

Total Knee Replacement Surgery

PATIENT GUIDE



**NORTH
YORK
GENERAL**

*Making a World
of Difference*

Checklist for Surgery

Pre-operative Preparations

- Complete the Patient Questionnaire form and bring it to your pre-operative appointment
- Start taking iron supplements 4-6 weeks before your surgery (read more on page 12)
- Watch the education video before your preop appointment: www.nygh.on.ca/hip-knee-education
- Arrange to obtain your equipment before surgery

Precautions Before Surgery

- Do not have any dental work done six weeks before your surgery
- Do not have any injections into your joint between 3-6 months before your surgery
- Do not shave the area where you will have surgery one week before your surgery
- Do not have any pedicures or manicures within one week before your surgery

Before Surgery

- Wash with the chlorhexidine soap three days before and the morning of surgery (read more on page 10)
- Bring this guide book with you
- If you use a CPAP please bring it with you to the hospital
- If you have obtained a cold therapy machine (cryotherapy), please bring it with you to the hospital

After Surgery

- You will be instructed on removing your dressing seven days after application
- If you have staples, make an appointment with your family doctor to have them removed 10-14 days after surgery
- If it helps to track your progress, keep a log of your pain medications, other medications you take, when you take them, your pain level, your exercises, and any concerns that might arise after surgery
- You will need your walker the day you are discharged home

If you have any questions, please contact the Patient Navigator at 416.756.6000 ext. 4490

North York General Hospital will be asking you to fill out a survey at your pre-operative appointment, three months and one year post-operatively. This short survey provides us with important information to improve patient satisfaction and health outcomes. You will receive a telephone or mail notification to complete the survey after surgery.

4 Easy Steps to Complete Survey:

1. Visit www.nygh.on.ca/hipkneecare
2. Click on the survey link
3. Enter your OHIP number
4. Complete survey

Contact information: 416-756-6568

A Patient Guide

PREPARING FOR SURGERY AND DISCHARGE Patients manage their hospital stay and recovery better when they are prepared for surgery. This guide will help you understand what to expect before surgery and after you return home. New care plans have been introduced by the Ministry of Health and Long-Term Care across Ontario for all patients having hip or knee replacement surgery. These plans help you recover and return home as quickly and as safely as possible and are quite different than what you might have experienced or heard of in the past.

DISCHARGE ARRANGEMENTS

- Expect to go home same day or one day after your partial/oxford knee replacement, 1 or 2 days after your total knee replacement, three days after having both total knees replaced and 2 to 3 days after having both partial knees replaced.
- Have a discharge plan in place following your surgery. This may include assistance in your home, staying at a family or friend's home, or arranging a short stay in a retirement home.
- A list of short stay (respite care) retirement home locations and their associated costs can be provided to you (pg.33)
- You will be referred to an outpatient rehabilitation program to begin physiotherapy one week after your discharge. A list of transportation options can be provided to you by the Patient Navigator, or your care team. This list is also available on our website and in this guide (pg.33)

It is important that you prepare for surgery and participate in your recovery because this will ensure the best outcome for you. There are many education resources available to help prepare yourself and your home before surgery. You will also have a chance to ask any questions during your pre-operative clinic appointment.

This message has been endorsed by the
Central Local Health Integration Network.



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STEP 1 **Needing Total Knee Replacement Surgery**

Welcome to North York General Hospital (NYGH). Our goal is to prepare you for a successful outcome from your knee replacement surgery. Total knee replacement will improve your quality of life, independence and overall health. You may wish to arrange for a family member or friend to be your Coach. This person should come with you to all your appointments if possible. A Coach is not only for support, they also help you understand what to expect at each step along the way.

At North York General, we have a team approach to providing care. In addition to your surgeon anaesthesiologist, and nurse, some of your other care team members include:

Physiotherapist (PT): Your PT will teach you exercises and techniques to help with your recovery and mobility.

Occupational Therapist (OT): Your OT will teach you how to perform daily living activities such as putting on your clothes, and bathing. The OT will assess your equipment needs based on your physical abilities and home environment.

Hip & Knee Patient Navigator: All patients and families have access to a Patient Navigator at NYGH. The Patient Navigator is a dedicated contact and resource, providing emotional support, coordination of care, and education every step of the way. By working with patients, families, and clinical staff, the Patient Navigator helps coordinate care through diagnosis, treatment, and recovery.

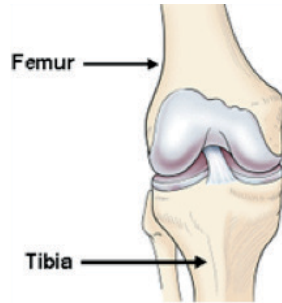
If you have any questions or concerns while waiting for surgery, during your hospital stay, or after you go home, your Patient Navigator can be reached at:

416.756.6000 ext. 4490

hipknee.navigators@nygh.on.ca

UNDERSTANDING THE KNEE JOINT

NORMAL KNEE



Your knee joint has three parts: the end of the femur (thigh bone), the top of the tibia (shin bone), and the patella (knee cap). In a normal knee, these three bones are covered with a smooth cartilage that cushions the bones and enables them to move easily. In the arthritic knee, the cartilage layers are destroyed resulting in bone rubbing against bone which causes pain, muscle weakness and limited motion.

WHAT IS TOTAL KNEE REPLACEMENT SURGERY?

Knee replacement surgery replaces your osteoarthritic knee joint with an artificial one.

ARTIFICIAL KNEE



BENEFITS OF KNEE REPLACEMENT SURGERY

More than 90% of knee replacements last people the rest of their lives. Most patients are very pleased with the results because their walking, independence and quality of life are greatly improved. However, as with any major operation, there are risks and possible complications. These do not happen often, and we take care to avoid the chances of complications happening.

RISKS AND COMPLICATIONS

Anaesthetic complications: Temporary confusion can happen after surgery. We take measures to reduce the chances of this happening. Your anaesthetist will discuss this with you in more detail at your pre-operative appointment before surgery. Pneumonia, heart attack and stroke rarely happen. Pre-operative testing and assessment by the anaesthetist can reduce these serious events.

Neurovascular Injury - injury to a nerve or blood vessel: This happens to about 1% of all patients. Precautions to prevent this complication are described later in this guide.

Infection: Occurs in about 1% of patients. We will give you intravenous (IV) antibiotics during and after surgery to reduce the chance of infection.

Deep Vein Thrombosis and Pulmonary Embolism (Blood Clots): Starting on the evening of your surgery or next day after surgery, we will give you a pill or injection every day, to reduce the chance of blood clots forming. You will continue taking a pill after your surgery.

Anemia requiring blood transfusion - low red blood cells: Less than 5% of patients need a blood transfusion during the first 48 hours after surgery. We use many ways to reduce blood loss and build up your ability to produce new blood. Your surgeon may recommend taking iron supplements and vitamin C six weeks before surgery. If your doctor thinks you may need a blood transfusion, he/she will discuss this with you. In Ontario, donated blood is screened through a rigorous testing program to ensure safety.

Loosening of the Components: This can be minimized by avoiding high impact activities and keeping your body weight down. Loosening of the components happens in about 1% of patients per year, in the first 10 years, and requires surgery to fix.

RETURNING TO NORMAL ACTIVITY

Your age, occupation, hobbies, other medical conditions (e.g. diabetes, heart disease, obesity etc.), usual activities, and the condition of your joint will determine how soon you can return to your normal activities. Your surgeon will discuss when you can return to your normal activities and any limitations you may have.

RETURNING TO WORK

Depending on the type of work you do, your surgeon will advise you when it is safe for you to return to work. This can vary from weeks to months.

MANAGING PAIN AND ACTIVITIES WHILE WAITING FOR SURGERY

- **Pain:** Applying warm or cold packs on your knee for 15-20 minutes at least three times daily helps to relieve muscle pain. Make sure that you have a thick layer between your skin and the heat/cold source. Check your skin every few minutes to make sure you do not burn yourself. Do not use a pain relief cream or ointment with a warm or cold pack as this could cause a chemical burn. Do not use heat on a swollen or hot knee joint. Pain medication prescribed by your doctor can also help.
- **Weight control:** The force on your knee is approximately three times the weight of your body. Reducing your weight will reduce your pain and slow down the progress of osteoarthritis in your knees.
- **Diet:** We suggest that you maintain a healthy diet while you wait for surgery. Foods high in protein, vitamin C, zinc, iron, and calcium are important for wound healing and for good recovery after surgery.
- **Smoking:** If you smoke, it is important that you stop. If you are unable to stop, try to cut down on the number of cigarettes you smoke per day. Stopping or decreasing the amount you smoke will improve the condition of your lungs and help you heal.
- **Fitness:** The best activities for osteoarthritis of the knee are swimming, cycling, and walking.
- **Walking:** Use a walking cane on the opposite side of your painful knee. This will help you walk properly and reduce pain.
- **Physiotherapy:** May help reduce pain and improve your mobility and strength.
- **Activity:** Stop or reduce the activities that make your knee sore.

STEP 2

Preparing for surgery and discharge home

It is very important that you start planning for your surgery, hospital stay, and discharge home. You can expect to go home same day or one day after your partial/oxford knee replacement, 1 or 2 days after your total knee replacement, three days after having both total knees replaced and 2 to 3 days after having both partial knees replaced.

CHECKLIST FOR DISCHARGE HOME

- Plan for someone to drive you to and from the hospital
- Arrange to obtain equipment from a device and/or equipment vendor before surgery (pg. 34)
- Set up your equipment at home. Practice using the equipment
- Move your furniture so that you have a clear path for using your crutches or walker
- Set up a high chair, with a firm cushion and arm rests, to sit on after surgery
- Put frequently used items at waist to shoulder height to minimize bending down
- Remove loose rugs and other items that you could trip on
- Make sure there is good lighting so you can see the floor clearly
- Make sure staircase handrails are securely fastened to the wall
- If you think you need help with daily activities after surgery (e.g. bathing, toileting, getting dressed, etc.), contact private home care agencies. Look under "Home Support" in your local directory, Google/internet or the Resource section in this guide (pg. 32)
- Arrange for grocery delivery and stock up on healthy frozen meals
- Arrange for someone to care for your pets

EQUIPMENT AND ASSISTIVE DEVICES

The Occupational Therapist and Physiotherapist will assess what equipment you will need after your surgery. You will most likely require the equipment and assistive devices below. Turn to page 34-35 for a list of vendors to rent or purchase recommended equipment.

The following equipment will be needed for approximately one (1) month:



Low Wheeled Walker



Single Point Cane



Raised Toilet Seat with Arm Rests

The following equipment MAY be needed, depending on patient progress, for approximately one month:



Bath Seat

OR



Bath Transfer Bench



Reacher



Sock Aid

CRYOTHERAPY

Icing has been long shown to be very effective in reducing swelling, bruising, and pain in the post-operative period. However, the use of ice directly on the skin is uncomfortable and can be dangerous as it can lead to an “ice burn”. Furthermore, it is difficult to obtain a constant temperature with ice alone. These factors have led to the development of Continuous Cold Therapy Systems which are more effective and more convenient compared to cold packs.

Continuous Cold Therapy Systems are comprised of a “bladder” which wraps around the treatment area and is connected to a cooler by a hose. Chilled water is circulated through the bladder, maintaining a safe and constant cold temperature. The system will circulate water at a constant temperature for 6-8 hours.

Icing should be done in 15 minute intervals (i.e. 15 minutes on, 15 minutes off and repeat).

Please see page 34 for a list of vendors/stores that rent or sell the equipment. If you do purchase or rent a machine, you may bring it to the hospital for use after surgery.

PRECAUTIONS BEFORE SURGERY

Important - Follow these instructions before surgery:

- Do not have any dental work done six weeks before your surgery (this may result in cancellation of your surgery); wait until three months after your surgery
- Do not have any injections into your joint between three to six months before your surgery (check with your surgeon)
- Do not shave the area where you will have surgery one week before your surgery
- Do not have any pedicures or manicures within one week before your surgery

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext. 4490 or email hipknee.navigator@nygh.on.ca

STEP 3

Pre-Op Assessment Clinic

*Incomplete forms may result in a delay or possible postponement of your operation

PREPARING FOR THE PRE-OPERATIVE ASSESSMENT

- Complete your Patient Questionnaire (Department of Anaesthesia)
- Get test results and reports from any specialists you have seen in the past two years (e.g., echocardiogram, stress tests)
- Ask your drug store to print a list of all your current medications and bring the list with you to your pre-operative assessment appointment. Also, bring all your medications, vitamins and herbal supplements that you are taking
- You will need to purchase Chlorhexidine soap (2% or 4% solution) to shower with for three days before and the morning of your surgery (total of four days). This soap reduces the chance of infection.
- This soap can be purchased from our outpatient pharmacy at the hospital. If you develop a rash after using this soap, stop using it and contact the Patient Navigator. Do not use the soap if you are allergic to it. Do not use the soap on your face, near your eyes and ears, or genitals.
- Please watch the Pre-Op video on DVD, on NYGH's YouTube channel, or at www.nygh.on.ca/hipkneecare. You may purchase the DVD in the outpatient pharmacy.

Day of the pre-operative assessment: Wear loose, comfortable clothing. Eat regular meals.

WHAT TO BRING

- Your Health Card
- This guide
- Completed Patient Questionnaire from the Department of Anaesthesia
- Test results and reports from another specialist, if any
- Your medication list
- Your medications, vitamins or supplements in their original containers
- A snack and water or juice
- Your Coach (if your Coach is not available and you require an interpreter; please notify us ahead of time)

WHAT TO EXPECT

- Expect to be there for four hours
- See a nurse to review all your completed forms, have your blood tested, and an electrocardiogram (ECG), if necessary
- See a pharmacy technician
- See an anaesthesiologist
- See a medical doctor, if necessary

ARRIVING AT THE HOSPITAL

- Go to the Patient Registration Office first (located on the first floor)
- Next, go to the Pre-Operative Assessment Clinic (located on the south side of the 4th floor)

ANAESTHESIA

When you meet the anaesthesiologist, various sedation options will be discussed with you.

Spinal anaesthesia with sedation: This is the most common method. When having spinal anaesthesia the medicine is put through a needle into the middle of your lower back to numb the nerves so that you have no feeling or movement in your legs. This numbness lasts about five hours. You will also be given medicine to put you to sleep. This is called sedation. You will not see or feel the surgery taking place.

Benefits of spinal anaesthesia:

- Less drowsiness
- Less nausea and vomiting after surgery
- Sometimes less blood loss during surgery
- Better pain control after surgery
- Lower risk of blood clots

Risks of spinal anaesthesia:

- Headache in less than 1% of patients
- Blood pressure may drop, but this will be monitored
- Difficulty urinating after surgery. If this happens, a tube inserted into your bladder for a short time can help
- Itching (can be widespread)

General anaesthesia is medicine given through an intravenous (IV) to put you to sleep. This is rarely used.

Risks of general anaesthesia:

- Mild sore throat for a few days
- Nausea and drowsiness
- Slight confusion or memory loss for a short time
- Bringing up stomach contents into your lungs (aspiration)

Nerve Block: Your anaesthesiologist may suggest you have a nerve block. This technique involves injecting a "local anaesthetic" to freeze one of the main nerves around your knee. This nerve causes you pain. The injection is given before you receive either the spinal or general anaesthetic. We expect the nerve block to provide pain relief for 12 to 24 hours.

PHARMACY PRE-OPERATION

Below are commonly asked questions about medications and having hip or knee replacement surgery. A pharmacist is available on the unit after surgery to answer any additional medication questions you may have.

1. Home Medications

- The hospital will supply most of your current home medications during your stay. During your pre-operative admission clinic visit, a pharmacy technician will alert you of any medications that the hospital does not provide. They are called “non-formulary” medications.
- If you agree to provide a supply of non-formulary medications, for safety reasons, please bring them in their original labelled container.
 - If your medications are organized in blister/compliance packaging, please ask your community pharmacy to provide you with a one-week supply in a labelled container because the hospital cannot give medications from blister/compliance packages.
 - **Please DO NOT bring any loose tablets into the hospital, this includes pain medication.**
- Your nurse will give you/ “administer” any non-formulary medications.
- Non-formulary medications are stored in patient specific medication bins in a secure location on the unit as per hospital policy to ensure safety of all patients. They are not to be kept at bedside.
- The remaining non-formulary medications will be returned to you at discharge.

2. Vitamins/Herbal Supplements

- **Stop all vitamins and herbal supplements 7 days before the day of surgery** unless otherwise instructed by your physician/surgeon/anaesthesiologist (except for iron and vitamin C, see further details below).
- Calcium and vitamin D supplements can be safely resumed after surgery.
- Vitamins and herbals can interact negatively with prescription medications. Check with your primary care provider before resuming any of these products.
- Vitamins/herbal supplements can be resumed once treatment with anticoagulants (blood thinners) is completed after surgery, unless your orthopaedic surgeon/primary care provider instructs you differently.
- Ask your primary care provider if you have any questions or concerns about stopping or restarting vitamins or herbal supplements.

3. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Examples: Ibuprofen (Motrin[®], Advil[®]), Naproxen (Aleve[®]), Meloxicam (Mobicox[®]), Diclofenac (Arthrotec[®], Vimovo[®]), Celecoxib (Celebrex[®])

- Your anaesthesiologist will tell you when to stop taking these medications before surgery.
- These medications may interact with anticoagulants (blood thinners) and increase the risk of bleeding.
- Ask your primary care provider/orthopaedic surgeon before taking any of these medications after surgery.

4. Anticoagulants (blood thinners)

Examples: Acetylsalicylic Acid (Aspirin[®]), Rivaroxaban (Xarelto[®]), Apixaban (Eliquis[®]), Edoxaban (Lixiana[®]), Dabigatran (Pradaxa[®]), Dalteparin (Fragmin[®])

- You may be started on an anticoagulant (blood thinner) after your surgery to prevent blood clots from forming in your legs.

- Your orthopaedic surgeon will give you information about the blood thinner you are prescribed and length of time you need to take it when you are discharged home.
- **If you are on a blood thinner before surgery**, your anesthesiologist will tell you if/when you should stop taking these medications before surgery. Your orthopaedic surgeon will tell you when it is safe to restart these medications again after surgery.

5. Iron supplementation and Vitamin C

- Studies have shown that taking **elemental iron 30 to 60 mg per day** for 4 to 6 weeks prior to surgery will help to prevent anemia and decrease the likelihood of blood transfusions after surgery.
- There are many types of iron available (ferrous gluconate, ferrous fumarate and ferrous sulphate) and each has a different amount of elemental iron. The most commonly prescribed iron is ferrous sulphate.
- Iron supplements do not require a prescription. Your community pharmacist can help to choose the best iron formulation for you and recommend the dose that will provide 30 to 60 mg elemental iron per day. They can also check to ensure that there are no interactions with your current medications.
- Taking vitamin C with iron improves your body's ability to absorb the iron.

Check with your primary care provider if you have any medical conditions in which iron should be avoided such as ulcerative colitis, inflammatory bowel disease, peptic ulcer disease, sickle cell disease.

Iron should **NOT** be taken for patients with hemochromatosis, hemolytic anemia, hemosiderosis.

If you are a candidate for iron supplementation, your surgeon will recommend that you take iron and vitamin C as follows:

Six (6) weeks before surgery:

- Start taking iron supplement (elemental iron 30 to 60 mg per day) and vitamin C 500 mg with each dose of iron.
- Take your last dose of iron and vitamin C on the day before your surgery.

After surgery:

- During your hospital stay, iron supplementation **will not** be restarted.
- Your primary care provider will be able to tell you if you need to continue taking iron after being discharged home.

Common Side effects:

- **Iron:** upset stomach, stomach cramps, nausea, vomiting, loss of appetite, diarrhea, constipation, or black and dark green-coloured stools.
- **Vitamin C:** nausea, vomiting, heartburn, stomach cramps, and headache.

- If you develop intolerable side-effects, iron supplementations can be stopped. There will be no impact to the date of your scheduled surgery.
- If iron supplements are stopped, stop taking Vitamin C supplementation as well.

STEP 4 Surgery

THE DAY BEFORE SURGERY

Follow specific instructions from your surgeon's office about confirming your surgery time. Do not eat anything after midnight unless you were instructed otherwise. You may drink clear liquids 2 to 3 hours before your surgery. A clear liquid is any liquid you can see through. Examples of clear liquids are water, apple juice, or tea without milk. Milk and orange juice are not clear fluids and should not be taken.

Take a shower, using Chlorhexidine soap (2% or 4% solution). This can be purchased from our outpatient pharmacy at the hospital. Use the soap to wash from your neck to your feet. Do not use the soap on your face or genitals.

If your health changes, or you develop a cough, cold, fever or any other illness, within one week before your operation, call your surgeon or the patient navigator as soon as possible. If your Coach cannot come with you to any of your appointments, please inform us ahead of time if you require an interpreter.

Pack a bag with the following:

- Comfortable clothes, and robe
- Non-slip shoes with velcro/sandals with back support
- Hand sanitizer (for your bedside)
- Toiletries (soap, toothbrush, toothpaste and tissues)
- Small container for your dentures, if needed
- Contact lens holder, if needed
- CPAP (if you use one at home)

Label all your belongings

- Do not bring valuables to the hospital. North York General is not responsible for any lost valuables (jewelry, money, etc.)
- Plan for someone to drive you to and from the hospital
- Arrange for someone to care of your pets

Do not use Chlorhexidine soap if you are allergic to it. If you develop a rash, stop using this soap and contact the Patient Navigator at 416.756.6000 ext. 4490. Do not use the Chlorhexidine soap on your face, or near your eyes and ears.

MORNING OF THE SURGERY

- Plan to arrive two hours before the time of your surgery
- Take a shower, using an antibacterial soap i.e. Chlorhexidine soap
- Do not use any body lotion. Avoid using perfumes, deodorants, shaving creams or lotions
- Brush your teeth. Rinse, but do not swallow any water. Do not chew gum or have any candy/mints
- Remove all make-up and nail polish
- Wear loose fitting clothing which can be easily removed. Avoid back zippers and pantyhose
- Remove all jewelry and leave valuables at home

WHAT TO BRING ON THE DAY OF THE SURGERY

- Your Coach (if you require an interpreter, please notify us ahead of time)
- Your Health Card
- Your bag with clothes and toiletries. Your Coach can bring this to your room later in the day
- Any prescription medications (including inhalers, eye drops, medicinal creams, etc.) you were asked to bring
- This guide book

ARRIVING AT THE HOSPITAL ON THE DAY OF SURGERY

- Go to the Patient Registration Office and Day Surgery desk located on the first floor

WHAT TO EXPECT BEFORE GOING TO THE OPERATING ROOM

When you arrive in the Day Surgery Unit, we will:

- Place an identification bracelet on your wrist
- Ask you to change into a hospital gown
- Re-check all your medical records; check your vital signs (e.g. pulse, heart rate etc.)
- Ask you to remove your clothes, jewelry, dentures, and eye glasses or contact lenses
- Ask you to use the washroom to empty your bladder
- Take you into the operating room

INSTRUCTIONS FOR MY COACH

- Coaches may wait in the Day Surgery waiting room
- Please keep the patient's belongings until the patient goes to his/her room. Bring the belongings to the patient's room, after surgery
- Our electronic patient tracking board will tell you when the patient's surgery is done and their room number
- You will be able to see the patient in approximately 4 to 6 hours

WHAT TO EXPECT AFTER SURGERY

You will be taken to the Post Anaesthetic Care Unit- PACU (recovery room) when your surgery is completed.

- Nurses will check your blood pressure, pulse, and breathing
- Nurses will give you medications for pain, if needed
- Nurses will check your bandages, encourage you to take deep breaths and to move your ankles and feet
- You will be ready to be moved to your room on the inpatient unit, after a few hours
- Your Coach can see you on the inpatient unit

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext. 4490 or email hipknee.navigator@nygh.on.ca

STEP 5 My Hospital Stay



PAIN CONTROL AFTER SURGERY

Good pain control is important for a successful recovery. You will be asked to rate your pain using a pain scale. A pain scale helps us make decisions on how to relieve your pain. You will be asked by staff the level of your pain on a scale from 0 to 10. [We encourage you to keep your pain level less than 4.](#)

We will use different types of medication and methods to control your pain, including oral pain medication and patient-controlled analgesia.

Oral Pain Medication: Several different types of pain pills/tablets will be offered to you starting the day of your surgery. Each type works differently in your body. If the medication does not control your pain, please tell your team. Changes to your pain medication can be made.

Patient Controlled Analgesia (PCA): A PCA pump can give you pain medication through your intravenous (IV), when you push the button. Push the button **ONLY** when you need pain medication. **Not all patients receive a PCA pump.**

[It is important that you push the button only when you need pain medication and that you are the only one who pushes the button. Please ask your family and friends not to push the button for you. You are the best person to determine how much pain control you need. Your nurse will be monitoring you every hour \(for the first 12 hours\) to make sure your pain level and side effects are under control.](#)

A pharmacy team member will meet with you to discuss any changes to your home medications since the Pre-Op Assessment Clinic visit. You will also be able to meet with a pharmacist who will answer any medication related questions that you may have.

WHAT TO EXPECT WHILE IN THE HOSPITAL

- After your surgery you may feel groggy for the rest of the day
- You may have a mild sore throat and feelings of nausea, and vomiting may be side effects from your anaesthesia. On occasion this can last for several days
- You will have bandages and tubes inserted during surgery. This is a normal part of recovering from surgery
- You will have oxygen tubes in your nose. This is because you do not tend to breathe as deeply when you are groggy. The tubes will be removed as you become more alert

- We will ask you to rate your pain and will work with you to keep your pain less than a 4 (out of 10) on the pain scale
- We will check your vital signs (blood pressure, heart rate and temperature), and circulation in your legs often. You may be woken for these checks to be performed
- We will encourage you to take deep breaths and cough while you are awake
- You can eat and drink fluids
- We will teach you how to properly change positions in bed. Turning in bed helps to prevent skin breakdown (bed sores), lung congestion and blood clots from forming
- Do not rest or sleep with a roll or pillow under your knee. This will make it very difficult for you to straighten your knee to walk and can result in lasting stiffness. It is also bad for your circulation
- You may receive antibiotics and fluids via an intravenous (tube in your vein). The intravenous should be removed in 1 to 2 days

EXERCISES AND ACTIVITIES AFTER SURGERY

With decreased activity, circulation slows down. It is important to do these exercises to prevent problems like a blood clot, or lung congestion.

Deep breathing

- Breathe in deeply through your nose
- Hold your breath while you count from 1 to 2
- Breathe out slowly through your mouth
- Repeat 5 times every hour

Coughing

- Breathe in deeply through your nose
- Cough forcefully from your abdomen
- Repeat 5 times every hour

Deep breathing and coughing help to prevent congestion in your lungs.

Calf Pumping Exercises

- Lie on your back or in a sitting position
- Move your foot up and down for thirty seconds
- Repeat 5 times every hour

Physiotherapy will help with:

- Reviewing general precautions you need to take
- Moving from your bed to a chair
- Sitting / standing
- Walking
- Teaching bed exercises: Range of motion (ROM) and strengthening
- Deep breathing exercises
- Stair climbing

Occupational therapy will help with:

- Reviewing home safety equipment recommendations
- Reviewing precautions you need to take
- Teaching bathing/shower transfer techniques
- Teaching dressing techniques with aids, if needed

THERAPY GOALS IN THE HOSPITAL

Early goals

- Prevent post-operative complications by improving circulation, and deep breathing
- Prevent joint stiffness
- Manage swelling
- Begin to weight bear on your legs
- Getting up to use the washroom

Middle goals

- Perform bed exercise routine by yourself three times per day
- Maintain or improve knee range of motion
- Little help needed to walk (with a walker/crutches)
- Little help needed to get in and out of bed
- Sitting-up for meals

REVIEW OF EXERCISES

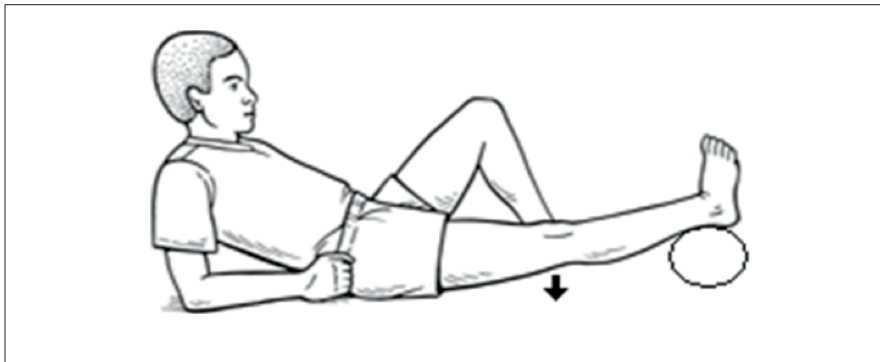
We strongly encourage you to review and practice these exercises before your surgery

Static Quads Contraction

- Lie on your back
- Keep your operated leg straight
- Press your operated knee into the bed
- Hold for 5 seconds and release
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day

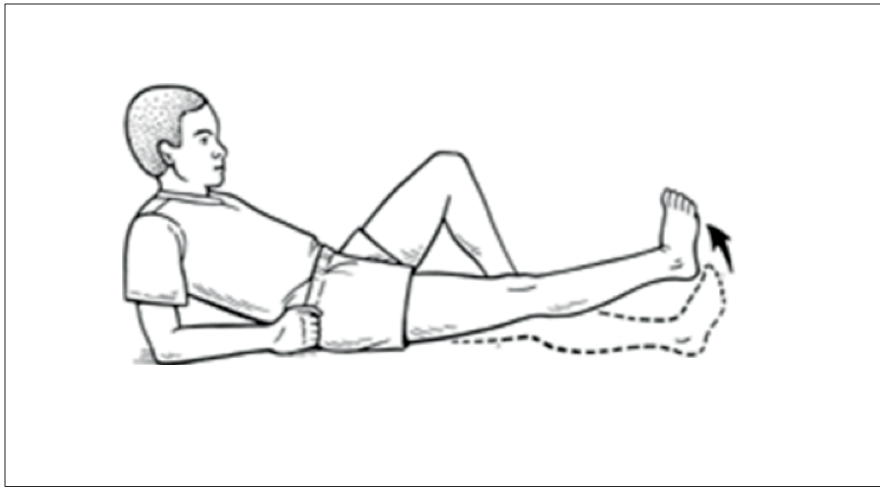
Knee Extension Over Roll

- Place roll under heel of operated leg
- Straighten knee out
- Hold for 5 seconds
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



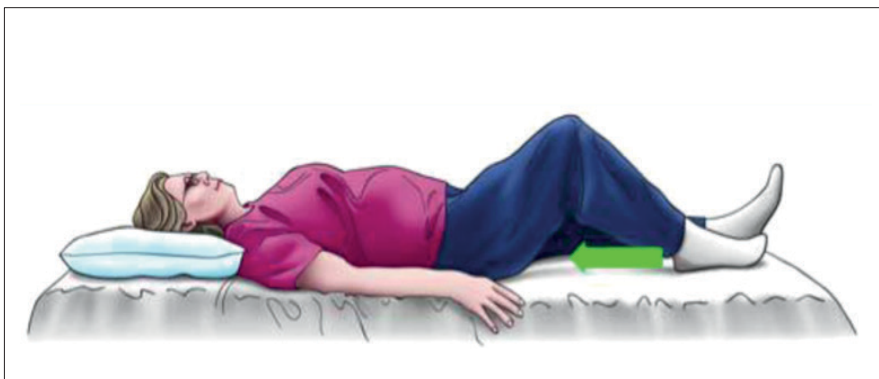
Straight Leg Raise

- Straighten out your operative leg
- Bend your other leg
- Lift your operative leg 5 inches off the bed
- Hold for 5 seconds
- Slowly lower foot to the bed
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



Heel Slides

- Bend your operated knee
- Slide your heel up the bed toward your buttocks
- Hold for 5 seconds
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



Quadriceps Over Roll – Lying Position

- Place roll under knee
- Lift your heel off the bed
- Hold for 5 seconds and lower foot
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



Quadriceps in Sitting Position

- Lift your foot off the floor until your knee is straight
- Hold for five seconds
- Slowly lower your foot to the floor
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



Do not rest or sleep with the roll (or a pillow) under your knee. This will make it very difficult for you to straighten your knee to walk and can result in lasting stiffness. It is also bad for your circulation.

GETTING IN AND OUT OF BED

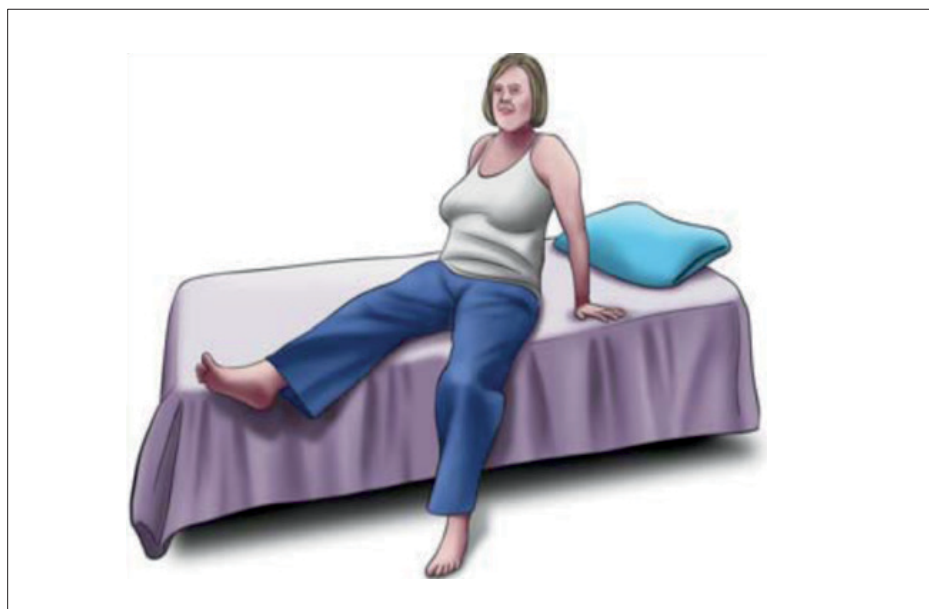
If you are having surgery on both knees, your Physiotherapist and Occupational Therapist in the hospital will help you develop strategies that will work for you. Your operated leg is considered the “bad leg” and the non-operated leg is considered the “good” leg.

Getting in bed

- Sit at the side of the bed
- Hook your foot under the foot of the operated leg, if needed
- Come down on your side as you begin to lift your legs up
- Roll onto your back
- Adjust yourself in bed, as needed
- Therapists will teach you this technique while you are in the hospital

Getting out of bed

- Shift towards the side of the bed (preferably, your non operated knee should be closest to the side of the bed)
- Hook your foot under the foot of the operated leg, if needed
- Roll to your side – towards the side of the bed you are getting up from
- Bring your legs over the edge of the bed, while pushing up with your arm to sit
- Therapists will teach you this technique while you are in the hospital



SITTING AND STANDING

Sitting down

- Using your walker, back into the chair until you feel the chair on the back of both of your legs
- Step with your operated leg forward
- Reach back for the armrest of the chair
- Lower yourself onto the chair

Standing up

- Straighten your operated leg
- Put one hand on the walker
- Keep the other hand on the seat or armrest of the chair
- Push up from the chair, using the hand on the chair while keeping one hand on the walker. Never use two hands on the walker to stand, the walker could tip causing you to fall
- Stand up and slide the operated leg back to make it even with your other leg

USING A WALKER

- Move your walker forward - keep your back straight
- Step with your operated leg first, so that your operated leg is even with your hands
- Bring your non-operated leg forward so that it is even with your operated leg (push down with your hands for support)
- As you improve, you can step all the way through with your non-operated leg, in a more fluid walking motion

USING A CANE

- Place the cane on the side of your non-operated leg
- This will give you a steady base and provide balance

USING THE STAIRS

A stair railing is a helpful safety aid after surgery. We recommend having a railing installed on your stairs before surgery if you don't have one. If this is not an option, have someone assist you up and down the stairs. If you are having surgery on both knees, your Physiotherapist and Occupational Therapist in the hospital will help you develop strategies that will work for you.

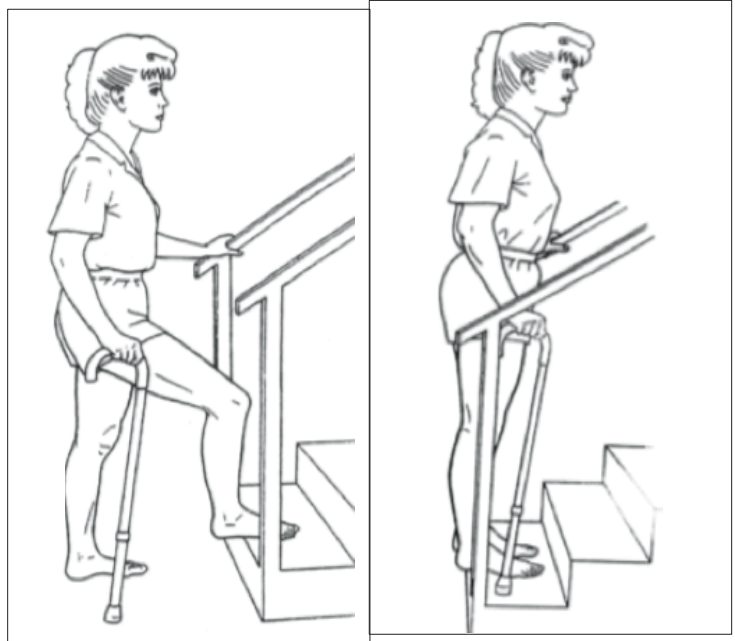
Up with the "good leg" (non-operated).
Down with the "bad leg" (operated).

Going up the stairs

- Stand facing the stairs
- Grasp the handrail
- Hold your cane in your other hand
- Step up with your non- operated leg
- Keep the cane on the same step as the operated leg
- Raise both the cane and the operated leg to meet the non-operated leg

Going down the stairs

- Stand at the top of the stairs
- Grasp the handrail
- Hold the cane in your other hand
- Step down with your cane and operated leg
- Bring your non-operated leg down to meet your operated leg



Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext. 4490 or email hipknee.navigator@nygh.on.ca

STEP 6 Going Home

PREPARING TO GO HOME

You can expect to go home the same day or one day after your partial/oxford knee replacement, 1 or 2 days after your total knee replacement, three days after having both total knees replaced and 2 to 3 days after having both partial knees replaced.

You are ready to go home when you are medically stable and can do the activities listed below:

- Use your walker to get around safely
- Get out of and into bed on your own or with a little assistance
- Get into and up from a chair on your own or with a little assistance
- Get to and from the bathroom on your own or with a little assistance
- Get dressed on your own or with a little assistance
- Go up the stairs and down the stairs, on your own or with a little assistance

WHAT TO EXPECT ON DISCHARGE DAY

We will give you:

- Prescription for pain medication
- Prescription for anticoagulant (blood thinner)
- An appointment date for your follow-up visit with your surgeon at the Orthopaedic and Plastics Centre (first floor, West Lobby)
- Written instructions from your surgeon (if applicable)
- Instructions for removing your dressing and staples (if applicable)
- Your physiotherapy plan
- A staple remover

LEAVING THE HOSPITAL

Getting in the car

Move the front passenger seat back as far as possible and slightly recline the back of the seat. Sit at the edge of the seat and back in until your thighs are supported by the seat. Swing both legs together or one at a time into the car.

Getting out of the car

Swing both legs together out of the car until they are on the ground. You can use your non-operated leg to help lift your operated leg, if needed. Use your hands to push off and stand up.

If your drive home is more than one hour, stop in a safe location after each hour to stand up and walk for about five minutes. This will improve your circulation. Do foot and ankle exercises in the car to help with your circulation.



DISCHARGE INSTRUCTIONS

If you have any of the following signs and symptoms, go to your nearest Emergency Department, or call 911:

- Shortness of breath or difficulty breathing
- Excessive bleeding at your incision site.
- Chest pain, tightness or pressure
- An increase in your temperature (over 38C), that has not been reduced by taking Tylenol

Contact your surgeon or patient navigator if you have any of the following:

- Increased pain, redness, or swelling at the incision site
- Moderate to large amounts of drainage at the incision site (leaking outside the Aquacel bandage)
- A foul odor or yellow or green drainage at the incision site
- A sudden, severe increase in pain not relieved with pain medication

Pain and swelling

Some pain and swelling at the surgical site are normal. This will improve over the next few weeks but swelling may increase even after leaving the hospital and might last for several months. Use your pain medication as prescribed. Monitor the time of your pain, the name and amount of pain medication used and note the pain level on a scale of 1-10. Gradually try to wean yourself off your pain medication. You can use ice packs to control pain and inflammation. Raising your leg mid-morning and mid-afternoon, as well as calf pumping exercises can help reduce swelling. It is normal to have some numbness around the area of the surgical incision. This may improve with time.

Prevention of clot formation and pulmonary embolus

Take your pill after surgery as prescribed. Continue to walk and do your exercises regularly as recommended by your physiotherapist.

Bandage/dressing

If you have a dressing (Aquacel), it will stay on for up to seven days. The date of removal will be written on the dressing. Please refer to the specific dressing instructions given to you upon discharge. If you have staples, you will need to contact your family doctor to have your staples removed 10-14 days after your surgery. A staple remover will be provided to you upon discharge.

If your incision is draining/leaking for more than four days after you leave the hospital, call your Patient Navigator or orthopaedic surgeon.

If your dressing is leaking, it should be removed. To remove your dressing, follow these steps:

- Wash and dry your hands
- Press down on the skin with one hand and carefully lift an edge of the dressing with your other hand
- Stretch the dressing down and out (not up and out) to break the adhesive seal
- Slowly work your way around the dressing, repeating the above steps, until the dressing is loose and can be removed
- Please refer to the discharge instructions to remove Aquacel dressing
- Observe for any signs of infection (see below), do not cover up the incision again

Infection

Wound infection is a risk until the incision has closed fully and there is no drainage. An infection in the incision area can lead to a deep infection of your knee joint.

Signs of infection are:

- Redness
- Purulent drainage
- Odour
- Excessive swelling around the incision
- Fever of about 38°C or higher, not reduced by Tylenol
- Increased pain in the knee joint that was operated on

Dental precautions

Bacteria can go from your mouth, into your blood stream and then into your hip, which can cause an infection. During regular dental checkups, always tell your dentist that you have had knee replacement surgery. Improving and maintaining good oral hygiene can help reduce bacteria.

Remember: No dental work for six weeks before surgery or three months after surgery (unless an emergency). Dental work done within these three months will require you to take antibiotics prescribed by your dentist or family doctor.

Other medical procedures

You should not have any invasive medical procedures for three months following your surgery (unless an emergency).

Bathing, showering, and swimming

You can take a shower. Your dressing is waterproof. However, do not take a bath, go in a pool or hot tub until your incision is fully healed.

Incision

Once your incision is healed, it can be left open to the air. You can now shower without covering your incision. Do not put any soap or lotion on the incision. Do not use any polysporin or Vitamin E oil until the scabbing is gone.

Bruising

Bruising is common, especially, when there is no drainage. The bruising will go away gradually. If the bruising gets worse, see your family doctor.

General Health

It is normal to feel tired and have a poor appetite after surgery. This will last for a few weeks. You may also experience constipation from your pain medication. Drink plenty of water, eat fruits and vegetables and add fiber to your diet to give you energy and prevent constipation.

KNEE PRECAUTION

Do not lie or sleep with a pillow or roll under your knee.

RETURNING TO NORMAL ACTIVITY

Healing after surgery takes several months and too much activity, too early, can interfere with the healing process.

While your knee osteoarthritis was developing, you were gradually losing range of movement and muscle tone. This often affects your tolerance to exercise, endurance, walking, and balance. Regaining those functions often takes longer than you and your family expect.

Follow the directions that your surgeon gave you, before you had surgery. If you have questions or are unsure about some of the directions, speak with your orthopaedic surgeon at your first follow up visit.

EXERCISES AFTER SURGERY

Keep this guide handy to help you follow your exercise routine. Do your exercises 2 to 3 times a day. The exercises will become easier as you become stronger. Remember to take your pain medications to keep your pain under control.

It is important to keep active after knee replacement surgery. This will keep you strong and moving well. Balance your activity and exercise with periods of rest. Gradually increase your activity e.g. walking, and household chores. Always be mindful of knee precautions and how they affect your activity and exercise.

RESUMING ACTIVITIES AFTER SURGERY

Congratulations on your new knee! Although there is much work to do, we have already done a lot together. When you get home, take a deep breath and relax. The benefits of knee replacement surgery are great and will be achieved with your effort and time.

Walking: Continue to use your walker, crutches or cane. This will help you walk without a limp. Walking with a limp puts more pressure on your joint and will prevent your muscles from getting stronger. It is better to walk without a limp than to walk with a limp.

Driving: In general, if your surgery was on your right knee, you can start driving again after six weeks. If your surgery is on your left knee, you can drive sooner with permission from your surgeon. Even if the surgery is on your left knee, you will feel weaker than normal for a while, and you may be taking strong pain medications. This should be considered when attempting to drive. Your surgeon will tell you at your follow up appointment if it is safe for you to start driving again. Please be mindful that you should not drive while taking narcotics.

Returning to work: You and your surgeon should already have discussed your expected return to work date. You can discuss this again at your first post-operative follow up visit.

Leisure and sport activities: Activities like walking, dancing, swimming, and bowling are usually safe to do about three months after surgery. Speak with your surgeon about when it is safe to start your leisure activities.

Sexual activity: This can begin again about six weeks after surgery. Remember your knee precautions to avoid any position that causes you pain. Discuss questions at your follow up visit with your surgeon.

Travel: Security alarms may be set off by your knee components. A letter from your surgeon will not excuse you from security precautions at any airport. Stop and change positions hourly to prevent joint discomfort and stiffness. It is recommended that you do not travel by plane before three months. Please discuss travel plans with your surgeon if you plan on travelling by plane within three months of surgery, as DVT/blood clots are a concern when traveling on long flights.

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext. 4490 or email hipknee.navigator@nygh.on.ca

STEP 7 My Care After Knee Replacement Surgery

PHYSIOTHERAPY

NYGH offers physiotherapy to our patients who have had knee replacement surgery. This is a group rehabilitation program which will be arranged for you before you go home. North York General Hospital also has agreements with a group of physiotherapy clinics. The Patient Navigator can help you make arrangements before your surgery with any of these clinics if you live out of town. You may also attend a private physiotherapy clinic that is more convenient to you.

If you are scheduled to attend the physiotherapy knee class at NYGH, please see the following instructions:

- Classes are approximately one hour
- You will attend physiotherapy class two times per week
- Bring your health card, hospital card and your coach, if possible
- Wear loose, comfortable pants that can be rolled up, or shorts, and clean, comfortable shoes (i.e. running shoes)

NYGH Knee Class, Rehab Gym
General Site, 4001 Leslie Street
5 Southeast, Room 172
T 416.756.6000 ext. 3727

FOLLOW UP CARE

Your first follow up visit will be approximately four weeks after surgery or as indicated by your surgeon. You will be seen in the Orthopaedics and Plastics Centre, located at the General Site. If you were not given a follow up appointment when you were discharged from the hospital, the clinic will call you. If you are having concerns or complications, you may be seen earlier than these scheduled times.

Gulshan & Pyarali G. Nanji Orthopaedics and Plastics Centre
General Site, 1st floor
4001 Leslie Street
T 416.756.6970
F 416.756.6502

NYGH will be asking you to please fill out a survey about your recovery following surgery 3 months and 1 year post-operatively. This short survey provides us with important information to improve patient satisfaction and health outcomes. This is the same survey you filled out before your surgery at your pre-operative appointment. You will receive a telephone or mail notification to complete the survey.

4 Easy Steps to Complete Survey:

1. Visit www.nygh.on.ca/hipkneecare
2. Click on the survey link
3. Enter OHIP number
4. Complete survey

Contact information: 416-756-6568

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext. 4490 or email hipknee.navigator@nygh.on.ca

COMMUNITY RESOURCES

Arthritis Society: www.arthritis.ca or 1.800.321.1433

Canada's Food Guide: www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Canadian Orthopaedic Foundation: whenithurtstomove.org or 1.800.461.3639

Health Care at Home: healthcareathome.ca

Dietitians of Canada: www.dietitians.ca

Grocery Gateway: 905.564.8778

Mosaic Homecare Services and Community Resource Centre: www.mosaichomecare.com or 905.597.7000

Ontario Retirement Home Directory: Ontario.senioropolis.com

Ortho Connect: www.orthoconnect.org

Ontario Physiotherapy Association: www.opa.on.ca or 416.322.6866

Right at Home Homecare Inc.: www.rightathomecanada.com T: 905-331-3223 ext. 702, toll-free 1-844-635-3223

MEALS ON WHEELS SERVICES

Bathurst to Victoria Park/Steeles to 401	416.225.6041
Jane to Bathurst /Finch to Eglinton (Villa Colombo)	416.780.0407
Markham Rd /Victoria Park & Steeles/401(Chinese support services)	416.502.2323 #231
Steeles to Finch/Sheppard & Dufferin to Yonge (Bernard Betel)	416.225.2112 ext. 114

PRIVATE HOME CARE AGENCIES

Arcadia Senior Care	416.977.0050
Bayshore Home Health	1.877.289.3997
Better Living Health	416.447.7244
Eldercare Home Health	416.482.8292
Home Instead Senior Care	416.972.5096
Homestead Care Providers	416.494.0339
Mosaic Home Care	905.597.7000
Nurse Next Door	416.836.0563
Quality Care Home Care	416.630.0202
Saint Elizabeth Health Care	1.877.625.5567

TRANSPORTATION SERVICES

The following companies provide door-to-door transportation for persons with physical abilities. You must complete the appropriate application to be considered for eligibility. Applications must be completed PRIOR to your surgery as it takes approximately 14 days to process. Where to register will depend on where you live.

Durham Region Transit (DRT) Specialized Services: For the Durham Region (e.g. Ajax, Pickering)
Visit the website or call customer service at 1-866-247-0055 to obtain an application.
www.durhamregiontransit.com/SpecializedTransit

Trans Help: For Peel Region (Mississauga, Brampton, or Caledon)
Visit the website or customer service at 905-791-1015 to obtain an application.
www.peelregion.ca/transhelp

TTC Wheel Trans: for Toronto, North York, and Scarborough
Visit the website or call customer service at 416-393-4111 to obtain an application.
www.ttc.ca/WheelTrans/How_to_apply/index.jsp

York Region Transit (YRT) Mobility Plus: For York Region (e.g. Thornhill, Markham, Richmond Hill)
Visit the website or call customer service at 1-866-744-1119 to obtain an application.
www.yrt.ca/en/mobility-plus/mobility-plus-service.aspx

SHORT STAY (RESPITE CARE) RETIREMENT HOMES

Some patients choose to stay in a respite care facility after their knee surgery. Respite care in a retirement home after surgery means that you may have all or some of the following: a fully furnished room, in room emergency bell system, meals, 24/7 assistance from qualified personnel, assistance with bathing and dressing. If you decide to purchase respite care you must make these arrangements before your surgery. Please note that there will be a charge for these services (not covered by OHIP). Before surgery, tell your care team and your family physician about your plans for respite care. If you would like more information about respite care or how to go about arranging respite care, please contact the Patient Navigator.

Amica Bayview Village (Bayview/Sheppard)
416.977.3177

Four Elms (Bathurst/Steeles)
905.738.0905

Amica Bayview Gardens (Bayview/Sheppard)
647.286.7935

Leaside- Revera (Don Mills/Eglinton)
416.425.3722

Amica Thornhill (Yonge and Steeles)
905.886.3400

Living Life on the Avenue (Avenue Rd/Eglinton)
416.483.9900

Chartwell Lansing (Yonge and Sheppard)
647.547.1814

Rayoak Place- Revera (York Mills/Victoria Park)
416.391.0633

Delmanor Elgin Mills (Yonge/Finch)
905.770.7963

Terrace Gardens- Revera (Bathurst/Wilson)
416.789.7670

Donway Place-Revera (Don Mills/Lawrence)
416.445.7555

Viva Thornhill Woods (Bathurst/Weldrick)
905.417.8585

Disclaimer: The listed services are not endorsed by North York General. This list does not claim to be exhaustive and some facilities/resources may have been inadvertently missed.

DEVICE AND EQUIPMENT VENDORS

Name	Location and Hours of Operation
<p>AGTa Home Health Care 416.630.0737 www.agtahomecare.com</p>	<p>7695 Jane Street (S. of Hwy 7 in Vaughan) M-F 9-5</p>
<p>Amcare Surgical 416.781.4494 www.amcare.ca</p>	<p>1584 Bathurst Street (2 blocks N. of St. Clair Ave. and W. side of Bathurst) M-F 9-7, Sat 9-5</p>
<p>Baygreen Home Health Care 905.771.0010 www.baygreen.ca</p>	<p>8 Green Lane (Bayview Ave. and John St. in Thornhill) M-Th 9:30-6, F 9:30-5, Sat 10:30-2</p>
<p>Canada Care Medical 416-241-1133 www.canadacaremedical.com</p>	<p>1865 Leslie Street (N. of York Mills Rd.) M-F 8:30-7, Sat 9-5</p>
<p>Home Medical Equipment 416.633.9333 www.hmemobility.com</p>	<p>77 St. Regis Cres. South (Keele St. and Sheppard Ave.) M-F 8:30-5</p>
<p>In Motion Services 416.638.9522</p>	<p>24 Martin Ross Ave. Unit 6 Toronto ON M3J 2K8 M-F 9-5</p>
<p>M&M Medical Supplies 647.346.4040 www.mandmmedical.ca</p>	<p>2155 Lawrence Ave. (Lawrence and Birchmount Rd. in Scarborough) M,Th 10-6:30, Tu,W,F 10-4, Sat 10-3</p>
<p>Main Drug Mart 416.221.1700 www.maindrugmart.com</p>	<p>1100 Sheppard Ave. E. (1 light W. of Leslie St. on the N. side) M-F 9-9, Sat 9-5, Sun 10-3</p>
<p>Medical Mart 905.624.6200 www.medimart.com</p>	<p>Bathroom equipment for purchase only 550 Matheson Blvd W (Hwy 401 and Huronontario St. in Mississauga) M-F 9-8, Sat 10-6</p>
<p>Medichair 905.715.7853 www.medichair.com</p>	<p>105 Harry Walker Parkway N, Unit 1 (Davis Dr. and Hwy 404 in Newmarket) M-F 8:30-5</p>
<p>Medigas 416.365.1050 www.medigas.com</p>	<p>385 Bentley St. (Esna Park and Denison in Markham) M-F 8-5</p>
<p>Med Plus Home Health Care 416.477.5960 www.medplushealth.ca</p>	<p>285 Midwest Rd. (Midland Ave. and Finch Ave. in Scarborough) M-F 9-5</p>
<p>Mobility Spot 905.764.0706 www.mobilityspot.ca</p>	<p>34 Futurity Gate, Unit 11 (Dufferin St. and Steeles Ave. in Vaughan) M-W 9-5, Th 9-6, F 9-4</p>
<p>Motion Specialties 416.701.1351 www.motionspecialties.com</p>	<p>202 Sparks Ave. (Victoria Park Ave. and Steeles Ave.) M-F 8:30-5</p>
<p>Performance Health (Patterson Medical) 1.800.665.9200 www.performancehealth.ca</p>	<p>72 Carnforth Rd. (Victoria Park Ave. and Lawrence Ave.) 6675 Millcreek Dr. Mississauga warehouse M-F 8-6 (phone ordering hours)</p>
<p>Shoppers Home Health Care www.shoppershomehealthcare.ca 416.789.3368</p>	<p>Contact individual stores for equipment and services</p>
	<p>528 Lawrence Ave. W. (N.W. corner at Bathurst St.) M-W, F 9-6, Th 9-8, Sat 9-5, Sun 11-5</p>

905.763.9525	8000 Bathurst St. (at New Westminster Rd. in Vaughan) M-W, F 9-6, Th 9-8, Sat 9-5, Sun 12-5
416.431.4621	685 McCowan Rd. (S. of Lawrence Ave.) M-W 9-6, Th-F 9-8, Sat 9-5, Sun 11-5
416.698.2808	2492 Danforth Ave (W. of Main St. in East York) M-W, F 9-6, Th 9-8, Sat 9-5, Sun 12-5
416.467.4673	65 Wicksteed Ave., Unit 200 (Eglinton Ave. and Laird in Leaside) M-F 9:30-8, Sat 9:30-6, Sun 11-5
905.887.9055	9255 Woodbine Ave., Unit 5 (N.E. corner at 16 th Ave. in Markham) M-W, F 9-6, Th 9-8, Sat 9-5, Sun 12-5
905.953.9907	17725 Yonge St., Unit 5 (N. of Davis Dr. in Newmarket) M-W, F 9-6, Th 9-8, Sat 9-5, Sun 11-4
905.427.4171	260 Kingston Rd. W. Unit 23 (Westney Rd. and Kingston Rd. in Ajax) M-F 9-6, Sat 9-5, Sun 12-5
416.236.1201	5230 Dundas Street W (W. of Kipling Ave. in Etobicoke) M-W, F 8:30-6, Th 8:30-8, Sat 9-5, Sun 12-5
905.281.0166	1077 North Service Road, Unit 21 (W. of Dixie Rd. in Mississauga) M-W, F 8:30-6, Th 8:30-7, Sat 9-5, Sun 11-4
Starkman's Surgical Supplies 416.534.8411 www.starkmanshealth.com	1243 Bathurst St. (S.E. corner at Davenport Rd.) M-W, F 9-6 Th 9-8 Sat 9-6 Sun 12-5
Vital Mobility 905.532.9494 www.vitalmobility.ca	3537 Bathurst Street (N. of Lawrence Ave. and S. of Wilson Ave.) M-W 9-5, Th 9-6, F 9-4
	130 Bass Pro Mills Drive, Unit 62 (E. of Hwy 400 in Vaughan) M-F 9-5, Sat 10-2 Has cryocuff machine for rental and purchase

Disclaimer: The listed services are not endorsed by North York General. This list does not claim to be exhaustive and some facilities/resources may have been inadvertently missed. Information is subject to change without notice.

FREQUENTLY ASKED QUESTIONS (FAQs)

I live alone, how am I going to manage on my own?

A number of our patients live alone and live independently after their surgery. There is equipment and aids that can make every day activities easier to do (see page 8). Patients who live alone can use community-based services, like Meals on Wheels, grocery delivery, private home care agencies and respite care (see page 32).

Will I be able to use stairs after my surgery?

Yes, you should be able to use the stairs with the help of a railing and walking aid (such as a cane, crutches) after your surgery. Your physiotherapist will make sure you are able to walk up and down stairs safely with a railing and walking aid and before you leave the hospital.

Is there anything I can do at home before surgery that will help in my recovery?

Unless your surgeon told you otherwise, we strongly encourage you to practice the exercises outlined on pages 20-22 of the Patient Guide. These exercises will help strengthen the muscles around your joint, which can speed up your recovery, and can be helpful for both legs- especially the leg that will be operated on.

What should I do if I notice more swelling in my leg?

Some swelling in the operated leg can be normal and can get worse after you leave the hospital. This may seem alarming at home, but typically this swelling will go down slowly over a few weeks, but it might last for a few months. Be sure to rest your leg often (especially after exercising) and apply ice packs to help control pain and swelling. Some patients choose to purchase or rent a Continuous Cold Therapy System, which can be more effective and convenient than cold packs. You can discuss this option with the nurse when you attend your pre-operative appointment.

When can I return to work after my surgery?

The amount of time you will have to wait before returning to work depends on a few things, including the type of work you do and how quickly you recover. Your surgeon will talk with you about when you can return to work safely.

How soon after my surgery can I go into a pool?

As long as your incision is completely healed, you can resume most recreational and sport activities after about three months. Be sure to ask your surgeon about specific activities, like aqua fitness classes, during your follow-up appointment. Your follow-up appointment usually takes place within four weeks after your surgery.

There is a lot of information in the Patient Guide about using your 'non-operated' and 'operated' leg- what if I am having surgery on both legs?

While the Patient Guide is written for single joint replacements, there are several management strategies for patients who are having more than one surgery. Your Physiotherapist and Occupational Therapist in the hospital will help you develop strategies that will work for you.

IMPORTANT NUMBERS

North York General

T 416.756.6000

Total Joint Assessment Centre (TJAC)
Specialty Care Clinic, first floor, West Lobby

T 416.756.6675

Pre-Op Assessment Clinic

General site, 4 South

T 416.756.6375

Orthopaedic Surgery Inpatient Unit

General site, 4 West

T 416.756.6398

North York General Outpatient Knee Class

General site, 5 South Rehab Gym

T 416.756.6000 ext. 3727

Orthopaedics and Plastics Centre

General site, first
floor, West Lobby

T 416.756.6970

Hip and Knee Patient Navigator

T 416.756.6000 ext. 4490

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