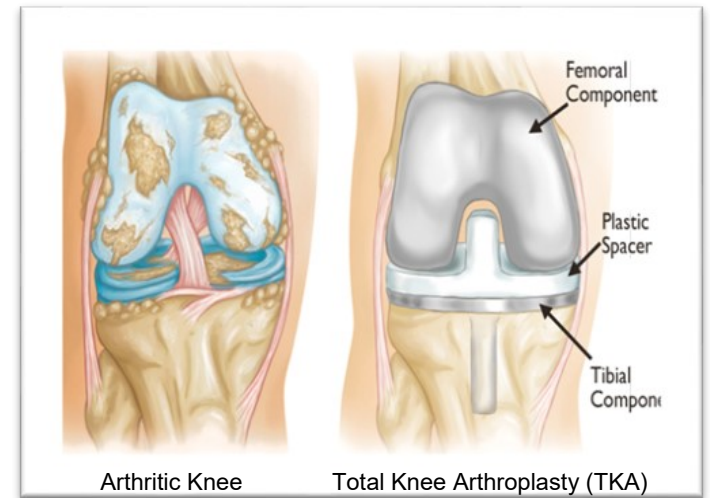
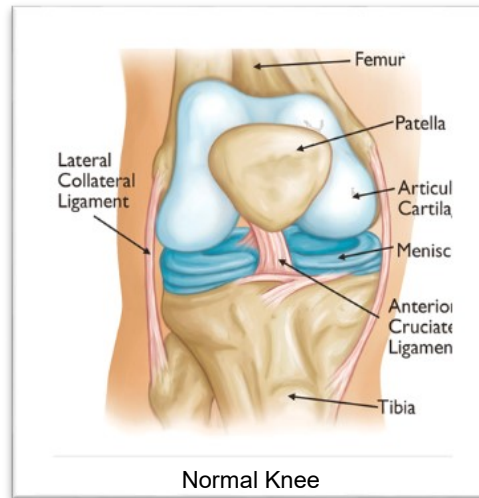


UCSF Orthopaedic Surgery

Knee Surgery : What to Expect

Welcome to the UCSF Adult Joint Reconstruction Division of the UCSF Orthopaedic Institute. This pamphlet will guide you through your total knee replacement surgery. The goals of your surgery are to reduce pain and return you to a more active lifestyle. If you have any questions or concerns, please call (415) 353-2808 to contact your surgeon

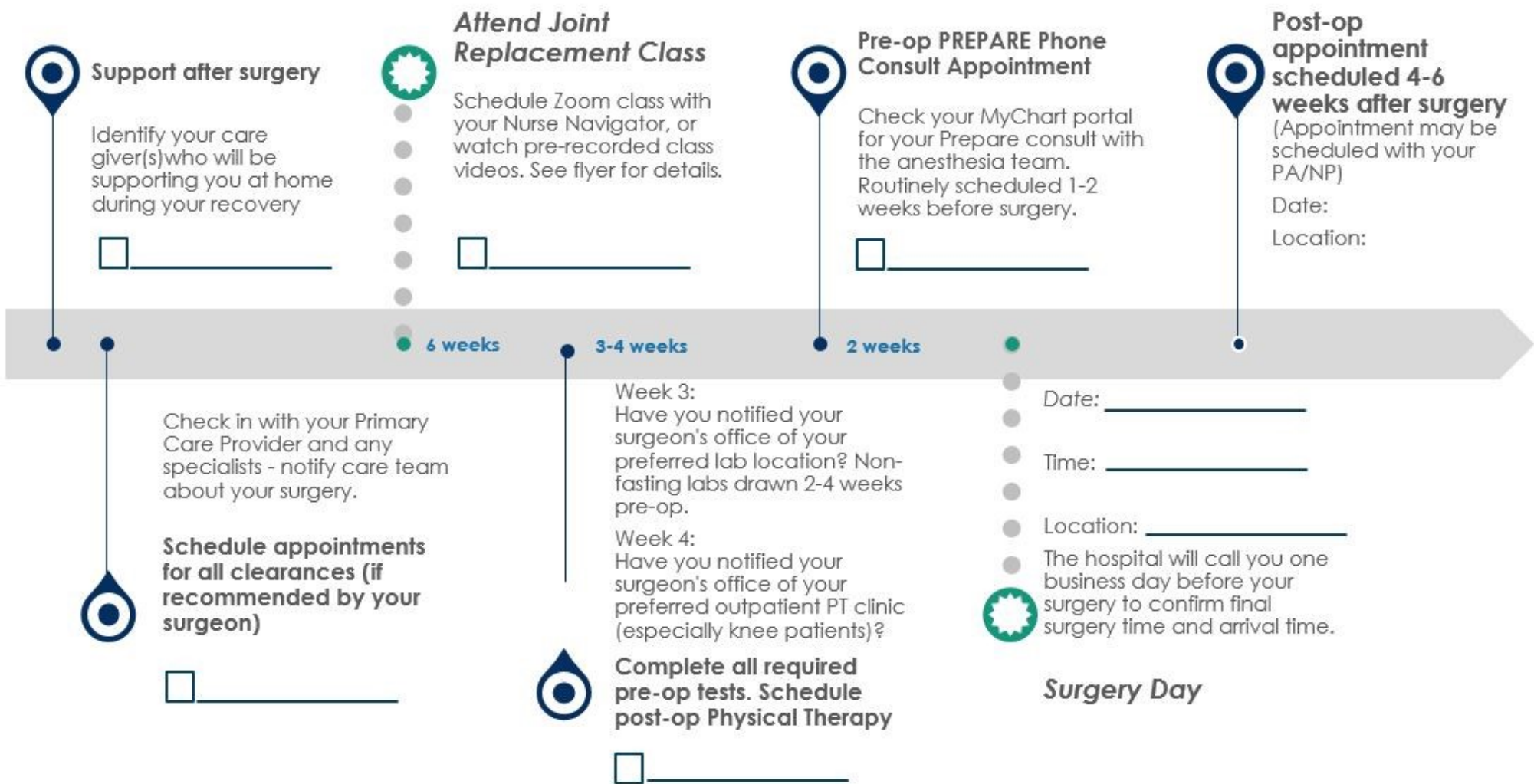


UCSF
Orthopaedic Institute

1500 Owens Street
Suite 430
San Francisco, CA 94158

Phone: 415-353-2808
Fax: 415-353-2956

Pre-Op Checklist [Knee]

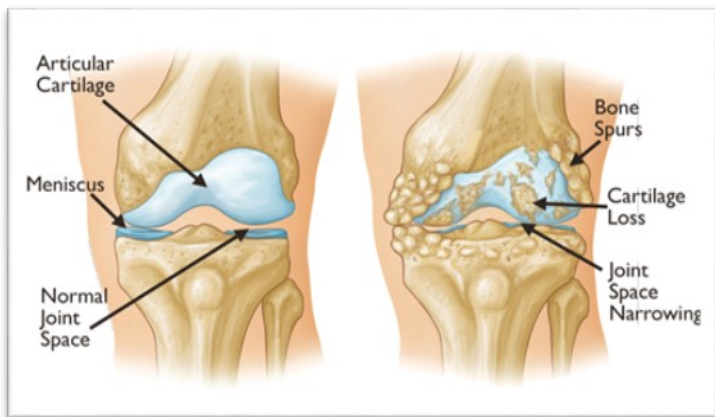


- DENTAL HEALTH** - Complete any dental work ~6 weeks pre-surgery; avoid dental work 12 weeks after surgery.
- QUIT SMOKING/ NICOTINE products** - It is mandatory to quit 30 days prior and 2 months after surgery. Nicotine restricts blood flow and increases risks for complications.
- EAT HEALTHY AND EXERCISE** - Continue exercising as directed by your physician. Eat balanced meals with protein, high-fiber carbohydrates, and low sugar.

Anatomy of the Knee

The knee is made up of the lower end of the thighbone (femur), the upper end of the shinbone (tibia), and the kneecap (patella). Where the ends of these three bones touch are covered with articular cartilage, a smooth substance that protects the bones and enables them to move easily.

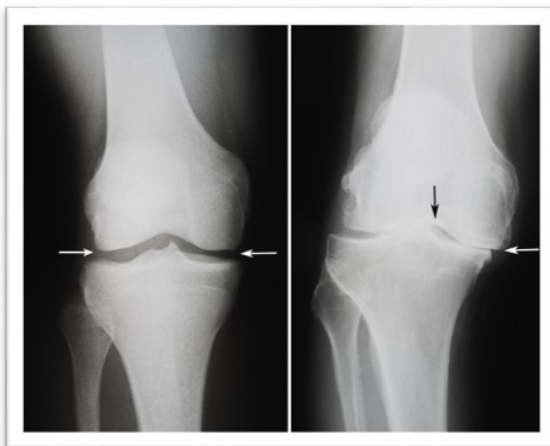
The bony surfaces of the ball and socket are covered with articular cartilage, a smooth, slippery substance that protects and cushions the bones and enables them to move easily.



Osteoarthritis (OA), sometimes called "wear-and-tear" arthritis (loss of cartilage) - is the most common cause of joint destruction, therefore leading to a knee replacement. OA affects more than 28 million people in the United States. Other causes of OA include avascular necrosis (AVN), rheumatoid arthritis, and post-traumatic arthritis.

Diagnosis: Your surgeon will determine how much the osteoarthritis has progressed with X-ray images, physical examination and your clinical history to help determine your treatment plan

Non-Surgical Treatment: If you have early stages of osteoarthritis of the knee, the first treatments may include: activity modification, medications, physical therapy, steroid injections, regular low-impact conditioning, such as swimming, water aerobics, cycling, and elliptical machine and walking aids. For later stages of osteoarthritis/joint destruction, knee replacement surgery may be warranted.



Knee Replacement

What is Total Knee Arthroplasty?

In a total knee replacement (also called "total knee arthroplasty") procedure, the surgeon creates a new knee removing the damaged cartilage and bone and resurfacing the ends of the bones with implants. There are four basic steps to a knee replacement procedure.

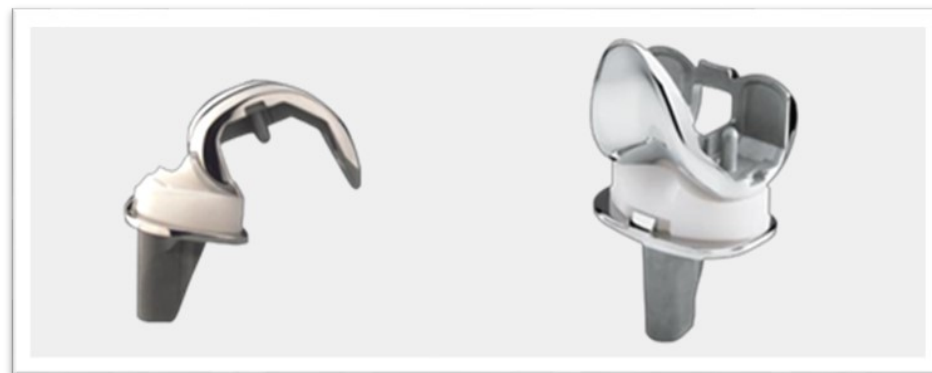
- 1. Prepare the bone.** The damaged cartilage surfaces at the ends of the femur and tibia are removed along with a small amount of underlying bone.
- 2. Position the metal implants.** The removed cartilage and bone are replaced with metal components that recreate the surface of the joint. These metal parts are cemented into the bone with bone cement.
- 3. Resurface the patella.** The undersurface of the patella (kneecap) is cut and resurfaced with a plastic button.
- 4. Insert a spacer.** A medical-grade plastic spacer is inserted between the metal components to create a smooth gliding surface.



Implants:

Your surgeon will discuss if a partial or a total knee replacement is appropriate. In general the total knee replacement is comprised of 4 components:

- The femoral component is made of cobalt chromium.
 - The tibial component is usually made of cobalt, chromium, and titanium.
 - The patella and the liner are made of highly cross-linked polyethylene plastic.
- The majority of knee replacements are projected to last several decades.



Preparing for Surgery

Medical Preparations - In addition to the Pre-Op Checklist [page 2]

Weigh-In on Weight: If you are overweight, work on weight loss with your PCP to help improve your long-term outcomes of your new knee and your short-term recovery.

Diabetes: If you are diabetic, work with your PCP or Diabetes specialist to make sure to have your sugars under control and to watch your diet.

Infections: If you develop any kind of infection prior to surgery, such as skin or dental infection or a flu, notify your surgeon immediately.

Heart Healthy: If you have a history of cardiac issues, make an appointment with your cardiologist as soon as you can to rule out any medical or cardiac problems that may interfere with your surgery. Your cardiologist may order additional tests before surgery, so do check in with them ASAP to prevent delays to your surgery.

Temporary Disability Parking Permit: Our office can provide this DMV form so you can get a temporary disabled parking permit while you recover from surgery. Please call or send us a MyChart message about this form.

Home Preparations

Most patients are discharged directly home after their hospital stay. When planning for your transportation back home, try to arrange for a car that will be easy to get in and out of (avoid low sports cars).

Assess the number of stairs at home (going to the bedroom or bathroom) and other impediments to get in and out of your home. Your hospital therapist will train you on handling stairs.

If you live in a multi-level home, plan on creating a sleeping place on the main level OR plan on recovering on the bedroom level for 1-2 weeks.

Make sure you have enough space to maneuver through doorways and hallways. You should have at least 30 inches of clearance to maneuver your walker.

Pre and Post Surgery Appointments

Pre-Op Appointment with PREPARE

Your PREPARE (anesthesia) appointment: In order for the UCSF team to ensure that you are in optimal health prior to your procedure, you will be assessed 1-3 weeks prior to your surgery by a nurse practitioner. The assessment will be held over the **phone**:

Parnassus Campus: (415) 353-1099

Mission Bay Campus: (415) 885-7241

*Marin surgeries ONLY: Pre-Admission Center (PAC) appointment IN PERSON:

Marin Health Medical Center: Pre-Admission Center
250 Bon Air Rd., Greenbrae, CA (Old Emergency Room) (415) 925-7935

Please have ready the following for this appointment: exact medications and supplements you take, past medical and surgical history, contact information of your medical providers (i.e. Primary Care Provider and any specialists).

Note: You may continue Tylenol or narcotics for pain management until the morning of surgery. If you take any of the following blood thinner medications such as Plavix, Coumadin, Xarelto, Pradaxa, Eliquis, or Aspirin, you will be given specific instructions on when and if you should stop prior to surgery. You should also check in with your prescribing provider about these blood thinners.

During your PREPARE/PAC appointment, your provider will review all of your current medication and develop a plan for you to stop certain medications such as NSAIDs.

IMPORTANT: NSAIDs—Non-Steroidal Anti-Inflammatory
Drugs include Aleve (Naproxen), Motrin or Advil (Ibuprofen), and MUST BE STOPPED SEVEN (7) DAYS PRIOR TO SURGERY.

Post-Op Appointment

Your first post-operative appointment will be scheduled 4-6 weeks after surgery.

Mission Bay Campus: Orthopaedic Institute
1500 Owens St. 4th FL, San Francisco, CA 94158 (415) 353-2808

MarinHealth Orthopedic Surgery | A UCSF Health clinic
4000 Civic Center, San Rafael, CA 94903 (415) 353-2808 or (415) 925-8963

Week of Surgery

Packing for your Hospital Stay

- Do not bring your own medications as the hospital will provide you with your usual medications
- Important medical devices (i.e. hearing aids, glasses, CPAP machine with settings)
- Comfortable and loose clothing; and personal hygiene items
- Slip-on shoes, closed toe please (No flip flops or open-toed slippers)
- Two forms of identification to check in for surgery: one ID must have your picture and the second ID can be any other card that has your name on it
- You may bring your cell phone, if you wish. Please label your charger and phone with your name.
- Leave all of your valuables, including jewelry, wallet and watches, at home.
- IF you use a walker or assisted device—leave it in the car you arrive in. Please do not bring your walker/assisted devices to the hospital unless you need it for use day of surgery. Please have your support person bring them back when you are ready for discharge. If you don't have a walker (or crutches), one will be provided for you to take home.

Two Days Before Surgery

To assist in the prevention of a surgical site infection, Chlorhexidine (Hibiclens) soap will be provided at your doctor's visit and/or at the PREPARE visit. Please wash with the soap daily 2 nights before—in addition to the morning of your surgery—for a total of THREE (3) washes. Avoid using this soap on your face and private genital area. You may also use over-the-counter anti-bacterial soap, if you do not have the Chlorhexidine soap. Do not shave near or at your operative area.

The Day Before Surgery

The hospital will call you the business day before surgery to confirm arrival time. Eat a light meal for dinner with no alcohol. Try to rest and go to bed early.

DO NOT EAT ANYTHING AFTER MIDNIGHT

Please do not have anything to eat or drink except clear liquids after midnight the evening before your surgery (including gum, candy or mints). If having surgery at UCSF: you may have clear liquids on the day of surgery up to 2 hours prior to arrival:

- Non-pulp, clear apple juice, Gatorade, Water
- Tea with sugar or sweetener (NO milk, cream, or milk substitute)

Patients scheduled for surgery at MarinHealth:

Please follow instructions provided by MarinHealth PAC

Morning of Surgery

Take your routine medication, as instructed by PREPARE, with a **small sip of water**.

UCSF Knee Replacement

Your Hospital Stay

Anesthesia Evaluation: After admission, you will move into the pre-operative area where you anesthesiologist will evaluate you. The most commonly used anesthesia is spinal anesthesia, which is administered to block sensation below the waist during surgery. Nearly all of UCSF and Marin patients receive intravenous (IV) sedation along with spinal anesthesia. General anesthesia is the second most common type of anesthesia. **You will discuss these options with your anesthesiologist before your surgery.**

Advances in anesthetic techniques (nerve blocks and regional anesthesia, less emphasis on narcotics) and rehabilitation make it possible to perform joint replacement procedures with less pain and physiological stress. The operating room time on average takes two hours depending on the severity of the arthritis in your knee. In many cases, a urinary catheter will be inserted while you are in the operating room and usually removed after about 1 day.

After Surgery: You will be moved into the recovery area, where you will stay for approximately 2-4 hours. During this time, you will be monitored until you recover from the affects of anesthesia, after which time you will be taken to your hospital room.

Your Room: Room assignment is based on your medical condition and bed availability on the day of your admission. Your team will try to honor your preference whenever possible. A staff member will show you how to operate your hospital bed and the nurse call system (call button located at your bedside and on the wall in every bathroom).

For your safety, always use your call button to request assistance getting out of bed, as unfamiliar surroundings and sleeping medications may contribute to confusion or a possible fall.

Leaving the nursing floor: For your safety and protection, patients are not allowed to leave the hospital floor unless accompanied by a staff member.

Pain Management

Many patients are concerned about the pain that they will have after joint replacement surgery. Please be reassured that UCSF your orthopaedic team is committed to helping you manage your pain.

*****Keep in mind, the pain after surgery is SHORT TERM and the majority of oral pain medication will be utilized in the first 2 weeks after surgery.**

MULTIMODAL PAIN MANAGEMENT

Your team will use an approach that combines 2 or more pain agents or techniques to optimize your pain control; and therefore uses less opioids (narcotics), which allows for better pain relief and faster recovery. While you should expect to feel some discomfort, advancements in pain control now make it easier for your orthopaedic team to manage and relieve pain.

A hospital pharmacist will work with the orthopaedic team to develop your medication plan before being discharged. It is important to take the medications as prescribed - especially in the first 1-2 weeks; this is so you have less pain and can therefore be more active, regain strength quicker and recover faster overall.

NSAIDs – you can only take certain anti-inflammatory pills after surgery because you will be taking a blood thinner medication to prevent blood clots for approximately one month such as Lovenox (enoxaparin) injections or Aspirin. Avoid Advil (ibuprofen) or Aleve (Naproxen) until you are off the blood thinner.

PAIN SCALE

You will be asked to rate your pain using a 0 to 10 scale:

- 0 = no pain
- 1-4 = mild to noticeable, uncomfortable pain: annoying or distracting
- 5-7 = moderate pain: can't ignore for more than few minutes
- 8-9 = strong pain: keeps you from doing normal activities.
- 10 = worst pain you can imagine: cannot carry on a conversation

Post-Op Medications

Prescription (Rx)	Over The Counter (OTC)
1. Oxycodone (or similar narcotic)	4. Tylenol (acetaminophen) pain and fever relief
2. Celebrex (Celecoxib) or Mobic (Meloxicam) - anti-inflammatory	5. Aspirin 81mg [alternatively Lovenox may be prescribed] - blood thinner
3. Gabapentin (Neurontin) - nerve pain relief (non-narcotic)	6. Lansoprazole (Pepcid) or Omeprazole (Prilosec) - stomach acid reducer
	7. Senna and Miralax (laxatives)

Important Information Regarding Your Narcotic Pain Medicine:

The hospital will provide you with prescriptions for your pain pills upon discharge. As a department policy, your post-operative medications cannot be prescribed before your surgery.

If you have a pain management specialist, please see them for refills.

Provide at least 3 day's notice for refills on your pain medications; most pharmacies now accept our electronic prescription, but please give us advance notice so there is no delay.

Narcotics are highly controlled substances. Do not lose your prescription or the pills. Early refills will not be provided. **NO EXCEPTIONS WILL BE MADE.**

Oral Opioids/Narcotics – You can wean off the narcotics by slowly increasing the time between each dose. Do not take pain pills with alcohol. **Most patients are able to decrease the daytime amount after 2-3 weeks and then primarily take them at night.**

The goal with narcotic pain medications is to decrease your severe pain (8 -10/10) to a manageable level, about 4-5/10 or under. We do not expect your pain to be a 0 with pain medications. Keep in mind that your non-narcotic pain medications should be continued while taking narcotic pain medications and will help to reduce your overall pain level.

Do not rely solely on pain medications for pain management. These medications help but usually only mask your pain. Ice, elevation, and rest are key to TREAT your post-operative pain from the surgery.

Post-op Pain Medications

Multimodal Pain Medications

Stacking or layering different medications to address the different kinds of post-op pain

Narcotic medication: Strong pain reliever for moderate to severe pain. Begin to taper as soon as tolerated (around week 2). One of the first medications to stop.

Meloxicam OR Celebrex: Anti-inflammatory. Take as directed. May continue for several weeks as needed for inflammation and pain.** Check with your provider.

Gabapentin (Neurontin): Nerve pain reliever. Take at bedtime as needed for nerve pain. May be taken for several weeks. Check with your provider.

Tylenol (acetaminophen): Baseline MILD pain reliever. Take approximately every 8 hours (three times a day) for several weeks—one of the last medications to stop.

Post-Op Medications

- Tips on tapering down narcotic medications:
 - Begin extending the time between each dose (ex. Every 4 to 5 hours, then 5 to 6 hours, etc.)
 - If taking 2 tablets each time, consider alternating 1 then 2 tabs with each dose, then work on tapering to 1 tab each dose.
- Do be sure to take all medications after a meal or snack—do not take on an empty stomach as this may cause upset stomach.
- Reach out to your team at least 2 days before you run out of medications for any refills. This will ensure your prescribing provider and your pharmacy can send and process your prescriptions on time.
- **If you have been told by any provider (PCP, GI, cardiologist) that you must avoid anti-inflammatory medications, you will not be prescribed either the Meloxicam or Celebrex.

It may be helpful to keep a written log of medications you will need to take after your surgery. For an example of a Medication Log, visit:

https://loop-production-content-app-335276428619.s3-us-west-2.amazonaws.com/content_assets/42183/Health-loop_Medication_Log.pdf

Or

<http://bit.ly/47yNwHd>

Medication Log Worksheet

YOUR NAME	MONTH / YEAR	SUN	MON	TUE	WED	THU	FRI	SAT

MEDICATION NAME & DOSE (AMOUNT TAKEN)	DOSE	SUN	MON	TUE	WED	THU	FRI	SAT
	#1							
	#2							
	#3							
	#4							
	#5							
	#6							

MEDICATION NAME & DOSE (AMOUNT TAKEN)	DOSE	SUN	MON	TUE	WED	THU	FRI	SAT
	#1							
	#2							
	#3							
	#4							
	#5							
	#6							

MEDICATION NAME & DOSE (AMOUNT TAKEN)	DOSE	SUN	MON	TUE	WED	THU	FRI	SAT
	#1							
	#2							
	#3							
	#4							
	#5							
	#6							

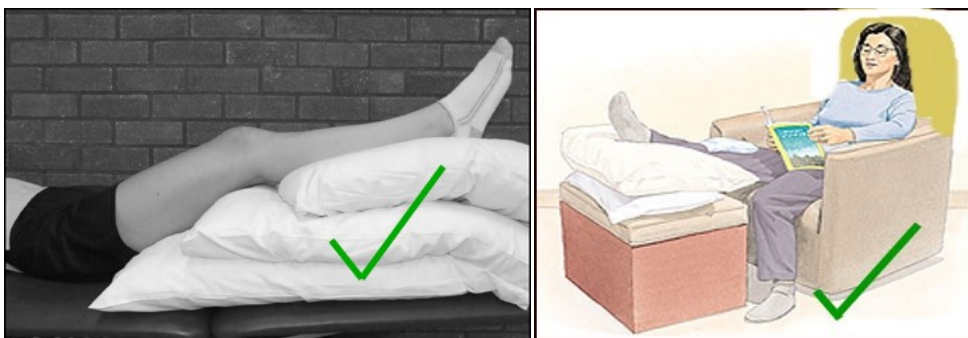
Pain Management

Non-Pharmaceutical Interventions

Ice/Gel Packs applied to the knee and other areas of swelling can significantly help decrease the pain and inflammation that occurs as a result of surgery. The team recommends that you continue icing at a minimum of 4-5 times a day for 15-20 minutes each. Be sure to place a barrier, such as a towel, between your skin and cold pack to prevent freezer burns. You may use ice in a bag or gel packs.



Elevate your surgical leg above the level of the heart several times a day, best to combine when icing and doing your ankle pumps. This is key to reduce swelling.



Be Active Get out of bed/off couch or chair several times a day for meals, restroom trips and to stretch to get some circulation going in the body to promote blood flow and healing.

Don't Over Do It. Especially in first two weeks – allow soft tissues/wound to heal (decrease swelling so that new nutrient-rich blood can reach the tissues to promote healing). Swelling is a result of the surgery and part of healing process, however, the sooner the swelling subsides, the quicker the recovery.

Discharge Planning

Most total joint replacement patients go home after leaving the hospital. Insurance very rarely, if ever, will cover help at home for bathing, dressing, cooking, or cleaning. It is important for you to consider the kind of help you will need and recruit your friends and family to assist you (with shopping, cleaning, errands, transportation, etc.). Decide ahead of time who will care for you after surgery.

The most HELP is needed in the first 2 weeks:

- Arranging meals that can be stored and frozen, and stocking up on prepared foods will eliminate extra work for your caregiver.
- Plan ahead and arrange for family or friends to drive you home from the hospital. You will be most comfortable in a sedan or SUV type car. Establish someone to stay overnight and be close during the day for the first few days. In addition, you will not be allowed to drive for 2-4 weeks or longer, so you may want to plan transportation to and from your post-surgery appointments.

On average most patients stay one night in the hospital

The hospital discharges most patients before noon.

The staff can help you pack up your belongings. Hospitality Service will assist you downstairs in a wheelchair along with your belongings.

If you have any questions regarding discharge planning, please contact your RN Patient Navigator :

UCSF:
Rachael Wynne (415) 514-8421
Erica Suk (415) 514-6148
Theresa Han (415) 353-3174

Physical Therapy & Occupational Therapy

The Physical and Occupational Therapists (also known as PT & OT) will evaluate you post-surgery while you are in the hospital and help determine what level of therapy, if any, you will need after you leave the hospital. The hospital PT and OT will work with you to achieve the goals necessary in order to discharge you to home safely. **In general, for the first 2 weeks, you want to rest and allow the wound and soft tissues to heal and avoid any falls.**

There are two paths for physical therapy after you leave the hospital

- **Home Physical Therapy:** If needed, as determined by the hospital therapy team, a nurse case manager in the hospital will arrange for a Home Health PT to see you at home 1-2 times a week for 2 -3 weeks. Your first visit will be within a couple of days after you return home. The Home Health PT will see you until you are no longer home bound and potentially help you wean off the walker to a cane. Once your Home Health PT discharges you from their care, you may begin Outpatient Physical Therapy.
- **Outpatient Physical Therapy:** Many patients start physical therapy at 2-3 weeks after they return home from the hospital. Others may have Home Health PT then transition to outpatient PT if needed. Contact your surgeon's office with the fax number to your preferred PT clinic you have chosen. The team will fax your prescription to the clinic, and you can call to schedule your first post-operative visit. You will see an outpatient PT for 2 times per week for approximately 6-8 weeks. They can help you wean off your walker to a cane if you have not already done so.

An Occupational Therapist (OT) will address activities of daily living during your hospital stay. To be independent in performing activities of lower body self-care skills, you may need to use adaptive equipment (long handled sponge, long handled shoehorn, sock aid, reacher-grabber, elastic shoelaces); and the OT can help determine what you need. You may or may not have an OT come to your home after discharge.

Some equipment to consider for your recovery:

Walking aid (walker or crutches will be provided by the hospital), cane/hiking or trekking pole, reacher-grabber, sock aid, long handled shoe horn. Check out your local medical supply store or online vendor for options as most insurance companies do not pay for these.

Recovery and Milestones

Knee Surgery Rehabilitation

During your surgery, the surrounding muscles were stretched to insert the prosthesis. It will take approximately 6-12 weeks for these muscles to heal and strengthen. The hospital therapy team will give an instructional sheet on daily activities and exercises you may work on at home.

Best practice involves getting you up out of bed on the same or next day of your surgery. The UCSF hospital orthopaedic staff will assist you with being active. It is beneficial for you to get out of bed and walk several times a day to help decrease the risk of blood clots and increase your quality of life.

You may resume driving about 2-4 weeks after surgery. You must be completely finished taking any narcotic medications first. Then you may resume driving when you feel you have enough strength in your operative leg. Check with your surgeon IF you have any knee precautions.

Regaining strength will take time. Soft tissue takes at least 8 weeks to heal for most patients. Many will notice gradual improvements throughout the rehabilitation process. However, if your arthritis was longstanding and your function was severely limited prior to surgery, it may take up to 1 year before you regain your full leg strength.

For other resources, check out:

- <https://orthosurgery.ucsf.edu/>
- <https://orthosurgery.ucsf.edu/patient-care/services/arthritis-and-joint-replacement>
- <https://aaos.org/>

Early Postoperative Exercises

Walking is the best exercise following surgery; make sure to get up 3-4 times a day to go for a short walk around the house. Goal is to walk 1 minute longer than you did the previous day.

Ankle Pumps

Slowly push your foot up and down. Do this exercise several times as often as every 30 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.



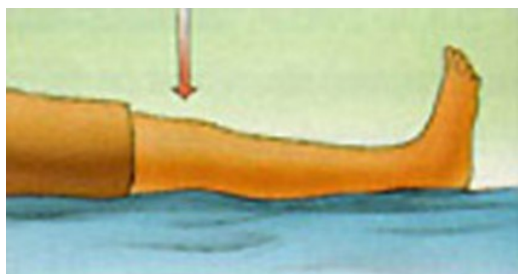
Bed-Supported Knee Bends/Heel Slides

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward. Repeat 10 times, 3 or 4 times a day.



Buttock Contractions

Tighten buttock muscles and hold to a count of 5. Repeat 10 times 3 or 4 times a day.



Quadriceps Set

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Repeat this exercise 10 times during a 10-minute period. Continue until your thigh feels fatigued.

Possible Complications of Surgery

The complication rate following knee replacement is low. Serious complications such as joint infection occur in less than 1-2% of patients. Major medical complications such as heart attack, stroke and death occur even less frequently. Although uncommon, when these complications occur, they can prolong or limit full recovery. Contact your team if you suspect any of the following:

Infection – may occur superficially in the wound or deep around the implant. It may happen while in the hospital or after you go home--and can even occur years later. Minor infection in the wound is generally treated with antibiotics; for deep infections, removal of the implant may be necessary. Any infection in your body can spread to your knee replacement.

- New fluid draining from the wound
- Opening of the wound
- Flu-like symptoms, including chills & fever greater than 102F

DVT (deep vein thrombosis) – blood clots in the leg veins or pelvis can occur after surgery.

- New swelling of the operative leg that does not resolve by the morning or after 2-3 hr of true elevation
- Unexplained pain of the operative leg and medication is not as effective for severe pain as before
- Unexplained shortness of breath
- You are suddenly very sweaty
- Your heart rate is increased
- Chest pain

Preventing Blood Clots:

Be Active! Walking promotes blood circulation, which helps to decrease your risk for getting a blood clot. During the daytime, be sure to get up every 2 to 3 hours and walk across the room; do ankle pumps; avoid flying 6 weeks if possible; and take your prescribed blood thinner.

Other complications include:

Loosening and implant wear over years. If this occurs, implants may need to be replaced.

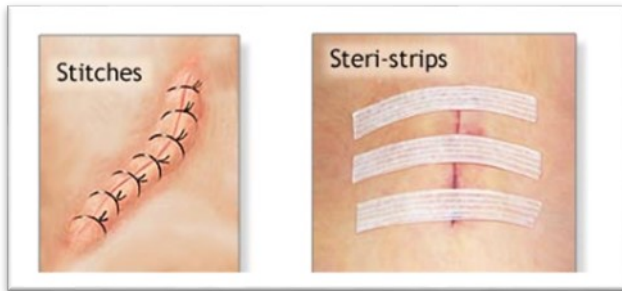
Nerve and blood vessel injury, bleeding, fracture (broken bone), skin numbness near incision site and stiffness. In a small number of patients, some pain can continue or new pain can occur after surgery.

Wound Care

- It is normal to see some (slight) drainage through the gauze layer of the dressing.
- If the dressing appears completely saturated from drainage or if there is an increasing amount of drainage from the wound over time, contact your surgeon's office.
- Do not remove hospital discharge dressing (clear plastic Tegaderm) for 5 days.
- Dressing is sealed (Tegaderm dressing) and you can shower as tolerated (no soaking or bath for 4 weeks)

After 5-7 days, you may remove your dressing (Tegaderm), then:

1. If you have Steri-Strips ONLY (absorbable sutures under skin) or skin glue/mesh: ok to shower without dressing if wound is dry
2. If you have nylon stitches (dark sutures through skin layer) ONLY: replace Tegaderm dressing, before showering.



* **DO NOT** apply any Bacitracin or antibiotic ointment of any kind to the wound; this will disrupt the Steri-Strips adhesive. If you do change the dressing:

1. Wash your hands with soap and water before touching the dressing.
 2. Remove the dressing carefully. If you need to, soak the dressing with sterile water or saline to help loosen it. Then dry the incision with clean dry gauze. Wipe or pat dry.
 3. Apply a new dressing the way your hospital provider showed you.
- After wound has healed (around 4 weeks post surgery): You may apply creams or ointments on the knee once the stitches are removed and there are no openings of your wound. The following tips can help decrease scar formation:
 - * Manually massage the scar tissue – your physical therapist can show you how
 - * Apply Vitamin E (or other OTC scar treatments)
 - * Avoid sun exposure for 1 year

PETS: Do not allow pets to sleep with you until your wound is completely healed and the sutures/staples are removed. Do not allow pets to lick you or your wounds.

Normal Expectations After Surgery

- Recovering from a total knee replacement varies from person to person.
- You will see the most rapid improvements within the first 3 months after surgery.
- However, improvements can still be seen up to 1-2 years after surgery.

Swelling: blood circulation in the operated leg is sluggish after surgery, gravity will pool swelling down into the knee, calf, ankle and foot. As you walk more and elevate this will improve. (Swelling on average lasts 6-8 weeks.)

However, any swelling that comes with significant changes in your level of pain should be reported to your surgeon's office as you could be experiencing a blood clot.

The following are some suggestions on how you can minimize the swelling of your operated leg:

- Walk frequently to promote blood circulation.
- You may wear thigh-high compression stockings or TED hoses. They are not routinely used but are permitted. They can be purchased at a medical store or retail pharmacy. (Start with the lowest compression level 8-15 mmHg, increase to 15-20, then 20-30 if tolerated.)
- Keep the foot of your operative leg above your heart frequently when you are sitting or lying in bed.
- Apply a cold pack minimum 4-5 times a day for 15-20 minutes. Be sure to place a thin barrier, such as a towel or T-shirt, between your skin and the cold pack to prevent freezer burns. You may use ice in a bag (be sure to double bag to avoid leakage) or gel ice packs.

Limping: It is normal to have a limp while in the recovery phase. Strengthening the abduction muscles is important to correct your limp. Walking is the best therapy.

Sleeping: It is common to have difficulty sleeping for the first few months after surgery. You may find it difficult to sleep in your usual favorite sleeping position or that you wake up frequently during the night due to the pain or to take pain medicine. You will return to your normal sleeping patterns as the pain improves. The team does not recommend sleeping pills once you are home as they can cause dependency.

Please speak to your primary care provider if you feel you need a sleeping pill. For better sleep:

- Avoid daytime naps. Establish routine hours for bedtime at night and waking up in the morning.
- Avoid caffeine and drinking fluids at least 3 hours before bedtime. Avoid alcohol.
- Ask your pharmacist if OTC Benadryl or melatonin/sleepy time tea may help.

Parking / Transportation

MarinHealth Medical Center - 250 Bon Air Road, Greenbrae

Parking and Wayfinding

<https://www.mymarinhealth.org/about-us/oak-pavilion/parking-wayfinding/>

Mount Zion Campus– 1600 Divisadero St.

For parking, directions, and other details, please visit:

<https://www.ucsfhealth.org/locations/mount-zion>

Mission Bay Campus - 1500 Owens St.

For parking, directions, and other details, please visit:

<https://orthosurgery.ucsf.edu/patient-care/locations/orthopaedic-institute>

For UCSF patients traveling to San Francisco from a distance, you may find options for short-term lodging near UCSF hospital campuses here:

<https://campuslifeserviceshome.ucsf.edu/housing/short-term-lodging-guide>

FAQs

Pre-Surgery

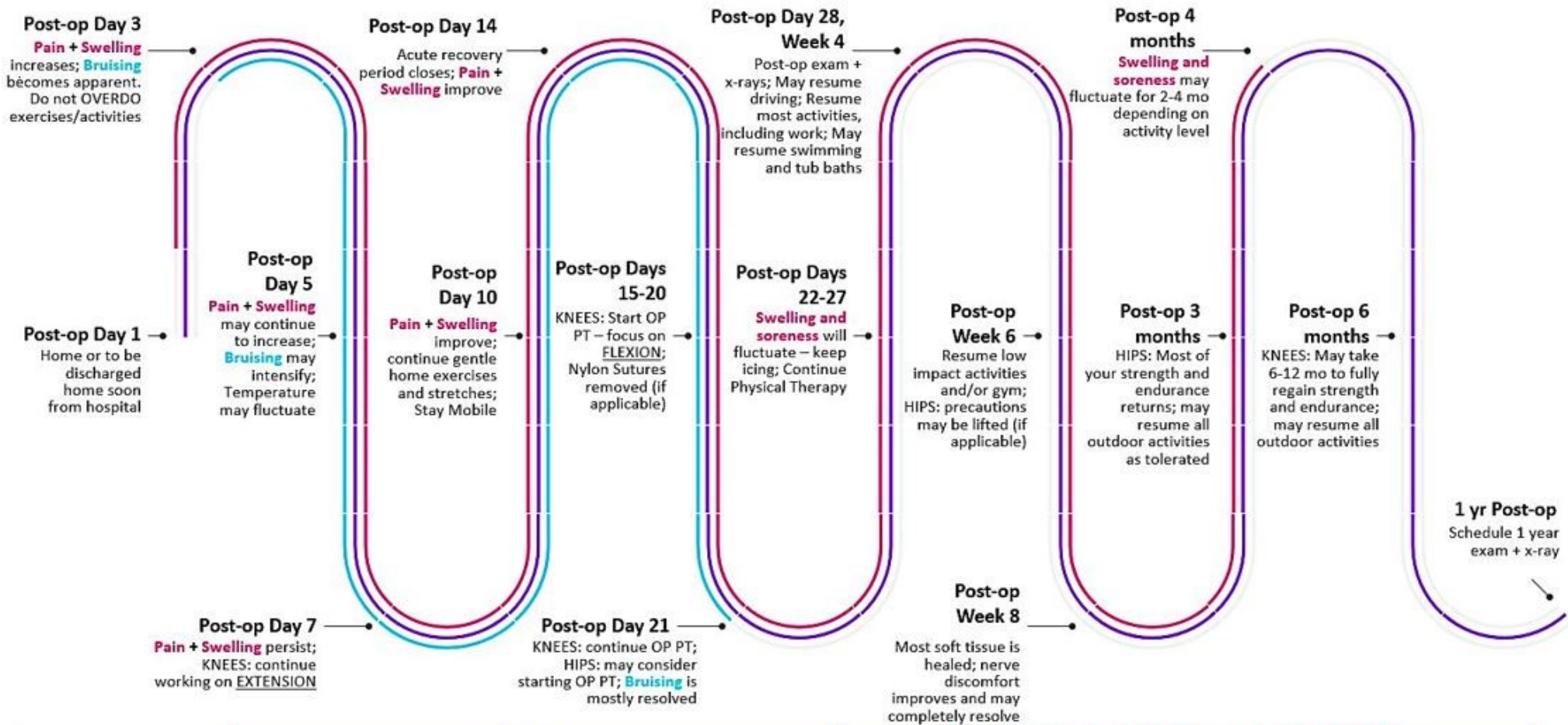
1. Can my family visit me in the hospital? Stay overnight? Yes, the team encourages family to participate. Check updated visiting policies here: <https://www.ucsfhealth.org/visitor-policies-to-maintain-health-and-safety>
2. Do I need to donate blood before surgery? The Adult Reconstruction Division no longer recommends donating your blood prior to surgery. Recent research shows that shorter surgical times, improved anesthesia techniques, and new medications to prevent bleeding have made needing a transfusion very rare. Further, blood donations before surgery have been shown to increase the risk of needing a blood transfusion.
3. Will my insurance cover the surgery? Once your surgery has been scheduled, your surgeon's office will obtain insurance authorization for the surgery. Contact your insurance company for specific insurance coverage information, including copay and deductible costs, or access the following UCSF web link: http://www.ucsfhealth.org/adult/patient_guide/health_insurance.html. If you have any questions about your ability to pay or other financial concerns, call UCSF Financial Counseling at (415) 353-1966, Monday through Friday between 8am and 6pm.
4. How do I file my disability paperwork? First, decide if your employer has forms or if you plan on filing for state disability. Then, provide the clinic with the paperwork to file.
5. What do I do with my advance directive paperwork? To request an advance directive kit: <https://www.ucsfhealth.org/-/media/project/ucsf/ucsf-health/pdf/advanced-health-care-directive.pdf>

FAQs

Post-Surgery

6. Will I set off the metal detectors at the airport? Yes, you will probably set off the security monitors; however, most airports have scanners that can visualize the implant and further inspection is not needed. Be proactive and let them know you had knee replacement. No letters or documents are accepted or needed.
7. I feel depressed; is this normal? It is not uncommon to have feelings of depression after surgery; this may be due to multiple factors such as limited mobility, discomfort, increased dependency on others, or medication side effects. These feelings tend to resolve as you begin to return to your normal routine. If these feelings persist, contact your primary care provider.
8. I feel constipated, what should I do? This is a common problem following surgery, usually due to limited activity and side effects of narcotics. The team recommends taking stool softeners/laxatives such as Senna, Colace and Miralax; decrease narcotic use; increase fluids; have prunes/prune juice; walk regularly; increase fiber in diet; and avoid straining on the toilet as this can cause you to faint. Your bowel movements may be irregular at first, but will gradually return to normal. You should have a bowel movement at least once every 3 days. If you go more than 3 days without having a bowel movement, try an over-the-counter laxative such as Milk of Magnesia, enemas, or suppositories.
9. Do I need Physical Therapy? Actively participating in physical therapy exercises (once pain is better controlled during the acute ~2 weeks phase) after knee replacement is important. A physical therapist can help transition you to a home exercise program and help with gait training – the most important therapy after knee replacement surgery is walking and range of motion exercises. You may plan on starting outpatient PT 2-3 weeks after surgery if the wound is healed. For OUTPATIENT PT, it is your responsibility to ensure the facility you choose accepts your insurance. The UCSF team suggests picking a location close to work or home.
10. How soon may I travel by plane? You should avoid travel on airplane for 6 weeks after surgery. If you cannot avoid air travel, discuss your plans with your surgeon.
11. Do I need prophylactic antibiotics before routine dental cleanings? Antibiotics are no longer required before routine dental cleaning AFTER 12 weeks from your surgery. However, if you need more invasive dental procedures, then discuss treatment with dentist and the office. Infections in the mouth can travel to the knee joint.
12. When can I return to work? In general for a desk job, anywhere from 2-6 weeks, for a more labor-intensive job, it could be 3-4 months.

Post-op Recovery Road Map



Recovery Phase	Normal	Abnormal or concerning symptoms: Call Clinic
Early: Weeks 1-4	<ul style="list-style-type: none"> Increasing pain and swelling post-op days 3-7 Blisters around dressing/incision area Bruising up and down the leg, especially behind the leg or around foot/ankle Temporary increase in pain and swelling AFTER any exercise or activity Clicking sounds from KNEE – usually resolves in several weeks 	<ul style="list-style-type: none"> Dressing is >80% saturated with blood or drainage Fever >102° (39c) that does not improve within 12-24hrs even with Acetaminophen, especially if accompanied by body aches, chills, or nausea and vomiting Calf pain with increasing heat, redness, and swelling that does NOT improve with any kind of icing/elevation after 2-3 hrs Suddenly unable to bear any weight on operative leg IF you were already full weight bearing (especially HIP patients)

Hip and Knee Replacement Classes

Presented by UCSF Nurse Patient Navigators:

Erica Suk, RN, Theresa Han, RN, and Rachael Wynne, RN

Department of Orthopaedic Surgery

Classes are available via Zoom

Contact us to register for an upcoming class

Erica Suk, RN	Theresa Han, RN	Rachael Wynne, RN
415-514-6148	415-353-3174	415-514-8421

Zoom links and passwords will be provided via UCSF Mychart

Knee Replacement Class

2nd and 4th Monday and Thursday of each month

1:00PM-2:30PM

Hip Replacement Class

1st and 3rd Monday and Thursday of each month

1:00PM-2:30PM

A video version of our classes are also available.

Youtube.com: search “UCSF preparing for hip surgery” and “UCSF preparing for knee surgery” 4 parts total

If you are scheduled for surgery at MarinHealth Hospital, please review the Marin Class Flyer.

Scan the QR code or visit mymarinhealth.org/jointclass to watch.

