

A Guide for Patients Having Orthopaedic Surgery



Please bring this book to each hospital visit, including your hospital stay. You may also be given a handout specific to your surgery. If the instructions in this book or handout are different than what you have been told by your surgeon, please follow the instructions from your surgeon.



MADE WITH
**PATIENT & FAMILY
INPUT**



Sunnybrook
HOLLAND BONE AND JOINT PROGRAM

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Welcome to the Holland Bone and Joint Program

The Holland Bone and Joint Program, a priority program at Sunnybrook Health Sciences Centre, is one of Canada's premier providers for musculoskeletal care.

The Holland Bone and Joint Program is located at two sites. Make sure you know at which location you will be receiving care and having your surgery.

Bayview Campus

2075 Bayview Avenue Toronto, ON
Canada M4N 3M5
(416) 480-6100

Holland Centre

43 Wellesley St. East Toronto, ON
Canada M4Y 1H1
(416) 967-8500

For more information about the two sites, please visit our website www.sunnybrook.ca and click on the "Patients and Visitors" in the main menu.

This book will act as your guide before your surgery, during your hospital stay, and throughout your recovery. Patients having a hip or knee replacement, should instead refer to "A Guide for Patients Having Hip or Knee Replacement."

Please review this information with your family and other caregivers.



It is important to bring this book to the hospital with you so you can use it as a reference.

Getting Ready for Surgery

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.

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.
- If you are having shoulder or spine surgery, download our app to help you get ready for surgery and keep you on track during recovery (see page 9 for details).

Protect Yourself From Falls

There are many things you can do to prevent falls before and after your surgery. Consider using 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.
 - 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.
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- 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 streets, 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 clear of clutter
 - Removing wires and cords from pathways (by taping them to the wall)
 - Removing throw rugs
- Be sure that areas you walk are well lit. Consider a bedside and nightlight along the path from bed to bathroom.
- Take your time when using the stairs. Be sure stairways are well lit, free of clutter, and have a secure handrail. Stairway carpet should be very secure.
- In the bathroom, use a non-slip surface on the floor of the tub or shower. Equipment such as a raised toilet seat with arms, tub seat, and grab bars may be helpful.
- In the kitchen, do not climb on a footstool or chair to reach for objects. Move frequently used items to lower shelves. You can use a reacher for light items that are out of arm's reach.
- If you have pets, be aware of them as you walk. Consider placing a bell on your pets' collars so you can be more aware of their movements. During your early recovery stage, consider arranging for family or friends to take your pet to their house or to come over to walk your pet regularly.



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

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 and help you have the best outcome.

- 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 are diabetic, consult your healthcare provider if your morning fasting blood sugar is not consistently less than 10.
- 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.
- If you have a cardiac pacemaker, have it checked at your pacemaker clinic within 6 months before your surgery date.
- Inform your surgeon if you have an implanted cardiac defibrillator.

Helping You Quit Smoking Before Surgery



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

What are the benefits of not smoking?

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

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

- Register for our monthly “Quit Smoking Tips” class by calling:
(416) 480-4534 or e-mailing patienteducation@sunnybrook.ca
- E-mail questions to smokingcessation@sunnybrook.ca
- Visit smokershelpline.ca for online/digital support
- Call Telehealth Ontario toll-free at 1-866-797-0000 or toll-free
- TTY 1-866-797-0007 to get telephone based smoking cessation support
24 hours a day, 7 days a week
- Speak to a member of your health care team

Pre-admission Clinic / Pre-Anaesthesia Clinic (PAC)

You will have a health assessment done several weeks before your surgery (may be in-person or by telephone). We will let you know which type of visit you need to prepare for surgery. The PAC clinic will contact you with an appointment.

During the assessment, which may take several hours, you will meet the preoperative team. The team may include a nurse, anesthesiologist and/or nurse practitioner. You might also meet with a medical internist, radiation technologist, laboratory technologist, physiotherapist, occupational therapist or research assistant.

They will:

- Assess your overall health to make sure you are medically fit for surgery.
- Review what to expect during your hospital stay 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 or telephone health assessment:

- This booklet
- 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, have an interpreter with you
- A friend or family member if you have difficulty getting around
- The contact number where you can be reached the night before your surgery

Note: 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 having surgery at the Holland Centre and will be flying home after surgery, please call your surgeon's office with your flight num . They will arrange medical clearance to fl .

Eat, drink and take your medication as usual the day of your PAC appointment.

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 App



If you are having spine or shoulder surgery, download our free app that will help you get ready for surgery and keep you on track during your recovery. To download the mobile version, search “SeamlessMD” in the App store or use your smart phone to scan the QR code. To access the web version, go to sunnybrook.ca/spineapp or sunnybrook.ca/shoulderapp. Your access key/code is:

- **hollandspine** (for spine surgery)
- **hollandshoulder** (for shoulder surgery)

If you require any technical help, email support@seamless.md.

Instructions for Your Surgery Day

!

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 surgery will take place at:	
<input type="checkbox"/> Bayview Campus	<input type="checkbox"/> Holland Centre
You will be called on the last business day before your surgery between 11 a.m. and 3 p.m. to confirm the time of your admission. Your admission could be as early as 6 a.m.	You will receive a call one to two business days before your surgery to confirm the time of your admission. Your admission could be as early as 6 a.m.

My scheduled surgery date is: _____
(surgery date is subject to change)

My expected discharge date/length of stay is: _____

Medication Instructions

STOP this medication before surgery:

CONTINUE all other medications as prescribed until the evening before surgery.

TAKE ONLY this medication **THE MORNING OF 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. It is important to have an empty stomach before surgery. This will prevent stomach contents from going into your lungs during surgery. If you do not follow this instruction, your surgery will be cancelled.

The Morning of Surgery

On the morning of surgery, we encourage you to drink clear fluids up until two hours before your scheduled surgery time. Clear fluids may help to prevent dizziness and nausea following surgery. Clear fluids include water, clear apple or cranberry juice, sports drinks (Gatorade), carbonated soft 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. Do not smoke/vape on the day of surgery.

Two Hours Before Surgery

No eating or drinking. If your mouth gets dry while you wait, the team will offer you ice or sips of water.

Pre-admission Clinic Nurse: _____

Date: _____

What to do if You Become Sick Before Surgery

If you develop cold, flu, or stomach symptoms (such as vomiting or diarrhea) before your surgery, call your surgeon's office. If surgery is postponed because of illness, we will make every effort to arrange a new surgical date as a priority.

If you are having **surgery at the Bayview Campus**, and you need to cancel or postpone within 48 hours of your surgery, call your surgeon's office as well as the Surgical Services cancellation line at (416) 480-6100 extension 85141.

If you are having **surgery at the Holland Centre**, and these symptoms occur on the weekend prior to a Monday surgery, please call the hospital at (416) 967-8551 to speak with the Holland Centre hospital coordinator.

Chlorhexidine Shower Before Surgery

It is important to clean your skin before surgery to reduce the risk of infection. You might be asked to use chlorhexidine soap before your surgery. This soap is to be used in the shower the **night before your surgery** and the **morning of your surgery**, for a total of 2 washes.

Using the soap:

- Test the soap on a small patch of skin to make sure it does not irritate your skin, if skin irritation develops do not use Chlorhexidine soap and continue with your 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 the Chlorohexidine 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 area.
- 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 the hair on your legs for 5 days before surgery and until 2 weeks after surgery.

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



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** any opioids and controlled substances to hospital, some examples include: oxycodone, hydromorphone (Dilaudid®), oxycocet (Percocet®), lorazepam (Ativan®), zolpidem, methylphenidate (Concerta®), testosterone.
- 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. Patients having shoulder surgery should pack an over-sized t-shirt or button up shirt
- Supportive shoes with a non-slip sole such as running shoes
- Assistive devices that you may need after surgery and already have, such as walker, crutches or cane(s)
- A snack for after surgery
- A reusable bag to store your belongings while you are in surgery

If You Are Scheduled to Stay Overnight

- Toiletries (toothbrush/toothpaste, tissues, soap/shampoo, feminine hygiene products, etc.)
- Labeled eye glass case / denture cup / hearing aid(s) case
- Nightgown/pajamas (avoid full-length gowns that may cause a tripping hazard)
- Slippers with a back and non-slip sole
- A combination lock for the locker in your room

Space is limited so pack lightly. Please label your personal items.

Care of Belongings

- **Patients having day surgery** – A small locker will be provided to store your belongings.
- **Patient staying overnight** – Your personal belongings will be taken to your assigned room by your family or a staff member. Please bring a reusable bag to hold your belongings.

What To Leave At Home

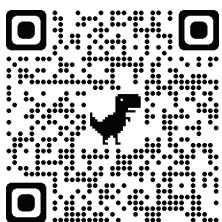
- All piercings and jewelry (including wedding rings). These **must be removed** before your surgery. For safety reasons, if jewelry is not removed prior to surgery we will need to cut it off.
- Perfume or scented items – the hospital is a fragrance-free facility
- Valuables
- Opioid medication, controlled substances or recreational drugs (bring all other medications to hospital)



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

If You Are Having Surgery at the Holland Centre

Please use the east elevators (located next to the cafeteria) and go to the 5th floor and check in at Room 547 – Surgical Patient Registration. Please arrive on time.



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

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.

Following your surgery, you will be taken to the Post Anaesthesia Care Unit (PACU), where you will be monitored for about 1 hour. For Day Surgery patients you will then be taken back to the Same Day Admission Unit. For patients staying overnight you will then be taken to your hospital room.

Family for both day and overnight stay patients are welcome to wait in the Patient and Family Education Centre located on the 2nd Floor, Room 253 or in the cafeteria.

If You Are Having Surgery at the Bayview Campus



**On the day of your surgery, go to the Surgical Services Registration area, Room MG502. Please arrive on time.
Do not have more than one person come with you.**

- You will be checked in and wait in the waiting room until you are called.
- You will be taken to the Same Day Surgery / Pre-operative Unit (MG601). You will have an intravenous started, and your paper work will be completed. This may take up to an hour. Your companion will be asked to wait in the waiting room at this time.
- Once you have been prepared for surgery, you may stay with your companion until the Operating Room is ready for you. No food or drinks are allowed in this area.
- If you are going home on the day of surgery, or you are staying overnight in the Surgical Short Stay Unit (MG503), your companion may wait in MG502.
- If you will be staying longer after surgery, your companion may wait in A148. You will be given a tracking number so they may monitor your location.
- A volunteer is available to provide updates when patients are waking up from surgery.

After surgery, you will go to the Recovery Room. When you are ready, you will be moved to the Surgical Short Stay Unit, or back to the Same Day Surgery Unit for further recovery before discharge, no later than 7:30 pm. **Please be aware that due to unforeseen bed shortages, patients may spend the night in the recovery room. If you are staying more than one night, you may be transferred to one of the wards at the Bayview Campus or to the Holland Centre.**

Final Things to Remember Before Your Surgery

- If you communicate using sign language or do not speak English, bring an interpreter to the hospital with you. Your health care team must be able to communicate with you.
- If possible, have a bowel movement the day before your surgery to help prevent problems related to constipation after surgery.
- If you are going home the same day as your surgery, you must have a responsible adult drive you home and stay with you overnight. Public transit, such as the TTC, is not an acceptable way home after surgery. If taking a taxi, you must still be accompanied by a responsible adult. If you do not have a responsible adult to accompany/drive you, your surgery will be cancelled.
- You must not drive for a minimum of 24 hours** after surgery to allow the effects of the anaesthesia to wear off.

Surgical times are guidelines only. Delays are common as surgery can go longer than expected. In some cases, your surgery may be cancelled if there is someone needing surgery more urgently. If this happens to you, you will be contacted by your surgeon's office and rescheduled as soon as possible.

Useful Resources

1. 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
2. To help you find a physiotherapy clinic:
 - For a physiotherapy clinic or physiotherapist in your area, go to the Ontario Physiotherapy Association website opa.on.ca or call (416) 322-6866.
 - For information on OHIP-covered physiotherapy clinics in your area, go to the College of Physiotherapists of Ontario website collegept.org or call 1-800-583-5885.
3. The Canadian Orthopaedic Foundation has a number of helpful resources online as well as a peer support program that connects orthopaedic patients with volunteers who have undergone similar surgery. Click on "Patient/Public Information" at whenithurtstomove.org.
4. For information on arthritis, assistive devices and living well, go to arthritis.ca.
5. For information about healthy eating, you can access:
 - Dietitians of Canada at dietitians.ca
 - Eating Well with Canada's Food Guide at healthcanada.gc.ca/foodguide
 - UnlockFood.ca at unlockfood.ca

Anaesthesia 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.

The anesthesiologist on the day of your surgery, will review the information from your Pre-admission appointment and discuss any questions or concerns you might have. If you do not attend the Pre-admission clinic you will meet the anaesthesia care team the day of your surgery and discuss the anesthetic that is best for you.

All surgery requires some form of anaesthesia. Anaesthesia falls into two main categories:

- **Regional anaesthesia:** Where local anesthetic is used to “numb” part of your body. This includes spinal anaesthesia and nerve blocks.
- **General anaesthesia:** Where you are fully asleep and unconscious during surgery and a breathing tube is placed in your throat.

Spinal Anaesthesia

Spinal anaesthesia 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 2-4 hours depending on the type of local anesthetic used.

This type of anaesthesia is suitable for surgeries in the lower half of your body such as hip, knee, ankle or foot surgery. You will not see or feel the surgery taking place. Most patients having a spinal anesthetic prefer to also 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.

What are the Benefits of Spinal Anaesthesia?

- 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 chronic bronchitis, emphysema (COPD), or severe asthma.

What are the Risks of Spinal Anaesthesia?

- 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. Depending on the type of surgery you are having, it can be used alone or 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.

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?

- Fewer 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/nurse know if you are experiencing this.
- Nerve blocks given for shoulder surgery can cause weak diaphragm muscles and difficulty breathing (particularly for patients with chronic lung problems).

If you are going home the same day of surgery AND have received a nerve block, there are some precautions you should take:

- 1. DO NOT DRIVE while your limb is numb.**
2. The nerve block normally lasts for 12 to 20 hours after it is removed.
3. For lower limb block: Use your walker, crutches, or wheelchair until the nerve block has worn off. You may be asked to use a knee splint until the effects of the nerve block are gone (numbness and weakness of the thigh muscle).
4. For upper limb block: Use your sling and protect your arm until movement, muscle strength and feeling returns to your arm.
5. Keep your surgical/operated limb elevated as much as possible for the first 24 hours after surgery to help reduce swelling.
6. When the numbness in your limb changes to a tingling sensation, this is a sign that the block is wearing off. Consider taking your pain medication as soon as you start having discomfort that interferes with activities and/or sleep even if the nerve block is in place.
7. Before you go to bed, consider taking your pain medication even if your nerve block has not worn off.
8. Remember...it is important to protect your arm or leg from injury until normal movement, muscle strength and feeling return. Avoid heat (i.e. hot water) and avoid resting your limb on a hard surface. Take care to not bump your operated arm/leg while moving around corners and getting into your car.

Continuous Nerve Blocks at Home

In some situations, after shoulder surgery, nerve blocks can be left in place for up to 2 days to provide continued pain relief at home. A small tube is secured under the skin and attached to a balloon filled with freezing medication. The freezing medication drips slowly onto the nerves to keep them numb.

What should I expect?

The continuous nerve block will reduce your pain but you will likely still need to take some pain medication by mouth. Over time the numbness in your arm will decrease but you will not have normal sensation in your arm until 12 to 20 hours after the continuous nerve catheter is removed. Do not get the nerve block catheter dressing wet. You will be called every day by an anaesthesia team member until the catheter is removed.

What should I watch for?

- Redness, tenderness, swelling or drainage at the nerve block catheter site
- Ringing in your ears, metallic taste in your mouth, tingling around your face or mouth
- A significant change in pain or numbness
- New shortness of breath
- If the catheter is disconnected from the bottle

Contact us if you have questions or have any of the above concerns:

416-967-8500 and ask for APS on call at Holland Centre. For After Hours and Weekends ask for APS on call at Bayview.

How do I take the nerve block catheter out?

The anaesthesia team member will explain how you will remove the nerve block catheter at home and will be available for any questions.

Remove your nerve block catheter on: _____ a.m./p.m.

1. Wash your hands. Lift the clear dressing off the catheter insertion site. The only discomfort you should feel is from the tape coming off.
2. Hold the nerve block catheter and gently pull it out. It should not be difficult to remove the catheter and there should be no discomfort. You are looking for a grey coloured tip at the end of the catheter to confirm you have removed the whole thing.
3. A small amount of blood or fluid is normal. You can hold pressure over the site where the catheter was removed for 5-10 minutes then apply a Band-Aid®. The Band-Aid® can be removed later that day.
4. Throw the dressing, pump, tubing and nerve block catheter in the garbage.
5. You may wash the catheter site with soap and water as needed.
6. The numbness in your arm or hand should go away over the next 12-20 hours. **Please call us if your arm is still numb 24 hours after you have removed the catheter.**
7. You should continue to take your oral pain medication as needed.

General Anaesthesia

With general anaesthesia, 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 Anaesthesia?

- 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.

Patient Controlled Analgesia (PCA) for Severe Pain

Intravenous pain medication is sometimes required for severe pain. A pump containing an opioid medication is connected to your intravenous. A dosage of pain medication is delivered when you push a button attached to the pump. The pain pump is programmed to allow you to receive pain medication every 5 minutes if needed. For the safety features of the pump to work **it is important, that only you push the PCA button.**

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

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 Anaesthesia. 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 anaesthesia care team will discuss which methods are may be 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 40-48.

Potential Complications / Side Effects and How to Help Prevent Them

During any operation and anaesthesia, there is a small risk of developing complications. These complications can develop because of pre-existing health problems, the anaesthesia or the surgery itself. Possible local complications include: surgical site infection, damage to blood vessels and nerves, and blood loss. Other medical complications include the risk of developing a deep vein thrombosis, pulmonary embolism, heart attack, stroke and even death.

Although the likelihood of such complications occurring is low, your surgical team will make every effort to minimize the risk as much as possible. Our 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 after 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 (pages 12-13) and Incision Care Guidelines (pages 48-51) for ways to help prevent infection.

Breathing Problems such as pneumonia can occur after surgery. It is important to do deep-breathing and coughing when awake on the first few days after surgery (see page 35). This helps provide oxygen to your lungs and keeps your airways clear. Sitting up, getting out of bed as soon as possible and being active also helps prevent breathing problems.

Cardiovascular Complications: Surgery puts an additional workload on the heart. In patients with known heart disease, this can increase the risk for developing abnormal heartbeats, 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. Ankle pumping several times an hour after surgery is important (see page 35). These exercises promote good blood circulation. Anticoagulants (blood thinners) may also be prescribed to prevent blood clots depending on your surgery and health history.

Pulmonary Embolism can occur when blood clots from the deep veins in the legs or pelvis break off, travel up to your 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) may be given after surgery to prevent clots depending on your surgery and health history. Ankle pumping and early activity will also help prevent this complication.

Urinary Problems, such as difficulty passing urine, can happen following any type of surgery. Sometimes a catheter (tube) is inserted into the bladder to drain the urine. Let your nurse know if you are having problems passing urine. Following spinal anaesthesia you may pass some urine without being aware of it. This is normal and can happen during the first few hours until the spinal anaesthesia 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.

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. This is why having a bowel movement the day before surgery is important to prevent complications related to constipation. Laxatives and motility agents are given daily to help 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 from the pressure of lying in bed. It is important to change your position frequently while in bed and to get up as much as possible after surgery. The nurses and therapists will help you.

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



Remember...Getting out of bed and walking as soon as you are able will help prevent many of these complications and allow for a smooth recovery. Make sure you ask for assistance as needed.

Hospital Information

Office of the Patient Experience

There may be times when you or your family members need help finding information or voicing a concern. If members of your care team have not been able to help address your concerns, you may ask to speak to the Manager or contact the Office of the Patient Experience. The Consultant can listen and help resolve patient concerns in a confidential setting and can be reached Monday to Friday from 9 a.m. to 4:00 p.m. at (416) 480-4940 (Bayview Campus location) or (416) 967-8566 (Holland Centre location).

Additional Costs

During your stay, there may be additional costs that are not covered by OHIP or other health insurance. The cost of canes, crutches, splints, and orthotic devices (e.g. braces, special footwear, and supports) is not covered by OHIP. You will be responsible for payment for any devices that you use and/or take home.

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

Visiting Hours for Patients Staying Overnight

For the most up to date information about how COVID-19 impacts our visitor policy, please visit sunnybrook.ca/covid19.

Please let your family and friends know they are not to visit you if they have any of these symptoms: cough, runny or stuffy nose, fever, sore throat, diarrhea, and/or vomiting. 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).

Parking and Transportation

Holland Centre: The Holland Centre is close to bus and subway services at the 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.

Bayview Campus: Parking is located at the hospital at the P1 visitor parking garage for a fee. If you will be in hospital for 5 or more days, a weekly parking permit can be arranged at Parking Services located in C-wing, Ground Floor, Room CG01.

Smoke Free Environment

The health and safety of our staff, volunteers, students, visitors, and patient population are 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 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 in no way 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.

The Hospital Foundation

The mandate of the Sunnybrook Foundation is to raise funds to support the hospitals 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 healthcare 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

After Your Surgery

Exercises After Your Surgery

1. **Deep breathing exercises** – start deep breathing exercises as soon as possible to help your lungs recover after surgery:
 - Take a slow deep breath in through your nose as if you are “smelling the roses”
 - Try to hold your breath for 1 or 2 seconds
 - Slowly breathe out through your mouth as if you are “blowing out birthday candles”
 - Repeat 10 times every hour that you are awake for at least the first 48 hours after surgery
 - After your 10 breaths, try to cough 2 or 3 times to clear any mucous from your lungs
2. **Ankle pumping** – start moving your feet and ankles as soon as possible to help with blood circulation:
 - Bend and straighten your ankles 20 - 30 times every hour throughout the day to improve blood flow and to help prevent blood clots.
3. **Surgery specific exercises** – your surgeon or a member of your health care team will provide information about specific exercises for your surgery.

Activities of Daily Living

Please review the handouts specific to your surgery for more information about how to manage your everyday activities. It is important to stay active after 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. Depending on your surgery, you may see a physiotherapist and an occupational therapist during your stay.

Resuming Regular Medications

Resume your regular medications as prescribed by your family physician once you are able to eat and drink (unless you are told otherwise by the care team).

Resumption of Driving

Ask your surgeon when it is safe to drive. Check with your insurance company about any concerns you may have regarding your coverage. If you have to wear a sling after upper extremity surgery, you should not drive until the sling comes off. All patients are not permitted to drive for at least 24 hours after surgery. This time frame may be longer if indicated by the surgeon.

Returning to Work

Ask your surgeon when you may return to work. Be sure your daily work schedule allows time for your exercises. Talk to a member of your health care team if you have specific questions regarding returning to work after your surgery.

Travelling

DO NOT make any plans for travel until you have spoken with your surgeon.

Discharge Instructions and Follow-Up

Before you go home it is important that you:

- Are able to walk safely with or without walking aids.
- Have or have arranged for the necessary equipment to allow you to manage safely at home (e.g. crutches, bath seat, etc).
- Are able to get in and out of bed on your own or have assistance arranged.
- Are able to manage 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 your appointment card for your follow-up visit or instructions on how to schedule the appointment.
- If you are flying home, have your medical clearance note from your surgeon.

Going Home on the Same Day of Surgery

You must arrange for a responsible adult to take you home and to stay with you the first night after surgery. Your judgment may be affected by the medications you were given in hospital. **For the next 24 hours do not drive a car, operate machinery or power tools, drink alcohol, or sign legal documents.** It is also important that you don't take sedatives or pain medications other than those prescribed by your surgeon. After you are discharged home, it is important to rest for the remainder of the day.

Your Discharge Home From Holland Centre

When you are ready to leave, your escort may park in the driveway in front of the hospital. Your escort 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 you are having Day Surgery**, the switchboard operator will inform the Day Surgery staff of your escort's arrival. One of the staff will take you to the front of the hospital and assist you into your vehicle.
- If you have stayed overnight**, please ask your nurse what time you should arrange to be picked up. Your escort can proceed to your hospital room to pick you up.

Your Discharge Home From Bayview Campus

When you are ready to leave, a volunteer will take you to your escort.

- If you are having Day Surgery**, your escort can bring their car to the M-Ground Patient Pick Up/Drop Off Door.
- If you have stayed overnight**, your escort can bring their car to the door closest to where you are located. Approximate discharge time is 11:00 a.m.

Symptoms Requiring Immediate Attention

Go to the 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 surgery site
- Uncontrolled bleeding
- Signs of opioid overdose (see page 45)
- Loss of normal control of urine or stool function

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

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

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:

- 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.
- Apply ice to your surgical area for up to 10 minutes every hour, as needed.
- If you had surgery on your arm or leg, elevate your surgical limb above the level of your heart when resting to reduce swelling, pressure, and 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 walking does not replace your exercises.
- Meditation, guided imagery, and listening to music can make you feel more relaxed and help with the pain.
- Take your pain medication as prescribed.

Types of Pain Medication

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

Acetaminophen (Tylenol®)

If you were given Tylenol® in hospital then you can continue taking 1-2 pills of Extra Strength Tylenol® every 6 hours for 7 days after surgery. Then take as needed. **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 Tylenol® (such as Percocet® or Tramacet®).

Anti-Inflammatory

An anti-inflammatory can help with swelling which may reduce the pressure and pain at your surgical site. This type of medication is safe for most people when used for up to 2 weeks. If you have been prescribed an anticoagulant (blood thinner) consult your doctor or pharmacist before using an anti-inflammatory unless it has been prescribed by your surgeon.

Examples:

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

Opioid

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

Short Acting (the medication starts working quickly but does not last as long)

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

Long Acting (the medication lasts longer but takes more time to start working)

- Hydromorpha Contin®
- OxyNeo®
- Codeine Contin®
- tramadol ER (Zyram XL®)
- morphine SR (MS Contin®)

Opioid Combination

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

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 are not moving well at home. Generally, your body will tell you when you need medication for pain; you should take your pain medication at least 30 minutes before activities that may increase your pain. If pain is interfering with your sleep, you may benefit from taking pain medication before sleeping.

How long will I need pain medication?

Every patient is different in their need for pain medication. For mild to moderate pain, a combination of Tylenol and an anti-inflammatory may be enough to manage your pain. If it is not sufficient, take opioids at the lowest dose that relieves your pain. Expect to need it for 2 to 3 days after minor surgery and for several weeks after major surgery. Opioids work well for severe pain but are not effective for long term/chronic pain.

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 necessarily 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 in the box 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.

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 cannot wake you up

What are side effects of the opioid pain medications? How do I manage them?

Constipation (hard bowel movements):

- Drink more fluids. 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, talk to your pharmacist or family doctor as you may benefit from a laxative (e.g. Senokot®, 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.



The above instructions do not apply if you are taking long acting pain medication such as OxyNeo® or Hydromorphone 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 sunnybrook.ca/hipkneepain.
You can use this tracking sheet as you start to reduce your medication.

Caring for Your Incision



The nurse will check off the instructions that are appropriate for your incision care. Refer to page 39 if you have any concerns about your incision.

Do not get plaster splints or non-waterproof dressings wet. Showers are permitted but dressings/splints must be covered with plastic until non-waterproof dressings/splint is removed and wound is dry.

- Remove the dressing on:** _____
- Inspect your incision daily once dressing is removed.
 - If your incision is dry, a dressing or Band-Aid® is no longer needed and the incision can be left open to the air. You can get your incision wet but avoid strong shower spray directly on your wound. Dab it dry with a towel.
- If you have a waterproof surgical dressing (such as Aquacel® or Mepilex border), remove it after 7 days on:** _____
- These dressings are waterproof, 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.
- You can purchase dressing supplies at your local pharmacy.

Removing your waterproof surgical dressing:

1. Gently press down on the skin with one hand and carefully lift up an edge of the dressing with the other hand. You may need to ask for help if you are not able to reach the dressing with both hands.
2. Start by stretching the edge away from the centre of the dressing (not away from your skin). This will release the adhesive seal.
3. Slowly work your way around the dressing repeating the technique until the dressing is loose and can be removed.



After you have removed your dressing:

- If your incision is dry, cleanse it with mild soap and water; a dressing is not needed.
- If your incision is leaking, keep it covered with a dressing or a Band-Aid®. Until the incision is dry, cover the dressing with a plastic bag to keep it dry while you shower. Change the dressing after showering and as needed.
- If you have Steri-Strips™ (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™.

Do not remove your dressing or plaster splint

- Keep it clean and dry.
- If dressing is soiled with blood, cover it with another dressing. Dressing supplies can be purchased from your local pharmacy (gauze and tape).
- Your dressing will be removed at your follow up appointment.

- 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 the remaining Steri-Strips™.

Removal of Sutures or Staples

- Removal of sutures: Date: _____
- Removal of staples (a staple remover will be provided at discharge):
Date: _____
- Dissolvable sutures – these do not need to be removed and will dissolve on their own
- No sutures

To prevent infection, don't swim or have a bath until your sutures or staples have been removed and your incision is completely healed.

- Additional Instructions:

Follow-up Appointment

Appointment Date and Time: _____

Location:

- Surgeon's Office
- Holland Centre Outpatient Clinic: (416) 967-8617
- Sunnybrook Fracture Clinic: (416) 480-4206
- WSIB Specialty Programs: (416) 967-8699

For Questions/Concerns After Discharge

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

Dr. Terry Axelrod	(416) 480-6769
Dr. Harman Chaudhry	(416) 967-8778
Dr. Joel Finkelstein	(416) 480-6774
Dr. Steve Gallay	(905) 426-3098
Dr. Jeremy Hall	(416) 864-6006
Dr. Patrick Henry	(416) 967-8741
Dr. Richard Jenkinson	(416) 480-6160
Dr. Hans Kreder	(416) 480-6816
Dr. Jeremie Larouche	(416) 480-6775
Dr. Joel Lobo	(905) 426-5460
Dr. Paul Marks	(416) 480-6838
Dr. Raman Mundi	(416) 967-8778
Dr. John Murnaghan	(416) 967-8778

Dr. Diane Nam	(416) 480-5641
Dr. Markku Nousiainen	(416) 967-8639
Dr. John O'Sullivan	(705) 719-3075
Dr. Daniel Pincus	(416) 967-8730
Dr. Bheeshma Ravi	(416) 967-8730
Dr. Ujash Sheth	(416) 480-6100 x 67920
Dr. David Stephen	(416) 480-6813
Dr. Sebastian Tomescu	(416) 928-3279
Dr. Veronica Wadey	(416) 967-8615
Dr. Daniel Whelan	(416) 864-6002
Dr. David Wasserstein	(416) 480-5798
Dr. Albert Yee	(416) 480-6815

After hours, Monday to Friday, weekends and holidays:

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

Bayview Campus: Contact your surgeon's office. If you leave a voicemail, you can expect to receive a call back within 1 business day. If urgent and you cannot reach your surgeon, please return to the Sunnybrook Hospital Emergency department or your closest Emergency department for further attention.

My Notes

Bayview Campus

2075 Bayview Avenue
Toronto, Ontario M4N 3M5
t: 416.480.6100

Holland Centre

43 Wellesley Street East
Toronto, Ontario M4Y 1H1
t: 416.967.8500

sunnybrook.ca

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Sunnybrook
HOLLAND BONE AND JOINT PROGRAM