A Guide for Patients Having Hip or Knee Replacement

Please bring this booklet to each hospital visit, including your hospital stay.
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Welcome to the Holland Orthopaedic & Arthritic Centre

On behalf of all the staff at the Holland Orthopaedic & Arthritic Centre (Holland Centre), we would like to welcome you.

The Holland Centre is a part of Sunnybrook Health Sciences Centre. The Centre is one of the largest hip and knee joint replacement centres in Canada, performing over 2,100 procedures annually. It is the first government-designated Hip and Knee Replacement Centre of Excellence in Canada, and is leading innovation in care models and new care provider roles. It is also at the forefront of new surgical procedures such as less invasive hip and knee replacement surgery. These leading edge procedures mean less pain, faster recovery and a shorter hospital stay for patients.

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

• Please review this information with your spouse, family, or other caregivers.
• It is important to bring this book to the Hospital with you so you may refer to it during your stay.
Telephone Directory

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

- Admitting...................................................................................... (416) 967-8543
- Blood Conservation Clinic....................................... (416) 480-6100 x 2061
- Business Office (Finance)................................................. (416) 967-8574
- Foundation
  - Holland Centre Site....................................................... (416) 967-8628
  - Bayview Site................................................................. (416) 480-4483
- Outpatient Department/Clinics ........................................ (416) 967-8617
- Patient Orientation Program........................................ (416) 967-8532
- Office of the Patient Experience ................................... (416) 967-8566
- Pharmacy.................................................................................. (416) 967-8625
- Pre-operative Education Program (Pr.E.P)............... (416) 967-8626
- Privacy Office.............................................................. (416) 480-6100 x 1236
- Social Work.............................................................................. (416) 967-8566
- Sunnybrook Fracture Clinic................................................ (416) 480-4206
- Volunteer Resources........................................................... (416) 480-4129
Getting Ready for Surgery

Patient Partnership Contract

Patients receive the best care when they are active participants in the care process. Being prepared for surgery helps to improve recovery, decrease anxiety, improve your satisfaction and make your transition to home smoother. Preparation for surgery happens BEFORE you arrive at the hospital. You and your family play a key role in ensuring your recovery goes smoothly.
I agree to:

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Completed by patient (mark with a tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Read “A Guide for Patients Having Hip or Knee Replacement”</td>
<td></td>
</tr>
<tr>
<td>2. Plan to:</td>
<td></td>
</tr>
<tr>
<td>• Attend the Holland Centre Preoperative Education Class (Pr.E.P.), see page 5</td>
<td></td>
</tr>
<tr>
<td>• Watch the Hip &amp; Knee Replacement Video</td>
<td></td>
</tr>
<tr>
<td>3. Keep active and improve my exercise tolerance as able.</td>
<td></td>
</tr>
<tr>
<td>4. Arrange for help at home following discharge for tasks such as house cleaning, laundry, meal preparation, etc.</td>
<td></td>
</tr>
<tr>
<td>5. Prepare my home as suggested in the Pre-operative video or on page 12.</td>
<td></td>
</tr>
<tr>
<td>6. Obtain the recommended assistive devices (as described in the video or listed on page 13).</td>
<td></td>
</tr>
<tr>
<td>7. Complete the Chlorhexidine washes (as described on pages 28 and 29).</td>
<td></td>
</tr>
<tr>
<td>8. My anticipated discharge home from hospital being 3 nights or less.</td>
<td></td>
</tr>
<tr>
<td>9. Make arrangements for someone to drive me home early on the day of my discharge from the hospital.</td>
<td></td>
</tr>
</tbody>
</table>

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

Patient Signature: _____________________________  Date: _______________  
Print Name: ____________________________________________
Research shows that people manage their surgery and recovery period better when they are prepared for their surgery. This book contains information about what you can do before, during and after surgery so that your joint replacement is as successful as possible.

**Pre-Operative Education Program (Pr.E.P)**

The Occupational Therapists and Physiotherapists at the Holland Centre offer classes to patients who are waiting to have a hip or knee replacement. This 90-minute class will help you prepare for your surgery and recovery. This class is separate from your Patient Orientation Program visit.

► **You will learn:**

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

To register and learn more about the classes, please call (416) 967-8626 to arrange a date for your attendance.
Staying Active – Exercises & Activities

Being active while you wait for surgery is important. People with a painful hip/knee joint are often afraid to be physically active because they worry they may be doing more harm than good. This is not the case. In fact, research has shown that exercise can help decrease pain, improve leg strength and help keep your heart in good condition before surgery.

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

Endurance activities are good for your heart, lungs, circulation and muscles. Some suggestions for endurance exercises include walking, swimming or use of a stationary bike. If you have not been involved in any regular exercise, it is important to start slowly. Your goal is to be physically active every day. Begin with a few minutes and gradually progress until you can be active for at least 2.5 hours per week. Spread out the activities into sessions of 10 minutes or more throughout each week.

For more information, go to:
Being involved in an exercise program before your surgery will help in your recovery after surgery. After your surgery a team of physiotherapists, occupational therapists and nurses will help you regain your strength, endurance and improve your overall function. Walking and leg strengthening exercises are an important part of your rehabilitation after your joint replacement surgery.

▶ Guidelines for Performing Your Strengthening Exercises

a. Repetitions
   Each exercise should be repeated several times until you feel some tiredness in your muscle. 10 repetitions is often best to start off with. As you get stronger, you can add more repetitions, continuing to use muscle tiredness as your guideline. If an exercise continues to cause you excessive pain that doesn’t go away, stop doing that exercise.

b. Frequency
   1 – 3 times per day

c. Duration
   Hold desired position for 5 seconds before releasing.
Exercises for Patients Preparing for a Knee Replacement

See page 7 for guidelines on repetitions, frequency and duration.

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

1. **Knee Leg Press** (beginner exercise)
   - Sheet around heel of involved leg
   - Bend knee using the sheet if needed
   - Straighten your leg against resistance of the sheet keeping your heel on the bed

2. **Standing Hamstring**
   (with or without weights above the ankle)
   - Hold on to a chair or place your hands on a wall
   - Bend knee so involved heel moves towards buttocck on the same side

3. **Chair Push-Ups**
   - Sit with hands on arms of chair
   - Push down on hands to lift buttocks off chair
4. **Standing Hip Abduction**
   - Hold on to a chair or bathroom counter. It helps to be in front of a mirror to make sure you don’t lean to one side.
   - Keep knee straight and toe pointing forward
   - Move involved leg out to the side without leaning over

5. **Quarter Squat**
   - Feet shoulder width apart, 6 – 12 inches from the wall
   - Toes pointing straight ahead, and your back and shoulders against the wall
   - Slowly lower yourself ¼ of the way down the wall
   - Do not allow your knees to go ahead of your toes

6. **Toe Raises**
   - Rise up on your toes by lifting your heels as high as possible
   - You may want to use the back of a chair or countertop for balance
Exercises for Patients Preparing for a Hip Replacement

See page 7 for guidelines on repetitions, frequency and duration.

**Please note:** In the instructions, involved knee/leg indicates the leg that will be undergoing surgery.

1. **Quads Over a Roll (Beginner exercise)**
   - Place towel roll under your involved knee
   - Lift heel off bed until knee is straight

2. **Quarter Squat**
   - Feet shoulder width apart, 6 – 12 inches from the wall
   - Toes pointing straight ahead, and your back and shoulders against the wall
   - Slowly lower yourself ¼ of the way down the wall
   - Do not allow your knees to go ahead of your toes
3. **Standing Hip Abduction**
   - Hold on to a chair or bathroom counter. It helps to be in front of a mirror to make sure you don’t lean to one side.
   - Keep knee straight and toe pointing forward
   - Move involved leg out to the side without leaning over

4. **Single Leg Stance**
   - Stand on involved leg
   - Hands on table or back of chair for support (if needed)

5. **Chair Push-Ups**
   - Sit with hands on arms of chair
   - Push down on hands to lift buttocks off chair
Prepare Your Home

➤ There are a number of things you can do before your surgery to help get prepared:

☐ Install a hand railing along all stairs.

☐ Ask someone to help you with household tasks such as grocery shopping, house cleaning and laundry.

☐ Arrange transportation to and from the hospital on day of surgery, discharge day and first follow-up visit.

☐ You can not drive for the first 6 weeks after surgery, so make other arrangements to get to appointments, etc.

☐ Tell your family and friends that you are having surgery and might need their help during your hospital stay and after your discharge home.

☐ If possible, cook and freeze meals ahead of time.

☐ Be sure your shower or tub has a non-slip coating or mat.

☐ Obtain necessary equipment to help you manage your activities safely (see next page for details).
Equipment Recommendations

Before your surgery, it is helpful to obtain and set-up some equipment so that you can manage easier at home.

1. Locking Raised Toilet Seat

2. Long-handled Reacher

3. Long-handled Sponge/Brush

4. For Total Hip Replacement, you might also need a firm carry cushion – refer to page 65 for details.

While you are in hospital, your Occupational Therapist will assess your need for any additional equipment. Please keep in mind that your equipment may not look exactly as pictured here.
Select a Coach

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

Your Coach should:

- Attend the Patient Orientation Program (POP) and Pre-operative Education Program (Pr.E.P) class with you.
- Help you plan for your admission to hospital.
- Help you prepare for your discharge home.
- Translate if English is not your first language.
- Be a “second set of ears” to help remember instructions.
- Come with you to the hospital on the day of surgery.
- Be available when you are discharged home to help you settle in, and remind you of all your instructions.

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

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

For more information about the Coach Program, contact the Social Work Department at (416) 967-8566.
See Your Family Doctor/Specialist

See your Family Doctor as soon as you decide to have surgery. It is important to make sure you are as healthy as possible so that your surgery and recovery goes smoothly. This will also help prevent your surgery from being postponed because of any untreated or unstable medical conditions.

If you are being followed by a specialist, such as a cardiologist or hematologist, it is important to see them and let them know you are having surgery. This gives them time to organize any necessary tests to make sure you can safely proceed with your surgery. Please bring the test results and consult note (if available) to your Patient Orientation Program (POP) visit.

Nutrition and Weight Management

Eating a well-balanced diet, as recommended in “Eating Well with Canada’s Food Guide” will help your body heal. Extra weight can also affect your recovery by reducing your exercise tolerance. Talk to your doctor about an appropriate weight loss program if needed. You can access Dietitians of Canada at www.dietitians.ca and Canada’s Food Guide at www.healthcanada.gc.ca/foodguide for more information about healthy eating. EatRight Ontario offers a healthy eating website and toll-free dietitian consultation which is available to those who wish to ask nutrition-related questions and receive feedback by phone or e-mail from a Registered Dietitian. For more information go to www.eatrightontario.ca or call 1-877-510-5102.
Smoking

People who smoke are at a higher risk of developing complications with their lungs and circulation. Talk to your family doctor about ways to help you stop smoking. The Holland Orthopaedic & Arthritic Centre is a smoke-free environment. This includes the outdoor property. Stopping smoking before surgery - even for a short time - can reduce risks associated with surgery and improve your surgical success.

Dentist

Remember, your dentist is an important part of your health care team. A routine check up and cleaning by your dental team is advised prior to surgery. Bacteria from an infection in your mouth can travel through your bloodstream to your new joint causing infection there so make sure any tooth or gum problems are treated.

Illness Before Surgery

If you develop a cold, flu, or gastric symptoms (such as diarrhea) before your surgery, please call your surgeon’s office. If surgery must be postponed because of illness, we will make every effort to arrange a new surgical date as a priority. If these symptoms occur on the weekend prior to a Monday surgery, please call the hospital at (416) 967-8500, select “0” and ask for the Hospital Coordinator.
Blood Conservation Clinic

Building Up Your Blood

Patients having a hip or knee replacement procedure are encouraged to start an oral iron supplement, unless you have been told to avoid iron. Iron is the building block of red blood cells. Taking oral iron may improve your hemoglobin before surgery so you feel better more quickly following your surgery. We recommend either “Proferrin”, “Feramax” or “Palafer”.

Choose one of the following supplements and begin taking it 4 to 6 weeks before your scheduled surgery. Your body absorbs iron better when taken on an empty stomach along with a Vitamin C 500 mg tablet.

► Proferrin 11 mg (elemental iron) twice a day OR
  Feramax 150 mg once a day
  • Has minimal side effects and no constipation in most people
  • Not covered by prescription plans, therefore you must pay
  • It is an over-the-counter supplement, so no prescription is needed

OR

► Palafer 300 mg once a day
  • May interfere with some prescription medication you are taking so check with your pharmacist or doctor
  • Has more gastric side effects such as constipation
  • Stool softeners and laxatives may be needed. See your family doctor if you have any concerns.
• It is an over-the-counter supplement, so no prescription is needed. It is, however, covered under most drug plans. You may want a prescription from your doctor so you can be reimbursed.

People having a single hip or knee replacement for the first time generally do not need a blood transfusion. However, the risk of needing a blood transfusion increases if you are having bilateral hip replacement (both hips), bilateral knee replacement (both knees), revision of a hip replacement or if you have a history of anemia (low blood/low iron). In these cases, please contact the Blood Conservation Clinic at (416) 480-6100 ext 2061 as soon as you have your surgery date.

The blood conservation nurse will discuss other options available to build up your blood and reduce the risk of blood transfusions.

**These options include:**

• Intravenous iron supplements
• Injections to help your body produce more red blood cells

Donating your own blood ahead of time (Autologous Blood Donation) is rarely necessary. The Blood Conservation Clinic will contact you directly if you are a candidate for Autologous Blood Donation.

**You should also call the Blood Conservation Clinic if you have religious beliefs concerning blood products.**
Length of Stay

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

You can expect to be in hospital up to 3 days and then you will be discharged home.

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

**Hip Replacement Surgery:** You will be given information that will allow you to exercise and recover at home. You may be asked to attend a rehabilitation class 6 weeks after your surgery to make sure that you are continuing to make good progress.

**Knee Replacement Surgery:** You will normally be referred to an outpatient physiotherapy program that will start after discharge. This will usually be a group program, twice a week, for up to 6 weeks.

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

You may be given a referral to be seen in your home by a health care provider from a **Community Care Access Centre** (CCAC) in your area. If you qualify for CCAC services, these will be arranged before you leave the hospital.
Patient Orientation Program

The Patient Orientation Program (POP) is designed to assess your overall health, provide information about your hospital stay and help you prepare for your safe return home after surgery. This visit will take several hours. The POP Secretary will contact you with an appointment.

This is a great place to ask questions so make your list and bring it with you.

☐ Eat before you arrive, and bring a snack
☐ Bring your medications in their original containers
☐ Bring a list of vitamins, supplements and herbal products that you take
☐ Bring current reports from any specialist you may be seeing, such as a cardiologist or hematologist
☐ 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 in an interpreter with you
☐ Bring a friend or family member if you have difficulty getting around
☐ Bring this booklet with you
During this visit, you will meet with a team of health professionals:

- A nurse will review your health. They will also discuss what to expect during your hospital stay, and ways to prepare for your discharge home.
- A medical internist will assess your general health. She/he will review medications to stop before surgery and medications to take on the day of your surgery.
- An anesthesiologist will discuss anesthetic options and pain management after surgery.
- A laboratory technician will take your blood and do an Electrocardiogram (ECG) of your heart.
- A Medical Radiation Technologist will perform X rays if ordered by your surgeon.

You may meet with other members of the team if a need is identified. They might include:

- A social worker to further discuss discharge planning and provide supportive counselling and community resources as needed.
- A research nurse or research assistant might ask you to participate in one of the hospital’s studies. This is completely voluntary.
- A pharmacist to discuss any concerns you might have regarding your medication.
- A physiotherapist might meet with you if there are significant concerns about your mobility that might affect your progress after surgery.
- An occupational therapist might meet with you if there are significant concerns about your home set up or equipment needs.
At your Patient Orientation Program visit, please let us know the following:

- If you require overnight accommodation in Toronto before your surgery. We can provide you with information about hotels in the area.
- Where you will be staying the night before surgery if it’s not your own home, and provide a contact number where you can be reached.
- If you will be flying home from the hospital. We may need to arrange for medical clearance with the airline. Your surgeon will also need to be consulted to see when it is safe for you to fly.
Protect Yourself From Falls

Arthritis of the hip or knee can increase your risk of falls. There are a number of things you can do to decrease this risk before and after your joint replacement surgery.

► Consider these practical suggestions:

1. In the kitchen, do not use a footstool to reach for objects. Move frequently used items to lower shelves. Use a reacher for light items that are out of arm's reach.

2. In the bathroom, equipment such as a raised toilet seat, grab bars or a tub seat may be helpful. An occupational therapist can help determine which aids would be most helpful for you. Everyone should use a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

3. Put a nightlight on the path from the bed to the bathroom if the area is normally very dark.

4. In the bedroom, make sure there is a bedside lamp in easy reach so that you can turn it on if you have to get up during the night.

5. Always get up slowly after sitting or lying down.

6. Take your time when going up or down the stairs. Be sure that stairways are well lit, free of clutter, and have a secure handrail. Stairway carpeting should be secure.

7. Remove throw rugs.

8. Pathways should be cleared of cords or wires by coiling or taping them to the wall.
9. If you have pets, consider removing your pet from the home during your early recovery stage or arrange for family/friends to take your dog out for walks. Be careful of active or sleeping pets as you walk. Place a bell on their collar so you are aware of their movements. Try to keep pet toys in a designated area to reduce the risk of tripping over them.

10. Never rush to answer the telephone. Ask friends/family to allow the phone to ring many times, allowing you time to answer. An answering machine or a cordless phone may be helpful.

11. Keep emergency numbers in large print near each phone.

12. In the garden, put tools away, wear supportive shoes and avoid walking on wet grass.

13. Use your walking aid indoors and outdoors if one has been prescribed.

14. Be sure indoor and outdoor shoes fit properly. Footwear should have support around the heel and rubber soles. Try elastic laces if you have difficulty tying shoes.

15. Do not carry too many packages (use home delivery or pushcart).

16. When walking outdoors, avoid walking on poorly maintained sidewalks, unlit streets and icy surfaces. Try to walk with a walking partner. Consider other options such as walking in a mall for exercise.

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

• For information about Sunnybrook Health Sciences Centre, go to www.sunnybrook.ca. For direct access to information about the Holland Centre, go to sunnybrook.ca/Holland. Our teaching videos can be found under “Patient Education”.

• For comprehensive information on joint replacement surgery, go to: www.myjointreplacement.ca

• For information on Arthritis, Arthritis programs and resources offered by the Arthritis Society go to www.arthritis.ca or call (416) 979-7228.

• For information on physical activity, including guidelines and tips for getting active, go to: http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/pa-ap/index-eng.php

• There are two sites that can help you find a physiotherapy clinic:
  
  1. To find a Physiotherapy clinic or Physiotherapist in your area, go to the Ontario Physiotherapy Association website www.opa.on.ca and select find-a-physio, or call (416) 322-6866.

  2. 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 and select Find a Physiotherapist, or call 1-800-583-5885.
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 Information Resources” at www.canorth.org.

Go to Canada’s Occupational Therapy resource website www.otworks.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.

For information about healthy eating, you can access:

1. Dietitians of Canada at www.dietitians.ca
2. Eating Well with Canada’s Food Guide at www.healthcanada.gc.ca/foodguide
3. EatRight Ontario at www.eatrightontario.ca
Your Hospital Stay

Admission Information

To be completed by your nurse at your Pre-operative visit:

My scheduled surgery date is: ________________________________

Admission time: Plan to be at the hospital for 6:15 am. This is a tentative time that is subject to change. You will receive a call 2 days before your surgery to confirm your admission time.

Expected discharge date is: ________________________________

Medication to take the morning of surgery: ________________________________

Medication to stop before surgery: ________________________________

Remember…

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

• You may have clear fluids up to 2 hours before your scheduled admission time. Clear fluids include water, clear apple or cranberry juice, carbonated soft drinks, and black tea or black coffee with sweetener (no cream, milk, or whitener). Clear fluids do not include milk, citrus fruit juices/drinks or alcohol.

POP nurse: ________________________________ Date: ________________________________
Chlorhexidine Shower Before Surgery

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

For your information:

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

Using the Soap:

• Try the soap on a small patch of skin to make sure it doesn’t irritate you 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. Please note that the soap doesn’t lather much.
• Finish with the groin and anal areas
• Rinse the soap off your body thoroughly
• Use your own soap on your face
• Use your own shampoo on your hair
• Dry your skin; finishing with the groin and anal areas
• Wear clean clothes or pajamas after each shower
• Change your bed sheets the evening before surgery
Stop using Chlorhexidine soap if skin irritation develops, and continue with your regular soap following the same instructions.

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

Important: Do not use this soap on your face. Chlorhexidine soap should not come in contact with your eyes or ears.
Packing for the Hospital

*What to Bring:*

- Ontario Health Card
- Current medications in their original containers
- Toothbrush/toothpaste
- Labeled eye glass case/denture cup/hearing aids case
- Razor
- Tissues (e.g. Kleenex)
- Soap/Shampoo
- Feminine Hygiene Products (if needed)
- Moist wipes for personal hygiene
- Short Nightgown/robe/pajamas
- Comfortable clothing (e.g. exercise clothing, track suits, etc.)
- Supportive shoes with a non-slip sole such as running shoes
- Slippers with a back and non-slip sole
- Assistive devices, e.g., reacher, cushion, long-handled sponge, long shoehorn and sock aid
- Crutches or canes that you may already have
- Earphones to listen to education programs on closed circuit TV
- Electrical appliances, such as a hair dryer. These must be C.S.A. approved and given to your nurse when you arrive to be checked for electrical safety (optional item).
- Radio – with earphones only (optional item).

**Please label your personal items.**
► What to Leave at Home:

☐ Jewelry – All piercings and jewelry, including wedding rings must be removed before your surgery. See a jeweler to have your rings cut off if necessary.

☐ Perfume or scented items - The Holland Centre is a fragrance-free facility.

☐ No nail polish on your finger or toe nails.

☐ Personal computer; television; cellular phone

☐ Valuables

Please be advised that the Holland Orthopaedic & Arthritic Centre is not responsible for money, valuables or other personal property including eyeglasses, dentures and hearing aids.
On the Day of Your Surgery

Please use the east elevators by the cafeteria. Go to the Surgical Patient Registration area, located on the 5th floor, room 554. Due to space restrictions, only one person may accompany you. Other family members or friends may wait in the Lobby or Cafeteria area. Staff will let you know what time your surgery is scheduled.

Remember…

- If you use sign language or do not speak English, bring an interpreter to the hospital with you. Your health care team must be able to communicate with you.
- Your personal belongings will be taken to your assigned room by your family or a staff member.

A nurse will meet with you and get you ready for surgery. They will update your health history and review your medications. Your blood pressure, pulse and temperature will be taken and an intravenous will be started in your arm.

A staff member will accompany you to the Block Area. Your surgeon will initial your operative site and you will meet your anesthesiologist. The Operating Room nurse will get you ready for surgery.

**Surgery usually takes 1 ½ to 2 ½ hours.** You will be taken to the post anesthetic care unit or PACU, where you will be monitored for about 1 hour. You will then be taken to your room. Your family/friends will be able to visit you once you have arrived in your room.
**Anesthesia and Surgery**

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

1. **“Regional”** anesthesia, where part of your body is made numb with a local anesthetic. This includes spinal and/or nerve blocks.

2. **“General”** anesthesia, where you are unconscious and a breathing tube is placed in your throat.

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

**Anesthesiologist**

Your anesthesiologist is a specialized doctor responsible for giving you sedation, anesthetic and pain medication. They monitor your vital signs and are prepared to manage any problem that may arise during your surgery.

The POP clinic anesthesiology team consists of anesthesiologists and a nurse practitioner. It will likely be a different anesthesiologist that gives you the anesthetic for your surgery. All your information from the POP assessment will be in your chart and reviewed by your anesthesiologist before your surgery.

**Before the Anesthetic**

It is important to have an empty stomach before your surgery. Under anesthesia or sedation, food and drink can find its way out of your stomach and into your lungs (aspiration) causing serious problems. Please follow the instructions on page 27 to help prevent this complication.
Types of Anesthesia

For hip and knee replacement procedures, the most common types of anesthetic are spinal or general anesthesia. At the Holland Centre, most patients choose a spinal anesthetic. You will have an opportunity to discuss this with your anesthesiologist. The anesthetic that is best for you is influenced by your general health and the type of surgery you are having.

General Anesthesia

With general anesthesia, several medications are given through your intravenous so you are fully asleep and unconscious during surgery. 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 may occur from the breathing tube
- Nausea or vomiting, which may last for 1 or 2 days
- Confusion or memory loss, particularly in older persons
- Aspiration of stomach contents into lungs
- Extremely rare: Allergic reactions, awareness during surgery, nerve damage, death
Spinal Anesthesia

With spinal anesthesia, local anesthetic is injected near the spinal cord and the nerves that connect to it. This “freezes” the nerves so that you have no feeling or movement in your hips or legs. The numbness lasts 4 to 6 hours.

Medication is given through your intravenous to relax you and put you into a light sleep. This is called “sedation”. You will not see or feel the surgery taking place. Your anesthesiologist can also adjust your medication to reduce the chance of you hearing anything during the surgery. Please discuss this if it is a concern.

You may also choose to stay awake during the surgery. Let your anesthesiologist know if you wish to choose this option.

► What are the Benefits of Spinal Anesthesia?

- Less nausea and vomiting
- Faster recovery and feeling less groggy
- Better pain control after surgery
- Less blood loss during surgery
- Decreased incidence of blood clots in the legs after surgery

► What are the Risks of Spinal Anesthetics?

- Headache lasting 2 to 7 days (less than 1 in 100 chance)
- Mild lowered blood pressure in the operating room
- 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 an injection of local anesthetic near the nerves that give sensation to your surgical site, making it feel numb. It provides up to 24 hours of pain control and can be used along with a spinal or general anesthetic.

Continuous Nerve Block

A continuous nerve block can be 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.

Nerve blocks are done just before your surgery by the anesthesiologist. Special equipment, such as an ultrasound or nerve stimulator, is used to find the nerves. Most people don’t remember the nerve block because medicine is given to relax you and the anesthesiologist numbs your skin first with some local anesthetic. When the nerve block is being put in place you will feel some twitching movements. This is normal and shows us we are in the right spot. Your anesthesiologist will then inject local anesthetic. You may notice a warm, tingling sensation. Your limb will become weak and feel heavy and numb.
Benefits of Nerve Blocks:
- Reduces the amount of strong pain medicine you may need
- Avoids the side effects associated with other pain medicine such as nausea and drowsiness
- Provides long-lasting pain relief

Risks of Nerve Blocks:
- Less than 1% of patients have a “pins and needles” sensation in the area that may last for 3 to 4 weeks; permanent nerve injury is extremely rare.
- In a small number of patients, local anesthetic may be injected into the blood stream, causing ringing in the ears and a metallic taste in the mouth - these symptoms are not harmful and will soon go away, but please let your anesthesiologist know if you experience them.
**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 anesthesiologist will discuss which methods are best for you. We use many of these types of pain medication together to minimize the pain you experience.

► The most common pain medications include:
  
  • Oral pain medication (opioids)
    ▪ Long acting / slow release opioids, such as HydromorphContin®, OxyNEO®
    ▪ Shorter acting opioids, such as Oxycodone, Hydromorphone (Dilaudid®)
  
  • Additional oral pain medication (non-opioid), is also used to reduce the amount of opioids you will need. These medications include:
    ▪ Acetaminophen (Tylenol®)
    ▪ Celebrex®
    ▪ Others
  
  • Severe pain
    ▪ Intravenous opioids through a patient-controlled analgesia (PCA)

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. If you are experiencing side effects you may not want to eat, drink, or do your regular activities. There are ways to manage these side effects, so let your nurse know if you experience any of these problems. Refer to pages 43 to 49 for “Potential Complications & How to Help Prevent Them”.
What is PCOA?

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

What Are the Benefits of PCOA?

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

How Does PCOA Work?

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

Things to Remember

The pain medicine takes at least 30 minutes to start to work after you have taken them. Take them at the earliest sign you are becoming uncomfortable. **It is recommended that you take your pain medicine when your pain is greater than 4 out of 10 on the pain scale. Failure to do so may result in more severe pain, which is then harder to control.** If the medicine does not control your pain, please tell your nurse. Additional or different pain medicine can be given.
What Will I Do?

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

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

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

   No pain                     Worst pain

2. Write down the number of pain pills and what time you took them (1, 2, or 3 pills).
   
   *2 pills at 9:30 am*

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

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

   No pain                     Worst pain

4. When your pill bottle is empty, call your nurse to re-fill the bottle. The pain service team will monitor your dosing and assess your progress daily.
Patient Controlled Analgesia (PCA) for Severe Pain

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

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

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

Epidural Analgesia for Complex Procedures/Cases

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

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

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

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

**Potential Complications and How to Help Prevent Them**

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

Other medical complications include the risk of developing a deep venous thrombosis (see page 45), pulmonary embolism (see page 45), heart attack, stroke and even death.
Although the likelihood of such complications occurring is low, your surgical team will make every effort to minimize the risk as much as possible. Your surgeon, anesthesiologist and medical internist will discuss these issues with you before surgery. Please make sure all your questions are addressed when you meet with your surgical team.

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

On your POP visit, we will give you Chlorhexidine soap to use several days before surgery. This will help reduce the risk of developing an infection. See pages 28 and 29 for instructions.

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

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

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

**Pulmonary Embolism** can occur when blood clots from the deep veins in the legs or pelvis break off, travel up to the lung and lodge there. If the clot is large enough, all circulation to the lungs may be cut off. This is a serious complication. Anticoagulants (blood thinners) are given after surgery to prevent clot formation. Ankle pumping and early activity will also help prevent this complication.

**Urinary Problems**, such as difficulty passing urine, can happen following any type of surgery. Sometimes a catheter (tube) is inserted into the bladder to drain the urine. The catheter can be left in place for a few days or removed immediately after the bladder has been emptied. Let your nurse know if you have problems passing urine. Following spinal anesthesia you may pass some urine without being aware of it. This is normal and can happen during the first few hours until the spinal anesthesia wears off.
Nausea is common after surgery. Medication may be given to settle your stomach, so let your nurse know if you are experiencing this. In order to minimize nausea, it is important to take your pain pills with food to protect your stomach.

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

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

Allergic reactions can happen after surgery and vary from a mild rash to an intense reaction that can interfere with your breathing. Please let us know if you have any allergies. They will be documented in your medical record. We will also provide you with an allergy alert bracelet to be worn while you are in the hospital.
**Skin Irritation** and bed sores are caused by pressure from lying in bed. It is important to change your position frequently while in bed and to get up as much as possible after surgery. The nurses and therapists will help you.

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

Remember... Getting out of bed and walking as soon as you are able will help prevent many of these complications and allow for a smooth recovery. Please refer to the next page for a listing of benefits and strategies you can try.
Benefits of Getting Out of Bed While in Hospital

1. Skin
   - Getting out of bed can help prevent bed sores

2. Lungs
   - Improved breathing
   - Improved ability to cough up secretions
   - Improved ability to fight infections

3. Nutrition
   - Improved appetite
   - Less risk of choking when eating

4. Brain
   - Improved mood
   - Improved sleep

5. Muscles/Bones
   - Less weakness
   - Prevents loss of strength
   - Less pain in joints

6. Heart
   - More stable blood pressure
   - Improved circulation

Strategies

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

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

Adapted from the University Health Network’s Patient Education Brochure with permission. September, 2011
While you are in hospital, it is important to tell your health team if you have any of the following:

- Problems controlling your pain
- Difficulty breathing
- Chest pain, tightness or pressure
- Problems passing urine
- Problems with intravenous
- Upset stomach or dizziness
- Unusual feelings of numbness and/or tingling
Hospital Information

Patient Rights & Responsibilities

You have the right to:

• Receive effective care that is considerate, timely and respectful of your diverse views, culture, spiritual traditions, gender identity, gender expression, sexual orientation and abilities.
• Have your personal health information remain confidential and your privacy respected.
• Have a Substitute Decision Maker act on your behalf if you cannot make health care decisions for yourself.
• Make choices about treatments where choice is possible and appropriate, and be informed of the health risks and benefits of those decisions.
• Obtain a second opinion from another health professional.
• Receive information about your health care in a language you understand, with an interpreter if desired, within reasonable limits.
• Know the name and roles of the members of your health care team.
• Be listened to and have time to ask questions.
• Express concerns about care/service and be informed of the process for doing so.
• Expect that members of your health care team will collaborate to ensure continuity of care.
You have the responsibility to:

- Provide complete and correct information as requested to your health care team and notify them of any changes in your health.
- Let staff know if you do not understand any or all of the information given to you, or if you have any concerns.
- Follow your treatment or care plan to the best of your ability.
- Make certain that the person you have chosen or who is designated by law to make health care decisions on your behalf (when you cannot) knows and understands your wishes.
- Respect the privacy and confidentiality of others.
- Respect the right of everyone to work together in a respectful and abuse-free environment.
- Act in a safe and responsible manner.

Office of the Patient Experience

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

The philosophy of Patient Centered Care guides the Holland Centre staff and physicians to listen to, respect and understand each person as a unique individual. We strive to promote timely access to services; to coordinate and integrate your care; to promote physical comfort; provide emotional support and to answer your questions so that you can make informed decisions about your health care in partnership with your care provider.

In order to improve communication between the health care team and patients and their families, we have implemented white communication boards in each patient room at the Holland Centre. The information on these boards contains: date, the names of your nurse, the charge nurse and the manager, physiotherapist and occupational therapist, as well as, information on how much weight you can put on your leg. Your nurse or another member of our multidisciplinary team will update this information every shift. If you or your family members have specific questions, you may use the board to write them down.

In addition to the communication board, we have a program called “TOPS” in which each team member is to check with you if there is anything else they can do for you before leaving the room. TOPS stands for “Toileting, Organization of Your Room, Pain Management and Support”.
Educational Resources for our Patients and their Families

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

Sunnybrook Website

The Sunnybrook website provides information for patients and visitors and an in-depth look at our programs and services, education and research. You can read about Sunnybrook special events, publications, internet resources and more. Check us out today at www.sunnybrook.ca.

MyChart

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.
Visiting Hours

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:

• Visiting is not allowed in the Post Anesthesia Care Unit (PACU)
• For patients in the Special Care Unit, visits may be arranged through the Special Care nurses on 3 East.

Nutrition and Food Services

Information about your special diets or food preferences will be collected when you are admitted. This information helps the Food Services Department meet your nutritional needs. Personal food requiring refrigeration is discouraged because storage space is limited.

Meals are served at approximately:

- **Breakfast** - 8 a.m.
- **Lunch** - 12 noon
- **Dinner** - 5 p.m.

Patients and visitors are welcome to purchase meals and snacks in our cafeteria.

The cafeteria hours are:

• Monday to Friday - 7 a.m. to 10 a.m. and 10:30 a.m. to 1:30 p.m.
• Saturday, Sunday and Holidays - closed
• Vending services are provided in the cafeteria at all times.
Additional Costs

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

Orthopaedic Equipment

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. Additionally, at discharge, each patient is charged $20.00 to cover the cost of educational materials and other products (e.g. Chlorhexidine soap) that are provided before surgery and/or during your hospital stay as these are also not covered by OHIP.

All outstanding charges must be paid at the time of your discharge unless prior arrangements have been made. A receipt will be provided for reimbursement from your insurance company where applicable. If you have any questions or need more information about our rates or billing procedures, please contact the Business Office at (416) 967-8574.

Telephone

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

- To make local calls, dial “9”, then the telephone number.
- To make long distance calls, dial “0” for the Hospital Operator. You can then call collect or you may dial “9” and use your calling card.
Television
Bedside televisions are available for a fee. You can order TV service from your patient room by dialing 1999 from your bedside phone. You will require a Visa or MasterCard to complete your order. Your family members or friends may also call from any phone outside of the hospital to activate services for you by calling 1-866-223-3686 between 8:30 a.m. to 10 p.m. Monday to Friday and 11:30 a.m. to 9 p.m. on Saturdays and Sundays (excluding statutory holidays). Educational health information on channel 74 is free of charge and is available even if television services are not purchased.

Fire Safety
Our staff practice fire safety procedures regularly and the alarms are frequently tested. Should a real emergency exist, you will be informed and a trained staff member will assist you. Fire exits are clearly marked throughout the hospital.

Critical Incident Response
The hospital’s equivalent of 911 is 5555. This number is reserved for life threatening or personal safety issues only. State the nature of your emergency and provide your location so that help can arrive quickly.

Safety and Security
It is the responsibility of all staff, volunteers, visitors and patients to be the “eyes and ears” of the hospital. Together we can reduce crime and make the Holland Centre a safer place. At the Holland Centre, all staff are required to wear a photo ID badge that identifies their name, position and unit/department.
If you are unsure of a person’s identity or purpose in your room, feel free to ask them to show you their badge, or if necessary, call a nurse for assistance.

**Mail, Parcels and Deliveries**

Friends and family may send you flowers, gift baskets, or other gift deliveries while you are in the hospital. No latex balloons please, as some patients may have serious allergic reactions to them. All deliveries will be brought to your room. We ask that you tell your friends or family of your expected length of stay, so that your delivery is not returned to the sender after you leave the hospital.

**Newspapers**

Daily newspapers are available in news boxes outside the main entrance of the Holland Centre.

**Parking and Transportation**

While the Holland Centre does not have parking facilities, it is close to bus and subway services at the Wellesley Station. Public parking is available west of the Holland Centre on Wellesley Street and just south of Wellesley on the west side of Church Street. Direct telephone lines to Royal Taxi are available at no charge in the Holland Centre lobby.
**Spiritual and Religious Care**

While we do not have a chapel in the Holland Centre, if you’d like privacy to meditate and pray, this can be arranged upon request. Chaplaincy services are limited. If you wish to be visited by a spiritual advisor, please arrange this through your local religious community. If you wish to attend religious services outside the hospital, you may do so with your doctor’s permission.

**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. This policy will apply to staff, volunteers, students, visitors and patient populations that are within the boundaries of Sunnybrook Health Sciences Centre.

**Fragrance-Free Policy**

In consideration of patients, staff and visitors who may suffer from chemical sensitivities and allergies, we request that you refrain from wearing scented personal products such as perfumes, colognes, hairspray or aftershave when at the Holland Centre.
Cellular Phones and Wireless Devices

Patients, staff and visitors are asked not to use cellular phones or wireless devices in patient areas as they may interfere with some patient care equipment. They can be used in areas where direct patient care is not being provided, such as the lobby or family waiting areas.

Complementary and Alternative Health Providers

Complementary therapies such as acupuncture and massage therapy have not yet been integrated into the conventional health care model. Still, we recognize that some patients may wish to receive complementary therapies while in the hospital. Discuss your needs with your health care team. A release of liability form must be signed prior to a complementary health practitioner providing you with any treatment.

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.

Gift Shop and Cart

The Gift Shop, located in the Main Lobby, is open Monday to Friday from 10 a.m. to 3:30 p.m. The shop offers a large selection of gifts and articles that you may need during your stay. For your added convenience, a mobile cart is brought to your room several times per week.
Volunteer Services

Some of our services are organized and operated by volunteers, many of whom are former patients. These dedicated volunteers meet regularly through the year, host fundraising events for the Holland Centre, and add important “extras” to the services provided by our staff. If you are interested in becoming a volunteer for the Holland Centre, please call Volunteer Resources at (416) 480-4129.

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, or contact the Privacy Office at (416) 480-6100, ext.1236.

The Hospital Foundation

The mandate of Sunnybrook Foundation is to raise funds to support the essential growth and development of Sunnybrook Health Sciences Centre in the areas of facility development, equipment, education and research. Your support is critical to the long-term delivery of quality health care for the citizens of Toronto, the GTA, and Ontario. If you would like to make a donation, you may contact the Sunnybrook Foundation at:

Sunnybrook Foundation
(Holland Centre Site)
43 Wellesley Street East, Room 279
Toronto, Ontario  M4Y 1H1
Telephone: (416) 967-8628

Sunnybrook Foundation
(Bayview Site)
2075 Bayview Avenue, Room H332
Toronto, Ontario  M4N 3M5
Telephone: (416) 480-4483

www.sunnybrookfoundation.ca
After Your Hip Replacement

Follow-up Education Class

OK, so I’ve had my hip replaced…now what?

Attend the Holland Centre Hip Replacement Follow-up Education Class

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

☐ How and when to resume your normal activities,
☐ How to properly progress your walking and stair climbing,
☐ How to progress your exercises and maximize your function; and,
☐ You will have your questions/concerns addressed

How to Get an Appointment for a Class

Your Physiotherapist or Physiotherapy Assistant will give you an appointment for an education class before you are discharged. The class date will be scheduled to take place after your first follow-up visit with your surgeon or Advanced Practice Physiotherapist. If you do not receive an appointment date/time, please make sure you call (416) 967-8626 as soon as possible to schedule an Education Class.

For patients who live outside the Greater Toronto Area, please refer to the form stapled to your exercise booklet which you receive after surgery. This includes information on how you can attend an education class on the same day as your first follow-up visit.
Safe Body Positions

After your hip replacement surgery, you may be advised to temporarily avoid certain movements. This depends on a number of factors and your surgeon will make the decision. The following pictures show the most common movements to avoid if your surgeon indicates this requirement for you.

1. **DO NOT** bend your operated hip beyond 90° when sitting, standing or lying.
   
   $90^\circ = \underline{\hspace{2cm}}$

2. **DO NOT** cross your legs or bring them together.

3. **DO NOT** twist your body, especially at the hip or waist. Maintain your body in a straight position. Keep your knee pointing straight up when lying or straight ahead when sitting.
Usually it is necessary for you to avoid these positions for 6 to 8 weeks after your surgery; however, in some cases it may be longer. At your follow-up appointment, you will be advised when to discontinue these precautions. Sometimes there may be additional precautions depending on your surgery. Your surgeon and therapists will explain any other precautions to you.

**Equipment Needs**

The following equipment may be required after your operation. You may also find the equipment is helpful to use prior to your surgery to improve your quality of life. You can purchase these items from a medical supplier.

1. Long-handled reacher

2. Raised toilet seat

3. Carry cushion – This is a firm cushion with a hard base and some Styrofoam used to raise up your seat heights. Pillows and couch cushions are not appropriate.
Other items you may want to purchase include:

1. Long-handled shoehorn
2. Elastic shoelaces
3. Sock aid
4. Long-handled sponge/brush

The reacher and cushion should be purchased before your surgery and brought with you to the Hospital. They are available from any medical supplier, or you can also purchase some of the equipment in the Hospital’s Gift Shop.

While you are in the Hospital, you and your Occupational Therapist will discuss any other equipment you may need in your home. This includes special bathroom equipment. The Occupational Therapist will assess your specific needs for bathing equipment and teach you how to use the equipment safely in preparation for going home.

This equipment may include:
- Hand-held shower head
- Bath bench/seat
- Clamp-on grab rail
Transfers and Mobility

For tips about how to move comfortably after your hip replacement; the following website has video clips to assist you: sunnybrook.ca/holland/video. If you have questions, please speak to your therapists.

► Getting Out of Bed After Hip Replacement Surgery

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

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

3. Slide your hips to the edge of the bed.
4. Place your operated leg out in front of you.

5. As you stand, place one hand on your walker/crutch/cane and push up from the bed with your other hand.
Getting Into Bed After Hip Replacement Surgery

1. Before you sit down, if you have an adjustable bed, recline the head of the bed until it is flat.

2. Back up towards the bed until you feel the back of your knees touching the bed. Make sure you sit in the centre of the bed.

3. Place your operated leg out in front of you.

4. As you sit, place one hand on your walker/cane/crutch and the other on the bed.

5. Once seated, place your hands behind you. Pushing with your non-operated leg and using your arm strength, move yourself backwards across the bed until most of your operated leg is on the bed.

6. Move your body towards the pillow by using a combination of your arm strength and non-operated leg. By bending your non-operated leg and pushing on your heel it will help you to move up in the bed.
Tips on How to Turn on Your Side

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

1. If you have an adjustable bed, position the head of the bed to a flat or nearly flat position.

2. Lie with your back flat on the bed and bend both knees (with or without a pillow/blanket between your legs).

3. Grasp the edge of the mattress or side rail with arm closest to the side you will be rolling towards (i.e., if rolling onto your left side, grasp the edge of the mattress or side rail using your left arm).

4. Turn your legs and upper body at the same time as you roll onto your side. This is called log rolling.

5. Avoid sleeping in a twisted position.
Sitting

Low seating surfaces may be difficult for you to rise up from. Avoid low, soft sofas, and chairs, including lazy boy types and other recliner chairs. Ideally, the best chair for you is a high, firm chair with armrests. A dining room chair is an example of a good chair. A carry cushion may be used to make your transfers in and out of a chair easier. Talk to your Occupational Therapist about adjusting your chair and bed to the appropriate height.

Most toilets are too low to comfortably sit and rise from after your hip replacement surgery. Do not sit in a position where your knees are higher than your hips. A commode or raised toilet seat may be needed to raise the sitting surface.

► To Sit Down:

1. Back up toward the chair until you feel the back of your knees touching the seat.
2. Keep your operated leg out in front of you.
3. Use the armrests to lower yourself down slowly.
To Stand Up:

1. Slide to the edge of the chair while keeping your operated leg out in front of you.
2. Use your arms to push up off the chair armrests and push up with your non-operated leg.
3. Avoid sitting for long periods of time to prevent stiffness and swelling of your operated leg.

Stairs

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

It is advised that you have secure handrails on all staircases. Your physiotherapist and surgeon will also advise you when you can resume stair climbing (up and down) with either leg.
Activities of Daily Living

Bathing

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

Dressing

Dressing your lower body may be a challenge after your surgery. A reacher, long-handled shoehorn and sock aid will help you to dress yourself. Your Occupational Therapist will show you other assistive devices to try, if needed.

1. Remain seated in a chair or at the edge of your bed. This increases your safety, especially if you are not fully weight bearing on your operated leg.

2. Use a reacher to place the article of clothing, e.g., underpants, pants/skirt at the foot of your operated leg.

3. Slide the article of clothing over your operated leg and pull clothing up to knee level using the reacher.

4. Then, dress your non-operated leg.

5. Stand up to pull up your clothing.
To Use the Sock Aid

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

Shoes

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

To Put On Shoe

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

To Take Off Shoe

1. You can use the end of your reacher to push your shoes off.
In the Bathroom

To reduce the risk of slipping, place a rubber mat or non-skid decals, treads, or strips on the bottom of the tub or shower. When getting in and out of the bathtub, do not use the soap dish, towel rack, or shower curtain rod for assistance, as they are not designed to support your weight. Do not sit on the bottom of the bathtub for at least 3 months. When you resume this activity you must use grab bars to lower/raise yourself in/out of the bathtub. Grab bars with suction cups are not recommended.

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

In the Kitchen

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

To decrease standing during cooking and preparation time, use appliances such as a blender, microwave oven or toaster oven. These appliances should be left out on the counter. When you are preparing meals and beverages, sit on a chair or high stool to avoid prolonged standing.
When working in the kitchen, rearrange commonly used items from cupboards and refrigerator shelves to a level where you can easily reach. You may also place plates, bowls, etc., on the counter. You may want to consider just using the top rack of the dishwasher or avoid using deep freezers to make your activities easier after your surgery.

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

**In the Bedroom**

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

After your hip replacement surgery, you may be advised to temporarily avoid certain movements or activities. This depends on a number of factors and your surgeon will make the decision. If you have been instructed by the team to avoid certain movements, you need to think and plan well before you begin any homemaking activity to ensure that these safe body positions are always maintained.

Shopping

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

Child Care

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

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

Laundry

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

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

Cleaning

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

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

Sexual Activity

Following your surgery, you may initially participate in sexual activity by assuming a passive position (i.e. on your back with your legs spread apart). Try this position gently. Progress your activity level as tolerated. If you would like more information, please ask your Occupational Therapist.

Community Activities

Driving a Vehicle

It is recommended that you refrain from driving until hip precautions are discontinued by your surgeon. Driving may be resumed after 6 weeks unless advised otherwise by your surgeon. Check with your insurance company about any concerns you may have regarding coverage when you resume driving.
After Your Hip Replacement

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

Getting Into the Car or Van
It is easier to get into a car if you and the car are on the same level (do not stand on a curb or be too close to the curb). Have the driver slide the passenger seat as far back as possible and recline the seat back.

Use a folded towel or clothing to fill in the back depression on the seat so the seat is level front to back. You may need a carry cushion in the passenger’s seat of a car. A carry cushion may not be needed in a van.

You need to back up to the car seat using your walking device until you feel the car against the back of your legs. Then extend your operated leg directly out in front of you. Sit down slowly holding on to 2 stable surfaces. These may be the dashboard and the frame of the car (avoid holding onto the car door).

Slide back onto the seat so that the backs of both legs are fully supported on the car seat. Slide your legs in, one at a time.

Once you are facing forward, the seat back may be raised to an upright position; however, you may want to leave the seat back reclined slightly for comfort.
Getting Out of the Car or Van

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

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

Outdoors

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

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

► Activities That May be Resumed Immediately

- Walking
- Swimming – Ask your surgeon. You may be able to swim or do exercises in the pool if your incision is well healed and if you have access to a pool with a graded entry (stairs and handrail) before the 6 week period. The whip kick is never permitted, however, frog kick is allowed.

► Activities That May be Resumed After 6 Weeks

- Swimming (no whip kick)
- Increase walking endurance
- Golfing – putting and chipping
- Stationary bike (upright or recumbent)
- Elliptical
- Weight training – upper body
- Treadmill with incline (walking only)
- Driving a car – unless surgeon has said otherwise
Activities That May be Resumed After 3 Months

- Gardening
- Bowling/lawn bowling
- Outdoor cycling
- Curling
- Golfing

Activities to Discuss With Your Surgeon After 3 Months

- Downhill/cross country skiing
- Tennis (doubles)
- Weight training (lower body)
- Horseback riding
- Skating/snowshoeing
- Yoga/pilates
- Canoeing/kayaking (open kayak)
- Rowing

High Risk Activities That Are NEVER Permitted

- Jogging/running
- Squash/racquetball
- Whip kick or “egg beater” in swimming
- Contact sports

These lists only include some of the more common leisure activities. Please consult with your surgeon if you are interested in resuming an activity that isn’t listed here.
After Your Knee Replacement

Transfers And Mobility

For tips about how to move comfortably after your knee replacement; the following website has video clips to assist you: sunnybrook.ca/holland/video. If you have questions, please speak to your therapists.

Stairs

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

It is advised that you have secure handrails on all staircases. Your physiotherapist and surgeon will also advise you when you can resume stair climbing (up and down) with either leg.

Activities of Daily Living

Dressing

Dressing your lower body (legs and feet) may be a challenge before you obtain the movement needed to reach below your knee level. It is usually easier to dress your operated leg first. A reacher, long-handled shoehorn, and sock-aid may be helpful to get yourself dressed, especially if you have had both of your knees replaced. Your Occupational Therapist will show you how to use these assistive devices if needed.
**In the Bathroom**

Reduce the risk of slipping in the bathroom by using a rubber mat or non-skid decals, treads, or strips on the bottom of the tub or shower. When you resume this activity you must use grab bars to lower/raise yourself in and out of the bathtub. Grab bars with suction cups are not recommended. Do not use the soap dish, towel rack, or shower curtain rod for assistance when getting in and out of the bathtub, as they are not designed to support your weight.

**Bathing**

An Occupational Therapist will teach you how to get in and out of your shower or bathtub, help you decide whether a bath seat is required at home, and advise you as to which bath seat is best. Bath seats are available at medical supply stores for rental or purchase.

The use of a long-handed sponge or reacher may be helpful. It allows you to reach below knee level and with less effort and more comfort. These devices can be purchased at the gift shop in the hospital or at your local medical supply store.
**Using the Toilet**

For some patients it may be easier to sit and rise from a higher surface. A raised toilet seat with arm rests may be recommended if you have difficulty getting on and off the toilet. A raised toilet seat is especially useful if you have had both of your knees replaced. Raised toilet seats are available at your local medical supply store for rental or purchase.

**In the Kitchen**

You may find the walking and standing required to make meals difficult at first. Consider pre-packaged foods or frozen meals to save time. You can also ask your therapist for the phone number for “Meals on Wheels”.

To decrease standing time during cooking and preparation, use appliances such as a blender, microwave oven or toaster oven. These appliances should be left out on the counter. Sit on a chair or stool to avoid prolonged standing.

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

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

Cleaning
Avoid heavy indoor/outdoor household cleaning, such as washing floors or windows, cleaning the bathroom (toilet and bathtub), vacuuming, lawn mowing, snow removal, and heavy garbage removal for 6 weeks after your surgery. Arrange for family/friends to help you with these tasks or hire temporary help from a community agency.

Laundry
Try to do smaller, more frequent loads of laundry. Carry small loads downstairs in a knapsack when you walk with canes. If your laundry room is accessible without stairs, use a bundle buggy with a small load of laundry. Only take the amount of detergent required for the load to reduce the weight you need to carry.
Child Care
You will need help with younger children (infants/toddlers). Arrange for assistance from a friend or relative with bathing and, perhaps, dressing young children. Also, avoid carrying a child as their weight puts additional load on your operated knee and will affect your balance. Before walking in an area where children are playing, make sure that all toys are cleared away, as they increase your risk of tripping and falling.

Returning to Work
Most patients do not return to work until at least 6 to 8 weeks after their knee has been replaced. However, some patients return to work earlier if their job is sedentary in nature. When returning 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.

Sexual Activity
Following your surgery you may resume sexual activity in positions that are comfortable for your knee. The position on your back may be the most comfortable to start with.
Community Activities

Resumption of Driving

Driving may be resumed after 6 weeks unless advised otherwise by your surgeon. Check with your insurance company about any concerns you may have regarding coverage when you resume driving.

Getting Into the Car or Van

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

It is easier to get into a car if you and the car are on the same level (do not stand on a curb or be too close to the curb). Have the driver slide the passenger seat as far back as possible and recline the backrest.

Back up to the car seat using your walking device until you feel the car against the back of your legs. Extend your operated leg(s) directly out in front of you. Sit down slowly holding onto 2 stable surfaces. These may be the dashboard and the frame of the car (avoid holding onto the car door).

Using your arm strength, slide onto the seat so that both legs are supported on the car seat. Slide your legs in, one at a time. Once you are facing forward, the backrest of the seat may be raised back up.
Getting Out of the Car or Van

Recline the backrest. Shift towards the driver’s side of the vehicle until you can slide your legs out one at a time. Slide to the edge of the car seat, extend your operated leg(s) out in front of you and push up off the car seat.

Resuming an Active Lifestyle

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

- Walking
- Swimming – Ask your surgeon. You may be able to swim or do exercises in the pool if your incision is well healed and if you have access to a pool with a graded entry (stairs and handrail) before the 6 week period. The whip kick is never permitted, however, frog kick is allowed.

Activities That May be Resumed after 6 Weeks

- Driving
- Stationary biking (Note: May be used for range of motion exercises beginning in Week 1)
- Swimming – in any type of pool
- Golf – begin at the driving range
- Gardening**

** Note for Gardening: It is recommended that patients use a ‘kneeling platform’ that is padded and has handles to allow easy transition from kneeling to standing.

Activities That May be Resumed at 3 Months

- Golf
- Outdoor cycling (NOT Mountain Biking)
- Doubles tennis
Activities to Discuss With Your Surgeon

- Skiing – downhill or cross-country
- Ice skating
- Sailing
- Canoeing
- Mountain biking
- When your legs are under water, side to side leg movements against water resistance (e.g. jumping jacks)

High Risk Activities That Are NEVER Permitted

- Singles tennis
- Jogging/Running
- Squash/Racquetball
- High impact aerobics
Discharge Instructions and Follow-Up

Before You Go Home Checklist and Goals

- You should have completed the following goals prior to discharge:
  - Able to walk safely with the appropriate aid; i.e. cane, crutches, walker
  - Have the necessary equipment to allow you to manage safely at home (e.g. raised toilet seat, bath seat)
  - Able to get in and out of bed on your own or with the help of your caregiver or coach
  - Safely manage stairs (unless no stairs)
  - Know what exercises to continue at home and how to progress them after discharge
  - Know what activities you can perform safely
  - Know what activities to avoid
  - Review discharge instructions with your nurse

- Ensure you have:
  - Your prescriptions (e.g. pain medication, anticoagulant)
  - Your own medications returned
  - Your appointment card for follow-up visit
  - Arranged for your escort to pick you up by 9:30 a.m.
  - All your belongings
Symptoms Requiring Immediate Attention

► Visit your nearest Emergency Department if you have any of the following:
  - New or worse shortness of breath or difficulty breathing
  - New or worse pain, tightness or pressure in your chest
  - A significant increase in pain, swelling or redness of your calf/calves
  - A sudden, severe increase in pain in your new joint

► 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
  - Signs or symptoms of other infections (i.e., fever, chills, burning on urination or a foul smelling urine, etc.)
  - A persistent increase in your temperature (over 38°C)
For Questions/Concerns After Discharge

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

After hours, Monday to Friday, weekends and holidays:
Call the Hospital Coordinator at (416) 967-8551. If you leave a voice mail message, you can expect to receive a call back within 24 hours of your call.

Exercises and Activity

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

Until your 6 week follow-up visit, ONLY do exercises that are listed in your exercise book, unless otherwise instructed by the Holland Centre care team.
**Caring For Your Incision**

- Inspect your incision daily for any redness or drainage. Call your surgeon or family doctor if drainage continues for more than 4 days after discharge.

- Once your incision is dry, it can be left open to the air and you can shower without covering it. **If your incision is draining, cover it with a waterproof dressing or plastic bag. Change the dressing after you shower.**

- If you have steristrips, please leave them alone – they will eventually fall off on their own. After 2 weeks, your skin should be completely healed and you can gently remove any remaining steristrips.

- Once your incision is completely healed and the sutures/staples have been removed, the incision and surrounding skin can be gently massaged with creams.

**Removal of Sutures/Staples**

*Have your sutures/staples removed by your family doctor or at a walk-in clinic as follows:*

- **Removal of Sutures**  
  - Date: ________________

- **Removal of Staples**  
  - Date: ________________

- **Dissolving Sutures**  
  

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**Remember…** It is important that you don’t swim until your sutures are removed and your incision is completely healed to avoid infection.
Managing Your Pain

It is normal to have some pain after your hip or knee replacement surgery. Keep in mind that each person feels pain differently. What is moderately or very painful to some may be mildly painful to others.

► Pain can be managed by:
  • Balancing rest and activity.
  • Using ice to help reduce pain and swelling – use it for 10 minutes at a time only for maximum benefit.
  • Lying flat and elevating your leg above your heart level to help reduce swelling, pressure and pain.

Pain Medication:

1. 

and/or

2. 

and/or

3. 

• Do not mix pain medication unless directed.
• Avoid alcoholic beverages while taking pain medication.
• When you are ready, talk to your family doctor or pharmacist about how to reduce your use of medication.
• If your pain is not well controlled, call your surgeon’s office.
• Common side effects of pain medicine are constipation, nausea or vomiting, and sleepiness.
• **CONSTIPATION**: If you experience constipation, you should increase your fluid intake, eat foods that are high in fibre and increase your activity. Drinking prune juice may help. You may also need a laxative, such as senokot or milk of magnesia, to get your bowels to move.

• **STOMACH UPSET**: If you experience nausea, take your pain medicine with food. You can also take medication to settle your stomach. Talk to your pharmacist or family doctor about what medication would be best for you.

• **SLEEPINESS**: If your pain medicine makes you sleepy you can try taking a smaller dose, for example, 1 tablet instead of 2 tablets.

**Anticoagulants (Blood Thinner)**

☐ Yes  ☐ No

If yes, drug name, dose, frequency:

_____________________________________________________________________
_____________________________________________________________________

Please take your medication as directed.
Dental and Other Medical Procedures

It is important to let your dentist and other health care providers know that you have had a joint replacement as some procedures may expose you to the risk of infection. In some circumstances, antibiotics should be taken prior to the procedure.

Contact your dentist or doctor a few days before any procedure to establish if any antibiotics should be prescribed and if so, to arrange that you are given a prescription.

- **Suggested prescriptions for dental procedures:**
  - Amoxicillin 2g orally 1 hour before procedure
    OR
  - Clindamycin 600mg orally 1 hour before the procedure

- **For penicillin-allergic patients:**
  - Clindamycin 600mg orally 1 hour before procedure

Please speak to your surgeon about appropriate timeframes for these recommendations.
Follow-Up Appointments

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

After hip and knee replacement, routine follow-up is very important. Although long-term results are excellent, problems can develop related to wear and loosening of the components. Sometimes these problems can be “silent” and you may not experience any pain. Consistent follow-up and early detection may prevent the need for complex revision surgery.

Appointment Date: __________________________
Appointment Time: __________________________

Location:  □ Surgeon’s Office
          □ Holland Centre Outpatient Clinic (416) 967-8617

Follow-up Schedule

After hip or knee replacement surgery, you can expect to have 3 appointments in the first year and appointments at year 3, year 5 and year 10. Please call (416) 967-8617 for all appointment enquiries or if you are experiencing any new problems related to your joint replacement. Be prepared to provide your hospital card and health care information.
Your Discharge Home

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

Settle Your Hospital Account

Stop at the Business Office on the second floor to pay for additional charges such as the telephone. Office hours are 8:30 a.m. to 1 p.m. and 2 to 4 p.m., Monday to Friday.
What to Expect After Joint Replacement

Pain & Swelling

It is normal to experience pain, bruising and swelling at the surgical site. Over the next 6 weeks, you should feel an improvement in these symptoms. Be sure to take your pain medications as prescribed. You may be able to gradually wean yourself off your pain medication. Use ice as needed through the day (follow the advice of your physiotherapist about the use of ice). A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. To help reduce swelling, make sure your lie flat with your leg elevated above the level of your heart. Swelling can continue up to 12 months after surgery.

General Health

It is normal to feel generally tired and have a poor appetite in the first few weeks after your surgery. Some patients also experience constipation from certain medications. Try not to nap too much during the day so you will sleep better at night. Drink plenty of water and eat fruits and vegetables to help you feel more energetic and prevent constipation. Refer to page 26 for Canada’s Food Guide website and Dietitians of Canada website.

Exercise & Activity

Stay active and do your exercise 2 or 3 times a day. During the first 6 weeks you will begin to feel stronger and the exercises will become easier to do. Increase repetitions or sets as you get stronger. Patients who have had knee replacement surgery should continue to make improvement in their range of movement. Continue with the exercises in your booklet – they have been designed by Holland Centre staff to maximize your activity. You will experience steady improvement in your new hip or knee up to 6 months following surgery. Improvement is slower after that, but can continue up to 2 years.
Walking
Continue to use your gait aid (e.g. cane, crutches, walker) as your Holland Centre physiotherapists taught you before leaving the hospital. This will help you to develop a normal walking pattern. **It is better to walk normally with a cane than to walk with a limp without a cane. Walking with a limp may put more load on your joint replacement, be a hard habit to break even when you have no pain, and your muscles will not strengthen in a pattern that will improve your walking.**

Skin Care
It is normal to have some numbness around the area of the surgical incision. This should improve with time as the swelling subsides and the tissues heal. The skin over your surgical site is sensitive so protect it from injury and the sun.

REMEMBER…Having a hip or knee replacement is hard work. It’s a big surgery and takes time to recover. Follow your health care team’s recommendations so that your joint replacement is a success.
FOR GENERAL QUESTIONS/CONCERNS AFTER DISCHARGE

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

After hours, Monday to Friday, weekends and holidays:
Call the Hospital Coordinator at (416) 967-8551.
If you leave a voice mail message, you can expect
to receive a call back within 24 hours of your call.

Refer to page 94 for symptoms requiring immediate
attention and who to contact.