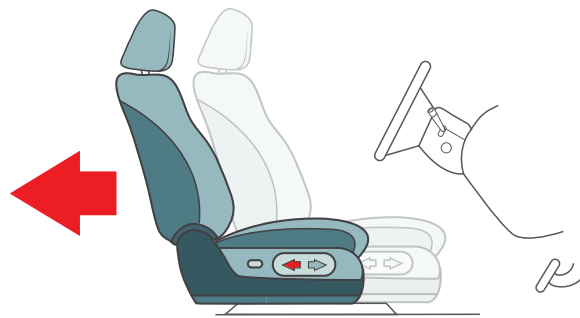
For the first few days after surgery, use a long reach grabber, a shoe tongue and slip-ons shoes.

When putting on underwear, put in your operated leg first. When undressing, remove your underwear from the unoperated side first.

Going back to work and sports

Generally you can return to work after 2 to 4 months for sedentary work and 3 to 5 months for physical work and for the first 3 months you should avoid playing sports on a regular and intense basis.

Your surgeon and you can talk about when to go back to work or before starting any sport activities.



Driving

At the beginning, it is recommended to recline the backrest and move the seat back to enter your vehicle.

Walk every hour to help blood circulation in your legs if you are travelling. See page 52 for driving recommendations.

Activities of daily living

It is normal to feel tired after your surgery. Remember to rest between activities.



Family and friends can usually help with:

- Transportation
- Meal preparation
- Grocery shopping
- Cleaning house
- Laundry

Follow the instructions that are checked

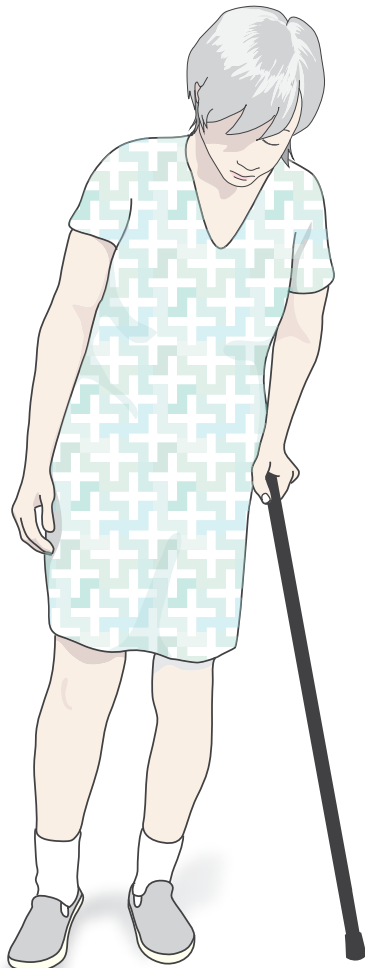
- Walk every day. It is good exercise (shopping malls are good places to walk in the winter and summer).



- You can slowly go back to all your usual activities when you feel like it. Continue to increase your activities each day

Activities of daily living

- ❑ No weight bearing to operated limb. Weight bearing means the amount of your body weight you can put on the leg/ankle/foot that was operated on.



- ❑ Use crutches/cane/walker/wheelchair if necessary.
- ❑ Partial or 50% of weight bearing (use crutches / cane / walker or wheelchair if necessary)
- ❑ Full weight bearing
- ❑ Keep your limb elevated on 2 pillows for 24 hours.

Prevention of infections

It is recommended to follow this protocol for life

Any infection from another part of your body (bladder, finger, toe, tooth, etc.) can travel through the blood and infect your prosthetic knee. This risk is low, but is not zero. We recommend preventive treatment with antibiotics for these situations:

- Colonoscopy
- Cystoscopy
- Debridement of abscess
- Any other surgery where there is a risk of infection

You must tell your family doctor or surgeon that you have a knee prosthesis and that you need to receive a dose of antibiotics before surgery.



When should you take preventive antibiotics at the dentist?

For most procedures at the dentist, you will not have to take preventive antibiotics. Lifetime preventive antibiotics before dental procedures are recommended in the following cases:



- You have inflammatory arthritis such as rheumatoid arthritis or lupus
- Your immune system is weakened by a known illness, drugs or radiation therapy
- You have insulin-dependent type I diabetes
- You have had an infection in your joint prosthesis
- You are undernourished or suffer from malnutrition
- You have hemophilia

Complications

Complications do not happen often but it is important that you know what is normal and what to look out for.

What is normal?

Bruises and a large hematoma may appear on your leg. These are common and happen due to the blood thinner drug you are taking for blood clot prevention.

Edema (swelling) of the leg following surgery is common. However, it should be minimal in the morning when getting out of bed. Wearing a compression sock during the day can help to reduce lower limb edema. It may take 6 months or more after surgery to return to normal size.

The operated knee rarely feels like a natural knee. The contact surfaces of the prosthesis may make noise. This is usually normal, but if you're concerned, check with your surgeon.

Persistent pain, loss of mobility and nerve damage may occur after your surgery. If it impacts your daily activities, contact your surgeon.

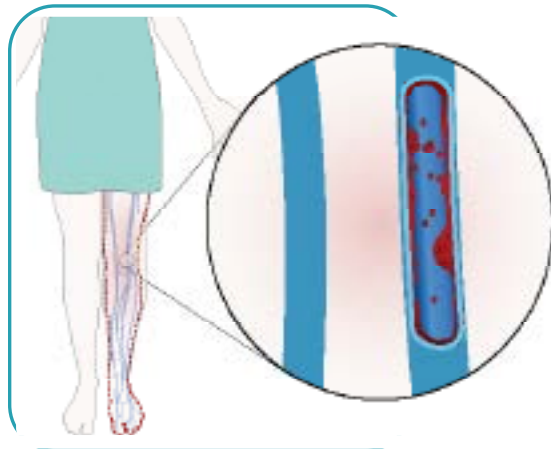
Phlebitis (blood clots)

You have an increased risk of forming a blood clot after your surgery.

Do your exercises, get up and move as much as you can after surgery to prevent blood clots.

Phlebitis is an inflammation of the vein, which can block blood circulation.

A blood clot can cause inflammation in the vein. To prevent phlebitis, you will receive a prescription for medication to take after your surgery.



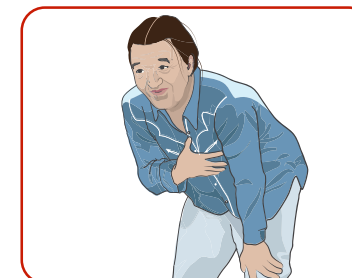
When to call your doctor



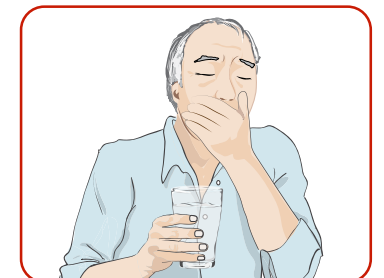
Phone your surgeon or recovery room nurse or go to the Emergency Department (ED) if any of these happen:



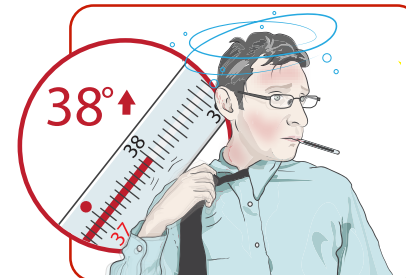
You feel extremely weak



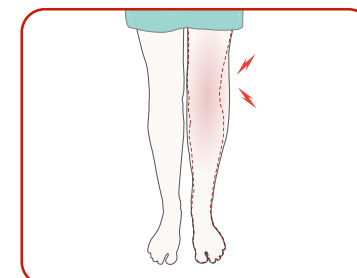
You have trouble breathing



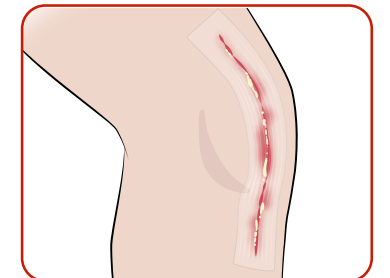
You have persistent nausea or vomiting



You have a fever higher than 38°C (100.4°F)

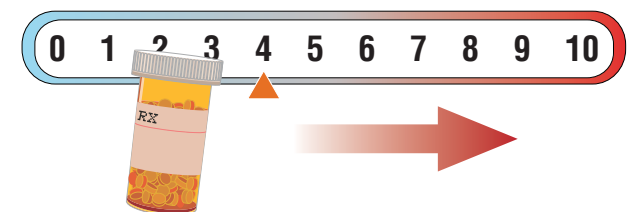


You have redness, swelling, warmth or pain in either leg



Your incisions are warm, red and hard or you see pus coming out

You have more pain and your pain medication does not help



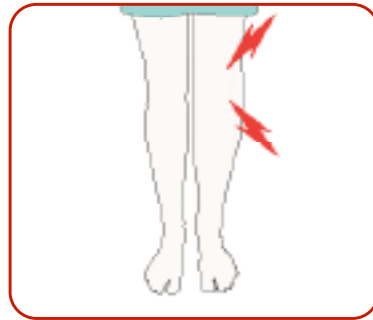
When to call your doctor



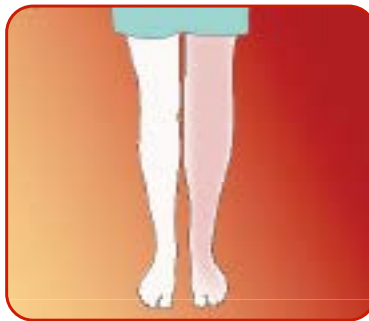
Call your surgeon, nurse or come to the Emergency Room right away if you notice any of these signs in either leg:



Redness



or pain



Increased warmth



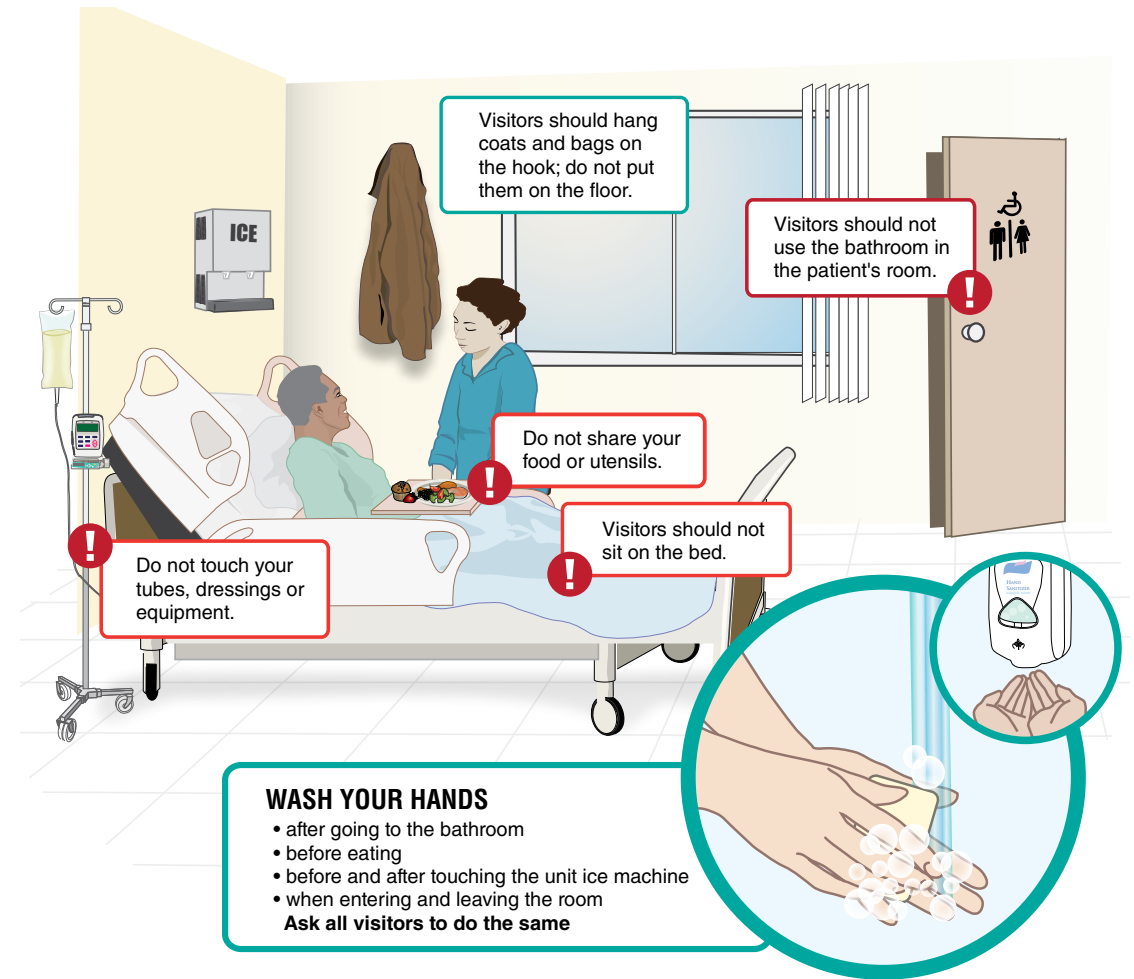
Worsening swelling or swelling present when you get up in the morning



Infection

If your incision (cut) is painful and red and/or your temperature is above 38°C or 100°F, for 2 days in a row **please phone your surgeon's office.**

Tips for preventing infection in the hospital room



Websites of interest

The following links might be useful

See the MUHC libraries-Patient portal If you would like to know more about the surgery:

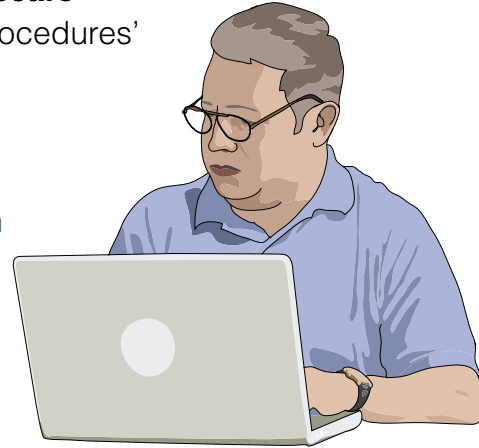
www.muhclibraries.ca/patients/health-topics/knee-replacements

If you would like to know more about Precare

www.precare.ca/en/. (Click on “Surgical Procedures” then on ‘Orthopedics’ and ‘Knee Surgery’)

For more about anesthesia:

www.cas.ca/english/patient-information



If you would like to know more about tips on quitting smoking:

www.cancer.ca/en/support-and-services/support-services/quit-smoking/?region=qc

www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/nou-maintenant/index-eng.php

Frequently Asked Questions

What kind of physical activity is safe before surgery and also good to continue after your surgery?

- Walking is the best and safest exercise.
- Walking increases flexibility, blood circulation and strength to your knee.
- Swimming or aqua therapy is also a good activity but make sure your knee incision is healed (check with your surgeon or your nurse first).

How long will my leg be swollen?

- Your leg may be swollen for the first few days after surgery, this is normal. Use ice packs or some form of cold therapy to help reduce swelling.
- The swelling will become less over several weeks.
- It is normal for your leg to swell if you are up a lot.
- As you walk more in the days and weeks following your surgery, the swelling should slowly go away.
- Overnight, the swelling should become less and your leg should not be very swollen when you wake up in the morning.
- If your leg is swollen in the morning before getting up, call your surgeon.

Can I travel by plane after my surgery?

- You are at an increased risk of developing blood clots after this surgery.
- Do not fly until you are finished taking your anticoagulant medications (blood thinners).
- Your prosthesis may be detected by airport metal detection device. You do not need a special note to show to security or customs.

Frequently Asked Questions

When can I expect to play sports again?

Wait for your surgeon's permission before starting to play sports.

When can I have sexual activities?

- You can start having sexual activities as soon as you feel ready.
- Do not forget the limitations you have with some movements.

When can I expect to drive again?

- Opioid (pain medication) may cause drowsiness. You should not drive while you are taking opioids to control your pain.
- You can resume driving a vehicle when you can walk without the use of a walking aid (i.e. full weight bearing on the operated leg). Usually 2-6 weeks following surgery.

Notes

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