

For the most up to date information on changes to Sunnybrook policies due to COVID-19, please visit [sunnybrook.ca/covid19](https://www.sunnybrook.ca/covid19)

# A Guide for Patients Having Orthopaedic Surgery

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



[www.sunnybrook.ca](https://www.sunnybrook.ca)

For patients having a hip or knee replacement, please refer to “A Guide for Patients Having Hip or Knee Replacement.”



## **TABLE OF CONTENTS**

<b>WELCOME TO THE HOLLAND BONE AND JOINT PROGRAM .....</b>	<b>3</b>
<b>GETTING READY FOR SURGERY .....</b>	<b>4</b>
Prepare Your Home .....	4
Protect Yourself From Falls .....	5
Be As Healthy As You Can Be! .....	8
Eating Well and Managing Your Weight .....	9
Helping You Quit Smoking Before Surgery.....	10
What to do if You Become Sick Before Surgery .....	11
Pre-admission Clinic.....	12
What is Advance Care Planning? .....	14
Useful Resources.....	15
<b>YOUR HOSPITAL STAY .....</b>	<b>17</b>
★ Your Scheduled Surgery Date .....	17
Chlorhexidine Shower Before Surgery .....	19
Packing for the Hospital.....	20
Final Things to Remember Before Your Surgery....	23
If You Are Having Surgery at the Holland Centre .....	24
If You Are Having Surgery at the Bayview Campus .....	25
Anesthesia and Surgery .....	27
Pain Management After Surgery .....	33
Exercises to do Right After Your Surgery .....	38
Potential Complications / Side Effects and How to Help Prevent Them.....	39
<b>HOSPITAL INFORMATION .....</b>	<b>43</b>
<b>AFTER YOUR SURGERY.....</b>	<b>49</b>
Resuming Regular Medications .....	49

Activities of Daily Living .....	49
Resumption of Driving .....	49
Exercises and Activity.....	49
Returning to Work .....	50
Travelling .....	50
<b>DISCHARGE INSTRUCTIONS AND FOLLOW-UP .....</b>	<b>51</b>
Before You Go Home Checklist & Goals.....	51
<b>Symptoms Requiring Immediate Attention .....</b>	<b>54</b>
Managing Pain .....	55
Types of Pain Medication.....	56
Safe Use of Opioid Pain Medication After Surgery .....	61
★ Caring for Your Incision .....	65
★ Removal of Sutures or Staples.....	67
★ Follow-up Appointment .....	68
For Questions/Concerns After Discharge.....	69
<b>MY NOTES .....</b>	<b>70</b>

## **WELCOME TO THE HOLLAND BONE AND JOINT PROGRAM**

The Holland Bone and Joint Program is a priority program at Sunnybrook Health Sciences Centre. It 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 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](http://www.sunnybrook.ca) and click on the "Visitor Information" icon.

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

**Please review this information with your spouse, family, or other caregivers.**

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

## **GETTING READY FOR SURGERY**

### **Prepare Your Home**

There are a number of things you can do to get ready for surgery.

- Make sure your stairs have handrails.
- Ask someone to help you with household tasks such as grocery shopping, house cleaning and laundry.
- 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.
- Tell your family and friends that you are having surgery and may need help during your hospital stay and after your discharge home.
- If possible, cook and freeze meals ahead of time.
- 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.

## **Protect Yourself From Falls**

\*Please tell a member of your healthcare team if you have had a fall in the past year.



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

There are many things you can do to prevent falls before and after your surgery.

Consider these practical suggestions:

### **Keep Moving...Safely**

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

## **Remove Home Hazards**

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

## **Your Overall Health Matters**

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



## **Be As Healthy As You Can Be!**

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

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

## **Eating Well and Managing Your Weight**

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

Carrying extra weight can increase your risk of complications and make your recovery more difficult. If you need to lose weight, talk to your family doctor about an appropriate weight loss program. You can access Dietitians of Canada at [www.dietitians.ca](http://www.dietitians.ca)

## **Helping You Quit Smoking Before Surgery**

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

What are the benefits of not smoking?

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

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

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

### **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) 967-8500, and select "0" to ask for the Holland Centre hospital coordinator.

## **Pre-admission Clinic**

You might be asked to attend the Pre-admission Clinic several weeks before your surgery.

During this visit you will meet the preoperative team. This will 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 and ready to have surgery. They will review what to expect during your hospital stay and ways to prepare for your discharge home. They will answer questions and discuss any concerns you might have.

This visit will take several hours. We will contact you with an appointment.

Some patients have a health assessment done by telephone and do not need to attend the Pre-admission Clinic. We will let you know what type of visit you need to prepare you for surgery.

**Pre-admission Clinic Checklist:**

- Bring your medications in their **original containers**
- Bring a list of vitamins, supplements, and herbal products that you take
- Eat and drink and take your medication as usual the day of your appointment
- Bring the name and telephone number of your family doctor
- Bring 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).
- If you are having spine surgery, please bring in a copy of your CT scan or MRI report
- Bring your most recent pacemaker clinic check and your wallet card information including model and serial number if applicable
- Bring 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, please bring an interpreter with you
- Bring a friend or family member if you have difficulty getting around
- Bring this booklet with you
- Bring the contact number where you can be reached the night before your surgery

- Let us know if you require overnight accommodation before your surgery. We can provide a list of hotels in the area.
  
- If you are having surgery at the Holland Centre and will be flying home after surgery, please call the Pre-admission Clinic with your flight number. We will arrange medical clearance to fly. Please call (416) 967-8532 with this information.

### **What is Advance Care Planning?**

Advance Care Planning is an important way for capable patients to think through and talk about their values and beliefs in relation to their future healthcare needs.

For more information please visit: [www.sunnybrook.ca/advancecareplanning](http://www.sunnybrook.ca/advancecareplanning) or [www.advancecareplanning.ca](http://www.advancecareplanning.ca)

## **Useful Resources**

1. For information about Sunnybrook Health Sciences Centre, go to [www.sunnybrook.ca](http://www.sunnybrook.ca)
2. MyChart is an online website where patients can create and manage their personal health information based on clinical and personal information. MyChart is accessible anywhere at any time through the internet. You can learn more at [www.mychart.ca](http://www.mychart.ca)
3. For information on physical activity, including guidelines and tips for getting active, go to [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca). Scroll down and select “Health Promotion,” then “Healthy Living,” then “Summer Active and Winter Active.”
4. For information about Quitting Smoking before surgery:
  - Smokers’ Helpline at 1-877-513-5333 or [www.smokershelpline.ca](http://www.smokershelpline.ca)
  - Canadian Orthopaedic Foundation at 1-800-461-3639 or [www.whenithurtstomove.org](http://www.whenithurtstomove.org)
  - Sunnybrook’s “Quit Smoking Tips” class at (416) 480-4534 or [patienteducation@sunnybrook.ca](mailto:patienteducation@sunnybrook.ca)
5. There are two sites that can help you find a physiotherapy clinic:
  - To find a physiotherapy clinic or physiotherapist in your area, go to the Ontario Physiotherapy Association website [www.opa.on.ca](http://www.opa.on.ca) and select “find-a-physio,” or call (416) 322-6866.
  - For information on OHIP-covered physiotherapy clinics or to locate a physiotherapy clinic in your area, go to the College of Physiotherapists of Ontario website [www.collegept.org](http://www.collegept.org) and select “Find a Physiotherapist,” or call 1-800-583-5885.
6. The Canadian Orthopaedic Foundation has a number of helpful resources online as well as a peer support program that connects orthopaedic patients



with volunteers who have undergone similar surgery. Click on “Patient/Public Information” at [www.whenithurtstomove.org](http://www.whenithurtstomove.org).

7. Go to Canada’s Occupational Therapy resource website [www.caot.ca](http://www.caot.ca) for information on assistive devices and falls prevention. Be sure to review the “Tools for Living Well” pamphlets or call the Canadian Association of Occupational Therapists at 1-800-434-2268.
8. For information on arthritis and depression, go to [www.arthritis.org](http://www.arthritis.org), select “Healthy Living” and select “Emotional Well-being”. 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/>
  - <https://healthline.com/health/depression-after-surgery>
9. For information about healthy eating, you can access:
  - Dietitians of Canada at [www.dietitians.ca](http://www.dietitians.ca)
  - Eating Well with Canada’s Food Guide at [www.healthcanada.gc.ca/foodguide](http://www.healthcanada.gc.ca/foodguide)
  - UnlockFood.ca at [www.unlockfood.ca](http://www.unlockfood.ca)



## YOUR HOSPITAL STAY

### Admission Information

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 11am and 3pm to confirm the time of your admission. Your admission could be as early as 6am.	You will receive a call two business days before your surgery to confirm the time of your admission. Your admission could be as early as 6am.

My scheduled surgery date is: \_\_\_\_\_  
(surgery date will be confirmed)

My expected discharge date is: \_\_\_\_\_

### Medication Instructions

**STOP** this medication before surgery:

---

---

---

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

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

---

---

---

### **Food and Drink Instructions**

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

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

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

Pre-admission Clinic Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

## **Chlorhexidine Shower Before Surgery**

It is important to clean your skin before surgery to reduce the risk of infection.

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 doesn't irritate your skin before using it on the rest of your body.
- Use a clean washcloth and towel with each shower.
- Wash your body from neck to feet. The soap doesn't lather much.
- Finish with the groin and anal areas.
- Leave the soap on for 2 minutes before rinsing it off.
- Rinse the soap off your body thoroughly.
- Use your own soap on your face.
- Use your own shampoo for your hair.
- 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.

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

### **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.

## Packing for the Hospital

### PLEASE LABEL YOUR PERSONAL ITEMS

Due to limited space, please limit personal belongings to one small bag.

## What To Bring

- Ontario health card
- Supplementary insurance information with insurance company policy/certificate group plan
- Current medications in their original containers. Exception: Do not bring opioids and controlled substances to 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, crutches or cane(s)
- For patients having shoulder surgery: an over-sized T-shirt or button up shirt
- Bring a snack with you for after surgery

### **If You Are Staying 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 please 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.

## **What To Leave At Home**

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

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

## **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.
  
- Do not smoke/vape on the day of 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 anesthesia 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.**



## **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 to Room 547 – Surgical Patient Registration.**

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.

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. The length of your surgery varies depending on your surgical procedure.

Following your surgery, you will be taken to the Post Anesthesia Care Unit (PACU), where you will be monitored for about 1 hour.

**For Day Surgery patients** – you will be taken back to the Same Day Admission Unit.

**For patients staying overnight** – you will be taken to your assigned room. Family is welcome to wait in the Patient and Family Education Centre located on the 2nd Floor, Room 253.

## 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.

- Your name, birth date, and your Ontario health card will be checked.
- You will be seated in the waiting room until your name is called.
- You will be taken to the Same Day Surgery / Pre-operative Unit (MG601) where you will be prepared for surgery. This may take up to an hour. You will have an intravenous started, and your paper work will be completed. 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 your surgery, or you are scheduled to stay overnight in the Surgical Short Stay Unit (MG503), your companion may wait in MG502.
- If you will be staying longer after your surgery, your companion may wait in A148. You will be given a tracking number so they may monitor your location during surgery.
- A volunteer is available and will give updates when patients are waking up from surgery.

After surgery, you will first 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.**

## **Anesthesia and Surgery**

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

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

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

### **The Anesthesia Care Team**

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

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

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

questions or concerns you might have. If you do not attend the Pre-admission clinic you will meet the anesthesia care team the day of your surgery and discuss the anesthetic that is best for you.

### **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- 4 hours depending on the type of local anesthetic used.

This type of anesthesia 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 be “very sleepy” in the operating room. Medication is given through the intravenous to relax you and put you into a light sleep. This is called sedation. With sedation most patients have no memory of the operating room.

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

What are the benefits of Spinal Anesthesia?

- Lower risk of nausea and vomiting
- Feeling less groggy on the day of surgery
- Better pain control on the day of surgery
- Less blood loss during surgery
- Less effect on breathing after surgery

- Lower risk of lung problems for patients with chronic bronchitis, emphysema (COPD), or severe asthma.

What are the Risks of Spinal Anesthesia?

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

## **General Anesthesia**

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

What are the Risks of General Anesthesia?

- A mild sore throat that lasts 1 to 2 days
- Tooth or airway damage from putting in the breathing tube
- Nausea or vomiting, which may last for 1 or 2 days
- Stomach contents getting into lungs (aspiration)
- Extremely rare: Allergic reactions, awareness during surgery, nerve damage, death

Is the risk of confusion (delirium) or memory loss less with a spinal anesthetic?

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

## **Nerve Blocks**

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

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

### **How Are Nerve Blocks Given?**

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

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

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



### **What are the Risks of Nerve Blocks?**

- Less than 1% of patients have a “pins and needles” sensation in the area that may last for 3 to 4 weeks; permanent nerve injury is extremely rare.
- In a small number of patients, local anesthetic 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.
- Nerve blocks given for shoulder surgery can cause weak diaphragm muscles and difficulty breathing (particularly for patients with chronic lung problems).

## **Pain Management After Surgery**

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

### **When Do I Treat My Pain?**

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

---

0	5	10
No Pain		Worst Pain



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

## **Types of Pain Control Available**

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

## **Common Pain Medications**

1. Non-opioid Pain Medication might include:

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

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

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

Opioid medications can cause side effects such as constipation, nausea, drowsiness, dizziness and/or itchiness. Severe pain can also cause some of these side effects, so it is important to treat your pain. These side effects may cause you to not want to eat, drink, or do your regular activities.

There are ways to manage these side effects, so let your nurse know if you experience any of these problems. Refer to page 39 for “Potential Complications & How to Help Prevent Them.”

## **Nerve Block**

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. 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. You can stop using the knee splint when normal movement, muscle strength and feeling returns to your leg or as otherwise instructed by your surgeon.
3. For upper limb block: Use your sling until normal movement, muscle strength and feeling returns to your arm.
4. Keep your surgical/operated limb elevated as much as possible for the first 24 hours after surgery to help reduce swelling.
5. 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 pain that interferes with activities and/or sleep even if the nerve block is in place.
6. Before you go to bed, consider taking your pain medication even if your nerve block has not worn off.
7. The nerve block normally lasts for 12 to 20 hours.
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.

In some situations, nerve blocks can be left in place for up to 2 days to provide continued pain relief at home. The option is only available if your surgery is done at the Holland Centre.

See page 31 for information about nerve blocks.

Special Note for Patients having Shoulder Surgery

If you have a nerve block, it is important to be aware that you will have loss of feeling in your arm/hand. Avoid touching hot surfaces that could burn you, such as the stove. Also, take care moving around corners and getting into cars. Sensation of your body in space (proprioception) may be altered and put you at risk for injury.

## **Patient Controlled Analgesia (PCA) for Severe Pain**

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

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



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

## **Neuropathic Pain**

You may have nerve pain after your surgery due to irritation of the nerve. For some patients, the pain goes away quickly, while for others it may take more time. You may require additional medications or injections to help with managing the pain.

## **Exercises to do Right 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 last breath, try to cough 2 or 3 times to clear any mucous from your lungs.
  
2. Foot and ankle pumps – 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 – speak to your surgeon or a member of your health care team for specific exercises for your surgery.

## **Potential Complications / Side Effects and How to Help Prevent Them**

During any operation and anesthesia there is a small risk of developing complications. These complications can develop because of health problems, the anesthesia 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 (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 as much as possible. Your surgeon, anesthesiologist, nurse practitioner and/or medical internist will discuss these issues with you before surgery. Please make sure all your questions are addressed when you meet with your surgical team.

**Infection** is a possible complication 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 (page 19) and Incision Care Guidelines (pages 65 to 67) 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 (page 38). This helps provide oxygen to your lungs and keeps your airways clear. Sitting up, getting out of bed as soon as possible and being active also helps prevent breathing problems.

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

**Deep Vein Thrombosis (DVT)** are blood clots which can develop in the deep veins of your legs 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. This is called “ankle pumping” (page 38). You are also encouraged to tighten and release the muscles in your legs. These exercises promote good circulation. Anticoagulants (blood thinners) may also be used 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.

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 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.

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

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

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

***Remember.....Getting out of bed and walking as soon as you are able will help prevent many of these complications and allow for a smooth recovery. 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. They 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).

### **How Can I Take Part in My Care?**

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

### **Visiting Hours for Patients Staying Overnight**

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 8 a.m. and 10 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 Anesthesia Care Unit (PACU).

### **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.

There is also the option to pay your bill in person at the Bayview Campus. If you would like to pay your bill in person, please visit the Cashier/Business office at:  
Bayview Campus: Room D117

## **Parking and Transportation**

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

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

## **Smoke Free Environment**



At Sunnybrook Health Sciences Centre, the health and safety of our staff, volunteers, students, visitors, and patient population are very important to us. As a health care facility, we strive to assist in the prevention of medical diseases such as lung cancer and chronic pulmonary diseases, asthma and other respiratory conditions that can be caused by smoking and the effects of second-hand smoke. As a result, smoking is 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. This free wireless network is a courtesy service for visitors and patients. The hospital cannot guarantee service will always be available. Signal strength may be weaker in certain parts of the hospital and during peak usage periods. Please see [www.sunnybrook.ca/BYOD](http://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 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.

Personal information is anything that can identify you as an individual such as your name, your social insurance number, or information that is specific to you such as a test result with your name on it. Keeping personal information private means you have the right to know how and where personal information is being used within the hospital. It also means Sunnybrook Health Sciences Centre has an obligation to ensure that the information is kept confidential. Sunnybrook is taking active steps to ensure that the hospital follows best practices in respecting staff and patient personal information privacy rights.

To ensure we comply with information privacy principles, Sunnybrook Health Sciences Centre has appointed a Chief Privacy Officer to oversee the activities involved with establishing comprehensive privacy management policies and procedures.

For more information, or to make a comment or complaint regarding personal health information privacy, you may email our Chief Privacy Officer at [privacy@sunnybrook.ca](mailto:privacy@sunnybrook.ca), or contact the Privacy Office at (416) 480-6100 extension 1236.

### **The Hospital Foundation**

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



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

Sunnybrook Foundation

2075 Bayview Avenue,

Room KGW01 Toronto, Ontario M4N 3M5

Telephone: (416) 480-4483

[www.sunnybrook.ca/foundation](http://www.sunnybrook.ca/foundation)

## **AFTER YOUR SURGERY**

### **Resuming Regular Medications**

Resume your regular medications as prescribed by your family physician once you are able to eat and drink.

### **Activities of Daily Living**

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

### **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. Day Surgery Patients are not permitted to drive for 24 hours after surgery. This time frame can be longer if indicated by the surgeon.

### **Exercises and Activity**

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. Follow the instructions you were given by your therapists.

### **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 Checklist & Goals**

Before you go home it is important that you:

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

### **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**, your escort can proceed to your room to pick you up. Please ensure you have arranged for your escort to pick you up. Please ask your nurse what time you should arrange to be picked 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.

### **Going Home on the Same Day of Surgery**

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.

## **Symptoms Requiring Immediate Attention**

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

- New or worse shortness of breath or difficulty breathing
- New or worse pain, tightness, or pressure in your chest
- A significant increase in pain, swelling, or redness of your calf/calves
- A sudden, severe sustained increase in pain at your surgery site
- Uncontrolled bleeding
- Signs of opioid overdose (see page 61)
- 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 dressing
- A foul odour or yellow or green drainage at the incision site
- Excessive bleeding
- Signs or symptoms of other infections (i.e. fever, chills, burning on urination or foul smelling urine, etc.)
- A persistent increase in your temperature (over 38°C)

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

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

## Managing Pain

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

### Ways to Manage your Pain:

- Make a daily plan to exercise and be active but include rest periods between these activities.
- Increase your activity slowly so that you don't increase your pain.
- Walking is a good activity after surgery, but don't overdo it. Gradually increase your walks. For example, try to walk for 5 minutes. If your pain does not increase, try walking for 6 minutes the next day. Remember walking does not replace your exercises.
- 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.



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



## **Types of Pain Medication**

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

## **Acetaminophen**

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

## **Tylenol®**

Regular strength = 325mg/tab

Extra strength = 500mg/tab

## **Anti-Inflammatory**

An anti-inflammatory can help with swelling which may reduce the pressure and pain 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.

### **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<sup>®</sup>, Tramacet<sup>®</sup>, Tylenol #3<sup>®</sup>), these already contain acetaminophen (Tylenol<sup>®</sup>) therefore do not take more Tylenol<sup>®</sup>. Unless directed by a doctor, mixing pain medications from the same group (e.g. Hydromorphone<sup>®</sup> and Codeine<sup>®</sup>) can be dangerous and may increase side effects.

### **Short Acting\***

- hydromorphone (Dilaudid<sup>®</sup>)
- oxycodone
- codeine
- morphine IR (Statex<sup>®</sup>)
- tramadol IR (Ultram<sup>®</sup>)

### **Long Acting\*\***

- Hydromorph Contin<sup>®</sup>
- OxyNeo<sup>®</sup>
- Codeine Contin<sup>®</sup>
- tramadol ER (Zytram XL<sup>®</sup>)
- morphine SR (MS Contin<sup>®</sup>)

### **Opioid Combination**

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

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

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

## **Taking Pain Medication**



### **How often should I take pain medication?**

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

### **How long will I need pain medication?**

Every patient is different in their need for pain medication. 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 pain. For mild to moderate pain, a combination of Tylenol and an anti-inflammatory may be enough to manage your 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.

### **Can I take pain medications with my sleeping pills?**

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

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

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



## **Safe Use of Opioid Pain Medication After Surgery**

Opioids are intended to improve your pain enough so that you are able to do your day to day activities and required exercises, **but not reduce your pain to zero.**

Many people have used opioids without problems. However, serious problems, including overdose and addiction, have happened. It is important to follow the instructions on the prescription, **use the lowest possible dose for the shortest possible time**, and to be aware of signs (listed 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. Do not throw them in the toilet or dispose of them in the garbage. Take unused opioid medications back to a pharmacy for safe disposal.

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

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

### **Constipation (hard bowel movements):**

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



Eating healthy foods will help with your constipation

### **Nausea and/or Vomiting (stomach upset):**

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

**Sleepiness, confusion, or dizziness:**

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

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

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

Wean off your medication slowly to avoid withdrawal symptoms (sweating, fever, shaking, nausea and/or vomiting, diarrhea, more pain, anxiety, feeling tense, worried, or irritable etc.).

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

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



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

**Step 1:**

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

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

**Step 2:**

Start taking less medication each time:

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

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

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

**You will find a medication tracking sheet at [www.sunnybrook.ca/hipkneepain](http://www.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 54 if you have any concerns about your incision.

**Do not get dressings or plaster splints wet. Showers are permitted but dressings/splints must be covered with plastic until dressing 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 an Aquacel® surgical dressing, remove on:** \_\_\_\_\_

- The dressing is waterproof, gentle on the skin and flexes with the movements you make.
- The dressing should stay in place for 7 days.
- You can wear this dressing in the shower.
- 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 Aquacel® surgical dressing:**

- Remove your dressing 7 days after it was applied. To remove your dressing:
  1. Gently press down on the skin with one hand and carefully lift up an edge of the dressing with the other hand. 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.



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

**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**

**The nurse will indicate the instructions to be followed.**

- Removal of Sutures: Date: \_\_\_\_\_
- Removal of Staples: Date: \_\_\_\_\_
- Dissolvable sutures – these do not need to be removed
- 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. Raman Mundi	(416) 967-8730
Dr. Harman Chaudhry	(416) 967-8778	Dr. John Murnaghan	(416) 967-8778
Dr. Amr El Maraghy	(416) 530-0400	Dr. Diane Nam	(416) 480-5641
Dr. Joel Finkelstein	(416) 480-6774	Dr. Markku Nousiainen	(416) 967-8639
Dr. Michael Ford	(416) 480-6775	Dr. John O'Sullivan	(705) 719-3075
Dr. Steve Gallay	(905) 426-3098	Dr. Daniel Pincus	(416) 967-8778
Dr. Christopher Geddes	(519) 603-0605	Dr. Bheeshma Ravi	(416) 967-8730
Dr. Jeffrey Gollish	(416) 967-8730	Dr. Robin Richards	(416) 480-5051
Dr. Jeremy Hall	(416) 864-6006	Dr. Ujash Sheth	(416) 480-6769
Dr. Patrick Henry	(416) 967-8741	Dr. David Stephen	(416) 480-6813
Dr. Richard Jenkinson	(416) 480-6160	Dr. Sebastian Tomescu	(416) 928-3279
Dr. Hans Kreder	(416) 480-6816	Dr. Veronica Wadey	(416) 967-8615
Dr. Jeremie Larouche	(416) 480-6775	Dr. Daniel Whelan	(416) 864-6002
Dr. Joel Lobo	(905) 426-5460	Dr. David Wasserstein	(416) 480-5798
Dr. Paul Marks	(416) 480-6838	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 voice mail message, 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 voice mail message, 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.



Copyright @ 2008 – 2020 Sunnybrook Health Sciences Centre  
All rights reserved by Sunnybrook Health Sciences Centre.

No part of this publication may be reproduced or transmitted by any means, including photocopying and recording, or stored in a retrieval system of any nature without the written permission of Sunnybrook Health Sciences Centre:  
43 Wellesley Street East, Toronto, Ontario M4Y 1H1  
(416) 967-8500

Updated: October 2020

