



Halton
Healthcare

Prehab Resources:

1. MY GUIDE to Total Knee Replacement Surgery and Recovery
2. Prehab Presentation
3. Vendor List
4. Patient Intake Form
5. PROMS website link
<https://promsortho.ontariohealth.ca>
6. Halton Healthcare Prehab website
<https://www.haltonhealthcare.com/prehab>
7. Total Joint Replacement Surgery Checklist

Total Joint Replacement Surgery Checklist...

- I have participated in the **Prehab Education Class** and watched the videos on the Prehab Webpage (www.haltonhealthcare.com/prehab).
- I have organized my **Care Partner** to stay with me for the first few weeks AFTER my Surgery OR I have arranged for a Respite Stay at a local Retirement Home/Hired Private PSW Support.
- I have organized my own **Transportation** home from the hospital and to/from my follow-up appointments including Physiotherapy.
- I have booked my first **Physiotherapy** appointment on: _____
at _____.
- I am doing my strengthening **Exercises** daily as best I can BEFORE my surgery and I understand I need to be committed to my daily exercises AFTER my surgery.
- I have organized my own **Adaptive Equipment** (cane, 2 Wheeled Walker, bathroom equipment etc.). I am aware of the sample Vendor List included in my email from Prehab.
- I have completed my **PROMS** (<https://promsortho.ontariohealth.ca>)
- I have registered and downloaded the **SeamlessMD** - Surgical Transitions App on my computer, tablet or phone to help me prepare before and recover after my surgery.
- IF I chose to:
 - I have spoken with Origins Pharmacy (905-847-3223) to participate in the **Meds to Beds Program**
 - I have organized my own **Ice Machine**

If I have any questions about these plans, I have asked for help from

1. TARA in Prehab (905-845-2571 x 5638 OR prehab@haltonhealthcare.com)
2. DAN the Bundled Care Co-ordinator (905-845-2571 x 5717) BEFORE my surgery.



Sign up for SeamlessMD

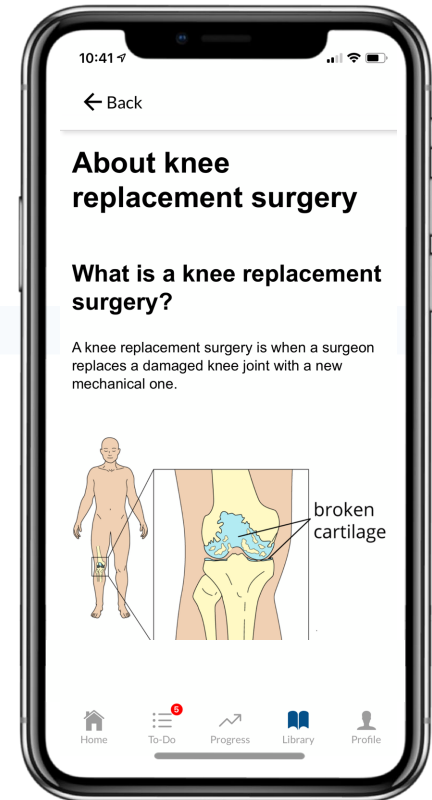
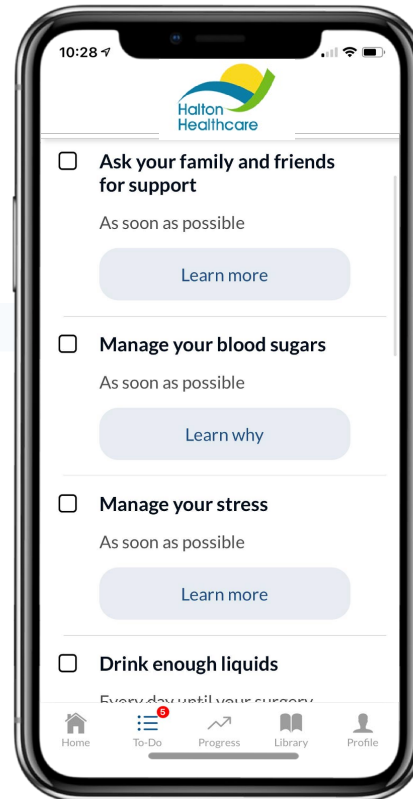
SeamlessMD is an interactive online program to help guide you through your procedure

Before Procedure:

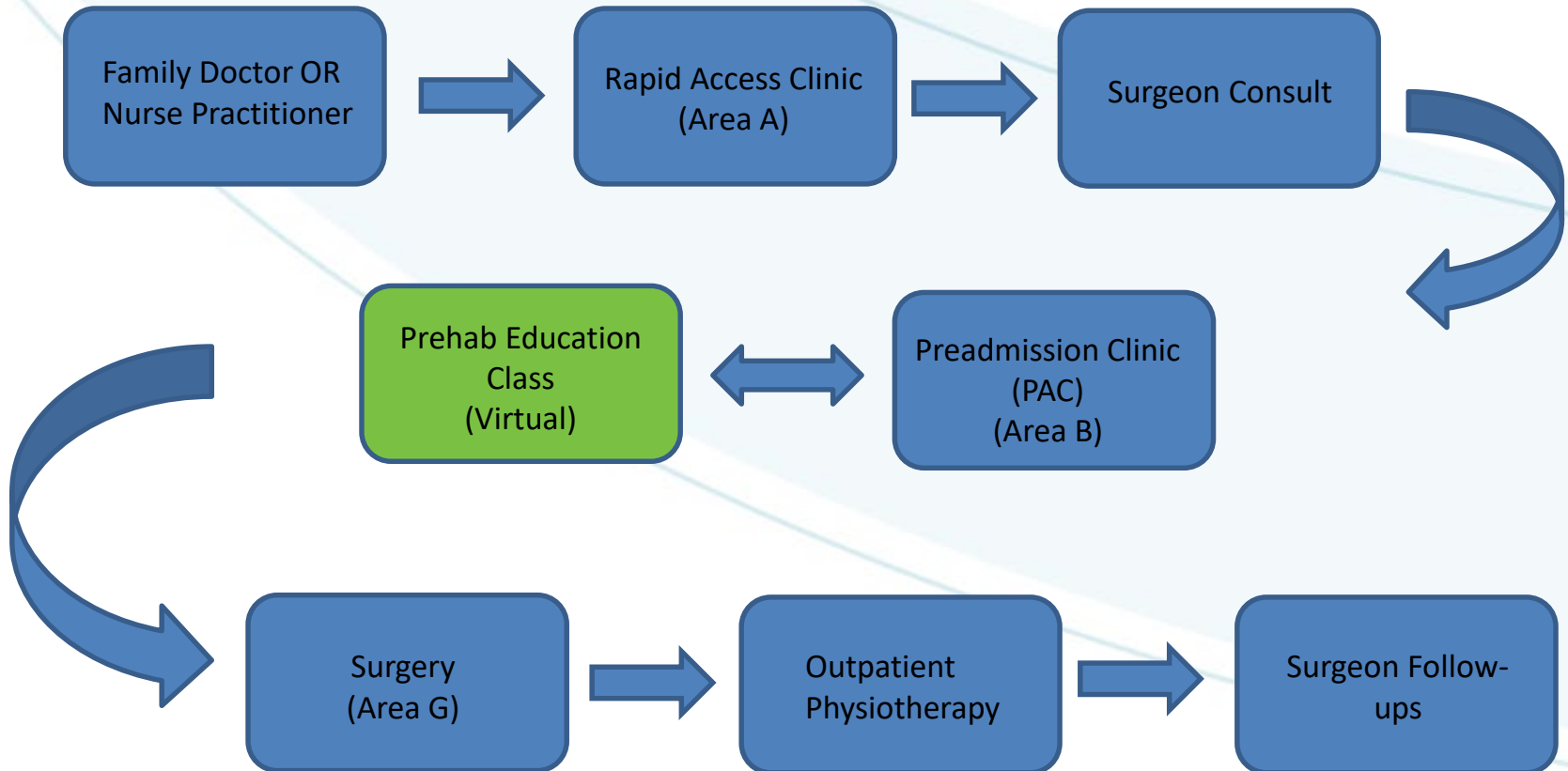
- Messages to help you manage your procedure preparation
- To-Do lists to help you prepare for your procedure
- Access to a self-care library with information on different topics

At-Home Recovery:

- Messages about what to expect with your recovery
- To-do lists to help you heal well at home
- Daily Health Checks to make sure you are recovering well at home, and to give you feedback on your recovery



Patient Journey



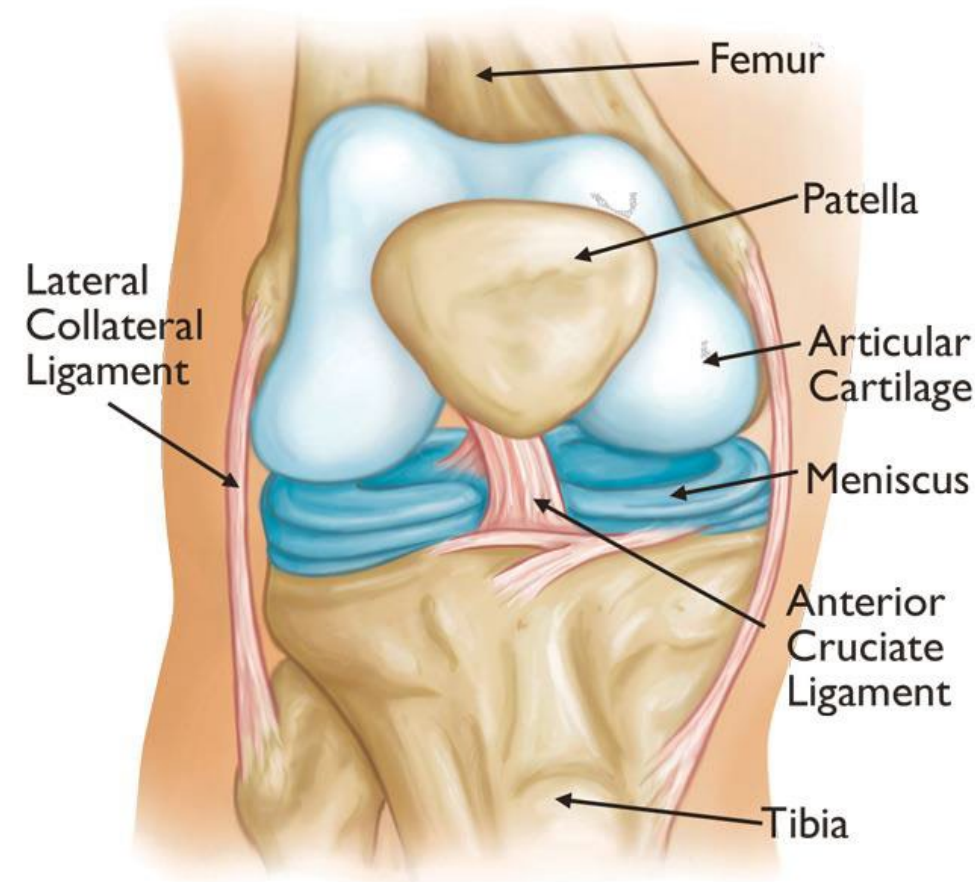
Welcome to Prehab

Knee Rapid Access Clinic
Surgeon Appointment

Prehab Education Session

Pre-Admission Appointment
Surgery

The Knee Joint

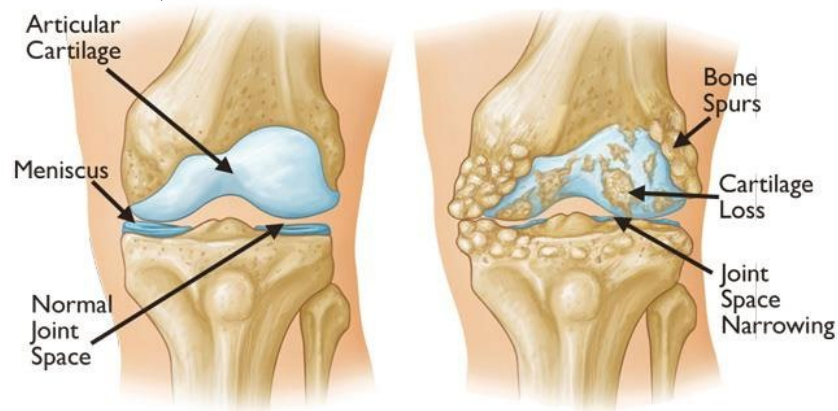


- ❖ The knee joint is one of the largest and most complex joints in the body.
- ❖ It is made up of the lower end of the **femur** (thigh bone), the upper end of the **tibia** (shin bone) and the **patella** (kneecap).
- ❖ **Articular cartilage** (a smooth, elastic type tissue) covers the surfaces of these bones to protect them and allow for smooth movement
- ❖ The **menisci** are located between the femur and tibia. They provide stability and cushion the joint.
- ❖ There are also strong, rope-like structures (**ligaments**) connecting the femur and tibia to provide stability.
- ❖ There are also large **muscle groups** that surround the joint which help support it and enable movement.

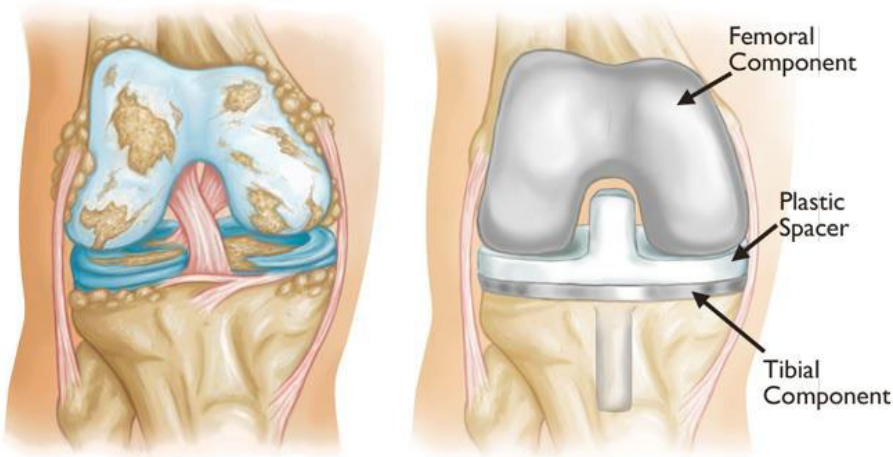
- ❖ **Osteoarthritis** is the most common form of arthritis.
 - It is a disease of the joint that results from wearing of the protective cartilage that cushions our bones.

- ❖ There are many reasons for this happening including:
 - ↑ BMI/obesity
 - previous injury to your knee
 - joint mal-alignment/abnormal joint shape
 - heavy or repetitive use of your knee over a prolonged period of time
 - age, gender
 - genetics

- ❖ As the cartilage wears, the knee becomes damaged and can cause pain, swelling, stiffness, reduced movement and overall loss of function in the joint.

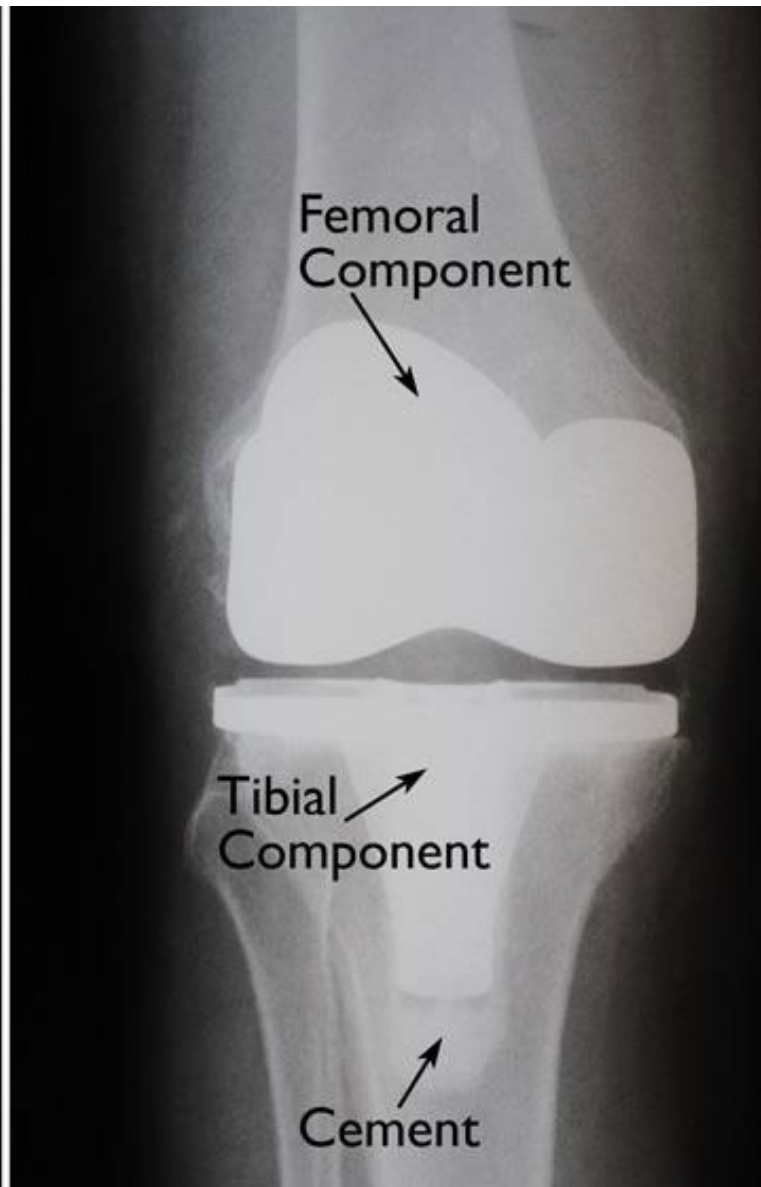


Total Knee Replacement Surgery



- ❖ During knee replacement surgery, the surgeon will remove the damaged cartilage and bone of your knee joint and replace it with an implant.
- ❖ Most implants consist of three components:
 - Femoral
 - Tibial
 - Patellar
- ❖ The purpose of the total knee replacement is to:
 - Relieve your pain
 - Improve the movement of your knee
 - Restore your function
 - Improve your overall quality of life

Before & After

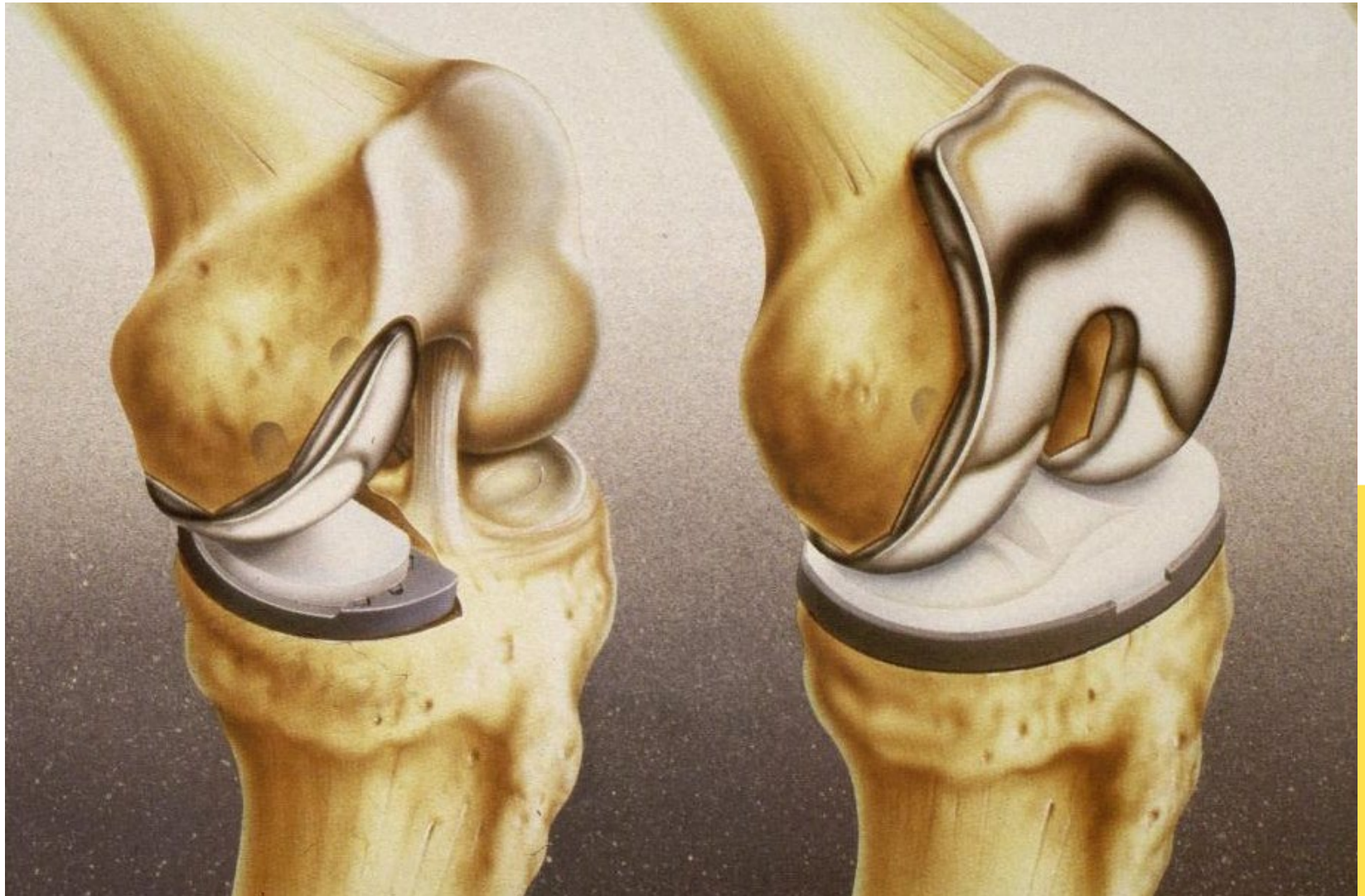




Unicompartmental (Partial) Knee Replacement Surgery

- ❖ Instead of replacing the whole knee, a portion of it can be resurfaced and replaced with a prosthesis.
- ❖ Partial knee replacements can be done for those whose osteoarthritis is limited to only ONE area of the knee.
- ❖ The incision for a partial knee replacement is smaller and over the side of the knee being replaced.





The Pre-Admission Appointment

- ❖ A health history, health assessment and pre-op tests will be performed prior to surgery:
 - Typically takes place at the hospital 2-4 weeks prior to surgery (2-3hrs long)
 - Paperwork will be reviewed
 - Please complete the “Pre-Op Surgical Questionnaire” and “Confidential Admission Form” and bring them to the appointment
 - You will meet with a nurse, pharmacist and anesthetist
 - Bring your OHIP card, surgery package (including CPP), your prepared medication list and all of your current medications, vitamins, supplements/herbals
 - Information will be provided regarding
 - Where to check in on the day of your surgery
 - When to stop eating/drinking prior to surgery
 - Managing your medications before and after surgery
 - How to prepare for your surgery
 - Considerations for COVID

Day of Surgery

❖ Items to bring:

➤ Your overnight bag

- Toiletries (*toothbrush, toothpaste, deodorant, soap, shaving kit, etc.*)
- Appropriate clothing (*loose fitting, soft, easy to slip on and off*)
- Loose fitting underwear
- Appropriate footwear (*sneakers or slippers that enclose the whole foot*)
- Glasses, hearing aids, dentures
- Surgery booklet, notepad & pen

➤ CPAP machine

➤ Your walking aid

➤ Ice machine



Please do not bring any personal items of sentiment or value.

In the recovery room

- ❖ Incision covered by large dressing.
- ❖ Pillow between legs.
- ❖ IV fluids connected at the wrist.
- ❖ Blood pressure, pulse & tubes will be checked by a nurse.
- ❖ If you feel sick or have pain, tell your nurse right away.
- ❖ Start deep breathing and foot & ankle pumping 10x/hourly when awake



"You have a slice in your fairway, but you're out of the rough and doing about par."

Dealing with *pain* after surgery

- ❖ Following surgery, it is important to **discuss any issues you are having managing your pain** with members of your healthcare team.
 - Numerical Pain Rating Scale (0 to 10)
 - **0 = no pain, 10 = worst pain ever experienced**
- ❖ When your pain is dealt with effectively, your function and recovery will be easier.
- ❖ Always inform your nurse when pain medication is required. Do not wait for the pain to get worse.
 - Try to maintain your pain around 4/10 or less.
- ❖ Take your pain medication for physiotherapy appointments.
 - When your pain is controlled you are able to walk and exercise more effectively.

My hospital stay

- ❖ The average length of stay in hospital is **up to 24 hours**.
- ❖ Plan to be discharged from the hospital at approximately **11:00am**.
 - To be confirmed by your healthcare team.
- ❖ During your admission you will have many people making up your healthcare team. They will help you get prepared for discharge home.
 - *(Surgeon, Nurse, Physiotherapist, Occupational Therapist ...)*



Inpatient Physiotherapy

- ❖ Mobility starts the day of your surgery.
 - Nursing staff will assist you with safe movement after your knee is replaced.

- ❖ You will also be assessed by physiotherapy. Their goals are to help you:
 - Understand your weight bearing status
 - Practice transfers
 - Start walking (with your walking aid)
 - Ensure you are safe going up and down stairs (if needed)
 - Teach you an exercise program



Walking after surgery



- ❖ The amount of weight you are able to put on your operated leg will be decided by the **surgeon**:
 - Weight bearing as tolerated

- ❖ You will require the use of a walking aid after surgery as you learn to put weight through your new knee:
 - Two-wheeled walker
 - Cane

- ❖ The prescribed walking aid will vary depending on your weight bearing status and level of physical conditioning.

Going home

❖ You will be able to:

- Dress yourself with minimal assistance.
- Transfer safely (chair, toilet & bed).
- Walk independently on level surfaces with your walking aid.
- Go up and down stairs safely.
- Perform your home exercise program.



❖ You must also have:

- A stable, healing wound.
- Effective pain control.
- Your adaptive equipment set up at home.
- Follow-up services in place (*Outpatient Physiotherapy*).

Outpatient Physiotherapy

❖ Work-Fit Total Therapy

- Oakville, Milton, Georgetown Hospitals
- OHIP covered



❖ Community Physiotherapy Clinics

- http://health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx
- OHIP covered

❖ Private clinics

- Review your insurance requirements/costs
- You may need a signed prescription from your surgeon

❖ Local Hospital

- Check if they have an outpatient clinic and any costs

Booking Outpatient Physiotherapy

❖ **5-7 days after surgery**

*Please book your outpatient physiotherapy appointment **PRIOR** to your surgery*



Important Contacts

St. Elizabeth Health

Questions after hip or knee replacement surgery?

Call anytime 24/7

1 (866) 898-2480

Available for 90 days after surgery



Health



Hallon
Healthcare



Trillium
Health Partners
Better Together

Bundled Care Integrated Care Coordinator

Daniel Pope

905.845.2571 ext. 5717

- You may receive a call between 48-72 hours after your discharge from hospital to check in on your health status and address any questions/concerns you may have related to your recovery.

Your Surgeon

- Changes to your pain medication protocol
- A refill of opioid medication prescription
- Sudden and extreme knee pain

Your Family Doctor

- Fever over 100.4°F or 38°C
- New leg swelling, calf soreness or calf pain
- Increased redness, swelling or drainage around skin incision
- A foul odour or yellow or green drainage at the incision site
- Sudden increase in bruising around the incision site
- Any skin rashes, ulcers or infections
- Infection (i.e. tooth abscess, burning on urination, vaginal infection).
- Prolonged bleeding from cuts and nosebleeds; increased menstrual flow; black tarry stools and red or dark brown urine

Break (10 minutes)

❖ *Coming up:*

- Managing your every day activities despite limitations from surgery
- The implications of surgery on your activities of daily living
- Adaptive equipment needs
- Activity restrictions

Tips: Setting Up Your Home

❖ **Before your surgery**, consider these tips for preparing your home to ensure it is a safe place to return to after your hospital stay:

- Ensure proper indoor/outdoor lighting.
- Safe entry & exit to your home:
 - Secure handrails along staircases.
 - Remove any items or decorations from stairways.
- Check bathroom bars & install adaptive equipment.
- Clear paths to maneuver safely with a walking aid:
 - Eliminate clutter in hallways & rooms.
 - Move electrical cords or items that may cause you to trip.
 - Remove small rugs & tape down edges of larger rugs.
- Be aware of your surroundings
 - Pets & small children.

Your Care Partner

- ❖ Following surgery, you will require a responsible caregiver to take you home from the hospital and stay with you.

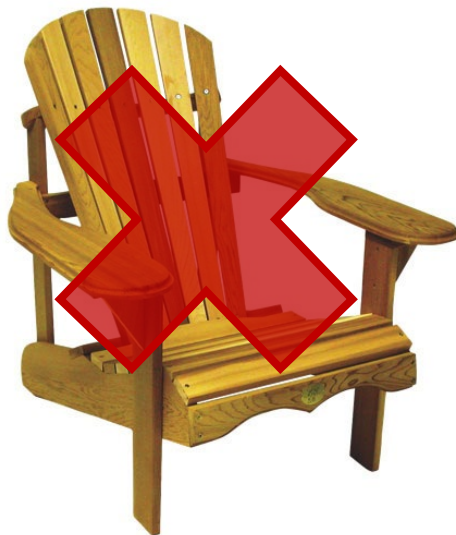
- ❖ If you live alone, plan to have someone stay with you for 1-2 weeks after surgery:
 - Transportation
 - Groceries & meal preparation
 - Housework & yard work

- ❖ If you cannot make arrangements for supports, a list of respite options can be found in your surgical booklet.



Adaptive Equipment - Chairs

- ❖ It is important to choose an appropriate chair:
 - Arm rests, firm & high seat
 - Avoid: low furniture, soft surfaces, footstools, rocking chairs, chairs with wheels.
 - Your knees should be lower than your hips
- ❖ If you need to make the seat higher:
 - Use a high density foam cushion, folded sheets or blankets on the seat
- ❖ Set up a table beside you for placing frequently used items.
- ❖ Do not sit for more than 1 hour without standing or stretching



Adaptive Equipment - Beds

- ❖ Do not use a low or soft mattress
 - Avoid: futons, pull-out couches, sofas, waterbeds
- ❖ Consider the height of your bed.
 - If it's very low, you may need to raise it up temporarily with furniture blocks.
- ❖ Following surgery, good sleeping positions include on your back or on your side.
 - Change positions as you feel comfortable
 - Do not put a pillow underneath your knees



Adaptive Equipment - Toilets

- ❖ Equipment is required to temporarily raise the height of the toilet seat.
 - Raised toilet seat with arms
 - Commode chair with arms
 - Versa frame



Adaptive Equipment – Tubs & Showers

- ❖ Tub or shower equipment is also necessary to ensure safe entry, use and exit from your shower.
 - Shower chair
 - Tub transfer bench
 - Grab bars
 - Non-slip bath mat
 - Hand held shower head
 - Long-handled sponge



Adaptive Equipment – Getting Dressed

- ❖ Various dressing aids are available to help with dressing after surgery:
 - Long-handled reacher
 - Long-handled shoe horn
 - Sock aid
- ❖ Dress the operated leg first, undress it last



Working in the kitchen

- ❖ Keep frequently used kitchen items at an accessible height.
- ❖ Plan ahead and freeze meals to last 2-4 weeks after surgery.
- ❖ Stock up on easy to prepare foods or pre-packaged frozen meals.
- ❖ Consider home frozen meal delivery services.



Housework

- ❖ Heavy housework will be difficult to do for several weeks after surgery.
- ❖ Deep squatting and kneeling will not be possible and is not recommended.







Transportation/Driving

- ❖ No driving is permitted for several weeks.
 - *Do not return to driving without confirming with your surgeon.*

- ❖ As the passenger:
 - Use a firm wedge cushion for low/bucket seats.
 - Begin with short rides, break every hour on longer rides.

- ❖ Alternatives:
 - Friends & family
 - Public/paid transit
 - Taxi services
 - Volunteer drivers
 - Grocery delivery



Exercises

The exercises you will be shown can be started **today** in order to prepare you for surgery.

Try to do **5-10 repetitions** of each exercise **3 times a day**.

If you experience any increase in pain or swelling, stop doing the exercise that is aggravating your knee.



From now until surgery



In conjunction with the medication / treatment prescribed by your doctor:

- ***Keep active!***
- Use of heat
- Use of ice & elevate



After Prehab Class – Planning ahead

It is **your responsibility** to think ahead and make the necessary arrangements to ensure a safe return home.

You need to plan the following prior to surgery:

- ✓ Your care partner/respite care
 - ✓ Transportation
 - ✓ Adaptive Equipment
- ✓ Outpatient Physiotherapy
 - ✓ Meals
- ✓ Housework/Yard work





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Thank you