

# **YOU & YOUR NEW KNEE**

A Guide for Patients Having a Knee Arthroplasty

**Please bring this booklet to every appointment  
and to the hospital on the day of your surgery.**

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**TELEPHONE DIRECTORY**

This is a useful directory of hospital telephone numbers you may need. Please call St. Joseph's main number (416) 530-6000 if the area you are trying to reach is not listed below.

Foundation	416-530-6704
Fracture Clinic	416-530-6128
Gift Shop	416-530-6486 ext. 3296
Orthopaedic Unit	416-530-6394
Outpatient Rehabilitation Unit	416-530-6058
Patient Accounts	416-530-6491
Patient Relations Office	416-530-6652
Pharmacy	416-530-6555
Pre-Admission Centre	416-530-0000 ext. 4144

**PRE-OPERATIVE APPOINTMENTS**

Pre-Operative Education Session Date: \_\_\_\_\_

Pre-Admission Appointment: \_\_\_\_\_

**ADMISSION INFORMATION**

Scheduled surgery date: \_\_\_\_\_

Time of arrival on day of surgery: \_\_\_\_\_

Expected discharge date: \_\_\_\_\_

Medication to take morning of surgery: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication to stop before surgery: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remember...**  
**Nothing to eat or drink after midnight unless otherwise instructed. Medication that you have been instructed to take should be taken with a sip of water only.**

**PARTNERSHIP AGREEMENT**

By planning ahead and involving you in your care we hope to make your transition home as smooth as possible. We strongly encourage you to complete the following tasks to the best of your ability.

I understand that *before* my surgery I should:

- Perform my exercises as instructed by the Physiotherapist during the Pre-Operative Education Session.
- Read the patient education material.
- Prepare my home as suggested by the Occupational Therapist.
- Obtain the required equipment for during and after my hospital stay.
- Purchase the two (2) antibacterial sponges required for cleansing before surgery.
- Arrange transportation to and from the hospital.
- Identify a person to assist me with translation.
- Identify someone who can help me once I am discharged home.

I understand that *during* my hospital stay I should:

- Follow the advice of the health care team so that complications are reduced.
- Try to improve my level of functioning by taking an active part in my exercise program so the best possible results will be obtained from my surgery.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **WELCOME TO ST. JOSEPH'S HEALTH CENTRE**

Our health care staff understands that your decision to have a knee arthroplasty is very important to you and we want to help you every step of the way. This booklet is designed to help educate you about all the aspects of your surgery and recovery.

Our progressive Orthopaedic Program has been carefully created to meet the health care needs of our community and consequently it reflects the primary values of St. Joseph's Health Centre:

**Excellence** - Our program aims to achieve the highest possible standards to help you meet your goals and your greatest functional abilities.

**Compassion** - Our health care team understands that this can be an exciting and challenging time for you and we are here to provide you with support and compassion.

**Commitment** - We, at St. Joseph's, are all committed to ensuring you have a positive and successful experience.

**Community** - Our dedication to you does not end in the hospital. We make sure you are prepared to return home and we help arrange any community supports that are required.

Your experience with the Orthopaedic Program will be assisted by many of our highly trained health care staff including: Orthopaedic Surgeon, Physiotherapists, Occupational Therapists, Rehabilitation Assistants, Registered Nurses, and Social Worker.

*We also want to make it clear that you are an important member of our team. Without your hard work and dedication, we would not be as successful.*

**This book will act as your guide before surgery, during your hospital stay and throughout your recovery.**

- **Please review this information with your spouse, family, or other caregiver.**
- **It is important to bring this book to the hospital with you so you may refer to it during your stay.**

## YOUR KNEE

### The Knee Joint

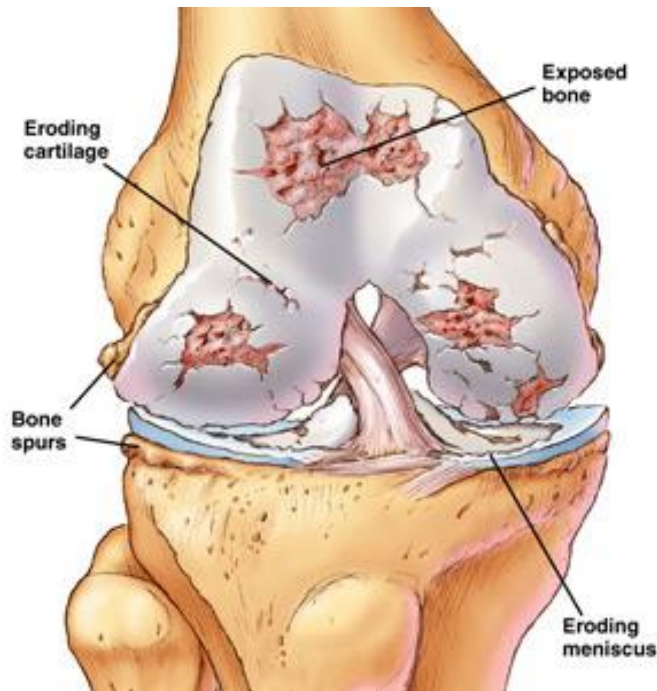
To understand a knee arthroplasty, it helps to understand the structure of the knee joint. The knee is the largest joint in the body. It is a complex joint that involves three bones: the femur (thighbone), the tibia (shinbone), and the patella (kneecap). In a healthy knee joint, the ends of the bones are covered with articular cartilage. The meniscus cartilage provides stability and strength. A healthy knee joint absorbs forces and allows smooth, painless movement.





## What Is An Arthritic Knee?

Through injury, inflammatory arthritis or gradual “wear and tear”, the knee joint can become worn out. The cartilage loses its smoothness and its “cushioning” effect. Because there is no cushion, the ends of the femur and the tibia rub together and become roughened. These changes can result in any of the following: pain, stiffness, swelling, instability and difficulty with walking and other activities.



## YOUR NEW KNEE

### Why Do I Need a New Knee?

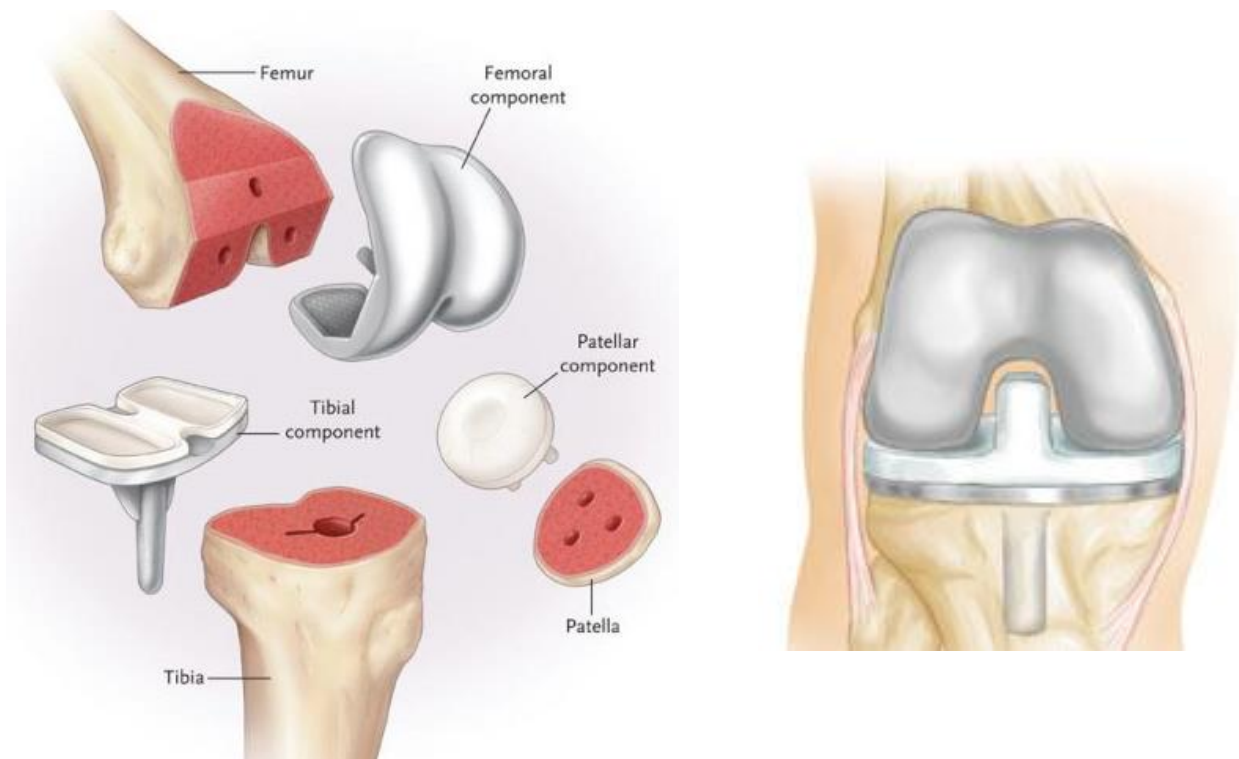
Joint arthroplasty surgery is considered only for those people with severely damaged joints that cannot be successfully dealt with by more conservative means (i.e. medication or exercises). Joint arthroplasty surgery is performed for the following reasons:

1. To relieve pain (the primary reason in the majority of people)
2. To improve motion
3. To improve function such as walking, sitting, dressing and bathing

### Your New Knee

Your new joint, or prosthesis, consists of a metal cover and a plastic piece with a metal stem.

Your surgeon will make an incision on the front of your knee. The end of your femur is trimmed and resurfaced with a metal cover or shell. The end of the tibia (lower leg bone) is trimmed and resurfaced with a plastic and metal implant.



## **BEFORE YOUR SURGERY**

### **Pre-Operative Education Session**

The Occupational Therapists and Physiotherapists at St. Joseph's offer educational classes in our Outpatient Rehabilitation Unit, 6 to 8 weeks before the day of surgery.

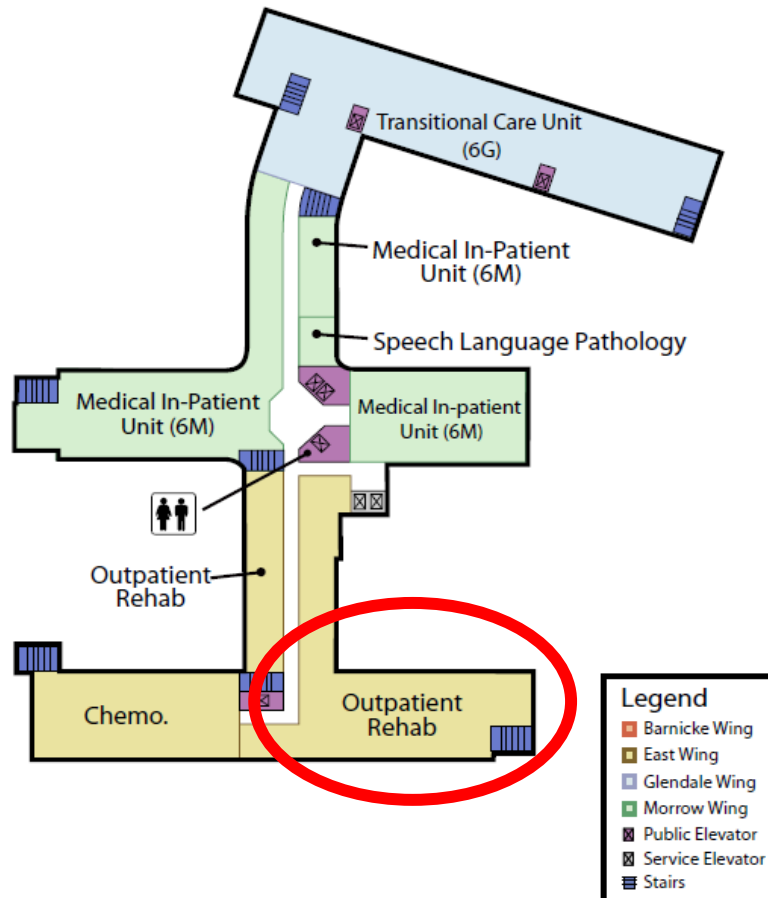
All patients undergoing a knee arthroplasty must attend this 90-minute class to help you prepare for your surgery and recovery.

You will learn:

- How to maintain or improve your strength and fitness before surgery.
- Exercises and activities you will be practicing immediately after surgery.
- Necessary or helpful equipment.
- How to manage your everyday activities.
- How to plan for your discharge home.

### **Smoking Cessation**

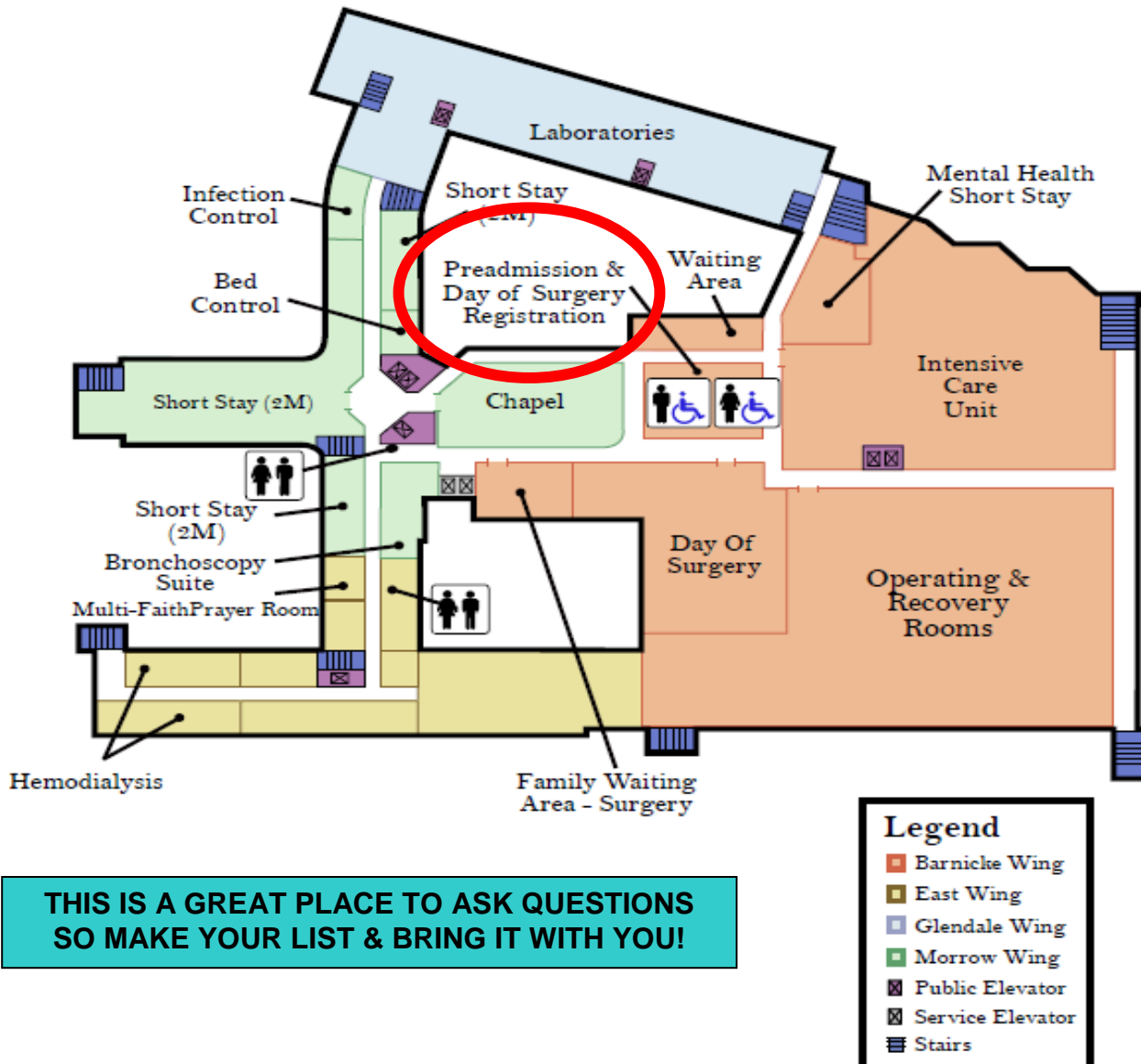
At the Pre-Operative Education Session we will be providing information from the Canadian Orthopaedic Foundation regarding smoking, its effects on bone and wound healing after surgery, as well as information on how to quit smoking. All resources provided at our education session are free of cost.



## Pre-Admission Visit

Your pre-admission visit will occur about three (3) weeks before your surgery date. At your pre-admission appointment you will meet with a team of health professionals:

- A *nurse* will review your health history. The nurse will also discuss what to expect during your hospital stay and ways to prepare for your discharge home.
- A *medical internist* will assess your general health. He or she will review medications that you are presently taking.
- An *anaesthetist* will discuss anaesthetic options and pain management after your surgery.
- A *laboratory technician* will take your blood and do an electrocardiogram (ECG) of your heart.
- A *pharmacist* will take a medication history.
- An *occupational therapist* or *physiotherapist* will meet with you to ensure that you are prepared for surgery and to discuss discharge plans.



## **Surgery Preparation Checklist**

Refer to the following checklist to help you start preparing now for your surgery. Please check (✓) once addressed.

- Arrange Wheel Trans for transportation if needed (*this needs to be done well in advance*).
- List of people who are able to help before surgery, during your hospital stay and after your discharge home.
- If possible pre-cook and freeze meals ahead of time.  
*If this is not possible, you may want to consider arranging Meals on Wheels.*
- Arrange for help from family, friends or hire someone to help you with household chores.  
*i.e. groceries, cleaning, laundry.*
- Remove small rugs, and tape down the edges of larger rugs.
- If you can, install a handrail to help you climb any steps/stairs.
- Make sure all railings are secure.
- Ensure that you have a chair with a firm seat, backrest and armrests.
- Ensure proper lighting indoors and outdoors.
- Avoid clutter in hallways and rooms and remove any visible hazards (i.e. loose extension cords).
- Use a skid proof mat in your tub or shower stall.
- Consider rearranging commonly used work areas (i.e. kitchen). Place most commonly used items at waist level and within easy reach.
- Make small pets more noticeable or put a bell around pet's neck.
- Rent or purchase necessary equipment.
- Organize your outpatient rehab for after your surgery if you plan to go to physiotherapy outside of St. Joseph's.
- Bring your pharmacy's name, address, telephone and fax numbers to all appointments as well as during hospital stay.
- Bring all your current medications in their original container to all appointments as well as for your hospital stay.

- Arrange for a ride to and from the hospital for your appointments, the day of surgery, your discharge home and to your follow-up appointments with your surgeon and/or physiotherapist.
- Shoes that have a good grip but are adjustable in size as your foot on the surgical leg may be swollen.
- Comfortable clothes to wear for physiotherapy and your trip home. You do not need much clothing during your stay in hospital. A couple pair of loose bottoms (i.e. shorts, pajamas, track pants) and a few shirts is all you need.
- To assist with keeping occupied or distracted while in hospital bring some reading materials, puzzles, and/or knitting.

## Equipment

Before your surgery it is helpful to obtain and set-up the equipment necessary for you to manage safely at home upon your discharge. The Occupational Therapist will speak to you about how high your bed, bathtub bench, chair and raised toilet seat should be after your surgery. The Physiotherapist will prescribe the correct height for your 2-wheeled walker.

Rent or purchase a raised toilet seat, cane and 2-wheeled walker **(Mandatory)**.



Raised Toilet Seat



Cane



2-Wheeled Walker

Rent or purchase a reacher, sock aid, long handled shoe horn, and bathtub transfer bench.



Reacher



Sock Aid



Long Handled Shoe Horn



Bathtub Transfer Bench

**In order to make it easier for you to walk after your surgery, we encourage you to bring your 2-wheeled walker on the day of your surgery to the Orthopaedic Unit on the 3<sup>rd</sup> floor of the Morrow Wing.**

**It is your responsibility to make arrangements for rental or purchase BEFORE your surgery.**

## Antibacterial Shower

It is important to wash your skin before surgery to reduce any risk of infection. You will need to purchase **two** (2) Pre-operative Antibacterial Sponges from the St. Joseph's Out-Patient Pharmacy before your surgery. Use one sponge the night before your surgery and the second on the morning of your surgery. Please follow the instructions included in the package.

### Do:

- Use a clean washcloth and towel with each shower.
- Wash your body from neck to feet, finishing with your groin and anal areas.
- Rinse soap off your body.
- Use your own soap on your face.
- Use your own shampoo for your hair.
- Dry your skin finishing with your groin and anal areas.
- After each shower, it is recommended that clean clothes or pajamas be worn.
- Ensure the bed sheets are clean on the evening before surgery.

### Don't:

- Don't apply moisturizing lotions or powder after your shower.
- Don't shave hair at the surgical site.

**Stop using the antibacterial soap if skin irritation develops and continue with your regular soap following the same instructions.**



### What to Bring With You for Your Hospital Stay

- Ontario Health Card.
- Current medications in their original container.
- Toothbrush and toothpaste.
- Labeled eyeglass case/denture cup/hearing aid case.
- Razor.
- Tissues.
- Soap, deodorant.
- Short nightgown, robe, and/or pajamas.
- Comfortable clothing (e.g., exercise clothing, track suits, etc.).
- Supportive shoes with non-slip sole such as running shoes (adjustable or slightly bigger to accommodate swelling).
- 2-wheeled walker.
- Radio/MP3 Player with earphones, reading materials, puzzles, and/or knitting, etc.

**PLEASE LABEL YOUR PERSONAL ITEMS.**

### What to Leave at Home

- Perfume or scented items (St. Joseph's is a scent-free hospital).
- Personal computer, television.
- Jewelry and valuables.

**St. Joseph's Health Centre is not responsible for money, valuables and/or other personal property i.e. eyeglasses, dentures, and hearing aids.**

### Remember:

- Remove nail polish from your fingers and toes.
- Remove all piercings and rings before your surgery.

## **ANAESTHESIA AND PAIN MANAGEMENT**

### **Pre-admission**

You will meet with an Anaesthetist during your pre-admission visit and he or she will take a health history from you. It is important for the Anaesthetist to know about any medical problem that you might have and **all** the medications you may be taking. This information allows the Anaesthetist to decide on the safest and most comfortable way to provide your anaesthesia and manage your pain after the operation.

The Anaesthetist will discuss with you a variety of options available for your anaesthesia as well as your pain management after surgery.

**If you have had surgery before and had a reaction to any of the medications given to you it is important to tell the Anesthetist during this visit.**

### **Patients with Chronic Pain**

Please tell the team during your pre-admission visit if you take daily pain medication at home. If you do, the Anaesthetist will instruct you on how to take your pain medication on the day of surgery. If you have any questions or concerns about how your chronic pain will be managed after surgery the pre-admission visit is the time to begin this discussion, **not after** the surgery. A Nurse Practitioner from the Acute Pain Service is also available to meet with you, to make a plan for your pain management before, during and after your surgery.

### **Morning of Surgery**

The Anaesthetist assigned to your care will meet with you prior to your operation to review your health history, and make a final decision about your anaesthetic care. If you have decided to have a nerve block or epidural you will be taken into another area before you are taken into the operating room.

Before surgery you will discuss all of the pain management options available with your Anaesthetist and decide which would work best for you. They include:

- Spinal Anaesthesia
- Nerve Blocks
- Patient Controlled Analgesia (PCA)
- Oral pain medication
- Epidural

### **During Your Surgery**

Most Surgeons will add a local anaesthetic to the affected joint at the time of surgery. The purpose of this is to prevent significant pain from developing for approximately 24 to 36 hours after your surgery. It is common for the pain to be worse after 24 hours because this local anaesthetic has begun to wear off.

## Types of Anaesthesia

There are two (2) main types of anaesthesia. Each has their own risks and benefits. The Anaesthetist will ask you which type you would like to have.

### 1. Regional Anaesthesia:

- A numbing medication (local anaesthetic) is used to freeze only the part of your body requiring surgery.
- Does not 'put you to sleep'. *You may choose to be given medication that will help you relax and fall asleep during the surgery. This is called "sedation". You will not see or feel the surgery taking place.*
- If you have your surgery done under regional anaesthesia you may not need a general anaesthetic. This lowers the chance of side effects that people sometimes have with general anaesthetic.
- There are two (2) types of regional anaesthesia: Spinal and Nerve Blocks.

#### Spinal Anaesthesia:

- While sitting up on a stretcher the Anaesthetist will inject local anesthetic into your back, near your spinal cord and nerves. This medication will 'freeze' the nerves so that you will have no feeling or movement to your hips and legs. This numbness will last about four (4) to six (6) hours.
- The Anaesthetist can also give you pain medication during the spinal if required. This can provide you with pain relief that can last for up to 24 hours after the spinal injection.
- You will have pain medications provided when the spinal anaesthesia wears off
- Most hip and knee operations are done under spinal anaesthetic.

Benefits	Risks
1) Less nausea and vomiting.	1) Low blood pressure during surgery and possibly the next morning.
2) Feel less groggy after surgery.	2) Inability to empty your bladder for 24 hours after surgery.
3) Faster recovery.	3) Headache or back pain (rare).
4) Better pain control.	4) Extremely rare: paralysis, nerve damage and death
5) You will not need a breathing tube during surgery	
6) Less risk of blood clots after surgery	

Nerve Block:

- Can be done if you have spinal or general anaesthesia.
- Can be given in one single injection of local anaesthetic. The Anaesthetist will place a small needle near the nerves that supply the part of your body being operated on. Local anaesthetic is then injected to freeze or numb that nerve.
- You may feel a warm, tingling sensation when the local anaesthetic is injected and then your leg will feel heavy, weak and numb.
- The numbness from a nerve block can last for several hours.
- The Anaesthetist can also leave a small tube in place that will provide a continuous flow of freezing medication for pain control, for 1 to 2 days. This is called a *continuous nerve block* and is only available for patients having their knee replaced.

Benefits	Risks
1) Reduces the amount of strong pain medication needed.	1) Risk of fall. You <b>must</b> always have a nurse or physiotherapist with you when you get out of bed while the nerve block tube is in place.
2) Less nausea, dizziness and sleepiness.	2) Ringing in the ears or metallic taste in mouth. Please let the nurse know right away if you experience this. ( <i>Rare and not harmful</i> ).
3) Faster recovery.	3) Pins & needles sensation in injection area for 3 to 4 weeks ( <i>rare</i> ).
4) Better pain control.	4) Permanent nerve injury ( <i>very rare</i> ).

**A nerve block provides excellent pain relief during and after your surgery.**

2. General Anaesthesia:

- Medication is given to you through an intravenous that ‘puts you to sleep’ for the surgery and a breathing tube is placed in your throat. You will be hooked up to a breathing machine during the surgery.
- When your surgery is finished the breathing tube is removed and you can breathe on your own.
- You are then taken to the recovery room, where you will wake up.
- Pain medication will be provided for you once you wake up and start to have pain.

<b>Benefits</b>	<b>Risks</b>
1) No awareness or memory of surgery.	1) Sore throat that may last 1-2 days.
2) No risk of nerve injury.	2) Tooth or throat damage from putting in the breathing tube ( <i>rare</i> ).
3) Do not need catheter in your bladder after surgery.	3) Nausea and sleepiness.
	4) Confusion or memory loss can happen to older people ( <i>usually temporary</i> ).
	5) Allergic reaction, heart attack and death ( <i>extremely rare</i> ).

## Managing Your Pain After Surgery

The Acute Pain Service (Nurse Practitioner or Anaesthetist) will visit you daily for a couple of days after your surgery. Our goal is to help you manage your pain so that you are able to do your exercises and progress with your walking. This is important for your successful recovery.

The nurses, therapists and doctor will ask you to rate your pain using a scale. This helps us to make sure we are managing your pain well. It is very important for you to tell the nurse and doctor how much pain you are having, what it feels like, and whether the medications are working or not.

### Pain Scale

0	1	2	3	4	5	6	7	8	9	10
No Pain			Mild Pain		Moderate Pain			Severe Pain		Worst Pain

0 = no pain and 10 = worst pain ever

**If your pain rating is 4 or more please tell a nurse right away.**

## Patient-Controlled Analgesia (PCA)

You will be provided with a PCA pump to manage your pain for the first 24 to 48 hours. The PCA pump is connected to your intravenous line. There is a small **black button** attached to the PCA pump that you press when you need pain medication. It should provide pain relief within 5 to 10 minutes after pushing the button. If you are still having pain you can push the pain button again until you are comfortable. The pump is programmed to allow you to give yourself pain medication every 5 minutes if needed, with a maximum dose allowed every 4 hours. This means that you cannot take more than it is programmed and you are at low risk of giving yourself an overdose.



### Remember:

- **Only you can push the pain button, not your friends or family.**
- Don't confuse your PCA button with the nurse call bell which is white and red.
- If you notice that you feel nauseous, itchy or sleepy every time you push the button, tell your nurse. These are side effects and medication can be given to relieve these symptoms.
- Push the pain button about 5 minutes before you plan to get out of bed or do physiotherapy.
- Inform your nurse if you are not getting pain relief after pushing the PCA button.

Further information regarding the PCA pump will be given to you during your pre-admission visit and will be reviewed with you after surgery by the healthcare team.

## Oral Pain Medication & Multimodal Analgesia

While you are using the PCA pump you will also be given oral pain medication regularly, by the nurse. You will be given several different types of pills. This is called “multimodal analgesia”. Each pill works differently and helps to reduce the need for you to take stronger pain medication, such as morphine. Some of these pills you may have been taking before surgery such as Tylenol ® or Celebrex ®.



After 24 to 48 hours the Acute Pain Service will talk to you about stopping the PCA pump and managing your pain with pills, such as HYDROmorphine. You will still continue to receive Tylenol and an anti-inflammatory on a regular schedule but now you must ask the nurse for stronger pain medication if you are having pain (*you can have this extra pain medication every 3 hours if needed*).

### Remember:

- Call the nurse at any time if you are having pain that is greater than 4 on the pain scale or more than mild. Your pain medication dose may need to be adjusted.
- The pain medication takes at least 30 to 45 minutes to work. Plan when you are going to get out of bed or go for a walk and take pain pills 30 minutes before.

**Good pain control is important to allow you to exercise and recover successfully.  
We expect you to take an active role in your pain management.**



## **YOUR HOSPITAL STAY**

### **Your Surgery**

The typical length of time for your surgery and stay in the recovery room is approximately four (4) hours. An eight (8) to ten (10) inch vertical incision is made over the front of your knee. You may have staples or sutures or even both. Your painful and arthritic knee is removed and replaced with a new artificial knee. A vacuum drain (hemovac) is inserted into the operative area to drain any excess blood, which may collect after surgery. The incision is closed with staples and a bulky, flannel dressing that may or may not have plaster and extends from your upper thigh to your ankle is applied. This large and heavy dressing is called a Jones bandage. The purpose of this dressing is to control swelling and maintain your knee in a straightened position. The hemovac and Jones bandage are removed one (1) to two (2) days after surgery. The staples are removed ten (10) to fourteen (14) days after surgery by your surgeon or your family doctor. A catheter may be inserted into your bladder during the surgery to avoid retention issues after surgery.

### **Recovery**

You will wake up in the recovery room. The recovery room nurses will frequently monitor your vital signs until you have recovered from the anaesthetic and are ready to be transferred to your room on the unit. When you arrive in your room, a nurse will continue to monitor your condition.

### **After Surgery**

To prevent complications, it is important to get up and out of bed as soon as possible. Your doctor will prescribe pain medication for you so you feel comfortable enough to do your exercises without excessive pain.

As soon as you wake up after your surgery you should:

- Start foot and ankle movements with both feet.
- Move your **unoperated** leg freely to help maintain good circulation, prevent stiffness and help nursing staff move you in bed.

Start deep breathing and coughing exercises. This is to prevent congestion of the lungs that may occur as a result of the anaesthetic and your reduced level of activity.

- Take ten deep breaths in through your nose and out through your mouth.
- Then take a single deep breath in and cough strongly.
- This should be done three times per hour until you are back on your feet.

Depending on how you are feeling after your surgery you will be given either a clear fluid diet (jello, juice, black tea/ coffee) or a regular meal. Remember to take your time eating.

After surgery it is normal for you not to have a bowel movement for a couple of days. In order to prevent constipation you may be given a stool softener. There will also be other laxatives available upon your request. Other ways to avoid constipation includes increasing your mobility and increasing the amount of fluid you drink.

## Your Progress Guide In Hospital

This information booklet is a guide for your day-to-day activities and progress following your surgery. The healthcare team working with you will help with these daily activities, although depending on the roles of the team members, their specific involvement will vary.

### Day 1 (The day after your surgery):

- You will receive pain medication or use the PCA pump before getting out of bed.
- You will be shown how to move in bed.
- You will get out of bed with help from the healthcare team. The team will inform you of how much weight you can put through your operated leg. For most people, it is as much weight as you can tolerate.
- You will most likely sit at the edge of the bed, and go for a short walk using your walker and under the supervision of the Physiotherapist.
- You may use the commode chair to go to the bathroom.
- You may also spend some time (approximately 30 to 60 minutes) sitting in a chair to eat a meal or spend time with your family.
- You can assist with self-care, such as washing and grooming.
- You will start your exercise program under the supervision of the Physiotherapist and Rehab Assistant.
- We will confirm the discharge plan that was discussed with you in Pre-Admission.

**NOTE:** Your Physiotherapist or Rehab Assistant will review your exercises with you at least once during your stay. You are expected to complete your exercise routine at least **THREE** times every day.

### DAY 2:

- You will be changed from PCA pump to oral pain medication if your pain is well managed
- You will get up with help, and go for a longer walk using your walker, and you will walk to the bathroom when needed.
- You will sit up for a longer period of time (usually greater than 2 hours or as long as you can tolerate).
- You will continue to help with self-care such as washing.
- For your own comfort you may wear your own clothing (pajamas, shorts). The Occupational Therapist will review dressing using appropriate aids.
- The Occupational Therapist will review how to complete a tub transfer (if necessary) using appropriate equipment.
- The Occupational Therapist will also review assistive devices, energy conservation and the use of equipment around your home to make your transition easier.
- You will continue to do the leg exercises three times per day.
- We will review the discharge plan.

### **DAY 3 – DISCHARGE DAY:**

- You will continue with activity as above, and begin to require less assistance with getting up, going to the bathroom and dressing.
- You will increase the distance you are walking with the walker.
- You will continue to work on your exercises a minimum of three times per day.
- The Physiotherapist will help you practice climbing the stairs using a cane and the railing until you feel comfortable.

### **Discharge from the Hospital**

You will be discharged home by 10:00 a.m. on the THIRD day after your surgery.

Before you leave the hospital, you will be able to:

- Get in and out of bed independently.
- Get in and out of a bathtub independently.
- Get on and off of a toilet independently.
- Get dressed independently.
- Walk approximately 50 to 100 meters with the 2-wheeled walker.
- Go up and down the stairs independently using a cane and a railing.

**On the day of discharge, please have your family bring in a seat pillow and a wheelchair to your room. Wheelchairs can be found at any of the main entrances of the Health Centre. This will help you get to the car safely and comfortably.**

### **Once discharged from the hospital, you may expect the following:**

- You will attend outpatient physiotherapy two (2) times per week for about four (4) to six (6) weeks in order to maximize your flexibility, strength and function. Each visit will last about one hour.
- You will manage your pain and swelling by applying ice to your knee and by taking your pain medication as prescribed.
- You will continue to do your exercises three (3) times per day.
- As it becomes easier to walk you will switch from using a 2-wheeled walker to using a cane.
- You will increase your level of activity gradually, taking short rests throughout the day to help manage pain and fatigue. Your endurance will continue to improve for several months.
- You will visit the orthopaedic surgeon regularly so that he may monitor your progress.

## **OUTPATIENT PHYSIOTHERAPY**

Within seven (7) to ten (10) days of being discharged from the hospital, you will attend your first outpatient rehab appointment. You will work with your therapist and rehabilitation assistant to achieve the following goals:

- Minimize pain and swelling.
- Improve the movement of your knee (both bending and straightening your knee).
- Improve the strength of the knee muscles.
- Improve your walking pattern, balance and activity tolerance.
- Manage your surgical scar.

Once the above goals are achieved you will be discharged from physiotherapy. Your physiotherapist will give you a handout outlining your individualized home exercise program with the expectation that you will continue to do your exercises daily. The strength and movement of your knee will continue to improve with exercise for up to one year following your surgery. Walking is also important. It is good to go for a walk everyday. In good weather when sidewalks are free of ice, walk outside. In poor weather, walk in the hallway of an apartment building or in a shopping mall when it is not busy. You should gradually increase the frequency and distance of your walks.



### **What to Bring to Outpatient Physiotherapy**

- Comfortable clothing including shorts to allow access to your knee
- Appropriate footwear for exercise e.g. running shoes.
- A family member or friend who can assist with translation if you difficulty speaking or understanding English; if this is not possible, please let the physiotherapy department know before you attend your first appointment.
- Any questions you may have regarding your exercises and activity level.

## **RESPIRE CARE**

### **Respite Care through Community Care Access Centre (CCAC) \*cost associated**

If you live with a loved one that will not be able to assist you for a long period of time once you are discharged, you may be eligible for respite care at your local nursing home. To apply for this program your loved one will have to contact CCAC well in advance to your surgery date.

### **Private Respite Care \*cost associated**

If you feel that you will require more assistance upon discharge you can call your local Retirement Homes directly to organize private respite care. This will have to be done well in advance to your surgical date.

**You will not be able to wait for a respite bed to become available while in hospital.**

## **MOBILITY AND FITNESS**

Being active while you wait for surgery is important. People with a painful joint are often afraid to be physically active because they worry they are doing more harm than good. Exercise can actually help decrease your pain, improve the strength in your leg and keep your heart in good shape before surgery.

If you have not been physically active it is important to speak to your family doctor before starting the recommended exercises.

Exercises that are good for your heart, lungs, circulation and muscles include walking, swimming and using a stationary bicycle. If you have not been exercising or physically active remember to start slowly. This means begin with a few minutes and increase gradually until you can exercise 3 times per week for 20 to 30 minutes at a time. You should be able to have a conversation while exercising without being short of breath.

Taking part in an exercise program before surgery will help you recover after your surgery. A team of Physiotherapists, Occupational Therapists, and Registered Nurses will help you get back your strength, endurance, and your overall function.

An important part of your rehabilitation after joint arthroplasty surgery is walking and leg strengthening exercises.

**Please practice the following exercises in the weeks leading up to your surgery.**

## Total Knee Arthroplasty Exercises - Physiotherapy

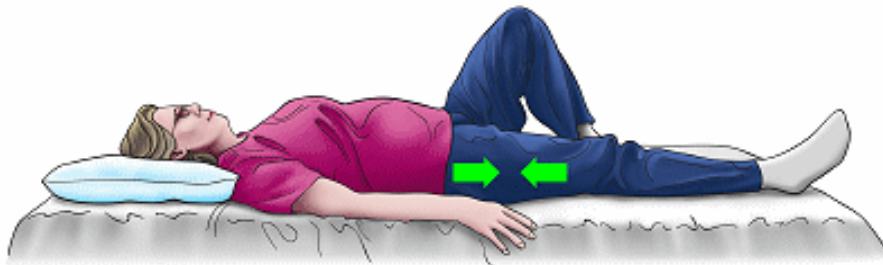
### 1) ANKLE PUMPS

Bend ankles up and down, alternating feet.  
REPEAT: 10 Times, 3 Times per day



### 2) QUAD SETS

Slowly tighten muscles on thigh of straight leg, while counting to 10 out loud.  
REPEAT: 10 Times, 3 Times per day



### 3) SHORT ARC QUADS

Place a large can or rolled towel under leg. Bend ankle up and lift foot to straighten knee.  
Hold 5 seconds.  
REPEAT: 10 Times, 3 Times per day



**4) HEEL SLIDES**

Bend knee and pull heel toward buttock.  
REPEAT: 10 Times, 3 Times per day



**5) STRAIGHT LEG RAISES**

Tighten thigh muscle and bend ankle up. Slowly lift straight leg 10 inches from bed and hold 2 seconds. Lower it, keep tight for 2 more seconds and relax.  
REPEAT: 10 Times, 3 Times per day



**6) CHAIR KNEE FLEXION**

Keeping feet on floor, slide foot of operated leg back, bending knee. Hold for 5 seconds.  
REPEAT: 10 Times, 3 Times per day



## Getting Out of Bed

Remember to use a firm bed. Avoid a low bed.

1. Sit down on edge of the bed in the same manner as you would on a chair.
2. Enter bed, leading with operated side **if possible**.
3. Start two-thirds of the way down the bed and slide your buttocks up towards your pillows. Slide your legs onto the bed until you are lying flat on your back.
4. When getting out of bed, reverse the above technique.

Your Physiotherapist will explain and demonstrate how to use an aid (e.g. sheet) to help move your operated leg.





## Sitting and Standing

1. Use a firm chair with armrests and a wedge cushion or pillows. Back up to the chair until you feel the back of your knees touching it.
2. Move your operated leg out as you reach back for the armrest and lower yourself slowly, keeping your operated leg straight out.
3. When getting up, scoot forward in the chair. Push up using the armrests, again keeping your operated leg out in front.



### Toilet Transfer

1. Use a raised toilet seat or a commode. For a person of average height, a four-inch raise is needed.
2. Back up to the toilet until you feel it against the back of your knees.
3. Keep one hand on the walker while you reach back for the edge of the raised seat with the other hand.
4. Slowly lower yourself onto the toilet, **sliding** your operated leg **forward**.



## Bathing

Use a bath transfer bench and grab bars until you are able to get into and out of the tub safely.

1. Walk to the side of the tub. Turn so that you are facing away from the tub.
2. Sit down on the bath bench.
3. Turn to sit facing the faucet, lean back as you lift the operated leg over the side of the tub.
4. Use a long-handled sponge and a hand-held shower device to bathe.



## Dressing

1. Sit at the edge of the bed or in a chair.
2. Start with underwear and pants/skirts then socks and shoes.
3. Use a reacher to pull clothes over your operated leg first. Then do the same for your other leg.
4. Use a sock aid to pull on socks or stockings. Use a long handled shoehorn to put on or take off your shoes. Wear slip-on, velcro closure shoes or use elastic shoelaces so that you won't have to tie the laces. (Remember to bring shoes that are slightly bigger to accommodate the swelling).



5. Stand up with the walker in front of you and pull up your underwear and pants/skirt.

A reacher can be used in many ways around your home to:

- Pick things up off the floor.
- Reach for things above you.
- Grab a towel to dry your legs after a shower or bath.
- Push your socks off your feet.
- Hold the tongue of your shoe as you slip it on.



## Car Transfer

1. Use the front seat. If your seat is adjustable, move the seat so that it is as far back and as high as possible.
2. Back up to the car using your walker, reach back to the seat for support.
3. Lower yourself slowly to the seat, then turn, lifting your legs, one at a time, into the car.
4. Slide back onto the seat keeping your operated leg straight on the seat.

HELPFUL HINT: You may find it easier to slide and turn if you place a garbage bag on the seat.



## Using A Walker

Before you begin, know your weight bearing status. This is the amount of weight you can safely place on your operated leg. Usually you will be allowed to put as much weight on your operated leg as you can tolerate.

1. To walk keep your walker **FLAT** on the floor.
2. Push the walker forward slightly, step forward with operated leg.
3. Press down on the walker handles and step forward with the non-operated leg.
4. Try to stay inside of the walker. Do not let it get too far in front of you.

### OTHER THINGS TO REMEMBER WHEN USING A WALKER

#### **DO NOT:**

- Pull up on the walker when rising from sitting. Instead, push off from the bed or chair using your arms.
- Pivot. Take small steps when turning around.
- Lift the walker off the floor.



You will likely go home with a 2-wheeled walker for walking and a single cane to go up and down stairs.

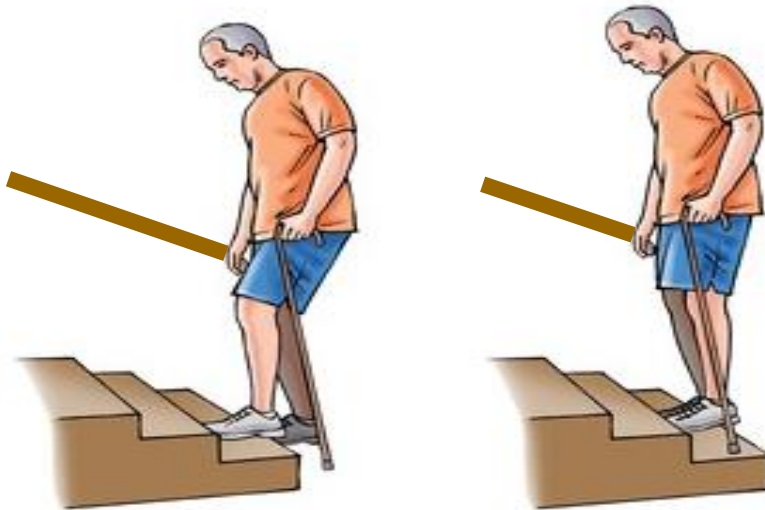
## Stairs

### Going Upstairs

1. Stand with the support of the cane in one hand and hold onto the railing with the other hand. Leave the cane and the operated leg on the ground.
2. Step onto the first next step with the non-operated leg. Pushing down on the cane and taking weight through the non-operated leg, bring the operated leg and cane up onto the step. Repeat the whole process.

### Going Downstairs

1. Holding onto the railing with one hand, lower the cane to the step below.
2. Putting weight through the cane, lower the operated leg, putting some weight through the operated leg, step down with the non-operated leg.



**AN IMPORTANT MESSAGE FROM YOUR DOCTOR**

- If you have an infected tooth or need any dental work, tell your dentist that you have an artificial joint. You will need to take antibiotics.
- If you have a bladder infection or need a cystoscopy, tell your doctor that you have an artificial joint. You will need to take antibiotics.
- If you have an infection anywhere with inflammation or pus, call or see your doctor urgently. Tell him or her you have an artificial joint and you will need antibiotics.

**WHEN TO CALL YOUR DOCTOR**

Call your doctor immediately if you notice any of the following signs and symptoms:

1. Unusual redness, swelling, or drainage from your incision.
2. An unexplained fever (temperature over 101 degrees Fahrenheit or 38.3 degrees Centigrade) or chills that last more than a day.
3. Severe knee pain that is not decreased by your pain medication.
4. Any numbness or tingling in your toes that is not relieved by elevating your leg.
5. Any sudden swelling in your knee or calf.



**GUIDELINES ON ACTIVITIES POST TOTAL KNEE ARTHROPLASTY (TKA)**

The following is a guideline to help you decide when to return to certain activities. Please consult your surgeon and therapists for further clarification.

<b>ACTIVITY</b>	<b>TIME (Weeks after surgery)</b>
Riding a bicycle	12 weeks
Riding a stationary bicycle with a raised seat	Speak with your therapist
Ballroom dancing	When ambulating independently
Driving – automatic transmission	Depending on side of surgery: <ul style="list-style-type: none"> <li>• If NOT using operative leg 2 to 3 weeks;</li> <li>• If USING operative side 4 to 6 weeks</li> </ul>
Driving – manual transmission	6 weeks
Cross country skiing	6 months
Doubles tennis	6 months
Swimming	Speak to your therapist 2 to 3 weeks
Golf (A cart is recommended)	6 weeks

Following your surgery, some activities **MAY NOT BE RECOMMENDED**. Please speak with your surgeon before returning to the following activities:

- Horse-back riding
- Yoga
- Tennis (may play doubles)
- Skiing (must use precautions; an increased risk)

The following activities are **NOT RECOMMENDED**:

- High impact sports (football, running, jogging, skateboarding, surfing)

**Returning to Work**

If you have a desk job, you can return to work in one month. If your job involves manual work or if you are on your feet most of the time, you can return to work in three months. If possible, go back to work part-time, initially, and then full-time as you feel able.

## **FREQUENTLY ASKED QUESTIONS**

### **What are St. Joseph's Health Centre's visiting hours?**

We recognize that family members, friends and loved ones play an important part of a patient's care experience. At St. Joe's, our visiting hours are open – we have no prescribed visiting hours and you are welcome to visit at any time our patient feels ready to see you.

Please note that some departments may have other rules to support the provision of quality patient care and to ensure the safety of their patients, visitors and staff. Please check with the care team on individual units before you visit to understand any specific guidelines in place for that area.

### **Where is St. Joseph's Health Centre Pharmacy located and what are the hours of operation?**

The Pharmacy is located in the East Wing on the ground floor. It is open Monday to Friday from 8:00 a.m. to 5:00 p.m. It is closed on weekends and statutory holidays.

### **Where is the closest parking garage?**

The parking garage is located on Sunnyside Avenue. It is open 24-hours. The bridge connecting the parking garage to the Health Centre is located in the hospital's East Wing on the 1st Floor and is open from 5:45 a.m. to 9:00 p.m.

Our parking garage can be very busy during normal business hours. As a convenience for our visitors, the parking garage attendants may ask to valet your car. There is no charge for this service. If they need to valet your car, you will have to leave your car keys with the attendant. All car keys are stored securely in the parking garage attendant's booth.

When you are leaving the Health Centre, please retrieve your car keys from the attendant on the same level where you parked your car. If you are leaving after 8:45 p.m., you will need to retrieve your keys from the Security office in the Emergency Department located on the Ground Floor.

### **Is there accessible parking available:**

There are accessible parking spots in our parking garage, at the Tranquility entrance, East entrance, and in the Emergency Department parking lot

### **What is the Parking Rate?**

Parking is \$2.50 per half hour with a daily maximum of \$15.00 (longer than 2 hours)

### **Are telephones available for patient use?**

There is a charge of \$2.50 per day for the use of a telephone. If you do not wish to have a phone please inform the Patient Accounts when you arrive.

- To make a local call, dial "9", then the area code and telephone number
- To make long distance calls, dial "0" for the Hospital Operator. You can then call collect or use your calling card

There are payphones also available on all patient units.

### **Are televisions available?**

Bedside televisions are available for a fee. Instructions on how to order this service are available on the television screen at the patient's bedside

**Does St. Joseph's Health Centre provide Spiritual and Religious Care?**

St. Joseph's Chapel is available to all patients, friends and family, staff, and members of our community for services, private prayer or reflection. It is located in the Morrow Wing, 2<sup>nd</sup> Floor, just north of the elevators.

Roman Catholic mass is offered at 12:00 p.m. noon Monday to Friday and at 10:30 a.m. on Sundays.

There is also a Multi-Faith room open to all patients, their families, visitors and staff 24-hours a day. It is located on the Second Floor of the Morrow Wing, Room 2M20.

**Are there Designated Smoking Areas?**

St. Joseph's Health Centre, Toronto is proud to offer our patients, visitors and staff a smoke-free environment. Patients, visitors and Health Centre staff who smoke can only do so at the designated smoking area located at the corner of Glendale Avenue and The Queensway. By limiting smoking to this area it will help reduce the exposure to second-hand smoke.

Please help St. Joe's be a good neighbour and use the butt stops to extinguish your cigarettes before entering the property. Do not litter in our neighbourhood.

**Is there a Gift Shop?**

The Gift Shop is located in the Morrow Wing on the 1<sup>st</sup> Floor just north of the main entrance. Our volunteers can take telephone orders and deliver to patient rooms upon request.

The gift shop is open:

Monday to Thursday from 9:30 a.m. to 8:00 p.m.

Friday from 9:30 a.m. to 4:30 p.m.

Saturday from 11:00 a.m. to 3:00 p.m.

Sunday from 12:00 p.m. to 4:00 p.m.

Statutory Holidays – Closed



