



Dr. S. V. Vaidya

A detailed anatomical illustration of a human knee joint, rendered in a glowing orange and yellow color scheme. The bones, ligaments, and tendons are clearly visible, and the joint is highlighted with a circular glow. The illustration is positioned on the left side of the page, with the leg extending downwards.

ACTIVITY BOOK

GETTING READY FOR SURGERY

You may want to make a few simple changes around the house before surgery. This will help make life easier during recovery. Be sure to see your primary care doctor or dentist. Treating health and dental problems ahead of time helps improve healing after a joint replacement. If you're smoker, do your best to stop or cut down. Your surgery risks and recovery rate will improve.

PREPARE AT HOME

Make life easier and safer after surgery. Reduce household hazards now. Also, limit the amount of reaching and stair climbing you'll have to do. Try these tips.

- Prepare a room on the main living level if you normally sleep upstairs. Or set things up so you have to go upstairs only once a day.
- Stock up on canned and frozen food. Store food and supplies between waist and shoulder level.
- Pick up clutter Remove any throw rugs and tape down electrical cords.



ARRANGE FOR HELP

After your knee replacement, you won't be able to drive for the first few months. Perhaps a family member or friend can deliver groceries and helps you run errands. If you live alone, ask someone to stay with you for a few days after surgery. By planning ahead now, you'll have less to worry about during recovery.

SEE YOUR DOCTOR

Your primary care doctor makes sure that you're in shape for surgery. You may have an ECG (electrocardiogram) to find out what type of anesthesia is best for you. You also may have a chest X-ray, and lab or blood tests. Your doctor will talk with you about any health problems, such as diabetes and high blood pressure that need to be treated before surgery



DISCUSS YOUR MEDICATION

Tell your surgeon about all of the medication you take, even over-the-counter ones. This is important. Some medications don't mix well with anesthesia. Others aspirin, ibuprofen, and blood thinners, for example can increase bleeding. To avoid problems during surgery, you may need to stop taking certain medications before your joint is replaced.

DONATING BLOOD

Blood lost during surgery may need to be replaced. Donating your own blood ahead of time is often best, since there is less risk of reaction this way. If necessary, blood can be provided by a blood bank. This blood is always screened to rule out disease.

FINISH DENTAL WORK

Have tooth or gum problems traded before surgery. Also finish any dental work that is under way. If you don't germs in your mouth could enter the bloodstream and infect the new joint. This could delay your recovery. In an extreme case, an infection in the new joint might mean that the prosthesis would have to be removed.

REMEMBER TO FOLLOW THEM EVEN WHEN YOU RETURN HOME

DON'TS

1. It is preferable not to take baths if unassisted;
2. Don't drive until authorized by your physician;
3. Don't sit on surfaces that are too low or too soft;
4. Don't cross your legs;
5. Don't do heavy work;
6. Don't stand for long period, to avoid tiring the joint.

DOS

1. When seated, to reduce or avoid swelling, keep your leg raised by resting it on a footstool, for example;
2. Only carry light weights, uniformly disturbed;
3. Take small steps;
4. Wear your elastic hose;
5. Take your prescribed medicines;
6. Follow your rehabilitation program;
7. Return to your physician for checkup;
8. Sleep on your back (supine)



CAUTION! CONSULT YOUR PHYSICIAN IN THE FOLLOWING CASES:

1. Persistent swelling or reddening;
2. Increased bleeding, discharge or odor from the wound;
3. Increased pain or swelling in the knee or limb;

THE FOLLOW UP TREATMENT



Regular follow – ups by a specialist help to verify your recovery. You will receive new instructions if necessary.

Contact your doctor as soon as possible if you experience problems between follow – up controls.

It is quite normal to experience some limitations up to a year after the operation – an improvement occurs gradually, but steadily. As long as you depend on them, you will need assistance in the household or for shopping. If you live alone you can enlist the aid of a nursing service. The hospital will inform you about the various services on offer.

TIPS & EXERCISES AT HOME

In the first six to eight weeks following the operation the new joint is still unprotected, as the musculature has atrophied. It is now necessary to build it up again and to strengthen it, so as to restore the necessary stability and protect your knee against the wrong movements.

The following pages include tips and practical advice on how to pursue your daily routine. The aim is to restore your freedom of movement as quickly as possible, hence your active cooperation is indispensable.

Please consult your attending physician or your physiotherapist if you are uncertain about the following exercises or if you do not fully understand them.

USE THE CRUTCHES CORRECTLY

- To stand, place the two crutches a bit in front and to the side of your feet.
- Keep your hips as straight as possible. A slightly bent elbow will permit you to do so.
- Support yourself firmly on the handles of the crutches when walking.
- Important: carry your weight on your hands – and not on your forearms!
- Always load the operated knee as you were shown at the clinic, but walk as normally as possible. This means that each step should be on the same length, as in normal walking. Load the operated leg with no more than the permitted load.
- If you are permitted to use one single crutch, use it on the healthy side.



GOING UP AND DOWN THE STAIRS

Important: do not attempt your first trials on the stairs alone!

GOING UPSTAIRS

- Set the healthy leg on the first step of the staircase.
- Push your weight with the healthy leg and with your hands, on that you are able to lift the operated leg to the same step.
- Repeat this until you have reached the halfway mark or landing.
- Proceed exactly the same way even if the stairs have banisters.



GOING DOWNSTAIRS

- Place both crutches on the first step.
- Put the operated leg on the same step.
- Take care to put as much weight as possible on the crutches.
- Place the healthy leg is strong enough you can try to put the crutches and the operated leg on the next step at the same time and to make the healthy leg follow.

SITTING CORRECTLY



- Abstain from sitting in deep armchair, especially during the early days.
 - Ideal are high, stable chairs with armrests. If necessary, you can increase the height of your seat with a pillow.
 - To sit down: move backwards to the chair until you feel its edge.
 - Move both crutches to the side of the healthy leg.
 - Support yourself on the armrests to sit down - stretch the operated leg slightly forward.
 - Angle your leg slightly and sit upright.
- Slip forward to get up. Use the armrests to stand on your healthy leg. Continue to stretch out the operated leg slightly.
 - Take the crutches in both hands to stand on the operated leg.

GOING TO BATHROOM

- Move both crutches to the healthy side. Grip either an armrest on the toilet (if available) or a handhold next to the toilet.
- Sit down slowly and stretch out the operated leg slightly.
- Get up as from a chair: support yourself on the armrests or on the handhold. Put the operated leg slightly forward.



HAVING A SHOWER

- To keep your balance, use an anti – skid mat (not illustrated) and a handhold on the wall.
- Mix the water to the right temperature before taking a shower.
- Start by putting the healthy leg into the shower. The crutches remain outside the shower, but close by.
- A sponge with a long handle keeps you from having to bend forward.
- Leave the shower with the operated leg first.

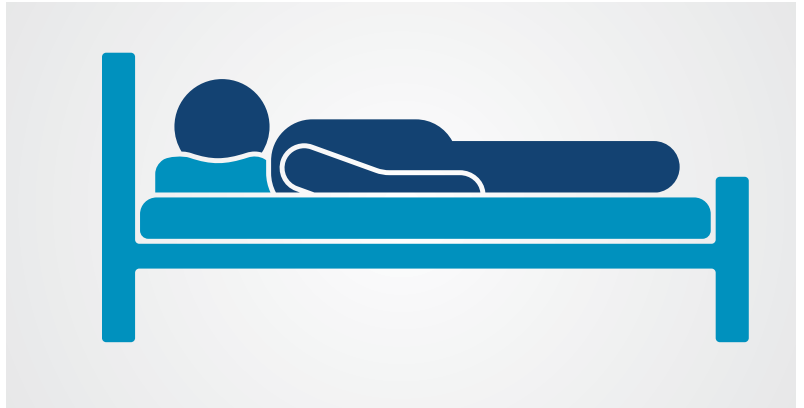
TAKING A BATH



- Bathing is not recommended in the first six weeks following the operation. If you do not have a shower, the following tips will show you how to get in and out of the bathtub.
 - Go to the board side of the bathtub on your crutches.
 - Mix the water to the right temperature before entering the tub.
 - To get into the tub, sit down on the edge or on a chair (not illustrated) which is higher than the bathtub and positioned directly next to it.
- Lift the operated leg first then the healthy one over the edge. If possible, sit down opposite the water tap when you are on the edge of the tub. Place your hands under the femur to lift the leg in the tub.
 - Lift your legs carefully over the edge to leave the bathtub.

GOING TO BED

- Sit down backwards on the bed in the vicinity of the head end.
- Move your bottom slightly backwards and lift the healthy leg onto the bed.
- To operated leg is next: if you do not yet have enough strength to lift it yourself, support it with the healthy leg or place your hands under the femur for support. Now you can lie on your back.
- Important: move your pelvis and leg evenly. Keep your legs slightly spread.



RISING

- Stand first on the operated leg. Use your hands to assist you. Stretch the leg slightly forward to get your balance. Now lift the healthy leg from the bed.

SLEEPING

- The best thing is to sleep on your back.
- If you prefer to sleep on your side, place a pillow between your legs to prevent them from crossing in your sleep and your hip from turning on one side.
- We recommend using a dynamic splint at the beginning. This will prevent the operated leg from external and internal rotations.



IN THE CAR



- Do not drive a car until your doctor permits it and when you no longer need crutches.
- Get into the car on the side with the most legroom (normally the passenger side).
- Sit down backwards on the car seat.
- Lift your leg carefully and slowly into the car. Supports your legs with your hands under the femur or with the healthy leg.
- Important: move your pelvis and legs as uniformly as possible and keep your body as straight as possible.

TAKING A WALK

- Begin taking regular walks on well-constructed paths soon after the operation. Start with the short walk of five to ten minutes.
- Gradually increases your walking distance.
- Important: avoid uneven and slippery roads. Always wear sturdy shoes.

RECOMMENDABLE

- Move your knee joint as much as possible. Sit down on a chair and place a towel on the smooth floor. Mop the floor by moving the towel back and forth.
- If you have home trainer and achieve sufficient flexion of the knee joint, then use it daily for about ten minutes on low resistance.



DIET

You may eat normally as before the operation. Just remember that having just undergone a surgical procedure, to reduce the risk of constipation, you should eat a lot of fruits and vegetables and drink six to eight glasses of water a day.

EPILOGUE

Along with the practitioners of the medical arts, you are responsible for your artificial knee joint and can contribute a great deal to your therapeutic success. Your cooperation is of the utmost importance. We hope that this brochure has explained the most important factors and procedure.

Dr. S. V. Vaidya, M.B.B.S., M.S. (ORTHO), FACS (USA)
Fellow: Ranawat Orth. Research Foundation, New York, USA
Appointments: +91 9920954305
E-mail: drsv1@yahoo.com | Website: www.kneehipreplacement.com

24x7 Appointment on www.kneehipreplacement.com