

Your Participation, Your Success!

Patient

Road for

Education

Preparation

PREP School!

Knee Replacement Surgery



ROSS MEMORIAL
HOSPITAL
Kawartha Lakes

If you develop a cough, cold, fever or flu like symptoms 72 hours prior to your surgery, notify your Surgeon immediately.

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IMPORTANT DATES

My PREP School Appointment: _____

My Pre-Admit Testing (PAT) Clinic Appointment and Individual Occupational Therapy (OT) Session Appointment: _____

My Anaesthesia Appointment: _____

My Date of Surgery: _____

I need to arrive to the hospital at: _____

My Discharge Date: _____

You will be discharged 2-3 days after your surgery

My Follow Up Appointment with my Surgeon: _____



YOUR HEALTHCARE TEAM

Before, during and after your surgery you will be meeting and working with various members of the healthcare team. You may wish to record their names below.

Surgeon _____

Pre-Admission Nurse(s) _____

Anaesthetist _____

Dietitian _____

Occupational Therapist (OT) _____

Pharmacist _____

Physiotherapist (PT) _____

The most important member of the team is **YOU!**

To achieve the best results from your Total Joint Surgery, YOU need to be an ACTIVE participant in your recovery.

Please always feel free to speak to members of your healthcare team regarding any questions or concerns that you may have.



INTRODUCTION



Patients who are prepared for surgery and who take part in their care can recover in less time and with less pain!

The purpose of this booklet is to provide information for you before your knee surgery. The success of your surgery largely depends on your commitment and participation. **Your participation actually starts today!** Although you may not know your date of surgery, you can begin preparing today by making efforts to maximize your recovery. It is important for you to bring this book with you to ALL of your appointments and on your surgery day.

Your journey has already begun; you have started to read this booklet! Continue reading and completing the questions. Throughout this booklet you will see this symbol:



This is where YOU need to complete your homework!

Your answers will be reviewed at all of your appointments with the members of the healthcare team.

TODAY

A successful surgery and recovery involves three vital parts:

- **YOU.** Your participation and commitment is crucial to your success. Begin to think of how you can prepare for surgery; for example, eating healthy meals and snacks, quitting smoking, being physically active.



How can I prepare for surgery? I can:

- _____
- _____
- _____
- _____

- **YOUR COACH.** A Coach is a person who will be with you throughout your pre-operative and post-operative period and surgery. This person can be a family member, friend or caregiver. Your Coach will attend an education session with you prior to your surgery, and will support and work with you during your hospitalization and when you return home.



Who might I consider as a Coach?

- _____
- _____
- _____
- _____

- **THE HEALTHCARE INSTITUTION** – The Ross Memorial Hospital. The dedicated and skilled members of our healthcare team are here to aid in your success. Our team includes: Surgeons, Anaesthetists, Nurses, Dietitians, Pharmacists, Occupational Therapists, Physiotherapists, Support Staff and many others.

THE SURGERY

What is a KNEE Joint?

The knee joint performs similar to a hinge joint. It consists of three bones:

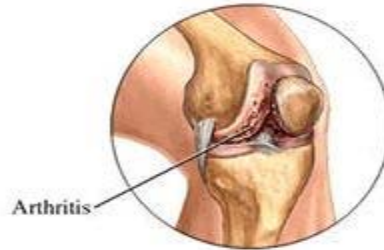
- Thigh bone (Femur)
- Leg bone (Tibia)
- Knee cap (Patella)
- The junction where the femur and tibia couple together is called the femorotibial joint.
- The region of the knee where the patella and femur form a junction is called the patellofemoral joint.
- These two joints are what allow the bending and straightening of the knee. It is these joints that are replaced in a total knee joint replacement.

For a knee to function normally, the quality of smoothness where each bone moves upon the other becomes important in the function of the knee joint.



Why Do I Need A Knee Replacement?

Arthritis of the joint (osteoarthritis) is the most common reason for a knee replacement. Arthritis damages the cartilage and roughens the bone surfaces. This damage creates pain on movement and decreases joint flexibility and strength.

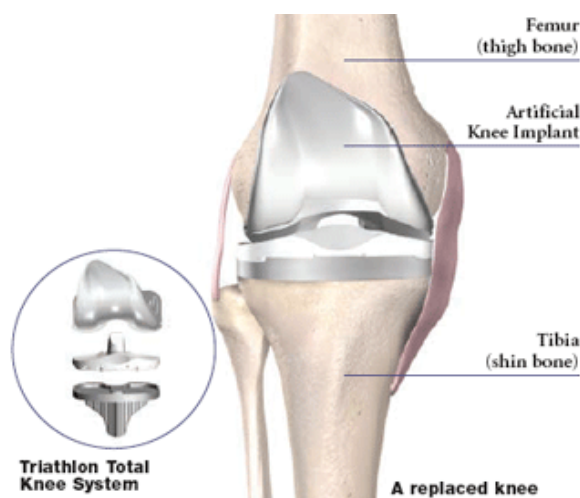


The benefits of knee replacement or knee arthroplasty for knee surgery are:

- Less pain
- Better movement and strength
- Improved ability to do everyday activities.

Total Knee Replacement

Total knee replacement (TKR), also referred to as total knee arthroplasty (TKA), is a surgical procedure in which worn, diseased, or damaged surfaces of a knee joint are removed and replaced with artificial surfaces. Materials used for resurfacing of the joint are not only strong and durable, but also optimal for joint function as they produce as little friction as possible.



MEDICATIONS

It is important that you are as healthy as possible prior to your surgery. This includes optimizing and stabilizing drug therapy for chronic medical conditions in the weeks prior to surgery

- ***Make an appointment with your Pharmacist for a MedsCheck® review.***

There is no cost to you for this service. You will need:

- All of your prescription medications.
- All over-the-counter medications you take, including vitamins.
- A list of allergies or bad reactions you have had to medicines in the past.
- Your Pharmacist may identify concerns and he/she may need to follow-up with your Doctor to sort them out.
- To obtain a copy of the completed review from your Pharmacist. You will need it for future appointments.

- ***See your Family Doctor***

- Take your MedsCheck review with you to your appointment.
- Address any ongoing concerns with other medical conditions you may have
- Make sure your **blood pressure** is checked, and is under good control.
- High blood pressure prior to surgery increases your risk of problems during surgery, including possible problems with your heart or blood vessels.
- **Get specific instructions about which of your medicines you should stop prior to surgery and when.** Write this information down on page 26. You will need it for your pre-op assessment.



- ***If you have Diabetes***, make sure your blood sugars are managed as well as possible.
 - Uncontrolled blood sugars before and after surgery also increase the risk of problems with your heart or blood vessels, impair wound healing, increase the risk of infection, and may keep you in the hospital longer.
 - If you are testing your blood sugar at home, remember to take your logbook of results with you to your Doctor appointment.
 - For specific instructions about how to adjust medications for diabetes at the time of surgery, see a Diabetes Educator here at RMH. (705 328-6091)
- ***After your surgery***
 - You will have pain. Your Surgeon will order different types of medications used in combination, including narcotics, anti-inflammatory medication, and acetaminophen.
 - If you have pain, make sure you ask for medicine.
 - Constipation may be a problem after surgery. You will be given medicine to help you have a bowel movement while in hospital.
 - At home, pain medicine and reduced activity may lead to constipation. Don't wait to deal with it. Your Pharmacist can advise you what treatment best suits you.
 - See the section on Nutrition (page 14, 15) for helpful tips to avoid constipation by adding fibre and water to your diet.





SMOKING AND SURGERY

- Smoking damages your lungs; if you are a smoker, you may have difficulty breathing while under anaesthetic.
- Smoking puts your heart at risk by reducing the amount of oxygen the blood can carry to your heart and vital organs.
- Smoking increases the risk of infection, slows recovery and increases the chance you will have to come back to the hospital because you are having problems at home.
- Stop as soon as you can—the further ahead of surgery, the more time you have for the lungs to heal and for toxins to leave your body.
- For helpful advice call Smoker's Helpline: 1-877-513-5333
- If you have coverage under the *Ontario Drug Benefit Program*, the “Pharmacy Smoking Cessation Program” is available to you, and includes an assessment, counselling, support, and, if required, medication to help you quit.



Ross Memorial Hospital is now a 100% smoke free property.

If you think you will need a nicotine replacement patch during your stay, please ask for one to be ordered.

PRE-SURGERY EXERCISES

Research supports patients exercising to improve strength and fitness before their surgery. Keep yourself as active as possible before your surgery. Do activities that put the least amount of stress on your painful joint; for example, exercise in a pool or walk short distances frequently throughout your day.

If you have not been physically active recently, you are advised to see your Doctor before beginning an exercise program.

The following exercises are similar to those you will be required to perform after your surgery to ensure a good recovery.

Equipment Needed at Home:

Rolled towels or a coffee can rolled in a towel. This is the “Roll”.

Sturdy chair with arms

Access to a countertop

Start with 3 repetitions of each exercise with each leg. Gradually increase until you can do 10 repetitions of each. Hold each position for 5 seconds. Start with 1 set of 10 repetitions per day, then increase to 2 sets of 10 repetitions per day, then increase up to 3 sets of 10 repetitions per day. After surgery, it is expected that you will do the exercises three times per day for many months as you recuperate.

The “involved leg” is the leg you are going to have surgery on.

Hip and Knee Flexion



Lie on your back and bend your involved hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed. Hold for 5 seconds. Slide your heel back down to the starting position. Keep your kneecap pointed up toward the ceiling during the exercise.

Straight Leg Raise



Lie on your back with your involved leg straight. Your other leg is bent so that your foot is on the bed. Tighten the thigh muscles of your involved leg, point your toes towards your nose and lift your leg up off the bed approximately 4-6 inches. Hold 5 seconds and slowly lower your leg back to the bed.

Quads Over Roll



Lie on your back with the “Roll” under the knee on your involved side. Straighten your knee. Hold for 5 seconds. Slowly lower your leg down. The back of your knee should stay in contact with the “Roll” throughout this exercise.

Quads Arc



Sit in a sturdy chair. Straighten your knee on the involved side as much as possible. Hold for 5 seconds. Slowly lower your leg down and relax.

Chair Push Up



Sit on a sturdy chair with arms. Grasp the arms of the chair. Push down on the chair arms, straightening your elbows so that you raise your buttocks off the seat of the chair. Hold for 5 seconds. Lower yourself slowly back into the chair.

If you are feeling strong and able to stand comfortably, try this next exercise.

Hamstring Curl



Holding a sturdy counter for safe support, bend your knee on the involved side, bringing your heel toward your buttocks. Hold for 5 seconds. Lower foot to ground.

NUTRITION

Good nutrition helps you recover from surgery and reduces the risk of infection. Important nutrients before and after surgery include:

Protein

Protein promotes healing after surgery.

Try to eat at least one protein food at every meal and snack. For example:

- 2-3 oz of beef, pork, chicken, turkey, fish or other meat
- 2 eggs
- $\frac{3}{4}$ cup of beans, lentils or split peas
- $\frac{3}{4}$ cup of tofu
- 2 tbsp of peanut butter or other nut butter
- $\frac{1}{4}$ cup of unsalted nuts
- 1 cup of milk or soy beverage
- 2 ounces of cheese
- $\frac{3}{4}$ cup of yogurt
- 1 tbsp of ground flaxseed

Make sure you have these foods at home before you have your surgery.

Fibre and Fluids

It is important to have a regular bowel habit before surgery because constipation can occur after surgery.

Fibre is found in grains, fruits, vegetables, beans, lentils, nuts and seeds.

It is important to increase your fluid intake at the same time as you increase your fibre intake.

Try to drink at least 8 glasses of water or other fluid every day. It may help to 'drink by the clock', for example drink 1 cup of water or diluted juice every hour during the day.

If you are going to take a fibre supplement (Metamucil, psyllium), be sure to take it first thing in the morning so you have a chance to drink enough fluid the rest of the day. Never take a fibre supplement before bed.

Your Dietitian will give you ideas to increase your fibre intake at PREP School.

Vitamin and Mineral Supplements

A basic “One A Day” type multivitamin and mineral supplement is recommended one month before and after surgery.

Single nutrient supplements that provide very large doses are not recommended or needed with the following exceptions:

- **Calcium** is important for strong bones. Adults need 2-3 servings of dairy products **daily**. Examples include milk (1 cup or 250 mL), yogurt (3/4 cup or 175 g) or cheese (2 ounces or 50 g) **daily**. If you do not meet this recommendation, talk to your Pharmacist, Doctor or Dietitian about a calcium supplement that is right for you.
- **Vitamin D** is also important for strong bones. Vitamin D is also found in milk, yogurt and cheese. All adults over 50 years of age should take a supplement with 400 IU of vitamin D. If you are not currently taking a vitamin D supplement and/or do not consume 2-3 servings of milk, yogurt or cheese daily, talk to your Pharmacist, Doctor or Dietitian about a supplement that is right for you.
- If you have a history of **anemia** (low **iron**), talk to your Pharmacist, Doctor or Dietitian about supplements.
- If you are a **smoker**, you have an increased need for **vitamin C**. Talk to your Pharmacist, Doctor or Dietitian about a supplement that is right for you.

Follow the Healthy Plate:

Portion size your plate for healthy meals:

- ½ plate vegetables
- ¼ plate starchy foods
- ¼ protein foods

Fruits and dairy (milk or yogurt) make great snacks and dessert.

Follow this method for lunch and supper. Breakfast is a bit different; try to choose foods from at least 2 of the groups.

This will be reviewed in more detail at “PREP School”. You will also be given information on easy-to-prepare meal ideas for after your surgery.

RESUMING DAILY ACTIVITIES **FOLLOWING SURGERY**

During your hospital stay, you may be seen by an Occupational Therapist (OT), who will help you increase or regain your independence with daily activities following your surgery. You will need to learn new ways of doing self-care, leisure and work activities. Your OT will teach you how to dress and bathe your lower body with special devices, as needed. You will also learn how to safely transfer to and from the bathtub/shower, toilet and car, using certain pieces of equipment.

ASSISTIVE DEVICES that may be recommended include:

- A Raised Toilet Seat (or Commode Chair)
- A Bathtub Transfer Bench or Shower Chair or Bath Board
- A Reacher
- A Long-handled Shoe Horn
- A Sock Aid
- A Long-handled Sponge
- Elastic Shoe Laces or Slip-on Shoes
- Wedge Cushion

You will be advised how to rent or purchase the required equipment. It will be your responsibility to obtain the recommended equipment in preparation for your return home.

You will need to have the following equipment available for the day you are discharged home from hospital:

- Mobility Device (Walker, Crutches etc.)
- Raised Toilet Seat / Commode Chair

Your OT will also discuss your home environment/layout and provide strategies for how to manage household tasks.

Please complete your “Home Checklist” in your brown surgical envelope and bring it with you to PREP school.



ANAESTHESIA

Anaesthetist

An Anaesthetist is a Doctor with specialized knowledge of illnesses, medications and treatment of serious medical problems. This Doctor gives you the medicine that will relax you and allow you to sleep during your surgery, if required. A member of the anesthetic team will stay with you and monitor you closely throughout your surgery. The Anaesthetist is also responsible for helping you manage your pain after the surgery. The Anaesthetist will discuss with you the type of anaesthesia you will be having with your surgery.

Types of Anaesthesia

1. General Anaesthetic

The anaesthetic will allow you to be asleep during the surgery. A breathing tube is placed in your mouth and throat to assist with your breathing. The tube is removed once the surgery is done. After surgery, you will be taken to the Post Anaesthetic Care unit, where you will wake up.

Possible Side Effects: nausea, drowsiness, mild sore throat.

2. Regional Anaesthetic (Spinal or Epidural)

Medication is injected in the spinal fluid below your spinal cord, freezing the nerves of your hips and legs. A small area on your lower back will be frozen. A very small needle is used to inject medication below your spinal cord (the needle is removed). You have the option of staying awake during surgery or having medication to put you to sleep. If you choose to stay awake, you will not see the surgery taking place, nor feel any pain.

Possible Side Effects: headache, backache.



12 WEEKS BEFORE YOUR SURGERY

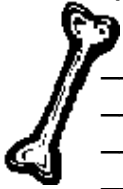
PREP SCHOOL

The PREP School will help you prepare for your surgery by determining what your individual needs are in relation to your surgery and your home to facilitate a seamless discharge from hospital.

Approximately 12 weeks before your surgery date, you and your Coach will attend our PREP School Class. During the Class you will be educated by various members of the healthcare team:

- Physiotherapist
- Occupational Therapist
- Dietitian
- Pharmacist
- Nurse

What questions would I like answered at the PREP School class?





You will need to bring your Coach and this book with you to PREP School!

2-3 WEEKS BEFORE SURGERY **PAT (PRE-ADMIT TESTING) CLINIC**

You will be contacted by our PAT (Pre-Admit Testing) Clinic with an appointment date and time.

While at this clinic you will be interviewed by a Registered Nurse. The Nurse will:

- check your blood pressure, heart rate and respirations
- review your medical history and past surgical history
- ask you about any allergies to medications or foods

Testing such as ECG, x-rays and blood tests may be performed.

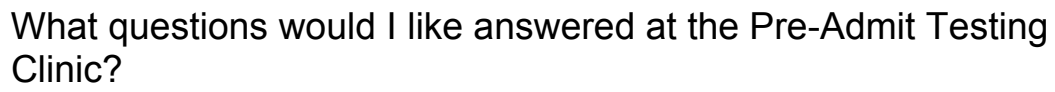
Please bring:

- reports from any Specialists that you have seen – i.e. a Respirologist, Cardiologist, Neurologist, Internist, sleep apnea studies or Hematologist
- all your prescribed and over-the-counter medications, including herbal medication and vitamins in their original containers
- your MedsCheck review

*You will be asked if you smoke or consume alcohol on a regular basis.
Please be honest, as this may affect your surgery and recovery time.*



**You will need to bring your Coach and this book with you
to the PAT Clinic!**

This is a template for a piece of lined paper. It features a series of evenly spaced horizontal lines across the page. In the top-left corner, there is a small, stylized illustration of a pencil pointing towards the right. The rest of the page is empty, providing space for writing or drawing.

1-2 WEEKS PRIOR TO SURGERY **ANAESTHESIA CLINIC**

You will meet with the Anaesthetist prior to your surgery. At this appointment, the Anaesthetist will assess you in relation to the risks associated with receiving anaesthesia.



What questions would I like answered when I meet with the Anaesthetist?



You will need to bring your Coach and this book with you to meet the Anaesthetist!

WHAT TO BRING

Items that you will need in the hospital:



- Slip-on walking shoes
- Loose fitting clothing/walking shorts
- Toothbrush and toothpaste
- Dentures, eyeglasses, hearing aids
- Hairbrush
- Electric razor
- DO NOT bring valuables, large sums of money or medications with you to the hospital; the hospital is not responsible for lost items.
- Dressing aids (shoe horn, reacher, sock aid)
- Be sure to label all of these devices with your name

Clothing and Belongings:

- Remove all jewellery, dentures, glasses, contact lenses, artificial body parts, clothing, nail polish and make-up before your surgery.
- Send all valuables home with your Coach.
- All other belongings will be taken to the 4th floor Surgical Unit where you will go after your surgery.



PRE-SURGERY PATIENT CHECKLIST

Have the following ready before your surgery!



1. Coach _____

2. Equipment

3. I know how to use my equipment (walker, dressing aids).

4. I have railings on my stairways.

5. _____ will bring me to the hospital.

6. _____ will take me home from the hospital.

7. I have practised the exercises.

8. I have packed my bag with the items outlined for my hospital stay.

9. I have prepared some meals for when I get home that are high in fibre and include protein.

10. _____ is my Coach and is available to assist and support me when I get home.

11. I have talked to my Doctor about my medications which may need to be stopped prior to surgery and which medications should be taken on the morning of surgery.

12. I have checked my insurance for coverage of equipment and outpatient physiotherapy, if needed.

13. I have completed a MedsCheck review with my community Pharmacist and followed up with my Doctor.

14. If I am using insulin or medications to control my diabetes, I have obtained specific instructions about dosage adjustments from my Diabetes Educator or Doctor.

Some medications must be stopped several days before surgery.

Your Doctor will tell you which medications to stop and when to stop taking them. Common medications stopped before surgery are:

- Warfarin (Coumadin, Taro-Warfarin)
- Acetylsalicylic acid (ASA, Aspirin, Entrophen)
- Clopidogrel (Plavix)
- Dabigatran (Pradax)
- Rivaroxaban (Xarelto)
- Ibuprofen (Motrin, Advil)
- Herbal medications.

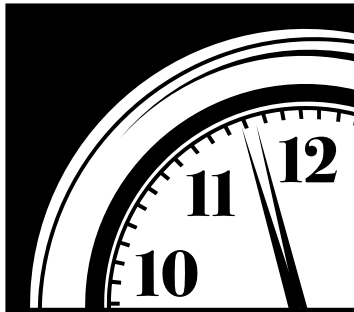
MEDICATIONS TO STOP BEFORE YOUR SURGERY:

_____	when _____
_____	when _____
_____	when _____
_____	when _____
_____	when _____



WHAT TO DO THE NIGHT BEFORE YOUR SURGERY

- Shower or bathe the night before or morning of your surgery using unscented soap.
- Shampoo your hair.
- Trim nails and remove finger and toe nail polish.
- Do not eat or drink anything after 12 midnight the night before your surgery. This includes water, gum or candy.



WHAT TO DO THE MORNING OF YOUR SURGERY

- Remove all jewellery and piercings.
- Leave all jewellery and valuables at home, as we can not accept responsibility for lost items.
- Do not wear make-up, cologne, perfume or lotion.
- Partial plates, dentures, contacts and hearing aids may be worn, but will be removed before going in for surgery.
- If you have sleep apnea, bring your apparatus with you to the hospital (i.e. your **CPAP machine**).
- If you have diabetes and own a blood glucose monitor, **test** your **blood sugar** before coming to hospital.

MEDICATION TO TAKE MORNING OF YOUR SURGERY (WITH A SIP OF WATER)

DAY OF SURGERY

Go to the Admitting Department at the Ross Memorial Hospital, located on the first floor.

Present your health card and receive your registration sheet.

You will be directed to the Day Surgery department where you will check-in with the Day Surgery Nurse.

The Nurse will do a brief interview, take your blood pressure, temperature, heart rate and breathing rate.

You will then be given a gown to change into and a plastic bag in which to place your belongings. These will be delivered to your room after your surgery.

You will lie on a stretcher and the Nurse will start an intravenous (IV) in your hand or arm. (This IV keeps you hydrated and allows the Nurse and Anaesthetist to give you medications).

Your knee will be cleaned and wrapped in a sterile towel.

Prior to going into the operating room, the Surgeon will come and speak with you and verify which knee is being operated on and mark it with a sterile marker. Take this time to ask any final questions.

Your Anaesthetist will talk with you and verify which anaesthetic you agreed upon when you spoke during your anaesthetic consultation.

The Operating Room Nurse will take you by stretcher into the operating room. You will move over to the operating table and the Nurse will attached you to a heart monitor, place a blood pressure cuff on your arm and place an oxygen mask over your mouth and nose.

Prior to giving you any medication, the Surgical Team will do a surgical safety checklist in which all team members that are involved in your surgery are present.

The following questions are asked:

- your name
- date of birth
- confirm any allergies
- state the procedure you are having done, and which side
- the Surgeon is then identified, and you will be asked if you have any questions

Your Anaesthetist will give you medication.

Your surgery will take approximately 1 ½ - 2 ½ hours.



AFTER YOUR SURGERY

You will wake up in the Post Anesthetic Care Unit (PACU) on a hospital bed where you will stay for a minimum of 1 hour. You will then be transferred to the Surgical Unit for your 2-3 day stay.

The Nurse will monitor your pain, blood pressure, temperature, pulse and respirations. The Nurse will also be checking the circulation to both your legs. Your legs will feel heavy and will be difficult to move following a spinal anesthetic. The sensation will gradually return to normal.

You may have a compression device on both your lower legs called “moonboots” which gently squeeze your calves and push the blood back up to your heart to help prevent formation of blood clots.

You may also have a drain tube with a small container attached to help blood and body fluids drain from your incision site.

Pain

After your surgery, you will be given pain medication. Good pain control allows you to: move about, get in and out of bed, walk and do exercises. A combination of medications will likely be used.

Your pain will be measured on a “pain scale” with 0 being no pain and a score of 10 being the worst pain ever (i.e. if your hand was crushed in a vise).

PAIN SCALE

no pain					worst pain ever					
0	1	2	3	4	5	6	7	8	9	10

Nausea and Vomiting

If you become nauseated or vomit after surgery, request a dose of anti-nausea medication from the Nurse.

Prevention of Blood Clots

Your Surgeon will order medications to help prevent the development of blood clots. This medication will be continued after discharge for 2 to 5 weeks.

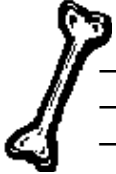
IN HOSPITAL CARE PLAN

	DAY ONE POST-OP	DAY TWO POST-OP	DISCHARGE
GETTING DRESSED 	Review dressing techniques with O.T.	Dress self independently	Dress self independently
NUTRITION 	Full Fluids (progress to regular diet)	Regular Diet	Regular Diet
HYGIENE 	Basin to wash with assistance	Wash self independently	Wash self independently
WOUND CARE 	Wound checked daily and dressing changed if needed	Ask questions about medications	Follow up arranged
PAIN CONTROL & MEDICATION 	Oral pain medications, stool softeners and blood thinners	Oral pain medications, stool softeners and blood thinners	Prescriptions to take home
ACTIVITY 	Sit at bedside, stand with help, Physiotherapy will assist with exercise and walking	Continue to exercise, practise stairs, up and about on your own with a mobility aid	Up and about on your own with mobility aid
DISCHARGE PLANNING 	Review discharge planning with Patient and Coach	Ask questions about your recovery at home	

DAY OF DISCHARGE

Make certain that your Coach is present when your Nurse and Therapist(s) review your discharge instructions to ask any final questions.

What questions do I want to ask?



If you are travelling a long distance:

- Plan to make frequent stops
- Bring extra pillows and ice packs
- Remember to take your pain medications before you leave the hospital
- Blood sugar monitor and treatment for low blood sugar
- Insulin and other medication
- Snacks



HOSPITAL DISCHARGE CHECKLIST

Make certain that you check all items before you go home:

- ☐ I have confirmed my ride home.
- ☐ I have had a bowel movement.
- ☐ I know how to take care of my incision.
- ☐ I know what my medications are supposed to do and when to take them.
- ☐ I have an exercise program to follow.
- ☐ I have a plan for healthy meals that include fibre and protein.
- ☐ I have all the equipment I need to perform my daily living activities.
- ☐ I have information about my follow up appointments with my Family Doctor and Surgeon.
- ☐ I know the signs that indicate I need immediate medical attention.
- ☐ I have signed and kept a copy of my discharge instructions.



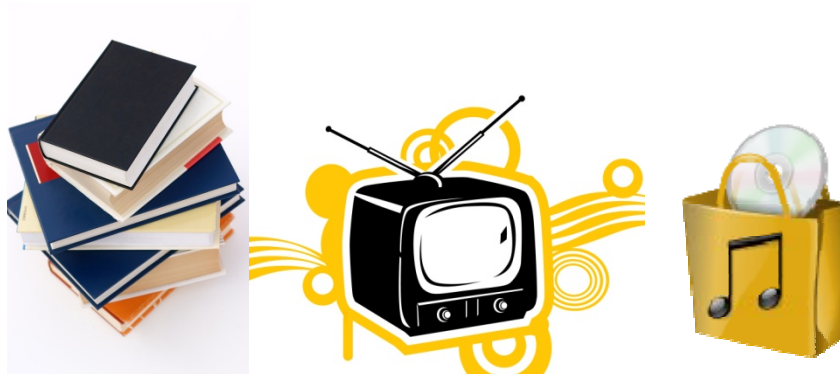
HOME

Pain Control At Home

The pain that you experience will gradually decrease over the next 6 months.

Here are some ways to manage your pain:

- Take your medications, especially before any physical activity or physiotherapy session. Take your pain medication **BEFORE** the pain is severe.
- Ice and elevation can reduce pain and inflammation. Place an ice pack in a towel and use on your joint as directed by your Physiotherapists.
- Try to relax – use the breathing exercises and relaxation techniques.
- Distract your self – watch TV, listen to music or read a book.
- Don't overdo it – pace yourself.
- Think positive – it will get better!



CONSTIPATION

Constipation can be a problem once you return home. Ways to prevent constipation include:

- Drink at least 8 glasses of water or other fluids a day. Drink 1 cup of fluids per hour.
- Eat foods high in fibre. Review the handout provided by your Dietitian at PREP School for ideas to prevent constipation.
- Move around as much as you can.
- Continue with your exercises.

If you are experiencing constipation, try some of these ideas to increase your fibre intake. Remember to make sure you increase your fluid intake at the same time!

- Psyllium fibre and ground flaxseed can be added to yogurt, applesauce or when making a smoothie or milk shake.
- Choose prune juice over other juices.
- Try this delicious spread on whole grain bread, crackers, ice cream or yogurt:
 - ½ cup pitted dates
 - 1 ¼ cup prune nectar
 - ½ cup dried figs
 - ¾ cup raisins
 - ½ cup pitted prunes

Simmer dates and prune nectar until dates are very soft. Put date mixture in a food processor or blender. Add figs, raisins and prunes. Blend to a smooth paste. Store in the refrigerator.

Be sure to have these foods on hand before your surgery so they are ready and waiting when you get home from the hospital.

**Constipation can be serious.
Ensure that you do not ignore any symptoms of constipation.**

CARE OF MY INCISION

It is important to keep your incision dry and covered until it is fully healed. Your sutures or staples will be removed 7 to 10 days after your surgery.

When bathing, keep your dressing on until after your shower then remove the wet dressing. Clean the incision and reapply a new dressing.

It is normal to have some redness and clear drainage from your incision for the first several days.

Do not touch or pick at the incision and keep the surrounding skin clean.

Signs of Infection

- Green, yellow or foul smelling drainage
- Increase in redness around your incision
- Increase in pain and or swelling of incision and surrounding area
- Temperature greater than 38°C (100°F)

When to see a Healthcare Provider

- Pain (not relieved by medication)
- Unusual swelling
- Excessive bleeding/drainage
- Temperature greater than 38°C (100°F)
- Unusual cough or shortness of breath
- Faintness or dizziness
- Leg (calf) tenderness or redness
- Signs of infection are present
- Nausea and vomiting
- Diarrhea or constipation
- High or low Blood sugar



***If there is any question about your care or if any unusual situation or concern develops, please call your Family Doctor.**

AFTER SURGERY EXERCISES

Now that you have had your surgery, it is time to get moving! You will be working with a Physiotherapist (PT) and a Physiotherapy Assistant (PTA) to improve your knee's flexibility and strength and to improve your walking and ability to climb stairs.



Deep Breathing and Coughing Exercises:

- This can be done either sitting up or lying down.
- Inhale deeply through your nose, keeping your shoulders relaxed.
- Hold 3 seconds and then exhale through your mouth.
- You will perform these exercises 10 times per hour while awake.
- After your 10 deep breaths, cough twice to clear any mucous.

Post-operative Swelling:

Swelling is a very common and often persistent problem following any kind of knee surgery. It occurs because you are not very active and tends to increase as the day goes on.

The most effective way to decrease swelling is to elevate your leg so that gravity assists the drainage of fluid. All you need is 2 or 3 extra pillows. You must lie flat on the bed/couch with at least 2 pillows under the affected leg (see diagram). It is important to make sure that the top pillow comes far enough under your knee to support it comfortably.

TIP – Spend 30 minutes after each exercise session resting on the bed with your leg elevated. You could put ice on your knee/hip at the same time, if needed for pain control. Ice packs should be used for 20 minutes at a time. Remember, do not place the ice pack directly on your skin; wrap it in a towel or pillow case.



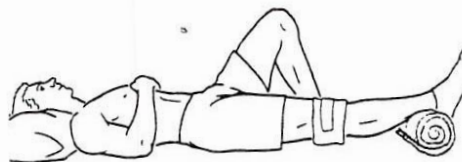
T Ankle Pumping



With both legs straight, gently flex and extend ankles to move feet up and down.

Repeat _____ times. Do _____ sessions per day.

Knee Extension



With both legs out straight, and a roll under your ankles, pull toes up, press knees down by tightening the muscle on the front of your thigh, straightening legs as much as possible. At the same time, squeeze buttocks. Hold for 5 seconds, then relax.

Repeat _____ times per set. Do _____ sets per session.
Do _____ sessions per day.

KNEE BENDING



Laying on your back, slowly slide heel along bed, and bend knee up. Hold at the top for 5 seconds, then slowly lower knee straight. Use towel under thigh to assist bending if necessary.

Repeat set _____ times. Do _____ sessions per day.

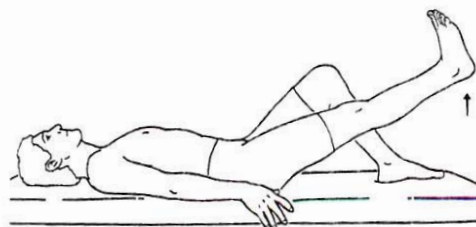
Terminal Knee Extension (Supine)



with knees over roll (juice can), straighten knee by tightening muscles on top of thigh. Keep bottom of knee on roll. Try to get knee as straight as possible. Hold for 5 seconds, then slowly lower.

Repeat _____ times per set. Do _____ sets per session.
Do _____ sessions per day.

Straight Leg Raise



Laying on your back, with opposite leg bent up, foot on bed, straighten affected knee, and lift straight leg off bed about 8 - 10 inches. Hold for 5 seconds, then slowly lower.

Repeat _____ times per set. Do _____ sets per session.
Do _____ sessions per day.

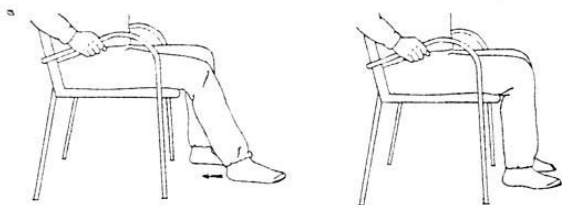
Long Arc Quad



Sitting on tall chair, or edge of bed, slowly straighten knee, lifting foot in front. Keep thigh on seat. Hold for 5 seconds, then slowly lower, allowing knee to bend.

Repeat _____ times. Do _____ sessions a day.

Range of Motion



Sitting on chair, or edge of bed, feet flat on floor, slowly slide foot of operated knee back until stretch is felt. Keep both hips flat on seat. Hold for 5 seconds, then slide foot forward.

Repeat _____ times. Do _____ sessions per day.

Knee Stretch

Cross legs at ankles.
With front leg, push other leg until stretch is felt. Hold for 5 seconds.
Relax. Let operated leg relax to feel stretch.



Repeat set _____ times.
Do _____ sessions per day.

STAIRS

The Physiotherapy staff will instruct you how to go up and go down stairs.
It is advised that you use the railing and likely a mobility aid, such as a cane, when on the stairs.

Remember: The GOOD go UP, the BAD go DOWN.

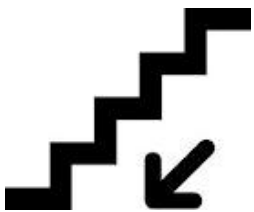
Going UP Stairs:



Order of Steps:

1. Non-operated leg
2. Operated leg
3. Mobility aid

Going DOWN Stairs:



Order of Steps:

1. Mobility Aid
2. Operated leg
3. Non-operated leg

Need to Know for Knees

AVOID keeping your knee in one position too long as it will stiffen. Do not place a pillow under your operated knee, causing it too bend when lying down.

AVOID SQUATTING as it may increase discomfort in your knee. Low furniture, steep stairs or sitting in bottom of the tub may be difficult to access.

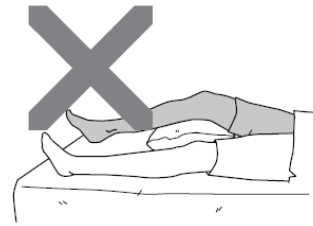
AVOID KNEELING as it may be uncomfortable. It may be difficult to get up / down from a kneeling position independently.

AVOID CLIMBING a lot of stairs. If possible, take an elevator or escalator. At home, think ahead and try to save the number of trips up and down.

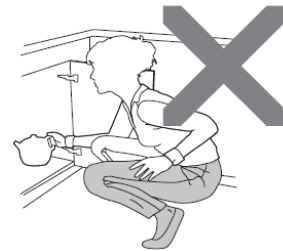
AVOID LIFTING any thing heavy, or pushing heavy objects. Talk to your Doctor before returning to strenuous work.

AVOID PIVOTING OR TWISTING on your operated leg. Take small steps to turn when vacuuming or sweeping.

AVOID performing activities that require sudden stopping and starting or contact sports (tennis, skiing, running, jumping, hockey, football). Swimming, walking and stationary biking are good activities to resume once you heal or as directed by your Surgeon.



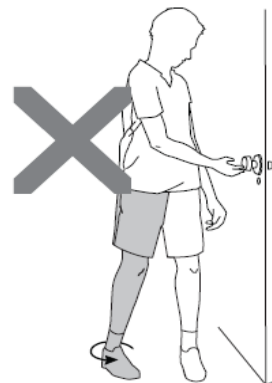
AVOID putting pillow under operated knee



AVOID squatting



AVOID kneeling



AVOID twisting at the knee

Caring for Your New Knee in Day-To-Day Activities

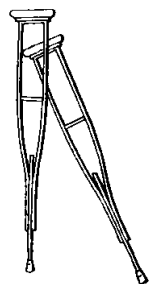
Here are some tips for performing day-to-day activities safely, while protecting your knee. These are some examples of walking aids that you will be using during your recovery.



A 2 wheeled walker is typically used for the first 2 weeks after surgery.



A 4 wheeled walker is typically used weeks 3-4 after surgery.



Crutches maybe an option for you to use on stairs or for everyday walking.

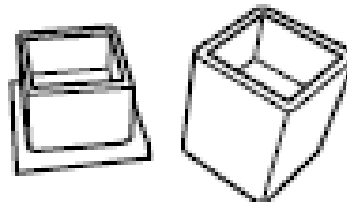
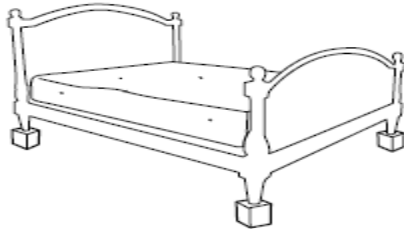


A cane is typically used weeks 5-6 after surgery.

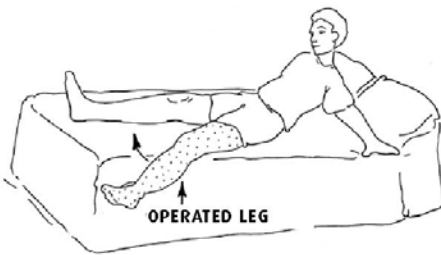
Your Physiotherapist will tell you what walking aids you need as you progress.

GETTING IN AND OUT OF BED

- Use a firm mattress. If your bed is low, have it raised on blocks.
- Have a night light lamp nearby so that you do not have to stretch or twist to turn lamp off or on.
- Arrange your commonly used items so that they are on top or in top drawer of night stand.



Bed Blocks



Getting out of bed

- Move to your operated side, keeping your legs apart.
- Slide your operated leg over the edge of the bed.
- As the operated leg slides out of bed, push through your hands and raise your trunk upright.

Getting into bed

- Sit at the edge of the bed, (turn slightly facing the foot of the bed) and place your non-operated leg up on the bed.
- Slide your buttocks back onto the bed.
- Raise your operated leg onto the bed as you lower your trunk with your arms at the same time.

GETTING INTO AND OUT OF A CHAIR

- The best chair for you is a high, firm chair with armrests.
- A dining room chair is an example of a good chair.
- Avoid “lazy boy” type chairs and other recliner chairs, as it may be difficult to lower the footrest pushing down with the operated leg.
- A cushion could be used to ensure that the chair is high enough to get on and off.
- If you have a favourite chair that is too low, you may want to raise your chair with blocks.

Getting into a chair

- Back up until you feel the chair with the back of your legs.
- Place operated leg slightly forward with your knee bent and your foot flat on the floor.
- Grasp the armrests and bend your knees
- Lower yourself gently into the chair.

Getting out of a chair

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



PUTTING ON / TAKING OFF PANTS

You may need to use a reacher for putting on and taking off pants and undergarments, as your knee may be stiff and swollen.

Putting on Pants

- Sit down.
- Dress the operated leg first.
- Use the reacher to grab the waistband of the pants.
- Lower pants to feet, and guide the waistband over your feet, threading feet through pant legs, then up your legs.
- Stand with the walker in front of you to pull your pants up the rest of the way.

Taking Pants Off

- Unfasten your pants and push garments down.
- Sit down.
- Use reacher to push garments the rest of the way over feet.
- Use reacher to pick garments up off floor.



Reacher



PUTTING ON AND TAKING OFF SOCKS

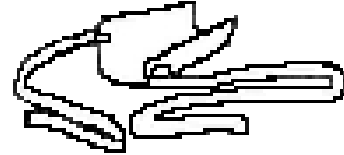
You may need to use a sock aid for putting socks on and a long handled shoe horn for taking them off, as your knee maybe stiff and swollen.

Putting on Socks

- Sit down
- Slide sock onto sock aid (Be sure the heel of the sock is on the curved side of sock aid).
- Hold the string and drop the sock aid to the floor.
- Slide your foot into the sock as you would with a shoe.
- Pull firmly on strings, while pointing toes downward.
- Keep pulling until sock is on your foot and sock aid has come out of your sock.

Taking Socks Off

- Place long handled shoe horn inside sock behind the heel.
- Push with shoe horn until sock is off.
- Pick sock up using reacher.



Sock Aid



Shoe Horn



PUTTING ON AND TAKING OFF SHOES

You may need to use a reacher and long handled shoe horn for putting on and taking off shoes, as your knee may be stiff and swollen.

Wear sturdy slip-on shoes or shoes with velcro closures or insert elastic shoe laces into sturdy, laced shoes.

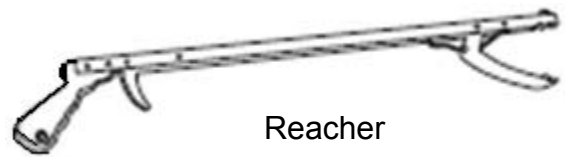
DO NOT wear high-heeled shoes or shoes without backs.

Putting on Shoes

- Sit down
- Use reacher to pick up shoe from floor.
- Place shoe onto foot using reacher.
- Switch reacher for long handled shoe horn.
- Place the shoe horn inside shoe against the back of the heel. The curve of the shoehorn should line up with the curve of the shoe heel.
- Slide your heel down shoe horn and into the shoe.

Taking Shoes Off

- Place the shoe horn inside shoe against the back of the heel.
- Push on shoe horn to slide shoe off foot.
- Place shoes with reacher out of walking pathway.



Reacher

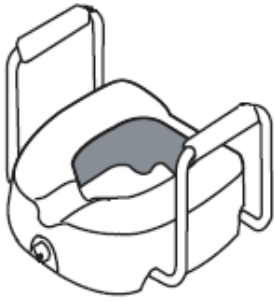


Shoe Horn



GETTING ON AND OFF THE TOILET

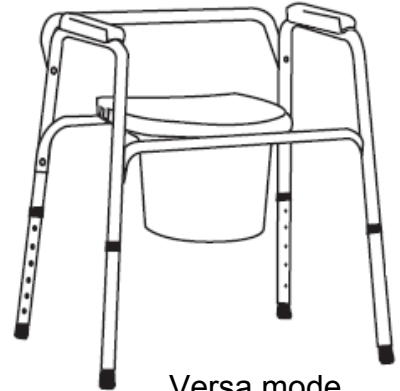
Most toilets are low, making it difficult to get up. A versa mode or raised toilet seat may be used to elevate the sitting surface height.



Raised toilet seat with arms



Raised toilet seat



Versa mode

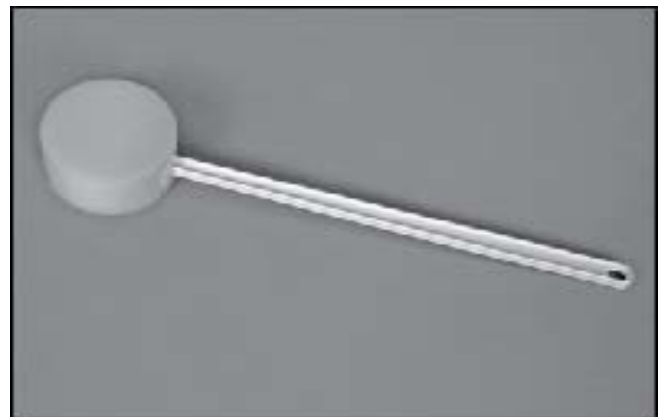
- Back up until you can feel the toilet with the back of your legs.
- Place operated leg slightly forward with your knee bent and your foot flat on the floor.
- Grasp the armrests and bend your knees.
- Lower yourself gently onto the toilet.
- To stand up, reverse the procedure.



Getting In / Out of the Tub / Shower Stall

The Occupational Therapist will meet with you to determine the appropriate equipment for bathing as it depends on whether you use the tub or a shower stall.

- **AVOID** getting down into the bottom of the tub for at least 3 months as you may find it difficult to kneel or squat.
- If you use the tub to shower, you may need a tub transfer seat that has two legs inside the tub and two legs outside. You will sit on this bench from outside of the tub and swing your legs in.
- You may need a grab bar to steady yourself while getting in and out.
- **DO NOT** pull or lean heavily on towel rods, soap dish holders, shower curtain rods, or anything else that could be pulled off the wall.
- Use a long handled sponge to wash your feet if you cannot bend far enough to reach them.



GETTING IN / OUT OF A CAR

Consult with your Physician before you resume driving. Generally, a minimum of six weeks is required before returning to driving.

- Most car seats are too low to safely sit on, so place a cushion on the car seat.



- Push the seat back as far as it can go.
- Lower yourself slowly to sit down.
- Still facing the car door, slide back over the seat until your bottom is near the middle console / driver's seat.
- Move your legs into the car without twisting the knee.



CARING FOR YOUR NEW KNEE DURING HOMEMAKING ACTIVITIES

Remember the “Need to Know for Knees”:

AVOID twisting, kneeling, lifting, squatting, climbing.

DO NOT do heavy housework such as vacuuming, mopping the floor, cleaning windows, mowing grass, heavy garbage removal or shoveling.

DO take frequent rest breaks, elevate and apply ice to your operated knee.

If possible, have a family member or your Coach help you. If you must do the housework independently, speak to your Occupational Therapist to help you modify the way these tasks are done.

Here are some tips:

Kitchen

- Reorganize cupboards and refrigerator so that items you use often are within easy reach and you’re not forced to squat or over reach.
- Slide items along the counter; do not attempt to carry items with one hand while using walker.
- Use a wheeled tea wagon, trolley cart or a wheeled office chair to transport items as you walk behind with your walker.
- You may wish to purchase a wire walker basket to attach to the walker to carry light items.
- When using a 4 wheeled walker, use the seat or basket to transport items.
- Keep reacher handy (attach to walker) to pick up light items that are out of reach.
- Use shortcuts such as frozen meals (purchased or prepared before surgery), Meals on Wheels, microwave or toaster oven, pre-cut or frozen veggies.

Laundry

- Do smaller loads of laundry, more frequently.
- You can use your reacher to assist with loading and unloading clothing from the washer and dryer. You may also find it helpful to sit on a chair, when loading / unloading front load machines.

Pet Care

- Use reacher to pick and set down your pet's food and water bowls.
- Keep pet food stored at or above waist level.
- Arrange for friends / family to change cat litter or walk your dog.

Shopping

- Groceries can be ordered for delivery from many stores (a small fee may be charged).
- Ask family / friends to do your shopping for you.
- Shop for less but more frequently.

Sexual Activity

- You may return to sexual activity when it is comfortable to do so. If you have any questions, talk to your Physician.

Returning to Work

- When you return to work depends on the type of work you do. Most people do not return to work until at least 6-8 weeks after a knee replacement. You may return earlier if your job is sedentary in nature i.e. computer work.
- Make sure you bring along your assistive devices (raised toilet seat,

wedge and reacher).

- You may need to speak with your employer about modifying your work area and duties to protect your new knee.

Airport Metal Detectors

- Your new knee may set off metal detectors, such as those in airports.
- Let the security officer know that you have a knee replacement.
- A hand-held wand can be passed over the area to confirm.
- If you have any concerns, ask your Physician for a letter or card stating you have a knee replacement.

TIPS TO AVOID FALLS

- Avoid going outside in bad weather if possible.
- When walking outdoors, avoid poorly maintained sidewalks, dark streets and ice surfaces. Try to walk with a partner.
- In winter, wear boots with a good gripping sole.
- When you no longer need a walker, use a cane with an ice pick tip when walking on snow or ice.
- Remove floor mats around the house. Pathways should be cleared of cords, wires, and clutter.
- Make sure your home is well lit. Use a night light or motion light if you get up during the night.
- Have a handrail on all stairways.
- Always wear sturdy shoes with non-slip soles that give your feet and ankles firm support.
- Never rush to answer the telephone. An answering machine or a cordless phone can be helpful.
- Do not carry too much in your arms – use a home delivery or a push cart.
- Minimize the use of medications which increase the risk of falls.
- Be sure you are having enough to eat, especially protein foods (meat) that are high in iron to keep you strong.
- Monitor your Blood sugar regularly to avoid lows and highs which can make you dizzy.



GENERAL INFORMATION

Visiting hours

- 11:00 a.m. to 1:00 p.m.
- 5:00 p.m. to 8:00 p.m.

Please clean your hands

To protect yourself, the people at RMH, and those you love at home, reduce your risk of infection by washing your hands well and often. Hand washing is the single most important way to prevent the spread of germs.

Parking

Hospital parking revenues are applied directly to the operation of the hospital and therefore, help the Ross Memorial Hospital to provide patient care services.

If you need coins for either the metered parking spaces or to exit the parking lot, change machines are located in the Emergency department, in the main lobby adjacent to the Cashier's office, and in the main hallway opposite the Admitting department.

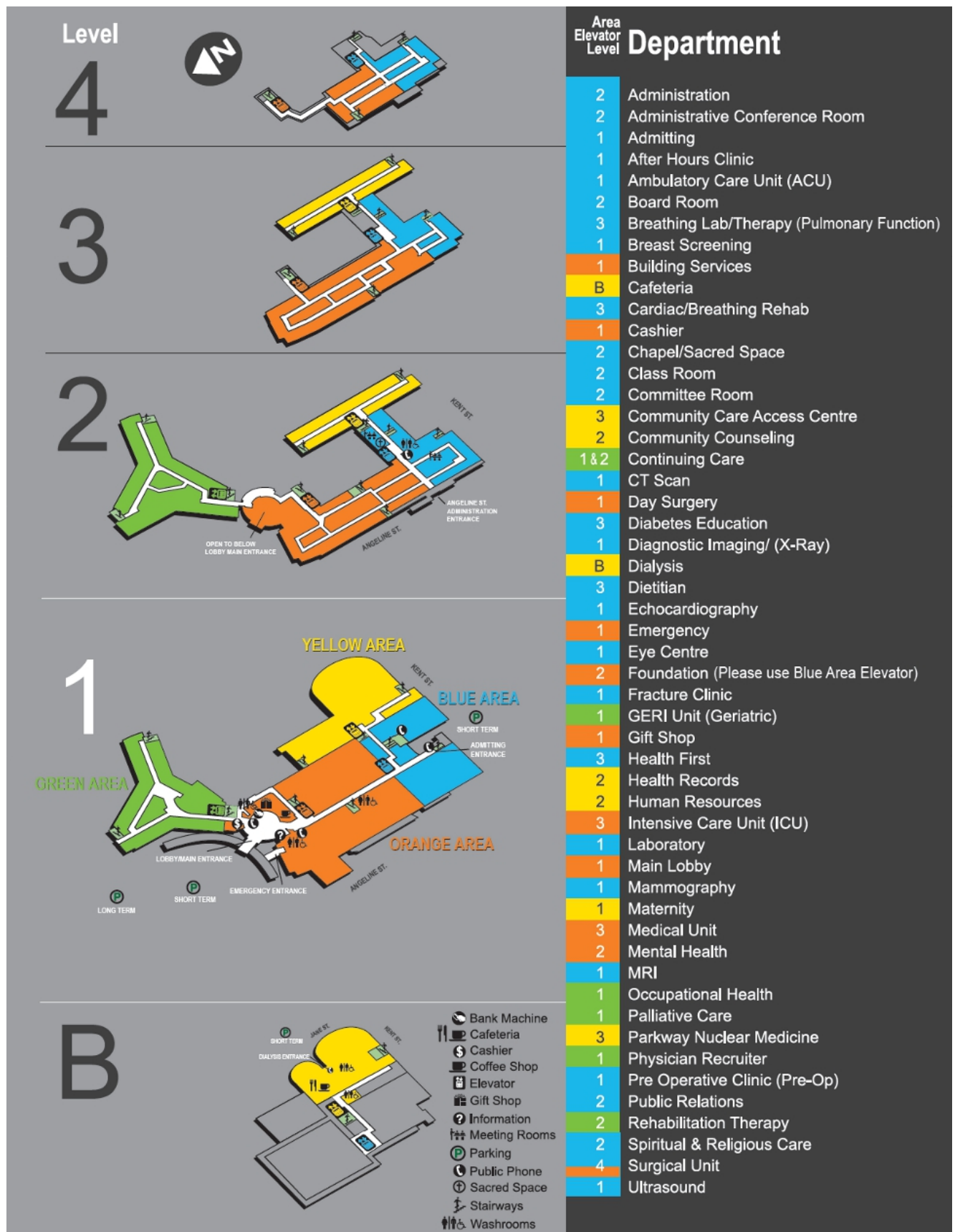
The circular lot in front of the new main entrance is dedicated to short-term parking and individuals are required to purchase a ticket from the pay-and-display machine. The validation ticket must be displayed on the dashboard of your vehicle. Validation tickets are purchased on an hourly rate and are monitored on a 24-hour basis.

Hospital Cafeteria

The Cafeteria is located on the basement floor, beside the Dialysis Unit, accessible by taking the yellow or blue elevator to the basement level. Each day, the Nutrition Services team offers a variety of hot and cold meals, a fresh salad bar, and deli counter, soup, desserts and take-out products. The cafeteria's servery is open 7:30am to 3:00pm.

Reflections Café and Gift Shop

The Reflections Café is located in the main lobby. Hours of operation are Monday to Friday 7:00 a.m. to 7:00 p.m., and Saturday & Sunday 11:00 a.m. to 3:00 p.m.



GLOSSARY OF HOSPITAL TERMS

Anaesthesia: Partial or complete loss of feeling during which patient may or may not be asleep.

Anaesthetic: Medication usually given by injection, IV (intravenous tube or small needle) or inhalation to block any sensation of pain or discomfort. General anaesthetics are frequently administered during surgery. A local anaesthetic may be injected into and around a specific operative area. Local anesthetic greatly diminishes trauma to nerves in and around the operative site during surgery, therefore dramatically lessening post-operative pain.

Anesthesiologist: A specialized physician who calculates and administers a predetermined amount of anaesthetic depending on specific data relative to the patient and his/her operative procedure. This doctor is present throughout surgery to make certain your body is constantly functioning properly.

Anti-Embolism Reduction Devices:

a) Elastic Support Stockings (TED Hose): Stockings which stimulate blood flow in the legs and help reduce blood clots following surgery; these are worn by both men and women.

b) Moon Boots: Automated devices designed to pump the blood from the foot and lower leg to help circulation and reduce the possibility of blood clots.

Bladder Catheter: A small tube inserted into the bladder to drain urine.

ECG or EKG (Electrocardiogram): A graphic recording of the heart's activities.

Incision: A precision cut made in the body during an operation.

Injection: A needle or a “shot” of medication.

IV (Intravenous): A thin needle or tube placed in a blood vein to transport liquids, medicine and nutrients into the body during and following surgery.

NPO: An abbreviation for the Latin term, *nil per os*, meaning “nothing by mouth”, including food, drink, chewing gum, tobacco or other substances.

Occupational Therapist: The role of an Occupational Therapist is to work with clients to help them achieve a fulfilled and satisfied state in life through the use of "purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain or restore the highest possible level of independence”.

OR (Operating Room): The specially equipped room where surgery is performed.

PACU (Post Anaesthesia Care Unit): An area outfitted with special equipment and monitored by post-anaesthesia trained staff to assist patients as they wake up after surgery.

Pre-Op (Pre-Operative): Before surgery.

Post-Op (Post-Operative): After surgery.

PRN: An abbreviation for the Latin term, *pro re na'ta*, meaning “according to the circumstances.” For example, pain medicine is given PRN, or when it is needed.

PCA (Patient Controlled Analgesia): Gives you control over any pain you may experience. By pushing a button, you will receive a very small dose of pain medication through your IV.

Recovery Room: Same as PACU.

Shave and Prep: The pre-op special cleansing (sterilization) or removing of hair around the operative area. Hair may be removed by shaving or using hair remover cream.

Surgeon: A doctor specially trained to perform surgery.

Vital Signs: Temperature, pulse, blood pressure and breathing rate.

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GTA Rehab Network website.

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Saskatchewan Ministry of Health (December 2010) Total Knee Replacement.

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Kawartha Lakes

RMH FM# 1797 PREP School Knee Replacement Surgery (October, 2012)