

**IMPORTANT
PATIENT
INFORMATION
ENCLOSED**

MY GUIDE TO TOTAL KNEE REPLACEMENT

**MIDDLESEX
HOSPITAL
ALLIANCE**



Please bring this booklet with you to each of your hospital visits, including your preadmission appointment and hospital stay

Updated December 2020

TABLE OF CONTENTS

Welcome	2
Contact Numbers	3
The Healthy Knee	4
Total Knee Replacement	5
Before Your Surgery	6
Exercise / Activity	6
Nutrition and Weight Management	6
Pre-Operative Education Class	7
Assistive Equipment	8
Ice therapy	11
Prepare Your Home	12
Home Support	13
Pre-Admission Clinic	14
Your Hospital Stay	15
Day of Surgery	15
Your Recovery in Hospital	16
Therapy Following Surgery	17
After your Knee Replacement	19
Outpatient Physiotherapy.....	19
Activity.....	19
Rest	20
Pain / Swelling Control	20
Driving	21
Follow – up	22
Blood Clots	22
Care of your Incision	23
Knee Exercises	24
Stairs	25
Other Resources	26
Vendor List	27
My Notes	29

WELCOME TO THE MIDDLESEX HOSPITAL ALLIANCE

On behalf of all the staff at the Middlesex Hospital Alliance, we would like to welcome you. Our total hip and knee replacement program started in 2007, performing over 200 procedures annually.

This booklet was created to help address the many questions and concerns you may have about your upcoming total knee replacement. It includes information on what the surgery involves, how to prepare yourself for the surgery, what to expect in the days following the surgery, how to prepare your home for when you are discharged from the hospital, and tips that will hopefully make this experience as positive and stress-free as possible.

Please read this guide thoroughly and write down any questions you may have on the “My Notes” page at the end of this booklet. Bring this booklet with you on the day of your surgery and for follow-up visits.

If you have any questions about the contents of this booklet, please contact the *physiotherapy department* at Strathroy General Hospital at: 519-246-5901

CONTACT PHONE NUMBERS

Dr. Vaishnav Rajgopal's Office

Office 3rd floor, Suite 332

Phone: (519) 245-5775

Fax: 519-245-7806

Dr Rajgopal's email: drvrajgopalooffice@mha.tvh.ca

Maureen Loft

Nurse Practitioner / CNS

(519) 245-5295 Ext. 5106

Strathroy Middlesex General Hospital

Main Directory

(519) 245-5295

Surgical In-patient Unit (Two South)

(519) 245-5295 Ext. 5521

Operating Room

(519) 245-5295 Ext. 5018

Preadmission

(519) 245-5295 Ext. 5550

Physiotherapy / Occupational Therapy Departments

Strathroy Middlesex General Hospital

(519) 246-5901

Fax: 519-246-5928

Four Counties Health Services

(519) 693-6501

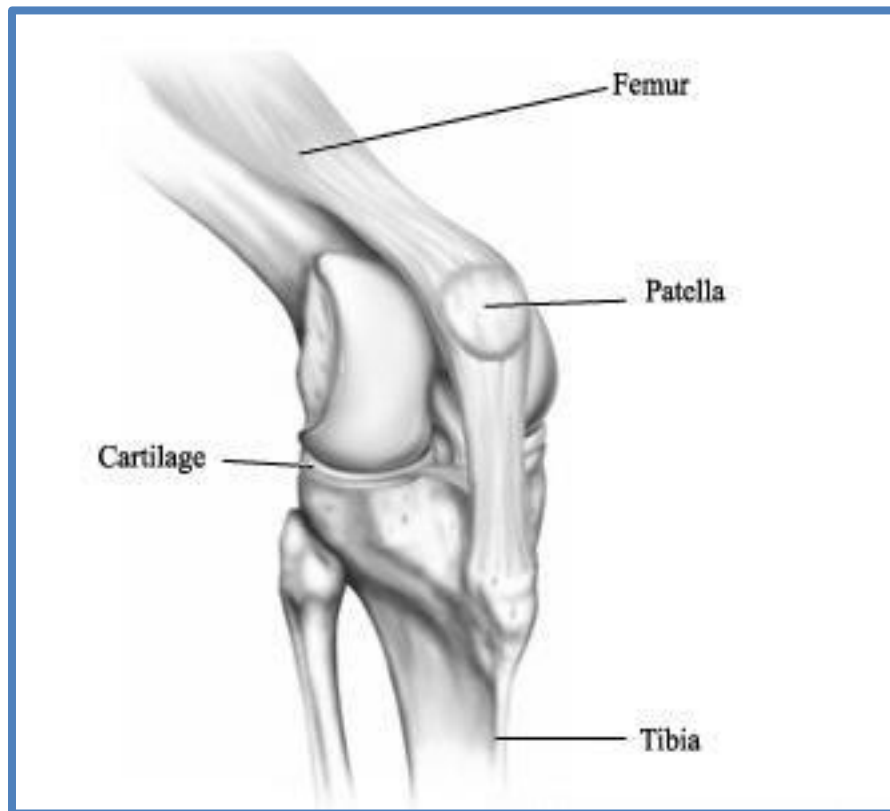
Fax: 519-693-6523

Local Health Integration Network (LHIN) Intake Office (London)

(519) 473-2222

THE HEALTHY KNEE

- The knee joint is the largest joint in the body and is made up of the kneecap (patella), thigh bone (femur) and shin bone (tibia)
 - Articular cartilage is a smooth elastic tissue that covers and cushions the surfaces of these bones and allows them to move smoothly
 - Menisci are “pads” of cartilage found between the femur and tibia that act as shock absorbers to protect bone surfaces
 - Ligaments give support to the knee in all directions
 - The knee moves like a hinge; these movements are generated by powerful leg muscles



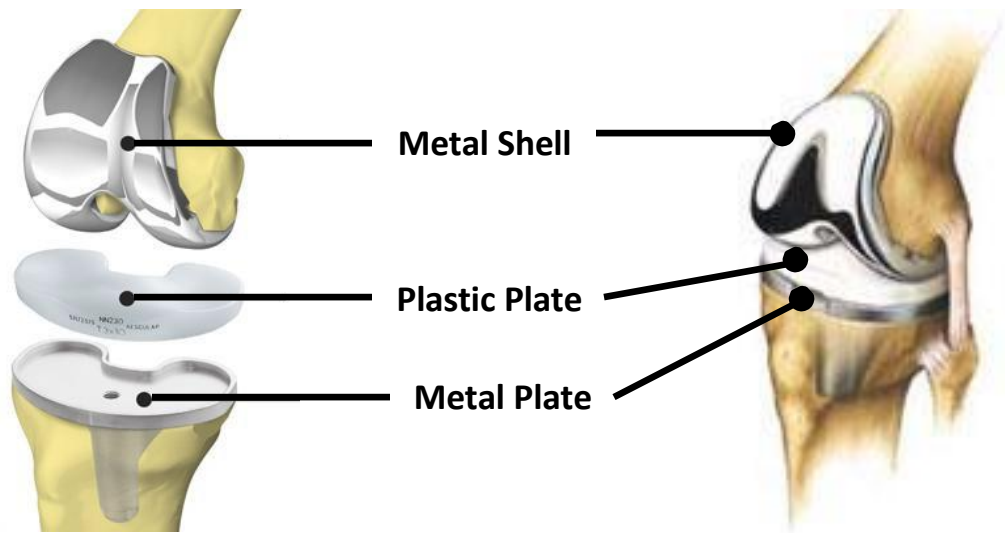
TOTAL KNEE REPLACEMENT

A healthy knee moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. Bony spurs can form in the knee joint or under the kneecap, which can make weight bearing, walking and even sitting very painful. This damage to the knee structures can be caused by osteoarthritis, rheumatoid arthritis, and previous knee injuries.

When other treatments no longer work and you cannot carry on with normal activities because of pain and limited movement, your surgeon may recommend a total knee joint replacement.

There are 3 parts to the artificial knee:

1. The metal shell on the end of the thigh bone (femur)
2. The metal and plastic plate at the top of the shin bone (tibia)
3. A plastic button on the back of the kneecap (not shown on diagram).
In recent years, this plastic button procedure has been performed much less frequently. Your surgeon will evaluate the need for this in your particular circumstance.



BEFORE YOUR SURGERY

Research shows that those who are prepared for their surgery have better outcomes and recovery periods. This section contains important information on what you can do before surgery so that your joint replacement is as successful as possible.

EXERCISE / ACTIVITY

People with a painful knee joint are often afraid to be physically active because they worry it will do more damage to the joint. **This is not the case.** Research has shown that exercise can help you decrease pain, improve strength, and keep your heart in good condition before surgery. This in turn will help in your recovery after surgery. Refer to the section “**Knee Exercises**” in this booklet for an example of several exercises to try before your surgery.

Endurance activities are good for your heart, lungs, circulation, and muscles. Activities to increase endurance include walking, stationary bike, elliptical trainer, and swimming. It is important with any exercise program that you start slowly. Begin with a few minutes each day and gradually progress until you can exercise at least 3 times per week for 20 to 30 minutes. If you have any questions about starting an exercise program, speak with your family doctor or other health care professional.

NUTRITION AND WEIGHT MANAGEMENT

Research has shown that during walking the hips, knees, and ankles bear three to five times a person's total body weight. Because of the way joints work, the pressure in your knee joints is more than your body weight when you walk. For every pound a person is overweight, 3-5 lbs pounds of extra weight is added to each knee during walking. Even a small weight loss can make a big difference to your joints. If you are overweight and have arthritis in any of your weight-bearing joints, losing weight will help you more than any food supplements. For example, a 10 – 15 lb weight loss results in 30 to 50 lbs of extra stress to be relieved from the joints and increase your ability to do daily activities by almost 30%. Talk to your family doctor or registered dietician about an appropriate weight loss program if needed. For more information about healthy eating visit **Canada's Food Guide** at www.healthcanada.gc.ca/foodguide or **The Arthritis Society's Nutrition Guidelines** at www.arthritis.ca.

PRE-OPERATIVE EDUCATION CLASSES

You will be required to attend a **mandatory** education session before your upcoming knee replacement. This 90 minute presentation is offered by your health care team including a physiotherapist, kinesiologist / physiotherapy assistant and nurse practitioner. Classes are offered 1-2 times weekly at Strathroy Hospital.

Patients who intend on coming to Middlesex Hospital Alliance, either SMGH or FCHS site, for their post operative physiotherapy, will need to arrange their first appointment with the physiotherapy department at this time. You will need to talk to the receptionist in the physiotherapy department at SMGH upon completion of the education session.

You will learn:

- ✓ What is involved in a knee replacement surgery including the type of hardware used
- ✓ Types of anesthesia
- ✓ How to help control post-op pain
- ✓ Necessary or helpful equipment
- ✓ Activities and exercises to do before and after your surgery
- ✓ How to prepare your home
- ✓ What to expect before, during, and after surgery
- ✓ How to plan for your discharge home

**** It is recommended that you bring a family member or friend (preferably the person who will be helping you after the surgery) to this class, as well as this information booklet**

PRE-OPERATIVE ASSESSMENT

For those being considered for same-day discharge, you will have a pre-operative physiotherapy assessment following the education session.

This time will be used to assess your mobility, teach exercises and use of a walker, discuss support at home, and identify any potential barriers to same-day discharge.

ASSISTIVE EQUIPMENT

The following is a list of equipment that may assist you in your everyday activities following surgery. You will need to get these devices **before** your admission to the hospital and it is recommended you practice using these devices before your surgery. All of the equipment can be either rented or purchased within the community. For a list of vendors in your community, please see the list at the back of the booklet.

Gait Aids	<div> <input type="checkbox"/> Standard Walker for first time up (Mandatory) Will assist with your walking. <u>It should NOT have wheels</u> </div> <div> <input type="checkbox"/> Rollator Walker (Optional) May often be progressed to rollator if safe. Do not bring this to the hospital-you will be able to practice with a hospital walker </div> <div> <input type="checkbox"/> Cane (Mandatory) Will assist you on the stairs and with your walking later on in your recovery </div> <div> <input type="checkbox"/> Handrails (highly recommended) These should be installed along stairs at home for safety </div>
Bathroom Equipment	<div> <input type="checkbox"/> Raised Toilet Seat with Arms Clamp-on or molded plastic styles for regular or oval toilet bowls </div> <div> <input type="checkbox"/> Grab Bars Can be mounted into a studded bathroom wall or clamped to the side of the tub </div> <div> <input type="checkbox"/> Bathtub Transfer Bench Useful for getting into and out of the tub. You will not be able to bathe for at least 6 weeks </div> <div> <input type="checkbox"/> Hand Held Shower Head For use with the tub bench </div>
Dressing Devices (Optional)	<div> <input type="checkbox"/> Sock Aid To help put on socks or hosiery </div> <div> <input type="checkbox"/> Long-Handled Reacher To help reach objects on the floor, overhead, or for dressing </div> <div> <input type="checkbox"/> Long-Handled Shoehorn Useful to put on shoes or take off socks </div>

ASSISTIVE EQUIPMENT

Standard Walker with NO WHEELS
(MANDATORY)



Long-Handled Shoe Horn



Raised Toilet Seat with Arms



Bath / Shower Bench



Cane



Long-Handled Reacher

Guardian

BOSSONS PHARMACY+ & HOME HEALTH CARE

Your health is our top priority. We invite you to see our great selection of products tailored to your pre and post-operative needs:

- Specialized Hip and Knee Kits with Preferred Pricing
- Standard Walkers and Rollators
- Canes and Crutches
- Raised Toilet Seats and Bath Benches
- Slider Boards, Hand and Ankle Weights
- Urban Poling Supplies
- Bracing including CryoCuff and Knee Wraps
- Rental Program Available



35 Front Street West, Strathroy 519-245-3810

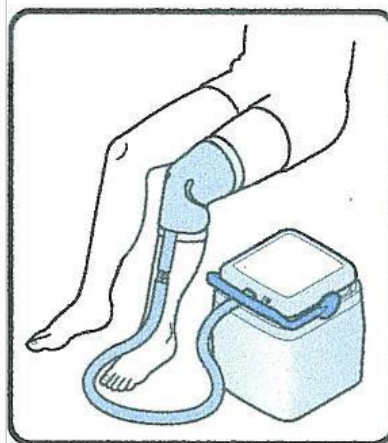
www.bossonspharmacy.com

Ice Therapy (Cryotherapy)

Ice therapy is used following your surgery to help control pain and swelling in your operative leg. A Polar Care™ machine, or cryocuff, is recommended by Dr Rajgopal to be used. It consists of a cooler that pumps ice water through a tube to a pad that is attached to the outside of your knee. The machine is kept on throughout the day and at night while you are sleeping and is removed for exercises and while walking.

Cryotherapy devices are not provided by the hospital.

Cryotherapy with Polar Care™ provides therapy for 4-5 hours and can be left on while sleeping. Corflex™ wraps also provides cryotherapy and allow for increased mobility. Typically, patients will require cryotherapy for 2-6 weeks after surgery. These devices can be purchased directly from your surgeon's office or other retail outlets. Insurance policies may cover the purchase cost of these devices (please call your insurance company to inquire) – your surgeon can give you a prescription to submit to insurance, or use for tax purposes. For more information cryotherapy devices, contact your surgeon's office or physiotherapy department.



Polar Care



Corflex Wrap

PREPARE YOUR HOME

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 don't 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.

Remove scatter rugs and loose electrical cords as they may cause you to fall.

Place things that you use often where you can easily reach them such as a telephone or lamp by your bed

Place a rubber mat in your tub and/or shower.

Make sure there is a clear, well-lit path from your bedroom to the bathroom.

Install a sturdy grab bar in your bathroom. DO NOT use a towel rack as a grab bar; these are not safe.

Arrange for someone to come in and help with household chores upon your return home. You will not be able to do tasks that require heavy lifting or bending, such as vacuuming, washing floors, laundry, and washing the tub.

It is important that you have a good supply of nutritious foods at home.

- You will not be able to prepare meals in your kitchen for several weeks after surgery therefore it is recommended that you 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 via *Meals-on-Wheels*. Contact your nearest Local Health Integration Network(LHIN) for details

HOME SUPPORT

It is important that you have a spouse, family member, or friend to stay with you at home when you leave the hospital. **It is recommended that you are not home alone for the first one to two weeks after surgery.** It is MANDATORY that you have someone stay with you a minimum 1-2 days to be considered for same-day discharge.

If you live alone or your family is unable to help, you have several options:

- Arrange to stay with a family member or friend or have them stay with you. Consider going to the house that requires the least amount of stairs.
- Arrange for a convalescence / respite bed at a retirement home (two to four weeks is recommended) while you recover. For a list of available beds nearest you, please contact the Local Health Integration Network (LHIN) intake office at **519-473-2222**. These beds will need to be arranged prior to your surgery (based on availability) and are not covered by OHIP. Please book these beds starting **the day** after your surgery date.

HOME AND COMMUNITY CARE

Nursing support for dressing changes will be set-up only if needed and will be ordered by the surgeon. Most people will be responsible for their own dressing supplies and changes (see “Care of your Incision” section for more information). Community care typically DOES NOT supply personal support workers for elective surgeries such as total knee replacements, therefore it is important for you to arrange for help at home.

Physiotherapy through homecare is not part of the standard plans for post-operative care. Home physiotherapy is now only ordered in special circumstances.

If you have any questions about Home and Community care services before or after your surgery, please contact the intake office at **519-473-2222**.

PRE-ADMISSION CLINIC

An appointment will be made for you three to four weeks prior to your scheduled surgery date for you to come into the hospital to assess your overall health and provide information about your surgery. This visit will take 3-4 hours.

- ☐ Bring a family member or friend with you if you have difficulty getting around or if English is not your first language
- ☐ Bring your usual medications and any over the counter / herbal supplements in their **original containers**, along with a **prescription list** from your pharmacy
- ☐ Bring your ***completed*** Pre-anaesthesia Questionnaire and History and Physical Assessment by your family doctor and/or any current reports from any specialist you may be seeing such as an internist, sleep apnea clinic, cardiologist, or hematologist
- ☐ Bring reading glasses
- ☐ Bring this guide booklet with you with a list of questions you may have about your upcoming surgery

During this visit, you will meet with a team of health professionals:

- ✓ A **nurse** will review your health and discuss what to expect during your hospital stay and ways to prepare for your discharge home
- ✓ An **anesthesiologist** will discuss anesthetic options and pain management
- ✓ A **laboratory technician** will take your blood and do an electrocardiogram (ECG) of your heart
- ✓ A **medical radiation technologist** will perform x-rays of your knee and/or chest

***** Your Pre-Admission Clinic appointment may be scheduled on the same day as your Readiness Review Class and Physiotherapy Pre-Operative Assessment (see page 7)*****

Note: You will be required to provide a urine sample during your visit. Please remember to ask the desk clerk in Ambulatory Care to provide you with a collection container before using the bathroom.

YOUR HOSPITAL STAY

DAY OF SURGERY:

DO NOT:

✗ Shave below the waist for 48 hours prior to your surgery or your surgery will be cancelled.

DO:

✓ A staff member from the Hospital will call you the day before your surgery, Monday to Friday (except holidays), between 2:30-4:30pm for your arrival time on the day of surgery. If your surgery is booked for a Monday, please call on the Friday before for your arrival time. (519) 245-1550 extension 5550

✓ Expect to be in hospital for **zero – one night (You will know the plan ahead of time)**. Occasionally patients need to stay an extra night for monitoring. You need to arrange for a ride home **before 11:00 am** on the morning of discharge. The number of nights you will stay in hospital depends on how well you are moving and your pain level. The surgeon and physiotherapist will determine when you will be discharged. If you are a candidate for same-day discharge, you will know ahead of time and discharge will be in the evening.

✓ You may have 8 ounces or 240ml of clear liquid, for example water, apple juice, ginger ale, black tea or coffee BUT **NO MILK or CREAM** in it

✓ Bring the following items with you (please label all items with your name):

- Current medications and over-the-counter supplements in their original containers
- Standard walker (no wheels) and cane or crutches to assist with walking
- Supportive shoes or slippers with rubber non-slip soles
- Loose-fitting clothes (pants/shorts and shirt) and light-weight robe
- A small overnight bag with clothes and personal care items
- Cryotherapy device
- This guide booklet

YOUR RECOVERY IN HOSPITAL

Tests and Treatment	<p>You will have:</p> <ul style="list-style-type: none"> • An intravenous (IV) continued • Vital signs checked at regular intervals • Dressing checked and changed daily or as needed • Blood tests • Icing and/or wrapping of the knee regularly
Medications	<p>You may have medication for:</p> <ul style="list-style-type: none"> • Pain control • Nausea • Anti-Blood Clotting • Antibiotics • Your usual Medications <p>Pain following surgery is expected and normal. Please inform your nurse if you are experiencing pain or nausea.</p>
Nutrition	<ul style="list-style-type: none"> • You will be offered a regular diet as you feel able • Maintain regular sips of fluids after surgery to stay hydrated
Consults	<ul style="list-style-type: none"> • Physiotherapy • Social work if needed
Education	<ul style="list-style-type: none"> • Review post-op precautions & care, activity, and exercises • Review pain management and wound care • Review follow-up appointments and care of your knee at home • Review medications
Discharge Planning	<ul style="list-style-type: none"> • Discharge may be the evening on the day of surgery (you will know ahead of time), otherwise is <u>one day</u> after surgery between 11:00 am – 12:00 pm. • Follow-up phone calls • Discuss post-op clinic check-ups, outpatient physiotherapy, medications and prescriptions, etc.

PHYSIOTHERAPY FOLLOWING SURGERY

<p>Day 0 (Day of surgery for patients who are a planned same day discharge)</p>	<p>A physiotherapist will review:</p> <ul style="list-style-type: none"> • How much weight you may put on your leg • How to move safely in and get in/out of bed • How to transfer safely into a chair • Exercises and stretches • How to walk correctly using a walker • Use of ice and/or wrapping • Practice stairs <p>In order to be discharged home you must:</p> <ul style="list-style-type: none"> • Be independent with mobility (using a walker) • Complete stairs safely if necessary <p>If you are being admitted overnight you will not routinely have Physiotherapy until the next day. Your nurse will help with:</p> <ul style="list-style-type: none"> • Sit-up/stand at bedside • Transfer to commode or bathroom • Deep breathing and coughing exercises
<p>Day 1 (First day after- only for those patients staying overnight)</p>	<p>A physiotherapist will review:</p> <ul style="list-style-type: none"> • How much weight you may put on your leg • How to move safely in and get in/out of bed • How to transfer safely into a chair • Exercises and stretches • How to walk correctly using a walker • Use of ice and/or wrapping • Practice stairs <p>In order to be discharged home you must:</p> <ul style="list-style-type: none"> • Be independent with mobility (using a walker) • Complete stairs safely if necessary

AFTER YOUR KNEE REPLACEMENT

OUTPATIENT PHYSIOTHERAPY AT MHA

- Dr. Rajgopal recommends that you do your post-operative physiotherapy at one of the MHA sites, (Strathroy Hospital or Four Counties Hospital), there is no cost. You should have your first post-operative appointment booked before your surgery.
- At SMGH or FCHS your first appointment will be within a few days of discharge from hospital and may be done virtually, if you are able.
- After that most patients will start with weekly appointments which will eventually space out to every other week, for a total of 2-3 months. This is a very general guideline as your appointments will vary based on your personal needs.
- Your appointments may be a combination of in-person and virtual or phone appointments.

Physiotherapy Departments

Strathroy Middlesex General Hospital	(519) 246-5901	Fax: 519-246-5928
Four Counties Health Services	(519) 693-6501	Fax: 519-693-6523

COMMUNITY PHYSIOTHERAPY

- If you are not able to attend physiotherapy at SMGH or FCHS it is **your responsibility** to book your own appointments. It is important that you confirm your outpatient physiotherapy appointment as soon as you are discharged from the hospital, your first appointment should be 1 week after surgery. **It is your responsibility to arrange outpatient physiotherapy services and transportation to and from physiotherapy at an out patient clinic in your area.**
- **Community Physiotherapy Partners -You will be able to have this treatment funded at some clinics. Ask your physiotherapist for a list of clinics that have a payment agreement with MHA.** They will also give you a bundled care payment letter to bring along with your referral to your first appointment.
- **Private Pay** – If you choose to attend a clinic that does not accept bundled care payments you will then be paying privately or using your own benefits. You will need to bring your referral to your first appointment.

ACTIVITY

- For the first two weeks after surgery it is recommended that walking is limited to getting around the home as needed. Focus on resting with your leg elevated, or flat on the bed, most of the day and be diligent with your exercises 3x/day. This will maintain your mobility while preventing excess pain and swelling
- After the first two weeks, it is important to keep active after knee replacement surgery to keep you strong and moving well. Go for several short walks daily, with rest breaks in between
- Many people are afraid to bend their knee after surgery, believing this could be harmful, especially since bending the knee is painful at first. It is very important that you start bending your knee right away and keep it up regularly to increase your range of motion. Do it gently at first, but keep doing it!
- Use your walker or crutches until instructed otherwise by your physiotherapist
- Continue the exercises 3 times per day as taught by the physiotherapist. **It is your responsibility to do your exercises daily, especially knee bending and straightening as much as possible.** Remember, you only get what you put into your knee replacement!
- Avoid becoming overly tired or over-working your knee. Gradually increase your activity (e.g. walking, household chores, etc.) as pain tolerates
- Ask your surgeon or physiotherapist when you are ready to use an exercise bike (typically 3-6 weeks after surgery)
- Avoid jogging, jumping, lifting heavy weights, twisting, or any other activity that places excessive stress on your new knee
- Use some method of cold therapy such as polar ice machine (see page 11) on your knee daily for the first 2-6 weeks after surgery to reduce swelling and pain

REST

- Sit in a chair or lie down after walking exercise. Do not let your legs hang down for too long to limit swelling – elevate your leg with a stool if needed
- **Do NOT rest your operated knee over a pillow.** This can cause stiffness in both your knee and hip, making it harder to straighten your leg. If you need to elevate your leg, place the pillow under your calf and heel, but not directly under the knee.



- Don't overdo it at the start. Slowly increase your walking distance to find your limits. It usually takes a few weeks to regain your energy

PAIN & SWELLING CONTROL

Pain & swelling following surgery is normal and will continue over the next few weeks to months. It should gradually improve over the first 6 weeks after surgery. Each person feels pain differently and therefore what is moderately or very painful to some may be mildly painful to others.

Pain & swelling can be relieved by:

- Cold therapy - cryotherapy (Polar Care™, Corflex™). Make sure to ice especially after exercises.
- Elevating your leg above your heart level to help relieve swelling & pressure. Do not let your legs dangle for greater than 1 hour.
- Balancing rest and activity
- **Take your pain medication as prescribed.** Remember, if you are in too much pain, you will not be able to do your exercises. It is a good idea to take your pain medication 30 minutes before your exercises. You will gradually wean off your medication as your pain improves

DRIVING

Doctors recommend that you do not drive a car for at least 6 weeks after your surgery. It is therefore important that you arrange for transportation ahead of time for discharge home and to any follow-up medical or physiotherapy appointments.

Before getting into the car

- ✓ Have the driver park away from the curb
- ✓ Have someone move the seat as far back as it will go
- ✓ If you have cloth fabric seats, place a garbage bag on the seat to help you slide into the car

Sitting down

1. Stand with your back to the car
2. Hold onto the side of the car and the walker or dashboard
3. Lower yourself slowly onto the seat, keeping your operated leg forward: watch your head
4. Slide well back in the seat
5. Lift your legs one at a time into the car

Getting out

Have someone open the door, follow the above steps backwards.



FOLLOW-UP:

- You will have several follow-up appointments to see your surgeon at two weeks, six weeks, three months, and as needed from there. It is very important you keep these appointments, or call to arrange another date
- Ask your surgeon when you can return to work or resume driving.

Notify your surgeon if you experience any of the following (if your surgeon is not available, inform your family doctor):

- **SUDDEN increase in swelling, pain, or redness in your calf/calves**
- **SUDDEN, severe increase in pain in your new joint**
- **A foul odour, pus, or yellow or green drainage at your incision site**
- **Excessive bleeding**
- **Any other signs or symptoms of infection (i.e. bladder infection, tooth infection, etc.)**
- **A persistent increase in temperature (over 38°C)**

BLOOD CLOTS

There is a risk of developing a blood clot after knee replacement surgery due to decreased mobility, the surgery itself, medications, etc. Deep vein thrombosis (DVT) is a type of blood clot that mostly occurs in legs. It is important to know the symptoms of a blood clot as they can lead to some very serious complications such as a pulmonary embolism (when a blood clot breaks away and travels to the lung and become lodged). Not all patients who develop a DVT will feel symptoms but if you do suspect a blood clot, go to the nearest emergency department immediately. **The best way to prevent blood clots is to keep active after surgery!**

Symptoms of a blood clot include:

- Tenderness or pain in calf muscle or behind knee
- Redness
- Sharp, shooting pain when the foot is bent up
- Warm sensation
- Dull, aching throb in the calves, especially with walking
- Widening of the surface veins

CARE OF YOUR SURGICAL INCISION (wound)

Most patients will leave the hospital with a waterproof bandage over your incision. This bandage is to be kept on for two weeks after your operation or until the surgeon tells you to remove it. The waterproof bandage can be left on while showering but do not submerge the dressing in a bath or hot tub. Don't worry if your bandage falls off or if it becomes unusable – you can replace the bandage with a gauze dressing and paper tape that can be found at most pharmacies. It is recommended that you do not let a gauze bandage get wet – avoid showering. You should still wash from the sink. If you have a gauze bandage, you can change the gauze if you have drainage that seeps heavily through the bandage. **Call your surgeon if drainage continues for more than four days after you leave the hospital.**

➡ If your incision is closed with dissolvable stitches that are below the skin :

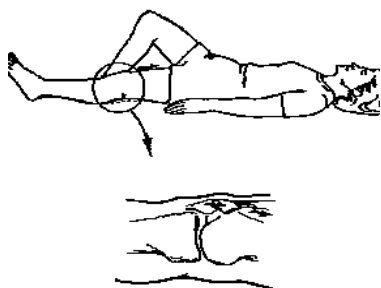
- You may also have thin adhesive bandages across the top of the skin. Leave these alone until your first follow up appointment. The ends of these strips may curl upwards, there is no need to worry or do anything about this.
- Do not apply any creams or lotions to the incision unless given permission by the surgeon.
- When showering, let the water run down over the incision or waterproof bandage but do not rub or scrub with soap. After showering, gently blot your incision or waterproof bandage dry with a soft towel.

➡ If your incision is closed with STAPLES:

- You will have a follow-up appointment with the surgeon to have your staples removed (usually around 2 weeks after your surgery)
- You may shower with staples **IF** you have a waterproof bandage but do not submerge the incision in a bathtub, hot tub, etc. until the staples have been removed and your incision is healed or instructed by your surgeon
- If you have a gauze bandage over your staples that becomes wet from drainage from the incision, you change it and use clean, gauze and tape. **WASH YOUR HANDS BEFORE AND AFTER CHANGING THE BANDAGE. DO NOT TOUCH THE INCISION.**
- Do not apply any creams or lotions to the incision unless given permission by the surgeon

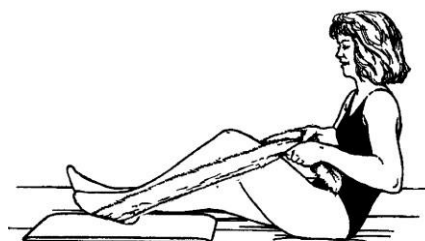
KNEE EXERCISES

These exercises can be performed *before* your surgery to keep your muscles strong and to help with pain. A therapist will review these exercises with you after your surgery while in the hospital. **They should be performed 3 times daily, each.**



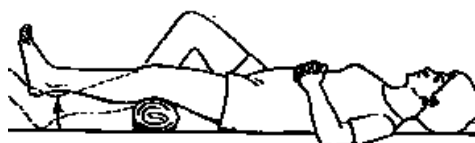
** This exercise helps to strengthen your thigh muscle and straighten your knee*

1. Lie on your back with operated leg straight.
2. Tighten your thigh muscle, pushing the back of your knee down into the bed.
3. Hold 5 seconds, repeat 10 times, 3 times per day



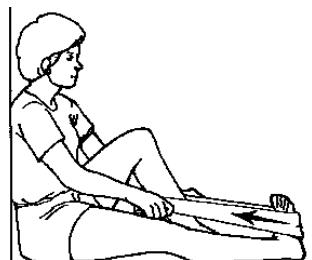
** This exercise improves range of motion of your knee*

1. Lie on your back or sit with legs straight.
2. Bend operated leg at hip and knee, sliding your heel toward buttock (you may use your strap to help)
3. Hold 5 seconds, repeat 10 times, 3 times per day



** This exercise helps strengthen your thigh muscle*

1. Lie on your back with a can or roll under knee
2. Raise your heel off the bed until your leg is straight
3. Hold 5 seconds then slowly lower; Repeat 10 times, 3 times per day.



** This exercise stretches your calf muscle*

1. Lie on your back or in sitting with leg straight out
2. Place strap around your toes and pull them up toward your hips until you feel a comfortable stretch in the back of your leg
3. Hold for 30 seconds, repeat 3 times, 3 times per day

Note: Lie down and elevate leg above heart. Place an ice or a cold pack around the operated knee after your exercises for 20 minutes to help reduce swelling & pain

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.

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. Put your weight through the handrail and on the cane.
3. Step up with the good leg.
4. Straighten the good leg and step up with the operated leg, and then bring up the cane.

* Shaded leg is the operated leg



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

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. Put your weight through the handrail and on the cane.
4. Step down with the good leg.

* Shaded leg is the operated leg



1. Cane down first, followed by operated leg.
2. Step down with the good leg.

OTHER RESOURCES

The Health Line - This website provides resources that will help prepare you for what to expect before, during and after joint replacement surgery, including access to patient guides and community resources within the South West Local Health Integration Network (LHIN) region of Ontario

<http://www.southwesthealthline.ca/libraryContent.aspx?id=211>

Middlesex Hospital Alliance Orthopaedic Site - You can download and print electronic copies of the MHA hip and knee replacement education guides

<http://www.mhalliance.on.ca/service/orthopaedics/>

Canadian Orthopaedic Foundation www.canorth.org

The Arthritis Society www.arthritis.ca

The Bone and Joint Network - a Canadian website with information on best practice guidelines for a variety of orthopaedic conditions including hip and knee replacement, fracture, injury prevention, low back pain, etc.

<http://boneandjointcanada.com/>

VENDOR LIST

STRATHROY			
Bossons Pharmacy	35 Front Street West	(519) 245-3810	Rent/Buy
Strathroy Royal Canadian Legion	266 Metcalfe Street West	(519) 245-0683	Loan
LONDON			
London Consistory Club (Open Tues and Thurs 9am -12pm)	243 Wellington Road South	(519) 438-5443	Loan
Precision Home Medical Equipment	390 Springbank Dr.	(519) 657-1032	Rent/Buy
Medigas London	555 Wellington Rd S.	(519) 451-7932	Rent/Buy
Motion Specialties	139 Adelaide Street S	(519) 685-0400	Rent/Buy
Dura Med Mobility Products	207 Adelaide St. S.	(519) 686-3888	Rent/Buy
Yurek Specialties Ltd	526 Newbold St.	(519) 680-7474	Rent/Buy
Shoppers Home Health Care	301 Oxford Street West	(519) 434-3326	Rent/Buy
Shoppers Home Health Care	641 Commissioners Rd. East	(519) 685-9153	Rent/Buy
NEWBURY			
Royal Canadian Legion	22 Durham St.	(519) 693-4251	Loan
PARKHILL			
Royal Canadian Legion	200 Broad St.	(519) 294-6261	Loan
FOREST			
Royal Canadian Legion	58 Albert St.	(519) 786-5357	Loan
MOUNT BRYDGES			
Custom Mobility	7943 Olde Dr.	(519) 264-3316	Rent/Buy
Lions Club	116 Lions Park Dr.	Ron Medill (519) 264-9590	Loan

VENDOR LIST

ALYMER			
Hills Pharmacy	35 Talbot St. East	(519)765-1271	Buy
BRIGHTS GROVE			
Shoppers Drug Mart	2600 Lakeshore Rd.	(519) 869-4224	Rent/Buy
SARNIA			
True North Home Health	1139 Confederation St.	(519) 383-9900	Rent/Buy
Shoppers Home Health Care	516 Exmouth Street	(519) 344-9797	Rent/Buy
TILLSONBURG			
Coward Pharmachoice	165 Broadway St.	(519) 842-4081	Buy
Grand Medical Supplies	8 Washington Grand Avenue	(519) 842- 8949	Rent/Buy
CHATHAM			
Shoppers Home Health Care	406 St. Clair St.	(519) 351-7272	Rent/Buy
Motion Specialties	785 St. Clair St.	(519) 358-7096 or (866) 914-0484	Rent/Buy
GLENCOE			
Glencoe Pharmacy	253 Main St.	(519) 287-2731	Buy
WEST LORNE			
West Elgin Pharmacy	229 Graham Road	(519)768-1440	Buy

MY NOTES

[illegible]