St.Thomas Elgin General Hospital

Before, During & After

KNEE REPLACEMENT SURGERY

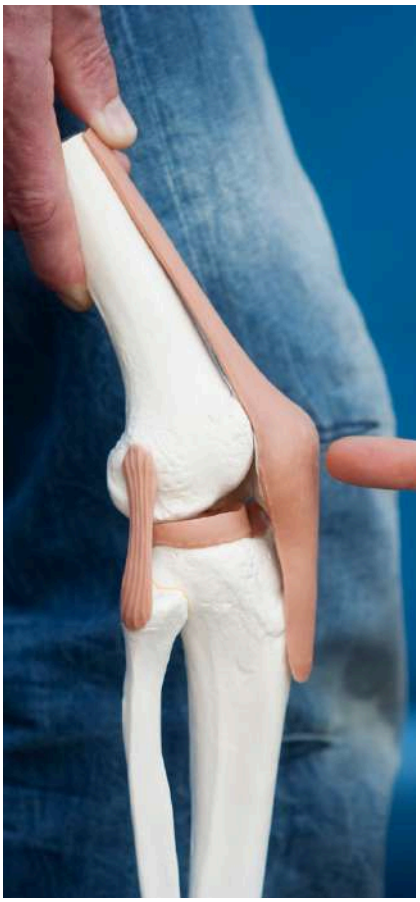
Patient Handbook

Contents

ABOUT YOUR KNEE REPLACEMENT SURGERY

You are about to have knee replacement surgery. Patients who are prepared for surgery and who take part in their care can recover in less time and with less pain. This booklet provides general information to help you prepare yourself, your family, and your home for surgery. Please read it carefully and bring it with you to the hospital on the day of your surgery.

Important: If your surgeon or health care team gives you advice that is different from what is in this booklet, please follow the specific directions you receive.

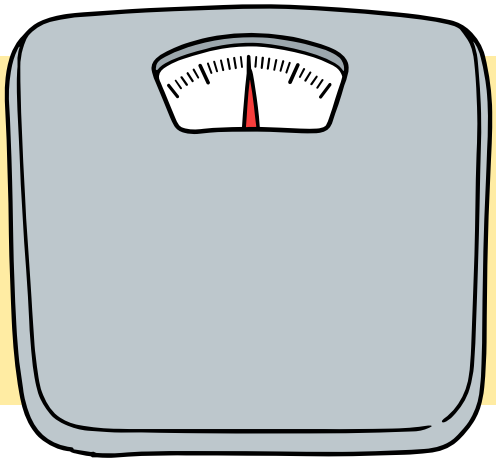


BEFORE SURGERY

- Weight Management
- Community Meal Delivery Services
- Pre-Admission Appointment
- Shower Instructions
- Home Set-up
- Measuring your Walker
- Bathroom Safety Equipment
- Equipment to Bring to Hospital
- Where to get Equipment
- Length of Hospital Stay
- Final Checklist

WEIGHT MANAGEMENT

Being overweight or underweight can affect your recovery from surgery. If you are overweight, weight loss is a good strategy to reduce hip and/or knee pain and to allow you to do more activities. Being overweight can make it harder for your body to heal after surgery. If you are trying to lose weight before surgery, aim for a gradual loss of no more than 1 pound per week. Avoid fad diets as they may cause you to be undernourished and slow your recovery.



1 EXTRA POUND =

Approx. 3-6 lbs of force on your knees & hips

It is important to eat well before surgery. Talk to your primary care provider if you are worried about being overweight or underweight before surgery.

COMMUNITY MEAL DELIVERY SERVICES

Kathy's Catering
42703 Fruit Ridge Line
Central Elgin
519-633-0101

Meals on Wheels (VON)
519-637-6408
mealcall.org

Heart to Home Meals
1-866-933-1516 - call to find your local office
hearttohomemeals.ca

Book your physiotherapy appointment with a Bundled Care Clinic (refer to the back of this book). Call at least 2-3 weeks before your surgery date.

PRE-ADMISSION CLINIC APPOINTMENT
(PRE-ADMIT)

You will have a Pre-Admit appointment 2-4 weeks before surgery.

At your Pre-Admit Clinic appointment, you will learn more about your surgery, what to expect while you are in hospital, and what you need to prepare at home. It is a good idea to bring a family member or support person with you to this session.

This appointment will last an hour.

You may also have some other tests done before surgery, such as bloodwork, urine sample, and possible ECG/x-rays.

Bring a complete list of ALL your medications/supplements to your Pre-Admit appointment. Please bring your medications in their original containers with you to the appointment so that they can be reviewed accurately.

Contact the Pre-Admit Clinic
If you have questions after your appointment, please contact Leah (Pre-Admit Nurse) at 519-631-2030, ext. 2351.

*** FAILURE TO ATTEND THE PRE-ADMIT APPOINTMENT WILL RESULT IN POSTPONING YOUR SURGERY.**

Your surgery may be cancelled if you have an active infection anywhere in your body, a skin infection over the joint, a cold, or the flu. **If you are sick before surgery - call your surgeon.**

SHOWER INSTRUCTIONS BEFORE SURGERY

Use TWO packages of **BD E-Z scrub 747 4% Chlorhexidine** given at your Pre-Admit Appointment.

DIRECTIONS:

- Take **TWO showers**, one the **night before** surgery and the other the **morning of** your surgery.
- Use your regular soap and shampoo to wash your face and hair. Rinse. Step away from water.
- Open one package of BD E-Z scrub and wet the sponge to make suds.
- Use a back and forth gentle scrubbing motion starting from the neck down. Wash your genital and anal areas last.
- When application is complete, use warm water to thoroughly rinse the cleanser from your body.
- Use a clean towel to pat your skin dry.
- **Do not apply deodorant, body lotion, or powder.**
- Dress in clean clothes.
- Repeat the shower process in the morning before your surgery using another clean towel and fresh clothing.

DO NOT:

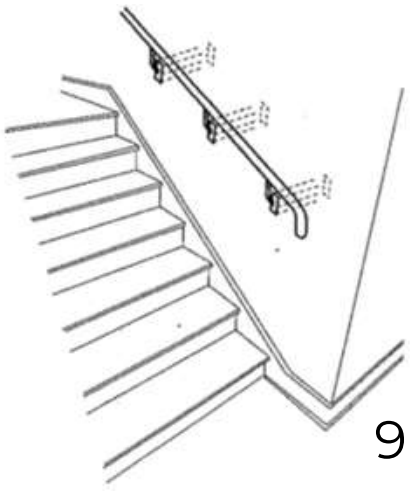
- Use E-Z scrub near your eyes, ears, or mouth.
- Use if you are allergic to Chlorhexidine Gluconate or any other ingredient in this product.
- Shave, clip, wax, or use a hair removal cream below your neck.

Stop use if irritation or rash develops and contact your health care provider.

HOME SET-UP

It is important to set up your home **BEFORE** joint surgery. This will allow you to easily move around your home with a walker or crutches after surgery, reduce the risk of falls, and maintain your knee or hip joint precautions.

- Ensure hallways and rooms are free of clutter and tripping hazards (e.g. scatter rugs, footstools, etc.)
- Set up a firm chair with armrests of appropriate height
- Ensure good lighting in hallways and other well used areas
- Arrange for extra help with household tasks if needed (e.g. vacuuming, laundry)
- Keep 2 or more ice packs in your freezer for joint swelling after surgery (you can use a bag of frozen peas)
- If there are a lot of stairs to go up to your bedroom, consider moving your bed to the main floor temporarily; look into borrowing or renting a bed if necessary
- If you do not already have them, install handrails on at least one side of each stairway, including any stairs outside the house. Consider installing a temporary ramp to access the house if needed
- Place things that you use often where you can easily reach them such as a telephone or lamp by your bed
- It is important that you have a good supply of nutritious foods at home
- Stock your freezer with healthy foods and pre-cooked meals
- Arrange for family or friends to do your grocery shopping
- If it is available in your area, you can have meals delivered to your house



**Secure stair rails*

WALKER: STANDARD & TWO-WHEELED

These instructions are guidelines only. Use as instructed by your healthcare provider.

What is a Walker Used For?
A walker is a lightweight metal frame that is used to provide walking support.

How Do I Adjust the Walker Height?

- Stand with your shoulders relaxed and your arms hanging loosely at your sides.
- The walker height should be at the crease of your wrist when your arm is extended (Figure 1).

To adjust the walker:

- Depress the spring button on a leg and slide the leg up or down.
- Engage the spring button into the hole that provides the correct height.
- Repeat for each walker leg, making sure that the walker is level.

⚠ **WARNING** Do not move walker wheels to inside of legs or to the back legs.

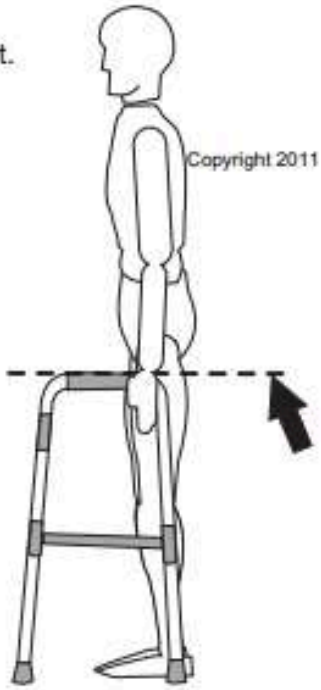


Figure 1: Correct sizing on standard walker

How Do I Use the Walker?

⚠ **WARNING** If you are using a folding walker, make sure that it is locked open prior to use.

⚠ **WARNING** Ensure the walker sits level, and all legs are adjusted to an equal height.

⚠ **WARNING** Ensure that the spring buttons are fully engaged in the adjustment holes before use.

⚠ **WARNING** Do not use the walker on stairs or escalators.

⚠ **WARNING** Indoor use only. Using outside will wear down tips and cause permanent damage.

Sitting

- Back up until you can feel what you want to sit on (bed, chair, toilet) touch the back of your legs.
- Reach back and place your arms on the arm rest of the chair. If there are no arms, reach at least one of your arms back to the seat.
- Sit down carefully and slowly.

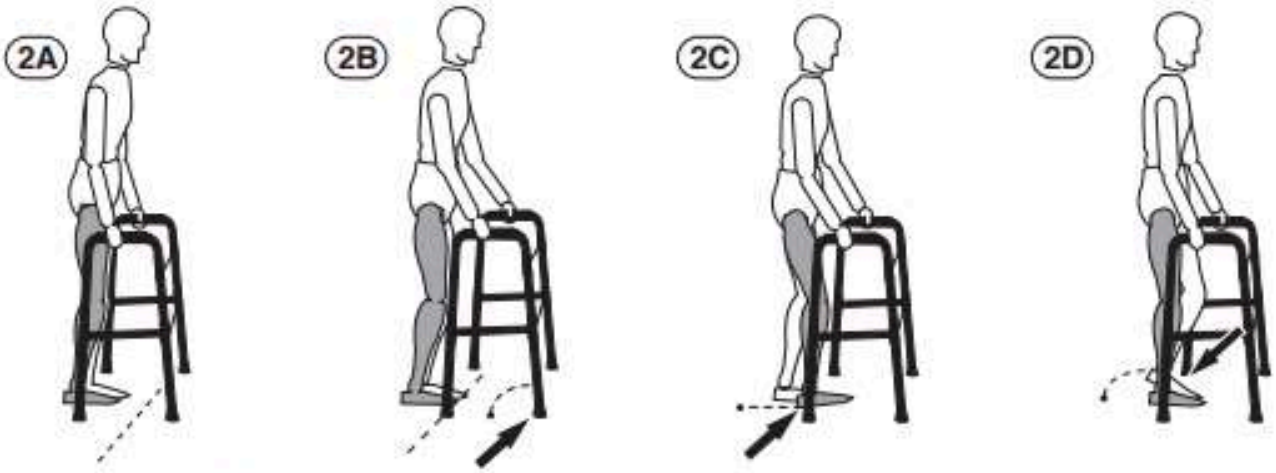
⚠ **WARNING** Do not lean on the walker when in the process of sitting down or standing up. It may topple over.

Walking

⚠ **WARNING** Do not "rock" the walker by pushing one side forward and then the other side without lifting the walker.

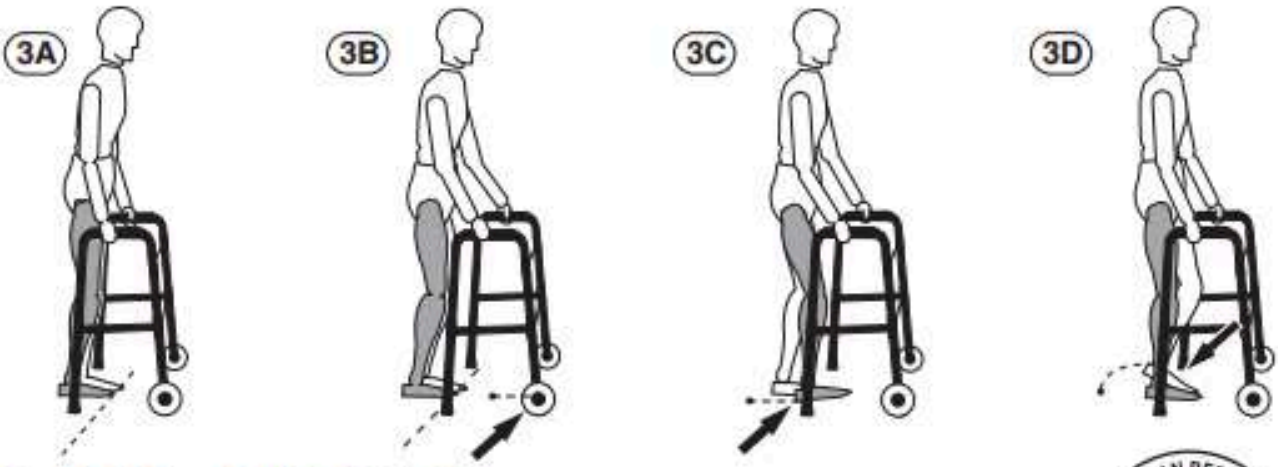
Standard Walker (no wheels)

1. Starting from a standing position (Figure 2A), pick up the walker.
2. Place the walker about 12 to 15 inches in front of you with all four legs on the floor (Figure 2B).
3. Step forward with your weaker leg, so the middle of this foot is at the back of the walker (Figure 2C).
4. Putting as much weight as necessary through your arms onto the walker, step forward with your stronger leg. Try to keep your steps equal in length (Figure 2D).
5. Repeat the process.



Two-wheeled Walker

1. Starting from a standing position (Figure 3A), push the walker forward about 12 to 15 inches (Figure 3B).
2. Step forward with your weaker leg, so the middle of this foot is at the back of the walker (Figure 3C).
3. Putting as much weight as necessary through your arms onto the walker, step forward with your stronger leg. Try to keep your steps equal in length (Figure 3D).
4. Repeat the process.



How Do I Care for the Walker?

- Clean the walker with mild, soapy water.
- Periodically check the tips and wheels for rips, tears and wear. If any of these conditions are found, contact the Red Cross immediately.

Please ensure that equipment returned to the Red Cross is clean and in good condition.

BATHROOM SAFETY EQUIPMENT

- Install a raised toilet seat with armrests or a commode over the toilet to assist you to sit or stand. If using a raised toilet seat, make sure it fits securely to the toilet. (not all raised toilet seats fit all toilets)
- Set up a tub transfer bench (in the bathtub) or a shower chair (in a shower stall)
- Use a non-slip bathmat both inside and outside the bathtub or shower
- Install a hand-held shower hose in the bathtub
- Grab bars in the bathtub/shower stall and by the toilet are very useful. DO NOT use towel racks or toilet paper holders to assist you to stand or sit.

Tub Transfer Bench
A tub transfer bench allows a person to sit and slide safely into the tub without stepping over. Use for: balance issues, fall risk, post-surgery.

VersaMode Over-the-Toilet Commode
A commode chair can be used over a toilet or bedside to assist with safe toileting. Use for: transfer difficulty, reduced strength, caregiver assistance. Goal: Improve safety and independence with bathroom mobility.

EQUIPMENT LIST
ARRANGE BEFORE SURGERY

Equipment you MUST bring to HOSPITAL - LABEL all equipment!

- Standard walker or two-wheeled walker
- Crutch or cane
- Non-slip shoes with a closed heel (elastic shoe laces or velcro straps are best)
- Dressing equipment (long handled reacher, long handled shoe horn and sock aid) OPTIONAL, but recommended

Equipment for HOME - Recommended

- Commode chair or versa frame
- Long-handled reacher
- Long-handled shoe horn
- Sock aid

Equipment for BATHING

Shower

- Use a walk-in shower
- Shower chair
- Hand-held shower hose
- 24-inch long-handled sponge
- Non-slip bathmat

Bathtub

- Tub transfer bench
- Installed grab bars
- 24-inch long-handled sponge
- Non-slip bathmat
- Hand-held shower hose

WHERE TO GET EQUIPMENT

Medical Supply Stores

- Equipment for rent and/or purchase
- May deliver to your home and/or install
- Costs may be covered by extended health plans – check your plan
- The Health Line www.jointreplacement.thehealthline.ca
- Veterans Affairs Canada (VAC)

Medical Equipment and Supplies – Sales and Rentals

This service is located in St. Thomas, Elgin County:

Ontario Home Health
31 Laing Blvd, St. Thomas
519-637-3003

These services are located outside of St. Thomas/Elgin County:

Action Medical
225 Main Street
Woodstock
519-533-0376

McNiece TENS Inc.
954 Leathorne Street, Unit 1A
London
519-681-8367

Ontario Home Oxygen & Health
221 Huron Street
Stratford
519-273-5770

Wellwise Home Health & Wellness
641 Commissioners Road East
London
519-685-9150

Grand Medical Supply & Co.
141 Broadway Street
Tillsonburg
519-842-8949

Medigas London
320 Ferndale Avenue, Unit 1
London
519-451-7932

Silver Cross London
1674 Hyde Park Road, Unit 106
London
519-471-6938

Shoppers Home Health Care
Cherry Hill Village Mall
301 Oxford Street West, London
519-434-3326

WHERE TO GET EQUIPMENT

Medical Equipment and Supplies - Loan

There is no longer a loan area in St. Thomas. Equipment from Odd Fellows has been moved to:

The London Consistory Club
29 Tweedsmuir Avenue - Fairmont United Church
519-455-0433
Open 9AM - 12PM Tuesday & Thursday

**Local service clubs may also loan medical equipment and/or provide financial assistance.*

Friends and Family
Check with friends and family who may have equipment you can borrow.

Please ensure equipment fits in your home and is in good working order BEFORE you have your surgery.

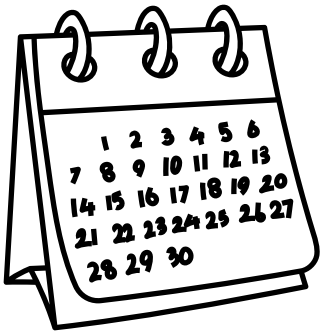
LENGTH OF HOSPITAL STAY

Your time in the hospital is short. To minimize the risk of hospital acquired infections, your healthcare team will work with you to make sure you are medically stable and able to manage daily tasks to go home. Before surgery, it is important to make arrangements to have someone pick you up from the hospital when going home. Discharge time is usually in the morning.

Be aware that you may go home sooner than expected. Ensure your travel arrangements are flexible.

Total Knee Replacement = 1 sleep*

*For example, if you have surgery on Monday and are spending one night in the hospital, you can plan to go home on Tuesday morning.



Monday **SURGERY DAY**
Tuesday **DISCHARGE HOME**
Wednesday
Thursday
Friday

FINAL CHECKLIST

By now, you should have picked up your medical equipment and set up your home. Here is a final checklist of things you need to do before coming to the hospital.

- Bring the following with you to the hospital:
  - Standard walker (no wheels)
  - Cane or crutch
  - Loose fitting clothes
  - Toiletry items (toothbrush, hairbrush, etc.)
  - Non-slip shoes with a closed heel (your shoes should be roomy since you will have some swelling in your feet)
  - This booklet
  - A bag to hold your clothing on the day of surgery (eg. reusable shopping bag)
- Arrange a ride home for day one following your surgery
- Make arrangements for help at home. It's important that you are not home alone immediately after your surgery. You may consider booking a respite care bed at a retirement home. These arrangements need to be made before your surgery.
- Book a physio appointment for a date within the first seven days following surgery at the clinic of your choice
- Label all your equipment with your name (e.g. walker, cane)
- Follow instructions for doing the pre-operative scrub package included in this book. (Do NOT shave below the waist for 48 hours prior to your surgery as any cuts or skin irritation may result in your surgery being cancelled)

Do **NOT** eat or drink after midnight the night before your surgery except a **sip of water** with morning medications as directed by your physician. Do **NOT** bring valuables to the hospital.

SURGERY

- Therapy in Hospital
- Seating after Surgery
- Car Transfers
- Stairs
- Knee Exercise Program
- Exercise
- Everyday Activities - Guidelines

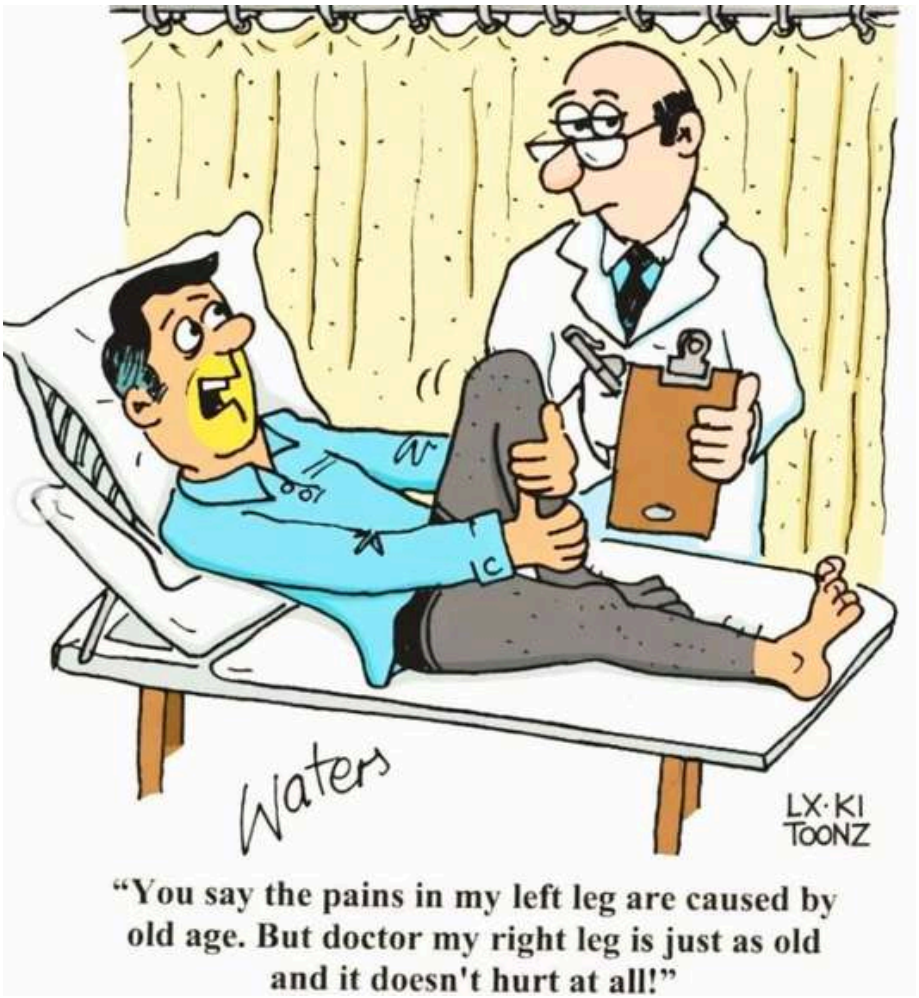
THERAPY IN HOSPITAL

Physical activity is a very important part of your recovery. Not only does it help to improve the function of your joint, it also helps clear your lungs, reduces the risk of blood clots, reduces pain, and starts your bowels moving.

The physiotherapist (PT) and physiotherapy assistant (PTA) will:

- teach you how to walk with a walker
- review your daily exercises
- teach you how to use the stairs safely

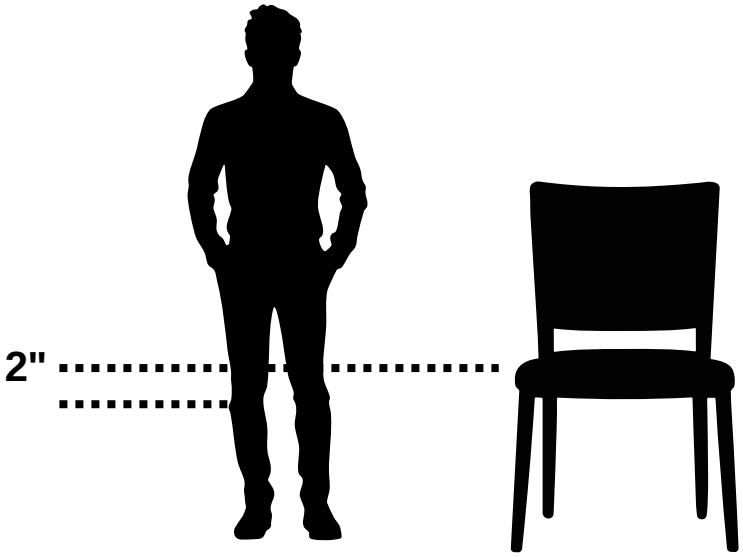
You will be expected to follow your exercise program three times/day while in hospital and at home.



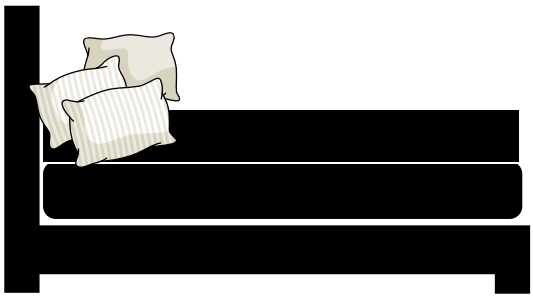
"You say the pains in my left leg are caused by old age. But doctor my right leg is just as old and it doesn't hurt at all!"

SEATING AFTER SURGERY

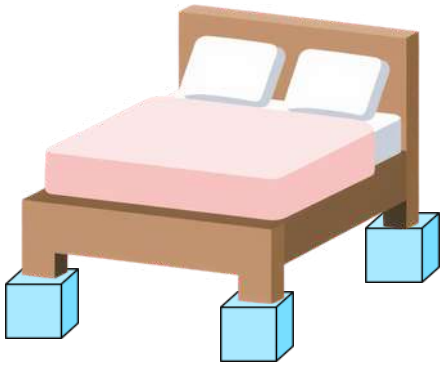
- Seating surfaces that you sit on should be two inches above knee height, making it easier to get up from a sitting position. This includes chairs, beds, toilets, and tub bench/shower chair.



- A firm cushion or blocks could be used to increase chair height. The cushion should be firm enough that it will not compress when you sit on it. You could take your cushion with you to adapt chairs outside of the house if necessary.
- Set up a firm chair with armrests (not a rocking chair)
- Set up a table beside your chair for frequently used items
- If your bed is too low, add another mattress or place the frame on bed blocks



Extra Mattress

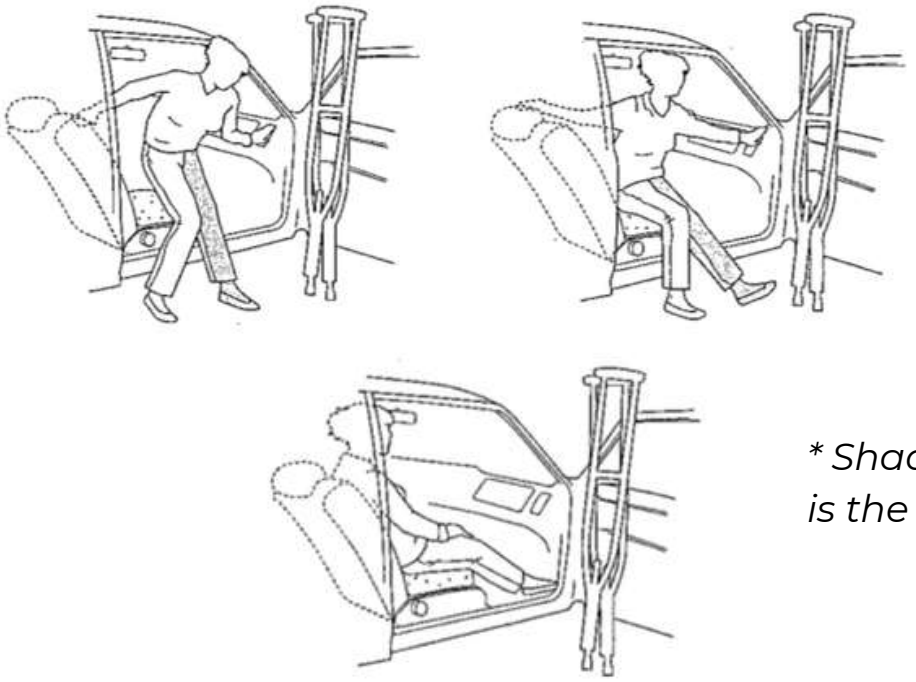


Bed Blocks

CAR TRANSFERS

It can be challenging to protect your joint getting into some cars, particularly following hip surgery.Please practice these instructions before you come to the hospital.

- Park away from the sidewalk or curb so you are not stepping down from the curb to the car. If you have a high truck or sport-utility vehicle, have a step stool with you or you may need to park near the curb so that you do not have to climb up to the seat.
- Move the seat as far back as possible.
- Recline the seat.
- Back up to the seat until you feel the back of the seat on your legs.
- Extend your operated leg.
- Hold onto the back of the seat and the car to stabilize yourself.
- Lower yourself to the seat.
- Slide back and lift your legs into the car.
- A piece of plastic or a large garbage bag over the cushion may make it easier for you to slide in.
- You can also try a device called a “Handy bar” that can assist you to get in and out of a regular car. This can be purchased at medical supply stores.



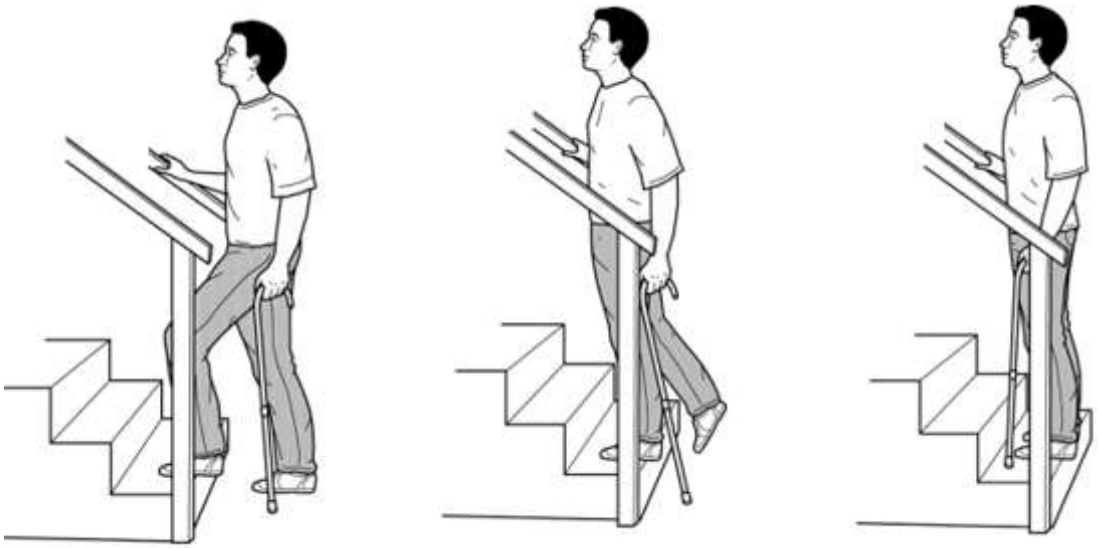
** Shaded leg (left) is the surgical leg*

STAIRS

When you are first home, have someone with you when you do the stairs – that person should be close behind you on the way up and should be one step below you on the way down.

When going UP stairs using a handrail, the GOOD leg steps up first.

1. Stand close to the step and hold onto the handrail with one hand, the cane in the other hand.
2. Support your weight by using the handrail and the cane.
3. Step up with the good leg.
4. Straighten the good leg then step up with the operated leg, and then bring up the cane.



Step up with the good leg. Cane and operated leg step up together.

Note: **In illustrations above, the right leg is the operated leg.**

STAIRS CONT...

Going DOWN stairs using a handrail, the OPERATED LEG steps down first.

1. Stand close to the edge of the step and hold onto the handrail with one hand, the cane in the other.
2. Bring the cane down to the lower step followed by the operated leg.
3. Support your weight by using the handrail and the cane.
4. Step down with the good leg.

Cane down first, followed by the operated leg. **<u>Then</u>, step down with the good leg.**

Note: **In the illustration above, the right leg is the operated leg.**

KNEE EXERCISE PROGRAM

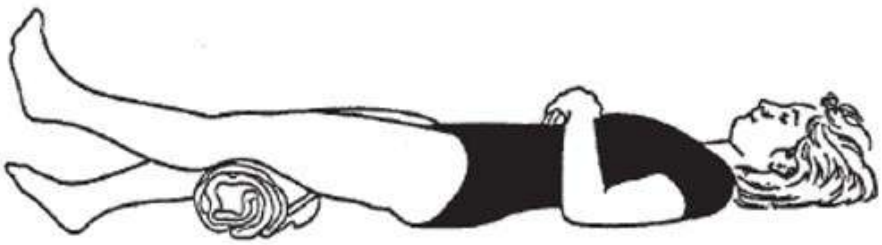
The following exercises are designed to improve your mobility and muscle strength pre- and post-operatively.

Repeat exercises 10 times. Do three sessions per day.

1. Foot and Ankle Pumps: Pump ankles up and down. Exercise both ankles every hour while in bed.

2. Isometric Quadriceps: Tighten thigh muscles and press the back of the knee down into the bed. **Hold for five seconds** and release slowly.

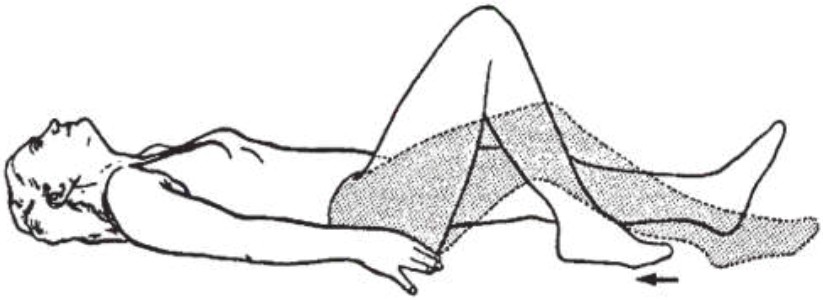
3. Knee Extension: Place a rolled towel under your knee. Raise your foot up off the bed to fully straighten your knee. **Hold for five seconds** and lower slowly.



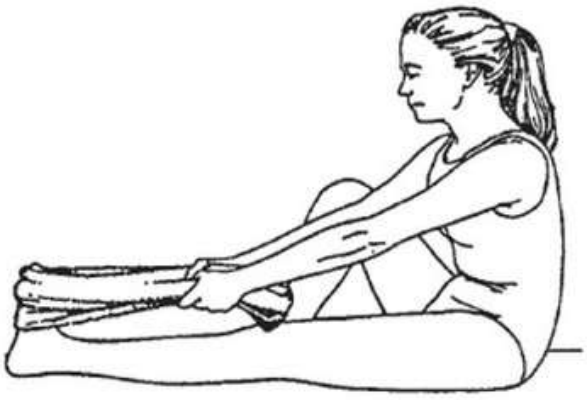
KNEE EXERCISE PROGRAM CONT...

4. Straight Leg Raise: Keeping your operative leg completely straight, slowly raise your leg up off the bed, **hold for five seconds** and lower slowly. You may find it more comfortable to bend your non-operative leg for support.

5. Range of Motion: Lying on your back, slide the heel of your operated leg up towards your buttocks, use a strap if needed.



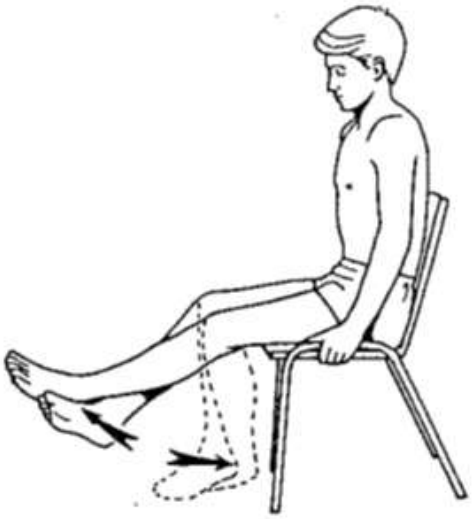
6. Calf Stretch: Place a towel/strap over the bottom of your foot and pull your foot towards you. You should feel a stretch behind your lower leg. **Hold for 10 seconds** and gently release.



KNEE EXERCISE PROGRAM CONT...

7. Knee Extension (sitting): Place your foot flat on the floor. Straighten your operative knee as straight as possible in front to you. **Hold for five seconds**, lower slowly. Relax and repeat.

8. Knee Flexion (sitting): Place your foot flat on the floor. Bend your knee to slide your foot back toward the chair. You may assist with your other leg, by placing it in front of your operative leg, to help push your foot back. **Hold for 10 seconds.** Relax and repeat.

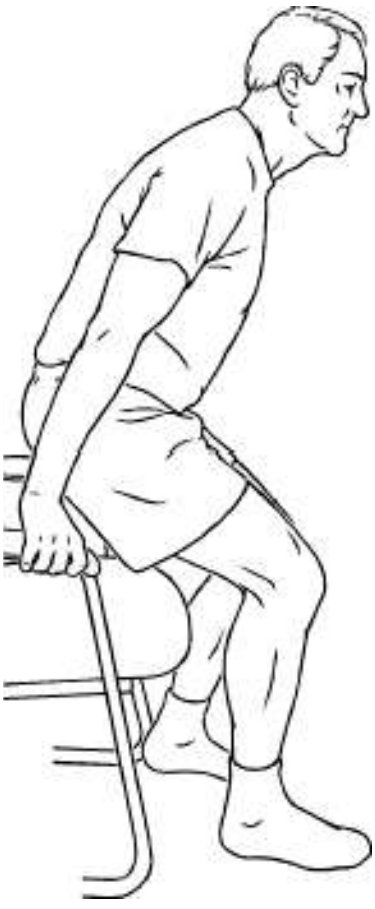


EXERCISE

Exercising before surgery will help you have a faster and easier recovery. You should start the post-op exercises from this book before your surgery. You can also do activities that put less stress on your joint. Try:

- Exercises in water, such as swimming or water walking at a community pool
- Cycling
- Nordic pole walking
- Gentle stretching
- Specific exercises provided
- Balance exercises (valuable in preventing falls)

These activities will make your muscles strong, improve your endurance, and help keep your joint moving. Exercising before surgery will also help you to build up your confidence and knowledge of how to exercise after surgery.



Remember: After surgery, daily exercise will be part of your rehabilitation for many months. **Be sure to strengthen your arm muscles.** You will need strong arms after your surgery to use walking aids, get in and out of bed, and get on and off a chair. If possible, do strengthening exercises at least three weeks before surgery.

For example: Push up through your arms while seated. Work up to 10 repetitions, two times each day.

If this exercise causes you discomfort or if you are new to exercise and/or have other health conditions, speak with your primary care provider before starting a new exercise program. If you do not know how to get started, speak with a physiotherapist.

EVERYDAY ACTIVITIES - GUIDELINES

Walking

You can expect to use walking aids, such as a walker, crutches or cane, for up to three months or longer after surgery. By 4 – 6 weeks after your surgery, you should be walking with more confidence, have more strength, and be able to walk longer distances. Regular physiotherapy after your surgery will help you get the most out of your new joint. Physical activity will help you have a faster recovery and will reduce your risk of developing a blood clot.

Exercises

It is very important that you continue your exercises every day after your surgery. By the time you leave the hospital, you should be doing your exercises three times a day.

"The handle on your recliner does not qualify as an exercise machine."

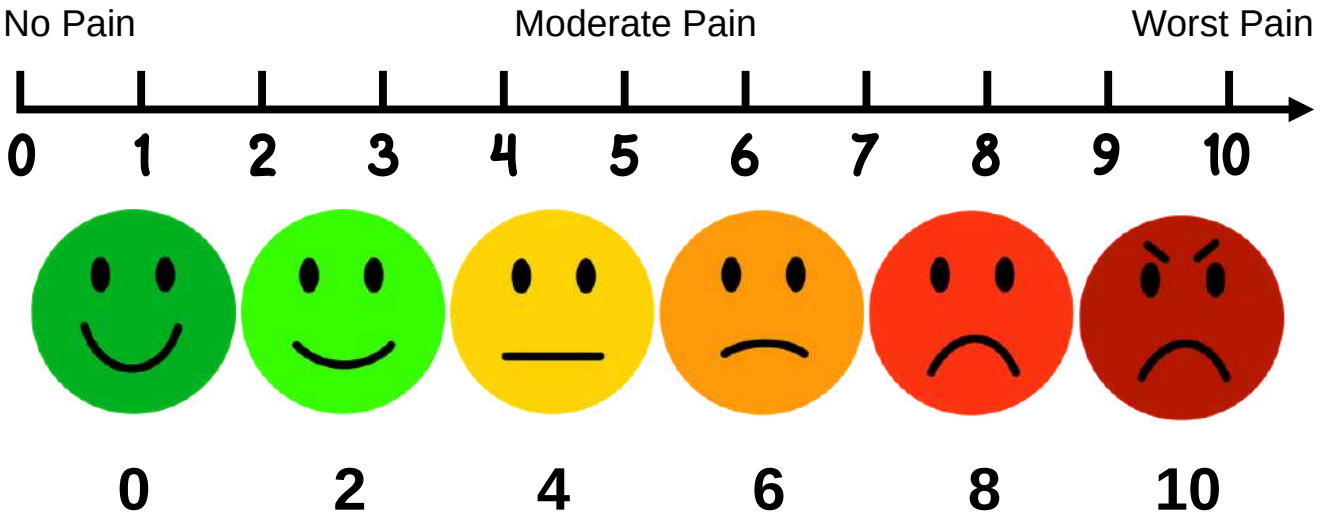
AT HOME FOLLOWING SURGERY

- **Pain Control**
- **Going Home**
- **Possible Complications**
- **Dental Work & Medical Procedures**
- **Transportation**
- **Returning to Work**
- **Bundled Care Physiotherapy Clinics**

PAIN CONTROL

Pain Control after Surgery

- Your nurse and therapist will ask you to use a pain scale to describe your level of pain.
- “0” is no pain and “10” is the worst pain possible.
- It is our goal to keep your pain at “3 - 4” or below at all times.
- If you have had a general anesthetic, you may have a patient controlled analgesia (PCA) pump. This is when a controlled amount of pain medication is pumped into your IV tube when you push a button.
- A combination of medications will likely be used to control your pain after surgery. This normally would include acetaminophen (e.g. Tylenol™) and/or a narcotic (e.g. Tramacet). You may also receive a long-acting pain medication (e.g. Tramadol). By taking a combination of these medications, you may be able to reduce the side effects of any one of these medications and have improved pain control. It is important to talk to your healthcare team to understand how and when to take these medications to best control your pain and symptoms.
- Some side effects of pain medication can include: nausea, vomiting, drowsiness, itchiness and/or constipation. Tell your nurse if you have any of these symptoms.



PAIN CONTROL

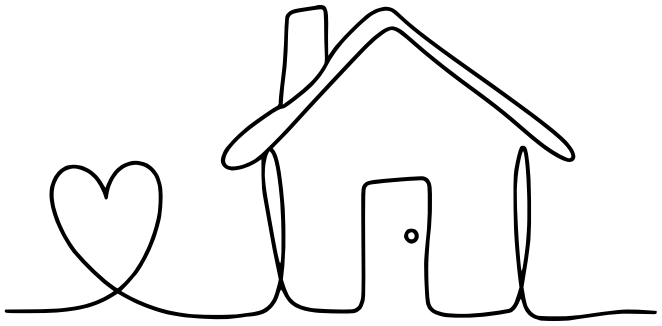
Most people have less and less pain over the next 6 – 12 weeks. If pain is preventing you from caring for yourself, sleeping and/or exercising, talk to your physiotherapist or doctor. **If your pain becomes increasingly worse or if you have pain in a new part of your body seek medical attention immediately.**

- Take **pain medication** as directed. It is normal to have some increased pain or symptoms during physical activity or physiotherapy sessions. It may be helpful to take a dose of pain medicine 1 or 2 hours before engaging in these activities in the first weeks after surgery. It is better to take medicine BEFORE the pain is severe.
- **Ice** can reduce pain and swelling. Place an ice pack wrapped in a pillow case on your knee as directed by your physiotherapist.
- **Pace yourself.** Do not overdo it. Regular rest is an important part of your healing process.
- **Relax.** Use relaxation techniques such as breathing exercises or progressive muscle relaxation (progressive muscle relaxation is when you tighten and relax each part of your body, starting with the toes and working up to your neck).
- **Distract yourself.** Listen to music, visit with friends, write letters, watch TV.
- **Think positively.** You will become more and more comfortable as you recover from your surgery.

GOING HOME

Following joint surgery, you will be discharged home. If you anticipate difficulty managing at your home initially, it is your responsibility to make the necessary arrangements **before** surgery. Some patients stay with family, hire extra help, or book a short stay at a respite facility.

- You will have a follow-up appointment in Ambulatory Care for a dressing change one week after surgery. This is a nurse-only appointment; if you have questions for your surgeon before your two- week appointment, please call their office (519-637-8308)
- You will have follow-up appointments with your surgeon at 2, 6 and 12 weeks after surgery.
- Ontario Health at Home does not provide a personal support worker for personal care or homemaking for total joint replacement patients.



POSSIBLE COMPLICATIONS FOLLOWING SURGERY

Common complications after surgery include: Constipation, Impaired bladder function, Blood clots, Swelling/bruising, Infection, Anemia (low blood count), and Confusion.

- We will explore these more on the following pages.

POSSIBLE COMPLICATIONS FOLLOWING SURGERY CONT...

Constipation
Constipation can be a problem after surgery. A change in your diet, less activity, and pain medicine may make your constipation worse. Here are some ways to stay regular at the hospital and at home:

- drink at least 8 glasses of water or low-calorie fluid a day
- eat fibre such as prunes, bran, beans, lentils, fruits and vegetables
- move around as much as you can – do your exercises!

Your nurse will give you laxatives and/or stool softeners. You may need to keep taking these at home. If you have constipation at home, talk to your family doctor or pharmacist. Constipation can be serious - do not ignore your symptoms.

Impaired Bladder Function
Some patients have difficulty urinating after their joint surgery. Please talk to your nurse right away if you are having problems. You may need a catheter.

Blood Clots
A small number of people get blood clots after surgery. Blood clots usually develop in the deep veins in the legs. People who have problems with their circulation and/or are inactive are more likely to develop a blood clot.

Pumping your ankles and starting your bed exercises as soon as possible will help reduce the risk of blood clots.

All patients will be given a blood thinner to reduce the risk of clots. Treatment for this will continue when you leave the hospital.

POSSIBLE COMPLICATIONS FOLLOWING SURGERY...

Swelling/Bruising
It is normal to have some swelling and bruising in your leg after surgery and during your recovery. This will continue after your hospital discharge. To help reduce swelling:

- point and flex your feet hourly when awake
- ice on your operated knee for 15 - 20 minute periods throughout the day
- swelling should be expected for 4 – 10 days after surgery

Infection
Less than 1% of people have an infection around their new joint. An infection in the body can reach the new joint through the bloodstream. People who develop joint infections need antibiotics and, on rare occasions, further surgery. To prevent infection or incision problems, it is important to keep the incision and dressings dry. Do not touch or pick at the incision and maintain good cleanliness of the surrounding skin.

Tell your doctor or surgeon if you have <u>any</u> of the following signs of infection:

Incision Infection:

- the area around your incision is becoming more red and the red is spreading
- new drainage (green, yellow or foul smelling pus) from the wound site.

POSSIBLE COMPLICATIONS FOLLOWING SURGERY CONT...

It is common for new surgical wounds to have some drainage for the first 3-5 days after surgery, but this will slowly stop and the wound should stay dry.

- there is increased pain or swelling of wound site and surrounding area
- fever above 38° Celsius or 101° Fahrenheit
- call your surgeon if you think you have a wound infection!

Urinary Tract Infection:

- pain when you urinate
- frequent or urgent need to urinate
- foul smelling urine
- fever above 38° Celsius or 101° Fahrenheit

Sore throat/Chest Infection:

- fever above 38° Celsius or 101° Fahrenheit

Anemia (low blood count)

You may lose a large amount of blood during surgery.You may need a blood transfusion if your blood count becomes too low. The signs of anemia are:

- feeling dizzy or faint
- feeling very tired
- shortness of breath
- rapid pulse

All patients will be taking an iron supplement to help prevent anemia.

POSSIBLE COMPLICATIONS FOLLOWING SURGERY CONT...

Confusion
Short-term confusion following surgery may occur.It can be caused by medications or anesthesia. It usually resolves after 1 or 2 days. Regular alcohol or drug use before surgery can make post-operative confusion worse.

DENTAL WORK AND MEDICAL PROCEDURES

It is important to tell your health care professional that you have had joint replacement surgery before having dental work or medical procedures. You may need to be put on antibiotics to prevent infection from moving through your bloodstream to your new joint. Talk to your dentist or doctor about what is right for you. Below is a list of procedures that may require antibiotic treatment.

- Any dental procedure
- Barium Enema
- Sigmoidoscopy
- Liver Biopsy
- Prostrate and Bladder surgery
- Any Infection
- Kidney surgery
- Genitourinary Instrumentation
- Tonsillectomy
- Vaginal Exams & GYN surgery
- Bronchoscopy

TRANSPORATION

There are many different ways to get around after surgery. Here are some options:

- friends / family
- taxis
- temporary disabled parking pass (SPACR)
- Voyago (if available in your community) – transit service for those who cannot use the regular bus service will pick you up and drop you off at appointments such as medical visits. For more information, visit: https://voyagotransit.ca/

Air Travel

You may have some extra challenges travelling by plane after surgery. Be sure to give yourself extra time when flying. Your new joint may set off metal detectors at the airport. Check with your air carrier if medical documentation is needed. ***Note:*** **Do not plan to fly within three months following surgery.**

Driving

Ministry of Transportation guidelines state, and your doctor recommends, that you do not drive a car for at least six weeks after your surgery. It is important that you arrange for transportation ahead of time. Check with your insurance company as many companies will not cover you for a certain time period following a joint replacement.

RETURNING TO WORK

Allow yourself time to recover from surgery and focus on your rehabilitation before returning to work. Some people return to some form of work quickly after surgery but others need a longer time to heal and recover. This depends on factors such as health status and the type of work you do. Talk to a health care professional, such as a physiotherapist or occupational therapist, about what is right for you.

BUNDLED CARE PHYSIOTHERAPY CLINICS

St. Thomas

Closing the Gap
#116 – 10 Mondamin St.
519-631-9866, Ext. 1505

Lifemark Physiotherapy Elm & Wilson - 25 Elm St.
519-633-4300

Talbot Trail Physiotherapy
189 Elm St. (STEGH)
519-637-7171

Talbot Trail Physiotherapy
#104-460 Wellington St.
519-637-1831

Talbot Trail Physiotherapy
1025 Talbot St.
519-637-1887

Talbot Trail Physiotherapy
1 Silver St.
519-914-0793

Aylmer

Talbot Trail Physiotherapy
418 Talbot St. W. Unit 5
519-773-7400

Blenheim

Talbot Trail Physiotherapy
110 Talbot St. W.
519-676-1192

BUNDLED CARE PHYSIOTHERAPY CLINICS

Exeter

Russett Rehab
26 Thames Rd. E.
519-235-4892

Ingersoll

Active Care Physiotherapy
29 Noxon St.
519-485-4444

London

Active Care Physiotherapy
1240 Commissioners Rd. W.
519-601-6099

Lifemark Physiotherapy
(White Oaks)
900 Jalna Rd.
519-681-1228

Lifemark Physiotherapy Byron Village
1255 Commissioners Rd. W.
519-641-6625, Ext. 5024

Shyft- The Physiotherapy Group London
(previously Family Physiotherapy Centre)
2-770 South Wenige Dr.
519-433-9111

Lifemark Physiotherapy
(Downtown)
382 Waterloo St.
519-858-2931

Lifemark (Westmount)
785 Wonderland Rd. S.
519-657-4035

Shyft-The Physiotherapy Group London (previously Family Physiotherapy Centre)
310 Wellington Rd. S.
519-439-6111

BUNDLED CARE PHYSIOTHERAPY CLINICS

Strathroy

Strathroy Middlesex General Hospital
395 Carrie St.
519-246-5901

Tillsonburg

Tillsonburg Physiotherapy Clinic
171 North St.
519-842-5162

West Lorne

Talbot Trail Physiotherapy
146 Munroe St.
519-768-3998

Woodstock

Woodstock Hospital
310 Juliana Dr.
519-421-4211, Ext.4206

We hope you found the information in this book useful.

Wishing you a speedy recovery and many happy years with your new knee joint.

St.Thomas Elgin General Hospital