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# My Guide to Total Knee Replacement

## A new knee.... A new beginning

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### DISCLAIMER:

- ❖ This information is given only as a guide and does not replace medical advice from your doctor. You should seek the advice of your doctor if you have any questions about your health, physical, or mental condition.

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## A new knee, a new beginning.....

This booklet will tell you what to expect before and after your surgery, and how to prepare for going home. Please bring this booklet to all of your appointments and to your surgery.

## Why do you need a knee replacement?

You may need a knee replacement to:

- Lessen your pain
- Improve the movement of your knee; and/or
- Make your knee more stable

Your surgeon can tell you more about why a knee replacement is right for you.

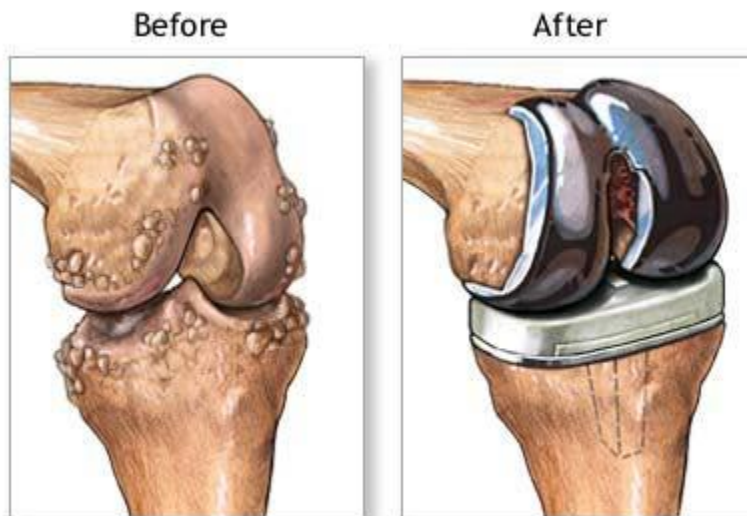


## What is a knee replacement?

Your old knee joint will be replaced with a new joint made of metal and plastic. This is called a knee replacement or knee arthroplasty. One part of the new joint goes over the thigh bone and the other part attaches to the shin bone. Your new knee may be attached with screws.

The new parts will make your knee move smoothly again. You and your surgeon will discuss which options are best for you.

A knee replacement surgery usually takes about 2 hours. Your anesthesiologist (doctor who gives you medication to manage your pain and awareness during surgery) will talk with you about the type of medications you will receive.



 ADAM.

# Your Checklist

Your surgery is just one part of a bigger process. For your surgery to be successful, there are things that you can and should do to be ready. Here is your checklist:

- I am aware that I will go home **2-3 days** after surgery before 10 am.
- I have made plans for safe travel home and to my appointments. See page 12 to track your appointments.
- I have practiced getting in and out of my car safely and know how to do this after my surgery. See page 27 for details.
- I have made arrangements for my pets, bill payments, and mail and newspaper deliveries for the time I will be in hospital. I have arranged to have some help for when I go home (for example; with grocery shopping, meal preparation, house cleaning, laundry etc.).
- I've made a back-up plan just in case I can't manage at home (for example; family or a friend will stay with me, I will stay with a family member or friend, or in a retirement home).
- I have made my house safe. See page 13 for more information.
- I have made a list of people I can call when I get home in case there's an emergency.
- If you live outside the Waterloo-Wellington Region: I have spoken with my local CCAC or other care providers to learn about the services that might help me.
- I have the equipment recommended by my surgeon or health care professionals to support my safety and recovery. See the checklist on page 34 for more information.
- I have made sure that my legal documents, including will and Power of Attorney documents are up to date.

## Your appointments before surgery

You and your surgeon have made the decision to go ahead with your knee replacement. So, now that your surgery date is booked, what's next?

Over the next while, you will be booked for several appointments with your surgeon's office and at the hospital. You will find out about these appointments by phone or through the mail.

*It is important that you bring this booklet with you to all your appointments! If possible, bring the person who will be helping you after surgery too.*

You can keep track of all your appointments on page 12. The types of appointments you have will depend on where your surgery will happen but here are some examples:

- Have your blood checked:** this will tell us if we'll need to help you strengthen your blood levels before your surgery.
- Wellness check-up:** you may meet with an internist (a type of doctor) who will check your health before your surgery.
- Learn about medication options:** you may meet with an anesthesiologist (the doctor who will put you to sleep or give you a spinal freezing for your operation) to discuss what medications are available.
- Have an x-ray:** you may have an x-ray taken before you go to the pre-op clinic.
- Go to an education class:** the Total Joint Education Class is between one to two hours. All patients are asked to attend to learn about:
  - The surgery, hospital stay, and going home;
  - What you should bring with you to the hospital;
  - How to control pain;
  - Moving around after surgery;
  - What equipment you might need and where to find it;

- Care after leaving the hospital;
- Physiotherapy for your new knee; and
- How to protect your knee after surgery.

□ **Attend a pre-op clinic:** at the pre-op clinic you may see:

- A nurse who will take your medical history and get your chart ready for when you arrive to have your surgery;
- A nurse or a lab technician for blood work;
- A nurse or a pharmacist who will review the medications you're taking;
- An anesthesiologist who will discuss your options for pain control; and/or
- A therapist or therapy assistant who will provide education on your knee replacement

**More information about the pre-op clinic:**

- You may eat and drink normally before the clinic and take your usual medications.
- Wear loose fitting clothing, no body lotion or perfume.
- Bring this booklet with you.
- Bring a list of the medications you are currently taking, or bring your medications in their original containers including herbal or natural supplements.
- Bring a copy of your living will or advanced directives if you have completed this.
- You will review your discharge arrangements with a nurse.
- Bring a book and a snack - your appointment may take up to four hours.

# Getting the most out of your surgery

There are many ways you can prepare for your surgery to make it as smooth as possible.

## **Decrease your stress and anxiety**

- Ask questions – we are here to help. You can write your questions on page 39 of this book and bring it with you to all of your appointments.
- Talk to your family and friends about your concerns.
- Make a list of things that you need to do to be ready.
- Think about your feelings, lifestyle and habits, and make changes to speed your recovery.

## **Smoking and Alcohol**

- If you smoke, try to quit now!
  - Smoking slows healing and makes it harder for your body to recover.
  - If you do smoke, we will offer you nicotine replacement therapy while you're in the hospital, free of charge.
  - Please note there is no smoking allowed on hospital property.
- Please provide a truthful description of your alcohol intake.
  - Try to decrease your use of alcohol before your surgery. It can affect your recovery.



## **Weight**

- A healthy weight will speed up your recovery and is easier on your joints.

## **Nutrition**

- Eating healthy foods that are high in protein, calcium, fiber and iron helps you heal.
- Follow Canada's Food Guide: [www.healthcanada.gc.ca/foodguide](http://www.healthcanada.gc.ca/foodguide)



## **Exercise**

- Building muscle strength before surgery will give you more energy and it will help with your recovery after surgery.
  - You can start months before your surgery. Talk to your doctor about a safe exercise program for you.
  - Page 31 shows some examples of exercises you can do before your surgery.
  - You can also try the YMCA, a community gym or pool, physiotherapy, hydrotherapy and/or daily walks.

*If movement hurts, speak with your physiotherapist or doctor about less painful ways to be active.*

## **Showering/washing before surgery**

- Do not remove hair from the area of your body where the surgery will take place for one week before your surgery. Removing hair can damage skin which can increase your risk of infection.
- We recommend that you use an antibacterial soap the evening before and the morning of your surgery.

## **Eating and drinking before surgery**

- Eat a healthy snack at bedtime the night before your surgery but do not eat anything after midnight.
- Drink 500 mL's or 2 cups of apple or cranberry juice at:
  - 5 am if your surgery is before 12 noon.
  - 8 am if your surgery is at 12 noon or later
- If you are diabetic, you will be given eating/drinking instructions at your pre-surgical visit

## **Medications**

- We will let you know at the pre-op clinic which medications you can take on the day of your surgery.
- If you are diabetic, do not take your diabetic medications on the day of your surgery unless your surgeon or anesthesiologist tells you to.
- If you take a diuretic (a fluid or water pill) do not take it on the morning of surgery.
- Do not take any herbal medications for one week before your surgery.

**You can take the following medications on the morning of surgery** (to be filled out at your pre-op clinic visit):

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You must **stop taking the following medications** before your surgery (to be filled out at your pre-op clinic visit):

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## **Jewelry and Makeup**

- **All** jewelry, piercings, nail polish, make-up and false nails (including any body ornaments; religious or cultural items, barbells, captive bead rings, tongue rings etc.) must be removed before you arrive for surgery. If this is not done, your surgery could be cancelled.
- If you can't remove your jewelry yourself you must go to a jeweler and have it removed before your surgery.
  - Wearing jewelry during surgery can:
    - Result in burns from surgery equipment;
    - Loss of circulation (fingers and toes);



- A risk of swallowing or suffocation;
- Loss of jewelry or precious stones; and/or
- Infections and contamination.

### **Valuables**

- Leave jewelry, money, valuables and credit cards at home.
- Label all of your belongings with your name including denture cups and hearing aid containers.

### **Special Instructions**

If you have a document that names someone to speak on your behalf should you be unable to do so, or have a living will or an advance directive, please let us know when you come to the hospital.

### **Privacy**

- It's very important that you choose one responsible family member or friend to be your information contact person.
- You may be given a privacy card when you arrive with a four-digit privacy code. Staff will not give out any information about you over the phone, unless the caller can provide this number.
- When you arrive, we will tell you more about how we protect your privacy. If you would like more information about this, please let us know.

### **What to bring with you**

Bring a small overnight bag with the following:

- This booklet.
- 1 light housecoat.
- 1 pair of comfortable shoes, sandals, or supportive slippers that are easy to slip on (your feet may swell after surgery). No flip flops!



- ❑ 1 set of comfortable clothes to go home in.
- ❑ Loose fitting underwear and socks.
- ❑ Toiletries: brush, comb, toothbrush etc.
- ❑ Medications from home **if you were advised to bring them during your pre-op visit.**
- ❑ CPAP machine if you use one at home.
- ❑ Ear plugs for noise if you are a light sleeper.

**Please DO NOT bring:**

- Large sums of money, jewelry
- Perfume, cologne, aftershave, or any other scented products



*"The knees are the first thing to go."*

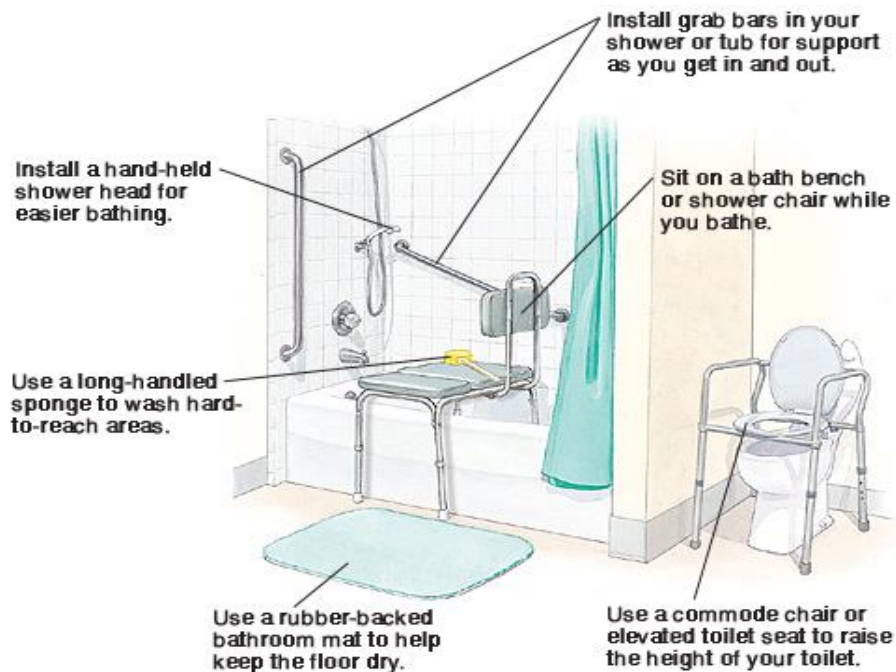
## Your Appointments and Checklist

|   |            |                         |           |
|---|------------|-------------------------|-----------|
| <b>Date of my surgery:</b>  |            | <b>Time of surgery:</b> |           |
| <b>Surgeon:</b>   |            | <b>Hospital:</b>        |           |
| <b>6-8 weeks before surgery you may need to:</b>  |            |                         |           |
| <input type="checkbox"/> Attend a joint education class   |            | Date/time:              |           |
| <input type="checkbox"/> Start taking iron supplements  |            | Date:                   |           |
| <b>2-4 weeks before surgery you may need to:</b>  |            |                         |           |
| <input type="checkbox"/> Go to the pre-op clinic  |            | Date/time:              |           |
| <input type="checkbox"/> Have any other tests needed  |            | Date/time:              |           |
| <b>1 week before surgery</b>  |            |                         |           |
| Stop taking Plavix, Aspirin, Motrin, Ibuprofen, Aleve, and any other prescription anti-inflammatories, <b>except</b> Celebrex, as instructed at your pre-op clinic visit.   |            | Date:                   |           |
| <b>1 day before surgery</b>   |            |                         |           |
| <input type="checkbox"/> Shower with a scent-free, antibacterial soap<br><input type="checkbox"/> Eat a healthy snack at bedtime<br><input type="checkbox"/> Avoid smoking and alcohol<br><input type="checkbox"/> Stop eating at midnight<br><input type="checkbox"/> Drink 500 mL's or 2 cups of apple or cranberry juice at: <ul style="list-style-type: none"> <li>○ 5 am if your surgery is before 12 noon.</li> <li>○ 8 am if your surgery is at 12 noon or later.</li> </ul> <input type="checkbox"/> If you are diabetic, follow the eating/drinking instructions you were given in your pre-surgical visit |            |                         |           |
| <b>ARRIVE AT THE HOSPITAL 2 HOURS BEFORE YOUR SURGERY</b>   |            |                         |           |
| Follow up appointment with my surgeon   | Date/time: | Location:               |           |
| Physiotherapy appointment after leaving hospital  | Date/time: | Name:                   | Location: |

# Preparing Your Home

Now that you're prepared for surgery, let's make sure your home is ready so that you can recover safely and quickly. Here are some useful tips.

- Move anything that you use often so that they are located between hip and shoulder level. This will mean that you're not lifting and bending often while you recover.
- Make sure that your home is well lit and free of clutter – especially hallways, stairs and bathrooms.
- Move furniture and other items to create a path wide enough for a walker (30 inches) – just in case.
- Remove any electrical or telephone cords from any pathways. They could trip you!
- Remove any small area rugs and tape down the edges of larger rugs. They can also trip you!
- Make sure your toilet seat is at the right height. You might need a raised toilet seat!
- Install grab bars by your toilet and/or bathtub and measure your bathroom to see if it's big enough for a walker.
- Put a non-skid rubber mat and/or bath tub bench in the tub so that you don't slip while you're in the shower.
- Purchase a long-handled bath sponge to clean your feet without having to bend over.
- Put a nightlight in your bathroom.
- Keep all commonly used toiletries in one area (between hip and shoulder level!) so that everything you need can be reached easily.



**Chairs:** While you recover, you should only sit in armchairs. You will need the arms to help you sit down and stand up safely. Make sure you have one chair with a strong seat (not too low), a firm backrest and sturdy arms. Avoid chairs that recline, rock, roll or glide.

**Bed:** Your bed should be 18 inches high or higher. This will help your hips to stay above your knees when you sit on the edge. If it's too low, you may need to raise it by having someone place it on sturdy blocks.

**Personal Support:** Arrange for a family member or friend to drive you to and from the hospital. You will also need to arrange for help with chores and/or running errands for the first few weeks that you're recovering at home.

**Transportation:** You won't be able to drive for a while after the operation so ask a family member or friend to drive you to any follow-up appointments.

**Meals and Housework:** Before your surgery, stock up on toiletries, basic and frozen foods and/or cook and freeze casseroles. You'll want to make sure that you don't have to shop and cook for at least 6 weeks after your operation. Ask family or friends to help by shopping and cooking for you while you recover or look into getting help through other services (for example: Meals on Wheels).

**Daily Activities:** You will be able to use a walker by the time you leave the hospital, but you'll still need some help to change bed linens, do laundry, shop, take out the garbage and prepare meals.

**Shoes:** It's very important that you wear a pair of supportive shoes that you can easily slip on your feet without bending over to secure them. The shoes should have flat-soles made of rubber to prevent you from falling, (no flip-flops).





# Your Hospital Stay

## Surgery day

You will arrive for surgery, well prepared and ready to go!

- Bathe and remove any jewelry, make-up and nail polish as instructed in your pre-op clinic visit, or read the section “getting the most out of surgery” starting on page 7.
- Take your medications as you were instructed in your pre-op clinic visit or read the section “getting the most out of surgery” starting on page 7.
- If you have a CPAP machine, you must bring it with you to the hospital on the day of your surgery.
- Do not eat after midnight before your surgery. You may drink 500 mLs (2 cups) of apple or cranberry juice at:
  - 5 am if your surgery is before 12 noon, then **nothing** more; or
  - 8 am if your surgery is at 12 noon or later, then **nothing** more.
- If you are diabetic, follow the instructions given to you in your pre-surgical appointment
- Report to the hospital’s day surgery unit two hours before your surgery or as instructed in your pre-op visit.
- Only bring what you need—dentures, glasses and hearing aids. Leave all valuables at home. Leave your suitcase in the car and your visitors can bring it to your room when they come to see you.

## Preventing infections

- Hand washing is the best way to prevent the spread of illness and infection. Wash your hands often and thoroughly.
- Ask your caregivers if they have washed their hands before they touch you.
- Encourage your visitors to wash or sanitize their hands too!

# What to Expect After Surgery

After surgery, you will go to the recovery room where you will need to lie on your back. You may have a bulky dressing or a splint on your leg. A nurse will check your blood pressure, pulse, and IV often. You will have oxygen prongs in your nose to help your breathing. You may need to have x-rays and blood taken after your surgery.

Each day, you will be able to move around more to prepare you for going home. You may be up to use the washroom with the help of your nurse. Your therapist will teach you how to move, and will help you get in and out of bed. Below are examples of what you will be able to do each day to get you on the road to recovery.

## **Day 1 after surgery**

- You are up for a short walk with help and will perform ankle exercises every hour you're awake.
- A therapist will teach you exercises to strengthen and move your new knee.
- You may be up to the washroom with help from your nurse.
- Your knee movement and the amount of weight you can put on your leg will be determined by your therapist.
- You are up for meals if possible with help.
- You are practicing deep breathing and coughing every hour.
- You will start a blood thinner.

**Tell your nurse if you have pain, nausea or itching and do not get out of bed on your own, please use the call bell and ask for assistance.**

## **Day 2 after surgery**

- You are using the washroom on your own now.
- You are up at least twice to walk in the hallway with assistance and are reviewing your exercises.
- You are up and having all of your meals in a chair.
- A therapist may show you how to safely bathe, dress and use the washroom.

- You may practice stairs today.
- You are practicing deep breathing and coughing every two hours.
- You may need a stool softener and a laxative until you have a bowel movement – don't hesitate to ask your nurse.
- Your dressing should be changed.
- You might go home today.

**Tell your nurse if you need pain medication. Staff from Community Care Access Centre (CCAC, also known as “home care”) will come in to see and assess you IF you are not going directly to an outpatient physiotherapy clinic.**

### **Day 3 after surgery**

- You are likely going home today and you should be up and moving on your own.
- We will review with you how you should use stairs if we didn't already do so.
- You are still practicing your deep breathing and coughing every four hours.
- Your bandages will be changed if needed.
- CCAC will set up and confirm the services you will receive when you go home.

**Tell your nurse if you need pain medication. Your nurse will tell you how important it is to keep a high fiber diet and stool softener/laxatives at home.**

### **Follow up after surgery**

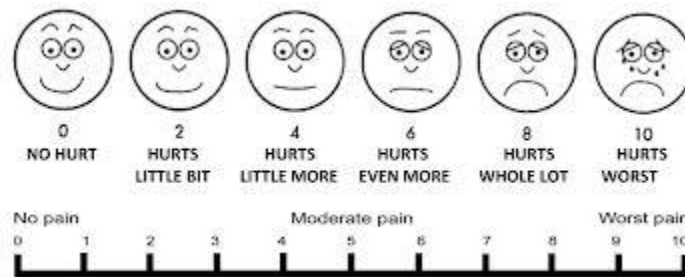
- We will let you know when your follow up appointment is before you go home (and write it in the appointment section of this booklet on page 12).
- You may want to bring a snack and an activity with you to your follow up appointment because sometimes there's a wait.
- There's limited seating so please bring no more than one person with you.

## Managing pain after your surgery

Pain is normal after surgery, so plan on taking pain medication and be sure to tell your nurse if you're in pain. It will be important for you to describe your pain on a scale of 0-10, 0 = "no pain" and 10 = "the worst pain possible".

Don't let pain interfere with your daily activities. Take your pain medication before participating in activities and take them regularly to avoid intense episodes of pain.

It is very rare to become addicted to the pain medication. Controlling your pain is good because you will be able to get up out of bed, and do your therapy. Being active early after surgery will prevent scar tissue from forming and reduce the risk of other issues.



You will be given pain medication in one or both of the following ways:

- Patient controlled analgesia (PCA) pump and/or
- Pills (you can start these when you're feeling well)

## Managing your pain at home

You can expect to experience pain or discomfort for six to eight weeks after your surgery. These tips will help you manage your pain well and avoid long-term discomfort.

## **Pain medications:**

Tylenol 3 and Percocet both help to relieve mild to moderate pain. Take one to two tablet(s) every 4-6 hours as needed. Since both of these medications already have acetaminophen in them, don't take any additional over-the-counter acetaminophen/Tylenol.

You should continue taking the pain medications that your doctor prescribed until your pain is managed. Once the pain starts to decrease, you can start to cut back on your pain medications.

### **Take your pain medication before any of these activities:**

- Leg exercises;
- Therapy sessions;
- Getting up to walk or into a chair; and/or
- Going for an x-ray.

### **Side effects:**

Pain medications may make you drowsy which can increase your risk of falling. Pain medication can also cause constipation and/or upset stomach. To help with this:

- Eat more fiber and drink lots of fluids;
- Be more active;
- Take a stool softener or laxative;
- Take pain medication with food;
- Ask your family doctor about medications to relieve upset stomach; and
- If you experience intense stomach pain, contact your doctor right away.

### **Other forms of pain relief:**

Ice can help to reduce pain and swelling and so can balancing activity with some rest.

**Contact your physician right away if you experience:**

- Fever, increasing redness, swelling, and/or warmth at your surgical site (signs of infection);
- Lots of bleeding or foul smelling drainage from your incision;
- Nausea or vomiting that you can't control;
- Dizziness (avoid activities requiring concentration);
- Sudden increase in pain not related to activity; and/or
- Signs of a blood clot (unusual redness, pain, swelling anywhere in either leg)



# Risks and Complications

Any surgery has some risks. Below, we've listed some of the complications that can come from a knee replacement surgery.

## **Confusion:**

Some people who are taking pain medication after surgery experience confusion. If you have a history of being confused while in the hospital, tell your surgeon or doctor.

## **Nausea:**

You may have an upset stomach or nausea after surgery because of the pain medication. If you don't feel well, tell your nurse.

## **Skin:**

Lying in bed puts pressure on your skin which can lead to sores. If you have burning, redness or pain on your skin, tell your nurse or therapist. The best way to avoid these problems is to change positions often and not lay in bed for long periods of time.

## **Weakness:**

You may feel tired and dizzy when you get out of bed after surgery. **DO NOT** get out of bed on your own until your therapist or nurse tells you it's ok.

## **Lung Problems:**

After you have your surgery, you won't be as active as you usually are. We're going to remind you to perform deep breathing and coughing exercises to prevent mucous from settling in your lungs.

## **Blood Loss:**

We are going to do everything we can to control any blood loss. Taking your iron supplement as instructed will help you recover more quickly from blood loss. Some patients need a blood transfusion. If you have any issues with blood transfusions, please tell your surgeon before your surgery.

### **Blood Clots:**

Your risk of developing a blood clot goes up after surgery for at least two months—possibly longer. All patients who have had a knee replacement are given drugs called ‘anti-coagulants’ which will make your blood thinner and less likely to clot. It is very important to do ankle pumping exercises and get up and move as much as you can after surgery to prevent blood clots. Legs are the most common spot for blood clots. If you have any redness, swelling, warmth, or pain anywhere in either leg, tell us right away.

### **Infection after surgery:**

With any surgery, infection is possible but a knee replacement increases your chance of infection around the new joint. While you’re in hospital, we’ll give you antibiotic drugs to kill harmful bacteria and your care team will be careful to check and clean your incision.

We will also look for other signs that there’s an infection; rise in temperature, redness, drainage or swelling at the incision, cough, pain when you’re breathing, or cough with sputum. If you notice any of these signs, let us know right away.

**From now on, you will always need to let your doctors and dentists know that you have a new knee.** The doctor or dentist may give you antibiotics before any procedure.

### **Constipation:**

Pain medications and being inactive can often cause constipation. We’ll give you stool softeners and laxatives to help. If you have trouble moving your bowels after surgery, let your nurse know.

### **Urinary problems:**

You may have trouble urinating or passing water after surgery. It’s important to drink lots of fluids to prevent these problems. If you cannot urinate, are urinating often, or have burning, let your nurse know.



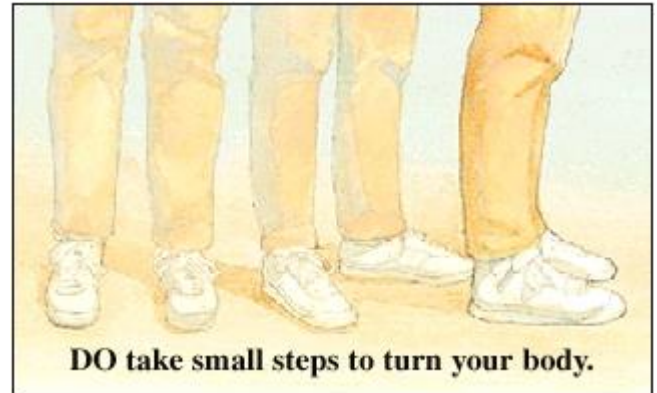
# Tips to care for your new knee

## Moving around:

We want to make sure you know the right moves and avoid the wrong ones to keep your knee healthy. Here are some tips that can help you.

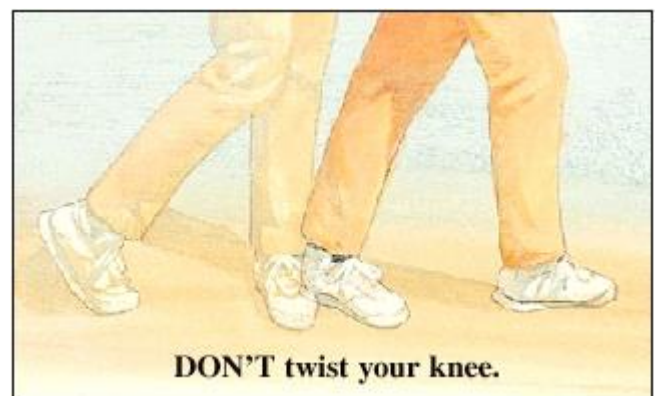
### **Do's**

- ✓ Start bending and straightening your knee right away after surgery. Do it gently at first, but keep doing it. It will be hard work!
- ✓ Sit on firm chairs with arm rests if possible.
- ✓ Continue to exercise and walk every day.
- ✓ Take activities slowly and rest when you need to.



### **Don'ts**

- ✗ Don't place a pillow under your knee causing it to bend when lying down. This can cause stiffness, making it harder to straighten your leg.
- ✗ Don't do high impact activities such as jumping. This could loosen your new knee joint. Talk about specific activity questions with your surgeon.
- ✗ Do not lift objects that are more than 50 pounds

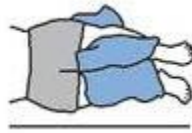


## **Moving around after surgery**

Practicing how you will move around after surgery will make you more comfortable and confident. Remember that changing your position often after surgery will prevent stiffness and promote healing and strength.

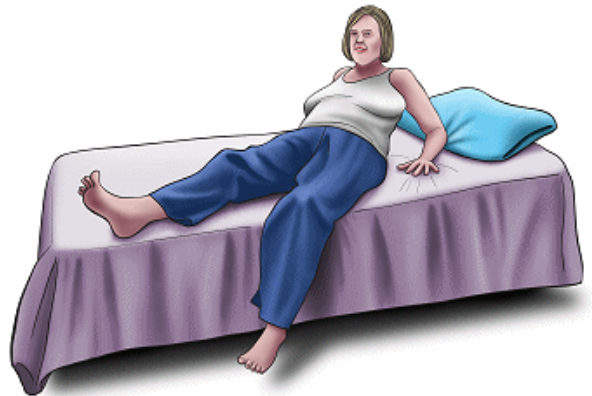
### **Lying in Bed**

Lie on your back with your knee straight. Do not put a pillow under your knee. You can lie on the side on the leg that was not operated on and place a pillow between your legs for comfort.



### **Getting in and out of bed:**

1. Move to the edge of the bed, keeping your knees apart.
2. Push up with your elbows and hands.
3. Slide your legs over the edge of the bed to sit up.
4. Move to the edge of the bed.
5. Bend your good leg under you to get ready to hold your weight
6. Slide the foot of your operated leg forward.
7. Push yourself up with your hands to stand up.
8. Once you have your balance, use your walking aid.



## **Standing Up From a Chair:**

Be sure to choose high, firm chairs with arms. Ask your therapist about using your recliner chair or a footstool.

1. Move forward, to the edge of the chair.
2. Bend your good leg under you to get ready to hold your body weight.
3. Slide the foot of your operated leg forward.
4. Push yourself up with your hands to stand up.
5. Once you have your balance, use your walking aid.



## **Sitting Down In a Chair:**

1. Back up to the edge of the chair (you should feel it against the back of your legs).
2. Feel the edge of your chair with your hands.
3. Slide your operated leg forward.
4. Hold the armrests and slowly, gently lower yourself to a sitting position.



## **Walking:**

1. Move the walker first.
2. Then, move the operated leg forward.
3. Push down with your hands to support yourself when you step forward with your non-operated leg.
4. Do not pivot (turn) on your operated leg. Instead, pick up your feet and turn using lots of small steps.
5. Land on your heel and push off with your toes.



## **Getting In and Out of a Car:**

1. Have a friend or family member move the seat back as far as it will go.
2. Put a garbage bag on the seat to allow for easier turning.
3. Roll the car window down so that you can hold onto the car door when sitting.
4. Turn your back to the car and sit down on the seat.
5. Slowly slide back on the seat while keeping your operated leg straight. Do not lean forward.
6. Turn your body as you bring your legs back into the car, continuing to lean back.
7. Bring one leg into the car at a time.
8. Reverse these instructions to get out of the car.



## Going Up Stairs:

1.



2.



3.



1. Use a handrail if available to climb stairs with a crutch or cane in the other hand.
2. Lead with your non-operated leg, then your operated leg.
3. Finally, bring up your crutch or cane.

## Going Down Stairs:

1.



2.



3.



1. Use a hand rail if available to go down stairs with a crutch or cane in the other hand.
2. Lead with your crutch or cane, followed by your operated leg.
3. Finally, bring your non-operated leg down.

## **Using the toilet:**

Most toilets will be too low for you to sit on. You may need to use a raised toilet seat or commode chair in the hospital and at home.

You might also need arms around the toilet to help you sit down and get back up. These can be grab bars on the wall, arms attached to the raised toilet seat, or a separate device.



## **Dressing yourself:**

Equipment such as elastic shoelaces, sock aid, long handled shoe horn, and reachers will all help you to get dressed.

Choose clothing that fits loosely (for example a jogging suit) and lightweight supportive shoes with a non-slip sole that you can easily slide on.

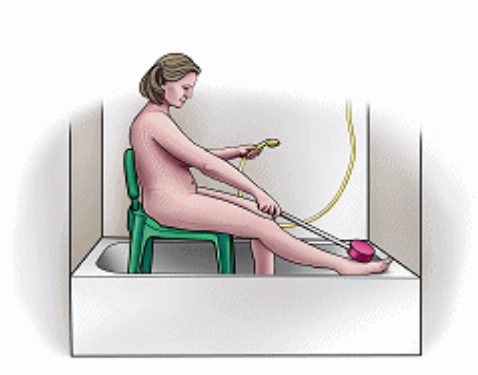
When you're getting dressed:

1. Sit on the side of your bed or in a high, firm chair with a straight back and arms.
2. Have your clothes, shoes and equipment near you.
3. Always use a reacher to get items off the floor.
4. Dress your operated leg first, and undress it last.



## **Washing and Bathing:**

1. If you're not yet able to shower, you can try taking a sponge bath at your sink.
2. Once you're able to shower, use a high shower chair/stool in a walk-in shower. A grab-bar will also help you to keep your balance as you get in and out.
3. Shower while sitting over the tub on a tub transfer bench.
4. You can use a long handled sponge to wash your legs and feet, or a caregiver can help with this.



***Your doctor will let you know when you're able to start showering.***

# Exercising!

Here are some strengthening exercises you can do before and after your surgery:

1.



Pump each of your ankles up and down. Complete 10 repetitions every hour.

2.



With your surgery leg straight, tighten your thigh and push your knee down into the bed. Hold for 5 seconds, then relax. Complete 5 to 10 repetitions, three times a day.

3.



Squeeze buttocks as tightly as possible, hold for 5 seconds then relax. Complete 5 to 10 repetitions, three times a day.



4.



Slide your foot along the bed toward your bottom, bending your knee as far as you can. Hold for 3 seconds and slowly lower. Complete 5 to 10 repetitions, three times a day.

5.



Place a firm support under your knee. Lift your heel off the bed until your knee is straight, keeping your knee on the roll. Hold for 5 seconds, then lower your leg. Complete 5 to 10 times, 3 times a day.

6.



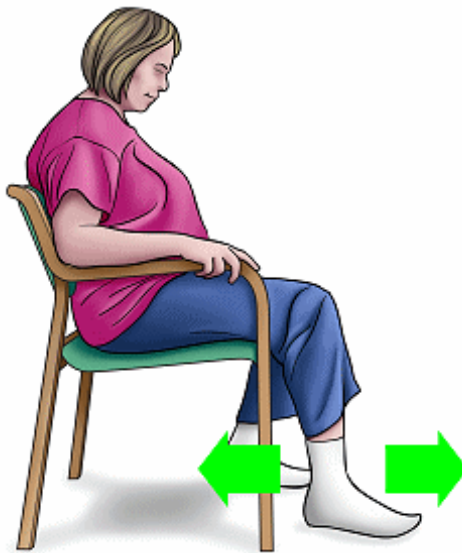
Bend your non-operated leg for support. Slowly lift your operated leg off the bed keeping it as straight as possible while squeezing the muscles on top of the thigh. Hold 3 seconds, then slowly lower. Complete 5 to 10 repetitions, three times a day.

7.



Press the back of your thigh into the chair while lifting your foot off the floor to straighten your leg. Hold 3 to 5 seconds, then let your foot down. Complete 5 to 10 repetitions, three times a day.

8.



Slide your foot back underneath you as far as you can. Do not lift your bottom or hip off the chair. Hold 3 to 5 seconds, then rest. Complete 5 to 10 repetitions, three times a day.

## Recommended Equipment List

We will let you know which of these items you will need to rent or buy:

- Two wheeled walker (Height: \_\_\_\_\_)
- Standard walker (Height: \_\_\_\_\_)
- Rollator walker (Height: \_\_\_\_\_)
- Cane (Height: \_\_\_\_\_)
- Crutches (Height: \_\_\_\_\_)
- Raised toilet seat
- Commode chair
- Versaframe
- Long hand held sponge
- Long hand held reacher
- Blocks to raise your bed or furniture if it is too low
- Shoes with a non-slip sole & easy to slide on

Make sure you have this equipment ready for when you leave the hospital. You will need your walking aids so you can walk from the car into your home.

## Important Phone Numbers

### Cambridge Memorial Hospital:

Day Surgery: 519-621-2330 Ext. 2205  
Pre Surgical Clinic: 519-621-2330 Ext. 2205

### Grand River Hospital:

Day Surgery: 519-749-4300 Ext. 2646  
Pre Surgical Clinic: 519-749-4300 Ext. 2123

### Guelph General Hospital:

Day Surgery: 519-837-6440 Ext. 2244  
Pre Surgical Clinic: 519-837-6440 Ext. 2751

### CCAC KW/Cambridge

519-748-2222

### CCAC Guelph

519-823-2550

### Community Support Connections:

(519) 772-8787

### Eat Right Ontario:

1-877-510-5102

### Other \_\_\_\_\_

Your orthopedic surgeon is Dr. \_\_\_\_\_

## Other resources

### The Arthritis Society

[www.myjointreplacement.ca](http://www.myjointreplacement.ca)

<http://www.arthritis.ca/on>

### Canadian Orthopedic

### Foundation

<http://www.canorth.org/>

### Cambridge Memorial

### Hospital

[www.cmh.org](http://www.cmh.org)

### Grand River Hospital

[www.grhosp.on.ca](http://www.grhosp.on.ca)

### Guelph General Hospital

[www.gghorg.ca](http://www.gghorg.ca)

### Community Care Access

### Centre

[www.wwww.ccac-ont.ca](http://www.wwww.ccac-ont.ca)

# Frequently Asked Questions

## **1. What are the major risks of this surgery?**

Any surgery has some risks. Some possible complications can include blood clots, infection and constipation. The information on page 22 has more information about this, or you can speak with your doctor.

## **2. How long is the surgery?**

The surgery will last between 1 and 2 hours. Right after your surgery you will go to the post anesthetic care unit for 1 to 2 hours where we'll keep a close eye on you. After that, you will be moved to an inpatient bed where you will begin your recovery and therapy.

## **3. Will I be awake during the surgery?**

You and your anesthesiologist will discuss the pain medications that will work best for you. If you are awake during the surgery, we normally give you medication that will put you into a light, dreamlike state and allow you to feel relaxed.

## **4. Will I be in a lot of pain after surgery?**

It is normal to have some pain and discomfort after surgery. The information on page 19 has more information about this.

## **5. What will my scar be like?**

Your scar may have some numbness around it after it heals. This is normal and usually disappears over time.

## **6. Will I notice anything different about my knee?**

It can take up to a year for your knee to heal and become strong. You can expect pain, especially around the front of your knee. It is common to have some clicking in your knee. Try not to take part in any extreme positions and high impact activities.

## **7. Will I need a blood transfusion after surgery?**

The need for a transfusion after surgery is becoming less common. Take your iron supplement as you are instructed - this will reduce the chance that you will need one.

**8. How long will I be confined to bed?**

You will be in bed on the day of surgery and should not get out of bed on your own. You will have a call bell that you can use to request help. Your therapist will work with you to learn healthy knee movements and the amount of weight you can put on your leg. Your level of movement will increase each day under the guidance of your therapist.

**9. What equipment will I need?**

Your therapist will help you make a list of the equipment you will need. Page 34 has a list of equipment people who are recovering from a knee replacement commonly need.

**10. Will I need physiotherapy when I go home?**

Yes, you will. Most people access physiotherapy from a community clinic where the physiotherapist sets up an exercise program especially for you.

**11. After I leave the hospital when will I see my surgeon again?**

Before you leave you will be given two follow up appointment dates for two and six weeks after your surgery (see page 12 for a list of your appointments).

It is important to know that the hospital's fracture clinic is very busy. We do our best to see our patients at the time their appointments are booked but sometimes, there is a wait. It's a good idea to bring a book or activity with you and limit family members to one because there is limited waiting space.

**12. When can I drive again?**

Your surgeon will let you know when it is safe to drive again, usually about six weeks after your surgery. There are a few things we have to look at; which leg you had surgery on, whether you are driving a car with an automatic or standard transmission. You should not drive while you are taking prescription pain medication.

**13. When can I go back to work?**

Your surgeon will tell you when you can return to work. People who have had a knee replacement need to take anywhere from one month to six weeks away from work. The length of time you are away depends on the type of work you do and how physical your job is.

**14. When can I resume having sexual activity?**

You will need some time to regain your strength and to gain confidence in your new knee. Incisions, muscles and ligaments are usually healed well enough in four to six weeks. Most people feel able to engage in sexual activity, both mentally and physically by this time but talk to your surgeon if you have any questions.

**15. Will my medications affect my ability to engage in sexual activity?**

Some medications can impact performance and/or enjoyment during sexual activity. Some of the common side effects of pain relievers and cortisone medications are a lowered interest in sex, vaginal dryness, abnormal erections and delayed orgasms.

If you are experiencing any of these side effects, try having sex in the morning before your first dose or in the evening before your last dose. Do not adjust or stop taking your prescribed medicine without talking to your surgeon first.

**16. Are there any activities I shouldn't do?**

It's important to keep your new joint moving but return to your normal activities slowly. Start out slowly and work your way up. We will tell you to avoid certain positions of the joint so that you don't put stress on it and you should not participate in high impact activities like long distance running, tennis, downhill skiing. If you have any questions, talk with your surgeon.

**17. Will my new knee joint set off the metal detector at the airport?**

It depends on the type of metal detector but it's likely. Let staff at the airport know that you have a metal implant, and where it is in your body. They may screen you with a metal detecting wand.

**Your questions and notes:**

Please read this booklet carefully before your first appointment. You can write down any questions or concerns you may have on this page.

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