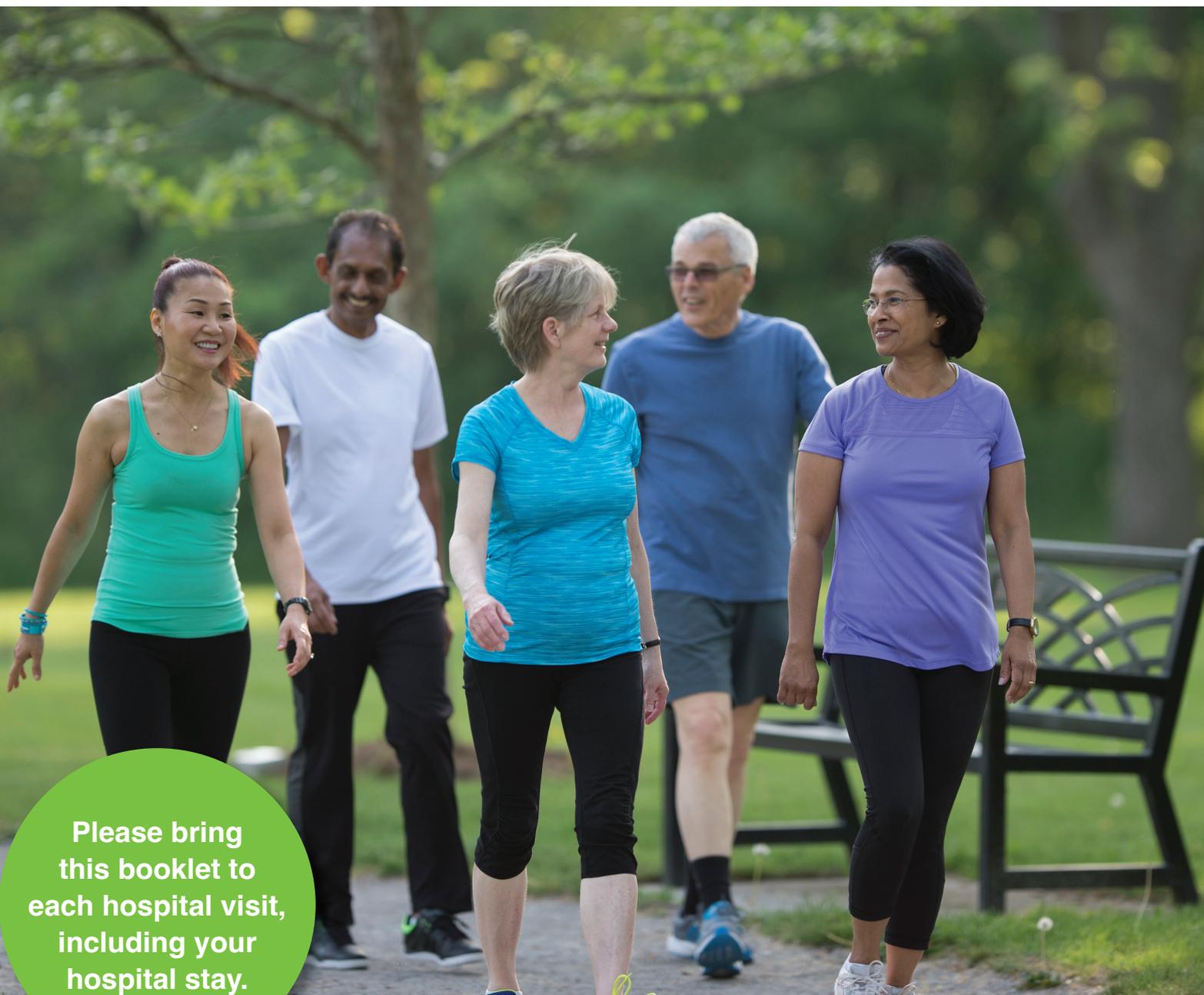


A Guide for Patients Having Hip or Knee Replacement



Please bring
this booklet to
each hospital visit,
including your
hospital stay.



MADE WITH
**PATIENT & FAMILY
INPUT**



Sunnybrook
HOLLAND CENTRE

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Welcome to the Holland Centre



On behalf of all the staff at the Holland Centre, we would like to welcome you. The Holland Centre is a part of Sunnybrook Health Sciences Centre. The Centre is one of the largest hip and knee joint replacement centres in Canada, performing over 2,100 procedures annually. It is the first government-

designated Hip and Knee Replacement Centre of Excellence in Canada, and is leading innovation in care models and alternate care provider roles. It is also at the forefront of new surgical procedures such as less invasive hip and knee replacement surgery. These leading edge procedures mean less pain, faster recovery, and a shorter hospital stay for patients.

This book will act as your guide before your surgery, during your hospital stay, and throughout your recovery.



- Review this information with your spouse, family, or other caregivers.
- Bring this book to the hospital with you so you can refer to it during your stay.

Telephone Directory

This is a handy list of hospital telephone numbers you may need. Please call the Holland Centre's Main Telephone Number (416) 967-8500 if the area you are trying to reach is not listed below.

- Admitting (416) 967-8543
- Blood Conservation Clinic (416) 480-6100 x 62061
- Business Office (for bill payment) (416) 480-4156
- Foundation (to make a donation)..... (416) 480-4483
- Outpatient Department (OPD)/Clinics (416) 967-8617
- Pre-admission Clinic..... (416) 967-8532
- Office of the Patient Experience (416) 967-8566
- Pre-operative Education Class (416) 967-8626
- Privacy Office (416) 480-6100 x 61236
- Outpatient Rehabilitation (416) 967-8626
- Social Work..... (416) 967-8566
- Sunnybrook Fracture Clinic (416) 480-4206
- Volunteer Resources..... (416) 480-4129

See page 95 for surgeons' office contact information



Getting Ready for Surgery

Patient Partnership Contract

Patients have the best outcome from their surgery when they are active participants in the care process. Being prepared for surgery helps to:

- Improve recovery
- Reduce anxiety
- Improve your satisfaction
- Make your transition to home smoother

Preparing for surgery happens **BEFORE** your hospital stay. You and your family play a key role in ensuring your recovery goes smoothly. Complete the checklist on the next page.

Getting Ready for Surgery

I agree to:

Tasks	Completed by patient (mark with a tick)
1. Read “A Guide for Patients Having Hip or Knee Replacement”	
2. Learn by: <ul style="list-style-type: none"> • Downloading the myHip&Knee app (see page 6) • Attending the Holland Centre Preoperative Education Class (see page 5) • Watching the “Preparing for Hip & Knee Replacement Surgery” video at sunnybrook.ca/Holland/hipknee 	
3. Keep active and improve my exercise tolerance as able by completing exercises (see pages 7 to 13)	
4. Make sure my medical problems are well controlled and I am as healthy as possible for my surgery (see page 19 “Be as Healthy as You Can Be”)	
5. Attend my scheduled Pre-admission Clinic appointment (see pages 25 and 26)	
6. Arrange for help at home after surgery for tasks such as house cleaning, laundry, meal preparation, etc.	
7. Prepare my home as suggested (see page 15)	
8. Obtain assistive devices recommended by the occupational therapist in your Pre-admission Clinic visit (see page 14)	
9. Complete the Chlorhexidine showers (as described on pages 31 and 32)	
10. Plan to be discharged home from hospital after 1 night	
11. Arrange for someone to drive me home on the day of my discharge from the hospital	

My signature indicates that I have read, understood and accept my responsibilities in preparing for my surgery.

Patient Signature: _____ Date: _____

Print Name: _____

Pre-Operative Education Class

The occupational therapists and physiotherapists at the Holland Centre offer a class to patients who are preparing for a hip or knee replacement. This 90-minute class will help you prepare for your surgery and recovery. This class is separate from your Pre-admission Clinic visit.

► **You will learn:**

- How to maintain or improve your strength and fitness before surgery
- Exercises and activities you will be doing immediately after surgery
- Necessary or helpful equipment
- How to manage your everyday activities
- How to plan for your discharge home

To register and learn more about the classes, call (416) 967-8626.

Before you call, please have your hospital card or health card number ready as it is required for your registration.

MyChart

MyChart is an online website where patients can view, create, share and manage their personal health information. MyChart is accessible anywhere at any time through the internet. To create your free account, go to mychart.ca and select “Sign up for MyChart” and follow the instructions.

myHip&Knee App



This free app will help you get ready for your surgery and keep you on track during your recovery. To download the mobile version, search “myHip&Knee” in the App store or use your smart phone to scan the QR code above. To access the web version, go to sunnybrook.ca/myHip&Knee. Your access key/code is:

- hollandhip (for hip replacement)
- hollandknee (for knee replacement)

Patients who have used this app report they find it very useful, easy to use and answered questions they would have called the surgeon to discuss. Over 90% would recommend the App to other patients.

For more information go to sunnybrook.ca/myHip&Knee. If you require any technical help, e-mail support@seamless.md.

“It was a nice motivation to keep on track with preparation ahead of surgery. I found the photos and articles in the library most helpful and reassuring as questions arose during recovery.”

- myHip&Knee user

Patient-Reported Outcome Measures (PROMs)

Patient-reported outcome measures are surveys that you fill out to tell your health care team how well you are doing before your surgery and how well you are recovering. They include questions about your pain, daily activities, quality of life and the care you received at the hospital. To complete these surveys, you will be sent an e-mail and/or text notification containing a link at several time points, before and after your surgery. It will take about 5 minutes to complete.

Staying Active – Exercises & Activities

Being active while you wait for surgery is important and will not harm your joints. Research shows that exercise can help decrease pain, improve leg strength, and help keep your heart in good condition before surgery. There is a greater overall health risk in not being active.

If you have not been regularly active, remember to speak to your family doctor before starting to exercise. If you have any problems, please ask your doctor or healthcare provider for help.

Endurance activities are good for your heart, lungs, circulation, and muscles. Some suggestions for endurance exercises include:

- Walking
- Swimming/Aquafit
- Stationary Exercise Bike (upright or recumbent)
- Tai Chi

If you have not been involved in any regular exercise, it is important to start slowly. Your goal is to be physically active every day. Begin with a few minutes and aim for 30 minutes most days at a moderate to vigorous level (sweat a little). Exercising in 10 minute chunks is just as good.

For more information on physical activity, explore the Public Health Agency of Canada website: phac-aspc.gc.ca. Scroll down and select “Health Promotion,” then “Healthy Living,” then “Summer Active and Winter Active.”

Being involved in an exercise program **before** your surgery will help in your recovery after surgery. After surgery, walking and leg strengthening exercises are an important part of your recovery.

Guidelines for Strengthening Exercises

Repetitions

- Each exercise should be repeated several times until you feel some tiredness in your muscles. As you get stronger, you can add more repetitions and sets. Use muscle tiredness as your guideline.
- For best results try the exercise 10 to 15 times.
- Perform 1 to 3 sets with a 1 minute rest between sets, 3 times per week.

If you experience more pain with exercise that doesn't go away, see a physiotherapist or exercise professional for assistance.

Exercises for Patients Preparing for Hip and Knee Replacement



Please note: In the instructions, “involved heel/leg” indicates the leg that will be undergoing surgery.

To strengthen thigh muscles:



Leg Press (easiest)

- Sheet around heel of involved leg
- Bend knee using the sheet if needed
- Straighten your leg against resistance of the sheet keeping your heel on the bed



1/4 Squat

Starting Position: Stand in front of a chair, equal weight through feet. Feet hip-width apart

- Slowly bend your knees until you are hovering above the chair (1/4 squat)
- Keep chest over knees and pause
- Stand all the way up
- You may use a counter for support
- Practice until you can reduce the use of the counter



For best results:

- 10-15 repetitions
- 1-3 sets, 1 minute rest between sets
- 3 times per week



Leg Press

Starting Position: Knees bent to 90 degrees

- Push against the weight to straighten the knee in a slow controlled movement
- Slowly release back
- Do both legs



Seated Hamstring Curl with Band

Starting Position: Sit on a chair, with theraband looped around leg of a table and your ankle, with the other foot flat on floor

- Slowly bend your knee against the tension of the band while keeping your thigh up
- Bend knee as much as possible
- Slowly return to start position



Hamstring Curl

Starting Position: Lie on your stomach with the leg straight and the bar on top of the ankle

- Bring the foot up towards the buttock using a slow controlled movement
- Keep the front of your thighs on the bench
- Slowly release back
- Do both legs

For best results:

- 10-15 repetitions
- 1-3 sets, 1 minute rest between sets
- 3 times per week

To strengthen hip muscles:



Bridge Level 1

Starting Position: Lying on your bed, bend both knees up, place your feet flat on the bed

- Squeeze buttocks and lift your hips off the bed
- Pause and slowly lower
- As you are able, try Level 2



Bridge Level 2

Starting Position: Lying on your bed, bend both knees up, place your feet flat on the bed

- Squeeze buttocks and lift your hips off the bed into Bridge position
- Lift one foot off the bed
- Straighten the raised leg
- Pause and slowly lower hips down to the bed, keeping the raised leg extended
- Do all repetitions with one leg, then switch to do the other

For best results:

- 10-15 repetitions
- 1-3 sets, 1 minute rest between sets
- 3 times per week



- Clam with Band** (tie a light resistance band around your thighs)

Starting Position: Lying on your unaffected side, hips bent 45 degrees and knees bent 90 degrees

- Lift your top knee, push out against the band
- Keep feet together
- Pause and slowly lower
- As this exercise feels easier, use more resistance
- Tip: Keep pelvis still. Do not roll back.
- To help stay in position, have your back and feet against a wall or headboard.

To strengthen calf muscles:



- Toe Raises**

- Rise up on your toes by lifting your heels as high as possible
- Pause and slowly lower
- You may want to use the back of a chair or countertop for balance

To strengthen arm muscles:



- Chair Push-up**

Starting Position: Sit with hands on arms of chair

- Push down on hands to lift hips off chair
- Slowly lower

For best results:

- 10-15 repetitions
- 1-3 sets, 1 minute rest between sets
- 3 times per week

Guidelines for Stretching Exercises

Stretching daily helps to reduce pain and stiffness. Warm up first (walk or ride stationary exercise bike). Hold each stretch for 45 seconds. Repeat 3 times. Do both legs.



Hamstrings Stretch (back of thigh)

Starting Position: Sitting on the edge of a chair with your back straight

- Place your leg out in front of you, heel on the floor, toes pointing up
- Slowly lean forward until you feel a gentle pull at the back of your thigh and knee
- Hold (don't bounce)



Quadriceps Stretch (front of thigh)

Starting Position: Standing with one hand on chair or wall

- Use a towel to pull your foot upwards until you feel a gentle pull at the front of your thigh
- Tip: Stand tall and straight; knees together
- You may also try this on your stomach: Place a towel under your lower thigh. Use a sheet or belt to help stretch
- Keep knees together



Equipment Recommendations

Before your surgery, it is helpful to obtain and set-up some equipment so that you can manage easier at home. You will meet with an occupational therapist at the Pre-admission visit. They will discuss what equipment is recommended for you.



Versa Frame



Raised Toilet Seat
(handles are optional)



Bath Chair or Tub
Transfer Bench
(back optional)



Long-handled
Shoehorn



Long-handled Reacher
(26" or 32")



Sock-aid



Firm Hip Cushion
(3" or 4") Wedge shape
is also acceptable



Grab Bars



Tub Clamp



Long-handled
Sponge



Your equipment may not look exactly as pictured here.

While you are in the hospital, you and your therapist will discuss any equipment you may need in your home. The occupational therapist will assess your specific needs for bathing equipment and teach you how to use the equipment safely before you go home.

The following equipment is **required** after surgery to help you walk and climb stairs safely and independently:



**1. Walker with 2 wheels
OR No wheels***



**2. Adjustable Single-point
cane (may require 2)***

*If possible, bring your walker and at least 1 cane with you to the hospital so the team can ensure they are the correct height and will be safe for you to use at home

Prepare Your Home

► **There are a number of things you can do before your surgery to prepare:**

- Install a hand railing along all stairs.
- Ask someone to help you with household tasks such as grocery shopping, house cleaning, and laundry.
- Arrange transportation for the day of surgery, discharge day, and first follow-up visit. You cannot drive for the first 6 – 8 weeks after surgery, so make other arrangements to get to appointments, etc.
- Tell your family and friends that you are having surgery and might need their help during your hospital stay and after your discharge home.
- Cook and freeze meals ahead of time.
- Be sure your shower or tub has a non-slip coating or mat.
- Obtain necessary equipment to help you manage your activities safely (see page 14 and above).
- Remove home hazards (see page 17).

Protect Yourself From Falls

Arthritis in the hip or knee can increase your risk of falling. ***Please tell a member of your healthcare team if you have had a fall in the past year.**



Know your limitations. If you have had falls in the past, think about possible causes and ways to prevent falls in the future.

There are many things you can do to prevent falls before and after your joint replacement surgery. Consider these practical suggestions:

► Keep Moving...Safely

- Regular exercise can improve your balance, strength, and flexibility.
- Being active can improve joint pain and prevent falls. Ask your healthcare team about an exercise plan.
- Use a cane, walker, or other aid if one has been suggested for you.
- Make sure it is the right height and is within your reach, even indoors.
- It is better to use a cane or walker than to hurt yourself in a fall!
- Footwear is important, both indoors and out. Be sure your footwear fits well, and has non-slip soles. Elastic laces or shoes with Velcro® can be helpful.
- Always get up slowly after lying or sitting down.
- Take your time! Rushing can be dangerous. Be sure your friends and family are aware you may need time to get to the door or phone and have them plan accordingly. An answering machine or cordless phone may be helpful.
- Avoid walking on rough ground, unlit paths, and icy surfaces.
- Go out with a walking partner for safety, motivation, and fun.
- Consider options such as walking in a mall for exercise.
- Never text or read while walking!

► **Remove Home Hazards**

- Minimize clutter around your house and make sure walking paths are clear. Remove wires and cords from pathways by taping them to the wall.
- Remove throw rugs! They are a common tripping hazard.
- Be sure that areas you walk are well lit! A bedside light should be within easy reach so you can turn it on before getting out of bed. Placing a nightlight along the path from bed to bathroom can also be helpful.
- Take your time when using the stairs. Be sure stairways are well lit, free of clutter, and have a secure handrail. Stairway carpet should be very secure.
- In the bathroom, everyone should use a non-slip mat or strips on the floor of the tub or shower. Equipment such as a raised toilet seat, tub seat, and grab bars may be helpful. An occupational therapist can help determine which aids would be most helpful for you.
- In the kitchen, do not climb on a footstool or chair to reach for objects. Move frequently used items to lower shelves. You can use a Reacher for light items that are out of arm's reach.
- If you have pets, be aware of them as you walk. Consider placing a bell on your pets' collars so you can be more aware of their movements. Try to keep pet toys in a special place away from walking paths. During your early recovery stage, you may consider arranging for family or friends to take your pet to their house or to come over to walk your pet regularly.

► **Your Overall Health Matters**

- Use eye glasses regularly if they have been prescribed. Being able to see where you are going is an important part of falls prevention, even in familiar environments.
- If you have a hearing aid, be sure to wear it.
- Regular checkups with your family doctor are important for monitoring medications and health conditions that can increase your risk of falling.
- Let your pharmacist or doctor know if you think any of your medications make you sleepy or dizzy.

Select a Coach

This optional program gives you an opportunity to choose a family member or a friend as a “coach” who will help you before, during, and after your hospital stay.

► Your Coach should:

- Attend the Pre-admission Clinic visit and Pre-operative Education Class with you.
- Help you plan for your admission to hospital.
- Help you prepare for your discharge home.
- Translate if English is not your first language.
- Be a “second set of ears” to help remember instructions.
- Come with you to the hospital on the day of surgery.
- Be available when you are discharged home to help you settle in, and remind you of all your instructions.

**Remember...your coach is there to be a
“guide on the side”, not to take over for you!**



Please let your health care team know if you have chosen a coach.

Be As Healthy As You Can Be!

It is important to be as healthy as possible so your surgery and recovery go smoothly. This will also help prevent your surgery from being cancelled or delayed.

- See your family doctor if you have health concerns. They will make sure you are medically fit for surgery.
- See your dentist for a routine check-up and cleaning. Have tooth and gum problems treated to eliminate infection and prevent its spread.
- If you are followed by a specialist, such as a cardiologist (heart specialist) or respirologist (lung specialist), let them know you are having surgery. They may want to see you and arrange tests to make sure you can safely have surgery.
- If you have a cardiac pacemaker, have it checked at your pacemaker clinic within 6 months of your surgery date.
- Inform your surgeon if you have an implanted cardiac defibrillator.
- If you use a CPAP or BiPAP machine, make sure it is in good working order and that your sleep apnea is well managed on the current settings. If you are unsure, please contact your CPAP provider.

Eating Well and Managing Your Weight

Eat a well-balanced diet. Good nutrition will help your body heal after surgery. It will also boost your energy. You can access Canada's Food Guide at [**healthcanada.gc.ca/foodguide**](http://healthcanada.gc.ca/foodguide)

Being overweight can increase your risk of surgery and make your recovery more difficult. If you need to lose weight, talk to your family doctor about an appropriate weight loss program. You can access Dieticians of Canada at [**dieticians.ca**](http://dieticians.ca)

Helping You Quit Smoking Before Surgery

Not smoking before surgery even for a short time can reduce risks associated with surgery, improve surgical success, and get you home sooner. This is a great time to think about quitting.

What are the benefits of not smoking?

- Lower risk of developing a wound infection because of improved blood flow. This means more oxygen and nutrients to your surgical site which improves healing
- Lower risk of developing pneumonia because your lungs work better and breathing is easier
- Lower risk of developing heart problems because improved blood flow and oxygen means less stress on your heart

We can help! Here is a list of resources to support you:

- Register for our monthly “Quit Smoking Tips” class by calling: (416) 480-4534 or e-mailing patienteducation@sunnybrook.ca
- E-mail questions to smokingcessation@sunnybrook.ca
- Visit smokershelpline.ca for online/digital support
- Canadian Orthopaedic Foundation at 1-800-461-3639 or whenithurtstomove.org
- Call Telehealth Ontario toll-free at 1-866-797-0000 or toll-free TTY 1-866-797-0007 to get telephone based smoking cessation support 24 hours a day, 7 days a week
- Visit the Patient and Family Education Centre located in the Holland Centre Library on the 2nd Floor, Room 253
- Speak to a member of your health care team

Building Up Your Blood

Patients having a hip or knee replacement procedure are asked to start an oral iron supplement. Iron is the building block of red blood cells. Low iron levels can make you feel tired, irritable and cause you to have difficulty concentrating.

Taking iron will help improve your hemoglobin (red blood cells) before surgery so you feel better and have more energy following your surgery. Your body absorbs iron best when taken on an empty stomach. Taking iron with a Vitamin C tablet or a glass of orange juice will also help your body absorb the iron. Iron supplements can interfere with some prescription medication so please check with your pharmacist or doctor before taking. Do not start an iron supplement if your doctor has asked you to avoid iron.

We recommend you start one of the following supplements 4 to 6 weeks before your surgery:

1. Ferrous Gluconate 300 mg once a day

- Side effects might include constipation and stomach upset
- Stool softeners and laxatives may be needed. See your family doctor if you have any concerns.
- It is an over the counter supplement
- It is covered under most drug plans so you may want to get a prescription from your doctor so you can be reimbursed.
- If you cannot tolerate ferrous gluconate, consider Feramax described below.

OR

2. Feramax 150 mg once a day

- Has fewer side effects such as constipation and stomach upset in most people
- It is an over the counter supplement
- Not usually covered under drug plans

*If you already take an iron supplement such as Palafer or Eurofer (ferrous fumarate) and are tolerating it well, it is not necessary to change supplements.

Who is at Risk of Requiring a Blood Transfusion?

People having a single hip or knee replacement for the first time usually do not need a blood transfusion. However, the risk of needing a blood transfusion increases if you are having the following procedures: bilateral hip replacement (both hips operated on at the same time), bilateral knee replacement (both knees operated on at the same time), revision of a hip replacement, or if you have a history of anemia (low blood/low iron). In these cases, please contact the Blood Conservation Clinic as soon as you know your surgical date.

The Blood Conservation Clinic works closely with the preoperative team to identify patients who might need additional treatment before their surgery. They will discuss other options available to build up your blood and reduce the risk of needing a blood transfusion.

These options include:

- Intravenous iron infusions
- Injections to help your body produce more red blood cells

If You Have Religious Beliefs Concerning Blood Products

Please discuss this with your surgeon. Complete the “Transfusion and Alternative Options as Selected by Patient” form so that your healthcare team is aware of your wishes. Your surgeon’s office can provide you with this form. It must be signed by both you and your surgeon.

You can contact the Blood Conservation Clinic at (416) 480-6100 ext. 62061.

Length of Stay & Recovery

You can expect to be in hospital for 1 night. You will then be discharged home.

Patients manage their hospital stay and recovery better when they are prepared for their surgery. Care plans have been introduced in Ontario to help you recover and return home for rehabilitation as quickly and safely as possible. These care plans are quite different than what you might have experienced in the past.

You may be referred to an outpatient rehabilitation program depending on the type of surgery you have.

Hip Replacement Surgery: You will be given information that will allow you to exercise and recover at home. You will be asked to attend an in-person or virtual rehabilitation session 6 to 8 weeks after your surgery to make sure that you are continuing to make good progress.

Knee Replacement Surgery: After your knee replacement you will need to start outpatient physiotherapy within 7 days of leaving the hospital. We will make arrangements for you to have physiotherapy at the Holland Centre. This may be delivered in-person and/or virtually. If you prefer to go to a physiotherapy clinic closer to your home, we have agreements with clinics across Ontario.

Please go to [sunnybrook.ca/clinics/outpatient-clinics](https://www.sunnybrook.ca/clinics/outpatient-clinics) to find available clinics.

When you come to the Holland Centre for your Pre-admission Clinic visit, you will be asked which clinic would be most suitable. A physiotherapy referral will be sent directly to that clinic and you will be contacted by the clinic within 48 hours to arrange an appointment. Your physiotherapy will usually be a group program, twice a week, for about 4 weeks and may be delivered in-person and/or virtually. If you are having revision surgery, please go to health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx to find a listing of publicly funded PT clinics near you.

Your length of stay in hospital and the need for outpatient rehabilitation will be assessed by the team based on your progress.

Some patients with complex health issues require services in their home once they are discharged. Your eligibility for Home and Community Care services will be assessed before you leave the hospital.

What To Do If You Become Sick Before Surgery

If you develop a cold, flu, or stomach symptoms (such as vomiting or diarrhea) before your surgery, call your surgeon's office. If surgery is postponed because of illness, we will make every effort to arrange a new surgical date as a priority. If these symptoms occur on the weekend prior to a Monday surgery, please call the hospital at (416) 967-8500, select "0" and ask for the Holland Centre hospital coordinator.

Pre-admission Clinic

You must attend the Pre-admission Clinic **several weeks before your surgery**. This visit will take several hours. **We will contact you with an appointment.**

During this visit you will meet the preoperative team. This will include a nurse, anesthesiologist or nurse practitioner, medical internist, and occupational therapist. You might also meet a medical radiation technologist, laboratory technologist, physiotherapist, or research assistant.

They will assess your overall health to make sure you are medically fit and ready to have your hip or knee replacement. They will review what to expect during your hospital stay and ways to prepare for your discharge home. They will answer questions and discuss any concerns you might have.

Pre-admission Clinic Checklist to prepare for the appointment:

- Bring your medications in their original containers
- Bring a list of vitamins, supplements, and herbal products that you take
- Bring current reports from any specialist you may be seeing, such as a cardiologist or hematologist. If reports are not available, bring in the name and telephone number of your specialist(s)
- Bring your Ontario Health Card
- Bring supplementary insurance information with insurance company policy/certificate group plan/type of coverage
- You do not need to fast for this appointment. Eat before you arrive, and bring a snack
- If you use sign language or do not speak English, please bring an interpreter with you
- Bring a friend or family member (coach) if possible
- Bring this guide with you
- Bring the contact number where you can be reached the night before your surgery
- Let us know if you require overnight accommodation before your surgery. We can provide a list of hotels in the area
- Let us know if you will be flying home after surgery. We need to arrange for medical clearance with the airline
- Download and access the myHip&Knee App at [sunnybrook.ca/myhip&knee](https://www.sunnybrook.ca/myhip&knee) (see page 6)

Useful Resources

1. For information about Sunnybrook Health Sciences Centre, go to [**sunnybrook.ca**](http://sunnybrook.ca). For direct access to information about the Holland Centre, go to [**sunnybrook.ca/holland**](http://sunnybrook.ca/holland). Our teaching videos can be found under “Patient Education.”
2. MyChart is an online website where patients can create and manage their personal health information based on clinical and personal information. MyChart is accessible anywhere at any time through the internet. You can learn more at [**mychart.ca**](http://mychart.ca).
3. For information on Arthritis, Arthritis programs, and resources offered by the Arthritis Society go to [**arthritis.ca**](http://arthritis.ca) or call (416) 979-7228.
4. For information on physical activity, including guidelines and tips for getting active, go to [**www.phac-aspc.gc.ca**](http://www.phac-aspc.gc.ca). Scroll down and select “Health Promotion,” then “Healthy Living,” then “Summer Active and Winter Active.”
5. For information about Quitting Smoking before surgery:
 - Smokers’ Helpline at 1-877-513-5333 or [**smokershelpline.ca**](http://smokershelpline.ca)
 - Canadian Orthopaedic Foundation at 1-800-461-3639 or [**whenithurtstomove.org**](http://whenithurtstomove.org)
 - Sunnybrook’s “Quit Smoking Tips” class at (416) 480-4534 or patienteducation@sunnybrook.ca
6. The Canadian Orthopaedic Foundation has a number of helpful resources online as well as a peer support program that connects orthopaedic patients with volunteers who have undergone similar surgery. Click on “Patient/Public Information” at [**whenithurtstomove.org**](http://whenithurtstomove.org).
7. Go to Canada’s Occupational Therapy resource website [**caot.ca**](http://caot.ca) for information on assistive devices and falls prevention. Be sure to review the “Tools for Living Well” pamphlets or call the Canadian Association of Occupational Therapists at 1-800-434-2268.

8. For information on arthritis and depression, go to arthritis.org, select “Healthy Living” and select “Emotional Well-being”. For information on depression and insomnia after surgery, go to:
 - hipknee.aahks.org/getting-a-good-nights-sleep-after-hip-or-knee-replacement-surgery/
 - healthline.com/health/depression-after-surgery
9. For information about healthy eating, you can access:
 - Dietitians of Canada at dietitians.ca
 - Eating Well with Canada’s Food Guide at healthcanada.gc.ca/foodguide
 - UnlockFood.ca at unlockfood.ca

Educational Resources for Patients and their Families

Our patients have told us that sometimes it is confusing to find the right information to help them manage their conditions. To help address this need, we introduced a Patient and Family Education Centre which is located in the Holland Centre Library on the 2nd floor (Room 253) and is open from 8:00 am to 5:00 pm. In the Centre patients, family members, and caregivers can access a wide range of resources including: interactive medical models, books, DVDs, brochures, and computers with links to helpful educational websites such as those offered by the Arthritis Society. We hope you will visit the Centre! We welcome any feedback you have on how we can continue to meet your information needs.

Your Hospital Stay

Admission Information

To be completed at your Pre-admission

Clinic Appointment:

- My scheduled surgery date is: _____
- My expected discharge date is: _____
- Admission time: We will call you two days before your surgery to confirm the time of your admission which could be as early as 6:15 am. This is a tentative time that is subject to change.
- Admission location: Surgical Patient Registration Area, 5th floor, room 547

► Medication Instructions

- **STOP** this medication before surgery:

- **CONTINUE** all other medications as prescribed until the day before surgery.

- **THE MORNING OF SURGERY TAKE ONLY** this medication:

All piercings and jewelry (including wedding rings) **must be removed** before surgery. Please see a jeweler to have them cut off if necessary.

► **Food and Drink Instructions**

Nothing to eat after midnight the night before surgery. This means no food, candies, or gum.

You may have clear fluids up to 2 hours before your scheduled admission. Clear fluid includes water, clear apple or cranberry juice, carbonated soft drinks, black tea and black coffee with sweetener (NO milk products or whitener). Clear fluids does not include milk, citrus juices (with or without pulp), or alcohol.



It is important to have an empty stomach before surgery to prevent stomach contents from going into your lungs and causing serious problems. If you do not follow these instructions, your surgery will be cancelled.

Pre-admission Clinic Nurse: _____

Date: _____

Chlorhexidine Shower Before Surgery

It is important to clean your skin before surgery to reduce the risk of infection. The Chlorhexidine soap is to be used in the shower starting 2 evenings before your surgery. The last shower is to be done on the morning of your surgery for a total of 3 showers.

- You will be given this soap at your Pre-admission Clinic visit.
- Patients who do not attend the Pre-admission Clinic can purchase this soap at their local drug store.
- If it is not available, you can purchase another antibacterial body soap as a substitute.

Using the Soap:

- Test the soap on a small patch of skin to make sure it doesn't irritate your skin before using it on the rest of your body
- Use a clean washcloth and towel with each shower
- Wash your body from neck to feet. The soap doesn't lather much.
- Finish with the groin and anal areas
- Leave the soap on for 2 minutes before rinsing it off
- Rinse the soap off your body thoroughly
- Use your own soap on your face
- Use your own shampoo on your hair
- Dry your skin; finishing with the groin and anal areas
- Wear clean clothes or pajamas after each shower
- Change your bed sheets the evening before surgery

Stop using Chlorhexidine soap if skin irritation develops, and continue with your regular soap following the same instructions.



Don't:

- Don't apply anything to your body i.e. cream, lotion or powder after your shower.
- Don't shave the hair at your surgical site.
- If you are having knee surgery – don't shave your legs for 5 days before surgery and until 2 weeks after surgery.



Important: Do not use chlorhexidine soap on your face. Chlorhexidine soap should not come in contact with your eyes or ears.

Packing for the Hospital

► What to Bring:

- Ontario Health Card
- Supplementary insurance information with insurance company policy/certificate/group plan
- Current medications in their original containers. Exception: Do not bring opioids and controlled substances to the hospital. For example: oxycodone, oxycocet (Percocet[®]), lorazepam (Ativan[®]), methylphenidate (Concerta[®])
- If you use non-inhaled forms of medical marijuana at home and wish to continue use in hospital, you are required to bring your supply of marijuana as well as one of the following:
 - A prescription for medical marijuana use
 - The shipping label from a Health Canada-licensed producer
 - A registration certificate from Health Canada
- CPAP or BiPAP Machine (if you are currently using one) and distilled water if this is your preference
- Comfortable and loose-fitting clothing
- Supportive shoes with a non-slip sole such as running shoes
- Assistive devices that you may need and already have, such as walker, cane(s) or crutches
- Toiletries (toothbrush/toothpaste, tissues, soap/shampoo, feminine hygiene products, etc.)
- Labeled eye glass case/denture cup/hearing aid(s) case
- Nightgown/pajamas (avoid full-length gowns that may cause a tripping hazard)
- Slippers with a back and non-slip sole
- A combination lock for the locker in your room

Please label your personal items.

► **What to Leave at Home:**

- All piercings and jewelry (including wedding rings) must be removed before your surgery. For safety reasons, if jewelry is not removed prior to surgery we will need to cut it off. This is to prevent:
 - Burns from equipment
 - Swelling and reduced circulation to fingers and toes
 - Choking or other injuries from mouth jewelry
 - Skin tearing near jewelry
 - Risk of injury to hospital staff
- Perfume or scented items – the hospital is a fragrance-free facility
- Valuables
- Opioid medication, controlled substances or recreational drugs (bring all other medications to hospital)



Please be advised that the Holland Centre is not responsible for money, valuables or other personal property including eyeglasses, dentures and hearing aids.

On the Day of Your Surgery

Please use the east elevators by the cafeteria. Go to the Surgical Patient Registration area, located on the 5th floor, room 547. Due to space restrictions, only one person may accompany you. Other family members or friends may wait in the Lobby or Cafeteria area. Staff will let you know what time your surgery is scheduled.

Remember...

- If you communicate using sign language or do not speak English, bring an interpreter to the hospital with you. Your health care team must be able to communicate with you.
- Your personal belongings will be taken to your assigned room by your family or a staff member.
- A nurse will meet with you and get you ready for surgery. They will update your health history and review your medications. Your blood pressure, pulse, and temperature will be taken and an intravenous (I.V.) will be started in your arm.
- A staff member will accompany you to the Block Area. Your surgeon will initial your operative site and you will meet your anesthesiologist. The Operating Room nurse will get you ready for surgery.

Surgery usually takes 1 ½ to 2 ½ hours. After surgery, you will be taken to the Post Anesthetic Care Unit (PACU) where you will be monitored for about 1 hour. If you choose, your family member or a friend can be provided with a code so that they can track when you are out of surgery. After PACU, you will be taken to your room. Your family/friends will be able to visit you once you have arrived in your room.

Anesthesia and Surgery

All surgery requires some form of anesthesia. Anesthesia falls into two main categories:

- 1. Regional anesthesia:** where local anesthetic is used to “numb” part of your body. This includes spinal and nerve blocks, and, rarely, an epidural; or a combination of both.
- 2. General anesthesia:** where you are fully asleep and unconscious during surgery and a breathing tube is placed in your throat.

All anesthesia and surgery have some risks. Fortunately, bad outcomes are rare.

The anesthesia care team consists of an anesthesiologist, nurse practitioner, anesthesia assistant, and fellows or residents. An anesthesiologist is a medical specialist responsible for your safety and comfort during surgery. They monitor your vital signs and are able to manage any problems that may arise.

Planning for your anesthesia starts at the Pre-admission Clinic. During this visit, you meet with a member of the anesthesia care team. They will discuss the various options available. This team also helps manage your pain while you are in the hospital. Let them know if you have had any problems with pain medication in the past.

You will likely have a different anesthesiologist the day of your surgery. They will review the information from your Pre-admission Clinic visit and discuss any questions or concerns you might have.

Types of Anesthesia

Regional anesthesia is most commonly used for patients having a hip or knee replacement at the Holland Centre. However, for some patients, a general anesthesia is the safest option. If you have a strong preference either way, please inform your anesthesia care team.

Both options are safe. Spinal anesthesia avoids many of the side-effects people experience with a general anesthesia. For patients with severe lung problems or severe sleep apnea, a spinal is the best option.

Spinal Anesthesia

Spinal anesthesia is a type of regional anesthetic. We first numb your skin. Local anesthetic is then injected into the fluid below the spinal cord. This “freezes” the nerves so that you have no feeling or movement in your hips or legs. The numbness lasts 2 to 4 hours depending on the type of local anesthetic used.

You will not see or feel the surgery taking place. Most patients having a spinal anesthetic prefer to be “very sleepy” in the operating room. Medication is given through the intravenous to relax you and put you into a light sleep. This is called sedation. With sedation most patients have no memory of the operating room.

You may choose not to receive any sedation during surgery. Let your anesthesiologist know if you have chosen this option.

► **What are the benefits of Spinal Anesthesia?**

- Lower risk of nausea and vomiting
- Feeling less groggy on the day of surgery
- Better pain control on the day of surgery
- Less blood loss during surgery
- Less effect on breathing after surgery
- Lower risk of lung problems for patients with bronchitis, emphysema (COPD) or severe asthma

► **What are the risks of Spinal Anesthesia?**

- Temporary inability to empty bladder (urinary retention), particularly in older men with prostate problems
- Extremely rare: paralysis, nerve damage, death

General Anesthesia

With general anesthesia, several medications are given through your intravenous so you are fully asleep and unconscious during surgery. After falling asleep, a breathing tube is placed in your throat and you are connected to a breathing machine. Following your surgery, the breathing tube is removed once you are breathing on your own. You are then taken to the Post Anesthetic Care Unit (PACU), where you will wake up.

► **What are the risks of General Anesthesia?**

- A mild sore throat that lasts 1 to 2 days
- Tooth or airway damage from putting in the breathing tube
- Nausea or vomiting, which may last for 1 or 2 days
- Confusion or memory loss particularly in older persons

- Stomach contents getting into lungs (aspiration)
- Extremely rare: Allergic reactions, awareness during surgery, nerve damage, death

Is the risk of confusion (delirium) or memory loss less with a Spinal Anesthetic?

- No, confusion and memory loss is due to many factors (stress of surgery on your brain, pain, medications, foreign environment). The type of anesthetic has not been shown to make a difference.

Nerve Blocks

A nerve block is a type of regional anesthetic used in combination with a spinal or general anesthetic. Local anesthetic is injected near the nerves that give sensation to your surgical site, making it feel numb. It provides up to 24 hours of pain control.

Some patients have a continuous nerve block. This is used to manage pain for longer than 24 hours. A small tube is secured in place to allow a continuous flow of local anesthetic through a pain management pump.

How are Nerve Blocks Given?

Nerve blocks are done by your anesthesiologist just before your surgery. Special equipment, such as an ultrasound or nerve stimulator, is used to find the nerves. The anesthesiologist numbs your skin first with some local anesthetic. When the nerve block is being put in, you might feel some twitching movements. Your anesthesiologist will then inject local anesthetic. You may notice a warm, tingling sensation. Your limb may feel heavy and numb.

► **What are the Benefits of Nerve Blocks?**

- Pain relief from the nerve block reduces the amount of strong pain medication (opioids) needed to manage your pain
- Fewer side effects such as nausea and drowsiness

► **What are the Risks of Nerve Blocks:**

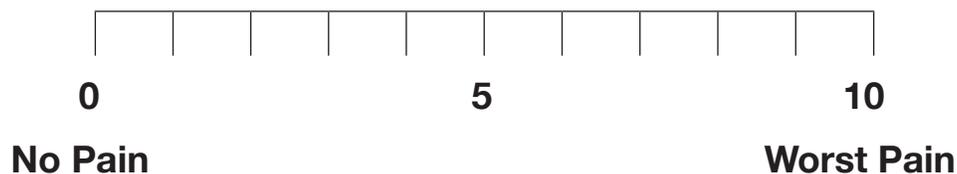
- Less than 1% of patients have a “pins and needles” sensation in the area that may last for 3 to 4 weeks; permanent nerve injury is extremely rare.
- In a small number of patients, local anesthetic may be injected into the blood stream, causing ringing in the ears and a metallic taste in the mouth. Please let your anesthesiologist know if you experience this.

Pain Management After Surgery

Pain is an unpleasant sensation that is different for every person. There are many words to describe pain like soreness, discomfort, or aching. Assistance with pain management is provided by the Acute Pain Service, which is run by the Department of Anesthesia. The team includes anesthesiologists and nurse practitioners. Our goal is to make sure you are as comfortable as possible. Good pain control allows you to exercise and progress with your activity, which is important for a successful recovery.

When Do I Treat My Pain?

A pain rating scale helps us communicate and understand the level of pain you are experiencing. It can also help you decide when to do something to relieve your pain. This scale begins at 0 which is “No Pain” and goes up to 10 which is the “Worst Pain.” If the level of pain you are experiencing is preventing you from doing your exercises and being active, you should treat your pain.



Remember: Managing your pain and being active is an important for your recovery.

Types of Pain Control Available

There are several methods of pain control available. Your anesthesia care team will discuss which methods are best for you. We use many types of pain medication together to minimize the pain you experience.

► Common Pain Medications

1. Non-opioid Pain Medication might include:

- acetaminophen (Tylenol®)
- celecoxib (Celebrex®)

2. Opioid Pain Medication is used when non-opioid pain medications are not effective. These medications might include:

- oxycodone
- hydromorphone (Dilaudid®)
- morphine (Statex®)

Opioid medications can cause side effects such as constipation, nausea, drowsiness, dizziness and/or itchiness. Severe pain can also cause some of these side effects, so it is important to treat your pain. These side effects may cause you to not want to eat, drink, or do your regular activities. There are ways to manage these side effects, so let your nurse know if you experience any of these problems. Refer to pages 47 to 51 for “Potential Complications & How to Help Prevent Them.”

What is PCOA?

Patient Controlled Oral Analgesia (PCOA) allows you to keep a dose of the short-acting opioids medication at your bedside.

► What are the Benefits of PCOA?

- **FASTER:** You do not have to wait for your nurse to bring pain medicine to you.
- **CHOICE:** You may choose one or more pain pills (as prescribed by the Acute Pain Service team) to control your pain at times that work best for you (e.g. before exercises).
- **PREPARED:** You may be better prepared to manage your pain at home.

How Does PCOA Work?

A labelled bottle with short-acting opioids will be given to you to keep at your bedside. You can decide when and how many pills to take. Call your nurse for a re-fill when the bottle is empty.

Things to Remember

The pain medicine takes at least 30 minutes to start to work after you have taken them. Take them at the earliest sign you are becoming uncomfortable. If the medicine does not control your pain, please tell your nurse. Additional or different pain medicine can be given.

Tracking Your Pain In Hospital

You must complete a Patient Pain Diary. The diary will help you and the healthcare team to know how effective your pain is managed.

1. Before you take your pills, fill out the Patient Pain Diary by circling your pain score.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No pain Worst pain

2. Write down the number of pain pills and what time you took them (1, 2, or 3 pills).

2 pills at 9:30 am

3. One hour after you have taken your pills, circle your pain score on the Patient Pain Diary.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No pain Worst pain

4. When your pill bottle is empty, call your nurse to re-fill the bottle. The pain service team will monitor your dosing and assess your progress daily.

Patient Controlled Analgesia (PCA) for Severe Pain

Intravenous pain medication is sometimes required for severe pain. A pump containing an opioid medication is connected to your intravenous. A dosage of pain medication is delivered when you push a button attached to the pump. The pain pump is programmed to allow you to receive pain medication every 5 minutes if needed.

Side effects such as nausea or itchiness may occur. Medication can be given to manage those side effects so let your nurse know if it is a problem. The PCA can be used for the first 24 hours after your surgery.

! It is important that only you push the button of the PCA pump. Please do not allow family or friends to do this for you because the safety features of the pump will not work.

Epidural Analgesia for Complex Procedures/Cases

An epidural is a tiny tube placed in your back by an anesthesiologist. It is placed in a space outside your spinal cord and will give a steady flow of medication to help reduce your pain after surgery. Epidural analgesia is considered for patients having bilateral hip or knee replacement procedures or other complex surgeries, or for people with challenging pain management issues.

To put the epidural in your anesthesiologist will ask you to lie on your side or sit at the edge of the bed. They will freeze an area of your back. A needle is placed into your back and the small epidural tube is inserted. The needle is then removed while the tube remains in place. Medication is given through the tube to provide pain relief. Epidurals are usually inserted before your surgery. After your operation, your epidural will be connected to an epidural pump, which will deliver a steady dose of pain medication.

The most common side effects include nausea, itching, and feeling dizzy. Your legs may also feel heavy and numb. Let your nurse know if you experience any of these symptoms.



Remember: Good pain control is important to allow you to exercise and recover successfully.

Potential Complications and How to Help Prevent Them

Despite the success of total joint replacement, there is a small risk of developing complications. These complications can develop because of health problems, the anesthesia, or the surgical procedure itself. Possible local complications include: surgical site infection, damage to blood vessels and nerves, blood loss possibly requiring blood transfusion, bone or implant fracture, increased bone formation around the joint, dislocation of the joint, altered limb length, early wear of the prosthesis, and persistent or worsened pain and stiffness in the joint that was replaced. These complications may require additional surgery to improve your function.

Other medical complications include the risk of developing a deep venous thrombosis (see page 48), pulmonary embolism (see page 48), heart attack, stroke and even death.

Although the likelihood of such complications occurring is low, your surgical team will make every effort to minimize the risk as much as possible. Your surgeon, anesthesiologist, and medical internist will discuss these issues with you before surgery. Please make sure all your questions are addressed when you meet with your surgical team.

Infection is a possible complication of any surgery. The risk is reduced through careful surgical technique and the use of antibiotics before and after your surgery. Bacteria can travel through your bloodstream from infection elsewhere in your body to your new joint, i.e. from your throat, teeth, skin, or urine. This is why it is important to have all infections assessed and treated before your surgery, as well as after surgery to protect your new joint.

At your Pre-admission Clinic visit, we will give you Chlorhexidine soap to use several days before surgery. This will help reduce the risk of developing an infection. See page 31-32.

Breathing Problems such as pneumonia can occur after surgery. It is important to do several deep-breathing and coughing exercises every half hour when awake the first few days after surgery. This helps provide oxygen to your lungs and keeps your airways clear. Sitting up, getting out of bed as soon as possible and being active also helps prevent breathing problems.

Cardiovascular Complications (heart problems) can occur due to the stress of surgery. Surgery puts an additional workload on the heart. In patients with known heart disease, this can increase the risk for abnormal heart beats, chest pain, or, very rarely, heart attack. These complications can also happen in patients with no known heart problems. This is why it is important to have a thorough health assessment before your surgery.

Deep Vein Thrombosis (DVT) are blood clots which can develop in the deep veins of your legs. This is often associated with lack of movement, so early activity is encouraged. It is important to move your ankles up and down several times an hour after surgery. This is called “ankle pumping.” You are also encouraged to tighten and release the muscles in your legs. These exercises promote good circulation. Anticoagulants (blood thinners) will also be used to prevent blood clots. They are given in either a pill or needle form.

Pulmonary Embolism can occur when blood clots from the deep veins in the legs or pelvis break off, travel up to the lung, and lodge there. If the clot is large enough, all circulation to the lungs may be cut off. This is a serious complication.

Anticoagulants (blood thinners) are given after surgery to prevent clot formation. Ankle pumping and early activity will also help prevent this complication.

Urinary Problems, such as difficulty passing urine, can happen following any type of surgery. Sometimes a catheter (tube) is inserted into the bladder to drain the urine. The catheter can be left in place for a few days or removed immediately after the bladder has been emptied. Let your nurse know if you have problems passing urine. Following spinal anesthesia you may pass some urine without being aware of it. This is normal and can happen during the first few hours until the spinal anesthesia wears off.

Nausea is common after surgery. Medication may be given to settle your stomach, so let your nurse know if you are experiencing this. Take your pain pills with food to protect your stomach and minimize nausea.

Paralytic Ileus is a distention of the bowel with gas. This can happen when the bowels stop working properly. As a result, gas builds up and causes abdominal discomfort, distention and vomiting. To prevent this, early activity is important to stimulate your bowels to function normally.

Constipation is common and a potentially serious complication that can occur because of pain medication, reduced activity, and dehydration. Constipation can lead to and aggravate other medical conditions. Laxatives and motility agents are given daily to help prevent constipation. If they are not effective, ask your nurse for a suppository or an enema. **Make sure you have a bowel movement the day before your surgery to help prevent problems after surgery.** A high fibre diet, lots of fluids and being active are important to help promote regular bowel movements.

Allergic Reactions can happen after surgery and vary from a mild rash to an intense reaction that can interfere with your breathing. Please let us know if you have any allergies. They will be documented in your medical record. We will also provide you with an allergy alert bracelet to be worn while you are in the hospital.

Skin Irritation and bed sores are caused by pressure from lying in bed. It is important to change your position frequently while in bed and to get up as much as possible after surgery. The nurses and therapists will help you.

Confusion and Delirium can sometimes occur after surgery. You may behave differently, and see or hear things that aren't really there. This usually resolves in a few days, but can sometimes last for several weeks. Many things can contribute to this, such as the anesthetic, pain medication, lack of sleep, and alcohol withdrawal. It is important to let us know if you have experienced this with previous surgeries. Wearing your glasses and hearing aids can help if you experience this. We also recommend that you reduce your alcohol intake several weeks before your surgery. If you have experienced postoperative confusion in the past, it is helpful to have a relative sit with you after surgery.

Remember: Getting out of bed and walking as soon as you are able will help prevent many of these complications and allow for a smooth recovery. Please refer to page 52 for a listing of benefits and strategies you can try.



► **While you are in hospital, it is important to tell your health team if you have any of the following:**

- Problems controlling your pain
- Difficulty breathing
- Chest pain, tightness or pressure
- Problems passing urine
- Problems with I.V. line
- Upset stomach or dizziness
- Unusual feelings of numbness and/or tingling

► **Benefits of Getting Out of Bed While in Hospital**



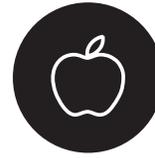
1. Skin

- Getting out of bed can help prevent bed sores



2. Lungs

- Improved breathing
- Improved ability to cough up secretions
- Improved ability to fight infections



3. Nutrition

- Improved appetite
- Less risk of choking when eating



4. Brain

- Improved mood
- Improved sleep



5. Muscles/Bones

- Less weakness
- Prevents loss of strength
- Less pain in joints



6. Heart

- More stable blood pressure
- Improved circulation

► **Strategies**

- Sit up for all your meals
- Sit up in a chair when you have visitors
- Walk around the unit either with help or, if able to do so, by yourself
- Do bed exercises on your own throughout the day



**If you are not sure what you are safe to do,
ask a member of your healthcare team**

*Adapted from the University Health Network's Patient Education Brochure with permission.
September, 2011*

Hospital Information

Office of the Patient Experience

There may be times when you or your family members need help finding information or voicing a concern. If members of your care team have not been able to help address your concerns, you may ask to speak to the Manager or contact the Office of the Patient Experience. The Consultant can listen and help resolve patient concerns in a confidential setting. Call the Office of the Patient Experience Monday to Friday from 8 a.m. to 4 p.m., (416) 967-8566.

How Can I Take Part in My Care?

- Share information by telling us what is most important to you. Tell us about your goals, concerns, worries, preferences, and care needs. Tell us about your family and any others who care about your health.
- Ask questions. Ask us to explain your diagnosis, treatments, and care plan. Ask us about anything you don't understand. Feel free to write questions or concerns on the Communication Board in your room.
- Work with your health care team by talking about who is caring for you and what will happen after you leave the hospital. Talk with us about how we can support your emotional and physical needs. Take notes to remember details about what is discussed.

Additional Costs

During your stay, there may be additional costs that are not covered by OHIP or other health insurance.

The cost of canes, crutches, splints and orthotic devices (e.g. braces, special footwear and supports) is not covered by OHIP. You will be responsible for payment for any devices that you use and/or take home.

You will receive an invoice in the mail. The invoice will include your payment options. If you have any questions or need more information about our rates or billing procedures, please contact (416) 480-4156.

Telephone

There is a charge of \$4.00 per day for the use of a telephone. If you do not wish to have a phone please inform the Admitting Department when you arrive.

- To make local calls, dial “9”, then the telephone number.
- To make long distance calls, dial “0” for the Hospital Operator. You can then call collect or you may dial “9” and use your calling card. Calling cards are available at the Gift Shop.

Parking and Transportation

While the Holland Centre does not have parking facilities, it is close to bus and subway services at the Wellesley Station. Public parking is available in the area. Direct telephone lines to taxi services are available at no charge in the Holland Centre lobby.

Teaching Hospital

Sunnybrook Health Sciences Centre has a strong relationship with the University of Toronto and other institutions. For patients, this means that students will often be involved in your care. All students work under the expert supervision of members of our health care team. If you have any questions or concerns about a student's role in your care, please notify a member of your health care team.

The Hospital Foundation

The mandate of Sunnybrook Foundation is to raise funds to support the essential growth and development of Sunnybrook Health Sciences Centre in the areas of facility development, equipment, education and research.

Your support is critical to the long-term delivery of quality health care for the citizens of Toronto, the GTA, and Ontario. If you would like to make a donation, you may contact the Sunnybrook Foundation at:

Sunnybrook Foundation

2075 Bayview Avenue,

Room KGW01 Toronto, Ontario M4N 3M5

Telephone: (416) 480-4483

sunnybrook.ca/foundation

After Your Joint Replacement

Moving Safely After Joint Replacement

After your surgery, there are usually no restrictions in the way that you are allowed to move. You should listen to your body and avoid painful movements or positions.

If you have had a hip replacement, you or another person should not force your hip in any direction.

Transfers and Mobility

For tips about how to move comfortably after your surgery, the following website has video clips to assist you: sunnybrook.ca/holland/video.

If you have questions, please speak to your therapists.

In the first little while after surgery, when your joint is uncomfortable, it may be helpful to try these techniques for moving around (see examples in the following sections). As your strength and mobility improve, you can usually return to your normal ways of moving around.

► Getting Out of Bed After Surgery:



1. Slide yourself to the side of the bed you will be getting out by using a combination of your arm strength and non-operated leg. Bending your non-operated leg and pushing on your heel will help you move over in the bed.



2. Slowly move your legs over the edge of the bed, gradually coming into a seated position with your arms providing support behind you.



3. Slide your hips to the edge of the bed and then stand up, keeping one hand on your walking aid and one on the bed.

► **Getting Into Bed After Surgery:**



1. Before you sit down, if you have an adjustable bed, recline the head of the bed until it is flat.
2. Back up towards the bed until you feel the back of your knees touching the bed. Make sure you sit in the centre of the bed.
3. As you sit, place one hand on your walker/cane/crutch and the other on the bed. In the first few days after surgery, it may be more comfortable to place your operated leg out in front of you.
4. Once seated, place your hands behind you. Pushing with your non-operated leg and using your arm strength, move yourself backwards across the bed until most of your operated leg is on the bed.
5. Move your body towards the pillow by using a combination of your arm strength and non-operated leg. By bending your non-operated leg and pushing on your heel it will help you to move up in the bed.

As your strength and mobility improve, you can usually return to your normal ways of moving around.

► Tips on How to Turn on Your Side:



After your surgery, you can turn and sleep on either side and can use a pillow or folded blanket between your legs for comfort if desired.

1. If you have an adjustable bed, position the head of the bed to a flat or nearly flat position.
2. Lie with your back flat on the bed and bend both knees (with or without a pillow/blanket between your legs).
3. Grasp the edge of the mattress or side rail with the arm closest to the side you will be rolling towards (i.e., if rolling onto your left side, grasp the edge of the mattress or side rail using your left arm).
4. Turn your legs and upper body at the same time as you roll onto your side.

As your strength and mobility improve, you can usually return to your normal ways of moving around.

Sitting

You may have difficulty rising up from low seating surfaces. Avoid low, soft, sofas and chairs. Ideally, the best chair for you is a high, firm chair with armrests. A dining room chair is an example of a good chair. A carry cushion may be used to make getting in and out of a chair easier. Talk to your occupational therapist about adjusting your chair and bed to the appropriate height.

Most toilets are too low to comfortably sit and rise from after your surgery. A commode or raised toilet seat may be suggested by your occupational therapist.

In the first little while after joint surgery, when your joint is uncomfortable, it may be helpful to try the method below. As your strength and mobility improve, you can usually return to your normal ways of moving around.

► To Sit Down:



1. Back up toward the chair until you feel the back of your knees touching the seat.
2. If the surface is low, you may want to put your operated leg slightly forward.
3. Use the armrests to lower yourself down slowly.
4. **Avoid sitting for long periods of time to prevent stiffness and swelling of your operated leg.**

Stairs

While you are in the hospital, your physiotherapist will initially teach you how to climb stairs one step at a time. To go up the stairs, you will be shown to step up with your non-operated leg leading first. Next, you move your cane/crutch and operated leg to the same step. To go down the stairs, you lead down with your cane/crutch and operated leg first. Then bring down your non-operated leg.

Where possible, ensure you have secure handrails on all staircases.

Activities of Daily Living

Bathing

An occupational therapist will teach you how to get in and out of your shower or bathtub, help you decide whether a bath seat is needed for safety, and provide you with information on various assistive devices. Use of a long-handled sponge/brush or reacher can help you wash and dry yourself.

Dressing

Dressing your lower body may be a challenge after your surgery. It is usually easier to dress the operated leg first. If reaching is difficult, a reacher, long-handled shoehorn, and sock aid can make it easier to dress yourself. Your occupational therapist will show you these and other assistive devices to try, if needed. As your strength and mobility improve, you can usually return to your normal ways of moving around.

► To Use a Reacher:



1. Remain seated in a chair or at the edge of your bed. This increases your safety, especially if you are not fully weight bearing on your operated leg.
2. Use a reacher to place the article of clothing, e.g. underpants, pants/skirt at the foot of your operated leg.
3. Slide the article of clothing over your operated leg and pull clothing up to knee level using the reacher.
4. Then, dress your non-operated leg.
5. Stand up to pull up your clothing.

► To Use the Sock Aid:

1. Slip your sock over the sock aid. The heel of the sock should be against the hard plastic side of the sock aid.
2. Place talcum powder inside the sock aid. This will allow your foot to slide easier.
3. Drop the sock aid to the floor and slide your foot inside the sock aid while pulling on to the strap with both hands.
4. Pull the strap until the sock is fully on your foot and the sock aid pops loose.
5. You can use your reacher or long-handled shoehorn to adjust your socks and/or to take them off.



Shoes

Your shoes need to give you good support but should be easy to put on and take off. You can use slip-on shoes, elastic shoelaces or shoes with Velcro® straps.



► To Put On/Take Off Shoes:

1. You can use a reacher to hold the top part of your shoe, including the tongue.
2. Slide your foot in while using the shoehorn at the heel.
3. You can use the end of your reacher to push your shoes off.

In the Bathroom

To reduce the risk of slipping, place a rubber mat or non-skid decals, treads, or strips on the bottom of the tub or shower. When getting in and out of the bathtub, do not use the soap dish, towel rack, or shower curtain rod for assistance as they are not designed to support your weight. Patients with Total Hip Replacement (THR) should not sit on the bottom of the bathtub for at least **6 – 8 weeks**. When you resume this activity you must use grab bars to lower/raise yourself in/out of the bathtub. Grab bars with suction cups are not recommended.

If you stand to shower, you may wish to place toiletries in a shower caddy or plastic grocery bag and hang it from the showerhead for easy access. If you are using a bath seat or bench, you need to place toiletries within safe reach. For convenience, you may secure a mesh or plastic bag to your grab rail or the arm of your bath seat.

In the Kitchen

You may find that walking and standing to make meals is difficult. Before your surgery, you may want to arrange for pre-packaged foods or frozen meals to save time and energy. You can also ask your therapist for the phone number for “Meals on Wheels.”

To decrease standing during cooking and preparation time, use appliances such as a blender, microwave oven or toaster oven. These appliances should be left out on the counter. When you are preparing meals and beverages, sit on a chair or high stool to avoid prolonged standing.

When working in the kitchen, rearrange commonly used items from cupboards and refrigerator shelves to a level where you can easily reach. You may also place plates, bowls, etc., on the counter. You may want to consider just using the top rack of the dishwasher or avoid using deep freezers to make your activities easier after your surgery.

To assist you in carrying meals and food items while you are using canes or a walker, place your meals in a plastic container and drinks in a thermal mug with a tight lid. Then they can be placed within a plastic bag along with your cutlery and carried to the desired location for eating. You should carry the plastic bag by inserting your hand through both handles to leave your hand free to grip your cane or walker. You could also wear an apron, knapsack or clothing with large pockets to help carry items.

In the Bedroom

It is helpful if you move your night table(s) closer to your bed and directly facing your bed. Arrange your commonly used items so that they are located on top or in the top drawer. Ensure your bed is at a comfortable height to make it easier to rise up to a standing position. If your bed is low to the ground, your bed can be raised using blocks. Discuss this with your occupational therapist.

Homemaking Activities

Planning in advance for essential home activities is key; **do this in the weeks and months before your surgery.**

Shopping

Groceries can be ordered and delivered from a variety of sources. You can try calling your supermarket or order from Internet sites such as www.grocerygateway.com. You could also ask a relative or friend to do your grocery shopping for you. If you are purchasing small amounts of food, you can use a knapsack or bundle buggy instead of carrying the bags. Ask the grocery clerk to put your items into the bundle buggy.

Child Care

You will need help with younger children (infants/toddlers). Arrange for assistance from a friend or relative with bathing and, perhaps, dressing young children. Also, avoid carrying a child as their weight puts additional load on your operated joint and will affect your balance. Before walking in an area where children are playing, make sure that all toys are cleared away, as they increase your risk of tripping and falling.

Pet Care

You can use your long-handled reacher to more easily reach your pet's food and water bowls. Keep pet food stored at or above waist level for easy reach. Consider arranging for friends/family to change cat litter or walk your dog.

Laundry

Try to do smaller, more frequent loads. Carry small loads downstairs in a knapsack when you walk with canes/crutches. If your laundry room is accessible without stairs, use a bundle buggy with a small load of laundry. Only take the amount of detergent required for the load, to reduce carrying.

Reorganize your laundry room before surgery so that the detergent and laundry basket(s), etc. are located at waist level for easy reach. Sort your clothes on a tabletop rather than the floor. You can use your reacher to retrieve clothing from the washer or dryer.

Cleaning

Avoid awkward positions and heavy indoor/outdoor household cleaning, such as washing floors or windows, cleaning the bathroom (toilet and bathtub), vacuuming, changing bed sheets, lawn mowing, snow removal, and heavy garbage removal during your recovery. Arrange for family/friends to help you with these tasks or hire temporary help from a community agency.

Returning to Work

When you return to work depends mainly on what type of duties you must perform. Most patients do not return to work until at least 6 to 8 weeks after their surgery. However, some patients return to work earlier if their job is sedentary in nature, for example, computer work. If you have made arrangements with your employer to return to work within the first 6 to 8 weeks after your surgery, you may wish to speak to your employer about modifying your work area and duties. Talk to your care team if you have any specific questions regarding returning to work after joint replacement.

Sexual Activity

Following your surgery, you may initially participate in sexual activity in positions that are comfortable for your new joint. After hip replacement, you or another person should not force your hip in any direction. Progress your activity level as tolerated. If you would like more information, please ask your occupational therapist.

Community Activities

Driving a Vehicle

It is recommended that you do not drive until you come to your follow-up visit 6 – 8 weeks after surgery. Driving may be resumed at this point unless advised otherwise by your surgeon. Check with your insurance company about any concerns you may have regarding coverage when you resume driving.

Passenger in a Vehicle

You will be able to sit in the front passenger seat of most vehicles. You will need to take frequent rest breaks if you are traveling for long distances.

In the first little while after surgery, when your joint is uncomfortable, it may be helpful to try this method of getting into and out of a vehicle:

Getting Into the Car or Van

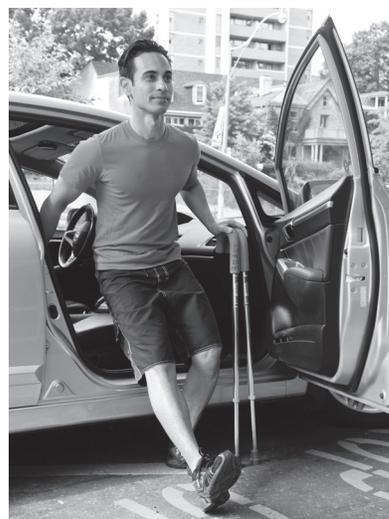
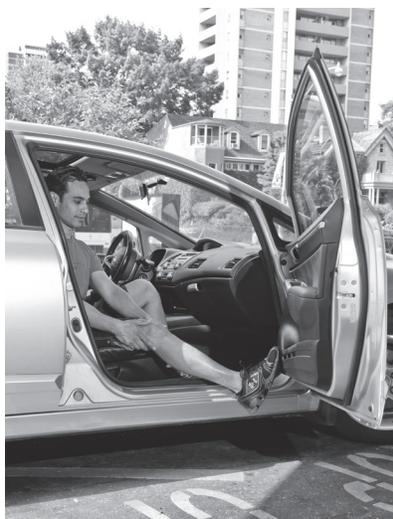
It is easier to get into a car if you and the car are on the same level (do not stand on a curb or be too close to the curb).

- 1.** Have the driver slide the passenger seat as far back as possible and recline the seat back.
- 2.** You need to back up to the car seat using your walking device until you feel the car against the back of your legs. Then extend your operated leg directly out in front of you. Sit down slowly holding on to 2 stable surfaces. These may be the dashboard and the frame of the car (avoid holding onto the car door).
- 3.** Slide back onto the seat so that the backs of both legs are fully supported on the car seat. Slide your legs in, one at a time.
- 4.** Once you are facing forward, the seat back may be raised to an upright position; however, you may want to leave the seat back reclined slightly for comfort.

Getting Out of the Car or Van

This process is an exact reverse of getting into the car or van. Recline the seat back fully. Shift towards the driver's side of the vehicle until you can slide your legs out one at a time, until your feet are on the ground.

Slide to the edge of the car seat, extend your operated leg out in front of you and push up off the car seat using your arms and good leg.



As your strength and mobility improve, you can usually return to your normal ways of moving around.

Outdoors

When walking outside in the winter, consider buying an “ice pick”. This is a cleat that flips down and grips securely in snow and ice. It is attached to the end of your cane and helps you to walk more safely. Speak to your physiotherapist if you have any questions. Make sure that someone keeps all outdoor walkways and stairs clear of ice or snow and that they are well lit.

Resuming an Active Lifestyle

Resuming your leisure activities following surgery depends on the physical demands of the activity and your stage of recovery. For more information please consult the exercise booklet provided to you by your physiotherapist during your hospital stay.

ATTENTION HIP REPLACEMENT PATIENTS

I've had my hip replaced... now what?

Attend the Holland Centre Hip Replacement Follow-up Education Class

As part of your recovery, your surgeon expects you to attend one of our Hip Replacement Follow-up Education Classes. **You will learn:**

- How and when to resume your normal activities
- How to properly progress your walking and stair climbing
- How to progress your exercises and maximize your function

How to Get an Appointment for a Class

Your physiotherapist or physiotherapy assistant will give you an appointment for an education class. The class date will be scheduled to take place after your first follow-up visit with your surgeon or advanced practice provider. This class may be delivered in-person or virtually. If you **do not** receive an appointment date/time, **please make sure you call (416) 967-8626 as soon as possible** to schedule an Education Class. Before you call, please have your hospital card or health card number ready as it is required for your registration.

Discharge Instructions and Follow-Up

Before You Go Home Checklists and Goals

- Remove waterproof dressing after 7 days on: _____
(see pages 77-78 for instructions)

OR

Sutures/Staples

- Have your sutures/staples removed by your family doctor or at a walk-in clinic 10 to 14 days after surgery on: _____
- You have dissolvable sutures. They do not need to be removed.

Follow-up

- Follow-Up Appointment Date (for more information see page 94)
Date: _____ Time: _____

Appointments are at the Holland Centre Outpatient Clinic 1st floor
(416) 967-8617 unless you had surgery by Dr. Kreder (his follow-up
clinics are at the Bayview campus, room MG 301)

If you are a patient of Michael Garron Hospital your follow-up appointment will take place at your surgeon's home hospital.

Important Information About Your Medications

- Restart your home prescription medications unless otherwise directed
- Talk to your family doctor or pharmacist before restarting herbal supplements /vitamins
- Review the Managing Pain section (see page 79)
- Anticoagulants (Blood Thinner):
 - Yes: Drug name/dose/frequency: _____
 - No

 **Do not take herbal supplements until you have completed your anticoagulant.**

You should have completed the following before discharge:

- Able to walk safely with the appropriate aid; i.e., walker, cane(s) or crutches
- Have the necessary equipment to allow you to manage safely at home (e.g. raised toilet seat, bath seat)
- Able to get in and out of bed safely, by yourself or with help if needed
- Able to climb stairs (unless no stairs at home)
- Know what exercises to continue at home and how to progress them after discharge
- Know what activities you can perform safely
- Know what activities to avoid
- Review discharge instructions with your nurse

Make sure you have:

- Your prescriptions (e.g. pain medication, blood thinner)
- Your own medications returned**
- Downloaded/Accessed the myHip&Knee App (see page 6)
- Arranged for transportation from the hospital
- All your belongings**

Your Discharge Home

When you are ready to leave, your escort may park in the driveway in front of the hospital. They should tell the security guard at the front desk that they are here to take you home. Parking is only allowed for a few minutes in this area. If your travel time is greater than 2 hours, plan on frequent stops to get out of the car and stretch your legs. **Consider filling prescriptions prior to leaving so that you can take your pain medication on the way home if needed.** You can ask a member of your health care team to fax your prescription to your pharmacy.

Symptoms Requiring Immediate Attention

Go to your nearest Emergency Department if you have any of the following:

- New or worse shortness of breath or difficulty breathing
- New or worse pain, tightness, or pressure in your chest
- A significant increase in pain, swelling, or redness of your calf/calves
- A sudden, severe increase in pain in your new joint
- Uncontrolled bleeding
- Signs of opioid overdose (see page 84)

Call your surgeon or the hospital immediately if you have any of the following:

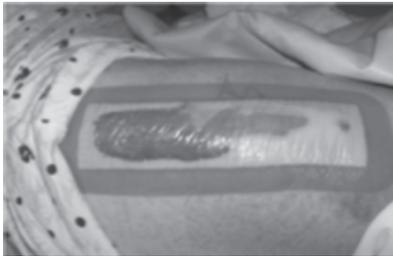
- Increased redness, swelling, or a sudden increase in bruising around the incision site
- Drainage from the surgical site for more than 2 days after you have removed the waterproof dressing
- A bad odour or yellow or green drainage at the incision site
- Excessive bleeding
- Signs or symptoms of other infections (i.e., fever, chills, burning on urination or foul smelling urine, etc.)
- A persistent increase in your temperature (over 38°C)

Let your surgeon know if you have gone to the emergency room for any reason after your surgery. It is important they are aware of any problems you have experienced. Your surgeon might want to see you sooner.

If you develop an infection at any time (i.e. bladder infection, dental abscess, lung infection, etc.), it is important to have it assessed and treated to prevent its spread.

Caring For Your Incision

About your waterproof dressing



- Date for removal of dressing is written on the dressing
- The dressing is designed to absorb and lock in fluid from your incision and will show as a dark area on your dressing. This is normal.
- You can shower (no baths) while wearing this dressing.
- Remove this dressing after 7 days (instructions on next page).
- Incision will not be visible through the dressing
- Drainage from the incision can be seen as shadowing through the dressing
- **ONLY change this dressing before the 7 days are up if any of the following occur:**
 - the drainage has reached the border of the absorbent portion of the dressing
 - the dressing starts to leak fluid
 - the dressing lifts away from your skin
- If you have to change your dressing before 7 days, you may be able to purchase a long bandage at your local pharmacy or medical supply store.
- If you have to change your dressing due to bleeding, please call your surgeon's office to let them know.

Removing your waterproof dressing



- Remove your dressing 7 days after it was applied. **To remove your dressing:**
 1. Gently press down on the skin with one hand and carefully lift up an edge of the dressing with the other hand.
 2. Start by stretching the dressing down towards your toes (not away from your skin). This will release the adhesive seal.
 3. Slowly work your way around the dressing repeating the technique until the dressing is loose and can be removed.

- If your incision is dry, cleanse it with mild soap and water; a dressing is not needed.
- If your incision is leaking, keep it covered with a dressing or a Band-Aid. Until the incision is dry, cover the dressing with a plastic bag to keep it dry while you shower. Change the dressing after showering and as needed.
- If you have Steri-Strips, leave them alone – they will fall off on their own. After 2 weeks, your incision should be healed and you can gently remove any remaining Steri-Strips.



Remember: It is important to avoid infection. DO NOT swim, use a hot tub, or take a bath until your sutures are removed and your incision is completely healed. Please ask the team about these activities at your first follow-up visit.

See page 76 if you have concerns about your incision.

Managing Pain

Controlling pain and being as comfortable as possible is an important part of your recovery. Good pain control will allow you to do your exercises and be more active.

Ways to Manage your Pain:

- Make a daily plan to exercise and be active but include rest periods between these activities. Increase your activity slowly so that you don't increase your pain.
- Walking is a good activity after surgery, but don't overdo it. Gradually increase your walks. For example, try to walk for 5 minutes. If your pain does not increase, try walking for 6 minutes the next day. Remember that walking does not replace your exercises.
- Apply ice to your hip or knee for up to 10 minutes every hour, as needed.
- When resting, lie flat and elevate your leg above the level of your heart to reduce swelling, pressure and pain.



- Meditation, guided imagery and listening to music can make you feel more relaxed and help with the pain.
- Take your pain medication as prescribed.

Types of Pain Medication

Medication for pain relief after surgery belongs to 3 groups: acetaminophen, anti-inflammatory and opioid. Using pain medications from each of these 3 groups will often reduce your need to take as much opioid medication (which has the most side effects). Always follow the directions on the label of the bottle.

Acetaminophen

If you were given Tylenol® in hospital then you can continue taking 1-2 pills of Extra Strength Tylenol® (acetaminophen) every 6 hours for 7 days after surgery. Then take as needed. Do not take more than 4g (8 pills of Extra Strength Tylenol®) in a 24 hour period. While taking Tylenol® do not take opioids that also contain Tylenol® (such as Percocet® or Tramacet®).

Tylenol®: Regular strength = 325mg/tab

Extra strength = 500mg/tab

Anti-Inflammatory

An anti-inflammatory can help with swelling which may reduce the pressure and pain in your leg. If you tolerated anti-inflammatory medication (celecoxib or naproxen) while in the hospital and your surgeon has prescribed it, it is safe to continue taking this daily for another two weeks even while taking the blood thinner (rivaroxaban or enoxaparin) prescribed by the surgeon.

Examples:

- celecoxib (Celebrex®)
- naproxen (Aleve®, Naprosyn®)
- ibuprofen (Advil®)
- meloxicam (Mobicox®)
- diclofenac (Voltaren®, Arthrotec®)

Opioid

If you were prescribed an opioid combination medication (e.g. Percocet[®], Tramacet[®], Tylenol #3[®]), these already contain acetaminophen (Tylenol[®]) therefore do not take more Tylenol[®]. Unless directed by a doctor, mixing pain medications from the same group (e.g. hydromorphone and codeine) can be dangerous and may increase side effects.

Short Acting*

- hydromorphone (Dilaudid[®])
- oxycodone
- codeine
- morphine IR (Statex[®])
- tramadol IR (Ultram[®])

Long Acting**

- Hydromorph Contin[®]
- OxyNeo[®]
- Codeine Contin[®]
- tramadol ER (Zytram XL[®])
- morphine SR (MS Contin[®])

Opioid Combination

- Percocet[®] (oxycodone and acetaminophen)
- Tylenol[®] 1, 2, 3 (acetaminophen and codeine)
- Tramacet[®] (acetaminophen and tramadol IR)

* **Short acting (IR)** means the medication starts working quickly but doesn't last as long.

** **Long acting (ER/CR/SR)** means the medication lasts longer but takes more time to start working.

Taking Pain Medication

How often should I take pain medication?



Take pain medication if your pain is stopping you from doing the exercises you were told to do by your physiotherapist or if you aren't moving well at home. Generally, your body will tell you when you need medication for pain; you should take your pain medication at least 30 minutes before activities that may increase your pain. If pain is interfering with your sleep, you may benefit from taking pain medication before sleeping.

How long will I need pain medication?

Every person is different in their need for pain medication. Some patients may require 6 weeks of regular medication with a weaning (or lessening) of pills over time. Other patients may require medication for only 1 to 2 weeks. Most patients are somewhere in between. It is important that you do not suddenly stop your pain medications if you have been taking them on a regular basis. See the section “I think I am ready to stop taking this pain medication” to learn about how to wean off your medication.

What if I am running out of pain medication?

If you are still having pain, do not wait until your pain medication is almost done; call your surgeon's office 3 to 4 days before it is finished. If you have already had your first follow-up visit then call your family doctor to discuss medication that is best for you.

Can I take pain medications with my sleeping pills?

If you were taking opioid pain medication with sleeping pills in the hospital without any problems, it is safe to continue doing this at home. Do not increase the amount of either medication you are taking. If you are starting a new sleeping pill after leaving the hospital, speak to your family doctor and tell them that you are also taking opioid pain medication.

What should I do if my pain medication isn't working?



Check the directions on the label of the pain medication bottle and review this section to make sure you are taking the medication properly. If you are not sure, ask your pharmacist. If you continue to experience problems with pain before your first follow-up visit, then call your surgeon's office. It is important that they know about your pain as they may want to see you to make sure you are healing well.

Safe Use of Opioid Pain Medication After Surgery

Opioids are intended to improve your pain enough so that you are able to do your day to day activities and required exercises, **but not reduce your pain to zero**. Many people have used opioids without problems. However, serious problems, including overdose and addiction, have happened. It is important to follow the instructions on the prescription, **use the lowest possible dose for the shortest possible time**, and to be aware of signs (listed below) that you are getting too much opioid.

Remember:

- Avoid alcohol while taking opioid medication.
- Do not mix opioid medications unless directed.
- Never share your opioid medication with anyone else.
- Store your opioid medication in a secure place; out of reach and out of sight of children, teens and pets.
- Dispose of your opioids as soon as they are no longer needed. Do not throw them in the toilet or dispose of them in the garbage. Take unused opioid medications back to a pharmacy for safe disposal. You can also bring unused opioid medications to your follow-up appointment so that they can be reviewed and disposed of through the RECOVERED Program – see page 94 for details.

What are the signs of overdose?

Signs you have had too much opioid medication:

- Severe dizziness
- Difficulty waking up
- Hallucinations
- Heavy or unusual snoring
- Slow breathing rate

Your family member or caregiver needs to call 911 right away if:

- You can't speak clearly when you wake up
- They can't wake you up
- Your lips or fingernails are blue or purple
- You are making unusual heavy snoring, gasping, gurgling or snorting sounds while sleeping and they can't wake you up

What are side effects of the opioid pain medications?

How do I manage them?

Constipation (hard bowel movements):

- Drink more liquids, you may also find prune juice helpful
- Eat foods that are high in fiber (e.g. fruits, nuts, beans, and whole grain bread)
- Slowly increase your activity
- If your constipation lasts more than 2 days while you are taking Senokot® (laxative), talk to your pharmacist or family doctor as you may benefit from an additional laxative (e.g. Lax-A-Day® or a suppository).



Eating healthy foods will help with your constipation.

Nausea and/or Vomiting (stomach upset):

- Take your pain medication with food.
- Ask your pharmacist or family doctor to recommend something to settle your stomach.
- If your pain level is okay try taking a smaller amount of pain medication. For example, one pill instead of two.
- If this does not help, please contact your surgeon. The pain medication may need to be changed.

Sleepiness, confusion, or dizziness:

Stop taking your opioid pain medication and call your surgeon if you are confused, very dizzy, or too sleepy to do your daily activities (e.g. falling asleep while eating). If your pain medication makes you a little sleepy or dizzy, try taking a smaller dose. For example, one pill instead of two. If less medication does not help, please call your surgeon. The pain medication may need to be changed.

I think I am ready to stop taking this pain medication, how should I do this?

Do not suddenly stop taking your opioid pain medication if you have been taking it on a regular basis. Wean off your medication slowly to avoid withdrawal symptoms (sweating, fever, shaking, nausea and/or vomiting, diarrhea, more pain, anxiety, feeling tense, worried or irritable etc.).

Withdrawal symptoms are not a sign that you are addicted. If you experience any of these symptoms when you are weaning off your medication, you may be reducing the amount you are taking too quickly.

If you find it difficult to wean off your opioid pain medication (for reasons other than pain, such as the effect on your mood and sleep), please contact your surgeon or family doctor.

When you are ready to start weaning off the opioid pain medication, follow these steps:

Step 1 - Wait for a longer time between taking pills. For example, if you have been taking pills every 4 hours:

- Take the pills every 5 to 6 hours for 1 or 2 days
- Then, take the pills every 7 to 8 hours for 1 or 2 days

Step 2 - Start taking less medication each time:

- If you are taking 2 pills each time, start taking 1 pill each time for 1 to 2 days.
- If you are taking 1 pill each time, cut the pill in half and take only half a pill each time for 1 to 2 days.

(Adapted from: Weaning off your pain medicine by TWH)

The above instructions do not apply if you are taking long acting pain medication such as OxyNeo® or Hydromorph Contin®. Please visit your family doctor to discuss a plan to wean off your pain medication.

**You will find a medication tracking sheet at sunnybrook.ca/hipkneepain.
You can use this tracking sheet as you start to reduce your medication.**

What to Expect After Joint Replacement

Swelling and Bruising

It is normal to have some swelling and bruising after surgery. This can be localized around your surgery site or it can extend along your whole operated leg. You will notice this most during the first 3 weeks after surgery. It will improve as you recover. For some patients, swelling can last up to 12 months after surgery. Managing the swelling will make you more comfortable and allow you to do the exercises more easily.

To help reduce swelling and bruising:

- Lay flat and elevate your leg to about your heart level (see photo on page 79)
- Icing your operated area for ten minutes, 3 – 5 times a day is helpful for managing both bruising and swelling
- A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack
- If your operated leg is swelling, then it's time to rest, ice, and elevate your operated leg
- Balance your rest and activity levels

Skin Care

It is normal to have some numbness around the area of the surgical incision. This should improve with time as the swelling subsides and the tissues heal. The skin over your surgical site is sensitive, so protect it from injury and the sun. Do not use lotion or cream on your surgical site until your sutures or staples have been removed and your incision is totally healed. This usually takes about 3 weeks.

Exercise

Stay active and do your exercises 2 or 3 times a day. During the first 6 weeks you will begin to feel stronger and the exercises will become easier to do.

Increase repetitions or sets as you get stronger. Patients who have had knee replacement surgery should continue to make improvements in their range of movement. Continue with the exercises in your booklet, they have been designed by Holland Centre staff to maximize your activity. You will experience steady improvement in your new hip or knee up to 6 months following surgery. Improvement is slower after that, but can continue up to 2 years.

 **Until your follow-up visit, ONLY do exercises that are listed in your exercise book, unless otherwise instructed by the Holland Centre care team.**

Activity

It is important to keep active after joint replacement surgery to keep yourself strong and moving well. Balance your activity and exercise carefully with periods of rest. Avoid becoming over-tired or over-working the site of your operation. Gradually increase your activity (e.g. walking, household chores, etc.). Follow the instructions you were given by your therapists.

Walking

Continue to use your gait aid (e.g. cane, crutches, walker) as your Holland Centre physiotherapists taught you before leaving the hospital. This will help you to develop a normal walking pattern.

It is better to walk normally with a cane than to walk with a limp without a cane. Walking with a limp may put more load on your joint replacement, be a hard habit to break even when you have no pain, and your muscles will not strengthen in a pattern that will improve your walking.

Common Concerns After Surgery

Common problems after surgery and why they occur	Tips to help you feel better
<p>Feeling Tired It is normal to feel more tired than usual for 6 months after your surgery. Your body uses a lot of energy to heal and you may not be sleeping well.</p>	<ul style="list-style-type: none"> • Be sure to pace yourself as you go about your daily activities. • Increase activity levels gradually as you start to feel better. • Fuel your body properly for recovery by eating a healthy diet. This will help ensure your body has all the nutrients it needs to heal. • Refer to pages 27-28 for resources.
<p>Constipation Certain medications can cause constipation.</p>	<ul style="list-style-type: none"> • Drink plenty of water and eat foods that are high in fibre. • Refer to page 85 for ways to manage constipation. • Exercise can help too!
<p>Difficulty sleeping or insomnia You might not sleep as well for a while after surgery. This can be due to: the medications, the healing process taking place, pain, not getting the usual amount of activity, etc.</p>	<ul style="list-style-type: none"> • Try not to nap during the day so you sleep better at night. • Avoid stimulants before bedtime, such as caffeine. • Do something relaxing before bed, such as reading or listening to soft music. • Turn off electronics to create an environment that promotes sleep. • If pain is keeping you awake, make sure you take your pain medication before you go to bed. • Regular exercise, even in small doses, can help you sleep better at night.

Common problems after surgery and why they occur	Tips to help you feel better
<p>Finding the exercises hard to do or painful, especially after knee surgery</p> <p>Pain and swelling can make the exercises hard to do and it's even harder if you are not sleeping well. You may not have your usual level of energy to push through the exercises.</p>	<ul style="list-style-type: none"> • Some days may be harder than others. • Better sleep, good nutrition, and managing your pain can make a big difference to sticking with your exercise plan. • Don't give up. The first 2-3 months are so important to your ultimate outcome. Your hard work will pay off! • See pages 79 and 88 for ways to manage pain and swelling.
<p>Low mood, anxiety and even depression</p> <p>You might find yourself feeling anxious and sad during your recovery. Not being as active, being more dependent on others, having pain and the side effects from medication can sometimes change how you feel.</p>	<ul style="list-style-type: none"> • Being around people can lift your mood. Share your feelings with family and friends. • Take your prescribed medication and try to get plenty of rest. • Exercise will help you get stronger and improve your mood. • Remember you will feel better as you recover. • See your family doctor if low mood, anxiety or insomnia persist. • Refer to page 28 for websites that may be helpful.
<p>Staying hopeful, setting achievable goals and keeping up with your exercise will help ensure the best recovery possible.</p>	


Remember: Having a hip or knee replacement is hard work. It's a big surgery and takes time to recover. Follow your health care team's recommendations so that your joint replacement is a success.

Dental & Other Medical Procedures

Frequently Asked Questions:

1. Do you need antibiotics before you have your teeth cleaned or have other dental procedures?

No. Antibiotics are not needed routinely for people with joint replacements undergoing dental procedures, including dental cleaning.

The following professional groups have reviewed the best available evidence and do not recommend antibiotics:

- The Canadian Orthopaedic Association (COA)
- The Canadian Dentistry Association (CDA), and
- The Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada)

More information can be found at the following website:

https://www.cda-adc.ca/en/about/position_statements/jointreplacement/

2. Do you need antibiotics before colonoscopy or endoscopy?

No. Routine antibiotics are not needed for most patients before colonoscopy or endoscopy. A few very specific health conditions may still require you to take antibiotics. You may discuss this with your treating specialist.

The following professional group has reviewed the best available evidence and does not recommend antibiotics:

- The American Society for Gastrointestinal Endoscopy (ASGE)

More information can be found at the following website under “Preparation for Endoscopy → Antibiotic prophylaxis”:

<http://www.asge.org/publications/publications.aspx?id=352>

Follow-Up Appointments

For most visits you will be seen by an advanced practice physiotherapist/ occupational therapist who has a graduate degree, advanced clinical training and skills, and works closely with your surgeon. If the examination shows that you would benefit from seeing the surgeon, this will be arranged.

Follow-up Schedule

After hip or knee replacement surgery, you can expect to have a follow-up appointment 6 to 8 weeks after surgery. At this appointment, you will be advised of the need for future follow-up appointments. Please call (416) 967-8617 for all appointment enquiries or if you are experiencing any new problems related to your joint replacement. Be prepared to provide your hospital card and health card information. If you are a patient of Michael Garron Hospital your follow up appointment will take place at your surgeon's home hospital.

RECOVERED Program

RECOVERED (Reclaiming **ExC**ess Opioids for **VERifiEd** Disposal) is a program that offers you a secure, convenient and optional way to dispose of the extra opioid medication you don't need. Bring to your follow-up appointment all unused opioid medications prescribed by your surgeon (such as hydromorphone, oxycodone, percocet, morphine) in their original containers so that they can be reviewed and disposed of as part of the program. If you do not bring them to your follow-up appointment, please take unused opioid medications back to a pharmacy for safe disposal.

For Questions/Concerns After Discharge

Monday to Friday 8 a.m. to 4 p.m.: Contact your surgeon's office.

Surgeon's Office Contact Information:

- Dr. Harman Chaudhry (416) 967-8778
- Dr. Richard Jenkinson (416) 480-6160
- Dr. Hans Kreder (416) 480-6816
- Dr. Raman Mundi (416) 967-8778
- Dr. John Murnaghan (416) 967-8778
- Dr. Markku Nousiainen (416) 967-8639
- Dr. Daniel Pincus (416) 967-8730
- Dr. Bheeshma Ravi (416) 967-8730
- Dr. Sebastian Tomescu (416) 928-3279
- Dr. Veronica Wadey (416) 967-8615
- Dr. Paul Wong..... (416) 443-3308

After hours, Monday to Friday, weekends, and holidays:

Call the hospital coordinator at (416) 967-8551. If you leave a voice mail message, you can expect to receive a call back within 24 hours of your call.

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FOR GENERAL QUESTIONS/CONCERNS AFTER DISCHARGE

Monday to Friday 8 a.m. to 4 p.m.:

Contact your surgeon's office. Refer to page 95
for contact telephone numbers.

**Refer to page 76 for symptoms requiring
immediate attention and who to contact.**

After hours, Monday to Friday, weekends and holidays:

Call the hospital coordinator at (416) 967-8551.
If you leave a voice mail message, you can expect
to receive a call back within 24 hours of your call.

Holland Centre
43 Wellesley Street East
Toronto, Ontario M4Y 1H1

t: 416.967.8500

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