NYU Langone Health

NYU Langone Orthopedics

# Partial Knee Replacement Surgery Guide

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# Instructions for Using This Guide

- This is your joint replacement recovery guide. Read EVERY page thoroughly. Most of your questions will be addressed here. Make sure you read **Common Questions** at the end of this booklet.
- Write down any questions you still have after reading this booklet and call your surgeon or their team to discuss them.
- Please sign up for MyChart using the NYU Langone App. This way you can communicate with your surgeon.
- Use the Pre-Op Checklist page 8 to make sure you are prepared for your upcoming surgery.

# Important Phone Numbers

### Manhattan

**NYU Langone Orthopedic Hospital (LOH):** 212-598-6000

**Pre-Admission Testing:** 212-263-5985

**Care Management/Social Work:** 212-598-6030

### Brooklyn

**NYU Langone Hospital—Brooklyn:** 718-630-7000

**Pre-Admission Testing:** 718-630-7192

**Care Management/Social Work:** 718-630-7515

### Long Island

**NYU Langone Hospital—Long Island:** 516-663-0333

**Pre-Admission Testing:** 516-663-2602

**Care Management/Social Work:** 516-663-2341

### Suffolk

**NYU Langone Hospital—Suffolk:** 631-654-7100

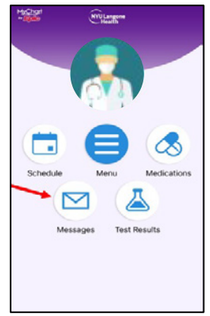
**Pre-Admission Testing:** 631-654-7340

**Care Management/Social Work:** 631-654-7353

**After Hours:** Contact the hospital or your surgeon's office



# Communication with Your Surgeon




The best way to contact your surgeon is via **MyChart Care Companion**. You can download the NYU Langone app from the App Store or Google Play.

Once you log in, you can send a message directly to your surgeon, view your post-op recovery instructions, videos, and exercise protocols.

For any problems using MyChart, please call **866-262-6458**.

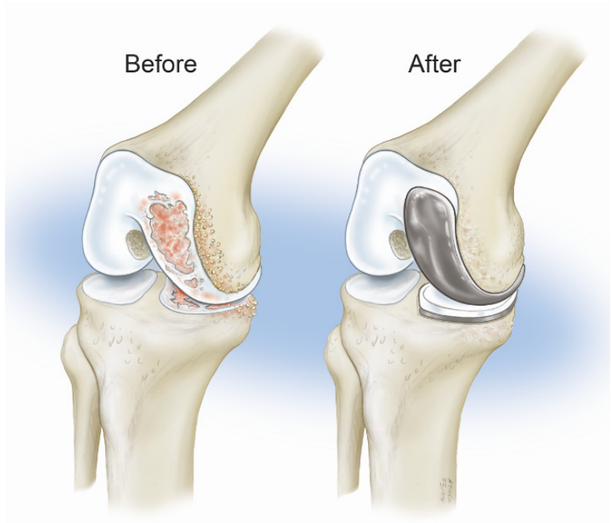
# What is a Partial Knee Replacement?

A partial knee replacement removes the damaged cartilage in the knee and replaces it with artificial parts. This surgery only fixes one part of the knee, not the whole knee.

People say a partial knee replacement feels more natural than a total knee replacement. But not everyone can get this surgery. It works best for people who have severe arthritis in just one part of their knee. If the arthritis is in the whole knee, a total knee replacement may be better.

A partial knee replacement can last many years. Doctors check carefully to make sure the surgery is right for you. This helps lower the chances of needing another surgery later.

Thank you for letting me work with you to support your bone and joint health.



# Pre-Op Instructions

### Pre-Admission Phone Call

A pre-op nurse will call you the night before your surgery. If your surgery is scheduled for Monday, you will receive the call on Friday. This nurse will go over your medical history and medications with you and give you instructions for your surgery. Please have your medication bottles handy for this call. We encourage you to ask the nurse any questions.

### Medical Clearance

You will need to see your primary care doctor within 90 days before surgery. This way your doctor can make sure you are medically safe to have surgery and fill out a medical clearance form. For doctors outside of NYU, we will give you a medical clearance form for you to bring to your appointment. Your doctor may order additional testing or refer you for additional consultation, if needed. Your doctor will then fax the form back to our office.

### Pre-Op Medications

When you sign up for surgery, we will prescribe you a few medications. Take them on the day before surgery. Based on your medical history, we may prescribe you different medications.

**Medications to Take Before Surgery**

| Medication | Purpose | Schedule |
|---|---|---|
| **Tylenol (Acetaminophen) (Extra Strength)**<br>**500 mg tablet** | Pain control | 2 tablets every 6-8 hours on the day before surgery<br>Do NOT take more than 8 pills in one day as this may harm your liver |
| **Mobic®/Meloxicam**<br>**7.5 mg or 15 mg tablet** | Pain control<br>Anti-inflammatory | 1 tablet on the **evening before** surgery |
| **Ecotrin®/Aspirin**<br>**81 mg tablet** | Pain control<br>Prevents blood clots | 1 tablet on the **evening before** surgery |



# Prescription Medications to Stop

There are certain medications that you should stop taking for a while before surgery. It is important that we have a current list of all the medications you are taking. These medications should be reviewed with both your surgeon and your primary care doctor.

Below is a list of common medications that patients usually need to stop taking before surgery. Also listed is the common length of time they should be stopped before and after surgery. Always discuss when to stop taking these medications with the doctor who prescribed them to establish a plan to do so. With some medications you may need to gradually reduce the amount of medication (weaning off) instead of suddenly stopping. With others, you may need to take a different medication until you are able to go back to your regular medication plan. The list below includes commonly used medications.

**If you take a medication not listed, but similar to one on the list below, check with your doctor.**

### Blood thinners/Platelet inhibitors:

- Coumadin® (Warfarin)—You will be instructed when to stop taking this medication.
- Plavix® (Clopidogrel)—Stop taking it 5–7 days before surgery. You will be informed when to stop and when to restart it after surgery.
- Aspirin® (Ecotrin)—If you are taking 325 mg, switch to 81 mg starting 5 days before surgery. If you are taking 81 mg, you do NOT need to stop this medication.

**Important note:** Please check with your primary care provider if you take any blood thinners. Patients usually need to stop taking them 3–7 days before surgery to safely have spinal anesthesia.

### Rheumatoid Arthritis/Autoimmune Disorder Medications:

Stop taking biologic or other disease-modifying medications for inflammatory arthritis 2 to 5 weeks before surgery. When you should stop the medication depends on how often you take it. Ask your surgeon when to stop these medications.

- Examples include Enbrel, Humira, Remicade, Xeljanz, Orencia, Cimzia, Cosentyx, and Stelara

You can start taking these medications again 2 weeks after surgery. If you are on any **medications for heart problems,** lung problems, or high blood pressure, check with your primary care doctor to see if you need to take your medication on the day of surgery. If instructed, only take with a sip of water.

If you are **taking birth control pills or wearing a birth control patch**, you need to stop taking/using 4 weeks before surgery.

### Weight Loss/Diabetes Medications:

Generic Names: dulaglutide, exenatide, liraglutide, lixisenatide, semaglutide, and tirzepatide

Brand Names: Adlyxin, Bydureon BCise, Byetta, Mounjaro, Ozempic, Rybelsus, Saxenda, Trulicity, Victoza, Wegovy, and Zepbound.

These medications can slow down your digestion of food in your stomach

- If you take one of these medications every day, do not take it on the day of surgery
- If you take one of these medications once a week, there should be at least 8 days between your last dose and the surgery

### Over the Counter (OTC) Medications:

**Anti-inflammatory medication (NSAIDs):** Medications that help reduce inflammation and pain. Examples include Advil, Motrin, Aleve, Naproxen, Ibuprofen, Diclofenac, or Meloxicam. It is important to talk to your surgeon to see if you need to stop these medications before your surgery.

Stop taking the following medications 5 days before surgery:

- Any "alternative" medications such as Arnica, Ginko Biloba, garlic or fish oil

It is ok to take vitamins. If you take mega-doses of vitamins, you should cut back 5 days before your surgery. Do NOT take laxatives the day before your surgery.

# Pre-Op (Before Surgery) Checklist: Preparing for Surgery

### Starting as Soon as Possible

- **Smoking Cessation:** Quitting smoking is mandatory. Tobacco and nicotine worsen wound healing and increases the risk of complications after surgery. Not using tobacco products (including vaping) for at least 6 weeks before and after surgery greatly reduces risks. If you smoke, you may be tested for nicotine before surgery. If your test is positive, your surgery may be canceled or rescheduled. Your surgeon will talk with you about this.
- **Routine Dental Exam:** Dental clearance may be required by your surgeon. We encourage you to see your dentist for a routine evaluation before surgery. This way, any tooth or gum problems can be taken care of before your surgery. If your dentist finds an infection, let us know right away as we will need to delay your surgery.
- **Insurance:** We will contact your insurance carrier to "pre-certify" the surgery. Depending on your insurance, you may be responsible for paying a deductible or co-insurance fee before surgery. If you have questions about your financial responsibilities, call your insurance company and/or discuss your concerns with our billing department.

### 4 Weeks Before Surgery

- ☐ Make sure your surgeon's office has the best phone number and email to reach you.
- ☐ Let your surgeon's office know if you are planning to have any minor medical procedures within one month of surgery.
- ☐ Adjust your work and social schedule accordingly to include expected recovery time.



### One Week Before Surgery

- ☐ Let your surgeon know if there are any changes in your health (cough, infection, fever, etc.) before surgery. Depending on these changes, we may need to reschedule your surgery.
- ☐ If you live alone, arrange for someone to stay with you for at least the first night you return home. Also, arrange for someone to stay with you or be available right away for the first week after surgery.
- ☐ Arrange for a family member or friend to drive and take you to the hospital on the day of surgery.
- ☐ If you have pets, try to arrange for someone to help you care for them for 1–2 weeks after you return home. You will need help to walk your dog or change your cat's litter box.
- ☐ Remove small rugs or other small obstacles that may increase your risk for falls. If you have small pets, start watching out for them as well to prevent falls. Use night lights for your safety.
- ☐ You will get a call from the hospital the night before surgery (or Friday if your surgery is on Monday). During this call, you will get the time of your surgery and where to go at the hospital. Call the hospital if you have not gotten this call by 9:00 pm the night before surgery.

### Day Before Surgery

- ☐ Stay well hydrated the day before surgery. Drink plenty of fluids including water, Gatorade, juice, or Ensure Pre-Surgery Clear (if provided).
- ☐ Take Tylenol 1,000 mg every 6–8 hours the day before surgery.
- ☐ Take Meloxicam 7.5 or 15 mg the night before surgery.
- ☐ Take Aspirin 81 mg the night before surgery.
- ☐ STOP eating 8 hours before your scheduled surgery time or your surgery will be cancelled.

### Day of Surgery

- ☐ You can drink 1 liter of water, non-red Gatorade, or Ensure Pre-Surgery Clear (if provided) no later than 4 hours before your arrival time at the hospital.
- ☐ Take medications as instructed by your surgeon or your primary care provider.
- ☐ Wear loose casual clothing and do not wear makeup/jewelry to surgery. Leave jewelry, valuables, and contact lenses at home.
- ☐ Please bring the following items to the hospital:
  - Insurance card
  - Photo ID
  - Credit card, check, or cash in case you need to pay any deductible
  - Walking aids such as a cane or walker (if you have them)
  - Advance Directives (if applicable)
  - CPAP mask (if you use CPAP at home)

Arrive at the hospital front desk as instructed. Plan to arrive at the hospital 2 hours before your scheduled surgery time. Once you check in, you will be directed to the pre-op holding area. There you will be guided to a specific spot to prepare you for surgery.

### Once You Arrive in the Pre-Op Holding Area

- In the pre-op area, you will change into a gown and then meet with the anesthesiologist. Your family may be able to sit with you during this time.
- The anesthesiologist will discuss the type of anesthesia you will have. The most common anesthesia used for joint replacement is a spinal. This will allow you to be numb from the belly button to the toes and lasts about 2–4 hours. You will also be given sedation to help you relax and sleep during the surgery. Some patients require general anesthesia. Together with the anesthesiologist you will discuss which form of anesthesia is right for you.
- You will be asked to confirm which knee will have the surgery.
- You will stay in the pre-op area until it is time to go to the operating room. Your family will be directed where to wait during surgery and will be notified when you are out of surgery and when they can come and see you.

## Post-Op (After Surgery) Care Instructions

- You can bear as much weight as you can tolerate on your knee. This is unless otherwise specifically instructed by your surgeon. You may use the walking aid (cane, walker, etc.) that you were discharged with and then switch to a cane whenever you feel comfortable. If you feel you can walk without any walking aid, you are welcome to do so for limited distances indoors. We expect you to use a walking aid for outdoor walking for the first 2–4 weeks. Keep in mind that every patient moves at their own speed of recovery so take your time.
- You do NOT have any movement precautions for your knee, unless instructed otherwise. You should walk and bend your knee as much as you can.
- Doing your exercises as directed will help you recover. For the first 2 weeks after surgery, walk 10–15 minutes, 3–4 times a day. Do the exercises listed at the end of this booklet every day. You may not have a physical therapist come to your home. Many patients do therapy at home on their own. At your first follow-up visit with your surgeon, you may get a prescription for outpatient physical therapy.
- Do NOT do high impact activity (such as jumping, aerobics, hiking, tennis, and skiing). These are not permitted until cleared by your surgeon.
- If you see your primary care provider within two weeks after your surgery, they will review your hospital stay, adjust any home medications, and make sure you are recovering well.



## Post-Op Medications

- You will be discharged with pain medication(s), a blood thinner (most commonly aspirin or Eliquis), and medications to ease nausea and constipation. Most prescribed pain medications (opioids) have side effects. These include nausea, vomiting, sedation, dizzy spells, and/or constipation. If any of these side effects are severe, you need to call your surgeon's office.
- If you take opioid medications, use a stool softener (like Colace) and a laxative (like Miralax) daily to prevent constipation. Eat a high-fiber diet and drink plenty of water. Reduce the stool softener if you get diarrhea.
- Stop taking your prescribed pain medication whenever you feel you can. A good way to wean off the pain medication is to cut the doses in half or increase the time between doses. For example, if you are taking one tablet every 4 hours, extend that time to every 6 hours, then every 8 hours, and so on.
- A major but preventable complication of partial knee replacement is a blood clot (DVT – deep vein thrombosis). Your care team gave you a prescription for ONE of the following to prevent a potential blood clot:

  **Aspirin 81 mg twice a day with food, for 4 weeks**
  **OR**
  **Eliquis 2.5 mg twice daily for 4 weeks**

**Important note:** Aspirin may cause an upset stomach or acid reflux. You will also be prescribed Pepcid, Prilosec, Prevacid, or Nexium to help ease these side effects.

**If you were taking a blood thinner (like Xarelto, Eliquis, Brilinta, Plavix, Pradaxa, etc.) before your surgery, you will start taking it again after surgery. Be sure to follow the correct schedule and dose for taking your medication to avoid too much bleeding.**

## Medications to Take After Surgery

| | Medication (Brand Name and Generic Name) and Dose | Purpose | Schedule |
|---|---|---|---|
| **REQUIRED** | Ecotrin® (Aspirin) 81 mg Tablet<br>**OR**<br>Eliquis® (Apixaban)<br>2.5 mg Tablet | Prevents blood clots | 1 tablet in the morning and<br>1 tablet in the evening<br>for 4 weeks |
| **AS NEEDED** | Tylenol® (Acetaminophen)<br>500 mg Tablet | Pain control | 2 tablets every 6–8 hours<br>Do NOT take more than 8 pills in one day as this may harm your liver |
| | Mobic® (Meloxicam)<br>7.5 mg or 15 mg Tablet | Pain control; Anti-inflammatory | 1 tablet daily for 4 weeks |
| | Miralax® (Polyethylene Glycol)<br>17 g Packet | Prevents constipation | 1 packet dissolved in 8 ounces of water, twice a day as needed |
| | Zofran® (Ondansetron)<br>4 mg tablet | Prevents nausea | 1 tablet every 8 hours as needed |
| | Pepcid® (Famotidine)<br>20 mg Tablet<br>**OR**<br>Protonix (Pantoprazole)<br>40 mg Tablet | Reduces stomach irritation from too much acid | 1 tablet daily as needed if taking Aspirin (Ecotrin®) |



# What to Expect After Surgery

- A low-grade temperature below 101.5°F (38.6°C) is common the first 3 to 5 days after surgery. If your temperature goes above 101.5°F (38.6°C), call your surgeon's office.
- Many patients have swelling and bruising (black and blue marks) of the thigh. This may extend to the entire leg. The swelling and bruising usually increases over the first week after surgery. However, this should resolve greatly by your first post-op visit. If you have been on a blood thinner (Aspirin or Eliquis) after surgery, the risk of a blood clot is low. Be aware that swelling is common and part of recovery. Swelling can be uncomfortable but it is usually not painful.
- Continue to use ice on your knee 2–3 times daily for 20 minutes at a time. This will help reduce the swelling. You may buy or rent an ice machine if you want. Also keep your leg elevated while you're in bed.
- Do NOT apply ice directly to skin as this can hurt your skin.

# Caring for Your Wound

- Your surgeon will give you instructions if you can remove your bandage. You can remove bandages with a battery pack like a PICO™ or Prevena™ after 7 days.
- You may have some bleeding (spotting) on the bandage. You can cover the wound with gauze and tape if this happens. Then change the bandage one time every day until the bleeding stops. If your wound is bleeding or draining and leaks outside of the bandage, call our office right away.
- Do not apply any creams, lotions or ointments to your surgery wound.
- You need to check the area around your bandage regularly. Check for any signs of infection: redness around your wound, drainage of blood or pus, or any drainage that has a foul odor. Some redness and tenderness are normal after surgery for 1–2 weeks. If you have any concerns, call our office.
- You may notice some bruising and/or swelling around your wound. This is normal for the first 3–4 weeks after surgery.

# Showering and/or Bathing

- You may shower after surgery. Your bandage is waterproof. Do NOT scrub your wound or bandage. Be sure to pat dry the bandage with a towel after you shower.
- If you have a bandage with a battery pack, (like a PICO™ or Prevena™) please look at the separate paper with instructions on how to care for, and shower with your special bandage.
- Do NOT get into water (bath, jacuzzi, swimming pool, lake, etc.) This is NOT allowed for the first 4 weeks after surgery. This can cause an infection if your wound is not completely healed.

# Returning to Your Normal Activities

- Avoid movement extremes (for example, squatting or twisting quickly)
- You can drive when you are no longer taking prescribed pain medication and feel comfortable.
- You can have sex again 2 weeks after surgery.
- You can return to work depending on different factors: type of job, transportation issues, etc. Your surgeon will review this with you.
- Rest is vital for your healing, both physically and psychologically. You can expect to feel tired during the day for the first couple of weeks. However, you will find that your endurance, energy levels, and ability to walk improve daily.
- You should avoid dental visits for 3 months after surgery. If not possible, your surgeon may prescribe an antibiotic at your post-op visit for you to take before dental cleanings or invasive dental work. You should take the antibiotic one hour before all dental cleanings or invasive dental work.

# Reducing Sleep Problems After Surgery

Sleep problems are one of the most common complaints after surgery. Here are some recommendations to ease sleep problems if you have problems falling and/or staying asleep):

### Sleeping Comfort

- Make sure your bedroom and bedding (sheets, blankets, pillows, etc.) are comfortable. Find a comfortable temperature (not too hot or not too cold) for your room and keep it well ventilated.
- Block out distractions like noise and light.

### Naps and Sleeping Patterns

- Avoid taking naps during the day. If you need to nap, do so in the late morning or early afternoon for no more than 2 hours.
- Try to get out of bed when you wake up in the morning. Staying in bed when you wake up will create a new pattern of activity and rest.



### Physical and Relaxing Activities

- Do regular exercise throughout the day. Avoid strenuous exercise at night. This can cause over-stimulation and make it harder for you to fall asleep.
- Engage in activities to help relieve anxiety and muscle tension. Try reading, knitting, watching TV or doing jigsaw or crossword puzzles, etc. Doing an activity (not tossing and turning) can tire your body and mind and make you sleepy.

### Foods and Fluids

- Get up and have a glass of warm milk, banana, or kiwi. These foods may help you sleep.
- Avoid certain foods (heavy, spicy, or sugary foods including chocolate) several hours before bedtime. Avoid beverages with caffeine or alcohol before bedtime.
- Limit fluids a few hours before bedtime to avoid frequent bathroom trips.

### Follow Medical Advice

- Always follow the advice of your doctor and other medical professionals. The goal is to rediscover how to sleep naturally.
- Please note that surgeons usually do NOT prescribe sleeping medications after surgery. This reason is that these can increase your risk of falling.

### Get Support

- Ask your family and friends for support. Their help can make your recovery easier. If your caregiver visits you in the hospital, they can learn how to help you at home (like using stairs, getting to the bathroom safely, or using a cane or walker). If you share a bed, you or your partner may want to sleep somewhere else if one of you is being disturbed. Remind your family that getting your sleep back to normal after surgery is important for your recovery.

# Post-Op Office Visits

Your first post-op visit will be within the first 6 weeks after surgery. It is scheduled at the time you book your surgery in the office. At this visit, your care team will check your wound and review your medications. You will also get an X-ray.

Future visits are made at the discretion of your surgeon. Routine evaluation will continue for the lifetime of your hip replacement.

**Note:** If you have any problems or concerns and need to be seen at any time, please call your surgeon's office.

# Common Questions About Partial Knee Replacement Surgery

| Question | Answer |
|---|---|
| What are you actually "replacing" in a partial knee replacement? | If knee replacement surgery was renamed today, it would be called knee resurfacing.<br><br>During surgery, the worn out ends of the thigh bone (femur) and shin bone (tibia) are removed. Metal implants are placed and plastic is used between the metal parts to work like a normal knee. Instead of bone rubbing on bone, your new partial knee is metal articulating with plastic. |
| What are the major risks of partial knee replacement? | Surgery is not without risk, and these risks will be discussed with you. We do everything needed to reduce the following risks:<br>• Infection<br>• Blood clot<br>• Nerve or blood vessel injury<br>• Stiffness<br>• Need for additional surgery |
| What is the healing process like after partial knee replacement? | Soreness around the knee area is very common for several weeks. This should improve every day. You will bear full weight on your leg on the day of surgery. Most patients are able to stop using walking aids after several weeks depending on your comfort level.<br><br>On average:<br>• By 3 months, most (9 out of 10) patients are fully recovered.<br><br>Pain in the knee can continue for several months but will be less intense. You will continue to make recovery gains even up to **1 year after surgery**. |
| Should I have an area of numbness around my knee after surgery? | Yes, all patients have a patch of numbness around the outside area of their knee. This is due to standard placement of the incision. This area usually shrinks down to the size of a silver dollar in about 6 months after surgery. However, it will never go away completely. |



# Common Questions About Partial Knee Replacement Surgery continued

| | |
|---|---|
| How much range of motion should I have after partial knee replacement? | By 6 weeks after surgery, you should be able to bend your knee more than 90 degrees. The goal is for patients to have 120–130 degrees of knee bending when fully recovered. |
| What will my knee feel like when it is fully recovered? | Your knee should feel fairly natural. It will always feel a little different compared to a non-replaced knee. You may also have some clicking in your knee. This is due to the articulation between the metal and plastic implants. This is normal. |
| How long will my knee last? | With today's implants and surgical techniques, we expect these implants to last many decades. |
| Is swelling common after partial knee replacement? | Yes, you may have swelling for several weeks to months after your partial knee replacement. This is due to gravity that may even affect your leg, ankle, and foot. Swelling usually peaks at 7–10 days after surgery. However, general knee swelling usually lasts up to a year after surgery. If you have **extreme** pain due to swelling in your calf, make sure you use ice on the knee 2–3 times a day for 20 minutes at a time and call your surgeon's office. |
| What activities should I avoid after partial knee replacement? | A knee replacement is a mechanical device. For this reason, over time the implants have wear and tear. To reduce this, we do not recommend certain sports. These include long-distance running, jumping, or cutting sports such as competitive soccer or basketball. |
| Why do I have to take so many medications after surgery? | Medications after surgery are prescribed to help ensure a safe and comfortable recovery. Blood thinners are needed to help avoid getting blood clots.<br><br>Pain medications help reduce your discomfort after surgery. We use "multi-modal" pain control. This has been clinically proven to be effective after partial knee replacement. Multi-modal pain control uses different types of medication which can reduce the need for opioids. |

| | |
|---|---|
| What if I run out of pain medications but am still having pain? | Send a message or call our office during normal business hours and we will do our best to address your pain. If appropriate, we can send a new prescription to your pharmacy electronically. |
| When can I drive after surgery? | You can drive as soon as you feel comfortable and are no longer taking any prescribed pain medication. Usually this happens around 3–4 weeks after surgery. Practice moving your right leg from the gas to the brake and make sure you have safe control of your leg before driving. |
| When can I travel on a plane? | If you need to travel sooner than 6 weeks after surgery, please discuss this with your surgeon |
| Will my partial joint replacement set off the metal detector? | You may activate metal detectors. Let the TSA agents know that you have a joint replacement. We no longer supply implant cards. |
| What should I call the office after surgery? | You can call your surgeon's office or communicate with us via MyChart at any time. Call your surgeon's office right away if you have any of these signs or symptoms:<br>• Wound drainage or excess bleeding<br>• Fever more than 101.5°F or 38.6°C<br>• Calf pain or calf swelling<br>• Chest pain or trouble breathing<br>• Extreme pain not controlled by your pain medications<br>• Not being able to pass gas with nausea or vomiting |



# What to Expect with Pain After Your Surgery

| Question | Answer |
|---|---|
| Will I have pain after my procedure? | It is normal to have some pain after surgery, but your doctor will give you medications to help manage it. During the first two weeks after surgery, you will have the most pain, but it should get better over time. |
| When should I take my medications? | Follow the schedule your surgeon gave you for taking your pain medications. As your pain improves, you can take your pain medication less often and in smaller doses. |
| How will my pain be managed? | We use different methods to control pain, including ice, anti-inflammatory medications, and sometimes stronger pain medications if needed. |
| What should I do if my pain medications are not working? | If your pain is not getting better, call your surgeon's office using the phone number or contact information they gave you during your visit. |

**Reminders**

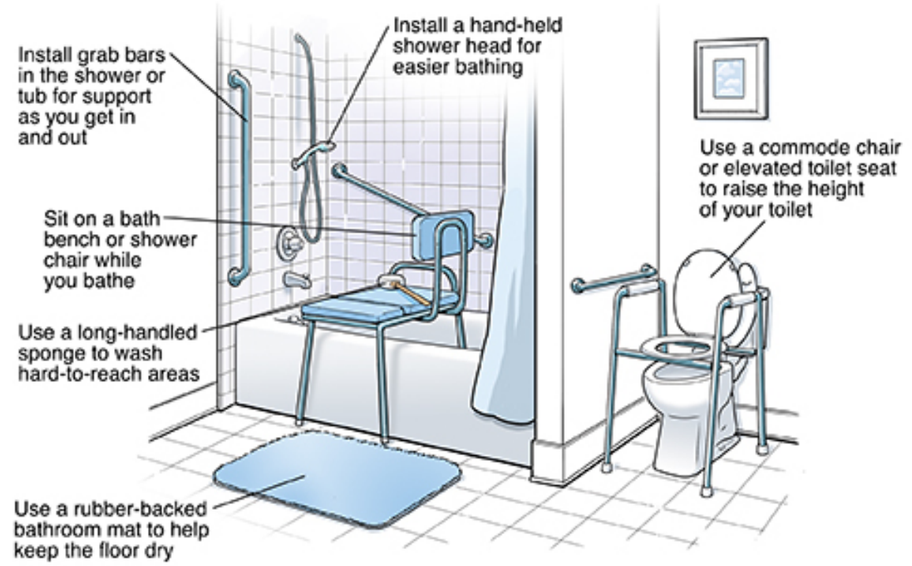
- Everyone experiences pain differently.
- Pain may be dull, stabbing, cramping, throbbing, constant, on and off, etc.
- Pain should be manageable through the pain control approach outlined by your surgeon.

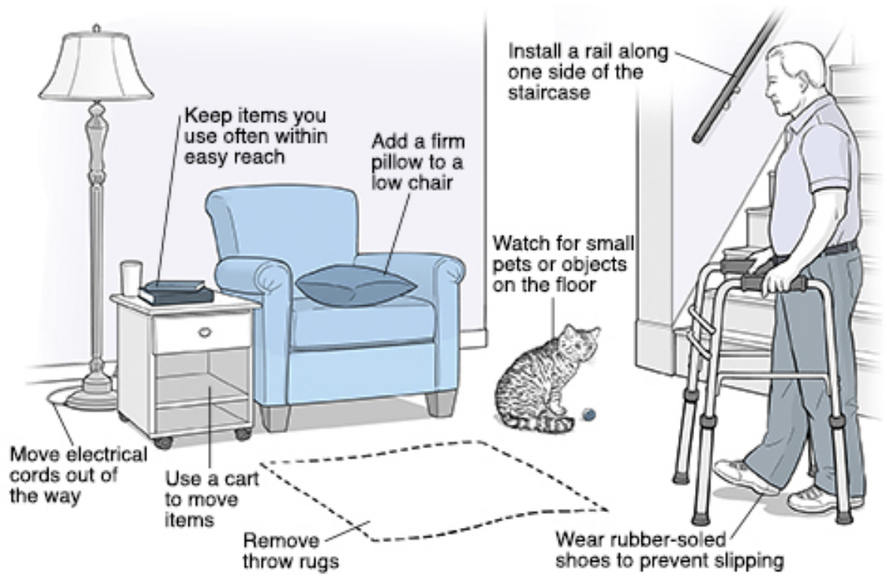
# Common Questions About My Hospital Stay

| Question | Answer |
|---|---|
| When will the hospital call me to tell me my surgery time? | The hospital staff will call you the night before surgery between 5:00 pm–9:00 pm. If your surgery is scheduled for Monday, you will receive the call on Friday. You may call Hospital Admissions for any additional information. |
| Where will I keep my belongings when I go to surgery? | Your valuables will be secured by the security department in the Pre-Op Holding Area. They will return them to your room after surgery. |
| How many bags/suitcases can I bring? | You should only bring one bag with the items you will need for your stay. |
| What will happen in the pre-op holding area? | You will meet with a pre-op nurse, medical assistant, the anesthesiologist, and your surgeon. You will change into a gown and put on special socks. Your vital signs will be recorded along with your height and weight. You will also be given medications as part of our pain management practice. The nurse will then start an IV line. |
| **Visitors Guidelines** | The Post Anesthesia Care Unit (PACU) nurse will reach out to your family and/or partner in care after you are stable. |
| Who can visit me in the hospital? | **One person is welcome every hour for 5–10 minutes.** Children 16 and older are welcome to visit. |
| | One person can stay overnight. |

# After Partial Knee Replacement: Home Safety

Becoming more aware of hazards in your home can help make your recovery safer. You might want to have furniture rearranged so it's easier to get around. Consider aids in the bathroom, such as a hand-held shower head and a raised toilet seat, to help you stay safe. Don't forget to watch out for hazards like wet floors, loose or worn rugs, electrical cords, or uneven surfaces.

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# Quiet Knee Protocol and Exercises

This recovery approach is more gradual after knee replacement. It focuses on reducing pain and swelling during the first two weeks after surgery, before starting more active physical therapy.

## Icing and Swelling

- Ice your knee for 15–20 minutes, at least 4–6 times a day.
- Elevate your leg with your knee straight. Place a pillow under your ankle.
- Keep a thin barrier (like a towel or pillowcase) between the ice pack and your skin.
- You can rent or buy an ice (cold therapy) machine if you are able to, but this is not required.
- When lying down, do ankle pumps (move your foot up and down throughout the day to help with swelling).
- If swelling does not go down, elevate your leg above the level of your heart.
- If your swelling does not go down, call your surgeon and care team.

## Walking

- Do short, gentle movements often throughout the day. Use walking aids (such as walkers) that are right for you to prevent falls.
- Do not walk more than 1,500 steps (15 minutes, 4 times a day) per day for the first two weeks.
- Many patients stop using a walker after 1 to 2 weeks. When you feel ready start using a cane.

## Knee Position

- Change your knee's resting position between straight and bent (flexed) based on comfort level.
- When resting during the first two weeks, keep your knee straight.
- Do not sleep with a pillow under your knee in a bent position.
- Expect stiffness if you keep your knee in the same position for a long time.

## Knee Bending and Straightening

- Work on getting your knee fully straight with home exercise, balanced with gently bending.
- While sitting at the edge of chair or lying down, straighten your knee and press the back of your knee down into the surface to gently tighten your (quadricep) front thigh muscle. Hold for 5 seconds. Do 20–30 repetitions, at least 3–4 times a day.
- Do not do exercises that cause you pain you cannot handle.
- Do not let anyone force your knee to bend.
- You can bend your knee on your own while sitting in chair or lying in bed. Do heel slides: at least 10 repetitions, 3 times a day. Go a little farther if your pain allows.

## Ankle Pumps

- Lie on your back with both legs straight.
- Bring your feet upwards, "toes to your nose."
- Now point both feet downwards like pressing on a gas pedal.
- Make sure to move your feet and ankles up and down through full range of motion.
- Do 10 times every hour in the hospital. Also do 10 times a day at home.



## Quadriceps Set

- Lie on your back.
- Tighten the muscles on the top of your left thigh and press the back of your knee downward toward the floor.
- Hold for 5 seconds.
- Do 10 times, 3 sets a day.

## Gluteal Set

- Lie on your back with your legs straight.
- Gently squeeze your buttocks together so that your pelvis rises slightly.
- Hold this contraction for 5 seconds. Then release slowly.
- Rest between each contraction.
- Do 10 times every hour in the hospital. Also do 3 times a day at home.

## Knee Flexion

- Sit on a chair with armrests, with your back straight, facing a wall.
- Place your foot against the wall.
- Slowly move your bottom forward, causing your knee to flex.
- When you start to feel pain or pressure, hold it for 10 seconds.
- Then try to scoot forward a little bit more, to flex the knee more.
- Do this at least 3 times a day.

## Seated Knee Exercise (Active Knee Extension)

- Sit in a chair.
- Extend your leg up by tightening your thigh. Try to fully straighten your knee.
- Your thigh should maintain contact with the surface you are sitting on.
- Hold about 3 seconds and slowly relax your leg.
- Do 10 times, 3 sets a day.

## Seated Knee Lifts (Hip Flexion)

- Sit in a chair and lean back.
- Slowly lift your left thigh off the chair while keeping your knee bent.
- Slowly lower thigh back to the chair.
- Do 10 times, 3 times a day.

## Standing Side Leg Lift (Hip Abduction)

- Stand with your body straight. Hold onto a stable object for support.
- Slowly raise your left leg out and away from the side of the body.
- Do not lean sideways–keep your body straight.
- Do 10 times, 3 times a day.

# Instructions for Stairs Using a Cane

**Going Up:**

- Stand close to the stairs.
- Hold onto the railing if one is available.
  - **Note:** You should always use a railing if available. If the railing is on the same side as your cane, switch the cane to your opposite hand and use it.
- Step up with your non-operated leg first.
- The cane and your operated leg follow.

**Going Down:**

- Stand close to the edge of the step.
- Step down with the cane and your operated leg first.
- Your non-operated leg follows.

# Patient-Reported Outcome Questionnaires (PROs)

We ask patients to fill out Patient-Reported Outcome (PRO) questionnaires before surgery. These questionnaires help us understand your current wellbeing and progress over time. Kindly answer this questionnaire before your surgery.

## What are PRO Questionnaires?

**Patient-Reported Outcome questionnaires (PROs)** are specific questions that we ask patients. The goal is to get information to understand your general health, pain, how active you are, and your ability to do daily tasks and activities.

## Types of PROs

1. **General Health PROs:** With these PROs, patients assess their own general well-being (mental health, physical health and quality of life). Many studies have shown that they give vital information about patients to surgeons and surgery care teams.
2. **Condition-Specific PROs:** These PROs have a more tailored goal. Patients focus on the particular symptoms of a specific disease or condition. This way, surgeons and surgery care teams have vital information about their patients. The questions in this type of PRO are usually about:
   - Pain
   - Mobility (movement)
   - Function of the hip or knee



# Anesthesia and Billing Information

The Department of Anesthesiology, Perioperative Care, and Pain Medicine/NYU Anesthesia Associates welcomes you. We wish to make your stay as comfortable as possible. Your anesthesiologist is a member of this department. A member of our anesthesia team will discuss with you the best medication options to receive during your surgery or procedure.

Our anesthesiologists participate in the following:

1. Medicare
2. Medicaid
3. Any other health care plans accepted by NYU Langone Health

You can view the list of all our participating health care plans by following these steps:

- Go to **www.nyulangone.org**
- Scroll to the bottom of the page and click “insurance and billing.”
- Scroll to the section “Important Information About Your Hospital Bill” and click on the purple link “View the list of insurance plans in which we participate.”

For more information, you can also:

- Visit our website at: **med.nyu.edu/anes/**
- Call us at **1-877-648-2964** if you have any questions about our participating health care plans.
- Please call us before your surgery or procedure date.
- Our office hours are Monday–Friday from 8:00 am to 7:00 pm. Saturday and Sunday our hours are from 9:00 am to 5:00 pm.

## Important Reminders

Please contact your health care plan a few days before your surgery or procedure to find out your anesthesia coverage.

You will need to cover any balance for which your health care plan has determined you are responsible.  This is whether we participate with them or not. These charges may be your co-insurance, deductible, or co-pay amounts.

# Notes



# Notes