Orthopedic Excellence

Your Guide to Total Joint Replacements.
Preparing for Surgery and Returning to Your Active Lifestyle.
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Thank you for choosing Riverview Medical Center for your surgical joint replacement needs. The Total Joint Center at Riverview — which also provides general orthopedic, sports medicine, and spine services — is fully committed to providing you with the best coordinated care you can receive when having total joint replacement surgery. To achieve this, our exceptionally skilled and dedicated professionals enjoy a comprehensive, leading-edge approach to the assessment, treatment, and rehabilitation of all joint replacement patients.

Throughout your stay with us, you will receive expert individualized care from our team of orthopedic surgeons, nurses, therapists, and support personnel, all of whom are here to serve you before, during, and after your surgery.

**The Full Continuum of Rehabilitative Care**

At Riverview Medical Center you’ll find a comprehensive outpatient program for rehabilitation. Why? Because our program is tied to the expertise of our CARF-accredited inpatient Riverview Rehabilitation Center and the entire network of Meridian Health outpatient, inpatient, subacute nursing facilities, and home care rehabilitation services, available through Meridian At Home.

**There for You Every Step of the Way**

On page 18, you’ll find a list of questions you may wish to ask your doctor prior to surgery. If you have any questions before your surgery or if there’s anything we can do to make you more comfortable, please speak to a representative of our program, or call 732.450.6243.

Sincerely,

*Your Health Care Team*
Anatomy of the Knee

One of the body’s largest joints, the knee is made up of the bottom of the thigh bone (Femur), the top of the shin bone (Tibia) and the knee cap.

It is surrounded by ligaments, tendons, muscles and a durable cushion (Meniscus) between the joint to give the knee a combination of stability and movement. All the parts normally work together to allow easy pain-free movement.

The Total Knee Replacement

There are many different materials and designs used for knee replacement. Prior to your replacement, your orthopedic surgeon will choose the type that is best for you.

During your surgery, the damaged parts of your joint will be replaced by a new ball and socket that fit together to maximize your motion and function. After your surgery is complete, an X-ray will be performed to make sure the alignment of the implants is appropriate. Then the incision is closed with staples, stitches, or surgical glue, and you are taken to the recovery room.
Osteo-Arthritis: The wear and tear of the joint surface is a disease that affects over 43 million people. An injury, disease, or normal aging can cause articular cartilage to become thin or worn. When it does, the two bones begin to rub together, resulting in painful movements and a slow wearing away of the bone surface.

Rheumatoid Arthritis: An auto-immune disease that causes the tissue in the knee to get irritated and damages the smooth surface between the joint. This leads to pain and stiffness.

Fracture: A broken knee (fracture) is not a common injury; however, osteoporosis, or “soft bone” is common in women after menopause or in people who eat diets that are low in calcium, and can be a factor in fractures after a trauma or fall.
Get to Know Your Team

Many people are part of your operating team with you. These are some of the people you may encounter during your stay:

**Orthopedic Surgeon:** Your orthopedist is the doctor who performs the actual joint replacement surgery and is responsible for your overall health during your hospital stay and following your surgery.

**Physician Assistant:** Your Physician Assistant assists the physician in performing procedures and follow up care during your hospital stay.

**Anesthesiologist or Nurse Anesthetist:** Your anesthesiologist is the doctor who administers anesthesia during your surgery, monitors your vital signs during and after your surgery, and oversees post-surgical pain control.

**Registered Nurse:** Before and during your hospital stay, you will meet a number of nurses who perform different jobs. Some nurses attend to your daily health care needs in the hospital; others assist surgeons in the Operating Room, while others work in hospital admissions and, in some cases, visit patients at home. Nurses are among the most visible health care professionals in the hospital.

**Patient Care Assistant/Technician Associates:** Your patient care assistant/technician will help you and your registered nurse with all your daily needs.

**Physical Therapist:** Your physical therapist is trained to assist you in regaining strength and motion in your new joint. A physical therapist will work with you during your hospital stay and the first few weeks after you return home.

**Occupational Therapist:** Your occupational therapist is trained to teach you how to perform the activities of daily living, such as dressing and bathing after your surgery.

**Case Manager/Social Worker:** Your case manager/social worker is in charge of coordinating your hospital discharge.
Preparing for Surgery

Taking the Right Steps

Now that you have made the decision to have a total joint replacement, it is important to get yourself and your home ready to be successful. You may be directed by your surgeon and possibly family physician to have a few tests (i.e. chest X-ray, blood tests, ECG) to make sure you are healthy and ready for surgery. Doing a few check-ups in your home is also important to prepare for a safe return. Another way to be prepared is to make some healthy meals prior to your surgery to make sure you are able to get good nutrition easily, while also maintaining some independence after your surgery. We have included some examples of healthy recipes on pages 22-24.

Weeks Prior to Your Surgery

Getting Your Home Ready

Once you have a new knee, you may need to follow some safety rules. These rules will help you heal faster safely. One of these rules is to always sit with your knees lower than your hips. So before surgery, it is a good idea to check around the house to see if changes are needed. To check around your house, sit:

- On the side of your bed
- On the toilet
- On the sofa
- In your favorite chair
- In the seat of your car

Are your knees always lower than your hips? If not, you will need to change the height of those things that don’t allow for this. You can add pillows to your chair, sofa or car seat, and buy a raised toilet seat. For other ideas to correct the problem, ask your physical or occupational therapist. If possible, ask a family member to fix the problems before you come home if you don’t have time to do it before surgery. Concierge Care offers a variety of services to our orthopedic patients and their guests, including arranging for home food delivery services, pet walking, home service contractors and services, and more. Simply call extension 1111 from your room phone and see how Concierge Care can help you. Concierge Care is a free service to all patients and guests of the Medical Center, you only pay for any services or amenities purchased on your behalf.

Home Safety Check

A serious concern with joint replacement patients is possible falls once they are discharged from the hospital. Indeed, most falls occur at home, and one-third of those who fall are over the age of 65.

The good news is that making short-term adjustments in your house and implementing recommended safety measures can prevent many falls. To reduce your risk of falling after your surgery, we suggest that you take your spouse, family, and/or a friend through your home to look for likely hazards.
Preparing for Surgery

While making changes to potentially dangerous areas in your house, we urge you to create a safety network of family, friends, and neighbors who will check in with you, either by phone or in person, should you need help while you are alone.

Here are a number of things you can do in specific areas of your home to improve safety and reduce your risk of falling.

**General Household Areas**
- Light switches should be easy to turn on when entering a room.
- Throw rugs should be removed if possible; otherwise, they should be tacked down or have non-skid backings.
- Hallways and stairways should be free from clutter.
- Raised door threshold should be clearly marked.
- Electrical and phone cords should be placed away from walkways.
- A portable phone should be easily at hand, along with emergency numbers.
- Furniture should have a good back and arm support. This will allow you to get in and out of sitting positions with ease.

**Stairways**
- Stair treads should be in good condition.
- A sturdy handrail should be on one or both sides of the stairs.
- Proper lighting should illuminate the stairs.

**Bedroom**
- The pathway from the bedroom to the bathroom should have good lighting and be free of any items.
- A working flashlight and a phone should be near your bed for emergencies.

**Bathroom**
- Install safety rails or grab bars beside your toilet and in the shower or bathtub.
  Your therapist or doctor may recommend which equipment would best meet your needs.
- Place non-skid strips or a rubber mat inside and in front of shower or bathtub.

**Kitchen**
- Move frequently used items to counter height for easy access.
- Spills should be wiped up as soon as they occur.
Getting Yourself Ready for the Hospital

What to bring to the hospital:
- Shoes or sneakers with closed in heel and non-slip soles
- Grooming items, such as shampoo, toothpaste, deodorant, etc.
- A list of all medicines you take (including over-the-counter)
- A list of any allergies (to food, clothing, medicine, etc.) you have and how you react to each one
- Glasses, hearing aid, and other items you use each day
- Hard candy
- Loose, comfortable clothes for therapy
  - Shorts or lounge pants
  - T-shirt
  - Sweater or sweatshirt

NOTE: Please do not bring any valuables with you, such as jewelry or cash, and mark your name on all belongings you take to the hospital!

Prepare Healthy Meals for After Your Surgery

Healthy Nutrition: is important to prepare for surgery and aid in a speedy recovery. It is best to eat a well-balanced diet that includes the following nutrients:
- Iron: to build red blood cells prior to surgery and minimize post-operative anemia
- Calcium: to strengthen your bones
- Fiber: to prevent or minimize constipation that can occur due to pain medication and iron supplements

The Importance of Iron and Vitamin C After Joint Surgery

Iron is a mineral involved in building red blood cells, which transport oxygen to all body cells. Iron deficiency anemia can occur following surgery as a result of a small amount of blood loss during your operation. The recommended daily amount of Iron (RDA) is 8-18mg. If your iron level is low you can feel very tired. It is important your energy levels are optimal for you to participate at your best in your rehabilitation program.

Iron is found in both animal and plant food sources. Animal sources such as red meat, poultry, organ meats, and eggs are better absorbed by the body than plant sources, such as lentils, green vegetables, fortified cereals, dried fruit, whole grain products, and beans.

Vitamin C aids iron absorption from foods. The recommended daily amount (RDA) of vitamin C is 75-90mg per day. A glass of fruit juice along with a meal containing iron rich foods will maximize iron absorption. Other foods high in vitamin C are strawberries, melon, green vegetables, bell peppers, kiwi, and tomatoes.
Calcium can decrease iron absorption. It is important to have adequate calcium foods in your diet; however, try to eat them at alternate times from when you eat iron containing foods. If you take calcium supplements do not take them at the same time as your iron supplements. Acids in foods, such as tea, coffee, and wine can also reduce iron absorption.

Calcium in Your Diet
Calcium is an important mineral for building new bone and maintaining existing bone strength. Calcium also has other important functions such as muscle contraction and blood clotting. The RDA for adults is 1200mg per day. The best way to meet the RDA is to eat a variety of calcium-rich foods such as low fat cheese, yogurt, milk, calcium fortified orange juice, sardines, calcium, fortified tortilla, and tofu with calcium, at least three times per day.

Fiber and Constipation
Constipation can result from the use of pain medications and iron supplements after surgery. Adequate fiber in the diet aids stool movement through the intestine. Adequate fluid helps to keep stools soft as the fiber absorbs water. It is important to drink at least eight cups of fluid in addition to increasing the fiber in your diet. You should aim for 25-35g of fiber per day both before and after surgery for improved bowel function.

Foods high in fiber include 100% whole grain or 100% whole wheat products such as breads, cereal, pasta, crackers, brown rice, fresh fruit, vegetables with skin, beans, and dried fruits. You should aim to eat products with >5g fiber per serving on the label.

A list of healthy recipes can be found in the Resources section of this guide.

Get Stronger Before, During, and After Surgery
Another way to prepare is by doing a series of exercises before, during, and after your surgery. Because of less movement and more pain you may have become less active, which often leads to weakened muscles. It is important to build muscle in both your legs and arms prior to surgery to be as strong as you can be giving you a head start for after the surgery. By maximizing your strength it will improve your independence to move around using your other leg and arms right after surgery. This will be equally true continuing the exercises right after the surgery to get the muscles working and healing and it will continue to serve you well as you work through the journey back to your “normal” life.

A list of helpful exercises can be found in the Resources section of this guide.
The Night Before Surgery

The night before surgery you may not eat or drink after midnight, but you may have a few sips of water if you need to take medicines. If you take insulin or heart or blood pressure pills on a daily basis, discuss this with your doctor or nurse. They will make sure you do not miss any medicines that you need. Someone from Surgical Day Stay will call you between 4:00 p.m. and 6:00 p.m. the evening before your surgery. If your surgery is scheduled for a Monday you will receive a call on the Friday prior. If you have questions or concerns please call 732.530.2292.

The Morning of Surgery

Do not use any alcohol-based lotion, after shave, perfume, hair gel, or hair spray.
You will be asked to remove:
- Dentures, hearing aids
- Hairpins, wigs, etc.
- Jewelry
- Glasses, contact lenses
- Nail polish
- All undergarments

Plan to have your family/coach hold onto your things for you during surgery.

Check-In/Getting Ready

- When you arrive at the hospital you may park in the lot directly in front of the Marshall Booker entrance. Please enter through the entrance and take elevators 1 or 2 located to your left. Please take these elevators to the third floor.
- When you exit the elevators you will be located across from Surgical Day Stay.
- Please come directly to the waiting room and let a member of our team know you are here.
- You will be asked many of the same questions you may have answered already. These include: your name, your birth date, the name of your surgeon, and the correct side to be operated on. We do this for your safety.
- The nurse will start your intravenous (IV) after you have changed into your hospital gown.
- An intravenous tube (IV) is placed in your arm. This lets your doctor replace fluids lost during surgery and give you pain medicine, antibiotics, and any other medicines you may need
- As the time for your surgery becomes closer you will be transported to the holding room. Sometimes there are other patient care issues that may not allow for family member to accompany you to the holding room. Your nurse will let you know if it is okay.
- In Surgical Stay Stay you will see your surgeon and your anesthesiologist.
- Again, the nurses will ask you to repeat your name, birth date, surgeon, the correct side to be operated on and what procedure you are having done. Please remember, this is for your safety.
- When it is time for your surgery, the operating room nurse will come to your bedside, verify all the same information one last time with you, and bring you in to the operating room.
While You Are in Surgery

Your surgeon and the anesthesiologist or nurse anesthetist will help you choose the best anesthesia to have. No matter what type of anesthesia you have, be assured that you will not feel the surgery. The types of anesthesia you may have are:

**General:** You will have anesthesia that places you in a sleep-like state.

**Epidural:** You are numbed from the waist down with medicine injected into your back.

**Spinal:** Much like an epidural, you are numbed from the waist down with medicine injected into your back.

**Sedation:** This is the medicine that is given to you with all of the above so that you are relaxed, sleeping, and unaware of the surgery.

Once in the operating room, your nurse will place a heart monitor and a blood pressure cuff on your arm. This is so the team can watch over you closely during the surgery.

A catheter (tube) may be placed in your bladder after you are asleep. This lets your health team keep up with your fluid intake and output. The catheter is most often removed the day after surgery.

Your family will be directed to the waiting room. When the surgery is completed and you are in the recovery room, the surgeon will speak to your designated family member to update them on your surgery.

After Surgery

After surgery, you will be taken to the recovery room in your hospital bed. While there, your blood pressure and heart rate are watched very closely and you will be hooked up to oxygen (a mask or a tube by your nose). After you are cleared you will be taken to your hospital room.

You may notice a Post Operative Knee Splint on your leg. This is sometimes called a “splint or POKS.” This keeps your new knee in a straight position. If it feels too tight please let the staff know. You may have ice on your knee. The ice can help reduce your pain by keeping the swelling in your knee down. Your leg will be wrapped in bandages and ace wraps. These are supposed to feel snug but not tight. Please let us know if they feel too tight, your leg will feel heavy for the first few day after knee replacement surgery. This may be for several reasons. It can be because of the muscles that have been weakened over time due to the arthritis, it can also be from an injection for pain. Lastly it can be from the spinal anethesia and the bandages on your leg. Please ask the staff to help you move your leg to help make you comfortable.

You will also notice you have material like pumps on your lower legs or on your feet. They will massage the veins in your legs or feet to help with blood circulation. You can help too by doing ankle pumps exercises in sets of five every ten minutes. (See Exercises in the Resources section.)
You will be reunited with your family/coach and friends in your hospital room after your successful operation.

Pain is normal after surgery; however, you will be able to have medicine to lessen pain so that you can move around without much discomfort. Make sure you speak with your doctor before surgery about your pain medicine options. There are many new medicines that should allow you to move about with comfort after surgery. You may receive pain medicine through your IV, through the epidural, in shots or pills, or through a catheter in your groin.

Right after your surgery, it will seem as if the health team is always reminding you to take deep breaths and cough. It is very important that you do this at least ten times an hour. Deep breathing can help prevent pneumonia or other problems that can slow down your recovery and lengthen your hospital stay.

Your doctor may want you to use a device called an incentive spirometer. This device helps you breathe in and out the right way. Using it regularly and correctly can help keep your lungs clear.
What to Expect After Your Surgery

First Day After Surgery

Your Team will:
- Perform an early morning blood draw
- Your catheter may be removed if you have one
- Assist in toileting
- After your last dose of antibiotic a saline lock will be left in
- Care for your bandage as directed by your surgeon
- Discuss your discharge plans

You should:
- Continue to turn, cough, and breathe deeply
- Begin dressing and bathing with help from the staff
- Perform ankle pumps as often as you are able while awake
  (see Exercises in the Resources section)

Activity:
- Get up to a chair or bedside once or twice a day, with help
- Physical and Occupational Therapists will work with you twice a day. Your sessions will consist of
  learning to walk with a walker, starting your exercise program, learning about equipment and home
  safety needs, and working on activities of daily living (ADLs).

Medication:
- The type of pain medication may change based on your needs and your surgeon’s orders

Second Day After Surgery

Your Team will:
- Perform an early morning blood draw
- Finalize discharge plans with you
- Continue to assist as needed with bathing/dressing/grooming
- Continue to care for your bandage as directed by your surgeon

You should:
- Continue to turn, cough, and breathe deeply
- Perform ankle pumps at least once every hour while awake
- Get up to the bathroom, with help
Activity:
- Rehabilitation will continue twice a day and will be tailored to your personal plan of care.

Medication:
- Pain medication will be administered based on your need and your doctor’s orders.

Third Day After Surgery and Beyond
You should:
- Prepare to leave the hospital
- Continue with activities as directed by the Team

Before you leave the hospital, you may be instructed, depending on your discharge plan, how to:
- Get in and out of bed
- Walk down the hall with your walker or crutches
- Care for yourself
- Manage steps at home
- Get in and out of the car
Leaving the Hospital

You and your health care team will decide where it is best for you to continue your rehabilitation after your joint replacement. There are different options available and it depends on your medical condition, your rehabilitation progress, what help or support is available, and insurance coverage. Your surgeon, your nurse, your case manager, and your therapists will all work with you to ensure your rehabilitation plans are the best for you.

After joint replacement, you can go home from the hospital and directly to an outpatient physical therapy facility, or have physical therapy in the home. You may need to go to a rehabilitation facility where you stay overnight and have daily therapy. Whatever your rehabilitation needs are, your health care team will work closely with you to ensure that your plan is what is best for you.

As part of the Meridian Health family, Riverivew provides you access to Meridian rehabilitation locations in Monmouth and Ocean counties, including Riverview Rehabilitation Center, conveniently located within the Medical Center, or in your home through Meridian At Home. So no matter where you live in the area, our team can provide the rehabilitative care you need.

**Discharge Instructions**

**When You Go Home**
All of the tubes will be out, and a bandage on your surgical site is all that will remain.

**When to Call Your Doctor:**
- Fever above 101°
- Pain in your calf muscle
- Unusual redness, heat, or drainage from your incision site
- Chest pain
- Difficulty breathing or shortness of breath
- Blood in your urine
- Sudden onset of severe pain or limited motion in your joint

**Incision Care:**
- Do not put any creams/ointments/washes on your incision unless otherwise directed by your surgeon.
- Notify your physician if you experience an increase in redness or swelling at the incision site or if the redness or swelling extends past the staple line.
- Avoid touching your incision.
- Wash your hands often for 15-20 seconds.
- If your dressing is to be changed at home, you and your coach will be instructed on how to do so.
Leaving the Hospital

**Showering:**
- Your physician will instruct you when you may shower.
- Use a mild soap and rinse well.
- Use a clean towel on your incision and pat dry.
- Do not take a tub bath, swim, use a hot tub, or immerse your incision in water until directed by your surgeon.

**Medication:**
- Take your medication as prescribed by your surgeon.
- Reconcile your medications. That means to compare your pre-surgical medicine list with your discharge medicine list and be sure to ask any questions that you may have.

**Activity:**
- Progress as recommended by your surgeon and therapists.

**Other Reminders:**
- Tell your dentist and other health care providers that you have had a joint replacement.
- You may need antibiotics prior to dental work or other procedures.

**Continue Passive Motion Machine**

After your knee replacement, your surgeon may order you to use a machine as part of your physical therapy. This machine will slowly bend and straighten your knee for you. Depending on your surgeon’s orders you may use the machine for several hours a day. This is in addition to your therapy with your physical therapist.

**Knee Precautions**

After your knee replacement, there may be some safety rules that you may need to observe to help prevent injuring of your new knee. Your health team will remind you often of your knee precautions. Ask your doctor how many months you may need to follow these rules after your surgery.

See Resources.

**Exercise**

When you get home, keep up the exercise program you have been taught. You will regain your strength and endurance as you begin to do your normal daily routine. Feeling tired and becoming easily fatigued is very normal after joint replacement surgery.

See Resources.
Special Equipment

There is special equipment that can help you do things for yourself while you are recovering from your knee replacement. Long handled reachers and dressing sticks and sock donners help you put on and take off your pants or socks. Long shoe horns help you put on your shoes. Elastic shoe laces make your laced shoes into slip-on shoes. Your therapist will help you get these items if your team thinks they would be helpful. He or she may also teach you how to use them as you follow your precautions. Some of these devices are shown above.

In your bathroom, grab bars, and either tub or shower benches may be recommended for your convenience and safety. These are frequently prescribed by your physician and will be available to you when you are discharged to your home.

If you need assistance with equipment, Meridian At Home can help. Meridian At Home Advisors help our patients determine exactly what they need, and ensure that the highest quality equipment is delivered conveniently to their doorstep. To learn more about our many services and how we can customize them to meet your needs, please feel free to call a Meridian At Home advisor at 800.655.2555, or visit MeridianAtHome.com.
Points to Discuss with Your Doctor

Take time now while your thoughts are fresh to write down any questions you wish to ask your doctor. Here are a few to help you get started:

1. Will I need a blood transfusion after surgery? __________________________
   If so, how many units? __________________________
   Can I donate my own blood? __________________________

2. Should I take my daily medicines on the day of surgery? __________________________

3. How long will my family wait while I am in for my operation? __________________________

4. How will I get pain relief after surgery? __________________________

5. How long until I can kneel on my new knee? __________________________

6. When can I have sex? __________________________

7. When can I drive? __________________________

8. When can I fly? __________________________

9. Other questions you may have:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

After your knee replacement, there may also be some safety rules which are recommended and will be reviewed with you by your health care team. Your doctor will advise you how long you should observe these rules after your surgery.
Excercises

Following the exercise program prescribed for you is vital to the success of your surgery. Below are some of the exercises that you will perform after your total joint replacement. If you practice these exercises before surgery, they will be easier to do after surgery.

**Ankle Pumps**
- Move your feet up and down at the ankle.
- Keep your knees straight.

**Quadriceps Sets**
- Lie on your back with your knees straight.
- Slowly tighten your quadriceps muscles by pressing the back of your knees flat into the table.
- Hold for six seconds, then relax.
- Do not hold your breath.

**Gluteal Sets**
- Lie on your back with your knees straight.
- Tighten the muscles in your buttocks.
- Hold for six seconds, then relax.
- Do not hold your breath.

**Active Knee Flexion**
- Lie on your back with your knees straight.
- Bend your knee until a slight stretch is felt.
- Hold for three to five seconds.
- Return slowly to the starting position.
- Do not hold your breath.

**Chair Push Ups**
- Sit in a straight back stationary chair with arms.
- Place your feet on the floor and your hands on the arms of the chair.
- Push up and raise your buttocks from the seat.
Breathing Exercise (Incentive Spirometry)

Deep breathing is necessary to expand the small air sacs of your lungs and keep your breathing fit. Normally you sigh or yawn many times each hour without realizing it. However, post-operative pain medicine and being in bed can reduce the amount of sighs you take. Taking deep breaths will help prevent any respiratory problems. This machine encourages you to breathe deeply and gives you a visual guide of how much air you take into your lungs.

Directions:
1. Place lips tightly around mouthpiece and exhale normally.
2. Inhale slowly raising piston in the chamber to the guide.
3. Hold breath for 5 to 10 seconds.
4. Exhale slowly and allow piston to drop to bottom of chamber.
5. Repeat this exercise 15 times, resting as necessary.

Knee Precautions

Knee Tips: Living with Your New Knee
• Don’t be shy—ask for help when you need it. Your goal is to be able to do things for yourself, but right now you need to take care of your new knee until it fully heals. Do not risk hurting yourself by trying to do too much too soon.
• Keep your check-up appointment with your doctor. It is important to monitor the healing and function of your new knee.
• To your body, your new knee is a large, foreign substance. Germs from other areas can move to the new knee and cause infection. Call your family doctor at once if you have any signs of infections (urinary tract infection, abscessed teeth, etc.). Early treatment is needed.
• Tell your dentist and your family doctor before having your teeth worked on or having any procedure (such as cardiac cath., bladder exam, etc.) or surgery. Antibiotics may be needed before the procedure to prevent infection.
• Your new knee may set off metal detectors such as those found in airports and some buildings. Your doctor can give you and ID card to carry in your wallet.
• Wash your hands often.
• Break out the healthy prepared meals you made prior to surgery.
**Resources**

**Things to Avoid Following Total Knee Replacement Surgery**

- Do not pivot on your operated leg while standing or walking
- Do not kneel
- Do not squat
- Do not sleep or rest with a pillow directly under your knee
In order to aid in the healing process, it is important that you eat a balanced diet daily. The recipes below offer easy-to-make healthy eating solutions that can be prepared in advance and then frozen for you to reheat after your procedure.

**Stovetop Chili**
An Excellent Source of Iron, Fiber, and Protein!

**Ingredients**
- 1 tsp. Cooking Oil
- 1 lb. Beef, Trimmed of all Visible Fat and Cut into Half Inch Cubes
- 2 Onions, Chopped (about 2 Cups)
- 3 Cloves Garlic, Minced
- 2 tbs. Chili Powder
- 1 tbs. Cumin
- 1-14½ Ounce Can Diced Tomatoes
- 1-14½ Ounce Can Diced Tomatoes with Jalapeno
- 2 Cups Water
- 1-15½ Ounce Can Black Beans
- 1-15½ Ounce Can Red Kidney Beans
- 12 Sun-dried Tomato Halves, Not Packed in Oil, Chopped
- ½ lb. Fresh Mushrooms, Chopped (about 6 Large)

**Directions**
Heat oil to hot in a large pot on the stove and put beef in one layer to brown quickly. Add onion, garlic, chili powder, and cumin. Cook until onions wilt, about five minutes. Add tomatoes, water, beans, sun-dried tomatoes, and mushrooms. Bring to boil, reduce heat to medium low. Cook two to three hours uncovered, stirring at times. Or cook 10-12 hours on low in a slow cooker.

Makes eight 1½ cup servings. Each contains about 219 calories, 21 grams protein, 4 grams fat, 33mg cholesterol, 30 grams carbohydrate, 8 grams fiber and 850mg sodium. (For less sodium, rinse beans to remove salt or use dried beans instead; use low-salt diced tomatoes.)
Shrimp & Tomato Glaze

**Ingredients**
- 3 tbs. Olive Oil
- 2 tbs. Tomato Paste
- ¼ Cup Red Wine Vinegar
- 2 Cloves Minced Garlic
- 1 tsp. Dried Basil
- ½ tsp. Red Pepper Flakes
- 1 lb. Large or Jumbo Shrimp – Peeled and De-veined

**Directions**
In large bowl, combine olive oil, vinegar, tomato paste, garlic, basil and pepper flakes. Stir until blended and smooth. Add shrimp and toss to coat evenly. Cover and refrigerate for about one hour, tossing occasionally. Remove the shrimp from marinade, reserving the marinade.

Coat rack of broiler with non-stick cooking spray. Arrange shrimp on rack, placing them close together. Broil about 4 inches away from flame. Turn over after 3 minutes and brush with marinade.

Continue to broil until shrimp are pink all over; 2-3 minutes. Remove and serve over brown rice; add broccoli as a garnish.

Herb-Crusted Tilapia for Two

**Ingredients**
- Two Tilapia Fillets, about 3/4 lb.
- 1 tbs. Flour
- 1 Large Egg, plus 1 tbs. Water
- 2 tbs. Mixed Herbs
- 1/2 Cup Panko (Japanese-Style Breadcrumbs)
- 1 tbs. Olive Oil

**Directions**

Serves two. Each serving contains about 317 calories, 39 grams protein, 11 grams fat (31% calories from fat), 148mg cholesterol, 15 grams carbohydrate, 1½ grams fiber, and 132mg sodium.
Chicken Soup

**Ingredients**
- 6 Cups of Homemade or Canned Chicken Broth
- 2 Large Carrots, Scrapped and Sliced
- 1 Large Stalk of Celery, Chopped
- 1 Onion, Chopped (1 Cup)
- 1 Cup of Sliced Fresh Mushrooms
- 2 Cups of Cooked Chicken, Diced (12 Ounces)
- 1 Cup of Canned Plum Tomatoes (4 Whole Tomatoes) Coarsely Chopped, with Liquid
- 3 Cups Cooked Egg Noodles (2 Cups of Dry Noodles)

**Directions**
Put all ingredients except noodles into pot. Bring to a boil. Simmer for 15 minutes or until carrots are cooked. Put ½ cup noodles into each bowl. Ladle soup over noodles.

Serves six. Each serving contains about 257 calories, 24 grams protein, 5 grams fat (18% calories from fat), 63mg cholesterol, 30 grams carbohydrate, 3 grams fiber, and 195mg sodium.

A Fruity Way to End the Meal

**Ingredients**
- 1 Cup Vanilla Low-fat Yogurt
- 2 tbs. Crystallized Ginger, Finely Chopped
- 4 Small Navel Oranges, Peeled
- 8 Ripe Strawberries, Hulled (Other Berries or Chopped Fruit May be Substituted)
- 2 Medium-sized Bananas, Peeled

**Directions**
Place the yogurt in a small bowl. Add the ginger and stir briskly for one minute or until the yogurt has a sauce-like consistency. Set aside. Cut each orange crosswise into five slices.

Cut each strawberry lengthwise into four slices. Cut each banana crosswise into 14 slices. Spoon ¼ cup of the ginger sauce onto each of the four 8 inch desert plates and spread the sauce over each plate. Arrange the fruit equally on each of the plates and serve.

Serves four. Each serving contains about 197 calories, 5 grams protein, gram fat (4% calories from fat), 3mg cholesterol, 45grams carbohydrate, 5 grams fiber, and 44mg sodium.