Knee Replacement Surgery

January 2021
Being Put on the Surgical Waitlist?
Some Things to Consider...

Can I take the necessary time off work?

Do I have help post-operatively?

Do I have someone to drive me post-operatively while I am unable (could be for an extended amount of time)?

Do I have vacations coming up or will I be away for extended periods of time that will make me unable to take a surgical date or attend my post-operative appointments?

Do I have other health issues I am currently dealing with that could put-off my surgery?

Am I able to come to Victoria for multiple appointments and tests required for surgery?

Do I have any other life circumstances that may cause me to be unable to take a surgical date?

As surgical wait times are always changing, please ensure you are “Ready, Willing and Able” to take any surgical date once you have been put on the waitlist.

If any of the above considerations would cause you to not be able to take a surgical date, at whatever time that may come, please inform your Surgeon or your Navigator.
Welcome to the RebalanceMD New Joint Program

Now that you are on the waitlist for a total joint replacement, please review the following booklet that has IMPORTANT and REQUIRED information regarding your surgical booking. Please DO NOT lose this booklet as it will be needed throughout your journey to joint replacement. Please bring this booklet with you to any future appointments you have at RebalanceMD.

Please watch our Education video. You will be asked to watch at different times throughout your surgical journey. It is important that you watch this video before your New Joint Program Intake Assessment so you are prepared with informative questions.

You can find this video at http://rebalancemd.com/resources/#knee. Please note any “forms” mentioned in the Education video will be provided once you have a booked surgery date.

What you will find in this booklet:

1. Introduction and Patient Journey (page 3)
2. FAAST 2.0 (page 5)
3. Knee Anatomy and How the Joint is Replaced (page 7)
4. Before Your Surgery (page 11)
   “Having a Plan” worksheet found on page 15, please review before your New Joint Program Intake Assessment
5. Once Your Surgery Day is Booked (page 17)
6. Hospital Stay (page 27)
7. Physiotherapy/Rehabilitation (page 31)
8. At Home (page 35)
9. Resources (page 42)

Thank you from the RebalanceMD team for reviewing this package and taking an active role in your surgical journey. If you have any further questions or comments please contact the office. 250-940-4444
New Joint Surgical Journey

The next step in your journey is a New Joint Program Intake Assessment. You will be contacted by our office within the next 2-4 months to book an appointment with your Navigator. Your Navigator will walk you through all the steps for surgery and is available to answer any questions you may have. They will review your medical history, go over a discharge plan and ensure your health is optimal for surgery. **Having reviewed all the information in this package, reviewing the “Having a Plan” form on page 15 and watching the Education video ahead of time (link on intro page) will help you and your Navigator have a successful and informative appointment.**

After your Intake Assessment with your Navigator you may not hear from us often during this “waiting phase.” You will be contacted by the surgical booker approximately 6-8 weeks before a potential surgical date. Once you have a surgical date, they will let you know of any further actions that need to be taken, arrange an appointment with your surgeon if needed and send you a confirmation letter.

You will then be contacted by the New Joint Program to organize pre-operative tests, watch the Education video again, and complete and return required forms.

You can find the Education video at: [https://rebalancemd.com/resources/#knee](https://rebalancemd.com/resources/#knee)
What is FAAST 2.0?

FAAST = First Available Appropriate Surgical Triage

FAAST 2.0 is a triage tool to improve and equalize wait times for patients waiting for hip and knee replacement surgery (this does not include revision surgery). RebalanceMD is working with Island Health to improve and reduce wait times and optimize outcomes in joint replacement surgery. You will be placed on our joint replacement waitlist and will receive the first available surgical date with one of our Orthopaedic surgeons.

Frequently Asked Questions:

1) How is the FAAST 2.0 waitlist different from the previous waitlist structure?

Current waitlist time for surgery between surgeons can vary by 6-12 months. The FAAST 2.0 model can significantly reduce your wait time by booking you into the first available surgical date. This will make wait times more equal for all patients.

2) When will I find out who my surgeon is?

You will be notified when you receive your surgical date and will receive an appointment 2-8 weeks before your surgical date to meet and discuss your case with the surgeon.

3) If after meeting my new surgeon I am not comfortable with the choice, what are my options?

We recognize that the choice between patient and surgeon is a personal one, and many factors go into a successful patient-surgeon relationship. All the surgeons participating in this program are capable of performing successful hip and knee replacement surgery. If however you are not comfortable please let your Navigator know and they can arrange to have another surgeon from the FAAST 2.0 program consult with you.

We cannot give the same date for surgery if you change; however, if you choose another surgeon within the FAAST 2.0 model you will be offered the next available slot.
4) The surgeon I met as part of FAAST 2.0 said I shouldn’t have joint replacement surgery

The indications for hip and knee replacement surgery are not black and white, hence there may be differences of opinion among care providers. Feel free to discuss your case with your Navigator, and/or GP or receive another opinion.

5) What if my condition changes?

If you develop significant medical or social issues while on the waitlist, please contact your Navigator to discuss these issues.

6) My hip or knee is getting much worse. What can I do?

There are a variety of medical/physical therapies to ease the pain while waiting for your hip/knee replacement. The first step is to contact your family doctor and discuss the use of medication, physiotherapy, or assists such as a cane or walker. If your GP wishes, a re-assessment may be required. The surgeon may need to reassess your pain/ function/ x-rays to reassess your urgency on the waitlist.

7) Can I be on the cancellation list as well as the FAAST 2.0 list?

Yes, all patients are considered for a cancellation. You will be contacted if you are an appropriate candidate for the available date.

Get to know our surgeons currently participating in our FAAST 2.0 program. Please feel free go to our website to read their biographies.
http://rebalancemd.com/team/
Knee Replacement

This section contains information about:

- Anatomy of the Knee
- Knee Disease
- Knee Replacement Surgery
- Fitting Options
The knee is a complex hinge joint that allows you to bend or straighten your leg. The knee joint is comprised of the distal end of the femur (the femoral condyles) and proximal end of the tibia (the tibial plateau).

When you move your lower leg, your femoral condyle glides over the tibial plateau, aided by a cushioning layer of cartilage. In a healthy knee joint, this motion is smooth and painless.

**Knee Disease**

**Osteoarthritis**- also called degenerative joint disease- is the most common reason for knee replacement surgery.

Osteoarthritis is a by-product of age-related ‘wear and tear’ and usually occurs in joints that bear the weight of the body. The cartilage within the joints softens and wears away. This causes the knee joint to become rough and irregular, preventing smooth and painless motion within the joint.

Joint replacement surgery is one method of repairing the damage caused by osteoarthritis. Other conditions that may lead to joint replacement include inflammatory arthritis, post-injury, or significant deformity.
Knee Replacement Surgery

Knee replacement surgery involves an orthopaedic surgeon replacing your diseased knee joint with an artificial prosthesis. The surgeon makes an incision along your affected knee joint and moves away the muscles, ligaments and the patella (knee cap). The ends of the femur and tibia are then cut to eliminate the rough parts. The cut ends of these bones are covered with a metal surface separated by a plastic liner in order to create a new joint.

Knee replacement surgery generally takes one to two hours.

Fitting Options

A variety of factors will determine the type of fitting used to fix the artificial joint in your body.

These include age, disease type and bone quality.

The joint may be:

**Cemented**: The artificial joint is secured with a quick-hardening adhesive.

**Uncemented**: The artificial joint is closely fitted and covered with a rough material, encouraging the bone to grow on to the artificial joint.
Before Surgery

This section contains information about:

- Walking with a Cane or Walking Poles
- Exercising Before Surgery
- Weight Management
- Nutrition
- Dental Work
- Having A Plan Worksheet
- “Out-of-Towners”
Walking with a Cane or Walking Poles

Use a cane or walking poles before surgery to take the stress off your joint. This may also decrease your pain. These will also provide extra support to your other joints, which need to work harder to compensate for your sore joint. If you are limping or having pain in another body part (same leg, opposite leg, lower back) you should try using a cane or other gait aid on a more regular basis.

Walking with a Cane:
If you hang your arm loosely by your side, the top of a properly adjusted cane should be level with the crease of your wrist.

1. Hold the cane in the hand opposite your sore leg.
2. Move the cane and the sore leg forward together.
3. Walk with even and equal length steps, as close to normal speed as possible.

Walking with Walking Poles:
Adjust walking poles so that you are able to grip the handles when your elbows are at a 90-degree bend. Walk with an opposite arm and leg pattern, similar to your walking pattern without the poles.

Exercising Before Surgery

Exercising before surgery will increase your chances of a quick and easy recovery. Exercise keeps the muscles around your joint strong, which helps to take the pressure off the joint and may reduce your pain. It also maintains your joint flexibility and improves your overall mobility. Regular physical activity keeps the muscles in the rest of your body strong. You will be relying on these muscles more during your recovery from your joint replacement surgery.

Daily physical activity will be a key part of your recovery for at least 1 year after surgery. Exercising before surgery will build up your confidence and knowledge of how to exercise after surgery.

The Canadian Physical Activity Guidelines recommend building up to at least 150 minutes of moderate-to-vigorous-intensity aerobic physical activity per week. This can be done in bouts of 10 minutes or more. This works out to 30 minutes per day, 5 days per week. The guidelines also recommend strengthening and balance exercises 2 days per week. Choose exercises that put less stress on your joints such as pool exercises (swimming, water walking, water aerobics), riding a stationary bike, or walking with poles or a cane. For strengthening exercises, see "Your Home Exercise Program" (pages 32-34).

If you would like a more focused exercise program:

1. Make an appointment with a physiotherapist, kinesiologist, or personal trainer.
2. Check with your local community centre for group classes and information sessions.
3. Physical Activity Services at HealthLink BC provide physical activity information and advice by qualified exercise professionals. (See “Resources” on page 43).

Before beginning any new exercise program, please discuss with your family doctor whether the program is suitable for you.
PRE-SURGICAL CONDITIONING & PREPARATION PROGRAM

Set yourself up for success!

A Pre-Surgical Conditioning Program can optimize your Post-Surgical Recovery.

- **Stay ahead** – Gain strength and fitness to prepare for your surgery
- **Be informed** – We will familiarize you with the post-surgical rehabilitation process
- **Build connections** - Meet the team that will guide you through your surgical recovery

Your First Visit:

- Physical assessments will be done by a physiotherapist to evaluate your starting point.
- A kinesiologist will develop your personalized exercise plan and guide you through your surgical preparation exercises and provide you with the knowledge to complete these exercises at home.

Following Visits:

- A kinesiologist will assess your progress and give recommendations to improve your exercise form. Based on your progress, your exercise plan will be modified to give you the best results.
- Appointment options include in person clinic visits or over the phone with emailed exercises and videos.
- Every 2-4 weeks you may choose to see a physiotherapist for further evaluations.

Our Pre-Surgical Conditioning & Preparation Program may be covered by your extended medical benefits or MSP.

For more information on the RebalanceMD Pre-Surgical Conditioning & Preparation Program please contact the RebalanceMD Physiotherapy Department:
p: (250) 598-7410  physiobilling@rebalancemd.com
Weight Management

Being overweight or underweight can affect your recovery from surgery. Every extra pound you carry places the equivalent of 3-6 pounds of force on your knees. But being underweight can make it harder for your body to heal after surgery.

If you are overweight, moderate gradual weight loss is a good strategy in the lead up to surgery (no more than 1 pound per week). This may reduce joint pain and allow you to do more activities.

Whether you are overweight or underweight, it is important to eat well before surgery. If you are worried about your weight, talk to your family doctor or a dietitian.

Nutrition

Good nutrition will help you recover from surgery. It will also reduce your risk of infection.

**Protein** - Promotes healing after surgery. Try to eat at least 3 servings of meat, milk or alternate protein sources every day.

**Multivitamin** - Promotes healing and is best taken in moderate doses. If you have a history of low iron, talk to your doctor, pharmacist or dietitian about supplements.

**Calcium and Vitamin D** - Are important for strong bones. Adults should have 2-3 servings of milk or calcium-fortified products per day. A minimum of 600 IU Vitamin D supplement is recommended for all people over 50 years old.

**Fibre and Water** - It is important to have a regular bowel habit prior to surgery, as constipation can be a complication. Spread fibre intake throughout the day and drink at least 8 glasses of water per day.

Dental Work

While you are on the waitlist, a routine check-up can help identify any issues that may delay your joint replacement surgery. **Once you are booked for surgery**, it is important that you avoid dental work, including a dental cleaning, to minimize the risk of infection. If you need major dental work, you will not be able to proceed with your joint replacement until **3 months after completion**.
Having a Plan Worksheet

Please review this form prior to your Intake Appointment with your Navigator

Making sure that you are prepared for surgery is important to help you have a successful recovery.

Here are a few things you need to consider so that you can start creating a plan for after surgery.

1. **Stairs**: How many stairs are there outside the home? Inside the home? Is there a railing?
2. **Help**: Who will help after surgery with chores such as cooking, cleaning, laundry, grocery shopping etc. Who can help you after surgery?

**PLEASE NOTE:** For elective surgeries (all pre-booked surgeries such as the one that you are having), the hospital does NOT arrange post-operative help, such as home care. You will need to make your own arrangements prior to having the surgery. Notify your Navigator if you would like a Victoria Community Resource booklet that lists private, fee-based home care and respite options.

Please be aware that you will still be discharged from hospital when you are medically stable and able to mobilize. You will still be discharged if you do not have a plan.

3. **Transportation**: Who will pick you up at the hospital? Who will drive you to follow up appointments with you surgeon and physiotherapy?

4. **Physiotherapy**: Physiotherapy AFTER surgery is free at RebalanceMD, the Saanich Peninsula Hospital and most Island Health hospitals outside of Victoria. You are welcome to attend a private physiotherapy clinic but you will be responsible for covering the fee.

5. **Medical Equipment**: Please review the Equipment section on page 18 to review the items you already own and what you will need to acquire. You will discuss this with your Navigator during your intake appointment.

6. **House Set-Up**: Do I have a walk-in shower or do I need to step over a tub? How tall is my toilet? Do I have supports to push up on beside my toilet? How is the height of my bed?
A Special Note for “Out-of-Towners”

For patients who do not live within greater Victoria, there are a few things that you need to be aware of in your planning:

- There may be necessary appointments that you need to attend in Victoria before and after surgery. Organizing transportation to accommodate these appointments will be your responsibility.
- Appointments may not be able to be organized around ferry times.
- Your arrival time for surgery could be as early as 6:00am. You may need to make arrangements to stay in town the night before.
- **Discharge from the hospital:**
  - Discharge times are not organized around ferry times.
  - Discharge times can vary depending on your individual circumstance. The hospital will try to give you as much notice but occasionally something will occur that prevents you from being discharged on schedule.
  - There is a “Discharge Lounge” within the Royal Jubilee Hospital where you may wait if your ride home is unable to come when the hospital needs to discharge you. A trained orthopaedic nurse is stationed there Monday-Friday.
Once Your Surgery Day is Booked

This section contains information about:

- Knee Precautions
- Equipment
- Preparing Your Home
- Out-of-Towners
- Walkers and Crutches
- Stair Use
- Transportation
- Pre-Op Education
- Surgical Confirmation Letter
- Alcohol and Smoking
- Pre-Admission Clinic
- Cancellation of Your Surgery
- Shaving
- Pre-Op Showers
- Eating and Drinking Before Surgery
- What to Bring to the Hospital
- Medications
Knee Precautions

For 3 months after your surgery, you will have the following restrictions on your movement.

1) **Do NOT put a pillow behind your surgical knee. Your knee may become stiff if you keep it bent.**

2) **Do not kneel on your surgical knee.**

3) **Do not do deep squats (such as squatting down to the floor).**

**Equipment**

You will need the following equipment:

- Raised toilet seat - 2", 4" or 5"/6"
- Height adjustable bath bench or shower stool
- Two-wheeled walker (with a tray if you live alone) or crutches
- Cane
- Flexible gel ice packs, or a cryotherapy machine
- Leg lifter strap or pyjama bottoms

You may also require the following equipment based on you or your home set-up:

- Bed rail assist
- Toilet safety frame
- Long handled sponge
- Hand-held shower hose
- Non-slip bathmat
- Shower grab bars
- Elastic shoelaces or slip-on shoes
- Commode

Most of this equipment can be rented or purchased from a local medical supply store or RebalanceMD. Cryotherapy machines can be purchased or rented from some medical supply stores, some Bracing/Orthotics stores or purchased from RebalanceMD. These expenses can often be claimed – please check with your Extended Health Benefits plan. Some items may be available from local loan cupboards. Your Navigator will review this and help with any necessary referrals shortly after your surgery is booked.

It is important that you pick up all the necessary medical equipment and set up your home so that you can move around easily at least 1 week BEFORE surgery.
<table>
<thead>
<tr>
<th>2 wheeled walker</th>
<th>Cane</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised toilet seat</td>
<td>Toilet safety frame</td>
<td></td>
</tr>
<tr>
<td>Shower stool</td>
<td>Bathtub Transfer bench</td>
<td></td>
</tr>
<tr>
<td>Other equipment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Commode</td>
<td>☐ Crutches (axilla)</td>
<td></td>
</tr>
<tr>
<td>☐ Tub grab bar - clamp on</td>
<td>☐ Crutches (forearm)</td>
<td></td>
</tr>
<tr>
<td>☐ Bed rail assist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Places to RENT or PURCHASE equipment in Victoria**

- Please contact the store to confirm that they have the items you require and to inquire about **pricing**.
- If you need to purchase an item and have Extended Health Benefits, there is a **prescription** in your Education package that you can use to claim expenses.

<table>
<thead>
<tr>
<th>Store</th>
<th>Phone number</th>
<th>Address</th>
<th>RENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Bracing @ RebalanceMD</td>
<td>250-598-7420</td>
<td>104-3551 Blanshard St *cushions included</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ONLINE ORDERING &amp; SHIPPING AVAILABLE, please visit <a href="http://www.onebracing.com/shop">www.onebracing.com/shop</a></td>
<td></td>
</tr>
<tr>
<td>Home Health Care Supply</td>
<td>250-474-6966</td>
<td>875 Cecil Bogg Drive</td>
<td>Need to inquire</td>
</tr>
<tr>
<td>Motion Specialties - Victoria</td>
<td>250-384-8000</td>
<td>1856 Quadra Street *cushions included</td>
<td>YES</td>
</tr>
<tr>
<td>Motion Specialties - Sidney</td>
<td>250-656-6228</td>
<td>7-9764 Fifth Street Sidney *cushions included</td>
<td>YES</td>
</tr>
<tr>
<td>Rexall Home Health Care</td>
<td>250-384-7196</td>
<td>3098 Nanaimo Street</td>
<td>YES</td>
</tr>
<tr>
<td>Island Mediquip - Victoria</td>
<td>250-391-0388</td>
<td>750 Enterprise Crescent (top of Glanford by Bird of Paradise Pub)</td>
<td>YES</td>
</tr>
<tr>
<td>Shoppers Home Health</td>
<td>250-370-2984</td>
<td>1561 Hillside Avenue</td>
<td>YES</td>
</tr>
<tr>
<td>Vancouver Island Medical Supply</td>
<td>250-384-4060</td>
<td>1A 3534 Quadra Street</td>
<td>YES</td>
</tr>
<tr>
<td>HME Mobility and Accessibility</td>
<td>250-386-0075</td>
<td>101-2567 Wilfert Rd</td>
<td>YES</td>
</tr>
</tbody>
</table>

**Places to purchase the HIGH DENSITY FOAM CUSHIONS**

<table>
<thead>
<tr>
<th>Store</th>
<th>Phone number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Foam Zone</td>
<td>250-475-3255</td>
<td>Unit 1 – 3388 Douglas Street (behind Mr. Lube)</td>
</tr>
<tr>
<td>McGeachie’s Foam Shop</td>
<td>250-385-7622</td>
<td>2103 Douglas Street</td>
</tr>
<tr>
<td>McGeachie’s Foam Shop</td>
<td>250-391-9320</td>
<td>890 Goldstream Avenue Langford</td>
</tr>
<tr>
<td>Home Health Care Supply</td>
<td>250-474-6966</td>
<td>875 Cecil Bogg Drive</td>
</tr>
</tbody>
</table>

Please contact your Navigator if you are having difficulty getting your equipment. 250-940-4444
Preparing Your Home

Making the following modifications to your home prior to surgery will make it easier for you to go about your daily activities in the weeks after surgery.

- If possible, arrange your home so that you can spend most of your time on a single level.
- Ensure all stairs have stable, solid railings.
- Try to use a chair with arms. If you do not have one already, consider a patio chair.
- Install a raised toilet seat. You may need a toilet seat safety frame (arms for your toilet).
- Have a seat for when you shower. This may be a height adjustable bath bench for over your tub or a height adjustable shower stool in your walk-in shower.
- Remove all throw/scatter rugs or other potential tripping hazards.
- If you think you will have difficulty getting in and out of bed, you can purchase, borrow or rent a bed rail assist.

Walkers and Crutches

You will be using a two-wheeled walker (preferred) or crutches for 2-6 weeks after surgery to provide extra support to your new joint as it is healing. Your physiotherapist will advise you when you are ready to move to another gait aid, typically to a cane.

If you hang your arms loosely by your side, the handles of a properly adjusted walker should be level with the crease of your wrist. Crutches should be adjusted so that the crutch top is approximately 2 inches below your armpit. Adjust the crutch handle so that you have a slight 20-30 degree bend in your elbow.

Walking with a Two-Wheeled Walker or Crutches

1) Start from standing and move the walker or crutches forward.
2) Step forward with your surgical leg.
3) Putting as much weight as necessary on the aid, step forward with your good leg.

A pair of crutches and a two-wheeled walker
**Stair Use**

**Going UP stairs:**

1) Always use a handrail if available.
2) Step up with your good leg first.
3) Follow with your surgical leg and the cane (or crutch), one stair at a time.

**Going DOWN stairs:**

1) Always use a handrail if available.
2) Place your cane (or crutch) on the step below.
3) Step down with your surgical leg first.
4) Follow with your good leg, one stair at a time.

The hospital physiotherapist will practice stairs with you before you leave the hospital. In the early stages of recovery, plan your day so that you minimize the number of times per day you do the stairs. This will help you conserve energy and avoid putting unnecessary stress through your new joint.

**Transportation**

**You are responsible** for arranging a ride home from the hospital. Please do not take a taxi or HandyDART unless you have someone that can accompany you and help you get into your home safely. There are many private transportation services that offer fee-based supported transportation. If you need assistance, speak with your Navigator.

Ask the person who is picking you up at the hospital to bring the two-wheeled walker or crutches.

**Getting in/out of the car:**

1. Have the driver slide the seat all the way back.
2. Recline the seat back.
3. Back up until you feel the seat on the back of your legs.
4. Extend your surgical leg.
5. Lower yourself slowly to the seat.
6. Slide back and lift your legs.
7. Spin on the seat.

   *It is very helpful to practice this BEFORE surgery.*
Surgical Confirmation Letter

You will receive your surgical confirmation letter via email or in the mail once your surgery date is booked. This letter will confirm your surgery date as well as other information to help you prepare.

You will receive your hospital arrival time via email or telephone call 1 week before your surgery date.

Education

After you have accepted a surgery date, you will be contacted by the New Joint Program around 3-4 weeks before your surgery to arrange your Education. This is a necessary step in preparation for surgery. You will be asked to watch a detailed video on our website, complete paperwork and go to the hospital for updated pre-operative tests.

Alcohol and Smoking

Continued use of alcohol and smoking may prolong your recovery. Please stop drinking alcohol 7 days prior to surgery. Quitting smoking prior to surgery is also a good strategy as smoking may slow your healing. Your Navigator or family doctor can connect you with a smoking cessation program (see “Resources” page 43).

Pre-Admission Clinic

The Pre-Admission Clinic will call you from the hospital to schedule an appointment. At this appointment you will speak with a pharmacist who will review your medications.

You may also be called to see an anaesthesiologist prior to your surgical date. This may occur at either the hospital or at RebalanceMD. You should bring any questions you may have about your anaesthesia or pain issues to this appointment.

It is important that you bring ALL of your medications/supplements to this appointment. It is advised that you complete all of your pre-op tests before this appointment. Requisitions for these tests will be provided as part of the Education as mentioned above.
Cancellation of your Surgery

Your surgery may be cancelled if you have an active infection, open wound, weeping rash, sore on the surgical leg, a cold, or the flu. Having any other medical procedure or dental procedure 3 months prior to your surgery may also cancel your surgery. If you are unwell in any way before your surgery please call RebalanceMD.

Shaving

Please do not shave the area or limb to be operated on 2 weeks prior to surgery. Any cut or abrasion on your skin may result in your surgery being postponed.

Pre-Op Showers

You will need to take 2 pre-op showers before your surgery. The first shower will take place the night before your surgery and the second one the morning of your surgery. You will need to purchase 2 Antibacterial Chlorhexidine 4% sponges for this. These are available at most pharmacies or RebalanceMD. Instructions on how to scrub will be provided in your Surgical Confirmation Letter.

Eating and Drinking Before Surgery

Please follow the fasting guidelines as explained in your Surgical Confirmation Letter. You are not to eat or drink (ingest anything by mouth) as of midnight the night before surgery.

What to Bring to the Hospital

- Label all essential personal items with your name and phone number (denture cup, glasses case, hearing aid case, cellphone, etc).
- Bring your own toiletry items (toothbrush, hairbrush, etc).
- Bring loose fitting clothes as well as comfortable closed-toe shoes that are easy to get on/off (slip on or elastic shoelaces).

Do not bring:
- Your own bedding, pillows, blankets. Do not bring flowers, balloons or cards. Non-essential items will be turned away
- Valuables: jewellery, cash, tablets.
- Scented products: perfumes, deodorants, make-up, powders or nail polish.
- Equipment: walkers, raised toilet seats. These will be provided at the hospital.
Most medications can be taken up to and including the day of surgery. Some medications must be **stopped** before surgery to decrease the chances of complications.

Below is a guide to medication use in the lead-up to surgery. Any allowed medications may be taken with 30 mL of water per pill up to one hour before your hospital arrival time.

You may be given further direction from the anaesthesiologist. If so, follow those instructions.

<table>
<thead>
<tr>
<th>Generic Medication Name</th>
<th>Trade Name</th>
<th>When to Stop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>Tylenol</td>
<td>May take for pain as needed up to and including day of surgery</td>
</tr>
<tr>
<td>Angiotensin converting enzyme (ACE) inhibitors</td>
<td>Captopril, Cilazapril,</td>
<td>Hold day of surgery to reduce risk of excessive drop in blood pressure during anaesthesia</td>
</tr>
<tr>
<td></td>
<td>Enalapril, Rosinopril,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ramipril, Trandolapril</td>
<td></td>
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<tr>
<td>Anticoagulants and Antiplatelets</td>
<td>Coumadin, Warfarin, Heparin, Plavix, Xarelto, Ticlid, Eliquis, ASA, Aspirin</td>
<td><strong>If you are on ANY of these medications, contact your cardiologist/ internist and/or orthopaedic surgeon</strong></td>
</tr>
<tr>
<td>Cox-2 NSAIDS</td>
<td>Celebrex, Meloxicam (Mobicox)</td>
<td>Hold day of surgery</td>
</tr>
<tr>
<td>Diuretics</td>
<td>Hydrochlorothiazide, Furosemide (Lasix), Spironolactone</td>
<td>Hold day of surgery</td>
</tr>
<tr>
<td>Non-steroidal anti-inflammatory drugs (NSAIDS) with a short life</td>
<td>Ibuprofen, Advil, Motrin, Diclofenac, Voltaren, Ketoprofen, Indomethacin</td>
<td>Stop the day before surgery</td>
</tr>
<tr>
<td>NSAIDS with an intermediate life</td>
<td>Naproxen, Sulindac, Ketorolac (Toradol)</td>
<td>Stop 3 days before surgery</td>
</tr>
<tr>
<td>NSAIDS with a long life</td>
<td>Prioxicam</td>
<td>Stop 10 days before surgery</td>
</tr>
<tr>
<td>Oral contraceptives or hormone replacement therapy</td>
<td></td>
<td>Stop 1 month before surgery and restart on the direction of your surgeon. (You may need to use alternative forms of birth control during this period.)</td>
</tr>
<tr>
<td>Oral Hypoglycemic agents</td>
<td>Chlorpropamide, Glyburide, Metformin</td>
<td>Hold day of surgery to decrease risk of hypoglycemia when fasting</td>
</tr>
<tr>
<td>Vitamin E and all other oral natural health products and herbal remedies</td>
<td>Garlic, Gingko, Kava, St John’s Wart, Ginseng, Dong Quai, Glucosamine, Papaya</td>
<td>Stop 7 days before surgery</td>
</tr>
<tr>
<td>Regular vitamins and iron pills</td>
<td></td>
<td>Hold day of surgery</td>
</tr>
</tbody>
</table>
Hospital Stay

This section contains information about:

- Length of Stay
- What Happens on the Day of Surgery
- Blood Thinning Medications
- Rehabilitation
- Pain Control After Surgery
- Discharge Checklist
Length of Stay

Your length of stay in the hospital may be as short as 24 hours, once you have reached discharge criteria (medical stability and ability to safely mobilize). It is important that you have made arrangements with someone to pick you up from the hospital upon discharge. Make sure these arrangements are flexible, to account for an early discharge time.

If you think you will need extra care or home support after surgery, please contact your Navigator. We have a list of resources available as you are responsible for organizing your own care after discharge.

As your surgery is a planned surgery, the hospital will NOT organize post-operative help for you.

What Happens on the Day of Surgery?

Before Surgery:
- Bring a small suitcase of your belongings (see “What to Bring to the Hospital” page 24).
- Do not bring your medications (unless the hospital pharmacist directs otherwise).
- If you use a CPAP machine, please bring it to the hospital with you.
- Check in at “Patient Admitting”. They will guide you from there.
- You will confirm your anaesthesia plan with your anaesthesiologist.
- You will see your surgeon at this time as well.

After Surgery:
- You will wake up in the recovery room.
- You will stay here until your pain is under control and you are no longer drowsy.
- You will have an intravenous (IV) line to keep you hydrated and to give you medication.
- You may have oxygen administered by nasal tubing.
- Your stay in the recovery room may last from 1-3 hours.

The Hospital Ward:
- You will be transferred to the orthopaedic ward once you are medically stable.
- A nurse will assist you out of bed the night of the surgery.
- The nurse will let you know how much weight you can put on your surgical leg.
- You may have a drain on your leg that collects blood from your joint.
- Sometimes your bladder function is impaired shortly after surgery. This is usually due to the anaesthetic. If you are unable to empty your bladder, the nurse will perform a portable ultrasound of your bladder while you are lying on your bed. If the ultrasound shows a large amount of urine, the nurse may insert a catheter to drain your bladder. This will be removed once the bladder has been drained.
- It is important to do **deep breathing** and **ankle pumping** exercises after your surgery, especially while lying in bed (see the following page).
Blood Thinning Medications

After surgery, you are at an increased risk of getting a blood clot. The following blood thinning medications reduce that risk and must be taken for as long as your surgeon prescribes.

- Enoxaparin (injection)
- ASA/Aspirin (pill)
- Xarelto (pill)

Your surgeon will select the blood thinner that they think is right for you. If this is Enoxaparin, the hospital nurse will teach you how to give yourself the injection.

Rehabilitation

Physical activity is an important part of your recovery. It will not only help to improve the function of your joint, but help to clear your lungs, reduce your risk of blood clots, reduce your pain, and start your bowels moving. A physiotherapist will work with you during your hospital stay to teach you how to walk with a walker or crutches, use stairs safely and review your home exercise program. A Rehabilitation Assistant may also help you with your walking and exercises.
A common way to reference your pain after surgery is by using a pain scale from 0 to 10 (where 0 means you have no pain and 10 means the worst pain imaginable).

**Pain Assessment Scale**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>Mild</td>
<td>Uncomfortable</td>
<td>Severe</td>
<td>Very Severe</td>
<td>Worst Pain Imaginable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Staying Ahead of the Pain:**

The best time to take your pain medication is when your pain level is around 3 or 4 (uncomfortable but bearable). This way, you will require a smaller dose of pain medication to bring your pain level back to a comfortable range (such as 1 or 2). If you wait until your pain level reaches 7, 8, or 9 you will need a higher dose of pain medication. This can lead to nausea, drowsiness and dizziness and should be avoided.

**Types of Pain Medications:**

There are a variety of pain medications that your doctor may order for you. You will likely be prescribed a combination of these medicines to control your pain after surgery. These include:

1. Hydromorphone or oxycodone: These narcotics are “heavy duty” painkillers. Your nurse will only give you the amount that your surgeon feels is safe.
2. Tramacet/Tramadol or Tylenol with codeine: These are effective painkillers, but might not be strong enough shortly after surgery.
3. Tylenol (extra strength): You will likely be on a regular dose of Tylenol to help keep your pain level down.
4. Gabapentin or Pregabalin: These are medications to help with nerve pain.
5. Celebrex: This medication will reduce inflammation.

Remember to also use ice and elevation to help alleviate pain.

Please review “Pain Control at Home” on page 36 for further information.

**Discharge from Hospital**

At discharge, you will be given a “Discharge Sheet” with information on it. You will also be given prescriptions for your pain medication and blood thinner. There is a “Discharge Lounge” within the Royal Jubilee Hospital where you may be brought to if your ride home is unable to come when the hospital needs to discharge you. A trained orthopaedic nurse is stationed there Monday-Friday.
Physiotherapy/Rehabilitation

This section contains information about:

- Physiotherapy/Rehabilitation
- Your Home Exercise Program
Physiotherapy/Rehabilitation

Post-operative physiotherapy is offered free of charge at RebalanceMD, Saanich Peninsula Hospital, and other Island Health Hospitals and Health Centres on Vancouver Island. Your Navigator will record your choice around the time of your Navigator Intake Assessment and every effort will be made to have you attend at your preferred facility, but due to capacity limitations this may not always be possible. The majority of patients will be seen at RebalanceMD in our integrated group session format. Our group classes are supervised by our Physiotherapist and carried out by our Kinesiologists/Exercise Therapists in our rehabilitation department.

Your first appointment is usually 7-12 days from your surgery date. If you will be coming to RebalanceMD for your physiotherapy, you will be contacted prior to surgery by the Physiotherapy Department to schedule this appointment.

Your home exercise program is the most important part of your rehabilitation. During your visits, your home exercise program will be reviewed and increased in difficulty as you recover.

The Physiotherapist or Kinesiologist will also assess your mobility and determine when you are ready to progress from the walker or crutches to a cane. You will typically be using a walker/crutches for 2-6 weeks after surgery. It is important that you do not come off your walker/crutches too soon, as this will place too much stress on your new joint, as well as other joints in your legs and back. This can be painful and may delay your recovery.

Bring any questions or concerns that you may have regarding your recovery and return to activity (such as driving, work, or a gym program) to your appointment.

Your Home Exercise Program

It is important to practice these exercises BEFORE surgery.

Arm-Chair Push-Up

- Sit on your chair, placing your hands on the armrests, elbows bent.
- Push through your hands to lift your body by straightening your elbows.
- Hold for 5 seconds before slowly lowering your body back down.
- Repeat this exercise 10 times, 2 times per day.

This exercise will strengthen your arms, allowing you to better use your walker or crutches, get in and out of bed, and stand up from a chair.
Below are a list of four BED exercises and five CHAIR exercises. In the first couple of weeks after surgery, every 2 hours do 3-4 repetitions of either the list of bed exercises OR the list of chair exercises, alternating.

Use ice for 15-20 minutes after each set of exercises.

eg 8am do 3-4 repetitions of all four of the Bed exercises, then ice
10am do 3-4 repetitions of all five of the Chair exercises, then ice
12pm do 3-4 repetitions of all four of the Bed exercises, then ice

**BED EXERCISES**

1. **Simple Thigh Squeezes**
   - Lie on your back with your kneecap and toes facing the ceiling.
   - Pull your toes back towards your body.
   - Tighten the muscles in the front of your thigh and push the back of your knee down.
   - Hold for 5 seconds. Repeat this exercise 3-4 times, building up to 10 repetitions over the first couple weeks.

2. **Knee Bending (Heel Slides)**
   - Lean back and bend your knee.
   - You can use a leg strap under the sole of the foot to help pull your heel towards your bottom.
   - Hold for 5 seconds. Repeat this exercise 3-4 times, building up to 10 repetitions over the first couple weeks.

3. **Complex Thigh Squeezes**
   - Place a rolled towel under your knee.
   - Press the back of your knee down into the towel.
   - Straighten your leg and hold for 5 seconds.
   - You can use a leg strap under the sole of the foot to help lift your foot.
   - Repeat this exercise 3-4 times, building up to 10 repetitions over the first couple weeks.

4. **Knee Straightening**
   - Lie on your back with your kneecap and toes facing the ceiling.
   - Place a rolled towel under your heel.
   - Gently tighten the muscles in the front of your thigh.
   - Hold for 5 seconds. Repeat this exercise 3-4 times, building up to 10 repetitions over the first couple weeks.
1. **Seated Knee Bend**
   - Sit on a firm chair with your feet planted on the floor.
   - Slide your heel back to bend your knee.
   - Hold for 5 seconds. Repeat this exercise 3-4 times, building up to 10 repetitions over the first couple weeks.
   - You may use something slippery under your foot.

2. **Passive Knee Bend**
   - Sit on a firm chair with your feet flat on the floor and bottom at the back of the chair.
   - Keep your foot fixed on the floor and slide your bottom forward on the chair to bend your knee.
   - Hold for 5 seconds. Repeat this exercise 3-4 times, building up to 10 repetitions over the first couple weeks.

3. **Assisted Knee Bend**
   - Sit on a firm chair.
   - Cross your good leg over your surgical leg.
   - Gently push with your good leg allowing your surgical leg to bend until a stretch is felt on the front of your surgical knee.
   - Hold for 5 seconds. Repeat this exercise 3-4 times, building up to 10 repetitions over the first couple weeks.

4. **Seated Knee Stretching**
   - Sit on a firm chair.
   - Keep the back of your thigh on the chair and straighten your surgical leg.
   - You may use a leg strap under the sole of your foot.
   - Hold for 5 seconds. Repeat this exercise 3-4 times, building up to 10 repetitions over the first couple weeks.

5. **Back of the Thigh Stretch (Hamstrings)**
   - Sit on the edge of a firm chair and place your heel on a step.
   - Straighten your leg and pull your toes towards your body.
   - Keeping a straight back, bend forwards until you feel a gentle stretch in the back of your thigh.
   - Hold for 10-30 seconds. Repeat this exercise 3-4 times, 2 times per day.
At Home

This section contains information about:

- Pain Control at Home
- Swelling
- Icing & Elevating
- Resuming Home Medications
- Changing Your Dressing
- Complications After Surgery
- Returning to Work
- Returning to Driving
- Dental Work and Medical Procedures

Important:

Please do not walk or stand for more than a total of 5 minutes each hour. This is the time allotted for activities such as trips to the bathroom, changing position, preparing a snack, etc. This applies for a minimum of 2 weeks after surgery, but possibly longer if there is no significant improvement in range of motion. Increased walking may promote swelling, make your thigh muscles sore, tight, and restrict your knee from bending further. The focus should be on bending and straightening your knee frequently every hour.
**Pain Control at Home**

Most people experience a reduction in pain over the 6-12 weeks following surgery. Please see “Pain Control After Surgery” (page 30) to review effective pain management. It is a good idea to stay on the same medication schedule you were on in the hospital for the first couple days back home to maintain consistent dosing.

**Acetaminophen:**

It can be helpful to take acetaminophen 1000 mg (2 extra strength tablets) every 4-6 hours, ensuring you do not exceed 4000 mg in a 24-hour time frame. Here is a general schedule for taking acetaminophen:

| 6:00 am | 11:00 am | 4:00 pm | 9:00 pm |

Please note: Tylenol is the same medication as acetaminophen.

If a medication contains acetaminophen, be careful about using Tylenol as well. For example, “Tramacet”, “Tramadol” and “Tylenol #3” contain acetaminophen, so it is important to read your prescription bottle carefully to ensure you do not exceed the maximum daily dose.

*If you have a history of liver disease or significant alcohol consumption, you may need to reduce or avoid acetaminophen use. Discuss this with your pharmacist or family doctor.*

**Narcotics (Hydromorphone, oxycodone, etc):**

These are intended for short use following surgery as they pose a risk for addiction or dependence. Signs of drowsiness, confusion, hallucinations, slow and/or shallow breathing are all signs that you might be taking too much pain medication. If any of these symptoms are severe, please contact your Navigator, surgeon’s office, family doctor or a nurse through HealthLink BC (see “References” page 43).

*If your surgeon gave you prescriptions for TWO pain medication:* Usually this involves a stronger narcotic and another more moderate pain medication such as Tramacet/Tramadol or Tylenol #3. **It is important to only use one medication at a time.** Start with the stronger narcotic medication first following surgery. Once your pain starts to improve, try substituting one narcotic dose with the other pain medication. If this provides adequate pain control, continue replacing some but not all the narcotic doses with the other pain medication. Over the next few days, continue substituting the other pain medication, slowly decreasing the amount of your narcotic use until you are no longer using the narcotic. It is advisable that you do not stop the narcotic suddenly or you may experience withdrawal symptoms such as nausea, irritability, jitteriness etc.

As your pain continues to improve, start decreasing how often you take your pain medication. You can start substituting extra-strength Tylenol in place of the other pain medication until you no longer need any pain medication.

*Do not use non-steroidal anti-inflammatory drugs such as Ibuprofen/Advil and Aleve while you are taking your prescribed blood thinner unless directed by your surgeon.*
Swelling

Having some swelling in your leg is normal after surgery, as well as later in the recovery process. It is normal for the swelling to extend all the way down to your feet. Swelling may also increase as you become more active and during your physiotherapy exercises. Swelling can take months to normalize, even up to 2 years in some cases. It is important to take active steps to minimize swelling.

In order to reduce swelling:

- Ankle Pumping- See page 29.
- Please do not walk or stand more than a TOTAL of 5 minutes each hour in the first 2 weeks after surgery.
- Lie down often for 15-20 minutes with your leg up on pillows (keeping knee precautions in mind). It is useful to ice your joint at the same time.
- Ice your joint regularly, especially following exercises.
- Do not sit for longer than 30 minutes at a time. Limit this to only when eating meals.
- Sometimes compression stockings can help reduce swelling. You may purchase a medium compression stocking that goes all the way to your thigh or an intermittent pneumatic compression device (review Education video) recommended by our surgeons.

If your calf becomes very swollen, tight, red and has a sharp pain or cramping, please contact your Navigator or go to your nearest emergency room.

Icing & Elevating

Icing your joint regularly throughout the day is an effective way to reduce pain and swelling. It is useful to ice after you exercise or after you have been on your feet for a while. Use ice packs or a cryotherapy machine.

Wrap one or two ice packs in a pillowcase and place them on the joint. Secure with a tensor bandage, Velcro straps, or a tie. If you are using a cryotherapy unit, place the pad on your joint (with a pillowcase or thin tea towel between your skin and the pad) and secure it with the supplied Velcro straps. Ice for 15-20 minutes. Repeat at least 4-6 times per day in the first two weeks. Continue to use ice as needed for as long as you find it helpful. You should also elevate your leg while icing. Ensure that your foot is elevated above the level of your waist when sitting.

To avoid injury, never apply ice directly to your skin.
Resuming Home Medications

Once you return home following surgery you can resume most of your usual medications, unless otherwise directed.

Medications that you should NOT continue (unless instructed by your surgeon or family doctor):

- Blood thinners you were taking before surgery (Aspirin/ASA, Plavix, Coumadin, etc.)
- Biologics such as Remicade.
- Hormone Replacement Therapy.
- Ibuprofen or any previously prescribed painkiller.
- Any supplement that has blood thinning capabilities, such as glucosamine or Vitamin E.

Changing your Dressing

You will receive a Dressing Change Guide specific to your surgeon in your Education package. You are responsible for your own dressing change. If you have any questions about your dressing change or incision, contact your Navigator.

How to change your dressing:

- Wash your hands with soap and water beforehand
- Simply take off the old dressing (carefully, so as not to remove the steri-strips) and apply the new one
- DO NOT clean the incision with anything, including water

When your incision no longer requires a dressing, please make sure you avoid the sauna, pool, hot tub or bath until the incision is completely healed. This usually takes an average of 6-8 weeks to be completely healed.

Do not apply lotions, oils, ointments to the incision until it is completely healed.
Complications After Surgery

After surgery, a few people suffer complications and may require further medical treatment.

Blood Clots:

A small number of people may develop a blood clot following surgery. These usually develop in the deep veins within the legs any may travel to your lungs. If you have significant calf pain, swelling and cramping, call our office if available, or go to Emergency. If you have difficulty breathing or chest pain, go to Emergency as soon as possible.

In order to reduce your risk of blood clots:

- Take the blood thinning medication prescribed by your surgeon.
- Mobilize every hour that you are awake, but limit it to less than 5 minutes at a time.
- While you are sitting or in bed, pump your ankles (see page 29) and flex your leg muscles to improve circulation.
- Use compression stockings or an intermittent pneumatic limb device (review Education video).

Constipation:

A change in diet, reduced activity, and pain medication may cause some patients to have difficulty with constipation after surgery. Some ways to stay regular in hospital and at home include:

- Drink at least 8 glasses of water or other clear low calorie fluid per day.
- Eat fibre such as prunes, bran, beans, fruit and vegetables.
- Activity, such as moving around frequently and doing your exercises.
- Take an over the counter stool softener and/or laxative, especially while you are taking pain medication. Please discuss this with your pharmacist.

Infection:

Infection around a new joint is something that occurs in 1-2% of people. However, it is possible for an infection elsewhere within the body to reach the new joint through the blood stream. If you develop a joint infection, you will require antibiotics and, on the rare occasion, further surgery.

Signs of an infected incision include:

- Redness developing around the area and that redness is spreading.
- Green, yellow, or increasing drainage from the wound site. Although it is normal for a new surgical wound to have some drainage, this should slowly stop within 3 to 5 days.
- Increased pain or swelling at the wound site and the surrounding area.
- A fever (above 38 degrees Celsius or 101 degrees Fahrenheit) or chills.

If you think you have a possible wound infection, call your surgeon’s office immediately.
Confusion:
You may experience short term confusion if you are reacting to medication or are suffering alcohol withdrawal.

- If the confusion is severe, go to the nearest Emergency Room.
- If the confusion is minor, please see your family doctor, visit a walk-in clinic or contact a nurse via HealthLink BC (see "Resources" page 43).
- If you think the confusion is caused by the pain medication, contact your surgeon’s office.

Chest Infection:
Chest infection following surgery is generally the result of mucus that is not cleared from the bottom of your lungs.

Signs of a chest infection include:

- Frequent coughing, coughing up yellow or green mucus, or shortness of breath.
- Fever above 38 degrees Celsius or 101 degrees Fahrenheit.

If you think you have a possible chest infection, contact your Family Doctor.

Returning to Work

It is important that you allow yourself time to recover from surgery and focus on your rehabilitation before you return to work. Some people need longer than others to heal and recover. This depends on a variety of factors, such as your health status and the type of work that you do.

Talk to your surgeon about what is right for you.

Returning to Driving

Being able to drive safely depends on which leg was operated on, whether you have an automatic or standard transmission vehicle, and your ability to safely navigate your foot from the gas pedal to the brake.

As a general guideline you should be off all narcotic medication. If your right leg was operated on, you should wait a minimum of 6 weeks after your surgery date.

It is important that you discuss this with your surgeon at your post-operative visit.
Dental Work and Medical Procedures

If you will be having any dental work or medical procedures- such as procedures involving the bladder, prostate, lung, or colon- it is important that you let your health care professional know that you have had joint replacement surgery.

To avoid the risk of infection, it is important that you avoid dental work and dental cleanings for 3 months after surgery.

If you have a health issue that compromises your immune system, you may need antibiotics with every dental procedure for the rest of your life. Please discuss this further with your surgeon and dentist.
Resources

This section contains resources for:

- Arthritis and Surgery Information
- Health Professionals
- Physical Activity
- Transportation
- Resource Guides
Resources

**Health Professionals**

Nurse Hotline/HealthLink BC
Phone: 8-1-1
www.healthlinkbc.ca
Non-emergency health information provided by a nurse, pharmacist or dietitian.

Physical Activity Services at HealthLink BC
www.healthlinkbc.ca/physical-activity
Phone: 8-1-1

Dietitians of Canada
www.dietitians.ca

Physiotherapy Association of British Columbia (PABC)
– to find a physiotherapist in your area
www.bcphysio.org

Quit Now
www.quitnow.ca

**Transportation**

HandyDART
www.bctransit.com/victoria/riderinfo/handydart
Phone: 250-727-7811

SPARC – Disabled parking pass
Victoria Disability Resource Centre
www.drcvictoria.com/parking-permits/
Phone: 250-595-0044
Fax: 250-595-1512
Email: parking@drcvictoria.com

TAP – Travel Assistance Program- travel and accommodation
https://www2.gov.bc.ca/gov/content/health/accessing-health-care/tap-bc
Phone: 1-800-663-7100

**Resource Guides**

Seniors Serving Seniors Directory
www.seniorsservingseniors.bc.ca

Greater Victoria Rec Centre Guide
www.fitinfitness.ca

*Please note that information on this page is provided as a reference only and is subject to change. You may need to use directory assistance or an internet search.*
Visit Our Website

www.rebalancemd.com

For Educational Videos & Anaesthetic Information Regarding Your Knee Replacement Please Visit:

http://rebalancemd.com/resources/

Do not worry about the “forms” in this video. You will be provided these forms once you have accepted a surgical date and you have been contacted regarding pre-operative Education.

Cover art by a previous participant of our Annual RebalanceMD Young Artists Competition, which highlights the talent of local high school students. You can see more art from the competitions held over the years showcased on the walls throughout our clinic.