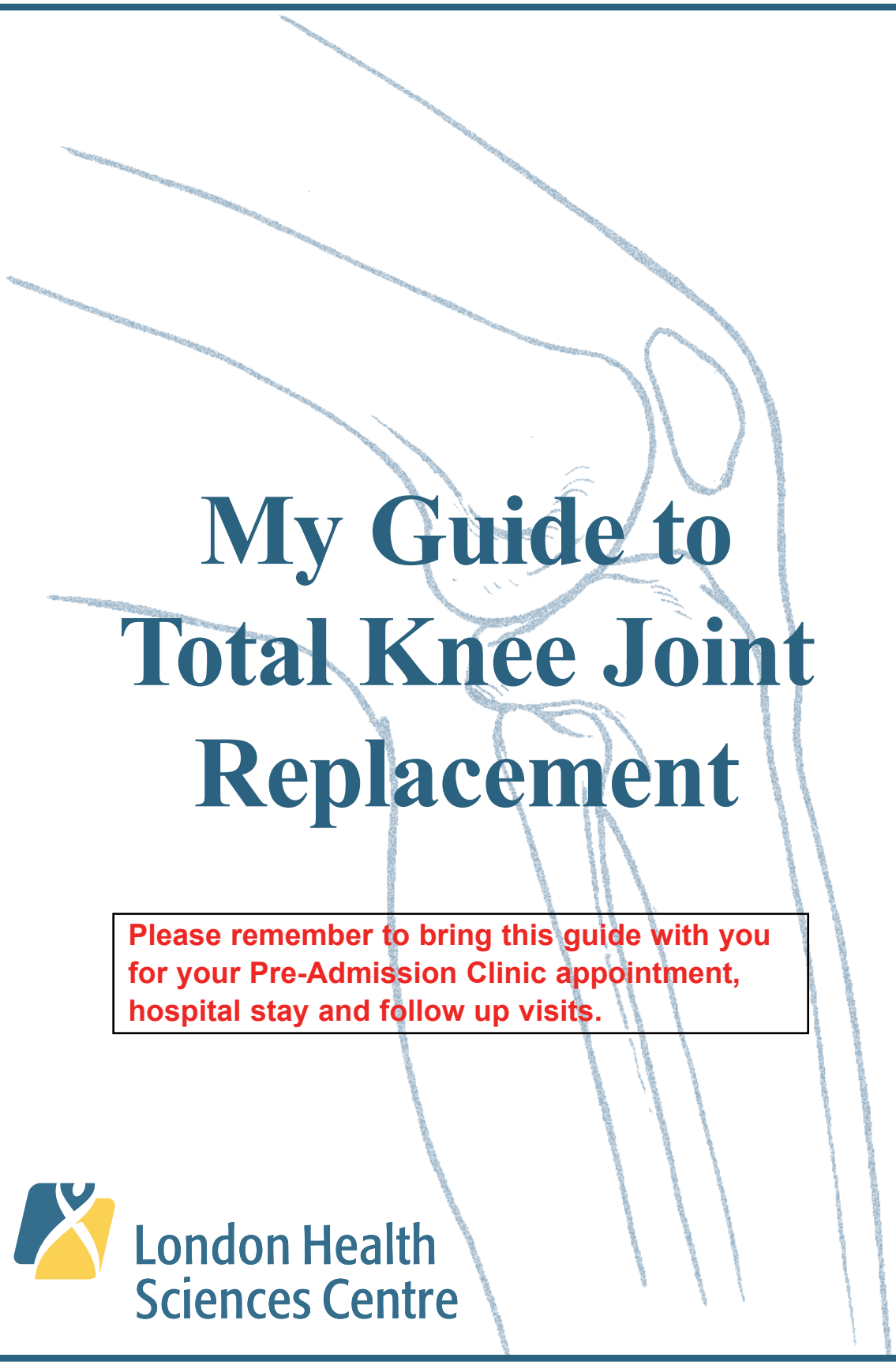


My Guide to Total Knee Joint Replacement

Please remember to bring this guide with you for your Pre-Admission Clinic appointment, hospital stay and follow up visits.

London Health Sciences Centre

NS8401-8293 (Rev. 2020/12/04)

The following people are acknowledged for their contributions to the development and revision of this guide:

Mary Helen Adams, Physiotherapy
Barbara Berg Troyer, Nursing
Dr. R.B. Bourne, Orthopaedic Surgeon
Hazel Celestino, Clinical Educator Orthopaedics
Tia DiPasquale, Occupational Therapy
Laurie Flodrowski, Occupational Therapy
Bob Harris, Nurse Practitioner
Dr. J. Howard, Orthopaedic Surgeon
Brenda Hutton, Nursing
Nathan Ivanovich, Occupational Therapy
Carolyn Jaeger, Physiotherapy
Donna Kalman, Manager Orthopaedics
Kate Lanis, Occupational Therapy
Dr. S. MacDonald, Orthopaedic Surgeon
Lina Martins, Nurse Educator
George Moogk, Graphic Artist
Allan Murray, Physiotherapy
Steve Newman, Nursing
Ravi Rastogi, Clinical Specialist, Physiotherapy
Gina Silvestri, Physiotherapy
Sylvia Simon, Coordinator Orthopaedics
Michelle Smart, Physiotherapy
Cheryl Talbot, Nurse Practitioner
Jennifer Van Bussel, Physiotherapy
Dr. E. Vasarhelyi, Orthopaedic Surgeon
Marg Vaz, Clinical Specialist, Physiotherapy
Maribeth Witteveen, Nurse Practitioner
Megan Wolfe, Physiotherapy

Pathway to Recovery: My Guide to Total Knee Joint Replacement published by

London Health Sciences Centre

ISBN 0-9690619-9-4

Additional copies may be purchased from
The Rorabeck Bourne Joint Replacement Clinic
339 Windermere Road, London, Ontario, Canada N6A 5A5

Telephone (519) 685-8500 ext. 32487

Introduction

Research shows that people who are well prepared and fully participate in their care have a smoother and faster recovery after joint replacement surgery.

This guide will give you and your family information about your total knee joint replacement. It is divided into five sections:

Section 1: **General Information About Your Knee and Total Knee Joint Replacement**

Section 2: **What to Expect Before and After Surgery**

Section 3: **Things to Remember at Home**

Section 4: **Exercises Before and Following Total Knee Joint Replacement**

Section 5: **Final Remarks**

Please read this guide and write down any questions you may have in the spaces provided. **Please remember to bring this guide with you for your Pre-Admission Clinic visit, hospital stay and follow-up visits. Important: If your surgeon or health care team gives you different advice than what has been provided in this booklet, please follow the individualized directions you receive.**

For the most current information on Total Knee Joint Replacement, please visit the web-site at

http://www.lhsc.on.ca/jointreplacement

Table of Contents

SECTION 1

General Information

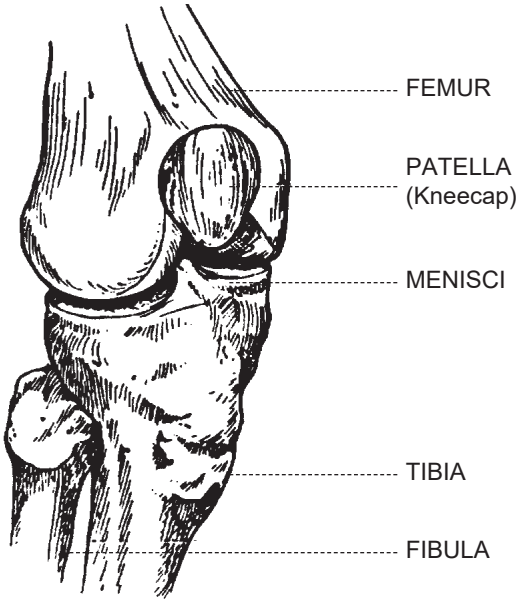
MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

GENERAL INFORMATION ABOUT YOUR KNEE AND TOTAL KNEE JOINT REPLACEMENT

Structure of the Knee Joint

- The knee joint (Figure 1) is the largest joint in the body.
- The knee joint is made up of the kneecap (patella), the thigh (femur) and shin (tibia) bones of the leg.
- Articular cartilage is a smooth elastic tissue that covers and cushions the surfaces of these bones and allows them to move smoothly.
- Menisci are "pads" of cartilage found between the thigh and the shin bones that act as "shock absorbers" to protect the bone surfaces.
- Ligaments give support to the knee in all directions.
- Muscles move the bones of the leg and provide strength.
- The knee moves like a hinge.

Figure 1 - Structure of the Knee Joint



Function of the Knee Joint

The knee joint allows your leg to:

- Straighten (extend).
- Bend (flex).

Knee Pain

Arthritis is a common age-related disease leading to knee pain.

The knee becomes painful when:

- Cartilage is destroyed.
- Irregular bone surfaces appear.
- Muscles weaken and the joint becomes stiff.
- Swelling occurs in the knee.

These changes in the knee joint often result in:

- Pain, especially when walking.
- Swelling, stiffness and deformity.
- Grinding sensation when bending.
- "Favoring" the knee and loss of movement.
- Instability in the knee/leg.
- Limp.

Why Have a Total Knee Joint Replacement?

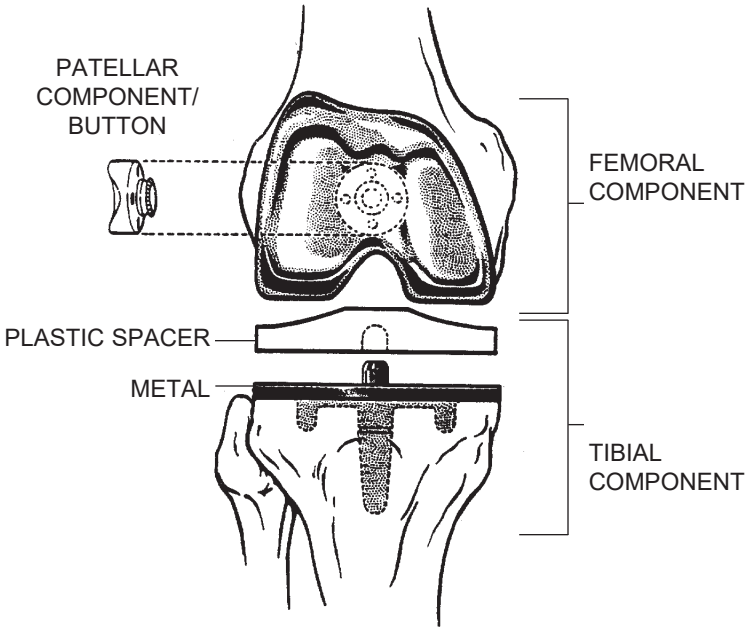
- To end or reduce your pain, stiffness and deformity.
- To improve your knee movement and stability.
- To improve your quality of life.

What is a Total Knee Joint Replacement (Arthroplasty)?

It is the resurfacing of the bone surfaces in your knee joint with a low friction metal and plastic spacer. The artificial joint is made up of:

- Metal which wraps around the bottom of your thigh bone (femoral component).
- Metal or plastic which resurfaces the top of your shin bone (tibial component).
- Plastic liner on top of the metal tibial component (plastic spacer).
- May or may not include plastic which resurfaces the underside of your kneecap (patellar component). In some cases, there will be a patellar component only.

Figure 2 - Total Knee Joint Replacement



Risks and Benefits of Total Knee Joint Replacement

With your decision to proceed with total knee joint replacement, you will have already discussed the benefits and risks of this surgery with your surgeon. Total Knee Joint Replacements have proven to be extremely durable. Ninety to ninety-five percent success rates at ten to twenty year check-ups are common.

As with any operation, total knee joint replacement has a number of potential but uncommon risks.

These include:

- Infection.
- Deep vein thrombosis and pulmonary embolism (blood clot in legs or lungs).
- Anesthetic complication.
- Death.
- Slow healing.
- Technical complication (i.e. damage to skin, muscle, bone, nerve or blood vessel).
- Postoperative pain.
- Postoperative stiffness.
- Postoperative instability of the knee.
- Late wear or loosening of the implant needing revision.
- Limp.
- Flaring up of other medical conditions.

Your surgeon will review these with you before your surgery and answer any of your questions.

What Happens in Surgery?

Your knee surgery will take one to two hours. The surgeon:

- Removes damaged bone from your knee joint.
- Selects and fits your new joint according to your individual size.
- Anchors your new knee prosthesis to the bone.

How Long Will I Be in Hospital?

If your knee replacement is an outpatient surgery (you are not staying overnight in hospital) you are expected to go home the same day. If your surgery is planned as an inpatient admission your discharge is expected to be the next day after surgery for most patients.

Revision Total Knee Joint Replacement

What is a Revision Total Knee Replacement?

In patients over age 60 years, it is hoped that a total knee replacement will last the lifetime of the patient. Occasionally, implants fail for a variety of reasons such as polyethylene (plastic) wear, loosening, instability or deep infection. A revision total knee replacement often involves removing the implant put in during the first operation, and replacing this with a new total knee device.

What Results Can I Expect?

Revision total knee replacement may be a more difficult and lengthy operation than the initial total knee replacement, but can offer extremely good results in terms of pain relief and restoration of function. The chances of an excellent result are slightly lower than those of the primary procedure, but still in the range of 80-90%.

What Are the Risks of Revision Total Knee Replacement?

As with any operation, a revision total knee replacement has a number of potential risks. For the list of risks see section 1, page 4.

Your surgeon will review these with you before your surgery and answer any of your questions.

What Happens in Revision Surgery?

A revision total knee replacement usually takes 2-4 hours to perform.
The surgeon must:

- Expose and remove the failed implant
- Re-insert all or part of a new total knee replacement depending on what had to be fixed

What Happens After Revision Surgery?

If you have a revision surgery your discharge is expected to accur 1-2 days after surgery. The information in the Guide will generally apply to you. However, after a revision total knee replacement your weight bearing and exercises may be more restricted than with your first replacement. You may require a brace while you are recovering. The surgeon, resident, nurse practitioner, unit nurse and/or physiotherapist will discuss these restrictions with you.

MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

SECTION 2

What to Expect Before and After Surgery

MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

IMPORTANT - Follow these instructions:

- **No** cortisone injections in the joint that will be replaced six months before your surgery date.
- Avoid dental procedures including cleanings, acupuncture, bowel or bladder procedures (ie. scopes), injections (ie. vitamin B12), piercings and tattoos one month before surgery and for 3 months after unless you have been instructed otherwise.
- Do not shave the operative leg 48 hours before surgery and for 2 weeks after surgery.

What to expect at your visits to LHSC X-ray

As a part of your preoperative and postoperative assessment, an x-ray of your joint is needed. Here is some helpful information:

- There may be a significant wait for your x-ray.
- Bring any medication, food or hydration you may require while you are waiting.
- Bring any mobility aids that you may normally use or require to move in x-ray (ie. walker, cane, etc.).
- Wear comfortable, loose clothing without metal components (ie. if you wear jeans with rivets and zippers, you may be asked to change to a hospital gown).
- You may be requried to stand to have the hip/knee x-ray views completed.

Postoperative X-rays for LHSC Clinic Appointments

- Do **NOT** come earlier than the appointment time you were given. These are booked to precede your clinic appointment times.
- Arriving early to x-ray **WILL NOT** speed up your clinic visit.
- Please note: To facilitate your clinic or virtual visit, you might have your X-ray done at an outside site the week before your appointment. Please follow the instructions from your surgeons office.

My Pre-Admission Clinic (PAC) Visit

- I bring in all of my prescribed medications, vitamins and herbal supplements in their original containers. I take my medications as usual this day.
- I will spend about 4-6 hours in the Pre-Admission Clinic.
- I bring "My Guide to Total Knee Joint Replacement" with me to the Pre-Admission Clinic visit.
- I provide a medical and nursing history and undergo a physical examination.
- I may see an anesthetist or internist. In some cases, this may need to occur at another appointment.
- I may be asked to be a part of a research study.
- I will fill out a questionnaire online or on paper while I am waiting to see various Health Care Providers during my Pre-Admission Clinic visit.
- I receive information prior to my pre-admit visit about the Perioperative Blood Conservation Program. If needed the team will discuss results at this appointment.
- I may have bloodwork, x-rays, and any other tests that are ordered by the doctor or nurse practitioner.
- I have received the Same Day Admission or Outpatient Surgery information pamphlet.
- I have my questions about the surgery and my hospitalization answered.
- I understand what to expect of my surgery and postoperative care.
- I understand when and how to use the mupirocin ointment and chlorhexidine cleansing sponges I have purchased from the hospital pharmacy.
- I need to stop any medication(s) as instructed at my preadmission appointment. If I have failed to do so I need to call the surgeon's office immediately.
- If I am having both knees replaced at the same time, I will see an occupational therapist
- I understand what equipment (ie. walker, crutches) I will need after my surgery and where I can obtain it (see section 3, page 23).
- I have received information about outpatient physiotherapy. I will start my outpatient physiotherapy 1 week after knee replacement surgery (or 1-6 weeks after a knee revision as instructed).
  - University Hospital is the preferred site for outpatient physiotherapy provided you live within reasonable travel time. The physiotherapy team at University Hospital will submit your referral when you are discharged from your surgical visit. **LHSC will call you** to schedule your appointment after your surgery.

- If you are NOT able to have your outpatient physiotherapy at University Hospital, additional options for funded outpatient physiotherapy will be discussed with you at this appointment. For all knee replacement surgeries (excluding revisions), you must must book your outpatient physiotherapy **BEFORE coming to the hospital for your surgery.** If you have further questions about outpatient physiotherapy and LHSC partner clinics please call 519-685-8500, extension 37710 for assistance from the LHSC Bundled Care Program (Section 5, page 35).

Helpful Information to Plan for your Discharge from Hospital and your Recovery at Home:

- Hospital stays are becoming shorter all the time with improved surgeries. The length of time you spend in hospital depends upon the type of joint replacement you have and your overall health. Some people go home the same day of surgery and others go home Day 1. Those with serious health concerns may stay a little longer. Your discharge will be determined by your health care team and on your recovery after surgery. **People tend to recover better in their own home.**
- I will arrange for transportation home.
- I will arrange for appropriate help at home after surgery. I may need help with meal preparations, getting required prescriptions filled, and **having someone to stay with me the first few days and nights**. I will discuss this at my pre-admission clinic visit.
- If I am planning on going to another facility for **Respite Care**, it is my responsibility to arrange this for my discharge date and to arrange transportation to get there. Some questions I should ask the facility when considering this plan are:

  - Do they provide help with bathing or dressing?
  - Do they provide help with my mobility needs (ie. walking to the bathroom or dining room)?
  - What equipment (ie. commode or bed side rail) is available in the room?
  - Is there access to a call bell for help if needed?
  - Can meals be brought to my room?
  - Do they take staples out?
  - Do they change the wound bandages?
  - Is a chest x-ray required prior to admission?
  - Do they admit on weekends?
  - This information will be discussed at my Pre-Admission Visit and if I do not have a plan in place, there is the potential that my surgery will be **postponed** until I can ensure this support is available.

Following surgery, most patients will use a standard walker (no wheels), or in some cases crutches for at least 6 weeks. If you have crutches at home that require the physiotherapist to size them to fit you, please have them brought into hospital after your surgery. Walkers and crutches may be purchased at the hospital during your surgical stay. Equipment rentals can be arranged from medical equipment vendors in your community.

My outpatient physiotherapy needs to be arranged prior to my surgery (see section 2, page 7-8). I will arrange a ride to my physiotherapy appointments with family, friends, or public transportation as I will not be driving until my surgeon approves me to do so at 4-6 weeks.

Depending on your surgery, medical and physical status, the need for additional supports may be assessed during your inpatient stay.

If you want to explore private pay home help options discuss this at your pre-admission visit or visit www.southwesthealthline.ca (Home Health and Community Supports, In-Home Personal Support).

What Happens if I Do Not Feel Well?

- I call my surgeon immediately if I develop a cold or my health changes in **ANY** way as I get close to my surgery.

Day Before Surgery

- My surgeon's office will call one business day before my surgery to confirm the time of surgery. If I have not heard from the surgeon's office by 3 p.m., I will call the surgeon's office to confirm the surgery time. If the office is unable to reach you, your surgery may be canceled.
- I remove polish from fingernails and toenails.
- I shower or bathe the night before and the day of surgery.
- I use the cleansing sponges, following the instructions given to me by my Pre-Admission Clinic nurse. There are also printed instructions that come with the cleansing sponges.
- I do not eat or drink anything after midnight the night before my surgery, or as instructed.
- I do not chew gum, have candy or smoke after midnight the night before my surgery and on the day of surgery.
- I follow any special instructions given to me by the doctor or nurse to prepare for surgery.
- I remember not to shave my legs less than 48 hours before surgery and 2 weeks after surgery.

Day of Surgery

- I pack a small overnight bag with a set of night clothes and clothes to go home in, slippers or loose fitting shoes, walker, crutches/cane (only if you require the physiotherapy team to verify the quality/sizing), knee guide booklet and personal care items (toothbrush, toothpaste, mouthwash, denture cleansing tablets, soap, lotion, razor, comb, deodorant, tissues and feminine hygiene products). I ask a family member to keep this bag and bring to my room after my surgery. It is important to have oral care products available for your evening and morning after surgery.
- I do not eat or drink anything after midnight the night before my surgery, or as instructed.
- I do not take any medications unless I have been told to do so with a sip of water.
- I may wear dentures, glasses, hearing aids, or hair pieces, but they will be removed before surgery. I will bring containers for these.
- I may brush my teeth the morning of surgery, being careful not to swallow any water if it is less than 3 hours before my scheduled surgery time.
- I do not bring large amounts of money, jewelry, or other valuables.
- I do not wear makeup.
- I do not wear contact lenses.
- I follow any special instructions given to me by the doctor, nurse practitioner or nurse to prepare for surgery.

Arriving at the Hospital

- I report to the Pre-Admission Clinic area and then I will be directed to go to the Surgical Preparation Area, where I will be prepared for my surgery.
- I arrive 2½ -3 hours before as I have been instructed by the surgeon's office.

Surgical Preparation Area

- I get dressed in a hospital gown.
- I have my blood pressure, pulse and breathing rate checked.
- I will have an intravenous started.
- The nurse will ask me if I have any new medications added to my home list.
- The nurse will ask me about medications taken today.
- I may have preoperative medications given to me.

- I will speak to my anesthetist or delegate.
- I may have a catheter for pain placed in my thigh.
- I will speak to my surgeon or delegate.
- I will have my leg marked by my surgeon or delegate.
- I am taken to the operating room.

Operating Room

- My surgery takes 1-4 hours depending on the surgery being performed.
- I am taken to the Post-Anesthetic Care Unit (PACU).

Post-Anesthetic Care Unit (PACU)

- I have my blood pressure, pulse, and breathing rate checked.
- I will receive pain medication to take by mouth as needed from my nurse.
- I may have pain medications administered by a pain catheter in my thigh.
- I have my circulation, sensation, and pulses checked and I am asked to move my foot.
- I will have an x-ray done of my knee.
- I will have a dressing over my knee, which my nurse will check regularly.
- I may be moved to the Inpatient Unit.
- Some patients will be discharged home from the PACU or the Surgical Preparation area.

Admission to Hospital-Postoperative Care

- I may have an opposite sex roommate depending upon bed availability.
- I am provided with a call bell and shown how to call for the nurse.
- The surgeon or resident speaks with me or my family about the surgery.
- I have my foot circulation, sensation, pulses and movement checked often.
- The dressing, my blood pressure, pulse and breathing rate are checked regularly.
- I ask for and receive pain medication as I need it. Some patients may be able to control this by pushing a pain button.
- I use a bedpan, urinal or get up (with assistance from the healthcare team) to a bedside commode the day and night of my surgery. I may have a urinary catheter in place.
- If I don’t feel ill I may start to drink or eat light diet selections.
- I ask for medications to settle my stomach if needed.
- I may be given oxygen overnight.
- I am reminded to keep my leg straight in bed and not to put a pillow under my knee.

- I may be assisted to sit at the side of my bed and may walk a short distance with a walker with assistance from the healthcare team the day and night of my surgery.
- My family is welcome to stay with me according to LHSC visitor guidelines and recognizing my need for rest after surgery.
- Visiting may be interrupted to provide appropriate patient care and therapy or restricted if safety and privacy rights need to be protected.

During Your Hospital Stay

- I am assisted to sit up, and helped to bathe.
- My physiotherapist and/or nurse reviews how much weight I may put on my leg and shows me how to use an appropriate gait aid such as a walker or crutches (see section 3, page 20).
- My physiotherapist and/or nurse may help me be up in a chair, walk in the hallway, and progress my mobility as able. My physiotherapist will review going up and down stairs with me if required for safe household mobility.
- My nurse removes my pain catheter, if present.
- My nurse may change my initial bandage. This may produce mild discomfort for a short time. This will continue to be monitored for drainage. Some dressings are intended to stay in place until the 2 week mark.
- I have blood taken.
- My intravenous is taken out if I am drinking well.
- My oxygen tubing will be removed and I will be asked to deep breathe and cough regularly.
- I receive the medications that I was taking at home.
- My nurse may teach me how to give myself a blood thinner.
- Ice will be applied to my knee as needed.
- I will ask for my pain medication about 1 hour prior to my exercises.
- My physiotherapist or physiotherapy assistant will teach me exercises and I will continue to do them 3 times a day (see section 4, page 26).
- I receive a laxative at bedtime as needed.
- If your knee replacement is an outpatient surgery you are expected to go home the same day. If your surgery is planned as an inpatient admission your discharge is expected to be the next day after surgery. Your discharge is expected 1 to 2 days after revision surgery.

Preparation for Home
My plans for discharge are reviewed and I am aware of my responsibilities.

- I confirm my ride home.
- I will be given the opportunity to practice going up and down stairs with my physiotherapy team when required to prepare for safe household mobility (see section 3, page 21).
- My physiotherapist will review my postoperative physiotherapy plans with me. If I am receiving physiotherapy at University Hospital Outpatient Clinic, my physiotherapy team will submit my paperwork and I will receive a phone call to schedule the first appointment. If I choose to receive physiotherapy services elsewhere, I will be given my referral paperwork (see section 2, page 7-8).
    - Most knee replacement patients will have their initial appointment 1 week after discharge from the hospital.
    - Patients that had a knee revision will have their appointment 1-6 weeks after discharge as instructed by their surgeon and/or physiotherapist.
- I will continue the exercises my physiotherapy team taught me at home multiple times each day.
- I am given a prescription for pain medication, my blood thinner and any new medication that I started in the hospital.
    - If I have any questions about my medications, I ask my nurse.
- A nurse gives me instructions on caring for the wound dressing.
- I am given an appointment to come to the orthopaedic out-patient clinic (Rorabeck Bourne Joint Replacement Clinic) on the main level of University Hospital to see my surgeon for follow up, if I do not already have one.
- I may be given a staple remover and letter to give to my doctor.
- In most cases a hospital porter takes me down in a wheelchair to the front door when my ride arrives.
- I am helped to get into my car.
- **I have someone to stay with me for the first few days and nights or the time frame recommended by my healthcare team until I am accustomed to managing in my home**.
- I am told about problems to watch for when at home (see section 2, page 14).
- Some people who have knee replacement surgery have also had a history of problems in other joints. If you find you are having difficulties managing your daily activities because of pain or stiffness in your knee and/or other joints, such as your hips or non-operative knee, you might benefit from seeing an **Occupational Therapist**. For example, if both knees are affected by arthritis you might benefit from additional equipment or devices to assist in your daily activities of living. You may discuss a referral to Occupational Therapy with any member of your health care team.

AT HOME

- I use a gait aid (walker, crutches or cane) when walking as I have been instructed.
- I will be given instructions about my 2 week follow up visit. I will receive a letter to take to my primary care provider (family doctor or nurse practitioner) and a staple remover or I will return to see my surgeon as arranged.
- My pain and swelling may increase or decrease daily depending on my activity but should continue to improve over the next few weeks.
- I will apply ice to my knee as instructed and required (see Section 4 page 25).
    - NOTE: If you purchased a cryotherapy (cold) ice wrap, change the gel packs as per the manufacturer's instructions. It may be removed during sleep.
- I do my knee exercises multiple times EVERY DAY as taught by the physiotherapy team.
- I see a physiotherapist 1 week after my knee replacement or 1-6 weeks after knee revision as instructed.
- I do not drive until instructed I can do so by my surgeon (ie. at 4-6 weeks post-op).
- I will be given instructions by my surgical team as to when it is safe to shower.
- No submersion in water for 6 weeks (ie. pool, hot tub or bath tub).
- I call my surgeon with any questions or concerns I have. My surgeon's number is provided on discharge information.

PROBLEMS TO WATCH FOR WHEN AT HOME

If I experience any of the following symptoms or have any concerns, I will call my surgeon or family physician.

1. Increased pain in calf or thigh of either leg.
2. Increased pain in leg.
3. Decrease in range of motion of my knee.
4. Increased swelling, tenderness, or redness in either leg.
5. Temperature above 38.5ºC taken at least 30 minutes after eating or drinking.
6. Increased drainage from the incision, redness, or opening of incision edges.
7. Increased difficulty with walking.
8. **If I develop shortness of breath or chest pain/tightness, I will go to my local Emergency Department.**

Prevention of Edema (Swelling):

Edema or swelling occurs as a natural response to surgery and tissue injury. Swelling tends to increase in the affected leg when sitting or standing, but should decrease over time and should be less upon waking in the morning. **Significant pain and redness should not be present.** If you experience intense pain or redness contact your physician. To minimize swelling lie down several times per day with your leg slightly elevated. Continue the foot and ankle pumping exercises while lying down. Avoid prolonged periods of sitting with your legs in a dependent position. Doing your exercises as instructed by your physiotherapist should also reduce the swelling.

Care of Your Incision at Home

1. Follow the wound care instructions provided to you in hospital. A shower may be acceptable when specified by the healthcare team but do not submerge in water (baths, whirlpool or swimming pool) for 6 weeks after surgery.
2. If you must change your bandage **wash your hands before and after incision care.** Only change the bandage when necessary (ie. when fully saturated or liquid is pooling) and replace it with a new sterile bandage. Bandages can be bought at a pharmacy. Do not touch the incision with your hands.
3. If you have staples, your family doctor will need to remove them two weeks after your surgery. If you have a 2 week return appointment with your surgeon, the staples will be removed during this clinic visit.
4. **NO** lotions, ointments or creams should be applied over or around the incision area until you have your 6 week follow-up appointment with your surgeon.

Return Visits

- I will see my surgeon about 6 weeks after my surgery. In some cases earlier visits will be scheduled.
- I go to the orthopaedic out-patient clinic (Rorabeck Bourne Joint Replacement Clinic) on the 1st level at University Hospital at my scheduled appointment date and time.
- I may be asked to go to the x-ray department on the 2nd floor after I have registered (½ hour before my clinic appointment).
- I bring a list of questions/concerns that I might have.
- I may be asked to fill out a questionnaire on paper or online while I am waiting to see the surgeon.
- I bring any note from my physiotherapist to my surgeon.

- My surgeon will tell me if I need to follow any driving or other restrictions any longer.
  - I may now be allowed to drive.
  - I may be given a note by the surgeon to give to my physiotherapist.
- I am given an appointment for my next return visit.
- I will ask my surgeon about return to specific activities (ie. work, golf, tennis, gardening, etc.).

Further Return Visits

- I may return to see my surgeon at 3 months and 1 year after my surgery.
- I am seen every 1 to 2 years thereafter.
- I may have x-rays done at each visit.
- I may contact my surgeon for earlier visits if I develop any problems or have concerns (see section 5, page 38 for contact information).

Long Term Care of Your Knee

1. There is usually no limit to activities such as walking, bicycling, or swimming.
2. Certain higher-level activities may not be recommended with a knee replacement such as repeated heavy lifting. Please discuss with your surgeon.
3. Remind your doctors and dentists that you have had a total knee replacement. You will need to take a prophylactic (preventative) antibiotic before dental work including cleaning or surgery and within the first 3 months after your surgery. In some cases, life-long prevention may be recommended by your surgeon. Please follow your surgeons recommendations.
4. You may resume sexual activity when you are comfortable. As with any activity, choose positions that are within comfortable limits. The safest position will be lying on your back. For more information ask your therapist for a guide titled “Sex after Joint Replacement” or view on-line at www.lhsc.on.ca/jointreplacement.

The London Health Sciences Centre Foundation usually calls discharged patients within 6 weeks of discharge for donations. Please consider directing any donations to the Orthopaedic program (see section 5, page 35).

Prevention of Constipation

Constipation is defined as having fewer bowel movements (BM's) than normal, or hard stools that require straining to pass.

Why do I get constipated?

There are many reasons why you get constipated. Some of them are specific to your recent surgical experience:

- Medication for pain or nausea (ex. narcotics)
- Dehydration
- Not enough fibre in your diet
- Lack of physical activity
- Being bed-ridden or chair bound

Your body needs three things for your bowels to work properly:

- Fibre
- Fluids
- Peristalsis (muscle contractions in the bowel)

How can I prevent constipation?

Here are some helpful hints to help relieve or prevent constipation:

- Know your normal bowel movement habits. Remember that normal bowel habits vary.
- Eat a well-balanced diet that is high in fibre.
- Drink plenty of liquids during the day.
- Exercise regularly and go for walks.
- Do not avoid the urge to have a bowel movement.
- Set aside time after breakfast or dinner for undisturbed visits to the toilet.

How can I manage constipation?

The most effective way to manage constipation is by slowly including fibre with every meal and snack to reduce bloating and gas. You will also need to drink more fluids:

- Sprinkle 1-2 tablespoons All Bran® or All Bran Buds®, 1-2 teaspoons wheat bran or psyllium husk into pudding, yogurt, oatmeal, applesauce, or on top of your favourite cold cereal. Add to casseroles, soups, meatloaf, mashed potatoes, baked goods etc.
- Add 1 rounded teaspoon of Metamucil® or Benefibre™ to beverages.
- Cut up some fresh fruit to put on your breakfast cereal or have it for a snack.
- Include 1-2 vegetables with meals and snacks.

- Avoid skipping meals. Eat meals and snacks at regular times each day.
- Try 20 minutes of activity (based on your individual activity level) after eating a meal.
- Include foods that are natural laxatives like prunes, prune juice, rhubarb and papaya.
- Limit fast food, processed foods, high fat foods and large servings of meat or cheese.

Fluids to Choose:

- Plenty of water (1½ litres per day), prune juice, fruit juices with pulp, hot beverages (decaf tea, herbal tea, broth and soup). Caffeine products help move the bowels but can also lead to dehydration. Water is a better choice.

Recipe Suggestions:

Fibre Smoothie

½ cup (125 mL) of juice

½ cup (125 mL) of plain yogurt or silken tofu

1 rounded tsp (5 mL) of Benefibre™ or Metamucil®

Pour juice and yogurt (or tofu) into the blender. Mix on high speed until smooth. Add Benefibre™ or Metamucil® and blend. Pour into a large glass and enjoy.

Fruit Lax-Natural

Mix equal amounts of apple sauce, prune juice and All Bran or Raisin Bran.

Refrigerate and take 1 teaspoon (5 mL) at a time twice daily.

NOTE: if the mixture becomes dry, add more apple sauce or prune juice.

If you continue to have difficulties with constipation, please consult your family physician or pharmacist for advice.

References: Nutrition Management of Constipation, London RCP, RNAO BPG on Constipation

MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

SECTION 3

Activities of Daily Living Following Total Knee Joint Replacement

MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

ACTIVITIES OF DAILY LIVING

Following your surgery, you may have difficulty with everyday activities due to surgical pain and stiffness. Your therapist will review strategies to help you manage your daily activities during your recovery.

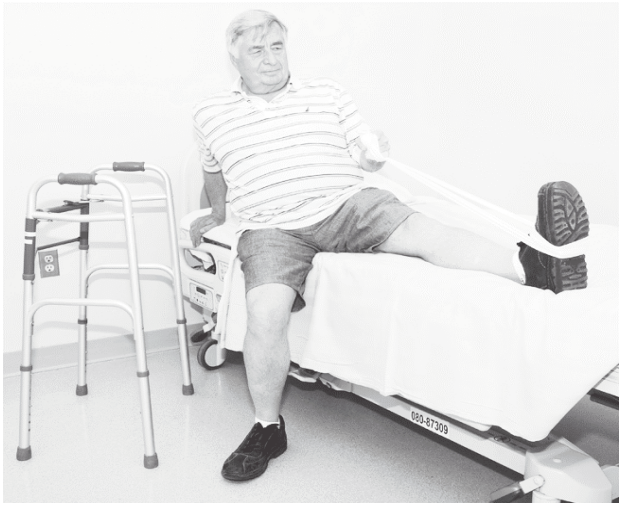
If you are are having a lot of difficulty managing your everyday activities (such as walking, getting on/off the toilet) **before** the surgery, you may benefit from using some of the equipment and strategies outlined in this section.

Lying Down

You may find sleeping on your back to be the most comfortable position initially. **DO NOT PLACE A PILLOW UNDER YOUR OPERATED KNEE**, your knee must stay straight when you are lying down except for when performing certain exercises. You may lie on your side and a pillow placed between your thighs/knees to support your operated leg can make it more comfortable.

Getting In/Out of Bed

- Move your body to the edge of the bed, usually you will find it easier to lead with your non-operated side first.
- Keep your body straight and your operated leg out to the side.
- Move from lying to sitting and avoid too much twisting.
- A strap or leg lifter can assist with moving your operated leg in/out of bed.



Walking

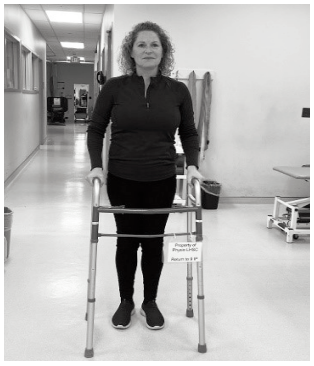
Use the appropriate gait aid (ie. usually a walker or crutches) recommended by your therapist. You will use your gait aid at all times when you are up. Your therapist will advise you how much weight you are allowed to put through your operated leg (ie. weight bearing status). When using crutches, put weight through your hands, not your armpits. Also avoid bending your wrists back too far (hyperextension) when using a walker or crutches.

Walking with Gait Aid Instructions:

- Move the walker/crutches forward first. Ensure all legs of the gait aid are on the ground.
- Move your operated leg forward into the walker/crutches maintaining the appropriate weight-bearing.
- Follow with your non-operated leg to meet the operated leg. Do not let your toes move past the front of the walker.

Remember this sequence for walking:

1. Walker/crutches
2. Sore (operated) Leg
3. Good (non-operated) Leg



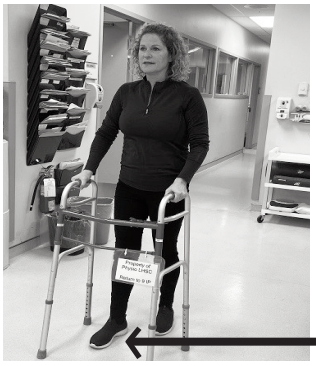


Figure 1. Therapist demonstrating walking with a standard walker.

Figure 2. Patient demonstrating walking with crutches.

Stairs

Your physiotherapist will give you specific instructions and you will have an opportunity to practice before you are discharged from the hospital. If you have a railing, a cane or one crutch may be used. Crutches are necessary for stairs if you do not have a railing.

Going UP the stairs with crutches:

1. Put your good (non-operated) leg up on the stair first.
2. Next, put your sore (operated) leg up onto the same stair as your first leg.
3. Follow with your crutch up onto that same stair.

Going DOWN the stairs with crutches:

1. Put your crutch on the stair below.
2. Next, put your sore (operated) leg down on the same stair as your crutch.
3. Follow with your good (non-operated) leg down onto that same stair.

Prepare and Safe Proof Your Home

- Install a railing along at least one side of your stairs. Consider both indoor and outdoor stairs.
- If you have a lot of stairs at home, consider temporarily setting up a bed on the main floor if necessary.
- Remove scatter rugs.
- Move telephone wires and electrical cords out of the way.
- Use night lights, especially between your bedroom and the bathroom.
- Do not try moving too quickly. Let people know that it will take you longer to get to the phone or the door.
- Keep a clear path between frequently used areas.
- Wear non-skid, supportive footwear.
- Set up the recommended equipment at home (ie. walker or raised toilet seat) and practice using the equipment.

Tips for Managing in your Home and Kitchen

- You must have both hands on the walker or crutches when taking steps or walking at all times.
- Keep a clear path between frequently used areas for room to use a walker or crutches.
- Use a basket or bag attached to your walker to help with transporting items.
- A cup holder attached to your walker can help with carrying beverages.
- Use a travel mug with a lid that fully closes for transport of hot beverages.
- Using containers (ie. Tupperware) with lids that seal will help with transporting food/meals to your table.
- Using a reacher can help access light weight objects out of high or low cupboards. You can keep common kitchen items at counter height or items on the top shelf of the fridge for easier accessibility as well.
- You may benefit from having a chair in the kitchen that you can sit on for rest breaks as needed.
- Assistance with groceries and meal preparation may be required initially. If you are able, try preparing meals ahead of time and stock up your freezer.

Equipment

Recommended equipment you may use for a period of time following your surgery will be discussed with you at your pre-admit appointment. You may rent or purchase items from your local home health store or medical equipment vendor. If you plan to obtain any of the equipment to use before the surgery, you may want to consider purchase because an ongoing rental fee may cost more. Also, if you have any extended health coverage (ie. benefits from an employer), consider looking into whether it may cover a portion of the cost of the equipment. Some service clubs will loan equipment at no charge.

You must ensure the equipment is in place at home by the time you come in for your surgery.

Equipment you may need:

- A standard walker (no wheels)
- Crutches and/or cane (may be required for stairs)
- A raised toilet seat with arm rests or a stationary commode (which can be used over your toilet)
- A bath transfer bench
- A bed side rail (if you find getting in/out of bed difficult)
- A long handled reacher
- A long handled shoehorn
- Sock-aid
- Long handled bath sponge or brush
- A chair at home which has a firm, level seat and arms

MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

SECTION 4

Exercises Before and Following Knee Joint Replacement

MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

EXERCISES BEFORE AND FOLLOWING YOUR TOTAL KNEE JOINT REPLACEMENT

Prior to your surgery:

- Your rehabilitation starts preoperatively by strengthening key muscle groups.
- Having strong muscles prior to your surgery will make moving much easier after surgery.

Getting Physically Fit

- The majority of individuals planning on having a knee replacement have pain and reduced mobility.
- In spite of this pain, exercising within your individual limits and improving your fitness will make postoperative rehabilitation easier.
- It is important to recognize that some pain while doing exercise is not harmful.
- The exercise intensity should be kept at a level where you do not experience greater pain after the exercise is stopped.

Planning Your Preoperative Fitness Regime

- Start your fitness regime as early as possible as it can take months to significantly improve your muscle strength and cardiovascular fitness.
- At your Rapid Access Clinic Appointment (RAC) your Advanced Practice Provider may suggest exercises or options in the community to plan a program that best meets your individual needs.
- A physiotherapist will be able to prescribe you a fitness regime that will include exercises to improve range of motion, muscle strength, balance and cardiovascular fitness.

Is Your Surgery Scheduled as an Outpatient Surgery?

- If your surgery has been scheduled as an Outpatient surgery (not staying overnight in hospital), your surgeon will refer you to LHSC University Hospital Outpatient Physiotherapy for a pre-op assessment. You will receive a phone call from the physiotherapy department to schedule that appointment.

More physiotherapy information available online:

https://www.lhsc.on.ca/jointreplacement

Following your surgery:

While in the hospital, you will be seen daily by a physiotherapist starting either on the day of your surgery or the morning after. Mobility and rehab goals to be achieved while in the hospital include:

1. Independently getting in and out of bed/chair.
2. Walking safely on level ground using a standard walker or crutches.
3. Going up and down stairs safely especially if it is required for you to do stairs to live at home.
4. Your therapist will start you on a set of exercises that are designed to improve your mobility and strength.
   - These exercises will be started on the day after your surgery.
   - You need to continue doing these exercises when you go home.
   - Your outpatient physiotherapist will add/remove exercises as appropriate.

Guidelines For Your Physiotherapy

Practice Before Surgery

Review and practice the first 5 exercises listed in this section **before** surgery.

Icing

Icing should be done prior to exercising and at any time for pain relief and to decrease swelling. Ice can be applied directly over the knee, front and back, using a bag of frozen vegetables, crushed ice, or a cryotherapy (cold) ice wrap for 15-20 minutes. Keep your dressings dry by placing saran wrap/plastic over your knee before applying the ice. **DO NOT PLACE A PILLOW UNDER YOUR OPERATED KNEE.**

Ambulation

Continue to use your walking aid until you return to the clinic, or until you are progressed by your physiotherapist.

Exercise

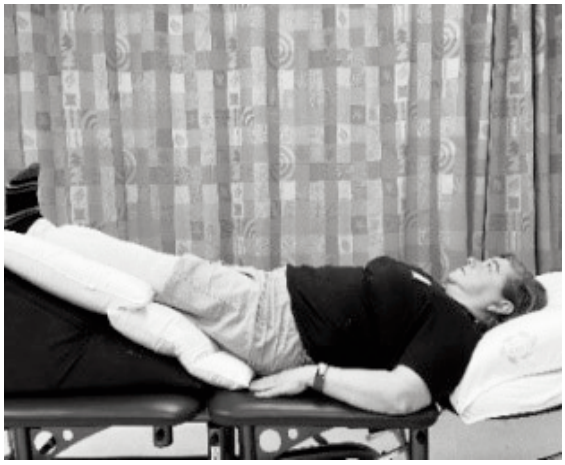
Following Total Knee Joint Replacement, both flexion (bending) and extension (straightening), are important for a good outcome. You should keep your knee moving to prevent it from getting stiff when you are not exercising.

Pain

It is common to feel increased discomfort and pain during exercises. You will not hurt your knee by doing these exercises. These are an essential part of your recovery.

Knee Joint Replacement Exercises

Positioning for swelling in the lower leg

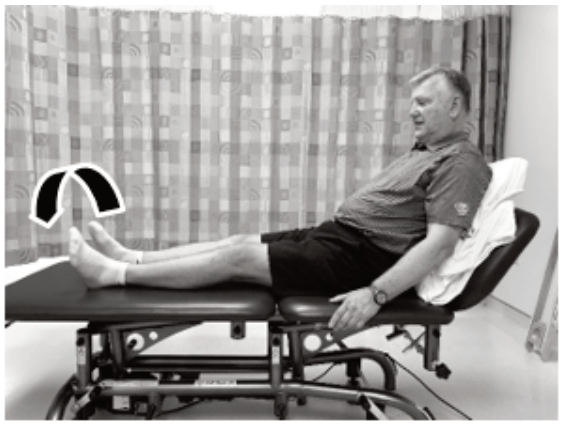


• Create a ramp with pillows or a wedge. Lie on your back with your lower leg elevated (higher than your heart) and **keep your knee straight**. Try to stay in this position for 15-20 minites, 4-5 times throughout the day during **WAKING** hours. You can also apply ice while you are resting in this position.

Exercises for the initial 2 weeks following surgery

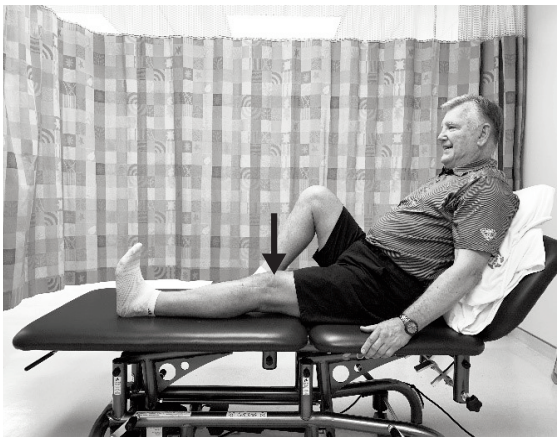
The following 5 exercises should be done a minimum of **3 times per day** for the first **2 weeks** post operatively. The exercises can be done in sitting or lying. Please be sure to do the exercises with a neutral alignment of your operative leg. Make sure that your knee cap and great toe are pointing to the ceiling — do not allow your leg to rotate out at the hip. This will be the neutral starting position for most of your exercises.

Exercise #1 — Ankle Circles



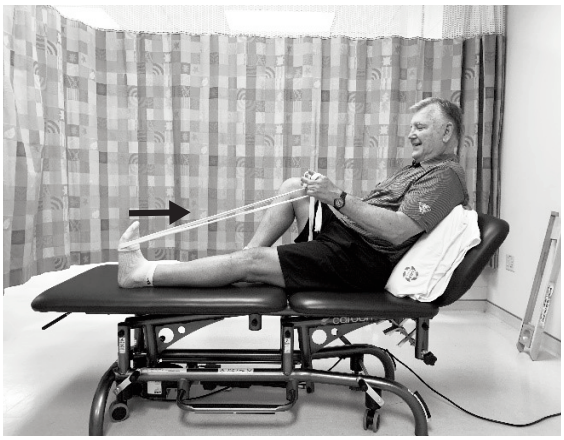
• Make 10 large circles with your ankles in each direction (clockwise and counter clockwise), maintaining good alignment of your leg. Repeat multiple times per day.

Exercise #2 — Quad Set



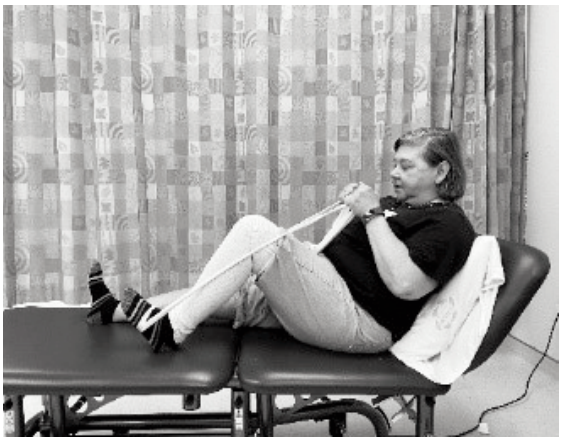
• Lie on your back or sit up with your operative leg in the neutral starting position. Contract your thigh and buttock muscles and press the back of your knee down into the bed. Hold for 5 seconds then release. Repeat 10 times, multiple times per day.

Exercise #3 — Calf Stretch



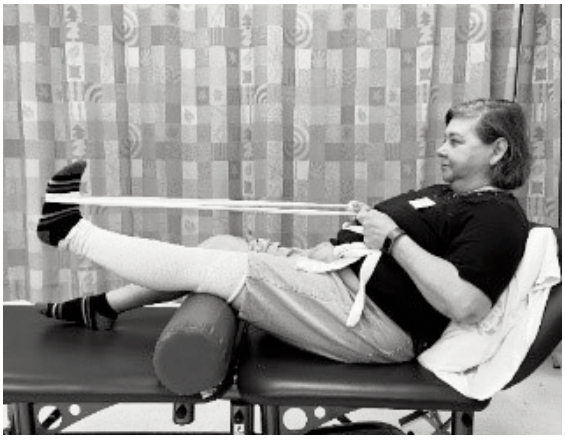
• Lie on your back or sit up with your leg in the neutral starting position. Loop the strap around the ball of your foot and pull, flexing your foot towards your knee. Do not allow your knee to bend. You should feel a stretch in your calf muscle. Hold for 5-10 seconds then release. Repeat 10 times, multiple times per day.

Exercise #4 — Heel Slides



• Sit up or lie down with your operative leg in the neutral starting position. Loop your strap around your forefoot and slide your heel towards your chest as far as you can. It is normal to have a feeling of tightness and/or discomfort in the knee. Hold for 3-5 seconds. Repeat 10 times, _____ times per day. You can use a slider board or a plastic bag under your foot to decrease friction during this exercise.

Exercise #5 — Quads over the Roll (with assist)

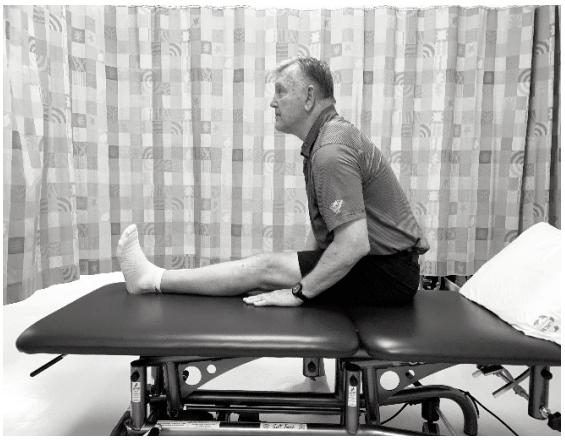


• Lie on your back or sit up with your leg in the neutral starting position. Loop the strap around your forefoot. Place a 6” roll under your knee (this could be a rolled-up towel, a large juice can etc.). Keeping the back of your knee in contact with the roll, lift your heel and straighten your knee. Hold for 3-5 seconds. You can use the strap to assist if needed. Slowly lower your heel down onto the bed. Repeat 10 times, _____ times per day.

Exercises Beyond 2 Weeks (as directed by your physiotherapist)

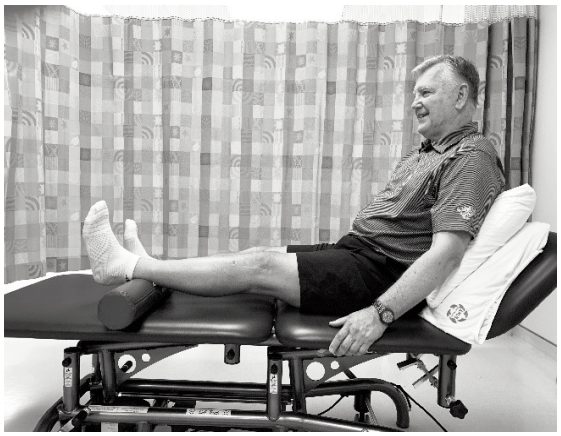
The following exercises should be initiated **two weeks after** your surgery. **Please refrain from starting these exercises on your own.** They should **ONLY** be started with physiotherapist instruction as progression is patient specific.

Exercise #1 — Hamstring Stretch



• Sit on the bed with your surgical leg extended and in good alignment. Place your other foot on the floor for stability. Keeping your back straight, lean forward until you feel a gentle stretch in the back of your upper leg (the hamstring muscles). Hold for _____ seconds, repeat _____ times, _____ times per day.

Exercise #2 — Passive Extension

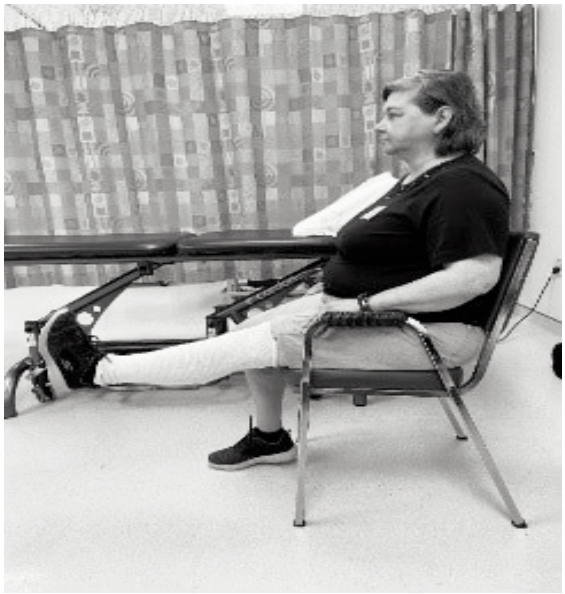


• Lie on the bed with your legs extended and in good alignment. Place a rolled towel under the heel of your surgical leg. You can also place a small weight (2-3 pounds) on your leg, just above the knee. Try to relax and allow the knee to straighten. Hold for _____seconds, repeat _____ times, _____times per day.

Exercise #3 — Standing Calf Stretch

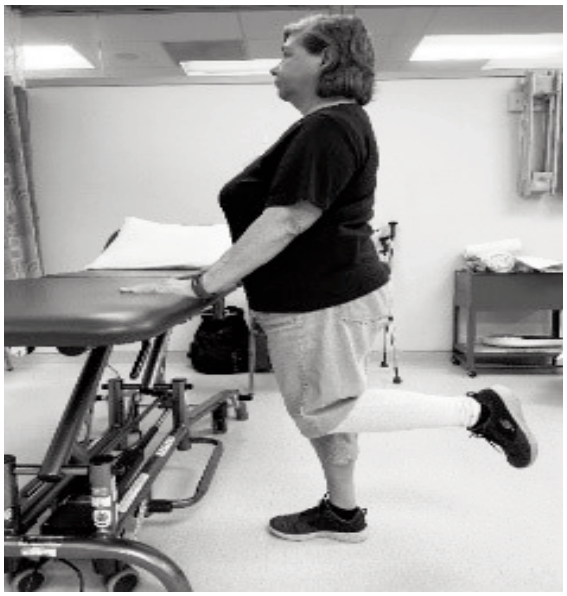
• Stand next to a countertop for support in a stride stance, with your operative leg as the back leg. Keeping your back heel on the ground, shift forward bending your front (non-operative) knee. You should feel a stretch in the calf muscle of your back leg (operative side). Hold for _____seconds, repeat _____times, _____times per day.

Exercise #4 — Seated Knee Extension



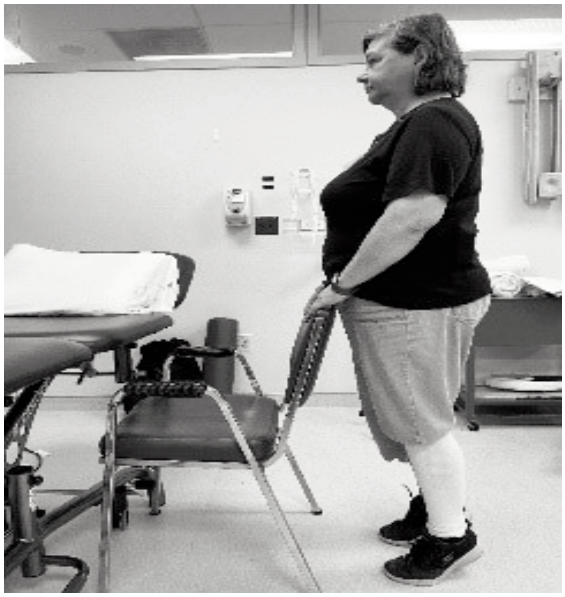
• Sit in a chair or on the side of the bed. Tighten up your thigh muscle and straighten out your leg (operative side). Hold for _____seconds then slowly lower your leg to the starting position. Repeat _____times, _____time per day.

Exercise #5 — Standing Hamstring Curl



• Stand at a countertop, maintaining good standing posture. Lift the foot of your operative leg up towards your buttock. Hold for _____seconds then slowly lower your leg to the starting position. Repeat _____times, _____ times per day.

Exercise #6 — Standing Heel Raise



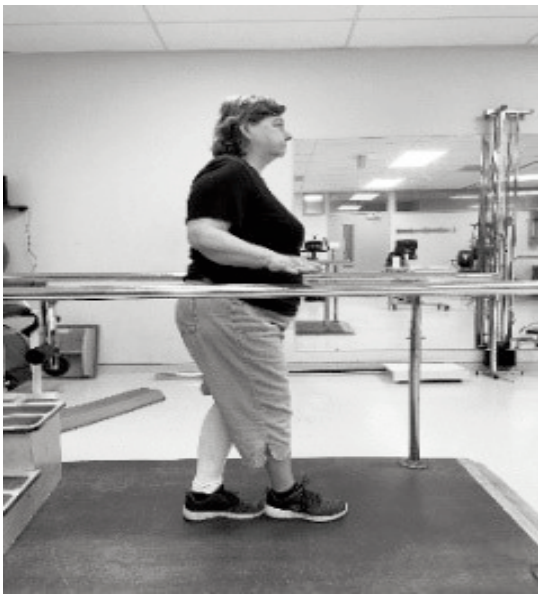
• Stand at a countertop or hold onto a chair for balance. Using both legs, push up onto your toes. Hold for _____seconds then slowly lower to the starting position. Repeat _____times, _____times per day.

Balance Exercises

Balance exercises can be started with the guidance of your physiotherapist within the first 2-4 weeks post operatively. Improving your balance will ultimately improve your functional mobility and prevent falls. The following two exercises are suggestions of balance exercise. **Please refrain from starting these exercises on your own.** They should **ONLY** be started with physiotherapist instruction as progression is patient specific.

Exercise #1 — Tandem Stance

- Stand next to a countertop. Place one foot directly in front of the other — like you were walking on a tightrope. Allow your hands to hover over the countertop and try to maintain your balance for up to 30 seconds. Switch your feet and try with the other foot in front. Repeat _____ times on each side, _____ times per day.



Exercise #2 — Tandem Stance

- Stand facing your countertop. Shift your weight onto your operative leg. Stand up tall, engage your core muscles, and lift your non-operative foot off the floor. Hover your hands over the countertop and try to maintain your balance for up to 30 seconds. Repeat _____times, _____times per day.

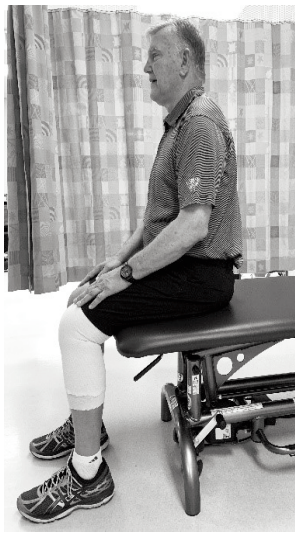
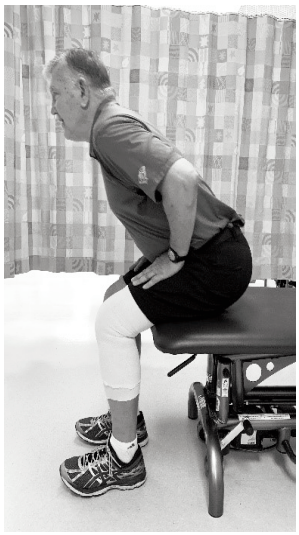
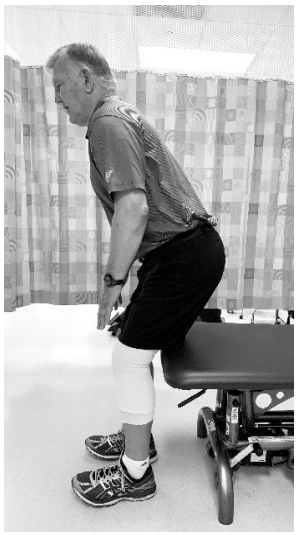
Functional Strengthening Exercises

The following exercises build on your strength. It is important that you have close to full range of motion in both flexion (bending) and extension (straightening) of your knee joint. These exercises **could** be started **4-6 weeks post-operatively**. **Please refrain from starting these exercises on your own**. They should **ONLY** be started with physiotherapist instruction as progression is patient specific.

Exercise #1 — Sit to Stand

Sit in a chair that is pushed up against a wall (so it doesn't slip). Sitting at the edge of the seat with both feet firmly planted on the floor, lean forwards ("nose over toes"), push down through your feet and stand up. Try not to use your hands on the arms of the chair to help you stand. Be sure to fully straighten out your knees and hips. Slowly return to a seated position. For this exercise the lower the seat height, the harder the exercise will be. Initially you might have to start this exercise from your bed or add a cushion to your chair.

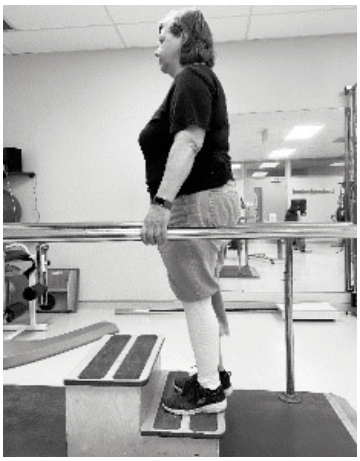
Repeat _____times, _____times per day.


Exercise #2 — Step Up

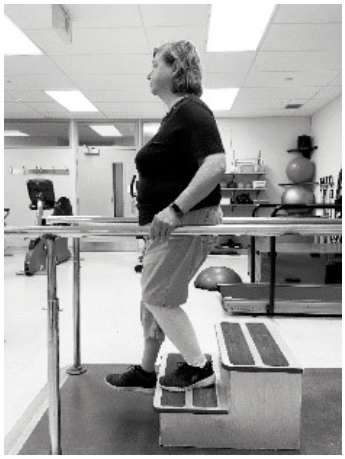
Stand in front of a step with a sturdy railing on at least one side. Bring the foot of your surgical leg onto the step. Make sure to bring your knee straight up to get your foot on the step– do not swing the leg out to clear the step. Push through your foot to step up onto the step, using your hands on the railing to help as needed. Fully straighten your knee and bring your other foot up onto the step. Step down backwards leading with your non-operative side.
Repeat _____times, _____times per day.





Exercise #3 — Step Down

Stand on a step with a sturdy railing on at least one side. Step down forwards with your non-operative foot. You must allow your operative knee to bend. Try not to twist your leg as you lower down – maintain good alignment of your hip, knee and foot. This should be a slow and controlled movement. Step up backwards leading with your non-operative side. Repeat _____times, _____ times per day.



SECTION 5

Final Remarks

MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

TELEPHONE DIRECTORY

Here is a list of phone numbers that you might find helpful.

Dr. J. Howard's office 519-663-3551

Dr. B. Lanting's office 519-663-3335

Dr. S. MacDonald's office 519-663-3689

Dr. R. McCalden's office 519-663-3049

Dr. D. Naudie's office 519-663-3407

Dr. E. Schemitsch's office 519-663-3307

Dr. E. Vasarhelyi's office 519-663-3413

Orthopaedic Inpatient Area ..... 519-685-8500 ext. 32454

Orthopaedic Outpatient Area ..... 519-685-8500 ext. 32487

Occupational Therapy 519-663-3502

Physiotherapy Department 519-663-3503

Pre-Admission Clinic ..... 519-685-8500 ext. 35422

Nurse Practitioners:

Robert Harris ..... 519-685-8500 ext. 32409

Terry Lyne McLaughlin ..... 519-685-8500 ext. 36843

Andrew Ferguson ..... 519-685-8500 ext. 34859

Maribeth Witteveen ..... 519-685-8500 ext. 36315

Clinical Manager 9 Inpatient Orthopaedics ..... 519-685-8500 ext: 34942

South West LHIN (London) 519-473-2222

Arthritis Society 519-433-2191

Bundled Care Program ..... 519-685-8500 x 37710

Email: bundledcare@lhsc.on.ca

What is Bundled Care?

Bundled Care is a provincial model for integrated care and funding. The bundled care funding model applies to patients in Ontario having joint replacement surgery on that joint for the first time. This new funding pathway of care and services includes your initial pre-op visit, your surgery, hospital stay and your postoperative rehabilitation therapy (at LHSC UH or a designated partner clinic discussed with you at your pre-admit appointment). If you are having a revision surgery or other hip surgery you are not in the bundled care model at the time of this Guide publication and you would follow OHIP guidelines/criteria for funded physiotherapy options.

Helpful Websites

thehealthcare.ca ..... https://www.thehealthcare.ca/

LHSC Joint Replacement Surgery ..... https://www.lhsc.on.ca/joint-replacement-surgery/your-journey

South West Health Line ..... www.southwesthealthline.ca

**Information about transportation services can be found on the websites listed above.

SUPPORTING OUR PROGRAM

With the help of our generous community members, the Orthopaedics Program at University Hospital is on the leading edge of medical advances, living its mission of excellence in research, education and patient care.

Government funding is not enough to meet all our needs in advancing health care. We count on generous donations from our community to buy equipment, help improve facilities, advance research and introduce new programs.

Many people give to the London Health Sciences Centre, Orthopaedics Program to say thank-you for the wonderful treatment they or the people they love have received at the Hospital. Others give because they want to know that outstanding health care will be available when they or others need it. To make this easy for you we have developed the form below. Please place an X check mark in the appropriate box (☐) below and enter the amount in the column provided on the right.

Amount ($)

Orthopaedic Patient Care:

- ☐ Nursing _____
- ☐ Occupational Therapy _____
- ☐ Physiotherapy _____

Orthopaedic Research

- ☐ Dr. J. Howard
  - ☐ Knee ☐ Hip _____
- ☐ Dr. B. Lanting
  - ☐ Knee ☐ Hip _____
- ☐ Dr. S. MacDonald
  - ☐ Knee ☐ Hip _____
- ☐ Dr. R. McCalden
  - ☐ Knee ☐ Hip _____
- ☐ Dr. D. Naudie
  - ☐ Knee ☐ Hip _____
- ☐ Dr. E. Schemitsch
  - ☐ Knee ☐ Hip _____
- ☐ Dr. E. Vasarhelyi
  - ☐ Knee ☐ Hip _____
- ☐ **Operating Room Equipment** _____
- ☐ **Outpatient Clinic Equipment** _____
- ☐ **Inpatient Equipment** _____

Please complete this form and return it with your commitment:

London Health Sciences Foundation
c/o Arthroplasty Program, University Hospital
747 Baseline Road East, London, Ontario N6C 2R6
Telephone: 519-685-8409

Thank you for your continued support

MY GUIDE TO TOTAL KNEE JOINT REPLACEMENT

Appendix I

Lifestyle Changes Before Your Joint Surgery

Being Overweight – Obesity

All patients should eat nutritiously in preparation for surgery by following Canada's Food Guide. Patients who are considered obese, a Body Mass Index (BMI) greater than 30, are at increased risk of incision healing problems, including increased drainage after surgery. To calculate your BMI, visit: http://www.mhp.gov.on.ca/en/active-living/about/tools/bmi.asp. Obesity can make it more difficult for you to rehabilitate after your surgery and may increase your risk for respiratory complications and blood clots. Being overweight may reduce the lifespan of your joint replacement. Reducing your weight prior to surgery is usually recommended. There are resources in the community to help you lose weight:

Middlesex-London Health Unit	519-663-5317	www.healthunit.com
Canada's Food Guide to Healthy Eating		www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Various companies also offer self-pay weight loss programs.

Alcohol Use

The Canadian Centre for Addiction and Mental Health recommends a maximum of one alcoholic drink per day for women and two alcoholic drinks per day for men. More than this increases your risk for cancer and liver disease. Heavier drinking may also result in experiencing withdrawal symptoms when in hospital which may increase your risk of adverse events and prolong your hospitalization. Our recommendation is to reduce your alcohol intake to one or two drinks per day. There are resources available to help:

Middlesex-London Health Unit	519-663-5317	www.healthunit.com
Connex Ontario	1-866-531-2600	www.connexontario.ca

Regular Exercise

Engaging in an active lifestyle, maintaining a healthy weight and improving your fitness level can help your recovery after surgery. Exercise before surgery can take many forms including group classes, pool therapy and individual resistance and cardiovascular programs. For fitness and recreational programs specifically designed for seniors and for a list of physiotherapy clinics, please visit www.southwesthealthline.ca

Many patients can be limited in their ability to participate in fitness programs because of pain. Advice from a physiotherapist or other health care professionals may be beneficial in providing you with strategies to manage your pain while trying to remain active. Other resources include:

The Arthritis Society	1-519-433-2191	www.arthritis.ca
Canadian Centre for Activity and Aging	1-519-661-1603	www.ccaa.uwo.ca

Smoking

Smoking cessation has been proven to be beneficial to overall health. For patients having surgery, those who smoke can have issues with bone and incision healing, breathing problems and infection, as well as, a higher risk of complications such as heart attack, stroke and pneumonia. We encourage all of our patients to reduce their smoking prior to surgery and if possible stop completely.

It is not easy to quit smoking and many patients need planning, motivation and sometimes, medication to do so. There are programs available for smoking cessation and it is important to discuss with your family physician and surgeon.

Smokers Helpline 1-877-513-5333	www.smokershelpline.ca
Middlesex-London Health Unit 519-663-5317	www.healthunit.com

Most people need support from family or friends to make life-style changes. Always discuss any lifestyle issues or changes with your family physician or primary health care provider. They can be an excellent resource and support for you.

In accordance with the Smoke-Free Ontario Act,
LHSC is a non-smoking facility.