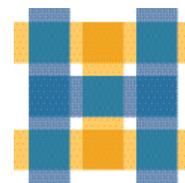


Total Knee Replacement Surgery

PATIENT GUIDE



**NORTH
YORK
GENERAL**

*Making a World
of Difference*

HIP + KNEE
REPLACEMENT
— CARE AT —
NYGH



- If your health changes, or you develop a cough, cold, fever or any other illness, within one week before your operation, call your surgeon as soon as possible
- If you have a cough, cold or fever, please call to reschedule your appointments
- If your Coach cannot come with you to any of your appointments, please inform us ahead of time if you require an interpreter

A Patient Guide

PREPARING FOR SURGERY AND DISCHARGE

Patients manage their hospital stay and recovery better when they are prepared for surgery. This guide will help you understand what to expect before surgery and your return home. New care plans have been introduced by the Ministry of Health and Long-Term Care across Ontario for all patients having hip or knee replacement surgery. These plans help you recover and return home as quickly and as safely as possible, and are quite different than what you might have experienced or heard of in the past.

DISCHARGE ARRANGEMENTS

- Expect to go home one day after your partial/oxford knee replacement, or two to three days after you total knee replacement
- Have a discharge plan in place following your surgery. This may include assistance in your home, staying at a family or friend's home, or arranging a short stay in a retirement home. A list of locations and their associated costs can be provided to you (pg.11-12)
- You will be referred to an outpatient rehabilitation program to begin physiotherapy one week after your discharge. Therapy may be a group program until the eighth week after your surgery. A list of transportation options can be provided to you by the Patient Navigator, or your care team. This list is also available on our website and in this guide (pg.37)
- You may be referred by the hospital to receive home care services from the Community Care Access Centre (CCAC) in your area. If you qualify for these services, arrangements will be made prior to your surgery or before you leave the hospital

It is important that you prepare for surgery, and participate in your recovery because this will ensure the best outcome for you. There are many education resources available to help prepare yourself and your home before surgery. You will also have a chance to ask any questions during your pre-operative visit.

This message has been endorsed by the
Central Local Health Integration Network.



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STEP 1 Needing Total Knee Replacement Surgery

Welcome to North York General Hospital (NYGH). Our goal is to prepare you for a successful outcome from your knee replacement surgery. Total knee replacement will improve your quality of life, independence and overall health. You should arrange for a family member or friend to be your Coach. This person should come with you to all your appointments if possible. A Coach is not only for support, they also help you understand what to expect at each step along the way. Your Coach plays a very important role in your care and will be your designated person for us to speak with, in addition to yourself.

At North York General, we have a team approach to providing care. In addition to your surgeon, anaesthesiologist, and nurse, some of your other care team members include:

Physiotherapist (PT): Your PT will teach you exercises and techniques to help with your recovery and mobility.

Occupational Therapist (OT): Your OT will teach you how to perform daily living activities such as putting on your clothes, and bathing. The OT will assess your equipment needs based on your physical abilities and home environment.

Community Care Access Centre (CCAC): Your Community Care Access Centre (CCAC) is a government funded service that connects you with the care you need at home and in your community. If you require assistance and qualify, a CCAC case manager will assess you and coordinate home services (i.e. personal support worker, physiotherapy).

Hip & Knee Patient Navigator: All patients and families have access to a Patient Navigator at NYGH. The Patient Navigator is a dedicated contact and resource, providing emotional support, coordination of care, and education every step of the way. By working with patients, families, and clinical staff, the Patient Navigator helps coordinate care through diagnosis, treatment, and recovery.

If you have any questions or concerns while waiting for surgery, during your hospital stay, or after you go home, your Patient Navigator can be reached at 416.756.6000 ext. 4490 or email hipknee.navigators@nygh.on.ca

UNDERSTANDING THE KNEE JOINT

NORMAL KNEE



Your knee joint has three parts: the end of the femur (thigh bone), the top of the tibia (shin bone), and the patella (knee cap). In a normal knee, these three bones are covered with a smooth cartilage that cushions the bones and enables them to move easily. In the arthritic knee, the cartilage layers are destroyed resulting in bone rubbing against bone which causes pain, muscle weakness and limited motion.

WHAT IS TOTAL KNEE REPLACEMENT SURGERY?

Knee replacement surgery replaces your arthritic knee joint with an artificial one.

ARTIFICIAL KNEE



BENEFITS OF KNEE REPLACEMENT SURGERY

More than 90% of knee replacements last people the rest of their lives. Most patients are very pleased with the results because their walking, independence and quality of life are greatly improved. However, as with any major operation, there are risks and possible complications. These do not happen often and we take care to avoid the chances of complications happening.

RISKS AND COMPLICATIONS

Anaesthetic complications: Temporary confusion can happen after surgery. We take measures to reduce the chances of this happening. Your anaesthetist will discuss this with you in more detail at your pre-operative appointment before surgery. Pneumonia, heart attack and stroke rarely happen. Pre-operative testing and assessment by the anaesthetist can reduce these serious events.

Neurovascular Injury - injury to a nerve or blood vessel: This happens to about 1% of all patients. Precautions to prevent this complication are described later in this guide.

Infection: Occurs in about 1% of patients. We will give you intravenous (IV) antibiotics during surgery to reduce the chance of infection.

Deep Vein Thrombosis and Pulmonary Embolism (Blood Clots): Starting on the evening of your surgery, we will give you a pill or injection every day, to reduce the chance of blood clots forming. You will continue taking the pill or injection two to four weeks after your surgery. If you are on injections, we will teach you and your Coach how to give the injections.

Anemia requiring blood transfusion - low red blood cells: Less than 5% of patients need a blood transfusion during the first 48 hours after surgery. We use many ways to reduce blood loss and build up your ability to produce new blood. Your surgeon may recommend taking iron supplements and vitamin C six weeks before surgery. If your doctor thinks you may need a blood transfusion, he/she will discuss this with you. In Ontario, donated blood is screened through a rigorous testing program to ensure safety.

Loosening of the Components: This can be minimized by avoiding high impact activities and keeping your body weight down. Loosening of the components happens in about 1% of patients per year, in the first 10 years, and requires surgery to fix.

RETURNING TO NORMAL ACTIVITY

Your age, occupation, hobbies, other medical conditions (e.g. diabetes, heart disease, obesity etc.), usual activities, and the condition of your joint will determine how soon you can return to your normal activities. Your surgeon will discuss when you can return to your normal activities and any limitations you may have.

RETURNING TO WORK

Depending on the type of work you do, your surgeon will advise you when it is safe for you to return to work. This can vary from weeks to months.

MANAGING PAIN AND ACTIVITIES WHILE WAITING FOR SURGERY

Pain: Applying warm or cold packs on your knee for 15 minutes at least three times daily helps to relieve muscle pain. Make sure that you have a thick layer between your skin and the heat/cold source. Check your skin every few minutes to make sure you do not burn yourself. Do not use a pain relief cream or ointment with a warm or cold pack as this could cause a chemical burn. Do not use heat on a swollen or hot knee joint. Pain medication prescribed by your doctor can also help.

Weight control: The force on your knee is approximately three times the weight of your body. Reducing your weight will reduce your pain and slow down the progress of osteoarthritis in your knees.

Diet: We suggest that you maintain a healthy diet while you wait for surgery. Foods high in protein, vitamin C, zinc, iron, and calcium are important for wound healing and for good recovery after surgery.

Smoking: If you smoke, it is important that you stop. If you are unable to stop, try to cut down on the number of cigarettes you smoke per day. Stopping or decreasing the amount you smoke will improve the condition of your lungs and help you heal.

Fitness: The best activities for osteoarthritis of the knee are swimming, cycling, and walking.

Walking: Use a walking cane on the opposite side of your painful knee. This will help you walk properly and reduce pain.

Physiotherapy: May help reduce pain and improve your mobility and strength.

Activity: Stop or reduce the activities that make your knee sore.

Once you and your surgeon decide that you are a candidate for surgery, you will sign the following forms with your surgeon:

- Consent for surgery
- Consent for blood transfusion or blood products
- Pre-Operative Hip and Knee Replacement Surgery Screening Tool for Discharge Assessment

You will be given the following form to complete and bring back to your pre-operative assessment appointment:

- Patient Questionnaire – Department of Anaesthesia
(Completed by you)

PRECAUTIONS BEFORE SURGERY

Important: Follow these instructions before surgery:

- Do not have any dental work done one month before your surgery (this may result in cancellation of your surgery); wait until three months after your surgery
- Do not have any injections into your joint between three to six months before your surgery (check with your surgeon)
- Do not shave the area where you will have surgery one week before your surgery
- Do not have any pedicures or manicures within one week before your surgery

Should you have any questions or concerns during your recovery, contact your Hip & Knee Navigator at **416.756.6000 ext 4490** or email hipknee.navigator@nygh.on.ca

STEP 2 Preparing for surgery and discharge home

It is very important that you start planning for your surgery, hospital stay, and discharge home. You can expect to go home one day after your partial knee replacement, or two to three days after your total knee replacement. Plan to go home before 10:00am.

CHECKLIST FOR DISCHARGE HOME

- Plan for someone to drive you to and from the hospital
- Arrange to obtain equipment from a medical supply store before surgery
- Set up your equipment at home. Practice using the equipment
- Move your furniture so that you have a clear path for using your crutches or walker
- Set up a high chair, with a firm cushion and arm rests, to sit on after surgery
- Put frequently used items at waist to shoulder height to minimize bending down
- Remove loose rugs and other items that you could trip on
- Make sure there is good lighting so you can see the floor clearly
- Make sure staircase handrails are securely fastened to the wall
- Arrange for a support person or Coach to be available
- If you think you need help with daily activities after surgery (e.g. bathing, toileting, getting dressed, etc.), contact private home care agencies. Look under “Home Support” in your local directory, Google/internet or the Resource section in this guide (pg. 12)
- Arrange for grocery delivery and stock up on healthy frozen meals
- Arrange for someone to care for your pets

EQUIPMENT AND ASSISTIVE DEVICES

An Occupational Therapist may help you assess what assistive equipment you need. See list of locations for purchase of these items on page 40-41.



Low Wheeled Walker



Crutches



Single Point Cane



Raised Toilet Seat with Arm Rest



Transfer Bench



Bath Seat



Reacher



Sock Aid

ACCOMMODATION AND COMMUNITY SERVICES

Private respite care after surgery: Some patients choose to stay in a respite care facility after their knee surgery. Respite care in a retirement home, after surgery, means that you may have all or some of the following:

- A fully furnished room
- Meals
- Assistance with bathing and dressing
- In room emergency bell system
- 24/7 assistance from qualified personnel

If you decide to purchase respite care you must make these arrangements before your surgery. Please note that there will be a charge for these services (not covered by OHIP). Before surgery, tell your care team and your family physician about your plans for respite care.

*If you would like more information about respite care or how to go about arranging respite care, please contact the patient navigator

SHORT STAY (RESPITE CARE) RETIREMENT HOMES

Amica Bayview

416.977.3177
(Bayview/Sheppard)

Amica Bayview Gardens

647.286.7935
(Bayview/Sheppard)

Amica Thornhill

905.886.3400
(Yonge and Steeles)

Chartwell Lansing

647.547.1814
(Yonge and Sheppard)

Delmanor Northtown

416.225.9146
(Yonge/Finch)

Donway Place (Revera)

416.445.7555
(Don Mills/Lawrence)

Four Elms

905.738.0905
(Bathurst/Steeles)

Leaside (Revera)

416.425.3722
(Don Mills/Eglinton)

Living Life on the Avenue

416.483.9900
(Avenue Rd/Eglinton)

Pine Villa (Revera)

416.787.5626
(Bathurst/Eglinton)

Rayoak Place (Revera)

416.391.0633
(York Mills/Victoria Park)

Sunrise of Richmond Hill

905.883.6963
(Yonge/Major Mackenzie)

Terrace Gardens (Revera)

416.789.7670
(Bathurst/Wilson)

Viva Thornhill Woods

905.417.8585
(Bathurst/Weldrick)

MEALS ON WHEELS SERVICES

| | |
|--|--------------------------------|
| Bathurst to Victoria Park/Steeles to 401... | 416.225.6041 |
| Jane to Bathurst /Finch to Eglinton (Villa Colombo)... | 416.780.0407 |
| Markham Rd /Victoria Park & Steeles/401(Chinese support services)... | 416.502.2323 #231 |
| Steeles to Finch/Sheppard & Dufferin to Yonge (Bernard Betel)... | 416.225.2112 ext. 114 (Daniel) |

GROCERY DELIVERY

| | |
|--------------------|--------------|
| Grocery Gateway... | 905.564.8778 |
|--------------------|--------------|

PRIVATE HOME CARE AGENCIES

| | |
|-----------------------------|----------------|
| Arcadia Senior Care | 416.977.0050 |
| Bayshore Home Health | 1.877.289.3997 |
| Better Living Health | 416.447.7244 |
| Eldercare Home Health | 416.482.8292 |
| Homestead Care Providers | 416.494.0339 |
| Mosaic Home Care | 905.597.7000 |
| Nurse Next Door | 416.836.0563 |
| Quality Care Home Care | 416.630.0202 |
| Saint Elizabeth Health Care | 1.877.625.5567 |

Disclaimer: The listed services are not endorsed by North York General. This list does not claim to be exhaustive and some facilities/resources may have been inadvertently missed.

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at **416.756.6000 ext 4490** or email hipknee.navigators@nygh.on.ca

STEP 3 Pre-Operative Assessment Clinic

*Incomplete forms may result in a delay or possible postponement of your operation.

PREPARING FOR THE PRE-OPERATIVE ASSESSMENT

- Complete your Patient Questionnaire (Department of Anaesthesia)
- Get test results and reports from any specialists you have seen in the past two years (e.g., echocardiogram, stress tests)
- Ask your drug store to print a list of all of your current medications and bring the list with you to your pre-operative assessment appointment. Also, bring all of your medications, vitamins and herbal supplements that you are taking
- You will need to purchase Chlorhexidine soap (2% or 4% solution) to shower with for 3 days before and the morning of your surgery. This soap reduces the chance of infection
This soap can be purchased from our outpatient pharmacy at the hospital. If you develop a rash after using this soap, stop using it and contact the Patient Navigator. Do not use the soap if you are allergic to it. Do not use the soap on your face, or near your eyes and ears.
- Please watch the Pre-Op video as provided by DVD or on video as provided by DVD, on NYGH's YouTube channel, or at www.nygh.on.ca/hipkneecare

Day of the pre-operative assessment: Wear loose, comfortable clothing. Eat regular meals.

WHAT TO BRING

- Your Health Card
- This guide
- Completed Patient Questionnaire (Department of Anaesthesia)
- Test results and reports from another specialist (if any)
- Your medication list
- Your medications, vitamins or supplements in their original containers
- A snack and water or juice
- Your Coach (if your Coach is not available and you require an interpreter; please notify us ahead of time)

DR. STEPHEN ROSS PRE-OPERATIVE CLINIC GENERAL SITE 4001 LESLIE ST.
4TH FLOOR SOUTH WING T 416.756.6375 F 416.756.6986

WHAT TO EXPECT

- Expect to be there for four hours
- See a nurse to review all of your completed forms, have your blood tested, and an electrocardiogram (ECG) if necessary
- See a pharmacist
- See an anaesthesiologist
- See a medical doctor (if needed)

ARRIVING AT THE HOSPITAL

- Go to the Patient Registration Office first (located on the ground floor across from the Gift Shop)
- Next, go to the Pre-Operative Assessment Clinic (located on the 4th floor, south wing)
- You will attend a Pre-Operative Education Session from 8:30am – 9:30am. The nurse will give you the location
- At 9:30am, return to the Pre-Operative Assessment Clinic to complete your pre-operative assessment (this may be completed before or after the education session)

ANAESTHESIA

When you meet the anesthesiologist, various sedation options will be discussed with you.

Spinal anaesthesia with sedation: This is the most common method. When having spinal anaesthesia, you will be given medicine to put you to sleep. This is called sedation. You will not see or feel the surgery taking place. Spinal anaesthesia is medicine put in the spinal fluid around spinal nerves. This freezes the nerves so you have no feeling or movement in your legs. This numbness lasts about five hours.

Benefits of spinal anaesthesia:

- Less drowsiness
- Less nausea and vomiting after surgery
- Sometimes less blood loss during surgery and better pain control after surgery
- Better postoperative pain relief
- Lower risk of blood clots

Risks of spinal anaesthesia:

- Headache in less than 1% of patients
- Blood pressure may drop, but this will be monitored
- Difficulty urinating after surgery. If this happens, a tube inserted into your bladder can help
- Itching (can be widespread)

General anaesthesia is medicine given through an intravenous (IV) to put you to sleep. This is rarely used.

Risks of general anaesthesia:

- Mild sore throat for a few days
- Nausea and drowsiness
- Slight confusion or memory loss for a short time
- Bringing up stomach contents into your lungs (aspiration)

Nerve Block: Your anesthesiologist may suggest you have a nerve block. This technique involves injecting a “local anaesthetic” to freeze one of the main nerves around your knee. This nerve causes you pain. The injection is given before you receive either the spinal or general anaesthetic. We expect the nerve block to provide pain relief for 12 to 24 hours.

MEDICATION ROUTINE BEFORE SURGERY

Stop these medications

| Date: | Medication: |
|-------|-------------|
| | |
| | |
| | |
| | |
| | |

Take these medications

| Date: | Medication: |
|-------|-------------|
| | |
| | |
| | |
| | |
| | |

PHARMACY PRE-OP

Below are commonly asked questions about medications and having hip or knee replacement surgery. A pharmacist is available on the inpatient unit after surgery to answer any additional medication questions you have.

1. HOME MEDICATIONS

- The hospital will supply most of your home medications during your stay. During your pre-operative admission clinic visit, a pharmacy technician will alert you of any “non-formulary” medications that the hospital does not provide and ask for your consent to use your home medication supply while you are in the hospital.
- If you agree to provide a supply, please bring any non-formulary medication in their original labelled containers for safety reasons.
 - If your medications are organized in blister/compliance packaging, please ask your community pharmacy to provide you with a one-week supply in a labelled container because the hospital cannot give medications from blister/compliance packages.
 - **Please DO NOT bring any loose tablets into the hospital**
- Your nurse will give you/ “administer” any non-formulary medications.
- Non-formulary medications are stored in patient specific medication bins in a secure location on the unit per hospital policy to ensure the safety of all patients. They are not to be kept at bedside.
- Your supply of non-formulary medications will be returned to you at discharge.

2. VITAMINS/HERBAL SUPPLEMENTS

- Stop all vitamins and herbal supplements **7 days before surgery** unless otherwise told by your surgeon/physician/anaesthesiologist (except for iron + vitamin C, see further details below).
- Vitamins/herbal supplements can resume once treatment with anticoagulants (blood thinners) is complete after surgery; unless your orthopaedic surgeon/physician instructs you differently.
- Vitamins and herbals can interact negatively with prescription medications. Check with your pharmacist or physician before taking any of these products.
- Calcium and vitamin D supplements can be safely resumed after surgery.
- Ask your anaesthesiologist or orthopaedic surgeon if you have any questions or concerns about stopping or restarting vitamins or herbal supplements.

3. IRON SUPPLEMENTATION AND VITAMIN C

A. Before surgery:

- You will be started on iron supplements and vitamin C 4-6 weeks before surgery.
- Take 500 mg of Vitamin C with each dose of iron—this improves your body's ability to absorb the iron.
- Continue to take the iron and vitamin C supplements right up until the day before your surgery.
- There are many types of iron available (ferrous gluconate, ferrous fumarate and ferrous sulphate). Your surgeon will prescribe the right type of iron for you. The most commonly prescribed iron is ferrous sulphate 300 mg taken twice daily.

B. After surgery:

- During your hospital stay, iron supplementation will not be restarted.
- Please ask your family doctor about whether you should start taking iron again after you have left the hospital.

4. NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)

{e.g. Ibuprofen (Motrin®, Advil®), Naproxen (Aleve®), Meloxicam (Mobicox®), Diclofenac (Arthrotec®, Vimovo®), Celecoxib (Celebrex®)}

- Your anesthetist will tell you when to stop taking these medications before surgery.
- These medications may interact with anticoagulants (blood thinners) and increase the risk of bleeding.
- Ask your family doctor before taking any of these medications after surgery.

5. ANTICOAGULANTS (BLOOD THINNERS)

{e.g. (Acetylsalicylic Acid (Aspirin®), Rivaroxaban (Xarelto®), Dalteparin (Fragmin®)}

- You may be started on an anticoagulant (blood thinner) after your surgery to prevent blood clots from forming in your legs.
- Your orthopaedic surgeon will give you information about the type of blood thinner you are on, whether it will be continued when you are discharged home, and the length of time you need to take a blood thinner.
- If you are on blood thinners before surgery, your anesthesiologist will tell you if/when you should stop taking these medications before surgery. Your orthopedic surgeon will tell you when it is safe to start taking these medications again after surgery.

*After surgery, a pharmacy team member will meet with you to discuss any changes to your home medication list. You will also be able to meet with a pharmacist who will answer any medication related questions you may have.

STEP 4 Surgery

THE DAY BEFORE SURGERY

Follow specific instructions from your surgeon's office about confirming your surgery time. Do not eat or drink anything after midnight unless you were instructed otherwise.

Take a shower, using Chlorhexidine soap (2% or 4% solution). This can be purchased from our outpatient pharmacy at the hospital. Use the soap to wash from your neck to your feet.

If your health changes, or you develop a cough, cold, fever or any other illness, within one week before your operation, call your surgeon as soon as possible. If your Coach cannot come with you to any of your appointments, please inform us ahead of time if you require an interpreter.

Pack a bag with the following:

- Comfortable clothes, and robe
- Non-slip shoes with velcro/sandals with back support
- Hand sanitizer (for your bedside)
- Toiletries (soap, toothbrush, toothpaste and tissues)
- Small container for your dentures (if needed)
- Contact lens holder (if needed)

Label all your belongings

- Do not bring valuables to the hospital. North York General is not responsible for any lost valuables (jewelry, money, etc.)
- Plan for someone to drive you to and from the hospital
- Arrange for someone to care for your pets

Do not use Chlorhexidine soap if you are allergic to it. If you develop a rash, stop using this soap and contact the Patient Navigator at 416.756.6000 ext. 4490.. Do not use the Chlorhexidine soap on your face, or near your eyes and ears.

MORNING OF THE SURGERY

- Plan to arrive two hours before the time of your surgery
- Take a shower, using an antibacterial soap i.e. Chlorhexidine soap
- Do not use any body lotion
- Avoid using perfumes, deodorants, shaving creams or lotions
- Brush your teeth. Rinse, but do not swallow any water. Do not chew gum or have any candy/breath mints
- Remove all make-up and nail polish
- Wear loose fitting clothing which can be easily removed. (Avoid back zippers and pantyhose)
- Remove all jewelry and leave valuables at home

WHAT TO BRING ON THE DAY OF THE SURGERY

- Your Coach (if your Coach is not available and you require an interpreter; please notify us ahead of time)
- Your Health Card
- Your bag with clothes and toiletries. Your Coach can bring this to your room later in the day)
- All of your prescription medications (including inhalers, eye drops, medicinal creams, etc.), unless otherwise specified
- This guide

ARRIVING AT THE HOSPITAL ON THE DAY OF SURGERY

- Go to the Patient Registration Office first (located on the ground floor across from the Gift Shop)
- Next, go to Day Surgery located on the first floor, across from the Orthopaedic and Plastics Centre

WHAT TO EXPECT BEFORE GOING TO THE OPERATING ROOM

When you arrive in the Day Surgery Unit, we will:

- Place an identification bracelet on your wrist
- Ask you to change into a hospital gown
- Re-check all your medical records; check your vital signs (e.g. pulse, heart rate etc.)
- Ask you to remove your clothes, dentures, and contact lenses
- Ask you to use the washroom to empty your bladder
- Take you into the operating room

INSTRUCTIONS FOR MY COACH

- Coaches may wait in the Day Surgery waiting room
- Please keep the patient's belongings until the patient goes to his/her room. Bring the belongings to the patient's room, after surgery
- Our Electronic Patient Tracking Board will tell you when the patient's surgery is done and their room number
- You will be able to see the patient in approximately five to six hours

WHAT TO EXPECT AFTER SURGERY

You will be taken to the Post Anaesthetic Care Unit - PACU (recovery room), when your surgery is completed.

- Nurses will check your blood pressure, pulse, and breathing
- Nurses will give you medications for pain, if you need it
- Nurses will check your bandages, encourage you to take deep breaths and to move your ankles and feet
- You will be ready to be moved to your room on the inpatient unit, after a few hours
- Your Coach can see you on the inpatient unit

Should you have any questions or concerns during your recovery, contact your Hip & Knee Navigator at **416.756.6000 ext 4490** or email hipknee.navigator@nygh.on.ca

STEP 5 My Hospital Stay



PAIN CONTROL AFTER SURGERY

Good pain control is important for a successful recovery. You will be asked to rate your pain using a pain scale. A pain scale helps us make decisions on how to relieve your pain. You will be asked by staff the level of your pain on a scale from 0 to 10. We encourage you to keep your pain level less than 4.

We will use different types of medication and methods to control your pain, including oral pain medication and patient-controlled analgesia.

Oral Pain Medication: Several different types of pain pills/tablets will be offered to you starting the day of your surgery. Each type works differently in your body. If the medication does not control your pain, please tell your team. Changes to your pain medication can be made.

Patient Controlled Analgesia (PCA): A PCA pump can give you pain medication through your intravenous (IV), when you push the button. Push the button ONLY when you need pain medication. Not all patients receive a PCA pump.

It is important that you push the button only when you need pain medication and that you are the only one who pushes the button. Please ask your family and friends not to push the button for you. You are the best person to determine how much pain control you need. Your nurse will be monitoring you every hour (for the first 12 hours) to make sure your pain level and side effects are under control.

WHAT TO EXPECT WHILE IN THE HOSPITAL

- After your surgery you may feel groggy for the rest of the day
- You may have a mild sore throat and feelings of nausea, and vomiting may be side effects from your anaesthesia. On occasion this can last for several days
- You will have bandages and tubes inserted during surgery. This is a normal part of recovering from surgery
- You will have oxygen tubes in your nose. This is because you do not tend to breathe as deeply when you are groggy. The tubes will be removed as you become more alert

- We will ask you to rate your pain and will work with you to keep your pain less than a four (out of ten) on the pain scale
- We will check your vital signs (blood pressure, heart rate and temperature), and circulation in your legs often
- We will encourage you to take deep breaths and cough while you are awake
- You can eat and drink fluids
- We will teach you how to turn safely in bed. Turning in bed helps to prevent skin breakdown (bed sores), lung congestion and blood clots from forming
- You may receive antibiotics and fluids via an intravenous (tube in your vein). Your urine may be measured via a Foley catheter (tube in your bladder). Both the intravenous and Foley catheter should be removed in one to two days

EXERCISES AND ACTIVITIES AFTER SURGERY

With decreased activity, circulation slows down. It is important to do these exercises to prevent problems like a blood clot, or lung congestion.

Deep breathing

- Breathe in deeply through your nose
- Hold your breath while you count from 1 to 2
- Breathe out slowly through your mouth
- Repeat 5 times every hour

Coughing

- Breathe in deeply through your nose
- Cough forcefully from your abdomen
- Repeat 5 times every hour

Deep breathing and coughing helps to prevent congestion in your lungs.

Calf Pumping Exercises

- Lie on your back or in a sitting position
- Move your foot up and down for thirty seconds
- Repeat 5 times every hour

Physiotherapy will help with:

- Reviewing precautions you need to take
- Moving from your bed to a chair
- Sitting / standing
- Walking
- Teaching bed exercises: Range of motion (ROM) and strengthening
- Deep breathing exercises
- Stair climbing

Occupational therapy will help with:

- Reviewing home safety equipment recommendations
- Reviewing precautions you need to take
- Bathing/shower transfer techniques
- Teaching bathing/shower transfer techniques
- Teaching dressing techniques with aids

Bilateral knee replacement

If you had knee replacement surgery on both of your knees, you will need assistance with sitting up, and lying down. You will also use a walker to stand and walk, as your legs will feel very weak. You will also require inpatient rehabilitation, so that you are able to stand, walk and climb stairs by yourself or with a little assistance.

THErapy GOALS IN THE HOSPITAL

Early goals

- Prevent post-operative complications by improving circulation, and deep breathing
- Begin to weight bear on your legs
- Prevent joint stiffness
- Manage swelling

Middle goals

- Little help needed to get in and out of bed
- Little help needed to walk (with a walker/crutches)
- Maintain or improve knee range of motion
- Perform bed exercise routine by yourself three times per day

REVIEW OF EXERCISES

A continuous passive motion (CPM) machine may be used after surgery to:

- Promote circulation
- Promote knee flexion (bending of the knee)
- Help decrease pain to the knee
- Decrease swelling to the knee and increase your knee's range of motion

The CPM, if used, will be applied either the day of surgery (Day 0) or the next day (Day 1) depending on your surgeon. Both physiotherapists and nurses are trained to apply the CPM machine to your knee after surgery. You will receive the best results from the CPM machine within the first 48 hours after surgery. During this time, the CPM machine can be applied to your leg many times per day and for as long as you can tolerate (with a minimal time of two hours each time). You are encouraged to use the CPM machine as long as it does not prevent you from getting out of bed, walking, and doing your knee exercises (as per your physiotherapist). If you are using the CPM machine and you experience a lot of pain you may stop the machine yourself by pushing the red start/stop button on the control panel. Please let your nurse and/or physiotherapist know that you have stopped the machine. [Before you turn off the CPM machine, wait for the machine to return to a flat position and your knee is straight.](#)



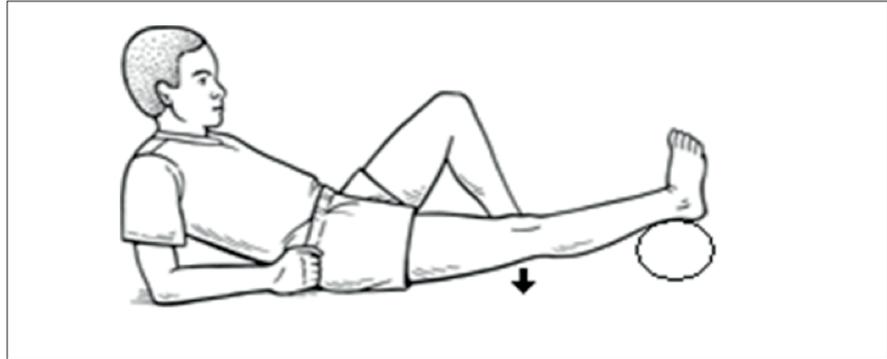
We strongly encourage you to review and practice these exercises before your surgery

Static Quads Contraction

- Lie on your back
- Keep your operated leg straight
- Press your operated knee into the bed
- Hold for 5 seconds and release
- [Repeat 10 times. 10 times = 1 set. Do 3 sets per day](#)

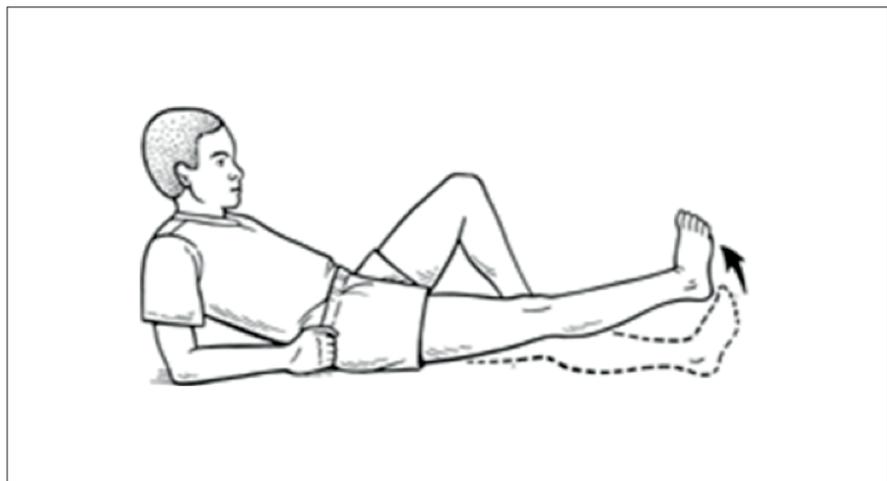
Knee Extension Over Roll

- Place roll under heel of operated leg
- Straighten knee out
- Hold for 5 seconds
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



Straight Leg Raise

- Straighten out your operative leg
- Bend your other leg
- Lift your operative leg 5 inches off the bed
- Hold for 5 seconds
- Slowly lower foot to the bed
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



Heel Slides

- Bend your operated knee
- Slide your heel up the bed toward your buttocks
- Hold for 5 seconds
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



Quadriceps Over Roll – Lying Position

- Place roll under knee
- Lift your heel off the bed
- Hold for 5 seconds and lower foot
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



Quadriceps in Sitting Position

- Lift your foot off the floor until your knee is straight
- Hold for five seconds
- Slowly lower your foot to the floor
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day



Do not rest or sleep with the roll (or a pillow) under your knee. This will make it very difficult for you to straighten your knee to walk, and can result in lasting stiffness. It is also bad for your circulation.

GETTING IN AND OUT OF BED

Getting in bed

- Sit at the side of the bed
- Hook your foot under the foot of the operated leg
- Come down on your side as you begin to lift your legs up
- Roll onto your back
- Adjust yourself in bed, as needed
- Therapists will teach you this technique while you are in the hospital

Getting out of bed

- Shift towards the side of the bed (preferably, your non operated knee should be closest to the side of the bed)
- Hook your foot under the foot of the operated leg
- Roll to your side – towards the side of the bed you are getting up from
- Bring your legs over the edge of the bed, while pushing up with your arm to sit
- Therapists will teach you this technique while you are in the hospital



SITTING AND STANDING

Sitting down

- Using your walker, back into the chair until you feel the chair on the back of both of your legs
- Step with your operated leg forward
- Reach back for the armrest of the chair
- Lower yourself onto the chair

Standing up

- Straighten your operated leg
- Put one hand on the walker
- Keep the other hand on the seat or armrest of the chair
- Push up from the chair, using the hand on the chair while keeping one hand on the walker (never use two hands on the walker to stand, the walker could tip causing you to fall)
- Stand up and slide the operated leg back to make it even with your other leg

USING A WALKER

- Move your walker forward - keep your back straight
- Step with your operated leg first, so that your operated leg is even with your hands
- Bring your non-operated leg forward so that it is even with your operated leg (push down with your hands for support)
- As you improve, you can step all the way through with your non-operated leg, in a more fluid walking motion

USING A CANE

- Place the cane on the side of your non-operated leg
- This will give you a steady base and provide balance

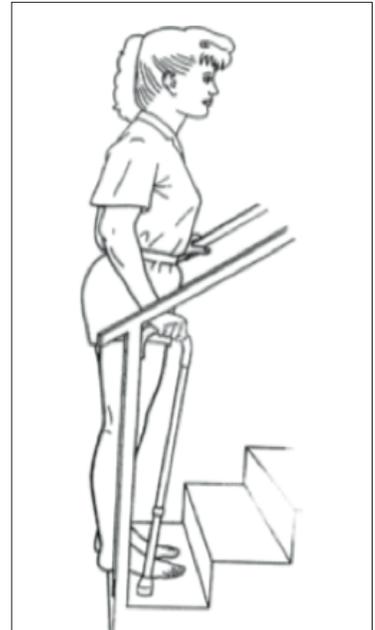
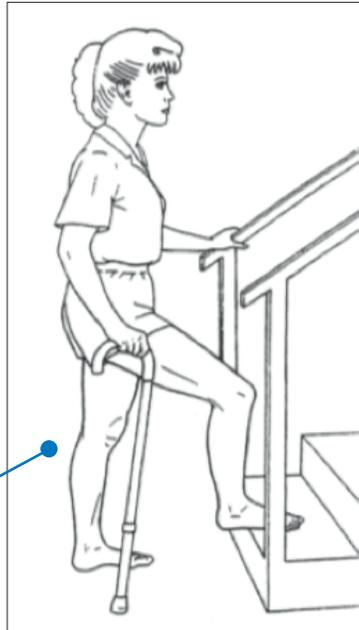
USING THE STAIRS

A stair railing is a helpful safety aid after surgery. We recommend having a railing installed on your stairs before surgery if you don't have one. If this is not an option, have someone assist you up and down the stairs.

**Up with the "good leg" (non-operated).
Down with the "bad leg" (operated).**

Going up the stairs

- Stand facing the stairs
- Grasp the handrail
- Hold your cane in your other hand
- Step up with your non-operated leg
- Keep the cane on the **same** step as the **operated leg**
- Raise both the cane and the operated leg to meet the non-operated leg



Going down the stairs

- Stand at the top of the stairs
- Grasp the handrail
- Hold the cane in your other hand
- Step down with your operated leg and the cane
- Bring your non-operated leg down to meet your operated leg

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at **416.756.6000 ext 4490** or email hipknee.navigators@nygh.on.ca

STEP 6 Going Home

PREPARING TO GO HOME

You can expect to go home one day after your partial/oxford knee replacement, or two to three days after your total knee replacement

You are ready to go home when you are medically stable and can do the activities listed below:

- Walk safely with an aid (ex. walker)
- Get out of and into bed on your own or with a little assistance
- Get into and up from a chair on your own or with a little assistance
- Get to and from the bathroom on your own or with a little assistance
- Get dressed on your own or with a little assistance
- Go up the stairs and down the stairs, on your own or with a little assistance

WHAT TO EXPECT ON DISCHARGE DAY

We will give you:

- Prescription for pain medication
- Prescription for an anticoagulant (blood thinner)
- An appointment date for your follow up visit with your surgeon at the Orthopaedic and Plastics Centre
- Written instructions from your surgeon (if applicable)
- Instructions for removing your dressing and staples (if applicable)
- Your physiotherapy plan

LEAVING THE HOSPITAL

Getting in the car

Move the front passenger seat back as far as possible and slightly recline the back of the seat. Sit at the edge of the seat and back in until your thighs are supported by the seat. Swing both legs into the car.

Getting out of the car

Swing both legs together out of the car until they are on the ground. You can use your non-operated leg to help lift your operated leg, if needed. Use your hands to push off and stand up.

If your drive home is more than one hour, stop in a safe location after each hour to stand up and walk for about five minutes. This will improve your circulation. Do foot and ankle exercises in the car to help with your circulation.



DISCHARGE INSTRUCTIONS

If you have any of the following signs and symptoms, go to your nearest Emergency Department, or call 911:

- Shortness of breath or difficulty breathing
- Excessive bleeding at your incision site.
- Chest pain, tightness or pressure

Contact your surgeon or family doctor if you have any of the following:

- Increased pain, redness, or swelling at the incision site
- Excessive bleeding at your incision site
- Moderate to large amounts of drainage at the incision site for more than a day
- A foul odor or yellow or green drainage at the incision site
- An increase in your temperature (over 38C)
- A sudden, severe increase in pain not relieved with pain medication

Should you have any questions or concerns during your recovery, contact your Hip & Knee Navigator at **416.756.6000 ext 4490** or email hipknee.navigator@nygh.on.ca

Pain and swelling

Some pain and swelling at the surgical site is normal. This will improve over the next six weeks, but swelling may increase even after leaving the hospital. Use your pain medication as prescribed. Gradually try to wean yourself off of your pain medication. You can use ice packs to control pain and inflammation. Raising your leg mid-morning and mid-afternoon, as well, calf pumping exercises can help reduce swelling.

It is normal to have some numbness around the area of the surgical incision. This may improve with time.

Prevention of clot formation and pulmonary embolus

Take your pill or injection after surgery as prescribed. Continue to walk and do your exercises regularly as recommended by your physiotherapist.

Bandage/dressing

If you have a dressing (Aquacel), it can stay on for up to seven days. The date of removal will be written on the dressing. Please refer to the specific dressing instructions given to you upon discharge. If you have staples, you will need to contact your family doctor to have your staples removed 10-14 days after your surgery. A staple remover will be provided to you upon discharge.

If your dressing is leaking, it should be removed. To remove your dressing, follow these steps:

- Wash and dry your hands
- Press down on the skin with one hand and carefully lift an edge of the dressing with your other hand
- Stretch the dressing down and out (not up and out) to break the adhesive seal
- Slowly work your way around the dressing, repeating the above steps, until the dressing is loose and can be removed
- Observe for any signs of infection (see pg. 32) Do not cover up the incision again
- Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext 4490 or email hipknee.navigators@nygh.on.ca

If your incision is draining/leaking for more than four days after you leave the hospital, call your family doctor or surgeon.

Infection

Wound infection is a risk until the incision has closed fully and there is no drainage. An infection in the incision area can lead to a deep infection of your knee joint.

Signs of infection are:

- Redness
- Drainage
- Odour
- Excessive swelling around the incision
- Fever of about 38°C or higher
- Increased pain in the knee joint that was operated on

Dental precautions

Bacteria can go from your mouth, into your blood stream and then into your knee, which can cause an infection. During regular dental checkups, always tell your dentist that you have had knee replacement surgery. Improving and maintaining good oral hygiene can help reduce bacteria.

Remember: No dental work for six weeks before surgery or three months after surgery (unless an emergency). Dental work done within these three months will require you to take antibiotics.

Other medical procedures

You should not have any invasive medical procedures for three months following your knee surgery (unless an emergency).

Bathing, showering, and swimming

You can take a shower. Your dressing is waterproof. However, do not take a bath or go in a pool until your incision is fully healed.

Incision

Once your incision is dry, it can be left open to the air. You can now shower without covering your incision.

Bruising

Bruising is common, especially, when there is no drainage. The bruising will go away gradually. If the bruising gets worse, see your family doctor.

General Health

General Health

It is normal to feel tired and have a poor appetite after surgery. This will last for a few weeks. You may also experience constipation from your pain medication. Drink plenty of water, eat fruits and vegetables and add fiber to your diet to give you energy and prevent constipation.

KNEE PRECAUTION

Do not lie or sleep with a pillow or roll under your knee.

RETURNING TO NORMAL ACTIVITY

Healing after surgery takes several months and too much activity, too early, can interfere with the healing process.

While your knee arthritis was developing, you were gradually losing range of movement and muscle tone. This often affects your tolerance to exercise, endurance, walking, and balance. Regaining those functions often takes longer than you and your family expect.

Follow the directions that your surgeon gave you, before you had surgery. If you have questions or are unsure about some of the directions, speak with your surgeon at your first follow up visit.

EXERCISES AFTER SURGERY

Keep this guide handy to help you follow your exercise routine. Do your exercises two to three times a day. The exercises will become easier as you become stronger. Remember to take your pain medications to keep your pain under control.

It is important to keep active after knee replacement surgery. This will keep you strong and moving well. Balance your activity and exercise with periods of rest. Gradually increase your activity e.g. walking, and household chores. Always be mindful of knee precautions and how they affect your activity and exercise.

RESUMING ACTIVITIES AFTER SURGERY

Walking: Continue to use your cane, crutches or walker. This will help you walk without a limp. Walking with a limp puts more pressure on your joint and will prevent your muscles from getting stronger. It is better to walk without a limp than to walk with a limp.

Driving: In general, if your surgery was on your right knee, you can start driving again after six weeks. If your surgery is on your left knee, you can drive sooner with permission from your surgeon. Even if the surgery is on your left knee, you will feel weaker than normal for a while, and you may be taking strong pain medications. This should be considered when attempting to drive. Your surgeon will tell you at your follow up appointment if it is safe for you to start driving again.

Returning to work: You and your surgeon should already have discussed your expected return to work date. You can discuss this again at your first post-operative follow up visit.

Leisure and sport activities: Activities like walking, dancing, swimming, and bowling are usually safe to do about three months after surgery. Speak with your surgeon about when it is safe to start your leisure activities.

Sexual activity: This can begin again about six weeks after surgery. Remember your knee precautions and avoid any position that causes you pain. Discuss questions at your follow up visit with your surgeon.

Travel: Security alarms may be set off by your knee components. A letter from your surgeon will not excuse you from security precautions at any airport. Stop and change positions hourly to prevent joint discomfort and stiffness. It is recommended that you do not travel by plane before three months. Please discuss travel plans with your surgeon if you plan on travelling by plane within three months of surgery.

Congratulations on your new knee! Although there is much work to do, we have already done a lot together. When you get home, take a deep breath and relax. The benefits of knee replacement surgery are great and will be achieved with your effort and time.

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at **416.756.6000 ext 4490** or email hipknee.navigators@nygh.on.ca

STEP 7 My Care After Knee Replacement Surgery

PHYSIOTHERAPY

If you had joint replacement surgery on both of your knees at the same time, you will go to inpatient rehabilitation approximately three to four days after surgery.

NYGH offers physiotherapy to our patients who have had knee replacement surgery. This is a group rehabilitation program which will be arranged for you before you go home.

There are several OHIP covered physiotherapy clinics located across the province. The Patient Navigator can help you make arrangements before your surgery.

Other options include physiotherapy at home, through your local CCAC, or attending a private physiotherapy clinic that is more convenient to you.

If you are scheduled to attend the physiotherapy knee class at NYGH, please see the following instructions:

Knee class

- First appointment; go to Patient Registration on the Ground Floor before coming to class. For all other appointments, come directly to the Rehab Gym on 5 South
- Classes are approximately one hour
- You will attend physiotherapy class two times per week for a maximum of eight weeks after the date of your surgery
- Bring your health card, hospital card and your coach (if possible)
- Wear loose, comfortable pants that can be rolled up, or shorts; and clean, comfortable shoes i.e. running shoes

NYGH KNEE CLASS

4001 LESLIE ST

REHAB GYM

5 SOUTH, ROOM 172

GENERAL SITE

T 416.756.6000 EXT 4784

FOLLOW UP CARE

Your first follow up visit will be approximately four weeks after surgery.

You will be seen in the Orthopaedics and Plastics Centre, located at the General Site. If you were not given a follow up appointment when you were discharged from the hospital, the clinic will call you.

The next follow up appointment will be in three months. This appointment will be at your surgeon's office.

If you are having concerns or complications, you may be seen earlier than these scheduled times.

GULSHAN & PYRALI G. NANJI

ORTHOPAEDICS AND PLASTICS CENTRE,

GENERAL SITE

4001 LESLIE ST

1ST FLOOR, WEST WING

T 416.756.6970

F 416.756.6502

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at **416.756.6000 ext 4490** or email hipknee.navigators@nygh.on.ca

COMMUNITY RESOURCES

Arthritis Society: www.arthritis.ca or 1.800.321.1433

Canada's Food Guide: www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Canadian Orthopaedic Foundation: whenithurtstomove.org or 1.800.461.3639

Community Care Access Centres: healthcareathome.ca

Dietitians of Canada: www.dietitians.ca

EatRight Ontario: consult a Registered Dietitian for free 1.877.510.510.2

Mosaic Homecare Services and Community Resource Centre: www.mosaichomecare.com or 905.597.7000

OHIP-Covered Physiotherapy Clinics: www.collegept.org or 1.800.583.5885

Ontario Retirement Home Directory: Ontario.senioropolis.com

Ortho Connect: www.orthoconnect.org

Ontario Physiotherapy Association: www.opa.on.ca or 416.322.6866

*The following companies provide door-to-door transportation for persons with physical abilities. You must complete the appropriate application to be considered for eligibility. Applications must be completed PRIOR to your surgery as it takes approximately 14 days to process. Where to register will depend on where you live.

TRANSPORTATION SERVICES

Durham Region Transit (DRT) Specialized Services: For the Durham Region (e.g. Ajax, Pickering) Visit the website or call customer service at 1-866-247-0055 to obtain an application.
www.durhamregiontransit.com/SpecializedTransit

Trans Help: For Peel Region (Mississauga, Brampton, or Caledon) Visit the website to complete the online application. You may also download and print the application. If you do not have a printer, contact customer service at 905-791-1015 to obtain an application. www.peelregion.ca/transhelp

TTC Wheel Trans: for Toronto, North York, and Scarborough Visit the website or call customer service at 416-393-4111 to obtain an application. www.ttc.ca/WheelTrans/How_to_apply/index.jsp

York Region Transit (YRT) Mobility Plus: For York Region (e.g. Thornhill, Markham, Richmond Hill) Visit the website or call customer service at 1-866-744-1119 to obtain an application.
www.yrt.ca/en/mobility-plus/mobility-plus-service.aspx

DEVICE AND EQUIPMENT

VENDORS

| | |
|---|---|
| Able Home Health Care 416.789.5551 www.ablehomehealthcare.ca | M-W 9-5, Th 9-6, F 9-4 3537 Bathurst St. (N. of Lawrence Ave. S. of Wilson Ave.) |
| Active Lite Mobility 905.764.0706 www.activelite.com | M-F 9-5, Sat 10-4 2300 John St., Unit 3 (E. of Don Mills in Thornhill) |
| AgTa Home Health Care 416.630.0737 www.agtahomecare.com | M-F 9-5 860 Wilson Ave., Suite 102 (W. of Dufferin Ave.) |
| Baygreen Home Health Care 905.771.0010 www.baygreen.ca | M-Th 930-6, F 930-5, Sat 1030-3 8 Green Lane (Bayview Ave./ John St. in Thornhill) |
| Home Medical Equipment 416.633.9333 www.hmemobility.com | M-F 830-5 124 St. Regis Cres. South, Unit B (Keele St. / Sheppard Ave.) |
| Hunts Healthcare 416.798.1303, 1.888.838.5146 www.huntshealthcare.ca | M-F 830-5 109 Woodbine Downs Blvd., Unit 7 (Albion Rd and Hwy 7) |
| Inmotion Services 416-638-9522 www.inmotionservices.ca | M-F 9-5 3 Whitehorse Rd., Unit 12 (Allen Rd. and Sheppard Ave.) |
| Main Drug Mart - IDA 416.221.1700 www.maindrugmart.com | M-F 9-9, Sat 9-5, Sun 10-3 1100 Sheppard Ave. E. (1 light W. of Leslie St. on the N. side) 3265 Bayview Ave (at Cummer – 2nd light north of Finch) |
| Medichair 905.471.5224 905.666.5001 www.medichair.com | M-F 830-5, Sat 10-2 5293 Highway 7 East, Unit 5, (East of McCowan) 110 Dunlop St. E (Brock St S and Dundas St. in Whitby) |
| Med Plus Health 416.892.1250 www.medplushealth.ca | M-F 9-5 (no delivery charge) 285 Midwest Road (Scarborough warehouse) |

Disclaimer: The listed services are not endorsed by North York General. This list does not claim to be exhaustive and some facilities/resources may have been inadvertently missed.

Mobility Shop

(416) 775-9479
647-348-7501
www.themobilityshop.ca

Motion Specialties

416.421.0110
www.motionspecialties.com
416-751-0400
www.themotiongroup.com

Starkman's Surgical Supplies

416.534.8411
www.starkmanshealth.com

Shoppers Home Health Care

1.800.746.7737
www.shoppershomehealthcare.ca

Shoppers Home Newmarket

905.953.9907
www.shoppershomehealthcare.ca

Shoppers Home Whitby

905.579.5300
www.shoppershomehealthcare.ca

Shoppers Home Ajax

905.427.4171
www.shoppershomehealthcare.ca

Shoppers Home Vaughan

905.763.9525
www.shoppershomehealthcare.ca

Shoppers Home Markham

905.887.9055
www.shoppershomehealthcare.ca

Shoppers Home North York

416.752.8885
www.shoppershomehealthcare.ca

Shoppers Home Scarborough

416.431.4621
www.shoppershomehealthcare.ca

Shoppers Home North York

416-789-3368
www.shoppershomehealthcare.ca

Vital Mobility

647-430-7176
www.vitalmobility.ca

M-F 10-6 Sat/Sun 10-4

1865 Leslie St. (N. of York Mills)
3268 Finch Avenue E (W. of Warden Ave.)

M-F 9-6, Sat 10-3

939 Eglinton Ave. E
(West of Leslie St.)
72 Carnforth Road
(Victoria Park and Lawrence Ave)

M-W,F, 9-6

1243 Bathurst St.
(S.E. corner at Davenport Rd.)

Many locations across Canada

M-F 9-6, Sat 10-5, Sun 11-5

17725 Yonge St., Unit 5
(N. of Davis Dr. in Newmarket)

M-F 930-530, Sat 10-4

1801 Dundas St. E.
(Hwy 2/Gerrard St. in Whitby)

M-F 9-6, Sat 9-5

260 Kingston Rd. W. Unit 23
(Westney Rd. and Kingston Rd. in Ajax)

M-F 9-6, Sat 9-5, Sun 12-5

8000 Bathurst St.
(at New Westminster Rd. in Vaughan)

M-W 9-6, Th-F 9-8, Sat 9-5, Sun 12-4

9255 Woodbine Ave., Unit 5
(N.E. corner at 16th Ave. in Markham)

M-F 830-6

104 Bartley Dr.
(Victoria Park/O'Connor Dr.)

W 9-6, Th-F 9-8, Sat 9-5, Sun 12-5

685 McCowan Rd.
(S. of Lawrence Ave.)

M-W 9-6, Th-F 9-8, Sat 9-5, Sun 12-5

528 Lawrence Ave. W.
(N.W. corner at Bathurst St.)

M-F 830-6

130 Bass Pro Mills Drive, Unit 62
(East of Hwy 400 in Vaughan)

MY APPOINTMENTS

- If your health changes, or you develop a cough, cold, fever or any other illness, within one week before your operation, call your surgeon as soon as possible
- If you have a cough, cold or fever, please call to reschedule your appointments
- If your Coach cannot come with you to any of your appointments, please inform us ahead of time if you require an interpreter

1. Specialists appointments

Date: _____ **Time:** _____

Location: _____

Date: _____ **Time:** _____

Location: _____

2. Pre-operative Assessment appointment: Your surgeon's office will notify you of your Pre-operative Assessment appointment and your surgical date.

Date: _____ **Time:** _____

Location: Pre-Operative Assessment Clinic, General Site, 4001 Leslie Street, 4 South.

[No hair removal from the operative site within seven days of your surgery.](#)

Date to stop hair removal from operative site: _____

3. Surgery

Date: _____ **Time:** _____

Location: North York General, General Site, First Floor

4. Knee Class

Location: NYGH-General Site, 5th Floor Gym

i. **Date:** _____ **Time:** _____

ii. **Date:** _____ **Time:** _____

iii. **Date:** _____ **Time:** _____

iv. **Date:** _____ **Time:** _____

v. **Date:** _____ **Time:** _____

vi. **Date:** _____ **Time:** _____

vii. **Date:** _____ **Time:** _____

5. First follow-up visit (four weeks after surgery)

Date: _____ **Time:** _____

Location: Orthopaedics and Plastics Centre, General Site, 4001 Leslie St., 1st floor.

6. Second follow-up visit (three months after surgery)

Date: _____ **Time:** _____

Location: _____

Further follow-up appointments are determined by your surgeon..

IMPORTANT NUMBERS

North York General

T 416.756.6000

Total Joint Assessment Centre (TJAC)

T 416.756.6000

Pre-operative Clinic

General site, 4 South

T 416.756.6375

Orthopaedic Surgery Inpatient Unit

General site, 4 West

T 416.756.6398

North York General Outpatient Knee Class

General site, 5 South Rehab Gym

T 416.756.6000 ext 4784

Orthopaedics and Plastics Centre

General site, 1 West

T 416.756.6970

Hip and Knee Patient Navigator

T 416.756.6000 ext. 4490

C 416.605.5477

hipknee.navigators@nygh.on.ca

nygh.on.ca/hipkneecare

MAY 2017

NYGH GENERAL SITE

4001 Leslie Street
Toronto, ON M2K 1E1
T: 416.756.6000

**BRANSON AMBULATORY
CARE CENTRE**

555 Finch Avenue West
Toronto, ON M2R 1N5
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