Total Knee Replacement Surgery

Please bring this book with you to all appointments before your surgery and to the hospital the day of your surgery.

Bluewater Health
89 Norman Street, Sarnia, Ontario N7T 6S3
Telephone: 519-464-4400

www.bluewaterhealth.ca
Surgical Information

Please remember to bring all your medications in the original containers and Health Card to all appointments.

<table>
<thead>
<tr>
<th>Surgery</th>
<th>Date:</th>
<th>Time:</th>
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<tr>
<td>Arrival time at Patient registration:</td>
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<td><em>(Maria St Entrance through front door, turn right, go straight ahead to patient registration)</em></td>
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<tr>
<th>Pre Admission Clinic</th>
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<td>Arrival time at Patient registration:</td>
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<tr>
<th>Anesthetic Consult (if required)</th>
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<td>Arrival time at Patient registration:</td>
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<thead>
<tr>
<th>Total Joint Replacement Intake Class</th>
<th>Date:</th>
<th>Time:</th>
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Please Call: 519-464-4400 ext 8100 to Register for a Date and Time.

Directions: Maria St Entrance through front door, turn right through the atrium, turn left past the stairs to the elevators. Take elevator to the second floor. Turn left out of the elevator, and left again to cross the bridge. Turn left to enter “Rehabilitation Outpatient Services”. Register at reception desk.

---

Additional Appointments that may be necessary prior to your Surgery:
*(Your Doctor will inform you of all required appointments)*

<table>
<thead>
<tr>
<th>Internist Consult</th>
<th>Date:</th>
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Additional Information:

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Please complete this form and bring it with you when you attend the physiotherapy/occupational therapy intake class.

### Rehabilitation Services

<table>
<thead>
<tr>
<th>Name:</th>
<th>□ Total Knee Replacement □ Total Hip Replacement</th>
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<tbody>
<tr>
<td>What is the date of your surgery?</td>
<td>What side is being operated on? □ Right □ Left</td>
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<tr>
<td>Who is your surgeon?</td>
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<tr>
<td>Have you had any previous knee or hip surgeries?</td>
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<tr>
<td>Do you live alone? □ Yes □ No With a spouse? □ Yes □ No With family? □ Yes □ No</td>
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<tr>
<td>Check one of the following- □ Split level □ Raised ranch □ Bungalow □ 1 Level □ 2 storey □ Apartment □ Other? Please specify: Are there stairs? □ Yes □ No If yes, how many stairs to get into the home? ________ How many stairs inside the home? ________</td>
<td>Is there a railing? □ Yes □ No Is there a railing? □ Yes □ No</td>
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<tr>
<td>What floor is the bathroom you will use on? □ Lower □ Main □ 2nd</td>
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<td>Is your toilet height- □ Regular □ High</td>
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<tr>
<td>Do you have- □ Step in shower □ Tub/shower combo – is there: □ Curtains □ Doors</td>
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<tr>
<td>Do you have any help in the home? (Example: outside agencies for cleaning, bathing, meals, etc?)</td>
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<tr>
<td>Do you use anything to help you get around? □ Cane □ Walker □ Other? _______________</td>
<td></td>
</tr>
<tr>
<td>Do you have any special equipment in the home? Select all that apply: □ Raised toilet seat □ Sock aid □ Long handled shoe horn □ Reacher □ Tub transfer bench □ Shower chair</td>
<td></td>
</tr>
<tr>
<td>My Discharge Plan from hospital is: □ Returning to own home □ Returning to family’s home □ Respite stay (ex. Retirement home) □ Other (please specify):</td>
<td></td>
</tr>
<tr>
<td>I have my physiotherapy booked for after my hospital stay? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>I will be going to: □ Bluewater Health Sarnia □ Bluewater Health Petrolia □ Another hospital □ OHIP clinic □ Private Physiotherapy Clinic</td>
<td></td>
</tr>
<tr>
<td>How many days after surgery is my physiotherapy appointment booked? _______</td>
<td></td>
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</tbody>
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## Appendices:
- A) EQ-5D Health Questionnaire
- B) Oxford Knee Score
Getting Started

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

Our goal, as a dedicated hospital and community healthcare team, is to prepare you and your home for your surgery and recovery. We will work with you along your total knee replacement journey.

There is a lot for you to learn and do. Being an active participant in your healthcare is the best way to achieve a successful outcome. Let’s get started!

There are three things you need to plan right away.

1. See Your Primary Health Care Provider as Soon as You Decide to Have Surgery

   It is important to make sure you are as healthy as possible, so that your surgery and recovery go smoothly. Any untreated or unstable medical conditions may prevent or postpone your surgery. A routine checkup with your primary health care provider is strongly recommended.

2. See Your Specialist

   Your orthopedic surgeon will arrange any specialist appointments needed prior to your surgery.

3. Have a Dental Checkup

   If you have not been to your dentist in the last six months, make an appointment. It is important that any dental infections are dealt with before your operation to prevent infection in your new joint.
Knee Anatomy and Replacement

Research shows that a total knee replacement will improve your quality of life by decreasing your pain and helping you move around more easily.

What Is the Knee Joint and How Does It Work?

Your knee joint is like a hinge on a door. The thighbone (femur) above the knee is hinged to the shinbone (tibia) below your knee. This joint allows your shinbone to move back and forth. There are three parts of the knee that are important to make it work easily:

1. A smooth layer over the bones called cartilage.
2. A slippery liquid inside the joint called the synovial fluid.
3. The muscles, ligaments and tendons that support and move the knee.

Why Is My Knee Painful and Sore?

The three parts of the knee can be affected by rheumatoid arthritis and osteoarthritis causing stress on the joint, degeneration and disabilities. This causes pain and makes the knee difficult to use.

- The smooth layer gets rough and wears away.
- The slippery liquid inside the knee is no longer being made.
- The muscles, ligaments and tendons become weak and the bones go out of their proper place.
- The hinge becomes loose.

Why Are Knee Joints Replaced?

Joint replacement is considered only when other treatments and medication have failed to control your pain. The total knee replacement surgery will:

- Reduce your pain.
- Make your knee much more stable.
- Give you more use with your knee, improving your quality of life.

What Will My New Knee Look Like?

Your new joint is metal and plastic. One part of the new joint fits over the end of the thighbone, and the other part is connected to the shinbone. These are the parts that make your knee smooth again. The incision is about 20-25 centimeters long, and is on the front of the knee.
Coach Program

It is time to choose your Coach! A Coach is your personal partner on your total knee replacement surgery journey. Choose a family member or a friend.

Your Coach will learn with you and help you before, during, and after your hospital stay. It is recommended that your coach:

- Attend all your preoperative appointments with you.
- Be a “second set of ears” to help remember instructions.
- Help you plan for your admission to hospital.
- Come with you to the hospital on the day of surgery.
- Help you prepare for your discharge and arrange for transportation home.
- Be available when you are discharged home to help you settle in and remind you of all your instructions.
Getting Your Body in Shape

It is our hope that by doing this fitness and exercise program you will be better prepared for your surgery and your recovery after surgery. Exercising three to five times a week will produce a change in your fitness level. Start slowly and add more exercises as you are able. Stay as active as possible but avoid painful activities. If your pain is very severe, you may only be able to exercise in water, and that is okay.

Follow the two-hour pain rule - If your joint or muscle hurts for longer than two hours after your walk or exercise, you have probably exercised too much or too quickly. Decrease the repetitions of the exercises or how long you do the activity.

Endurance Exercises

Endurance exercises are important for maintaining your heart, lung, and circulation health. Examples of endurance exercises are:

- Walking
- Stationary cycling
- Swimming, water aerobics and aqua-fit programs

Water aerobics, aqua-fit programs and simply walking (backwards, forwards, and sideways) in a pool are beneficial because the water reduces the weight on your joints and builds muscle strength.

Strengthening Exercises

Strengthening exercises are important for building and maintaining the strength of your leg muscles. The exercises are for the muscles in the front and back of the leg, as well as for the arm and shoulder muscles, which will help with using your walker or crutches after surgery.

- Each exercise chosen should be done twice a day.
- If you are able, you are encouraged to perform these exercises on you affected and unaffected sides.
**Exercise 1 - Strengthening the Front of the Thigh:**
1. Lie on your back with affected leg straight.
2. Push your knees down firmly against the bed by tightening your quadriceps muscle.
3. Repeat 20 to 30 times.

**Exercise 2 - Strengthening the Front of the Thigh:**
1. Lie on your back with a roll under your knee on your affected side.
2. Place a weight on foot as shown (between 1 and 4.5 kilograms).
3. Raise heel until knee is straight.
4. Hold 5 seconds and slowly lower.
5. Repeat 20 to 30 times.

**Exercise 3 - Strengthening the Front of the Thigh:**
1. Lie on your back with one leg straight and the other leg bent.
2. Make the toes on the straight leg point towards the ceiling.
3. Lift the leg up level with your other knee. **Make sure your knee does not bend**
4. Hold approximately 5 seconds and then slowly lower your leg.
5. Repeat 20 to 30 times.
Exercise 4 - Strengthening the Front of the Thigh:
1. Sit with your hands relaxed on your lap.
2. Start to stand up, raising your buttocks up about 30 centimeters off the chair. **Keep your back straight. Use leg strength**
3. Hold the position for 10 – 15 seconds.
4. Return to sitting position.
5. Repeat 20 to 30 times.

Exercise 5 - Strengthening the Back of the Thigh:
1. Sit in a chair or on a short table.
2. Bend your knee, pushing against the leg of your chair or table, so that no movement occurs.
3. Hold 5 seconds and relax.
4. Repeat 20 to 30 times.

Exercise 6 - Strengthening the Back of the Thigh:
1. Stand holding onto a support.
2. Bring one leg slightly backwards so your knees are side by side.
3. Bend your knee and lift your foot off the floor.
4. Hold for 5 seconds and then slowly lower your foot.
5. Repeat 20 to 30 times.

Exercise 7 - Strengthening the Knee Abductors:
1. Stand holding on to the kitchen counter or table.
2. With your knees straight, move your affected leg out to the side.
3. Repeat 20 to 30 times.
Exercise 8 - Strengthening Your Arms:
1. Hold small weights in both hands.
2. Lift arm(s) forward to 90 degrees. Alternate arms or do both together. Do not bend at the elbow.
3. Return arms to sides.
4. Repeat 20 to 30 times.
** Start with a light weight or no weight, and gradually increase**

Exercise 9 - Strengthening Your Arms:
1. Hold weights, with palms facing up.
2. Bend your elbow and lift weight in front to shoulder line.
3. Slowly straighten elbow to return weight to side.
4. Alternate sides.
5. Repeat 20 to 30 times.
** Increase the weight once you can easily do 30**

Exercise 10 - Strengthening Your Arms:
1. Stand with your arms straight and hands on the wall.
2. Do push-ups against the wall, keeping your body straight.
3. Repeat 20 to 30 times.

Exercise 11 - Strengthening Your Arms:
1. Sit in a chair with arm rests.
2. Lift your body out of a chair using mainly your arms.
3. Hold for a count of five.
4. Slowly lower your body using your arms.
5. Repeat 20 to 30 times.
**Stretching Exercises**

Stretching exercises increase the length and flexibility of the muscles, help muscles relax, reduce soreness, and take pressure off the joints they support.

- Stretching exercises should be done twice a day.
- Stretching exercises should be done slowly and smoothly.
- Each exercise chosen should be performed three to five times and held for 15 to 20 seconds, at the point where you feel muscle tension.
- If able, you are encouraged to do these stretches on your affected and unaffected sides.

**Exercise 1 - Knee Flexion/Extension Stretch:**

1. Sit or lie on the bed with a towel under your leg.
2. Bend your knee by sliding your heel along the bed towards you.
3. Hold the stretch for 15-20 seconds.
4. Slowly release and straighten your leg.
5. Repeat each stretch 3 to 5 times.

**Exercise 2 - Knee Bending (Flexing) Stretch:**

1. Sit on a chair with your feet on the floor.
2. Bend your knee as much as possible.
3. Hold 15-20 seconds.
4. Return to original position.
5. Repeat each stretch 3 to 5 times.

**Exercise 3 - Knee Straightening Stretch:**

1. Sit on the bed with your affected leg on the bed and the other leg on the floor.
2. Stretch forward from the knees while keeping your back straight with your knee on the bed.
3. Hold for 15-20 seconds.
4. Return to original position.
5. Repeat each stretch 3 to 5 times.
**Exercise 4 - Knee Straightening Stretch:**

1. Sit with your leg out in front of you.
2. Loop a towel around the ball of your foot.
3. Pull the towel towards you until you feel a stretch in your calf. Keep your knee straight, and your knee and heel on the bed.
5. Return to original position.
6. Repeat each stretch 3 to 5 times.

**Exercise 5 - Knee Straightening Stretch:**

1. Stand with your arms against a wall to support yourself.
2. Step back with one leg with both feet flat on the floor.
3. Lean forward into the wall, while bending the front leg and keeping your back leg straight.
4. Feel the stretch in the back of your calf of your back leg.
6. Return to original position.
7. Repeat each stretch 3 to 5 times.
Establishing a Healthy Lifestyle Before Your Surgery

Nutrition and Your Health

Good nutrition helps your bones, muscles and skin heal after surgery. Choosing a variety of foods from each food group and eating regular meals and snacks throughout the day can help you maintain good health. The following websites can help you get started with meal planning and making healthy choices www.healthcanada.gc.ca/foodguide, www.eatracker.ca and www.unlockfood.ca

Healthy Body Weight

Being overweight or obese can affect your recovery after surgery. If you are overweight or obese, moderate weight loss before surgery is a good way to reduce joint pain and to allow you to be more active. Extra weight places more force on your joints. If you are trying to lose weight before surgery, aim for a gradual weight loss. To speak to a Registered Dietitian contact your local Community Health Centre, Public Health Unit, Primary Care Practitioner, or call Telehealth at 1-866-797-0000 (Services available weekdays 9 am – 5 pm).

Quit or Reduce Smoking

If you smoke, you are at a greater risk of serious heart and lung problems during and after surgery. Smokers also have a higher chance of incision infections and may need to stay in hospital longer.

It is important that you try to quit smoking for as long as possible before your surgery. At a minimum, you must not smoke on the day of your surgery. You will not be allowed to smoke in the hospital or on hospital property. Many people use this as a chance to stop smoking. Let your doctor or nurse know if you do smoke and would like nicotine replacement therapy during your stay. You may find information at http://www.smokershelpline.ca useful or you can reach them at 1-877-513-5333.
The Home Safety Checklist

The goal of this checklist is to help get you, your coach and your home ready for your recovery after your Total Knee Replacement Surgery. If you have questions about this checklist, ask them at your Pre-Admission Appointment.

Check the boxes provided.

☐ Steps inside my home have a secure handrail or I will not have to use the steps to access my bedroom, bathroom, or other living area I plan to use during recovery.

☐ My bed is at a good height with a supportive mattress, so I can get in and out easily.

☐ I have a chair that is comfortable to get in and out of and allows me to follow post-operative restrictions as described by my physiotherapist and surgeon.

☐ My bathroom is safe and easy to use (e.g. raised toilet seat, grab bars at toilet and tub areas, bath/shower equipment).

☐ I have a night light ready for my living area.

☐ Tripping hazards and obstacles have been removed (e.g. cords, area rugs, furniture, separate room for pets) leaving an open walking path with enough room for a walker.

☐ Cupboards and the fridge are organized, so that items are within safe reach.

☐ I have stocked up with non-perishables and prepared frozen meals ahead of time.

☐ Contacts and emergency numbers are listed on or by each phone.

☐ I have asked my family or friends to help me with heavy lifting, cleaning and laundry while I recover.

☐ Transportation to and from the hospital and all follow up appointments has been arranged. I am aware that I should not drive until my surgeon tells me I can (usually a minimum of 6 weeks).

☐ If I am the primary caregiver to my spouse/parent/child, I have arranged for someone to care for them while I am recovering.

☐ If I have a pet, I have arranged for someone to empty the kitty litter, walk my dog or let my dog outside.

☐ To reduce the risk of infection, I am aware that after surgery, my pet cannot sleep in my bed or on me until my surgical incision is healed
Planning to Leave the Hospital

Your planned discharge date from the hospital is two or three days after your surgery. Please be ready to leave at 10:00 am. You will be given discharge instructions prior to leaving. It is important to plan now for your return home and the help that you will require. Before surgery, be sure to plan:

- To sleep, eat and use the bathroom on the same level.
- To pick up the equipment you need for your home.
- How you will get home from hospital, and have the arrangements made ahead of time.

We recommend that you plan for a support person that can help you with physical assistance and meal preparation. Plan for this support person to stay with you for at least a week after your discharge from hospital.

Many people who have had total knee replacement surgery find they are limited in their ability to resume normal activities for some time (e.g. bathing, cooking, housework, and shopping). Discuss with your family, friends and Coach that a full recovery can take a few months. Talk about ways that they can help you after your surgery.

If, after talking to your family, friends and Coach, it appears you will have limited or no support with physical assistance and meal preparation when you are discharged home, you should consider other options, such as temporarily moving into a family or friend’s home.

Making a decision about your hospital discharge plan is not always easy. Talk with your family, friends, and Coach to decide what is best for you.

Physiotherapy

During your stay in hospital you will be assessed by a physiotherapist, who will decide whether you meet the criteria for in-home physiotherapy. The majority of total joint replacements will be moving well enough that they will be able to go directly to an outpatient physiotherapy clinic. Your physiotherapist in hospital will review with you the exercises you are to continue to complete at home while awaiting your outpatient appointment. It is important you get into an outpatient physiotherapy clinic for an assessment within 7 days after your discharge from hospital to achieve the best outcomes from your surgery. Hospital outpatient physiotherapy services are available and appointments will be discussed at your pre-admit session. If you have private coverage and will be using it for outpatient physiotherapy please contact them prior to surgery to set up an initial assessment. A list of all local physiotherapy services is included on page 45 of this booklet.

Preventing Blood Clots

Your surgeon wants to reduce the risk of blood clots as much as possible, so after your surgery, you may be started on a medication to help with this. You will be less active after your surgery, which can interfere with the normal movement of blood. Blood clots form as a defense by the body, when tissues are damaged or when changes take place with blood flow, such as following a knee replacement surgery.

Medications that prevent blood clots can be in the form of a pill or an injection. Your surgeon makes that decision with you. If you are prescribed an injectable anticoagulant, our goal is for you to feel comfortable and confident giving yourself the injection before you leave the hospital. Talk to your hospital nurses to arrange a time for you and your Coach to learn. The community nurses will not be doing this for you at home. The nurse may also apply anti-embolic stockings to your legs if ordered by your surgeon. Anti-embolism stockings help the circulation in your legs and decrease your risk of forming blood clots.
Appointments Before Your Surgery

Appointment with an Internist

If you are currently seeing a specialist for a medical condition, you may need an appointment with an internist. Please inform your orthopedic surgeon, and he or she will arrange your appointment. Internists specialize in caring for health problems like abnormal blood pressure, heart disease, diabetes, allergies, or health problems with the lungs, brain, kidneys, digestive tract, etc.

Appointment with an Anesthesiologist

Based on your medical history, you may require an appointment with an Anesthesiologist. This is to make sure you are medically stable to receive anesthesia before your surgery.

Hospital Pre-Admission Appointment

This appointment is an important part of your education before surgery and is essential to having all paperwork and tests organized and completed before surgery. The Pre-Admission Surgical Clinic (PASC) will call you to schedule this appointment. If you need to contact the PASC, you can reach them at 519-464-4419. You must attend this mandatory appointment.

Your “To-Do-list” for Your Pre-Admission Appointment

1. Contact your Coach and ask if he or she can accompany you to your Pre-Admission Appointment. If they can’t come, bring a family member or friend.
2. Bring:
   a. Your health card
   b. Insurance information (to confirm room coverage)
   c. All your medications, in their original containers. Including:
      i. Prescriptions
      ii. Pills, drops, creams, patches, inhalers, injections
      iii. All vitamins
      iv. All herbal therapies
      v. All other over the counter medications you may be taking
3. Wear loose, comfortable clothing and comfortable shoes.
4. Do not wear scented personal products.
5. Plan to be at the hospital for about three hours this day. Bring water and a snack.
6. The driving entrance to the hospital and the visitor parking lot is off Maria Street. Keep your parking ticket with you. You can pay for your parking at kiosks at the Information Desk as you leave the hospital. If you need to be dropped off at the front door, there is a patient drop off area. Your coach will need to assist you.
7. Just inside the hospital’s main entrance is the Information Desk. The Information Desk volunteers can direct you to Patient Registration. There are wheeled chairs available for you to use.
8. Register in Patient Registration 15 to 20 minutes before your Pre-Admission Appointment time. Once you are registered, Patient Registration staff will give you directions to the Pre-Admission Surgical Clinic.
Your Hospital Pre-Admission Appointment is a Two-Part Appointment

- An appointment with a pre-admission nurse; and
- A class with a physiotherapist and an occupational therapist.

Appointment with Pre-Admission Nurse

The pre-admission nurse will:

1. Have you complete and/or review a pre-operative medical history and physical.
2. Review all of your home medications.
3. Explain what to expect before, during and after your surgery.
4. Ask you about your discharge plans from hospital.
5. Tell you to notify your surgeon if you have or develop an infected tooth, cuts, scratches, rashes or any signs of infection before your surgery date. Call your surgeon or primary healthcare provider immediately if you develop a cold or if your health changes in any way. Your surgeon will want to assess these changes before operating on you.
6. Give you written instructions about when to stop eating and drinking before surgery.
7. Teach you how to avoid constipation, and inform you that having a bowel movement the day before your surgery is advisable to avoid constipation problems after surgery. Drink more water and increase your fiber intake. Your pharmacist can also suggest a laxative.
8. Give you instructions for skin preparation before your surgery. Your surgeon recommends that you prepare your skin before surgery by using a special pre-operative cleansing product. You will be asked to purchase this product. Instructions on what to purchase, how to pay, and how to use it will be given to you on the day of your Pre-admission appointment.
9. Advise you that you are not to shave or use any hair removal products on your affected leg for one week prior to your surgery. This is to minimize the risk of infection.
10. Explain to you the importance of deep breathing and coughing exercises after your surgery to prevent any problems with your lungs.
11. Discuss with you the importance of pain control following your surgery and the need for you to take regular pain medication for the first 24-48 hours after your surgery.
12. Answer any questions you or your Coach may have about the surgery or your discharge plans.
13. If you use a CPAP breathing machine at home, instruct you to bring this machine, along with the settings, with you on the day of your surgery.

At the end of the appointment, the pre-admission nurse will tell you when to attend the second part of your pre-admission appointment – the Physiotherapy and Occupational Therapy Class. If further testing is needed, the nurse will also give you directions to:

- The Lab to have blood work done.
- The Cardiology Department to have an electrocardiogram (EKG).
- The Medical Imaging department for X-rays.
Physiotherapy and Occupational Therapy Class

The class will last about an hour. You and your Coach will learn:

1. About the items requested by your surgeon. Your surgeon will inform you of what items you need to purchase before your surgery and bring with you on the day of surgery.
2. The exercises you will need to do before and after your surgery.
3. Your physiotherapy plan for after you have been discharged from hospital.
4. How to manage your daily activities at home.

Once you know what equipment your surgeon needs you to purchase and bring with you, you can choose one of the following businesses:

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bluewater Orthopedic Supply</td>
<td>867 Exmouth Street, Sarnia</td>
<td>519-383-6653</td>
</tr>
<tr>
<td>(compression stockings only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motion Specialties</td>
<td>1000 Finch Drive, Sarnia</td>
<td>519-336-7781</td>
</tr>
<tr>
<td>Shoppers Home Health</td>
<td>516 Exmouth Street, Sarnia</td>
<td>519-344-9797</td>
</tr>
<tr>
<td>(open 7 days/week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>True North Home Health</td>
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The Day Before Your Surgery

Your “To Do List” on the Day Before Your Surgery

1. Pack a small suitcase or bag with:
   a) Two sets of loose comfortable clothing, such as elastic waist shorts and tops suitable for wearing during exercise.
   b) Two pairs of loose fitting underwear.
   c) One pair of comfortable supportive shoes, not slippers.
   d) This Total Knee Replacement Surgery book.
   e) Personal care items (toothbrush, toothpaste, mouthwash, soap, lotion, razor, comb, brush, facial tissue, and deodorant). Please do not bring scented products of any kind, including perfume, after-shave or colognes.
   f) The items requested by your surgeon.

2. Remove polish or artificial nails from your fingers and toes.

3. Shower and use the cleansing product you purchased as directed.

4. Follow any special instructions given to you by the doctor or nurse to prepare for surgery.

5. Follow the instructions given to you at your Pre-Admission Appointment about when to stop eating and drinking.

6. **Do not** smoke (cigarettes, e-cigarettes, vaporizers, etc...), chew gum or have candy after midnight the night before surgery.

7. **Do not** use marijuana in any form (inhaled, eatable, oils, etc...) prior to surgery. Recreational marijuana should be stopped 24 hours prior and medical marijuana should be stopped 8 hours prior to surgery.
The Day of Your Surgery

Your “To Do List” on the Day of Your Surgery

1. Shower as directed and use a clean towel or allow your skin to air dry.
2. Brush your teeth and try not to swallow the water.
3. Do not wear any scented personal products or lotions.
4. Remove polish or artificial nails from your fingers and toes.
5. Remove jewelry including rings, earrings, necklaces, watches, body piercings, etc... Rings that cannot be removed may need to be cut off.
6. Wear clean comfortable clothing.
7. Do not eat or drink anything the day of your surgery.
8. Do not chew gum, have candy or smoke.
9. Take the medications you were instructed to take by your surgeon or the pre-admission nurse, with just enough water to swallow the pills.
10. Follow any other special instructions for the day of surgery given to you by the doctor or nurse.
11. Do not bring any valuables to the hospital, such as money or jewelry. Patients and families assume full responsibility for money, valuables and personal effects kept in your room or on your person.
12. Check your personal insurance coverage before you arrive at the hospital and bring proof. We will not know until the day you are admitted what room is available. We do our best to give you your first choice of room but it isn’t always possible. Patients are assigned to the first available bed appropriate to meet their care needs.
13. Bring your Photo ID, as you will need it when you pick up your pain pill prescription at your pharmacy on the day of your hospital discharge.
14. Bring all your medications to the hospital in their original containers.
15. Bring this Total Knee Replacement Surgery Book and your needed equipment, such as anti-embolic stockings.
16. Bring your CPAP breathing machine, if you are using this device at home, along with the settings.
17. Plan to arrive in Day Surgery at the time specified by the pre-admission nurse.
   a. If no time was specified, arrive 2 ½ hours before your scheduled surgery time.
   b. If your surgery is at 8:00 am, arrive at 6:00 am.
   c. Come in as you did on the day of your Pre-Admission Appointment and report to Patient Registration for the directions to Day Surgery.
What to Expect at the Hospital

What to Expect on Day Surgery

The Day Surgery nurse will:

- Review your medications to verify that they are still current or to make any necessary changes.
- Review your preoperative medical history and physical and your consent for surgery.
- Instruct you to leave your suitcase and belongings with your family member or Coach to take them to your room after surgery. If you are alone, arrangements will be made to transport your belongings.
- Ask you to identify which knee is being operated on and identify that leg using a marker.
- Start an intravenous (IV).
- Answer any questions you, your family or coach may have.

What to Expect in the Operating Room

- It is cool in the Operating Room. You can ask for a warm blanket if you need one.
- You will receive an antibiotic through your IV.
- You will have a chance to talk with the anesthesiologist (the doctor that puts you to sleep). They will answer any questions you may have about the anesthesia or pain control.
- The Surgical Safety Checklist will be completed with you prior to surgery.
- Your surgery is about 2 hours.

What to Expect in the Post Anesthesia Care Unit (Recovery Room)

In the Recovery Room, the nurse will:

- Assess your pain. If you are in pain, tell the nurse so they can provide medication as needed.
- Assess you for nausea or vomiting. There is medication available to relieve these symptoms.
- Review deep breathing as well as foot and ankle exercises.
- Have an X-ray of your knee done.

You will have a dressing on your knee. You will stay in the Recovery Room for about 1-2 hours and then will be transferred to you room on Inpatient Surgery.

What to Expect on Inpatient Surgery

- Your temperature, heart rate, breathing rate and blood pressure will be taken regularly throughout the day and night by your nurse.
- Your circulation, sensation, and pulse to your leg and foot will be checked often as well.
- The nurse will remind you to do deep breathing exercises, as well as foot and ankle exercises and how often to do them.
Deep Breathing Exercises

Deep breathing exercises are important. They:

- Exercise the lungs, move mucous along and clear your airway for breathing.
- Increase blood and oxygen supply to your lungs, boosting circulation.
- Lower the risk of complications such as pneumonia or infection.

How to Do Deep Breathing Exercises

1. Place your hands on either side of your lower rib cage.
2. Breathe in deeply through your nose, hold for one second, then breathe out through your mouth.
3. Take at least five deep breaths every half hour.
4. Cough as often as necessary. This will help to keep your chest clear.

Foot and Ankle Exercises

1. Move your feet up and down as often as you feel comfortable. Aim to do this for one minute every ½ hour.
2. Wiggle your toes often, making circular motions with your ankles.

Pain Assessment

The nurse will assess your pain level and ask you to rate your discomfort on a scale of 0-10. Zero means no pain and 10 is the worst pain. This helps the nurse to know if your pain medication is working.

The nurse will want to keep you comfortable. If you are having discomfort, tell your nurse. It is normal to have some pain after surgery. It is rare to eliminate all pain. The nurse will discuss with you the importance of taking your pain medication on a regular basis for the first 24-48 hours after surgery. It is important to have good pain control to be able to do your knee exercises and increase your mobility. Controlling your pain is an important part of your recovery. The goal is to make you as comfortable as possible, so that you can perform your daily activities.

Nausea and vomiting are common with some patients after surgery. Medications can be given to settle your stomach, so be sure to inform your nurse if you are feeling nauseated.

Confusion and delirium can sometimes occur in people after surgery. You may behave differently, and see or hear things that aren’t really there. This usually resolves in a few days, but can sometimes last for several weeks. Many things can contribute to this, such as the anesthetic, pain medication, lack of sleep, or alcohol withdrawal. It is important to let the staff know if you are experiencing any of these symptoms.
Diet
You will be given fluids to start with and will progress towards a high-fiber diet when you are able.

Getting Up After Surgery
About four hours after you arrive to your room on Inpatient Surgery, the nurse will assess you and if all is well, assist you to sit up at the bedside. You may take a few steps using a walker, with nursing assistance and sit in the chair or use the commode. You may feel tired and dizzy when first getting out of bed. This is normal.

Urinary Tract Health
Urinary problems, such as difficulty passing urine, can happen following surgery. If you have difficulty with urinating, the nurse will assess your bladder with a device to measure the amount of urine in your bladder. Sometimes a catheter (tube) may need to be inserted into the bladder to help with emptying your bladder.

Fall Prevention
While you are in the hospital, safety measures are put in place to help keep you safe from falling.

We will put important items within your reach, such as:
- Call bell to alert your nurse that you need assistance
- Pull cord for your light
- Bedside table and telephone
- Personal items, meals and drinks
- Eyeglasses and hearing aids
- Walker

We will make sure:
- To check on you often
- To clean up spills right away
- To check your medications to see if they put you at risk of a fall
- You know your room number and where your bathroom is located
- Your room and bathroom are well lit
- Your pain is managed well
- Your bed is in its lowest position for you with brakes locked
- Your path to the bathroom, doorways and hallways are clear

You can help by:
- Only getting up on your own when approved by a nurse or physiotherapist
- Wearing non-skid footwear
- Calling for help if you feel weak or dizzy
- Not leaning on equipment for support. Most hospital equipment is on wheels

Working together, we can help prevent falls!
What to Expect on the Inpatient Unit on Your Day of Surgery

You may have blood drawn for testing.

The nurse will:

- Assess you routinely.
- Assess your pain. If you are not comfortable, tell your nurse.
- Include your coach and family in your plan of care.
- Assist you with mobility and repositioning as needed for your comfort.

The physiotherapist will:

- Review how to do your deep breathing, foot and ankle exercises.
- Reinforce that proper footwear is important for your safety. Safe, supportive shoes with tread, closed toes and good heel supports are needed. They can have laces, elastic or Velcro closures.
- Teach you the safe use of your walker and get you walking.
- Review how much weight you may put on your affected leg.
- Teach and review what exercises to do and how to do them safely. This includes getting in and out of bed, using a walker, and how to use stairs.
- Reinforce that completing your exercises regularly will strengthen your muscles, improve your recovery, and help you achieve the best outcome from your surgery.

The occupational therapist will:

- Provide you with a reacher and long-handled shoehorn to use while in hospital.
- Discuss the learning plan they will follow with you.
After Surgery Exercises

**Strengthening Exercises:**

**Exercise 1 - Knee Bending:**
1. Lie on your bed with your lower leg on a sliding board. At home you can use a clear plastic bag under your foot instead.
2. Bend your knee as far as you can, use a towel under your thigh or foot to assist.
3. Hold the knee in the bent position to the count of five.
4. Straighten the knee and release.
5. Repeat 20 to 30 times.

**Exercise 2 - Knee Straightening:**
1. Lie on your back on your bed.
2. With a roll under your heel, allow your leg to relax and straighten as much as possible.
3. Hold the stretch for 20 seconds.
4. Repeat 20 to 30 times.

**Exercise 3 - Static Quads:**
1. Lie on your bed with your legs straight out in front of you.
2. Straighten your knee as hard as you can, pressing it down into the bed and pulling your foot back at the ankle.
3. Hold for five seconds.
4. Repeat 20 to 30 times.

**Exercise 4 - Strengthening Front of the Thigh:**
1. Sit on your bed with a towel roll under the knee.
2. Press your knee onto the towel.
3. Lift your heel off the bed and straighten the knee.
4. Hold for five seconds. Let go slowly.
5. Repeat 20 to 30 times.
Stretching Exercises

Exercise 1 - Knee Straightening Stretch:

1. Sit with your operated leg out in front of you. Loop a towel around the ball of your foot.
2. Keeping your knee straight and your knee and heel on the bed, pull the towel towards you until you feel a stretch in your calf.
3. Hold for 15-20 seconds.
4. Repeat 3 to 5 times.
What to Expect on the Following Days After Your Surgery

You may have blood drawn for testing, and will continue with deep breathing exercises; five deep breaths every hour.

The nurse will:

- Teach you about how to promote wound healing through:
  - Good nutrition. Canada’s Food Guide is a great resource.
  - Good diabetic control. If you are diabetic, be aware of your blood sugars.
  - Not smoking. If you are a smoker, you may want to ask your physician for some quit smoking aids as help is available for you. Smoking is prohibited anywhere on Bluewater Health property.
- Teach you how to prevent and to recognize the signs and symptoms of infection. You will need to treat your incision with care and practice good hygiene.
- Change the dressing on your knee and instruct you on how and when to change it.
- If you are prescribed an injectable anticoagulant (blood thinner), teach you and your coach how to give you the injection, as you may need to continue this medication at home.
- Provide a laxative and/or a fleet enema if you are experiencing constipation from the change in your diet or the pain pills. Ask your nurse how to prevent constipation at home.

The physiotherapist will:

- Increase your walking routine and your after surgery exercise routine and may start practicing stairs if she/he feels you are ready.

The occupational therapist will:

- Teach you how to dress your lower body using assistive devices (if required).
- Review the equipment and assistive devices you may need at home.
- Teach you how to get in and out of the car.

**If you have made arrangements for a short-term respite stay at a local rest and retirement home while you recover, call a day before discharge to inform them that you will be arriving the following day.***
What to Expect on Your Discharge Day

If this is your planned discharge day, confirm your ride home. Plan to be ready to leave at 10:00 am following your physiotherapy session.

The physiotherapist will review with you this morning:

- Your exercises and discuss your exercise plan for home.
- Your outpatient physiotherapy plans.

The nurse will review with you this morning:

- Your home medications and new prescriptions and give you instructions if and when to start them.
- That an appointment is required for your staple removal, which is usually within 10-14 days after surgery. If you do not have an appointment you will be instructed to call your surgeon’s office to arrange a time for follow-up. Instructions will be given to you in regards to this appointment.

You and your Coach will:

- Have planned for your discharge home.
- Arrange for your transportation home (there is a patient pick-up area at the main entrance doors).
- Arrange and pack your belongings.

When your driver and family or coach are here and you are ready to be discharged, a staff member will accompany you to your car.

** All members of the healthcare team will be happy to answer any and all questions you, your family or your coach may have**
Returning Home

Congratulations! You got through the surgery. You met the expectations of your surgeon, hospital physiotherapist and occupational therapist and were discharged. But, there is still a lot of work for you to do. Your healthcare team is still partnering with you. Here is more information to review and learn from to have a successful recovery at home.

Protect Yourself From Falls

Here are some tips to help you make your home fall proof.

House
- Ensure your home is well lit.
- Install nightlights in halls, near stairs, and in bathrooms used at night.
- Avoid the use of rugs.
- Ensure all carpeting is firmly tacked down.
- Keep floor surfaces free of clutter and spills.
- Arrange furniture to avoid catching clothing on corners.
- Keep pets out of your walking path.

Bathroom
- Floor surfaces are clutter free and dry.
- Shower curtains or doors can be fully closed to keep water in.
- There is a non-skid mat outside the shower or tub to absorb water and provide a place for you to step out.
- A rubber bath mat inside the shower provides traction for standing.
- Especially for seniors, consider:
  - Handles for tubs, showers and toilets.
  - Bath seats for the tub or shower.
  - Raised toilet seats.

Stairways
- There is a handrail and it is in good repair.
- Stairs are free of toys and other clutter, and are in good repair.
- Any carpeting on the stairs is firmly tacked down.
- Bare stairs have a non-skid surface.
- The pathways at the top and bottom of the stairs are free of plants or other items.

Kitchen
- Floor surfaces are clutter free and dry.
- Appliance and cupboard doors are kept closed.
- Regularly used kitchen supplies are stored in easy to reach locations.
- Heavier items are stored in lower cupboards.

Outside
- All entrances are well lit.
- Stairs and decks have handrails and are in good repair.
- Bare stairs have a non-skid surface
- Stairs and walkways are free of snow, ice and leaves or other clutter.
- Gardening and other tools are put away when not in use.

Know your limitations. If you have had falls in the past, think about possible causes and ways to prevent future falls.
**When and How to Ice Your Knee**

Ice should be applied prior to exercising the knee for pain relief and to decrease swelling.

1. Place or wrap a dry towel around knee before applying the ice.
2. Place the ice on top of your knee and under your knee.
3. Ice can be applied using a bag of frozen vegetables or crushed ice.
4. Ice your knee for 10-15 minutes, not more than once per hour.

**Possible Problems**

1. **Blood Clots:** It is important to know that a blood clot can form in a vein after surgery. To reduce your risk of a blood clot, you should walk short distances at least once an hour (except when sleeping). You should continue to do your leg and ankle exercises that you were doing while in the hospital.
2. **Pain:** Your pain should lessen as times passes. It is important to keep your pain under control, so that you can move and are able to do your exercises.
   - If you have increased pain that remains persistent and is not relieved by your pain medications, call your surgeon. If you are unable to reach your surgeon, go to your local Emergency Department, but later contact your surgeon and let the office know of the problem you experienced.
   - Once you no longer need your narcotic pain pills, take any remaining tablets to your pharmacist. Do not leave them in your home.

**Call 911 immediately if you have:**

- Unexplained shortness of breath.
- Sudden chest pain.

**Tell your surgeon or primary care provider, or go to Emergency Department if you have:**

- Increased pain or tenderness in your legs or unexplained shortness of breath.
- Heat or redness noted in the calf area of either leg.
- Increasing severe swelling noted in your legs.
- Persistent vomiting that does not go away.
- You notice bright red or dark black stools (if not on iron).

**Anti-Embolic Stockings (if directed by your Surgeon)**

Continue wearing the anti-embolic stockings until your surgeon says to stop, usually around six weeks after surgery.

- Ask your surgeon if you need to wear them all the time. Anti-Embolic Stockings need to be removed daily. Monitor the condition of your skin on your legs and feet and then reapply.
- Make sure the stockings fit smoothly without any wrinkles.
- Do not turn down stocking tops as it can cause a tourniquet effect.
- Stockings should be washed/changed at least every third day. Use a gentle warm water wash. Lay flat to dry. You may want to consider having two pairs of stockings.

**Diet**

You may return to eating your normal diet as tolerated. Drink plenty of fluids to keep yourself well hydrated. No alcohol for the next two weeks or beyond if you are still taking the pain medications.
Dental and Surgery Precautions

Any time you require dental work, you must tell your dentist that you have had a knee replacement before any work is done. Dental work may make it possible for bacteria to go into your bloodstream, travel to your artificial prosthesis, and cause an infection. Although the risk is low for postoperative infections, it is important to realize that the risk remains. Inform any specialist you see about your knee replacement. Avoid Dental Procedures for three months after your surgery.
Taking Care of Your Incision and Dressing

Taking Care of the Dressing

If the dressing is dry and is staying in place over your incision, leave it alone.

Change the dressing if:

- It has fallen off
- It becomes wet
- Excess drainage is present

To change the dressing:

- Purchase dressing supplies from any pharmacy.
- WASH YOUR HANDS FIRST
- If anyone is helping you, they must WASH THEIR HANDS FIRST.
- Carefully remove the soiled dressing.
- Do not touch the incision line with your hands. Use a gauze square and a saline solution to cleanse the incision line and pat the area dry.
- Open the dressing package, peel off the backing and carefully lay it on your incision line, to cover the incision.

Preventing Infection at the Incision Line

- Please do not shower or tub bath until the staples have been removed and your incision is well healed.
- Good hygiene can help prevent infection at the incision line.
- If incisions are not treated with care, they can get infected, which sometimes results in serious complications.
- Washing hands is very important!

Watch for the signs and symptoms of possible infection:

- Chills or fever of 38.5° Celsius (101° Fahrenheit) for 24 consecutive hours.
- Increased drainage from the incision that may be cloudy or foul smelling.
- Increased redness, swelling, heat or severe bruising around the incision site.
- Flu like symptoms.

If you experience or see any of these signs:

- Call your surgeon and/or primary care provider the first day you experience or see any of these changes.
- If you can’t reach your surgeon or primary care provider, go to the Emergency Department.
- If you go to the Emergency Department, call your surgeon’s office the next day.
How much weight can I put on the leg I had surgery on?

Your surgeon or physiotherapist will instruct you throughout your hospital stay about how much weight you can put on your affected leg. If it wasn’t specified or you can’t remember, look at the discharge sheets you were given on the day of your hospital discharge. It should tell you what activity restrictions you are to follow. It may be partial weight bearing or full weight bearing.

How long do I need to use the walker, cane, crutches, or other walking aid for?

You need to use the walker/cane/crutches or other walking aid until your surgeon or physiotherapist tells you that you can stop using it. They will also give you instructions about changes in your weight bearing or what device you need.

Is a bowel routine needed at home?

Yes, because anesthetic and pain medication slows down your system. You may need to consider taking a laxative or stool softener at home. These products can be purchased at any pharmacy. Follow the directions on the label. Talk to your pharmacist if you have questions about laxatives. Increase your water intake and add more fibre, fruit and vegetables to your diet. This will help prevent constipation. If you notice dark black stools (and you are not taking any iron supplements) or bright red stools, you need to notify your surgeon or go to the Emergency Department immediately.

Do I need to make clinic physiotherapy appointments?

You should already have your initial assessment appointment made for your Bluewater Health outpatient physiotherapy at preadmission. If you do not plan to come to Bluewater Health for outpatient physiotherapy, then prior to surgery please arrange this elsewhere as soon as possible.
Managing Activities of Daily Living

Safely Dressing at Home
When needing to dress on your own, have all your clothing and equipment (reacher, sock-aid, etc.) near you so that you are not bending or reaching beyond what is safe. Safely attempt to practice this prior to surgery.

Steps to dressing - underwear/pants:
1. Sit down on your bed or chair.
2. Use the reacher to catch the waist of the underwear/pants.
3. Lower the reacher to the floor and gently guide the garment onto the affected leg first. Then do the same for your non-affected leg.
4. Pull clothing to your thigh.
5. Stand with the walker in front of you and pull the underwear and pants up together.

Steps to undressing - underwear/pants:
1. When undressing, stand to push down your pants and underwear to your thighs.
2. Sit and use the reacher to finish removing the garments from your non-affected leg first.

Steps to dressing - socks:
1. Sit on a chair.
2. Slide the sock onto the sock-aid, making sure that the heel is at the back and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece.
3. Holding onto the cords, drop the sock-aid out in front of the foot of the affected leg.
4. Slip your foot into the sock and pull it on.
5. Repeat this procedure for the other foot.
6. To take socks off, use the reacher to push it off the foot.

Steps to dressing - shoes:
Consider elastic shoelaces in your shoes so that you don’t need to bend forward to tie the laces. Use both the reacher and long-handled shoehorn to put on and take off your shoes.
Safely Using the Toilet at Home

You may benefit from the use of a raised toilet seat when you are first discharged home. Some raised toilet seats have arms, but the raised toilet seat must fit securely on your toilet and/or a toilet frame may be attached to the toilet to provide arms with adjustable height.

1. Back up to the toilet until you feel the back of your knees touching it.
2. Move your affected leg slightly forward.
3. Reach back for the armrests and slowly lower yourself onto the toilet.

Reverse the procedure for getting up, using the arm rests to push on. Get your balance before grabbing the walker.

Safely Bathing at Home

Remember, you should not get the incision wet until your staples are out and your incision is healed. This means sponge bathing for at least 14 days after your surgery. Once the incision is healed, you may shower.

Do not climb into the tub for the first six weeks. If you wish to shower in the bathtub you may benefit from the use of a bath transfer bench.

1. Turn so that you are facing away from the tub.
2. Reach back with one hand for the backrest of the tub bench. One hand can remain on the walker.
3. Sit down slowly on the transfer bench.
4. Lift your legs over the side of the tub.
5. Reverse this procedure to get out of the tub.

Never use soap dishes or towel racks to support yourself. They are not made to hold your weight, and may give way. If you have a walk-in shower, an adjustable height shower chair is recommended. The Occupational Therapist can help you sort out the best solution for your home situation.
Standing With a Walker

1. Move to the edge of the chair or bed.
2. Bend your good leg under you to hold your body weight.
3. Slide your affected leg ahead, if necessary.
4. Using your hands, push down on the arms of the chair or bed as you stand up.
5. Put most of your weight on your good leg, and as much as your surgeon allows, on your affected leg. Your physiotherapist will review how much weight bearing that is.
6. Once balanced, move your hands to the walker or cane.

Sitting Down When Using a Walker

1. Back up to the edge of the chair or bed until the back of your knees feel the edge.
2. Slide your affected leg forward, if necessary.
3. Using your hands, hold the armrests or bed.
4. Slowly and carefully lower yourself to a sitting position.
Walking Safely With Your Walker

1. Lift and place the walker a short distance forward.
2. Step your affected leg forward first.
4. Using your arms, push down on your walker.
5. Lift your other leg forward.
6. Do not pivot on your feet. To turn safely, lift your feet, stepping around turning away from your affected leg.
7. Continue to use your walker until advised otherwise.
8. REMEMBER, “Walker, affected leg, non-affected leg.”

Going Up Stairs With a Hand Railing:

1. Reach slightly ahead on the railing, balance on your affected leg and cane/crutch, and step up with your strong (non-affected) leg first.
2. Bring your affected leg, then your cane/crutch to the same step and repeat.
Going Down Stairs With a Hand Railing:

1. Use the railing and cane/crutch.
2. Reach slightly ahead on the railing, placing your cane/crutch on one step ahead of you and step down with your affected leg.
3. Bring your strong leg to the same step and repeat.

Going Up With No Hand Railing, Using Cane/Crutches:

1. While balancing on your affected leg, step up with your strong (non-affected) leg first.
2. Bring your affected leg, then your cane/crutches to the same step and repeat.

Going Down With No Hand Railing, Using Cane/Crutches:

1. Place your cane/crutches on the step ahead of you and step down with your affected leg.
2. Bring your strong leg to the same step and repeat.

Safely Managing Kitchen Activities at Home

- Remove rugs, so you don’t trip over them.
- Use clothing or an apron with several pockets.
- A walker bag or a small child’s bicycle basket can be purchased and used to carry items including plates, silverware, food in sealed containers, etc.
- Carry hot liquids in containers with secure covers in a bag or basket attached to your walker.
- A cordless phone is recommended, so you can carry it in the walker bag or basket.
- Slide objects along the counter rather than trying to carry them.
- Sit on a high stool when doing countertop tasks.
- A reacher might be helpful to get objects that are on the floor.
- A utility cart may be used to carry items from place to place. Push it ahead of the walker. This will free up your hands, and it will also reduce the number of trips you will need to make to complete a task.
**Safely Getting In and Out of a Car**

When getting in and out of the car, always make sure you are on level ground and not beside the curb.

1. To maximize leg room, put the front passenger seat back as far as it will go. Place a plastic bag on the seat to ease movement by helping you slide more easily.
2. Stand with your back to the car and use the seat and dashboard for support while you lower yourself down onto the seat.
3. Supporting your affected leg, slowly bring your legs into the car. If you do not have enough room to bring your leg into the car with your immobilizer splint on (if applicable), you can take it off once you are sitting on the car seat. You can bend your knee and support your leg to get in. Reapply the immobilizer splint on to your leg when you are getting out of the car and are ready to stand up.
4. Reverse this procedure to exit the car.
Resuming an Active Lifestyle

You may be up walking with partial to full weight on your affected leg, as instructed by your surgeon or physiotherapist. Use your walker at all times when walking. Your surgeon or physiotherapist will tell you when to change to a cane or crutches and when to stop wearing your brace (if applicable).

Continue to progress your range of motion exercises, strengthening exercises and your walking tolerance. This will help you achieve independence.

Activity Restrictions After a Total Knee Replacement
Driving could be restricted for as long as six weeks. Driving again will also depend on your individual progress. You will need to consult your surgeon for advice on when you can drive again. You should not be driving while taking narcotic pain medication.

- It is recommended that you take at least six weeks off work. Your surgeon will decide when you can return to work. You will need to discuss with your employer any special needs you will have upon your return to work. For example, you may need to keep your leg elevated while sitting or to request reduced work hours initially. In addition, you may still be using a walking aid such as a cane or crutches.
- Low impact leisure or sport activities can usually be started three months after surgery. These include walking, dancing, swimming, golf, and bowling. If you are unsure of which activities are right for you, speak with your surgeon.
- Your surgeon will advise when you can resume sexual activity. The best position for you is lying on your back.

General Activity Guidelines

- Maintain a healthy weight.
- Stay healthy and active.
- Avoid repetitive heavy lifting.
- Do not lift or push heavy objects.
- Avoid excessive stair climbing.
- Consult your surgeon before beginning any new sport or activity.
- Avoid any physical activities involving quick stop-start motion, twisting or impact stresses.
- Avoid excessive bending when weight bearing.
- Do not kneel until your surgeon and physiotherapist say you can and then do so only on a padded surface while avoiding prolonged and repetitive kneeling.

Remember your surgeon is the best person to discuss activity questions with after your knee surgery.
Physiotherapy

Physiotherapy Visits

It is important for you to have your pain under control when having physiotherapy. You should time your pain medication, so you’re taking it right before receiving treatment. This way, you will be able to do your exercises more easily and with more comfort.

Remember that your surgery may have corrected the knee problem, but the weak muscles will only be strengthened through regular exercise. These exercises should be repeated as instructed by your physiotherapist to achieve the best function of your total knee replacement.

The physiotherapist will:

- Have you continue with the exercises you learned in hospital and teach you more when they feel you are ready
- Assess your progress.

As you become stronger and more mobile, your physiotherapist may progress you to the following exercises.

Exercise 1 - Knee Flexion/Extension in Sitting:

1. Sitting on the side of your bed, bend your knee as far as you can. (You may use the unaffected leg to help bend back the affected leg).
2. Straighten your knee and hold for five seconds, then relax.
3. Repeat 20 to 30 times.

Exercise 2 – Hamstring Stretch:

1. Sit on your bed with your affected leg out in front of you, and your other leg resting on the floor beside the bed.
2. Stretch forward from the hips, keep your back straight.
4. Repeat 3 to 5 times
Exercise 3 – Quadriceps Strengthening (Straight Leg Raise):
1. Lie on your back and bend your unaffected knee up.
2. Tighten the muscle on the front of your thigh.
3. Lift your leg 20-25 centimeters in the air keeping your knee straight.
4. Repeat 20 to 30 times.

Exercise 4 – Standing Hamstring Curl:
1. Standing next to a chair (with a weight on the ankle of your affected leg), lift your affected leg up to a 90° angle.
2. Hold it in that position for five to 10 seconds.
3. Slowly lower your leg to relax.
4. Repeat 20 to 30 times.

Exercise 5 – Calf Raises:
1. Stand on your affected leg next to a table or chair.
2. Rise up on your tiptoes.
3. Slowly lower your body to relax.
4. Repeat 20 to 30 times.
(Option: If you are unable to stand on one leg, perform exercise while standing on both legs).

Exercise 6 - Standing Calf Stretch:
1. Standing with your arms against a wall for support.
2. Step back with your affected leg.
3. Keep your affected leg straight and lean forward into the wall, bending your good leg.
4. Feel the stretch in the back of your calf of your affected leg.
6. Repeat 3 to 5 times.
Outpatient Physiotherapy

Your after-surgery outpatient physiotherapy at the hospital or at another physiotherapy clinic should begin about 7 to 10 days after your date of surgery. The physiotherapist will advise you how long and how often you will attend. Each person’s needs are different.

Local Physiotherapy Options

<table>
<thead>
<tr>
<th>Government Funded Facilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bluewater Health</td>
<td>89 Norman Street, Sarnia, ON</td>
</tr>
<tr>
<td>CEEH of Bluewater Health</td>
<td>450 Blanche Street, Petrolia, ON</td>
</tr>
<tr>
<td>Chatham Kent Health Alliance</td>
<td>325 Margaret Avenue, Wallaceburg, ON</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partially Government Funded Clinics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(OHIP funded for under 19 years. of age, over 65 years of age or spent night in hospital)</td>
<td></td>
</tr>
<tr>
<td>Possible assessment fee not covered by OHIP</td>
<td></td>
</tr>
</tbody>
</table>

| Petrolia Rehabilitation            | 411 Wingfield Street, Petrolia, ON | 519-882–3076 |
| Sam Shuqair Physio Clinic          | 195 Harkness Street, Sarnia, ON    | 519-344–7581 |
| PT Health Sarnia Physiotherapy     | 150 N. Christina Street N.(Bayside Mall), Sarnia, ON | 226-778-6076 |

<table>
<thead>
<tr>
<th>Privately Funded Clinics (i.e. User Pay, Extended Health, WSIB, Insurance Co., etc.)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Archway Physiotherapy</td>
<td>1679 London Line, Sarnia, ON</td>
</tr>
<tr>
<td>Body Balance – Health and Physiotherapy</td>
<td>1315 Michigan Avenue, Sarnia, ON</td>
</tr>
<tr>
<td>Bright’s Grove Physiotherapy &amp; Wellness Centre</td>
<td>2670 Lakeshore Road, Bright’s Grove, ON</td>
</tr>
<tr>
<td>CBI Health Centre</td>
<td>867 Exmouth Street, Sarnia, ON</td>
</tr>
<tr>
<td>ComCare</td>
<td>1317 Exmouth Street, Sarnia, ON</td>
</tr>
<tr>
<td>Corunna Physiotherapy</td>
<td>348 Lyndock Street, Corunna, ON</td>
</tr>
<tr>
<td>Cross Works Physiotherapy Inc.</td>
<td>611 St. Clair Street, Point Edward, ON</td>
</tr>
<tr>
<td>Forest Physiotherapy &amp; Rehabilitation</td>
<td>10 Watt Street, Forest, ON</td>
</tr>
<tr>
<td>In Motion Health Wellness Fitness</td>
<td>1150 Pontiac Drive, Unit 6, Sarnia, ON</td>
</tr>
<tr>
<td>Jeff Charron Rehab Services</td>
<td>224 Vidal Street N, Sarnia, ON</td>
</tr>
<tr>
<td>Mobility Works Physiotherapy</td>
<td>2467 Lisa Crescent, Bright’s Grove, ON</td>
</tr>
<tr>
<td>Physiotherapy &amp; Sports Injury Clinic</td>
<td>329 Selkirk Street, Wallaceburg, ON</td>
</tr>
<tr>
<td>Sarnia Physiotherapy and Sports Injury Clinic</td>
<td>714 London Road, Sarnia, ON</td>
</tr>
<tr>
<td>Sport &amp; Spine Physiotherapy</td>
<td>1152 London Road, Sarnia, ON</td>
</tr>
</tbody>
</table>
Your Follow up Appointment With Your Surgeon

Location: Ambulatory Care
Level 1, Norman Building
Bluewater Health
89 Norman Street, Sarnia, Ontario N7T 6S3

You will need a follow-up appointment with your surgeon. If you weren’t given an appointment, call your surgeon’s office to schedule one.

Wear loose, comfortable clothing to your appointment.

After you register in Ambulatory Care, you may be sent to the imaging department to have X-ray of your knee done before you see your surgeon.

Your surgeon will assess your progress, your surgical incision, and your recovery. Questions to Ask Your Surgeon:

- How much weight should I be putting on my affected leg now?
- How much longer am I to wear my anti-embolism stockings?
- What future follow up appointments with you do I need?
- How long do I follow the activity restrictions?
- Do I take Aspirin after the blood thinner prescription is finished?
Thank You

As we come to the end of your Total Knee Replacement Journey, our goal continues to be to make your care and transition home as smooth as possible by planning ahead and involving you in the process.

Thank you for your commitment in being an active participant in the journey of your total knee replacement surgery. It is a solid investment in your successful recovery.
Health Questionnaire

English version for Canada
Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY
I have no problems in walking about
I have slight problems in walking about
I have moderate problems in walking about
I have severe problems in walking about
I am unable to walk about

SELF-CARE
I have no problems washing or dressing myself
I have slight problems washing or dressing myself
I have moderate problems washing or dressing myself
I have severe problems washing or dressing myself
I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)
I have no problems doing my usual activities
I have slight problems doing my usual activities
I have moderate problems doing my usual activities
I have severe problems doing my usual activities
I am unable to do my usual activities

PAIN / DISCOMFORT
I have no pain or discomfort
I have slight pain or discomfort
I have moderate pain or discomfort
I have severe pain or discomfort
I have extreme pain or discomfort

ANXIETY / DEPRESSION
I am not anxious or depressed
I am slightly anxious or depressed
I am moderately anxious or depressed
I am severely anxious or depressed
I am extremely anxious or depressed
• We would like to know how good or bad your health is TODAY.

• This scale is numbered from 0 to 100.

• 100 means the best health you can imagine.
  0 means the worst health you can imagine.

• Mark an X on the scale to indicate how your health is TODAY.

• Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =
Oxford Knee Score (OKS)

English version for Canada
**Problems with your knee**

Check (✓) one box for every question.

1. **During the past 4 weeks...**

   How would you describe the pain you usually have from your knee?

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Very mild</td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td></td>
</tr>
</tbody>
</table>

2. **During the past 4 weeks...**

   Have you had any trouble with washing and drying yourself (all over) because of your knee?

<table>
<thead>
<tr>
<th>Trouble Level</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>No trouble at all</td>
<td></td>
</tr>
<tr>
<td>Very little trouble</td>
<td></td>
</tr>
<tr>
<td>Moderate trouble</td>
<td></td>
</tr>
<tr>
<td>Extreme difficulty</td>
<td></td>
</tr>
<tr>
<td>Impossible to do</td>
<td></td>
</tr>
</tbody>
</table>

3. **During the past 4 weeks...**

   Have you had any trouble getting in and out of a car or using public transportation because of your knee? (whichever you tend to use)

<table>
<thead>
<tr>
<th>Trouble Level</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>No trouble at all</td>
<td></td>
</tr>
<tr>
<td>Very little trouble</td>
<td></td>
</tr>
<tr>
<td>Moderate trouble</td>
<td></td>
</tr>
<tr>
<td>Extreme difficulty</td>
<td></td>
</tr>
<tr>
<td>Impossible to do</td>
<td></td>
</tr>
</tbody>
</table>

4. **During the past 4 weeks...**

   How long have you been able to walk before pain from your knee becomes severe? (with or without a stick/cane)

<table>
<thead>
<tr>
<th>Time</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain/More than 30 minutes</td>
<td></td>
</tr>
<tr>
<td>16 to 30 minutes</td>
<td></td>
</tr>
<tr>
<td>5 to 15 minutes</td>
<td></td>
</tr>
<tr>
<td>Around the house only</td>
<td></td>
</tr>
<tr>
<td>Not at all/pain severe when walking</td>
<td></td>
</tr>
</tbody>
</table>

5. **During the past 4 weeks...**

   After a meal (sitting at a table), how painful has it been for you to stand up from a chair because of your knee?

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all painful</td>
<td></td>
</tr>
<tr>
<td>Slightly painful</td>
<td></td>
</tr>
<tr>
<td>Moderately painful</td>
<td></td>
</tr>
<tr>
<td>Very painful</td>
<td></td>
</tr>
<tr>
<td>Unbearable</td>
<td></td>
</tr>
</tbody>
</table>

6. **During the past 4 weeks...**

   Have you been limping when walking because of your knee?

<table>
<thead>
<tr>
<th>Limping Frequency</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely/never</td>
<td></td>
</tr>
<tr>
<td>Sometimes, or just at first</td>
<td></td>
</tr>
<tr>
<td>Often, not just at first</td>
<td></td>
</tr>
<tr>
<td>Most of the time</td>
<td></td>
</tr>
<tr>
<td>All of the time</td>
<td></td>
</tr>
</tbody>
</table>
7. **During the past 4 weeks...**
   Could you kneel down and get up again afterwards?

<table>
<thead>
<tr>
<th>Yes, easily</th>
<th>With little difficulty</th>
<th>With moderate difficulty</th>
<th>With extreme difficulty</th>
<th>No, impossible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **During the past 4 weeks...**
   Have you been troubled by pain from your knee in bed at night?

<table>
<thead>
<tr>
<th>No nights</th>
<th>Only 1 or 2 nights</th>
<th>Some nights</th>
<th>Most nights</th>
<th>Every night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **During the past 4 weeks...**
   How much has pain from your knee interfered with your usual work (including housework)?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Greatly</th>
<th>Totally</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **During the past 4 weeks...**
    Have you felt that your knee might suddenly 'give out' or let you down?

    | Rarely/never | Sometimes, or just at first | Often, not just at first | Most of the time | All of the time |
    |--------------|-----------------------------|--------------------------|------------------|-----------------|
    |              |                             |                          |                   |                  |

11. **During the past 4 weeks...**
    Could you do the household/grocery shopping on your own?

    | Yes, easily | With little difficulty | With moderate difficulty | With extreme difficulty | No, impossible |
    |-------------|------------------------|--------------------------|------------------------|---------------|
    |             |                        |                          |                        |               |

12. **During the past 4 weeks...**
    Could you walk down one flight of stairs?

    | Yes, easily | With little difficulty | With moderate difficulty | With extreme difficulty | No, impossible |
    |-------------|------------------------|--------------------------|------------------------|---------------|
    |             |                        |                          |                        |               |

Finally, please make sure that you have answered each question.

Thank you very much.
For information about Bluewater Health and our amenities, please ask for a copy of our Patient & Family Guide.

Produced for: Surgical Department
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