



The *Patient's* *Guide*

To Outpatient
Unicompartmental
Knee Arthroplasty



Reclaiming
Your *Quality of Life*

The Patient's Guide To Outpatient Unicompartmental Knee Arthroplasty

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Welcome

Arthritis affects about 40 million Americans, or one in eight people. As we age, doing the things we love to do without arthritis pain often becomes challenging.

The physicians and the staff of Orlando Orthopaedic Center are working to restore the quality of life of people with arthritis throughout the area one joint at a time.

For many, a great quality of life means spending time with family, enjoying a round of golf, a bicycle ride or the pleasure of a simple walk. No matter what your definition, being able to walk and move without pain is an important part of living well.

Our physicians have spent their professional lives studying how to combat the effects of arthritis, and they have helped to develop advanced surgical techniques to reliably help you revitalize your life.

Partial knee (unicompartmental) arthroplasty is the surgical resurfacing of the damaged compartment of your knee, and it is one of the most effective ways to reduce pain and restore mobility.

Our outpatient unicompartmental knee program eliminates hospital stays and supports your recovery.

With extensive patient education and a comprehensive continuum of care, this program is designed to ensure you have the information, care and support you need every step of the way.







Partnering For Success

You and your physician have agreed that surgery is necessary. You will be an active participant in a unique treatment model that begins at diagnosis, continues with surgery and is completed at home.

Understanding what is happening will make your time spent with us – and the time spent throughout your entire journey to a better quality of life – smoother and more comfortable.

We ask you to arrange for a responsible adult to be your coach. This should be someone who can attend pre-surgical visits, take you home after surgery and help you once you've returned home.

We encourage you to share information with your coach and all the other important people in your life who will assist you. Your understanding, participation and commitment – and that of your coach – are important to the success of your procedure.

Please read and complete everything given to you. Items we ask you to complete play a significant role in helping us better understand your lifestyle, objectives and current health.

Our Goal Is to Help You Achieve a Great Result.

We are committed to helping you reclaim your quality of life.

Important: As soon as you get this booklet, begin doing pre-surgical exercises to build strength and stamina.
Don't do any if they cause you pain.

Reclaiming Your Quality of Life

Outpatient Unicompartmental Knee Replacement

What is it?

An outpatient unicompartmental knee is an advanced alternative to traditional inpatient care to resurface the damaged compartment of your knee that is causing you pain with an artificial covering in the outpatient setting. The surgery can reduce knee pain and allows for complete recovery at home.

How is the knee resurfaced?

An incision is made on the front of the knee, just to the inside of center. The damaged bone is cleared away. The surfaces are prepped and shaped to hold the new components. The new components are aligned and secured to the thigh bone and shin bone.

How long will surgery take?

Your surgery will take one to one and a half hours on average. Plan to be at the center about four to five hours.

What kind of anesthetic will I have?

- A nerve block is given by injection. It numbs the leg from the hip down
- General anesthetic is given through an IV line or by breathing from a mask
- You may also be given medications for pain relief and relaxation

What are the risks of surgery?

Our physicians have safely performed many outpatient unicompartmental knee procedures. However, there are potential complications associated with any surgery. To the right, you can see a list of possible complications associated with unicompartmental knee surgery and the precautions taken to prevent them.

Infection: With all surgery there is 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, will further help prevent infection.

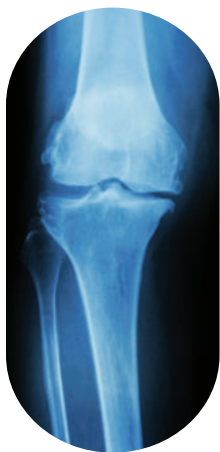
Blood clots: To reduce the risk of blood clots and promote circulation, you will be asked to pump your feet and exercise your ankles to increase circulation following surgery and during recovery. After surgery, you will take one aspirin twice a day to further help prevent blood clots. Heparin given just under the skin may be used if there's an increased risk or history of blood clots.

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.

Bladder infections: Bladder infections 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 you concern. During surgery, the nerves around the joint are disturbed; as these nerves heal, you may experience a tingling sensation. You may experience permanent numbness in a small area around your incision. This will not affect the function of your knee. It is extremely rare to have permanent numbness or weakness to the area as a result of trauma to the nerve.

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



BEFORE

Unicompartmental
Arthritis



AFTER

Following Outpatient
Unicompartmental
Arthroplasty

Preparing for Surgery

Scheduling

Most insurance companies require pre-authorization prior to scheduling surgery. Our staff will call your insurance company to check 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, you will be contacted to discuss available surgery dates, and other important appointments.

Medications

Once your surgery is scheduled, please inform our office if you are currently taking any of these medications, as they need to be stopped prior to your surgery:

- Celebrex No Need to Discontinue
- Coumadin, all blood thinners 5 days
- Hormone replacement therapy 7 days
- Aspirin 10 days
- All vitamins and supplements 10 days
- Anti-inflammatory medications 10 days
(Advil, ibuprofen, Aleve, Naprosyn, Relafin, Diclofenac)
- Methotrexate 14 days
- St. John's Wort 14 days
- Prescription diet pills 14 days



Medical History and Health Status

Before your surgery, we will ask questions regarding your medical history and health status, or for insurance verification. These are some of the questions frequently asked:

- Do you have health problems such as diabetes, heart disease or high blood pressure?
- Do you currently have a fever, cold, rash or history of recurring infection?
- Are you taking any medications (this includes over-the-counter products such as aspirin, ibuprofen, vitamins, herbs and teas)? Please have your medication bottles or a complete list available for your physician to review
- Have you had previous surgeries or illnesses?
- Do you use tobacco, alcohol or recreational drugs?
- Are you or could you be pregnant?
- Do you have allergies?
- Have you or any blood relatives had previous problems with anesthesia?
- Have you or any blood relatives had a history of blood clots?

Pre-Surgical Testing

Depending upon your age and medical status, we may ask you to go to a local laboratory or diagnostic center for pre-operative testing. These tests may include:

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

Prior to surgery, we will also:

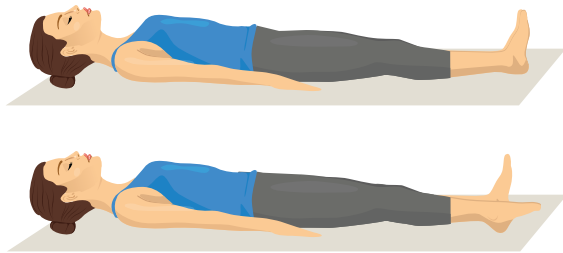
- Provide all necessary prescriptions for post-operative medications, and provide you with a knee immobilizer, crutches or walker, cane, and cold-therapy unit
- Confirm that home health care has been arranged and approved by your insurance
- Confirm arrangements for delivery of a CPM (continuous passive motion) machine for use post-op
- Review any pre-operative diagnostic studies
- 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 clearance information from you primary medical physician and/or specialist

Important: If you get a fever, cold or rash, call our office regarding your change of health. Your surgery may need to be postponed.



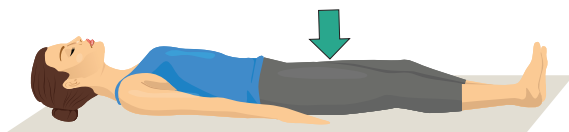
Pre-Surgical Exercises

Perform exercises two times a day. They should take about 15–20 minutes to complete. Skip any exercises that cause excessive pain or discomfort. (These are illustrated for a patient having surgery on the right knee. Reverse as needed for left knee).



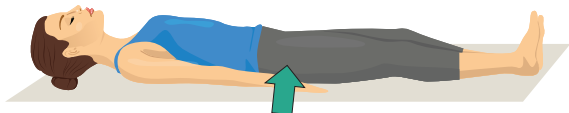
1 Ankle Pumps

- Lie on Back
- Flex foot
- Point toes
- Repeat 20 times



2 Quad Sets (Knee Push-Downs)

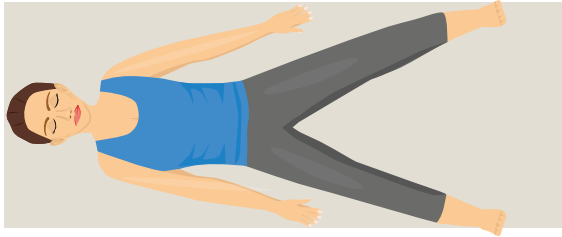
- Lie on back, press surgical knee into mat, tightening muscles on front of thigh. Do NOT hold breath
- Repeat 20 times



3 Gluteal Sets (Bottom Squeezes)

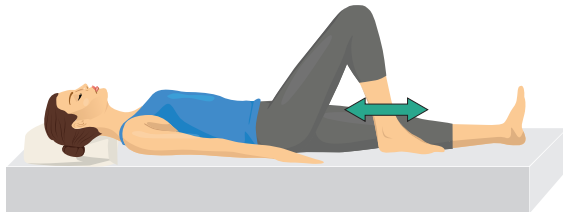
- Lie on back, squeeze bottom together. Do NOT hold breath
- Repeat 20 times

Pre-Surgical Exercises



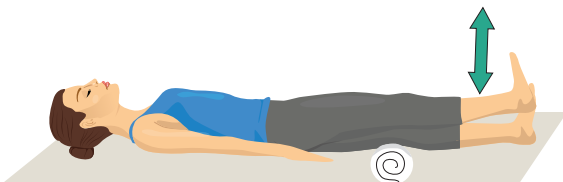
4 Knee Abduction and Adduction (Slide Heels Out and In)

- Lie on back, slide legs out to side
- Keep toes pointed up and knees straight
- Bring legs back to starting point
- Repeat 20 times



5 Heel Slides (Slide Heels Up and Down)

- Lie on couch or bed
- Slide heel toward your bottom
- Repeat 50 times



6 Short Arc Quads

- Lie on back, place towel roll under thigh
- Lift foot, straightening knee. Do not raise thigh off roll
- Repeat 20 times

Pre-Surgical Exercises



7 Armchair Push-Ups

This exercise will help strengthen your arms for walking with crutches or a walker.

- Sit in an armchair
- Place hands on armrests
- Straighten arms, raising bottom up off chair seat if possible. Feet should be flat on floor
- Repeat 20 times



8 Seated Hamstring Stretch

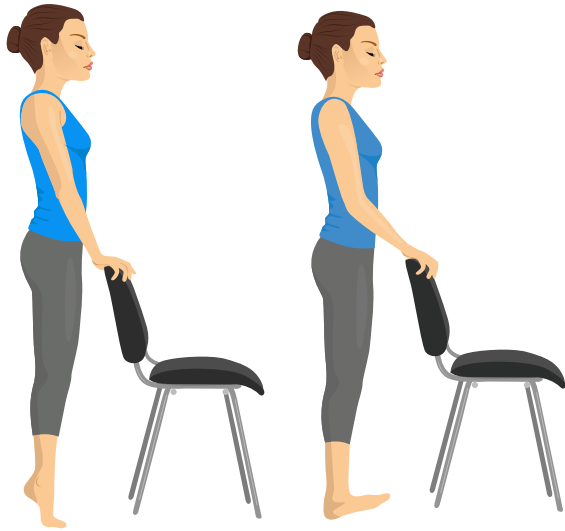
- Sit on couch or bed with leg extended
- Lean forward and pull ankle up
- Stretch until pull is felt
- Hold for 20–30 seconds. Keep back straight
- Relax
- Repeat 5 times



9 Straight Leg Raises

- Lie on back, unaffected knee bent, and foot flat
- Lift opposite leg up 12 inches. Keep knee straight and toes pointed up
- Relax
- Repeat 20 times

Pre-Surgical Exercises



10 Ankle Dorsiflexion (Plantar Flexion)

- Standing, hold onto firm surface
- Raise up on toes
- Go back on heels



11 Hip Flexion

- Standing, march in place

Preparing Your Home for Your Return

Please review and complete the following list of items prior to surgery. This will insure 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 that you can sit on
- Water beds are not recommended after your surgery. A flat, firm mattress should be in place
- Have an ample supply of 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. You don't want to rush for the phone
- 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 footwear available with non-skid soles
- Arrange transportation for follow-up visits



Leading Up to Your Surgery



One week prior to surgery

- Schedule office visit for pre-operative conference
- Receive prescriptions: Celebrex, Zofran (to prevent nausea at home), post-surgical pain meds
- Receive cold-therapy unit, knee immobilizer, non-rolling walker, single-prong cane
- Obtain over-the-counter medications: Aspirin 325 mg (#60), laxative, Extra-Strength-Tylenol
- Stop all anticoagulants, anti-inflammatories, aspirin, fish oil, Vitamin E and supplements. IT IS OK TO CONTINUE CELEBREX if you are taking it pre-op
- Schedule Visiting Nurse and Home Physical Therapy appointments for the first post-operative day
- Continue pre-surgical exercises

Two days prior to surgery

- Shower with Hibiclens
- Stop smoking
- Continue pre-surgical exercises to build strength and stamina

One day prior to surgery

- Shower with Hibiclens
- Use antimicrobial wipes over surgical site
- Have nothing to eat or drink after midnight – including mints, gum or water. Your surgery may be canceled or delayed if you do
- Eat a 'regular-sized' dinner – the day before surgery is not the time to "feast" on large quantities of heavy or rich foods
- Take 200 mg of Celebrex (1 tablet at about 8 p.m.)
- Take all routine medications except those already stopped – if there is any question about which medications to take, please check with our office

On the Day of Your Surgery

At Home

- Use the last set of anti-microbial wipes over the surgical site – DO SHOWER
- Wear comfortable, loose clothing
- Do not use lotions, talcum, perfume, make-up or nail polish
- Take heart and blood pressure medications with sip of water. Do not take insulin or diabetes medications unless instructed to do so
- Take 200 mg of Celebrex (1 tablet)
- Nothing to eat or drink

At the Surgery Center

- Bring knee immobilizer, cold-therapy pad and walker
- Bring photo-ID, bag for dentures, cases for contact lenses, glasses
- Family member or significant other must accompany you to the surgery center
- In the pre-op area:
 - You will sign the surgical and anesthesia consent forms
 - IV will be started and pre-op sedatives and antibiotics will be administered
 - A femoral nerve block will be performed by the anesthesiologist
 - The knee will be shaved and prepped with betadine or Hibiclens
 - Your surgeon will meet you and your family in the pre-op area, confirm and mark the surgical site, and answer any last questions you may have
 - You will then be transferred to the OR (family members to the waiting area)



Orlando Orthopaedic Center

Post-Surgical Recovery

At the end of the surgery, anesthesia will be reversed and you will transfer to the recovery room.

You'll wake up with the knee immobilizer and cold-therapy unit on your knee. You will leave the surgery center with them on.

In 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 monitored in the recovery area for a few hours. You will be discharged home once we are sure that you are stable and comfortable. The medications administered at the surgery center, as well as the nerve block, should provide excellent pain relief at home. It is extremely important, however, to follow the post-operative pain management protocol to insure ongoing pain relief.

Prior to discharge, physical therapy will have you walk and confirm that you are stable for discharge.

You will be given a brief home instruction sheet – detailed home instructions are on the next several pages of this booklet.

Discharge checklist:

- All home medication prescriptions filled
- Home health agency contacted – visit by nurse and therapist confirmed for the day after surgery
- All necessary home equipment has been acquired – walker, cane, CPM
- Post-op appointment scheduled
- OK to shower on the third post-op day
- Family member/significant other will be with me for 24 hours after discharge



After Your Surgery

Managing Your Pain

Our primary goal is to keep you as comfortable as possible following your surgery.

Your pain will be assessed from the time you leave the operating room until the time you leave the surgery center. You will frequently be asked to rate your discomfort on a pain scale that will 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.

Home Care

A visiting nurse will be scheduled for the day after surgery to assist you with post-op care and monitor your progress.

The nurse may return as needed to evaluate your wound and change your dressings, to review your diet and hydration, to review your medications and evaluate your pain.

A physical therapist will visit you at home the day after surgery. It's important to practice your exercises and walking program several times a day as instructed. It is also very important to continue taking your pain medication consistently as ordered to more effectively exercise on your own.

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 of controlling the spread of bacteria. We ask all visitors and caregivers to wash their hands before and after contact with patients and their surroundings. This simple act can provide for a safer environment for all.

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

- If your cane fits into the shower stall, step in with the affected leg first. If you are unable to fit the cane into the stall, step in backwards with your strong leg first
- Make sure surfaces inside and outside the shower are non-skid to decrease your risk of slipping
- You can make a soap holder from the cut off legs of panty hose. Cut them down the center leaving the foot end mostly intact. Put a bar of soap in the foot end. Tie the two top ends together. Hang around your neck
- Use a long-handled sponge or brush to wash and dry legs

Precautions

- Use your walker or cane 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
- Do not drive for two weeks or as instructed
- 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
- Wear an apron with several pockets to keep your hands free
- Avoid reaching far overhead or down low
- It's easier to take out the trash if you use small plastic grocery bags and tie them to your walker
- Slide bowls, containers, pots and pans along the counter. Don't carry them



Call Our Office (407-254-2500) if:

- You have a fever of over 101 degrees
- Your incision becomes more red, swollen, painful, or if it has a discharge that has an offensive odor
- Your incision opens or bleeds a lot
- Your pain medication is not controlling your pain
- You have side effects from your medications such as nausea, a rash, or itching
- You have fallen

At Home on the Night After Your Surgery

- Keep the surgical dressing dry and intact
- Take one Aspirin – 325 mg – at 8 p.m.
- Begin pain medication every 6 hours for the first 24 hours – take first dose immediately upon arriving home
- Use Zofran as needed for nausea
- Take one dose of an over-the-counter laxative to prevent constipation
- OK to supplement prescription pain medication with Extra-Strength Tylenol – do not take more than 6 in 24 hours (maximum 3000 mg Tylenol)
- The muscle in the leg may be weak from the nerve block for about 24 hours – always use the knee immobilizer and walker for ambulation

Day One Post-Op

- Resume fluids, resume healthy diet
- Bowel management – take an over-the-counter laxative (pain medications may cause constipation)
- Take one aspirin (325 mg) twice a day to further help prevent blood clots. Patients with a history of blood clots may be prescribed daily Lovenox (heparin) injections or other medications
- Take 200 mg of Celebrex (one tablet)
- Take pain medication as prescribed
- Continue post-operative exercises
- Use a walker or cane for support when moving from your bed to a chair



Instructions Regarding Use of CPM Machine

- Regaining range of motion is extremely important following partial knee arthroplasty
- Regaining range of motion from full knee extension to 90 degrees of knee flexion within 10 days is critical to the success of the operation
- Begin use of the CPM Machine as soon as the post-operative pain is tolerable, but no later than the second day after surgery (If surgery is on Monday, begin use of the CPM by Wednesday)
- Please be sure that the CPM supplier has instructed you on how to use the machine.
- Begin at 0 to 30 degrees, slow speed, and increase 10 degrees each day until the machine reaches 90 degrees. Use the CPM at least 6 hours each day (You may certainly use the machine as many hours each day as you wish, and the more you use it, the better; six hours is the minimum)
- When you can actively move your knee from full extension to 90 degrees of flexion without assistance, you may discontinue the use of the CPM
- Please contact our office, or the CPM supplier, if you have any difficulty with the machine, or any questions regarding its use **(407) 254-2500**



Day Two Post-Op

- Continue fluids, resume healthy diet, continue laxative to prevent constipation
- Continue Aspirin 325 mg twice daily – until one month post-op
- Continue Celebrex 200 mg daily until two weeks post-op
- Ambulate with walker, discontinue knee immobilizer at 48 hours post-op
- Transition to cane if safe and stable
- Continue CPM, increase motion setting 10-15 degrees per day

Day Three Post-Op

- OK to shower – remove dressing entirely, then pat (DON'T RUB) the incision area dry with a dry, clean washcloth
- Continue Aspirin 325 mg twice daily – until one month post-op
- Continue Celebrex 200 mg daily until two weeks post-op
- Continue to diminish use of pain medication as tolerated
- Continue physical therapy protocol, independent exercise
- Continue CPM, increase motion setting 10-15 degrees per day

Day Four through 13 Post-Op

- Continue physical therapy and home exercise program
- Increase activity as tolerated
- Continue CPM per protocol – OK to discontinue when you can easily move your knee from fully straight to 90 degrees
- Continue Aspirin 325 mg twice daily – until one month post-op
- Continue Celebrex 200 mg daily until 2 weeks post-op

Two Weeks Post-Op

- Begin outpatient physical therapy
- Continue Aspirin 325 mg twice daily until one month post-op
- Post-op office visit with your surgeon: xray, incision check, review physical therapists reports, evaluation of functional status, level of discomfort
- Resume activity as tolerated

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-ups at 6 weeks, 3 months, and 1 year after surgery.

IMPORTANT: Please call our office (407) 254-2500 if you experience any of the following:

- Fever greater than 101 degrees
- Increased knee pain
- Increased drainage, redness or swelling to the incision
- Calf pain/tenderness or swelling in the legs
- Chest pain
- Chest congestion
- Problems with breathing or shortness of breath



Post-op Physical Therapy

Reminders for All Patients

Safe use of your walker

- Keep your hips straight when using the walker FWBAT (Full Weight Bearing As Tolerated) normal amount of body weight as able/tolerated
- Do not use the walker as a support when getting in or out of bed, up from a chair, or off a toilet. It is not stable enough in that position. 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 into the chair

Follow all precautions for 2 to 4 weeks.

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 non-affected leg first, get out of bed with affected leg first
- Use sheets and pajamas made of a slippery fabric to make scooting easier

Car – front seat

With the passenger seat pushed back, back up to the seat using your walker. Lower yourself into the seat.

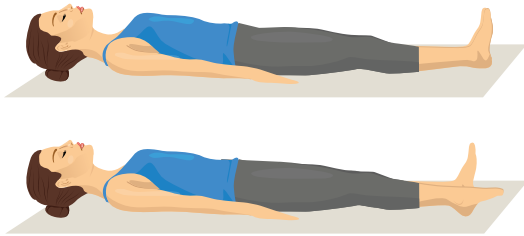
Tip: a plastic trash bag can help you rotate side to front.

Car – back seat

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

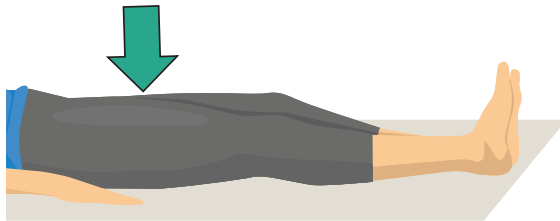
Post-Operative Physical Therapy

The following exercises will help you make a complete recovery from your knee replacement. The first are to improve your range of motion and flexibility, and the next are exercises to restore your strength.



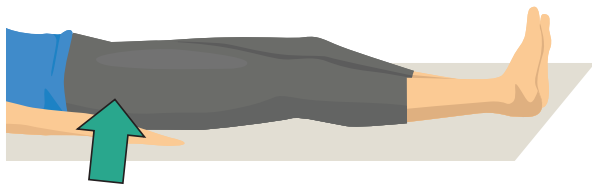
1 Ankle Pumps

- Lie on Back
- Flex foot
- Point toes
- Repeat 20 times



2 Quad Sets (Knee Push-Downs)

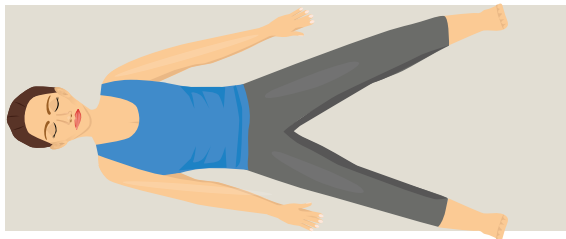
- Lie on back, press surgical knee into mat, tightening muscles on front of thigh
- Do NOT hold breath
- Repeat 20 times



3 Gluteal Sets (Bottom Squeezes)

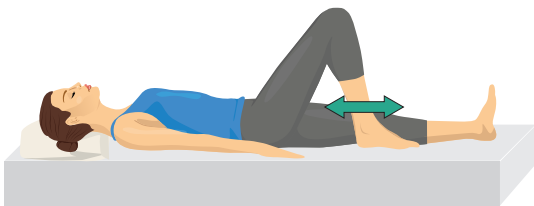
- Lie on back, squeeze bottom together
- Do NOT hold breath
- Repeat 20 times

Post-Operative Physical Therapy



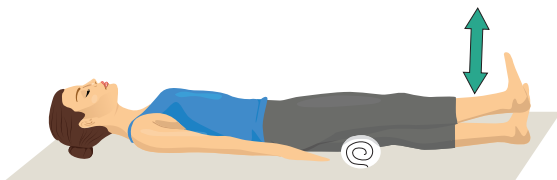
4 Knee Abduction and Adduction (Slide Heels Out and In)

- Lie on Back
- Flex foot
- Point toes
- Repeat 20 times



5 Heel Slides (Slide Heels Up and Down)

- Lie on couch or bed
- Slide heel toward your bottom
- Repeat 50 times



6 Short Arc Quads

- Lie on back, place towel roll under thigh
- Lift foot, straightening knee. Do not raise thigh off roll
- Repeat 20 times

Post-Operative Physical Therapy



7 Straight Leg Raises

- Lie on back, unaffected knee bent, and foot flat
- Lift opposite leg up 12 inches. Keep knee straight and toes pointed up
- Relax
- Repeat 20 times



8 Seated Knee Flexion

- Sitting on straight-back chair with affected leg outstretched, gently slide the affected leg underneath chair
- Keep hips on chair. Try to gently stretch and bend knee as far as possible
- Plant foot and move bottom forward on chair
- Repeat 20 times



9 Extension Stretch

- Prop foot of operated leg up on chair
- Place towel roll under ankle and ice pack over knee
- Put 5-10 lbs. of weight on top of knee (a 5-10 lb. bag of rice works well)
- Do for 20 minutes

Post-Operative Physical Therapy



10 Prone Knee Flexion Stretch

- Bring heel toward buttocks as far as possible. If this bothers your back, keep a pillow under your stomach
- Repeat 20 times



11 Seated Hamstring Stretch

- Sit on couch or bed with leg extended
- Lean forward and pull ankle up. Stretch until pull is felt
- Hold for 20–30 seconds. Keep back straight
- Relax
- Repeat 5 times



12 Knee Extension (Long Arc)

- Sit with back against chair
- Straighten knee
- Repeat 20 times

Post-Operative Physical Therapy



13 Armchair Squat

- With feet shoulder-width apart and flat on floor, squat as low as is comfortable. Use support as necessary

CAUTION: you should not bend knees enough to cause pain



14 Seated Knee Flexion

- Standing, hold onto firm surface
- Raise up on toes
- Go back on heels



15 Hip Flexion

- Standing, march in place

Post-Operative Physical Therapy



17 Single Leg Step-Up

- With foot of involved leg on step, straighten that leg
- Return

Use step or book. Height of step will depend on your strength. Start low. You may also exercise good leg



16 Retro Leg Step-Up

- Step backwards with one foot then the other
- Step off forward in the same way

Use a step or book. Ask therapist how high it should be.



Living With Your Resurfaced Knee

Your new joint components are the product of many years of advanced research—however, like any device, its lifespan depends on how well you care for it. To ensure the longevity of your uni knee, it's important that 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, 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 should be avoided.

Surgical Procedures

If you're scheduled for any kind of surgery, no matter how minor, you must take antibiotics before and after. Please see the detailed protocols on the next page. Make sure your surgeon is aware that you have a joint implant.

IMPORTANT:

The American Academy of Orthopaedic Surgeons states that you should take antibiotics before seeing your dentist for the rest of your life.

Infection

Your joint components are made of metal, and the body considers them a foreign object. If you get a serious infection bacteria can gather around your components and your knee joint can become infected. If you become ill with an infection or high fever, you should be treated immediately.

Dental Work

You should always take antibiotics before receiving dental work. Bacteria present in the mouth can enter the bloodstream and accumulate around your knee. It's essential you let your dentist know about your uni knee. Please call our office at **(407) 254-2500** to obtain a prescription for antibiotics prior to scheduled dental appointments.

Antibiotic Protection For Implanted Joint Prostheses

Teeth cleaning:

Prophylaxis is no longer necessary for routine cleaning.

Dental surgery. Dental extractions, root canal, crown, fillings:

AMOXICILLIN, 2 grams one hour prior to the procedure; 1 gram six hours after the initial dose.

Alternative: (allergy to Amoxicillin or penicillin) EES (Erythromycin Ethyl-Succinate), 800 mg two hours prior to procedure, 400 mg. 6 hours after the initial dose.

Urinary tract procedures (cystoscopy, transurethral resection of prostate (TUR):

AMPICILLIN, 2 grams plus GENTAMYCIN 80 mg IV or by injection 1/2 hour prior to procedure.

Gastrointestinal tract procedures, such as colonoscopy, sigmoidoscopy, endoscopy with biopsy:

AMOXICILLIN, 3 grams by mouth, one hour prior to the procedure then AMOXICILLIN, 1.5 grams by mouth six hours after initial dose.

Alternatives: VANCOMYCIN, 1 gram I.V. one hour prior to procedure, plus GENTAMICIN, 80 mg. I.V., one hour prior to procedure.

Endoscopy without biopsy, sigmoidoscopy ,barium enema:

AMOXICILLIN, 3 grams by mouth, one hour prior to the procedure, then 1.5 grams 6 hours after the initial dose.

Alternative: VANCOMYCIN, 1 gram I.V. one hour prior to the procedure.

Skin boils, infected lesions, podiatry procedures, such as nail cutting, ingrown toenails:

DICLOXACILLIN, 500 mg. by mouth or KEFLEX, 500 mg. every six hours by mouth, until lesion has improved.

Alternative: EES, 400mg.

Breast biopsy, PAP smears:

Antibiotics not needed.

Surgery:

Inform the surgeon that you have had a joint replacement.

Cardiac catheterization:

Inform your cardiologist that you have had a joint replacement. We recommend that you have antibiotics before the procedure.

IMPORTANT:

AMPICILLIN, VANCOMYCIN, GENTAMICIN, given I.V. or by injection, MUST be administered and prescribed by your treating physician.



**The Outpatient Joint Replacement Program at
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