STEINDLER ORTHOPEDICS



Your Total Knee Replacement Planning Guide

Patients, please be sure to

- Attend all appointments
- Bring this guide to all appointments
- Bring your coach to all appointments

Surgery Scheduling Department

Phone: (319) 600-8089

Office Hours: Mon - Fri, 8:00 am - 4:30 pm

Steindler's Knee Replacement Surgeons



Dr. Derek Breder



Dr. David DeMik



Dr. Brent Overton



Dr. David Steinbronn



Dr. Brent Whited

Since 1950, Steindler Orthopedic has remained the region's most preferred orthopedic practice. Our experienced team of joint replacement and revision specialists work to provide excellence in total joint care and will get you back to doing the things you love.

To schedule your joint evaluation, call Steindler Orthopedic Clinic at (319) 338-3606.

STEINDLER ORTHOPEDICS

PREPARING FOR JOINT REPLACEMENT SURGERY

Your Surgery Scheduler will be contacting you within the next two business days to schedule your surgery. Prior to them calling you, the schedulers need to contact your insurance company to verify your eligibility status and prior authorization requirements. When they call you, they will be letting you know what days your surgeon does surgeries on and when the first available date is. **If you have not heard from the Scheduler in two business days, please give them a call at 319-600-8089.**

When the Surgery Scheduler calls you to set your surgery date, they will be letting you know which preoperative appointments your doctor has ordered to be done prior to the surgery and they will also be scheduling them for you. Preoperative appointments may include Preadmission/ labs, educational appointment(s) with Steindler Therapy, Medical Clearance from your Primary Care Physician, Cardiologist, Pulmonologist, etc. and your Surgeon.

Here's what you need to know and prepare for prior to scheduling your surgery.

☐ **Are you planning to travel out of town before or after your surgery?**

Before Surgery, please let us know the dates that you are out of town so that your surgery scheduler does not schedule any preoperative appointments for you during this time frame.
After Surgery, there may be travel restrictions, please check with your doctor to see what those restrictions are as they may vary.

☐ **Do you have someone that can help you after surgery?**

Please make sure that you are planning for someone to help you for at least the first 24 hours after you get home from surgery.

☐ **Do you have transportation?**

You may not be able to drive initially postoperatively. Please make sure that you are planning for someone to drive you to and from the hospital/surgery center and to your PT appointments post operatively if the doctor orders physical therapy.

☐ **Do you see a Cardiologist?**

If you do see a cardiologist, make sure they are aware of your plans to have surgery and they feel you are medically cleared to proceed with surgery.

☐ **Are you diabetic? If so, your HgbA1C should be less than 8.0 for surgery.**

Your surgeon requires your HgbA1c to be 8 or under to proceed with a **joint replacement** surgery.
If your HgbA1c is elevated, it puts you at a higher risk for infection or poor healing.
Please discuss with your PCP how to lower your HgbA1c prior to scheduling surgery.

☐ **Do you have dental work that needs to be done?**

If you are having a **joint replacement** done, you must be free from any infections prior to surgery. Keep in mind that you should not have any dental work done until at least 12 weeks after a joint replacement.

Please review the following information prior to your surgery at Steindler Surgery Center or the partnered hospital.

- Read all the instructions in your packet carefully and take the packet with you to each of your appointments and to your surgery.
- Complete any requested forms and send them to the designated party.
- Steindler Surgery Center will call you to perform your pre-admission screening 5-10 days before your surgery and will also pre-certify your surgery with your insurance company. If you are not receiving your surgery at Steindler Surgery Center, complete any pre-registration processes requested by the partnered hospital.

In addition to the above instructions, if you are scheduled as an OUTPATIENT, the following instructions will apply.

- Be sure you DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DATE OF SURGERY UNLESS INSTRUCTED OTHERWISE.
- Your surgical arrival time will be scheduled several days prior to surgery. If you have not gotten a confirmation call by the day before surgery, please call to confirm your arrival time. Please keep in mind that your surgery time MAY change due to cancellations or urgent added cases.

IMPORTANT NOTICE REGARDING THE PAYMENT FOR YOUR SURGERY:
Not all insurance companies will cover all areas of your care. The Steindler Orthopedic Clinic surgeons utilize physician assistants, co-surgeons, and first assistants to perform your surgery. You may be responsible for non-covered charges if your insurance company does not cover the use of certain surgical assistants.

Please feel free to call Steindler Orthopedic Clinic if you have any questions regarding the above information.

Important Phone Numbers

Steindler Orthopedic Clinic.....(319) 338-3606

Steindler Therapy.....(319) 354-5114

Steindler Surgery Center .....(319) 259-8400

UIHC Downtown Operator Line .....(319) 339-0300

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Knee Replacement Planning Guide

Please bring this guide to all appointments as well as to surgery.

Your Pre-Surgical Schedule

We're pleased that you have chosen Steindler Orthopedic for your joint replacement surgery. To prepare you for a successful surgery and outcome, you will be scheduled for several appointments 10-14 days before your surgery (pre-op). It is HIGHLY RECOMMENDED that a friend or family member (your coach) attend each appointment with you. Once scheduled, your appointment times will be sent to you. Your appointments will likely include:

Pre-Admission Screening

The Steindler Surgery Center team will call you 5-10 days before your surgery . Additionally, routine blood tests and other tests, such as an EKG, may be performed prior to surgery. You will be given instructions to follow in the days leading up to surgery. If you are not having your surgery at Steindler Surgery Center, you should ask your surgery scheduling team about completing the pre-admission process.

Physical Therapy
Location: Steindler Orthopedic Clinic

Physical therapists will guide you through exercises you need to know before and after surgery. You will learn about home equipment needs and be able to practice with walkers, etc. prior to your surgery. You will learn what you need to know before surgery and after you return home after surgery. Therapy staff will see that you have the self-care equipment that is needed. (This visit may not be required if you have had a recent joint replacement.)

Durable Medical Equipment (DME)
Location: Steindler Orthopedic Clinic

You may be directed to Steindler Durable Medical Equipment (DME) Staff to be sure you have all appropriate home equipment ready. DME may be sized and prepared for you before your surgery.

Medical Clearance Clinic
Location: Primary Care Physician

Your surgeon may request a pre-op medical clearance appointment with a medical specialist. This is a time to make sure all of your medical conditions are reviewed so that you are ready for elective surgery. Additional tests may be scheduled, based on your medical conditions, prior to your surgery.

We ask that you, your family and/or coach read the enclosed materials, especially the Frequently Asked Questions (FAQs). **Reminder: Please bring this packet of materials to all appointments.** You may find it helpful to save the FAQs for later reference during your recovery.

If you have had a joint replacement in the past, it is possible that you will not require some of the above appointments. In any event, because our protocols and treatments constantly evolve, it is best to be familiar with the enclosed material as your post-op plan and discharge-planning continue to evolve.

Surgery Pre-Payment/Insurance Out-of-Pocket Expense Estimate

Please take note that Steindler Orthopedic Clinic and Steindler Surgery Center/partnering hospitals are separate billing entities. **Steindler Orthopedic Clinic will bill the physician fees, and Steindler Surgery Center/partnering hospitals will bill the facility fees separately to your insurance carrier.** The anesthesiologist fee will also be billed separately.

Depending on your insurance carrier and your insurance benefits, you may potentially receive an estimate from both the clinic and the surgery center/partnering hospital, and you may potentially be asked to make a surgery prepay to both the clinic and the surgery center/partnering hospital. Commercial Insurance plans and Medicare Advantage plans typically have an out-of-pocket expense for surgery. Based on your individual out of pocket estimate, we may require that a surgery prepayment to be paid prior to surgery. Every insurance plan is different, so it is our goal to provide the surgery out of pocket expense estimate that will allow our patients to be prepared for their out-of-pocket cost and be able to plan accordingly. Note: We do not send expense estimates to patients who have Traditional Medicare or Medicaid.

Getting Ready For Your Surgery

Your COACH

Your coach is a person to support you in your recovery. A coach can be a spouse, a family member, a friend, a neighbor or a companion. Ideally, this person should stay with you for the first few days after you return home. After the first few days, your coach should be available to check on you and help with transportation to physical therapy or follow-up appointments.

We all need encouragement at times to help us along the way. Your coach can provide this by being present and taking part in therapy and home exercises. Because almost all patients go directly home after surgery, it is important to plan ahead to have a helping hand(s).

Checklist for your coach:

_____ Complete the Pre-Admission Screening call or form, familiarize yourself with the facility, and prepare for your role on the day of the procedure

_____ Attend physical therapy sessions before and after surgery to learn the exercises

_____ Be present at discharge to learn the home instructions

_____ Check in on you during your recovery process

_____ Run errands, prepare meals, and help with household chores

_____ Make arrangements for transportation to physical therapy, which may be up to 3 times/week

Total Knee Replacement Surgery Checklist

Prior to coming to the hospital for surgery, please ensure that you have completed the following:

_____ Arranged for the use of a front wheeled walker to use while you are in recovery in the hospital.

_____ Scheduled post-operative Physical Therapy in your hometown. Your initial therapy visit should be 2 days after surgery, plan to schedule therapy 3 days a week from then on (Monday, Wednesday, Friday works best).

Note: You will need rides to therapy, you cannot drive yourself for the first several weeks.

_____ Have transportation home from the hospital, you will not be able to drive yourself home.

_____ Arranged for a responsible adult to be with you for 24 hours after the end of anesthesia. You cannot be left by yourself once you get home.

Watch Out! (Things to think about)

Be cautious with your legs prior to surgery.

- Do not shave your legs for one week prior to surgery
- Cuts, scrapes and scratches on your leg can cause your surgery to be postponed
- Notify your surgeon should anything happen to your leg prior to surgery

If you use tobacco (or nicotine of any kind), stop prior to surgery.

- Smoking reduces your lung function
- Nicotine reduces circulation and healing, increasing risk of poor healing and infection

If you drink alcohol, be honest with your doctors about how much you drink.

- Alcohol impairs liver function
- Going through withdrawal can impact your recovery

Think ahead about the space you live in.

- You may want a safety bar or handrail for your bath or shower
- Stairs with a secure handrail
- Remove all loose carpets, rugs and cords
- A recliner to elevate your leg could be helpful
- Consider a temporary living space on your first floor to avoid frequent stair climbing

PRE-OPERATIVE MEDICATION GUIDELINES

This information is a guideline for medication instructions prior to surgery. Please be sure to provide the surgery center or hospital with a complete list of your current medications so more specific instructions may be given.

MAOIs to be stopped 2 weeks prior to surgery (Marplan, Nardil, Emsam, Parnate)

Medications to stop 7 days prior to surgery:

- Aspirin products (Bayer, Excedrin, Ecotrin) if not prescribed by a physician for a medical condition
- Nonsteroidal anti-inflammatories such as ibuprofen, Advil, Naprosyn, Aleve, Voltaren, Indocin, Naproxen
- All herbal supplements including fish oil, garlic, vitamin E, ginkgo biloba
- Semaglutide injections such as Ozempic and Wegovy

*** If taking any blood thinners prescribed by a physician (aspirin, Plavix, Warfarin, Eliquis, Xarelto, Brillinta, etc), consult the prescribing physician to determine appropriate discontinuation times. Certain cardiac patients may need to stay on aspirin up until the time of surgery. ***

If you are on an immunosuppressant medication such as Methotrexate, check with your prescribing physician regarding whether this needs to be stopped prior to surgery.

Medications to hold 72 hours prior to surgery:

- Jardiance and Farxiga

Medications to hold 24 hours prior to surgery:

- Metformin and other oral hypoglycemics such as pioglitazone, glimepiride, glipizide, Januvia
- ACE inhibitors such as lisinopril, benazepril, captopril, enalapril
- Angiotension II receptor antagonists such as losartan, valsartan, irbesartan
- Semaglutide oral medications such as Rybelsus

Medications to take with a sip of water the morning of surgery (if routinely taken in the morning):

- Cardiac medications including Digoxin
- Blood pressure medication except diuretics and ACE inhibitors/Angiotension II receptor antagonists as listed above. May take diuretics if in combination form with a beta blocker such as metoprolol/hydrochlorothiazide
- Steroid medications such as prednisone
- Anti-seizure medications such as Depakote, Keppra, Dilantin, Tegretol
- Chronic benzodiazepines such as Xanax
- Acid reflux medications such as Prilosec, Tagamet, Nexium, pantoprazole
- Medications for Parkinson's such as Carbidopa/Levodopa
- Gabapentin and Lyrica

Use any inhalers that you normally would in the morning. Please bring these with you to the hospital. If you use insulin, instructions regarding this will be given by the hospital or surgical center Pre-Admission nurses. You may use Tylenol for pain if needed when you have stopped the NSAID medication. This does not need to be stopped prior to surgery.

STEINDLER ORTHOPEDICS

Infection Control and Showering Before Surgery

Our goal is to keep you safe and free from infection. You can help with this goal by following these showering instructions. Doing so will help reduce the number of germs on your skin, which lowers the risk of you getting an infection after surgery. It is also important for your skin to be as clean as possible so that the antiseptic cleaning we do before surgery on your skin will work to its full potential.

Before surgery, it is highly recommended that you use a 4% chlorhexidine gluconate solution to bathe with. Read all label instructions carefully and follow the directions on the package for proper skin cleaning. In most cases, this skin cleansing solution will be provided to you at your pre-operative PT or OT appointment. If you do not have a pre-operative PT/OT appointment, visit Steindler Therapy at our North Liberty clinic,
Monday - Friday, 8:00 am - 4:30 pm.

Showering Before Surgery Instructions:

- Shower the night before or day of your surgery using antibacterial soap and shampoo your hair with regular shampoo.
- After you clean with antibacterial soap, turn the water away from yourself and thoroughly apply the 4% chlorhexidine gluconate solution to your entire body, but not your face and genitals. Take extra care to clean the surgical area.
- Once the solution is applied, fully wash it off and do not wash again with other soap.
- Do not shave. Men may shave facial hair if surgery is not in the head/neck area. Any cut, abrasion, or rash near your surgical site will be evaluated and may cause a delay in your procedure.

After Showering:

- Dry yourself off with a freshly cleaned, dry towel.
- Do not apply lotions, ointments, perfumes, deodorants, hair products, or powders.
- Put on clean clothes or pajamas.
- Put clean sheets on your bed to sleep on the night before surgery.
- Do not allow pets to sleep in your bed.

If you have any questions, please contact Steindler Orthopedic Clinic at (319) 338-3606.

What to Bring to Surgery

_____ This Planning Guide
_____ Your COACH
_____ Loose-fitting clothes
_____ Your front-wheeled walker
_____ Necessary personal items
_____ Supportive shoes
_____ Glasses/glasses case
_____ Hearing aid, extra batteries, case
_____ CPAP or BiPAP machine (if staying overnight at a partnered hospital)
_____ Copy of Living Will, Durable Power of Attorney, etc.

For your Family

Please designate one family member (perhaps your coach) to coordinate information about your procedure for other family members.

It is most convenient for you to receive personal phone calls after your surgery to avoid disruption of your care.

Consult with Steindler Surgery Center staff for wireless internet access.

Guest Lodging

If you are having surgery at a partnered hospital and may be staying over night, please consult with that facility about options for guest lodging.

TOTAL KNEE REPLACEMENT

Frequently Asked Questions (FAQs) and answers.

PRIOR TO SURGERY
Questions 1–12

DAY OF SURGERY
Questions 13–23

GOING HOME
Questions 24–36

1–2 WEEKS FOLLOWING SURGERY
Questions 37–45

6 WEEKS FOLLOWING SURGERY
Questions 46–53

12 WEEKS FOLLOWING SURGERY
Questions 54–60

WHAT ABOUT THE FUTURE?
Questions 61–63

PRIOR TO SURGERY:

1. Q: Do I need to do exercises prior to surgery?
   A: Pre-operative exercises are not mandatory, but they are helpful. You will learn some exercises at your pre-instruction screening appointment with physical therapy. You may choose to see your physical therapist prior to surgery and we can provide you with a referral.

2. Q: Do I need to stop taking certain medications prior to surgery?
   A: Possibly. It depends on your circumstances. These questions are answered during your pre-admission screening call, which is why you should provide a complete and detailed medical history during your pre-admission screening.

3. Q: Can I have a steroid injection in my knee joint prior to surgery?
   A: Only if it is given at least 12 weeks prior to your surgery.

4. Q: What if I get an infection prior to surgery?
   A: You must call Steindler Orthopedic Clinic (319-338-3606) if you develop any infection, such as a cold, sinus infection or urinary infection prior to surgery. We handle this on a case-by-case basis.

5. Q: What equipment will I need?
   A: At a minimum you will need to have a front-wheeled walker. Specific equipment needs and sizing for you will be addressed at your physical therapy pre-instruction appointment. You may also need a toilet riser (with arms) if undertaking having both knees replaced (bilateral knee surgery). A single tip cane for stairs is also very helpful. It may be wise to have at least one railing installed for stairs inside your home. A recliner works well to elevate your leg.

6. Q: How long will I be in the surgery center or hospital?
   A: You are likely receiving an outpatient procedure and will go home the same day. You will need to have a responsible adult stay with you for 24 hours from the end of your surgery. If your surgery is being performed at a partnered hospital, you may be staying there overnight. The hospital physical therapy staff will inform you and your surgeon when you are safe and prepared to return home. In either case, expect that you will still have pain when you are discharged; however, you will be reasonably mobile.

7. Q: Will I need to have someone at home with me when I am discharged?

   A: As stated in question 6, if you go home the day of your surgery, you will need to have a responsible adult stay with you for 24 hours. When you leave, you will be able to get in and out of bed, get in and out of a chair, walk to and from the bathroom, and be able to go up and down stairs. It is best to have someone stay with you the first few nights at home, though it is unlikely that you will need someone with you continuously. Physical or occupational therapy may be ordered for you to work on self-care, including using the toilet, dressing and bathing/showering. You may need some initial help at home for showering, as well as laundry and meals. If family or friends are not able to assist, some outside help can be arranged, usually at your cost.

8. Q: I live alone, will I need to rely on others?

   A: Because we live in rural Iowa, this is an understandable concern. We suggest you utilize friends and family through this process. Knee replacement is best accomplished when you have a coach and others help you. Success is best achieved by going to your home after surgery, working on your exercises several times a day, occasional walking, and frequent icing/elevation of your surgical leg. Home physical therapy and skilled care units are used as a last resort. You are free to contact a nursing home to pay privately when you are discharged. You must contact the nursing home prior to your operation.

9. Q: How long will I be off work after my knee replacement?

   A: You should consult with your surgeon, you may need to be off work for up to 12 weeks.

10. Q: Can I do physical therapy in my home town or close to my home?

    A: Yes. It is recommended that you visit your preferred physical therapy clinic prior to surgery to give them insurance information and schedule your first appointment. The physical therapy staff will verify your first appointment and provide paperwork to be signed for physical therapy, 1-3 times/week, for typically 6 weeks.

11. Q: Do I need to remove nail polish prior to surgery?

    A: You will need to remove fingernail polish or gel coat prior to surgery so that we can monitor your vitals during surgery. Toenail polish does not need to be removed.

12. Q: I get very nauseous and vomit after surgery, what can I do?
    A: Let your surgeon know beforehand, and medicine can be prescribed to take the morning of surgery. You can also speak with the anesthesiologist the day of surgery.

DAY OF SURGERY:

13. Q: What will happen the day of surgery?
    A: You will be informed of what time to arrive the day of surgery. Nurses will record basic information, you will get into a surgical gown and an IV will be started. Your knee may be cleaned and shaved. The anesthesiologist will meet with you to discuss your anesthesia and answer any questions. Your surgeon will speak with you to answer questions and identify/mark your surgical leg.

14. Q: Will I be asleep for surgery?
    A: You will receive general anesthesia (completely asleep) or anesthesia targeting a specific area of your body, such as spinal or regional anesthesia. You will not be awake for the surgery. We may also use local anesthesia to decrease pain for the first 24 hours. All of this is done to keep you comfortable and have the least amount of pain.

15. Q: How long is the surgery?
    A: The surgery itself generally takes about 1-1.5 hours.

16. Q: Where is the incision?
    A: It is over the front of your knee from just above the kneecap to the top of your shin bone.

17. Q: Will I have stitches?
    A: Typically all the stitches are buried under the skin and there are no stitches to come out after surgery. There is a clear mesh glued on the skin over the incision that is water tight for showers.

18. Q: Will I have a bandage/dressing over my knee?
    A: There will be a dressing called Mepilex that will cover the clear mesh, staples, or steri-strips that close the incision. This will be removed in about 2 weeks, at your post-op appointment. The clear mesh, staples, or steri-strips will also be removed at your 2-week post-op appointment.

19. Q: Will I have a catheter in my bladder?
    A: Not usually.

20. Q: Will I get out of bed the same day of surgery?
    A: Yes, if medically stable. Nursing and/or physical therapy will assist you getting in and out of bed, walking to and from the bathroom and sitting in a recliner. You will also start bending and straightening your knee.

21. Q: What will I use for pain control?
    A: Oral pain pills, similar to the ones you will take at home. Nursing and physical therapy will routinely assess your pain, and there are a range of options to be sure your pain is controlled. You will also be instructed on alternative, non-medicinal ways to control your pain. Ice packs will also be routinely offered while in the surgery center.

22. Q: I have sleep apnea, should I bring my CPAP?
    A: If you are having an outpatient procedure at Steindler Surgery Center, you will not need it. If you know you are staying overnight at a hospital after your surgery, please bring it and inform nursing when you reach your room after surgery.

23. Q: Will I have physical therapy before discharge?
    A: If you have outpatient surgery at Steindler Surgery Center, you will not have physical therapy before you are discharged. If you stay overnight at a partnered hospital, you will usually have physical therapy 1-3 times/day until discharge.

GOING HOME:

24. Q: How will I get home?

    A: On the day of discharge, Steindler Surgery Center staff will teach you and your family/coach how to get in and out of a vehicle.

25. Q: What will I use for pain control when I get home?

    A: Your prescription will be sent electronically to your pharmacy. **Any refills can only be done during Steindler business hours.** Your prescription will likely be Tylenol with Hydrocodone or Tylenol with Oxycodone. Each tablet contains 325mg of Tylenol (Acetaminophen). At home, you can take 1 or 2 tablets, separated by the **time instructions on the prescription**. Narcotics can affect your alertness, can be constipating and can be addictive. **You should try to get off of them as soon as you can** by cutting back from taking 2 tablets at a time to only 1 tablet at a time and increasing the time between doses. You can substitute plain Tylenol (Acetaminophen). You can take a maximum of 4000mg of Tylenol (Acetaminophen) a day. Plain Tylenol contains 325mg of Acetaminophen and the narcotics also contain Tylenol (325mg of Acetaminophen), so be sure to count both medicines in your daily limit. If you do need a refill on your pain medicine, that can only be done during Steindler business hours (Mon-Fri, 8:00 am to 4:30 pm). Please try to plan ahead so that you do not run out on the weekend. You should allow 2-3 business days to complete a refill so your surgeon has time to receive your request. Ice packs are also **very** helpful and several should be purchased and frozen pre-operatively.

26. Q: I live far away, what if my pharmacy is closed by the time I get home to pick up my pain medication?

    A: You should review the hours that your pharmacy is available for picking up prescriptions prior to your surgery. You may want to have your prescriptions sent to a pharmacy in North Liberty so that you can pick them up before you leave town.

27. Q: How long will it take to recover?

A: When you get home you will be able to navigate around by yourself. You will be able to do stairs. You will use a walker for approximately 2 weeks; your outpatient physical therapist will help you decide when to stop using the walker. Driving and return to work will be discussed with your surgeon at your 2 week appointment or with your outpatient physical therapist. The bottom line is you **cannot** drive until you can do so safely. You need to have good muscle and reflex control and not have taken narcotic pain medicine for 24 hours. (Understandably, patients with left knee surgery may be capable of driving sooner than patients with right knee surgery.) Returning to work is the most variable depending on your occupation. The earliest return to work would be a strict sitting job at 2 weeks or longer. Labor work and construction work may require 3-4 months of recovery before you can return to work. Your surgeon and outpatient physical therapists are your best resources for these questions. After about 6 weeks you will feel about 50% recovered, after 3 months you will feel about 75% recovered. You should be close to 100% recovered by the first anniversary of your surgery.

28. Q: Can I take Ibuprofen or Aleve (Naproxen) with my pain medicine?

A: You may be on a blood thinner for up to 6 weeks after surgery, depending on your physician. Some NSAIDs (like Ibuprofen or Naproxen) may be prescribed on a case-by-case basis. Again, discuss this with your surgeon and you will be provided with specific written instructions at discharge.

29. Q: Will I need to elevate my leg at home?

A: Yes. Elevation of the knee and foot is the key to reducing swelling and controlling pain. During the day, try to keep your leg horizontal on the bed or in a recliner any time you are sitting. Try to avoid prolonged sitting with your legs down. Several times a day you should lay flat on your back with your leg elevated on several pillows to help control swelling in your knee and lower leg. Try to have your "toes higher than your nose" for 30 minutes, 2-3 times a day.

30. Q: Should I be using ice on my knee?

A: Yes. This is done frequently throughout the day to alleviate pain and swelling. This should be done for 20-30 minutes as often as needed. You can start timing once you feel the coolness on your knee. You will need several ice packs and you should purchase these prior to your surgery. The ice pack should not make direct contact with your skin.

31. Q: What is the most important thing for me to do once I am home?

A: The most important thing to do in the first 2-4 weeks is to work on your motion - bending and especially straightening your knee. You should be up walking around every 1-2 hours while awake, bending your knee as you get up and down (you do not have to get up at night to do this). When sitting have your leg elevated with your knee straight or flat. Home exercises will be assigned to do 3-4 times/day in addition to your outpatient physical therapy visits. Walking and strength is not nearly as important, early on, as is bending and straightening.

32. Q: Narcotic pain medicine can cause constipation, what should I do?

A: Fruit and fiber intake should be increased. Frequent walking and drinking a lot of water will also help manage constipation. Your physician may also recommend a laxative, such as Miralax or Colace.

33. Q: What are the signs of infection?

A: Although a low-grade temperature (100 degrees) is common for a few days after surgery, an increasing temperature, chills, shakes, increasing pain, and worsening redness are signs of possible infection. If you are concerned about infection, please call **Steindler Orthopedic Clinic** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417. After hours or on weekends, please call UIHC Downtown at (319) 339-0300.

34. Q: How can I prevent blood clots?

A: Leg pumps and support stockings (TED's) may be used in the surgery center. Instruction for using support stockings (TED's) at home will be given before discharge, based on physician preference.

- Early and frequent mobilization like walking and changing positions.
- Aspirin or other blood thinners may also be ordered.
- Frequently move your ankles and toes.

35. Q: What are the signs of a blood clot?

A: A blood clot or deep vein thrombosis (DVT) begins in a vein in your calf muscle. Symptoms include an increase in swelling below the knee, worsening pain, and tenderness in the calf. Other signs can be shortness of breath and an irregular or fast pulse. These can be signs that a clot has gone to the lungs. If you experience changes in your leg, you should immediately call **Steindler Orthopedic Clinic** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417. After hours or on weekends, please call UIHC Downtown at (319) 339-0300. **Shortness of breath or changes in your pulse or heartbeat are cause for calling 911 immediately.**

36. Q: Can I shower over the incision and let it get wet?
    A: You may shower and allow the bandage to get wet after surgery, unless directed otherwise at discharge.

1–2 WEEKS FOLLOWING SURGERY:

37. Q: When is it safe for me to drive after having my knee replaced?
    A: If you have had surgery on your right leg, you will need to wait 4 weeks to drive. If it was your left leg, you may be able to drive with permission from your surgeon after 2 weeks. To operate a motor vehicle, you cannot have taken narcotic pain medication in the past 24 hours and you must be able to easily move your right foot from the gas to the brake.

38. Q: When can I get rid of the support stockings?
    A: You may discontinue the support stocking once you go home, but your physician may recommend that you use them if you are struggling with leg and ankle swelling.

39. Q: When can I stop the blood thinner?
    A: Not until 6 weeks after surgery. This will be discussed at follow-up appointments.

40. Q: Is it normal that I am not hungry?
    A: Yes. Many people get post-surgical anorexia (lack of appetite). This will pass on its own. It is suggested that you supplement your diet with protein shakes (like Ensure) or Carnation instant breakfast drinks.

41. Q: Why can't I sleep?
    A: Surgery definitely interrupts your sleep-wake cycle. Also, the pain from the recovery is often more noticeable at night. It is recommended that you take your pain medicine before bed and ice at bedtime. Limiting daytime naps to 20 minutes is also helpful. Call **Steindler Orthopedic Clinic** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417 if you are having trouble sleeping. Sometimes a sleeping medication can be prescribed for a short period.

42. Q: Is it normal that my knee is red/swollen/hot?
    A: A light pink is very common after surgery. Redness that extends up the thigh or is accompanied by increasing pain and fever is a sign of infection. Knee warmth and swelling may continue for up to a year. It will get better, but it may take months.

43. Q: Is it normal that I am so bruised?
    A: Often there are 3 areas of bruising. One is on the thigh from the tourniquet used during surgery. The second is on the inside and back of the knee. The third area will sometimes go down the front of your shin. This is why elevation above your heart is so important.

44. Q: What is my goal in therapy?
    A: It is all about motion. The minimum standard for recovery is getting the knee close to straight, or flat (zero degrees), and to bend past 90 degrees (a right angle). If you are not achieving this by 2 weeks, you will become VERY behind in your recovery. It is VERY important that you get your knee to bend and straighten as quickly as possible.

45. Q: What can I put on my incision?
    A: You may shower and use soap right away on the incision. Vitamin E oil can be used once the mesh is removed and the incision is healed. You should also use sunscreen on your incision the first year.

6 WEEKS AFTER SURGERY:

46. Q: Is it still supposed to be swollen?
    A: Yes, this is still normal.

47. Q: Is it still supposed to be stiff?
    A: Yes, stiffness is still common (especially after sitting).

48. Q: Is it still supposed to ache and hurt and feel restless at night?
    A: Yes, this is common.

49. Q: Shouldn't it be completely healed by now?
    A: No, complete healing takes several months.

50. Q: Should I still be taking a blood thinner?
    A: Not because of your surgery. You may be taking one for an unrelated medical condition.

51. Q: Can I take Ibuprofen or Aleve (Naproxen) now?
    A: Yes.

52. Q: Can I stop physical therapy now?

    A: It depends on your progress and recovery. Most patients do 6-12 weeks of physical therapy. The harder you work on your own at home, the fewer therapy sessions you will need.

53. Q: Is it normal that it clicks?

    A: Yes. The implant is made of metal and plastic which is much harder than cartilage. Therefore, when these new surfaces touch together, they make a harder, harsher sound or feeling. This is normal and most of the time the clicking will lessen with time.

12 WEEKS AFTER SURGERY:

54. Q: Shouldn't it be healed by now?

    A: No, you are 75% healed. Your knee may continue to have some warmth and swelling until about 1 year.

55. Q: Is it normal for my knee to still be stiff and feel like a tight band is around it?

    A: Yes. This is most noticeable first thing in the morning and when you have been sitting for a length of time.

56. Q: Is it normal for my knee to be sore and ache later in the day?

    A: Yes, this is normal.

57. Q: What about going through the airport after my knee replacement?

    A: Inform the TSA staff as you enter security. Your surgeon may provide you with an ID card but you will still need some level of security screening.

58. Q: What can't I do?

    A: You can't run or jump on your knee. No running or jogging, but walking, biking and hiking are okay. You should not jump off the last few rungs of a ladder, the tailgate of a pickup or farm machinery. You should not do high risk activities like water skiing. Snow skiing on green level slopes is okay. Discuss with your surgeon any other questions you might have about your activity levels.

59. Q: Can I kneel on my knee?

    A: Yes. You will not damage your knee by kneeling on it. Most people will feel some discomfort. You might use knee pads or a soft pad under your knee for kneeling. It may take several months to "condition" your new knee for kneeling.

60. Q: Can I go to the dentist now?

    A: Yes, now that is has been 3 months since your surgery. Remember, you **must** take your antibiotics at least 1 hour **before** your dental appointment. Typically, you should take antibiotics after joint replacement for one year after surgery. Contact the office for your initial prescription for antibiotics.

WHAT ABOUT THE FUTURE?

61. Q: What do I do if I think I am getting an infection such as a skin, sinus, dental, or urinary tract infection?

    A: You should call your primary physician as you normally would.

62. Q: What are the symptoms of infection in my new knee?

    A: These may include drainage, increased swelling, redness and pain not associated with increased activity. You should call **Steindler Orthopedic Clinic** 8:00-4:30 at (319) 338-3606 or (800) 373-6417 at the earliest signs of infection. After hours or on weekends, please call UIHC Downtown at (319) 339-0300.

63. Q: Do I need antibiotics for dental work?

    A: Yes. Please wait for 3 months after surgery to do any routine dental work. Remember, you must take your antibiotic 1 hour **before** your dental appointment. It is recommended that you take these for at least the first year from surgery if you are healthy. If you have any of the following medical conditions, it is recommended that you continue these for a lifetime:

    History of organ transplant (liver, kidney, lung, etc), previous joint infection, or immunocompromised patients with:

    - Rheumatoid arthritis
    - Cancer and being treated with chemotherapy
    - Psoriatic arthritis

Contact Steindler Orthopedic Clinic at any time if you are unsure if you should continue with pre-dental antibiotics or have any other questions/concerns at (319) 338-3606 or (800) 373-6417. Your surgeon will ask you to schedule x-rays every 1–5 years to assess for wear or loosening.

What Are the Risks of Knee Replacement?

- **Infection**. We prevent infection by giving you antibiotics on the day of surgery. Sometimes patients will also take antibiotics for a few days after surgery to reduce their risk of infection. Infections can occur at the site of your incision and in the deeper tissue near your new knee. Most infections are treated with antibiotics, but a major infection near your prosthesis might require surgery to remove and replace the prosthesis.
- **Blood clots**. Clots can form in the deep veins of your leg after surgery. This can be dangerous because a piece of a clot can break off and travel to your lungs. We prescribe blood thinner to take after your surgery to help prevent any clots.
- **Stiffness**. All surgeries heal with scar. This is a normal process, but can lead to a stiff knee joint unless you move the knee frequently. A consistent effort at your home exercises (on a daily basis) and physical therapy can prevent knee stiffness.
- **Medical complications**. All surgeries carry the risk of medical complications. These are rare, but include stroke, heart attack, lung problems, or other issues. In order to prevent these issues, we evaluate you medically before the surgery is performed. A physical, labs, and x-rays may all be performed prior to surgery.

More rare complications:

- **Loosening**. Although this complication is rare with newer implants, your new joint might not become solidly fixed to your bone or might loosen over time, causing pain in your knee. That part of the knee prosthesis may need to be replaced through further surgery.
- **Fracture**. During surgery, healthy portions of your knee joint might fracture. Sometimes the fractures are small enough to heal on their own, but larger fractures might need to be stabilized with wires, screws, and possibly a metal plate or bone grafts.
- **Nerve damage**. Rarely, nerves in the area where the implant is placed can be injured. Nerve damage can cause numbness, weakness and pain.

Need for second knee replacement

Your prosthetic knee joint might wear out eventually, especially if you have knee replacement surgery when you're relatively young and active. You might require either all or part of the knee replacement revised. However, new materials are making implants last longer.

Total Knee Replacement Physical Therapy Protocol

Day of Surgery

- Walk with front wheeled walker (FWW) in the recovery room with therapy or nursing staff

Discharge Criteria

- Walk with FWW
- Begin range of motion and strengthening exercises
- Meet criteria for discharge:
  - Complete bed and chair transfers independently
  - Walk with FWW 100-150 feet
  - Ambulate on stairs using handrail
  - Knee ROM: 5 degrees extension to 80 degrees flexion
  - Independent with exercises to continue at home

2 days through 2 weeks after Surgery

- Continue walking with FWW
- Attend physical therapy 3 times a week
- Independent with exercises at home 3-4 times a day, walking short distances frequently during the day, elevating leg higher than heart to control swelling at least three times a day

2 weeks after Surgery

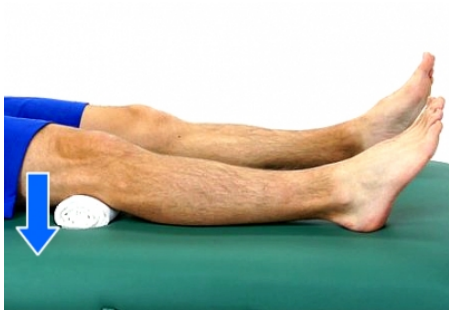
- Knee ROM: Extension 5 degrees or less, flexion greater than 90 degrees
- Knee strength: perform a straight leg raise independently

4-6 weeks after Surgery

- Assistive devices may be discontinued once you can ambulate safely and without pain or limp.
- Knee ROM: Extension to 0 degrees, flexion greater than 110 degrees
- Knee strength: completing all exercises without pain, begin working on stair ambulation

3 months after Surgery

- Walking without assistive device in the community, going up and down stairs reciprocally
- Knee ROM: Extension to 0 degrees, Flexion between 120-130 degrees
- Sleeping through the night without disruption due to knee pain



Quad Sets

Place a small towel roll under your knee, tighten your top thigh muscle to press the back of your knee downward into the towel. Focus on seeing and feeling your kneecap move.

Perform 10 repetitions, 3-4 times/day.



Knee Extension Stretch

While seated, prop your foot up on another chair and allow gravity to stretch your knee towards a more straightened position.

Hold for 30 seconds, 3-4 times/day.



Seated Heel Slides

While in a seated position, slowly slide your foot closer towards you. Hold a gentle stretch and then return foot forward to original position.

Perform 10 repetitions, 3-4 times/day.



Seated Straight Leg Raise

Start in a seated position towards the front edge of the chair with your heel resting on the ground. Raise the leg while maintaining the knee in the straightened position. Then lower back down.

Perform 10 repetitions, 3-4 times/day.

Car Transfer



- Walk to the passenger side of the vehicle.
- The window should be rolled down and the seat pushed back.
- Turn so that the back of your legs touch the car. Transfer your hand to the vehicle and then sit down.
- Next, move the walker out of the way and then turn your trunk as you bring in your legs to a forward seated position.

Car Ride Home

These are steps you can take to be more comfortable on the ride home after your surgery:

- The staff will help you into the front seat of your car. Depending on the shape of your car seats and the length of your leg, you may want to bring several pillows to help support your leg.
- To get into the front seat, slide the seat back as far as possible so your foot doesn't get stuck between the door and the car frame.
- You may want to put a plastic bag/grocery sack on the seat to help you swivel as you bring your legs into the car.
- Depending on your car, you may be more comfortable in the back seat with your leg on the seat. Make sure you have several pillows along to help support your knee and low back.
- You may also want to have a blanket along if you get cold. You can also use the blanket to support your knee, back, or head/neck depending on how you position yourself in the car.
- We recommend bringing a water bottle during your stay, and ensure you have water to drink for the ride home.
- You may want to bring 1 or 2 ice packs along to help with pain/swelling.
- Pain medication can make you nauseous, as can riding in a car. You may want to bring a bag along in case you have an upset stomach and get sick.

Sleeping on your Side

Lying on the **non-operated side** use a medium pillow to support the neck musculature, place a pillow or two between the knees to keep your thigh and leg in line with your body.



Elevating Your Leg After Surgery

During the day, try to keep your leg horizontal on the bed or in a recliner any time you are sitting. Try to avoid prolonged sitting with your legs down.

Several times a day you should lay flat on your back with your leg elevated on several pillows to help control swelling in your knee and lower leg. Try to have your "toes higher than your nose" for 30 minutes, 3 times a day.

A good time to do this is after you have done your exercises, or if you have been on your feet for a longer period of time. You may also want to ice your knee while you have your leg elevated.



How to Measure for a Front-Wheeled Walker

When preparing to use a walker, you need to make sure it can accommodate your height, especially if you are very tall or short. Walkers can come in different sizes of frames, and you may need a special petite walker, or walker leg extensions. Get a friend or family member to help you measure yourself.



1. Start by standing up straight with your shoes on, inside the walker.
2. Allow your hands to hang naturally over the sides of the walker handles.
3. Locate the crease in your wrist; this should be your handle height.
4. If possible, choose a walker that adjusts at least one inch higher and lower than your actual measurement so you can adjust it as necessary.

We recommend that you use a walker with wheels on the front only. 4-wheel walkers can be unstable and are not recommended due to safety concerns.

It is not recommended to use your walker on a flight of stairs. You may use a railing and a crutch or cane in the other hand. Have a family member bring your walker up/down the stairs, or have a walker for each level of your home.

STEINDLER ORTHOPEDICS

STD/FMLA Policy

If you are having surgery and will be unable to work, your employer may require you to have paperwork completed and the company that processes this paperwork may have a deadline for submission. **Please remember our processing time may take up to 10 business days, which begins on the 1st day when all required information is received by our office.** The required pieces of information are listed below.

Steindler Orthopedic requires three pieces of information to process your STD/FMLA forms. There is a 10-day processing time and will not begin until ALL required pieces have been received.

1. **A signed Release of Information:** This tells us who you are giving us legal permission to release your medical information to. This is required regardless of who will be receiving the information ie: insurance company, employer, yourself. If you have more than one form to complete, please provide both companies as they must be listed on the release with the fax/address provided. This form can be found on our website steindler.com under Patient Resources.

2. **Documents/Forms needing to be completed by the physician:** Your employer should provide these to you.

3. **Payment in full:** A $20 service charge applies to only Disability & Loan forms to assist with covering the cost of processing the form. These costs also include but are not limited to the time required to complete the form as well as the transmission of forms and medical records.

   Once you have submitted the three required pieces of information, your paperwork will be completed and sent to the employer or insurance company you have provided on the signed release of information form.

   Please send the completed and signed STD/FMLA Form request, along with the forms from your employer to Diana Parisi. Any questions, please contact Diana via phone or email.

   Direct Line: (319) 248-4504

   Email address: dcparisi@steindler.com

   Fax: (319) 338-0522

Polar Care Wave



Cold and compression systems, like Polar Care Wave, have been shown to reduce the need for pain medicines and assist with patient recovery.

Polar Care Wave Benefits

1. Why cold and compression?

The Polar Care Wave system is a combination of cold and compression and may help you heal from a recent injury or surgery. The wave works with compression to reduce pain and swelling in the affected area, with the goal of a quicker recovery.

2. How does Polar Care Wave work?

It's simple. Fill the cooler with ice and water. There is a hose attached to the cooler that you connect to a pad that easily wraps around the affected area. Turn the system on and you will feel intermittent squeezing along with a cold sensation. You are able to adjust the level of cold and compression to your comfort.

3. What are the benefits of using Polar Care Wave?

a. Reduces pain and swelling

b. Reduces your trips to the freezer. Less messy and more convenient than bags of ice/ gel packs

c. Easy transport due to compact design

d. May reduce pain medicine usage after injury

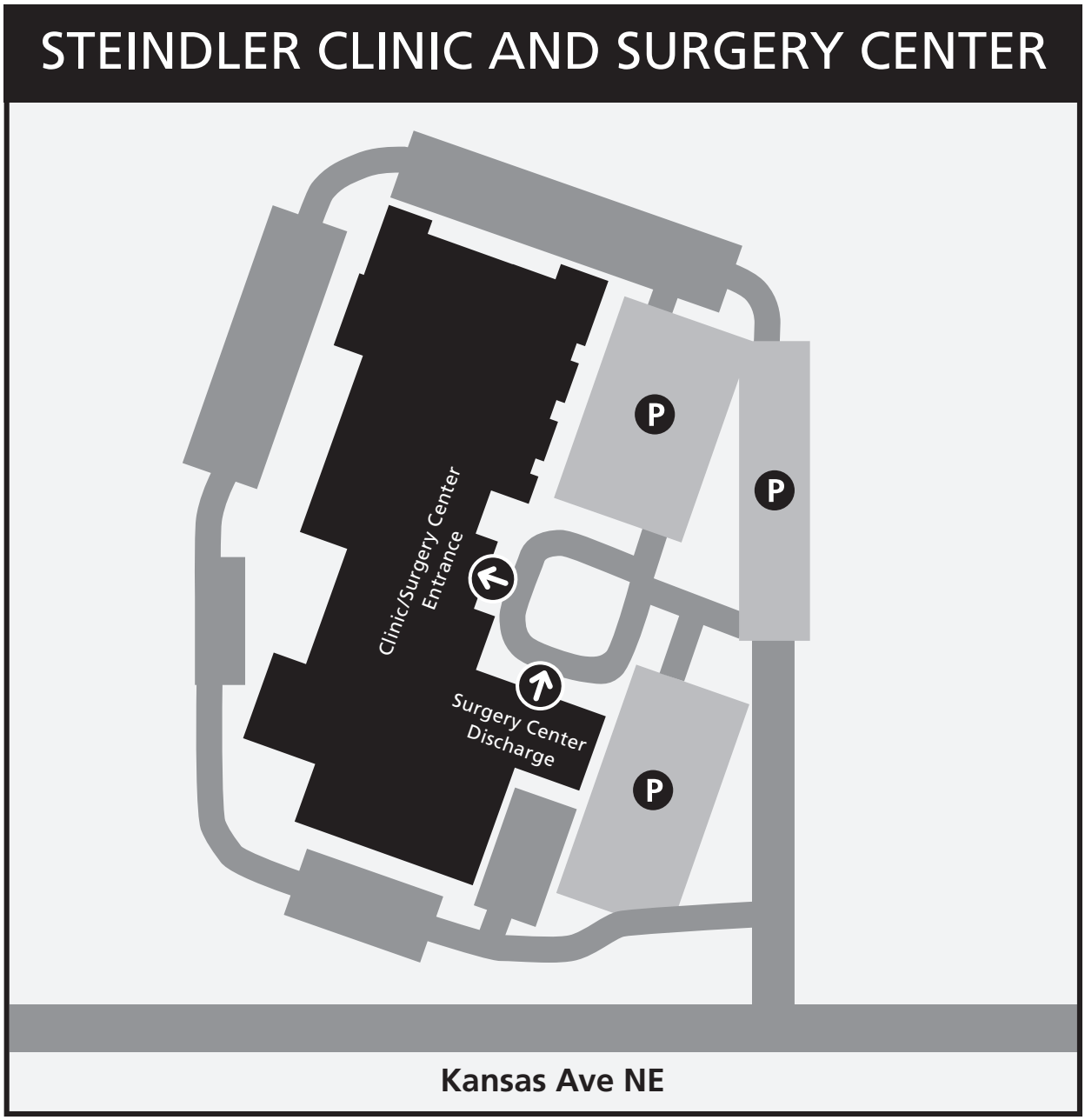
4. Will Insurance cover my Polar Care Wave?

All Cold Therapy systems including the Polar Care Wave are typically not covered by insurance. Pricing may be discussed with Steindler's Durable Medical Equipment department or physical therapy department.

5. How long do I need to use my Polar Care Wave?

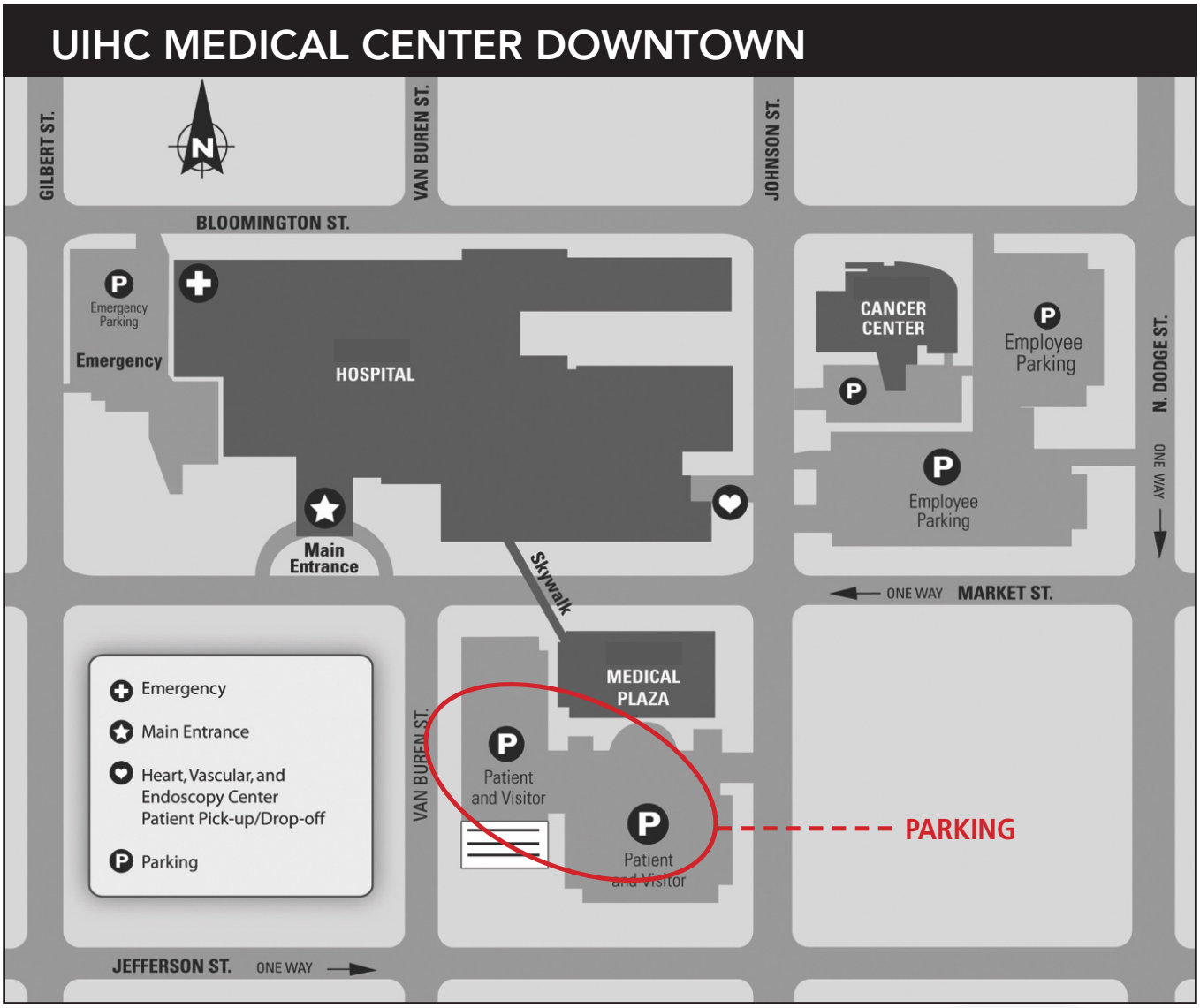
The use of cold therapy products will be dictated by your health care provider. We will provide you with instructions on frequency, compression level, temperature level, lengths of breaks between uses, and when/how to inspect skin during usage.

For more information, call Steindler Durable Medical Equipment department at **(319) 338-3606**, or talk to your physical therapist at your pre-op appointment. The learn more about the Polar Care Wave, visit **www.breg.com/products/cold-therapy**



2301 Steindler Way, North Liberty, IA 52317

- You will use the same entrance to get to Steindler Orthopedic Clinic and Steindler Surgery Center.
- Go to the left door to reach the surgery center.
- After surgery, patients will be discharged from the surgery center exit.



500 East Market Street • Iowa City, IA 52245

Your Questions and Notes

While you are reading through this guide, write any questions below and bring them to your appointments:

Surgery Scheduling Department

Phone: (319) 600-8089 • Office Hours: Mon - Fri, 8:00 am - 4:30 pm

STEINDLER ORTHOPEDIC CLINIC

2301 Steindler Way, Suite B, North Liberty, IA 52317
(319) 338-3606 • Steindler.com

STEINDLER SURGERY CENTER

2301 Steindler Way, Suite A, North Liberty, IA 52317
(319) 259-8400 • Steindlerasc.com

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