

Patient Name:
Date & Time of CT Imaging Appointment:
Date of Surgery:
Date & Location of First Follow-Up Visit at ValleyOrtho:
Date & Location of First Rehabilitation Appointment:
Patient Expectations for Surgery & Recovery
1. Pain Expectation:
2. Activity Expectation:

YOUR KNEE REPLACEMENT PLAYBOOK

Thank you for joining our team at ValleyOrtho.

We feel you are the most valuable person in the surgery and recovery process. This Playbook is your guide to best prepare for and recover from your total knee replacement.

Each member of your care team plays a valuable role and has been trained to assist you every step of the way.

Your Orthopedic Team

- Staff Introductions 2-3

Replacement Timeline

- Anatomy & Surgery 4-5
- From Start to Finish 6-7

Pre-operative Training

- Portal Use 8
- Pain Education 8-9
- Healing Tips 9
- Support Coach 10
- Contact Us 11

Preparing for Your Surgery

- Preparing Your Home 12
- Packing for Surgery 13
- Pre-Surgical Skin Prep 14
- Surgery Worksheet 15
- FAQ's 16-17

Surgery & Hospital Stay

- Day of Surgery 18-19
- Day After Surgery 20

At Home After Surgery

- Monitor Your Healing 21
- Cold Therapy 21
- Activities of Daily Living 22-23
- Initial Home Exercises 24
- Pain and Constipation 25

Your Recovery Process

- Initial Precautions 26
- Expected Recovery 26-27
- Follow-up Visits 28



Meet Your Physician, Dr. Tomas Pevny, MD

Dr. Tomas Pevny is a board-certified, fellowship-trained orthopedic surgeon who specializes in knee and shoulder injuries, sports medicine, trauma, total joint replacement and joint preservation. He has treated thousands of patients in the Roaring Fork Valley and the world, taught seminars around the globe and helped train orthopedic fellows and residents.

Dr. Pevny is a fourth-generation physician from a professional heritage that began in Czechoslovakia, where his great-grandfather was the surgeon general of what was then known as Austria Hungary.



After earning a bachelor's in biochemistry from Texas A&M, Dr. Pevny attended medical school at Baylor College of Medicine and completed residency at the University of Oklahoma Health Sciences Center. His passion for sports led him to the Rocky Mountain Sports Medicine Fellowship in Aspen; on completion of the program he joined Aspen Orthopedic Associates where he practiced for two-and-a-half decades.

When he isn't caring for patients Dr Pevny's likely outdoors enjoying his avocations, which include golf, skiing, biking and running. He and wife Lori are parents to three athletic children and the family often travels around Colorado and the U.S. for sporting and athletic events.

Meet Your Physician Assistant, Rachael Wymer, PA-C

Rachael Wymer – PA-C, is a certified physician assistant working with Orthopedic Surgeon Dr. Pevny at ValleyOrtho at Valley View. Rachael's medical training and education have focused on additional, specific orthopedics practice and she maintains membership in the American Academy of Physician Assistants.

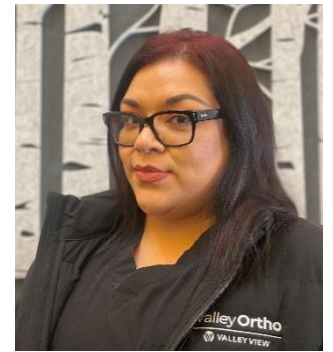


Rachael got her master's in physician assistant studies from Shenandoah University in Winchester, Va. and completed an orthopedic-specific residency in Chicago at the Illinois Bone and Joint Institute. She attended Boise State University in Idaho as a scholar-athlete in the gymnastics program, where she earned her bachelor's in biology then a master's in exercise and sports studies.

"Gymnastics gave me exposure to orthopedics and it's where I've always wanted to be," says Rachael. "I love getting to know patients one on one and being a part of the patient care team. My passion is to help the weekend warrior and recreational athlete through their injury to restore function."

Meet Your Medical Assistant Maria Palomera, MA

Maria Palomera joined the ValleyOrtho team in July of 2022 as a Medical Assistant (MA). She has over five years of experience working in orthopedics as an MA. Maria is a 2002 graduate of Basalt High School and has called the Roaring Fork Valley home for over twenty years. Her passions are her community and helping her patients. She is a member of the Basalt Longhorn Booster Club and has previously served as a Girl Scout Leader for several years. Maria always goes the extra mile for patients and staff, she attributes this quality to the customer service skills she developed while working in the hospitality industry. Valley View Hospital is grateful for her dedication and expertise that she brings to our team. Her professional goal is to create a personal and memorable experience for each patient who comes through our clinic. Outside of work, Maria is a mother to two daughters. She is always up for adventure and a road trip. She loves living and exploring in Colorado. Look for Maria at CrossFit, concerts, and helping others in the community.



Meet Your Athletic Trainers Dylan Frazier, LAT, ATC

Dylan is a Colorado Native born in Canon City CO and raised in Pueblo, CO. He attended Colorado State University-Pueblo for his undergraduate degree, graduating in 2019 with a Bachelor's in Athletic Training. He spent the next two years in Terre Haute, Indiana working for Indiana State University as an Athletic trainer for their Division I sports teams while studying for his Master's degree. He graduated with a Masters in Exercise Science from Indiana State University in 2019 and gained extensive experience as an Athletic Trainer for the school's Volleyball, Basketball, Football, and Track & Field teams.



Matt Flattery MS, LAT, ATC

Matt was born and raised in West Des Moines, Iowa and graduated from Iowa State University with a Bachelor's in Athletic Training. He moved to Colorado for graduate school in 2015 and graduated from Adams State University in Alamosa with Masters in Exercise Science. Matt spent the next 5 years in Grand Junction working at an orthopedic clinic before moving to the roaring fork valley in February 2024 to assist Dr. Pevny and Rachael care for patients in clinic and surgery. His free time activities include hiking, running, reading, exploring Colorado with dog Ellie.





ANATOMY & TOTAL KNEE REVIEW

Let's review what is bothering your knee and how we can help get you back to what you love doing.

What is “The Knee” Exactly?

The knee is the largest joint in the body. It is made of 3 bones: The thigh bone (femur), the shin bone (tibia) and the knee cap (patella, not pictured). Ligaments connect and stabilize the femur and tibia together.

A healthy knee has smooth cartilage at the contact points between the three bones. This cartilage allows for smooth, pain free motion of the knee.

What Does it Mean to Have Knee Arthritis?

Knee Arthritis occurs when the cartilage that lines the contact points become worn or torn. In the early stages of the condition, small pits develop in the smooth cartilage. Eventually, small protrusions of bone, or ‘bone spurs’ develop at the edges of the joint surfaces. Joint fluid may also accumulate under the cartilage, forming cysts, which can put pressure on the bone and may contribute to pain. In the late stages of the condition, the cartilage can wear away completely, allowing bone-to-bone contact.

Reparative, Restorative, and Reconstructive Options:

Dr. Pevny has reviewed your x-rays and knee pain history with you at this point. Depending on the severity of your arthritis you may have tried medications, joint fluid supplements and physical therapy to improve or manage your condition. Unfortunately there is no way to regenerate the cartilage that is damaged in your knee. The options listed above have either been ineffective or deemed inappropriate by Dr. Pevny making you the ideal candidate for a knee replacement utilizing the Mako Total Knee Replacement System.

Healthy Knee

Femur (thigh bone)

Healthy Cartilage

Tibia (shin bone)

Arthritic Knee

Femur (thigh bone)

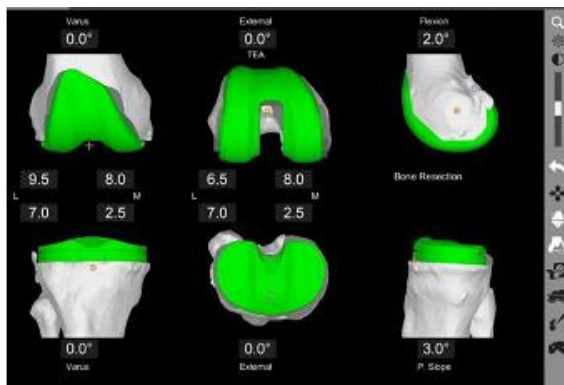
Diseased Cartilage

Tibia (shin bone)



What is Different with a Mako Total Knee Replacement?

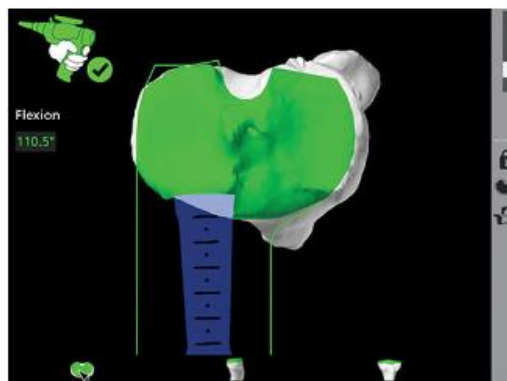
Before surgery a CT scan will be taken to create a 3D model of your knee. Your specific model will be loaded into the Mako software and used by Dr. Pevny to create a personalized surgical plan. This plan will calculate the best alignment and position possible for your new knee.



The Mako Robotic-Arm doesn't actually perform the surgery. The surgery is performed by Dr. Pevny. He will guide the Mako robotic-arm to remove diseased bone and cartilage using the personalized Mako surgical plan. Dr. Pevny can make adjustments during the surgery to the surgical plan to optimize the implant's placement.



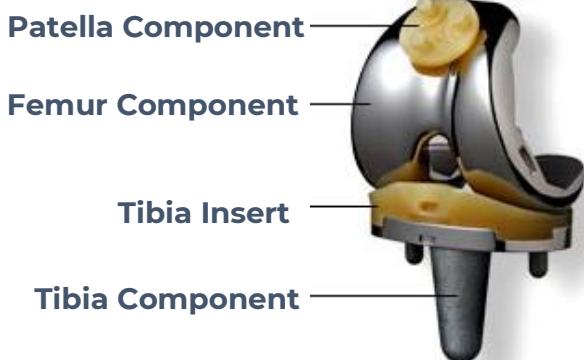
Mako Robotic arm and guiding system



Real time bone removal guide during surgery

What is Being Replaced?

Because your cartilage is worn at the ends of your femur, tibia and behind the knee cap, those surfaces are being replaced. Titanium and cobalt chrome pieces are used for the femur and tibia components. A plastic tibial insert is used to separate the metals and a plastic button is used on the backside of the patella. These changes will ensure full, smooth, and controlled movement of your knee.





KNEE REPLACEMENT TIMELINE

TWO TO FOUR WEEKS PRIOR TO SURGERY

- Get your flu shot and, if you are eligible, pneumonia shot (pneumococcal).
- **DO NOT** smoke at this time. **DO NOT** resume smoking after surgery to decrease infection risk and improve surgical outcome.
- The Pre-Anesthesia Clinic will call to schedule a specific date and time for any other medical clearance you need before your surgery. This is also a chance to talk with them about your anesthesia questions/concerns.
- Schedule your outpatient physical therapy appointments. See page 8 for more.
- Register your One Medical Passport account at OneMedicalPassport.com
- Blood thinners may require modifications before surgery. Ask Dr. Pevny.
- Get any urgent dental care completed, see page 17 for details about dental care.
- Identify who will be your personal support coach. See page 10 for details.
- Dr. Pevny and Rachael will discuss if an outpatient procedure (instead of staying the night in the hospital) is right for you and your family.

ONE WEEK PRIOR TO SURGERY

- Minimize surgery and medication related constipation. See page 25 for details.
- **DO NOT** shave around the knee beginning 4 days before surgery.
- Prepare your home environment for a safe return. See page 12 for more details.
- Start to pack your hospital bag. Refer to page 13 for more details.
- Stop taking the following medications that increase bleeding 5 days before surgery:
 - Ibuprofen (Advil®/Motrin®), Naproxen (Aleve®/Naprosyn®) or fish oil.
- Stop taking all supplements that are not prescribed medications.

2 DAYS BEFORE SURGERY

- Shower before bed with provided cleansing kit. Refer to page 14 for details.

THE DAY BEFORE SURGERY

- The Day Surgery Department will call after 2pm the day before surgery about:
 - What time to arrive at the hospital OR the Valley View Surgical Center Basalt.
 - When to stop eating and drinking before surgery.
 - Which medications to take the morning of surgery.
 - During this call, complete your “Surgery Instructions Sheet” on page 15.
 - Call 970-384-7166 if you do not hear from the nursing staff by 5pm.

THE NIGHT BEFORE SURGERY

- Remove any nail polish from your toes.
- Shower before bed with provided cleansing kit. Refer to page 14 for details.
- Enjoy dinner then brush your teeth and rinse out your mouth before bedtime.
- **DO NOT** eat or drink anything after midnight unless otherwise instructed.
- Put clean sheets on your bed, wear a clean set of pajamas.
- **DO NOT** allow your animals to be in your bed with you.

THE MORNING OF SURGERY

- Shower and repeat cleansing kit process thoroughly. Refer to page 14 for details.
- The pre-op nurses will review your approved morning medications in the call the night before surgery. Take as directed.

THE DAY OF SURGERY

- Arrive and register at the hospital at your assigned time.
- Dr. Pevny will meet with you prior to surgery in the Day Surgery Department.
- After surgery is completed, you will be in the recovery room area and discharge home after meeting discharge criteria. A nurse will assist you in your room.
- A physical therapist will begin knee exercises and set up some home exercises.
- If your surgery was performed at the hospital, you will likely be able to go home the day of the procedure, some patients due to medical reasons may qualify to spend the night for observation and discharge the next day as determined by Dr. Pevny.
- Please leave your post-surgical white padding in place for the first 48 hours.

48 HOUR AFTER SURGERY

- You may remove the white cotton padding around your knee. The adhesive dressing under the padding and TED stocking will need to remain in place until your follow up appointment.

3-5 DAYS AFTER SURGERY

- You will begin outpatient or home health physical therapy to regain motion and strength.

10-14 DAYS AFTER SURGERY

- You will return to Dr. Pevny's office to check the progress of your knee replacement, have your stitches removed and your incision checked.

WEEK 1 THROUGH WEEK 3 (See page 26 for more details)

- Your surgical knee will be painful during these early weeks. Your surgical knee will have swelling from the thigh down to the ankle. You may also see bruising around the extremity. This is normal and expected.
- We expect that you will be able to bend and straighten your knee with moderate difficulty and discomfort.
- You may begin weaning off the narcotic pain medication at this time with target to be off medication around 4 weeks or sooner if possible.

WEEK 4 THROUGH WEEK 6 (See page 27 for more details)

- Even though discomfort may still be present, we expect you to be completely transitioned from opioids to over the counter pain medications at this time.
- We expect you to have regained most of the motion of your knee from a completely straight position to 120 degrees of bend in this phase.

WEEK 7 THROUGH WEEK 12 (See page 27 for more details)

- You may have increased muscle soreness from exercise that does not require pain medication as you work to improve the strength and motion of your surgical leg.
- You will slowly begin to return to recreational activities in this phase with direction from your medical team.



YOUR PRE-OPERATIVE TRAINING

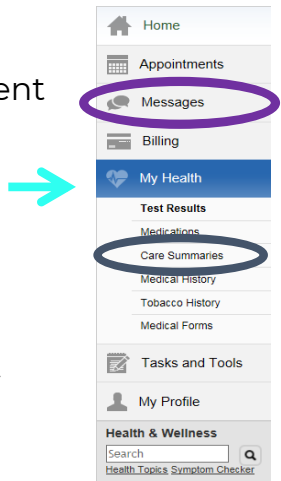
At ValleyOrtho, you are the most important player on our team. Our pre-operative training program is designed to help you participate in your healing like a pro.

1. Set Up Your Valley View Patient Portal

You should have received an email from us with a link to set up your patient portal account. If you cannot find the email we will be happy to send you another one, just let us know.

Benefits of the Portal

- Easily contact Dr. Pevny and his team using the **Portal Messaging Center**.
- Have access to your visit reports by clicking **“My Health”** on the left sided toolbar then click **“Care Summaries”**.



2. Schedule Your Outpatient Physical Therapy Appointments

Dr. Pevny will talk with you about your initial physical therapy options following surgery. You may choose either to begin outpatient physical therapy or private home physical therapy (not typically covered by insurance) initially. Schedule two visits a week for 6 weeks when you call.

- If you plan to start with outpatient therapy, schedule your first outpatient therapy appointment 3-5 days after your surgery date. If you plan to start with private home physical therapy, you may schedule your appointment 3-5 days after surgery.
- If you plan on going to skilled nursing facility after surgery, then schedule your outpatient physical therapy 2 weeks after surgery.

3. Understanding Surgical Pain Control

Dr. Pevny uses an injected, non-narcotic, nerve block with a combination of medications to allow for long lasting pain relief after surgery. The nerve block combinations will decrease the need for opioid use.

- There will be a combination of injected medications to help achieve pain relief after your surgery to make it possible for you to go home after surgery.
- Expected pain relief from the nerve blocks done after surgery can be expected to give pain relief for 24-72 hours of relief.
- If your surgery is done at VVH, then you will receive an On-Q pain pump that will give you pain relief for 3-5 days.

4. Pain Education

Pain is an expected and necessary part of the healing process after a total knee replacement.

- It is normal to have pain when you awake from surgery.
 - It is also normal to feel an increase in pain 12-24 hours after surgery as the stronger medications used during surgery wear off.
- This early increase in pain does not mean there has been any damage to the replacement.
 - This is your nervous system becoming more efficient at sensing the healing that is taking place in your knee.
 - Your nervous system will become less sensitive over time. Participation in physical therapy with appropriate rest and medication use will help with this process. Your physical therapist will guide you through the pain relieving strategies that will work best for you.
- Rest assured that your new joint is in place and is nearly impossible to damage it in your early recovery.

5. Quick Recovery Tips

These simple healing pointers can take your recovery from good to great.

- Do everything you can to achieve and maintain a straight knee position.
- Elevate your knee in a straight position above your heart when resting.
- Use cold therapy continuously for the first 3 days when you get home.
- Perform prescribed exercises and walk as much as you can tolerate without increasing swelling or the amount of limp you have with walking.





6. Patient Reported Outcome Surveys:

Patient Reported Outcome (PRO) Surveys are a way for us to measure those things that matter most to you; decreasing your pain, restoring your function and productivity, and improving your quality of life. We want to know if we are meeting your needs during your recovery. By participation in the PRO surveys, you can help us understand how we are doing regarding your goals. This will allow us to best direct your care and the care we provide to your community.

What to Expect From Us:

- Prior to surgery, you will receive an e-mail or text link to a short survey to get your pre-operative baseline.
- You will receive this same survey (2-4 in total) by e-mail or text between 30 days and 1 year after your surgery.
- These new scores will be compared to your baseline score in order to evaluate your progress, as evaluated by the person that matters most – YOU!



7. Select Your Personal Support Coach

You are encouraged to select a member of your care circle to be your personal support coach. Your coach may be your spouse, child, close friend, or a combination of these people. He or she will support and encourage you to meet milestones during your recovery. We find that patients who have a reliable coach, do better after surgery.

Responsibilities of a Coach May Include:

- Attending your preoperative appointments and learning about your surgery.
- Be available during your hospital stay.
- Go to therapy sessions with you if needed.
- Be with you as you receive your discharge instructions from the hospital.
- Be available to help you in your recovery after you leave the hospital.
- Motivating you to be as independent as possible – they should not need to assist with any dressing, bathing, or toileting, because you should be independent with these activities upon discharge home.
- Assisting with meal prep, grocery shopping, laundry, cleaning and errands.
- Help to keep track of medical appointments and provide transportation to and from the hospital, the surgeon's office, the physical therapist's office, and any other appointments.
- Reminding you of your daily home exercise program and assisting with non-opioid pain techniques such as ice, elevation, and distraction.



You're Trained. Now What?

Any surgery can be daunting, but you can rest assured knowing that our team will walk you through every step on your big day.

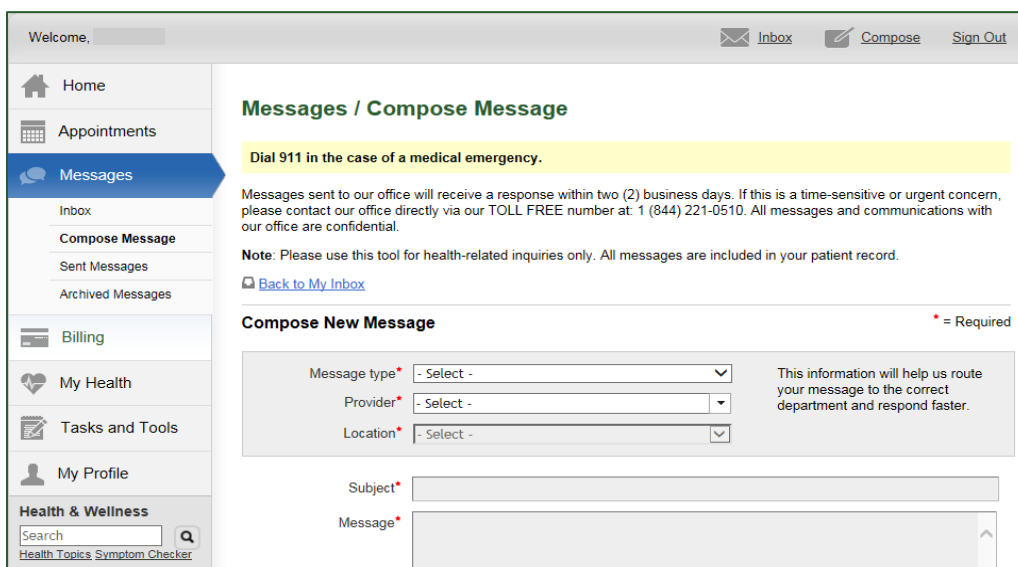
The rest of this Playbook will explain in detail your pre-surgical, surgical and recovery process from start to finish. Use this as a guide to effectively complete the Total Knee Replacement Timeline on pages 6-7.

When you choose knee replacement surgery with ValleyOrtho and Valley View Hospital, our team is committed to helping you achieve the best surgical outcome possible so you can return to the lifestyle you love.

Contact Us:

At each stage of your journey, before, during and after surgery, we're here to provide information and answer any questions you may have. Feel free to reach us quickly during business hours by messaging "Dr. Pevny" through your Valley View Hospital Patient Portal, or by phone at (970)925-4500. If something is urgent you don't have to worry about when you should call; an on call provider can answer your questions day or night by calling (970)925-4500.

Patient Portal Messenger:



IMPORTANT NOTE:

If you happen to become ill within the weeks or days before your surgery, even with a simple cold, please contact us right away. We may need to reschedule your surgery until you are healthy again. Also, if you get a cut, scrape, rash, or sore around the knee scheduled for operation, please let us know immediately. A skin break could require rescheduling your surgery, due to a small increased risk of infection.



PREPARING FOR YOUR SURGERY

Give yourself a head-start on healing by following these more detailed surgery-prep tips from Dr. Pevny.

Prepare Your Body

- Continue (or develop) the healthy habits needed to support your healing. Eat healthy foods like fruits, vegetables, lean meats and whole grains. Get plenty of rest.
- Reduce tobacco use or quit smoking. Limit or stop drinking alcohol.
- Exercise as much as your body can tolerate to maintain your muscle strength.

Practice Daily Tasks

- You may temporarily need to use a walker or crutches to move about your home. It is important to imagine how you will go about your day without being able to hold anything in your hands as you move from room to room.
- Before surgery, practice how you will get in and out of the shower with a stiff surgical knee that will not want to bend comfortably.
- You may also want to practice getting in and out of the passenger side of the car with a stiff surgical knee, adjusting the seat position now could save you some trouble when it's time to go home.

Prepare Your Home for a Smooth Transition

Make these changes to improve the convenience and safety of your home environment ahead of time.

- Create a clear path to the entrance of your home. Pick up throw rugs, tack down loose carpeting and remove electrical cords or other obstructions from walkways.
- Install a rubber mat, or non-skid adhesive, on the bottom of the tub or shower.
- Install night lights in bathrooms, bedrooms and hallways.
- If you will be returning home alone, establish a rotating support system that involves more than one person to help you with everyday needs.
- Plan for someone to drive you to your outpatient physical therapy appointments, the store, and other important destinations for the first 3-4 weeks.
- It is best to sleep with the knee supported in a straight position elevated on pillows. It may be more comfortable but **DO NOT** support the knee in a bent position (a pillow behind the knee) as this will delay your recovery.



Pre-arrange Your Finances to Reduce Stress

Our Patient Financial Services staff is happy to help all of our patients. If you have questions about billing, insurance, financial assistance or charges for healthcare services, please contact Patient Financial Services at (970)384-6890.

Pack for Your Surgical Visit

To stay comfortable during your hospital visit, we suggest you bring:

- Your Knee Replacement Playbook.
- Slip-on shoes with heel cup and rubberized soles.
- A short, lightweight bathrobe or pajamas.
- Underwear and socks.
- Comfortable elastic waistband pants or shorts.
- A “going home” outfit like a sweat-suit or other loose clothing that is easy to put on and take off over a likely swollen leg.
- Eye-glasses instead of contacts.
- A list of your daily medications, vitamins and herbal supplements, including the dosage and frequency, plus a list of medications you stopped taking in preparation for surgery.
 - Your own medication will be used **only** when the hospital pharmacy does not stock your specific medication and interruption in the use of that medication would compromise your care. Speak with Dr. Pevny if you feel your medications may fit these criteria, otherwise do not bring any medicines with you.
- Driver’s license or photo ID, Insurance card/Medicare Card.
- Copy of your Advanced Health Care Directives.
- Cash or credit card to pay for discharge medications.
- Important telephone numbers (Include person bringing you home).
- Your Cell phone/charger, books, magazines or other portable hobbies.
- Hearing aid and batteries.
- Any helpful hand-carry equipment you may have such as a reacher, sock aid, and/or long handled shoehorn. Label these items with your name.
- A walker, crutches, or cane if you have them. These should be labeled with your name.
- **DO NOT** wear or bring any jewelry (this includes removing wedding bands and all piercings), or any other valuables.
- **Hospital Stay Only**
 - Toiletries such as a toothbrush, toothpaste, denture cleanser/cup, electric razor, comb, and deodorant. Please no powders.
 - The hospital provides complimentary toiletries if you happen to forget something.
 - If you have a CPAP machine, please bring the unit, tubes and settings.





Prep Your Skin to Discourage Bacteria

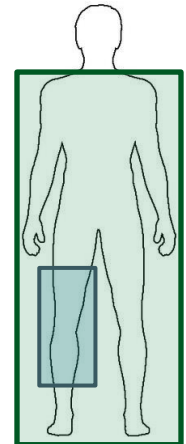
Preparing your skin before surgery can reduce the risk of infection at the surgical site by reducing bacteria on the skin. You will receive scrub brushes with anti-bacterial soap from our clinic at your pre-operative appointment.

Please use the prescribed soap and mitt to wash carefully before your surgery, following the steps below:



If you test positive for any additional skin bacteria you will be notified by ValleyOrtho and you will be instructed in additional skin and/or bacterial preparations to get you ready.

1. Wet your entire body with warm, **NOT** hot, water.
2. Wash hair with normal shampoo/conditioner. Wash your face and body with your normal soap, then rinse.
3. Wet the shower mitt. Turn off the water then apply CHG solution to the mitt.
4. Use the mitt to wash from your neck down. Pay close attention to your surgical knee as well as skin folds and creases where bacteria like to hide. Additionally scrub your surgical knee from mid-thigh to mid-calf. Start with the front of your knee and work your way around to the back of your knee. Make sure to avoid your eyes, ears, mouth and directly on genitals. This process should take 3 minutes.
5. Wait 2 minutes after this application before turning the shower back on and rinsing off.
6. Rinse off all of the soap from your body with **warm** water.
7. Dry with a clean towel and wear clean clothes to bed.



For best results, follow these additional instructions:

- Remove any nail polish so you can see any remaining dirt.
- Don't let the prescribed cleanser get into your eyes, ears, mouth or genitals.
- **DO NOT** use moisturizers, lotions or oils on the skin after beginning the regimen.
- If you have persistent redness or itching, rinse the affected area, discontinue use of the wash, and call our office at (970)925-4500.
- If you swallow the wash, call Poison Control right away: (800)222-1222.

SPECIAL NOTE ABOUT SHAVING:

We ask that you **DO NOT** shave around your knee **for four (4) days** prior to surgery. Dr. Pevny will inspect your knee the morning of your surgery and will carefully shave the area at that time. If there are any breaks in your skin, your surgery may need to be rescheduled due to a risk of infection.

SURGERY INSTRUCTIONS SHEET

The Day Surgery staff will call you the day before your surgery with instructions. Complete this worksheet during that phone call.

Patient calls begin at 2pm one business day before the scheduled surgery date. This means Monday's surgical patients are called on the Friday before. You may contact the day surgery staff at 970-384-7166 if you have not received your instructions before 5pm one business day before your surgery date.

Fill in Your Personal Instructions Below:

Date of Surgery: _____

Surgery Location: _____

Check-in Time: _____

If you are late it may affect your surgery time, or result in rescheduling your surgery.

Surgery Time: _____

Eating Allowed Until: _____

Do not eat any food after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Allowed Until: _____

Do not drink anything after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Include: Water, Sports Drinks, Sodas, and Strictly Black Coffee (**DO NOT add milk/cream/sugar/honey**).

Any Additional Eating and Drinking Instructions: _____

Medication Instructions: _____

Medications You are Told to **STOP** Taking Below:



FREQUENTLY ASKED QUESTIONS

Q. Can I work out after my surgery?

We encourage you to exercise as much as you feel able to without increasing the swelling or pain in your new knee. This may be difficult immediately after surgery and your therapist will direct you to the best exercises for each stage of your recovery.

Q. Will my new knee set off airport security alarms?

Your knee is made of titanium and cobalt chrome with a small amount of plastic. It will likely trigger an alarm, be ready to inform the TSA staff at security that you have a total knee replacement and follow their instructions.

Q. How long until I can drive myself?

You are not able to drive while taking your narcotic pain medications. Driving after a total joint replacement is a safety concern. The ability to drive depends on whether surgery was on your right leg or your left leg, and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could be driving at two weeks. If your surgery was on your right side, your driving could be restricted as long as six weeks.

Q. What are my options if I am discharged to home alone?

You may qualify for Home Health Services. A nurse and physical/occupational therapist visit you at home several times a week. Discuss this option with your surgeon. We recommend that you have friends or family available to come to your house and assist you at home with meals and household tasks.

Q. Can I take off the steri-strips if they are coming off, or should I wait and let them fall off by themselves?

We encourage you to allow them to fall off. However, if they are “hanging on by a thread,” you can gently pull them off after two weeks.

Q. When can I Shower? Can I submerge the incision area?

We want the incisions to be fully healed and free from scabs, which takes 3-4 weeks on average before you submerge. Clear this activity with your therapist or doctor. Shower as soon as you feel able after returning home. The dressings are water resistant so they can get wet, but do not allow the shower to hit the incisions directly. Pat the incisions dry thoroughly after your shower.

Q. How long should I expect my knee replacement to last?

Your knee replacement should last 20-30 years, depending on the health of your bone and soft tissue at the time of surgery and on your current activity level.

Q. When will I be able to get back to work?

We recommend that you take two to four weeks off from work. If your job is labor intensive, plan to take a few more weeks. A physical therapist can make recommendations for joint protection and energy conservation on the job.

Q. Will I be in pain after surgery?

You will likely be in some form of discomfort after surgery. This is normal. It is your body telling you to slow down to heal. Our team will work you through this process, taking your comfort into consideration in everything that we do. It is important to work through some discomfort to regain your knee range of motion. Dr. Pevny and your physical therapist will show you how to do this most effectively.

Q. When will I see my doctor following the surgery?

Your first postoperative office visit will be scheduled for 10-14 days after surgery, then 2 weeks after that first follow up appointment. After that, plan for appointments at one-month intervals. Your physical therapist will communicate with Dr. Pevny and his team regarding your progress.

Q. Do you recommend any restrictions after this surgery?

Be sure to follow all post-operative instructions, and you should enjoy full functional range of motion once you heal. You are encouraged to participate in low-impact activities such as walking, bicycling, dancing, golf, hiking, swimming, fishing, rafting, hunting and gardening. High-impact activities, such as running, jumping and contact sports are not recommended.

Q. How long will my recovery take?

With regular physical therapy, range of motion should be nearly restored within 4 weeks. With continued strengthening exercises, both strength and function of your knee should dramatically improve after three months. At six months to one year, you can expect to achieve a full recovery.

Q. Will I notice anything different about my new knee?

In many cases, patients feel that the new joint moves completely naturally. The most common patient comment is that they can sometimes feel or hear a clicking or clunking sound in the knee. Remember it may take up to a year to feel like yourself again. Discomfort in your foot and ankle is not unusual as they may have to adjust to the alignment of your new knee.

Q. How long do I wait before elective dental procedures?

It is possible, in some situations, for bacteria from the mouth, teeth or gums to travel through the bloodstream and settle in an artificial joint. In an attempt to prevent this occurrence, representatives from the American Dental Association and the American Academy of Orthopedic Surgeons developed these guidelines:

- Refrain from any dental work two weeks prior to surgery.
- Refrain from dental work for three to six months after surgery.
- Ask your dentist about having antibiotics prescribed and the timeframe for pre-medicating prior to any dental work to ensure safety.



YOUR SURGICAL & FACILITY CARE

The Day of Surgery Game Plan: Checking In

At the Hospital

The Valley View Valet is a free service. The Calaway-Young Cancer Center valet is open from 7:30AM to 5PM.

Stop at the hospital's registration desks by the Emergency Department 2 hours before your surgery time.

- Registration at the Emergency Department entrance is always open.

Valley View Surgery Center at Basalt

Please use the onsite parking right outside the Mid Valley Surgical Center.

You will register at the front desk on the 2nd floor 2 hours before your surgery time.

Address:

1450 E Valley Rd Suite 202, Basalt, CO 81621

- Our nursing staff will begin preparing you for surgery by starting an IV and ensuring that you're comfortable.
- Dr. Pevny will come and answer any additional questions you may have and mark the knee you are having repaired with a surgical marker.
- An anesthesiologist will meet with you to talk about general anesthesia and the nerve block you will receive for comfort.
- A nurse will take you into the operating room on a portable bed.
- Following surgery you will spend about an hour in the post anesthesia care unit (PACU) while your vitals normalize and your pain is controlled. Your family and friends will not be allowed to visit the PACU.
- You will return to the Day Surgery Department to rest and meet your family and friends.

The Day of Surgery

The duration of your time in recovery will be based on your progress, safety, and abilities. Most patients will be able to go home the same day as your surgery.

- You will interact primarily with your same day surgical staff team, physical therapy and your provider team.
- A physical therapist will help you out of bed to a chair, to the bathroom and for a walk. Do not try to get out of bed by yourself. He or she will help guide your movements, monitor pain and dizziness, and keep you safe from possible falls.

The Day of Surgery At Valley View Hospital & Overnight Care

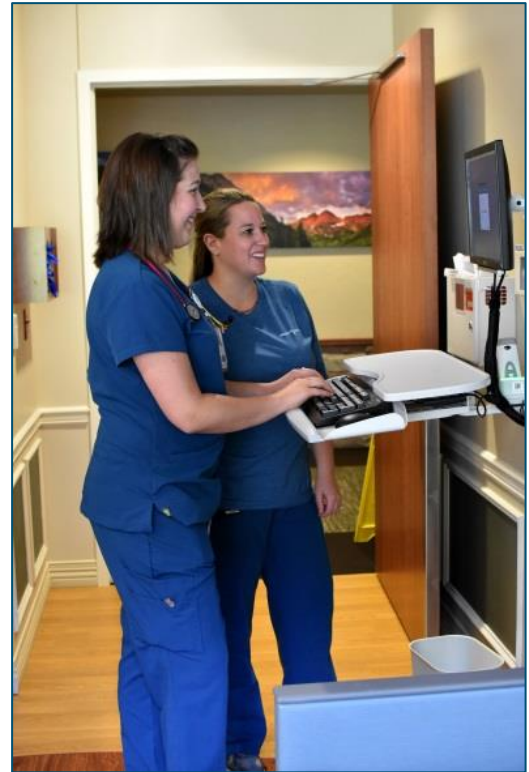
- You may awake with an oxygen tube in your nose. A respiratory therapist will monitor your oxygen level and may teach you deep breathing and coughing exercises that you will use for several days after your surgery.
- You will experience some pain. The goal is to reduce your pain enough for you to rest and take part in therapy.
- A physical and occupational therapist will work with you every day.
- You will have ice packs on your knee for swelling and pain management; these should be changed every hour.
- To improve circulation and help prevent blood clots, you should perform ankle pumps/circles and walk with assistance as much as you can tolerate.
 - You will also be using the drug Xarelto® or Aspirin to prevent blood clots while in the hospital.
- Vital signs will be performed every four hours throughout the day and night. You can also expect other periodic interruptions while your care staff is working to keep you safe and healing well. The staff will work to cluster your care together to minimize these interruptions, but if you feel that you aren't receiving the rest that you need, your nurse can help to advocate for more quiet time.
- Nurses will communicate at shift change using a bedside report. They will come to your room to introduce the oncoming nurse, review the previous shift, and discuss expectations for the next shift. He or she will also answer and address any questions or concerns you may have.
- Visitors are welcome and are best scheduled later in the afternoon or evening.





The Day after Surgery at VVH

- Dr. Pevny and Rachael encourage you to begin with your physical therapy exercises that you were given from the PT after your surgery. Please follow the instructions on how many repetitions.
- Please take it easy for the first 3-5 days with focusing on icing and elevating the knee. You can take breaks from this to do your exercises. You may get up to do simple tasks, but should limit your length of time of standing to no more than 15-20 minutes of time in one setting.
- Dr. Pevny and Rachael will call you the following day to evaluate how you are doing the day after surgery and answer any questions that you may have at that time.
- Dr. Pevny and Rachael will change your dressing at your first post op appointment and instruct you further on the use of the tight compressive stockings.



When You Are Ready to Leave the Hospital or Surgery Center for Home:

- You cannot drive yourself and you are responsible for arranging a safe ride home.
- You will receive written discharge instructions including home medications, physical therapy, activity, wound/dressing care, etc.
- All medical equipment needed (ice packs, Ace Wrap etc.) will be arranged by the hospital staff.



AT HOME AFTER YOUR SURGERY

Monitor Your Healing

Healing after a total knee replacement can be uncomfortable but you need to know what signs of healing need immediate professional attention. An on call provider is ready to help you at all times, **immediately call 970-925-4500 if you experience any of the following:**



- A fever over 101.5 degrees.
- An increase in bleeding from the surgical site.
- Worsening pain that is not controlled by medication or position changes.
- Worsening nausea or vomiting.
- Increased swelling that is not controlled by cold therapy or position changes.
- Increased redness around your incisions and/or cloudy fluid draining from the incision.
- Or if you get the feeling that something is just not right.
- **Call 911 with** Shortness of breath and/or chest pain symptoms.

If you have questions about upcoming appointments or medications, please message “Dr. Pevny” through your Valley View Hospital Patient Portal for the timeliest response.

Cold Therapy for Pain and Swelling

- When using cold packs: place them on the front and back of the knee with an ace wrap.
- Therm-X cooling device provides compression and cold water circulation through a wrap that is placed around the knee. It is not essential but is an excellent choice for pain and swelling control. The approximate out of pocket cost for a 4 week rental is \$500. Please talk with the surgical team if you would like this option.
 - Always apply and remove the device from your knee **only** when the knee wrap is empty and the hose is unattached.
 - Set the compression settings on the Therm-X based on your preference. If it is too uncomfortable do not use compression.
- Application Instructions:
 - Apply your chosen cold therapy over a thin layer of clothing with the knee straight in a supported and elevated position. Use cold therapy consistently throughout the day and night for the first three days, then you may decrease to day use only for the next 1 to 2 weeks. Apply cold therapy to your knee for 20 minutes, every hour or as needed.



Cold Packs



Therm-X

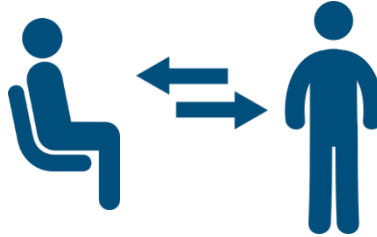


Let Our Pros Help You Tackle New Challenges

Your physical and occupational therapists will help problem solve and address any challenges you may experience at home. Below are some tips to make life a little easier.

Moving Around with Your New Knee:

- **Sitting to Standing:** Slide to the front edge of the chair. Bend each knee as much as possible, bringing your feet underneath you. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
 - If you are using crutches, put both crutches in the hand on the side of your operative leg. Push through the other armrest to stand up. Once you have your balance, move both crutches under your arms.



- **Standing to Sitting:** Back up until you feel the chair behind you. Bend slightly at your hip and reach behind you with one hand and grab the armrest or the side of the chair surface. Do the same with the other hand then lower yourself onto the front of the chair.
 - If you are using crutches, hold both crutches in the hand on the side of your operative leg.

- **Going Up and Down Stairs:** If you are using a walker, have someone take your walker to the top or the bottom of the stairs. Always hold onto the handrail. Have someone support you on the opposite side as needed. Go up starting with the good leg first (“Up with the Good”). Go down starting with the surgical leg first (“Down with the Bad”).
 - If you are using crutches, hold the handrail with one hand. Put both crutches in your other hand. Support your weight evenly between the handrail and your crutches and use “Up with the Good”, “Down with the Bad” sequence as above. Always move your crutches in conjunction with the surgical leg.



Activities with Your New Knee:

- **Dressing:** Initially your surgical leg will be larger as it heals; it will be easier to wear loose fitting pants or shorts early on. You will likely need to sit on the edge of a chair or bed to put on your pants and socks. Slip-on shoes with heel cup and rubberized soles are recommended as bending your knee to tie your shoes may be difficult.
- **Sleeping:** We suggest sleeping with the knee supported in a straight position elevated on pillows. Do not support the knee in a bent position as this will delay your recovery. Keep your pain medication nearby as you may need it during the night.
- **Transportation:** You will not be able to drive yourself until you are completely off of your pain medications. Before getting into the passenger side of the car, push the car seat all the way back and recline it if possible. Back up to the car until you feel it touch the back of your legs. Reach back for the car seat and lower yourself down. Duck your head so that you don't hit it on the door frame. Scoot back onto the seat and lift one leg at a time into the car. Use this sequence in reverse to get out of the car.
- **Getting In and Out of the Tub or Shower:** Have a family member help support you when stepping into and out of the tub.
 - If you do not feel comfortable standing in the shower we recommend placing a chair onto a non-slip surface in the tub so you can sit as you shower.



Additional Tips for Activities of Daily Living

- Don't place your crutches, walker, or cane too far ahead or it could slip out from under you.
- Always keep walking device close to you when you sit down so it is easy to reach when you get up.
- Sit in higher chairs with arms. It makes it easier to get up and down.
- Rise slowly from a sitting or lying position so as not to get light headed.
- Slow down. Plan extra time to get around. Stop and rest frequently.



Keep Your Recovery Moving Forward with These Home Exercises

To get the most out of your exercises be sure to breath during all activity. The pain may make you want to hold your breath; do not hold your breath.

- 1. Ankle Pumps:** While sitting in a chair or lying on your back in bed with your knees straight, slowly push your feet forward (like a gas pedal) then pull them backwards. Do this with **both feet 1,000 times a day.**



For Exercises 2-4 Perform 10 Repetitions 5 Times a Day.

Short Arc Quads: Place a rolled up towel or object under your knee and slowly straighten your knee as your raise up your foot while increasing pressure on towel behind knee. Hold this for 3 seconds, and then relax foot back to surface.



- 2. Straight Leg Raise:** While laying down, squeeze the muscle above knee cap to straighten knee, then lift your leg up as high as pictured keeping your knee as straight as possible. Pause briefly at the top and slowly lower back to the bed.



- 3. Heel Slides:** While lying on your back in bed, bend your knee and slide your heel to your buttock as far as you can with minimal discomfort. Then slowly slide it back out straight.



Perform the Following 2 Stretches 5 Times a Day.

- 4. Propped Knee Straightening Stretch:** While sitting in a chair or lying down, place the foot of your surgical leg on top of another chair seat or towel, then rest in this position with the toes pointing to the ceiling for 15 minutes.



- 5. Knee Bending Stretch:** Option 1: While sitting in a chair use your non-surgical leg to help bend your surgical knee. Option 2: Keep surgical knee planted on floor and scoot body forward in chair. Perform either option until a firm stretch is felt, hold 30 seconds, and repeat it 5 times.



NOTE: The Physical Therapist that will follow you upon discharge will progress your exercise program as you heal. These are just the beginning!

Manage Your Postoperative Pain

Your goal is to be completely transitioned from opioids to your preferred over the counter pain medications 2 - 4 weeks after surgery. Keep in mind that the goal of taking pain medication is not to be pain free after a major orthopedic surgery, but to be comfortable enough to get some sleep and participate in your physical therapy program. **IMPORTANT NOTE:** Please plan ahead as we need 24 hours to properly process any medication refill request and we do not refill medications over the weekend.

- **Anti-inflammatory Medication Use:** Take your prescribed dose of Meloxicam OR Celebrex
- **Tylenol Use:** You may take 650mg every 6 hours **OR** 975mg-1000mg every 8 hours. **DO NOT** take more than 3000mg in a single 24 hour period.
- **How to Wean Off of Narcotics:** Be consistent with the medications above as you complete the following steps.
 - **Step 1:** Increase the amount of time between doses.
 - Example: Take a dose every 5-6 hours for 1-2 days. Then take a dose every 7-8 hours for 1-2 days.
 - **Step 2:** Start to reduce the dose amount.
 - Example: Decrease from 2 pills to 1 pill at each dose for 1-2 days.
- Cold therapy is also very helpful in reducing your pain in the first few weeks after surgery. Refer to page 21 for details.
- **DO NOT** take additional ibuprofen (Advil®, Motrin®) or naproxen (Aleve®) unless explicitly directed by Dr. Pevny.



Address Any Postoperative Constipation

Constipation is one of the most common postoperative complaints, as it's a common side effect from anesthesia and narcotic pain medications. Constipation is defined as infrequent bowel movements, fewer than three a week, and is associated with the following symptoms:

- Difficulty passing stool or incomplete bowel movements
- Bloating or swollen abdomen
- Hard or rock-like stool

Help keep your bowels regular by continuing your pre-surgical laxative protocol when you come home.

- Take MiraLAX twice daily: one dose (17 grams) in the morning and again in the evening, each with an 8 oz. beverage of choice, especially while you are still taking narcotic pain medications.
- Introduce foods rich in fiber (36g/day).
- Increase daily water intake: drink at least 8 cups.
- Include fresh/dried fruits vegetables, whole wheat/oat bran, prune juice and/or oatmeal.



YOUR RECOVERY PROCESS

Steps to Get Back in the Game

The ultimate goal of your total knee replacement is to get you back to work, functional activities and hobbies. Participation in your rehabilitation program is essential as your success is based in large part on you. The actual surgery is only a small portion of how well you will do when you return to your pre-injury activities.

Your therapist will likely release you to independent activities 6 to 12 weeks after surgery. Don't let anyone tell you that the rehabilitation portion of your recovery is easy. It will take hard work and dedication. We're here to encourage and guide you on to the best outcome possible.

During Rehabilitation Follow These Precautions

- **For the First 4 Weeks:**
 - Do not rest the leg in a bent knee position after surgery for greater than 30 minutes at a time.
- **Long Term:**
 - No repetitive impact activity recommended.
 - Running, jumping, or contact sports.



EXPECTED PHASES OF RECOVERY

Phase I: Weeks 1-3 —Motion and Quadriceps Control

- Your surgical knee will be painful during the early weeks of this phase. This is normal and expected as you heal from the surgery.
- Your knee is cemented in place and is very stable at this time. Although it is stable and healing well, you will not have normal use of your surgical leg in this phase.
- We expect that you will be able to bend and straighten your surgical knee with moderate difficulty and discomfort. Your goal is to be able to get your knee complete straight as soon as you can and to 90 degrees of bend by the 3rd week. We expect the motion to improve steadily if you put in the work.
- Prescribed exercises and hands on therapy will increase knee motion and help decrease your pain and inflammation. If the swelling in your knee increases you are working the knee too much or resting, elevating and icing too little.

Phase II: Weeks 4-6 — Functional Movement and Strengthening

- If you walked without a walker or cane before surgery, we expect you to walk without these devices at this time.
- We expect you to be nearing full range of motion (0°-120°) as you return to normal household activities and stair management with mild discomfort.
- Even though discomfort may still be present, we expect you to significantly decrease or stop pain medication use during this phase.
- Additional exercises will be given to strengthen the muscles around the hip and knee.

Phase III: Weeks 7+ — Slow and Progressive Return to Activity

- We expect that you will have muscle soreness that does not require pain medication as you increase work to improve the strength and motion of your surgical leg.
- We expect you to have full motion of your new knee in this phase.
- Prescribed exercises will help maintain full range of motion, increase your balance and increase comfort with stairs and squatting tasks.
- You will slowly begin to return to full pre-injury function, excluding impact and pivot/twisting activities, under the direction of Dr. Pevny or your physical therapist.
- Prescribed exercises in this phase will get you on a path to the strength, power and endurance needed to return to the activities you love.
- You may not have full strength of your surgical leg at this time, but you will have a plan in place for continued training to meet your goals.

Phase IV: Weeks 12+ — Final Home Exercise Program

- We expect that you will have minimal to no discomfort at this time.
- You will not likely be in physical therapy at this point but you should still be working hard to get your strength back to normal.
- You will be able to return to more full-duty work and engage in more recreational activities
 - If you have a specific activity you are worried about returning to, Dr. Pevny will be able to give you the best recommendation.

If you are having concerns about your recovery you can reach out directly to Rachael Wymer PA-C at (208)484-6040.



Set Up and Keep Your Follow-Up Visits with ValleyOrtho

Dr. Pevny, Rachael Wymer and your physical therapist will be in constant communication regarding your progress. It is important to attend your ongoing care appointments to be certain that your knee replacement is performing properly. By conducting regular physical exams and reviewing X-rays, Dr. Pevny can identify any problems that may be developing even before you develop physical symptoms.

Schedule follow-up appointments at these intervals

Post-Surgery

- 10-14 days after your surgery date.
- 5-6 weeks after your surgery date.
- 3 months after your surgery date.
- 6 months after your surgery date.

Ongoing Care

- Any future visits will be scheduled as you and your care team feel you need after your 6 month follow up. We are always here to answer your questions down the road as you get back to your regular activities.

At ValleyOrtho, we appreciate your confidence, and we'll do our best to keep earning it.

We're honored that you've chosen ValleyOrtho to help you regain your freedom of motion. And we'll be the first to wish you happy hiking, biking, skiing, gardening, and grandchild-holding with your new knee. In short, we'd like nothing more than to help you get off the bench and back onto the playing field of your life.

ThankYOU!

