

Total hip replacement

Total hip surgery replaces the diseased and damaged parts of the hip joint with specially designed metal and plastic "ball and socket" parts.

STEP 1

The femur, thigh bone, is separated from the pelvis' socket joint.

STEP 2

The damaged ball is cut off the femur bone.

STEP 3

Damaged cartilage and bone is removed from the hip socket using a reaming device.

STEP 4

A metal shell is pressed into the socket of the pelvic bone. Bone graft material is used to hold the new socket in place.

STEP 5

A special plastic liner is locked into the metal shell and the artificial socket is complete.

STEP 6

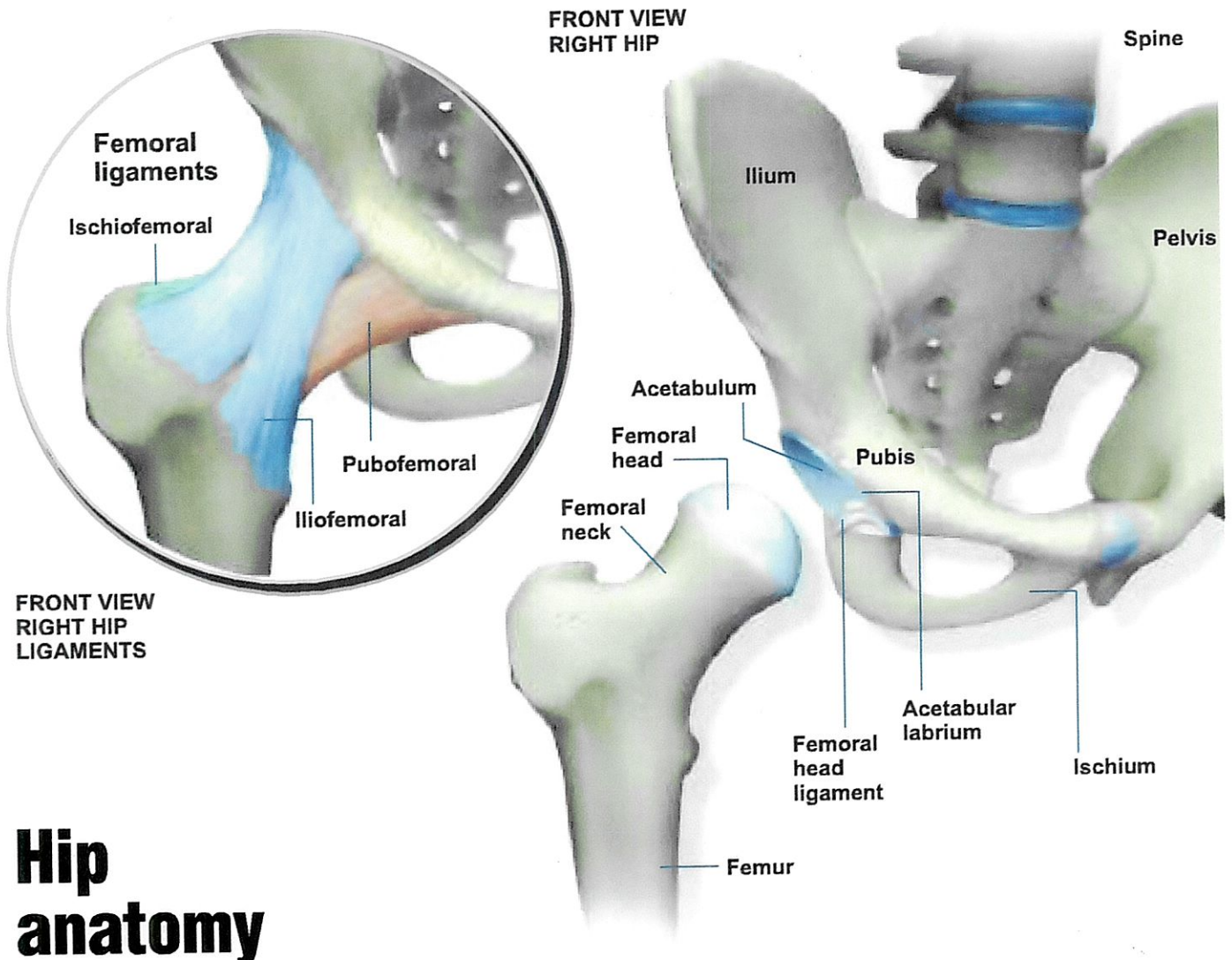
Now the doctor finishes the femur implantation. First, the end of the femur is hollowed out and filled with bone cement.

STEP 7

The metal implant is placed into the hollowed femur.

STEP 8

A metal ball component is attached to the stem. It will act like the leg's original ball.



Hip anatomy

Overview

The hip is a ball and socket joint that allows the upper leg to move front to back and side to side. The largest weight bearing joint in the body, the hip joint is surrounded by strong ligaments and muscle.

Femur

The thigh bone is the bone for the upper portion of the leg. It is the longest, largest and heaviest bone of the body.

Femoral neck

The femoral neck supports the femoral head. Its length allows for maximum leverage and rotation.

Femoral head

The femoral head is the top ball-like end of the femur. The femoral head fits into the socket of the pelvic bone to form the hip joint. Cartilage on the head cushions the joint in the socket, allowing smooth rotation.

Femoral head ligament

This ligament connects the femoral head to the acetabulum.

Femoral ligaments

These three strong ligaments attach the femur bone to the pelvis. They stretch over the joint to strengthen and support it.

Pelvis

Two hip bones come together to form a girdle at the bottom of the body called the pelvis. It carries and transmits weight from the upper body to the lower limbs in standing or sitting positions. Each hip bone is divided into three sections.

Acetabulum

This cavity in the hip bone forms the socket that holds the femoral head.

Acetabular labrium

This is the soft part of the hip's socket. This cartilage allows the joint to rotate smoothly.



**BOUNDARY TRAILS
HEALTH CENTRE**

Patient /Family
Care Guide

**Hip and Knee
Replacement**

<p style="text-align: center;">Discharge Criteria</p>
<ul style="list-style-type: none"> • Able to get on and off a bed independently. Your physiotherapist will instruct you how to do this. • Able to walk safely and independently with walker. Your surgeon or physiotherapist will instruct you when you can start to use a cane. • Able to climb a short flight of stairs. • Pain managed with oral medications. • Medically stable. • Home meds to be assessed before discharge. • Prescriptions will be given on discharge as needed. <p style="text-align: center;">Discharge Expectations</p> <ul style="list-style-type: none"> ▪ <u>DAY SURGERY PATIENTS – you must stay within 60 minutes of a hospital with an Emergency department the night after surgery.</u> ▪ Blood thinning medication must be taken as instructed, up to 5 weeks after surgery. Your prescription will be provided. ▪ Equipment and support need to be in place before you have your surgery. This will be reviewed with you prior to discharge. ▪ Gradual return to everyday activities. ▪ Discharge instructions will be reviewed about activity, diet, medications and concerns that may come up. ▪ Arrangements for therapy in your community needs to be organized. These sessions usually start a couple weeks after surgery, depending on therapy services available to you. ▪ Continue the exercises your therapist has recommended several times a day when you get home until you have good use of your hip/knee. ▪ A medical assessment is needed at 2-3 weeks and 6 weeks after surgery. You will be instructed if you need to organize this. ▪ A water proof or standard dressing will be placed over the surgical site. You will be instructed, after your surgery, when this can be removed and you can have a shower. No baths. ▪ <u>For day surgery patients</u> you will receive a phone call, the day after surgery, from a nurse to see how you are doing. ▪ Following your surgery if you have any dental work done within the first 2 years you should take antibiotics 1 hr prior to your dental work. <p>Note: You will need to meet all the discharge criteria before you are discharged from the hospital.</p>

	Prior to Surgery	Morning of Surgery	After Surgery
Diet	<ul style="list-style-type: none"> Eat your regular diet until midnight. <u>No solid foods or milk products after midnight.</u> 	<ul style="list-style-type: none"> <u>No solid foods or milk products from midnight but you may have clear fluids (see pink instruction sheet) until 2 hours before arriving at the hospital.</u> 	<ul style="list-style-type: none"> Increasing diet as tolerated.
Tests	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> X-ray done after surgery.
Treatment	<ul style="list-style-type: none"> Ensure that all your equipment is in place for your surgery. You will have received a list from the Occupational Therapist. <ul style="list-style-type: none"> List enclosed with this package of information. 	<p>At home:</p> <ul style="list-style-type: none"> Have a shower, wash your leg well with regular soap and rinse with water. Do not put on any deodorant, lotions or creams after your shower. Remove all jewelry, piercings, nail polish. 	<ul style="list-style-type: none"> A nurse will check your blood pressure, pulse and temperature regularly. You will have a bandage over your surgery site and an IV. These will be checked regularly. Your IV will be discontinued when you are drinking well. Circulation and sensation in your legs will be checked.
Medication	<ul style="list-style-type: none"> IMPORTANT: All blood thinning medications must be stopped as instructed by your anesthesiologist. Take all other medications as usual till the night before surgery. NOTE: if you received a prescription before surgery, you must get it filled prior to the surgery date. 	<ul style="list-style-type: none"> Take only the medications as instructed by your anesthesiologist or nurse. <u>If you do not know do not take any medications.</u> In the hospital you will be given long acting medications to decrease possible nausea as well as pain. An antibiotic is given before surgery starts 	<ul style="list-style-type: none"> Pain medication, antibiotics, and other medications will be given as ordered (a nurse will bring you these). Do not take any of your own medications. Refer to Green handout for pain medication recommendation and schedules. This will help you keep track of your usage. For Knee replacements: use ice therapy (cryotherapy) right after surgery to decrease pain and swelling.
Activity and Exercises	<ul style="list-style-type: none"> Remain as active as you can as you wait for your surgery. Familiarize yourself with the therapy exercises in the handout. Continue current exercises. 		<ul style="list-style-type: none"> Do foot / ankle and DB&C exercises every hour when awake. Physiotherapy will teach you how get out of bed, walk with a walker, and start you on an exercise program. Do your exercises several times a day. You need to be independent and safe with your transfers and walking before you can go home.
Discharge Planning and Learning	<ul style="list-style-type: none"> Ensure all equipment is ready at home. Put away loose floor rugs and ensure there is room between furniture for your walker. It is important that you have all your equipment in place before surgery. 		<ul style="list-style-type: none"> Day surgery patients only spend 6 to 8 hours in the hospital so it is important that you arrange someone to stay with you for the next 2-3 days. Patients staying overnight also find it helpful to have family help them for a short time after discharge.

Guide for Total Joint Replacements

Getting in shape for your joint replacement before your joint replacement:

To speed your recovery, it is important to get in the best physical shape possible for your surgery. Before your surgery, focus on building your strength and staying as active as you possibly can!

You will need to rely on your arm strength to help move yourself in and out of bed and to use a walker. Do exercises in the months prior to the surgery to increase your arm and upper body strength using light weights, resistive tubing or even a can of soup. Consult a physiotherapist or certified trainer for more detailed instructions and guidelines.

It is important to begin slowly and gradually increase the amount of time you are performing the activity. Try to perform some type of cardiovascular exercise (walking, cycling, stationary biking, water aerobics) at least every other day. When performing the exercises you should not feel short of breath and should be able to carry on a conversation. By the time you come in for your surgery, you should be performing a minimum of 20 minutes of cardiovascular exercise 3 times per week. If you are unable to perform 20 minutes of consecutive activity, you may break it up into 10 minute sessions twice a day. If you have pain for more than 2 hours following an activity or exercise session, you have done too much. Reduce the intensity of the exercise or the duration of the activity. Consider using a cane or walker pre-operatively if you have pain limiting walking distance. This will reduce the weight bearing and pain on your legs and allow you to walk longer distances.

It is important to familiarize yourself with the post-operative exercises supplied by your surgical center. You may also find online resources helpful. Suggestions include the exercise video “**Getting Ready for your Hip or Knee Replacement**” at the **Joint Replacement Resource Centre** at concordiahospital.mb.ca/patients/hip-knee-replacement

Getting moving after your joint replacement surgery:

It is important for patients to be up and moving as soon as possible after their surgery.

The nursing staff will get you up the day of surgery. A physiotherapist will see you after your surgery to review how to get in and out of bed, use your walker to begin walking short distances, complete your exercises and complete stairs as needed prior to going home. You will be instructed on the amount of weight you can place on your leg, but most are allowed to put full weight through the operated limb. Increase the distance that you walk daily using your pain as a guide. Most patients use a gait aid for up to 3 months after surgery.

It is common to feel dizzy, nauseated or even light headed the first few times that you get up. It is important to tell your nurse/therapist if you experience these symptoms
It is common to have pain and swelling around your joint replacement, which can persist for weeks through your recovery.

Using a Walker Safely

- Advance the walker forward
- Step forward with your operated leg to the middle of the walker
- Lean through your hands and step past the middle of the walker with your non-operated leg
- Walk straight and evenly when using your walker
- Follow weight-bearing instructions recommended by your doctor/therapist.
- DO NOT pull up on the walker when rising from sitting. Push up from bed/chair/toilet instead.
- When walking, keep both hands on your walker at all times for balance. To carry items, use your pockets, hang a small bag over the front of the walker or purchase a basket, tray or bag designed for a walker. Do not overload your walker because it could tip forward.
- Do not rush to get rid of your walker, use for at least 2 weeks, some may require longer use.



Remember: Do not pull up on the walker when rising from sitting. Push up from the bed/chair/toilet

Safe Pathways

- Keep the pathway in your home clear of throw rugs, clutter and cords to prevent tripping or falling.
- Arrange your furniture to allow you to move freely with the walker.



Chair Positioning

Use a firm, sturdy chair with armrests. Avoid sitting on anything with wheels/casters.

- Back up to the chair until you feel the back of your knees touching it
- Move your operated leg out in front of you, reach back for the armrests and lower yourself slowly.
- When getting up, scoot forward in the chair. Push up using the armrests and keep your operated leg ahead of you.
- When you are standing and have your balance, place one hand at a time on the walker.
- Your Occupational Therapist may suggest use of a firm/wedge cushion, chair blocks or platform raise depending on your situation.
- **Dressing**
- An Occupational Therapist may assess your ability to get dressed after surgery. Long handled dressing aids including a reacher, long handled shoehorn, sock aid, and elastic shoelaces may assist you with getting dressed and undressed.



Household Hints



Your therapist can answer any specific questions about doing household activities after your joint replacement.

- Avoid low and soft furniture e.g., armchairs, sofas, beds.
- Use a tray, cart, fanny pack, or tool belt to carry items from one place to another
- Use a reacher to reach objects on the floor if needed.
- Use long handled tools, e.g., long-handled dustpan, to manage household chores.
- Remove scatter rugs from the floor to prevent tripping and falling.

Bed Positioning and Transfer

You may place a pillow under the length of your leg to elevate, while maintaining a straight knee. DO NOT place a pillow under only your knees as this may cause you to develop stiffness at your hip and knee on your operated side. Increased stiffness makes it difficult to straighten your leg.

- Sit down on the edge of the bed in the same manner as you would a chair.
- Try to move your buttocks back as far as possible in the bed. You know you are far enough back when your thighs are completely supported by the bed
- When moving, try to move your body as a whole, Begin by turning your body and slide your legs into bed
- When getting out of bed, reverse the above technique.
- Straighten your operated leg out in front before standing. Get your balance before grabbing your walker.
- Use a firm bed. Avoid a low bed.
- A bed rail and leg lifter can help with bed transfers if needed.

Tub/Shower Transfer

Depending on the method used to close your surgical wound, it may be recommended that you sponge bathe for the initial 2-3 weeks until your staples are removed. Utilize the equipment as recommended by your Occupational Therapist.

- It is beneficial to install grab bars in your tub or shower to promote safe tub/shower transfers.
- It may be recommended to place a bath bench or other bath seat in your tub/shower.
- Depending on your functional abilities after surgery, you may benefit from completing a seated tub/shower transfer for safety. Follow the steps listed below:
 -
 - Stand next to the bath bench, turn, and back up so that you feel the tub bench behind your knees.
 - Reach back with one hand for the grab bar or tub clamp.
 - Sit down on the bath bench keeping operated leg slightly forward
 - Lean back while lifting legs over the side of the tub and turn to sit facing the faucet

- Reverse procedure for getting out of tub. Make sure to get your balance before grabbing the walker.
- If using a walk-in shower, consider holding onto a grab bar while stepping into shower.
- Built in shower seats are often too low for safe use following a joint replacement.
- Use a long-handled sponge and hand-held shower to wash if needed.

Toilet Transfer

- Ensure proper toilet height for safest transfer: knees should be level with (or slightly lower than) hips, and feet should be flat on the floor when seated.
- May need to replace low toilet with “comfort height” toilet or add raised toilet seat to achieve proper height.
- Over-arm toilet bars provide support for getting on/off the toilet. Do not hold onto walker during transfers.
 - Stand in front of the toilet and back up until you feel the toilet behind your legs.
 - Reach back to the overarm toilet bar/seat/wall grab bar.
 - Sit down on the toilet, keeping your operated leg slightly forward.
 - To get up, extend the operated leg slightly, push up from toilet bars. Do not pull on walker.

Car Transfer

- Position the car seat as far back and recline the seat if possible. If traveling in a low car, place a cushion or pillow on the seat to raise the sitting surface.
- Back up to the car using your walker until you feel your legs touching the seat. Ensure operated leg is positioned slightly forward.
- Safely lower yourself slowly to the seat
- Move back onto the seat as far as possible. Lift your legs one at a time into the car.
- Reverse above procedure to exit the vehicle
- A garbage bag will help you to slide. Remove bag while car is in motion.

Stairs:

You will practice going up and down stairs with a Physiotherapist before discharge, if you have stairs you require to use in your home.

It is strongly recommended to have at least one railing on your stairs. If you only have one rail, you will practice by using a cane in your other hand.

To go up:

- One hand on the railing and the other hand holding the cane or crutch
- Going **up**, lead with the non-operative (good) leg.
- Put your weight through railing, cane and affected leg.
- Shift weight onto non-affected leg, move affected leg and cane onto same step.
- Maintain pattern as you climb the remainder of the stairs.



To go down:

- Going **down**, lead with the operative (bad) leg.
- Shift your weight onto non-affected leg and then move affected leg and cane down onto step.
- Shift your weight onto railing, cane and affected leg, then step down with non affected leg.
- Maintain pattern as you descend stairs.
Be sure to keep the cane and the operative leg on the same level.

After your surgery, you are not as active as you normally would be. For this reason, it is important to move your feet up and down at your ankles to improve your circulation and prevent blood clots from forming in your legs hourly.

Please review the Discharge criteria and expectations in the accompanying pamphlet –*Patient/Family Care Guide*.

The physiotherapist will review your exercises following your surgery. Do not be surprised if you initially have difficulty with the exercises. As your body heals and the more you practice, the easier they will be. As they say, practice makes perfect, so it is important to perform your exercises with the therapist and also perform the exercises that you are able to do on your own 2-3 times per day.

Wall Mounted Grab Bars:

Well installed grab bars help to improve safety and prevent falls. Grab bars provide a safe object to hold when getting in and out of the shower or tub. Towel racks or soap holder bars are not safe. Do not use suction bars.

Tips for installing grab bars:

- If you live in an apartment, you will need to check with your landlord or caretaker to get approval to install them.

- Anchor screws into wall studs to make sure the bar is secure and safe.
- Make sure the screws are long enough to anchor firmly into the wall studs.
- When placing bars over a tile surface, drill holes for the screws using a masonry bit. Drill slowly as the tiles may crack if you press too hard.
- A carpenter or the supplier may install the bars for you, but there may be a charge for this service.

Follow up Physiotherapy

Prior to discharge from the hospital the physiotherapist will advise you when to arrange a follow-up physiotherapy appointment for post-operative assessment with your local physiotherapist.

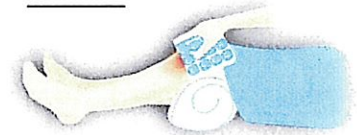
After surgery, you may schedule an outpatient physiotherapy appointment 2-3 weeks after a knee replacement or 3-6 weeks after a hip replacement.

Exercise progression/Activity Resumption

It is important to do your bed and standing exercises and take short walks several times each day upon your return home. Remember that supportive runners or footwear are essential.

- Avoid sitting for long periods with your leg down; change position frequently.
- Elevate your feet and legs as often as possible throughout the days the first couple of weeks.
- When in bed, elevate your entire leg on pillows, keeping the knee straight.
- Gradually increase the distance you are walking.
- Regularly use ice, especially after a knee replacement, to control pain and swelling

Ice



Elevate



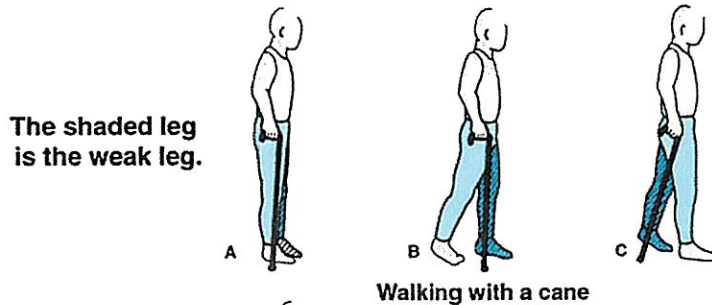
Listen to your body. Only YOU know how your body is responding to the increase in activity. Use pain and swelling as a guide. Report any excessive swelling, redness, increased skin temperature or pain at the back of the knee or calf to your surgeon, family doctor or local emergency room.

Most people continue to use the walker for 2-4 weeks after they leave the hospital. This will help with supporting your new joint, reducing stress on the non-operative leg, balance and fall prevention. If your non-operative leg has pain or arthritis, you may extend the time on the walker to reduce the workload on both legs as the operative leg heals.

Signs that you are ready to progress to a cane:

- You can stand and balance without the walker.
- You can place weight fully on both feet.
- You no longer lean on your hands when using your walker.

Very often, you may choose to use the cane in the house but continue to use the walker when walking longer distances. Progress the distance walk as you can tolerate.



To adjust gait aid height (walker or cane):

- Place cane on the ground 6 inches out from your little toe.
- Look straight ahead (head up, shoulders back) with your arm relaxed at your side; the top of the handle should touch the creases on the inside of your wrist (where your watch is worn).
- Elbow should be slightly bent.
- If your walker/cane is too high, it can cause you to lean forward or to the side of the cane causing issues in your back/hips.
- Always use a cane in the hand opposite of the operated leg.

It is important to return to regular physical activity after you heal from your joint replacement. Light to moderate intensity activities 4-7 days per week has numerous health benefits and will help to maintain good strength and movement in your new joint. Appropriate activities should be low impact, allow for periods of rest and not cause joint pain. Discuss with your surgeon any sports or activities that you may wish to do.

Recommended Activities: *Walking-treadmill/outdoors *golf (with cart initially) *low impact aerobics *cycling/stationary bike *swimming/aquasizes/water walking *traditional dancing

Possible Activities (discuss with your surgeon): *Hiking-easy trails *cross country/downhill skiing (green/blue runs) *gardening/yardwork *skating *doubles tennis (avoid running/twisting) *modern dance *step/rowing machines *Bowling, curling

Activities to Avoid:

*Running/jogging *jumping (skipping) *singles-tennis, squash, badminton *contact (hockey, football, soccer)*high impact sports (basketball, volleyball) *waterskiing *snowmobiling *horseback riding

Pain Management

Pain is an emotional and physical experience. Pain management before and after your surgery is important to maximize your mobility and healing. Pain can be managed with the help of regular medication but there are also other ways to manage the pain of arthritis and surgery.

Alternative Therapies for Pain Management

- Exercise will strengthen and relax muscles
 - Healthy eating will provide energy, reduce inflammation and manage weight to reduce pressure on the joints
 - Understanding and identifying ways to manage anger, fear and depression that may aggravate pain
 - Learning strategies to help use the mind to relax muscles, reduce stress and anxiety
1. **Relaxation techniques**- When you are in pain, you will often tense your muscles. This tension increases the pain. Relaxation training has been shown to be as effective as pain medication.
 2. Relaxation techniques should be practiced at least fifteen to twenty minutes a day, five days a week.
 - a. **Deep Breathing**- an easy technique shown to be effective is otherwise known as abdominal or diaphragmatic breathing. Sit or lie comfortably and breathe in gently through the nose and slowly out through your mouth. Focus on keeping your shoulders relaxed and breathing into your abdomen. Breathe in for 3-4 seconds and out for 7 seconds (longer). It is during the longer exhale that our muscles relax and the benefits are seen to decreasing the pain. Practice 10-15 minutes daily, at first, when your pain isn't intense, so your body learns what to do. This will help you in your post-operative period if learned beforehand.
 - b. **Imagery**- This exercise can be done in combination with the relaxed breathing or by itself. It involves letting our mind almost trick your body into believing that you are in a very relaxing place, such as a beach or a park. It helps to get into a comfortable position and close your eyes. Picture that place as vividly and clearly as possible. Let yourself experience it through the rest of your senses-what you hear, smell, taste, and feel.
 - c. **Distraction**- Distraction can decrease the intensity of the pain by helping to focus your brain on something other than the pain, and putting the pain in the background. The key is to figure out the activities that are interesting enough to help draw your attention to them, even when there is pain. Examples can include-reading, television, doing crossword puzzles, playing card games or favorite hobbies (crafts, wood carving, scrapbooking).
 - d. **Progressive muscle relaxation**- Do this exercise from your head to your toes. Focus on increasing muscle tension and then releasing the tension in different areas of your body such as your legs, arms, and shoulders.
 3. **Music**- Music decreases anxiety, lowers blood pressure and causes a sense of relaxation. It is a distraction from the pain and worry and can help your appetite, mood and ability to sleep.

4. **Support Network**- Allowing friends and family to help you is important. Tell people when and how they can help. Having support around you will help you relax and feel less pain.
5. **Humour**- “Laughter is the best medicine”. Humour can improve your mood, which can decrease your pain. Read a joke book, watch a comedy show/movie. Laughter can relax muscles, relieve pain and boost your immune system.
6. **Adequate Sleep** – Pain is worse with lack of sleep. Sleep allows healing and muscle relaxation. Take short rest periods during the day to avoid undue fatigue and relieve stress. Practice relaxation techniques before bed. If you have a CPAP machine, use it.
7. **Moving Meditation** – Yoga or tai chi exercise the body and mind, and calm the spirit. They improve balance, mood, and strength. Be sure to inform the instructor of your condition prior to starting these exercises/classes.
8. **Exercise program** – Exercise will address flexibility, strength and balance has been shown to increase function and reduce pain. Choose low impact activities such a water aerobics, chair aerobics or stationary cycling. Seek a qualified professional to guide you.
Consult with an Occupational Therapist or a Physical Therapist to help you select and use equipment to help you move, walk and do your activities of daily living more comfortably. A consultation can be done by directly contacting a private office or arranging through your primary medical practitioner.
9. **Apply cold** – The use of cold can be very effective in decreasing discomfort from joint stiffness and aching muscle. Cold is suggested after surgery when the joint is painful and warm. An **ice pack** (or bag of frozen vegetables) wrapped in a towel and placed on the sore area for about 15 minutes may help to reduce swelling and stop the pain. If you keep on too long it may irritate the skin or cause rebound swelling. If you have poor circulation or altered sensation, do not use cold or hot packs.
10. **Self-talk/Coaching** – Pain can be a frightening experience. At times when the pain is very intense, you might worry that it will never get better, or think that you will never be able to do the things that are important to you. This is when our “self-talk” is important to challenge those worries and “Coach” yourself through the pain or it can contribute to more muscle tension and pain. Remind yourself “I just have to get through the next few hours”, “There are things that I can do, despite the pain”, “It isn’t always as bad as it is at this moment- this too shall pass”.

References:

The American Occupational Therapy Association (1996). Daily Activities After Your Total Knee Replacement Bethesda, MD.

Occupational Therapy Tool Kit

WRHA Surgery Program, Patient Hip Information Manual

Equipment that May be Needed Following Joint Replacement:



Raised Toilet Seat with toilet bars



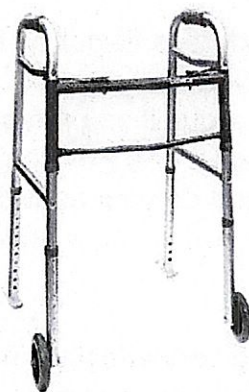
Bath Seat



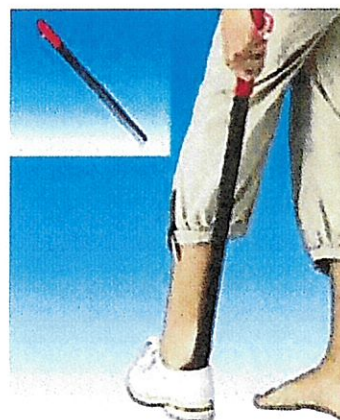
Hand held shower



Tub Transfer Bench



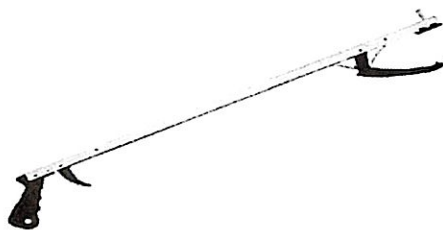
Front Wheeled Walker



Long Handle Shoehorn



Sock Aid



Long Handled Reacher

May 24, 2024



Patient Fact Sheet – Preventing Surgical Site Infections

Surgical site infections can be prevented if care is taken before, during and after surgery.

This fact sheet provides you with tips to help prevent a surgical site infection. If you have additional questions, please ask your health care provider.

What is a surgical site infection (SSI)?

A surgical site infection occurs when harmful bacteria (germs) enter the body through the surgical site (any cut the surgeon makes in the skin to perform the surgery). Most clients who have surgery do not develop an infection. However, infections can develop in about 1% to 3% of clients who have surgery.

What are the risk factors for an SSI?

The risk of developing an SSI is higher if you:

- Are an older adult
- Have a weakened immune system or other serious health problems such as diabetes
- Are malnourished
- Are overweight
- Smoke
- Already have a skin infection somewhere on your body

What are the signs and symptoms of an SSI?

- Redness, heat, and/or swelling around the surgical site
- Pus from the surgical site
- Increased pain or tenderness at the surgical site
- Chills/fever with a temperature greater than 38° Celsius

If you experience any of these symptoms, present to the nearest healthcare facility for assessment

Take the *Surgical Site Infection Report Form* with you to your follow-up appointment

What will health care workers do to prevent SSIs?

- May give you antibiotics before your surgery starts
- If necessary, remove hair around your surgical site with clippers - they should not shave you with a razor
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean
- Clean the skin at your surgical site with a special soap that kills bacteria (germs)
- Keep you warm during surgery
- Monitor your glucose (sugar) levels during and after surgery if you have diabetes



- Clean their hands with soap and water or alcohol-based hand rub before and after caring for you

What can you do to prevent an SSI?

Before your surgery:

- Tell your surgeon if any skin infection, rash or sores develop before your surgery.
- Do not shave or wax near the surgical site for one week before your surgery. This can irritate your skin and make it easier to develop an infection.
- If you have diabetes, ensure your blood glucose (sugar) levels are controlled 48 hours before and after your surgery.
- Stop smoking at least 24 hours before your surgery.
- Take a bath or shower before your surgery according to the directions given by your health care provider.

After discharge from the hospital:

- Ask your health care provider to explain everything you need to know about taking care of your surgical site. **Ask for clarification if you are unsure or don't remember.**
- Make sure you know **who to contact and what number to call**, if you have any questions or problems after you get home. If you are unsure or don't remember, call Health Links at 1-888-315-9257 and they will further assist you.
- Wash your hands thoroughly with soap and water before and after caring for your surgical site.
- Avoid tight clothing that may rub and irritate your surgical site.
- Do not allow visitors to touch your surgical site.
- Pets may be comforting, but may also be curious about your surgical site. Do not allow your pet to lick or touch your surgical site.
- **Take the Surgical Site Infection Report Form with you to your follow-up appointment.**

Adapted from *Surgical Site Infection (SSI) Surveillance Protocol: Saskatchewan*. Saskatchewan Infection Prevention and Control Program.



Hello,

The Occupational Therapy and Physiotherapy pre-op education for joint replacement surgery is now being offered virtually. If you agree to receiving email communication from us, please provide your email address and we will send you an email containing a link to the Physiotherapy and Occupational Therapy video teachings. We will also contact you to book a virtual session or phone appointment with one of our therapists. Please watch both of the videos prior to your virtual or phone appointment with one of our therapists. Please complete the ***Hip & Knee Physiotherapy & Occupational Therapy Pre-Op Intake Form*** included in this package and return it to Rehab Services at Boundary Trails Health Centre via fax: (204)331-8913, OR mail: Box 2000 Stan Main, Winkler, MB, R6W 1M6, OR drop it off in person prior to your virtual or phone therapy appointment.

If you have any questions, please contact Rehabilitation Services at Boundary Trails Health Centre.

Rehabilitation Services – Boundary Trails Health Centre/Service de réadaptation
Box 2000 STN Main
Winkler , MB R6W 1H8
Ph: (204)331-8828 Fax: (204)331-8913

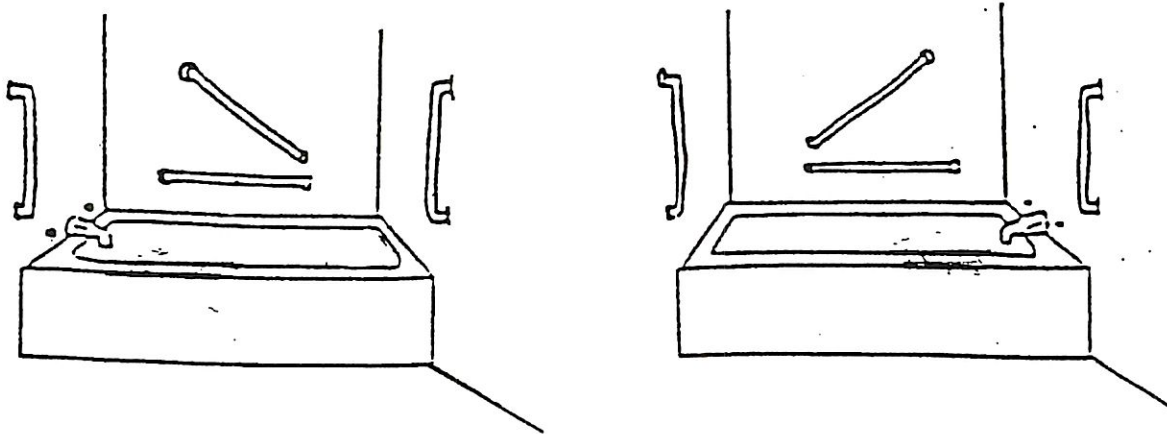
Rehabilitation Services

Placement of Washroom Grab Bars

Name: _____

Date: _____

GRAB BARS have been highlighted and should be installed as below. It is recommended to have a professional install your grab bars.



GENERAL POINTERS FOR INSTALLING GRAB BARS







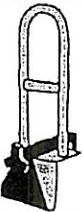



1. Choose grab bars that have a textured surface so they are easier to grip.
2. Ensure screws are long enough to be anchored into studs in the wall.
3. If you live in a suite, be sure to check with your landlord or superintendent to get permission to install them.
4. When installing bars over a tile covering, first drill holes for screws using a masonry bit. Drill the holes slowly as the tiles may crack if you press too hard. Make sure the screws are long enough to go through the tiles into the studs in the wall.
5. Suction cup grab bars are **NOT** recommended.









Name: _____

Date: _____

Please bring your front wheeled walker, supportive footwear, and comfortable clothing to the hospital when you come for surgery.

The following equipment has been recommended to promote independence and safety upon discharge.

<input type="checkbox"/> Toilet armrests 	<input type="checkbox"/> Raised toilet seat with arms 
<input type="checkbox"/> Raised toilet seat available in round or elongated 	<input type="checkbox"/> Bedside commode 
<input type="checkbox"/> Tub Transfer bench, adjustable 	<input type="checkbox"/> Grab bars 
<input type="checkbox"/> Clamp-on tub rail 	<input type="checkbox"/> Long handled sponge 
<input type="checkbox"/> Hand held shower 	<input type="checkbox"/> Bed rail 

<input type="checkbox"/> Dressing Stick 	<input type="checkbox"/> Reacher 
<input type="checkbox"/> Sock Aid 	<input type="checkbox"/> Long Shoe Horn 
<input type="checkbox"/> Elastic shoelaces 	<input type="checkbox"/> Leg lifter 
<input type="checkbox"/> Cane 	<input type="checkbox"/> Two wheeled walker 

Comments: _____

If you have any questions or concerns about the equipment recommended, please contact the Rehabilitation Services Department. A vendor list of equipment suppliers is available upon request.

Signature of Assessor: _____

Print Name: _____

Rehabilitation Services
 Boundary Trails Health Centre
 Box 2000 Station Main
 Winkler MB R6W 1H8
 PH: (204) 331-8828

POST OP TOTAL/PARTIAL HIP REPLACEMENT EXERCISE PROGRAM

Patient's Name: _____

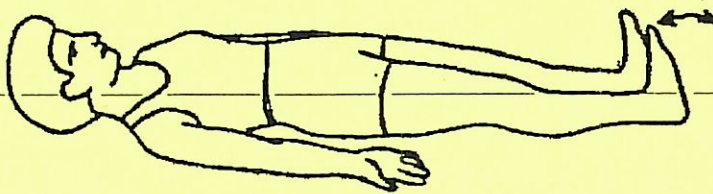
Therapist's Name: _____

Dr Thoren's patients: No bending hip past 90° for 3 months

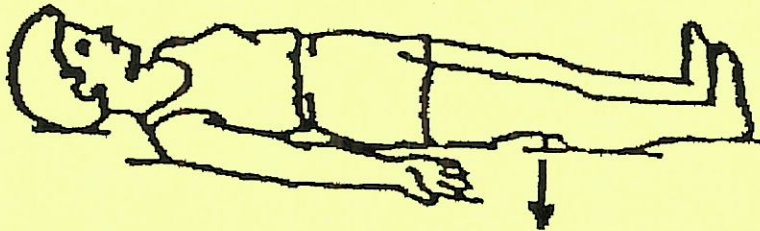
BED EXERCISES:

Do each exercise 10 times in every session. Do 2-3 sessions per day. Gradually increase the number of repetitions in each session, as you are able.

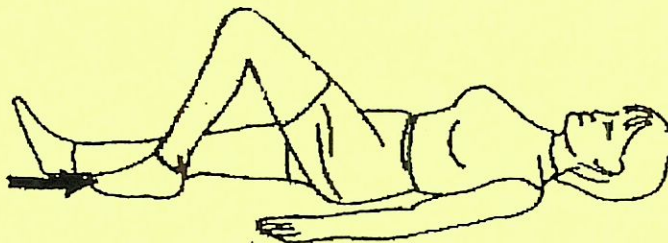
1. Pump both feet up and down slowly and firmly as often as possible, to help with circulation and to reduce swelling. Do MANY times during the day.



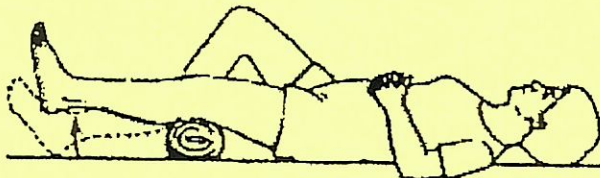
2. Tighten your thigh muscles and squeeze your buttocks together. Push your knees flat into the bed. Do not hold your breath. Hold for 5 seconds. Relax.



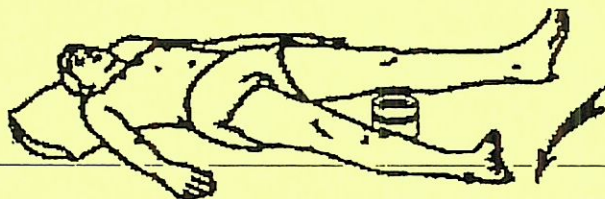
3. Bend your knee toward your chest, keeping your foot on the bed. Slowly lower your leg.



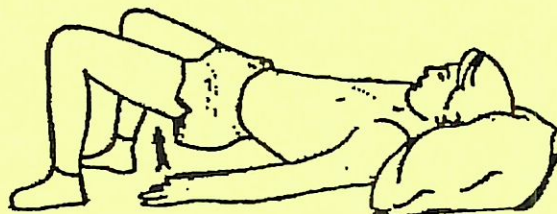
4. Put a firm roll at least 6" thick under your knee. With knee resting on the roll, lift your heel off the bed until your knee is straight. Hold for 5 seconds. Slowly lower your heel back onto the bed.



5. Slide your leg out to the side and in again. Keep your knee straight and pointing up.

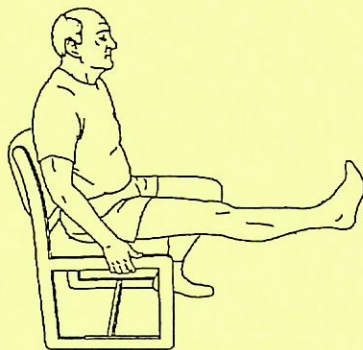


6. Bend your hips and knees so that feet are flat on the bed. Tighten seat muscles and raise buttocks off the bed. Hold for 5 seconds. Lower buttocks. Rest.



SITTING EXERCISES:

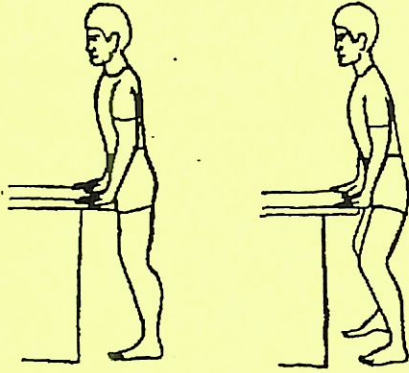
7. Sit on a chair with your thighs supported. Straighten the knee on your operated leg. Hold for 5 seconds. Slowly lower your foot.



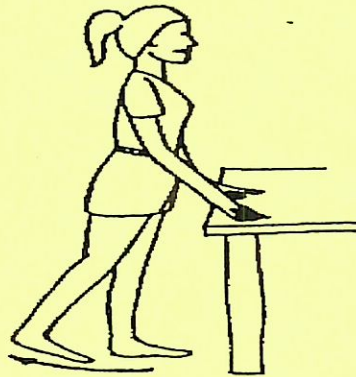
STANDING EXERCISES:

Hold on to a counter (kitchen sink) or piece of stable furniture in front of you that is at least waist height. Do these exercises 2-3x per day. Do each exercise 5x. Rest and Repeat.

8. Keep your feet comfortably apart. Keeping your back straight, bend your knees slightly with heels flat on the floor. Hold for 5 seconds. Slowly straighten your knees.



9. Keeping your knee straight, lift your operated leg back. Do not bend forward or arch your back. Hold for 5 seconds. Lower your leg.



10. Bend your operated hip and knee up towards your chest. Do not raise knee past hip level. Hold for 5 seconds. Lower your leg.



11. Lift your operated leg out to the side and slightly backward, while keeping your body straight. Hold foot off floor for 5 seconds – lower your leg.



EXERCISE/ACTIVITY

Return to activity must be done gradually. Use common sense and the amount of increased pain or swelling as your guide.

- ◆ Use your walker until your follow-up physiotherapy appointment.
- ◆ Continue with your exercise sessions at home 2-3x per day.
- ◆ Remember that supportive runners or footwear are essential.
- ◆ Begin with shorter, more frequent walks.
- ◆ Progress to longer distances and decrease the number of walks taken as time goes on.
- ◆ Discuss return to work and recreational activities with your physician or therapist.

Surgery Reminder Information

Name _____

Surgery date: _____

You will be called two working days before surgery with your arrival time.

Contact Information Pre-Admission nurse: Weekdays from 8am to 4 pm at **204-331-8955**,
or **204-331-8999** Rehab/Surgery Ward: Evenings and Weekends at 204-331-8800 ext 40943.

Your responsibilities prior to your surgery:

- 1 **Report** any changes in your health, medication changes, infections....
- 2 Have all your equipment in place and set up at home done.
- 3 **Day surgery patient fill your Outpatient Prescription before coming for surgery.**
- 4 Eat a healthy well-balanced diet so that you will heal better after surgery.
- 5 Remain as active as possible, exercises before surgery will help you after surgery.
- 6 **Ensure your ride can pick you up on discharge at short notice.**
Admission pts: You will likely be discharged the day after surgery around noon.
Day surgery pts: You will likely be discharged around 5 pm, depending on the time you arrive.

General information to keep in mind regarding surgery:

A Take all prescription medications as normal.

Stop all anti-inflammatory medications as well as herbal medication 7 days before surgery.

Medications to stop: _____

May take Tylenol during this time period.

B Information videos are available through the WRHA Joint Replacement Resource Centre.

To learn more about the surgical process, exercises and Pain Management Google:

Joint Replacement Resource Centre and click on Educational & Exercise Videos.

Follow-up appointments:

- **You must make an appointment with your doctor 2 weeks after surgery** for incision check and possible clip removal
- **6 week follow-up appointment** will be booked for you in the BTHC Outpatient department (ACC), for all surgeons. You will be given this appointment before you leave after your surgery.

Post-operative driving restrictions:

- **Surgery on your right leg (hip and knee):** You are not allowed to drive for at **least 6 weeks**. Your surgeon will inform you when you can drive again.
- Left leg patients can usually drive after 3 -4 weeks, once mobility improves.

You must be well to have surgery. If you are not well call 1-204-331-8955 to discuss options.

Important reminders for the day of surgery:

- 1) **DO NOT EAT ANY SOLID FOODS** for at least 6 hours prior to arriving at the hospital.
You may drink clear fluids up to 2 hours before your time of arrival at the hospital.
Clear fluids include: water, Gatorade, sports drink, apple juice, cranberry juice, clear tea, black coffee (no milk, cream or whitener), clear broth, or jello.
- 2) Take a shower at home on the morning of surgery. You may wash as normal. Before getting out of the shower, **wash the site where you will be having surgery (knee or hip) and the surrounding area using soap and water**, clean well.
- 3) Remove **all nail polish and products, and all jewelry** the morning of your surgery. **Do not apply any deodorant, lotions/creams, hair products, or makeup, after your shower.**
- 4) If you are a smoker. Try to cut down some and **do not smoke the morning of surgery.**
- 5) To help prevent infections, **DO NOT shave** the skin where the surgical incision will be made, within 7 days of your surgery.
- 6) Take **only** the medications that you were instructed to take, by your anesthetist, the morning of your surgery. If unsure do not take any that morning. _____
- 7) Enter by the **Main entrance** on the morning of your surgery. Report to the **Admitting Desk at the time listed** on your surgery letter. **Do not be late**, as the nursing staff need this time to get you ready for surgery.
- 8) Things to bring to the hospital:
 - Your Manitoba health card
 - All your prescription medications
 - Something to help pass the time, your phone and charger, reading material handwork
 - Your equipment including the walker, supportive shoes,.....
 - If having knee surgery **bring your cryotherapy (cold therapy) machine to the hospital**
 - Loose comfortable loose-fitting clothing to wear when doing therapy
 - Your personal items such as comb, toothbrush, deodorant (if staying overnight).

NOTE:

Day surgery patients must bring in all their equipment. Family members are not allowed to stay in the Day Surgery area.

Admitted patients: if possible we prefer family to bring in equipment/personal items after your surgery is completed and you have been admitted to a hospital bed.

- 9) Clearly label all your equipment with your name, so it is not mistaken as hospital equipment.

Post-surgery Orthopedic Pain Management Info Sheet

Normal side effects of surgery:

1) Pain (often a problem for about 4 to 6 weeks)

- You will likely have pain from your incision site. This will take about 2-3 weeks to heal.
- You will likely have bone pain similar to a broken bone. The ends of your bones are trimmed to place the hardware securely. This takes 4-6 weeks to heal and sometimes longer.
- You may experience pain in new areas of your body, especially if your leg was straightened with surgery. This should get better over a number of weeks to months.
- Everyone experiences pain differently, and you may require pain medication for a few weeks. The medication often does not take away all your pain, but should make it easier to cope.
- You need to take enough medication so you can do your exercises, which are necessary for a good recovery. Sometimes you will need to exercise through your pain.

2) Swelling (often lasts a couple of weeks)

- It is normal for there to be swelling around the surgical site, which may increase your pain.
- Elevating and applying ice to the affected area will help to decrease swelling, and reduce pain.
- Use ice packs for 15-20 min to affected area. Use a cloth or towel as a protective barrier to prevent cold damage to the skin. This can be done 3-4 times per day.
- A cryotherapy machine is an alternative to ice packs, and can be used continuously to control pain and swelling. **If this is prescribed for you**, follow all manufacturer's instructions for use.

3) Bruising (often lasts for a week or two)

- Bruises are very common after surgery, and can take a long time to be absorbed by your body. The bruises can shift and move with gravity to your lower leg. This may also cause pain.

Ways to Cope With Pain

- 1) Have a **positive attitude**. Your state of mind is important, and will play a huge role in your recovery. Non-medicinal things that have been shown to help with pain are positive self-talk, distraction, music, enough sleep, a good sense of humor, and a good support network. These things can help you cope better.
- 2) Baseline pain medications: take regularly for 2 weeks after surgery:
 - Take Acetaminophen (Tylenol) 1000 mg, as well as an anti-inflammatory medication like Celebrex, Aleve, Advil, Ibuprofen, Naproxen or Diclofenac, this can significantly help reduce the pain from surgery. These can be taken at the same time.
- 3) **If needed**, you can use narcotic pain medications **at the same time** as Tylenol and an anti-inflammatory for more severe pain. Do not let your pain get out of control. It takes more medication to regain control once pain is severe. **Note:** If you are prescribed Tylenol #3,

Tramacet, or Percocet (Oxycodone), you should not take both this and Acetaminophen at the same time as it contains the same medication. Max: 4000mgs of Tylenol per day.

- 4) Use the chart on this paper to track what medications you are using. It is easy to forget what you have taken and when, while you are taking multiple medications.

Common Side Effects of Pain Medication

Constipation

- This is common when taking narcotic pain medications, it can be very problematic for some.
- Drink plenty of water and increase foods with a higher fiber content.
- Add a stool softener if needed. Some options would be Sennosides, or Restoralax. These are available without a prescription, or ask your pharmacist for other options.

Decreased Concentration and Coordination

- Drowsiness, poor coordination and reflexes, are common with narcotic use.
- Do not drive while you are using Narcotic pain medications.

Tylenol 1000 mgs		Time	Time	Time	Time	
To be spaced at least 4 hours apart Take these regularly for 2 weeks Max 4000 mgs/day		Breakfast	Lunch	Supper	Bedtime	
		Day 1				
		Day 2				
		Day 3				
		Day 4				
		Day 5				

Often: Celebrex		Time	Time	
Celebrex take twice daily. Other NSAIDS as per the bottle instructions <u>Take for 2 weeks only then stop NSAIDS use.</u>		Breakfast	Bedtime	
		Day 1		
		Day 2		
		Day 3		
		Day 4		
		Day 5		

A narcotic medication <u>Hydromorphone</u> or _____		Note: take the lowest dose possible for the shortest time possible (no more that 2-3 weeks)							
date	Day	Write in time	Write in time	Write in time	Write in time	Write in time	Write in time	Write in time	Write in time
	Day 1								
	Day 2								
	Day 3								
	Day 4								
	Day								

If you require more narcotic pain medication, you will need to see your family doctor to get this.

**Boundary Trails Health Centre
OUTPATIENT PRESCRIPTION
Joint Replacement Surgery**

Patient Name (if no addressograph):
Patient Address:
Patient DOB:

**Note: These medications are only to be started
after the surgery is done.**

Allergies: _____

If not in agreement - cross out and initial	
These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards. Patient allergies and contraindication must be considered when completing these orders.	
<input type="checkbox"/> Cephalexin 500 mg tablets Take ONE (1) tablet PO FOUR (4) times daily starting the EVENING Of surgery M: 4 tables <p style="text-align: center;">If severe Penicillin allergy</p> <input type="checkbox"/> Clindamycin 300 mg capsules Take TWO (2) capsules PO FOUR (4) times daily starting the EVENING Of surgery M: 8 tables	Antibiotic
<input type="checkbox"/> Acetylsalicylic acid enteric coated 81 mg tablets Take ONE (1) tablet PO TWO (2) times daily x 35 days starting the EVENING Of surgery M: 70 tablets <p style="text-align: center;">OR</p> <input type="checkbox"/> Rivaroxaban 10 mgs tablets Take one (1) tablet PO daily x <u> 14 </u> or <u> 35 </u> days starting the day after surgery M: <u> </u> tablets <p style="text-align: right;">***Important to take for VTE prophylaxis ***</p>	Blood thinner
<input type="checkbox"/> Acetaminophen 500 mg tablets Take TWO (2) tablets PO FOUR (4) times daily x 14 days starting the EVENING Of surgery THEN take ONE to TWO tablets PO FOUR times daily AS NEEDED (pain) M: 1 bottle	Pain Management
<input type="checkbox"/> Celecoxib 200 mg capsules Take ONE (1) capsule PO TWO (2) times daily x 14 days starting the EVENING Of surgery M: 28 capsules	Pain Management
<input type="checkbox"/> Rabeprazole 20 mg tablets Take ONE (1) tablet PO daily x 14 days starting the EVENING Of surgery M: 14 tablets <p style="text-align: center;"><u>May substitute with</u></p> <input type="checkbox"/> Pantoprazole 40 mgs tablets Take ONE (1) tablet PO daily x 14 days starting the EVENING OF surgery M: 14 tablets	Stomach Protection
<input type="checkbox"/> Ondansetron 4 mg tablets Take ONE (1) tablet PO every EIGHT (8) hours AS NEEDED (nausea) M: 4 tablets	Nausea control
<input type="checkbox"/> Senokot 8.6 mg tablets Take 1 - 2 tablets PO at BEDTIME AS NEEDED (constipation) M: 10	Constipation Management

Physician Signature: _____ **Date:** _____

Physician printed name: _____

Prescriber Licence #: _____

Medication recording:

Cephalexin 500 mgs (antibiotic) for 4 doses				
	8:00 am	12:00 noon	6:00 pm	10:00 pm
Day of surgery	XXXX	XXXX	XXXX	
Day after surgery				XXXX

Acetylsalicylic acid enteric coated 81 mg tablets twice a day for 5 weeks unless directed to take an alternative blood thinner.														
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Week 1														
Week 2														
Week 3														
Week 4														
Week 5														

Celecoxib (Celebrex) 200 mg capsules twice a day for 2 weeks
See back of green Pain Management instruction sheet for table when to take

Acetaminophen (Tylenol) 500 mg tablets take 2 tablets four 4 times a day for 2 weeks
See back of green Pain Management instruction sheet for table when to take

Hydromorphone (narcotic pain medication) this prescription is written the day of surgery
See back of green Pain Management instruction sheet for table when to take

Rabeprazole 20 mg tablets or Pantoprazole 40 mgs tablets once a day for 2 weeks								
	Monday		Tuesday		Wednesday		Thursday	
	pm		pm		pm		pm	
Week 1								
Week 2								

Ondansetron 4 mg tablets every EIGHT (8) hours AS NEEDED (nausea) record time taken

Senokot 8.6 mg tablets 1 - 2 tablets PO at BEDTIME AS NEEDED (constipation)

ABOUT *Katie's* COTTAGE

On August 3, 2016 Katie's Cottage opened the doors. The cottage was a dream and a vision by the late Kathryn Reimer.

The cottage is designed to provide a home away from home atmosphere. Home baking, quiet atmosphere, a place to rest. The cottage is close to the Boundary Trails Hospital.

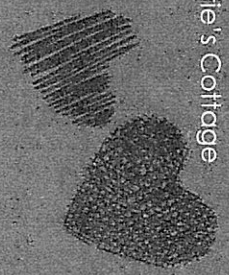
For more information about the cottage visit:

www.katiecares.ca

 Katie Cares/Katie's Cottage

or

 Katie Cares/Katie's Cottage



MISSION STATEMENT

The mission of Katie's Cottage is to create and support programs that directly improve the health and well being of families.

Guiding our mission are our core values:

- Lead with compassion
- Provide a home away from home with comfort, love and compassion
- Celebrate the diversity of our people and our programs - Welcome All
- Operate with accountability and transparency

*See it
Believe it.
Achieve it.*

ACT UP

1200 West
17th Street
Winkler MB R6W 1S5
Katie's Cottage parking lot

www.katiecares.ca

204-725-9445
204-725-9730

HOW YOU CAN HELP
Donations are gratefully accepted

Donations can be made payable to:

Katie Cares Inc.
All moneys over \$20 are a 100% tax deductible donation.

Checks can be sent to:

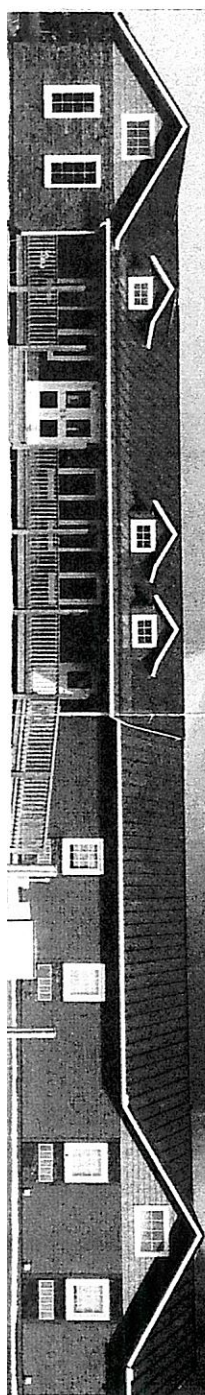
Katie Cares
255 13th Street
Winkler MB R6W 1S5

Or donate online at

www.katiecares.ca



Katie's
COTTAGE
you are welcome here!



I am my own person

I am my own person. I don't want to be, nor will I be someone I'm not. I know a lot of people like to be the same by keeping up with different trends and such, but I honestly don't see the point. Sure you might be "cool" but you're probably missing all the simple and beautiful things in life. Of course sometimes I'll be into popular things, but it'll be because I genuinely like it or think it's cool, not because someone else says so. To me, being my own person means not getting caught up in everyone else's lives, because means being free with myself. I'm perfectly free to be open-minded and full of life, because that's who I am, that's who I love being. So don't tell me to be somebody else, because nobody can tell me who to be. I'm going to be the person that I feel comfortable with, the person who isn't afraid to be different. I'm going to embrace my Katieness.

I'm going to embrace my Katieness.

Written by Kaitlyn Reimer, February 2012.

KAITLYN'S OWN STATEMENT

At age 13 I was diagnosed with cancer, I spent 7 weeks in the hospital. The hospital admissions also consisted of 4 ICU, 2 ambulance trips to Winnipeg, 4 emergency admissions, plus numerous clinic visits to Children's Cancer Clinic as well as a year long chemo treatment plan. Being in hospital opened my eyes to the amount of children fighting cancer with out family. I wanted to do all I could to make it better for the other children which gave me the idea to start this charity.



Katie's Cottage

Katie's Cottage strives to provide the utmost of love and care. Please respect others.

FACILITIES & FEATURES

Katie's Cottage is committed to providing outstanding service:

- Rooms are clean with fresh bedding after every visit
- Friendly compassionate staff / Guest Coffee Bar
- Comfortable surroundings
- Private family meeting room
- Private washrooms
- Full kitchen and dining facility to prepare your own meals
- Complimentary Continental breakfast - self serve
- Small fridge available in each room
- Phones available in each room. Free of charge Canada wide calling. A service provided by Telus.
- Free WiFi
- Wheelchair accessible throughout building
- Outdoor outlets available
- **You must be self sufficient or come with your own care provider. Katie's Cottage is not a medical facility.**

HOURS

Monday - Thursday
8:00am - 8:00pm
Friday
8:30am - 3:30pm
Weekends & Stat Holidays
Closed

FEES

\$45.20 per night, per room (GST & PST included)
Payment can be made by MasterCard, Visa, debit and cash.

Check-in time: 2:00pm **Check-out Time:** 10:00am

Please call 204-312-8445 or come in person to Katie's Cottage to make a reservation.

All Covid 19 guidelines will be followed.

ELIGIBILITY

Katie's Cottage is available for **ANYONE** who is waiting for their loved one. Families who have loved ones in Tabor Home, Salem Home, or Eden Mental Health are also welcome to stay at Katie's Cottage.