



Halton
Healthcare

Welcome to Prehab

Knee Rapid Access Clinic

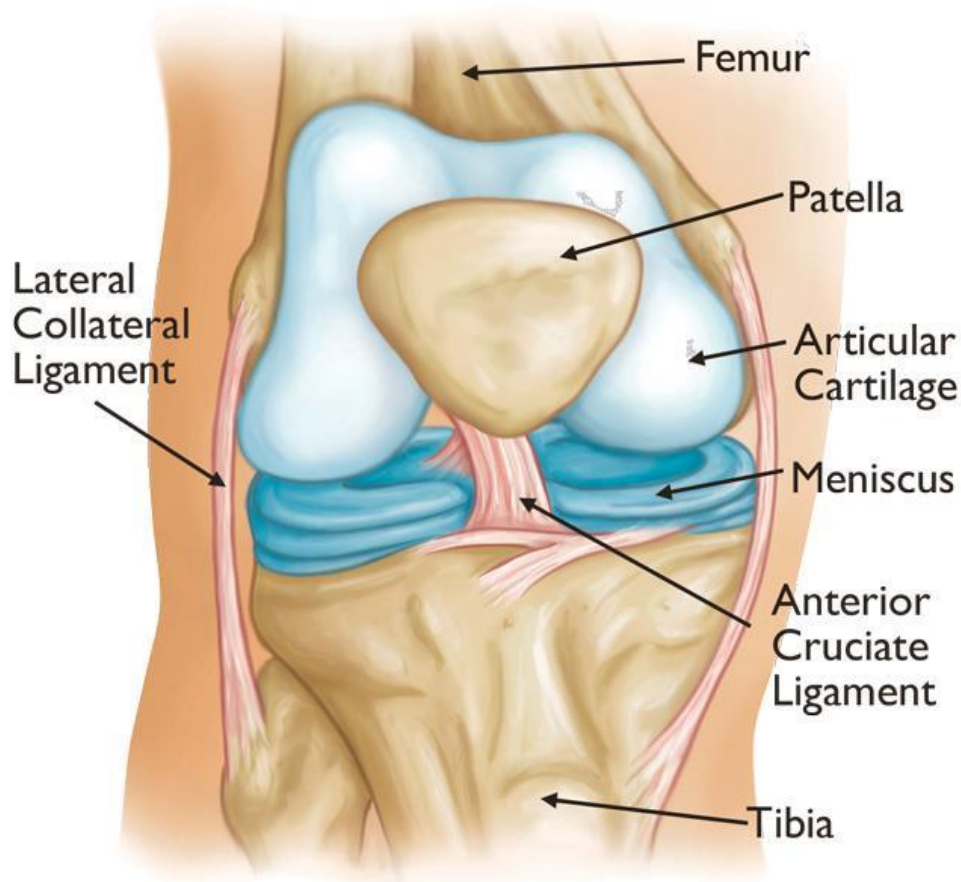
Surgeon Appointment

Prehab Education Session

Pre-Admission Appointment

Surgery

The Knee Joint



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

❖ **Osteoarthritis** is the most common form of arthritis.

➤ It is a disease of the joint that results from wearing of the protective cartilage that cushions our bones.

❖ There are many reasons for this happening including:

➤ ↑ BMI/obesity

➤ previous injury to your knee

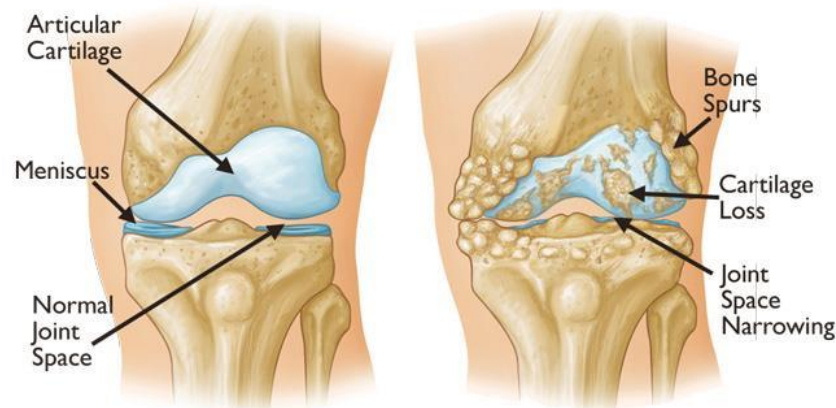
➤ joint mal-alignment/abnormal joint shape

➤ heavy or repetitive use of your knee over a prolonged period of time

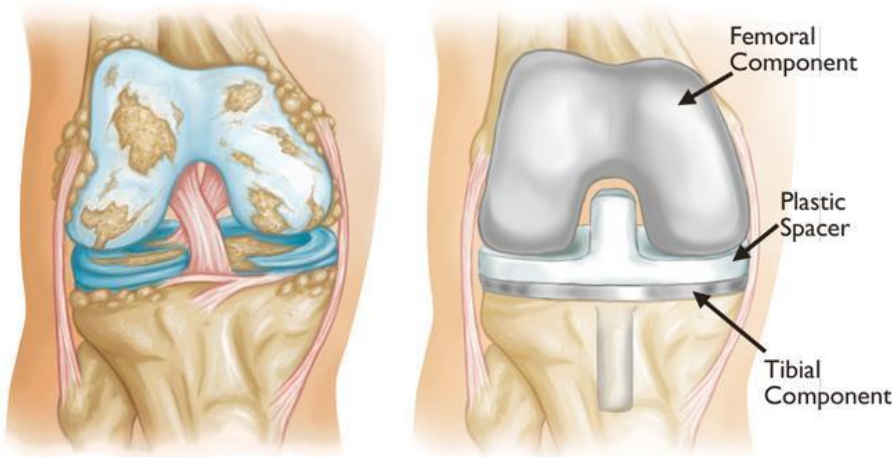
➤ age, gender

➤ genetics

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

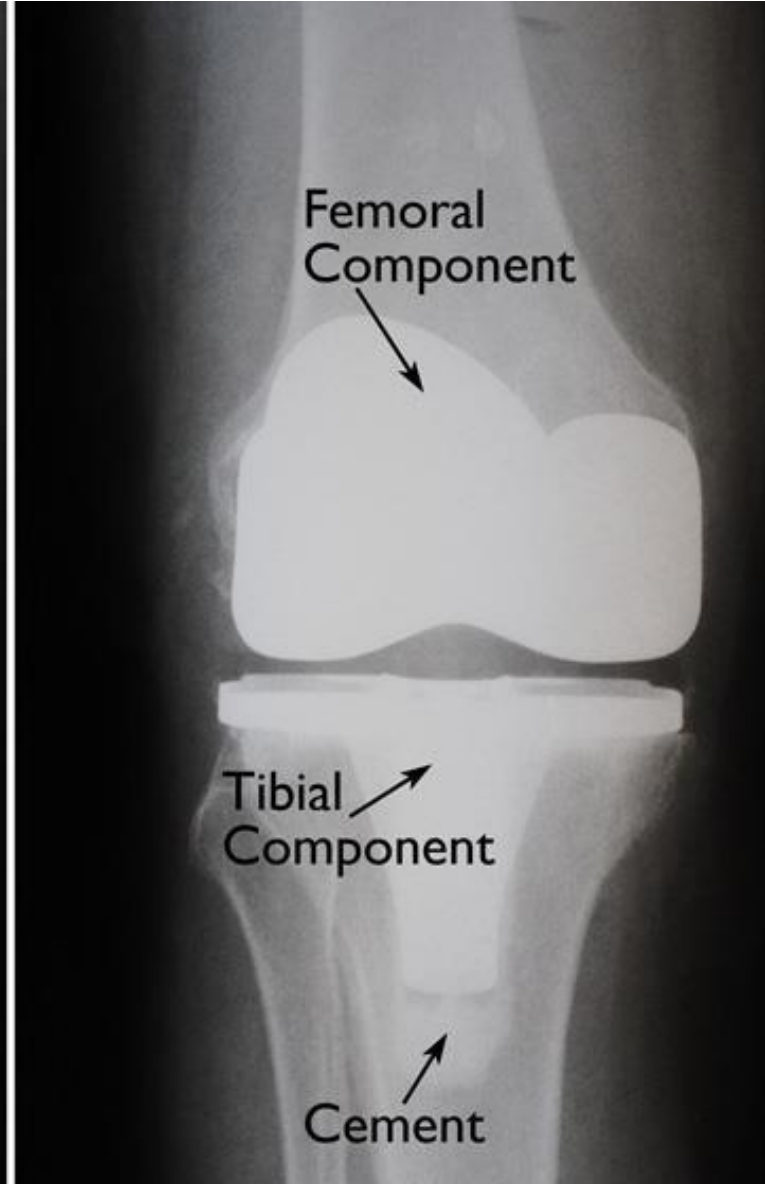


Total Knee Replacement Surgery



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

Before & After

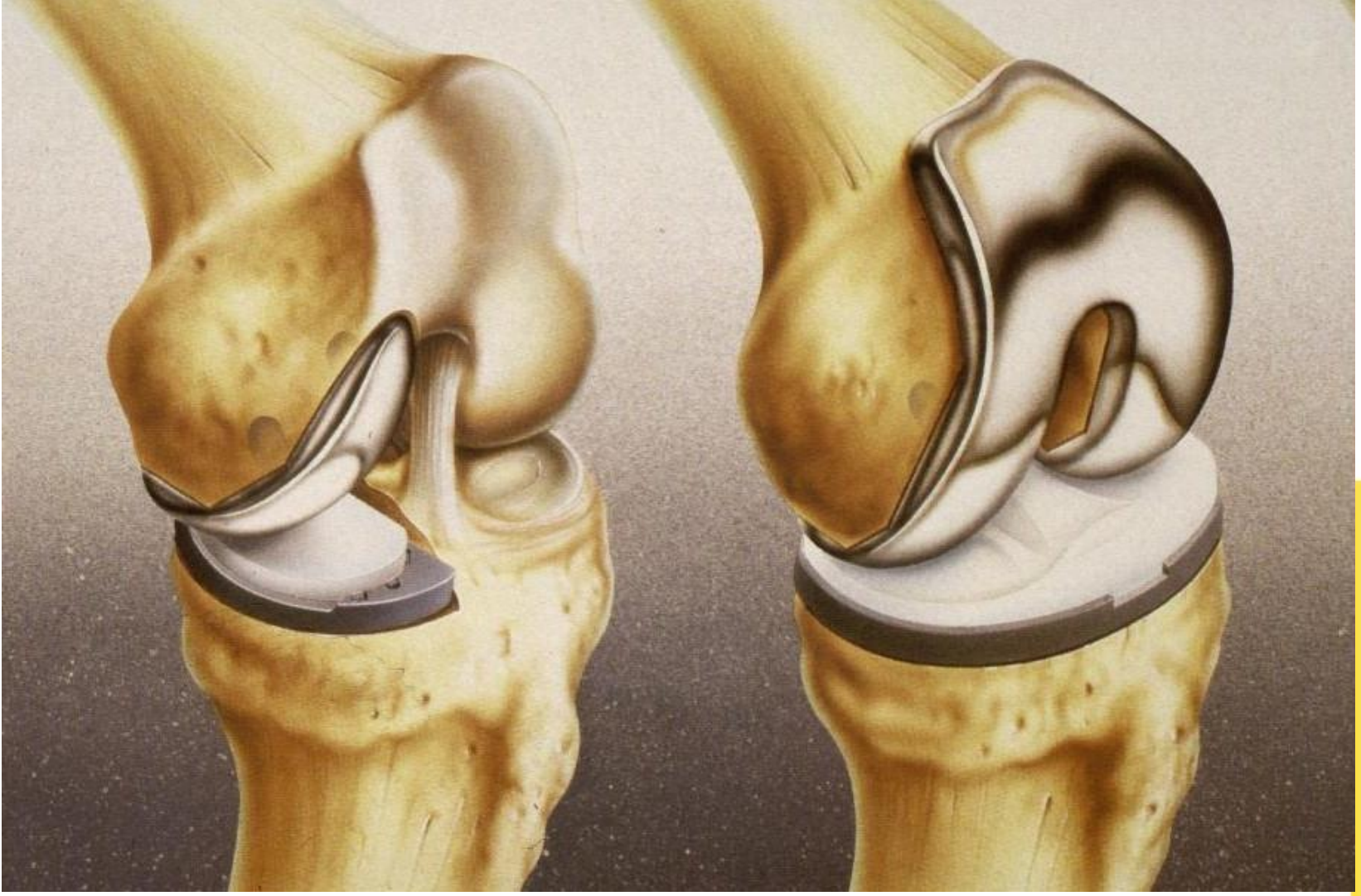




Unicompartmental (Partial) Knee Replacement Surgery

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





The Pre-Admission Appointment

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

Day of Surgery

❖ Items to bring:

➤ Your overnight bag

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

➤ CPAP machine

➤ Your walking aid

➤ Ice machine



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

In the recovery room

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



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

Dealing with *pain* after surgery

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

My hospital stay

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



Inpatient Physiotherapy

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

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



Walking after surgery



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

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

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

Going home

❖ You will be able to:

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

❖ You must also have:

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



Outpatient Physiotherapy

❖ Work-Fit Total Therapy

- Oakville, Milton, Georgetown Hospitals
- OHIP covered



❖ Community Physiotherapy Clinics

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

❖ Private clinics

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

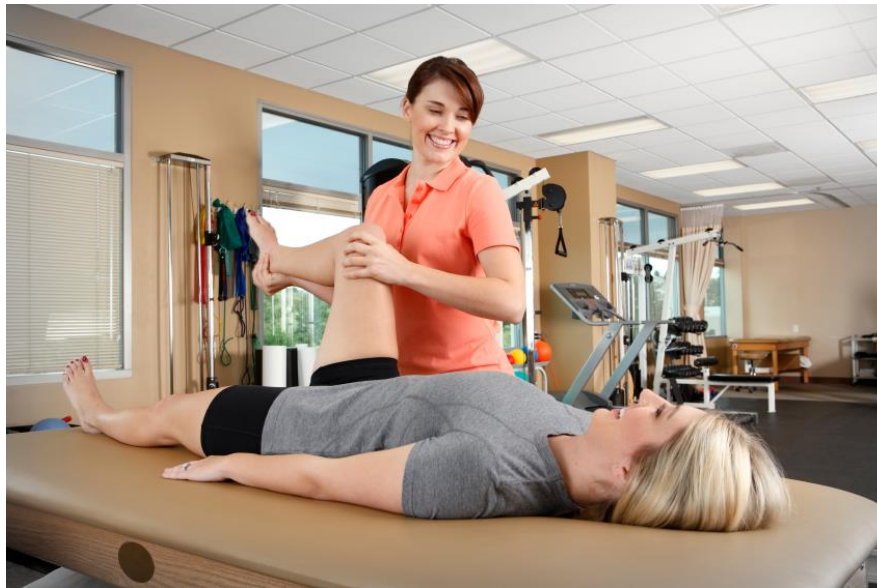
❖ Local Hospital

- Check if they have an outpatient clinic and any costs

Booking Outpatient Physiotherapy

❖ 5-7 days after surgery

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



Important Contacts

St. Elizabeth Health

Questions after hip or knee replacement surgery?

Call anytime 24/7

1 (866) 898-2480

Available for 90 days after surgery



Bundled Care Integrated Care Coordinator

Daniel Pope

905.845.2571 ext.5717

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

Your Surgeon

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

Your Family Doctor

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

Break (10 minutes)

❖ *Coming up:*

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

Tips: Setting Up Your Home

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

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

Your Care Partner

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

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

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



Adaptive Equipment - Chairs

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



Adaptive Equipment - Beds

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



Adaptive Equipment - Toilets

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



Adaptive Equipment – Tubs & Showers

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



Adaptive Equipment – Getting Dressed

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



Working in the kitchen

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



Housework

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







Transportation/Driving

❖ No driving is permitted for several weeks.

➤ *Do not return to driving without confirming with your surgeon.*

❖ As the passenger:

➤ Use a firm wedge cushion for low/bucket seats.

➤ Begin with short rides, break every hour on longer rides.

❖ Alternatives:

➤ Friends & family

➤ Public/paid transit

➤ Taxi services

➤ Volunteer drivers

➤ Grocery delivery



Exercises

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

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

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



From now until surgery



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

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



After Prehab Class – Planning ahead

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

You need to plan the following prior to surgery:

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





SORE KNEE, HUH?
HAVE YOU TRIED
ICING IT?

A light blue curved graphic element, resembling a thick arc or a stylized wave, is positioned in the upper left and extends towards the right side of the frame. The background is white.

Thank you



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