

# Total Knee Replacement



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## Introduction

Together with your Surgeon, you have decided that a total knee replacement is necessary to decrease your pain and increase your function. This booklet will provide you with information on how to prepare for your surgery and what to expect throughout your recovery and rehabilitation period.

The health care team has put together a Clinical Pathway, which will act as a guide, so that you will know what will happen on a day-to-day basis. This Clinical Pathway is on pages 3-4 of this booklet. Your surgeon, with the help of the health care team, will determine how long you will need to be in the hospital. This will typically be from 1-2 days.

Please be sure to keep and read this information, as the team members will refer to these instructions throughout your stay.

## The Team

A number of health care professionals may be involved in your care. The following is a list and brief description of their roles.

**Nurses** will coordinate your care needs, assist you with your day-to-day care, explain how your pain will be managed, and help you to get ready to go home.

**Physiotherapists (PT)** will help you gain strength and movement in your operated leg. You will be taught exercises and how to get back to walking in a normal manner using

equipment, such as a walker, as needed. In addition,

**Occupational Therapists (OT)** will help you get back to doing activities that you need to do on a daily basis. They may show you different types of equipment to use for these activities and/or provide you with information on community resources that you can access.

**Discharge Planners/ Social Workers** will be able to help you in planning for leaving the hospital and help with contacting other services or organizations.

**The Community Care Hospital Coordinator** will set up in-home visits with health professionals only if needed. Most patients will be required to access out-patient services.

**Care Partner/Coach/Buddy** is usually a family member or close friend who will be taught to assist you with recovery and rehabilitation. They should attend the pre-admission visits with the nurse and rehabilitation staff and be available to help with exercises and other tasks for about one to three weeks after discharge from hospital.

**Your role**, before and after surgery, is to prepare your home for discharge, arrange for supports for discharge, learn and do the exercises, practice with your equipment and let the team know how you are progressing.

## Pre-admission & Acute Care Stay

	<b>Pre-admission Clinic and Rehabilitation</b>	<b>Day of Surgery (Day 0)</b>	<b>Postoperative (Post Op) Day 1</b>
<b>Consults</b>	<ul style="list-style-type: none"> <li>Anesthetist</li> <li>Physiotherapist</li> <li>Nurse</li> </ul>		<ul style="list-style-type: none"> <li>Physiotherapy</li> <li>Occupational Therapist (if needed)</li> </ul>
<b>Tests</b>	<ul style="list-style-type: none"> <li>Lab Tests</li> <li>ECG (if needed)</li> <li>X-ray of hips</li> </ul>	<ul style="list-style-type: none"> <li>As needed</li> </ul>	<ul style="list-style-type: none"> <li>Lab Tests</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>Review the medications that you are presently taking</li> </ul>	<ul style="list-style-type: none"> <li>Intravenous (IV) started</li> <li>Antibiotics</li> <li>Pain and nausea medication</li> <li>Blood thinner to prevent clots</li> <li>Patient specific medication</li> </ul>	<ul style="list-style-type: none"> <li>IV</li> <li>Antibiotic</li> <li>Pain and nausea medication</li> <li>Blood thinner</li> <li>Laxative</li> <li>Patient specific medication</li> </ul>
<b>Treatments</b>	<ul style="list-style-type: none"> <li>Chlorhexidine Gluconate or anti-bacterial soap skin prep the night before and morning of surgery. See page 10 for details</li> </ul>	<ul style="list-style-type: none"> <li>Wound and dressing care</li> </ul>	<ul style="list-style-type: none"> <li>Removal of drain if present. Wound care and dressing change if needed.</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>Learn and practice pre-op exercises and walking with walker or crutches (refer to pages in booklet)</li> </ul>	<ul style="list-style-type: none"> <li>Deep breathing and coughing exercises as instructed in pre-op class</li> <li>Postop exercises as instructed in the pre-op class</li> <li>Up in the evening with help as needed</li> </ul>	<ul style="list-style-type: none"> <li>Up in chair</li> <li>Walking with walker with assistance</li> <li>Deep breathing and coughing exercises</li> <li>Post op exercises</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>High fibre diet recommended</li> </ul>	<ul style="list-style-type: none"> <li>Nothing by mouth before surgery</li> <li>Clear fluids after surgery</li> </ul>	<ul style="list-style-type: none"> <li>Diet as tolerated</li> <li>High fibre diet recommended</li> </ul>
<b>Teaching</b>	Review <ul style="list-style-type: none"> <li>Clinical Pathway</li> <li>Educational needs</li> <li>Exercises</li> <li>Post-op rehabilitation needs (outpatient physiotherapy)</li> <li>Assistive devices and equipment needs</li> </ul>	Review <ul style="list-style-type: none"> <li>Pain control</li> <li>Exercise program/ positioning</li> <li>Deep breathing and coughing</li> <li>Safe transfers</li> </ul>	Review <ul style="list-style-type: none"> <li>Pain control</li> <li>Exercise program/ positioning</li> <li>Deep breathing and coughing</li> <li>Safe transfers</li> <li>Prevention of constipation</li> <li>Safe use of walker/ crutches</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>Discuss discharge and rehabilitation plans</li> <li>Arrange for: equipment at home; transportation; family/friend support arrange</li> <li>Make outpatient PT appointment</li> </ul>		<ul style="list-style-type: none"> <li>Begin preparation for home discharge. Home discharge will occur between 1-2 days after surgery</li> </ul>
<b>Goals</b>	<ul style="list-style-type: none"> <li>Questions will be answered or directed to the appropriate person</li> </ul>	<ul style="list-style-type: none"> <li>Pain and nausea is managed</li> <li>Vital signs normal</li> <li>Stand at bedside with help if needed</li> </ul>	<ul style="list-style-type: none"> <li>Pain is managed</li> <li>Sitting, standing and walking with assistance and equipment as needed</li> </ul>

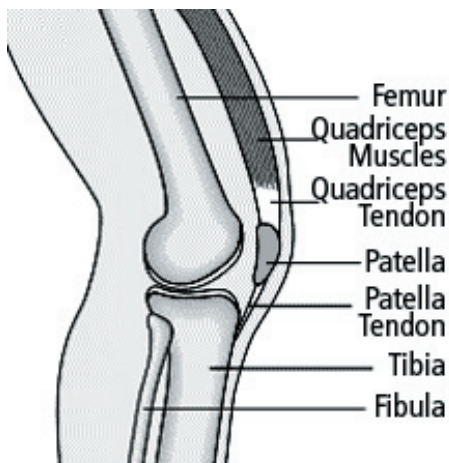
## Pre-admission & Acute Care Stay Continued

	Post Op Day 1-2/ Discharge Home
<b>Consults</b>	<ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Occupational Therapist if needed</li> <li>• Ensure Outpatient Physiotherapy arranged</li> <li>• Arrange Home and Community Care (if needed)</li> </ul>
<b>Tests</b>	<ul style="list-style-type: none"> <li>• As needed</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Laxative</li> <li>• Blood Thinner</li> <li>• Patient specific medication</li> </ul>
<b>Treatments</b>	<ul style="list-style-type: none"> <li>• Wound care and dressing change if needed</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Up in chair</li> <li>• Walking independently with walker or crutches</li> <li>• Stair practice</li> <li>• Post-op exercises</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Usual diet; High fibre recommended</li> </ul>
<b>Teaching</b>	<p>Review</p> <ul style="list-style-type: none"> <li>• Pain control and blood thinners</li> <li>• Exercise program/ positioning</li> <li>• Deep breathing and coughing</li> <li>• Safe transfers including bed, toilet and tub</li> <li>• Walking with walker/crutches</li> <li>• Stair climbing</li> <li>• Wound care abnormal signs and symptoms</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>• Confirm if outpatient PT appointment made</li> <li>• Confirm home supports and equipment are in place</li> <li>• Staple removal arranged</li> </ul>
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Discharge home with outpatient PT appointment confirmed</li> <li>• You will be contacted from the Fracture clinic with your surgeon follow-up appointment in 2 weeks. Staples will be removed at that time.</li> </ul>

## What is a Total Knee Replacement (TKR)?

A Total Knee Replacement (TKR) is an operation that replaces a knee joint that has been damaged. The joint is replaced with an artificial knee joint called a prosthesis.

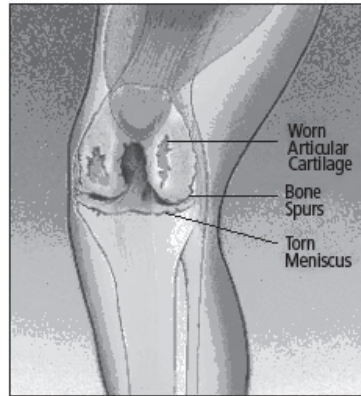
The knee is a hinge joint formed by three bones: the femur (thigh bone), the tibia (shin bone) and the patella (knee cap). Strong ligaments and muscles support the knee. Both ends of these bones are covered in cartilage. The cartilage is a smooth, shock-absorbing layer that allows the joint to glide easily. The kneecap (patella), which is attached by thigh muscles, is in front.



### Healthy Knee Joint

The three things that help the healthy knee work smoothly and without pain are:

- The smooth coating over the bones (cartilage).
- The slippery fluid inside the joint called synovial fluid.
- The muscles, ligaments and tendons, which support and move the knee.



Knee with Arthritis

### Damaged (Arthritic) Knee

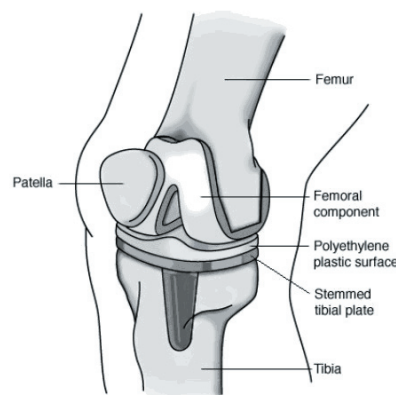
The three things that make the damaged knee painful and hard to move are:

- The smooth coating on the ends of your bones (cartilage) gets rough and worn away.
- The slippery synovial fluid begins to dry up.
- The muscles weaken and the knee gets stiff.

### Total Knee Replacement (TKR)

The three parts of the new implanted artificial knee are:

- The part that fits over the end of the thigh bone.
- The part that fits into the end of the shin bone.
- A small button on the under surface of the kneecap (this is not always done).



# Preparing for Joint Replacement Surgery

## Weeks before your surgery:

During the weeks before your surgery, many people will be asking about your insurance coverage, medical history and legal arrangements. If you have everything written down, you can reduce your frustration and speed the process. The following information will be helpful:

- Arrange for a buddy or coach (usually a family member or close friend) who will be taught to assist you with recovery and rehabilitation. They will act as your primary contact to receive information from the doctor and health care team and to provide it to other family members and friends. The coach should attend the pre-admission visits with the nurse and rehabilitation staff. The coach should be available to help with exercises and home management activities for about one to three weeks after discharge from hospital.
- A list of medical conditions, such as diabetes, asthma, HIV or hepatitis; any food restrictions; allergies or sensitivities; and all previous operations, including those that are not bone-and-joint operations.
- A list of all the medications you currently take on a regular basis. Copy the name of the medication, the dosage, and the frequency (daily, twice a day, etc.) from the prescription bottle. Don't forget to include vitamin and mineral supplements or other over-the-counter medications you take regularly. Your doctor may advise you to stop taking certain medications or supplements a week or two before your surgery.
- A list of any allergies or adverse reactions you've had to drugs or anesthesia in the past. Provide the name of the drug, why you were taking it, a description of your reaction, and when this happened.
- A list of your insurance coverage, including the name of the insurance company, the plan or group number, and contact information. Be sure to bring your Health Card, Status Card, and insurance cards to the hospital with you.
- Information about any legal arrangements you've made, such as a living will or Power of Attorney. Bring a copy of the documents with you to the hospital.
- If you are also planning dental work, such as extractions or periodontal treatments, schedule them well in advance of your surgery. Do not schedule any dental work, including routine cleanings, for several weeks after your surgery.



## Get in shape for surgery

The preparations you make can affect both the outcome of the surgery and your recovery time. Most of these suggestions are common sense, although some may surprise you.

- If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing and slows recovery.
- If you drink, don't have any alcohol for at least 48 hours before surgery.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.
- Eat well. If you are overweight, your doctor may recommend a weight loss program.
- Complete the following pre-operative exercise program provided as directed, 3 times a day until surgery.
- Practice using equipment such as walker, crutches, etc. Practice going up and down the stairs with your cane or crutches. This will help get you into shape and prevent complications.

## Pre-operative Exercise Program

This exercise program should be completed 2-3 times daily before surgery to increase strength and movement of your knee joint.

### 1. Hip and Knee Bending

Lie with the head of the bed slightly up, wrap a towel under your operated leg. Pull up on the towel to slide your heel towards your buttocks. Keep your heel on the bed.

*Hold 5 seconds, 10-20 times*



### 2. Active Knee Bend

Sitting on the bed or chair, slide your heel under the seat to bend your operated knee as much as possible.

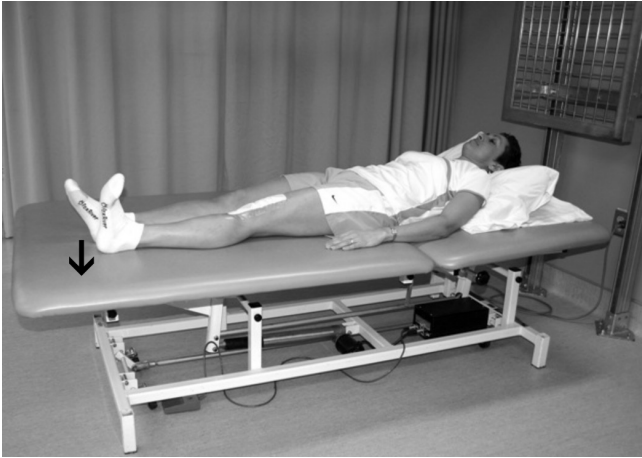
*Hold 5 seconds, 10-20 times*



### 3. Hamstrings and buttock strengthening

Press your whole operated leg into the bed. Feel the muscles in your buttock and operated leg tighten.

*Hold 5 seconds, 10-20 times*



### 4. Thigh Strengthening Over a Roll

With a towel roll under the knee of the operated leg, lift your heel off the bed. Make sure that your thigh does not come off the roll.

*Hold 5 seconds, 10-20 times*



### 5. Straight Leg Raise

Pull your foot towards your nose, keeping your knee as straight as possible, tighten the muscles on the front of your thigh and raise your leg about 6 inches off the bed.

*Hold 5 seconds, repeat 10-20 times*





## Medical preparations and Pre Admission Clinic

You will be scheduled for a visit in Pre Admission Clinic. It is the ideal time to uncover potential medical problems, which could delay surgery. It is also your opportunity to ask questions and raise concerns about hospital procedures or your surgery and to plan for your return home. Please bring your buddy/coach with you to this visit if possible. Bring all your medications in their original containers.

The clinic visit generally takes place 7-14 days before surgery. It can take 2-6 hours to complete the visit and tests. Out-of-town patients will be scheduled to visit on the day before the surgery.

During your clinic visit, you may have any number of the following activities:

- A nursing assessment of your health needs and learning needs.
- Completion of a medical history and physical examination.
- Teaching about your operation, what will happen to you and what are the important things you need to know.
- Co-ordination of pre-operative blood tests, x-rays or a heart tracing.
- Consultation with a medical specialist such as an anesthetist and/or an internist if needed.
- Rehabilitation appointment or class arranged.

- An opportunity to be connected with home care or Discharge Planning for organizing post-op care if needed.

Notify your doctor if you come down with a fever, a cold or any other illness in the week before the surgery.

### Day before your surgery:

The 24 hours before your surgery will be busy. Use this checklist to make sure you don't forget anything.

- Take a shower or bath the night before surgery. Wash your surgical leg with chlorhexidine soap purchased from TBRHSC gift shop or an antimicrobial soap (ie Dial). This will help reduce the risk of infection.
- Do not shave the area of the surgery. If this is necessary, the doctor will take care of it.
- Do not wear any make-up, lipstick, nail polish or body piercing items.
- Do not eat or drink anything after midnight the night before surgery.

Items to bring to the hospital should include:

- A pair of comfortable, well-fitting shoes with non-skid soles
- A knee-length robe or gown
- Shorts or loose fitting clothes such as jogging pants, not NEW socks and underwear
- Copies of your insurance cards, Health Card, Status Card, advance medical directives and medical history
- A list of any medications you regularly take

- Personal care items such as a hair brush, denture case, tooth brush, tooth paste, soap, eyeglass case, contact lens case
- Walker, Cane(s) or crutches with your name label on it
- Leave your cash, credit cards and jewelry at home

### Morning of your surgery:

- Wash your surgical leg again with Chlorhexidine sponge or antimicrobial soap before coming to the hospital.
- Arrive at the hospital at the designated time.
- You will be prepared for surgery in the Surgical Day Care Unit.
- The nurse will assess and review your preparation.
- Before surgery, the nurse will start IV antibiotics to prevent infection.

### Following surgery:

- You will wake up in the Recovery Room where you will stay until you are medically stable.
- You will be checked often by the nurse to make sure that you are comfortable and doing well. The nurse will monitor your ability to move your legs, wiggle your toes and feel sensation in your legs and feet. Your heart rate, blood pressure and knee dressing will also be checked.
- You will be reminded to deep breathe and cough and do your leg and ankle exercises. Try to remember to do these every hour. It will help prevent complications.
- Your family can visit with you when you are transferred to your in-patient bed, 3-4 hours after the start of your surgery.
- You will be getting out of bed with help on the evening of your surgery day.

### Pain Control

After surgery, your doctor, nurses and physiotherapists want to make your recovery as pain free as possible. **Only you know how much pain you have. Don't wait too long. It is important for you to tell your nurse if you have pain and if the pain management prescribed for you is working.** When you tell the nurse about the pain, use the following scale to describe the pain.

1      2      3      4      5      6      7      8      9      10

☺ No Pain

Moderate Pain

Worst Pain Possible ☹

There are different ways for pain to be controlled. The nurses will assess and offer you pain medication regularly. Don't wait too long. It is easier to control the pain if it is tackled early. Talk with the doctors and nurses about pain control methods that have worked well or not so well for you in the past. The following are some of the ways of relieving pain that your doctor may prescribe:

- Various pain medications given to you by intravenous, pill, injection and/or suppository.
- An IV pump that delivers the pain medication to you when you need it by pressing a button on the hand set.
- Spinal/Epidural Medication- An injection into your spinal column during surgery that will give you pain relief for hours after your surgery.
- Peripheral Nerve Block- a nerve block catheter is a small tube that goes under the skin in the leg that infuses freezing medication into your leg to reduce pain.
- Ice pack to the affected knee.

**The goal of pain control is:**

- To decrease the amount and intensity of your pain.
- To allow you to do your exercises comfortably. As you regain movement and strength in your knee, your pain will gradually subside.
- Prevent the complications that can come from not moving.

## **Learning To Move**

After surgery, plan ahead. Take pain medication ahead of time.

### **Weight Bearing**

Weight bearing is the amount of weight the surgeon wants you to put on your new knee. There are three different amounts. Your surgeon will determine how much weight to put on your operated leg.

- **Feather or touch weight bearing-** Your operated leg touches the floor enough to help you balance. Do not put any significant weight on it; only put the weight of a feather through your operated leg.
- **Partial weight bearing** - Only a certain amount of weight can be put on your operated leg. Your physiotherapist will help you learn how much weight is safe.
- **Full weight bearing or weight bearing as tolerated (WBAT)** - You can put full weight, or as much as you can tolerate when standing or walking.

## Using a Walker or Crutches:

Stand up tall and look ahead while you walk.

1. Move the walker or crutches forward first followed by your operated leg. Then move your good leg forward.
2. Put your weight on the walker or crutches to take the weight off your operated leg when you step onto it. Follow weight bearing instructions when using a walker or crutches.



## To go up the stairs:

- Keep the cane/crutches with the operated leg.
- Start close to the bottom step, and push down through your hands.
- Step up to first step, the non-operated leg goes up first.
- Step up to the same step with the operated leg and crutches, putting only the advised amount of weight through your operated leg.



## How to Manage Stairs

While you are in hospital, a physiotherapist will teach you how to climb stairs.

1. A handrail will make things easier and safer for you. Place one hand on the railing, and hold both crutches or cane on the other side of your body.
2. If no handrail is available, use one crutch on each side of your body. Follow the same sequence as above.
3. As your knee mobility and strength improves, you will be able to resume “normal” stair climbing.



## To go down stairs:

- Start at the edge of the step.
- Bring the cane/crutches and your operated leg down to the next step.
- Use upper body strength to support your weight and keep your balance.
- Step down to the same step with the non-operated leg, putting only the advised amount of weight through your operated leg.



For instructional videos on how to go up and down the stairs, please visit [www.rjac.ca](http://www.rjac.ca).

## A few quick tips to help with stairs:

- The GOOD gets you UP, and the BAD gets you DOWN.
- The cane/crutch always stays with the operated leg.
- Take your time and ensure you maintain your balance each time before proceeding to the next step.

## Immediate Postoperative Exercises

You may begin the following exercises immediately after your surgery, as they are important for:

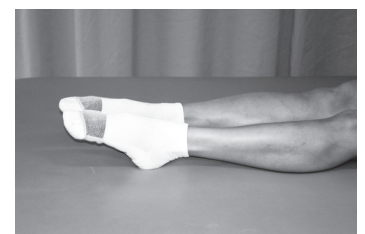
- Helping to prevent complications with your breathing
- Helping to prevent blood clots in your legs
- Increasing your circulation

### 1. Deep Breathing and Coughing Exercises

Until you are up and moving well, take at least 10 deep breaths, followed by a cough, every hour that you are awake

### 2. Ankle pumping

Move your feet up and down and in circles. Repeat 50 times every hour that you are awake.

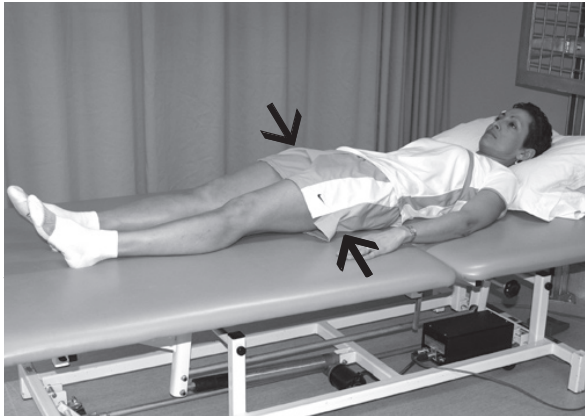




### 3. Buttock Contractions

Tighten your buttocks muscles by squeezing the muscles together.

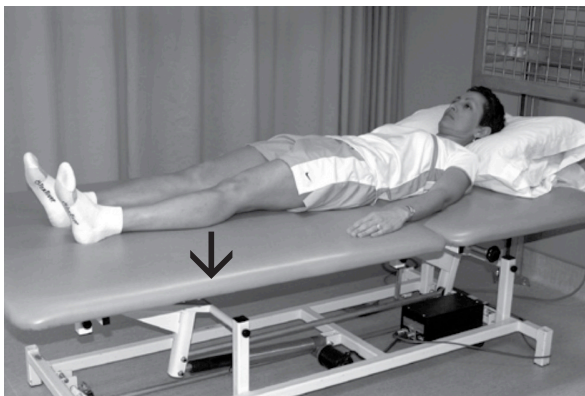
*Hold 5 seconds. Repeat 5-10 times, 3-4 times each day.*



### 4. Thigh Strengthening

Pull your foot towards your nose. Tighten the muscle on the front of your thigh by pressing the back of your knee down into the bed.

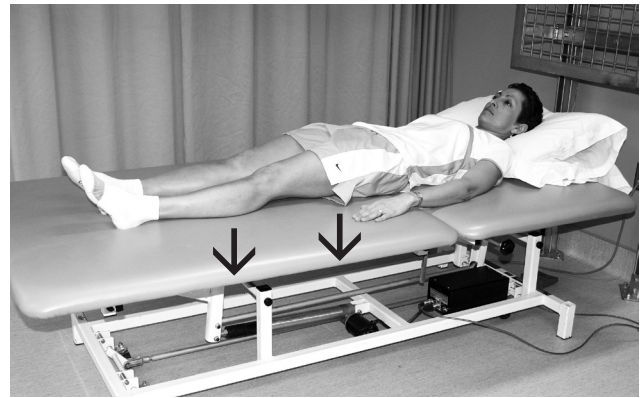
*Hold 5 seconds. Repeat 5-10 times, 3-4 times each day*



### 5. Hamstrings and buttock strengthening

Press your whole operated leg into the bed. Feel the muscles in your buttock and operated leg tighten.

*Hold 5 seconds, 10-20 times*



### 6. Hip and Knee Bending

Lie with the head of the bed slightly up, wrap a towel under your operated leg. Pull up on the towel to slide your heel towards your buttocks. Keep your heel on the bed.

*Hold 5 seconds, 10-20 times*



### 7. Active Knee Bend

Sitting on the bed or chair, slide your heel under the seat to bend your operated knee as much as possible.

*Hold 5 seconds, repeat 10-20 times.*



## Looking after yourself at home

### Showering

- Ask your surgeon if, and when, you are able to take a bath. Shower or sponge bathe until your surgeon says otherwise. You must use a waterproof dressing over your incision until 24 hours after your staples have been removed.
- Use a long-handled bath sponge to wash your lower legs and feet if you cannot reach them on your own.
- You may need to obtain a bath chair, stool, board or bench if you have difficulty standing to shower or if you have difficulty lifting your legs back over the edge of the tub. The Occupational Therapist can review how to transfer over the edge of the tub with you if needed before returning home.

### Lower body dressing: Pants, underwear, socks and shoes

- Gather your clothing and dressing aids (if needed). Place them within easy reach.
- Sit on a high, firm chair.
- Wear proper fitting comfortable clothing.
- Always dress your operated leg first.

### Toileting

- You may begin using a raised toilet seat after surgery to make it easier for you to get from sitting to/from standing.

### Foot care/Foot wear

- You may have difficulty reaching your toenails to cut them when you first go home. If possible, have them cut before your surgery.
- Wear a non-skid supportive shoe, i.e. a running shoe, to provide you support and cushioning for your new knee.

## Preventing Complications

Deep breathing and coughing are things that you can do to prevent pneumonia and congestion in your lungs. The nurses and physiotherapists will remind you to do this.

- Your surgeon will usually start you on a blood thinner (anticoagulant) to prevent clots from forming in your legs. These anticoagulants may continue after you are discharged from hospital. Doing the ankle pumping exercises and walking as soon as possible are also things that you can do to prevent clots from forming in your legs.
- **If you experience sudden shortness of breath and/or sharp chest pain that is worse with a deep breath or cough, you should present to your closest Emergency Department or Nursing Station or call 911.**

## Problems to Watch for at Home

### Constipation

It is easy to become constipated while in hospital because the surgery will make you less active. Your pain medications can also make you constipated. A gentle laxative could help with this. Other things that you can do to help are to drink plenty of fluids, include fibre in your diet, eat lots of fruits and vegetables, and maintain regular exercise.

### Skin

Lying in bed puts pressure on parts of your body that are not used to taking pressure for any length of time - buttocks, ankles, elbows, shoulders or ears. The first signs of pressure sores are burning, redness or pain. The best way to prevent skin problems is to move around and avoid lying in bed for long periods of time.

### Incision care/ Suture removal

You will have a waterproof dressing on your incision site. Keep the dressing on for 7 days after your surgery. After 7 days, you may remove the dressing. If there is ongoing drainage, reapply the second dressing you were provided. If at any time the dressing becomes loose, wet or damaged, you may remove it and reapply a new dressing. If you have steri-strips on your surgical incision, leave them in place until they fall off.

As your incision heals, the staples and/or sutures in your incision will need to be removed 12-14 days after your surgery. This will be done at your 2-week post-op follow up surgeon

visit. The follow up visit may be done in person at TBRHSC fracture clinic, your community hospital visiting specialist clinic or through telemedicine at your community hospital.

Keep the wound clean and dry. Eating nutritious food will speed healing.

### Watch for these signs of infection or post-operative complications:

- **Increased redness and warmth around the incision**
- **Swelling or puffiness**
- **Drainage from the incision**
- **Increased pain**
- **Fever (temperature of 38.5°C (101.3°F) or higher)**

If you have any of these signs, tell your doctor and health professional right away. Bacteria in your blood can get into your new knee and cause infection. You must have any infection treated right away. Ensure the health professional (even at Emergency) calls your surgeon or the on-call surgeon prior to prescribing any medicine.

Tell your dentist or other doctors that you have a knee replacement. Your dentist and doctors may decide that you need antibiotics before some treatments or dental work.

## Tips to Make Your Home Safer & Prepare for Recovery

Recovering from joint replacement surgery takes time, but you can take steps now that will help make your recovery easier and faster. Planning ahead is the key to minimizing stress and maximizing your outcome.

This list identifies adaptations that can prevent accidents and increase your independence.

### General:

- Arrange for someone to have outside path ways cleared, lawn care and snow removal.
- Install lights to illuminate entrances, steps and walkways.
- Ensure your home is well lit with night-lights if you go to bathroom at night.
- Carry a portable phone with you as you move from room to room.
- Have a list of emergency numbers near the telephone.
- Ensure that you have smoke alarms that are functioning properly.
- If you are using a cane, crutches or walker, check the rubber tips and replace if worn.
- Keep your home free of clutter so that it is easy to move around furniture. Remove scatter rugs.
- Arrange for some assistance with housekeeping (e.g. vacuuming).
- Identify grocery and pharmacy delivery service if available and as required.

### Kitchen/Dining Room:

- Place items you use regularly in the kitchen (and other rooms as well) at a level easy to reach so you don't have to reach up or bend down.
- Use a cart with wheels to carry items from the counter to the kitchen table or from room to room.
- Use an apron/back pack with several pockets.
- Carry hot liquids in containers with covers.
- Slide objects along the countertop rather than carrying them.
- Sit on a stool when doing countertop tasks.
- Make double portions and freeze healthy meals for easy dinners when you get home.

### Preventing Falls:

- Wear non-skid supportive shoes. Shoes that lace up are good.
- Keep your home free of clutter so that it is easy to move around furniture. There should be no scatter rugs.
- Plan ahead before moving. Concentrate on walking.
- Do not lean on furniture; use your walker, crutches or canes as support.
- Keep exercising regularly.



## Where to shop for equipment to assist you after surgery

Shop for the items that will make your life easier after surgery. Your list might include a raised toilet seat, long-handled shoehorn, a long-handled sponge, a reacher, a big-pocket shirt, apron or soft shoulder bag for carrying items around. Some of these items are available at:

### Thunder Bay Locations

#### Wellwise by Shoppers

285 Memorial Ave  
1-807-345-6564,  
1-800-465-3986

#### Superior Home Health Care

977 Alloy Drive, Unit 7  
1-807-623-9110, 1-888-625-5568

#### Motion

1154 Roland St  
1-807-622-1877

#### Medigas

290 Water Street  
1-807-346-7059

**Equipment may also be available at your local pharmacies or department stores. Check your telephone directory for locations nearest you.**

**\*\*This list is subject to change without notice. Please refer to your rehabilitation department for an updated list.**

### Out of City Locations

#### Fort Frances

##### Sunset Medical

140 Scott St. 1-807-274-0431

##### Motion- by appointment only

807-633-1183 or 807-622-1877

#### Dryden

##### Wellwise by Shoppers (Dryden)

325 Government St.  
1-807-223-2900, 1-888-294-8056

##### Medigas Medical (Dryden)

66 Keith Ave, (Mondays) 1-833-274-4204

##### Motion- by appointment only

807-633-1183 or 807-622-1877

#### Kenora

##### Wellwise by Shoppers

605 4th St., Keewatin  
1-807-468-4244, 1-807-263-1008

##### The Borrowing Cupboard

1-807-456-9500

#### Timmins

##### Wellwise by Shoppers

70 Algonquin Blvd. W 1-705-268-689

If you do not already have a parking permit for accessible parking, you may want to apply for a temporary permit several weeks prior to your surgery. Contact the Ministry of Transportation (1-800 268-4686) or [www.mto.gov.on.ca](http://www.mto.gov.on.ca) for an application.

If you will be needing transportation to your physiotherapy visits, check the following services (See [Northwesthealthline.ca](http://Northwesthealthline.ca)- Home Health and Community Supports-Transportation - Accessible or Volunteer and Non-accessible).



# Transportation List

This list is subject to change without notice. Please refer to your rehabilitation department for an updated list.

## Thunder Bay Locations

Lift +  
345-0777

Superior Elder Care  
473-1110

Red Cross Senior's  
Transportation  
Program  
623-3073

Driving Miss Daisy  
630-0890

Evi's New Quality  
Home Care  
627-2258

Lutheran Community  
Care- Social Services  
Program  
345-6062

Indigenous  
Friendship Centre  
345-5840

## Dryden

Red Cross Senior's  
Transportation  
Program  
223-4751

MyLift  
223-3568

Dryden Native  
Friendship Centre  
223-4180

Senior Services  
223-5278

Machin Bus  
227-2633 ext 28

## Fort Frances

Handi Van  
274-2612

Community Support  
Services  
274-2244

United Native  
Friendship Centre  
274-8541

Dial-A-Ride  
275-9741

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## Kenora

Handi Transit  
468-3295

Community Support-  
Transportation  
468-4562

Ne Chee Friendship  
Centre  
468-5440

## Red Lake

Community Support  
Transportation  
727-2277

## Atikokan

Transportation Program  
597-6001

Atikokan Native  
Friendship Centre  
597-1213

## Transportation List

This list is subject to change without notice. Please refer to your rehabilitation department for an updated list.

### **Schreiber-Terrace Bay**

**Handi Transit**  
825-3273 ext 0

**Terrace Bay Community Health Transportation Program**

825-3315 ext 244

### **Sioux Lookout**

**Senior Transportation**  
738-1844

**Sioux Lookout First Nation Health Authority**

**Transportation Services**  
737-3850

**Nishnawbe Gamik Friendship Centre**  
737-1903

### **Marathon**

**Senior Services Van**  
229-1740 ext 278

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### **Geraldton**

**Thunderbird**

**Friendship Centre**  
854-1060

### **Greenstone Municipality**

**Aging at Home Van**  
825-3273 ext 0  
(cell) 807-853-0766  
(office) 854-1100

### **Red Rock**

**Indian Band Medical Van**  
887-2510 ext 238

**Senior MedicalVan**  
807-886-2245

## Guidelines to Resuming an Active Lifestyle

Walking is an excellent activity and you are strongly encouraged to gradually increase how far you walk after you leave the hospital. Walk outdoors as long as sidewalks are dry. Consider going to a mall to walk when the sidewalks are wet and/or slippery. If you have any concerns regarding other activities please consult your surgeon.

Follow surgeon/physiotherapist recommendation for progression of walking aids (i.e. Walker, crutches, cane).

### At 6 Weeks

**Driving:** You also need to be off any narcotics AND able to “slam” on the brakes if required.

\*You should check with your car insurance company prior to returning to driving.

**Stationary bicycling**

**Golf** (start at driving range)

**Swimming** (as long as wound healed)

**Gardening** (use a pad under knee)

**Traveling in an airplane**

\*\* Check insurance company policy prior to travel

### At 12 Weeks

**Bowling**  
**Outdoor cycling** (not mountain biking)

**Golf** (on the course-suggest golf cart)

**Cross country skiing** (classic only)

**Tennis** (doubles)

Heavy **lifting** (>50 lbs) within tolerance

### At 1 Year

**Kneeling activities** (If tolerated)

\*Recom-mended to use knee pads

### Not Recommended

**Ice and inline skating**

**Mountain biking**

**Downhill skiing**

**Cross country skiing** (skate style)

**Canoeing**

**Sailing**

### Never

**Jogging/running**

**Squash/racquetball**

**Basketball**

**High impact aerobics**

**Singles tennis**

## Basic Rules to Follow for 3 Months After Your Surgery

1. Move your knee often and do the exercises that the physiotherapists have taught you 2-3 times a day.
2. If wanting to elevate your leg, put the pillow lengthways under your leg to make sure there is no bend in your knee.
3. It is normal to feel tightness, swelling and stiffness in your operated knee after surgery. This will get better with time and by doing your exercises regularly.
4. Regular icing will help to alleviate swelling and pain especially after exercises. Please discuss this with your surgeon and/or physiotherapist.
5. Follow the instructions given about weight bearing when walking. Your physiotherapist will let you know how much weight your doctor wants you to put on your leg.
6. Use tools to help you like a walker, canes and crutches, reaching devices and bathing and dressing aids.

### Other Questions:

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## Questions to Ask Your Doctor

You may see the surgeon for multiple check-ups after your knee surgery. Some surgeons will ask for you to be seen at: 2 weeks, 8 weeks, and 1 year after your surgery OR anytime that you have unexpected pain or symptoms. If a surgeon is not going to be in your community at these time frames, then a telemedicine (OTN) appointment will be booked.

- What medications should I continue taking once I return home from the hospital?
- When should I see my doctor next?
- When do I stop taking my anticoagulants?
- How long do I continue my exercises?
- When can I return to work?
- When can I drive my car?





# Total Hip Replacement and Total Knee Replacement Patient Readiness Checklist



You will be discharged from hospital day one to two post surgery. In order to be well prepared for your surgery, please follow this checklist.

## Once you know your surgery date:

- I have read the patient education book. I understand the information and have shared it with my family or friends.
- I have someone to help with groceries, meals, laundry, pet care and housekeeping for at least 2 weeks after I get home.
- I have made plans to stay with family or friends if I live alone and have no help.
- Call your Family Doctor or Nurse Practitioner to arrange staple remove to take place 12-14 days after your surgery.
- Ensure you have purchased your extra **Aquacel Ag bandage** (s) from your TBRHSC Nursing station or specialty clinic.

## 1-2 weeks before surgery:

- I have made plans to be picked up from the hospital when I meet discharge criteria.
- I have made arrangements for ALL of the equipment that I will need at home based on what my therapist has recommended for me in my pre-admission appointment. This may

include a walker, crutches, dressing aids and possibly a raised toilet seat.

- I have called outpatient physiotherapy and made an appointment for 3 to 7 days after knee surgery or 2 to 3 weeks after hip surgery.

**Publicly Funded Physiotherapy** – a list will be provided to you at your pre-admission appointment and can be found at [www.rjac.ca](http://www.rjac.ca).

- I have made plans for transportation to my physiotherapy and follow up appointments.

## Day before surgery:

- I have packed a small bag with my personal items (scent free) that I will need while in the hospital. These items include: my patient education book, a pair of non-slip shoes or slippers with backs (one size larger), comfortable clothes – loose pants, t-shirts.
- I have ALL of the equipment that I will need **at home** and practiced using: my walker, crutches, dressing aids and optional raised toilet seat

Do you need help with transportation? Please see the information for your community in the Patient Education Book that you have been provided. If you are using Lift+, it takes two weeks to process an application for temporary eligibility.

**For more information visit:**  
[www.rjac.ca](http://www.rjac.ca)