

Before, During & After Hip or Knee Replacement Surgery

A Patient's Handbook

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My Surgery Handbook

My Name: _____ My Surgery Date: _____

My Pre-operative Assessment Clinic Appointment Date: _____

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Welcome

Welcome to Michael Garron Hospital (MGH), formerly Toronto East General Hospital.



You are about to have hip or knee replacement surgery. If you are prepared for your surgery and take part in your care, you can recover in less time and with less pain. This handbook will help get you, your family, and your home ready for the surgery.

Read this entire handbook carefully before your Pre-operative Education class. Bring this handbook with you every time you come to Michael Garron Hospital, including the day of your surgery.

IMPORTANT! If your surgeon or healthcare team gives you information that is different from what is in this handbook, please follow what they have told you.

Use the checklist on pages 16-19 of this handbook to help you get ready for your surgery and your recovery. Start working on the list as soon as possible. The checklist outlines what you should expect and what is expected of you.

Over the next weeks and months, you will visit the hospital several times.

Important Phone Numbers

MGH Telephone and Fax Directory

Department/Person	Phone Number	Fax Number
Admitting Department	416-469-6381	
Blood Management Coordinator	416-469-6580 x2768	416-469-6676
Business Office	416-461-8272 x6231	
Fracture Clinic	416-461-8272 x6384	
Pre-operative Assessment Clinic	416-469-6580 x2813	416-469-6560
Pre-operative Day Surgery Unit	416-469-6580 x6564	
MGH Main Line	416-461-8272	
MGH Patient Relations Consultant	416-469-6096	
MGH Orthopaedic Surgeons		
Dr. Abouali	416-546-7373	416-546-7111
Dr. Catre	416-461-4761	416-461-5574
Dr. Chang	416-441-2245	416-441-2246
Dr. Higgins	416-441-2245	416-441-2246
Dr. Kraemer	416-483-1444	416-483-8856
Dr. Tsvetkov	416-479-1623	416-691-6665
Dr. Weiler	416-441-2245	416-441-2246
Dr. Wong	416-443-3308	416-443-3236

Patient Rights & Our Responsibilities

Our commitment to each other

At Michael Garron Hospital (MGH), patients, family members, friends, staff, physicians, volunteers and learners are committed to working together to ensure care is safe, appropriate, patient-centred and consistent with our values of excellence, kindness and respect.

Patients, family members, friends, staff, physicians, volunteers and learners will:

- Provide and receive fair and compassionate treatment regardless of religion, ethnic origin, age, sex, gender identity, gender expression, sexual orientation or disability.
- Welcome family and friends to be involved in care, as desired by the patient.
- Communicate clearly, openly and honestly.
- Share information that will assist in making informed care and treatment decisions.
- Listen to and value each other's viewpoints and choices.
- Respect each other's privacy.
- Create a safe place to have difficult conversations and to share successes and opportunities.
- Work together to provide a safe environment.
- Work together to continuously improve clinical programs, education, and the design of the care environment.

Glossary

Assistive device: An aid or piece of equipment that helps you do things (like moving or reaching) that may be hard or risky to do after your surgery.

Anesthesia: A drug that causes numbness or puts you to sleep.

General anesthesia: Drugs are given into your intravenous (IV) that puts you to sleep. The Anesthesiologist maintains your breathing and other vital functions while you are asleep so the surgeon can do the surgery on your hip or knee.

Spinal anesthesia: Drugs given into your back that cause short-term numbness below the waist so the surgeon can do the surgery on your hip or knee.

Analgesia: Medication that gives pain relief.

Anticoagulant: Medicine that slows clotting of your blood. Also called a blood thinner.

Catheter: A tube inserted into a part of your body so fluids can come out. In hip and knee surgery, it is put into the bladder to let urine pass.

Drainage: Any kind of fluid that is coming from a wound or opening in the body.

Incision: The cut made by the surgeon to do the surgery on your hip or knee.

Physiotherapist: The person who will help you with exercises after your surgery.

Rehabilitation (also called 'rehab'): The work you need to do to get the best use of your new hip or knee. This includes special exercises to make your new hip or knee stronger and able to move freely after surgery.

About My Knee

Knee anatomy

The knee joint is where the thigh bone (femur) meets the shin bone (tibia). The knee is a hinge joint that can bend and straighten your leg. The knee cap (patella) lies on top of the knee joint.

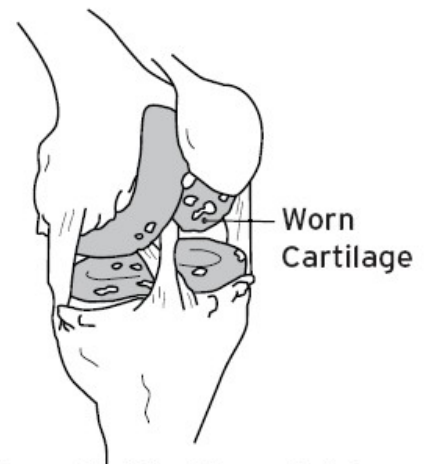
Knee disease

Most of the time, joint replacement surgery is needed because of **OSTEOARTHRITIS**.

Osteoarthritis leads to the breakdown of the covering on the end of the bones (cartilage). This causes joint pain and stiffness.

Osteoarthritis usually appears in joints that carry your body weight, such as hips and knees, and is also common in hands.

Joint replacement surgery may also be needed if the joint is damaged. This can happen with injury, rheumatoid arthritis, a bone infection, or when the bone doesn't get enough blood.



Osteoarthritic Knee Joint

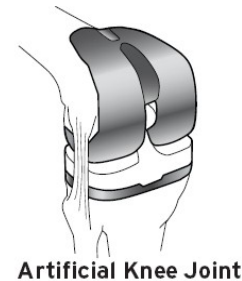
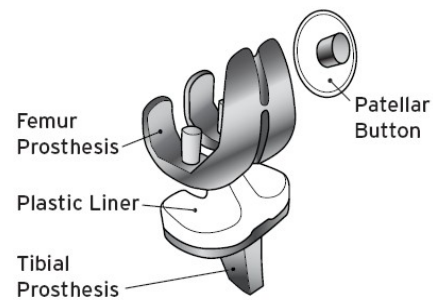
If you have questions about your joint health, talk to your doctor.

Total knee replacement

In total knee replacement surgery, the surgeon replaces the diseased joint with an artificial joint (prosthesis).

First, the surgeon makes an incision and moves any muscles and ligaments out of the way. Then, the ends of the thigh bone and shin bone are shaped to fit the metal pieces of the artificial joint. The pieces are glued in place and a plastic liner is put between them.

Once the new joint is in place, the surgeon will fix the muscles and ligaments, and use metal clips (staples) to close the skin. The surgery takes about 90 minutes.

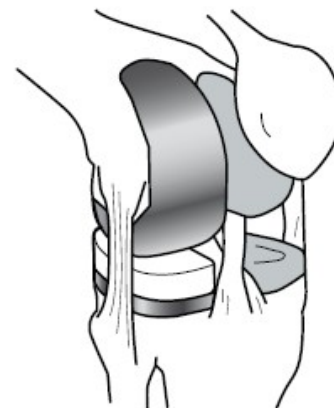


Uni-compartmental (partial) knee replacement

If you only have damage on one side of your knee, it may be fixed with partial knee replacement surgery.

First, the surgeon makes an incision and moves any muscles and ligaments out of the way. Then, the damaged ends of the bone are shaped to fit the metal pieces of the artificial joint (prosthesis). Once the new joint is in place, the surgeon will fix the muscles and ligaments, and use metal clips (staples) to close the skin.

Many people who have partial knee replacement surgery get better more quickly than people who have total knee replacement surgery.



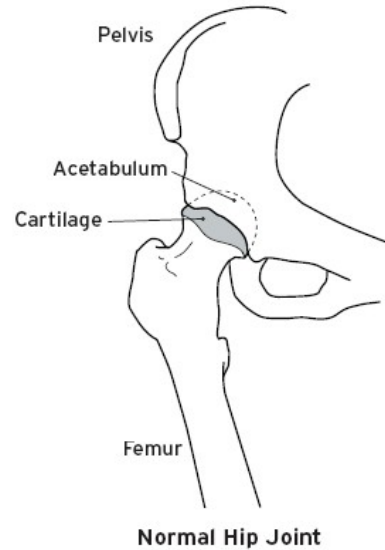
**Partial Artificial
Knee Joint**

People who have partial knee replacement surgery go home from the hospital one day after their surgery.

About My Hip

Hip anatomy

The hip joint is where the thigh bone (femur) meets your pelvis (acetabulum). The hip joint is a ball and socket joint that can move your hip in many directions. The round head of the thigh bone is the ball. It moves in the socket of your pelvis. Muscles and ligaments support and strengthen the joint.

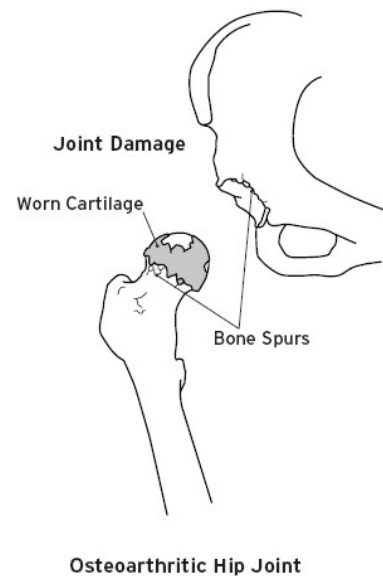


Hip disease

Most of the time, joint replacement surgery is needed because of OSTEOARTHRITIS. Osteoarthritis leads to the breakdown of the covering on the end of the bones (cartilage). This causes joint pain and stiffness.

Osteoarthritis usually appears in joints that carry your body weight, such as hips and knees, and is also common in hands.

Joint replacement surgery may also be needed if the joint is damaged. This can happen with injury, rheumatoid arthritis, a bone infection, or when the bone doesn't get enough blood.



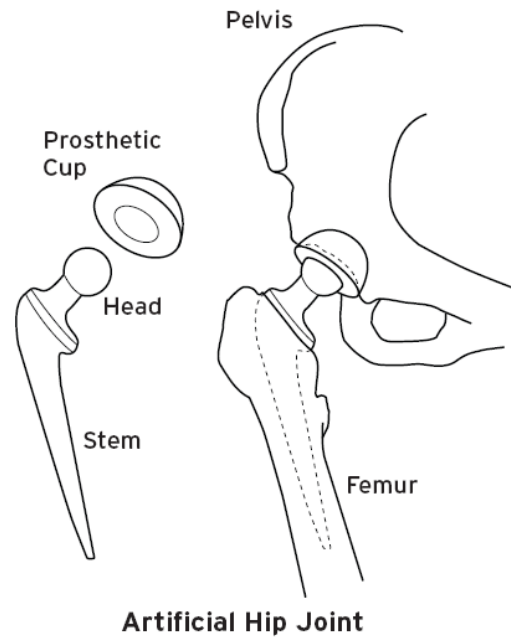
If you have questions about your joint health, talk to your doctor.

Total hip replacement

In total hip replacement surgery, the surgeon replaces the diseased joint with an artificial joint (prosthesis).

First, the surgeon makes an incision and moves any muscles and ligaments out of the way. Then, the head of the thigh bone is replaced with an artificial ball and stem. The pelvic socket is smoothed and lined with a molded shell called a prosthetic cup. Then the joint is put back together by fitting the ball into the cup.

Once the new joint is in place, the surgeon will fix the muscles and ligaments, and use metal clips (staples) to close the skin. This surgery takes about 2 hours.



Hip precautions

After your surgery, you will need to avoid certain movements. These are called Hip Precautions.

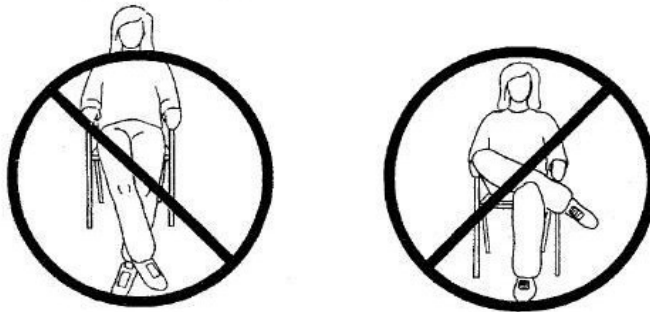
Practice not making these movements before surgery.

You must follow the 3 Hip Precautions for **6 weeks after your surgery** or as you have been told by your surgeon.

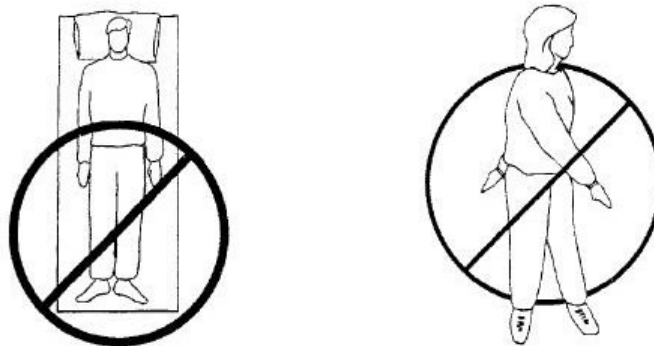
1. Do not bend past 90° at the waist while standing, sitting, or lying down.



2. Do not cross your legs or ankles.



3. Do not twist your hip/leg in or out.



Websites for More Information

For information about Michael Garron Hospital, visit: www.tehn.ca

For information about the Michael Garron Hospital surgical program, visit: www.tehn.ca, click "Programs & Services", click "Surgery", and then click "Orthopaedic" from the "Areas of Expertise" list.

For videos of surgeries, post-operative physiotherapy, arthritis management, and orthopaedic surgeons talking about different surgery-related topics, visit: talkingwithdocs.com

To watch a video about hip and knee replacement, visit: www.youtube.com, then search for "Hip and Knee Replacement" by Doc Mike Evans.

For patient education resources from the Canadian Orthopaedic Association, visit: <https://coa-aco.org/for-patients/patient-education-resources/>

For information from the American Academy of Orthopaedic Surgeons, visit www.aaos.org

For information about arthritis visit: www.arthritis.ca. For information about joint replacement surgery, click "Treatment", and then click "Surgery".

For more information about physical activity, visit: www.canada.ca/en/public-health/services/being-active/physical-activity-your-health.html

My Step-by-Step Checklist

I need to prepare for my upcoming surgery. Being prepared will help my surgery and recovery go smoothly. **I should get started on this checklist right away.** We will review the checklist at my Pre-operative Education Class.

What I Should Do	When I Should Do It	Where I Can Get More Information
<input type="checkbox"/> I have started checking off items from "My Step-by-Step Checklist".	Right away.	Pages 16-19
<input type="checkbox"/> I have started getting my body in shape for surgery.	Right away.	Page 21
<input type="checkbox"/> I have completed pages 1-4 of my Pre-op Health History Patient Questionnaire. This was given to me at my surgeon's office.	As soon as I have been given the questionnaire at my surgeon's office.	n/a
<input type="checkbox"/> I have booked a MedsCheck appointment at my pharmacy if I take 3 or more prescriptions. I will get more information about this at my Pre-operative Assessment Clinic (PAC) appointment.	3 months before my surgery (or as soon as possible if my surgery was booked for less than 3 months away).	n/a
<input type="checkbox"/> I have watched my virtual Pre-operative Education video.	Up to 3 months before my surgery (I will be told how to access the video).	Page 31
<input type="checkbox"/> I have attended my Pre-operative Assessment Clinic (PAC) appointment.	Up to 3 months, but often 3-4 weeks before my surgery.	Pages 32-36
<input type="checkbox"/> I have booked my outpatient physiotherapy if I live outside of Toronto, or if I will be using private physiotherapy. If I live in Toronto and will be using OHIP-covered physiotherapy, I will get a referral at my PAC appointment.	3-4 weeks before my surgery or at my PAC appointment.	Pages 54-55

What I Should Do	When I Should Do It	Where I Can Get More Information
<input type="checkbox"/> I have bought, rented, or borrowed supplies that will make my recovery at home easier.	At least 2-3 weeks before my surgery.	Pages 25-26
<input type="checkbox"/> I have made my home safer to prevent falls.	At least 2-3 weeks before my surgery.	Pages 27, 57-58
<input type="checkbox"/> I have made plans for help after my surgery. This may mean having someone come to stay at my home, staying with a friend or family member, or staying at a retirement home.	At least 2-3 weeks before my surgery.	Pages 24, 27
<input type="checkbox"/> I have made transportation plans for getting home from the hospital, getting to my appointments, and running errands. I am not allowed to drive for 6-8 weeks after my surgery.	At least 2-3 weeks before my surgery.	Pages 28-29
<input type="checkbox"/> I have started to practice using my two-wheeled walker every day.	As soon as I have my walker.	Page 21
<input type="checkbox"/> I have stopped taking certain medications before my surgery. This information was given to me at my PAC appointment.	3-14 days before my surgery according to what I was told at my PAC appointment.	Pages 35-36
<input type="checkbox"/> I have completed the "Day before My Surgery Checklist".	Day before my surgery.	Page 39
<input type="checkbox"/> I have called the hospital to find out what time I should come to the hospital on the day of my surgery.	Day before my surgery, between 3-10 pm.	Page 38
<input type="checkbox"/> I have stopped eating food after midnight. I can drink water until 2 hours before my scheduled arrival time. I have stopped drinking any other fluids after midnight.	Midnight the day of my surgery.	Page 38

What I Should Do	When I Should Do It	Where I Can Get More Information
<input type="checkbox"/> I have completed the "Day of My Surgery Checklist".	Day of my surgery.	Page 40
<input type="checkbox"/> I have registered at the Admitting Department (main floor, G wing) at the hospital.	Day of my surgery.	Page 41
<input type="checkbox"/> I have started doing Exercises #1 and #2 as I've been told by my healthcare team.	Day of my surgery.	Pages 50, 66, 69
<input type="checkbox"/> I have started doing other exercises as I've been told by my physiotherapist.	Day of or 1 day after my surgery.	Pages 50, 66-68, 70-71
<input type="checkbox"/> I have been discharged home.	0-2 days after my surgery.	Page 23
<input type="checkbox"/> I am following the safety tips when I get home so I don't hurt myself when sitting, getting in and out of a car, walking, using the toilet, bathing, or getting dressed and undressed.	Day of discharge and beyond.	Pages 14, 57-63
<input type="checkbox"/> I am following recommended timelines for returning to work, driving, sexual activity, and physical activity with input from my surgeon and/or physiotherapist.	Day of discharge and beyond.	Page 64
<input type="checkbox"/> I have made an appointment with my family doctor to get my staples out. My appointment should be 2 weeks after my surgery.	Before my surgery or discharge home.	Page 52
<input type="checkbox"/> I have received a phone call from the hospital about how I'm transitioning home.	2 days after my discharge.	Page 72

What I Should Do	When I Should Do It	Where I Can Get More Information
<input type="checkbox"/> I have gone to my outpatient physiotherapy assessment. My assessment has been booked for: _____ (date) at _____ (time) at _____ (location)	About 1 week after my knee replacement surgery but my timelines may be different. About 2-6 weeks after my hip replacement surgery but my timelines may be different.	Page 56
<input type="checkbox"/> I have gone to my family doctor to have my staples taken out.	2 weeks (14 days) after my surgery.	Page 52
<input type="checkbox"/> I have gone to my follow-up appointment with my surgeon or advanced practice physiotherapist. This appointment was booked for me before I left the hospital.	4-6 weeks after my surgery.	n/a

Face Mask Policy

Please wear a mask to all of your appointments. Put the mask on before you enter the hospital. Cloth masks are acceptable. Once the mask is in place, please avoid touching your mask or face. If you do not have a mask, you will be given one when you come in to the hospital.

Do NOT wear disposable gloves. They provide a false sense of security and need to be sanitized with hand sanitizer. The hand sanitizer breaks down the plastic and the gloves are not useful.

Perform hand hygiene frequently, washing your hands for at least 15 seconds.

My Plan Before Surgery

In this section, I will find information about:

Taking care of my health: seeing my specialist (page 21), getting my body in shape (page 21), keeping my weight under control (page 22), and stopping smoking (page 22).

Getting ready to return home: getting supplies for my home (pages 25-26), making my home safe (page 27), deciding to go to a retirement home (page 27), and planning for transportation after my surgery (pages 28-29).

Visiting the hospital: going to my Pre-operative Assessment Clinic (PAC) appointment (pages 32-34), and getting medication instructions before my surgery (pages 35-36).

My notes and questions:

Taking Care of My Health

Seeing my specialist

If you are under the care of a specialist, such as a cardiologist, it is important to let them know you are having surgery. This gives the specialist time to set up any tests you may need to make sure you can safely have your surgery. If you have test results or consultation notes from your specialist, **please bring them to your Pre-operative Assessment Clinic (PAC) appointment.**

Getting my body in shape

You should be active while waiting for your surgery. **Being as fit as possible before your surgery will help you get better quicker and reduce the risk of complications.** This means doing all your regular activities, practicing with your walker or crutches, and doing the stretching and strengthening exercises on pages 66-71.

Your exercises will help to:

- Strengthen your arms and shoulders so you can use a walker or crutches after your surgery.
- Build and maintain the strength of your leg muscles.

Endurance exercises are good for your heart, lungs, blood flow, and muscles. They can also be fun. Low impact activities that don't put too much force on your joints are a good choice. Examples are walking, stationary cycling, swimming, and water aerobics. You should avoid activities such as jogging or intense hiking.

If you are not regularly active, please speak to your family doctor BEFORE you start exercising. After your doctor has said it is ok, start slowly. Work up to exercising at least 3 times a week for 20-30 minutes each time.

It is normal to feel a little bit of pain when you exercise. If you feel like your pain is too much, you may need to take additional pain medication. You can also try exercising in water which will be easier on your joints.

Follow the **2 Hour Pain Rule:**

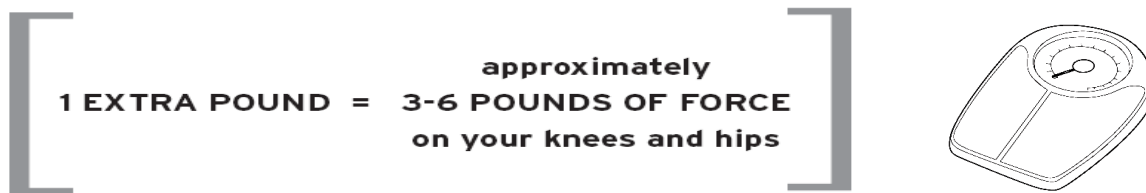
- If your joints or muscles hurt for longer than 2 hours after you were active, you have probably exercised too much or too quickly.
- Next time, do fewer repetitions, or exercise for less time.

Keeping my weight under control

Being **overweight** or **underweight** can affect your recovery from surgery.

If you are **overweight**, moderate weight loss (5-10%) can help with joint pain and to allow you to do more activities. If you are trying to lose weight before surgery, aim for a gradual loss of no more than 1 pound per week. Do not use fad diets as they are not healthy and may make your recovery longer.

Did you know...



Being **underweight** can make it harder for your body to heal after surgery. It is important to eat a healthy and well-balanced diet before your surgery.

To find out more about healthy eating, or to talk to a dietitian about your weight:

Eat Right Ontario: 1-877-510-5102 or www.eatrightontario.ca

Dietitians of Canada Website: www.dietitians.ca or www.unlockfood.ca

Stopping smoking

If you smoke, there are many reasons to quit before your surgery. By stopping smoking, you can lower your chance of complications, help your incision heal quicker, help with your bone health, and shorten your time in the hospital. Also, the average smoker adds 6-8 years to their life when they quit smoking.

We want to help you become a non-smoker before your surgery. You can talk to your surgeon and healthcare team about any support we can give. A helpful online resource can be found at www.smokershelpline.ca.

Remember, Michael Garron Hospital is a smoke-free environment. This means no smoking at the hospital, including outdoor property.

Getting Ready to Return Home

Going home after surgery

In the past, you or someone you know may have stayed in the hospital or gone to a rehabilitation facility for many days after having joint replacement surgery.

The research that we base your care on tells us that the first choice after joint replacement surgery is to go home. If you are at home your recovery will go just as well or better because you will be more comfortable, more active, and there is also less chance for you to be exposed to illnesses at the hospital. Staying in the hospital or going to a rehabilitation facility isn't always the best choice.

Patients who typically go to inpatient rehabilitation are those who have experienced a complication, such as infection, stroke, or heart attack.

You will go home in the morning on the first or second day after your surgery. Some patients may go home on the same day as their surgery.

If you are having **Bilateral Total Knee Replacement** (joint replacement in both knees), you may go to inpatient rehabilitation. However, some patients may be mobile enough to be discharged home.

If you are having **Uni-Compartmental** (partial knee replacement), you will go home one day after your surgery.

To help with your recovery, you need to:

- Follow the instructions of your therapists, both in and outside of the hospital.
- Follow any activity precautions.
- Work hard at your exercises.
- Take an active role in your recovery.

You will probably have several weeks or months to plan and prepare before your surgery. There is a lot you can do ahead of time to make your recovery at home easier:

1. You can start your checklist (see pages 16-19) right away.
2. You can tell your family and friends about your surgery and organize the help you'll need after surgery. Family and friends can help with shopping, planning/cooking meals, and doing chores around the house.
3. You can set up any community support you may need. There are many community agencies out there that can help you, either for free or for a small cost.

If you live in the Toronto area, you can contact the **Community Navigation and Access Program** (CNAP) at 1-877-621-2077/ 416-217-2077 or www.cnap.ca. [CNAP is a network of over 30 community services that can offer support after your surgery.](http://www.cnap.ca)

Some of the **non-profit services** that can help are:

- Meals on Wheels (meal delivery)
- Caregiver Services
- Shopping Help
- Personal Care
- Transportation (see page 28-29)
- Social Work

Getting supplies for my home

Before your surgery, it is a good idea to get and set-up some supplies that will help you manage easier at home:

- 2-wheeled walker and single point cane
- Sock aid
- Long-handled shoe horn
- Long-handled reacher
- Long-handled sponge/brush
- For Total Hip Replacement: firm carry cushion
- For Total Knee Replacement: Cryocuff Integrated Compression and Cryotherapy System
- Raised toilet seat with arms
- Non-slip mat for tub-shower
- Clamp-on grab bar for tub
- Shower chair or tub transfer bench

Firm carry cushion



Long-handled sponge/brush



Raised toilet seat with arms



Shower chair or stool



Sock aid



Long-handled reacher



You can buy these items, new or used, or they can also be rented or borrowed. Check a medical supply store such as Pharmasave (found on the main floor of the hospital), Shoppers Home Health Care, or Canadian Red Cross. You can also use the yellow pages or search online for “Home Health Services” or “Medical Equipment and Supplies”.

LIVE WELL WITH



SHOPPERS
HomeHealthCare



Canadian
Red Cross

Making my home safe

Think about how to make things easier for you:

- If you only have a bathroom on the main floor, you can set up a temporary place to sleep on your main floor. This way, you don't need to use stairs for the first part of your recovery. Or, you could rent a commode to have in your bedroom so that you don't need to go downstairs in the middle of the night to use the washroom.
- Try to set-up your house and belongings so that the things that you need to use most are easy to reach. Arrange your house and belongings so that you don't have to go up and down the stairs too many times during the day.

It is important to think about your living situation and how you can handle any problem that comes to mind. **If you will not be able to cope in your home after surgery, you should consider a short stay with a family member or friend.** There are other options for discharge such as paying for a **short stay in a retirement home.**

Deciding to go to a retirement home

When should you make plans to stay in a retirement home?

You should call as soon as possible. **The earlier, the better.** You can call before your surgery has been booked and you can even go for a tour before you know the details of your surgery. You will need to book your retirement home **several weeks before your scheduled surgery.** Call to confirm as soon as you know your surgery date.

Is there a cost?

Yes, there is a fee. A short-term stay at a local retirement home to help with your recovery is not covered by OHIP. Retirement homes vary in cost, type of accommodation and services offered.

How do I find a retirement home?

You can search online or in the yellow pages for retirement homes. Three examples of companies that have retirement homes are:

- **Amica:** 416-487-2020 www.amica.ca
- **Chartwell:** 1-855-461-0685 www.chartwell.com
- **Revera:** 1-877-929-9222 www.reveraliving.com

Planning for transportation

You are **not allowed** to drive for about 6-8 weeks after your surgery.

You will need to make plans for:

- Transportation home from the hospital.
- Transportation for physiotherapy and doctor's appointments.
- Transportation for errands.

Check with family, friends, and neighbours to see if they can help out, or look into community transportation services (see page 29).

Disabled Parking

You may want to apply for a temporary Accessible Parking Permit. **This should happen before your surgery.** This would allow your vehicle to park in designated accessible parking spaces (handicapped parking). To apply:

- Download an online application form from <https://www.ontario.ca/page/get-accessible-parking-permit>
- OR pick up an application form at any ServiceOntario Centre
- OR request an application by mail from:

Accessible Parking Permit Services Office
P.O. Box 9800
Kingston, ON K7L 5N8

A licensed physician, chiropractor, registered nurse practitioner, physiotherapist, occupational therapist, chiropodist, or podiatrist must confirm your condition on the printed permit application. Once you have completed your section of the form, take the application to one of these health practitioners to complete Section B of the application form before you send in the application.

Community Transportation Services

If you live outside Toronto, **call 211** or go to www.211ontario.ca to find information about transportation options. The website is a free resource that gives information and referrals to community and social services in Ontario.

If you live in Toronto, contact Toronto Ride for transportation services (416-481-5250 or www.torontoride.ca). Toronto Ride partner agencies provide door-to-door assisted rides for people who are unable to use public transit to places in Toronto. The cost of the ride depends on the distance you travel. There may be subsidies for their service but you need to contact Toronto Ride for more information.

Transportation is available for:

- Medical appointments.
- Therapy appointments.
- Errands such as grocery shopping, the bank, the hairdresser, or the mall.
- Visits to friends and family.

Medical appointments are given priority when rides are being scheduled.

Wheel-Trans

You may want to apply for Wheel-Trans. Wheel-Trans provides door-to-door accessible transit service for persons with physical disabilities. Service is provided anywhere within the City of Toronto for a regular TTC fare. To apply:

- Download an online application from www.ttc.ca/WheelTrans
- Call 416-393-4111 and they can mail you an application. Please note that this application requires a physician's signature. Once the form has been filled out it can be:

Faxed to 416-338-0126

OR mailed to: 580 Commissioners Street, Toronto, ON M4M 1A7

OR emailed to WTEligibility@ttc.ca

It will take several weeks for the application to be processed, so please **do this as soon as possible before your surgery.**

Visiting the Hospital

Getting to the hospital

The hospital is at 825 Coxwell Avenue. Once you are at the hospital, go to the **Admitting Department located on G1** (G-wing, first floor).



Getting to the hospital by car

Exit at Don Mills Road South off the Don Valley Parkway and travel eastbound (turn left) onto O'Connor Drive. Travel south (turn right) at Coxwell Ave. Metered parking is available around the hospital. Visitor parking is available off of Mortimer Ave.

Getting to the hospital by TTC

Michael Garron Hospital is located just north of the Coxwell subway station. The Coxwell subway station is located at 1568 Danforth Ave., between Greenwood and Woodbine along the Bloor-Danforth line. At Coxwell subway station, take the northbound bus (#70 or #70A) to Sammon Ave.

Parking

Michael Garron is undergoing a large redevelopment project and parking availability at the hospital will be limited. We appreciate your patience and understanding as we re-build our hospital to better serve you and our community.

My Virtual Pre-operative Education Video

The pre-operative education video is an important part of helping you get ready for your surgery. Please have this handbook with you when you watch the video. The video is on our website, www.tehn.ca. Go to Programs & Services, click surgery, and then Patient Education & Pamphlets. If English is not your first language, please have someone with you to interpret.

During the education video, we will talk about:

- How you are doing with your Step-by-Step Checklist (see pages 16-19).
- What happens in joint replacement surgery (see page 11 for knee replacement, and page 13 for hip replacement).
- What you can do from now until your surgery to help you get better quickly (see pages 21-22).
- What changes you can make in your home so things will be easier and safer for you after your surgery (see pages 25-27, 57-58).
- What you can expect after surgery (e.g., pain control, side effects, physiotherapy) (see pages 43-56).

If you have any questions after watching the video, you can email hipandknee@tehn.ca. A physiotherapist will contact you to answer your questions within a day or so.

COVID-19 Screening Protocol

You will be asked to **self-isolate for 14 days before your surgery**. More information on self-isolation is available through Public Health Ontario or your doctor's office. **Immediately notify your surgeon** if you or your household contacts are diagnosed with COVID-19 or develop any of these symptoms: fever, new or worsening cough, new or worsening nasal congestion, new or worsening shortness of breath, nausea, vomiting, diarrhea, sore throat, and/or known COVID-19 positive.

4 to 5 days before your surgery the Pre-Op Assessment Clinic (PAC) will call for further COVID screening. If you need to have a COVID-19 test and it is not already arranged, the PAC will arrange an appointment for you. If you have questions or concerns about pre-operative screening for COVID-19, please contact your surgeon's office.

*Note- this is subject to change based on Public Health Ontario guidelines.

Going to my Pre-operative Assessment Clinic (PAC) appointment

Your PAC appointment will be your second required visit to the hospital. Don't forget to **bring this handbook with you.**

What will I do during my PAC appointment?

During your Pre-operative Assessment visit you will:

- Be checked to make sure you are healthy enough to have your surgery.
- Get information about how to get ready for surgery and your hospital stay.
- Get information to help you prepare for your safe return home after your surgery.

You may be at the hospital for 3 to 4 hours for this appointment. You need to eat, drink, and take all of your usual medications before you arrive. You can bring a snack and beverage in case you get hungry or thirsty during your appointment.

Where do I go?

Your first stop at the hospital will be the **Admitting Department located on G1** (G-wing, first floor). You will need to **register 15 minutes before your appointment time.** After you have registered, you can go to the **Pre-operative Assessment Clinic located on F2** (F-wing, second floor).

What do I bring to my PAC appointment?

You will need to bring the following when you come to the PAC appointment:

- Your Ontario Health Card.
- **All of your current medications in their original containers.** This includes any herbals, vitamins and over the counter medications. Don't forget to **take all of your usual medications, including your insulin, before coming to your appointment.** If you had a Meds Check done, bring this medication list in too.
- Your **Pre-op Health History Patient Questionnaire** that has been filled out by you (pages 1-4)
- **Any test results from the last 3 months** such as ECG, chest x-ray reports, and blood test results. **Do not bring the x-ray films, just the report.**
- **If you do not speak English,** please bring an interpreter with you. The hospital has a telephone interpretation service, but it is better if you bring someone that can help.

You may meet with 5 different healthcare professionals during your PAC appointment, but not every patient needs to meet with all of these people:

The Pharmacist

The Pharmacist will take a look at all of the medications you have brought with you (this should be all of the medications you are taking). This includes herbals, vitamins, and over-the-counter medicines. You will be told which ones to stop and which ones to keep taking before your surgery.

The Registered Nurse

The Nurse will ask you questions about your health, answer any questions you may have, and check how you are doing with getting ready for your return home after surgery. The nurse may also review your medications, take blood to test, do an electrocardiogram (ECG), take some swabs, and ask for a urine sample from you.

The Blood Management Coordinator

The Blood Management Coordinator is a Registered Nurse. They will share information with you about blood transfusions and the alternatives to transfusion that may be a good choice for you.

The Anesthesiologist

The Anesthesiologist is a physician. He or she will ask you a lot of questions about your health history so they can choose the best anesthetic for you during surgery, and medications to best manage any pain after your surgery. Hip and knee surgeries are generally performed using a spinal anesthetic.

The Anesthesiologist may also set up more tests or consultations to make sure you are ready for surgery.

The Medical Internist

The Medical Internist is a physician. They may set up more tests or appointments with specialists, such as Cardiologists or Respiriologists, to make sure your body is ready for surgery.

Important: If you need to cancel or reschedule your clinic visit, call the PAC booking clerk at 416-469-6035 and/or your surgeon's office as soon as possible. This will help make sure that your surgery date goes ahead as planned.

Meeting with the Blood Management Coordinator

You may meet with the Blood Management Coordinator. The Blood Management Coordinator reviews the blood work results for all joint replacement patients, but only meets with patients who might need to build up their blood levels before their surgery. This will help avoid blood transfusions, and lead to a better recovery.

If you meet with the Blood Management Coordinator, they will go over your medical history with you. Please be ready with answers to these questions:

- Have you had a blood transfusion? If yes, did you have a reaction?
- Do you have any history of blood problems? For example, low iron (deficiency) or anemia, bleeding tendencies, or blood clots?
- Will you accept a blood transfusion if needed?
- If you will not accept a blood transfusion and have a medical directive, please bring it with you.

Based on the blood test done during your visit, your options for dealing with blood loss are: **EPREX** (a drug that increases the number of red blood cells), **TRANEXAMIC ACID** (a drug that decreases bleeding), **AUTOLOGOUS DONATION** (donating your own blood to use during the surgery, if needed), and iron supplements.

If you are prescribed iron pills, the Blood Management Coordinator will meet with you to give further information.

Getting medication instructions before my surgery

You will get instructions about taking your medications at your PAC appointment. It is **very important to stop certain medications before your surgery** as they may cause bleeding.

I need to stop taking these medications before surgery (the nurse will check off the medications that apply to me):

Stop 14 days before my surgery:	
<input type="checkbox"/> Ticlopidine (Ticlid)	<input type="checkbox"/> Herbal medicines
Stop 7 days before my surgery:	
<input type="checkbox"/> Aspirin (or as told by doctor)	<input type="checkbox"/> Clopidogrel (Plavix)
<input type="checkbox"/> Prasugrel (Effient)	<input type="checkbox"/> Vitamin E
<input type="checkbox"/> Multivitamins	
Stop 5 days before my surgery:	
<input type="checkbox"/> Warfarin (Coumadin) (blood thinner)	
Stop 3 days before my surgery:	
<input type="checkbox"/> Arthritis pills	
<input type="checkbox"/> Anti-inflammatory medication (you can keep taking Celebrex and Tylenol)	
<input type="checkbox"/> Recreational cannabis (marijuana)	
Stop night before my surgery:	
<input type="checkbox"/> Alcohol	
Stop day of my surgery:	
<input type="checkbox"/> Medical cannabis (prescription marijuana)	
Additional medications to stop and when to stop	
<input type="checkbox"/> Dabigatran (Pradaxa): _____	
<input type="checkbox"/> Rivaroxaban (Xarelto): _____	
<input type="checkbox"/> Apixaban (Eliquis): _____	
<input type="checkbox"/> Ticagrelor (Brilinta): _____	
<input type="checkbox"/> Diuretics (water pills): _____	
<input type="checkbox"/> Diabetes pills: _____	
<input type="checkbox"/> Insulin: _____	

On the morning of your surgery, follow the instructions that were given to you during your PAC appointment. If you were told to take medications the morning of your surgery, you can do so with sips of water (less than 30 mL).

Medication instructions from the pharmacist

If you have extra medication instructions from the pharmacist, staple them here.

My Surgery and Hospital Stay

In this section, I will find information about:

Before my surgery: what time to come for surgery (page 38), day before my surgery checklist (page 39), and day of my surgery checklist (page 40).

At the hospital: Surgical Pre-operative Waiting Room (page 41), Pre-operative Surgical Unit, (page 41), Operating Room (page 41), Recovery Room (page 42), and Surgical Inpatient Unit (page 42).

After my surgery: pain control (page 43), possible side effects (pages 44-47), my recovery at a glance (pages 48-50), my physiotherapy in the hospital (page 51), my instructions for going home (page 52).

[illegible]

Before My Surgery

What time to come for surgery

To find out when to arrive at the hospital for your surgery:

- Call the **Admitting Department at 416-469-6381 between 3 p.m. and 10 p.m. the day before your surgery**. The admitting clerk will tell you what time to arrive at the hospital so that staff can prepare you for your surgery.
- **If your procedure is on a Monday**, call the Admitting Department between 3 p.m. and 10 p.m. on the Friday before your surgery. If you can't call on the Friday before your surgery, you can also call on Saturday or Sunday.

You must be at the hospital at the time you are told to come or your surgery may be cancelled.

Important! Do not eat any food after midnight. You can drink water ONLY. Stop drinking water 2 hours before the time you are told to come to the hospital. Do not drink any other fluids or your surgery will be cancelled.

If you have diabetes AND your blood sugar is below 5.0mmol/L, you may have half a cup (125mL) of clear apple juice to raise your blood sugar to least 5.0mmol/L. Stop drinking 2 hours before the time you are told to come to the hospital.

Day before my surgery checklist

This is what I need to do the day before my surgery:

- ☐ Label my 2 wheeled walker with my name and telephone number. Bring it to the hospital with me.
- ☐ Confirm my plans for getting to the hospital.
- ☐ Confirm my plans for getting home after my surgery.
- ☐ Make sure I have someone to stay with me or be nearby for at least 72 hours after I leave the hospital.
- ☐ Have a bath or shower using SoluPrep the evening before my surgery. Carefully follow the instructions included in the kit. Do not shave below the waist.

Pack my bag for the hospital and bring:

- ☐ Toiletry items such as toothbrush, toothpaste, hair brush, personal hand sanitizer, and any other items I would like to have with me.
- ☐ Personal items such as eyeglasses/contacts, hearing aids, dentures, or elastic support stockings. Label all storage cases with my name and telephone number.
- ☐ Loose fitting clothes that I can wear to do my knee or hip exercises, and to wear home, including warm socks to keep me warm after surgery.
- ☐ Comfortable shoes or slippers to wear at the hospital. Footwear should have a closed toe and heel (no sandals or Crocs), have non-slip soles, and be 1 size larger than I usually wear because my feet will swell.
- ☐ Long-handled reacher and long-handled shoe horn.
- ☐ Credit card information for items such as hospital TV rental and phone (if needed). Cell phones are allowed.
- ☐ Ontario Health Card and secondary insurance information.

Day of my surgery checklist

This is what I need to do the day of my surgery:

- ☐ Have another bath or shower the morning of my surgery using SoluPrep. Do not shave below the waist. Do not apply body cream, lotion, oil or powder.
- ☐ Brush my teeth the morning of surgery but do not swallow any water.
- ☐ Take any medications I was told to take at my PAC appointment (pages 35-36) with a small sip of water (30 mL or less).
- ☐ Follow any special instructions given to me by the Doctor or Nurse to prepare for surgery.
- ☐ Make sure I am not wearing any make-up or nail polish.
- ☐ Remove all jewelry including body piercings.
- ☐ Wear comfortable and loose fitting clothes.
- ☐ Do not chew gum, do not have candy, and do not smoke. I can chew nicotine gum up until 2 hours before my surgery.
- ☐ Do not bring any valuables to the hospital. Michael Garron Hospital is not responsible for lost or stolen items.
- ☐ Bring all prescribed medications, including pills, drops, creams, patches, inhalers, and injectables. Bring these medications in their original containers.
- ☐ Leave my suitcase and walker in the car if possible for a family member or friend to bring to my room after surgery.
- ☐ Arrive at the hospital at the time I was told to come for. Register in the Admitting Department located on G1 (G-wing, first floor).

At the Hospital

Surgical Pre-operative Waiting Room

After you have registered in the Admitting Department located on G1 (G-wing, first floor), **take the G/H wing elevators to the 6th floor to the Surgical Pre-Operative Waiting Room.** The waiting room will be right in front of you when you get off the elevators. You may bring a family member or a friend with you.

Your visitor can wait in the waiting room during your surgery. The hospital volunteers will keep your visitor updated and the surgeon may come to speak to them after your surgery. There is a telephone in the waiting area.

Pre-operative Surgical Unit (G6)

Once you are in the waiting room, a nurse will call your name and take you to a room.

Before your surgery, the nurse will ask you some questions, check your temperature, pulse, and blood pressure, start an intravenous (IV), and give you an antibiotic and oral pain medication.

The nurse will give you a hospital gown and disposable footwear to wear. You will take off your clothes and remove your eyeglasses/contact lenses and dentures. The nurse will ask you to wait in the Surgical Pre-Operative Waiting Room until it is time for your surgery.

Block Room

Depending on the timing of your surgery, you may be taken to the Block Room before you arrive in the Operating Room. The Block Room is where you will meet your Anesthesiologist, who will review your medical history that you discussed at your PAC appointment, and review the plan for the anesthesia with you. You may be offered a nerve block at that time to help with your pain after the operation. The nerve block is an injection of local anesthetic (freezing medication) near the nerve that provides sensation to the joint. After the nerve block, your Anesthesiologist will then give you the spinal anesthetic if that is the anesthetic that is best for you. Once you are frozen for the surgery, you will be taken on a stretcher down to the Operating Room.

Operating Room

The temperature is cool in the Operating Room, so you will be given a warm blanket. It is important that you stay warm. If you did not come from the Block Room, your Anesthesiologist will then get you ready for the nerve block and the spinal or general anesthetic in the Operating Room. You will be hooked up to a lot of machines that make beeping sounds.

Your **surgery will take about 1.5-2.5 hours** (depending on the type of surgery you are having).

Recovery Room

You will be taken to the Recovery Room after your surgery. **You will be there for about 1 hour.** During this time the Recovery Room Nurse will:

- Check your blood pressure, pulse, and breathing often.
- Give you medication for your pain through your intravenous and/or by mouth.
- Ask you to do your foot exercises and breathing exercises (see page 66 for knee replacement, and page 69 for hip replacement).

If you had Hip Surgery: You will have a pillow between your legs with a large dressing on your hip. The pillow keeps your hip in the right position. You will be in your hospital bed after surgery and moved to your room.

If you had Knee Surgery: You will have your leg raised on pillows with a large bulky dressing on your knee. You will be taken to your room on a stretcher.

Surgical Inpatient Unit

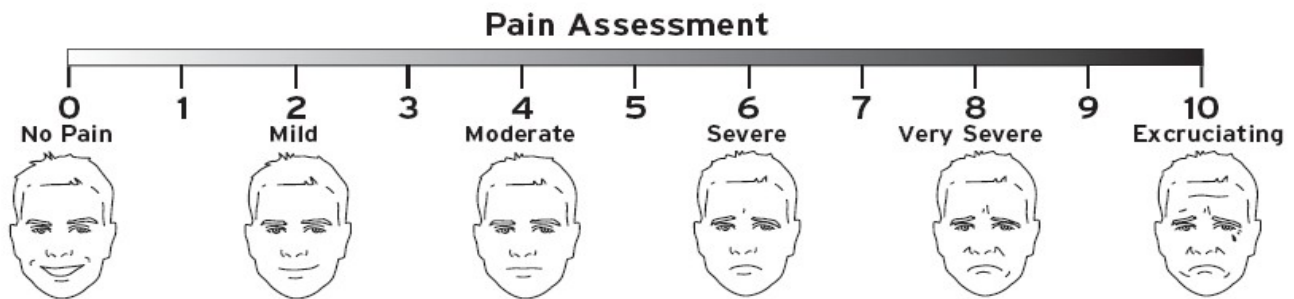
After the Recovery Room, you will go to your room in the Surgical Inpatient Unit. When you get there, the nurse will check your blood pressure, pulse, temperature, and oxygen levels. The nurse will check on you often and ask you about your pain.

It is very important that your pain is managed and under control. This will help you do your exercises as soon as possible, and reduce your risk of complications.

After My Surgery

Pain control

Your nurse will teach you how to use the pain scale to describe your level of pain. This scale goes from 0-10. 0 is no pain and 10 is the worst pain possible.



Our goal is to keep your pain at or below 4 at all times.

- Your pain medicine will mostly be given as a pill that you swallow.
- You may have a Patient Controlled Analgesia (PCA) pump. With a PCA pump, you can get pain medication pumped into your IV tube when you push a button with your thumb.
- You may need to take a few different medications to help control your pain after surgery.
- Some pain medications will be brought to you at regular intervals, and others will be given if you feel you need them to control your pain. If you feel like you need more pain medication, let your nurse know.
- The pain medication may cause side effects such as nausea, vomiting, drowsiness, itchiness, and/or constipation. Tell your nurse if you have any of these symptoms.
- You will be given a prescription for pain medications to take at home. It is important to talk to your healthcare team to understand how and when to take these medications to best control your pain.

Possible side effects

You may have some side effects after your surgery.

Here are some things that may happen after hip or knee surgery:

- Confusion
- Constipation/impaired bladder function
- Swelling
- Nausea
- Anemia (low iron)
- Blood clots
- Skin damage
- Antibiotic diarrhea
- Infection

Confusion

Sometimes older people go through a period of confusion or delirium after surgery. They may act or talk in ways that are not normal for them. For example, they may become forgetful or mixed up. They may see or hear things that aren't there, or believe things that do not make sense. Any confusion usually goes away in a few days but it can last for a few weeks. Confusion can be caused by the anesthesia from the surgery, pain medications, lack of sleep, pain, infection, alcohol withdrawal, constipation, or low blood oxygen levels. The healthcare team looks for and corrects the causes of confusion whenever possible.

Constipation/Impaired Bladder Function

It may be hard to have a bowel movement after your surgery. A change in your diet, less activity, and pain medicine may make your constipation worse.

Here are some ways to stay regular at the hospital and at home:

- Drink at least 8 glasses of water or low-calorie fluid a day.
- Eat fibre, such as prunes, bran, beans, lentils, fruits, and vegetables.
- Be active and move around as much as you can. Do your exercises.

Your doctor may give you laxatives to help you have a bowel movement. You may need to keep taking the laxatives at home. If you have constipation at home, talk to your family doctor or pharmacist. Constipation can be serious so do not ignore your symptoms.

Some patients have difficulty urinating after their joint surgery. Please talk to your nurse right away if you are having problems.

Swelling

It is normal to have some swelling in your leg after surgery and during your recovery. There may be more swelling as you become more active.

To help with swelling:

- Point and flex your feet every hour (when awake).
- Lie down flat and raise your legs (be careful of hip precautions) by placing pillows under the length of your leg.
- Do short periods of activity. Walk a few steps. Rest. Repeat.
- Use an ice pack wrapped in a towel on your joint for 10–15 minutes. Do this up to 3 times each day.

Nausea

You may also feel sick to your stomach after surgery. Intravenous (IV) fluid can help. You may need medication if nausea and vomiting continue. You will be given clear fluids to drink after your surgery. You can switch to a normal diet when you and your nurse feel you are ready.

Anemia (low blood count)

Anemia is caused by low iron levels in your blood.

The signs of anemia are:

- Feeling dizzy or faint.
- Feeling very tired.
- Feeling short of breath.
- Having a faster than normal heartbeat

If you have signs of anemia after you go home, see your family doctor. You may need an iron supplement. While in the hospital, your surgeon may give you a blood transfusion to treat anemia.

Blood Clots

A small number of people may get blood clots after surgery. Blood clots can start in the deep veins in the legs. People who have problems with their blood flow or people who are inactive are more likely to develop a blood clot.

What can you do to help prevent blood clots after surgery?

Before your surgery:

- Tell your doctor if you've had blood clots before or if someone in your family has had blood clots.

After your surgery:

- Ask your doctor or nurse about what can be done to lower your risk of getting a blood clot.
- Take any medications that are given to you to help prevent blood clots. Examples are an anticoagulant pill or injection.
- Start walking and doing your exercises as soon as possible.
- Drink lots of water or low-calorie fluids.
- Tell a member of your healthcare team if you are having chest pain, trouble breathing, or pain or swelling in your leg.
- Call 911 right away if you are at home and have trouble breathing or chest pain.

Remember to keep your body healthy by eating foods that are good for you, being active each day, getting enough rest, and not smoking.

Skin damage

Patients may get bed sores when they are in bed for long periods of time, or if they have poor nutrition. Bed sores can be prevented by taking care of the skin, raising the affected area off the bed, and turning over every couple of hours when in bed.

Antibiotic Diarrhea

Patients may get diarrhea from the antibiotics that are given to prevent infection after their surgery. This happens when the natural bacteria in the bowel or intestine are killed off by the antibiotic, which results in lots of other bacteria. If you have antibiotic diarrhea and become dehydrated, you may need intravenous (IV) fluid for a few days.

It is very important to clean your hands before you eat and after going to the washroom to prevent antibiotic diarrhea. You can use soap and water or hand sanitizer to clean your hands.

Infection

Less than 1% of patients get an infection around their new joint. An infection elsewhere in the body can reach the new joint through the bloodstream. Patients who get joint infections need antibiotics and sometimes, but not very often, more surgery. To prevent infection, it is important to keep the incision and the dressings clean and dry. Do not touch or pick at the incision.

If you have any of the below signs of infection (in the hospital or after you go home), tell your doctor or surgeons.

Incision Infection:

- The area around your incision is becoming redder and the redness is spreading.
- You have new drainage coming from your incision that is green, yellow, or foul smelling pus. It is normal for new incisions to have some drainage for 3-5 days after surgery. This will slowly stop and the incision should stay dry.
- You have pain or swelling of your incision or the skin around your incision that is getting worse.
- You have a temperature above 38°C or 101°F.

Urinary Tract Infection:

- You have pain when you urinate.
- You have changes to your urinary habits, such as a frequent or urgent need to urinate that is different from what is normal for you.
- You have foul smelling or cloudy urine.
- You have a temperature above 38°C or 101°F.

Sore Throat/Chest Infection:

- You have swollen neck glands, or it hurts when you swallow.
- You have a frequent cough, you are coughing-up yellow or green mucus, or you have trouble breathing.
- You have a temperature above 38°C or 101°F.

Dental work and other surgical procedures

You may have known someone who took antibiotics before dental work after having a joint replaced, but there has been a change in best practice regarding antibiotic use before dental procedures. The current information from The Canadian Orthopaedic Association (COA), The Canadian Dental Association (CDA), and The Association of Medical Microbiology and Infectious Disease (AMMI) is that:

- Antibiotics are not required before dental procedures.
- Patients should have good oral health before having joint replacement surgery and should maintain good oral health following their surgery.
- Any infections affecting the mouth or face should be treated.

My Recovery at a Glance (if I have questions, I can call my surgeon's office at: _____)

	Day of Surgery	Day 1 Post Op (Possible Discharge Day)	Day 2 Post Op (Discharge Day)	Day 3 Post Op and Beyond (Managing at Home)
My nutrition	I will be able to eat and drink as much as my body can handle. This will probably only be fluids.	I will eat a regular well-balanced diet that is high in fibre, vitamin C, protein and plenty of fluids.	Same as yesterday.	Same as yesterday. I will continue eating healthy during my recovery.
My pain control	My nurse will check my pain often. I will take my pain pills and/or use my PCA pump. If I need additional pain medication, I will tell my nurse.	My nurse will check my pain. My nurse will give me pills every 4 hours that will help lower my pain. If I need additional pain medication, I will tell my nurse. If I have a PCA pump, I will continue to use it until it is removed. Knee patients: I will use the cryocuff or ice for 20 minutes on/20 minutes off at breakfast, lunch, and dinner, and before or after my exercises. This will help reduce swelling and pain. I will place a cloth between the ice and my skin.	My nurse will check my pain and give me pain pills as needed before I go home. I will get a prescription for pain pills to take as needed so I can remain active after I go home. Knee patients: I will use the cryocuff or ice for 20 minutes on/20 minutes off at breakfast, lunch, and dinner, and before or after my exercises. This will help reduce swelling and pain. I will place a cloth between the ice and my skin.	I will take any pain pills that have been prescribed to me. I will use the cryocuff or ice for 20 minutes on/20 minutes off at breakfast, lunch, and dinner, and before or after my exercises. I can also apply ice for pain control at other times as needed. I will place a cloth between the ice and my skin.
My tubes, lines, dressings, and treatments	I will have oxygen on. I will have an IV. The dressing on my incision stays on for 14 days. I can change it if it is dirty or soaked. I may have a wound drain. I may have a catheter	My IV will be changed to an IV lock (an IV without tubing). My oxygen and catheter will be removed. My dressing stays on for 14 days. I can change it if it is dirty or soaked. I will receive a blood thinner to prevent clots.	All my tubes will be taken out except for my IV lock. My dressing stays on for 14 days. I can change it if it is dirty or soaked. I may receive a laxative or enema if required to help me have a bowel movement. I will receive a blood thinner to	All my tubes will be out unless I need a blood transfusion. I will take my blood thinner for 12 more days. My dressing stays on for 14 days. I can change it if it dirty or soaked.

	for urine.		prevent clots. I will get a prescription for a blood thinner that I will take when I go home.	
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My Recovery at a Glance (if I have questions, I can call my surgeon's office at: _____)

	Day of Surgery	Day 1 Post Op (Possible Discharge Day)	Day 2 Post Op (Discharge Day)	Day 3 Post Op and Beyond (Managing at Home)
My mobility	<p>I may be helped to sit up in bed and dangle my legs.</p> <p>I may be helped onto a commode chair using my walker.</p> <p>I will be helped to roll over in bed every couple of hours to help prevent skin sores.</p>	<p>I will be helped into a chair for my meals using my walker.</p> <p>I will be helped onto a commode chair using my walker.</p> <p>I will use my walker to go to the washroom or take a short walk with help.</p> <p>I will be helped to roll over in bed every couple of hours.</p>	<p>I will use my walker to get into a chair for my meals.</p> <p>I will use my walker to go to the washroom or take a short walk with help.</p> <p>I will roll over in bed every couple of hours.</p>	<p>I will use my walker by myself to walk at all times until my physiotherapist or surgeon tells me something different.</p>
My safety when being mobile	<p>I will mostly be on bedrest.</p> <p><i>Sometimes</i> patients go home the same day as their surgery. My surgeon will talk to me about going home the same day if this is a good choice for me.</p>	<p>My physiotherapist will teach me how to safely use stairs.</p> <p>My health care team will:</p> <ul style="list-style-type: none"> • Review assistive devices I have or need. • Give me tips to help prevent falls. • Give me tips to help with daily activities when I am at home. • Answer my questions. 	<p>I will be able to safely use stairs if I have them at home.</p> <p>I will be able to safely get in and out of a car using my walker with help from a friend or family member.</p> <p>I will be able to safely manage my daily activities at home.</p>	<p>I will be able to safely use stairs if I have them at home.</p> <p>I will be able to safely get in and out of a car using my walker with help from a friend or family member.</p> <p>I will be able to safely manage my daily activities at home.</p>

My Recovery at a Glance (if I have questions, I can call my surgeon's office at: _____)

	Day of Surgery	Day 1 Post Op (Possible Discharge Day)	Day 2 Post Op (Discharge Day)	Day 3 Post Op and Beyond (Managing at Home)
My post op exercises to be done by myself	<p>Knee Patients: I will do Exercise 1 and 2 (page 66) 10 times every hour while awake. This will prevent complications. I will also get other exercises to do.</p> <p>Hip Patients: I will do Exercises 1 and 2 (page 69) 10 times every hour while awake. This will prevent complications. I will also get other exercises to do.</p>	<p>I will do exercises 1-8 (knee patients) or 1-7 (hip patients).</p> <p>Knee Patients: I will remove the pillow under my calf to help prevent blood clots. If I have a splint, I will keep it on when in bed so my knee stays as straight as possible.</p> <p>Hip Patients: I will use a pillow/bolster between my legs when in bed to prevent hip dislocation.</p>	<p>I will do exercises 1-8 (knee patients) or 1-7 (hip patients).</p>	<p>I will do my exercises until I am up and walking on a regular basis with my walker, or until my physiotherapist or surgeon tells me something different.</p> <p>I will slowly increase the duration of my exercises as my joint gets stronger and can handle more.</p>
My post op exercises to be done with help	<p>I will mostly be on bedrest. I may be helped to sit up in bed and dangle my legs. I may be helped onto a commode chair using my walker.</p>	<p>My physiotherapist will help me with bed exercises and teach me how to get in and out of bed safely.</p> <p>I will get help to use my walker for short distances.</p>	<p>Knee Patients: I will do exercises 1-8 (pages 66-68).</p> <p>Hip Patients: I will do exercises 1-7 (pages 69-71).</p> <p>I will get help to use my walker for short distances.</p>	<p>I will do my exercises at home as I've been told by my physiotherapist.</p> <p>I will go to scheduled outpatient OHIP physiotherapy once I'm back at home.</p>

My physiotherapy in the hospital

It is very important that you start doing the exercises your physiotherapist gives you right away. **Please let your healthcare team know if you need better pain control.**

You have a short period of time after your surgery to get your joint moving again. If you don't do the exercises right away, your joint may not move the way it should.

Doing your exercises will also help to clear your lungs, lower the risk of blood clots in your legs, lessen your pain, and start your bowels moving.

The Physiotherapist and Physiotherapy Assistant will work with you while you are in the hospital.

The Physiotherapist will help you:

- Do your daily exercises (see pages 66-68 for knee replacement, and pages 69-71 for hip replacement).
- Walk with a walker and/or crutches.
- Use the stairs safely (if needed).
- Follow the 3 Hip Precautions (page 14) (for Hip Replacement patients only).
- Move in and out of a bed and chair.

Steps to get out of bed from a lying position:

1. While on your back, slide to the edge of the bed with your knees apart.
2. Slide your legs over the edge of the bed.
3. Push up on your elbows and hands to sit.

My instructions for going home

You will be given information about leaving the hospital and what you can expect when you return home. The instructions will be printed out and stapled here.

Don't forget to make an appointment with your Family Doctor to get your staples removed. You can make this appointment ahead of time for 14 days after your surgery.

My appointment is on _____ at _____.
(date) (time)

My Transition Home After Surgery

In this section, I will find information about:

My physiotherapy: planning for my post-operative physiotherapy (pages 54-55), finding outpatient physiotherapy (page 54), and going for my outpatient physiotherapy assessment (page 56).

Managing my normal activities at home: protecting myself from falls (pages 57-58), getting in and out of a car (page 59), sitting safely (for hip surgery patients) (page 59), safety around the kitchen (page 60), using the toilet (page 60), bathing safely (page 61), getting dressed and undressed (pages 62-63), and when to resume specific activities (page 64).

My notes and questions:

My Physiotherapy

Planning for my post-operative physiotherapy

Regular physical activity is a very important part of getting better after your surgery. You need to **take an active part in your rehabilitation** by doing your stretching and strengthening exercises as often as your therapist tells you to. Also practice walking with your **two-wheeled** walker every day. If you use your walker to keep active after your surgery, you can recover faster.

You will have activity restrictions for the first 3 months after your surgery. More information about these restrictions can be found on page 14. You'll need to remember these restrictions when you are doing your exercises and keeping active.

There are different ways to rehabilitate after your joint replacement surgery.

- Working on your exercises by yourself.
- Working with a physiotherapist at an outpatient clinic.
- Working with a physiotherapist in a class-based setting.

Someone will talk to you about what option is best for your situation.

Finding outpatient physiotherapy

If you live or are staying in the Toronto area, a nurse will help you pick a location for your outpatient physiotherapy appointment. This will happen at your Pre-operative Assessment Clinic (PAC) appointment. The nurse will talk to you about your options:

Hospital-Based Outpatient Clinic (OHIP Covered)

Michael Garron Hospital has partnered with Unity Health Toronto – Providence Healthcare to provide OHIP covered physiotherapy after knee or hip replacement surgery. Providence is one of the hospital-based outpatient clinics in Toronto and is located just east of Michael Garron Hospital at 3276 St. Clair Ave East, Toronto, ON, M1L 1W1. Providence is accessible by the Warden Subway station at Warden Ave and St. Clair Ave East, or by car with lots of parking. Your team at Michael Garron Hospital and at Providence will work together to give you a pre-booked physiotherapy appointment before your surgery date so you can plan ahead. For

more information, contact Providence's admission hotline at 416-285-3744, or you can visit the website at www.providence.on.ca.

You are welcome to choose a different hospital-based outpatient clinic if you prefer. Your nurse can talk to you about other options in the Toronto area. After you have been discharged home, you may choose to change your appointment date or to change clinics.

Community Physiotherapy Clinic (OHIP Covered)

You can find an OHIP covered clinic by calling the College of Physiotherapists of Ontario at 1-800-583-5885. Make sure you ask about any fees that OHIP will not cover before you book your appointment. Many clinics charge an assessment fee that OHIP will not pay for.

Private Physiotherapy Clinic (private payment required)

If you would like to use a private physiotherapist that is not covered by OHIP, you can call the College of Physiotherapists of Ontario at 1-800-583-5885 or visit their website at www.collegept.org. You can also call the Ontario Physiotherapy Association at 416-322-6866 or visit their website at opa.on.ca. If you already have a private physiotherapist, then you can choose to continue privately with them.

If you have **private health insurance** you may have some coverage for physiotherapy. Check with your health plan provider about the amount of coverage you have. Some insurance companies need a referral signed by a doctor. If you would like to pay privately for your therapy, you will have the widest choice of clinics. You do not need a referral signed by a doctor, but it can be helpful to have one.

If you live outside the Toronto area, you are responsible for finding a physiotherapy clinic after your surgery. Your physiotherapy will be covered by OHIP **if you receive your physiotherapy at an OHIP-covered clinic**. You can locate one by calling the College of Physiotherapists of Ontario at 1-800-583-5885. Be sure you ask about any fees that OHIP will not cover before you book your appointment. Many clinics charge an assessment fee that OHIP will not pay for.

Going for my outpatient physiotherapy assessment

Knee Replacement Surgery

If you had knee replacement surgery, you should go for an outpatient physiotherapy assessment 1 week after your surgery. The physiotherapist will determine your therapy needs, but people usually go to group therapy sessions for a number of weeks after knee replacement surgery.

Hip Replacement Surgery

If you had hip replacement surgery, you should go for an outpatient physiotherapy assessment after 2-6 weeks. The physiotherapist will determine what your therapy needs are after the assessment.

Bilateral Joint Replacement Surgery

If you had joint replacements in both legs, you may need to stay at a facility for inpatient rehab for a number of days. If you need outpatient physiotherapy once you have finished with inpatient rehab, there may be a wait time of 2-3 weeks before your outpatient physiotherapy starts.

COVID-19 and Outpatient Physiotherapy

Ontario Public Health and the College of Physiotherapists of Ontario provide guidance about how to provide physiotherapy safely. Outpatient physiotherapy during COVID-19 may be in-person, virtual (telephone or on a computer or tablet) or a combination of these. The clinic providing your outpatient physiotherapy will let you know what to expect for your physiotherapy treatment and the outpatient physiotherapist will decide which type of treatment is best for you.

Managing My Normal Activities at Home

Protecting myself from falls

Here are some things you can do to lower your risk of falls after your joint replacement surgery:

In the kitchen:

- Before your surgery, move the items you use the most to somewhere you can easily reach them.
- Use a reacher to get objects that are out of reach.
- Do not use a footstool.

In the bathroom:

- Before your surgery, set-up a raised toilet seat, grab bars in your tub, or a shower seat.
- You should use a non-slip rubber mat or self-stick strips on the floor of the tub or shower. A hand held shower head will be helpful.
- Use a nightlight to light the path from the bed to the bathroom if the area is normally very dark.

In the bedroom:

- Make sure your bed is a safe height for getting in and out.
- If your bed is too low to the ground, you can use blocks to raise it.
- Set-up a bedside lamp that you can easily reach so that you can turn it on if you have to get up during the night.

On the stairs:

- Go slowly on the stairs.
- Make sure any stairs are well lit, free of clutter, and have a secure handrail.
- Stairway carpeting should be secure.

In general:

- Always get up slowly from sitting or lying down.
- Remove throw rugs.
- If you have a walking aid, use it inside and outside.
- Keep walkways clear by coiling or taping cords or wires to the wall.
- If you have pets, consider having your pet stay somewhere else or plan for someone to take your dog out for walks. Be careful of active or sleeping pets as you walk. Place a bell on your pet's collar so you know where they are. Try to keep pet toys in one place so you don't trip over them.
- Never rush to answer the telephone. Tell friends and family that it will take you longer to answer the phone so they shouldn't hang up after only a few rings. An answering machine or a cordless phone can be helpful.
- Keep emergency numbers in large print near each phone.
- In the garden, put tools away, wear supportive shoes and avoid walking on wet grass.
- Make sure any footwear you will be wearing, such as shoes, boots, and slippers, fits properly. Footwear should have support around the heel and rubber soles. You can try elastic laces or straps with Velcro if you have difficulty tying shoes. A long-handled shoe horn will also help.
- Do not carry too many packages. Use a pushcart when shopping or have your packages delivered to your house. For example, you can get groceries delivered in the GTA using Grocery Gateway (www.grocerygateway.com), Walmart (www.walmart.ca), or instacart (www.loblaws.ca/delivery).
- When outside, don't walk on sidewalks that have not been cared for, streets that are poorly lit, or surfaces that are covered in snow or ice. Try to walk with a walking partner. You can go walking in a mall for exercise.
- Know what your limits are. If you have had falls in the past, think about what may have caused them, and how you can prevent falls in the future.

Getting in and out of a car

1. When getting into a car, it should be parked where the road is level and away from the curb. Do not stand on a curb while getting in or out of the car.
2. To get more leg room, put the front passenger seat back as far as it will go and recline the seat back 30°.
3. If the car seat is low, use a firm cushion to raise the height.
4. Stand with your back to the car so the seat is touching your legs.
5. Using the seat and the dashboard for support, slowly lower yourself, keeping the leg that had surgery in front.
6. Once you are sitting, hold the leg that had surgery, and slowly bring both legs into the car. Remember the **3 Hip Precautions** (see page 14). It will help to have someone lift your legs into the car while you move your body to face forwards.
7. To get out of the car, follow these steps in reverse.

HINT: You can slide more easily if you sit on a plastic bag.

Sitting safely (for hip surgery patients)

- Use chairs with firm, straight seats and arms.
- Do not use rocking chairs or chairs that have a sloping seat. Examples are recliners or bucket seats. Chairs like this can put your knees higher than your hips.
- Check how high a seat is before you sit down. When you stand in front of a chair, the seat should be as tall as your knees or higher.
- You can use a firm cushion to raise the height of a chair.

Safety around the kitchen

- Use clothing or an apron with lots of pockets.
- Put hot liquids in a sealed container and carry in a bag or basket attached to your walker.
- Slide objects along the counter rather than carrying them.
- Sit on a high stool when doing countertop tasks.
- Use a reacher to get objects on the floor. **Do not bend down to pick up objects.**



Using the toilet

- The raised toilet seat must fit your toilet. If this is not possible, you can use a Versaframe to add arms for support.
- Stand in front of the toilet and slowly move back until you feel the back of your knees touching the toilet.
- Reach back to hold the arm rests and slowly lower yourself onto the toilet. Keep the leg that had surgery out in front.
- To get up, use the arm rests to push to standing. Make sure you have your balance before grabbing the walker.



Bathing safely

If you can safely manage a shower, you may shower **7 days** after your surgery. You will need a bath bench if you want to shower in a bathtub. To use a bath bench:

1. While standing, turn so that you are facing away from the tub.
2. Reach back with one hand for the backrest of the tub bench.
3. Keep one hand on your walker.
4. Slowly sit on the transfer bench. Keep the leg that had surgery out in front.
5. Lift your legs over the side and into the bathtub, remembering the **3 Hip Precautions** (see page 14).
6. Reverse these steps to get out of the tub.



Additional tips for bathing safely:

- You should leave the dressing on your incision.
- You can use a long handled sponge and shower hose to wash your legs and feet. Do not bend forward.
- Never use soap dishes or towel racks to support yourself. They are not made to hold your weight, and may cause you to fall.
- You may shower while standing, as long as you use a rubber mat to prevent slipping.
- If the dressing is wet or soaked after showering, remove the wet dressing and pat your incision dry with a clean towel. Put the new proper dressing that you bought at the pharmacy on your incision. Your incision should be covered for **14 days** after surgery. You may need help. You do not need a dressing once your staples have been taken out and your incision has healed.

Getting dressed and undressed

You can use dressing aids that were shared on page 25 to help you get dressed. You may not need dressing aids if there is someone at home who can help.

You should have all your clothing and dressing aids near you when you're ready to get dressed. You don't want to bend or reach beyond what is allowed with the 3 Hip Precautions (see page 14).

Remember: Dress the leg that had surgery first, and undress it last.

Steps to putting on underwear and pants:

1. Using the reacher, grab the waist of your underwear.
2. Lower the reacher to the floor and gently pull your underwear onto your leg that had surgery first. Then do the same for your other leg. **Do not lean forward.**
3. Stand with your walker in front of you and pull your underwear up.
4. Sit back down and do the same steps to put your pants on.

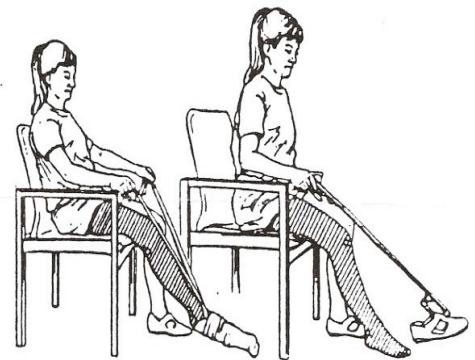


Steps to taking off pants and underwear:

1. While standing, push down your pants.
2. Sit down and use the reacher to take your pants off of the leg that did not have surgery. Then do the same for the leg that did have surgery.
3. Do the same steps with your underwear.

Steps to putting on and taking off socks:

1. Slide the sock onto the sock aid. The heel of the sock should be at the back, and the toe of the sock should be tight against the end. The top of the sock should not come over the top of the plastic piece.
2. Holding onto the cords, drop the sock aid in front of the foot of the leg that had surgery. **Do not lean forward.**
3. Slip your foot into the sock and pull it on.
4. Repeat these steps for the other foot.
5. To take socks off, use the reacher to guide the sock off your foot.



Tips for putting on and taking off shoes:

- Using elastic shoelaces or Velcro straps will be helpful so that you don't need to bend forward to tie your shoes.
- Wear shoes that are loose (1 size bigger) so they will still fit if you get swelling in the leg that had surgery.
- Use a reacher and long-handled shoehorn to put on and take off your shoes.

When to resume specific activities

Returning to work: Most patients do not return to work until at least 6-8 weeks after their hip or knee surgery. Some patients are able to return to work sooner if their job isn't active. When you go back to work, make sure you have time to do your daily exercises. You can talk to a member of your healthcare team if you have questions about going back to work after your surgery.

Sexual activity: You may have sex in positions that are comfortable for your hip/knee. Lying on your back may be the most comfortable position to start with.

Activities you can do right away:

- Walking
- Swimming (if you use a pool with graded entry, your staples have been taken out, and your incision has healed)

Activities you can do after 6 weeks:

- Driving (or as advised by your surgeon)
- Stationary biking (your therapist may suggest stationary biking for range of motion exercises)
- Swimming (in any pool)

Activities you can do after 3 months:

- Golf
- Outdoor cycling (NOT mountain biking)
- Doubles tennis

Activities you need to talk to your surgeon about:

- Skiing (downhill or cross-country)
- Ice skating
- Sailing
- Canoeing
- Mountain biking

High risk activities that you can no longer do:

- Jogging/running
- Singles tennis
- Squash/racquetball
- High impact aerobics

My Exercises

In this section, I will find information about the exercises I need to do.

Knee replacement exercises: pages 67-69.

Hip replacement exercises: pages 70-72.

[illegible]

Knee Replacement Exercises

Exercise #1: Ankle/Calf Pumping

This exercise helps stop blood clots.

1. Use your ankle to point your toes up to the ceiling.
2. Use your ankle to point your toes down to the floor.
3. Do this exercise 5-10 times in a row.
4. Repeat this exercise as often as you can each day.



Exercise #2: Deep Breathing

This exercise helps keep your lungs healthy after surgery.

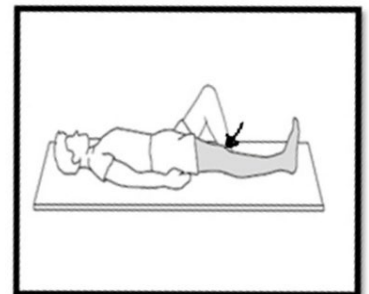
1. Breathe in slowly and deeply through your nose. Your shoulders should be relaxed, your upper chest should be 'quiet', and your belly should get bigger with every breath.
2. Keep your lips slightly open while you slowly breathe out through your mouth to empty your lungs.



Exercise #3: Upper Leg Strengthening

This exercise helps strengthen the muscles on the front of your thigh.

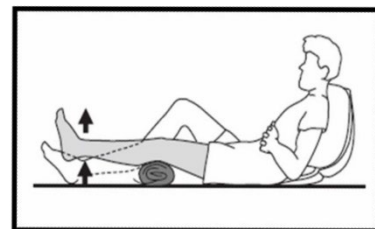
1. Sit down or lie on your back. Straighten the leg that had surgery.
2. Press the back of the straightened leg down toward the ground and squeeze your leg muscles. Hold for 5-10 seconds.
3. Do this 10 times.
4. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Exercise #4: Upper Leg Strengthening (over a roll)

This exercise helps strengthen the muscles on the front of your thigh.

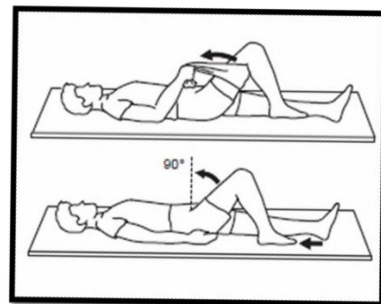
1. Lie on your back with a roll under the knee that had surgery. To make your roll, roll up a towel so it is about 6 inches (15 cm) thick.
2. Raise your heel off the bed until your knee is as straight as possible.
3. Hold your knee straight for 5-10 seconds and then slowly bring your heel back down to the bed.
4. Do this exercise 10 times.
5. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Exercise #5: Knee Flexion Slide

This exercise helps with the range of motion in your knee.

1. Lie on your back and straighten both of your legs.
2. Put a plastic bag under the heel of the leg that had surgery. The plastic bag will help your foot slide easier.
3. Bend the knee that had surgery and slide your heel up towards your buttocks. Bend your knee as much as possible. You can use a towel to help.
4. Keep your knee bent for 5-10 seconds, and then slowly straighten your leg.
5. Do this exercise 5-10 times in a row.
6. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Exercise #6: Leg Lift

This exercise helps with the range of motion in your knee.

1. Sit on the edge of a chair.
2. Straighten the leg that had surgery as much as possible. You can use your other leg to help.
3. Keep your leg raised for 5-10 seconds, and then slowly lower your leg.
4. Do this exercise 10 times.
5. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Exercise #7: Assisted Knee Bend

This exercise helps with the range of motion in your knee.

1. Sit on the edge of a chair.
2. Cross your ankles as shown, with the leg that had surgery on the bottom.
3. Try to bend the knee that had surgery as much as you can. Then use your upper leg to press further on the lower leg until you feel a stretch.
4. Hold for 5-10 seconds or longer.
5. Do this exercise 5-10 times in a row.
6. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Exercise #8: Knee Extension Stretch

This exercise helps with the range of motion in your knee.

1. Sit in a sturdy chair and rest the foot of the leg that had surgery on a firm chair or stool. The height of the surface for your foot can be lower than your chair if this is more comfortable.
2. Press your knee straight using the muscles on the front of your thigh. You can add extra pressure with your hands above your knee if this is comfortable for you.
3. Hold for 5-10 seconds or longer.
4. Repeat this exercise 5-10 times in a row.
5. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Hip Replacement Exercises

Remember the 3 Hip Precautions when doing your exercises (see page 14):

1. Do not bend past 90° at the waist while standing, sitting or lying.
2. Do not cross your legs or ankles.
3. Do not twist your hip/leg in or out.

You must follow the 3 Hip Precautions for **6 weeks after your surgery** or as you have been told by your surgeon.

Exercise #1: Ankle/Calf Pumping

This exercise helps stop blood clots.

1. Use your ankle to point your toes up to the ceiling.
2. Use your ankle to point your toes down to the floor.
3. Do this exercise 5-10 times in a row.
4. Repeat this exercise as often as you can each day.



Exercise #2: Deep Breathing

This exercise helps keep your lungs healthy after surgery.

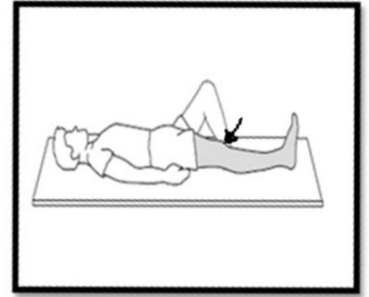
1. Breathe in slowly and deeply through your nose. Your shoulders should be relaxed, your upper chest should be 'quiet', and your belly should get bigger with every breath.
2. Keep your lips slightly open while you slowly breathe out through your mouth to empty your lungs.



Exercise #3: Upper Leg Strengthening

This exercise helps strengthen the muscles on the front of your thigh.

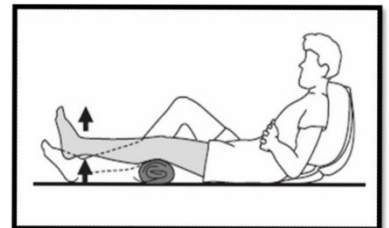
1. Sit down or lie on your back. Straighten the leg that had surgery.
2. Press the back of the straightened leg down toward the ground and squeeze your leg muscles. Hold for 5-10 seconds.
3. Do this 10 times.
4. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Exercise #4: Upper Leg Strengthening (over a roll)

This exercise helps strengthen the muscles on the front of your thigh.

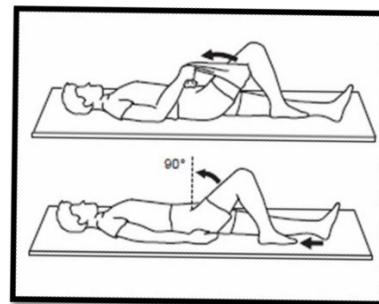
1. Lie on your back with a roll under the knee that had surgery. To make your roll, roll up a towel so it is about 6 inches (15 cm) thick.
2. Raise your heel off the bed until your knee is as straight as possible.
3. Hold your knee straight for 5-10 seconds and then slowly bring your heel back down to the bed.
4. Do this exercise 10 times.
5. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Exercise #5: Knee Flexion Slide

This exercise helps with the range of motion in your hip.

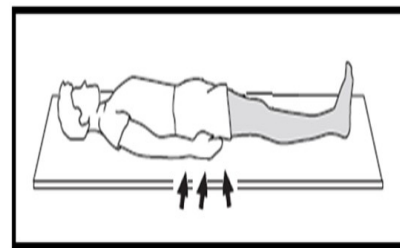
1. Lie on your back and straighten both of your legs.
2. Put a plastic bag under the heel of the leg that had surgery. The plastic bag will help your foot slide easier.
3. Bend the knee that had surgery and slide your heel up towards your buttocks. Bend your knee as much as possible. You can use a towel to help.
4. Keep your knee bent for 5-10 seconds, and then slowly straighten your leg.
5. Do this exercise 5-10 times in a row.
6. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Exercise #6: Buttock Squeeze

This exercise helps strengthen the muscles in your buttocks.

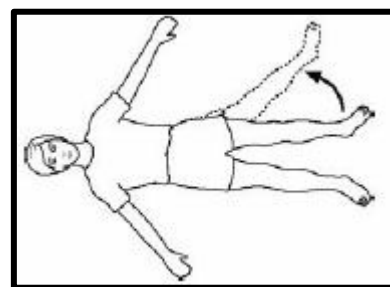
1. Lie on your back with your legs straight.
2. Squeeze your buttock muscles together.
3. Hold your buttocks together for 5-10 seconds.
4. Do this exercise 10 times.
5. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Exercise # 7: Supine Hip Abduction

This exercise helps strengthen your hip.

1. Lie on your back with both legs straight.
2. Slowly slide the leg that had surgery out to the side as far as it will comfortably go. Keep your toes pointing to the ceiling and don't turn them to the side. It may be helpful to put a plastic bag under your heel. The plastic bag will help your foot slide easier.
3. Hold your leg out to the side for 5-10 seconds, and then slowly bring your leg back to the middle.
4. Do this exercise 10 times.
5. Repeat this exercise 3 times each day. It may help you remember if you do it at breakfast, at lunch, and at dinner.



Thank You and Acknowledgements

Thank you for trusting your care to MGH. It has been our pleasure to be a part of your healthcare journey.

As you move forward with your physiotherapy and improved mobility from your new hip or knee, MGH wants to know how well you have transitioned home.

We will call you 2 days after discharge to ask a few questions about how you are doing since leaving the hospital.

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