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MIDWEST
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A PATIENT'S GUIDE TO TOTAL KNEE ARTHROPLASTY

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PREOPERATIVE CHECKLIST: YOUR PART IN A SAFE SURGERY AND RAPID RECOVERY

- ☐ **Complete your clearances** - Dr. Behery will tell you which ones are essential when booking your surgery. These usually come from one of our preoperative clinics and any specialist you may have (i.e Cardiologist)
- ☐ Arrange for a family member or friend to accompany you to the hospital on the day of surgery
- ☐ Cancel any dental appointments 6 weeks PRIOR to surgery and 3 months AFTER surgery. If you have any loose or painful teeth, please notify us immediately
- ☐ Avoid any injections to your surgical joint 3 months PRIOR to surgery
- ☐ You will be discharged from the hospital as discussed at your office visit so please have transportation available or accommodations booked in accordance to your discharge date.
- ☐ Arrange for a family member or friend to stay with you for a night or two after you return home from surgery
- ☐ Adjust your work and social schedule in accordance to your anticipated recovery time.
 - ☐ Active Work: Most people begin being able to return to active work (travelling, walking, manual work requiring you to be on your feet) at a minimum of six weeks after surgery and up to three months after surgery
 - ☐ Desk Work: If you have a job that does not require being on your feet, we recommend that you take a minimum of three weeks off. This is to ensure your incision heals and you have ample time to become comfortable with your physical therapy routine. Some people will require 6-12 weeks before they return to even a job that is not physically demanding.
- ☐ Ensure your home is "surgery safe"
 - ☐ Remove all small rugs or obstacles that may be in your path around your home.
 - ☐ If you have pets, ensure you have someone to assist in their care for the week after surgery
 - ☐ Buy several forms of hydration (water, Gatorade, juices) and protein snacks (protein bars, nuts, shakes) for your home before you present to surgery. You may not be able to go shopping for a few weeks after surgery and having these available will aid in your recovery.
- ☐ Perform Pre-Operative Exercises (See the instructions at the end of this pamphlet)

Driving - You should avoid driving after surgery while on narcotic pain medications. If you are off of narcotic pain medications **you will be allowed to drive 2-3 weeks after surgery in most cases.**

- ☐ Arrange for someone to bring you to your first post-operative appointment 2-3 weeks after surgery

Tobacco Product Cessation - If you use Tobacco products on a regular basis, you are at a higher risk for complications during and after surgery.

- ☐ As discussed at your appointment, QUIT SMOKING at least 6 weeks before. Not smoking for 6 weeks after surgery, can have positive effects on your outcome

MEDICATION BEFORE SURGERY: WHAT TO STOP AND START FOR AN EXCELLENT OUTCOME

WHAT TO STOP

*** This is a general list and is not inclusive of all your home medications. Please consult your Primary Care Provider or the Provider that is completing your preoperative clearance for further details.



- ★ 14 days before surgery
 - GLP-1 Agonists
 - Examples: Wegovy, Semaglutide, Ozempic, Tirzepatide, Trulicity, Liraglutide, Mounjaro
- ★ 7 days before surgery
 - Aspirin
 - Coumadin, Plavix, Pradaxa, Eliquis and other blood thinners
 - Consult with your cardiologist, primary care physician or the pre-op clinic if you are on these for a medical condition.
 - Any Herbal Supplements
 - Any anti-inflammatory medications
 - Examples: Aleve / naproxen, Arthrotec / diclofenac + misoprostol, Bextra / valdecoxib, Celebrex / celecoxib, Daypro / oxaprozin, Indocin / indomethacin, Lodine / etodolac, Mobic / meloxicam, Motrin/ Advil / ibuprofen, Toradol / ketorolac, Voltaren / Diclofenac
- ★ You can CONTINUE the following medications
 - Tylenol
 - Ultracet, Ultram (Tramadol)
 - Glucosamine Chondroitin
 - Iron Supplements

WHAT TO START

- ★ 5 days before surgery
 - Mupirocin Nasal Ointment (Rx) - apply twice daily to both nostrils. (see next page)
- ★ 3 days before surgery
 - Hibiclens wash (OTC) - last shower should be the morning of surgery. (see next page)
 -
- ★ Night before surgery
 - Nothing to eat after midnight
 - **You can have water (and water only) up to 6 hours prior to your arrival time day of surgery**
 - Have a good night's sleep 😊

PREPARING YOUR SKIN BEFORE YOUR SURGERY

*** Patients play a key role in preventing surgical site infections. Research shows that most surgical site infections are caused by the patient's own bacteria on his/her skin. You play an important part in reducing the chance of surgical infections by decreasing the amount of bacteria that lies on your skin and in your nose prior to surgery.

HOW TO: Mupirocin Ointment	HOW TO: Hibiclens Wash
<ul style="list-style-type: none"> • Use a pea-sized amount of ointment inside each nostril each time you apply the ointment • Tilt your head back and use a cotton swab to apply the ointment to the inside of each nostril • Press your nostrils together and massage for about 1 minute • Repeat these steps two times every day for 5 days leading up to surgery 	<ul style="list-style-type: none"> • Wash body and hair with regular soap/shampoo • Turn the water off so the Hibiclens is not removed immediately after applying • Using a clean washcloth, apply the Hibiclens to all areas from the neck down (except genitals). The soap will not lather very much. This is normal. • Once your body is covered, allow the Hibiclens soap to sit for 3 minutes before rinsing thoroughly • Do not wash with any soap or cleanser after this Hibiclens step • Do not apply skincare after these showers • Repeat this instruction for 3 days before surgery. Perform your last Hibiclens wash the morning of surgery. <p>*Do not shave neck down 7 days prior to surgery.</p>
 <p>A prescription will be given PRIOR to surgery. Look out for a notification from your preferred pharmacy.</p>	<p>Can be purchased at any pharmacy. If any skin reactions occur please call the office at 630-339-2230.</p> 

*** The night before surgery, sleep in a clean sheet and wear clean clothing in the morning to reduce bacteria.

DENTAL CLEARANCE & INVASIVE PROCEDURES AFTER A JOINT REPLACEMENT

- ★ If you are experiencing any tooth pain or have not had a dental check-up within the past 6 months, you should have a dental check-up prior to your joint replacement surgery.
- ★ If you need to have dental work performed (i.e. - cleanings, fillings, root canals, extractions), **please have this completed at least 6 weeks prior to surgery. Do not plan on any elective dental work 3 months after surgery.**
- ★ Once you have an artificial joint in place, your risk of contracting a blood borne infection is higher than normal. Thus, **we are requiring antibiotics for all procedures after surgery for 1 year post-op.**

You should take preventive antibiotics for all the following:

- Regular teeth cleanings or procedures when bleeding is anticipated
- Dental extractions
- Periodontal (gum disease) procedures
- Dental implant placement or reimplantation
- Endodontic (root canal) instrumentation or surgery
- Injection of local anesthetic into the gums

Recommended Antibiotics

- If you are not allergic to Penicillin: Amoxicillin 2g orally 1 hour prior to procedure
- If you are allergic to Penicillin: Clindamycin 600 mg orally 1 hour prior to procedures

Other invasive procedures that require preventive antibiotics:

- Genitourinary procedures, Dermatologic procedures, gynecologic procedures, or any **invasive** procedure that may cause bleeding.
 - If you are unsure if your upcoming procedure requires antibiotic prophylaxis, please contact our office.

SURGERY TIME: WHEN WILL I FIND OUT?

The hospital will call you on the day before your surgery. If you do not receive a call by 6:00 PM please call:

- Elmhurst Memorial Hospital - 331-221-0460
- Rush University Medical Center - 312- 942-5000
- Rush Oakbrook Surgery Center - 630-472-2445
- Amsurg Surgery Center - 815-744-3000

MORNING OF SURGERY

**Take all medication as instructed by your primary care doctor and by our office

You will need to come to your designated hospital/surgery center:

★ Elmhurst Memorial Hospital

- Hospital address: 155 E Brush Hill Road, Main Entrance (Green/Blue Parking Lot), Elmhurst, IL 60126
- Take main elevator to 2nd floor, make a left off the elevator to reach surgery check-in
- If you have any questions about parking at the Hospital, please call 331-221-0460

★ Rush University Medical Center

- Hospital address: 1620 W Harrison St, Chicago, IL 60612
- Proceed to the main entrance front desk to check-in. Visitors with you will get a badge. You will be directed to the perioperative area from there.
- If you have any questions about parking at the Hospital, please call (312) 942-5000

★ Rush Oakbrook Surgery Center

- Address: 2011 York Rd Ste 3000, Oak Brook, IL 60523 - 3rd floor
- If you have any questions, please call ROBSC (630) 472-2445

★ Amsurg Surgery Center

- Address: 998 129th Infantry Dr, Joliet, IL 60435
- Please check in at the front desk through the main entrance
- If you have any questions, please call Amsurg at (815) 744-3000

Please bring the following with you to the hospital on the day of surgery:

Photo ID, Insurance card

Phone, phone charger

Cane, Walker

- If you do not have these items, they will be provided for you
- You do not need to bring your walker or cane, as the therapist will have these devices to train you to walk safely after surgery, but having them in the transportation car will be helpful for when you go home

Appropriate dress

- Loose fitting pants with an elastic waistband
- Shoes with a non-skid sole you can easily put on and off keeping in mind swelling may be present
- Essential to perform PT eval safely

PHYSICAL THERAPY IN THE HOSPITAL: YOUR FIRST STEPS TOWARD A SUCCESSFUL OUTCOME

You will be allowed to put all your weight through your new joint the day of surgery, unless instructed otherwise. Our team will ensure you get up and try when you get to your hospital room or recovery area. Either the day of surgery or the morning after, you will meet with a physical therapist and get on the road to recovery. Your family and friends are invited and encouraged to participate in your therapy session with you. You will leave the center on a cane or with a walker.

- Patients with Osteoporosis or weaker bone, or depending on the complexity of the surgery, may be asked to use crutches or a walker for a period of 6 weeks. This will be clearly communicated after surgery.

IF PAIN NOT CONTROLLED (DO THE FOLLOWING STEP BY STEP)

1. First, make sure you have been taking all your scheduled medications as prescribed
2. Rest and elevate the surgical extremity (at about the level of the heart or as close as is tolerated. The higher you get it, the more swelling resolves)
3. Take an extra Ultram (Tramadol). You may take up to 2 tablets or a total of 100mg of Ultram every 8 hours during times of acute pain
4. Take an extra Oxycodone (OxyIR). You may take up to 2 tablets or a total of 10mg of Oxycodone every 4 hours during times of acute pain.

*** Plan to taper off these narcotic medications within the first 2 weeks after surgery, as they have side effects (constipation, nausea, vomiting, drowsiness) and can be addictive if taken for a long period of time.

PATIENT POST-OPERATIVE INSTRUCTIONS

- Take 10 deep breaths each hour (prevents issues post op such as pneumonia or other infections)
- Get up and walk at a minimum for 5 minutes every hour while awake. This prevents blood-clots
- Use an assist device such as a walker only as needed unless instructed otherwise. It is important to walk and place full weight on your lower extremity to aid in recovery
- While sitting or lying down, elevate the lower extremity to the level of your heart (or as close to this level as possible) at all times. This aids in the prevention of swelling and pain
- Ice the operative extremity/joint for 45 minutes on and 45 minutes to 1 hour off with the ice packs/or ice machine every day, all day. This helps with swelling and pain.

****Note:** ice machines are highly recommended! They are clinically proven to reduce pain and inflammation in this type of surgery.

- Wear a thigh high compression hose on both legs for a minimum of 3 weeks especially when walking. This helps with blood clot prevention, and expected lower leg/foot swelling. You should wear the compression socks as often as you can during the day, but they can be removed for showers, sleep, and washing as needed. It is usually more convenient to obtain these before surgery if possible.
- Sleep position recommendation is as follows:
On your back with a pillow under your ankle and calf. NOT UNDER KNEE. The knee should be as straight as possible during sleep/ rest. Try to follow this instruction for at least 2 weeks after surgery.
- You may shower upon return to your home if you have an aquacel dressing (waterproof) in place. NO baths, pools, hot-tubs or standing water for 6 weeks.
- If your dressing becomes saturated, or should come off or be removed for any reason please remove it and apply a dry dressing directly onto the skin. Having the following medical supplies may come in handy for dressing changes or covering blisters:
Paper Tape (gentle on this skin and will adhere all listed below to the body)
Telfa non-adherent pads (best to keep blisters covered if these do arise)
ABD Pads (intended for use of the incision)



**** Please call and let our office know should the incision drain fluid or blood. ****

THERAPY/NURSING INSTRUCTIONS

- Dressing:
 - The incision will likely be covered with an aquacel dressing. Patients may shower with this dressing and pat dry. **The dressing is to be removed on post-op day 12, unless the dressing is not adhering properly or more than 25% saturated with blood/fluid—in which case the dressing may be changed sooner.**
- Do NOT apply any ointments/creams/lotions/oils for at least the first 6 weeks after surgery. This includes, but is not limited to, triple-antibiotic/Neosporin/Vitamin E/etc.
- Do NOT pick, scratch, rub, or scrub the incision. Avoid scar massage over the incision until 6 weeks postop.
- In the unlikely event that you develop any persistent drainage from the incision after dressing removal, apply gauze (4x4) and an ace wrap bandage and please call our office to let us know (630.339.2237 - Randi, RN or 630.339.2230 Julie, Admin).
- For patients with a purple wound vac (Prevena) dressings covering their incision:
 - **This should be removed 7 days after surgery.** You may sponge bath, but avoid getting this dressing wet as it may lose suction/seal. Underneath this dressing there will likely be non-absorbable sutures (nylon). These sutures will be removed when the patient returns for their 2-3 week post-operative appointment.
 - **Once the wound vac is removed, please cover the incision with an aquacel dressing which should remain in place for another 7 days.** The aquacel can be removed after that, and if there is no drainage, it is ok to shower over the incision, but do not soak in standing water (bath, pool, etc). Contact us if they do not have an aquacel dressing and we can recommend alternative options.
- Pain Management: Please ensure that the patient is taking adequate medications for pain management as instructed, fully maximizing the non-opioid/narcotic medications first, and taking the opioid/narcotic medications in addition as needed.
- Compliance and participation with home exercises given, outpatient physical therapy, or Home Health physical therapy exercise programs is important to maximize the chances of having a good outcome.
- Hip, thigh and lower leg bruising and swelling is expected after surgery. We recommend elevation of the lower extremity while seated or lying down as much as possible and above heart level if possible, to minimize the degree of swelling. Icing over the knee or using an ice machine is also key in minimizing hip/thigh swelling.
- Please confirm the patient has an appointment with Dr. Behery's team approximately 14-21 days postoperatively. If no appointment is scheduled, please assist the patient in calling our office at (630)-339-2230 to schedule an appointment.

PHYSICAL THERAPY AFTER DISCHARGE FROM THE HOSPITAL: DAILY EFFORT LEADS TO LIFETIME SUCCESS

An excellent surgery and patient experience for your short stay in the hospital is a springboard toward a successful recovery. From the moment you leave the hospital, it is important to work hard with your home exercise and physical therapy plan to achieve an excellent result!

- We try our best to tailor your physical therapy plan to what is best for your recovery, and the plan is usually discussed and agreed upon before surgery.
- Your Physical Therapy program as planned, may start with either 5-7 days of home exercises that we provide, followed by outpatient PT clinic visits, or home PT sessions before outpatient PT.
- If your plan includes a first post-op week of home exercises, you shall receive a packet with our home exercise protocol and an outpatient physical therapy order to schedule your eventual visits.
- If your plan includes home PT first, this will be arranged before your surgery date, and we will confirm the plan on the day of surgery.
- Please reach out to our office with your planned outpatient PT clinic location. We will send them an order with our protocol for you to schedule your post-op therapy visits. We have several PT clinic locations with exceptional physical therapists through our practice as well and can guide you to the most convenient location for you.

Specifics of Exercise:

- It is very important to get your knee as close to fully straight as possible, for greater ease of activities including comfortable distance walking and better standing posture.
- Incorporate extension of surgical knee during sleep and sitting in conjunction with elevation (pillow or padding / foam under the ankle, leaving space behind the knee).
- Increasing range of motion and healing is the main early goal of physical therapy
- Respect the healing time, and avoid "over-doing it" in the first 6 weeks, to avoid pain set backs.
- Over the first 6-8 weeks, physical therapy guided and supervised progressive strengthening exercise will allow safe return to higher levels of activity while minimizing injury or set backs.
- No pool therapy for 6 weeks post-operatively

Icing and elevation after therapy or exercise will help control pain and swelling

- We strongly recommend looking at the available cold therapy options that exist and do believe that cold therapy is extremely important and supported by clinical evidence in helping with postop pain and swelling.
- Cold therapy / Ice machines, gel packs, which may include compression wraps, among other options are readily available, effective, user friendly, and convenient for use in the early period after surgery. If you need suggestions, we will gladly offer guidance on these options.

SYMPTOMS AFTER SURGERY: IS THIS NORMAL?!

- **Redness/Swelling:** It is very common to experience swelling after surgery. Sometimes, you will not swell until several days after your surgery. Remember that your body is healing from the surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may experience. With that said, we do want you to remain active and participate in therapy. But, when sitting and resting, you can decrease the swelling by elevating your surgical leg and using ice. It is important to elevate your leg, with your knee above the level of your heart, 4-5 times a day for 15-30 minutes each time to help reduce your swelling. Your toes should be above your nose! You should call our office if you have swelling for several days that is accompanied by redness and heat or coolness in your surgical leg, or if the swelling does not resolve after elevating. A great way to combat swelling is to keep your compression hose on at all times as instructed.
- **Blisters:** may occur from this impressive swelling. This is a relatively common issue and should be covered with the Telfa Pads and paper tape under crusted over. Follow directions to reduce swelling.
- **Bruising:** Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience this around the incision; others will have bruising down the entire leg. Both are considered normal and will resolve over 10-14 days.
- **What is my incision supposed to look like?** Joint replacement surgery requires an incision in the skin to perform the operation. This incision may look red, have some bloody drainage, and itch for the first weeks after surgery. You will have a dressing over the incision that will keep it sterile and dry but you may see up to 1/2 of this dressing stained with blood. If more than 1/2 of the dressing is stained, please call our office.
- **I'm having trouble sleeping:** Make sure that your pain is well controlled throughout the day. During the day, be careful about taking naps. Try to plan your activities as near normal as possible. If you still cannot sleep, try melatonin which is an over-the-counter natural sleep aid. You may sleep in any position you'd like to so get comfortable! If you continue to have issues, please call us to discuss.
- **Pain:** although we practice rapid recovery protocols and minimally invasive techniques, surgery can still be painful. If you are experiencing pain after surgery, please refer to the "if pain not controlled" section above. If that is not working for you do not hesitate to call our office.
- **Constipation:** Unfortunately, pain medicines may cause constipation postoperatively. It is best to continue drinking fluids to remedy these symptoms. Remember to take the Senna, two pills twice daily until you are having 1 bowel movement every 1 or 2 days. If you begin to have loose or watery stools discontinue this medication. If you continue to have constipation, you can take milk of magnesia or magnesium citrate orally. If this does not work, you may try a Dulcolax suppository or a Fleet's enema. All of these are over-the-counter medications that can be bought in the pharmacy.
- **I no longer need narcotic pain medicine, what can I take?** You should still be taking Meloxicam for at least 3-4 weeks after surgery which is an anti-inflammatory so you should not add Aleve or Advil to your regimen. You should take Tylenol or extra-strength Tylenol if your pain is not controlled.
- **Muscle soreness:** The muscles, not only immediately around the affected joint, but all the muscles of the affected thigh/leg may be sore after surgery. It is not uncommon to feel soreness for the first 6 weeks after your operation. Don't worry, this will improve with physical therapy and healing.

- **Throat irritation:** Should you require general anesthesia, your throat, tongue or lips may experience soreness after surgery.

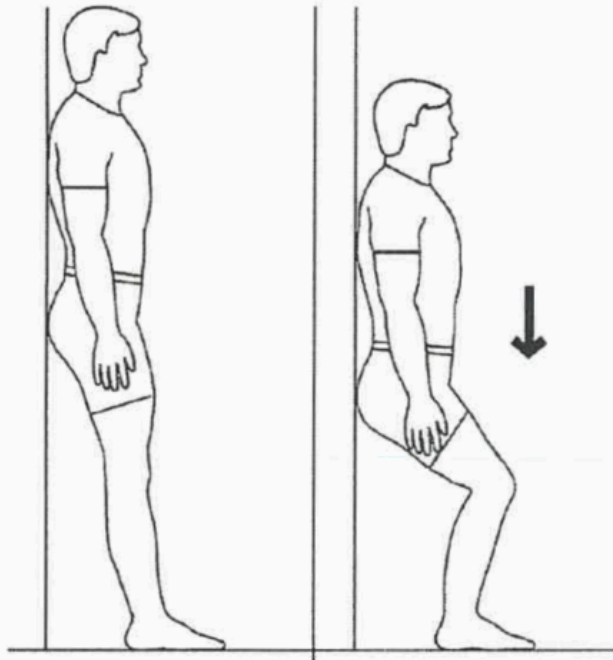
Please call our office if you experience:

- Fever above 100.4F consistently
- Increased drainage or swelling
- Pain not controlled by pain medication
- Inability to bear weight on your operative leg
- Severe insomnia
- Swelling in the foot or calf that is accompanied by coolness or decreased sensation in the foot
- Confusion or disorientation

EXERCISES BEFORE SURGERY: BUILD YOUR STRENGTH TO RECOVER

- If you are currently exercising, please continue to do so!
- If you are not current in an exercise program, please perform the below exercises daily
- You will work with a PT to continue strengthening AFTER surgery

Mini Wall Squat



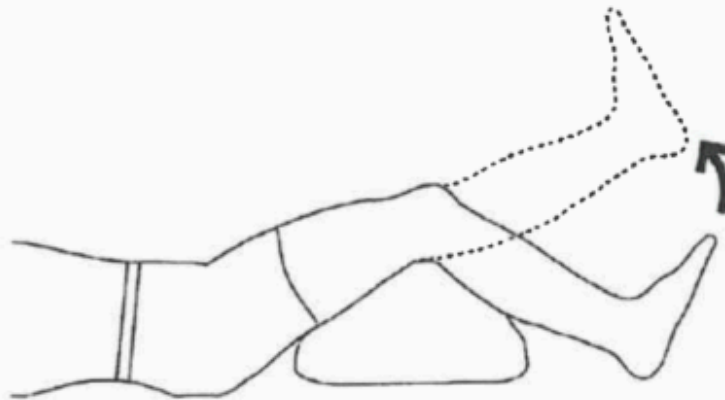
- Lean on wall, feet approximately 12 inches from wall, shoulder distance apart.
- Bend knees to 45 degrees.
- Hold 5 seconds.
- Return to starting position.

Perform 3 sets of 10 repetitions, once a day.

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

Supine Knee Extension



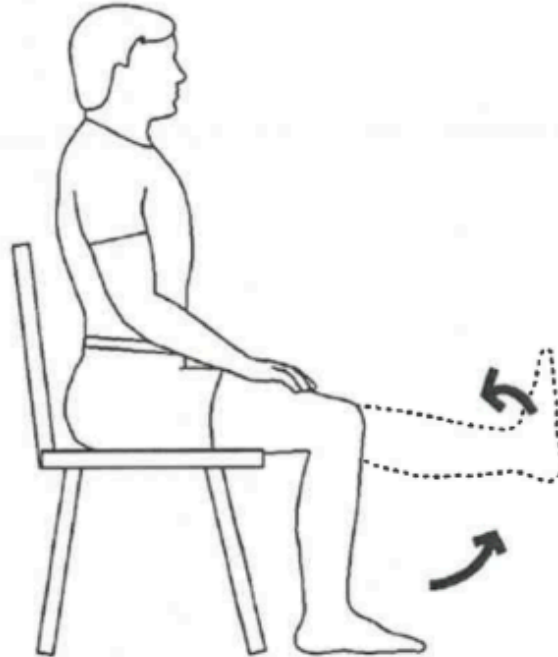
- Lie on back, with involved leg bend to 45 degrees, supported with a pillow, as shown.
- Straighten leg at knee.
- Return to start position.

Perform 3 sets of 10 repetitions, once a day,

Rest 1 minute between sets.

Perform 1 repetition every 4 seconds.

Seated Knee Extension



- Sit against a wall, chair, or on firm surface, knee bent.
- Keep a proper curve in low back, as shown.
- Flex left foot upward, while straightening knee.
- Repeat stretch with other leg.

Perform 1 set of 4 repetitions, once a day.
Hold exercise for 20 seconds.

Special Instructions:

Do not allow low back to lose the curve. It is common to experience shaking in the leg.

SURGERY GUIDE QUICK REFERENCE: TOP TEN THINGS TO KNOW ABOUT RAPID RECOVERY JOINT REPLACEMENT SURGERY

1. Joint replacement is hard work! To achieve the best possible outcome, you need to read this guide in its entirety, take medications as prescribed, and work hard with your physical therapist.
2. Pre-op: Stop taking all medications that thin your blood at least 1 week before surgery and nothing to eat or drink beginning midnight the night before your surgery
3. ELEVATE your lower extremity any time you are sitting or lying down for the first 2 weeks post-operatively. Above the level of the heart
4. ICE your lower extremity whenever you can. 45 minutes on and 1 hour off after surgery for 6-8 weeks.
5. TAKE adequate pain medications prescribed as needed, 1 hour before therapy or exercises
6. Your bandage (aquacel) stays on for 12 days and then can be removed. You may shower at any time with the aquacel dressing.
7. Transition from a walker to a cane and from a cane to no assistance as soon as you feel comfortable and safe, or based on physical therapist recommendation.
8. ELEVATE your lower extremity any time you are sitting or lying down for the first 2 weeks post-operatively. Above the level of the heart when possible. Yes, this is a duplicate but it's that important!
9. Call us anytime if you have any questions or issues. We completely recognize that this is a lot of information to absorb, and we want to know and address any issues or concerns you may have to make sure you have a great and smooth experience.



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