

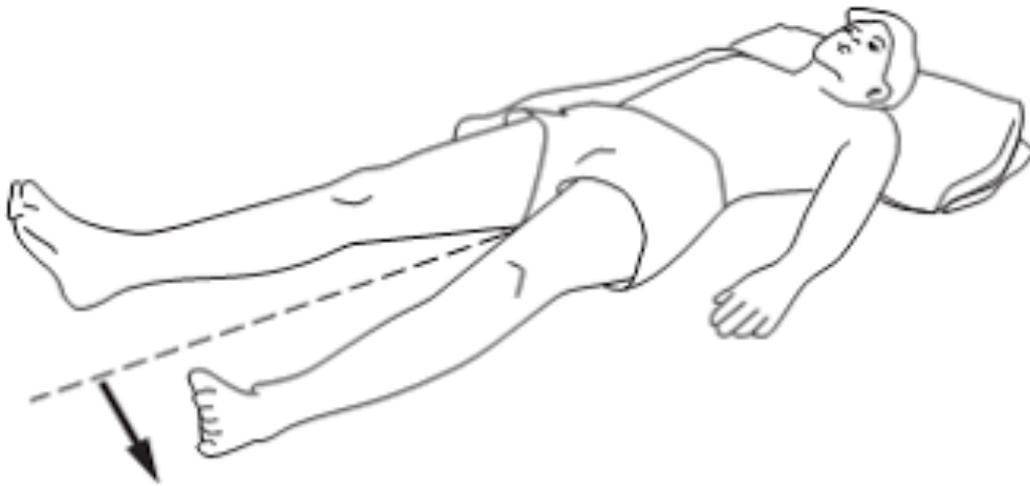
HIP AND KNEE REPLACEMENT SURGERY

AGENDA

1. Exercise before surgery
2. Planning For Your Surgery
3. Your Hospital stay
4. Recovery after Surgery
5. Safety during the Pandemic
6. Nursing Component

Better Preparation = Better Outcomes!

EXERCISES BEFORE SURGERY



Get Stronger and more flexible before surgery for better outcomes!

Locate this exercise sheet in your Hip and Knee Replacement Handbook

HOME EXERCISES

Do these exercises daily before your surgery to build your strength for a faster recovery.

LAYING EXERCISES



Lying on your back, slide heel toward buttocks to bend hip and knee.

Repeat 10-20 times.



Lying on your back with roll under operative knee and other leg bent, tighten thigh muscle to straighten knee and raise foot off the bed (keep back of knee pressed against the roll). Hold for 5 seconds and relax.

Repeat 20 times.

Increase difficulty by putting a weight around your ankle.



Lying on your back with operative leg straight and other leg bent.

Lift operative leg up 10 inches keeping knee straight. Hold for 5 seconds and slowly relax.

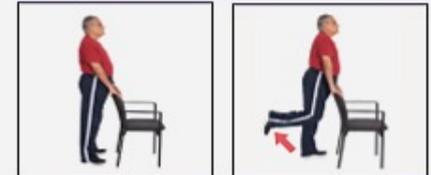
Repeat 10-20 times.



Lying on your side, lift the operative leg straight up 10 inches with toes pointing forward.

Repeat 10-20 times.

STANDING EXERCISES



Stand holding a chair.

Keep your knees together and lift one foot until lower leg is parallel with the floor. Hold 5 seconds.

Repeat 20 times.



Stand holding a chair.

Slowly bend your hips and knees as if you will sit in a chair. Keep your knees over your toes. Do not let your knees turn in or out during movement.

Repeat 10-20 times.



Stand holding a chair.

Push up onto your toes and slowly lower back down.

Repeat 20 times.

HOME EXERCISES BEFORE SURGERY

- Exercise is a critical part of your recovery before and after a joint replacement.
- See the exercise sheet in your handbook (www.SHN.ca/hipandknee)
- These exercises should be performed daily at home before your surgery
- Similar exercises will be used immediately after your surgery



PLANNING FOR YOUR SURGERY

COVID- 19

You can have your surgery safely by taking the following precautions:

- Choose consistent support person(s) to limit your exposure pre-operatively and post operatively
- Try to avoid exposure to too many people prior to surgery
- Plan ahead for the support you will require post-operatively

Note: The visitor policy keeps changing with new COVID rules and regulations. Please contact the Unit after surgery to see whether you can come visit the patient or not.

Pre-operative Check-in with Social Work and Physiotherapy

Your surgeon may decide you need extra support before surgery. If needed, they may refer you to a Social Worker or Physiotherapist.

Physiotherapy

- Attend pre-op education/virtual education to learn more about how to plan for your upcoming surgery (www.shn.ca/hipandknee)
- Make sure you are prepared for your surgery and help problem solve
- Refer you to a Social Worker if you need more help with planning

Social Work

- Help you plan for home support after surgery if you need it
- Help plan transportation and other services after surgery if you need it

PLANNING FOR THERAPY AFTER SURGERY

Your surgery is just the beginning! To get the best possible outcome, you have to do a therapy program **AFTER** your surgery.

Waitlists can be long. Book your therapy appointments now to avoid delay after surgery.

1. The Best Option - Come back to SHN (centenary) for your Physiotherapy!
 - *Inform your surgeons office if you are planning to come back to SHN-Centenary for post-operative physiotherapy*
 - *Once provided, you will be contacted by SHN to book an appointment*
2. Go to an SHN Partner clinic (if SHN is too far for you).
 - *If you decide to go to an SHN partner clinic, you will be contacted to discuss the clinic closest to your house*
 - *Once we decide on a SHN partner clinic, the clinic will contact you directly to book an appointment*

Please call our Patient Navigator if you do not have your physiotherapy planned 1 week before your surgery (416-284-8131 ext 5220)

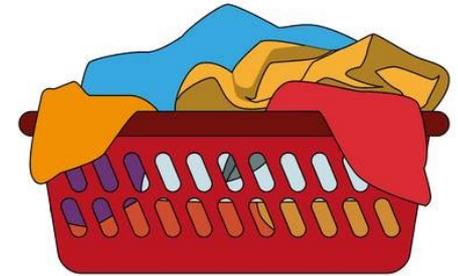


DAILY ACTIVITIES

Some activities may be more challenging after surgery. Create a plan before surgery to make things easier.

Make a plan for:

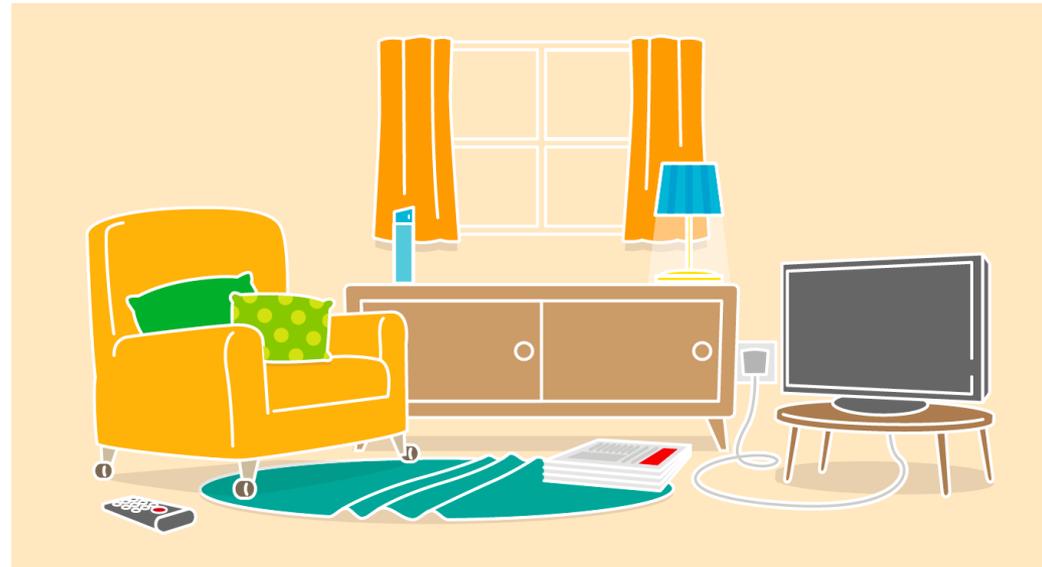
- Meal preparation
- Laundry
- House cleaning
- Groceries
- Transportation home from hospital
- Transportation to physiotherapy and medical appointments



MOVING AROUND YOUR HOUSE

Moving around your home may be harder after surgery. Think about how your home is organized and do the following to make moving around your home easier after surgery:

- Remove clutter
- Remove tripping hazards such as cords or mats
- Raise surfaces so that your hips are higher than your knees when sitting
 - Foam cushion, bed blocks
- Move frequently used items to waist-height (e.g. rearrange your cupboards)
- Move furniture to allow for walker movement
- Consider installing grab bars, secure railings, etc.





A QUICK NOTE ABOUT HIP PRECAUTIONS

WHO MAY HAVE MOVEMENT PRECAUTIONS AFTER HIP REPLACEMENT?

If any of the surgeons listed below are doing your hip surgery, there is a good chance that you will have to follow specific movement precautions after your surgery.

Dr. Abughaduma

Dr. Urovitz

Dr. Hummel

Dr. Yee

Dr. Kaminker

Dr. Sattarian

Dr. Thompson

Dr. Tran

MOVEMENT PRECAUTIONS AFTER HIP REPLACEMENT

- Avoid certain movements in the weeks after hip surgery
- **Does not apply to everyone who has a hip replacement**
- Depends on the type of surgery you have
- Depends on your surgeon's preferences
- Equipment is available to make daily activities easier while avoiding these movements



MOVEMENT PRECAUTIONS AFTER HIP REPLACEMENT



Do not bend your operated hip beyond a 90° angle.

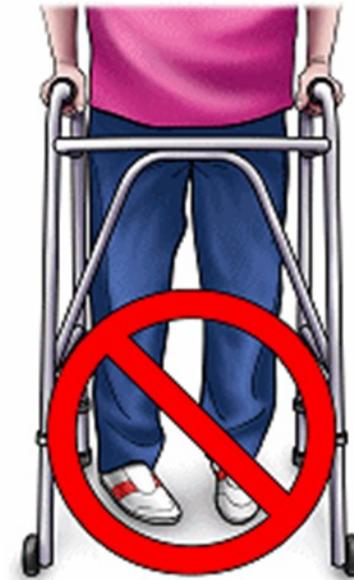


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Do not cross your operated leg or ankle.



Do not turn your operated leg inward in a pigeon-toed position.



SEATING IDEAS AFTER HIP REPLACEMENT

- Sturdy dining room chairs with arms
- Avoid soft, cushy sofas / chairs
- Firm foam cushion



EQUIPMENT NEEDS FOLLOWING YOUR JOINT REPLACEMENT

Preparing for your surgery includes renting or buying some equipment and setting it up BEFORE your surgery!

- Everybody will need walking aids (2 wheeled walker & cane)
- Some people may find certain items very helpful after surgery
- Patients with movement restrictions after surgery will need special equipment to avoid certain movements while going about daily activities
- See the following slides for examples of bathroom, dressing, and walking equipment and aids you may need
- Check the last page of the *Hip and Knee Replacement Surgery Handbook* for specific equipment recommended for your type of surgery

EQUIPMENT YOU MAY NEED BATHROOM EQUIPMENT

- Bath seat/bench
- Raised toilet seat
- Long-handled sponge



EQUIPMENT YOU MAY NEED DRESSING AIDS

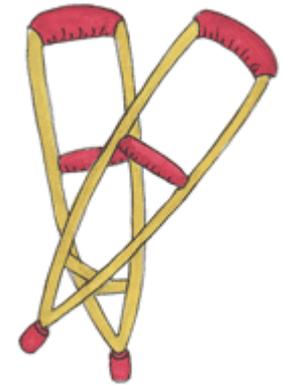
- Long-handled shoe horn
- Reacher
- Sock-aid



EQUIPMENT YOU WILL NEED

Walking Aids

- Walker with 2 wheels
- Cane
- Crutches (optional)

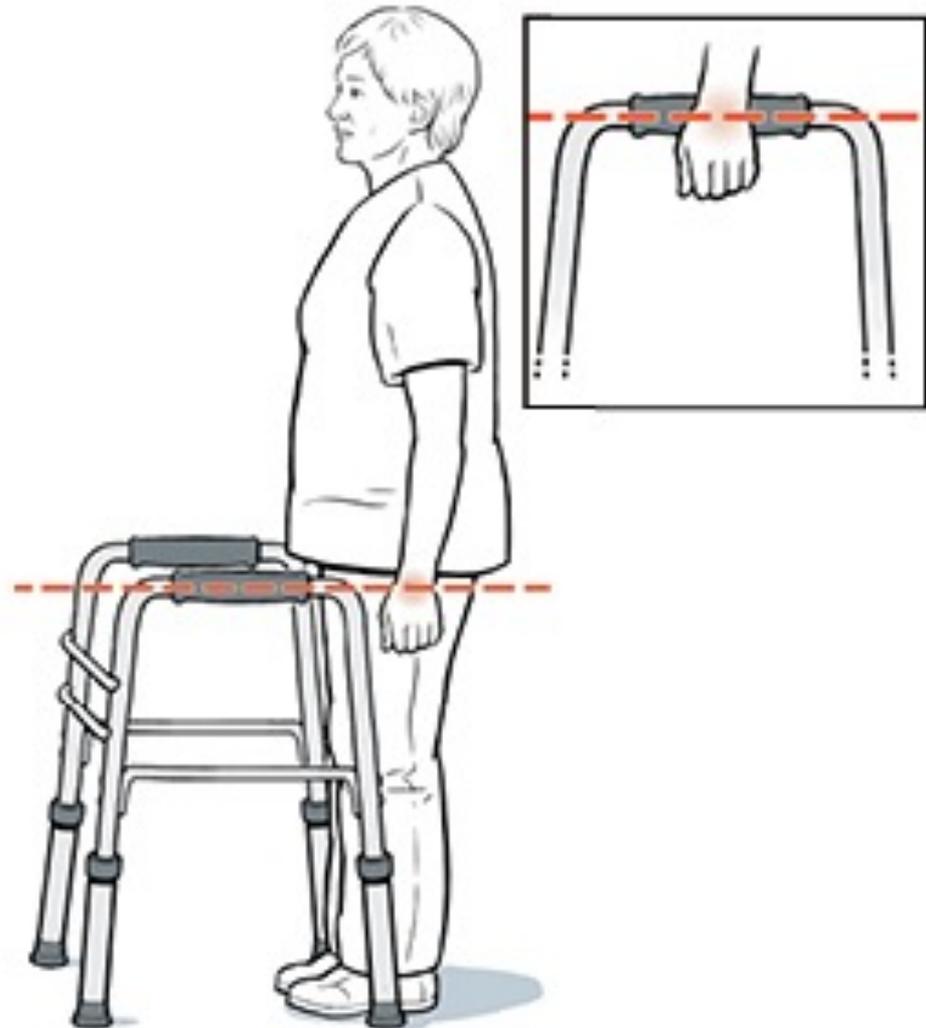


- Rollator walkers and quad canes
are NOT recommended



ADJUSTING YOUR WALKER

The top of the walker should come to the crease of your wrist while you are standing up straight inside the walker



PACKING FOR THE HOSPITAL



- Shoes, slippers or sandals with rubber soles and enclosed heels
- NO moccasins, heels, or knitted slippers!
- *Your feet will swell up to one size larger than usual*
- Comfortable clothes that are loose fitting with elastic waistbands e.g. sweatpants, sweaters, shorts, t-shirts etc.



WHAT TO EXPECT DURING YOUR HOSPITAL STAY

DISCHARGE PLAN



Most patients are carefully screened and selected to go home the same day of their surgery without being admitted to hospital. Unless otherwise stated by your surgeon, prepare as if you will be discharged home the same day.

- After surgery you will be in the recovery room for approximately 2 hours
- A Physiotherapist will assess and treat you before you are cleared to go home
- Be sure all the equipment you need is ready for you in your car when you are picked up on discharge

Some patients may need to stay in hospital overnight after hip or knee replacement surgery depending on the circumstances.

- Your healthcare team will assess you and determine whether you will need to be admitted overnight or not.
- Make sure to prepare an overnight bag just incase you need it

PHYSIOTHERAPY IN HOSPITAL

Your physiotherapist will teach you:

- How to get up out of bed
 - How to walk after your surgery
 - How to climb stairs
 - How to do your exercises
- You will be given a walker to use while you are in the hospital. **Make sure your walker is in the trunk of your car for when you get home.**

Goal: Be able to get around your home safely and follow your exercise program at home



Putting Weight on your Operated Leg

- Most people are allowed to put as much weight as they want on their operated leg after surgery
- If your situation is different, your nurse or physiotherapist will let you know
- TAKE PAIN MEDICATION before you try to stand or walk!

OCCUPATIONAL THERAPY

Not every patient will need to see an Occupational Therapist. You may be referred if you need to review the following:

- Getting dressed
- Bathing
- Home Equipment



WHAT TO EXPECT ON THE UNIT

- You may have an IV, oxygen, a drain in your leg and a catheter in your bladder
- You may have a large and bulky dressing



No pillow under
the knee!

- You may feel dizzy the first time you get up. CALL for help the first time you get up to go to the bathroom or sit in a chair
- You will probably feel significant pain when you start to move around. Make sure you ask for pain medication so you can participate in your therapy!

EXERCISES TO START RIGHT AWAY:

1. **Deep breathing exercises:** - 10 times every waking hour
 - Helps promote breathing normally on room air and reduce the risk of possible pneumonia while you are less mobile

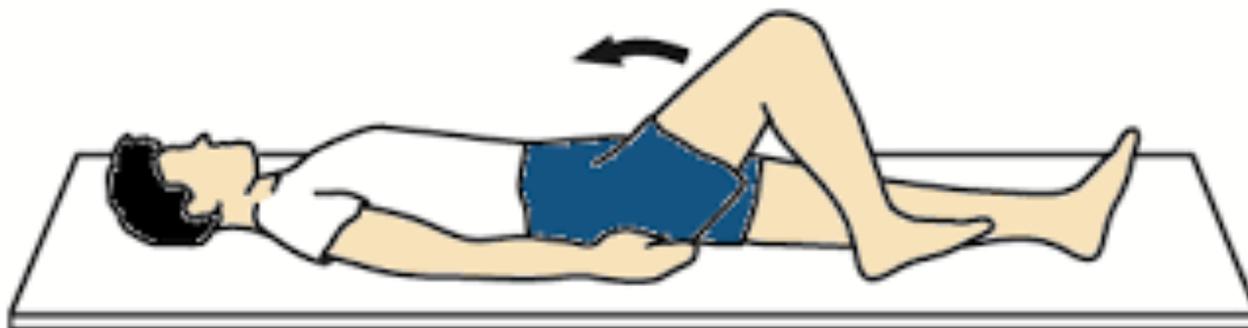


2. **Ankle pumping** - 10 times every waking hour
 - Helps promote circulation to reduce pain and swelling and prevent blood clots



RANGE OF MOTION EXERCISES

- It is very important to start bending and straightening your knee as soon as possible after surgery
- Pain must be well controlled to get the most out of your exercises! Ask for pain medication before you start
- Your physiotherapist or rehab assistant will help you with these exercises to start



KNOW YOUR POST-OP PHYSIOTHERAPY PLAN

- The physiotherapist will ask you where you have booked your therapy appointments - have that information ready

Make sure you have your
Physiotherapy Referral in hand
before you leave the hospital. You
need it for your first PT
appointment after surgery!

- You will only get a referral if you are going to an SHN partner clinic.
- If you are coming back to SHN-Centenary for physiotherapy, you will **not** get a referral.



SHN - Birchmount Main Operating Room Date:
3030 Birchmount Rd.
Scarborough ON M1W 3W3
Phone: 416-495-2400
Fax:

Referral to External Physician/Clinic

Legal Name:

Referring Provider Information:
OHIP BILLING NUMBER: Phone:

MRN:
OHIP:
DOB:
Sex:

Fax:

Referral Information:
Start Date:
Refer to Dept:
Refer to Provider:
Diagnosis:
Reason for referral:
Referral Date:
Is this a Bundle Care Patient?:
Diagnosis:
Surgeon:
Surgery Date:
Discharge Date:
Surgery Name:
Surgical Approach (if Applicable):
Precautions:
Weight Bearing Status:
Treatment Requested:
Clinic Referred to:
Comments:

Please schedule the first physiotherapy appointment:
7- 10 days after Knee Surgery
10-14 days after Hip Surgery
7- 14 days after Shoulder Surgery

DISCHARGE FROM HOSPITAL

- Make transportation arrangements to get home prior to your surgery date.
- You will see the physiotherapy team one more time before you are discharged from hospital
- Your surgeon will discharge you once you are medically stable and the physiotherapist has worked with you
- You will be given a prescription for pain killers and blood thinners on discharge.

Expect to be discharged on the same day/next day depending on your surgeon

- If you have a long drive, plan to stop and get out of the car to stretch once or twice along the way



DRIVING

Right Hip or Knee Surgery:

- Your surgeon will tell you when it is safe to start driving but plan not to drive for at least 4 weeks

Left Hip or Knee Surgery:

- ask your surgeon when you can start driving



RECOVERY AFTER SURGERY

THERAPY AFTER SURGERY

First Appointment:

- 7-10 days after a Knee Replacement or up to 2 weeks after a Hip Replacement

Goals of Therapy:

- Your Therapy program will get you started on your journey to recovery
- You will likely continue to improve for up to a year after your surgery
- You and your therapist will set realistic goals that can be achieved in 3-5 weeks.

Examples of goals you can hope to achieve during therapy:

1. Walk up and down the stairs like I did before my knee/hip got bad.
2. Walk around (the mall, the block, my church) with greater ease and less pain.
3. Improve my walking so I don't have to use a walker/cane/crutches.
4. Get up and down from a chair without my knee/hip bothering me.
5. Bend my knee/hip far enough to get into the car easily.
6. Perform my household chores without my knee/hip bothering me.
7. Understand how to continue to improve on my own after finishing physiotherapy.

THERAPY AFTER SURGERY - PANDEMIC CHANGES

We have new safety protocols due to the pandemic including:

- All patients will be screened for travel and Covid symptoms the day before their appointment and when arriving at the hospital
- Patients will be asked to wash their hands with hand sanitizer and wear a facemask (provided at appointment)
- Group classes are happening in large gyms where social distancing can be observed.
- Your therapist will determine the frequency of your future appointments on your initial appointment day.

SAFETY COMES FIRST! CANCEL YOUR APPOINTMENT IF YOU HAVE ANY SYMPTOMS

Hip and Knee Replacement Surgery: *Nursing Component*

STARTING YOUR JOURNEY

- Your surgeons office is responsible for arranging all pre-operative appointments. Make sure to have their number handy if you have any questions or concerns.
- The time of your surgery will be confirmed by the surgical office approximately 1 week prior to surgery
- All necessary blood work/ECG/X-rays must be completed 1 month prior to surgery. The surgeons office will provide necessary requisitions and information
- Internal Medicine appointment. This may take place in the GIM clinic at Centenary or in combination with your pre-admission appointment. You will be notified of where this will take place
- Pre-admission appointment - next slide



PRE-ADMISSION APPOINTMENT

- The Pre-Admission appointment usually occurs within 2 weeks of your surgery date
- Bring your health card and a list of your medications with you
- The appointment consists of an assessment with an Anaesthesiologist, a nurse, and a pharmacist
- If your appointment is at the General or the Birchmount site, your Internal Medicine assessment will take place during the pre-admission appointment
- The Anaesthesiologist will discuss the route of anaesthetic which is usually an epidural or spinal anaesthetic with sedation (not a general anaesthetic, but you will not be aware of what is going on). He or she will also review your health history and medication
- The nurse will review all paperwork and make sure there has not been any changes to your health since initial completion, check your vital signs and review the process for coming into hospital





Preparing for your Surgery

IMPORTANT INFORMATION

- Surgeries are currently done with a **same day discharge** or possible an overnight stay
- Prepare an overnight bag with toiletries, supportive footwear and clothes to go home in
- Stop all NSAID medication 7 days prior to surgery or as directed by your doctor (e.g. advil, naproxen, meloxicam, celebrex)
- Stop blood thinners as directed by the doctor
- Stop all vitamins and supplements 7 days prior to surgery (iron and vitamin C are okay to continue to take)
- No dental work for 6 weeks prior to and after surgery
- No manicure or pedicure for 1 week prior to surgery
- Do not shave your legs for 3 days prior to surgery
- Bring C-PAP machine to the hospital if you use one
- Stop smoking prior to surgery if possible





Day of Surgery

FASTING GUIDELINES

- No solid foods after midnight
- No milk, dairy or carbonated products after midnight
- No gum or candy after midnight
- **Clear** fluids allowed up to 3 hours before surgery
 - No more than 400ml
 - A high carbohydrate drink is recommended
 - Clear coffee, clear tea, water, apple juice, Gatorade
- If you are diabetic, have a light snack at bedtime the night before surgery. Your blood sugar will be checked prior to surgery



ADMISSION TO HOSPITAL

- Arrive 2 hours ahead of your surgical time
- Bring your health card
- Bring all your medication with you in the bottles or in the blister pack
- Register in the admitting and registration kiosk machine with your health card. There will be volunteers present to help you if needed
- You may be given a pager that will light up when the nurse is ready for you in the prep area. If you are not given a pager then listen carefully for your name to be called
- While in the prep area, the nurse will check your vital signs, have you change into a hospital gown, start an IV and review your paperwork and medical history
- You will walk if able or go in a wheelchair to the operating room



AFTER SURGERY

Recovery Room

- Your surgery will be approx. 1.5 - 2 hours
- You will then usually stay in recovery room (PACU) for about 1.5-2 hours
- Nurses will be monitoring your vital signs
- You will have an x-ray of your operated joint
- You will have an intravenous in your hand and a dressing on your surgical site.
- You may also have a catheter in your bladder, nasal prongs giving you oxygen, and possibly a drain in your incision
- Remember to do your deep breathing exercises and ankle pumps





Your Hospital Stay

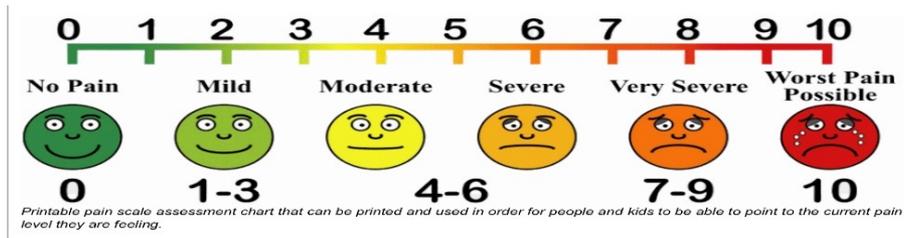
ON THE SURGICAL UNIT

- Once you are discharged from recovery room, you may be taken to the day surgery unit, or to surgical floor
- Your diet will start with clear fluids and progress to a high fiber diet
- Your blood will be checked regularly
- You may have an IV and/or catheter until the next morning if you are staying over night.
- You will be seen by a physiotherapist on the same day as your surgery
- You are encouraged to get up and sit in the chair for all meals as well as getting up to use the commode chair or call for assistance to walk to the bathroom. The use of bedpans is discouraged



PAIN MANAGEMENT

- Pain medication will be provided for you while in hospital. This may initially be administered by IV or Pill form.
- Pain medication is prescribed but not given automatically. It is usually prescribed every 4 hours. **Ask your nurse** for pain medication every 4 hours even if you are ambulating.
- Pain management is important to your recovery. Do not let your pain become unmanageable. It will be harder to get it under control if this happens.
- If your pain medication is not effective please notify your nurse



MEDICATION

- While on the surgical floor, your usual everyday medication will be provided for you
- New medications may be:
 - Iron pills
 - Pain medication
 - Blood thinner
 - Stool softener



VTE PREVENTION (BLOOD CLOTS)

- Blood clots are a possible issue post surgery
- You will be on blood thinners for two to four weeks following the surgery. This will be by pill form
- Nurses, surgeons and therapists will be watching you for any signs of blood clots
- Begin physical activity and start walking as soon as possible after surgery
- Do ankle pumps and move legs every hour while in bed
- Let your health care team know if you notice increased warmth, pain, swelling, or changes in skin colour in one leg.
- If you have sudden chest pain, light-headedness or shortness of breath call 9-1-1 immediately



WOUND CARE

- You may shower after 4 days
- No submersion in water. No pools, hot tubs or baths for 6 weeks
- The nurse will tend to your dressings while you are in the hospital
- Upon discharge you will be given instructions for dressing care. You or your significant other will be doing dressing changes once home. You will be provided an extra dressing to take home if required
- Staples should be removed around 10 - 14 days post-op. This will be done wither in the fracture/specialty clinic or by your family doctor. Please arrange this appointment with your family doctor in advance. You will be given a staple remover on discharge to take to this appointment.
- Do not use lotions, soap, or polysporin over the incision
- Ice every 1-2 hours for 15-20 min during the day
- If you have sudden bleeding from incision go to the emergency room

TYPES OF DRESSINGS - Mepilex

- Keep the bandage on for 5-7 days and then change
- You will be given an additional bandage on discharge
- Wash your hands prior to changing bandage
- Dressing is water resistant but do not submerge in water



TYPES OF DRESSINGS - Aquacel

- Keep the bandage on for minimum 5-7 days or longer if it is intact
- Once the bandage falls off, you may leave it off
- The incision may be open to air.
However, should you wish to cover it, you may place a dressing over top until your follow up appointment



TYPES OF DRESSINGS - Dermabond

- Dermabond is a surgical skin glue
- Keep tensor or dressing on until day after surgery. Remove the tensor and gauze slowly. You may find that the gauze will adhere a little to the dermabond dressing
- Under the gauze it is the mesh dressing that is the dermabond. Please leave this on. Your surgeon will remove this at your follow up appointment



DISCHARGE FROM HOSPITAL

- Make transportation arrangements. You are not permitted to drive yourself home. If you stay over night after your surgery please arrange for your ride to come for 11:00 am.
- Please make sure to have the 2-wheeled-walker and a cane inside the car for when you're going home
- You will be given a prescription for pain killers and blood thinners on discharge.



What is “Normal” After Surgery?

SWELLING: swelling is normal after surgery. You may have swelling from the surgical site down and this may increase once you are up and ambulating. This may last for up to 3 months

BRUISING: bruising can be light to very extensive (see picture)

WARMTH: your hip or knee may feel warm to touch for up to 3 months after surgery

INCISION: mild to moderate discharge is normal. Burning, pulling, sensitivity around the incision is normal



THINGS TO WATCH FOR:

Contact your doctor if you notice any of the following:

- Continuous bleeding
- Area around incision is raised
- Beefy redness of leg that is increasing in size
- Unusual pain, increasing pain, pain out of proportion
- Fever, chills, vomiting
- Murky or pus like drainage from incision

(If you are unable to reach your doctor proceed to the nearest emergency room)



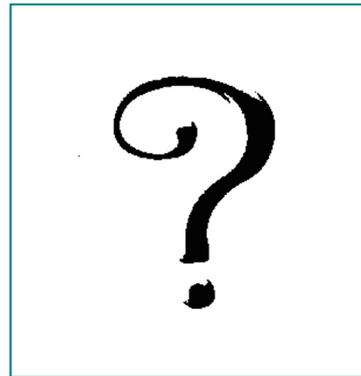
OTHER IMPORTANT INFORMATION:

- Have your surgeons office number handy
- ICE IS YOUR BEST FRIEND!
- BE PATIENT!
- Make sure your post op appointment is made. Usually at 6 weeks after surgery
- Make sure you have and are aware of your post op appointments. 2 weeks for staples to be removed and then subsequent appointments as directed by your surgeons office

Ice and Elevation



Questions



For more information, visit: www.shn.ca/hipandknee

An abstract graphic consisting of several thick, overlapping lines. One line is teal and runs diagonally from the top left towards the bottom right. Another teal line runs diagonally from the top right towards the bottom left. A third line, which is a gradient from red to yellow, runs diagonally from the bottom left towards the top right. The lines intersect to form a central point.

THANK YOU