

ONS Guide to Outpatient Total Knee Replacement



TABLE OF CONTENTS

Reclaim the Quality of Your Life	1
Outpatient Total Knee Replacement	2
Your Role in Recovery	5
Preparing for Surgery	6
Scheduling	6
Medications	7
Medical History and Health Status	8
Pre-surgical Testing	9
Pre-surgical Orientation	10
Preparing Your Home for Your Return	11
Days Prior to Surgery	12
Day of Surgery	14
After Surgery	17
Call Our Office	27
Living with Your New Knee	28
Appointment Checklist	29
Notes	30

Reclaim Your Quality of Life

Total Knee Replacement (arthroplasty) is one of the most effective ways to eliminate the pain of bone-on-bone arthritis and restore mobility when knee arthritis has compromised function and quality of life.

The ONS Outpatient Knee Replacement Program eliminates hospital stays and supports your recovery in the comfort and safety of your own home.

The program is designed with you as an active partner with your surgeon and a dedicated team of ONS professionals who will make sure you have the information, care and support you need every step of the way.



Outpatient Total Knee Replacement

WHAT IS IT?

An outpatient knee replacement is an advanced alternative to traditional inpatient surgery. The surgery can eliminate knee pain and allows for complete recovery in the comfort and safety of your home.

HOW LONG WILL THE SURGERY TAKE?

Your surgery will take approximately two hours on average, to allow for anesthesia, positioning and actual operative time. Plan to be at the surgical center for about 6 – 7 hours in total, to allow for time in the recovery area.

HOW WILL MY PAIN BE MANAGED?

Multiple treatments will be used to manage your post-operative pain. Anesthesia for the procedure will be a spinal analgesic that numbs the legs from the waist down. In some cases, a general anesthesia is used. A regional nerve block to more precisely target the sensory nerves of the knee, and sedation will also be administered. The surgical site will also be treated with a long acting anesthetic that can help reduce pain during the first 24 – 48 hours after surgery. In addition, you will be provided with oral medications that work together to help control pain. The combination of these treatments will allow you to return home the day of surgery with adequately controlled pain and the ability to ambulate effectively around your home.

WILL I BE ABLE TO DRIVE?

Following surgery, you will be restricted from driving. You will need to have discontinued narcotics to be considered safe to operate a motor vehicle. Your surgeon will direct you on when you can return to driving. If your surgery was performed on the right knee, you can typically return to driving within 4 – 6 weeks, depending on the condition of the operative knee and the above factors.

WHEN CAN I RETURN TO WORK?

Your return to work depends on your recovery process and the demands of your occupation. Your surgeon and physical therapist will determine the appropriate time for your circumstances. In general, patients return to work within 2 – 4 weeks after surgery.

Outpatient Total Knee Replacement

POTENTIAL RISKS

Our physicians are experts at performing outpatient knee procedures safely. However, while the risks are very low, there are potential complications associated with any surgery. Be sure to speak with your doctor about any questions or concerns. Though rare, the following are some complications that have been associated with knee replacement surgery.

INFECTION

All surgeries have a risk of infection. Your pre-admission test results will confirm you have no active infections before surgery. Antibiotics administered before and after surgery, and other precautions such as cleaning the surgical site with antimicrobials prior to surgery, and the application of a waterproof wound dressing will reduce the risk of infection.

BLOOD CLOTS

In order to reduce the risk of blood clots and promote circulation, you will be asked to pump your feet 10 times an hour and exercise your ankles during the recovery period.

After surgery, you will take one aspirin twice a day to further help prevent blood clots. A blood thinning injection given just under the skin or other medications may be used if there is an increased risk or history of blood clots. Additionally, we recommend patients wear thigh high compression socks for 2 – 4 weeks post-op during waking hours. You do not need to sleep in them.

CONSTIPATION

Opioid pain medication can often cause nausea and constipation. To help avoid constipation, drink plenty of fluids and eat fruits and vegetables. You will be prescribed a stool softener that should be used daily if you are taking opioid pain medication.

Outpatient Total Knee Replacement

PNEUMONIA

Breathing deeply after surgery and frequent coughing are important ways to prevent congestion from building up in your lungs, which can lead to pneumonia. Use the incentive spirometer 10 times an hour for the first week post-op. The deep breathing will help keep the lungs open.

BLADDER INFECTION

A bladder infection may also occur, so it is particularly important to drink plenty of fluids to help prevent this type of infection.

NUMBNESS

You will experience some numbness on both sides of your knee incision following surgery. This is normal and should not cause concern. During surgery, the nerves in the skin around the joint are disturbed. As these nerves heal, you may experience a tingling sensation. There is a chance that you may experience permanent numbness in a small area around your incision. However, the function of your knee will not be affected.

SEVERE COMPLICATIONS

As with all major surgery, there is a possibility that complications from any of the conditions mentioned, or from the anesthesia, could be severe enough to result in disability or death. Please discuss all questions and concerns with your doctor and your anesthesiologist.

Your Role in Recovery

You will play an important role in your own recovery. Your understanding, participation and commitment – and that of your designated caregiver – are tantamount to the success of your procedure.

It is essential to have a designated person who can attend pre-surgical visits, take you home after surgery and stay with you for the first 48 hours post-op, possibly more, to help you with day to day activities.

Additionally, research has shown that patients who are physically prepared for surgery will recover more quickly than patients who are not. You should start the pre-surgical exercises in the accompanying exercise booklet to increase your strength and stamina, according to your abilities and pain level.



Preparing for Surgery

SCHEDULING

Most insurance companies require pre-authorization prior to scheduling surgery. Our staff will call your insurance company to determine eligibility and get pre-authorization as needed. This may take several days, depending on the insurance company.

Once we have received approval from your insurance carrier, you will be contacted to discuss pre-operative testing, available dates for surgery, and other important appointments.



Preparing for Surgery



MEDICATIONS

At your pre-operative visit, please inform our office of all medications and supplements you are taking. If you are currently taking any of the following medications, they need to be discontinued prior to your surgery.

- Coumadin, all blood thinners **5 days**
- Aspirin **10 days**
- St. John's Wort **10 days**
- Prescription Diet Pills **1 day**
- All vitamins and supplements **10 days**
- Anti-inflammatory medications **10 days**
(*Advil, ibuprofen, Aleve, Naprosyn, Relafen, Diclofenac*)
- Hormone replacement therapy **7 days**

Preparing for Surgery

MEDICAL HISTORY AND HEALTH STATUS

It is important for us to have accurate and complete information regarding your medical history and health status to determine your eligibility for the procedure and for insurance verification. Here are some questions you may be asked about your medical history.

- Do you have health problems such as blood clotting disorders, diabetes, heart disease or high blood pressure?
- Are you taking any medications? This includes over-the-counter products such as aspirin, ibuprofen, vitamins, supplements, herbs and teas. Please have your medication bottles and a complete medication list available for your physician to review, or update your list in the ONS Patient Portal.
- Do you use tobacco, alcohol or recreational drugs?
- Do you have allergies?
- Do you currently have a fever, cold, rash or history of recurring infection?
- Have you had previous surgeries or illnesses?
- Are you or could you be pregnant?
- Have you or any blood relatives had previous problems with anesthesia?
- Are you currently on a prescribed regimen for chronic pain?

Preparing for Surgery

PRE-SURGICAL TESTING

Your surgical coordinator and primary care physician will direct you to a local laboratory or diagnostic center for pre-operative testing. These tests may include:

- Chest X-ray
- Blood tests
- Nasal MRSA culture
- Urine test
- Electrocardiogram (EKG)

IMPORTANT: If you develop a fever, cold or rash in the days leading up to your surgery, call our office regarding your change of health. Your surgery may need to be postponed for your safety.

Preparing for Surgery

PRE-SURGICAL ORIENTATION

We ask that you schedule an office visit one to two weeks prior to your surgery for the purpose of pre-surgical orientation. ONS will arrange for an appointment with a home healthcare provider 1 – 2 weeks pre-surgery to assess your home for safety and demonstrate proper use of a walker, cane and/or crutches.

PRIOR TO SURGERY, WE WILL:

- Provide all necessary prescriptions for post-operative medications.
- Confirm that home health care visits have been arranged and approved by your insurance company.
- Explain the protocols home health care entails.
- Confirm the date and time of surgery with the surgery center.
- Review your home medication sheet and make sure you are aware of which medications to continue and which to discontinue before surgery.
- Review any pre-operative diagnostic studies.
- Review medical clearance information from your primary medical physician and/or specialist.
- Provide list of post-operative tools or equipment that may be needed.

Preparing for Surgery

PREPARE YOUR HOME – CHECKLIST

Please review and complete the following list of items prior to surgery. This will ensure a smooth transition from the surgery center to your home on the day of surgery.

- Prepare meals ahead of time and put fresh linens on your bed.
- Make sure you have an armchair with a firm cushion to sit on.
- Water beds are not recommended after your surgery. A flat, firm mattress should be in place.
- Have your prescription medications available.
- Pick up throw rugs and make sure long phone and electrical cords are out of the way.
- Put night-lights in bathrooms and dark areas.
- Have non-skid surfaces (strips, etc.) in place in tubs and showers.
- Arrange for pet care, if needed.
- Prepare a comfortable rest area with tissues, phone, TV, remote control, etc., nearby.
- If you are going to be alone part of the day, carry a portable phone and/or personal alarm with you to call for help in case of an emergency.
- Have slide-on footwear with backs and non-skid soles.
- Arrange transportation for follow-up visits.
- Create a traffic pattern using doorways large enough to fit the walker.
- If you have purchased a shower chair, commode or safety bars, make sure they are in place.

Preparing for Surgery

ONE WEEK PRIOR TO SURGERY

- Fill all prescribed medicines so they are immediately available to you when returning home from the surgery center.
- Your case manager will help you obtain anti-microbial wipes or gel, a non-rolling walker, single-prong cane, and/or crutches.
- Obtain over-the-counter medications, as per your physician's recommendations: enteric-coated aspirin, laxative, Extra-Strength Tylenol.
- Stop all anticoagulants, anti-inflammatories, aspirin, fish oil, Vitamin E and supplements.
- Arrange for a family member, significant other or care partner to be with you for at least 48 hours after discharge.
- Schedule your Physical Therapy visits at your preferred PT facility, to start about 10 days after surgery.
- Continue pre-surgical exercises.

Preparing for Surgery

ONE DAY PRIOR TO SURGERY

- Use anti-microbial wipes or gel after showering the night before surgery.
- Eat a “regular-sized” dinner. The day before surgery is not the time to “feast” on large quantities of heavy or rich foods.
- Take all routine medications except those already stopped. Please check with our office if you have any questions about which medications are permitted.
- Have nothing to eat after midnight – including mints and gum. Your surgery may be canceled or delayed if you do. You may drink clear liquid such as water, black coffee or Gatorade (not red) up to 3 hours before surgery.



Day of Surgery

AT HOME BEFORE SURGERY

- Use the last set of anti-microbial wipes or gel over the surgical site.
DO NOT SHOWER.
- Wear comfortable, loose clothing.
- Do not use lotions, talcum, perfume, make-up or nail polish.
- Only take medications that have been approved by your doctor for the morning of surgery



Day of Surgery

AT THE SURGERY CENTER

- Bring walker, cane or crutches.
- Bring photo-ID, bag for dentures, cases for contact lenses, glasses.
- A family member, care partner or significant other must accompany you to the surgery center. They are welcome to remain in the main waiting area during your procedure. They may leave the premises, but must stay in the local area to return when called to do so.

IN THE PRE-OP AREA

- You will sign surgical and anesthesia consent forms.
- An IV will be started and pre-op sedatives and antibiotics will be administered.
- A nerve block will be administered by the anesthesiologist.
- Your surgeon will meet you and your family in the pre-op area, confirm and mark the surgical site, and answer any remaining questions you may have.
- You will then be transferred to the Operating Room.

Day of Surgery

POST-OP/RECOVERY

At the end of the surgery, anesthesia will be reversed and you will be transferred to the recovery area.

The nurses will monitor your vital signs and keep you comfortable. Medications will be administered as necessary for pain or nausea.

You will be discharged home once we are sure that you are stable and comfortable. You must be able to urinate, tolerate a light meal and ambulate safely with your walker, cane or crutches before going home.

The medications administered at the surgery center should provide adequate pain relief at home. It is extremely important, however, to follow the post-operative pain management protocol to ensure ongoing pain relief.

You will be given a brief home instruction sheet to use as reference. Detailed home instructions are on the next several pages of this booklet.



After Surgery

MANAGING YOUR PAIN

Our goal is to keep you as comfortable as possible following your surgery, however, there will be some degree of postoperative pain.

Your pain will be assessed from the time you leave the operating room until the time you leave the surgery center. You will be asked to rate your discomfort on a pain scale to help us determine if your current method of pain control is adequate or if changes need to be made. Oral or injected pain medications may be used to relieve discomfort.

POST-OP AT-HOME GENERAL INSTRUCTIONS

- Keep surgical dressing clean.
- Take medications as prescribed.
- You are able to shower with your surgical dressing in place; gently rinse the area. Do not scrub.
- Walk using a walker, cane or crutches, as tolerated.
- When not up and about, keep the leg elevated above the level of your heart and ice regularly.
- Only use the prescribed opioid pain medication for pain that is not relieved by non-opioid pain medication such as Tylenol.

After Surgery

HOME CARE

Your surgeon, physician assistant, nurse and case manager will be in contact with you from the first day home for the first few weeks following surgery. You can call **203-869-6990** if you have questions or concerns. After hours, ask the answering service to contact the physician assistant on call.

Depending on the time you arrive at home from the surgery center, a visiting nurse will visit the same day or day after to help you get settled, review your vital signs and pain tolerance. She will check your wound dressing and levels of hydration and answer any questions or concerns you may have.

A physical therapist will visit your home frequently during the first week after surgery. During this time, the therapist will lead you through exercises and evaluate your progress. He or she will review your diet, hydration and evaluate your pain level. The therapist will help increase your strength and range of motion and assist you in accomplishing physical challenges such as climbing and descending stairs. You will be given a personalized home exercise program that you must follow on your own between visits.

HAND WASHING HELPS PREVENT INFECTION

A serious form of bacteria known as MRSA frequently inhabits the skin or nose of healthy people. When introduced into the home setting during recovery, it can be harmful to patients. Hand hygiene is the single most important method to control the spread of bacteria and virus. We ask all caregivers and visitors to wash their hands with anti-bacterial soap and water before and after contact with patients and their surroundings. This simple act, several times a day, can provide a safer environment for all.

Though rare, be on the look out for signs of infection around your wound. Signs of wound infection include increasing redness, excessive drainage, fever, increasing pain despite pain medications. Call **203-869-6990** if you have concern that you have developed a post-operative infection. Before calling, please have your pharmacy phone number available and a list of any known allergies. If calling after hours, ask the answering service to contact the physician assistant on call.

After Surgery

MOVING SAFELY FOR THE FIRST FEW WEEKS

SAFE USE OF YOUR WALKER

- Keep your hips straight when using the walker, supporting full body weight as able/tolerated.
- To sit, back up to the chair until you feel the front of the chair on the back of your legs. Reach down for the arms and lower yourself safely.
- Do not use the walker as a support when getting in or out of bed, up from a chair, or from a toilet. It is not stable enough.

TOILET

- Do not attempt to use your walker to pull yourself up to stand. Push up from the seat, reaching forward with one hand at a time to your walker.
- When out in the community, use the bathrooms that accommodate people with disabilities. They will have grab bars.

STALL SHOWER

- Step into the shower with the affected leg first.
- Make sure surfaces inside and outside of the shower are non-skid to decrease your risk of slipping.

After Surgery

GETTING IN AND OUT OF BED

- Sit on the edge of the bed in the same manner as you would a chair. Scoot your buttocks back across the bed until hips and thighs are on the bed. Rotate your body until you are straight on the bed.
- Get into bed with the affected leg first, get out of bed with non-affected leg.
- Use sheets and pajamas made of a slippery fabric to make scooting easier.
- Reverse this process to get out of bed.

CAR – GETTING IN AND OUT OF THE FRONT SEAT

With the passenger seat pushed back, back up to the seat using your walker. Lower yourself into the seat. Tip: sitting on a plastic trash bag can help you rotate in the seat more easily.

CAR – GETTING IN AND OUT OF THE BACK SEAT

If surgery was on your right leg, enter on the passenger side. If surgery was on the left leg, enter the rear seat on the driver's side. Back up to the open car door with your walker or cane. Lower yourself carefully into the seat. Scoot across the back seat and have pillows available so you can semi-recline.

Reverse these procedures when getting out of a car.

After Surgery

PRECAUTIONS

- Use your walker, cane or crutches when walking and weight bearing (as tolerated).
- Do not lift or carry things while walking.
- Avoid small pets, remove throw rugs, and secure electrical and phone cords on the floor where you may walk.
- Allow for adequate room at the side of your bed to walk.
- Avoid pivoting on your affected leg.
- Avoid slippery or unstable surfaces.
- Do not allow yourself to get exhausted.
- Use a cart to move items.

After Surgery

FIRST NIGHT POST-OP AT HOME

- Keep the surgical dressing dry and intact.
- Take one enteric-coated aspirin twice a day to further help prevent blood clots. Patients with a history of blood clots may be prescribed daily Lovenox injections or other medications.
- Resume fluids and a healthy diet.
- Use Zofran as needed for nausea.
- Take one dose of an over-the-counter laxative to prevent constipation.
- The muscle in the leg may be weak from the nerve block for about 24 hours – always use the walker for ambulation to prevent a fall.

After Surgery

DAY 1 POST-OP

- It's okay to shower with the waterproof dressing. Pat with a towel after the shower.
- Take one enteric-coated aspirin twice a day to further help prevent blood clots. Patients with a history of blood clots may be prescribed daily Lovenox injections or other medications.
- Take 200 mg of Celebrex (one tablet).
- Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart – do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
- Use oxycodone as needed and directed for pain.
- Continue post-operative exercises and ambulation, as tolerated.
- You can move from your bed to chair, using a walker, cane or crutches.
- Continue to drink lots of fluids, especially if taking laxatives.

After Surgery

DAY 2 POST-OP

- Continue to hydrate and eat a healthy diet that is high in fiber and protein.
- Continue laxative to prevent constipation, as needed.
- Continue enteric-coated aspirin, twice daily.
- Continue Celebrex (200 mg) daily for 30 days post-op.
- Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart as needed for pain – do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
- Ambulate with walker.
- Transition to cane or crutches if safe and stable.

After Surgery

DAY 3 POST-OP

- Continue enteric-coated aspirin, twice daily
- Continue Celebrex (200 mg), daily for 30 days post-op.
- Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart as needed for pain – do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
- Diminish use of pain medication as tolerated.
- Continue home physical therapy exercise program.

DAY 4 – 13 POST-OP

- Continue home physical therapy and exercise program.
- Increase activity as tolerated.
- Continue enteric-coated aspirin, twice daily for 6 weeks post-op.
- Continue Celebrex (200 mg), daily for 30 days post-op.
- Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart as needed for pain – do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
- Begin outpatient physical therapy 10 days to 2 weeks after surgery.
- Remove dressing on day 5 post-op. Please contact the office if there are any concerns about your incision. Bruising and swelling are to be expected. Active bleeding or redness should prompt a call to the office.

After Surgery

TWO WEEKS POST-OP

- Post-op office visit with your surgeon will include:
 - X-ray.
 - Incision check.
 - Review of physical therapist's report.
 - Evaluation of functional status, level of discomfort.
- Resume activity, as tolerated.
- Discussion of progress and return to activities such as driving and work.

Although you may feel that you are doing extremely well at this point, it is important to be seen in our office for routine follow-up at 6 weeks, 3 months, 6 months and 1 year after surgery.



CALL 911 OR GO TO AN EMERGENCY ROOM and NOTIFY ONS IF:

- You have chest pain.
- You experience shortness of breath/difficulty breathing/painful breathing.
- You fall and it results in significant pain or immobility.
- You or your caregiver notices a change in mental status or level of consciousness.
- There is sign of a wound infection.

CALL YOUR CASE MANAGER AT 203-869-6990 IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Increased or unmanageable pain. New calf pain.
- Not tolerating physical therapy. Unsteady on feet and/or weak.
- Yellow/green wound drainage. Increased swelling. Open wound.
- Cough, fever, trouble breathing, chills with or without shaking.
- Uncertainty or questions about medications, dosages or timing.
- Pain or burning with urination. Cloudy or odorous urine.
- Abdominal pain/constipation/nausea/vomiting/diarrhea.

NOTE: If calling after hours, ask the answering service to contact the physician assistant on call.

NO ACTION IS NECESSARY IF:

- Pain is well managed, no new or unusual pain anywhere.
- Tolerating physical therapy, steady on feet, no new weakness.
- Incision is clean and dry, mild to moderate swelling, wound is closed.

Life with Your New Knee

Your new joint implant is the result of many years of research, but like any device, the life span depends on how well you care for it. To ensure the health of your new knee, it's important you take care of it for the rest of your life.

SPORTS AND ACTIVITIES

Your new joint is designed for activities of daily living and lower-impact sports. Walking, swimming, golfing and cycling are recommended once you feel comfortable. Aggressive sports, such as jogging or running, jumping, repeated climbing and heavy lifting may impair or compromise the function and long-term success of your joint, and, therefore, is not typically recommended.

INFECTION

Your joint components are made of metal and polyethylene (plastic). If you get a serious infection elsewhere in your body, bacteria can gather around the components of your knee joint and it may become infected. If you become ill with an infection or high fever, you should be treated immediately.

SURGICAL PROCEDURES

If you are scheduled for any kind of procedure, no matter how minor, you may need to take antibiotics before and after. Please make sure your physician, dentist or surgeon is aware prior to your procedure that you have a joint implant.

APPOINTMENT CHECKLIST

Before Surgery	Surgery
<input type="checkbox"/> Pre-Op Exam with your surgeon	Date
Date Time	Check-in time
Location	Location
<input type="checkbox"/> Pre-surgical orientation/ Physical Therapy consultation	<input type="checkbox"/> Post-Op Exam w/ your surgeon
Date Time	Date Time
Location	Location
<input type="checkbox"/> Pre-Admission Testing	<input type="checkbox"/> Outpatient Physical Therapy
Date Time	Date Time
Location	Location



GREENWICH

6 Greenwich Office Park
Greenwich, CT 06831

203 869 1145

HARRISON

500 Mamaroneck Ave.
South Entrance
Harrison, NY 10528

800 999 9ONS

STAMFORD

5 High Ridge Park
3rd floor
Stamford, CT 06905

ONSMD.COM
