



WRHN

Waterloo Regional
Health Network

Knee Replacement Guidebook

Please bring this booklet with you to ALL of your appointments and surgical stay

Important Notes:

1. **DAY OF SURGERY** – if you have a fever of 38C = 100.4 F or greater, please DO NOT come to the hospital. Call **DAY SURGERY** at 519-749-4300 ext. 2262
2. Showering with **Chlorhexidine Scrub-Solu Prep** is required the evening before and morning prior to surgery. Available at WRHN @ Midtown retail pharmacy on the 3rd floor
3. PURCHASE ORTHO KNEE DRESSING

The information in a guide does not replace medical advice from your doctor. Please see your doctor if you have any questions about your health, physical or mental condition.

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About Waterloo Regional Health Network

Location

Waterloo Regional Health Network, Midtown Campus, 835 King St. West, Kitchener Ontario

Important Phone Numbers

Main Switchboard Phone Number: (519) 749-4300 ext. 0

Pre-Op Occupational Therapist: (226) 753 – 4564

Pre-Surgical Clinic: (519) 749 – 4300 ext. 2123

Day Surgery: (519) 749 – 4300 ext. 2262

Fracture Clinic: (519) 749 – 4300 ext. 2637

Nurse Practitioner Orthopedics: (519) 749 – 4300 ext. 3720

Orthopedic Navigator/Bundle Care Coordinator: (519) 749 – 4300 ext. 2214

Parking

Where:

1. Parking garage by Main Entrance
2. Pay and Display parking also available
 - a. Around the main loop
 - b. The Emergency Parking lot
 - c. Forty Green Building (40 Green St)

Cost:

Subject to change – check our website at <https://www.wrhn.ca/patients-visitors/getting-here> for the most current rates.

If the parking garage is full, there is a grace period on the ticket you received from the entry gate that will allow you to exit at no charge.

To avoid a parking ticket when using Pay and Display Parking, please keep in mind the following:

- Pay before you enter the hospital at any of the pay and display machines located around the property. The machines accept coins and credit cards



- Once payment is processed you will receive a receipt and parking stub showing you've paid and the time and date your parking expires. Put that stub face up on the dashboard of your car
- There is accessible permit only spots located in each of the lots. Payment is required when parking in an accessible permit only spot
- If you are having trouble with the pay and display machine, please contact Precise Park Link at 1-888-783-7275 and Waterloo Regional Health Network-Midtown parking and security at 519-749-4300 extension 2883.

Feedback

At Waterloo Regional Health Network, we are committed to providing exceptional care for our patients. You may be asked to complete a short patient survey about the care you have received at our Hospital.

Please share feedback about your care to our Patient Experience Department.
patient.experience@wrhn.ca or 519-749-4730



A New KNEE: A New BEGINNING

Important Tips!

- Bring this BOOKLET WITH YOU to all appointments and surgical stay, as this will be your guide to recovery
- Bring your Health Card and all completed forms
- Attend ALL scheduled appointments; missing an appointment may result in cancellation of your surgery. See Appointment List in this booklet.
- Bring your care partner to your pre-op appointment
- Bring ALL YOUR MEDICATIONS in their original bottles, including herbal, vitamins or natural supplements to your pre-surgical clinic appointment.
- WRHN offers interpreter services for people who need them. Please talk to your care team to arrange this. We also recommend patients bring a support person with them who can help them understand all information being shared.

Why do you need a knee replacement?

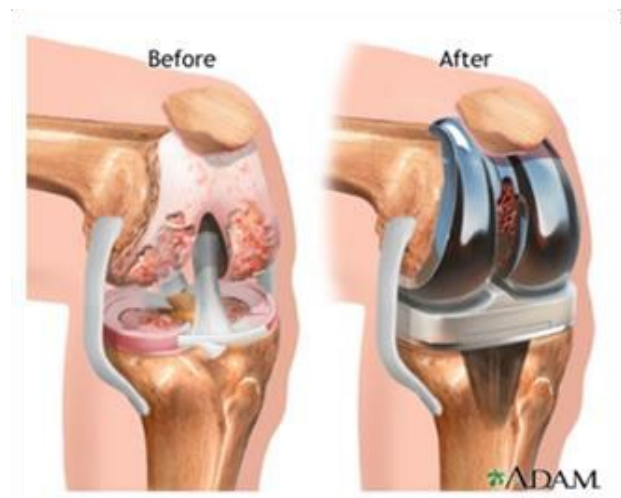
A knee replacement is used to:

- Lessen your pain
- Improve the function of your knee
- Make your knee more stable

What is a knee replacement?

Your knee joint works like a hinge. The knee joint allows the shin bone to move backward and forward on the thigh bone so that you can bend and straighten your leg.

Your surgeon removes the old knee joint and puts in a new joint made of metal and plastic. These new parts allow the knee joint to move smoothly again and without pain. Surgical cement or glue can be used to hold the new parts in place.



Appointments List: Step by Step Guide

The following is the sequence of appointments that you are **required to attend** leading up to your joint replacement surgery. If possible, please have one care partner with you for all appointments.

1. Pre-Op Knee Clinic Phone Call

A 30-minute phone call with an occupational therapist to prepare you for recovery and life with a new knee.

You will be contacted by the clinician using phone number you provided.

2. Pre-Surgical Clinic Appointment

Meetings with the pre-op nurse, anesthesia, pharmacy, orthopedic navigator and internal medicine

Bring in all your medications in their original containers, including herbal or natural supplements

3. Surgery Date

Go to Patient Registration on the 2nd floor.

After registration, go to Day Surgery

Day Surgery Contact: (519) 749-4300 ext. 2262

Use this space to write your date of surgery: _____ Time: _____

Arrive at Hospital (Time): _____

4. Fracture Clinic Appointment #1 (2-3 WEEKS POST-OP)

Go to Patient Registration on the 2nd floor.

After registration, go to the Fracture Clinic

Fracture Clinic Contact: (519) 749-4300 ext. 2637

Use this space to write your date of appointment: _____ Time: _____

5. Fracture Clinic Appointment #2 (6 WEEKS POST-OP)

Go to Patient Registration on the 2nd floor.

After registration, go to the Fracture Clinic

Fracture Clinic Contact: (519) 749-4300 ext. 2637

Use this space to write your date of appointment: _____ Time: _____



Medication Information

Eating and Drinking before Surgery

Eating the night before your surgery:

Eat a healthy snack at bedtime, but **do not eat anything after midnight** and **eat nothing on the day of your surgery**. Doing so will result in surgery being cancelled and rescheduled.

Drinking on the day of your surgery:

Drink a total of 500 mL or 2 cups of apple or cranberry juice at:

- 5 am if your **surgery is before 12 noon**
- 8 am if your **surgery is at 12 noon or later**

Medication Changes for Surgery

At your pre-op clinic visit, your care team will fill out this section for you.

You can take the following medications on the morning of your surgery:

You MUST STOP taking the following medications before your surgery:

Discharge Medications:

Some of the medications you will be taking after your surgery are not available at all community pharmacies. We can fax prescriptions to your personal pharmacy, but we highly recommend you utilize our hospital retail pharmacy to ensure that you get the prescriptions you need after surgery.



Our retail pharmacy is available for your convenience to fill your prescription and have it available before you leave the hospital. Make an account with them and provide your payment information before your surgery. Direct billing is available. For charges not covered by drug plans, we accept cash, VISA, MasterCard or debit. If medication counseling is needed, the pharmacist on the in-patient unit will provide it to you.

Waterloo Regional Health Network-Midtown Retail Pharmacy

Health Care Centre Pharmacy: (519) 749-4227 Email: hccp@wrhn.ca

Hours of Operation: Monday to Friday 8:30 – 6:00 p.m.

Day of Surgery

If on the day of your surgery, you have a **fever of 38C = 100.4 F or greater**.

Please **DO NOT** come to the hospital.

Call Day Surgery at 519-749-4300 ext. 2262

What to Bring On Day of Surgery:

Pack a small overnight bag for yourself following your surgery including:

- ✓ This booklet
- ✓ 1 housecoat
- ✓ 1 pair of comfortable, easy-to-slip-on shoes that have good grip - No flip flops!
- ✓ 1 set of comfortable loose fitting clothes, socks and underwear to go home in.
- ✓ Toiletries: brush, comb, toothbrush etc.
- ✓ Medications from home if you were advised to take them during your pre-op visit.
- ✓ CPAP machine if you use one at home.
- ✓ Cell phone and charger (patient's preference)

Patients who are planning on returning home on **the same day as their surgery** are still encouraged to pack a small overnight bag so they are prepared for potential changes to their care plan that require an overnight stay.



What NOT to bring with you:

- ✘ Large sums of money, jewelry.
- ✘ Perfume, cologne, aftershave, or any other scented products.

Wound Care: 7 Day Dressing

Most surgeons recommend the use of a 7-day dressing after surgery. Your pre-surgical clinic nurse will discuss this and how to apply/remove the dressing for when you go home. This can be purchased at the WRHN- Midtown Hospital Retail Pharmacy.

Applying a 7-day dressing:

1. The dressing is intended to be left on for 7-days unless it is 80% saturated.
2. Change the dressing earlier if drainage exceeds 80%.
3. After 7-days change the dressing to the 7-day dressing purchased at the WRHN Pharmacy.

Please DO NOT cleanse incision or apply ointments or creams

Tip: Due to the location of the dressing and incision, it may be difficult to assess without a family member or friend. If you do not have someone who can assist you, it may be easier to see the dressing while standing in front of a tall mirror.

Immediately after Surgery

- If you are scheduled for same day discharge, you will spend approximately 1-2 hours in the Recovery Unit, then be transferred to the 6th floor or Day Surgery. You will then be discharged when appropriate.
- If you are not scheduled for same day discharge, you will spend approximately 1-2 hours in the Recovery Unit, then be transferred to the appropriate inpatient unit. You will then be discharged when appropriate.



Bundled Care Program

The Bundled Care Program at Waterloo Regional Health Network (WRHN) helps patients having a joint replacement move smoothly through pre-operative appointments and pre-surgical preparations. We will provide you with information and guidance on moving from the hospital to your home.

Bundled care is a service delivery and funding model that is designed to promote greater integration in health care delivery, drive high-quality, efficient care and improve patient outcomes and experience. In a bundled care approach, health care providers receive a single payment to cover the care needs of a patient for a specific health issue.

In the Bundled Care Program, eligible patients receive surgery, and post-operative physiotherapy through one process. Patients are expected to pre-book physiotherapy appointments at an approved Bundled Care physiotherapy clinic in the community.

The Bundled Care Coordinator works with you and all members of your healthcare team throughout your care journey. This includes after you leave the hospital, to support you as you complete outpatient rehabilitation.

Before surgery, you will receive a phone call from a Physiotherapist or Occupational Therapist. They will make recommendations to assist you in planning your hospital stay and for your return home with services you need in place.

Patient Eligibility

The following WRHN patients meet the criteria for bundled care:

1. The patient had a primary hip or knee replacement surgery after April 1, 2018, or shoulder surgery on or after April 1, 2019
2. The patient had bilateral hip or knee replacement surgery after April 1, 2022
3. The patient meets OHIP eligibility criteria; and
4. The patient's primary diagnosis meets MOH Quality Based Procedures (QBP) eligibility criteria. WRHN uses a thorough and audited review process to determine if QBP criteria have been met.



Patients **not included** within bundled care:

1. Unilateral or bilateral hip revision surgeries
2. Patients who are readmitted to acute care hospital after their surgery.
Please note that if you are admitted after surgery, you will qualify for OHIP physiotherapy in place of Bundled funding.
3. WSIB claims do not apply to bundle care model

NOTE: You would be required to follow OHIP guidelines/criteria for funded physiotherapy options in these situations

At any time, you can reach the Bundled Care Coordinator at 519-749-4300 ext. 2214.



Members of the Healthcare Team

Throughout your surgical journey, you will be meeting and working with some or all the members of the healthcare team listed below. We are here to support you and your family if you have any questions and/or concerns. Please feel free to speak to members of your healthcare team or your surgeon.

- **The most important member of the team is YOU!**
- Orthopedic surgeon
- Nurse
- Orthopedic navigator
- Nurse practitioner
- Anesthesiologist
- Occupational
- Therapist
- Physiotherapist
- Pharmacist
- Acute pain service (APS)
- Rehabilitation assistants
- Social worker

There are many educational resources available to help prepare yourself and your home before surgery. You will also have a chance to ask any questions during your pre-surgical visit. After your surgery, you and your care team will work together to assess and review your stay in the hospital and your need for outpatient physiotherapy service after you leave.



Privacy: Choosing a Contact Person

It is important that you **choose one responsible family member or friend** to be your contact person. You will be given a privacy card when you arrive with a four-digit privacy code.

Staff will not give out any information about you over the phone, unless the caller can provide this number. When you arrive, we will tell you more about how we protect your privacy. If you would like more information about this, please let us know.

Physiotherapy: Book before Surgery

Have your physiotherapy appointment booked at a Bundled Care physiotherapy clinic of choice. You will be attending physiotherapy there **5-7 days after your surgery**. The list of physiotherapy clinics who participate in the Bundled Care Program is in **Appendix A** of this booklet.

You may also choose an alternative physiotherapy treatment provider that is not part of the bundled care program, **however, this will be done at your own expense or paid for through your personal insurance provider**. In home therapy is only provided under very rare and specific circumstances through Ontario Health at Home.

During these outpatient treatment sessions, your walking will be assessed by a physiotherapist, and they will recommend when you can progress from your walker to a different gait aid (i.e. crutches, cane etc.) based on how you are moving. They will also review your exercises and determine when you can do more/different exercises than during your hospital stay.

Recovering at Home: Supports and Tips

Preparing your home

Prior to your surgery date, please take time to prepare your home for recovery. These arrangements must be made prior to your surgery.

- Move frequently used items to hip and shoulder level.
- Clear hallways of clutter and ensure a path is wide enough for a walker to fit through (30 inches)
- Remove small rugs, bathmats, cords etc.
- Put a non-skid rubber mat and/or bathtub bench in the tub or shower



- If you live in a multi-level home with many stairs, you may consider a temporary main floor set up to minimize the number of stairs you need to climb.

Personal Support

- You will need to arrange for a family member or friend to drive you to the hospital on the day of your surgery and home when you are discharged.
- You will also need to arrange for help with chores and/or running errands for the first few weeks that you're recovering at home.
- You won't be able to drive for a while (typically 6 weeks) after your surgery so ask a family member or friend to drive you to any follow-up appointments, including your physiotherapy sessions.
- There are times when patients who live alone prior to their surgeries may want to seek respite options in a retirement home setting for several weeks post-operatively while they recover. In this setting, meals, medications and nursing care are supported so that patients can focus on recovering. Please see your pre-surgical clinic nurse if you require information for respite.

Daily Activities

- You will be able to use a walker by the time you leave the hospital, but you'll still need some help to change bed linens, do laundry, pet care, shop, take out the garbage and prepare meals.
- You will need a long-handled reacher or help from someone to help you pick up items without bending.
- You will be advised of the proper height of your sleeping and sitting surfaces before surgery.
- If your bed is too low, you may need to raise it by having someone place it on sturdy blocks. While you recover, you should only sit in **armchairs**- arms help you sit down and stand up safely.
- Make sure you have one chair with a strong seat (not too low), a firm back, and sturdy arms. A recliner is okay as long as it does not rock, roll or glide.

Transportation

- Transportation to and from appointments before and after surgery is the patient's responsibility.



- For those that do not have access to support for their transportation needs, Grand River Transit does offer specialized transportation services for those who qualify. For more information, please visit the GRT website at <https://www.grt.ca/en/rider-information/using-specialized-services.aspx>.
 - Please note that registering for mobility plus service may take 2 weeks before the service is available to you.

Meals and Housework

- Before your surgery, **stock up on toiletries, basic and frozen foods and/or freeze meals**
- Ask family or friends to help by shopping and cooking for you while you recover.

Register for Seamless MD

- See **Appendix B** for sign up information.
- Seamless MD is a virtual access platform that provides access to your care team and information about your upcoming procedure.

Please see **Appendix B (SEAMLESS MD) or Appendix C** for further explanation of some of the information in this document, such as how to get out of a car, get dressed, or walk up and down stairs after your knee surgery



Pre-Operative Clinic Visit

Your pre-operative clinic visit is important as it gives the surgical team an opportunity to review your health history, medication, and make sure you are ready for surgery.

- Your pre-operative clinic visit is scheduled up to 3 weeks before surgery.
- Register the day of your appointment at patient registration on the 2nd floor of the hospital, then make your way to the Pre-Surgical Clinic
- Your pre-operative clinic visit can take up to 3 to 4 hours

During your pre-surgical visit:

- A nurse will take your medical history and get your chart ready for when you arrive for surgery
- A nurse or pharmacist will review your medications
- A nurse or lab technician will take blood for bloodwork
- An Anesthesiologist or Nurse Practitioner will discuss your options for pain control and medication used in the operating room
- An Internist may also be checking in on your health prior to surgery
- The Orthopedic Navigator will discuss your surgical pathway
- An x-ray will be taken of your knee for sizing of the knee prosthesis

How to prepare for this appointment:

- **Bring this booklet with you to all appointments**
- **Bring in all your medications in their original containers, including herbal, vitamins or natural supplements**
- Ask your pharmacy to print a list of all your medications. Bring this list with you.
- Bring your Health Card and all completed forms
- If English is not your first language, talk to your care team to arrange interpreter services.
- Bring a book and a snack – as appointment can be 3-4 hours long
- Wear loose fitting comfortable clothes
- Take your usual medication(s) – **unless otherwise directed not to**
- Bring a list of all your questions



Getting the Most Out of Surgery

Discharge: Planning Ahead

- As an elective surgical procedure, you will be discharged once you achieve your post-operative goals following your joint replacement surgery.
- If you do not feel you have adequate support to return home, you must arrange for alternative support prior to your surgery (i.e. temporary respite retirement home living at your cost).
- Discharge from the hospital can occur at any time of the day and you are responsible for arranging your own transportation home.
- If you are selected for same day discharge, your discharge time will be late afternoon to early evening.

The Supports You Must Arrange

- Plans for safe travel home and to my appointments.
- Arrangements for your pets, bill payments, and mail for the time you will be in hospital.
- Arrangements to have some help for when you go home
Examples: with grocery shopping, meal preparation/frozen meals, cleaning, laundry etc.
- A back-up plan just in case you can't manage at home
Example: family or a friend will stay with you, or recover at a retirement home
- Make a list of people you can call when you get home in case of emergency.
- Rent or make other arrangements for the recommended equipment
Example: walker, commode, etc. as recommended during Pre-Op Phone Call in Step 1
- Schedule your Physiotherapy follow up appointment and arrange for transportation.



Exercise Program Before Your Surgery

- Try to exercise every day. Being active prior to your surgery can make a difference in how your body recovers after.
- If you are already physically active, continue.
- If you are not physically active, slowly add exercise into your daily routine.
- Exercise does not need to be hard to help make a difference. Walking 10 minutes a day is a great way to start. If you experience pain when exercising, try engaging in low-impact exercises (swimming, biking).
- Exercise is important before surgery as it helps to strengthen your muscles and helps with your recovery after surgery.
- Some patients participate in physiotherapy prior to surgery in order to have specifically tailored exercises for strength and range of motion.



Starting your post-op physiotherapy exercise is also crucial to your recovery.

Smoking, Vaping, Alcohol and Marijuana Use

- If you smoke/vape, try to quit now! Smoking slows healing and makes it harder for your body to recover.
- If you smoke, we will offer you nicotine replacement therapy while you're in the hospital, free of charge.
- Please note, by Ontario law, there is no smoking allowed on hospital property.
- Early after surgery, you will be unable to access designated smoking areas outside.
- Please provide a truthful description of your alcohol and marijuana intake when asked at the pre-surgical clinic; this information helps us provide safer care to you
- Try to decrease your use of alcohol before your surgery.



Healthy Lifestyle

- A healthy weight will speed up your recovery and places less stress on your joints.
- Eating healthy foods that are high in protein, calcium, fiber and iron helps you heal.
- Follow Canada's new and improved Food Guide:
www.healthcanada.gc.ca/foodguide

Showering/Bathing Before Surgery

- Do not remove hair from the area of your body where the surgery will take place for one week before your surgery. Removing hair can damage skin which can increase your risk of infection.
- We recommend that you use an antibacterial solution the evening before and the morning of your surgery. This solution is available for a small fee in the WRHN Retail Pharmacy. Instructions are included.

Valuables Before Surgery

- All jewelry, piercings, nail polish, make-up and false nails (including any body ornaments, religious or cultural items, barbells, captive bead rings, tongue rings etc.) must be removed before you arrive for surgery. If this is not done, your surgery could be cancelled.
- If you can't remove your jewelry yourself, you must go to a jeweler and have it removed before surgery.
- Wearing jewelry during surgery can:
 - Result in burns from surgical equipment
 - Loss of circulation (fingers and toes)
 - A risk of swallowing or suffocation
 - Loss of jewelry or precious stones and/or
 - Infections and contamination.
- Please have someone take your Health Card home after you have registered.
- Label all your belongings with your name including denture cups and hearing aid containers.
- The hospital does not accept responsibility for patient belongings.



Peripheral Nerve Block

You are receiving this information because you may receive a peripheral nerve block for your knee surgery. **Please read the information below to better understand what to expect following this procedure.**

If you stay in the hospital overnight the Anesthesiologist and Acute Pain Service (APS) team will monitor your peripheral nerve block twice a day. Post discharge, the Anesthesiologist/APS team or Ortho Navigator will call you at home to ensure your peripheral nerve block is working appropriately and that you have adequate pain control.

What is a Peripheral Nerve Block?

A nerve block is an injection that affects the nerves controlling your pain and normal sensation. It blocks the pain signals that travel along nerves and prevents you from experiencing pain. After a nerve block, part of your body may feel numb. Nerve blocks work together with other pain medications to provide the best possible pain control after your surgery.

A nerve block may be a one-time injection of freezing (similar to dental freezing) or it may be a continuous delivery of medication through a small tube (catheter) inserted next to a nerve.

What are the benefits?

- Better pain control after surgery
- Less nausea and vomiting from oral medications
- Fewer side effects of medication (e.g. constipation)
- Earlier participation in physical therapy
- Shorter hospital stay
- Improved patient experience



What are the Risks?

Nerve blocks are very safe and have been used for many years. As with any medical procedure, there is always a small chance of complication including bleeding, infection, damage to surrounding structures (including nerves and blood vessels) and side effects from the medication.

At WRHN, the nerve blocks are guided by ultrasound which reduces the risk of complications.

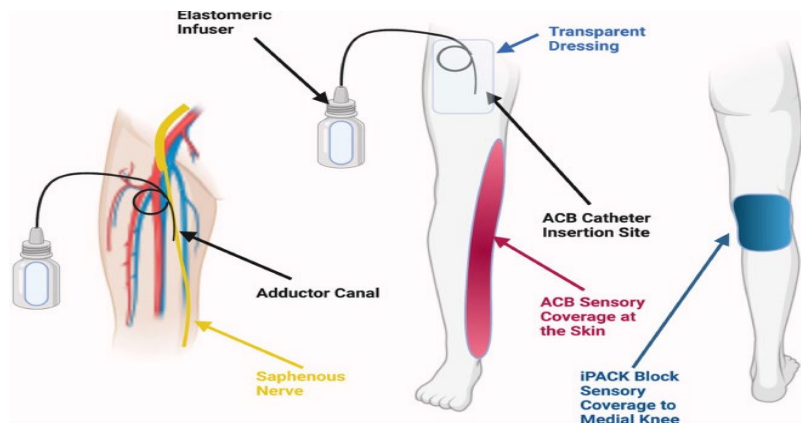
When and how will the nerve block be inserted?

The nerve block and/or catheter is placed in the “Block Room” before you go to the Operating Room. You will receive pain medication and local anesthetic “freezing” to keep you comfortable during the procedure. Once the nerve blocks are completed, you will go to the Operating Room.

What is a Continuous Adductor Canal Nerve Block Catheter?

It is a small tube that is inserted into the thigh near the nerves that carry pain signals from your knee to your brain. The tube is connected to a bottle that automatically infuses the medication.

The nerve block catheter will greatly reduce the amount of pain you experience after your knee surgery. It will also create a small patch of numbness on the inside of your lower leg (medial calf). This is an indication that the adductor canal nerve block is working appropriately. It is normal for you to experience pain to your upper thigh and behind your knee.



Post-Operative Daily Goals

Recover faster by staying involved in your care.

Check off the boxes as goals are completed:

Which Nerve Block will I receive?

You will receive a Continuous Adductor Canal Nerve Block Catheter. You will go home with this nerve block.

IPACK Block is a one-time dose of medication given behind the knee to help reduce pain after surgery. This is given prior to your surgery in the Block Room.

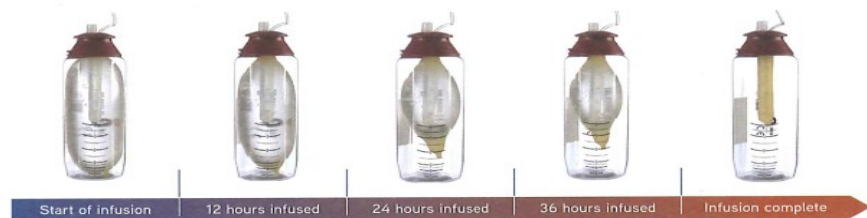
How long will I have the Catheter?

You will go home with the catheter. The nerve block catheter will remain **for up to 4 days** after your surgery depending on the dose selected by the anesthetist.

When do I remove the nerve block catheter?

When your infusion is complete (see picture), you will be instructed on how to remove the catheter at home. This may be on your own or with

Monitoring your infusion*



*Infusion progression is approximate, and may vary slightly from the images shown.

the Anesthesiologist/APS team or Ortho Navigator. Verify that the tip of the catheter is black after removal. There is no harm in waiting for the Anesthesiologist/APS team or Ortho Navigator to call and instruct you on how to remove the catheter. Having an empty pump is of no harm to you. **You do NOT need to come to the hospital to have the catheter removed. All of the catheter components can be disposed of in your regular garbage.**



How do I care for the nerve block catheter?

There is nothing for you to do. The bottle will automatically deliver the medication on its own. To make sure the bottle is working properly:

- Keep the bottle at about your waist level (in the sling provided by the hospital)
- Make sure the tubing is not kinked
- Do not change or tamper with the flow rate dial
- While sleeping, keep the bottle next to you in bed
- Do not get the bandage, catheter, or bottle wet (no bathing or showering)
- Keep the bottle out of direct sunlight
- Do not expose the bottle to extreme heat or cold
- If the site is leaking at the site of insertion, this is okay and can happen. Please reinforce the dressing with more gauze and tape, and discuss with your care team
- There is a small risk that your catheter may become dislodged and not provide optimal pain relief. To minimize this risk, please keep your bandage dry and avoid pulling on the catheter. **If the bottle or catheter becomes disconnected, DO NOT reattach it.** Call us and we will direct you on how to remove the catheter (phone number located on page 18).

Will I need to take other medication?

Even with a well-working catheter, it is normal to have some mild-to-moderate pain after surgery. Your surgeon will give you a prescription for several pain medications for your recovery. Please follow the instructions carefully.

Can I walk and do physiotherapy with the nerve block catheter?

Yes, you can do every day activities, such as walking, and physiotherapy. However, it is important to pace yourself and not try to do too much even if you are feeling very comfortable. Do your exercises as instructed **but do NOT do extra as this can lead to an increase in swelling, pain or bleeding at your surgical site.**



It is common for your leg to feel slightly weak or to “give way” after knee surgery. Occasionally the catheter can also cause leg weakness. **Please be very cautious when walking or getting up from lying or seated position.**

We will call you when it is time to remove the catheter and give you instructions over the phone.

What can I expect after I remove the nerve block catheter?

It is normal to still have some pain in your knee. Continue to take the pain medications as directed by your surgeon. The knee will gradually become less numb within 12-24 hours after the catheter is removed, and you may notice an increase in pain. This may require you to increase your use of your PRN (as needed) pain medication. You may notice some tingling in your lower leg or knee as the medication wears off.

How do I get in touch with the Anesthesiologist?

The Acute Pain Service nurse will call you every day that the catheter is in to check up on you and answer any questions you may have about the nerve block catheter. Please write down your questions and keep your phone close by so that you do not miss their phone call.

Call your Anesthesiologist or go to the nearest Emergency Department if you experience any of the following:

- Pain or swelling at the nerve block catheter site
- Ringing in your ears
- Metallic taste in your mouth
- Your mouth or tongue feels numb
- Seizures

How to contact the Anesthesiologist:

519-749-4300, extension 0



**Ask for the Anesthesiologist on call. Identify yourself as a nerve
block catheter patient.**

For all other questions or concerns, please follow your surgeon's
instructions.



Post-Operative Daily Goals:

Recover faster by staying involved in your care.

Check off the boxes as goals are completed:

Post-Operative Day 0:

- Up for the first time at side of the bed
- Performed deep breathing and coughing exercises every two hours while awake
- Communicated pain, nausea or itching to the nurse
- Pain and nausea are under control with the medication prescribed
- Performed foot and ankle exercises every two hours while awake
- Up to the washroom (patient dependent)
- Up for meals (with assistance)
- Up for a short walk with the help of a nurse or physiotherapist (if appropriate)
- My knee movement and weight bearing restrictions (knee precautions) were reviewed by the occupational therapist or physiotherapist
- I have been taught my exercises

****Do not get out of bed on your own, please use the call bell and ask for assistance**

Post-Operative Day 1 (Discharge Home):

- Up for all meals as well as short walks as often as possible (with assistance if needed)
- Performed deep breathing and coughing exercises every two hours while awake
- I was cleared by a nurse or physiotherapist; I am safe to walk on my own – with walking aid



- My pain is under control with the pain medication prescribed
- Prescription pain medication can be constipating. Discussed the importance of a high fiber diet and the need for stool softener/laxative at home
- Reviewed how to safely bathe, dress and toilet while following my movement restrictions
- Reviewed how to climb and descend the stairs (if required)
- Reviewed transfers (including car transfer) with recommended equipment
- My questions have been answered to my satisfaction
- My discharge prescription has been faxed to my pharmacy
- I have met my goals and am ready for discharge
- Arranged services for discharge with a care coordinator from Ontario Health at Home (if required)

Discharge Instructions

- **Remember to follow your knee precautions.**
- Plan your activities carefully. Include rest periods. Do not overdo any activity. Walk short distances initially and minimize stairs.
- Begin your exercises the day after surgery, and as your pain allows. Please complete your exercises as instructed by your physiotherapist – more is not necessarily better. Take your pain medication before exercising and apply ice afterwards.
- You are encouraged to get up out of bed and sit in a chair for meals. These activities will naturally help get your new joint moving.
- Do not lift objects more than 5 to 10 pounds for 6 weeks.
- Expect joint stiffness and swelling for **up to 8-12 weeks.**
- Apply ice for 30 minutes several times a day to help reduce pain and swelling, especially after exercising.
- Bruising is normal. It can run up your entire leg and up towards your lower back. Do not be alarmed.



- Use your walker, raised toilet seat, and other assistive devices as instructed.
- Housework, driving, returning to work, and sexual activities should be avoided until after your follow up appointment. You may ride as a passenger in a vehicle. If your trip is longer than 45 minutes, stop to stretch.
- Unless your doctor tells you otherwise, you can shower with the 7-day dressing on. **Do not use creams, skin cleaners or ointments.**
- Apply the waterproof 7-day dressing you bought on the 7th day after surgery **or as instructed**. Change the dressing earlier if drainage covers more than 80% of the dressing. If you do not have a 7-day dressing, **keep staples covered** and dry until your follow-up appointment in the fracture clinic. **Make sure that your hands are washed prior to changing your dressing.**
- As the incision heals, the drainage will change from bright red to yellow. This is normal.
- Unless otherwise instructed, resume your home medications.
- Take your pain medication(s) as needed to keep you comfortable. Track when and how much you have taken.
- Eat a regular diet, including foods rich in calcium, vitamin D, protein and fiber. Pain medication is constipating. You may require a stool softener or laxative.
- To help prevent blood clots (DVT) **take your blood thinner daily** as prescribed and work on ankle pumps.
- If you are discharged with the **nerve block catheter (peripheral nerve block)**. **Do NOT shower.** You will receive a daily phone call to discuss how to manage your block.
- Remember to tell your health care provider (including dentist) that you have an artificial joint prior to any scheduled procedure.

Call your Health Care Team / Doctor if:

- Your pain is uncontrolled despite taking pain medication(s) as prescribed
- You have severe pain, swelling, warmth and redness in your calf or leg
- You develop severe nausea and vomiting, constipation or diarrhea that does not improve with medication.



- You experience pain, burning, urgency, frequency when urinating, bloody nose or blood in urine or stool
- You experience any signs and symptoms of infection:
 - Fever greater than 38 C (100.4 F)
 - Thick or foul-smelling discharge (green, brown, creamy yellow)
 - Incision opens or increased pain, redness, swelling or heat around the incision site
 - **Call 911 if you develop chest pain, shortness of breath or you are coughing up blood**

Questions for discharge:

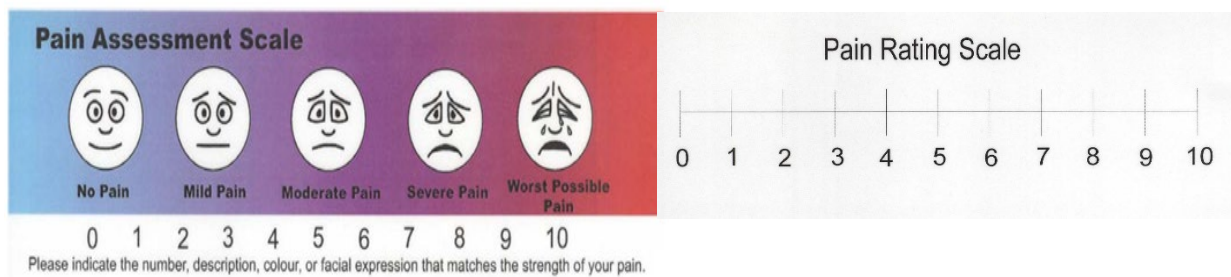
Use this space to record any questions you may have.



Managing Pain After Surgery

- Pain is expected after surgery, so plan to take pain medication and tell your nurse if you have pain.
- It will be important for you to describe your pain on a scale of 0-10, 0 = “no pain” and 10 = “the worst pain possible”. See the Pain Assessment Scale as a guide.
- Take your pain medication before certain activities and as needed to avoid uncontrolled pain.

Controlling your pain is important for you to be able to get up out of bed and do your therapy. Being active early after surgery will prevent scar tissue from forming and reduce the risk of other issues.



You may have pain or discomfort for several weeks after your surgery. These tips will help you manage your pain well and avoid long-term discomfort:

Pain Medications

Acetaminophen (Tylenol™) will help to relieve mild pain. Your prescribed pain medicine (an opioid/narcotic) from your surgeon is for moderate to severe pain. As your pain decreases, you should take less of your prescription pain medication, gradually switching to Acetaminophen. It is rare to become addicted to your prescribed pain medication if you use it in this way. Using ice is another type of pain reliever.

It may be helpful to plan to take pain medication BEFORE certain activities, such as:



- Leg exercises
- Therapy sessions
- Getting up to walk or into a chair; and/or
- Going for an x-ray.

Pain Medication Side Effects:

Opioids/Narcotics medications may make you drowsy which can increase your risk of falling. Constipation and/or upset stomach are also common side effects. To help with this:

- Eat more fiber and drink lots of fluids
- Ensure you are taking stool softeners/laxatives routinely after your surgery, especially if taking the narcotic/opioid medication.
- Be more active
- Take pain medication with food

Ask your family doctor about medications to relieve upset stomach



Orthopedic Surgery Discharge Medication Schedule

| Medication | Breakfast | Lunch | Supper | Bedtime | Reason |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|
| Apixaban (Eliquis) 2.5mg tablet Take 1 tablet by mouth twice daily until finished | 1 tablet | | 1 tablet | | To prevent blood clots |
| Acetaminophen (Tylenol) 500 mg tablet Take 1000mg (2 tablets) by mouth three times daily, for 2 weeks, then as needed | 2 tablets | 2 tablets | | 2 tablets | For pain (maximum 8 tablets per day) |
| Celecoxib (Celebrex) 100 or 200 mg capsule Take 1 capsule by mouth twice daily with food until finished | 1 capsule | | 1 capsule | | To reduce inflammation and pain |
| Oxycodone (Oxy-IR) 5 mg tablet Take 5mg or 10mg (1 to 2 tablets) by mouth every 2-4 hours only when needed Start with 5mg. If not enough after 30 – 60 minutes, then take another 5mg. OR Hydromorphone (Dilaudid) 1mg tablet or 2mg tablet Take as prescribed by mouth every 2-4 hours. Gradually reduce your dose as your pain improves. Take with a snack – this may prevent nausea | Every 2 – 4 hours ONLY WHEN NEEDED | Every 2 – 4 hours ONLY WHEN NEEDED | Every 2 – 4 hours ONLY WHEN NEEDED | Every 2 – 4 hours ONLY WHEN NEEDED | Narcotic/Opioid for pain (only if needed) |
| Polyethylene Glycol (Restoralax) Take 17 mg mixed into 250mL of liquid by mouth daily until first bowel movement, then as needed | | | 17 g | | To prevent constipation. Do not take if experiencing diarrhea. |
| Lyrical (Pregabalin) 50 mg PO at bedtime for 14 days. If prescribed – depending on surgeon | | | | 1 tablet | To reduce pain and may help with sleep |



Managing Risks After Surgery

Contact your Doctor Right Away if you Experience:

- Fever, redness, swelling and/or warmth at your surgical site (signs of infection)
- Lots of bleeding
- Foul smelling drainage from your incision
- A saturated dressing
- Nausea or vomiting that you can't control
- Dizziness
- Sudden increase in pain not related to activity
- Signs of a blood clot (redness, pain, swelling anywhere in either leg)

1. General Instructions

- Do **NOT** drive until cleared to do so by your surgeon. This is usually 4-6 weeks.
- Do **NOT** make important business or personal decisions or sign important papers for 24 hours.
- Limit your activities for 24 hours. It is important to rest following anesthetic.
- Do **NOT** stay alone. A responsible adult should stay with you during the first 24-hour period.

2. Infection After Surgery

- Hand washing is the best way to prevent the spread of infection. Wash your hands often and thoroughly! With any surgery, infection is possible. A knee replacement is at risk for infection. While in hospital, we may give you antibiotic drugs to kill harmful bacteria.
- We will also monitor you for signs of an infection; rise in temperature, redness, drainage or swelling at the incision, cough, pain when you're breathing, or cough with sputum. **From now on, you will always need to let your doctors and dentists know that you have a new knee.**

3. Blood Clots

- Your risk of developing a blood clot increases after surgery. All patients who have a knee replacement are given medicine called **anti-coagulants**. This will make your blood thinner and less likely to clot.

- It's important to **do ankle pumping exercises** and get up to **move** surgery to prevent blood clots. Legs (lower leg(s) or thigh) are the most common spot for blood clots.
- If you have redness, swelling, warmth or pain anywhere in either leg, tell a member of your care team right away).

4. Urinary Problems

- Some patients experience trouble urinating after surgery. It's important to drink lots of fluids to prevent these problems.
- Urinary retention (not being able to urinate) is not uncommon after having spinal anesthetic. Urinary retention may require catheterization to assist in emptying your bladder.
- Urinary incontinence can happen after having spinal anesthetic.
- If you cannot urinate, are urinating often, or have burning, let your nurse know.
- If you have been discharged home and cannot urinate, go to your nearest emergency department

5. Dizziness or Lightheadedness

- After you are discharged from the hospital, you may still experience periods of lightheadedness or dizziness particularly when changing position from sitting to standing or from lying to sitting.
- This can be managed by transitioning between positions slowly and allowing dizziness to clear.

6. Skin Breakdown or Pressure Sores

- Lying in bed puts pressure on your skin which can lead to sores. If you have burning, redness or pain on your skin, tell your nurse or therapist. The best way to avoid these problems is to change positions often and not lay in bed for long periods of time.



Recovering at Home: Home Equipment

Please try to have your home equipment ready and set up in your home prior to your surgery. You will need your **own walker** ready in the car at the time of **discharge** so that you can transfer from a wheelchair into your car when leaving the hospital and walk from your car into your home.

**Please remember to check the weight capacity on all assistive devices
(Example: walker).**

Equipment List Following Knee Surgery

- Please pick up your equipment **before your surgery**
- Take time to **practice** using your equipment to build confidence

Please Obtain this Equipment (Everyone!):

- Two-wheeled walker to use for ALL of your walking

AND

- A cane or crutches to use on your stairs

***** All walkers and crutches should come up to your wrist joint height when you stand up TALL. Each will only adjust within a certain range (NOT to any height), so make sure they are SHORT or TALL enough to fit you! This makes a big difference. You should not be stooped forward or have shrugged shoulders.**

Highly Recommended:

- Equipment to help with toileting, which will likely be harder than usual
 - ✓ A raised toilet seat, OR



- ✓ A commode for use at night or if bathroom is too small to enter with walker, OR
- ✓ A Versa-frame, to give you armrests to push up from if your toilet is already extra tall



Equipment to prevent slips in the shower

- ✓ Shower chair with or without armrests, OR
- ✓ A tub transfer bench



Items that may be useful

- ✓ Long shoehorn, sock aid, and/or elastic shoelaces
- ✓ Long Handled sponge or brush (for showering)
- ✓ Wiping/toileting aid
- ✓ Chair risers or cushions

Ask your physiotherapist if you have any questions!

Recovering at Home: Bariatric Equipment

You may require specialized versions of the equipment above based on weight capacity.

- ✓ Bariatric commode
- ✓ Bariatric rollator (similar to a walker)
- ✓ Bariatric sock aid
- ✓ Wiping aid for toileting

Knee Precautions:



Requirements Following Your Knee Surgery

Please remember to follow your knee precautions prior to any activity **for at least 6 WEEKS** unless otherwise instructed by your surgeon. These precautions typically include the following:

- X NO heavy lifting** (typically no more than 10lbs is recommended. For a functional example, lifting heavy grocery bags, or large laundry baskets are not recommended during your recovery period).
- X NO twisting or jerking at the knee joint**, keep your feet pointed forwards/straight ahead and not turned out.
- X NO placing a pillow under your knee in bed**. You want to be able to keep the leg straight.
- X NO kneeling** after surgery.

Practicing how you will move around after surgery makes you more comfortable and confident. Changing your position often after surgery will prevent stiffness and promote healing and strength.

Learn More

Please see **Appendix B and C**. Appendix B includes information about Waterloo Regional Health Network's Seamless MD, our online patient education and communication portal. Appendix C includes additional videos that also show you how to move and other resources to consider.

Moving Safely After Surgery

Lying in Bed...

- ✓ Lie on your side with a pillow wedge or 1-2 pillows between (**but not under**) your knees.
- X** When lying on your back having a pillow just under your knees will encourage your knee to stiffen in a bent position. If this happens, it will be detrimental to a normal

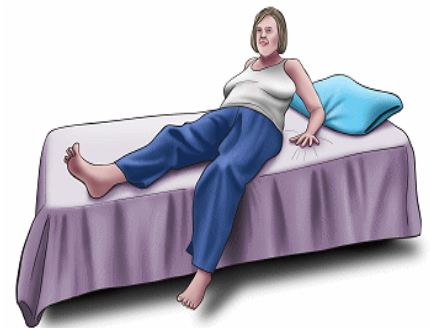


walking pattern, causing a limp. You can try elevating your leg in a straight position using a wedge or several pillows.



Getting in and out of bed...

1. Move to the edge of the bed, keeping your knees apart.
2. You may use a heel loop to assist your operated leg to the edge of the bed.
3. Push up with your elbows and hands.
4. Slide your legs over the edge of the bed to sit up.
5. Move to the edge of the bed.
6. Bend your good leg under you to get ready to hold your weight.
7. Slide the foot of your operated leg forward.
8. Push yourself up with your hands on the bed to stand up.
9. Once you have your balance, use your walking aid.



Standing up from a chair...

1. Move forward, to the edge of the chair.
2. Bend your good leg under you to get ready to hold your body weight.
3. Slide the foot of your operated leg forward.
4. Push yourself up with your hands on the armrests to stand up.
5. Once you have your balance, use your walking aid.



Sitting down on a chair...

Be sure to choose **high, firm chairs with arms**. Ask your therapist about using your recliner chair or a footstool. Anything you sit on should be firm yet comfortable and at **a height so that your knees are never higher than your hips**.

1. Back up to the edge of the chair
(You should feel the chair against the back of your legs)
2. Feel the edge of the chair with your hands.
3. Slide your operated leg forward.
4. Hold the armrests and slowly/gently lower yourself into sitting.



Walking.....

1. Move the walker first.
2. Then, move your operated leg forward.
3. Push down with your hands to support yourself when you step forward with your non-operated leg.
4. Do not pivot (turn) on your operated leg. Instead, pick up your feet and turn using lots of small steps.
5. Land on your heels and push off with your toes.



Getting in and out of the car...

- Have a friend or family member move the seat back as far as it will go.
- Recline the seat to give your hip a large angle.
- Roll the car window down so that you can hold onto the car door when sitting.
- Turn your back to the car and sit down on the seat.
- Use a slippery surface such as a plastic garbage bag on the seat to help you slide more easily.

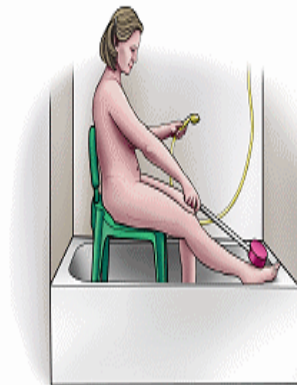


- Slowly slide back on the seat while keeping your operated leg straight. Do not lean forward past 90 degrees.
- You may use a heel loop to assist your operated leg in getting into or out of the car as needed.
- Turn your body as you bring your legs back into the car, continuing to lean back.
- Bring one leg into the car at a time. Do not twist your knee.
- Reverse these instructions to get out of the car.



Washing and Bathing...

1. You can try taking a sponge bath at your sink until you feel comfortable standing on a slippery surface.
2. If you have a walk-in shower, you can use a shower chair/stool to rest as an option. A grab bar may also help you to keep your balance as you get in and out.
3. Shower while sitting on a tub transfer bench. For a tub/shower set-up, a tub transfer bench will help you to cross the tub edge.
4. You can use a long-handled sponge to wash your legs and feet if reaching down is difficult. If you need assistance have a caregiver help you with this.



Using the Toilet...

- You may need to use a raised toilet seat or commode chair in the hospital and at home if your toilet is too low.
- You might also need arms around the toilet to help you sit down and get back up. These can be grab bars on the wall, arms attached to the raised toilet seat, or a separate device often called a versa frame.



Dressing Yourself...

- Equipment such as elastic shoelaces, sock aid, long handled shoe horn, dressing stick, and long handled reachers will all help you to get dressed if you are struggling.
- Choose clothing that fits loosely (for example a jogging suit) and lightweight, supportive shoes with a non-slip sole that you can easily slide on. Tight clothes, such as jeans, are not recommended.



When you're getting dressed:

- Sit on the edge of your bed or in a high, firm chair with a straight back and arms.
- Have your clothes, shoes and equipment near you.
- Always use your reacher to get items off the floor.
- Dress your operated leg **first** and undress it last.



Using Stairs

Going up stairs...



1. Use a handrail if available to climb stairs with a crutch or cane in the other hand.



2. Lead with your non-operated leg, then your operated leg.



3. Finally, bring up your crutch or cane.

Going down stairs...



1. Use a handrail if available to go down stairs with a crutch or cane in the other hand.



2. Lead with your crutch or cane, then your operated leg.



3. Finally, bring your non-operated leg down.

REMEMBER:  **GOOD GOES UP**  **BAD COMES DOWN**



Exercises!

Here are some strengthening exercises you can do **before and after your knee surgery**:

1. Ankle Pumps

- Pump each of your ankles up and down.
- Complete **10 repetitions every hour**.



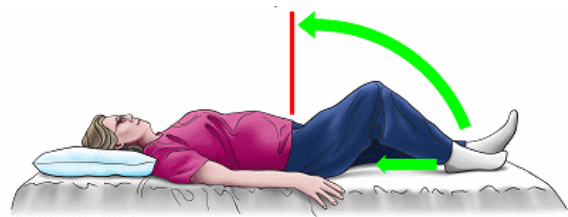
2. Quad Strengthening

- With your legs straight, tighten your thighs and push your knee down into the bed.
- **Hold for 5 seconds** then relax.
- Complete **10 repetitions, three times a day**.



3. Bed-Supported Knee Flexion

- Bend your hip and knee by sliding your heel along the bed towards your buttocks.
- Then slowly slide your leg back down.
- In the first 2 weeks after surgery, we recommend bending your knee to 90 degrees as you will have staples along the incision site. Once staples are removed (this happens at 1st visit at Fracture Clinic), there will be no end point to how far you can try bending your knee.
- Complete **10 repetitions, three times a day**.



4. Quad Strengthening Over Roll

- Place a firm support (firm rolled towel) under knee
- Lift your heel off the bed (back of knee stays in contact with firm support).
- Complete **10 repetitions, three times a day**.



Frequently Asked Questions

What are the major risks of this surgery?

Any surgery has some risks. Possible complications can include blood clots, infection and constipation. There is a chance of nerve damage or bone fracture during the surgery. For more information, you can speak with your doctor.

How long is the surgery?

The surgery will last between 1.5 hours. Right after your surgery you will go to the post anesthetic care unit for 1 to 2 hours where we'll keep a close eye on you. After that, you will be moved to a day surgery bed or inpatient bed where you will begin your recovery and therapy.

Will I be awake during the surgery?

You and your anesthesiologist will discuss the pain medications that will work best for you. If you are awake during the surgery, we normally give you medication that will put you into a light, dreamlike state and allow you to feel relaxed.

Will I be in a lot of pain after surgery?

It is normal to have some pain and discomfort after surgery. You will find more information about this on page 19.

What will my scar be like?

Your scar may have some numbness around it after it heals. This is normal and usually disappears over time.

Will I need a blood transfusion after surgery?

The need for a transfusion after surgery is becoming less common. If directed by your care team, take your iron supplement as you are instructed - this will reduce the chance that you will need one.

How long will I be confined to bed?

You will get out of bed on the day of your surgery with assistance. Do not get out of bed on your own. You will have a call bell that you can use to request help. Your therapist will work with you to learn healthy knee movements and the amount of



weight you can put on your leg. Your level of movement will increase each day under the guidance of your therapist.

What equipment will I need?

Your therapist will help you make a list of the equipment you will need. The previous section has a list of equipment recommendations.

Will I need physiotherapy when I go home?

Yes, you will need to choose an outpatient clinic supported through the Bundled Care program and set up your initial visit. It is important that you perform the exercises shown in hospital daily until your first visit to your outpatient physiotherapist.

After I leave the hospital when will I see my surgeon again?

Before you leave you will be given a follow-up appointment for two weeks after your surgery in the fracture clinic.

It is important to know that the hospital's fracture clinic is very busy. We do our best to see our patients at the time their appointments are booked but often, there is a wait up to 2-3 hours. It's a good idea to bring a book or activity with you and limit family members to one as there is limited waiting space.

When can I drive again?

Do **NOT** drive until cleared to do so by your surgeon. Your surgeon will let you know when it is safe to drive again. This is usually 4-6 weeks. There are a few things to consider; which knee you had surgery on, whether you are driving a car with an automatic or standard transmission. You should not drive while you are taking prescription pain medication.

When can I go back to work?

Your surgeon will tell you when you can return to work. People who have had a hip replacement may need to take anywhere from six weeks to 3 months away from work. The length of time you are away depends on the type of work you do and how physical your job is. If your work requires a doctor's letter or surgeon's written update, please bring such documents to either your 2-week fracture clinic follow up



appointment or contact your surgeon's office/secretary to enquire about how to proceed.

When can I resume having sexual activity?

You will need some time to regain your strength and to gain confidence in your new knee. Incisions, muscles and ligaments are usually healed well enough in four to six weeks. Most people feel able to engage in sexual activity, both mentally and physically by this time but talk to your surgeon if you have any questions.

Will my medications affect my ability to engage in sexual activity?

Some medications can impact performance and/or enjoyment during sexual activity. Some of the common side effects of pain relievers and cortisone medications are a lowered interest in sex, vaginal dryness, abnormal erections and delayed orgasms.

If you are experiencing any of these side effects, try having sex in the morning before your first dose or in the evening before your last dose. Do not adjust or stop taking your prescribed medicine without talking to your surgeon first.

Are there any activities I shouldn't do?

It's important to keep your new joint moving but return to your normal activities slowly. Start out slowly and work your way up. We will tell you to avoid certain positions of the joint so that you don't put stress on it. You should limit participation in high impact activities such as long distance running, tennis, downhill skiing. If you have any questions, talk with your surgeon.

Will my new knee joint set off the metal detector at the airport?

It depends on the type of metal detector but it's likely. Let staff at the airport know that you have a metal implant, and where it is in your body. They may screen you with a metal detecting wand.



Home & Medical Equipment Vendors

Most equipment you need can be rented or purchased at these locations, based on preference

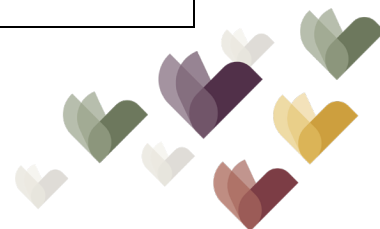
| Store Name, Address, # | Services | Hours of Operation |
|---|--|---|
| Health Care Pharmacy 835 King St. W., Kitchener (519) 749-4227 | Sells – crutches, canes, assistive devices (reacher, sock aid, long handle shoe horn & sponges, etc.) | Mon – Fri: 8:30 am - 6:00 pm Sat: 9 am - 5 pm |
| Aftercare Home Health 69 Sydney St. South, Kitchener (519) 570-9333 (On call # 519-998-0408) | Loans/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc. | Mon - Wed: 10 am - 5:30 pm Thurs - Fri: 10 am - 8 pm Sat: 11 am - 4 pm (On Call: Sun & Holidays) |
| Motion Kitchener 1362 Victoria St. N., Kitchener (519) 885-3160 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc. | Mon - Fri: 8:30 am - 5 pm |
| National Home Health 148 Weber St. East, Kitchener (519) 578-3188 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc. | Mon – Fri: 9 am – 5 pm |
| Wellwise by Shoppers 379 Gage St., Kitchener (519) 579-6200 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, wheel chair, bath bench, etc. | Mon – Fri: 9 am – 6 pm Sat: 9 am – 5 pm Sun: 11 am - 4 pm |



| | | |
|--|--|---|
| Silver Cross 569 Lancaster St. W/N, Kitchener (519)513-2429 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc. | Mon - Friday: 9 am - 5 pm Ramps, ceiling lifts, stair lifts. ADP approved, trades, buy back, recycle |
| Wilder Medical Mobility 85 Northland Rd., Waterloo Unit 2 (519) 888-0618 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc. | Mon – Fri: 9 am - 5 pm |
| Westmount Place Pharmacy Home Health Care 50 Westmount Rd. N., Waterloo (519) 886-7670 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc. | Mon – Fri: 9 am – 9 pm Sat: 9 am – 6 pm Sun/Holidays: 11 am - 5 pm |
| Woolwich Community Services 5 Memorial Ave., Elmira (519) 669-5139 | Loans - crutches, walkers, canes, wheelchairs | Mon - Fri: 9 am - 5 pm |
| Ontario Home Health 1515 King St. East, Cambridge (519) 624-7587 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc.. | Mon - Fri: 9 am - 5:30 pm |
| Mobility In Motion 1710 Bishop St., Cambridge (519) 623-9930 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, | Mon - Fri: 9 am - 5 pm |



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| | wheelchairs, assistive devices, etc.. | |
| Preston Medical Pharmacy 125 Waterloo St., Cambridge (519) 653-1994 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc.. | Mon – Fri: 9 am – 6 pm Sat: 9 am – 2 pm 24hr After Hours/Holidays: emergency call & delivery available |
| Wellwise by Shoppers 1 Hespeler Rd., Cambridge (519) 624-6020 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc.. | Mon - Fri: 9 am - 6 pm Sat: 10 am - 5 pm |
| Mobility In Motion 249 Edinburgh Rd N, Guelph (519) 824-7789 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc.. | Mon - Fri: 9 am - 5 pm Sat: 10 am - 3 pm |
| Norfolk Surgical Supplies 85 Norfolk St., Guelph (519) 837-1820 | Rents/Sells – crutches, walkers, wheelchairs, commodes, bath bench, assistive devices, etc.. (if available) | Mon - Fri: 9 am - 6 pm Sat: 9 am - 2 pm |
| Ontario Home Health 66 Delhi St., Guelph (519) 821-9519 | Rents– canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc.. | Mon - Thurs: 9 am - 5:30 pm Fri: 9 am – 5 pm |
| Pharmasave 100 Mill St. Unit K, New Hamburg (519) 662-9995 | Rents– canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc.. | Mon – Fri: 9 am – 7 pm Sat: 9 am – 5 pm |



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| Ontario Home Health 180 Ontario St., Stratford (519) 273-5770 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc.. | Mon - Thurs: 9 am - 5:30 pm Fri: 9 am – 5 pm |
| Action Health Care Inc. 684 Ontario St., Stratford (519) 271-6700 | Rents/Sells – canes, crutches, walkers, raised toilet seats & versa frames, commodes, bath bench, wheelchairs, assistive devices, etc.. | Mon - Fri: 9 am - 5 pm |

***Subject to change by the vendor without notice

*** Please note this is not an exhaustive list. There may be other vendors in your community that are not included this list and you have the freedom to decide where to obtain your equipment.



Appendix A: Local Bundled Care Physiotherapy Clinics

Book your first physiotherapy appointment ASAP, prior to your surgery, so you ensure you have timely access to therapy.

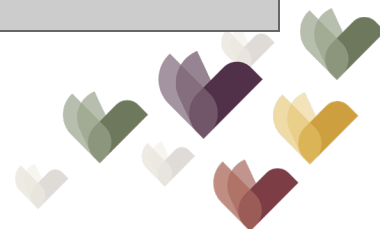
1. When you call, inform the clinic of your date of surgery.
2. Schedule an appointment for **within 5-7 days** after your surgical date.
3. You will need to arrange your own transportation to and from the clinic of your choice.

Table: Publicly Funded Community Physiotherapy Clinics

| Site Name | Address | City | Postal Code | Contact info |
|---|-------------------------------------|-----------|-------------|--|
| WRHN-Chicopee Total Joint Physiotherapy Clinic | 3570 King Street East | Kitchener | N2A 2W1 | (P) 519-749-4300 ext. 8340 |
| The Physiotherapy Centre (also an OHIP clinic) | 386 Gage Avenue | Kitchener | N2M 5C9 | (P) (519) 742-5482 |
| Achieva Health (also an OHIP clinic) | 247 Franklin Street North | Kitchener | N2A 1Y5 | (P) 519-896-0805 swc@achievahealth.ca |
| CBI Health (Greenbrook Drive) | 421 Greenbrook Drive, Unit 1 | Kitchener | N2M 4K1 | (P) 519-584-2609 greenbrook@cbihealth.ca |
| CBI Health (Victoria Street South) | 751 Victoria Street South, Unit 200 | Kitchener | N2M 5N4 | (P) 519-571-8200 kitchenvictoria@cbi.ca |



| | | | | |
|--|--|-----------|------------|--|
| BodyTech Physiotherapy | 1270 Fischer- Hallman Rd Unit B6 | Kitchener | N2R 1P7 | (P) 519-742-6001 |
| Kitchener Physiotherapy & Wellness Clinic | 310 King Street East, Unit 301 | Kitchener | N2G 2L3 | (P) 226-215-3114 kitchenerphysio@gmail.com |
| Good Practice Physiotherapy | 620 Davenport Rd | Waterloo | N2V 2C2 | (P) 226-220-7757 |
| Peak Physiotherapy and Wellness | 1600 King Street North | St Jacobs | N0B 2N0 | (P) 226-288-9743 |
| Woolwich Physiotherapy | 8-25 Industrial Drive | Elmira | N3B 3K3 | (P) 519-669-2578 |
| Grand River Physiotherapy | 1-39 Grand Avenue North | Cambridge | N1S 2K7 | (P) 519-621-3035 grandriverphysio@yahoo.com |
| Cambridge Physiotherapy Clinic | 697 Coronation Boulevard | Cambridge | N1R 3G5 | (P) 519-621-9355 thecambridgephysio@gmail.com |
| MM Physiotherapy (Hopeton Street) | 50 Hopeton Street, Unit A | Cambridge | N1R 3T3 | (P) 519-267-0495 |
| MM Physiotherapy (Wellington Street West) | 715 Wellington Street W, Unit D1-D2 | Guelph | N1H 3E2 | (P) 519-267-0495 |
| South City Physiotherapy | 620 Scottsdale Drive | Guelph | N1G 3M2 | (P) 519-763-2885 francine@southcityphysio.com |



| | | | | |
|--|-------------------------------|----------------|------------|--|
| Stone Road Physiotherapy | 212-435 Stone Road West | Guelph | N1G 2X6 | (P) 519-822-2435 physio@omh-inc.com |
| North Dumfries Physiotherapy | 74 Stanley Street | Ayr | N0B 1E0 | (P) 519-964-0944 info@ndphysio.com |
| Physiotherapy Alliance | 10 Waterloo Street | New Hamburg | N3A 1V5 | (P) 519-662-4676 physiotherapyalliance@rogers.com |
| Listowel Physiotherapy & Health Care Centre | 218 Main Street W. | Listowel | N4W 1A1 | (P) 519-913-2727 info@listowelphysiotherapy.com |
| Revive Physiotherapy and Wellness | 106B-353 St Paul Ave | Brantford | N3R 4N3 | (P) 519-304-2311 |
| Physiotherapy On Front | 645 Wright Blvd Unit A | Stratford | N4Z 1H3 | (P) 519-272-2823 |
| St Mary's Physiotherapy and Rehabilitation Clinic | 268 Maiden Lane | St Mary's | N4X 1B1 | (P) 519-284-0904 |
| Impact Physiotherapy | 110 Charles Street East | Arthur | N0G 1A0 | (P) 519-843-3961 |
| Huron Physiotherapy | 300 Suncoast Drive East | Goderich | N7A 4N7 | (P) 519-524-6117 |



Table: Publicly Funded Hospital-Based Physiotherapy Clinics

| Name | Address | City | Postal Code | Contact |
|--|-----------------------|--------------|-------------|------------------|
| Groves Memorial Community Hospital | 235 Union Street East | Fergus | N1M 1W3 | (P) 519-843-2010 |
| North Wellington Health Care- Palmerston and District Hospital | 500 Whites Road | Palmerston | N0G 5H8 | (P) 519-343-2030 |
| NWHC Louise Marshall Site | 630 Dublin Street | Mount Forest | N0G 2L3 | (P) 519-323-2210 |

**** Most hospitals offering outpatient physiotherapy will accept patients for knee and hip physiotherapy under bundled funding. The accepting hospital will contact WRHN if they require any additional information**



Appendix B: Seamless MD

[View Seamless MD log-in instructions.](#)



Appendix C: Additional Web and Video Links

Web-links that you may find useful to review prior to having your knee surgery

| | |
|---|--|
| What are my knee precautions? | https://www.youtube.com/watch?v=Qu-PS8XCQJU |
| How do I get in and out of bed after my knee surgery? | https://www.youtube.com/watch?v=zQRSxTIHTjY |
| How do I use a cane or walker after my knee surgery? | https://www.youtube.com/watch?v=OeZrVkVDtbk https://www.youtube.com/watch?v=A1ZUZT6yl3g |
| How do I get on and off my toilet after surgery? | https://www.youtube.com/watch?v=DdRTb6bKLiM |
| I'm worried I won't be able to reach myself to wipe or shave my legs after surgery. What can I do? | https://www.youtube.com/watch?v=zmbKgeccHjM https://www.youtube.com/watch?v=qs9MgLIh2Hs |
| How do I get dressed after my knee surgery? | https://www.youtube.com/watch?v=gKFAUpdyaLw |
| How do I get in and out of a tub after my surgery? | https://www.youtube.com/watch?v=GyLrDYMWV0I |
| How do I manage stairs after my surgery? | https://www.youtube.com/watch?v=YcGJKE2HbLA |
| How do I get up or down a curb using | https://www.youtube.com/watch?v=_qb9J5Q_NW8 |



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|---|---|
| my walker after surgery? | |
| How do I get in or out of a car after my surgery? | https://www.youtube.com/watch?v=Kcc6tIE9dgA |
| My knee is swelling a lot after surgery. What can I do? | https://www.youtube.com/watch?v=5EB280xdhrw |
| If I can't cook for myself after surgery, I could explore Meals on Wheels or Heart to Home Meals as alternatives. | www.mealsonwheels.ca www.hearttohomemeals.ca |
| I don't think I can get to my appointments. How do I get considered for Mobility Plus through Grand River Transit? | https://forms.grt.ca/GRT-MobilityPLUS-Application https://www.grt.ca/en/rider-information/forms.aspx# |
| What if I need help with bigger tasks/things and I have no family to assist me. What local (Tri-City) assistance options do I have? | www.wwhealthline.ca Under the tab 'Home Health and Community Supports', you will find a wide range of private paid services from foot care and shopping/grocery assistance to in home hairdressing. |

*Please note that all the above web-links were active at the time this information sheet was generated (December 2023)



Questions and Notes:

You can write down any questions or concerns you may have on this page.

