

Rebalance^{MD}

Knee Replacement Surgery



July 2024

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 Rebalance^{MD} 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 Rebalance^{MD}.

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 Navigator Intake Appointment so you are prepared with informative questions.

You can find this video at <https://rebalancemd.com/resources/?tab=Patient#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. New Joint Surgical Journey (page 4)
2. FFAST 2.0 (pages 6-7)
3. Frequently Asked Questions (FAQ) (pages 8-9)
4. Knee Anatomy and How the Joint is Replaced (page 10)
5. Before Surgery (page 13)
6. Once Your Surgery Day is Booked (page 19)
7. Hospital Stay & Discharge (page 29)
8. Physiotherapy/Rehabilitation (page 35)
9. At Home (page 39)
10. Resources (page 47)



Thank you from the Rebalance^{MD} 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

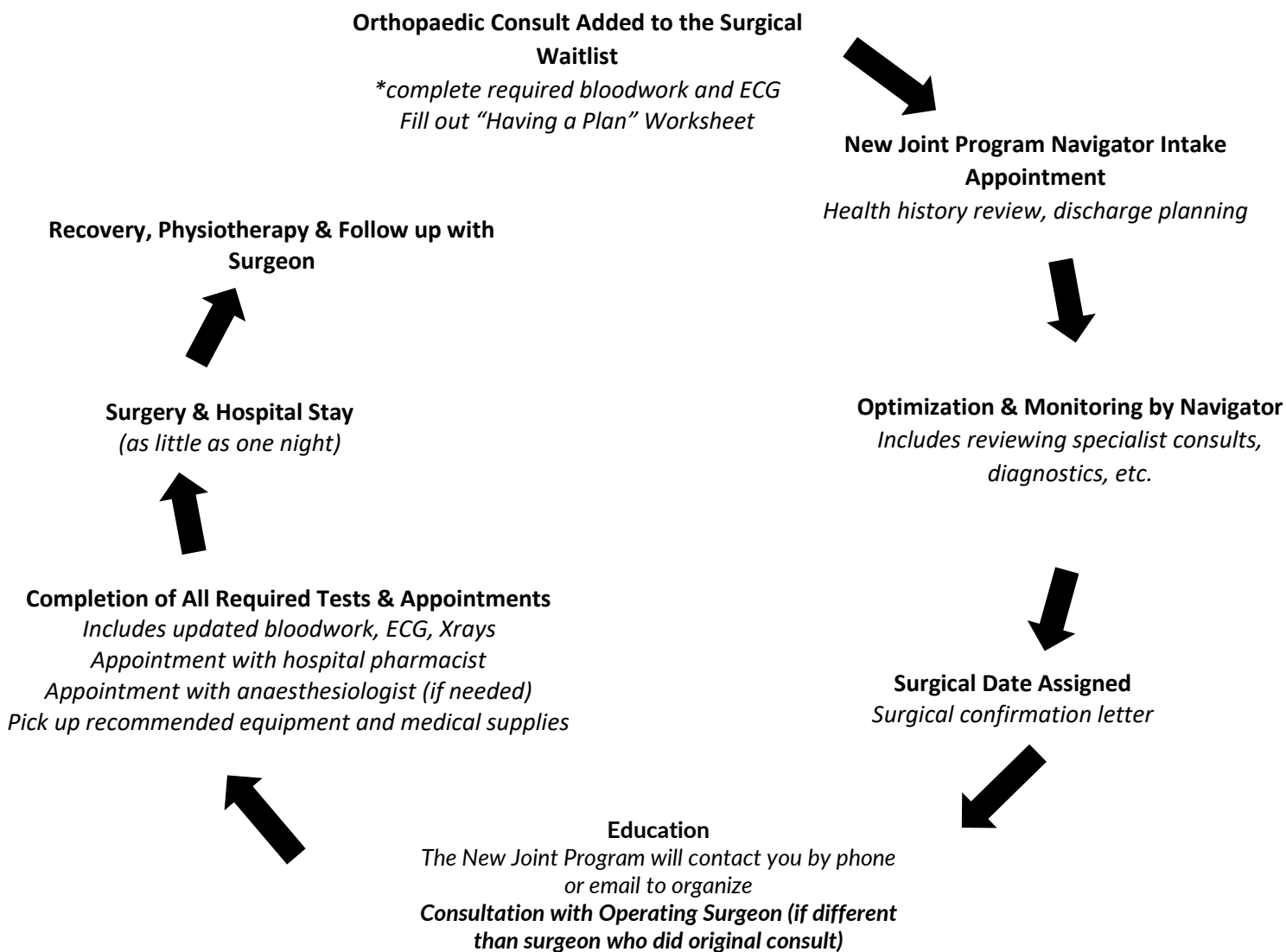
New Joint Surgical Journey

The next step in your journey is a New Joint Program Navigator Intake Appointment. You will not receive a surgery date at your Navigator Intake Appointment. They will update you on current wait times, go over what happens when you are booked for surgery, discuss a discharge plan, go through your medical history to ensure your health is optimal for surgery and answer any questions you may have. **Having reviewed all the information in this package, reviewing the “Having a Plan” worksheet on page 5 and watching the Education video ahead of time (link below and on previous intro page) will help you and your Navigator have a successful and informative appointment.**

After your Intake Appointment with your Navigator you may not hear from us often during this continued “waiting phase.” You will be contacted by our Surgical Booking Office 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 watch the Education video again, complete and return required forms and go to the hospital for updated pre-operative tests.

You can find the Education video at: <https://rebalancemd.com/resources/?tab=Patient#knee>



Having a Plan Worksheet

This will be further discussed at 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. **Help:** Who will help after surgery with **chores** such as cooking, cleaning, laundry, grocery shopping etc.

PLEASE NOTE: For elective surgeries (all pre-booked surgeries such as the one that you are having), the hospital does NOT arrange or pay for 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 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.

2. **Transportation:** Who will pick you up at the hospital? Who will drive you to follow up appointments with your surgeon and physiotherapy?
3. **Physiotherapy:** Physiotherapy AFTER surgery is free at Rebalance^{MD} and specific locations outside of Victoria. You are welcome to attend a private physiotherapy clinic, but you will be responsible for covering the fee.
4. **Medical Equipment:** Please review the Equipment section on pages 21-22 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.
5. **House Set-Up:** How many stairs are there outside the home? Inside the home? Is there a railing?
Do you have a walk-in shower or do you need to step over a tub?
How tall is your toilet? Do you have supports to push up on beside your toilet?
How is the height of your bed?

FAAST 2.0 Total Joint Replacement Waitlist

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). Rebalance^{MD} is working with Island Health to improve and reduce wait times and optimize outcomes in joint replacement surgery. If you are interested in this, please let your Navigator know at your Intake Appointment.

Frequently Asked Questions:

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

Current wait times for surgery between surgeons can vary by several 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



Dr. R. S. Burnett



Dr. T. Camus



Dr. P. Dryden



Dr. D. Jacks

4) The surgeon I met as part of FFAST 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 to receive another opinion.



Dr. J. McInnes

5) Can I be on the cancellation list as well as the FFAST 2.0 list?

Yes, all patients on the FFAST 2.0 waitlist can also be considered for a cancellation. You will be contacted if you are an appropriate candidate for the available date. Please refer to page 8 for more information on the cancellation list.



Dr. C. Nelson

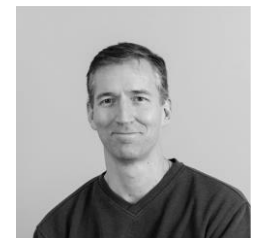
**Get to know our surgeons currently participating in our FFAST 2.0 program.
Please feel free go to our website to read their biographies.
<http://rebalancemd.com/team/>**



Dr. L. Pugh



Dr. J. Stone



Dr. E. Torstensen

Wait Times FAQ

QUESTION: When will my surgery be?

ANSWER: The date of your surgery depends on the type of surgery and the length of the waitlist. Island Health determines the amount of operating time given to our surgeons. Because the waitlist is always changing, we can provide an estimate, but we cannot guarantee an exact time. However, you will be contacted 6-8 weeks prior to your surgery to give you ample time to prepare and make arrangements.

QUESTION: I received a letter from the hospital stating that I have been placed on the waitlist for surgery. I am confused because I thought I was already on the waitlist. Can you please explain this?

ANSWER: This letter is reassurance that you are in line for surgery and that the hospital expects you to be 100% ready to accept the first available surgical date that is offered. You have been on your surgeon's waitlist since the appointment or discussion where the two of you agreed to proceed with surgery.

QUESTION: How come the wait times I was told by Rebalance^{MD} are different than the wait times on the provincial website?

ANSWER: With Rebalance^{MD}, your wait time begins the day you and your surgeon decided to add you to the waitlist. Rebalance^{MD} books in order of this date. However, there are many situations where a patient might not be 100% ready to proceed with surgery due to specialist appointments and clearance, travel, or post-operative help organization. The hospital is only notified about patients that are 100% ready, willing, and able to accept a surgery date. The hospital then reports to The BC Surgical Registry which is updated on the provincial website. Therefore, wait times posted only start from the time from when the hospital receives information that you are 100% ready to proceed with surgery.

QUESTION: My knee is getting much worse. What can I do?

ANSWER: 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 indicated, your GP may decide to send a request for the surgeon to reassess your pain/ function/ x-rays to reassess your urgency on the waitlist.

QUESTION: Can I be on the cancellation list?/ What is the cancellation list?

ANSWER: The short notice cancellation list is an opportunity to be called in for surgery sooner than waiting your turn in line. A patient who has an existing surgery date is unexpectedly unable to proceed with surgery. Notice is variable and can be as little as 24 hours. It is not a promise or a guarantee, but an opportunity for a sooner surgery date.

The cancellation list is used in order of your date of decision (the date you and the surgeon decided to put you on the surgical waitlist). This list is not numbered. We cannot tell you where you are on that list as it is always changing as we book our surgeries. We also cannot tell you if a cancellation will occur in the future or how many cancellations happen in a month as it significantly varies due to many factors.

If you have joined the FFAST 2.0 waitlist, you can be on the cancellation list for any surgeon. If you have opted to stay with your original surgeon, you will only be considered a cancellation fill-in for that surgeon.

Travel FAQ

QUESTION: *Can I travel while I'm on the waitlist?*

ANSWER: Travelling while on the waitlist may affect us being able to book your surgery. If we cannot reach you to book surgery, we will not be able to hold a spot for you. If you are unavailable to be booked for surgery when your name reaches the top of the waitlist due to travel plans, you may be removed from the waitlist.

QUESTION: *Can I travel in the time between when I am booked for surgery and my actual surgery date?*

ANSWER: There will be several things you need to complete or attend in order to proceed with surgery. Any appointments that you need to attend will not be booked around travel plans. It is expected that you can attend these appointments as they are booked. If you are unable to complete the requirements, your surgery will be postponed.

QUESTION: *Can I make travel arrangements for AFTER surgery?*

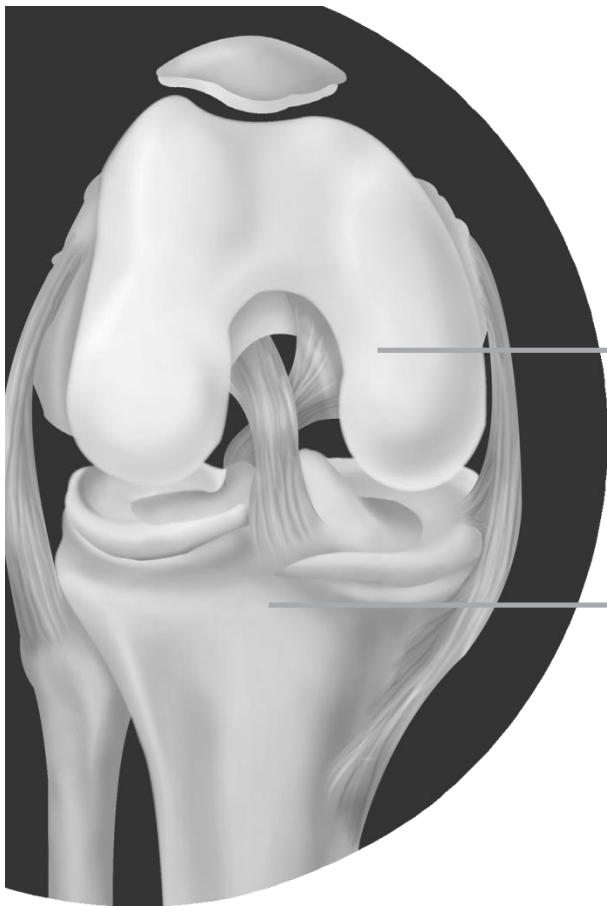
ANSWER: We do not recommend booking until after you have had your surgery as surgical cancellations can occur. After surgery, recovery times may vary by person. However, we recommend you take it easy for the first 3 months. If travel plans are to be made within that timeframe, ensure that the length of the flight/ car ride is not too long as you are at an increased risk of a blood clot for the first 3 months after surgery. Please discuss with your surgeon at your follow up appointment. In addition, we recommend you consider purchasing tickets with a cancellation policy as travelling will be at your own risk. Also consider travel health insurance to help cover emergency costs while you are travelling and be aware that it might not apply until several months after your surgery.

Knee Replacement

This section contains information about:

- **Knee Anatomy**
- **Knee Disease**
- **Knee Replacement Surgery**
- **Fitting Options**

Knee Anatomy



**Femoral
Condyles**
end of femur

Tibial Plateau
end of the tibia

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.

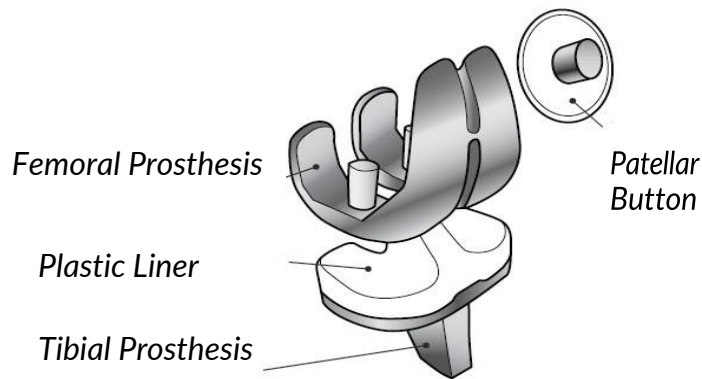
Joint replacement surgery is one method of repairing the damage caused by osteoarthritis. Other conditions that may lead to joint replacement **include inflammatory arthritis, post-injury, or significant deformity.**



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 (kneecap). 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

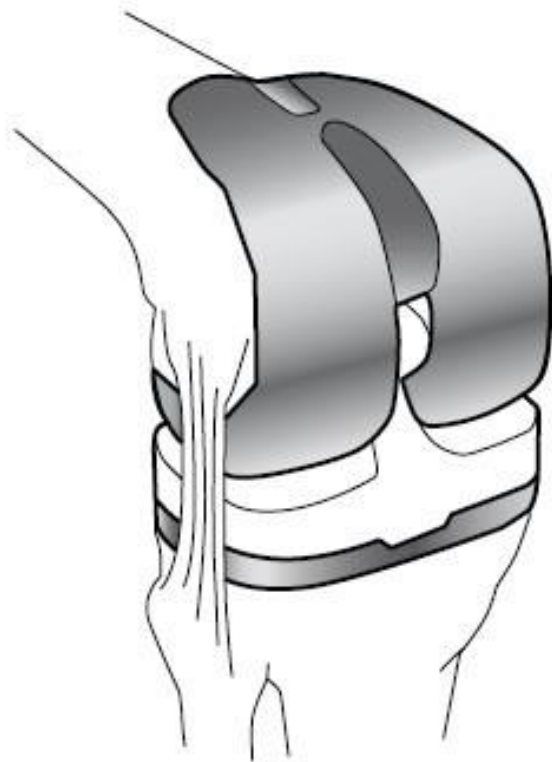
A variety of factors will determine the type of fitting used to fix the artificial joint in your body.

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**
- **Medical Procedures**
- **Injections & Vaccinations**
- **Screening Blood Work & ECG**
- **Communication**
- **Doctor's Notes & Form Completion**
- **"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 36-38).

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. Active for Health at HealthLink BC provide physical activity information and advice by qualified exercise professionals. (See "Resources" on page 47).

Before beginning any new exercise program, please discuss with your family doctor whether the program is suitable for you.

Weight Management

Being overweight or undernourished 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 undernourished, it is important to eat well before surgery. If you are worried about your weight, talk to your family doctor or a dietitian (page 47).

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 habits 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 to identify issues that may delay your joint replacement surgery. You can proceed with dental cleanings until you have been contacted by our office to book surgery. Once you have accepted a surgical date, please postpone any future dental cleanings until 3 months after surgery.

If you have a dental emergency and need significant dental work, such as a tooth infection, root canal, or dental extraction, you need to proceed with this **before** surgery. Unfortunately, this means that you need to wait 3 months before proceeding for surgery, but it is important that it is dealt with before as it is crucial to a successful joint replacement to be infection free before surgery. Therefore, we highly recommend getting dental issues dealt with as soon as possible.

Please notify your Navigator if you need significant dental work.

Medical Procedures

Medical procedures and surgeries should generally NOT be done within 3 months of your surgery date. Please notify your surgeon's office assistant or Navigator if you have any medical procedures that could affect booking your surgery date.

Because we usually give you 6-8 weeks notice of a surgery date, **please do NOT proceed with any non-urgent surgeries or procedures once you have been officially booked for surgery.**

Generally, you should not proceed with medical procedures and surgeries for at least 8 weeks *after* surgery.

Injections & Vaccinations

Injections into major joints (such as Cortisone, Durolane, Monovisc or Synvisc) should not be done once you are on the waitlist. This is to reduce the risk of an infected joint which would cause your surgery to be delayed or postponed.

The shingles vaccination should NOT be done within 30 days of surgery. Other vaccinations, such as the flu shot, COVID vaccinations and boosters, and the pneumonia vaccination are okay if it is done **at least 7 days before or after surgery.**

Vitamin or medication injections are fine at any time. Any other injections should be clarified with your Navigator.

Screening Blood Work & ECG

After your surgeon agreed to place you on the surgical waitlist, our office should have provided you requisitions for blood work and ECG to be done as soon as you can. (Please notify surgeon's office if you have not been given these requisitions).

To be on the waitlist, we need to ensure that you are medically stable to be booked for surgery.

Once you are booked for surgery, the New Joint Program may need updated test results to make sure that nothing significant has changed and that you are still healthy and safe to proceed with surgery.

Changes in Health Conditions

After your Navigator Intake Appointment, it is important to keep us updated on any significant changes in your health including significant medication changes or additions (such as blood thinners), urgent or planned surgeries or new health diagnoses.

Communication

Rebalance^{MD} uses email to communicate important information such as appointment details and documents important to your surgical preparation. If you have provided us with an email address, we will use this method to communicate with you.

To maintain confidentiality and safety in delivering this information to you electronically, we will provide a one-time pass code to many of these messages. To help optimize this experience, ensure that you open these emails from a device that allows you to save or print attachments. Also, ensure that you are using [Google Chrome](#) or [Microsoft Edge](#) as Internet Explorer and Safari are not compatible. *If this does not work for you, contact your Navigator.*

Who to Call

Rebalance^{MD} has many people invested in making your joint replacement journey as smooth as possible. We all have an important role to play. Here is how to best determine who can answer your questions.

NAVIGATOR	SURGEON'S OFFICE <i>(i.e., surgeon's office assistant)</i>
<ul style="list-style-type: none"> ● Preparing for surgery ● Changes in your health or dental work ● Planned vacation or unavailability dates ● Post-operative symptom management (pain control, constipation, swelling, etc.) up to 3 months after surgery 	<ul style="list-style-type: none"> ● Appointments with surgeon or questions about x-rays ● Post-operative prescription refills ● Concerns with how your joint is recovering after initial 3 months ● Form completion (Disability, EI, Doctor's notes, etc.) ● Requesting health documents
<p style="text-align: center;">NJP ADMINISTRATOR (250) 940-4444 option 3</p>	<p style="text-align: center;">PHYSIOTHERAPY (250) 598-7410</p>
<ul style="list-style-type: none"> ● Navigator intake appointment booking/rescheduling ● Difficulty accessing Education documents emailed to you 	<ul style="list-style-type: none"> ● Physiotherapy appointments

Doctor's Notes & Form Completion

The surgeon can provide a doctor's note and complete forms, but there is a cost. This cost will depend on how much information needs to be filled out. Please contact your surgeon's office assistant directly for further information. Alternatively, you can obtain these from your family doctor.

For a SPARC pass or handicap parking pass application, you will need to go through your family doctor.

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.
- All tests are required to be done at an Island Health facility. If you live outside of the Island Health Authority, you will need to make arrangements to have them completed in Victoria in due time.
- Your arrival time for surgery could be as early as 6:00 AM. 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:

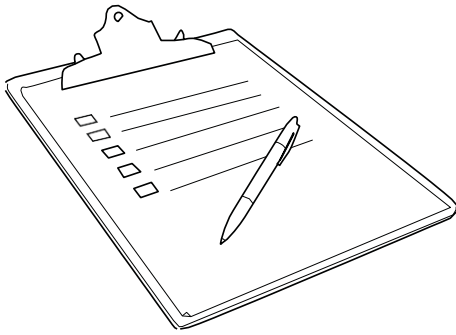
- **Surgical Confirmation Letter**
- **Education**
- **Knee Precautions**
- **Equipment**
- **Red Cross**
- **Preparing Your Home**
- **Walker**
- **Stair Use**
- **Transportation**
- **Alcohol & Smoking**
- **Pre-Admission Clinic**
- **Cancellation of your Surgery**
- **Shaving & Nail Polish**
- **Pre-Op Washes**
- **Eating & Drinking Before Surgery**
- **What to Bring to the Hospital**
- **Medications**

Surgical Confirmation Letter

You will receive your Surgical Confirmation Letter from our Surgical Booking Office at Rebalance^{MD} via email or in the mail **once you have accepted a surgery date**. This letter will confirm your surgery date as well as other information to help you prepare.

You will receive your hospital arrival time from our Surgical Booking Office via email or telephone call **1 week before your surgery date**.

Education



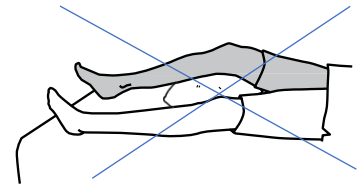
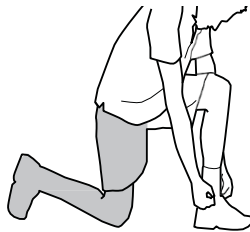
After you have accepted a surgery date, you will be contacted by the New Joint Program around **3-5 weeks** before your surgery to arrange your Education. **This is a necessary step in preparation for surgery.** You will be asked to watch a detailed video on our website, complete paperwork and go to the hospital for updated pre-operative tests.

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:

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







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

- Commode
- Tub grab bar – clamp on
- Bed rail assist
- Crutches (armpit)
- Crutches (forearm)

You will discuss equipment needs at your Navigator Intake Appointment. A prescription signed by your surgeon will be in your education package. This prescription is given for those with extended health benefits to claim expenses. It contains all the items that generally patients may need. The items are NOT all mandatory.

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.

***For all seated surfaces, the top of the surface should measure about 2 inches above the back of your knee**

 <p><u>2 WHEELED WALKER</u></p> <p>Please ensure this is the walker you obtain. NOT the 4 wheeled walker</p> <p>Bring in car on day of discharge</p>	<p><u>CANE</u></p> <p>For use on stairs and further along in your recovery (3 weeks +)</p> 
 <p><u>RAISED TOILET SEAT</u></p> <p>Round or Oval/Oblong 2-6 inches</p> <p>To add height to your toilet</p>	<p><u>TOILET SAFETY FRAME</u></p> <p>Needed if you do NOT have a counter or supportive aid beside your toilet</p> 
 <p><u>SHOWER STOOL</u> ← OR →</p> <p><i>For walk-in showers</i></p> <p>To sit on while showering if you want to take your time</p> <p>Safety feature if you are feeling lightheaded</p>	<p><u>BATHTUB TRANSFER BENCH</u></p> <p><i>For Bathtubs only</i></p> <p><i>Will not work with claw-foot tubs</i></p> <p>To help you safely get over the edge of tub to shower</p> 
<p>Other equipment (if needed):</p> <ul style="list-style-type: none"> ○ Commode ○ Tub grab bar- clamp on ○ Bed rail assist ○ Crutches (armpit) ○ Crutches (forearm) 	<p>These items can be sourced from various places (purchase/rent/loan) depending on where you reside.</p> <p>This will be discussed with you during your Navigator Intake and can be discussed further once you have a surgery date.</p>

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.

Store	Phone number	Address	RENT
One Bracing @ Rebalance ^{MD}	250-598-7420	104-3551 Blanshard St *cushions included ONLINE ORDERING & SHIPPING AVAILABLE, please visit www.onebracing.com/shop	NO
Rexall Home Health Care - Victoria	250-384-7196	3098 Nanaimo Street (by Mayfair Mall)	YES
Island Mediquip - Victoria	250-391-0388	750 Enterprise Crescent (top of Glanford, by The Bird Pub)	YES
Wellwise by Shoppers (formerly Shoppers Home Health)- Victoria	250-370-2984	1561 Hillside Avenue (across from Hillside Mall)	YES
Vancouver Island Medical Supply- Victoria	250-384-4060	1A 3534 Quadra Street (at Cook Street)	YES
Motion -Victoria	250-384-8000	1856 Quadra Street (by Save on Foods Memorial Centre and Victoria Police Department) *cushions included	YES
Motion- Sidney	250-656-6228	4-9764 Fifth Street (by Save on Foods grocery store) *cushions included	YES
HME Mobility and Accessibility- Colwood	250-386-0075	101-2657 Wilfert Rd	YES

Additional Places to purchase the HIGH DENSITY FOAM CUSHIONS

The Foam Zone- Victoria	250-475-3626	101-455 Gorge Rd E
McGeachie's Foam Shop- Victoria	250-385-7622	2103 Douglas Street

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

All Red Cross Loan Cupboards provincewide have a contract with the local Health Authority to provide equipment loans to people in need. It is called the Medical Equipment Provision Program (MEPP). There are eligibility criteria to get equipment through MEPP. ***If you have extended health benefits that covers the medical equipment, unfortunately you are not eligible for the MEPP equipment.*** If you do not have extended benefits and would like to utilize MEPP, contact your Navigator once you have a surgery date and a referral can be faxed on your behalf. **Please note, your local Red Cross will not loan out equipment without a referral form.**

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.

Walker



A two-wheeled walker

You will be using a two-wheeled walker for around **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.

Walking with a Two-Wheeled Walker

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

*Please note that a **four-wheeled walker** (with brakes and a seat) is NOT recommended in the early stages of recovery. Please discuss further with your physiotherapist after surgery.*

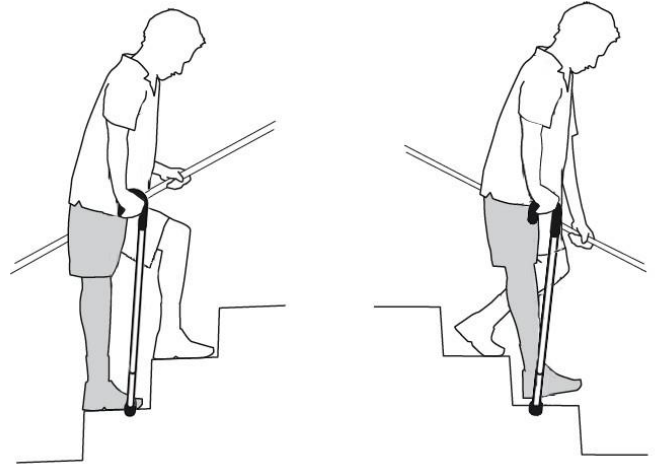
Stair Use

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 crutches if no rail), one stair at a time.

Going DOWN stairs:

- 1) Always use a handrail if available.
- 2) Place your cane (or crutches if no rail) 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

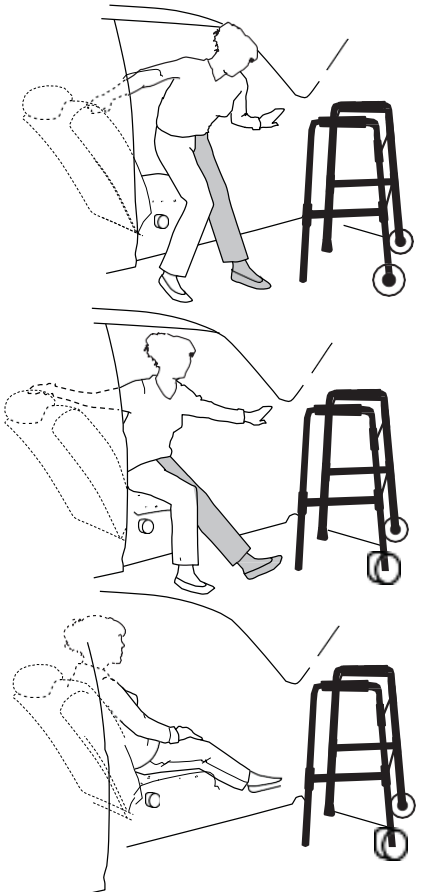
You are responsible for arranging a ride home from the hospital. Please do not take a taxi or handyDART unless you have someone that can accompany you and help you get into your home safely. There are many private transportation services that offer fee-based supported transportation. If you need assistance,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

Ask the person who is picking you up at the hospital to bring the two-wheeled walker (in the trunk of the car).

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.



Alcohol & 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 47).

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 speak with an anaesthesiologist prior to your surgical date. This may occur at either the hospital or at Rebalance^{MD}. You should bring any questions you may have about your anaesthesia or previous 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 (page 20).

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, surgery or major 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 Rebalance^{MD}.

Shaving & Nail Polish

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. Please remove all nail polish from your fingernails and toenails. Artificial acrylic/gel nails are okay as long as the nail polish is clear.

Pre-Op Washes

You will need to do 2 pre-op washes before your surgery. The first wash will take place **the night before** your surgery and the second one **the morning of** your surgery. You will need to purchase Antibacterial Chlorhexidine 4% sponges or 2% wipes for this. These are available at most pharmacies or Rebalance^{MD}. Instructions on how to wash will be provided in your Surgical Confirmation Letter (page 20).

Eating & Drinking Before Surgery

Please follow the fasting guidelines as explained in your Surgical Confirmation Letter (page 20). You are not to eat or drink (ingest anything by mouth) as of **midnight the night before surgery**, unless otherwise directed.

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, with a closed heel or heel strap, 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: walker, raised toilet seat, etc. These will be provided while in hospital.

Medications

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.

On the next page 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.

	Trade Name	When to Stop
Acetaminophen	Tylenol	May take for pain as needed up to and including day of surgery
Angiotensin converting enzyme (ACE) inhibitors	Captopril, Cilazapril, Enalapril, Rosinopril, Ramipril, Trandolapril	Hold day of surgery to reduce risk of excessive drop in blood pressure (hypotension) during anaesthesia
Anticoagulants and Antiplatelets	Coumadin, Warfarin, Heparin, Plavix (clopidogrel), Xarelto (rivaroxaban), Ticlid, Eliquis (apixaban), Pradaxa (dabigatran), ASA, Aspirin	If you are on ANY of these medications, contact your cardiologist/ internist and/or orthopaedic surgeon
Cox-2 NSAIDS	Celebrex, Meloxicam (Mobicox)	Hold day of surgery
Diuretics	Hydrochlorothiazide, Furosemide (Lasix), Spironolactone	Hold day of surgery
Non-steroidal anti-inflammatory drugs (NSAIDS) with a short life	Ibuprofen, Advil, Motrin, Diclofenac, Voltaren, Ketoprofen, Indomethacin	Stop the day before surgery
NSAIDS with an intermediate life	Naproxen, Sulindac, Ketorolac (Toradol)	Stop 3 days before surgery
NSAIDS with a long life	Prioxicam	Stop 10 days before surgery
Hormone replacement therapy or Oral contraceptives		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.)
Oral Hypoglycemic agents	Chlorpropamide, Glyburide, Metformin	Hold day of surgery to decrease risk of hypoglycemia when
Vitamin E and all other oral natural health products and herbal remedies	Garlic, Gingko, Kava, St John's Wart, Ginseng, Dong Quai, Glucosamine, Papaya	Stop 7 days before surgery
Regular vitamins and iron pills		Hold day of surgery

Hospital Stay & Discharge

This section contains information about:

- **Length of Stay**
- **What Happens on the Day of Surgery**
- **Blood Thinning Medications**
- **Discharge from Hospital**
- **Mobility/ Activity**
- **Bowel Care & Constipation**
- **Appointments After your Surgery**
- **Help After Hours or on Weekends**
- **Pain Control After Surgery**

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 27).
- 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 “**Main 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).

Deep Breathing

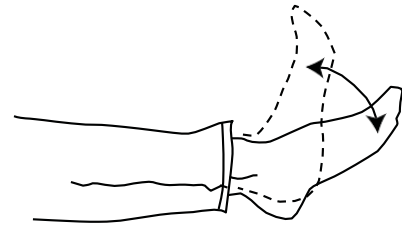
This exercise is important because it helps clear your lungs. This exercise can reduce the risk of lung problems like pneumonia.

- While sitting up, take a few normal breaths. Then take one deep breath. Try to hold your breath for 2-5 seconds.
- While making an “O” with your lips, slowly breathe out like you are blowing out a candle.
- If you feel the need, cough to help clear your lungs.
- Do this a total of 10 times, remembering to take normal breaths in between.
- Do this exercise every hour that you are awake.
- You may be given an spirometer which is a blue breathing tool that helps you visualize your deep breathing.

Ankle Pumping

This exercise is important because it can improve circulation and reduce the risk of getting a blood clot.

- While lying down or sitting, start by pointing your toes up towards the ceiling. Then, point your toes down, similar to pressing on the gas pedal while driving.
- Do this exercise 10 times every hour that you are awake (this could be done in conjunction with your breathing exercises).



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.

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

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.

Discharge from Hospital

At discharge, you will be given a “Patient Discharge Instructions” 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.

Mobility/Activity

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. However, once home, in the first 2 weeks after surgery, you should limit the time on your feet to less than a total of 5 minutes per hour (pages 39 and 41).

A physiotherapist will work with you during your hospital stay to teach you how to walk with a walker, use stairs safely and review your home exercise program. You will be instructed on how much weight you are able to put on your surgical leg- usually this is “as tolerated”. A Rehabilitation Assistant may also help you with your walking and exercises. A member of the rehabilitation team will review how to do your daily activities such as dressing while following precautions to protect your new joint.

Bowel Care & Constipation

Constipation is common after surgery, even for those who are generally regular. You need to take action to get things moving. Over the counter medications like Senokot, Dulcolax, or Polyethylene Glycol (RestoraLAX/Clearlax) are helpful in preventing constipation. Until things get moving, it is helpful to start taking something **as soon as you are home recovering**, morning and night, and adjusting as needed. We recommend NOT taking any laxatives in the middle of the day or early evening as this may cause you to have the urge to go to the bathroom in the middle of the night.

For those who anticipate an issue with constipation after surgery, we suggest Polyethylene Glycol (1 capful) in the morning + 2 Senokot at bedtime.

Also, remember to increase dietary fibre and water intake.

For further needs, please speak to your pharmacist or family doctor for further suggestions/ management.

Appointments After your Surgery

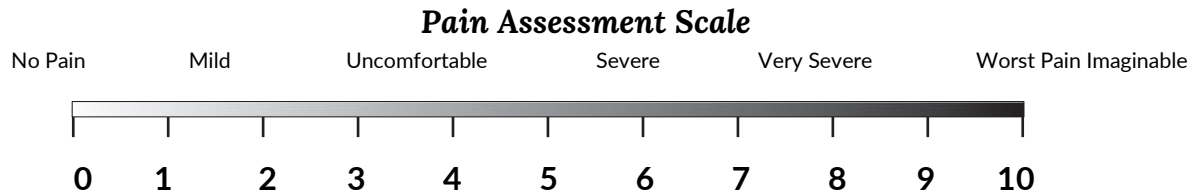
There will be a follow-up with your surgeon approximately 2-3 weeks after surgery. Incision care/ staple removal (if applicable) will happen at this appointment. Please contact your surgeon’s office assistant to book the appointment once you are home from the hospital.

Help After Hours or On Weekends

For non-emergencies, call HealthLink BC at 8-1-1 from anywhere in BC or a visit walk-in clinic. For emergencies, please call 9-1-1 or go to your nearest emergency room (Royal Jubilee Hospital or Victoria General Hospital preferred if you live in Victoria).

Pain Control After Surgery

A common way to reference your pain after surgery is by using a scale from 0 to 10 (where 0 means you have no pain and 10 means the worst pain imaginable).



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.

A good way to manage pain and be able to do your exercises throughout the day is to take your pain medication about 30 minutes before exercising.

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:

- Hydromorphone or oxycodone: These are stronger opioid pain medications. Your nurse will only give you the amount that your surgeon feels is safe.
- Tramacet/Tramadol or Tylenol with codeine (Tylenol #3 or Emtec): These are effective painkillers.
- Tylenol (extra strength): You may be on a regular dose of Tylenol to help keep your pain level down.
- Pregabalin (Lyrica) or Gabapentin: These are medications to help with nerve pain.
- Celebrex: This medication will reduce inflammation.

Please review “Pain Control at Home” on page 40 for further information.

This page is intentionally blank

Physiotherapy/ Rehabilitation

This section contains information about:

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

Physiotherapy/Rehabilitation

Post-operative physiotherapy (POPP) is offered free of charge at Rebalance^{MD} in our integrated group session format. The POPP program is supervised by our Physiotherapists and carried out by our Kinesiologists/Exercise Therapists in our rehabilitation department. Your Navigator will further discuss physiotherapy options with you around the time of your Navigator Intake Appointment.

Your first appointment is usually 7-12 days from your surgery date. You will be contacted prior to surgery by the Physiotherapy Department to schedule this appointment (250-598-7410).

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 to a cane. You will typically be using a walker for 2-6 weeks after surgery. **It is important that you do not come off your walker 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.

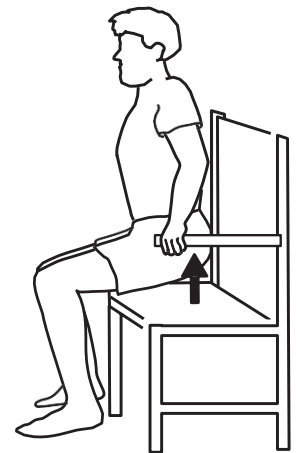
Bring any questions or concerns that you may have regarding your recovery and return to activity (such as walking, cycling, or a gym program) to your appointment.

Your Home Exercise Program

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, 2-3 times per day. Start with 5 repetitions, then gradually increase to 10 repetitions.

This exercise will strengthen your arms, allowing you to better use your walker, get in and out of bed, and stand up from a chair.



**Below is 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.**

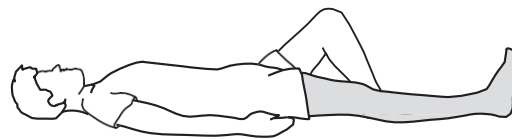
Use ice for 15-20 minutes after each set of exercises.

**i.e. 8 am do 3-4 repetitions of all four of the Bed exercises, then ice
10 am do 3-4 repetitions of all five of the Chair exercises, then ice
12 pm do 3-4 repetitions of all four of the Bed exercises, then ice
etc. until around 6pm (TOTAL of 3 sessions in bed, 3 sessions in chair)**

BED EXERCISES

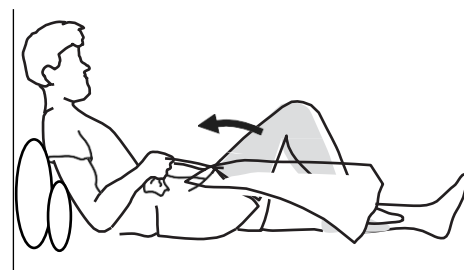
1. Simple Thigh Squeezes

- 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.



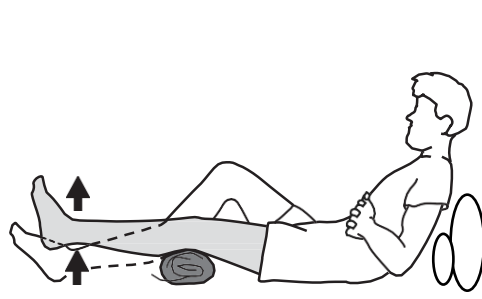
2. Knee Bending (Heel Slides)

- 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.



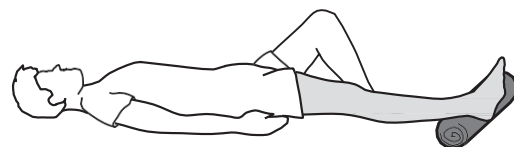
3. Complex Thigh Squeezes

- 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

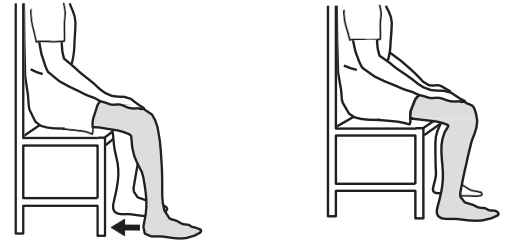
- Lie on your back with your kneecap and toes facing the ceiling.
- Place a rolled towel under your heel.
- Gently tighten the muscles in the front of your thigh.



CHAIR EXERCISES

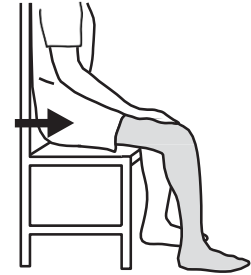
1. Seated Knee Bend

- 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.



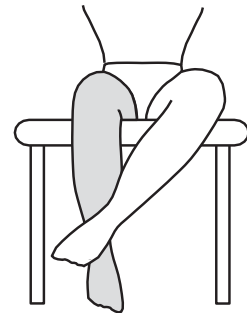
2. Passive Knee Bend

- 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.



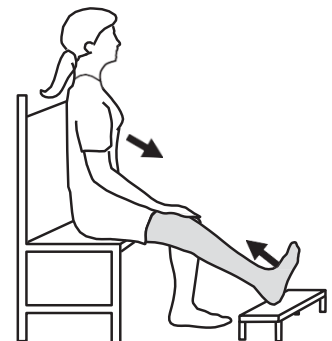
4. Seated Knee Stretching

- 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**
- **Incision Care**
- **Complications After Surgery**
- **Returning to Work**
- **Returning to Driving**
- **Dental Work & Medical Procedures**
- **Returning to Physical Activities**

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 33) 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 plus acetaminophen) 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.

Hydromorphone, oxycodone, etc.:

These are stronger opioid pain medications and 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 47).

If your surgeon gave you prescriptions for TWO pain medication:

Usually this involves a stronger opioid and another more moderate pain medication such as Tramacet or Tylenol #3. **It is important to only use one medication at a time.** Start with the stronger medication first following surgery. Once your pain starts to improve, try substituting one stronger medication dose with the other more moderate pain medication. If this provides adequate pain control, continue replacing some but not all the stronger medication doses with the other pain medication. Over the next few days, continue substituting the other pain medication, slowly decreasing the amount of your stronger medication until you are no longer using the stronger medication. *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.

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 31.
- Please do not walk or stand more than a TOTAL of 5 minutes each hour in the first 2 weeks after surgery. These are not meant to be “exercise walks” but the time allotted to daily activities.
- 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 in one place for longer than 30 minutes at a time. Rotate positions/ locations. Elevate your leg while sitting.
- Consider a medium strength thigh-high compression stocking.

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. Cryotherapy machines can be purchased from some medical supply stores, some Bracing/Orthotics stores or purchased from Rebalance^{MD}

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 6-8 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/ Advil, naproxen/Aleve or any previously prescribed painkiller.
- Any supplement that has blood thinning capabilities, such as glucosamine or Vitamin E.

Incision Care

You will have a waterproof bandage put on at the hospital. This bandage should stay on until your first follow up appointment with your surgeon. Incision care/ staple removal (if applicable) will happen at this appointment.

You will receive a Dressing Change Guide in your Education package. Generally, you do not need to change your dressing unless there is excessive drainage, it gets wets inside or is falling off.

If you have any questions about your dressing or incision, contact your Navigator.

How to change your dressing (only if instructed to do so):

- Wash your hands with soap and water beforehand.
- Simply take off the old dressing (carefully, so as not to remove the steri-strips or Prineo mesh) 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 and 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 31) and flex your leg muscles to improve circulation.
- Use an intermittent pneumatic limb device (review Education video).

Constipation (please also refer to page 32):

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 at least one of the following:

- Redness developing around the area and that redness is spreading.
- 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 47).
- 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.
- PLUS a fever above 38 degrees Celsius or 101 degrees Fahrenheit.

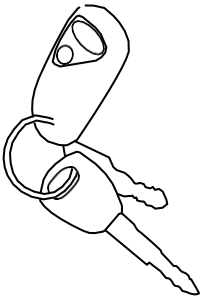
If you think you have a possible chest infection, contact your Family Doctor.

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 pain medication. If your right leg was operated on, you will likely need to 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 & 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.

Returning to Physical Activities

Generally, it takes 3 months for your new joint to heal, strengthen, and stabilize. Therefore, activities that may put your body under strain or cause a twisting motion should be avoided until you are 3 months after surgery.

Walking

In the first 2-3 weeks, take it easy. It is recommended that you are up for no more than a total of 5 minutes every hour in the first 2 weeks.

At your follow up appointment with your surgeon or physiotherapist, you will be given further guidance on how to proceed with walking outdoors. Generally, you can start increasing your walking at this point, starting with a short walk and assessing how you feel the following day. If you remain relatively pain-free, you can increase your distance or time walking by about 10% and reassess the following day. Proceed as you see fit however, listen to your own body, monitor for swelling at the joint and in the feet. Always consider the distance there and back. If you overdo it, your body will let you know by increasing pain and swelling, usually in the muscles, and this can take several days or weeks to return to where you were prior.

Going to the Gym

Depending on the person, we highly recommend giving yourself 12 weeks to prevent injury. However, if you were quite active right up to your surgery, you can typically start no sooner than 6 weeks after your surgery and starting with very light workout to see how your body handles it. Look for alternatives that work with any precautions you may have and check with you surgeon.

Swimming

Swimming should be held until 6-8 weeks after surgery or until you incision heals. This means that the scar has completely sealed with no scabs or grooves or open areas present.

Cycling (on bicycle outside)

This will vary based on how well you can swing your leg over the seat to straddle the bike. Also, you should make sure you have strength in your surgical leg to stop and land on your surgical leg, making sure you have the strength to do so. Overall, we conservatively suggest 3 months.

Resources

This section contains resources for:

- **Walk in Clinic Locator & Wait Times**
- **Arthritis & Surgery Information**
- **Health Professionals**
- **Transportation**
- **Resource Guides**

Resources

Rebalance^{MD}

www.rebalancemd.com

250-940-4444

Walk In Clinic Locator & Wait Times

www.medimap.ca

Arthritis & Surgery Information

The Arthritis Society

www.arthritis.ca

Email: info@arthritis.ca

Arthritis Society Information

line: 1-800-321-1433

Eating Well for Arthritis

<http://www.arthritis.ca/living-well/optimized-self/eating-well/your-good-food-guide>

Canadian Orthopedic
Foundation

www.whenithurtstomove.org

Ortho Connect

www.orthoconnect.org

American Academy of
Orthopaedic Surgeons

www.orthoinfo.aaos.org

Health Professionals

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

BC Smoking Cessation Programs

<http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/bc-smoking-cessation-program>

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

Phone: 250-413-3211

**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/#knee>

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 Rebalance^{MD} 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.