

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

3000 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 is your guide before your surgery, during your hospital stay, and throughout your recovery.

- Review this information with your family or other caregivers.
- Bring this book with you anytime you come to the hospital including your surgery day.

Telephone Directory

This is a handy list of hospital phone numbers you may need.

- Admitting (416) 967-8543
- Advanced Practice Provider (APP) Support Line..... (416) 967-8526
- Blood Conservation Clinic (416) 480-6100 x 62061
- Business Office (for bill payment) (416) 480-4156
- Foundation (to make a donation)..... (416) 480-4483
- Office of the Patient Experience (416) 967-8566
- Outpatient Department (OPD)/Clinics..... (416) 967-8617
- Outpatient Rehabilitation (416) 967-8626
- Patient Navigator (416) 967-8500 x 43324
- Pre-admission Clinic..... (416) 967-8532
- Pre-operative Education Class (416) 967-8626
- Privacy Office..... (416) 480-6100 x 61236
- Social Work.....(416)-967-8566
- Sunnybrook Fracture Clinic (416) 480-4206

**Please call the Holland Centre's Main Telephone Number
(416) 967-8500 if the area you are trying to reach is not listed.**

See page 79 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.

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 11) | |
| 4. Make sure my medical problems are well controlled and I am as healthy as possible for my surgery (see page 18 “Be as Healthy as You Can Be”) | |
| 5. Arrange for help at home after surgery for tasks such as house cleaning, laundry, meal preparation, etc. | |
| 6. Prepare my home as suggested (see page 14) | |
| 7. Obtain assistive devices recommended by the occupational therapist in my Pre-admission Clinic visit (see page 12) | |
| 8. Complete the Chlorhexidine showers (as described on page 30) | |
| 9. Plan to return home on the same day or day after surgery | |
| 10. Arrange for someone to drive me home on the day of my discharge from the hospital | |
| 11. Attend my scheduled post-operative visit (6-8 weeks after surgery) | |

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

Patient Signature: _____ Date: _____

Pre-Operative Education Class

This 90 minute class (virtual or in-person) is offered to patients preparing for a hip or knee replacement. This class is separate from your Pre-admission Clinic visit. The class is run by an occupational therapist, physiotherapist and an experienced patient volunteer.

You will learn:

- 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 for the class, call (416) 967-8626. Before you call, please have your health card number ready as it is required for your registration.

MyChart

MyChart is Sunnybrook's ehealth service 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.

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 it is 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 tell your health care team how 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. Being involved in an exercise program **before** your surgery will help in your recovery after surgery.

If you have not been regularly active, speak to your family doctor before starting to exercise.

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

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 sessions is just as good.

For more information on physical activity and healthy lifestyle visit [**csepguidelines.ca**](http://csepguidelines.ca).

Guidelines for Strengthening Exercises

Repetitions

- For best results aim for 10 to 15 repetitions (this is one set) or until your muscles feel tired.
- 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

To strengthen thigh muscles:



Leg Press (easiest)

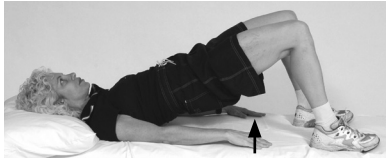
- Place a sheet around the foot of your surgical leg
- Use it to help bend the knee
- Keeping your heel on the bed, tighten the muscles in the front of your leg and push your foot against the resistance of the sheet until your knee is straight



Chair Rise

- Stand in front of a chair with your feet and knees hip-width apart
- With your weight distributed evenly between your feet, stick your buttocks back and slowly sit down
- If needed, you may use your hands to assist you in raising and lowering from the chair. Progress by not using your hands.
- Pause briefly in a squat position and then stand up fully

To strengthen hip muscles:



Bridge

- Lie on your back with your knees bent (about 90 degrees)
- Squeeze your buttocks and lift your bottom off the bed, then slowly lower back down to the bed.



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

- Lie on your side with hips and knees slightly bent and your hips stacked on top of each other
- Squeeze your buttocks & abdominals
- Keep feet together and open your knees as much as you can without letting your top hip roll backwards

Note: If possible, push your feet against a wall or headboard

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.



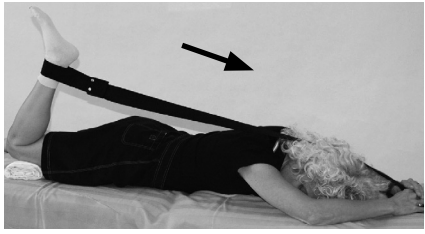
Hamstrings Stretch (back of thigh)

- Sit on the edge of a chair with one knee straight and one knee bent
- Point your toes towards the ceiling and push downwards on your leg, above the knee, to straighten it (as shown)
- Make sure that you are sitting up straight with your back arched
- To increase the stretch, slowly lean forward while maintaining an arched back and keeping your chest up and forward



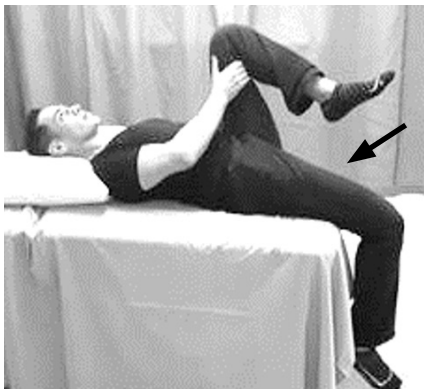
Quadriceps Stretch (front of thigh)

- Hold the foot of one leg using a towel
- Pull the towel upwards and bring your heel towards your buttocks until a stretch is felt on the front of your thigh
- Keep your thighs parallel and keep the bent knee pointed to the floor
- Do not bend at the hip



You may also try this on your stomach:

- Wrap a belt around your ankle and place a towel under your thigh.
- Pull the belt to bring your heel toward your buttocks
- Keep both hips flat on the bed
- Once you feel a strong stretch on the front of your thigh hold it for 45 seconds
- Slowly release



Hip Flexor Stretch

- Lie with one leg hanging over the end of a bed.
- Bend the other leg toward your chest using your hands or a towel
- You should feel a stretch at the front of your thigh/groin that's hanging over the bed
- Note: To increase the stretch, let more of your thigh hang off the bed and bend your knee.

Equipment Recommendations

Before your surgery, it is helpful to get 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 in hospital, you and your occupational therapist will discuss any additional equipment you may need for your home. We will also teach you how to use the equipment safely.

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

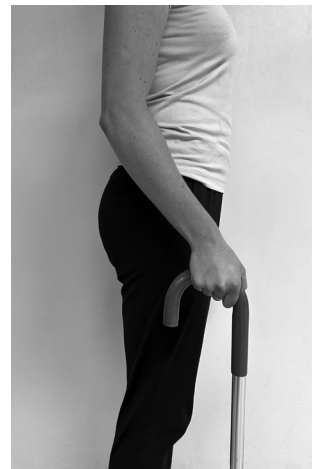
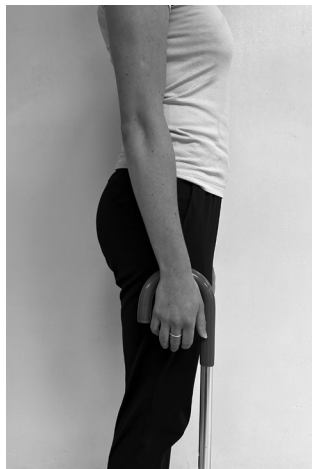


**1. Walker with 2 wheels
OR No wheels***



**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.



*** Measure the handle of the cane or walker to your wrist crease.**

Prepare Your Home

- Make sure your stairs have handrails. If they don't, try to arrange for handrails to be installed.
- Be sure your shower or tub has a non-slip coating or mat.
- Get any equipment recommended by your health care team to help you manage your activities safely (see previous section)
- Remove home hazards (see page 16)

Read more about equipment and preparing your home at:

arthritis.ca/treatment/pain-management/assistive-devices-resource

Arrange for Support

- Tell your family and friends that you are having surgery and may need help after surgery for tasks such as: grocery shopping, house cleaning, laundry and dog walking.
- Arrange transportation for the day of surgery, the day you go home and your first follow-up visit. You may not be able to drive for some time, so make other plans to get around.
- If possible, cook and freeze meals ahead of time

For more tips and suggestions on how to prepare your home or manage activities after surgery refer to pages 52-57.

Protect Yourself From Falls

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

Keep Moving...Safely

- Exercise regularly as it can improve your balance, strength, and flexibility.
- Use a cane, walker, or other aid if one has been suggested for you, this can prevent you from falling. 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.
- Let your pharmacist or doctor know if you think any of your medications make you dizzy or sleepy

Safe Walking Tips

- Avoid walking on rough ground, unlit paths, and icy surfaces
- Go out with a walking partner for safety, motivation, and fun
- Wear eyeglasses or hearing aids if they have been prescribed for you

Remove Home Hazards

Reduce tripping hazards by:

- Making sure paths and stairs are well lit and clear of clutter.
- Removing wires and cords from pathways (by taping them to the wall).
- Remove throw rugs.
- Consider a light along the path from bed to bathroom.
- Take your time when using the stairs. Stairway carpet should be very secure.
- Use of equipment such as a raised toilet seat, tub seat, and grab bars may make your bathroom safer.
- 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.
- Consider placing a bell on your pets' collars so you can be more aware of their movements. During your early recovery, you may consider arranging for family or friends to take your pet to their house or to come over to walk your pet regularly.

For more tips and suggestions on how to prepare your home or manage activities after surgery refer to pages 52-57.

Select a Coach

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.
- 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!

Be As Healthy As You Can Be!

It is important that your health issues are well controlled before surgery 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), hematologist (blood 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 diabetes, consult your family doctor if your morning fasting blood sugar is not consistently less than 10.
- 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

Eating well is important for helping your body heal after surgery. A well balanced diet includes protein, carbohydrates, fats, vitamins and minerals. You may use the plate model as a guide:

- $\frac{1}{2}$ your plate vegetables and fruit
- $\frac{1}{4}$ your plate whole grains or starches
- $\frac{1}{4}$ your plate lean meats or meat alternatives
- Choose water as your drink of choice



Did you know?

- Calcium and Vitamin D help maintain and heal bones after surgery. Talk to your health care provider about the possible need to supplement these before and after surgery.
- Protein is important for bone repair, maintaining and building muscle and tissue after surgery.
- Too much sodium or caffeine can increase calcium loss through the urine, which reduces bone mineral density. Aim for 1800mg or less of sodium per day.
- Carbohydrates are your body's main source of energy. Consuming enough carbohydrates (approximately 50% of your daily calorie intake) allows the body to better maintain muscle mass after surgery. If you aren't consuming enough carbohydrates your body must use protein as an energy source, which can lead to loss of muscle mass.

Let your healthcare team know about any changes to your weight, especially unintended weight loss, or any appetite changes before surgery.

If you are concerned about your food intake or have questions about healthy eating call 811 and ask to speak with a registered dietitian or visit health811.ontario.ca and use the chat function. Both services are free of charge.

You can access Canada's Food Guide at healthcanada.gc.ca/foodguide.

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:

- Tips and strategies for quitting smoking can be found at: sunnybrook.ca/smoking.
- Visit smokershelpline.ca for online/digital support or dial 811 to speak with a Quit Coach.
- Get support from our Sunnybrook Rapid Access Addiction Medicine (RAAM) Clinic by emailing raamclinic@sunnybrook.ca or call (416) 953-2475.

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 iron. 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 or Ferrous Sulfate 300 mg once a day

- 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 for the cost of the medication
- Side effects might include constipation and stomach upset
- Stool softeners and laxatives may be needed. See your family doctor if you have any concerns.
- If you cannot tolerate these iron formulations, consider Feramax described below.

OR

2. Feramax 150 mg once a day

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

* 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?

Most people having a single hip or knee replacement do not need a blood transfusion. The risk of needing a blood transfusion increases if you are having both hips or both knees replaced at the same time or if you are having a revision of a hip replacement. The risk also increases if you have a history of anemia (low blood/low iron). In these cases, please contact the Blood Conservation Clinic at (416) 480-6100 ext. 62061 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 to build up your blood and reduce the risk of needing a blood transfusion such as intravenous iron infusions and injections to help your body produce more red blood cells.

If You Have Religious Beliefs Concerning Blood Products

Please discuss this with your surgeon and anesthesiologist and 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.

Length of Stay & Recovery

Care plans have been introduced in Ontario to help you return home to recover as quickly and safely as possible. These care plans are quite different than what you might have experienced in the past. Many patients go home the day of surgery (6-8 hours after surgery). Some patients require a stay in hospital for 1 night. During your pre-operative visit the team will assess and confirm the plan.

Hip Replacement Surgery: You will be given information that will allow you to exercise and recover at home. After your first follow-up visit with your surgeon or Advanced Practice Provider (6-8 weeks after your surgery) you will be asked to attend a physiotherapy education session. This session lasts approximately one hour and includes information to progress your exercises, walking and stair climbing. Please bring your hip exercise booklet with you.

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 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 visit our team will send a referral to the physiotherapy clinic that you would like to attend. The clinic should contact you before your surgery to arrange your first physiotherapy 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 have had surgery and haven't heard from the physiotherapy clinic please call the Patient Navigator at 416-967-8500 ext. 43324.

Some patients with complex health issues may require services in their home once they are discharged. If applicable, your eligibility for Home and Community Care Support Services will be assessed before you leave the hospital.

Pre-admission Clinic (PAC)

You will have a health assessment done several weeks before your surgery. The PAC will contact you with an appointment. Please plan for the appointment to last several hours.

During the assessment, you will meet the preoperative team including a nurse, anesthesiologist and/or nurse practitioner, and occupational therapist. You may also meet with a medical internist, radiation technologist, laboratory technologist, pharmacy technician or research assistant.

They will:

- Assess your overall health to make sure you are medically fit for surgery.
- Review what to expect and ways to prepare for your discharge home.
- Discuss the anesthetic options that are available, and
- Answer questions and discuss any concerns you might have.

You will need the following for your PAC visit:

- This book
- Your medications in their original containers
- A list of vitamins, supplements, and herbal products that you take
- The name and telephone number of your family doctor
- Current reports from any specialist you may be seeing, such as a cardiologist or hematologist. If your reports are not available, bring in the name and telephone number of your specialist(s).
- Your most recent pacemaker clinic check and your wallet card information including model and serial number if applicable
- Your Ontario health card and supplementary insurance information with insurance company policy/certificate group plan/type of coverage
- If you use sign language or do not speak English, the clinic will arrange free professional interpretation services for your appointment. See page 43 for details.
- A friend or family member if you have difficulty getting around
- The contact number where you can be reached the night before your surgery
- Eat, drink and take your medication as usual the day of your PAC appointment.

Note: If possible, do not wear clothing with metal (e.g., zippers, snaps...etc.) so that you can avoid changing for your x-rays.

If you require overnight accommodation before your surgery, please visit sunnybrook.ca/lodging for a list of accommodations close to the hospital.

If you are flying home after surgery, please call your surgeon's office with your flight number. They will arrange medical clearance to fly.

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. Ask us about anything you don't understand.
- Download and access the myHip&Knee App at sunnybrook.ca/myhip&knee (see page 6)

Other Useful Resources

1. Our teaching videos can be found under “Patient Education” at sunnybrook.ca/holland.
2. For information on arthritis, programs and resources offered by the Arthritis Society (e.g., assistive devices, falls prevention, peer support programs) go to arthritis.ca or call (416) 979-7228.
3. The Canadian Orthopaedic Foundation has a number of helpful resources online. Search under “About Orthopaedics” for “Patient Information Resources” at movepainfree.org.
4. For information on arthritis and mental health, go to arthritis.org, select “Healthy Living”. For information on depression and insomnia after surgery, go to:
 - <https://hipknee.aahks.org/getting-a-good-nights-sleep-after-hip-or-knee-replacement-surgery/>
 - healthline.com/health/depression-after-surgery
5. Visit our 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 4:00 pm. In the Centre patients, family members, and caregivers can access computers with links to helpful educational websites such as those offered by the Arthritis Society.

Your Surgery

Admission Information



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

To be completed at your Pre-admission Clinic Appointment:

- My scheduled surgery date is:

- My expected discharge date is:

- **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

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 soon as possible. If these symptoms occur on the weekend or after hours, please call the hospital at (416) 967-8500, select "0" and ask for the Holland Centre hospital coordinator.

Medication Instructions



STOP taking these medications before surgery:



TAKE ONLY THESE medications the morning of surgery:

**All other medications can be taken as prescribed
until the DAY BEFORE surgery.**

Food and Drink Instructions

Nutrition and hydration prior to surgery is an important part of a successful surgery. It is important to follow the rules below to set you up for a successful surgery day.

The Night Before Surgery

Have nothing to eat after midnight the night before surgery. This means no food, candies, or gum. You may continue drinking clear fluids only. Clear fluids may help to prevent dizziness and nausea following surgery. Clear fluids include water, clear fruit juice such as apple, cranberry or grape, sports drinks, black tea and black coffee (**NO** milk products or whitener). Clear fluids does not include milk, citrus juices (with or without pulp), or alcohol.

The Morning of Surgery

On the morning of surgery, please continue drinking clear fluids up until 90 minutes before your scheduled arrival time. Do not eat (food, candies, gum) or smoke/vape on the day of surgery.

90 Minutes Before Scheduled Arrival Time

Please drink one glass of water 90 minutes before your scheduled arrival time to hospital. After that, no eating or drinking. If your mouth gets dry while you wait, the team will offer you ice or sips of water.



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.



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

Using the Soap:

- Test the soap on a small patch of skin to make sure it doesn't irritate your skin. **If skin irritation develops do not use Chlorhexidine soap and continue with you regular soap following the same instructions.**
- Use a clean washcloth and towel with each shower
- Using your own products, wash your face and hair first. (Chlorhexidine should only be used from the neck down).
- Wash your body from neck to feet with Chlorhexidine soap. The soap does not lather much.
- Finish with the groin and anal areas
- Leave the soap on for 2 minutes and then rinse thoroughly
- 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

Don't:

- Don't apply body/moisturizing lotion or powder after your shower.
- Don't shave the hair at your surgical site.
- If having knee surgery – don't shave your legs for 5 days before surgery and until 2 weeks after surgery.

What to Pack for the Hospital

- 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
- Please remember to bring 3 reusable bags large enough to store your belongings (shoes, clothes and jacket) while you are in surgery

If You Are Scheduled to Stay Overnight

- Toiletries (toothbrush/toothpaste, tissues, soap, feminine hygiene products, etc.)
- Labeled eye glass case/denture cup/hearing aid(s) case
- Slippers with a back and non-slip sole (optional)
- A combination lock for the locker in your room (optional)

Space is limited so pack lightly. 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.
- Perfume or scented items – the hospital is a fragrance-free facility
- Valuables, including icing devices
- 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 5th floor, Room 547, Surgical Patient Registration area. Please arrive on time. Due to space restrictions, only one person may accompany you. Other family members or friends may wait in the Patient and Family Education Centre located on the 2nd Floor, Room 253, the Main Lobby on the 1st Floor or Cafeteria area.



If you choose, your family / friend can be provided with a code so that they can track when you are out of surgery on the monitors in the waiting area or through the Sunnybrook website. Scan this QR code for access.

Remember...

After check in, a nurse will meet with you and get you ready for surgery.

They will:

- Update your health history
- Review your medications
- Take your blood pressure, pulse and temperature
- Start an intravenous line in your arm

Your surgeon will initial your operative site and you will meet your anesthesiologist.

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. 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.

Your personal belongings will be taken to your assigned room by your family or a staff member.

Anesthesia and Surgery

The Anaesthesia Care Team

The anaesthesia care team includes an anesthesiologist, nurse practitioner, anaesthesia 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. During the Pre-admission visit they will discuss the various anaesthesia 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.

On the day of your surgery, the anesthesiologist (may be different from the one you saw during your pre-admission visit) will review the information from your Pre-admission visit and discuss any questions or concerns you might have.

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 anesthesia and nerve blocks.
- 2. General anesthesia:** where you are fully asleep and unconscious during surgery and a breathing tube is placed in your throat.

Regional anesthesia is most commonly used for patients having a hip or knee replacement. 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.

Most patients having spinal anesthesia prefer to be “very sleepy” in the operating room, in which case, sedating medication is given through the intravenous to relax you and put you into a light sleep. 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 impact 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

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 you go into the operating room. 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 after surgery
- 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 is absorbed 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.

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
- 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 more with a general 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.

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 comfortable enough to perform daily activities and exercise, which is important for a successful recovery.

There are several methods of pain control available. Your anesthesia care team will discuss which methods are best for you. We use a combination of non-opioid medications, such as acetaminophen (Tylenol®) and celecoxib (Celebrex®). When pain is not well controlled on non-opioid medications, opioid medications such as oxycodone or hydromorphone (Dilaudid®) may be prescribed. For more on pain management after surgery please see pages 62-70.



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

Oral Pain Medication

Your nurse will bring you medications for pain, including short acting opioid medication as needed. Pain medication takes at least 30 minutes to start to work after you have taken them. Take them if you are becoming uncomfortable. If the medicine does not control your pain, please tell your nurse. Additional or different pain medicine can be given.

Intravenous (IV) Pain Medication

Intravenous opioid medication, including Patient Controlled Analgesia (PCA) is sometimes required for severe pain. Your nurse will provide you with instructions if this is needed after your surgery.

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.

Potential Complications and How to Help Prevent Them

Despite the success of joint replacement, there is a small risk of developing complications. These complications can develop because of pre-existing health problems, the anesthesia, or the surgery itself. Possible 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 vein thrombosis (see page 40), pulmonary embolism (see page 40), 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. Your surgical team 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. Refer to Chlorhexidine Shower Instructions before surgery (page 30) and Incision Care Guidelines (page 71) for ways to help prevent infection.

Breathing Problems such as pneumonia can occur after surgery. It is important to do deep-breathing and coughing several times through the day on 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.

Heart Complications. 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.

Deep Vein Thrombosis (DVT) are blood clots which can develop in the deep veins of your legs after surgery. 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 (ankle pumping). These exercises promote good blood circulation. Anticoagulants (blood thinners) will also be used to prevent blood clots. See page 61 for signs and symptoms.

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, blood circulation to your lungs may be cut off. This is a serious complication that may cause sudden chest pain and/or shortness of breath. Anticoagulants (blood thinners) will be used to prevent blood clots. Ankle pumping and regular activity will also help prevent this complication. See page 61 for signs and symptoms.

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. 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. Having a bowel movement the day before surgery is important to prevent complications related to constipation. Stool softeners are given after surgery to prevent constipation. If they are not effective, talk to your nurse, family doctor or pharmacist. 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. We will ask you about any allergies during pre-admission and 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 pressure injuries (bed sores) are caused by staying in one position too long leading to skin breakdown. It is important to change your position frequently and to get up as much as possible after surgery.

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. If you have experienced postoperative confusion in the past, it is helpful to have a relative sit with you after surgery.

Simple steps to help prevent delirium:

- Make sure you wear your glasses and hearing aids. Being able to see and hear properly will help keep you oriented to what is going on around you and help prevent confusion.
- Have a family member visit with you. If visiting in person is not possible, speak with a friend or family member on the phone every day to help keep the mind active
- Keep your body active and return to a normal routine as soon as possible
- Remember to rest and sleep; keep normal sleep routines (e.g., try to stay awake during the day so you can sleep well at night. Limit naps to 30-45 minutes)
- Tell your health care team about any changes in symptoms
- Stay organized and take medications on time

For more information on delirium and strategies that can help with your recovery at home please visit [sunnybrook.ca/delirium](https://www.sunnybrook.ca/delirium).



Remember: Walking and staying active will help prevent many of these complications and allow for a smooth recovery. Please refer to page 52 for a list of benefits and strategies you can try.



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 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 and can be reached Monday to Friday from 9 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. Ask us about anything you don't understand.

Interpretation Services

You have the right to receive healthcare in your language. Sunnybrook offers **free** professional interpretation services to our patients. Your physician's office or clinic will arrange for interpretation services on your behalf. Let them know you'd like to use this service when booking your appointment. Please contact interpretationservices@sunnybrook.ca with any questions or concerns.

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 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. For more information please visit: sunnybrook.ca/mypayments.

Parking and Transportation

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

Smoke Free Environment

The health and safety of our staff, volunteers, students, visitors, and patients is very important to us. Smoking and vaping are prohibited in all areas of the hospital, which includes, but is not limited to, the inside of the building in its entirety, and exterior grounds

Fragrance-Free Policy

Sunnybrook Health Sciences Centre supports a fragrance-free environment. We ask that patients and visitors refrain from wearing scented personal products.

Bring Your Own Device

Bedside cable packages are no longer available for purchase. You may bring in your own device and access the free wireless internet available to patients and visitors. The hospital cannot guarantee service will always be available. Please see [sunnybrook.ca/BYOD](https://www.sunnybrook.ca/BYOD) for more details.

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.

Research

As part of Sunnybrook's mission to be a leader and innovator, you may be contacted by one of our researchers asking for your permission to participate in one of our studies. Participation is not mandatory, and will not affect your care. We are, however, greatly appreciative of your time and feedback.

Protecting Your Personal Health Information

Sunnybrook Health Sciences Centre is taking a leadership position in the promotion of personal information privacy rights and obligations on behalf of all members of our staff and patient communities. For more information visit [sunnybrook.ca/privacy](https://www.sunnybrook.ca/privacy).

The Hospital Foundation

The mandate of Sunnybrook Foundation is to raise funds to support the hospital's essential growth and development 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 people 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](https://www.sunnybrook.ca/foundation)

Visiting Hours for Patients Staying Overnight

A maximum of 2 visitors at a time may come to your room between 10 a.m. and 8 p.m. Children are welcome but must be supervised by an adult at all times. Timely nursing care and therapy sessions are important for your recovery so visitors may be asked to step out of your room at these times. In certain areas, visiting is restricted, such as the Post Anaesthesia Care Unit (PACU).

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. In some cases, the surgeon may ask you to avoid certain movements. If this is the case, the team will explain this to you.

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

Transfers and Mobility

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.

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.

Getting Out of Bed After Surgery:

You will practice getting in and out of bed after your surgery with hospital staff. We suggest watching the videos on our website before surgery:



1. Slide yourself to the side of the bed by using a combination of your arm strength and non-operated leg. Bend your non-operated leg and push on your heel to help you move.



2. Slowly move your legs over the edge of the bed and slide your hips forward until you are in a seated position with feet on the floor.



3. Stand up, keeping one hand on your walker/cane/crutch and one on the bed.

Getting Into Bed After Surgery:



1. Back up towards the centre of the bed until you feel it behind your knees.
2. As you sit, place one hand on your walker/ cane/ crutch and the other on the bed. It may be more comfortable to place your operated leg out in front of you.



3. Once seated, place your hands behind you. Pushing with your non-operated leg and using your arm strength, move yourself backwards until your operated leg is on the bed.
4. By bending your non-operated leg and pushing on your heel it will help you to move up in the bed towards your pillow.



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

Tips on How to Turn on Your Side:



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

- 1.** Lie with your back flat on the bed and bend both knees (with or without a pillow/blanket between your legs).
- 2.** 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).
- 3.** Turn your legs and upper body at the same time as you roll onto your side.

Sitting

After surgery you may have difficulty standing up from low surfaces such as a low bed or toilet. To make this easier, you may want to avoid low, soft, sofas and chairs. A carry cushion may be used to make getting in and out of a chair easier and a dining room chair with arms would be ideal. Your occupational therapist will recommend adjusting your chair, toilet or bed to the appropriate height as needed.

It may be helpful to try the method below while your joint is uncomfortable. As your strength and mobility improve, you can usually return to your normal ways of moving around.

To Sit Down:



1. 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

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

Benefits of Being Active While Recovering from Surgery



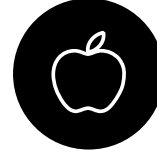
1. Skin

- 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/Digestion

- Improved appetite
- Less risk of choking when eating sitting up
- Decreased risk of constipation



4. Brain

- Improved mood
- Improved sleep
- Less chance of delirium



5. Muscles/Bones

- 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
- Do exercises (as prescribed) throughout the day
- Change positions every hour

Activities of Daily Living

Bathing

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. Properly installed grab bars are recommended (avoid grab bars with suction cups). An occupational therapist will teach you how to get in and out of your shower or bathtub and help you decide whether a bath seat is needed for safety. Use of a long-handled sponge/brush or reacher can help you wash and dry yourself. **Patients should not sit on the bottom of the bathtub for at least 6 to 8 weeks.**

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



To Use a Reacher:

1. For safety, sit in a chair or at the edge of your bed.
2. Use a reacher to place 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. If needed, place talc-free 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 the straps with both hands.
4. Pull the straps 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.

Eating/Carrying Food Items

To carry meals and food items safely while using canes or a walker, place your meals in a plastic container and drinks in a thermal mug with a tight lid. Then place containers and cutlery into a bag and carry it to the table. You should carry the 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.

Homemaking Activities



For additional tips and suggestions see **Getting Ready for Surgery** pages 14-18.

Shopping & Cooking

Before your surgery, you may want to freeze meals or arrange for pre-packaged foods to save time and energy. Groceries can be ordered and delivered from a variety of sources. You can also ask your therapist for program suggestions such as “Meals on Wheels”.

Child Care

Arrange for help with caring for young children. Avoid carrying a child as this will affect your balance. Watch for tripping hazards, such as toys, where children are playing.

Pet Care

You can use your long-handled reacher to help 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. You can use your reacher to retrieve clothing from the washer or dryer. Carry small loads in a knapsack when using a walker, canes or crutches. Only carry the amount of detergent required for one load and sort your clothes on a tabletop rather than the floor.

Cleaning

Avoid heavy tasks until your 6-8 week follow-up appointment, this includes washing floors or windows, cleaning the bathroom, vacuuming, changing bed sheets, lawn mowing, snow removal, and heavy garbage removal. Arrange for family/friends to help or hire help from a community agency instead.

Returning to Work

When you return to work depends mainly on the duties you must perform. Most patients do not return to work until at least 6 to 8 weeks after their surgery. If you plan to return to work sooner, you may wish to speak to your employer about modifying your work hours and duties.

Sexual Activity

Following your surgery, you may 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

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.

Right 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.** Back up to the car seat using your walking device until you feel the car against the back of your legs. 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 as far back as you can and then bring your legs in, one at a time.
- 4.** The seat back may be raised to a comfortable position.

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 is attached to your cane or crutches and flips down to grip securely in snow and ice. 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.

Discharge Instructions and Follow-Up

Before You Go Home Checklists and Goals

- Remove water resistant dressing after 7 days (or later based on your surgeon's order) on: _____
(see pages 71-72 for instructions)

OR

Removal of Sutures/Staples

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

Follow-up

- Follow-Up Appointment Date (for more information see page 78)

Date: _____ Time: _____

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

If your surgeon is from a different home hospital (Michael Garron Hospital, Unity Health or Sinai Health), then your follow-up appointment will take place there. If you are unsure, please call your surgeon's office.

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 62)
- Anticoagulants (Blood Thinner):
 - Yes: Drug name/dose/frequency: _____
 - No



Do not take herbal supplements until you have finished your blood thinner.

Before you go home it is important that you:

- Are able to walk safely with the appropriate aid; i.e., walker, cane(s) or crutches
- Have or have arranged for the equipment to manage safely at home (e.g. raised toilet seat, bath seat)
- Are able to get in and out of bed safely, by yourself or have help arranged if needed
- Are able to climb stairs if needed
- Know what exercises to continue at home
- Know what activities to avoid
- Have your prescriptions
- Have your own medications returned, if applicable
- Have all of your belongings
- Have your appointment card for follow-up visit or instructions on how to schedule the appointment
- If you are flying home, have your medical clearance note from your surgeon
- Downloaded/accessed the myHip&Knee App (see page 6)

Your Discharge Home

When you are ready to leave, your driver 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. If you fill your prescriptions at a pharmacy near the hospital, you may need to ask them to transfer the rest of your prescription to your home pharmacy.

Symptoms Requiring Immediate Attention

Go to your nearest Emergency Department or call 911 if you experience:

- 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, sustained increase in pain at your surgical site.
- Uncontrolled bleeding
- Signs of opioid overdose (see page 68)

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 water resistant dressing
- A bad odour or yellow or green drainage at the incision site
- Excessive bleeding
- A persistent increase in your temperature (over 38°C)
- Other signs or symptoms of infections (i.e., fever, chills, burning on urination or foul smelling urine, etc.)
- Have experienced a fall after surgery

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.



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 and may want to see you for an earlier follow up appointment.

Managing Pain

Controlling pain 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:

- Take your pain medication as prescribed.
- 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.
- Meditation, guided imagery and listening to music can make you feel more relaxed and help with the pain.
- When resting, lie flat and elevate your leg above the level of your heart to reduce swelling, pressure and pain. If your swelling is getting worse in your operated leg, then it's time to rest, ice, and elevate.



- Apply cold therapy (ice, frozen gel packs or cold therapy machines etc.) to your hip or knee for 10-15 minutes every hour, as needed.
- Cold therapy machines allow iced water to run through a pad/cuff while providing a comfortable amount of compression around your joint to limit swelling. Some units are motorized while others simply use gravity. Cold therapy machines can be purchased or rented online or from medical supply stores. Some private insurance companies will cover the cost of these machines.
- Research has shown that cold therapy can be used throughout your recovery to help reduce pain and swelling, reduce the need for pain medications and result in earlier improvements in range of motion and function after surgery.

Note: If you are hypersensitive to cold or have compromised circulation, you should consult with your family or vascular doctor before using cold therapy.

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 (Tylenol®)

If you were given acetaminophen (Tylenol®) in hospital then you can continue taking it as prescribed by your surgeon (e.g., for 2-4 weeks). Do not take more than 4 grams (8 pills of Extra Strength Tylenol®) in a 24 hour period. While taking Tylenol® do not take opioids that also contain acetaminophen (such as Percocet® or Tramacet®).

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, it is safe to continue taking this daily as prescribed by your surgeon, even while taking the prescribed blood thinner (rivaroxaban or enoxaparin).

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 opioid pain medication?

Every person is different in their need for pain medication. Some patients may require more than 2 weeks of regular opioid pain medication with weaning (or lessening) of pills over time. Other patients may require opioid pain medication for only a few days. It is important that you do not suddenly stop your pain medications if you have been taking them on a regular basis.

Please see page 69 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.

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.

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.

Safe Use of Opioid Pain Medication After Surgery

Opioids are intended to improve your pain enough so that you are able to do your daily 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. Take unused opioid medications back to a pharmacy for safe disposal. Do not throw them in the toilet or dispose of them in the garbage.
- 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 78 for details.



What are the signs of overdose?

Signs you have had too much opioid medication:

- Severe dizziness
- Inability to stay awake
- Hallucinations
- Heavy or unusual snoring
- Slow breathing rate

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

- You cannot speak clearly when you wake up
- They cannot 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?

If your pain has been under control and you are managing your daily activities and postoperative exercises you may be ready to wean yourself off your 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)

These 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.

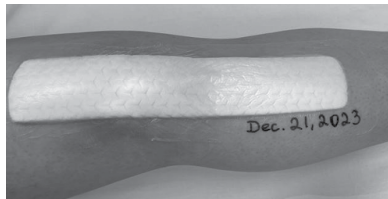
Do not suddenly stop taking your opioid pain medication if you have been taking it on a regular basis.

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.). 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. Withdrawal symptoms are not a sign that you are addicted.

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.

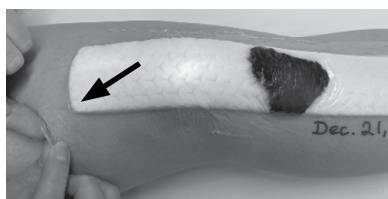
You will find a medication tracking sheet at the end of this book and at sunnybrook.ca/hipkneepain. You can use this tracking sheet as you start to reduce your medication.

Caring For Your Incision



About your water resistant dressing

- These dressings are water resistant, gentle on the skin and will flex with the movements you make
- You can shower (no baths/swimming) while wearing this dressing
- These dressings are designed to absorb and lock in fluid from your incision. This will show as a dark area/shadowing on your dressing and is normal.
- Change this dressing ONLY if it starts to leak fluid or if it lifts away from your skin before the 7 days are up (or later based on your surgeon's order).
- You can purchase dressing supplies at your local pharmacy
- Date for removal of dressing is written on the dressing
- Incision will not be visible through the dressing



Removing your water resistant dressing

Remove your dressing 7 days after it was applied or later based on your surgeon's order. To remove your dressing:

1. Gently lift the top corner of the dressing and slowly peel it back.
2. Roll down the dressing (along the surface of the dressing).

After you have removed your dressing:

- If your incision is dry, cleanse it with mild soap and water, pat dry; a new dressing is not needed.
- If your incision is leaking, keep it covered with a long dressing or Band-Aid® that can be purchased at a local pharmacy. Dressings that are not water resistant should be kept dry and covered with a plastic bag for showers. Change the dressing as needed. If your incision continues to leak fluid, please inform your surgeon.
- If you have Steri-Strips™ (white tape over incision), leave them alone – they will fall off on their own. After 14 days, 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 61 if you have concerns about your incision.

What to Expect After Joint Replacement

Swelling and Bruising

It is normal to have 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. 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. See pages 51 and 62-63 for information on managing your swelling.

Numbness

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; however, some numbness may remain.

Skin Care

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.

“Clicking” Noises

After knee replacement it is common for people to report noises such as clicking. If not accompanied by pain, this noise is normal and may improve over time as your muscles get stronger.

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 exercise 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.

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 support from a cane or walker than to walk with a limp. Walking with a limp may put more load on your joint replacement, be a hard habit to break, and your muscles will not strengthen in a pattern that will improve your walking.

Common Concerns After Surgery

| Common concerns after surgery and why they occur | Tips to help you feel better |
|--|---|
| <p>Feeling Tired</p> <p>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 19 and 26 for resources. |
| <p>Constipation</p> <p>Certain medications can cause constipation.</p> | <ul style="list-style-type: none"> • Drink plenty of water and eat foods that are high in fibre. • Exercise can help too! • Refer to page 68 for ways to manage constipation. |
| <p>Difficulty sleeping or insomnia</p> <p>You might not sleep as well for a while after surgery. This can be due to: the medications, the healing process, 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 concerns 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.</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. Your hard work will pay off! If you're having a bad day, focus on gentle range of motion exercises throughout the day. • See pages 47-58 and page 62 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 26 for websites that may be helpful. |

Staying hopeful, setting achievable goals and keeping up with your exercise will help ensure the best recovery possible.

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 provider (APP). Our APPs are physiotherapists or occupational therapists with advanced clinical training and skills, who work 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 health card information. Please bring your exercise booklet with you to this appointment.

If your surgeon is from a different home hospital (e.g., Michael Garron Hospital, Unity Health or Sinai Health), your follow-up appointment will take place there. If you are unsure, please call your surgeon's office.

RECOVERED Program

RECOVERED (Reclaiming ExCess Opioids for **VER**ifi**ED** Disposal) is an optional program at the Holland Centre that offers you a secure and convenient way to dispose of 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 your follow-up appointment is at a different location, 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. Amit Atrey (416) 864-5342
- Dr. Melanio Catre (416) 416-4761
- Dr. Justues Chang (416) 441-2245
- Dr. Harman Chaudhry (416) 967-8778
- Dr. Richard Jenkinson..... (416) 480-6160
- Dr. Amir Khoshbin..... (416) 864-5265
- Dr. Hans Kreder (416) 480-6816
- Dr. Paul Kuzyk (416) 586-4653
- 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. Oleg Safir..... (416) 586-4800 x 2529
- Dr. Sebastian Tomescu (416) 928-3279
- Dr. George Vincent..... (416) 530-6773
- Dr. Veronica Wadey (416) 967-8615
- Dr. Sarah Ward (416) 864-5394
- 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.

Medication Tracking Sheet

| Medication (e.g. Hydromorphone 2mg): | | | | | | | | | |
|--------------------------------------|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|
| Date: | | Date: | | Date: | | Date: | | Date: | |
| Time | Number of pills | Time | Number of pills | Time | Number of pills | Time | Number of pills | Time | Number of pills |
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| Notes: | | Notes: | | Notes: | | Notes: | | Notes: | |

| Medication (e.g. Hydromorphone 2mg): | | | | | | | | | | | |
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| Time | Number of pills | Time | Number of pills | Time | Number of pills | Time | Number of pills | Time | Number of pills | Time | Number of pills |
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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 79
for contact telephone numbers.

**Refer to page 61 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

www.sunnybrook.ca

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