

Patient Guide

Ankle Replacement



ORTHOPAEDIC INSTITUTE

Our Mission | To serve through healing, education and discovery

Contents

Welcome1

Your Ankle Joint 2

Disorders of the Ankle..... 3

What is an Ankle Replacement?4

Appointments 5

Getting Ready for Surgery.....6

Arrival to UT Medical Center the Day of Surgery 18

Discharge 24

Recovery at Home27

Joint Replacement Information and Phone Numbers 34

Site Map.....35

Checklists36

Welcome

Thank you for choosing us to take care of you during your Joint Replacement Journey. Preparing for surgery can be overwhelming. Everyone is different. Your care team will create a recovery program just for you.

This booklet is based on research that helps you recover better and faster after surgery. So, if you had surgery before, some information may be new or different.

This booklet will help you:

- Get ready for surgery
- Find out what to expect on the day of surgery
- Plan for recovery at home

Near the end of the booklet there are planners and checklists to help you and your family.

Read this booklet as soon as you can.

- Write down any questions to ask your surgical team when you see them.
You may call our office at 865-305-8848 if you have questions prior to arrival.

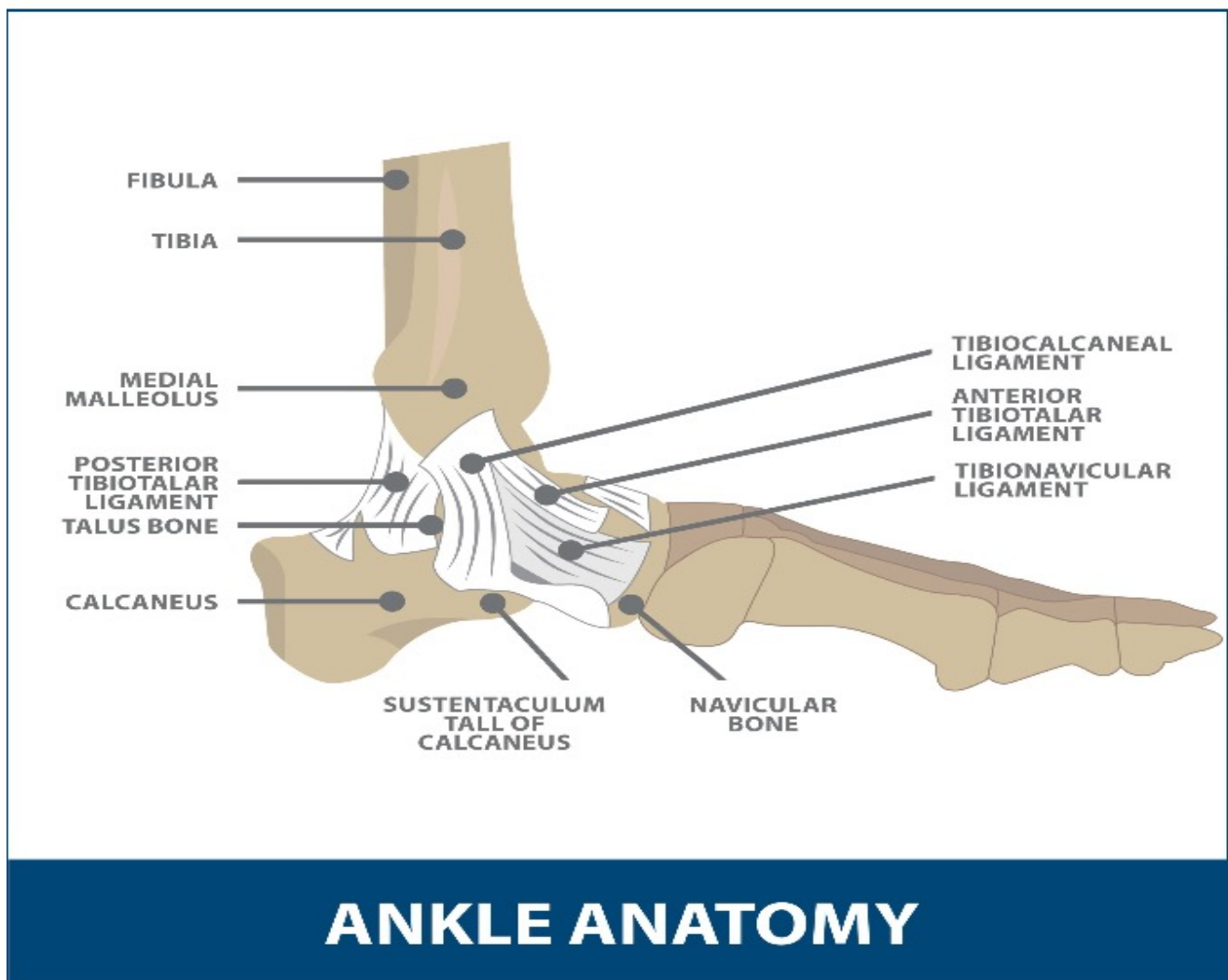
We want you, your family, and friends to understand what to expect so everyone can help you recover.

Your Ankle Joint

The ankle joint allows up-and-down movement of the foot. Your ankle is made up of 3 bones.

- The shin bone (tibia)
- The thinner bone running next to the shin bone (fibula)
- A foot bone that sits above the heel bone (talus)

The ankle bone (the talus) fits inside a socket formed by the lower end of the tibia (the shinbone), and the small bone of the lower leg (the fibula). The bottom of the talus sits on the heel bone (the calcaneus).



Disorders of the Ankle

These different types of arthritis (inflammation of joints and tissues) can also affect the foot and ankle:

Osteoarthritis (OA) is a degenerative type of arthritis that typically begins in middle age and slowly progresses. Over time, cartilage between your bones becomes worn down. This results in pain and stiffness in your joints.

Rheumatoid arthritis (RA) is an autoimmune inflammatory disease. It occurs when your body mistakenly attacks its own healthy tissues. RA affects your joints and destroys cartilage.

Post-traumatic arthritis occurs after an injury to your foot or ankle. Stress from the injury can cause your joints to become stiff or inflamed, even years after the injury occurred. The cartilage covering the ends of the bones will be diminished. This is the most common reason patients need replacement surgery.



What is an Ankle Replacement?

An ankle replacement consists of removing the damaged bones and placing an implant made of medical quality plastic and metal to the area. The implant was created to mimic a patient's natural anatomy to provide relief from arthritis while retaining mobility. Providing this procedure allows our patients the ability to return to their favorite activities.



Who should consider a Total Ankle Replacement?

The decision to have surgery is primarily based on pain that interferes with activities one usually performs in a day. When this pain cannot be controlled by bracing or over-the-counter medication, it is appropriate to consider surgery.

Our orthopedic surgeons are committed to providing the foot and ankle care patients need to excel. Our Fellowship-Trained Ankle Specialists serve our communities in Knoxville, Sevierville, and the surrounding areas with specialized and compassionate care.

Appointments

There are appointments before and after surgery that are necessary for a safe surgery and healthy recovery. Below are common appointments. Be sure to reference your appointments given to you when you registered for surgery.

Pre-Anesthesia Testing (PAT)

First, you will need to check in at the main Patient Registration. After getting your patient arm band, you will go to Pre-Anesthesia Testing located in building A, Suite 140.

Pre-Anesthesia Testing (PAT) is a medical evaluation process provided by UT Medical Center to assess patients before they undergo anesthesia for surgery. If you cannot attend this testing, please call 865-558-4400.

Please arrive 15 minutes before your appointment. You may eat and drink fluids prior to having testing done.

Prehabilitation Physical Therapy

Your Prehabilitation Physical Therapy appointment is your time to meet with a physical therapist who can help you plan for recovery after your surgery. If you cannot make this appointment, please call 865-558-4400.

Total Ankle Replacement Class Video

This video will cover important information to help you prepare for surgery.

If you have issues viewing the class video or have general questions, please call 865-305-8848.

Surgeon Post-Op Appointment

You will have a follow up appointment with your surgeon about 2 weeks after your surgery. This appointment will be set up for you when you schedule your surgery. If you need to reschedule this appointment, please call 865-558-4400.

Outpatient Physical Therapy

You may or may not require outpatient physical therapy after surgery. If you need an appointment, this will be set up for you.

Getting Ready for Surgery

The following section will help you and your caregiver plan and prepare for your upcoming surgery.

Pre-Anesthesia Testing

Bring the following items with you:

- Your insurance cards
- A printed or written list of any prescription and non-prescription medications
- A list of any over-the-counter medications you take regularly (like aspirin, Tylenol®, and allergy medication like Benadryl®, eye drops, etc.)
- Name and phone number of your primary care doctor
- Any other important medical information, like allergies to medications, foods, or any kind of metal (like nickel), or implanted devices

Get instructions from the prescribing doctor if you take a blood thinner like warfarin (Coumadin®), clopidogrel (Plavix®), apixaban (Eliquis), rivaroxaban (Xarelto) or aspirin, find out if you should stop taking it in the days or weeks before surgery. These medications can cause bleeding during surgery.



If you have problems writing or typing your medication list, you can use a smartphone to take a picture of any medications you take.

You can also ask your pharmacist to print out a list of your prescription medications.

Over the Counter (OTC), Prescription Medications and Herbal Supplements to Hold 7 Days Prior to Surgery

Over the Counter Medications (OTC)

- NSAIDS (Nonsteroidal Anti-Inflammatories): Aleve (Naproxen), Aspirin 81mg, Motrin/Advil (Ibuprofen)

Prescription Medications

- GLP-1 Receptor Medications: (Diabetes and Weight Loss) Ozempic, Wegovy, Mounjaro or Bydureon BCise
- NSAIDs (Nonsteroidal Anti-inflammatories): Mobic (Meloxicam), Celebrex (Celecoxib), Indomethacin (Indocin), Relafen (Nabumetone), Vioxx (Rofecoxib)

Herbal Supplements

- Cinnamon **Bleeding
- Fish Oil (Omega-3 Fatty acids) **Bleeding
- Garlic **Bleeding and cause low blood pressure
- St John's Wort **Drug and anesthetic interactions

Blood Thinners

- Please get permission from your prescribing doctor to hold before surgery
Coumadin (Warfarin), Plavix (Clopidogrel), Eliquis (Apixaban), Effient (Prasugrel), Xarelto (Rivaroxaban), Pradaxa (Dabigatran), Brilinta (Ticagrelor), Aspirin 325mg prescribed by doctor

Dental Checkup

Make sure your mouth is healthy. Significant dental conditions need to be resolved before surgery. Infections in your mouth can travel to your new joint replacement and create an infection there as well. Please let your surgeon know if you have had any recent infections in your mouth, especially your teeth.

Be sure to see your dentist well before the day of your joint replacement surgery.

You may need an antibiotic:

- Before going to the dentist
- Before procedures that look at your bladder or colon
- Before surgeries that may let bacteria into your bloodstream, such as lower urinary tract or bowel surgeries
- If you have a bacterial infection on your skin

We offer the following guidance to our patients.

Before joint replacement surgery:

- Patients should avoid all dental work 3 days before their scheduled surgery - this includes cleanings, fillings, and crowns.
- Please discuss any major dental work such as root canals, extractions, and other procedures with your orthopedic surgeon if the need for dental work has been identified. Waiting for some time after your dental procedure to have your joint replacement surgery may be appropriate.

Losing Weight

If you are overweight, losing **any** weight (even a few pounds) will help you recover better. This takes stress off your new joint and helps it last longer. If ankle or foot pain is the main thing that's kept you from being active, after recovery from surgery it should be easier to be active and lose weight as well.

Stop Smoking

Smoking, vaping (e-cigarettes), or chewing tobacco can cause serious problems with healing after Joint Replacement Surgery.

Your bones need good blood supply to heal well. Nicotine limits blood flow and makes it hard for your body to heal after surgery. Studies show that people who use nicotine in the weeks before surgery are more likely to have problems with their heart, lungs, or surgical wounds during or after surgery. And they need to stay in the hospital longer.

Your doctor may tell you to stop using any kind of tobacco or nicotine at least 4 to 6 weeks before surgery.

Others should NOT smoke around you in the weeks before surgery.



For support in quitting, including free quit coaching, a free quit plan, free educational materials, and referrals to local resources, call 1-800-QUIT-NOW (1-800-784-8669).

Drug and Alcohol Use

Before surgery, it is important to be honest with your health care providers about your drug and alcohol use. Tell your health care provider how many drinks you have per day (or per week). This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Chronic Pain Management

If you are receiving treatment for chronic pain, it is important to speak with your surgeon prior to surgery to plan effective pain control strategies for after surgery.

Who Speaks for You?

Your doctor and family need to know who speaks for you if a decision needs to be made about your care during or after surgery and you are unable to speak for yourself.

The person who speaks for you needs to know what treatments (like CPR) you would or would NOT want. It's best to create an advance directive (living will) to document what you would want or not want. It's a good idea for everyone to have a Living Will and to talk with their family about it. You can change your Living Will at any time.

If you have an advance directive (Living Will), bring a copy to the hospital with you on the day of surgery.

If you don't have one, we can help you make one.

TIP

Find the advance directive forms of your state on the internet here:

<https://www.utmedicalcenter.org/plan-your-visit>

Or scan this code:



Pick Your Coach

Choose one friend or family member who can be part of your care team to help make decisions and manage your care before, during, and after surgery.

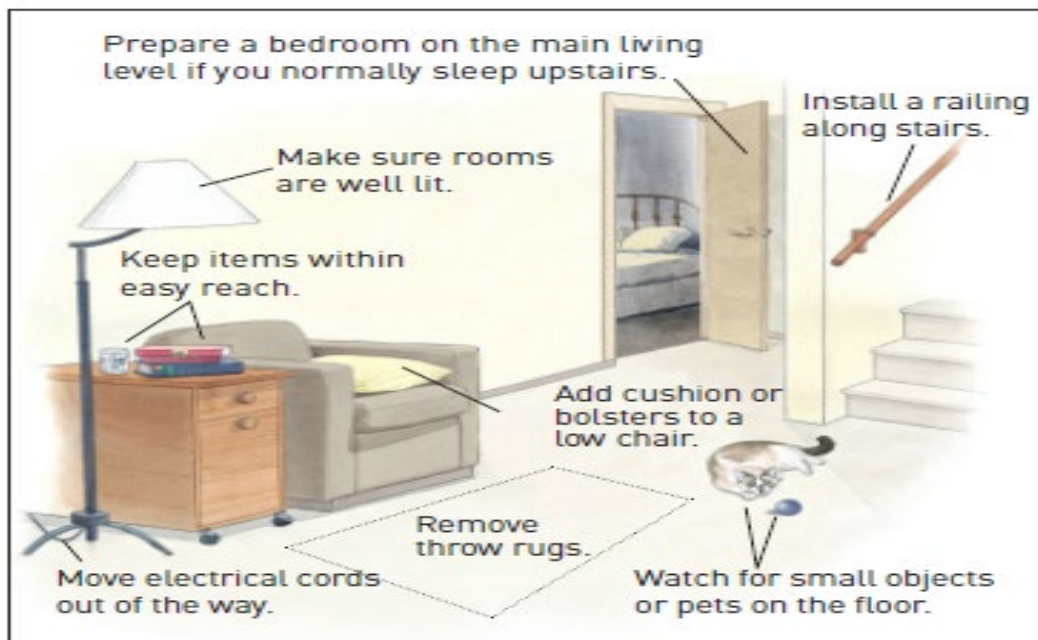
If you take care of anyone (like children, an older parent, or pets), you will need help caring for them. If you don't have people nearby who can help you in the first week at home, talk with your surgeon. **It's a good idea to have someone stay with you for the first week after surgery.**

Set up Your Home

You won't be able to put weight on your surgical foot for some time after surgery. Before you go to the hospital, make your home a safe place to recover by following these tips:

Prepare for "one-floor" Living

If you have a multi-level home, decide to spend your time on the first floor while you recover so you aren't climbing stairs. This may mean moving furniture, so you have a place to sleep.



- Put things you use often within easy reach.
- Add pillows to any low chairs. This will make it easier to get up out of the chair.
- Move furniture out of the way so there is enough room to move with a walker or wheelchair.
- Pack away throw rugs and move any cords or other obstacles on the floor so you don't trip on them.
- Use a bag or basket to carry things from place to place as you move around with a walker or wheelchair.

Bathroom Tips



- Check existing grab bars for strength and stability, and repair if needed.
- You and your physical therapist may discuss ways to raise the height of your toilet seat.
- Make bathing easier by using a shower hose, liquid soap, a long-handled sponge, and a bath bench or shower chair without a back.
- Watch out for hazards, such as wet floors.
- Dry off in the shower to prevent bringing water out onto the floor.
- Stock up on toiletries and other items you will need during recovery.

Eating Healthy

It may be hard to shop after surgery so buy food ahead of time that's easy to make.

Protein can help your body heal. It's a good idea to eat foods high in protein like eggs, chicken, nuts, beans, and dark leafy greens.

Make meals ahead of time and freeze. Then you will have easy meals to heat up.



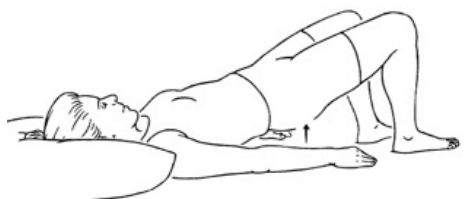
Assistive Equipment

The items on the right can be very helpful after foot or ankle surgery. You may also check with resale shops, churches, or people you know to get a free one. Insurance may or may not pay for these, but you may want to call and ask. If they do cover these items, your surgeon will write a prescription for you.



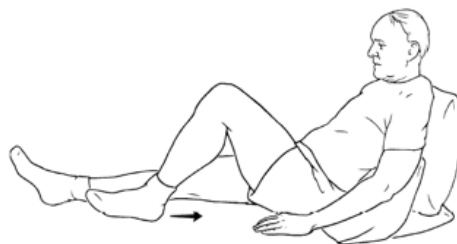
Preoperative Exercises

Making your muscles strong before you have surgery can help you recover quicker after surgery. Use the exercises listed below to help you get stronger before surgery. You should do the exercises 3 times a day 10 times each. If the exercise, make your pain worse you should stop doing that exercise.



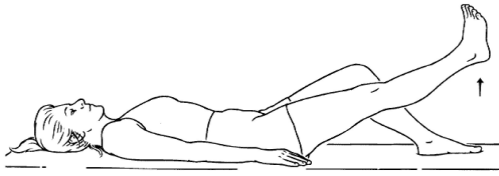
Bridging

Bend both knees up and put feet flat on bed. Squeeze buttocks and lift buttocks off the bed. Hold for 3 seconds. Relax. Repeat.



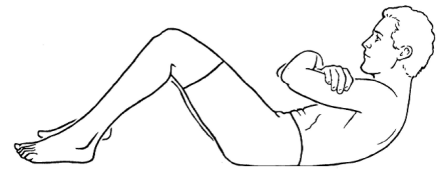
Heel Slides

Bend your knee, sliding your heel toward your buttocks. Slowly lower leg. Repeat.



Straight Leg Raises

Bend your unaffected leg and put foot flat on bed. Lift your affected leg 8 inches off the bed, holding the knee straight. Hold for 3 seconds. Lower slowly. Repeat.



Crunch

Bend both knees, put hands across chest, and raise head and shoulders off bed 6 inches. Hold 3 seconds. Do not hold your breath. Lower slowly. Repeat.



Long Arc Quad

Sit in a chair with arms and slowly straighten the knee to lift the foot out in front. Hold for 3 seconds. Lower slowly. Repeat.



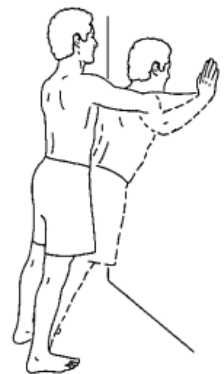
Sit to Stand

Sit on edge of chair with your feet flat on the floor. Stand upright, extending knees fully. Repeat.



Chair Push-Up

Sit in a sturdy chair with arms. Place hands on arms of chair and push down while lifting yourself up from the seat of the chair. Hold for 4 to 5 seconds. Relax. Repeat.



Wall Push Ups

Place hands flat against the wall. Slowly lower body to the wall. Push body away from wall to return to starting position.

1 Week Before Surgery

Please call your Orthopaedic Nurse Navigator at 865-305-8848 if:

- You have not viewed the Ankle Replacement Class video.
- You have not had an appointment with Pre-Anesthesia Testing.
- You have not received the CHG soap.

If you are feeling sick, have a toothache, or have any health issues that have changed since your PAT appointment, call your surgeon's office at 865-558-4400.

If you need to cancel your surgery for ANY reason, please call your surgeon's office 865-558-4400.

Arrange for transportation. You will need someone to drive you to the hospital and pick you up the day you go home. You will need someone to drive you to your post-op appointments until your surgeon clears you to drive.

Stop any medications that you were told to stop taking before surgery.

Two Days Before Surgery

Two days before your surgery, you will need to take a shower using the CHG soap.

The CHG soap helps get rid of bacteria on your skin. Please follow these steps.

- Get in the shower and wash your hair with your regular shampoo.
Rinse the shampoo out of your hair.
- **Do not** use your regular soap after applying and rinsing Hibiclens CHG soap.
- Once your whole body is wet, turn the water off. Clean your body with the CHG soap.
- **Do not** get the CHG soap in your eyes, ears, mouth, nose, or genital area.
- **Do not** apply any lotions, deodorant, powders, or perfumes to the body area that has been cleaned with Hibiclens CHG soap.
- Turn the water back on and rinse the soap off.
- Use a *clean towel* to gently pat your skin dry.
- Put on *fresh, clean clothes and put clean sheets* on your bed.
 - **Do not** shave your legs or any of the hair by your groin (bikini area).
Shaving can cause infections because it creates tiny cuts in the skin. If any hair needs to be removed on or near your hip or knee, your surgeon will remove it with an electric hair clipper on the day of surgery.



Do not use:

- If you are allergic to chlorhexidine gluconate or any other ingredient in this preparation.
- On head, face, eyes, ears, mouth or genital area.

For external use only. Do not use: if you are allergic to chlorhexidine gluconate or any other ingredients in the soap. When using this product: keep out of eyes, ears, and mouth. May cause serious and permanent eye injury if placed or kept in the eye during surgical procedures or may cause deafness when instilled in the middle ear through perforated eardrums; if contact occurs in any of these areas, rinse with cold water right away. Stop use and ask a doctor if: irritation, sensitization, or allergic reaction occurs and lasts for 72 hours. These may be signs of a serious condition. Keep out of reach of children. If swallowed, get medical help, or contact a Poison Control Center right away.

The Night Before Surgery

- Take another shower with the CHG soap.
- Remove any fingernail or toenail polish.
- **Do not eat or drink anything after Midnight.** This includes anything that increases saliva production such as smoking, chewing tobacco, eating mints, candy, gum, etc. This is for your safety during surgery.



The Day of Surgery

- Shower using the CHG soap before coming to the hospital.
- Only small sips of water if you have morning medications that you need to take.

TIP

**Do not eat or drink anything the day of surgery.
If you do, your surgery will be canceled.**

Medications

Remember to find out what medications you should and should NOT take the morning of surgery.

If your surgical team tells you to take any pills, take them with a small sip of water.

Leave your medications at home. We will give you any medications while you are with us.

Your Belongings

Leave your valuables at home or give them to a friend or family member for safekeeping.

Please bring the following with you to the hospital.

- ☐ Your walker. Leave your walker in the car that will transport you from the hospital.
- ☐ Your health insurance cards
- ☐ A photo ID, like a driver's license
- ☐ A list or photos of your medications, including how much you take and how often you take them
- ☐ A way to pay your deductible or copay
- ☐ A copy of your advance directive (Living Will) if you have one
- ☐ Bring your CPAP machine with settings if you use one for sleep apnea

What to Wear	What not to Wear
If you wear glasses or use a hearing aid, be sure to wear them.	Do not wear any jewelry, including wedding rings, earrings, or body piercings.
Wear loose, comfortable clothes, like sweatpants.	Do not bring flip-flops or slippers. It's better to have a shoe with a back that's more secure, so you don't fall.
Bring shoes that have a closed back and closed toe, like sneakers or tennis shoes.	Contact lenses cannot be worn during surgery.

Arrival to UT Medical Center the Day of Surgery

The following section will go over what to expect during your hospital visit.

- UT Medical Center offers Valet Parking from 7:30 am - 5:00 pm. Cost \$5.00.
- Park in Garage 1. Arrive at the hospital at the time you were assigned.
- Go through the Heart Hospital/Fountain Circle main entrance to the Registration/Admitting Office on the 1st floor of the hospital in the Heart Hospital Lobby. You will be registered for surgery, go over forms, and receive ID bracelets.
- You will then be directed to the surgery waiting room. Your family can go with you to the surgery waiting room area.

We will do our best to keep things on schedule. Sometimes there are delays and you may have to wait. Bring a book or something to do just in case.

Pre-Op (Before Surgery)

- A nurse will come for you in the surgery waiting room and take you back to prepare you for surgery. **Usually, family is not allowed back in the pre-op area.** It will be 5-7 hours before you will see your family again.
- In the pre-op area, a small tube (an IV) will be placed in your arm for fluids and medications.
- Your surgeon and/or mid-level provider will see you before surgery and will mark the location and body part where the surgery will be performed.
- You will meet your anesthesiologist to discuss your anesthesia options and begin the anesthesia process.

Regional Nerve Blocks

Regional anesthesia (also known as **nerve blocks**) is given before your surgery. It is a numbing medication injected around the nerves that transmit pain signals from the area involved in the surgery.

The procedure “blocks” the nerves, ensuring that you will not feel pain during or immediately after surgery.

Benefits of Regional Anesthesia/Nerve Blocks:

- Better pain control after surgery.
- You won't require much pain medication by mouth (although we will make these prescriptions available to you).
- Reduced side effects such as drowsiness, upset stomach or dizziness.
- You can return home within hours of your procedure, rather than days.

Regional anesthesia can be used by itself or with conscious sedation, meaning you are drowsy but do not require a breathing machine to help you breathe during your surgery.

The OR (Operating Room)

- Your surgical nurse will take you from the Pre-Op Area to the Operating Room for your surgery.
- Your surgery will take a few hours.
- During surgery, your nurse in the operating room will update your family with a phone call.

The Recovery Room

- Most people are in the recovery room for about 2-3 hours.
- Once you're awake, you may get water or juice.
- The surgeon will meet your family in the waiting room and talk with them after your surgery.

Going Home

After the recovery room, you will go to Phase 3 Recovery.

- You will be assisted with walking. When you are ready to be discharged home, your nurse will go over discharge instructions with you and your coach that came with you to surgery.
- Your new prescriptions will be sent to the medical center's outpatient pharmacy on the main floor of the hospital for pick-up before leaving.
- Most patients stay in Phase 3 Recovery for a few hours and then discharge home.

Preventing Falls

Your safety is our highest priority. One of the biggest safety risks after surgery is falling.



Do not get up alone. Always ask for help.

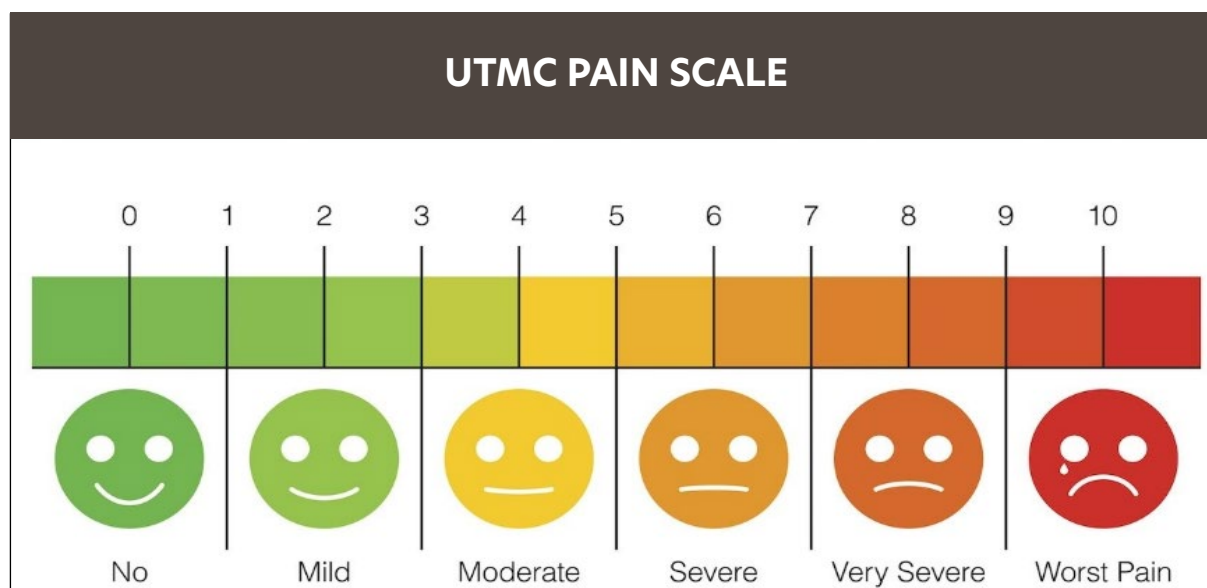
Always use your call light whenever you need to move, get out of bed, or go to the bathroom.

"Call. Don't Fall!"

Pain Relief After Surgery

All patients will have some pain after surgery. Our goal is to help manage your pain.

Pain is an expected part of recovery. Pain levels vary per person. We will give you cold packs or wraps to manage your pain and reduce swelling. Oral pain medication will be prescribed for you and available at discharge. While you are with us, we will ask you to rate your level of pain.



Other Methods for Pain Management

- Leg/foot elevation
- Using Ice Packs
- Listening to music
- Using integrative therapies such as aromatherapy

Opioid Pain Medication

Opioids [OH-pee-oids] are strong pain medications. You may have heard of drugs like morphine, oxycodone (Oxycontin®), Vicodin®, Norco®, and Dilaudid®.

This kind of medication is used only if you need it because:

- It can make people feel sick to their stomach.
- It can slow down your recovery.
- **It can be addictive.**
- It can make it difficult or painful to have a bowel movement (constipation).

Problems like constipation can be painful and serious. So, we may recommend other pain medications when possible.

Let us know if anyone in your family has an addiction. This way we can make sure we put together the best plan for you.

If you start to run low on any of your medications, call your surgeon's office a few days before you will run out. Your surgeon requires 48 hours (2 Day) notice for all refills.

If any medications make you feel bad or cause any side effects, please call your surgeon's office at 865-558-4400. If we know, we can help.

Deep Breathing After Surgery

To prevent lung infections (like pneumonia), We will show you how to take deep breaths every hour and how to use your breathing device (incentive spirometer pictured to the below).



Activity After Surgery

- We will help you use the bathroom or a commode.
- To prevent blood clots, we will show you how to keep blood moving in your legs.
While you are in bed it is good to move your toes and squeeze the muscles in your legs.

Discharge

Your surgeon will decide when you are able to go home. After you have been given all the needed instructions, you will be ready for the trip home.

Total Joint Replacement Discharge Class Video

You and your coach will watch the Total Joint Replacement Discharge Class video from the comfort of your room. This information will also be printed out for you to take home.

Information reviewed in the Discharge Class Video:

- Activities after surgery
- Hygiene/incision care
- Preventing infections after surgery
- Medication management
- Constipation management
- Healthy eating
- When to call your surgeon

Transportation

- You will not be allowed to go home alone or take a taxi by yourself.
- Remember to ask for a pain pill before you leave the hospital.
This will make the ride home more comfortable.
- Plan on wearing loose-fitting clothes that do not have tight elastic at the ankles.
Loose pants or shorts.
- Sit in the front passenger seat of the car and recline the backrest a little.
- Always wear your seatbelt.
- If you are traveling a long distance, plan to get out of the car and stretch every hour.
This will keep you from getting too stiff and will also help prevent blood clots in your legs.
- Have pillows in the car to pad your heel and elevate your foot.
- Nothing firm should be placed behind your heel.

To help you at home, your nurse will give you:

- Information about your surgery and recovery
- When to call your surgeon
- Activities after surgery
- Directions about how and when to take medications
- Prescriptions for any medications you need at home.
Prescriptions can be filled at the hospital. Ask your nurse.

Tips For Getting in and Out of The Car

- Prior to car entry, make sure the seat is back completely from the dashboard and the back of the seat is reclined. This enables you more leg room to swing your operative leg into the car.
- Turn around so you are facing away from the car and back up to the car with your walker.
- When you feel the back of your legs touch the seat, reach one hand back for the seat and bend at your waist to lower yourself down. **Keep your surgery foot off the ground.**
- Swing your operative leg in gently.



What Does it Mean to be Non-Weightbearing?

The term non-weightbearing refers to restrictions placed on you immediately after surgery. You will be advised to avoid putting the surgically repaired foot on the floor. This typically means **no weight whatsoever**, not even for a second or two whether standing or seated.

- Putting any weight on an operated foot or ankle can do damage to the repair that's been done. Bones need time to heal. Plates or screws that may have been added during surgery need the bones to heal around them. Adding weight too soon can interrupt this important internal healing process. This may cause hardware to break, shift, or backout.
- Surgical wounds heal better when they are not stressed by weight.
- Non-weightbearing helps reduce swelling, which is common after foot or ankle surgery. Keeping swelling down will help tissues heal more quickly.
- **You will not be able to put weight on your surgical foot for at least 6 weeks after surgery.**
- Your orthopaedic surgeon will let you know when you are ready to begin Outpatient Physical Therapy.

Recovery at Home

It is normal for you to feel tired and worn out. Plan rest periods in-between your activities. Your energy level will improve in the days and weeks ahead.

Follow Up Appointment

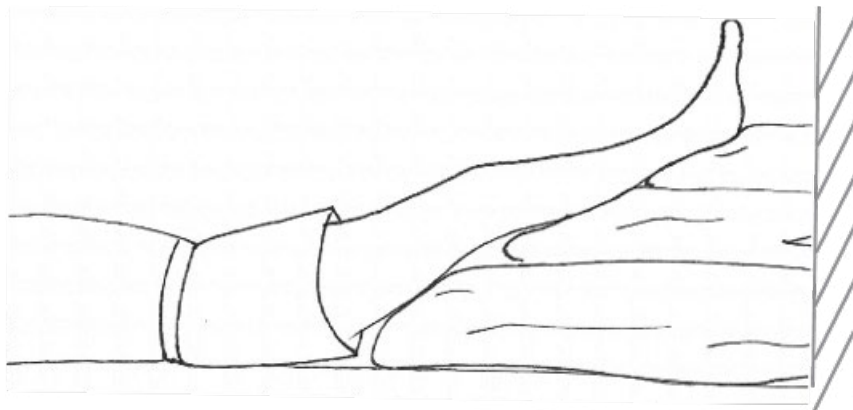
You will have a follow-up appointment about 2-3 weeks after surgery with your surgeon or physician assistant. This should be noted on your card.

Taking Care of Your Surgical Dressing

- Do not remove your surgical splint/bandage.
- Keep the bandage on and dry until your follow-up appointment with your surgeon.
- A small amount of bleeding may stain the bandage. This is normal.
- Call your surgeon's office (865-558-4400) if you have any problems, questions, or if you see bright red blood.

TIP

- Keep your ankle/foot elevated, "Toes above the nose" to reduce pain and swelling.
- Soft pillows under your heel will help prevent pressure sores.



Urinating

After surgery, people sometimes feel a frequent urge to urinate (pee). It may feel like some urine is still in your bladder. This usually goes away in a few days. Please call your surgeon if it does not go away, or if you have any pain or burning when you urinate. Pain or burning may be signs of infection in your body.

When to Call for Help

If you notice any of the following signs or have any other concerns or complications, contact your surgeon's office immediately.

Bandage or Incision Issues

- If your bandage is soaked with blood.
- If any blood or fluid starts to leak from your bandage.
- If the bandage moves and part of the wound is not covered.
- If the skin around your wound has become red and the red area is getting larger.
- If any fluid coming from your bandage smells bad.

Blood Thinner, Bleeding, or Bruising

If you take blood thinners, you may bleed or bruise more easily if you get a cut or if you fall.

- Call if you get a cut or a nosebleed that does not stop bleeding after you put pressure on it.
- Call if a bruise keeps getting bigger. This can be a sign of bleeding under the skin.
- Call if you see blood in your urine or stool.

Call Right Away

- If you have a fever of 102 degrees Fahrenheit or higher for more than 24 hours or after treating with Tylenol with no lowering of fever.
- If your wound is red and more painful.
- If fluid or pus is coming from your wound.
- If you feel sick to your stomach or you are throwing up.
- If your pain is worse and the pain medication does not help.
- If you have pain or swelling in your foot, ankle, thigh, or calf (back of your lower leg).
- If it is painful or hard to urinate (pee).
- If you have chills and you are shivering.
- If you have pain in your belly (may be constipation).

Call early if you think something is wrong. Do not wait!

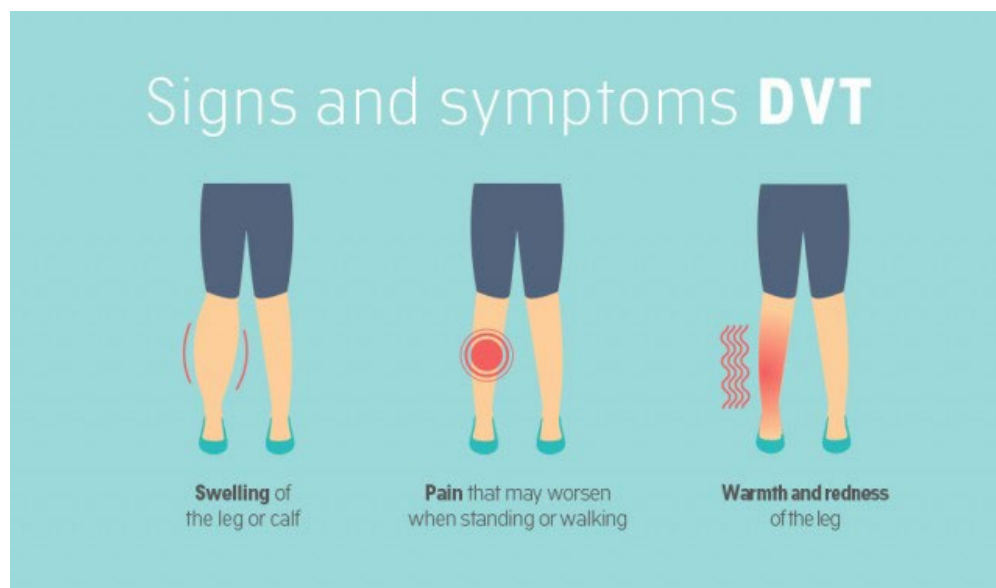
Call 911 or go to the Emergency Department

**If you have chest pain
If you have trouble breathing**

Signs of Infection

- Chills
- Increased redness
- Increased tenderness or swelling
- Increased pain unrelieved with pain medicine

Signs of a Blood Clot (Deep Vein Thrombosis-DVT)



Sleeping

Good sleep will help you heal and gives you the energy you need for physical therapy. Sometimes pain and even pain medication can make it hard to sleep well. Below are tips on how to get better sleep while recovering from your joint replacement surgery.

Avoid alcohol

- Even though alcohol can make you feel sleepy, you are more likely to wake up and have trouble sleeping.
- Do not drink alcohol while you are still taking pain medication. It is not safe.

Avoid caffeine, it will keep you awake

- Only drink a little coffee, tea, or soda during the day.
- Do not drink coffee, tea, or soda in the evening or at night.

Use cold packs to help with your pain

- Ask the nursing and physical therapy staff to show you how to use ice or cold packs.

TIP

If you have tried the above and are still unable to sleep, try the following:
Take ½ to 1 Benadryl tablet at night to help you sleep.

Eat Healthy

Your body will heal better and faster if you eat healthy.

Sometimes people do not feel like eating after surgery. In the days after surgery, some foods may taste different and certain smells may make you feel sick to your stomach. If this happens, eat a lot of small meals throughout the day. Over time, you will be able to eat more.

No Smoking or Vaping

Do not smoke, vape (use e-cigarettes), or chew tobacco for at least 4 weeks after surgery. These products limit blood flow and make it hard for your body to heal well. They also make it hard to sleep well.

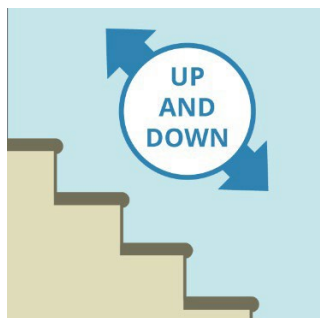


For support in quitting, including free quit coaching, a free quit plan, free educational materials, and referrals to local resources, call 1-800-QUIT-NOW (1-800-784-8669).

Stairs

You will not be able to go up and down stairs right away.

When going up and down stairs:



- Have someone help you.
- Use the handrail on the side you did not have surgery on.
- Go up or down one step at a time without bearing any weight on your operative foot/ankle.

Your Mood

It may take a while before you feel like yourself again. You may feel sad or upset. These feelings usually go away as you heal.

- Call friends and family to talk.

If you feel very sad, overwhelmed, or helpless, and these feelings do not go away for many days or weeks, please let us know so we can make sure you recover well.

Driving

Do not drive until your surgeon says it is okay.

Returning to Work

Returning to work is very “individual” and often depends on the type of work you do. Talk with your surgeon at your first follow-up appointment.

- If your job involves heavy, physical work, like lifting, talk to your surgeon.
- Ask your employer if there are any rules about when you can return to work.
- If you need a return-to-work letter, let us know as soon as possible.

Travel and Metal Detectors

When going through security at the airport or at a building with a metal detector, let them know you have an ankle replacement before you go through it. It is not a problem — and they may just use a wand to scan you.

Dental Procedures after Joint Replacement

- Avoid all dental work for 3 months. Contact your surgeon if you urgently need dental work during this 3-month period to discuss antibiotics.
- After 3 months, all dental work is allowed.
- We recommend that before any dental work, preventive antibiotics should be given to all patients who have had a joint replacement for a minimum of 2 years after surgery (regardless of the type of dental procedure or patient health status).

Disability Forms

For questions regarding your Disability, Insurance, or FMLA Form, please contact:

MediCopy Services, Inc.

8 City Blvd., Suite 400

Nashville, TN 37209

866-587-6274 ext: 213 - Toll Free

www.MediCopy.net - online

- Forms are \$30 for the first form and \$15 for each additional form turned in at the same time.
- Please allow one business day for the form to be entered into the system before calling to make payment.

Joint Replacement Information and Phone Numbers

Knoxville Orthopaedic Clinic (KOC)

Call if you have a question about:

- Medical concerns
- Medication refills
- Surgery cancellations
- Billing and insurance
- FMLA

Your doctor's office at	Phone
UT Research Park: Orthopaedic Institute 1600 Accelerator Way, Suite 200	865-558-4400 Fax: 865-546-9047
Parkside Plaza - Turkey Creek	865-558-4400
Regional Health Center - Sevierville	865-558-4400

Pre-Anesthesia Testing (PAT)

Call if you have any questions about your medications before surgery or if you need to re-schedule this visit:

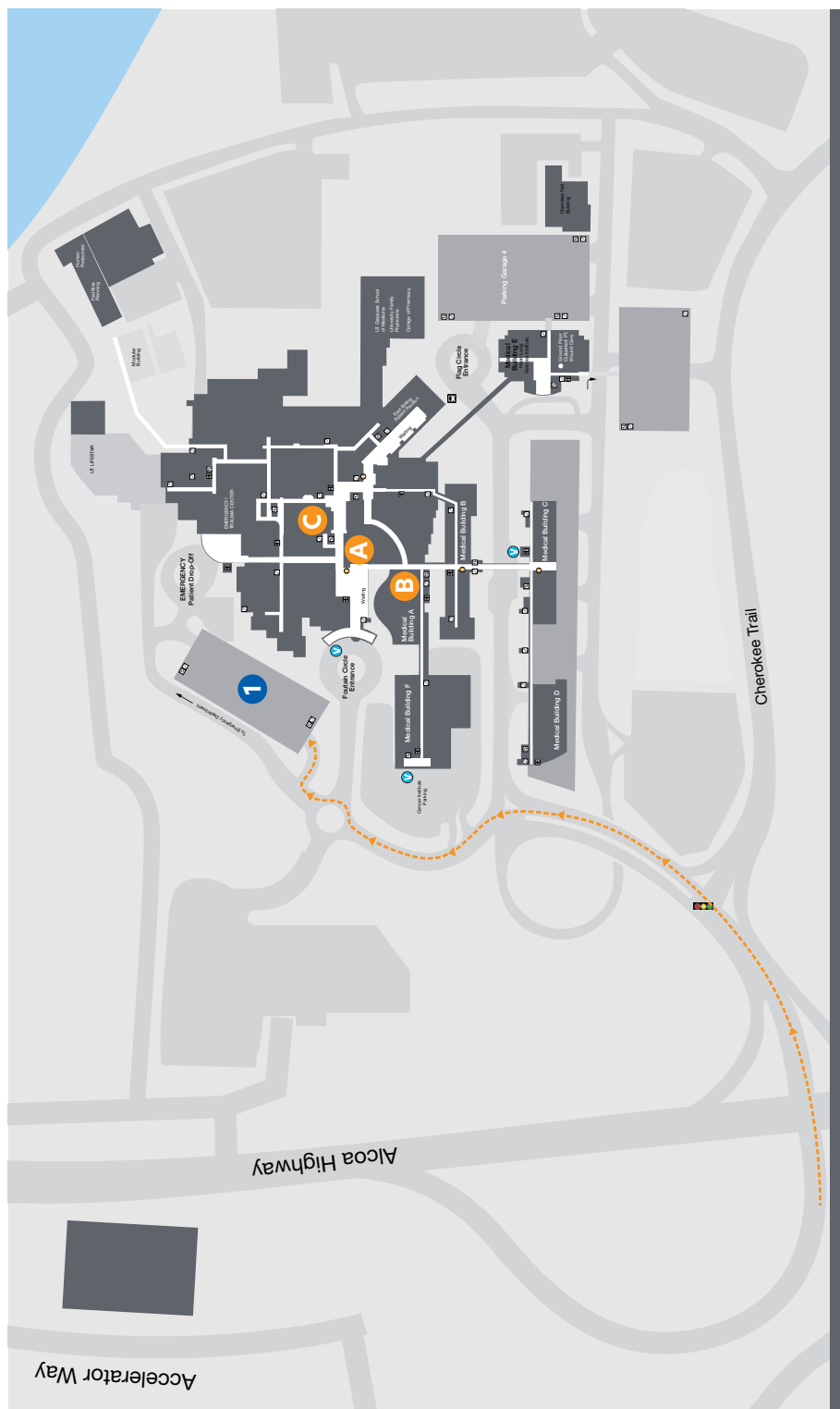
PAT	Phone
Pre-Anesthesia Testing (PAT) Scheduling	865-305-9641

Orthopaedic Institute Office

Call if you have general questions:

Amber Gass, RN	Nurse Navigator	865-305-8848
Keekey McKissick, RN	Orthopaedic Coordinator	865-305-3270
Prescription Refills	Surgeon's Office	865-558-4400

Site Map



Directions for Your Surgery

Parking Garage 1 (\$3)
Hospital Valet Parking (\$5) is available
at the Fountain Circle entrance.

- 1** Parking Garage 1
- A** Patient Registration
- B** Pre-Anesthesia Testing
- C** Main OR (2nd Floor)



TIP

You may download the “UTMC Way” App to your phone to help find your way around campus.

Checklists

Tear out this version of the checklist to put on your refrigerator or to share with a family member who is helping you.

One Month Before Surgery

- ☐ Get a copy of your medical records to bring to your appointments.
- ☐ Choose who speaks for you if you cannot speak for yourself.
Talk with them about your wishes and create an advance directive:
<https://www.utmedicalcenter.org/plan-your-visit>
- ☐ Meet with your health care team to review your medical history.
- ☐ Eat healthy. Protein (chicken, eggs, fish) can help your body heal.
- ☐ If you are overweight, losing any weight will take stress off your joint.
- ☐ If you smoke, vape, or chew tobacco, work with your doctor to quit in the weeks before surgery.

A Week Before Surgery

- ☐ Make sure you have the CHG soap for taking a shower.
- ☐ Put things where they are easy to reach (waist or shoulder height).
- ☐ Move furniture and rugs out of the way to make sure you can get around with a walker.
- ☐ Buy food and other supplies.
- ☐ Put nightlights in the hallways so you do not fall.
- ☐ Find out what medications you need to stop the day of surgery.
- ☐ Do not shave your leg.
- ☐ Get pillows or foam wedge for elevating your foot after surgery.

Two Days Before Surgery

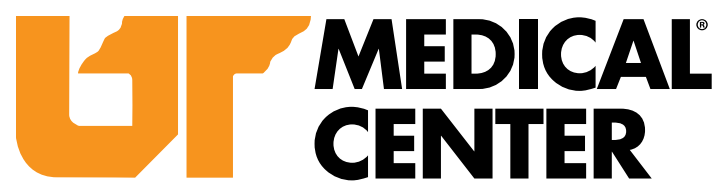
- ☐ Shower using the CHG soap.
- ☐ Do not shave leg.

The Night Before Surgery

- ☐ Shower the night before surgery using the CHG soap.
- ☐ Pack anything you would like to bring to the hospital.
- ☐ Pack your photo ID, a list of your medications, your health insurance card, and this booklet.
- ☐ Pack a copy of your advance directives (living will) if you have one.
- ☐ **Nothing to eat after 12 Midnight, the night before surgery**

The Morning of Surgery

- ☐ Shower using the CHG soap.
- ☐ Take any medications with a sip of water.
- ☐ Leave your medications at home.
- ☐ Wear clean loose pants or shorts to the hospital.
- ☐ Bring your walker.
- ☐ Bring your CPAP machine (if you use one for sleep apnea).
Remember to write down your CPAP settings and bring it with you.



ORTHOPAEDIC INSTITUTE