

# You and your new knee

**For patients and families of St. Joseph's Health Centre**



**Read this booklet to help you prepare and recover from your knee surgery. Bring this booklet to all your appointments, including your surgery.**

We encourage you to take notes and ask lots of questions. Taking an active part in your care will help you get the best results from your surgery.

## Table of contents

Appointments and surgery dates .....	3
Before my surgery .....	9
Types of anaesthesia.....	13
Checklist: How to prepare for my surgery at home .....	14
What equipment will I need? .....	16
What exercise should I do before surgery? .....	18
The day before surgery.....	21
How to prepare the day before for surgery .....	22
The day of surgery .....	26
Going home .....	32
What should I do at home after surgery? .....	35
When should I call my surgeon? .....	35
What prescriptions will I get after surgery? .....	37
Managing my pain.....	37
What are the side effects of opioids?.....	39
Moving around at home .....	44
When can I return to my activities after knee surgery? .....	53

## Pre-surgery appointments

Use this page to keep track of your appointment dates. The surgeon's office will let you know when your appointments are. Let us know if you need an interpreter before your appointments.

### Pre-operative education session

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Location:** 6<sup>th</sup> floor, East Wing (Outpatient Rehab)

### Pre-Admission Clinic appointment

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Location:** Pre-Admission Clinic, 2<sup>nd</sup> floor Barnicke Wing

## Surgery information

Surgery date: \_\_\_\_\_

Surgery time: \_\_\_\_\_

When do I need to be at the hospital? : \_\_\_\_\_

**Location:** Day of Surgery, 2<sup>nd</sup> floor Barnicke Wing

### Where my family can find me after my surgery

A. Going home the same day of surgery

**Location:** Day of Surgery, 2<sup>nd</sup> floor Barnicke Wing

B. Staying in hospital overnight

**Location:** 2M Orthopedic Unit, 2<sup>nd</sup> floor Morrow Wing

## Telephone directory

This is list of telephone numbers you may need. Please call St. Joseph's main number 416-530-6000 if a number is not listed below.

<b>Advanced practice physiotherapist</b>	416-530-6000 ext. 4934
<b>Foundation</b>	416-530-6704
<b>Fracture Clinic</b>	416-530-6128
<b>Gift Shop</b>	416-530-6486 ext. 3296
<b>Orthopaedic Unit</b>	416-530-6394
<b>Outpatient Rehabilitation Unit</b>	416-530-6058
<b>Patient Accounts</b>	416-530-6491
<b>Patient Relations Office</b>	416-530-6652
<b>Pharmacy</b>	416-530-6555
<b>Pre-Admission Clinic</b>	416-530-6000 ext. 4144

## Understanding my role

You have an important part to play in making your recovery successful. These are the things you need to commit to before having knee surgery.

I understand that I will:

- Do the exercises before and after surgery
- Read the patient education material
- Prepare my home
- Get the equipment I need during and after my surgery
- Buy 2 antibacterial sponges for cleaning before surgery (available at St. Joseph's Health Centre Pharmacy)
- Plan transportation to and from the hospital
- Have a support person who can help me during and after my surgery

Check the boxes when you finish each task:

- My home is prepared
- I have all of the equipment I need

Name of person(s) who will help me at home:

---

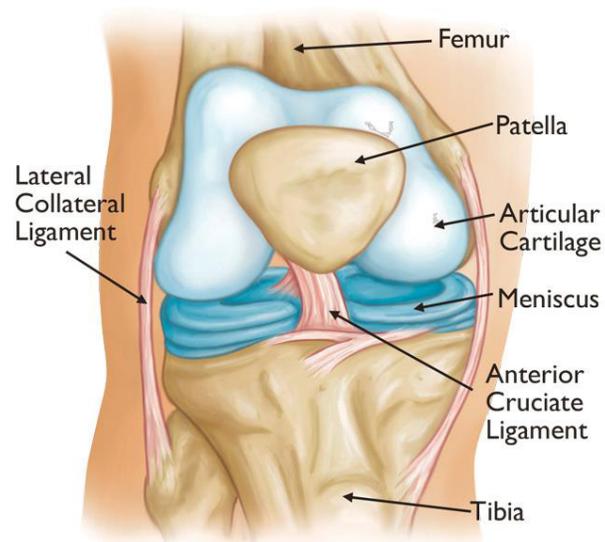
## Why do I need a new knee?

Knee replacement surgery is for people with badly damaged joints that cannot be treated by medicine, exercises or therapy. Your knee might have been damaged by an injury or by a disease such as arthritis. When your knee joint is damaged, you may find it hard to do normal activities. Over time, you may feel pain or find it difficult to move.

Knee replacement surgery is done to:

1. Help relieve pain
2. Help improve motion
3. Make it easier to walk, sit or do other things

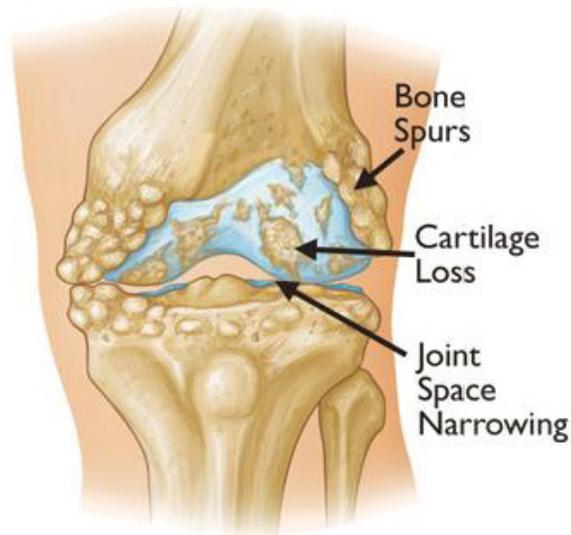
## A healthy knee looks like this:



Reproduced with permission from *OrthoInfo*. © American Academy of Orthopaedic Surgeons. <http://orthoinfo.aaos.org>

In a healthy knee joint, the ends of the bones are covered with cartilage. The meniscus cartilage gives stability and strength.

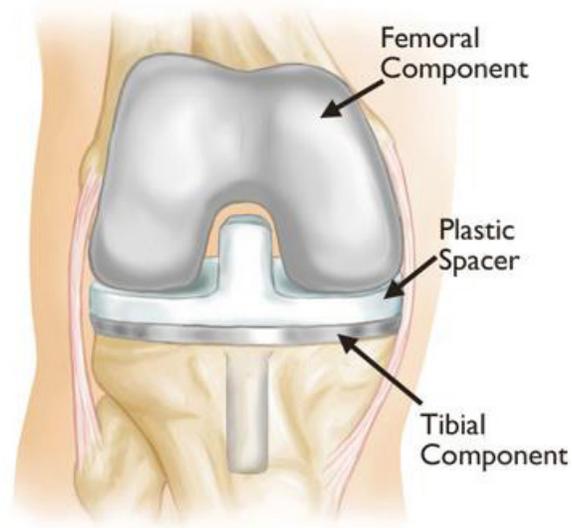
## An unhealthy knee looks like this:



Reproduced with permission from *OrthoInfo*. © American Academy of Orthopaedic Surgeons. <http://orthoinfo.aaos.org>.

In an unhealthy knee joint, the cartilage loses its smoothness and its “cushioning” effect. Injury, inflammatory arthritis or gradual “wear and tear” can cause the knee joint to be worn out. This causes the bones to rub together which can cause pain, stiffness, swelling, or other problems.

## What will my new knee look like?



Reproduced with permission from *OrthoInfo*. © American Academy of Orthopaedic Surgeons. <http://orthoinfo.aaos.org>.

Your new knee will have metal and plastic parts. It will have a metal cover and a plastic piece with a metal stem that will help your joint move better. Your surgeon will remove the joint that is worn out and replace it with a custom fit artificial joint. This will make it easier to move and do activities.

---

# Before my surgery

---

# What to expect at my pre-surgery appointments

## Pre-operative education session

You will go to an education session 6 to 8 weeks before your surgery. All patients must attend this 90 minute class to help prepare for surgery and recovery. There is no cost to attend this session.

This is provided by the occupational therapists and physiotherapists in our Outpatient Rehabilitation Unit.

Bring your support person to this session.

You will learn:

- How to maintain or improve your strength and fitness before surgery
- Exercises and activities to practice before and after surgery
- About equipment to help manage your daily activities
- How to plan for leaving the hospital
- How to quit smoking before your surgery

## Pre-Admission Clinic appointment

You will go to a Pre-Admission Clinic appointment 3 weeks before your surgery. The appointment is to prepare you for surgery, ask questions and discuss any concerns you have. Bring your support person who will help you before and after your surgery.

### Can I eat before my appointment?

- Eat your usual meals before this appointment

### What should I wear?

- Wear comfortable clothes that are easy to take off for examinations and tests

### **How long will I be at my appointment?**

- Your appointment may take 4 to 6 hours. You will meet with several members of the health care team
- Suggestion: bring a snack and reading material to help you pass the time

### **What should I bring?**

- Ontario health card or private health insurance
- Name, address and phone numbers of family doctor, specialist doctor(s) and pharmacy
- A list of your medicines printed by the pharmacy and all medicine in their original containers
- A list of any over-the-counter medicine, vitamins, herbal supplements and marijuana. Include the name, dose and how often you take it
- Any test or lab results that you may have or that your family doctor has asked you to bring (for example: sleep studies or imaging results)
- CPAP machine settings

### **What if I need more help after my surgery?**

If you think you will need more help when you leave the hospital, you can get respite care. This means you can go to a retirement home of your choice for a private short stay. There is a cost to do this. Your family doctor needs to complete medical forms many months before your surgery. You need to deliver these completed forms to the retirement home before your surgery.

You cannot wait for a respite bed to become available while in hospital.

## **Who will I meet at my appointment?**

You will meet several members of the health care team. Each member of the team will make sure you are ready for your surgery. The team will discuss your health history, review your medicine, do tests or a physical examination, among other things.

Here are some of the members of the health care team you will meet:

- Nurse
- Pharmacist
- Laboratory technician
- Occupational therapist or physiotherapist
- Internist
- Anaesthesiologist

This is your first meeting with the anaesthesiologist to talk about the best choice for anaesthesia and pain management. If you had surgery before and had a reaction to any medicine, tell the anaesthesiologist during your visit.

## **What if I have chronic pain?**

If you have chronic pain, make sure to discuss this with the anaesthesiologist at your Pre-Admission Clinic appointment.

A nurse practitioner from the Acute Pain Service can meet with you to make a plan for your pain before and after your surgery.

During your appointment, you will also be told how to take your pain medicine on the day of surgery.

## Types of anaesthesia

Surgery requires some form of anaesthesia. Anaesthesia falls into 2 main categories:

1. **Spinal anaesthesia:** you will get an injection in your spine. Your body will be numb below your belly button and you will not be able to move your legs. This can last for about 2 to 6 hours after the injection. You will also get medicine to help you sleep during the surgery.
2. **General anaesthesia:** you will get medicine that “puts you into a deep sleep”. A breathing tube will be placed in your throat and you will be placed on a breathing machine for the surgery.

You can also have a **nerve block injection** to help control your pain after the surgery. This will numb the area of the knee for up to 24 hours.

The anaesthesiologist will talk about the best approach for you. Both categories have their own risks and benefits. The majority of our patients have spinal anaesthesia because of faster recovery and better pain management.

## Checklist: How to prepare for my surgery at home

This checklist will help you get your home ready for surgery. This will make it easier when you return home and start your recovery. Complete this checklist to the best of your ability. Check (✓) the box when finished.

- Arrange for help from family or a support person before, during and after your surgery (for example: meals, groceries, laundry)
- If you do not have anyone to help at home, consider hiring someone or arrange respite care
- Remove things you can trip on (small rugs, loose cords) and tape down edges of large rugs
- Keep hallways and rooms clear to make it easier to move around
- If you can, install a handrail to help you climb any stairs
- Make sure all railings are secure
- Have a chair with a firm seat, backrest and armrests
- Have proper lighting inside and outside the house
- Use night lights in the bedroom and bathroom
- Make sure your bed is easy to get to

### **Kitchen**

- Precook and freeze meals ahead of time or arrange for meal delivery
- Place commonly used kitchen items on the counter for easy reach
- Have a chair in the kitchen when preparing your meals

## **Bathroom**

- Remove clutter and place commonly used items on the counter for easy reach
- Install suggested safety equipment
- Use a non-slip mat in your tub or shower

## **Pets**

- Get someone to walk and take care of your pet during and after your surgery

## **Clothing**

- Wear comfortable clothes to all appointments
- Bring loose pajamas or track pants for your hospital stay
- Use shoes that have a good grip and can be adjusted in size (for example Velcro or Crocs)

## What equipment will I need?

You will need special equipment to help you move around safely. It is important to get this equipment and set it up before your surgery. It is your responsibility to get the equipment.

You can **rent** or **purchase** the equipment. The occupational therapist and physiotherapist will speak to you about how to get your home and equipment ready for a safe recovery.

**You must** have the 2 items below:



**Cane**



**2 wheeled walker**

The items below are recommended:



**Raised toilet seat**



**Bathtub transfer bench**



**Bathtub seat**



**Long handled shoe horn**



**Reacher**



**Sock aid**

You can rent a wheelchair if you have to walk a long distance or need an elevator to enter your home.



**Transport wheelchair**

A cold therapy unit can help with swelling after surgery. We can give you a list of vendors that you can contact to rent or buy one. This is not required, but can be helpful to manage pain with less medicine.

## What exercise should I do before surgery?

Exercising while you wait for surgery is important. Exercise can help decrease your pain, improve the strength in your leg and keep your heart in good shape before surgery.

For example you can:

- Walk
- Swim
- Use a stationary bicycle

Remember to start slowly if you have not been exercising regularly. This means begin with a few minutes and increase your time until you can exercise for 20 to 30 minutes, 3 times a week. You should be able to have a conversation while exercising without being short of breath.

If you are not active regularly, speak to your family doctor before starting any exercise.

In addition to regular exercise, do the exercises on the following pages before and after your surgery. Make sure you exercise both legs.

## Knee exercises for before and after surgery

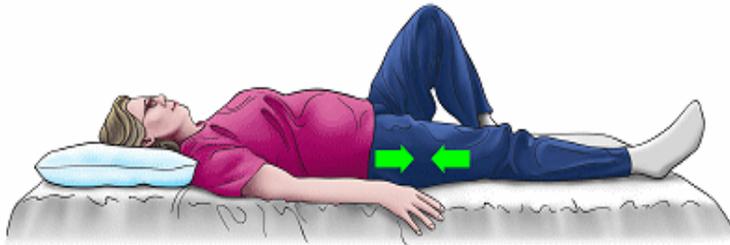
### Ankle pumps

- Bend ankles up and down, alternating feet
- Repeat: 10 times, 3 times per day



### Quad sets

- Slowly tighten muscles on thigh of straight leg, while counting to 10 out loud
- Repeat: 10 times, 3 times per day



### Short arc quads

- Place a large can or rolled towel under leg. Bend ankle up and lift foot to straighten knee. Hold for 5 seconds
- Repeat: 10 times, 3 times per day



### Heel slides

- Bend knee and pull heel toward buttock
- Repeat: 10 times, 3 times per day



### Straight leg raises

- Tighten thigh muscle and bend ankle up. Slowly lift straight leg 10 inches from bed and hold 2 seconds. Lower it, keep tight for 2 more seconds and relax
- Repeat: 10 times, 3 times per day



### Chair knee flexion

- Keep feet on floor, slide foot of **operated leg** back, bend knee. Hold for 5 seconds
- Repeat: 10 times, 3 times per day



---

# **The day before surgery**

---

## How to prepare the day before surgery

### What can I eat and drink the night before surgery?

Drink up to 3 glasses (up to 800 mL) of a **clear** fluid (for example: ice tea, apple juice or cranberry juice) before midnight.

**Do not have anything to eat after midnight**

It is important to follow these instructions or your surgery may be cancelled.

### Smoking and drinking alcohol

You should stop smoking at least 30 days before your surgery. This will help your lungs work better and help with healing.

Do not drink any alcohol 24 hours before your surgery. Alcohol can dehydrate you, make you feel unwell on the day of your surgery, and interact with the medicine you take.

## Antibacterial shower

It is important to wash your skin before surgery to reduce any risk of infection. You will need to buy **2 pre-operative antibacterial sponges** from the St. Joseph's Health Centre Pharmacy before your surgery. Use 1 sponge the **night before** your surgery and the second on the **morning of** your surgery.

### Do:

- Use your own soap on your face
- Use your own shampoo for your hair
- Use a clean towel with each shower
- Wash your body from neck to feet, finishing with your groin and anal areas
- Dry your skin finishing with your groin and anal areas
- Put on clean clothes or clean pajamas
- Make sure the bed sheets are clean on the night before surgery

### Do not:

- Use lotions or powder after your shower
- Shave the hair at the surgical site

If your skin becomes irritated, stop using the antibacterial sponge. Instead, use your regular soap and follow the same instructions.

## What to bring with me for my hospital stay

- Ontario Health Card, private health insurance
- All prescribed and over the counter medicines including puffers, eye drops and creams in their original labeled container. If you use glasses, dentures or a hearing aid, bring a case or cup to store them. It should have your name on it.
- CPAP machine if you have one
- Cold therapy unit (for example: Cryocuff, Game Ready, Polar Care Cube) if you have one
- Toothbrush and toothpaste
- Razor
- Tissues
- Soap, deodorant
- Short nightgown, robe, or pajamas
- Comfortable clothing (for example: exercise clothing, track suits)
- Supportive shoes with non-slip sole such as running shoes (adjustable or slightly bigger because your foot will be swollen after surgery)
- 2 wheeled walker
- Radio or music player with earphones, book or magazine to read

Please label your personal items and make sure you know where they are at all times. You are responsible for keeping them safe. St. Joseph's Health Centre will not be responsible for any lost or stolen money, valuables or other personal property-such as eyeglasses, dentures and hearing aids.

## **What to leave at home**

- Perfume or scented items (St. Joseph's is a scent-free hospital)
- Personal computer, television
- Jewelry and valuables

## **Remember:**

- Remove nail polish from your fingers and toes
- Remove all piercings and rings before your surgery

---

# The day of surgery

---

## Before I leave my home

- You can brush your teeth
- Drink 1.5 glasses (400 mL) of water up to **3 hours** before your surgery time
- **Do not** drink anything after you leave for the hospital. If you continue to drink, your surgery may be cancelled

## Arriving at the hospital

You need to arrive **2 hours** before your scheduled surgery time.

Go to the Pre-Admission Clinic to register for your surgery. After you register, the clerk will direct you to the Day of Surgery area.

### What happens when I arrive in Day of Surgery?

- Check in at the Day of Surgery desk
- Change into a hospital gown, put your belongings in a bag and keep the bag with you. The nurse will give you further instructions about your belongings bag.

## What can I expect before my surgery?

You will meet with the nurse, the surgeon and the anaesthesiologist. They will assess you to see if you are well enough for surgery.

After meeting with all of the team members, you will wait in the Day of Surgery area. Just before your surgery time, you will be taken by stretcher to the block room. This is where you receive your anaesthesia. Your family can now move to the family waiting room. You will then be taken into the operating room and prepared for surgery.

## Where can my family wait during surgery?

They can stay in the family waiting room. This is located on 2<sup>nd</sup> floor, Barnicke Wing (beside Day of Surgery)

- Your family will get a number to track your location. They will see your location on a wall screen
- The surgeon will come to speak with your family here
- Volunteers are available to answer questions

## After my surgery

- The surgeon will speak with your family in the family waiting room
- You will stay in the Post Anaesthesia Care Unit (PACU) for about 1 hour
- The nurse will check your vital signs, and either put ice on your knee or start cold therapy (if you are using this). The nurse will ask you if you have pain and give you pain medicine as needed

## If you are going home on the same day

You will return to the Day of Surgery area. Your family can visit you here while you recover. Only 1 visitor is allowed at a time.

Have your support person bring your 2 wheeled walker to you after your surgery.

Members of the health care team will:

- Monitor any pain and side effects
- Ask you to start exercises to move your foot and ankle
- Help you move safely in and out of bed, and get to the washroom
- Give you instructions on how to do your home exercise program, and start helping you to walk and climb stairs
- Review instructions for what to do after surgery, including how to manage your pain, physiotherapy and follow-up appointments

## **What to expect if you are staying overnight**

You will be transferred to 2M (2<sup>nd</sup> floor, Morrow Wing). During your stay, the health care team will:

- Continue to monitor you
- Manage your pain
- Continue to check your bandage and wound
- Help you change into your clothes
- Help you get out of bed and start moving
- Help you start your exercises

## **Managing your pain in hospital**

You will be given different medicines to manage your pain.

Acetaminophen and an anti-inflammatory medicine will be given to help keep you comfortable. A stronger pain medicine (an opioid) such as hydromorphone will be given as well. Ask your nurse for this medicine if you are uncomfortable.

You will also be given an ice pack to help reduce the swelling and discomfort. This will help when walking or doing your exercises.

## **Getting out of bed**

- On the day of surgery, **do not get out of bed by yourself**
- The physiotherapist will teach you how to get in and out of bed safely. If you came to the unit later in the day, you may get a visit from the physiotherapist the next day
- A nurse can also help you get up to go to the bathroom

## **Moving around**

- After you have been shown how to get up safely, you may spend some time sitting in a chair or on the edge of the bed
- The physiotherapist will teach you how to walk safely with your walking aid (likely a 2 wheeled walker)

## **The day after my surgery - in hospital**

### **Staying comfortable**

- Your nurse will regularly ask you about your pain and give you pain medicine
- You can call the nurse for extra pain medicine if you need it. This is important if your pain is preventing you from getting out of bed or doing your exercises
- You can also ask for ice as needed
- The Acute Pain Service will visit you to make sure that your pain is well controlled before you go home

### **Eating and drinking**

- You will eat regular food the day after surgery
- Drink plenty of fluids. This will help to prevent dizziness when you get up and do your exercises. It will also help prevent constipation

## Getting moving

- You will sit up for longer periods of time
- You will start to walk with a 2 wheeled walker

## Physiotherapy, exercises and help with activities

- You will start your exercise program under the supervision of the physiotherapist and rehab assistant
- Do your post operative exercises **at least 3 times each day**
- The physiotherapist will help you practice climbing the stairs using a cane and the railing until you feel comfortable
- An occupational therapist will meet with you to review how to:
  - a. Dress using special aids
  - b. Get in and out of a bathtub (if needed), using special equipment
  - c. Use assistive devices and equipment around your home to make it easier for you to manage after surgery

---

# Going home

---

## When will I be ready to leave the hospital?

You will be ready to leave the hospital when it is medically safe and when you can do certain activities safely.

Here are the things you must be able to do on your own, or with a small amount of help:

- Get in and out of bed
- Get on and off a toilet
- Get dressed
- Using your walking aid, safely walk the same distance as you normally walk in your home (usually about 50 to 100 metres)
- Go up and down the same number of stairs you have at your home using a cane and railing
- Complete your post-operative exercise program

When you are leaving the hospital, please have your support person bring in a seat pillow and a wheelchair to your room. Wheelchairs can be found at any of the main entrances of the hospital. This will help you get to the car safely and comfortably.

## Checklist: Going home

Before you leave the hospital, make sure you have:

- The equipment you need at home, such as a 2 wheeled walker, cane, raised toilet seat and bath chair
- Prescriptions for your medicines
- Papers that explain your stay in hospital and list what you need to do next
- Information about physiotherapy and dates for follow-up appointments
- Exercise instructions
- All of your belongings

## What should I do at home after surgery?

- Go to outpatient physiotherapy 2 times per week for about 4 to 6 weeks. This will help you gain as much strength, flexibility and mobility as possible. Each visit will last about 1 hour
- Continue to do your exercises 3 times per day
- Be out of bed for most of the day
- As it becomes easier to walk, switch from using a 2 wheeled walker to using a cane
- Increase your level of activity gradually. Take short rests throughout the day to help manage pain and fatigue. Your endurance will continue to improve for several months
- Drink a lot of fluids and return to your normal diet
- Follow up with your orthopaedic surgeon to check your progress. This will usually happen in the St. Joseph's Fracture Clinic or the surgeon's office. Your stitches or clips will be removed at this appointment unless you are told to have this done at your family doctor's office

## When should I call my surgeon?

Call your doctor immediately if you notice any of the following signs and symptoms:

- An unexplained temperature of 38° C (100.4° F)
- Chills that last more than a day
- You cannot stay awake or carry on conversations after taking opioids
- Severe knee pain that cannot be managed by your pain medicine
- Any numbness or tingling in your toes that does not go away after elevating your leg

- Unusual redness, swelling, or yellow discharge from your wound
- Your constipation does not improve after you have made changes with diet, exercise or after trying laxatives or stool softeners
- You have not had a bowel movement in 3 days
- You have blood in your bowel movement

### **When should I go to the emergency department?**

Go to your nearest emergency department if you notice any of the following signs or symptoms:

- You have not been able to pass urine for 8 hours
- Your wound is bleeding a lot or you cannot stop the bleeding
- You have sudden shortness of breath or chest pain
- Any sudden swelling in your knee or calf
- Severe or sudden stomach pain and vomiting

### **Who should I tell about my new knee?**

Make sure that your doctors and dentist know you have had a knee replacement. With your new knee, you may need antibiotics if you get infections in other parts of your body. This will keep the infection from spreading to your joint.

# What prescriptions will I get after surgery?

## Medicine to prevent blood clots

You will get a prescription to help prevent blood clots. You have an increased risk of forming a blood clot after surgery. It is important to get up, move around and do your exercises to prevent blood clots.

## Pain medicine

You will get prescriptions to help manage your pain. Your pain should get better day by day. Your prescription will include:

### Extra strength acetaminophen (Tylenol®)

- Take every 6 hours as prescribed

### Stronger pain medicine (opioid)

- Hydromorphone will be prescribed (unless you have an allergy)
- Take as prescribed, when needed
- Take 30 minutes before you do any physical activity, physiotherapy exercises or go for a walk or appointment

It is important to manage your pain in the first few days after surgery. Use these tips:

- For the **first 24 hours** after surgery, take the opioid every 4 to 6 hours, after the numbness from the nerve block wears off.
- For the **first 2 nights** after surgery, remember to take before bed. It may help to set an alarm every 4 hours to assess your pain. Take if needed. Keep your pain medicine beside your bed.

## Managing my pain

Managing your pain is the first step in recovering from surgery. It will take weeks before you can get back to your normal activities. Your recovery will be slower if you are in too much pain. Do not wait until your pain is too much to handle. If you are in pain, you will not have energy to move and do your exercises or eat and drink. You may also have trouble sleeping.

## What are some ways to manage my pain?

### 1. Rest

- Do not overdo it
- Only do light activities after surgery
- Gently massage around the bandage to help improve blood flow to the area and reduce swelling

### 2. Ice

- Apply ice packs to your knee (front, back and side of knee) for 15 minutes, 5 times a day for the first 2 days after surgery
- **Do not** place ice pack directly on the skin. Wrap the ice pack in a towel to prevent your skin from burning
- You can buy cold packs or put crushed ice in a plastic bag

### 3. Elevate

- Rest with your feet higher than your hips when in a chair or lying in bed

### 4. Medicate

## How do I know when I should treat my pain?

### Too little pain medicine

You are unable to do any activities

### Just enough pain medicine

Your pain level goes down and you can start to move

### Too much pain medicine

You have side effects like nausea, dizziness, confusion or too sleepy

## How should I treat my pain?

### For mild pain

- Rest, ice, elevate
- Take extra strength acetaminophen (Tylenol®) as prescribed

### For moderate to severe pain

- Take your opioid. Take 1 tablet first, wait 45 minutes. You should feel relief. If you do not feel relief, take another tablet.

### For uncontrolled pain

- Call your doctor immediately or go to your closest emergency department



Many over the counter medicines include acetaminophen (Tylenol®). **Do not** take any other medicine with acetaminophen (for example: cough, cold or sleep medicine). This may cause liver damage

## What are the side effects of opioids?

Constipation, nausea and sleepiness are 3 common side effects of opioids. Here are some tips for how to help manage them:

### Tips to prevent constipation

- Be as active as you can each day
- Drink lots of fluids (6 to 8 ounce glasses of liquid each day)
- Caffeine or alcohol may make your constipation worse
- Eat high fiber foods such as whole grain bread, bran cereals, fruit, vegetables, flaxseed, oats, barley and legumes
- Take over the counter laxatives such as Senokot® or Restoralax®

### Tips to prevent nausea

- Drink plenty of fluids
- **If you notice nausea after taking opioids**, try reducing your dose or take it less often. You can also try taking the medicine with plenty of water and some food

### Tips to prevent sleepiness

- Sleepiness is normal and should get better after a few days
- Take your opioid with food and lots of water
- Do not drink alcohol
- Do not drive or operate heavy machinery
- Speak to your doctor before taking sleeping pills while taking opioids

If you continue to have any of these side effects, call your doctor or surgeon to have your pain medicine assessed.



**Call your doctor immediately** if you cannot stay awake or carry on conversations. Your dose may be too strong and may need to be changed.

## Important safety information when taking opioids

Opioids such as hydromorphone are very addictive and have other dangerous side effects. These include:

- Overdose
- Confusion and delirium
- Stopped breathing

You may be at **higher risk** for these side effects, if you:

- Have never taken an opioid before
- Are taking anxiety medicine
- Have lung, kidney or liver disease
- Have sleep apnea
- Are 65 years or older
- Have a history of problems with alcohol or other substances

## How do I wean off opioids?

You should naturally take less of your opioid medicine as your pain gets better daily.

- **Do not** stop taking your opioid medicine right away
- Slowly reduce the amount you take until you no longer need it to do your normal activities
- While weaning off the opioids, keep taking the Extra Strength Tylenol®. Stop the Extra Strength Tylenol® when you no longer need it to keep you comfortable when walking and doing your exercises

## Tips for weaning off opioids

- Take the dose less often (for example: take 2 times per day instead of 3 times per day)
- Take smaller amount each time (for example: cut the pill in half or take 1 pill instead of 2 pills)
- If you still have some pain when moving, continue taking Extra Strength Tylenol®

If you have been taking the opioid medicine for **more than 1 month**:

- You will need to wean off more slowly
- Speak to your doctor or nurse practitioner

Call your doctor or nurse practitioner if you are having troubles weaning off opioids.

## What are the signs of an opioid overdose?

Many people take opioids without having any problems but some may have an overdose. Your family or support person should never leave you alone if they are worried about you. Know the signs of an overdose and what to do.

**Stop** taking the opioid and call your surgeon's office if you have any of the following:

- Severe dizziness
- You cannot stay awake
- Hallucinations or frequent nightmares
- Confusion
- You cannot eat or drink because of severe nausea

## Your family or support person needs to call 911 right away if:

- You cannot wake up (even when they shake you or shout at you)
- You cannot speak clearly when you wake up
- Your pupils are very, very small
- Your skin is cold and clammy
- You make unusual heavy snoring, gasping, gurgling or snorting sounds when sleeping
- Your lips or fingernails are blue or purple
- You are not breathing or have no heart beat

**Naloxone** is a medicine that can help reverse an opioid overdose.

Speak to your pharmacist to get a free Naloxone kit. You do not need a prescription.

## Safe keeping of your opioids

- Store opioids in a secure place in your home (especially if you have young children or teenagers)
- Never share your opioid medicine with anyone else
- Take unused opioid medicine back to your pharmacy for safe disposal

---

# Moving around at home

---

## What to expect during physiotherapy

You will start outpatient physiotherapy 7 to 10 days after leaving the hospital. The physiotherapist will assess you during your first appointment and will change your exercise program based on how you are doing. You will go to a group knee exercise class 2 times a week for 6 weeks.

You will work with your physiotherapist and rehabilitation assistant to:

- Reduce pain and swelling
- Improve knee movement
- Improve knee and leg muscle strength
- Improve your walking, balance and ability to do activities
- Manage your surgical scar

When you meet these goals, you will stop physiotherapy. Your physiotherapist will give you exercises to continue to do at home.

The strength and movement of your knee will improve with exercise. Walking is also important. Try walking every day and increase the distance of your walks over time.

## What should I bring to physiotherapy?

- Comfortable clothing and shorts to allow access to your knee
- Shoes for exercise
- Questions you have about your exercises or activity level

# Moving around at home

## Getting in and out of bed

Use a high firm bed

1. Back up to the bed until you feel it against the back of your knees and then slide operated leg forward
2. Sit down on the edge of the bed
3. Enter the bed with operated leg first (if possible)
4. Start two-thirds of the way down the bed and slide your buttocks up towards your pillows
5. Slide your legs onto the bed until you are lying flat on your back
6. When getting out of bed, do the opposite
7. Your physiotherapist will show you how to move your operated leg



## Sitting and standing

- Use a firm chair with armrests and cushions or pillows. Back up to the chair until you feel it against the back of your knees
- Move your operated leg out as you reach back for the armrest and lower yourself slowly, keeping your operated leg straight out
- When getting up, move forward in the chair. Push up using the armrests, again keeping your operated leg out in front



## Toilet transfer

1. Use a raised toilet seat or a commode if you were told to do so
2. Back up to the toilet until you feel it against the back of your knees
3. Keep one hand on the walker while you reach back for the edge of the seat with the other hand
4. Slowly lower yourself onto the toilet, **sliding** your operated leg **forward**



## Bathing

Use a bath transfer bench and grab bars until you are able to get in and out of the tub safely.

1. Walk to the side of the tub with your walker. Turn so that you are facing away from the tub
2. Sit down on the bath bench and slide back along the bench
3. Turn to sit facing the faucet, lean back as you lift the operated leg over the side of the tub
4. Use a long-handled sponge and a hand-held shower device to bathe

If you have a walk-in shower you can use a bath seat if you prefer



## Dressing

1. Sit at the edge of the bed or in a chair
2. Start with underwear and pants/skirt, then socks and shoes
3. Use a reacher to pull clothes over your operated leg first. Then do the same for your other leg
4. Use a sock aid to pull on socks or stockings
5. Use a long handled shoehorn for your shoes

**Tip:** Wear shoes that are slip-on, Velcro or have elastic shoelaces so you do not have to tie laces



6. Stand up with the walker in front of you and pull up your underwear and pants/skirt

You can use a reacher in many ways around your home to:

- Pick things up off the floor
- Reach for things above you
- Grab a towel to dry your legs after a shower or bath
- Push your socks off your feet
- Hold the tongue of your shoe as you slip it on



## Car transfer

1. Use the front seat. Move the seat as far back and as high as possible
2. Back up to the car using your walker, reach back to the seat for support
3. Lower yourself slowly to the seat
4. Slide back onto the seat, then turn, lifting your legs, one at a time, into the car

**Tip:** You may find it easier to slide and turn if you place a garbage bag on the seat



## Using a walker

- To walk keep your walker **flat** on the floor
- Push the walker forward slightly, step forward with operated leg
- Press down on the walker handles and step forward with the non-operated leg
- Try to stay inside of the walker. Do not let it get too far in front of you

## Other things to remember when using a walker

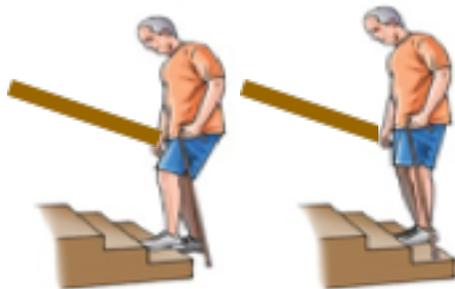
### Do not:

- Pull up on the walker when rising from sitting. Instead, push off from the bed or chair using your arms
- Pivot. Instead, take small steps when turning around
- Lift the walker off the floor

## Stairs

### Going upstairs

1. Stand with the support of the cane in one hand and hold onto the railing with the other hand. Leave the cane and the operated leg on the ground
2. Step onto the first step with the non-operated leg. Pushing down on the cane and taking weight from the non-operated leg, bring the operated leg and cane up onto the step. Repeat



### Going downstairs

1. Holding onto the railing with one hand, lower the cane to the step below
2. Putting weight through the cane, lower the operated leg, putting some weight from the operated leg, step down with the non-operated leg

## When can I return to my activities after knee surgery?

Speak to your surgeon and physiotherapist on when it is safe to return to normal activities, such as driving, swimming and sports.

The following activities are **not recommended**:

- High impact sports (football, running, jogging, skateboarding or surfing)

## When will I be able to return to work?

On average:

- If you sit at a desk, you can return to work in 1 month
- If you do physical work or if you are on your feet, you can return to work in 3 months

If possible, go back to work part-time and when you feel better go back to work full time.





Unity Health Toronto cares about your health. For health information you can trust, visit us online at **[unityhealth.to/learn](https://unityhealth.to/learn)**.

This information does not replace the advice you receive from your health care provider. If you have questions, ask your health care team.

