

Knee Replacement Surgery



ROSS MEMORIAL
HOSPITAL
Kawartha Lakes

Your Participation, Your Success Starts Now!

- **Read THIS book NOW**
- **Schedule Knee Class NOW**

Place Sticker here

LOCATION: 2ND FLOOR CLASSROOM

If you have any questions about your Knee Class appointment, or do not have a sticker above, please call the Pre-Op receptionist at 705-324-6111 Extension 6294

If you develop a cough, cold, fever or flu like symptoms 72 hours prior to your surgery, notify your Surgeon immediately.

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PART A

PREPARING FOR YOUR SURGERY



Patients who are prepared for surgery and who take an active part in their care can recover in less time and with less pain!

The purpose of this booklet is to provide information for you before your knee surgery. The success of your surgery largely depends on your commitment and participation. **Your participation actually starts today!** Although you may not know your date of surgery, you can begin preparing today by making efforts to maximize your recovery. It is important for you to bring this book with you to **ALL** of your appointments and on your surgery day.

A successful surgery and recovery involves three vital parts:

- **YOU.** Your participation and commitment is crucial to your success.
 - Read and study this book well
 - Start your pre-surgery exercises immediately!
 - Attend Knee School on date assigned (see sticker on cover).
 - Attend Pre-Op appointment (approx. 2 weeks prior to surgery date)
- Your **COACH.** A Coach is a person who will be with you throughout your pre-operative and post-operative period and surgery. This person can be a family member, friend or caregiver. This person should attend your Knee Class and Pre-Op appointment with you, if possible.
- **THE HEALTHCARE INSTITUTION.** The Ross Memorial Hospital. The dedicated and skilled members of our healthcare team are here to aid in your success.

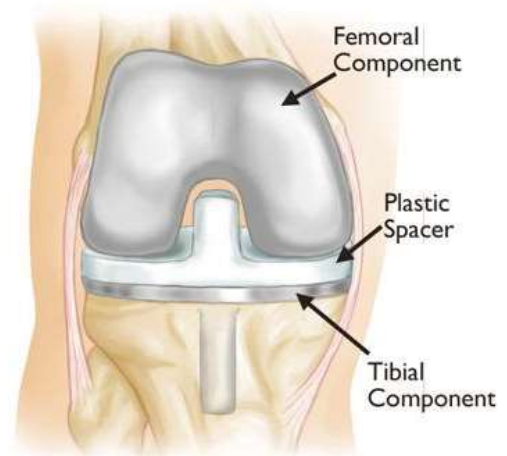
What is Knee Replacement Surgery?

Total Knee Replacement (TKR), also referred to as Total Knee Arthroplasty (TKA), is a surgical procedure in which worn, diseased, or damaged surfaces of a knee joint are removed and replaced with artificial surfaces. Materials used for resurfacing of the joint are not only strong and durable, but also optimal for joint function as they produce as little friction as possible.

BEFORE TKA



AFTER TKA



Why do I need a Knee Replacement?

Arthritis of the joint (osteoarthritis) is the most common reason for a knee replacement. Arthritis damages the cartilage and roughens the bone surfaces. This damage creates pain on movement and decreases joint flexibility and strength.

The benefits of a knee replacement are:

- Less pain
- Better movement and strength
- Improved ability to do everyday activities

Anesthesia

Anesthetist

An Anesthetist is a Doctor with specialized knowledge of illnesses, medications and treatment of serious medical problems. This Doctor gives you the medicine that will relax you and allow you to sleep during your surgery, if required. A member of the Anesthetic team will stay with you and monitor you closely throughout your surgery. The Anesthetist is also responsible for helping you manage your pain after the surgery. The Anesthetist will discuss with you the type of anaesthesia you will be having with your surgery.

Types of Anaesthesia

For knee replacement procedures, the most common types of anesthesia are general or spinal. You will have the opportunity to discuss this with your Anesthetist.

1. General Anaesthesia

With general anesthesia, several medications are given through your intravenous, so you are fully asleep and unconscious during the surgery. A breathing tube is placed in your throat and you are connected to a breathing machine. Following the surgery, the breathing tube will be removed once you are breathing on your own.

Possible Side Effects: nausea, drowsiness, mild sore throat.

2. Regional Anesthetic (Spinal or Epidural)

With spinal analgesia, local anesthetic is injected near the spinal cord and nerves. This freezes the nerves so that you have no feeling or movement in your hips or legs. The numbness lasts 4 to 6 hours. Medication is given through your intravenous to relax you and put you into a light sleep. This is called “sedation” and you will not see or feel the surgery taking place. Benefits of this anesthesia include: less nausea, faster recovery, feeling less groggy, better pain control after surgery, less blood loss, decreased incident of blood clots in legs.

Possible Side Effects: headache, backache.

The pre-op nurse prepares your chart for the Anesthetist to review. The Anesthetist may need to see you prior to your surgery and if so you will be called to return to the Pre-Op clinic 1-2 weeks prior to your surgery.

Smoking and Surgery

- Smoking damages your lungs; if you are a smoker, you may have difficulty breathing while under anaesthetic.
- Smoking puts your heart at risk by reducing the amount of oxygen the blood can carry to your heart and vital organs.
- Smoking increases the risk of infection, slows recovery and increases the chance you will have to come back to the hospital because you are having problems at home.
- Stop as soon as you can—the further ahead of surgery, the more time you have for the lungs to heal and for toxins to leave your body.
- For helpful advice call Smoker’s Helpline: 1-877-513-5333
- If you have coverage under the *Ontario Drug Benefit Program*, the “Pharmacy Smoking Cessation Program” is available to you, and includes an assessment, counselling, support, and, if required, medication to help you quit.



Ross Memorial Hospital is now a 100% smoke free property.

If you think you will need a nicotine replacement patch during your stay, please ask for one to be ordered.

START THESE PRE-SURGERY EXERCISES NOW

Research supports patients exercising to improve strength and fitness before their surgery. Keep yourself as active as possible before your surgery. Do activities that put the least amount of stress on your painful joint; for example, exercise in a pool or walk short distances frequently throughout your day.

If you have not been physically active recently, you are advised to see your Doctor before beginning an exercise program.

- Gather the following items for performing these exercises:
 - Rolled towel or a coffee can rolled in a towel. This is the “roll”
 - Sturdy chair with arms – no wheels
 - Access to a study counter top to hold onto
 - Bed – do not lie on the floor
- Each exercise should be repeated several times, working up to 10 repetitions. As you get stronger, you can gradually add more repetitions, up to 20 and even 30 repetitions. If an exercise causes you excessive pain that doesn’t go away, stop doing that exercise.
- Frequency should be 1-3 times daily; gradually increasing repetitions
- Exercises should be done to both legs
- Duration of holding the position should be around 5 seconds before releasing

1) Hip and Knee Flexion



Lie on your back and bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed. Hold for 5 seconds. Slide your heel back down to the starting position. Keep your kneecap pointed up toward the ceiling during the exercise.

2) Straight Leg Raise



Lie on your back with your leg straight. Your other leg is bent so that your foot is on the bed. Tighten the thigh muscles of your straight leg, point your toes towards your nose and lift your leg up off the bed approximately 4-6 inches. Hold 5 seconds and slowly lower your leg back to the bed.

3) Quads Over Roll



Lie on your back with the “Roll” under the knee. Straighten your knee. Hold for 5 seconds. Slowly lower your leg down. The back of your knee should stay in contact with the “Roll” throughout this exercise.

4) Quads Arc



Sit in a sturdy chair. Straighten your knee as much as possible. Hold for 5 seconds. Slowly lower your leg down and relax.

5) Chair Push Up



Sit on a sturdy chair with arms. Grasp the arms of the chair. Push down on the chair arms, straightening your elbows so that you raise your buttocks off the seat of the chair. Hold for 5 seconds. Lower slowly back into the chair.

If you are feeling strong and able to stand comfortably, try this next exercise.

6) Hamstring Curl



Holding a sturdy counter for safe support, bend your knee bringing your heel toward your buttocks. Hold for 5 seconds. Lower foot to ground.

Approximately 3 Months Prior to Knee Surgery

- 1) Attend Knee Class and bring your coach, THIS BOOK and your completed home environment checklist.
- 2) Things you need to do after attending Knee Class:
 - a. Start to look for the equipment you may need
 - b. Call your medical insurance (if you have it) to inquire if they will cover the costs of rental or purchase of equipment
 - c. Keep doing your knee pre-surgery exercises

Approximately 2 – 3 Weeks Prior to Knee Surgery

- 1) Attend Pre-Op appointment– allow 2-3 hours for this appointment with your coach, BRING THIS BOOK, and the following:
 - Reports from any specialists you have seen – i.e. Respirologist, Cardiologist, Neurologist, Internist, Hematologist or sleep apnea studies
 - All of your prescribed and over-the-counter medications including herbal medications and vitamins **in their original containers**
 - Your MedCheck review

While at this Pre-Op appointment, you will see a:

- 1) Registered Nurse. The Nurse will:
 - Check your blood pressure, heart rate, and respirations
 - Review your medical history and past surgical history
 - Ask you about any allergies to medications or foods
 - Testing such as ECG, x-rays, and blood tests
- 2) Occupational Therapist. The OT will
 - Review home environment checklist
 - Provide your unique list of equipment
 - Provide education for post-surgery

APPROXIMATELY 1 – 2 DAYS PRIOR TO KNEE SURGERY

Items that you will need in the hospital:

- Ontario Health Card
- Slip-on supportive walking shoes
- Dressing aids (shoe horn, reacher, and sock aid). Label them with your name
- Loose fitting clothing
- Personal care items (toothbrush, eye glasses etc.)
- Cellphone if you wish
- Cryotherapy ice machine if using it (be sure you know how to use it)
- All of your prescribed and over-the-counter medications including herbal medications and vitamins **in their original containers**

****You do not need to bring your walker, cane, or your raised toilet seat****

WHAT TO DO THE NIGHT BEFORE YOUR SURGERY

- Shower or bathe the night before or morning of your surgery using **unscented soap**
- Shampoo your hair
- Trim nails and remove finger and toe nail polish
- Do not eat or drink anything after 12 midnight. **This includes gum, candy, or water**
- Do not shave your legs **5 days prior to your surgery or 2 weeks afterwards**

WHAT TO DO THE MORNING OF YOUR SURGERY

- Remove all jewelry and piercings
- Leave all jewelry and valuables at home, as we cannot accept responsibility for lost items
- **Do not** wear make-up, scented products, lotion, or nail polish
- Partial plates, dentures, contacts, and hearing aids may be worn but must be removed before going to surgery
- Bring eyeglass case, denture cup, and container for hearing aids
- If you have sleep apnea, bring your apparatus with you to the hospital. For instance, your **CPAP machine**
- If you have diabetes and own a blood glucose monitor, **test your blood sugar before coming to the hospital**

PART B

YOUR STAY IN THE HOSPITAL

Day of Surgery

Go to the Admitting Department at the Ross Memorial Hospital, located on the first floor and present your health card.

You will be directed to the Day Surgery department where you will check-in with the Day Surgery Nurse.

The Nurse will do a brief interview; take your blood pressure, temperature, heart rate and breathing rate.

You will then be given a gown to change into and a plastic bag in which to place your belongings. These will be delivered to your room after your surgery.

You will lie on a stretcher and the Nurse will start an intravenous (IV) in your hand or arm. (This IV keeps you hydrated and allows the Nurse and Anesthetist to give you medications).

Your knee will be cleaned and wrapped in a sterile towel.

Prior to going into the operating room, the Surgeon will come and speak with you and verify which knee is being operated on and mark it with a sterile marker.

Your Anesthetist will talk with you and verify which anesthetic you agreed upon when you spoke during your anesthetic consultation.

The Operating Room Nurse will take you by stretcher into the operating room. You will move over to the operating table and the Nurse will attach you to a heart monitor, place a blood pressure cuff on your arm and place an oxygen mask over your mouth and nose.

Prior to giving you any medication, the Surgical Team will do a surgical safety checklist in which all team members that are involved in your surgery are present.

The following questions are asked:

- your name and date of birth
- confirm any allergies
- state the procedure you are having done, and which side
- the Surgeon is then identified, and you will be asked if you have any questions

Your surgery will take approximately 1 ½ - 2 ½ hours

After Your Surgery

- Following your surgery, you will wake up in the Post-Anesthetic Care Unit (PACU) on a hospital bed where you will stay for a minimum of 1 hour.
- Here, the Nurse will monitor your vital signs (temperature, pulse, respirations, blood pressure, and oxygen saturation), dressing, and go over the pain scale with you.
- The Nurse will also check for circulation in both legs. Your legs will feel heavy and will be difficult to move following a spinal anesthetic. The sensation will gradually return to normal.
- You may have compression devices on both your lowers legs called “moon boots” which gently squeeze your calves and pushes the blood back up to your heart to help prevent blood clots.
- You will be transferred to a surgical unit, where you will stay for 1-2 days after your day of surgery
- **Following your surgery:**
 - You will have pain. A pain rating scale helps us communicate and understand the level of pain you are experiencing. It can also help you with deciding when to do something to relieve pain. The scale begins with “0” which means no pain and goes up to “10” which is the “Worst Pain”.
 - If you have pain, make sure you ask for medicine. Your surgeon will order different types of medications used in combination, including narcotics, anti-inflammatory medication, and acetaminophen.
 - Things to remember: Pain medicine takes at least 30 minutes to start to work after taking them. It is recommended that you take them when your pain is greater than 4/10 on the pain scale. Failure to do so may result in severe pain, which is harder to control.
 - Constipation may be a problem after surgery. You will be given medicine to help you have a bowel movement while in hospital. See **page35** for helpful tips to avoid constipation.
 - At home, pain medication and reduced activity may lead to constipation. Don’t wait to deal with it. Your pharmacist can advise you what treatment best suits you.

- Uncontrolled blood sugars before and after surgery also increases the risk of problems with your heart or blood vessels, impair wound healing, increase the risk of infection, and may keep you in the hospital longer.
- If you are testing your blood sugars at home, remember to take your logbook of results with you to your doctor's appointment.
- For specific instructions about how to adjust medications for diabetes at the time of surgery, see a Diabetes Educator here at RMH. (705) 328-6091.

Patient Controlled Analgesia (PCA)

A Patient-Controlled Analgesia (PCA) can be used for severe pain. A pump containing an opioid medication is connected to your intravenous. A dosage of pain medication is delivered when you **push a button** attached to the pump. The pain pump is programmed to allow you to receive pain medication every 5 minutes if needed.

Side effects such as nausea or itchiness may occur. Medication can be given to manage those side effects so let your Nurse know if it is a problem. The PCA may be used for the first hours after your surgery and is usually removed early in the morning the day after your surgery.

It is important that only you push the button of the PCA pump. **Please do not allow family or friends to do this for you.**

POTENTIAL COMPLICATIONS

Infection: bacteria can travel through your bloodstream from infection elsewhere in the body to your new joint. This risk is reduced through careful surgical techniques and the use of antibiotics before and after your surgery.

Breathing problems: pneumonia can occur after surgery. It is important to practice deep-breathing and coughing exercises every 30 minutes when awake the first few days after surgery. Sitting up and getting out of bed as soon as possible and being active also helps prevent breathing problems.

Cardiovascular complications (heart problems): caused by stress of surgery. Surgery can cause the heart to have abnormal heart beats, chest pains, or very rarely, heart attacks. Having a thorough heart assessment prior to surgery is important

Deep Vein Thrombosis (DVT): blood clots that can develop in the deep veins of your legs. This is commonly associated with lack of movement, so early activity is encouraged. It is important to move your ankles after surgery (ankle pumping) which promotes good circulation. Anticoagulants (blood thinners) will also be used to prevent blood clots and are given in a needle or pill form.

Pulmonary Embolism: blood clots from deep veins of legs or pelvis break off and travel up to the lung and lodge there. If the clot is large enough, it can cause the blood flow to be cut off from the lungs. Anticoagulants (blood thinners) are given after surgery to prevent this. Ankle pumping, and early ambulation will also prevent this complication.

Urinary problems: difficulty to pass urine can occur following any type of surgery. Sometimes a catheter is inserted to drain the bladder and can be left in place for several days.

Nausea: common after surgery. Medication may be given to settle the nausea. It is important to take food with pain pills to minimize nausea.

Paralytic Ileus: distension of the bowel with gas. To prevent this, early activity is important to stimulate your bowels to function normally.

Constipation: common and potentially serious complication that can occur because of pain medication, reduce activity, and dehydration.

Skin Irritation: caused by pressure from lying in bed. It is important to change your position frequently while in bed and get up as much as possible after surgery

Confusion & Delirium: can occur in older people after surgery. You may behave differently and see or hear things that aren't really there. This usually resolves in a few days. It can be caused by medication, anesthetic, lack of sleep, and alcohol withdrawal. It can be helpful to have a relative sit with you after surgery.

PART C GOING HOME

Pain Control At Home

It is normal to have some pain after your knee surgery replacement. The pain that you experience will gradually decrease over the next 6 months. Keep in mind, that each person feels pain differently.

Here are some ways to manage your pain:

- Take your medications, especially before any physical activity or Physiotherapy session. Take your pain medication **BEFORE** the pain is severe.
- Ice and elevation can reduce pain and inflammation. Place an ice pack in a towel and use on your joint as directed by your Physiotherapists.
- Try to relax – deep breathing helps to relax your muscles.
- Distract yourself – watch TV, listen to music or read a book.
- Don't overdo it – pace yourself.
- Think positive – it will get better!

** DO NOT mix pain medications unless directed

** AVOID alcoholic beverages while taking pain medications

** When you are ready, talk to your family doctor or pharmacist about how to reduce your pain medication

** If your pain is not well controlled, call your surgeon's office

** Common side effects of pain medication are constipation, nausea, or vomiting and/or sleepiness

Care of My Incision

- It is important to keep your incision dry and covered until it is fully healed. Your staples will be removed at the Fracture Clinic 10 – 14 days after your surgery. Your staples are okay to stay in for as long as 17 days.
- **It is your responsibility to book your staple removal appointment.**
- When showering, keep your dressing on until after your shower then remove dressing. Pat the incision area dry with a clean towel and reapply a new dressing.
- Inspect your incision daily for redness/drainage. It is normal to have some redness and clear drainage from your incision for the first several days. Call family doctor if it continues for more than 4 days.
- Once your incision is healed with staples out, it can be left open to the air and you can shower without covering it. **If your incision is draining, cover it with a Mepore dressing and change after every time you shower.**
- Do not touch or pick at the incision and keep the surrounding skin clean and dry
- Use of ointments, Peroxide, alcohol on incision may occur AFTER staples are removed

Remember... It is important that you don't swim, go in a hot tub or bathtub until your staples are removed and your incision is completely healed to avoid infection

Signs of Infection (Call Surgeon or hospital immediately)

- Green, yellow or foul-smelling drainage
- Increase in redness around your incision
- Increase in pain and/or swelling of incision and surrounding area
- Temperature greater than 38°C (100°F)

Symptoms requiring immediate attention

- Visit your nearest Emergency Department if you have any of the following:
 - New or worse shortness of breath or difficulty breathing
 - New or worse pain, tightness or pressure in your chest
 - A significant increase in pain, swelling or redness of your calf/calves
 - A sudden, severe increase in pain in your new joint

***If there is any question about your care or if any unusual situation or concern develops, please call your Family Doctor**

POST SURGERY EXERCISES

Now that you have had your surgery, it is time to get moving! While staying in the hospital and when you attend the Physiotherapy Clinic, a Physiotherapist (PT) and a Physiotherapy Assistant (PTA) will work with you to improve your knee's flexibility and strength and to improve your walking and ability to climb stairs.

You must do your homework, as well, by completing the following exercises:

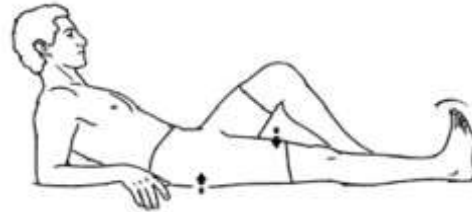
Complete each exercise for 10 repetitions initially, work up to 20, then to 30. Complete exercises **3 times each day**.

ANKLE PUMP



Bend ankles to move feet up and down, alternating feet or both at the same time.

KNEE EXTENSION



With both legs straight: pull toes up, press knees down toward the bed and squeeze your buttocks. Hold 5 seconds.

KNEE BEND



Gently bring one knee up as far as possible, keeping foot on the bed. Straighten knee. Repeat with other knee.

TERMINAL KNEE EXTENSION (SUPINE)



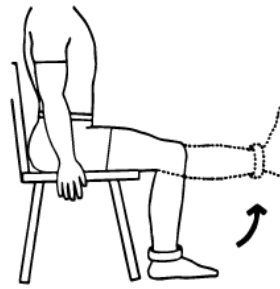
With one knee over roll, straighten knee. Keep bottom of knee on the roll. Hold 5 seconds and lower slowly. Repeat with other leg.

STRAIGHT LEG RAISE



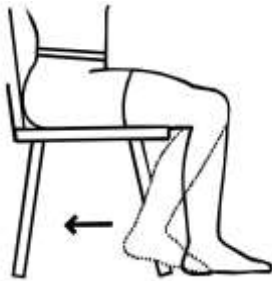
With one leg straight and the other leg bent, raise straight leg 4-6 inches off the bed. Hold 5 seconds and slowly lower. Repeat with other leg.

LONG ARC QUAD



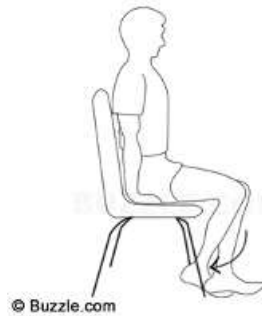
Sit with back supported. Slowly straighten leg. Hold 5 seconds. Slowly bend knee to return. Repeat with other leg.

RANGE OF MOTION



Place the foot of your operated knee on a smooth surface. Slowly slide foot back as far as possible. Hold 5 seconds.

KNEE STRETCH



Gently push operated leg back with the other leg until a stretch is felt. Hold 5 seconds. Relax.

Deep Breathing and Coughing Exercises:

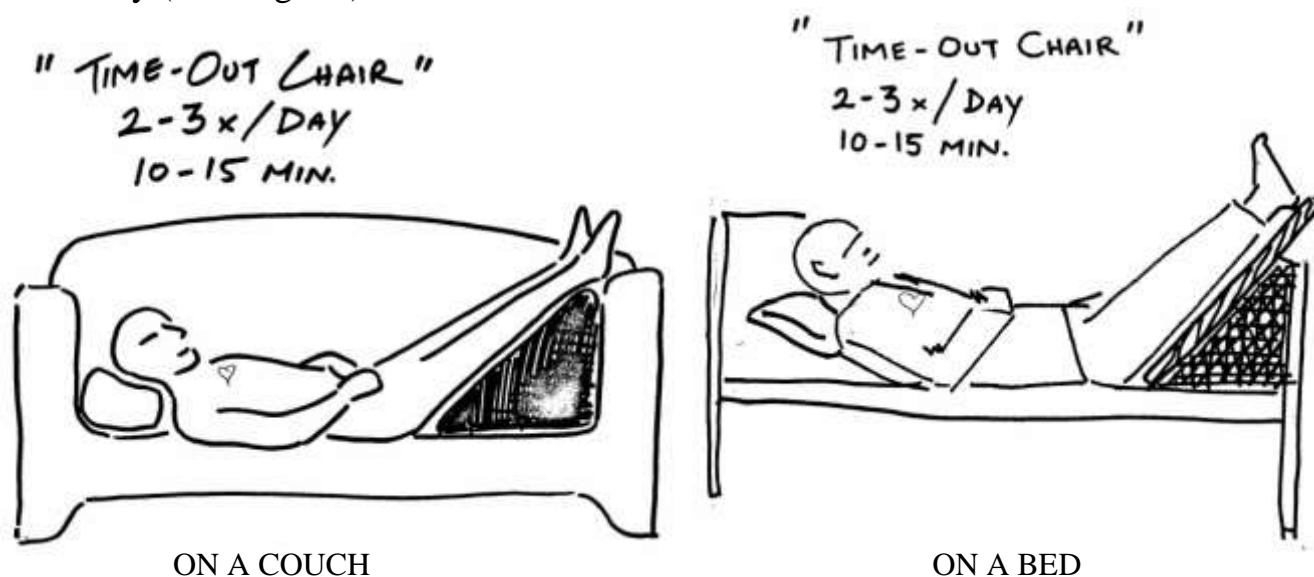
- This can be done either sitting up or lying down.
- Inhale deeply through your nose, keeping your shoulders relaxed.
- Hold 3 seconds and then exhale through your mouth.
- You will perform these exercises 10 times per hour while awake.
- After your 10 deep breaths, cough twice to clear any mucous.



Controlling Swelling after Surgery

Swelling is a very common and often persistent problem following knee surgery and tends to increase as the day goes on. The most effective way to decrease swelling is to elevate your leg so that gravity assists the drainage of fluid.

To properly elevate your leg, your foot must be raised higher than your heart. You can use any of the following elevation devices: formal elevation ramp, 3-4 pillows or an ironing board or any other solid, supporting surface properly sloped to elevate your leg. You must lay flat on the bed /couch with the elevation device under the affected leg (see diagram). It is important to make sure the top of elevation device comes far enough under the knee to support it comfortably (see diagram)



****ICE/COLD THERAPY CAN BE USED MORE THAN 2-3/DAY IF DESIRED****

You could put ice/Cold Therapy machine on your knee at the same time, to help reduce pain and swelling. Ice packs should be used for 10-15 minutes at a time. Remember, do not place the ice pack directly on your skin; wrap it in a towel or pillow case. Follow the instructions for use on the Cold Therapy machine.

CRYO THERAPY

Units are listed from least expensive to most expensive. Not an inclusive list.



AIRCAST CYRO/CUFF GRAVITY COOLER An integrated approach to cold therapy that combines cold and focal compression delivered using a simple, gravity-fed system.

The Aircast Cryo/Cuff Cooler holds water and ice for up to 6-8 hours of cryotherapy.



AIRCAST CRYO/CUFF IC COOLER The Aircast Cryo/Cuff IC provides both gravity and motorized cold and compression therapy for flexibility of care. An integrated pneumatic pump within the cooler lid provides automated cold and compression therapy, with simplicity of design and ease-of-use operation. The intermittent compressions are pulses of 30 seconds on, followed by 30 seconds off.

This motorized unit is different than the standard Aircast Cryo/Cuff gravity model by not requiring the manual raising and lowering of the device to exchange the cold water from the pad to the cooler.



BREG POLAR CARE CUBE The Breg Polar Care Cube Cold Therapy System is simple and reliable. Depending on your specific assigned protocol, with nothing more than an initial fill of a little ice and water, you can enjoy up to 6-8 hours of motorized cold therapy.



BREG KODIAK COLD THERAPY The Breg Polar Care Kodiak Cold Therapy System is the most convenient and versatile offering in Breg's Polar Care line. It's easy to use, compact design makes it great for clinic, hospital, and home use. Depending on your specific assigned protocol, with nothing more than an initial fill of a little ice and water, you can enjoy up to 6-8 hours of motorized cold therapy.



OSSUR COLD RUSH COLD THERAPY SYSTEM Cold Rush's cold therapy system holistic design features a durable motor, a stronger flow rate than the top selling units and an industry-leading ice-to-water ratio that ensures longer cooling times.



ICEMAN CLASSIC-UNIT The IceMan provides extended cold therapy for a variety of indications and protocols as directed by a medical professional. The IceMan delivers more consistent and accurate temperatures than other cold therapy units.

Important Things to Know At Home

STAIRS

The Physiotherapist will instruct you how to go up and go down stairs. It is advised that you use the railing and a mobility aid, such as a cane, when on the stairs.

Remember: The GOOD go UP, the BAD go DOWN.

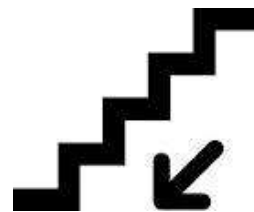
Going UP Stairs:



Order of Steps:

1. Non-operated leg
2. Operated leg
3. Mobility aid

Going DOWN Stairs:



Order of Steps:

1. Mobility Aid
2. Operated leg
3. Non-operated leg

MOBILITY AIDS



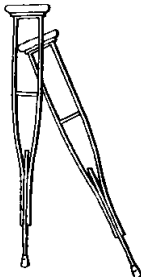
A 2-wheeled walker is typically used for the first 2 weeks after surgery.



A 4-wheeled walker is typically used weeks 3-4 after surgery.



A cane is typically used weeks 5-6 after surgery.



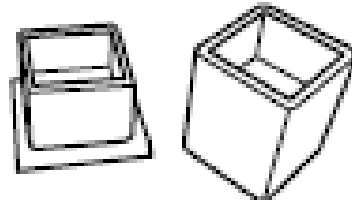
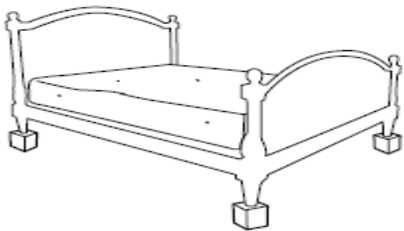
Crutches may be an option for you to use on stairs or for everyday walking, if you're an experienced crutch walker

Your Physiotherapist will tell you which walking aids you need as you progress.

****Do not bring these devices with you to the hospital**

GETTING IN AND OUT OF BED

- Use a firm mattress. If your bed is low, have it raised on blocks or add a high-density foam mat on top or a second mattress.
- Have a night light lamp nearby so that you do not have to stretch or twist to turn lamp off or on.
- Arrange your commonly used items so that they are on top or in top drawer of night stand.



Bed Blocks



Getting out of bed

The way you get out of bed may depend on your bedroom setup or the side of the bed you sleep on.

You can move your operated leg out first or your non-operated leg first

If you need help moving the operated leg, consider hooking a cane under your foot.

You may hook the non-operated leg under the operated thereby assisting the operated leg out of bed

Once sitting on the edge of bed, push through your hands and rise into standing

Getting into bed

Sit at the edge of bed controlling your descent with your hands

Turn knees slightly facing the end of bed and inch your bottom toward the far corner of your pillow and slowly move your bottom back onto the bed

Inch back until your knees are supported on the bed

March your supported legs across the bed and lie back.

GETTING INTO AND OUT OF A CHAIR

- The best chair for you is a high, firm chair with armrests (i.e.; dining room/captain chair, patio/deck chair/wing back chair)
- Recliner chairs **can** be used if they are high enough for you to sit on. Ones that require you to lower the footrest by pushing down with the operated leg should be checked before surgery to make sure this can be done independently. Recliners with footrests that are fully operated by a hand lever or remote control are best.
- A cushion could be used to ensure that the chair is high enough to get on and off.
- Avoid chairs on wheels, swivel rockers and gliders.

Getting into a chair

- Back up until you feel the chair with the back of your legs.
- Grasp the armrests and bend your knees to lower yourself gently into the chair. Bend your operated knee as much as you are able to, then move the operated leg slightly forward, if needed.
- Sit towards the front of the chair, then move back into the chair.

Getting out of a chair

- Slide to the edge of the chair while keeping your operated leg out in front of you.
- Use your arms to push up off the chair armrests. (**DO NOT** pull up on walker)
- Avoid sitting for long periods of time to prevent stiffness and swelling of your operated leg.



GETTING ON AND OFF THE TOILET

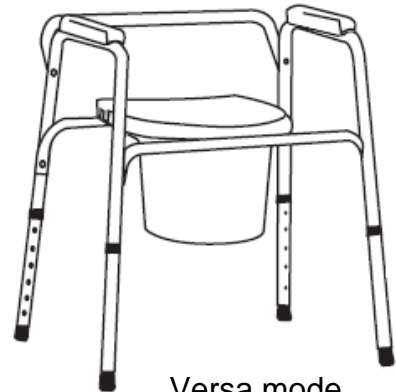
Most toilets are low, making it difficult to get on and off. A versa mode or raised toilet seat may be used to elevate the sitting surface height.



Raised toilet seat with arms



Raised toilet seat



Versa mode

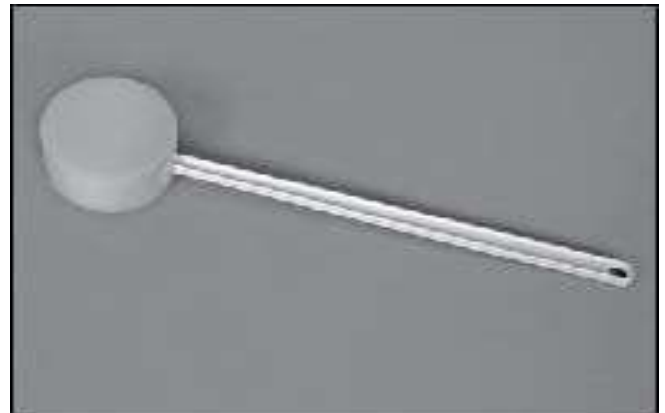
- Back up until you can feel the toilet with the back of your legs.
- Place operated leg slightly forward with your knee bent and your foot flat on the floor.
- Grasp the armrests and bend your knees.
- Lower yourself gently onto the toilet.
- To stand up, reverse the procedure.



Getting In / Out of the Tub / Shower Stall

The Occupational Therapist will meet with you to determine the appropriate equipment for bathing as it depends on whether you use the tub or a shower stall.

- **AVOID** getting down into the bottom of the tub for at least 3 months as you may find it difficult to kneel or squat.
- If you use the tub to shower, you may need a tub transfer bench that has two legs inside the tub and two legs outside. A bath board is another option. You will sit on this bench or board from outside of the tub and swing your legs in.
- You may need a grab bar to steady yourself while getting in and out.
- **DO NOT** pull or lean heavily on towel rods, soap dish holders, shower curtain rods, or anything else that could be pulled off the wall.
- Use a long handled sponge to wash your feet if you cannot bend far enough to reach them.
- If using a shower stall, step in with your good leg and step out with the bad leg while steadying with your walker or grab bar.
- A seat in the shower stall is optional



GETTING IN / OUT OF A CAR

Consult with your Physician before you resume driving. Expect to not drive for 6 weeks. Your physician will tell you when you can drive again.



- Push the seat back as far as it can go to increase leg room
- Lower yourself slowly to sit down.
- Still facing the car door, slide back over the seat until your bottom is near the middle console / driver's seat.
- Move your legs into the car without twisting the knee.

- Most car seats are too low, so place a cushion on the car seat.



HIGHER car seats e.g. SUV or truck, are easier to sit down on and stand up from.

Putting On/Taking Off Pants

You may need to use a reacher for putting on and taking off pants and undergarments, as your knee may be stiff and swollen.

Putting on Pants

- Sit down.
- Dress the operated leg first.
- Use the reacher to grab the waistband of the pants.
- Lower pants to feet, and guide the waistband over your feet, threading feet through pant legs, then up your legs.
- Stand with the walker in front of you to pull your pants up the rest of the way.

Taking Pants Off

- Unfasten your pants and push garments down.
- Sit down.
- Use reacher to push garments the rest of the way over feet.
- Use reacher to pick garments up off floor.



Putting On and Taking Off Shoes

You may need to use a reacher and long handled shoe horn for putting on and taking off shoes, as your knee may be stiff and swollen.

Wear sturdy slip-on shoes or shoes with velcro closures or insert elastic shoe laces into sturdy, laced shoes. **No flip flops.**

DO NOT wear high-heeled shoes.

Putting on Shoes

- Sit down
- Use reacher to pick up shoe from floor.
- Place shoe onto foot using reacher.
- Switch reacher for long handled shoe horn.
- Place the shoe horn inside shoe against the back of the heel. The curve of the shoehorn should line up with the curve of the shoe heel.
- Slide your heel down shoe horn and into the shoe.

Taking Shoes Off

- Place the shoe horn inside shoe against the back of the heel.
- Push on shoe horn to slide shoe off foot.
- Place shoes with reacher out of walking pathway.



Putting On and Taking Off Socks

You may need to use a sock aid for putting socks on and a long-handled shoe horn for taking them off, as your knee maybe stiff and swollen. You may choose to not wear socks for the time being.

Putting on Socks

- Sit down
- Slide sock onto sock aid (Be sure the heel of the sock is on the curved side of sock aid).
- Hold the string and drop the sock aid to the floor.
- Slide your foot into the sock as you would with a shoe.
- Pull firmly on strings, while pointing toes downward.
- Keep pulling until sock is on your foot and sock aid has come out of your sock.

Taking Socks Off

- Place long handled shoe horn inside sock behind the heel.
- Push with shoe horn until sock is off.
- Pick sock up using reacher.



Sock Aid

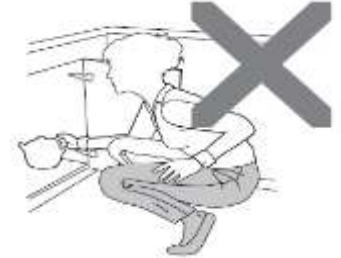


Shoe Horn



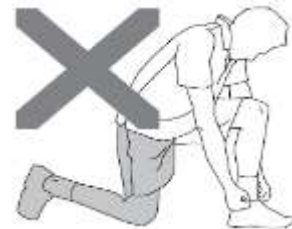
IMPORTANT THINGS TO KNOW AFTER KNEE SURGERY

Avoid SQUATTING as it may increase discomfort in your knee. Low furniture, steep stairs or sitting in the bottom of the tub may be difficult to access.



squatting

Avoid KNEELING as it may be uncomfortable. It may be difficult to get up / down from a kneeling position independently.



kneeling

Avoid CLIMBING a lot of stairs for the first couple of weeks. If possible, take an elevator or escalator. At home, think ahead and try to save the number of trips up and down.

Avoid LIFTING anything heavy or pushing heavy objects. Talk to your Doctor before returning to strenuous work.

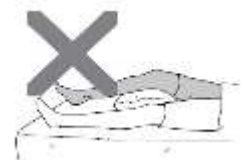
DO NOT PIVOT OR TWIST on your operated leg. Take small steps to turn when vacuuming, sweeping or walking.

DO NOT perform activities that require sudden stopping and starting or contact sports (tennis, skiing, running, jumping, hockey, football). Swimming, walking and stationary biking are good activities to resume once you heal or as directed by your Surgeon.

AVOID keeping your knee in one position too long as it will stiffen. Do not place a pillow directly under your operated knee, causing it to bend when lying down. A pillow lengthwise supporting the knee in a straight position is acceptable



DO NOT twist at the knee



Tips for Performing Daily Tasks

KITCHEN TASKS

- Reorganize cupboards and refrigerator so that items you use often are within easy reach and you're not forced to squat or over reach.
- Slide items along the counter; do not attempt to carry items with one hand while using a walker
- Use a wheeled tea wagon, trolley cart, or a wheeled office chair to transport items as you walk behind with your walker
- You may wish to purchase a wire walker basket to attach to the walker to carry light items
- When using a 4-wheeled walker, use the seat or basket to transport items
- Keep reacher handy (attach to walker) to pick up light items that are out of reach
- Use shortcuts such as frozen meals (purchased or prepared before surgery), Meals on Wheels, microwave or toaster oven, pre-cut or frozen veggies

LAUNDRY TASKS

- Do smaller loads of laundry, more frequently
- Transport laundry on a cart, walker or office chair
- You can use your reacher to assist with loading and unloading clothing from the washer and dryer. You may also find it helpful to sit on a chair, when loading/unloading front load machines

PET CARE TASKS

- Use reacher to pick up and set down your pet's food and water bowls
- Keep pet food stored at or above waist level
- Arrange for friends/family to change cat litter or walk your dog

SHOPPING TASKS

- Groceries may be ordered for delivery from many stores (a small fee may be charged)
- Ask family/friends to do your shopping for you
- Shop for less but more frequently

HOUSEHOLD TASKS

- While recovering from your surgery, you will know when you are ready to return to doing household tasks

- DO NOT remain sedentary while recovering from your knee replacement surgery. Get up and be **ACTIVE** – participate in household tasks as you are able
- Be aware of household tasks that require twisting, heavy lifting or kneeling

SEXUAL ACTIVITY

You may return to sexual activity when comfortable to do so. If you have any questions, talk to your physician

RETURNING TO WORK

- When you return to work depends on the type of work you do. Please consult with your surgeon as per return to work date.
- Make sure you bring along your assistive devices (raised toilet seat, wedge cushion and reacher)
- You may need to speak with your employer about modifying your work area and duties to protect your new knee

TIPS TO AVOID FALLS

- Avoid going outside in bad weather, if possible.
- When walking outdoors, avoid poorly maintained sidewalks, dark streets, and icy surfaces. Try to walk with a partner
- In winter, wear boots with a good gripping sole
- When you no longer need a walker, use a cane with an ice pick tip in snow or ice
- Remove floor mats in house. Pathways must be cleared of cords, wires, and clutter
- Make sure your home is well lit. Use a nightlight or motion light at night
- Have a handrail on all stairways or handrails on both sides
- Always wear sturdy shoes with non-slip soles that give your feet and ankles firm support
- Never rush to answer the telephone. Use an answering machine or cordless phone
- Do not carry too much in your arms – use a home delivery or push cart
- Minimize the use of medications which increase the risk of falls
- Be sure that you are having enough to eat, especially protein (meat) foods
- Monitor your blood sugar regularly to avoid lows and highs which make you dizzy
- Take breaks when needed to avoid fatigue

NUTRITION

Good nutrition helps you recover from surgery and reduces the risk of infection. Important nutrients before and after surgery include:

Protein

Protein promotes healing after surgery.

Try to eat at least one protein food at every meal and snack. For example

- 2-3 oz of beef, pork, chicken, turkey, fish or other meat
- 2 eggs
- ¾ cup of beans, lentils or split peas or tofu
- 2 tbsp of peanut butter or other nut butter
- ¼ cup of unsalted nuts
- 1 cup of milk or soy beverage
- 2 ounces of cheese
- ¾ cup of yogurt
- 1 tbsp of ground flaxseed

Make sure you have these foods at home before you have your surgery. See “Healthy Grocery Shopping List” for the best choices.

See “Easy Meal Ideas” for some easy ways to include protein at meals. Most of us miss out on protein at breakfast. Some ideas: eggs or cheese or peanut butter on toast, ground flaxseed or nuts on cereal, a glass of milk or container of yogurt. Greek yogurt is especially high in protein.

Fibre and Fluids

It is important to have a regular bowel habit before surgery because constipation can occur after surgery.

Your body will need to adjust to more fibre in your diet. Increasing fibre too quickly or without drinking enough fluids may cause gas, bloating, cramping, diarrhea or constipation.

1. Add fibre-rich foods slowly to your diet. For example, add one new high fibre food each day for one week.
2. Drink 8 to 10 cups of fluids a day when increasing your fibre intake.
3. Try “drinking by the clock” by having sips of fluid every 15-20 minutes.

Ideas to Increase your Fibre Intake:

Grains and bread

- Start your day with a cereal or bread product that contains at least 4 grams of fibre per serving.
- If your favourite cereal is less than 2 grams, add a scoop of high fibre cereal (All Bran Buds or Fibre One), wheat bran, wheat germ or ground flaxseed. These can also be added to yogurt.
- Choose whole grain breads, and brown pastas and rice.

Vegetables and Fruits

- Try snacking on a variety of raw vegetables and fruits instead of juice. For even more fibre, serve vegetables with a bean dip such as hummus.
- When eating fruit and vegetables, keep the skin on when possible.
- Add dried fruit to cereals, yogurt or your favourite baked goods.

Legumes, Nuts & Seeds

- Legumes (lentils, beans, split peas) can replace meat in many recipes. Try using in salads, soup or casseroles.
- Add nuts and seeds to salads, cereals and yogurt.

Reading a Label for Fibre

The Nutrition Facts table gives details about the nutrition breakdown of the food product. The amount of fibre is listed in the Nutrition Facts table (see next page). Use this to compare the fibre in different products and make the best choice. **Caution:** The claims “whole grain”, “whole wheat”, “multigrain” and “organic” do not always mean the product is high in fibre. To be sure of the fibre content, read the Nutrition Facts table.

Nutrition Facts	
Per 1 Bagel (112 g)	
Amount	% Daily Value
Calories 310	
Fat 2 g	3%
Saturated 0.4 g	
+ Trans 0 g	2%
Cholesterol 0 mg	0%
Sodium 340 mg	14%
Carbohydrate 61 g	20%
Fibre 3 g	11%
Sugars 5 g	
Protein 11 g	
Vitamin A	0%
Vitamin C	0%
Calcium	2%
Iron	25%

Amount of food in one serving. The serving size is the amount most often eaten. This may or may not be the serving size you would have.

Amount of fibre in one serving.

Vitamin and Mineral Supplements

A basic “One A Day” type multivitamin and mineral supplement is recommended one month before and after surgery. Stop all vitamins **one week prior to your surgery**.

Fibre Supplements

If you are going to take a fibre supplement (Metamucil, psyllium), be sure to take it first thing in the morning so you have a chance to drink enough fluid the rest of the day. Never take a fibre supplement before bed.

Common foods with fibre

Food Serving Sizes unless otherwise shown	2 to 4 grams	4 to 6 grams	more than 6 grams
Breads 2 slices	<ul style="list-style-type: none"> • bran muffin -1 small • cornbread • multigrain • pumpernickel • rye 	<ul style="list-style-type: none"> • 100% whole wheat bran • cracked wheat • Mr. Pita, High Fibre® - 1 pita 	<ul style="list-style-type: none"> • Dempster's, Healthy Way®
Cereals Portion size varies. Read Nutrition Facts table on package to see the portion size.	<ul style="list-style-type: none"> • All Bran Bran Flakes® • oat bran • Shredded Wheat® 	<ul style="list-style-type: none"> • Fruit and Fibre® • Raisin Bran® • Kashi Go Lean® • Corn Bran Squares® 	<ul style="list-style-type: none"> • 100% Bran® • All Bran Original® • All Bran Buds® • Fibre First® • Fibre One®
Grains 1/2 cup, cooked	<ul style="list-style-type: none"> • cornmeal • natural bran - 1 tbsp • wheat germ • whole wheat pasta 	<ul style="list-style-type: none"> • brown rice • bulgar 	<ul style="list-style-type: none"> • barley
Crackers Portion size varies. Read Nutrition Facts table on package to see the portion size.	<ul style="list-style-type: none"> • President's Choice Swedish Crisp Toasts® • President's Choice 100% Wheat or Wheat Bran 'n Rye Crackers® • Wasa Light or Sesame Wheat Crispbreads® 	<ul style="list-style-type: none"> • Ryvita Crisp Breads® • Wasa Golden Rye Crispbreads® 	<ul style="list-style-type: none"> • Wasa Whole Rye, Fibre or Hearty Rye Crispbreads®
Cookies Portion size varies. Read Nutrition Facts table on package to see the portion size.	<ul style="list-style-type: none"> • All Bran Bars®, All Bran Snack Bites® • fig and granola bars • macaroon, oatmeal, peanut butter and raisin cookies 	<ul style="list-style-type: none"> • Fibre One Bars® • Kashi granola bars 	<ul style="list-style-type: none"> • Bowel Buddies®
Vegetables and Legumes ½ cup, cooked	<ul style="list-style-type: none"> • asparagus, broccoli, brussel sprouts, carrots, cauliflower, corn, eggplant, green peas, spinach, squash • 1 baked potato with skin 	<ul style="list-style-type: none"> • 1 artichoke • black beans, chick peas, kidney beans, lentils, northern beans, pinto beans 	<ul style="list-style-type: none"> • black-eyed peas, navy beans
Fruit	<ul style="list-style-type: none"> • 1 apple, banana or orange • 3 apricots • ½ cup raspberries or rhubarb • 1 cup strawberries 	<ul style="list-style-type: none"> • 1 pear 	<ul style="list-style-type: none"> • 1 cup blackberries • 10 dried dates, figs or prunes
Nuts and Seeds	<ul style="list-style-type: none"> • ¼ cup almonds, peanuts (dry roasted) 	<ul style="list-style-type: none"> • 2 tbsp flaxseed (ground) 	

Conversions: 1 cup = 250 ml ¼ cup = 175 ml 1 tbsp = 15 ml 1 oz = 30 g

* All fibre information adapted from Hamilton Health Sciences “Eating More Fibre” 2001.

Constipation

Constipation can be a problem once you return home. Ways to prevent constipation include:

- Drink at least 8 glasses of water or other fluids a day.
- Eat foods high in fibre as discussed previously.
- Move around as much as you can.
- Continue with your exercises.

Constipation can be serious. Ensure that you do not ignore the symptoms.

Healthy Eating

There is no specific diet for surgery however, it is important to eat as healthy as you can to promote healing and strength. See the next pages for guidelines on generally healthy eating called “The Healthy Plate”.

This is a way of dividing up your plate to ensure you meet your nutrition needs:

- ½ plate vegetables
- ¼ plate starchy foods
- ¼ protein foods.
- Fruits and dairy (milk or yogurt) make great snacks and dessert.

The Healthy Plate is the gold standard however, something is always better than nothing and it is important to eat 3 times a day.

It does not have to be a typical “meat, potato, vegetable” meal to make the Healthy Plate happen – see Easy Meal Ideas for suggestions. For mixed dishes (e.g. soup, stew, chili, pasta, stir fry), use the ¼ protein, ¼ starch and ½ vegetable portion guidelines before cooking.

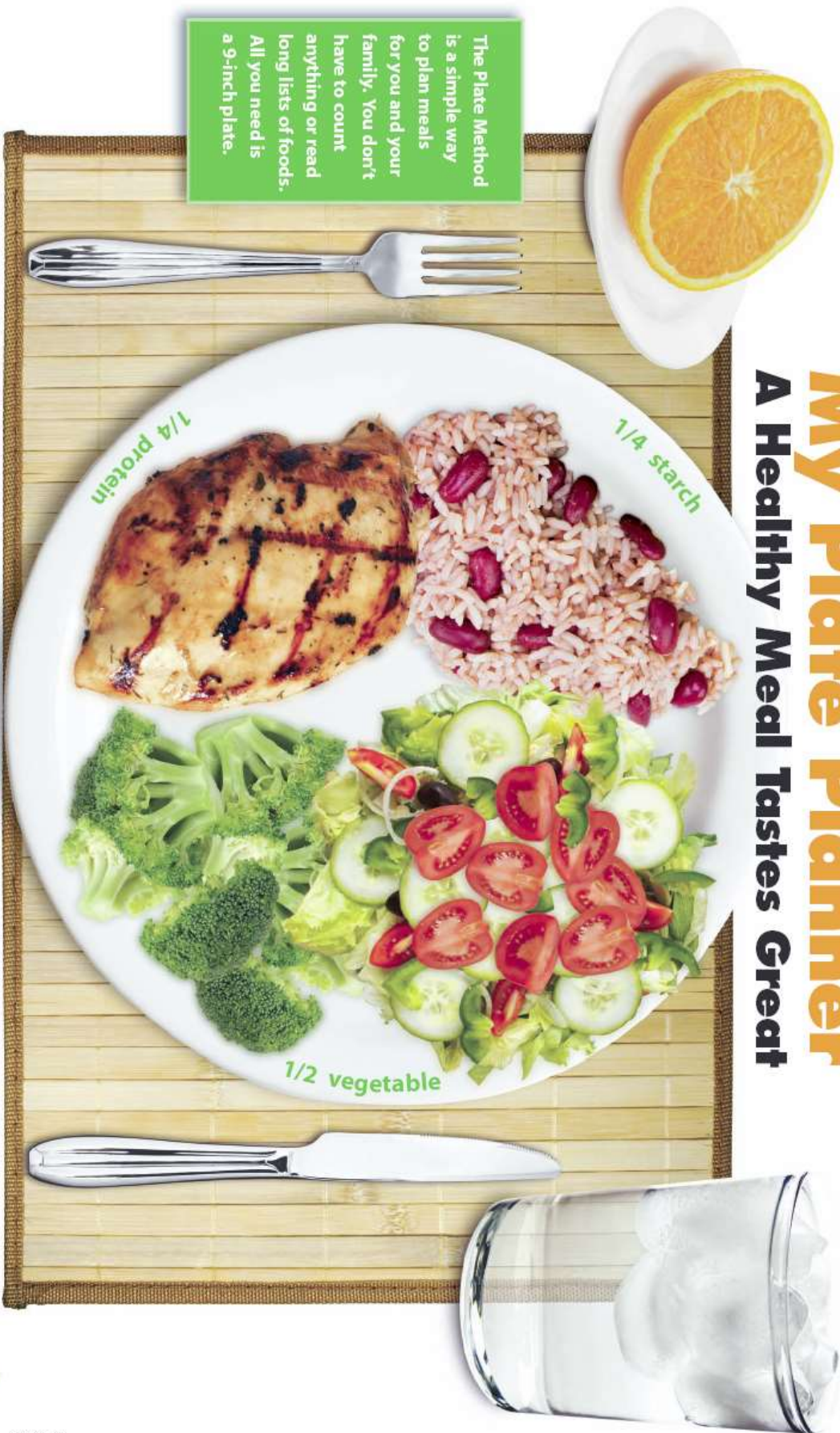
For weight loss, follow The Healthy Plate and watch portions – see the Heart Healthy Foods: Shopping List for appropriate portions.

For additional information on healthy eating or easy meal ideas visit www.unlockfood.ca To have your questions answered please contact a Registered Dietitian at Telehealth **1-866-797-0000**

My Plate Planner

A Healthy Meal Tastes Great

The Plate Method is a simple way to plan meals for you and your family. You don't have to count anything or read long lists of foods. All you need is a 9-inch plate.



1/4 protein. 1/4 starch. 1/2 vegetable.

9-inch plate

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Let's Plan Your Meal

Breakfast

Starch
Whole grain has more fiber and more nutrients.

Protein
Low-fat proteins are better for your heart and waistline.

Add a small piece of fruit or leave empty.

Items shown: Cold Cereal, Bread, Oatmeal, 1% Milk, Low-fat Yogurt, Egg, Low-fat or natural peanut butter, Cottage Cheese, Apple, Orange, Banana.

Note: Only use 1/2 of your plate — 1/4 protein and 1/4 starch

Lunch/Dinner

Starch
Some vegetables are higher in starch (corn, peas, yams) and belong on this part of the plate.

Protein
Bake, broil, boil or steam your protein instead of frying.

Vegetables
Fill half your plate with more than one vegetable, so you won't get tired of your favorites.

Items shown: Potatoes, Yams, Corn, Peas, Brown Rice, Beef, Chicken, Fish, Broccoli, Lettuce, Okra, Carrots, Green Beans.

Adapted with permission from Learning About Diabetes Inc., Bedminster, NJ.

Heart Healthy Foods: Shopping List

Vegetables & Fruits: 1 portion = 1 med fruit or 1 cup (size of a baseball)

- Fresh vegetables such as tomatoes, cabbage, broccoli, and spinach and other leafy greens
- Canned, low sodium (salt) tomatoes
- Frozen vegetables without added butter or sauces
- Fresh fruit or canned or frozen fruit without added sugar

Dairy: 1 portion = 1 cup milk, 175 g yogurt, 1.5 oz cheese (3 dice or your first two fingers)

- Fat-free or low-fat milk (skim or 1%)
- Cheese or cottage cheese (“light” or “low-fat”)
- Fat-free or low-fat yogurt

Breads, Cereals, & Grains: 1 portion = 2 slice bread, 1 cup grains or cereal (baseball)

Look for whole-wheat or whole-grain as the first ingredient listed on the label. Try to choose breads and cereals with more than 4 g of fibre per serving.

- 100% whole-wheat or rye bread, bagels, English muffins, pitas or wraps
- Whole-grain hot cereals or cold cereals
- Whole-wheat or whole-grain pasta, brown or wild rice, barley, bulgur, quinoa, millet, or buckwheat
- Popcorn with no butter, whole wheat crackers and high fibre granola bars (more than 2 g of fibre)

Meat (1 portion = 3 oz = deck of cards or palm of hand), Beans (1 portion = baseball), Eggs (1 portion = 2 eggs), & Nuts (1 portion = ~20 nuts or 2 tbsp nut butter = golf ball)

Choose lean cuts of meat and other foods with protein. Buy fresh meat on sale and freeze yourself. Rinse canned seafood and beans to reduce the salt.

- Seafood (fresh, frozen or canned)
- Chicken and turkey without skin, all cuts except wings
- Bee and Pork: round, sirloin, tenderloin, loin, extra lean ground, low sodium ham
- Beans (kidney, white, black, pinto, navy, chickpeas), lentils and split peas or hummus (bean dip)
- Eggs and egg substitutes
- Nuts and seeds or nut butters (unsalted)

Fats & Oils: 1 portion = 1 tbsp (poker chip)

Cut back on saturated fat and look for products with no trans fats.

- Margarine, canola, olive, peanut, corn, safflower or sunflower oil

Pantry Items

Choose products that are low in sodium (less than 10% of the %DV on the food label).

- Herbs, spices, vinegars and mustard
- Pasta sauce, pizza sauce and salsa
- Vegetable-based soups

Easy Meal Ideas

Breakfast

Choose foods from at least two different food groups. Try to include one protein food

- Hot or cold cereal topped with frozen berries and sliced almonds with low-fat milk.
- Cook up a poached or scrambled egg in the microwave and have it on toast with a glass of tomato juice or V-8 (choose one with the lowest %DV for sodium).
- Prepare a fruit plate and use vanilla yogurt as a dip.
- Apple pie porridge: Mix diced apple and cinnamon into porridge cooked with milk. Even quicker, mix in some prepared applesauce for fruity sweetness.
- Yogurt parfait: layer low-fat vanilla yogurt with frozen fruit and whole grain cereal.
- Frozen waffles or pancakes topped with cottage cheese and canned fruit.
- Make a smoothie! Fill a blender with fresh or frozen berries, a banana, yogurt and milk to thin.
- Egg sandwich: toasted whole-wheat English muffin with fried or scrambled egg and tomato slices.
- Make your hot cereal with milk and stir in 1tbsp of ground flaxseed for protein. Don't forget some fruit!

Lunch

Choose a vegetable, a starch and a protein for a balanced meal. Fruit and yogurt for dessert!

- A whole grain tortilla wrap with turkey and spinach with a side of canned peaches mixed with yogurt.
- Bean chili (choose one with the lowest %DV for sodium) with a side of cherry tomatoes and milk.
- Vegetable soup (choose one with the lowest %DV for sodium) with a grilled cheese sandwich and apple.
- Whole grain crackers or Melba toast with low-fat cheese and apple slices.
- Fruit mixed with cottage cheese and a low-fat bran muffin or whole grain toast.
- Peanut butter and banana wrapped in a whole-grain tortilla with a low-fat pudding.
- Bagged green salad with hardboiled egg or canned chickpeas (rinse first) or canned fish (rinse first) and light salad dressing with a glass of chocolate milk.
- For frozen ready to eat meals, choose those with the highest fibre, lowest fat and lowest sodium. Try to include ones with vegetables or add a side salad!

Supper

Choose a vegetable, a starch and a protein for a balanced meal. Fruit and yogurt for dessert!

- Cheese omelet topped with salsa with whole grain toast.
- Mini-pizza: top a whole wheat English muffin with pizza sauce, vegetables (sliced peppers, mushrooms, onions) and low-fat shredded cheese.
- Microwave baked potato topped with frozen broccoli and shredded cheese.
- Beans in tomato sauce (choose one with the lowest %DV for sodium) on toast with tomato slices.
- Macaroni and cheese dinner with canned tuna and frozen peas stirred in at the end.
- Stew (choose one with the lowest %DV for sodium) with mixed frozen vegetables and a glass of milk.
- Grilled pork chop or chicken breast or fish with baked potato, green salad, and frozen fruit for dessert.
- Cut up vegetables and crackers (low salt, whole wheat) with low-fat dip and a pudding cup.
- For frozen ready to eat meals, choose those with the highest fibre, lowest fat (especially saturated and trans fat) and lowest sodium. Try to include ones with vegetables or add a side salad!

GENERAL INFORMATION

Visiting Hours

- 9 a.m. to 9 p.m.
- 2 visitors at a time

Please Clean Your Hands

To protect yourself, the people at RMH and those you love at home, reduce your risk of infection by washing your hands well and often. Hand washing is the single most important way to prevent the spread of germs

Parking

Hospital parking revenues are applied directly back to the Hospital and therefore, help Ross Memorial Hospital to provide patient care services.

For long term parking, take a ticket from the machine at the gates. You must pay for parking prior to going back to your car, unless you pay with a credit card. Payment kiosks are located in the Emergency Department and at the front door. These kiosks take credit cards or bills.

The circular lot in the front of Emergency is dedicated to short-term parking and individuals are required to purchase a ticket from the pay-and-display machine. This machine takes credit cards or change. The validation ticket must be displayed on the dashboard of your vehicle.

Hospital Cafeteria

The cafeteria is located on the basement floor, beside the Dialysis Unit, accessible by taking the yellow or blue elevator to the basement level. Each day, the Nutrition Service team offers a variety of soups, sandwiches, desserts, and takeout products. Please check the cafeteria for current operating hours.

Reflections Café and Gift Shop

Reflections Café is located in the main lobby. The Café offers sandwiches, light lunches, baked goods, and beverages.

The gift shop carries full range of gifts, fresh flowers, clothing, jewelry, stationary, reading material, and much more! Please check these locations for current operating hours.

POST-OP HIP & KNEE PHYSIO CLINIC

You will be referred to the Hip & Knee Physio Clinic at the Ross Memorial Hospital which will start after discharge. This program takes place in the Hip and Knee Physio clinic, Which is located on the 3rd floor in the Health First Area. Please use the Blue Elevators to get there.

You will receive Initial one-on-one Assessment session followed by group Sessions, **once a week, for a length of time determined by the Physiotherapist.** This program is covered by OHIP, and there is no out-of-pocket cost for the program. There is a brochure with more information in your package.

You will be doing your exercises at the Hip & Knee Physio Clinic so please come prepared by making sure you have taken your pain medication, your shoelaces are tied, you have used the bathroom and you have something to drink.

****Your length of stay and your need for rehabilitation will be assessed by the Physiotherapist regularly based on your progress after surgery.**

RESOURCES

American Academy of Orthopaedic Surgeons

<https://orthoinfo.aaos.org/en/treatment/total-knee-replacement/>

Arthritis Society

<https://www.arthritis.ca/treatment/surgery> Then pick either Hip Replacement Surgery or Knee Replacement Surgery

Canadian Orthopaedic Foundation, Patient Information Resources,

<https://whenithurtstomove.org/> Then click on Patient/Public Resources

Hip and Knee Replacement by Dr. Mike Evans (7 minute YouTube video)

https://www.youtube.com/watch?v=xAL_TrQdtTY&list=PLduSqEwSaqmLRL84vq52KyNzcjhaRwy_c&t=0s&index=5



ROSS MEMORIAL
HOSPITAL
Kawartha Lakes

RMH FM# 1797 PREP School Knee Replacement Surgery (October, 2012)
Revised January 2019