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Surgical Program



Direct Anterior Approach Hip Replacement Surgery

A Patient Guide to Recovery

 **Please bring this booklet with you to ALL of your appointments.**

English: This information is important! If you have trouble reading this, ask someone to help you.

Italian: Queste informazioni sono importanti! Se ha difficoltà a leggere questo, chiedi aiuto a qualcuno.

Spanish: ¡Esta información es importante! Si tiene dificultad en leer esto, pida que alguien le ayude.

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INTRODUCTION

Thank you for choosing Humber River Hospital for your upcoming surgery. You and your surgeon have decided to proceed with joint replacement surgery. You have now taken the first step toward returning to your daily routine and the activities you have enjoyed in the past.

In this package, you will learn what direct anterior approach hip replacement surgery is and what to expect before, during, and after surgery. The appendices at the end of the booklet have key resources that you can refer to for more information.

About the Bundled Care Pathway for Hip Replacement Surgery

The Ontario Ministry of Health and Long-Term Care has introduced new care plans, called **Bundled Care Pathways**, for all patients having hip replacement surgery.

These plans are quite different from what you might have experienced or heard of in the past. The Bundled Care Pathway coordinates the care that you will receive throughout your hip replacement surgery journey. This new care pathway includes your pre-surgical visit, your surgery, and physiotherapy services after surgery. The goal of this pathway is to help you transition more smoothly out of the hospital and into your home, where you can recover as quickly and as safely as possible.

Members of the Healthcare Team

Throughout the pathway, you will be meeting and working with some or all of the members of the health care team listed in the diagram. 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.

We will provide you with education resources to help prepare yourself and your home before surgery. You will also have a chance to ask any questions during your surgical pre-screening 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 services after you leave.



For questions or concerns, I can contact:

My Surgeon: _____ Tel: _____

Address: _____

My Orthopedic Care Navigator: _____ Tel: (416) 242-1000 ext. 41132

Surgical Pre-Screening Department, Humber River Hospital Tel: (416) 242-1000 ext. 23200

Preparing for Surgery and Discharge as a Bundled Care Patient

To achieve the best results from your surgery, it is very important that you actively plan and prepare for your surgery, and take part in your recovery.

1

Prepare for your Surgery.

BEFORE your surgery date:

- Choose the rehabilitation clinic or provider** you would like to receive your physiotherapy services from.
- Pre-book your physiotherapy appointments** before your surgery. Start attending physiotherapy 1 week after surgery.
- Give the name and contact information of the rehabilitation clinic or provider you have selected to the orthopedic care navigator.** A member of your care team may call you at home to confirm this information.

Physiotherapy services are available from Humber River Hospital.

Outpatient Rehabilitation, Humber River Hospital

1235 Wilson Ave., 14E Floor, Toronto, Ontario M3M 0B2

Tel: (416) 242-1000 ext. 46033 / Fax: (416) 242-1125

If you cannot go to Humber River Hospital for outpatient physiotherapy, please speak to the Orthopedic Care Navigator or your healthcare provider for other outpatient physiotherapy locations.

2

Prepare for Discharge from the Hospital:

Expect to go home **ON THE SAME DAY** of your direct anterior approach hip replacement surgery. **Before you leave the hospital, you must:**

- Have a discharge plan in place, which should include assistance in your home or a family or friend's home, or assistance in a short-stay bed in a retirement home (see **Appendix A. Home Care Support Services - Private**, p. 34) and **Appendix B. Short Stay Respite Options - Private**, p. 37).
- Have arranged for someone to pick you up and drive you home from the hospital.
- Have your rehabilitation clinic appointments already booked.

If you need help getting to your rehabilitation clinic appointments, we have provided a list of transportation options you can choose from for a fee (see **Appendix C. Transportation Options**, p. 38).

3

Participate in your Recovery:

Physiotherapy is an important part of your recovery. We will give you physiotherapy exercises to do at home (see **Appendix E. Home Exercise Program**, p. 42). You will also be starting physiotherapy at a rehabilitation clinic 1 week after your surgery date.

After your surgery, we will provide you with the following documents addressed to "Rehabilitation Care Providers". **At your first appointment, please give the rehabilitation clinic/provider you have chosen these documents:**

- Rehabilitation Commencement Letter
- Rehabilitation Completion Letter

THE CARE PATHWAY - A SUMMARY

These 4 tables summarize the **Care Pathway** that you will follow for your direct anterior approach hip replacement surgery, and what you can expect at each stage.

WHAT TO EXPECT	WITHIN 30 DAYS BEFORE SURGERY
	SURGICAL PRE-SCREENING (p. 13)
How to Prepare	<input type="checkbox"/> You do not need to fast for this pre-surgical appointment, unless your surgeon has told you to do so. <input type="checkbox"/> Please bring all the medicine you are currently taking, in their original packaging, to the appointment.
Tests	We will do: <ul style="list-style-type: none"> • Blood tests • Electrocardiogram (ECG), as needed • X-rays of your hip
Medicines	We will: <ul style="list-style-type: none"> • Check all the medicines you are currently taking
Activity	We will talk with you about starting: <ul style="list-style-type: none"> • The home exercise program (p. 42) • The deep breathing, coughing, and ankle pumping exercises (p. 29)
Education and Discharge Planning	We will review with you: <ul style="list-style-type: none"> • The information in this booklet • How to use the chlorhexidine scrub, if instructed by your surgeon Make sure you: <ul style="list-style-type: none"> <input type="checkbox"/> Have arranged physiotherapy services for 1 week after your surgery. <input type="checkbox"/> Know how to get a cane/walker, and a cooling device (if applicable). <input type="checkbox"/> Review any additional testing you may need to do before your surgery.

WHAT TO EXPECT	MORNING OF SURGERY	Y O U R S U R G E R Y	AFTER SURGERY - IN RECOVERY
	PRE-OP DEPARTMENT		POST-ANESTHETIC CARE UNIT (PACU)
How to Prepare	<input type="checkbox"/> Follow the fasting guidelines to ensure your stomach is empty for surgery (p. 21): <ul style="list-style-type: none"> • Midnight before surgery, NO food, drink, candy, or gum. <ul style="list-style-type: none"> » ONLY water, Gastrolyte[®], Hydralyte[®], Pedialyte[®], Gatorade[®], and/or a drink your doctor may prescribe are allowed up until 4 hours before surgery. • 4 hours before surgery, NOTHING to eat, chew, or drink. <input type="checkbox"/> Bring your cane, walker, and cooling device (if applicable) to the hospital.		
Tests	We will do: <ul style="list-style-type: none"> • Blood tests, as needed 		We will do: <ul style="list-style-type: none"> • Blood tests, as needed • X-rays of your hip
Treatments	We will: <ul style="list-style-type: none"> • Insert an intravenous (IV) line 		We will: <ul style="list-style-type: none"> • Give medicines and fluids through the IV • Check your dressing • Check your pain level • Give oxygen, as needed
Medicines	We will give you: <ul style="list-style-type: none"> • A spinal and/or peripheral nerve block • Pain medicine to take by mouth 		We will give you: <ul style="list-style-type: none"> • Pain medicine through the IV
Activity			<input type="checkbox"/> Start deep breathing, coughing, ankle pumping exercises (p. 29).
Nutrition	<input type="checkbox"/> 4 hours before surgery, NOTHING to eat, chew, or drink (p. 21).		<input type="checkbox"/> After surgery, you will start with clear fluids only.
Education and Discharge Planning	We will review with you: <ul style="list-style-type: none"> • What to expect before, during, and after surgery • How to manage your pain (p. 26) • How to prevent post-surgery complications (p. 11) 		We will review with you: <ul style="list-style-type: none"> • Breathing, coughing, and ankle pumping exercises (p. 29)

WHAT TO EXPECT	AFTER SURGERY - OUT OF RECOVERY	
	SURGICAL DAY CARE (SDC)	
Treatments	We will: <ul style="list-style-type: none"> • Remove your IV after the last dose of antibiotics • Check your dressing and pain level • Use the cooling device, if applicable 	
Medicines	Through the IV, we may give you: <ul style="list-style-type: none"> • Medicine to reduce inflammation • Antibiotics to prevent infections 	By mouth, we may give you: <ul style="list-style-type: none"> • Medicine for pain • Medicine to help stop bleeding • Any of your regular medicines
Activity	<input type="checkbox"/> Continue deep breathing, coughing, and ankle pumping exercises (p. 29). <input type="checkbox"/> You will start walking and/or stairs with a cane or walker.	
Nutrition	<input type="checkbox"/> You can resume your regular diet.	
Elimination	<input type="checkbox"/> If you feel the need to pee, call your nurse for assistance.	
Education and Discharge Planning	We will review with you: <ul style="list-style-type: none"> • Ways to manage your pain at home (p. 26) • Steps to care for your dressing and incision (p. 28) • Prescription medicine to take, as instructed by your surgeon • Any follow-up appointments with surgeon in the Fracture Clinic (p. 33) • Signs to look for when you need to go to ER (p. 33) The physiotherapist will also: <ul style="list-style-type: none"> • Review the home exercise program and teach you how to move with a cane or walker 	

WHAT TO EXPECT	AFTER SURGERY - AT HOME		
	DAY 1	DAY 2 TO 6	DAY 7
Pain	<input type="checkbox"/> Manage your pain, using non-medicine methods, medicine, and/or a cooling device, if applicable (p. 26)		
Incision Care	<input type="checkbox"/> Check your dressing to make sure it is intact (p. 28). <input type="checkbox"/> You may shower with the dressing on, as it is waterproof. Do not take baths (p. 28).	<input type="checkbox"/> On day 7, you may now remove the dressing (p. 28). <input type="checkbox"/> You may take showers after you have removed the dressing. Do not take baths until your incision is fully healed (p. 28).	
Medicines	Take your: <ul style="list-style-type: none"> <input type="checkbox"/> Pain medicine <input type="checkbox"/> Regular medicine <input type="checkbox"/> Blood thinner, as directed by the surgeon 		
Activity	<input type="checkbox"/> When lying on your side, place a pillow between your knees. <input type="checkbox"/> When lying on your back, place a pillow under your ankles. <input type="checkbox"/> Continue deep breathing, coughing, and ankle pumping exercises (p. 29). <input type="checkbox"/> Continue to walk and/or do stairs with a cane/walker.		
	<input type="checkbox"/> Do the home exercises 2 to 3 times a day (p. 42).	<input type="checkbox"/> In addition to the home exercises, you should be starting your physiotherapy sessions at your chosen rehabilitation clinic or provider.	
Nutrition	<input type="checkbox"/> Continue your regular diet. Increase fibre and fluids to prevent constipation.		
Elimination	<input type="checkbox"/> If you are constipated, take a stool softener or laxatives as needed.		

SECTION 1. ABOUT TOTAL HIP REPLACEMENT SURGERY

Understanding the Hip Joint

Your hip joint has two parts - a round head of the femur (the ball), and the acetabulum (the cup or socket in your pelvis).

Figure 1. **A normal hip joint.** In a normal hip joint, smooth cartilage coat these two bones, which allows for easy movement without friction or pain. *OpenStax / CC-BY-SA-3.0*

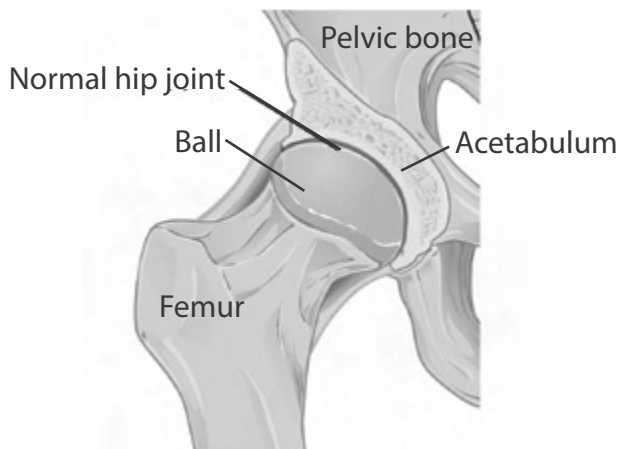
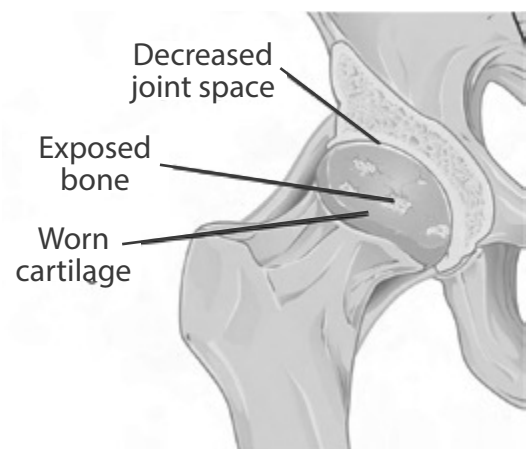


Figure 2. **Osteoarthritis hip.** In an arthritic hip, the cartilage is destroyed and bone rubs against bone. This causes pain and difficulty moving your hip. *OpenStax / CC-BY-SA-3.0*



What is Direct Anterior Approach total hip replacement surgery?

Hip replacement surgery replaces your arthritic hip joint with an artificial ball and socket (see figure 3). Your orthopedic surgeon will choose the type of artificial ball and socket that best meets your individual needs. Once in place, the artificial ball and socket work almost the same as your natural hip joint.

A total hip replacement using the Direct Anterior Approach (modified Heuter or short Smith-Paterson) involves making an 8 to 10 cm long incision along the front of the pelvis down to the upper thigh.

We access the hip bone between the muscles. Although referred to as “muscle sparing”, we may still need to release a small muscle behind the hip, as well as release and repair the thigh muscle (rectus femoris).

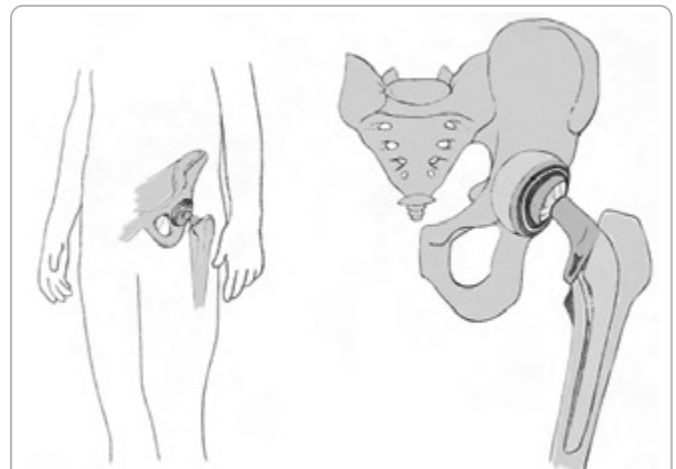


Figure 3. **Hip replacement surgery**
Image Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health

What are possible risks or complications from this surgery?

Allergies: Tell your surgeon or surgical team if you have any allergies.

Signs and symptoms of an **allergy**:

- Itchiness
- Hives
- Rash

If you experience any of these symptoms after your surgery, please tell your nurse or doctor right away.



Anemia (low red blood cells): Less than 5% of patients need a blood transfusion to treat anemia during the first 48 hours after surgery. We have many ways to reduce blood loss and build up your ability to produce new blood. If your doctor thinks you may need a blood transfusion, he/she will discuss this with you. In Ontario, there is a rigorous testing program to ensure the safety of donated blood.

Bleeding:

Signs and symptoms of **unusual bleeding**:

- Increased bleeding at the surgical wound
- Nosebleed, blood in urine, blood with a bowel movement, blood from the vagina, anus or gums.

If you experience any of these symptoms after your surgery, please tell your nurse or doctor right away.



Complications from anesthesia:

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

Deep Vein Thrombosis and Pulmonary Embolism (Blood Clots): **Deep vein thrombosis** is when blood clots (blood that hardens into clumps) form in the large veins (blood vessels) of the leg. If these clots break apart and travel to the lungs, this can cause a **pulmonary embolism**. We usually treat these clots with medicine to thin the blood until the clots break down.

Signs and symptoms of **deep vein thrombosis**:

- Pain or tenderness in the leg
- Swelling of the leg
- Skin is warm to the touch
- Redness of the skin

If you experience any of these symptoms, please seek medical assistance right away.



Signs and symptoms of **pulmonary embolism**:

- Shortness of breath
- Pain in the chest
- Feeling faint
- Coughing up blood
- Heart palpitations

If you experience any of these symptoms, please seek medical assistance right away.



The most effective way to prevent blood clots is by getting up and moving as soon as possible after your surgery, and taking the recommended medicines after your procedure.

You can also perform ankle pumping (p. 29) and wear compression stockings (T.E.D. Hose) for the first 2 weeks to help reduce swelling and improve blood circulation. If you find that your ankles swell without the stockings, you can continue to wear the stockings after the 2 weeks. You may take them off at night.

Dislocation (the ball comes out of the socket): This happens to about 1% of all patients.

Infection: Occurs in about 1% of patients. To prevent infection, we will give you antibiotics before and after your surgery.

Leg Length Discrepancy (differences in the length of your legs): A leg length discrepancy of more than 1-inch (2.5 centimetres) happens in less than 5% of patients. The risk of this happening depends on the degree of deformity in your hip, your body structure, and the need for a stable hip replacement. We take precautions to ensure equal leg length.

Loosening of the Components: You can reduce this risk by avoiding high impact activities and keeping your body weight down. About 1% of patients per year may have loose parts in the first 10 years, requiring surgery to fix.

Neurovascular Injury: Injury to a nerve that controls the muscles or a blood vessel happens to less than 1% of all patients. It is common to have a small patch of skin numbness below the incision that will not affect your physical function.

Periprosthetic Fracturing (bone fracture near the artificial joint): A fracture can happen when rigid metal components fit into softer bone or the soft tissue around the hip. This does not happen often. If this happens during surgery, we will stabilize the implant and bone further.

Pneumonia: Pneumonia is an infection in your lungs. To reduce your risk of pneumonia after surgery, it is important to change positions in your bed, sit up, stand up and get moving as much as possible.

Patients who smoke are at a higher risk of developing lung problems, such as a lung infection. We encourage you to reduce or quit smoking before your surgery. If you smoke, it will take you longer to recover from surgery, even if it is only one cigarette a day. Please talk to your family doctor for ways to quit smoking.

Skin Irritations: While in bed (at the hospital or at home), make sure you change positions often and get moving as much as possible to help prevent bed sores from developing.

Urination or Bowel Movement Problems: As with any other surgery, you may have problems urinating or moving your bowels after your surgery. However, we do not routinely insert catheters after this surgery. If you stay overnight in the hospital, we encourage you to use the bathroom with help, if needed. If you experience any problems, please speak to your nurse.

SECTION 2. PREPARING FOR SURGERY

Which appointments do I need to attend before my surgery?

There are 3 appointments to attend before you can have your surgery:

1. Surgical Pre-Screening Appointment (with Hip & Knee Class) **mandatory*
2. Internal Medicine Appointment (if needed)
3. ONTRAC Appointment(s) (if needed)

Please note:
There may be additional appointments you need to attend before your surgery.

1 Surgical Pre-Screening Appointment (with Hip & Knee Class) **mandatory*

Surgical Pre-Screening is a clinic at Humber River Hospital. At this appointment, you will meet with the inter-professional team involved in your care, have some tests to make sure you are medically fit for surgery, and receive teaching at the Hip & Knee Class to prepare you for your surgery.

My Surgical Pre-Screening Appointment



You must attend this appointment within the 30 days before your surgery. Your surgeon's office will help you schedule this appointment. Please note: If you already attended your Pre-Screening appointment, but your surgery was moved to a date more than 30 days after that visit, you will need to attend another Pre-Screening appointment closer to your new surgery date.

Date: _____

Time: _____

Location: Surgical Pre-Screening, Humber River Hospital,
1235 Wilson Ave. Toronto, Ont. M3M 0B2

We are located on Level 1,
towards Sir William Hearst
Avenue, across from the Lavazza
coffee shop.

Please bring the following to your Pre-Screening visit:



- Your health card (and a photo ID)
 - All your medicines in their original bottles, including herbal medicines and vitamins
 - Any health records that your surgeon's office has given you.
 - Water and snacks
- Your Pre-Screening visit is very thorough and can be 4 to 5 hours long.
 - You do not need to fast for this appointment, unless your surgeon has told you to do so.

You may meet with the following team members at your Pre-Screening appointment:

- **Nurse:** The nurse will go over your medical history and the medicines you are currently taking. The nurse will also go over what you can expect on the day of your surgery and how to prepare for your discharge. They may also review some exercises for after your surgery, including deep breathing and coughing, and leg exercises.
- **Anesthesiologist:** An anesthesiologist is a doctor who is specially trained to give anesthesia (a drug that makes you drowsy or puts you to sleep) or spinal medicine (a drug that freezes a local area). You will discuss the best options for you regarding the use of an anesthetic or spinal medicine during surgery. Also, you will go over options to manage pain that you can use after your surgery.

Please let the anesthesiologist know if you have any neurological conditions (for example, myasthenia gravis). Your doctor must know this to select the proper medicines for your surgery and recovery.



- **Radiology Technician:** We will take x-rays of you at your Pre-Screening appointment. Even if you have already had old x-rays done, we will need to have another set of x-rays for the day of your surgery. Your surgeon will use these x-rays to measure you for your new joint implant, and make sure nothing has changed. The radiology technician will perform the x-rays your surgeon has ordered.
- **Laboratory Technician:** This person will draw your blood for blood tests. If your doctor has ordered it, they may also perform an electrocardiogram (ECG) of your heart, which tests if you are fit enough for surgery.
- **Physiotherapist:** The physiotherapist will give you education in the Hip & Knee Class to help you prepare for your surgery and inform you of what you need to do to return to your regular activities. They will recommend exercises, gait aids, and other equipment to help you recover from your surgery. The physiotherapist will also help identify where you will be attending your outpatient physiotherapy.
- **Pharmacist:** Please ask to speak to a pharmacist if you have any questions and/or concerns about your medicines or how they may interact with the new ones your surgeon will prescribe to you after surgery.
- **Orthopedic Care Navigator:** The orthopedic care navigator will help coordinate care and provide information and emotional support along your journey.

2 Internal Medicine Appointment (if needed)

If you have any underlying health problems or need general clearance to undergo surgery, we may ask you to see an internal medicine specialist. This medical specialist will go over your health history and may perform certain tests to ensure that you are as healthy as you can be before your surgery.

My Internal Medicine Appointment



If needed, you must attend this appointment before your Pre-Screening appointment. Your surgeon's office will arrange this appointment and provide you with the details.

Dr. _____

Date: _____ **Time:** _____

Address: _____

Tel: _____

Please bring the following to your Internal Medicine visit:



- Your health card (and a photo ID)
- All your medicines in their original bottles, including herbal medicines and vitamins
- Any health records that your surgeon's office has given you.

3 ONTRAC Appointments (as needed)

ONTRAC is a program at the Humber River Hospital that focuses on boosting your hemoglobin (blood) levels before your hip replacement surgery. Hemoglobin is an important part to your blood as it carries the oxygen around your body.

My ONTRAC Appointment (with the Blood Conservation Coordinator)



If needed, a nurse from Humber River Hospital will contact you to schedule an appointment with you.

Dr. _____

Date: _____ **Time:** _____

Address: _____

Tel: _____

Please bring the following to your ONTRAC visit:



- Your health card (and a photo ID)
- All your medicines in their original bottles, including herbal medicines and vitamins
- Any health records that your surgeon's office has given you.

With any surgery, there is some blood loss, but it is usually minimal. However, there is always the potential of needing a blood transfusion. The ONTRAC program will help reduce your chances of a blood transfusion. Although it is a voluntary program, we highly recommend you attend this appointment.

At this appointment, we will do a blood test and a nurse will discuss the findings with you. If your hemoglobin is low, the ONTRAC nurse will develop a treatment plan that you will follow to help raise your hemoglobin levels before your surgery. This will help you to avoid having a blood transfusion while in hospital.

This plan may include increasing your intake of foods high in iron and B12 (see **Appendix G. Iron-Rich Diet**, p. 47). We may also schedule you to meet with a hematologist (a doctor specializing in blood health) to discuss other options that will help increase your hemoglobin levels before surgery.

Did you know?

Humber River Hospital has one of the lowest transfusion rates across the province because this ONTRAC program has reduced our patients need for inpatient blood transfusions after surgery.

How do I prepare my home before surgery?

To make your return home from hospital as smooth and easy as possible, you must prepare your home before coming into the hospital.

Bedroom: Make sure you have a sturdy bedside table to keep important items (phone, water, etc.) close to you while in bed. Rearrange your closet and/or dresser so that the clothes you will use the most often are within easy reach.

Washroom: Make your washroom safer by placing a non-slip bath mat in your tub to prevent slipping. A hand-held shower head/hose can be helpful. Secure bathroom rugs to the floor using double-sided tape. Pull all the toiletries you need out from under the sink so you can easily access them. You may also wish to install grab bars in the tub and/or toilet area.

Kitchen: Store those items you use most often in easy-to-reach locations. Place a stable high chair with armrests in the kitchen to sit on while you are working at the counter. Prepare meals to keep in the freezer and then re-heat in the microwave. If you are using a mobility aid (such as a walker), you can carry meals or food items from one location to another (for example, the microwave to the table) by placing them in a plastic container (with a lid), putting the container in a bag and carrying to the desired location.

General Living Area: To prevent tripping, remove all scatter rugs and secure other rugs to the floor with double-sided tape. Place higher chairs with armrests in ideal locations for rest breaks or watching TV.

Stairs: If you have stairs at home, we recommend having railings for safety.

Which assistive devices/aids will I need?

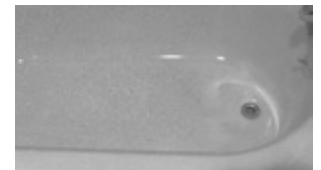
You will learn about these devices/aids during your Pre-Screening Hip & Knee class.



Assistive Devices Checklist

2-wheeled walker and/or cane

Non-slip mat for tub or shower



Shower chair or tub transfer bench



We will let you know how to rent or buy the equipment listed above. For a list of vendors, please see **Appendix D. Healthcare Equipment Stores**, p. 40.

You are responsible to get the recommended equipment before coming for your surgery.

What type of support should I arrange now to help me during my recovery?

Family/Friend Support:

If you live alone, please make sure to find a friend or family member who will be able to stay with you during your recovery. For the first few days/weeks after you return home from surgery, you will need someone to help you with daily activities, such as showering, cooking, grocery shopping, laundry and cleaning.

If you would like to hire these services privately, please refer to **Appendix A. Home Care Support Services - Private** (p. 34) for a list of Home Care companies.


Alternative accommodation and community services:

Some patients may choose to stay in a respite care facility after their hip surgery. Respite care in a retirement home may give you access to all or some of the following:

- A fully furnished room
- In room emergency bell system
- Meals
- 24/7 assistance from qualified staff, and
- Help with bathing and dressing.

Please note that there is a charge for these services (not covered by OHIP) from \$100 to \$150 per day. If you decide to buy respite care, you must arrange this care before your surgery. It is also recommended that you arrange transportation from the respite facility to attend your outpatient physiotherapy appointments to support your recovery.

Before surgery, tell your care team and your surgeon about your plans for respite care. You can find a list of these facilities in **Appendix B. Short Stay Respite Options - Private** (p. 37).

My Support Plan	
WHO CAN I CALL FOR HELP?	
Name: _____	
Tel: _____	
Name: _____	
Tel: _____	
Name: _____	
Tel: _____	
Name: _____	
Tel: _____	
Name: _____	
Tel: _____	

How do I prepare myself for my surgery?

1 Optimize your health

- Weight Control:** Try to get to a healthy body weight before surgery and keep that body weight after surgery. The more your body weighs, the more force it puts on your hip. If you are at a healthy weight, this may help speed up your recovery, reduce any complications after surgery, and help your new joint last longer.
- Diet:** Maintain a healthy diet while you wait for your surgery. Eat foods high in protein, vitamin C, zinc, iron, and calcium. These are important for wound healing and your recovery after surgery.
- Smoking: Stop smoking at least 2 weeks before your surgery**, if not completely. Smoking constricts your body's blood vessels (tubes that deliver blood from your heart to your body). This slows down and reduces the blood supply to your new joint. By smoking, your body is not able to heal properly, and your recovery will take longer. This can cause serious complications, including risk of infections.
- Walking:** Use a walking cane on the opposite side of your painful hip. This will help you walk properly and reduce pain.
- Physiotherapy Exercises:** Do physiotherapy before your surgery. If you are stronger and more prepared beforehand, you will recover faster and more easily.
 - Please see **Appendix E. Home Exercise Program** (p. 42) for exercises to follow. Do these exercises at home, as you feel comfortable to do so. If an activity causes too much pain, then skip that exercise. Do these exercises 3 to 4 times a day, until the date of your surgery.
 - It may also be helpful to find a physiotherapist that can oversee your home-based exercise program. If you need help finding a physiotherapist, please call the Orthopedic Care Navigator or your surgeon's office.
- Pain Management:** To relieve muscle pain, put a warm or cold pack on your hip for 15 minutes, once or twice daily. Make sure that you have a towel or cloth between your skin and the hot/cold source. Check your skin every few minutes to make sure you do not burn yourself.
 - Do not use a pain relief cream or ointment with your warm or cold pack as this could cause a chemical burn.

You may also take pain medicines prescribed by your doctor to help with pain.

2 Speak to your surgeon about your discharge plan

- Remember to **confirm your discharge plan with your surgeon** so you know if you are going home on the day of your surgery or the next morning.

3 Pack a bag to bring to the hospital

- Any personal toiletries you might need while in Hospital (toothpaste, toothbrush, shampoo, skin cream, facial tissue, etc.)
- A sturdy pair of non-skid sole shoes or slippers
- Loose underwear
- Loose shorts or pants for therapy
- Loose fitting clothing for your return home
- Glasses, hearing aids, dentures and their storage cases labeled with your name
- Personal phone numbers that you may need
- Mobility aids you may need
- Dressing aids you may need
- Something to read while you are waiting for surgery.

Note: We are not responsible for lost, stolen or damaged valuables. Please leave any valuables at home. We strongly recommend that you have your designated family or friend keep your belongings until we transfer you to your room or discharge you home after your surgery.

4 Stop your regular medicines



- Stop taking any medicines that the Surgical Pre-Screening team or your internist has told you to stop before surgery (such as blood thinners).

5 Fill the medicine that your surgeon prescribed

1 week before surgery

- If your surgeon provided you a prescription for medicine to take after your surgery, be sure to **fill it at least 1 week before your surgery.**

6 Do not shave the area of surgery 5 days before surgery

- Do not shave the area of surgery **at least 5 days before surgery**. If needed, your surgeon will shave the area.

7 Follow these fasting guidelines Starting the night before surgery

Taking food or drink incorrectly before surgery is very dangerous and can lead to vomiting and choking. We may also have to cancel your surgery. Follow these fasting instructions closely.

- The midnight before surgery:**
- NO food, drink, candy, or gum.
 - ONLY water, Gastrolyte®, Hydralyte®, Pedialyte®, Gatorade®, and/or a drink your doctor may prescribe are allowed up until 4 hours before surgery.
- 4 hours before surgery:**
- NOTHING to eat, chew, or drink.
 - If your surgeon has instructed you to take your medicines before your surgery, take them with a tiny sip of water only.

If you have diabetes, please follow the specific instructions your doctor gave you regarding eating and drinking before surgery.



8 On the day of surgery

- Remove all nail polish, lipstick and cosmetics before coming to the hospital.
- You may wear partial plates, dentures, hearing aids and contact lenses to the hospital, but you must remove them before going into surgery. Please bring their cases to hospital to store them properly.
- Please let us know if you need an interpreter and we can arrange over-the-phone or video interpretation services on the day of your surgery. We support over 170 languages, including American Sign Language (ASL).

SECTION 3. DAY OF SURGERY

My Surgery



Please arrive 2 hours before your surgery time.

Date: _____

Time: _____

Location: Surgical Department, Humber River Hospital
1235 Wilson Ave., Level 2, Toronto, Ont. M3M 0B2

Take the Central Elevators to the 2nd floor. Upon exiting the elevator, follow the sign to Surgery Registration to register.

Please bring the following on the day of your surgery:



- Your health card (and a photo ID) and private insurance information
- All your medicines in their original bottles, including herbal medicines and vitamins
- This booklet
- The bag you packed for the hospital (p. 20)

Note: We are not responsible for lost, stolen or damaged valuables. Please leave any valuables at home. We strongly recommend that you have your designated family member or friend keep your belongings until we transfer you to your room or discharge you home after your surgery.

What can I expect on the morning of my surgery?

You may have 1 designated family member or friend accompany you on the day of your surgery.

Please do not bring small children. When entering the hospital, you and your designated family member or friend must wear a mask, which you must keep on at all times while in the hospital.

After registration, a nurse will take you to the change room where you will undress, change into a hospital gown, and remove all your jewelry.

The nurse will then take you to a room where they will check your vital signs (body temperature, blood pressure, breathing rate, heart rate) and go over your medical history to make sure there are no changes. The nurse may also put an intravenous (IV) line into your veins, give you any medicines that the surgeon ordered for you before your surgery, or perform any necessary blood tests.

Following your medical history, you will meet with the anesthesiologist and your surgeon. Your surgeon will mark an "X" on the site of your body we will be operating. If you have any questions or concerns before your surgery, please be sure to ask your doctors at this time.

SECTION 4. AFTER YOUR SURGERY

Where can my designated family or friend wait while I am in surgery?

At Registration, we will let your designated family or friend know where to wait. The surgeon or their assistant will let them know when your surgery is over. Your surgery will take about 1 to 2 hours.

What happens after surgery?

After the surgery, we will take you to the **Post-Anesthetic Care Unit (PACU)** or recovery room. In the recovery room, we will monitor and assess you while you are waking up from the anesthetic. The nurse will check your pain level, blood pressure, heart rate, and temperature. The nurse will also check the circulation and feeling in your leg, as well as any excess bleeding at the surgery site.

As a patient undergoing the direct anterior approach hip replacement surgery, **you will most likely be discharged home on the day of surgery.** However, depending on your surgical plan, we may admit you into the hospital for an overnight stay.

If you are discharged home on the day of surgery...

We will first transfer you from the PACU to **Surgical Day Care (SDC)** to continue your recovery.

In SDC, the nurse will:

- Check your pain level, blood pressure, heart rate, and temperature.
- Check your dressing, remove your IV.
- Give you medicine to manage pain, stop the bleeding (tranexamic acid), prevent infections (antibiotics), and any regular medicines that you take.
- Give you something to eat and drink.
- Apply a cold compression unit, if you have one.
- Review deep breathing, coughing, and ankle pumping exercises.
- Assist you to sit up at the side of the bed or in a chair.

You will also meet with a physiotherapist, who will help you to get out of bed and walk, teach you about your walking aid, perform stairs (if applicable), and perform exercises.

About 1 to 2 hours before you are ready to go home, a hospital staff member will contact your designated caregiver.

If you are admitted to the hospital for an overnight stay...

Expect to stay in the hospital for 1 night.

You will remain in the PACU for at least 1 hour. We will then transfer you to a room in the inpatient surgical unit, where we will help you:

Manage your pain: We will continue to check your pain level and give you pain medicine.

Tell your nurse or doctor if your pain is not well controlled. Ask for pain medicine when you start to have pain. Do not wait until it becomes really bad or intolerable.



Improve your mobility: Following your surgery, our goal is to encourage you to be as mobile as possible to prevent any complications, including any risk of skin breakdown. (see **Appendix F. Preventing Pressure Injuries**, p. 45).

- At first, **DO NOT** try to get out of bed without the help of hospital staff. Your physiotherapist or nurse will tell you how and when to change your position in bed, sit at the edge of the bed, sit up in a chair, get out of bed, and begin walking. You will stand and walk on the day of or day after your surgery.
- When walking, you are able to bear as much weight as you can tolerate through your operated leg. Initially, you may need to use an aid to help you with your walking, like a walker or a cane. As your walking improves, you may stop using the aids at any time.

Go to the washroom: The first time that you get out of bed, we ask that you call your nurse for assistance. Please **DO NOT attempt to get up on your own**. If you had difficulty urinating, we may have inserted a tube (called a catheter) into your bladder after surgery. We will remove this catheter and will help you walk to the bathroom with a walker to pee.

You will also walk with a walker to the bathroom for a bowel movement after surgery, as needed.

With personal hygiene: We will encourage you to continue with personal hygiene activities as much as possible to increase your strength and independence. Your nurse will give you a basin with soap and water, along with a facecloth and towel to wash at your bedside. The nurse will assist you as needed, especially for harder to reach areas such as your back, lower legs and feet.

Start rehabilitation: You will start the home exercise program (p. 42) and physiotherapy right after surgery. You will continue these exercises throughout your hospital stay and at home for up to one year. This will help you gain greater mobility and ensure an easier recovery following surgery. We highly recommend that you continue your physiotherapy and home exercises for as long as your physiotherapist has recommended for you.



We are not permitting visitors on any Inpatient units at this time. If you are admitted, your designated family or friend will not be able to stay with you. Please arrange for them to come back the day after your surgery to pick you up.

What happens at discharge?

The clinical team at Humber River Hospital will work closely with you to make sure that you are fully prepared for discharge from the hospital after your surgery.

Our goal is to help you start making the appropriate arrangements, several weeks before your surgery date. This will help ensure that you have a smooth transition when you leave the hospital following your surgery and be able to start outpatient physiotherapy 1 to 2 weeks after surgery.



Please arrange for a ride home from the hospital on the day of your discharge.

If you were admitted to the hospital for an overnight stay, please ask your family or friend to pick you up at the South Entrance of the hospital. A staff person will help you to their waiting car.



Before we discharge you home, you will be able to:

- Walk short household distances with a walker with some level of assistance initially.
- Understand the plan for managing pain and pain medicines.
- Know your caregiver understands the support you need at home.

SECTION 5. CARING FOR YOURSELF AFTER SURGERY

How do I manage my pain?

Pain is a normal symptom after surgery. Although a total joint replacement is major surgery, our goal is to help make you as comfortable as possible so that you can start your physiotherapy program. Your pain should be controlled enough that you can rest comfortably. It should not prevent you from breathing deeply, coughing, turning, getting out of bed or walking. Together, pain management and physical activity will greatly speed up your recovery process.

Pain Medicine

By the time you leave the hospital, you will only need oral pain medicines to control your pain. Your doctor will prescribe a strong pain medicine (such as a narcotic) to take by mouth.

Your doctor may also give you a prescription for Celebrex® (celecoxib). It can prevent abnormal bone growth and can help manage pain. Use this medicine as instructed, for the full length of time your doctor prescribes.

When taking prescription pain medicine:

- Take this medicine as directed. After 3 to 7 days, take the prescription pain medicine less often, so that you are off them completely within 1 month. If you still feel discomfort after you are off the prescription pain medicine, you may switch to an over-the-counter pain medicine, such as Tylenol®.
- Take pain medicine when you start to have pain. Do not wait until it becomes really bad or intolerable. You may need to take more than one type of pain medicine to manage your pain.
- Take pain medicine 30 to 45 minutes before your physiotherapy sessions. It can take 15 to 30 minutes for it to start working.

You may have some side effects when taking strong pain medicines. Side effects can be controlled or may resolve over time. Let your healthcare provider know if you have any of the following side effects:

- Nausea and vomiting (throwing up) - These 2 are the most common side effects.
- Constipation - This is common. To prevent this, drink plenty of water, eat fruits and vegetables, and exercise. Your doctor may prescribe a stool softener/ stimulant laxative.
- Sleepiness
- Visual or hearing problems
- Lightheadedness or dizziness
- Itching



Non-Medicine Methods

Non-medicine methods can help relieve pain. Some of these include:

- Meditation, relaxation, distraction with breathing, and imagery techniques.
- Physical techniques, such as positioning, movement, and cold packs.

Distraction: Focusing your attention on something other than the pain can make you less aware of the pain. Distraction may work well while you are waiting for the pain medicine to take effect.

1. Concentrate on your breathing. Breathe out slowly and feel yourself begin to relax. Feel the tension leave your body. Breathe in and out, slowly and regularly, at a speed that is comfortable for you.
2. Close your eyes and focus on an object or a quiet place.

Positioning: Positioning or elevating your leg on a pillow is very important. This will decrease swelling and improve your blood circulation.

- When lying on your side, place a pillow between your knees.
- When lying on your back, place a pillow under your ankles.

Cold Packs: Cooling the affected area will help control the pain by reducing swelling, relaxing muscles, and slowing the pain signals to the brain from the nerves.

If your surgeon prescribed a cold compression device to help with your pain, please follow the directions of how to use this device, provided at the time you rent the machine.

When applying a cold pack:

- Apply the pack for 10 to 15 minutes at a time, 4 to 6 times a day.
- Make sure you place a towel or cloth between the pack and your skin.

How do I care for my incision?

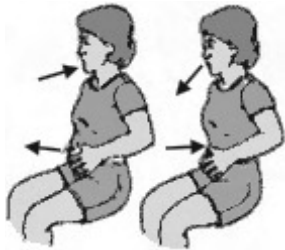
After your surgery, we will cover your incision with a waterproof dressing (Aquacel®).

Instructions on Caring for your Incision	
With Aquacel dressing	<ul style="list-style-type: none"> • Keep the Aquacel® dressing on for the first 7 days to allow the incision area to heal and prevent it from getting wet. • You may shower with the dressing, but DO NOT take a bath. The Aquacel® dressing will protect your incision while you shower. After showering, pat the dressing dry with a clean towel.
After removing Aquacel dressing	<ul style="list-style-type: none"> • Remove the Aquacel® dressing after 7 days or if: <ul style="list-style-type: none"> • It becomes loose, starts to fall off, or will not stay in place. • The dressing is leaking and no longer completely sealed. • There is a large amount of fluid (drainage) under the dressing and it starts to seep out. If this happens, please see your surgeon. <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>To remove the dressing:</p> <ol style="list-style-type: none"> 1. Wash your hands with soap and water. 2. Gently press down on the corner of the Aquacel® dressing with one hand. 3. Use the other hand to slowly lift up an edge of the dressing. 4. Stretch the edge of the dressing down and out to break the seal between your skin and the tape of the dressing. Do not pull the dressing up. 5. Slowly work your way around the dressing, repeating steps 2 to 4, until the dressing is loose. Remove the dressing. 6. If the incision is leaking fluid, apply a dry gauze covering. If there is no leakage, you can keep the incision open to air. </div> <ul style="list-style-type: none"> • When showering, you can gently apply soap and water on your incision. Gently pat your incision dry with a clean towel. <ul style="list-style-type: none"> • DO NOT soak your incision in water (for example, do not take a bath, go swimming or use a hot tub) until it is fully healed. • Your stitches will dissolve on their own. You do not need to remove them.

What exercises should I do to prevent complications after my surgery?

Prevention Exercises: After surgery, we will encourage you to do the following exercises to help prevent blood clots in your legs and lungs. Your nurse and/or physiotherapist may review these with you.

Deep Breathing and Coughing

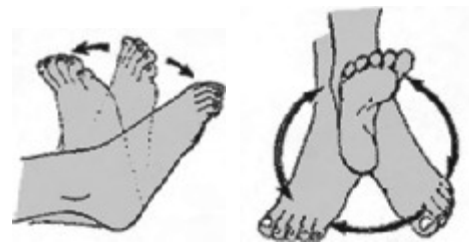


Do this exercise in any position (such as lying in bed or sitting in a chair).

- Take 5 deep breaths.
- Then cough 2 to 3 times.

Repeat this every 15 minutes during your waking hours.

Ankle Pumping



Do this exercise while lying on your back or sitting up in bed.

- * Make sure you keep your legs straight. You should feel a stretch in your calf muscles.
- Pump your ankles by pointing your foot up and then down as far as possible.
- Pump each ankle 20 times.
- *Instead of pumping, you may also move your ankles in circles for 20 times each.*

Repeat this every hour while you are awake.

Bed Exercises: You will start doing **the first 8 exercises from the *Home Exercise Program*** (p. 42), as soon as possible and repeat them 3 times a day. These "bed exercises" will become your homework while you are in the hospital and after your leave.

Bed exercises are important to reduce stiffness and swelling, strengthen the muscles in your legs, and to encourage movement at your new hip joint. Your physiotherapy assistant will instruct you on the proper way to do your bed exercises and will review them, as needed.

When can I return to my normal activities?




Healing after surgery can take several months. Too much activity, too early, can interfere with the healing process. While your hip arthritis was developing, you were gradually losing range of movement and muscle tone. This often affects your tolerance to exercise, endurance, walking, and balance. Getting those functions back often takes longer than you and your family expect.

It is important to keep active after hip replacement surgery. This will keep you strong and moving well. Balance your activity and exercise with periods of rest. Gradually increase your activity as tolerated (for example, walking, and household chores).

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

Instructions on Returning to Normal Activities	
Diet	<ul style="list-style-type: none"> • It is normal to feel tired and have a poor appetite after surgery. This will last for a few weeks. You may also experience constipation from your pain medicine. • Drink plenty of water, eat fruits and vegetables, and add fibre to your diet to give you energy and prevent constipation.
Exercises	<ul style="list-style-type: none"> • Keep this guide handy to help you follow your exercise routine. See Appendix E. Home Exercise Program (p. 42). • Do your exercises 3 times a day. The exercises will become easier as you get stronger. • The physiotherapist at your outpatient physiotherapy visit will progress your exercises. • To keep your pain under control, take your pain medicines (see p. 26). • To reduce and control swelling, ice every 2 to 3 hours, for 10 to 15 minutes. Remember to put a towel or cloth between your skin and the ice.
Showering/ Bathing	<ul style="list-style-type: none"> • You may shower after the surgery, but do not take a bath until after your incision is fully healed. For more information about showering, see, "Instructions on Caring for your Incision" (p. 28).
Dressing	<ul style="list-style-type: none"> • When dressing, sit down on a bed or firm chair. • Always dress your operated leg first. To undress, start with the non-operated leg.

Instructions on Returning to Normal Activities (continued)

Walking	<ul style="list-style-type: none"> Continue to use your cane, crutches or walker. This will help you walk without a limp. Walking with a limp puts more pressure on your joint. It will also stop your muscles from getting stronger.
Going Up and Down Stairs	<ul style="list-style-type: none"> Your physiotherapist will teach you the safest way to go up and down stairs (DO NOT try the stairs on your own). If available, always use a hand rail and a crutch or a cane. <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>If you are going up the stairs, step up with your unoperated leg first, followed by your operated leg and crutch/cane.</p> </div> <div style="text-align: center;">  <p>If you are going down the stairs, put your crutch/cane down first, then step down with your operated leg. Follow with your unoperated leg last.</p> </div> </div>
Getting Into Bed	<ul style="list-style-type: none"> Sit at the edge of the bed. Lift the leg that is closest to the end of the bed up onto the bed. Bend that leg so your foot is flat on the bed. Lower your body with your arms while you lift your other leg onto the bed. <div style="text-align: right;">  </div>
Getting Out of Bed	<ul style="list-style-type: none"> Move to the edge of your bed. As you slide the leg that is closest to the edge off the bed, push up with your hands.
Sleeping	<ul style="list-style-type: none"> Find a position that is comfortable for you. We recommend sleeping and resting with a pillow under your foot and ankle to prevent swelling.

Instructions on Returning to Normal Activities (continued)	
Household Chores	<ul style="list-style-type: none"> • When you return home, you may wish to avoid chores that may involve a lot of bending or lifting, such as cleaning the floor, taking out the garbage, and doing laundry.
Sexual Activity	<ul style="list-style-type: none"> • You may resume sexual activity if you feel comfortable. • If you are not sure about positions, speak with your therapist or surgeon. Try positions gently and stop if you have pain.
Getting into a car	<ul style="list-style-type: none"> • Push the seat back as far as it can go. Lower yourself slowly to sit down. Slide back, over the seat. Move your legs into the car.
Driving/ Flying	<ul style="list-style-type: none"> • You will be able to drive when you are no longer taking prescription pain medicine (narcotics) and you are no longer using walking aids (usually 2 to 6 weeks after surgery). • You may travel short distances as a passenger. Sitting for too long can lead to stiffness and pain. While travelling, stop and change positions every hour to prevent joint discomfort and stiffness. • You may travel by plane or longer distances 6 weeks after surgery. • You may set off security alarms by your hip components. A letter from your surgeon will not excuse you from security precautions at any airport.
Dental Work	<ul style="list-style-type: none"> • Artificial joints can become infected after dental work, including simple procedures, such as a cleaning. To reduce your risk of infection, do not get any dental work done 6 weeks before surgery and within the first 3 months after surgery. • Let your dentist know that you have had a hip replacement. They may need to order antibiotics to help prevent infection.
Return to Work	<ul style="list-style-type: none"> • Your surgeon will let you know when you will be able to return to work. This may be 1 month after your surgery for sedentary work, to 3 months or more for rigorous work.
Leisure and sport activities	<ul style="list-style-type: none"> • The most important activity after your hip surgery is walking. • Gradually increase your activity and range of motion as tolerated. • Within 6 to 12 weeks, you may return to your day-to-day activities. You may also return to recreational activities, such as skiing, swimming, weight lifting, golfing, tennis, biking, or using the elliptical. We do not recommend you take part in prolonged high impact activities, such as running or jumping with a hip replacement.



Follow-up Appointments

Post-operative (follow-up) visits help your surgeon know that your hip is healing well. Your surgeon may also need to take new x-rays of your hip during these visits.



If you have a problem with your hip before the first follow-up visit, call your surgeon immediately.

- Follow-up visit #1:** At 1 to 2 weeks following your hip replacement surgery.
- Follow-up visit #2:** At 6 to 8 weeks following the date of your surgery.

After the second visit, your surgeon will decide if you need any more follow-up visits, depending on your specific circumstances.

Please do not skip your scheduled follow-up visits. This will ensure you have a safe and effective recovery from total hip replacement.



What should I watch out for after my surgery?

Visit your nearest Emergency Department if you experience any of the following:

- Shortness of breath or difficulty in breathing.
- Chest pain, tightness, or pressure.
- A significant increase in pain, swelling or redness in your calf/calves.
- A sudden, severe increase in pain in your new joint that is not relieved with pain medicine.

Notify your surgeon/family doctor right away if you experience any of the following:

- Increased redness, swelling or a sudden increase in bruising around the incision site.
- Fluid from the incision line for more than 4 days after leaving the hospital.
- A foul smell, or yellow or green fluid coming from the incision line.
- Excessive bleeding.
- Any other signs or symptoms of infection (such as a bladder infection, tooth infection, etc.).
- A persistent increase in your temperature (over 38°C or 100.4°F).

APPENDIX A. HOME CARE SUPPORT SERVICES (PRIVATE)

Most companies offer the following 3 types of service:

Companionship: Attending appointments or outings with clients, keeping clients company, encouraging favourite activities, such as playing cards or having conversations, home visits.

Personal Care: Helping clients with personal care and hygiene, such as bathing, dressing and grooming, help with eating, reminding about medicines, and others.

Home Management: Helping clients maintain a clean and comfortable home, including carrying out routine homemaking tasks such as housekeeping, laundry services as well as grocery shopping and meal preparation.

Private home care services are available in the community to provide help with daily activities in the home or specialized care for loved ones with medical needs. The following is a list of private companies offering the above home care services. Fees, the type of home care support and additional services provided, and areas served differ between companies. For a full list of private home care services, please search Home Care Ontario's website at <http://www.homecareontario.ca> or the Yellow Pages™.

Home Care Service	Contact Information
AgTa Home Health Care	Tel: (905) 760-2482 / Toll-free: 1 (866) 528-4753 Web: www.agtahomecare.com
Bayshore HealthCare	Toll-free: 1 (877) 289-3997 Web: www.bayshore.ca
BrightStar Care	Tel: (647) 793-7007 Web: www.brightstarcare.ca
CANES Community Care	Tel: (416) 743-3892 Web: www.canes.on.ca
Care 2000™ Health Services	Tel: (416) 447-8409 Web: www.care2000healthservices.com
CHATS (Community & Home Assistance to Seniors)	Tel: (905) 713-6596 / Toll-free: 1 (877) 452-4287 Web: www.chats.on.ca

Disclaimer: This list is intended to provide information only. It does not imply a recommendation or endorsement by Humber River Hospital. Use of any of the services listed here will be at your own discretion and risk.

Home Care Service	Contact Information
Circle of Care	Tel: (416) 635-2860 Web: www.circleofcare.com
Comfort Keepers	Tel: (416) 663-2930 Web: www.comfortkeepers.ca
Eldercare Home Health	Tel: (416) 482-8292 Web: www.eldercarehomehealth.com
Home Care Assistance	Tel: (905) 597-5825 Web: www.homecareassistance-toronto.com
Home Health Care Assistance and Professionals, Inc.	Tel: (647) 748-5006 Web: www.homehealthcareapi.com
Home Instead Senior Care	Tel: (416) 972-5096 Web: www.homeinstead.ca
HomeWell Care Services	Tel: (905) 509-8469 Web: homewelldurham.com
Living Assistance Services	Toll-free: 1 (855) 483-2273 Web: www.laservices.ca
Lumacare (formerly Downsview Services for Seniors)	Tel: (416) 398-5511 Web: lumacare.ca
North York Seniors Centre	Tel: (416) 733-4111 Web: www.nyseniors.org
ParaMed™	Toll-free: 1 (800) 465-5054 Web: www.paramed.com
Premier Homecare Services	Tel: (905) 902-5299 Web: www.premierhomecareservices.com
Qualicare® Family Homecare	Toll-free: 1 (888) 591-0017 Web: www.qualicare.com
RNS Health Care Services Inc. (formerly Regional Nursing Services)	Tel: (289) 841-7150 / Toll-free: 1 (855) 888-9983 Web: rnhc.com

Home Care Service	Contact Information
Retire-at-Home™ Services	Toll-free: 1 (877) 444-9949 Web: www.retireathome.com
Robbins Home Health Provider	Tel (Toronto): (647) 347-0227 / Tel (Halton): (905) 630-7237 Web: robbinshomehealth.ca
Saint Elizabeth	Tel: (905) 940-9655 / Toll-free: 1 (800) 463-1763 Web: sehc.com
Selectacare Limited®	Tel: (416) 225-8900 Web: www.selectacare.ca
Spectrum Health Care	Tel (Toronto): (647) 952-3425 / Tel (Peel): (647) 953-1457 / Tel (York): (647) 953-2976 Web: spectrumhealthcare.com
S.R.T. Med-Staff	Tel: (416) 968-0833 / Toll-free: 1 (800) 650-2297 Web: www.srtmedstaff.com
St. Clair West Services for Seniors	Tel: (416) 787-2114 Web: www.servicesforseniors.ca
Storefront Humber Inc.	Tel: (416) 259-4207 Web: www.storefronthumber.ca
Toronto Senior Care	Tel: (416) 898-1079 Web: torontoseniorcare.com
Total Home & Healthcare Services	Toll-free: 1 (866) 227-3207 Web: www.tchomecare.ca
VHA Home Healthcare	Tel (GTA): (416) 489-2500 / Toll-free: 1 (888) 314-6622 / Tel (London): (519) 645-2410 Web: www.vha.ca
We Care® Home Health Services	Toll-free: 1 (866) 729-3227 Web: www.cbi.ca/web/we-care-home-health-services
West Toronto Support Services for Seniors (Silver Care)	Tel (Bloor): (416) 653-3535 / Tel (Weston): (416) 249-7946 Web: wtss.org

APPENDIX B. SHORT STAY RESPITE OPTIONS (PRIVATE)

Make sure you have someone to help care for you after your surgery. Please arrange this before your date of surgery. If you are having trouble arranging care at home, you may consider respite care at a short-stay retirement home as an option. However, short stay retirement homes are at an out-of-pocket expense.

Location	Facility	Address	Phone Number
Aurora	Kingsway Arms Aurora	145 Murray Dr.	(905) 841-2777 or (416) 505-4825
	Park Place	15055 Yonge St.	(905) 727-2952 or (289) 879-0644
Etobicoke	Centennial Park Place	25 Centennial Park Rd.	(416) 621-2139
	Kingsway Retirement Living	4251 Dundas St. W.	(416) 236-7575
	Scarlett Heights	4005 Eglinton Ave. W.	(647) 846-7006
Mississauga	Amica at City Centre	380 Princess Royal Dr.	(416) 561-4770
	Constitution Place	3051 Constitution Blvd.	(905) 279-8554 ext. 2004 or (416) 617-5560
North York	Canterbury Place	1 Canterbury Pl.	(416) 227-1643
	Queens Estate	265 Queens Dr.	(416) 234-0363
	Weston Gardens	303 Queens Dr.	(416) 241-1113
Richmond Hill	Sunrise of Richmond Hill	9800 Yonge St.	(905) 883-6963
Thornhill	Amica of Thornhill	546 Steeles Ave. W.	(905) 886-3400
	Four Elms	1500 Steeles Ave. W.	(905) 738-0905
	Sunrise of Thornhill	484 Steeles Ave. W.	(905) 731-4300 or (905) 747-4233
Toronto	Davenhill Senior Living	877 Yonge St.	(416) 923- 8887
	St. Hilda's Towers	2339 Dufferin St.	(416) 781-6621
	Terrace Gardens	3705 Bathurst St.	(416) 789-7670
Vaughan	Richview Manor	10500 Dufferin St.	(905) 585-5000
	Villa Da Vinci Retirement Residence	7371 Martin Grove Rd.	(905) 264-9119
York	Harold and Grace Baker Centre	1 Northwestern Ave.	(416) 654-2889 ext. 228

Disclaimer: This list is intended to provide information only. It does not imply a recommendation or endorsement by Humber River Hospital. Use of any of the services listed here will be at your own discretion and risk.

APPENDIX C. TRANSPORTATION OPTIONS

The following are a list of transportation options if you need help getting to your rehabilitation clinic appointments. Fees, types of services and areas served differ between companies.

Type	Service	Contact Information
Non-Emergency Ambulance Services	AmbuTrans Medical Transportation Services	Tel: (416) 423-2323 / Toll-Free: 1 (888) 569-2323 Email: info@ambutrans.on.ca Web: www.ambutrans.on.ca
	MedicVan Patient Transfer Services Inc.	Tel: (416) 222-8470 / Tel: (905) 761-0039 Toll free: 1 (866) 764-2424 Email: info@medicvan.com Web: www.medicvan.com
	Spectrum Patient Services	Tel: 1 (866) 527-9191 Website: www.spectrumpatientservices.com
	Voyageur Medical Non-Emergency Patient Transportation	Tel: 1 (855) 263-7163 Email: admin@voyageurtransportation.ca Web: www.voyageurmedical.ca
Wheelchair Accessible Transportation	Dignity Transportation Inc.	Tel: (416) 398-2222 Web: http://www.dignitytransportation.com
	GTA Accessible Transportation	Tel: (416) 834-5559 / Toll-free: 1 (800) 936-3040 Web: http://gtaaccessible.com
	TTC Wheel-Trans	You may apply for Wheel-Trans to see if you qualify for this service. Please complete and submit an application 1 month before your surgery. Web: https://www.ttc.ca/WheelTrans/How_to_apply/index.jsp For Wheel-Trans registered users - book in advance online at https://mywheel-trans.ttc.ca or call the automated touch-tone Service at (416) 397-8000, option #2. For any questions regarding your ride, contact Reservations at (416) 393-4222.
	Wheelchair Accessible Transit Inc.	Tel: (416) 884-9898 / Toll-free: 1 (877) 225-2212 Web: http://www.wheelchairtransit.com

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Type	Service	Contact Information
Transportation Services for Adults, 55 years of age or older	Toronto Ride	Tel: (416) 481-5250 Email: admin@torontoride.ca Web: http://www.torontoride.ca
	iRIDEPlus	Tel: 1 (844) 474-3301 Web: http://www.irideplus.com

APPENDIX D. HEALTHCARE EQUIPMENT STORES

This is a partial list* of vendors/stores that sell equipment that your therapist may recommend. Many drug stores may also sell equipment. Some department stores may have a healthcare product section. Please check the Yellow Pages™ for a more complete list of stores closer to your home.

Healthcare Equipment Store	Contact Information	Equipment Rentals	Delivery	Various Locations
AgTa Home Health Care	7695 Jane St., Unit #3, Vaughan, Ont. (at Hwy 7) Tel: (905) 760-2482 / Toll-free: 1 (866) 528-4753 Web: www.agtahomecare.com	✓	✓	
Baygreen Home Health	8 Green Ln., Thornhill, Ont. Tel: (905) 771-0010 Web: www.baygreen.ca	✓	✓	
Care Forever Home Health Care	2563 Major Mackenzie Dr. W., Unit #12, Maple, Ont. Tel: (905) 832-4988 / Toll-free: 1 (844) 487-2252 Web: www.careforeverdepot.com	✓	✓	
Canadian Compounding Pharmacy	2920 Bloor St. W., Etobicoke, Ont. (at Royal York Rd.) Tel: (416) 239-3566 Web: www.medspharmacy.ca			✓
Home Medical Equipment (HME)	77 St. Regis Cres. S., Toronto, Ont. (at Keele St.) Tel: (416) 633-9333 Web: www.hmemobility.com	✓		
Hunts Health Care	109 Woodbine Downs Blvd., Unit 7, Toronto, Ont. Tel: (416) 798-1303 Web: www.huntshealthcare.ca	✓		
MedicalMart® Suppliers	550 Matheson Blvd. W., Mississauga, Ont. Tel: (905) 624-2011 Web: medimart.com	✓	✓	
The Medical Spot	313 Westwood Ave, Toronto, Ont. Tel: (416) 656-2661 Web: themedicalspot.ca	✓		

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Healthcare Equipment Store	Contact Information	Equipment Rentals	Delivery	Various Locations
Mediwise Healthcare Solutions	2677 Steeles Ave. W., Toronto, Ont. Tel: (416) 514-1400 Web: mediwise.ca	✓		
Mobility Savers Inc.	39/40-445 Midwest Rd., Scarborough, Ont. Tel: (416) 750-1940	✓	✓	
Motion (formerly Motion Specialties)	202 Sparks Ave., Toronto, Ont. Tel: (905) 715-7853 / Toll-free: 1 (888) 222-2172 Web: motioncares.ca	✓	✓	✓
North-Med Pharmacy	7131 Bathurst St., Unit 101, Thornhill, Ont. Tel: (905) 771-7505		✓	
Senior's Store	4974 Dundas St. W., Etobicoke, Ont. Tel: (647) 378-4258 / Toll-free: 1 (888) 795-7718 Web: www.seniorsstore.ca		✓	
Silver Cross® Note: Used equipment	225 The East Mall, Unit 16, Toronto, Ont. Tel: (416) 915-4479 / Toll-free: 1 (844) 352-7677 Web: silvercross.com	✓	✓	✓
Starkmans Surgical Supply Inc.	1243 Bathurst St., Toronto, Ont. M (at Davenport Rd.) Tel: (416) 534-8411 Web: www.starkmans.com	✓	✓	
Vaughan Wheelchair Home Health Supplies	7700 Pine Valley Dr., Unit 4A, Vaughan, Ont. Tel: (905) 264-6653		✓	
Vital Mobility Home Health Care	130 Bass Pro Mills, Unit 62, Vaughan, Ont., Tel: (905) 532-9494 Web: www.vitalmobility.ca	✓	✓	
WellWise (formerly Shoppers Home Health Care)	528 Lawrence Ave. W., Unit 16A, Toronto, Ont., Tel: (416) 789-3368 Toll-free: 1 (866) 220-3837 Web: www.wellwise.ca	✓	✓	✓

APPENDIX E. HOME EXERCISE PROGRAM

Instructions: Perform these exercises **BEFORE and AFTER** your surgery.

- Do all 8 exercises 10 times (or as you can tolerate), 2 to 3 times per day.
- For the first 7 exercises, **lie on a bed**, facing up.
- For the last exercise, you will be using a chair to sit on.

1. Static Knee Extensions (isometric quadriceps)



Pull your foot and toes up as you press your knees down firmly against the bed.

Hold for at least 5 seconds, then relax. Repeat.

Strengthens your front thigh muscles.

2. Quads-over-Roll



Place a roll under your knees.

Pull your toes up and raise your heel off the bed until your leg is straight.

Hold for at least 5 seconds and slowly lower heel back down. Relax and repeat.

Strengthens your quadriceps or thigh muscles.

3. Static Gluteals



With both knees straight, squeeze your buttocks together.

Hold for at least 5 seconds, then relax. Repeat.

Strengthens your buttock muscles.

4. Static Hamstrings



Bend your knee slightly.

Push your heel into the bed, and tighten the muscles on the back of your thigh.

Hold for at least 5 seconds, then relax. Repeat.

Strengthens muscles in the back of your leg.

5. Bridging



With your knees bent, squeeze your buttocks together and lift your bottom off the bed.

Return to starting position and repeat.

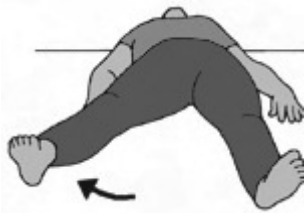
6. Hip & Knee Flexion



Place an item, like a sliding board, under your foot.

Slide your heel up towards your buttocks. Return to starting position and repeat.

7. Hip Abduction



Place an item, like a sliding board, under your foot.

Slide your operated leg out to the side. Return to starting position and repeat. Make sure you keep your toes pointing up to the ceiling.

8. Seated Knee Extension



Sit on a chair.

Pull your toes up, tighten your thigh muscle and straighten your knee. Hold for about 5 seconds and then slowly relax your leg.



DO NOT do active straight leg raise exercises for 6 weeks after surgery, unless your surgeon says otherwise.

Instructions: Keep track of your progress! Place a checkmark every time you complete an exercise. You should be doing each of these exercises 2 to 3 times a day.

My Exercise Diary		Week of							Week of						
		S	M	T	W	T	F	S	S	M	T	W	T	F	S
Exercises															
1. Static Knee Extensions															
2. Quads-over-Roll															
3. Static Gluteals															
4. Static Hamstrings															
5. Bridging															
6. Hip & Knee Flexion															
7. Hip Abduction															
8. Seated Knee Extension															

APPENDIX F. PREVENTING PRESSURE INJURIES

What is a pressure injury?

A pressure injury (or bed sore, decubitus ulcer) is an injury to the skin and the tissue underneath. The skin might appear purple, red, bruised, blistered or open.

Pressure injuries most often form on the skin that covers bony parts of your body. Your heels and your tailbone are the most common areas. Other common places are the back of the head, ears, shoulders, elbows, hips, between the knees and ankles (see Fig. 1).

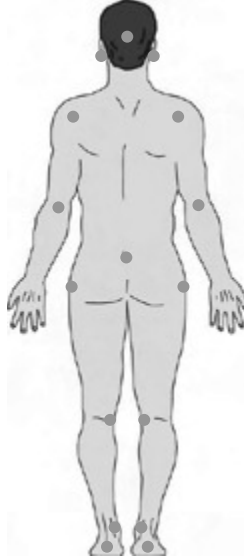


Fig. 1 Common areas on the body where pressure injuries form.

How do they happen?

Pressure injuries develop when you place constant pressure on your skin at a bony part of your body. This stops the blood from flowing through the skin and muscle, causing skin and tissue damage. Friction and moisture can make the damaged skin more likely to open.

Who gets pressure injuries?

Anyone can develop a pressure injury. You may be at increased risk if you:

- Are unable to move or get out of bed by yourself
- Are unable to eat or drink normally
- Have wet or soiled skin because you are unable to control your bladder or bowels
- Have an illness that affects the normal flow of blood keeping your skin and tissue healthy.

What can I (and my family) do to prevent pressure injuries?

- Change your position every 2 hours.
- Float your heels in the air by placing pillows under your legs (see Fig. 2).



Fig. 2 Float your heels in the air with pillows.

- Check your skin twice a day for any signs of redness or sores, especially at the common areas.
- Let your doctor know right away if you notice new pain, redness or an opening in your skin.
- Moisturize dry skin. Wear bed socks.
- Try to get out of bed. Eat every meal in your chair if you are able.
- Talk to your doctor. Ask questions.

Can all pressure injuries be prevented?

Even after following all of the above, you may not be able to prevent all pressure injuries. The skin is the largest organ in your body and it can sometimes fail.

Stay active in your care.

By doing so, you can better reduce your risk of pressure injuries.

Nutrition Tips from our Registered Dietitians

What foods should I eat to help prevent pressure injuries?

Eat at least 2 to 3 servings of protein and at least 1 serving of a food high in vitamin C and zinc every day.

- **Protein**, found in foods such as meats, beans, eggs, milk, yogurt and nuts
- **Vitamin C**, found in foods such as citrus fruits and juices, strawberries, tomatoes, peppers, potatoes, spinach, broccoli
- **Zinc**, found in foods such as fortified cereals or red meats.

Make sure that you are also drinking enough water and other fluids throughout the day.

Movement Tips from our Occupational Therapists and Physiotherapists

Why do I need to keep changing positions, sitting up, walking, standing and moving?

By keeping yourself mobile, you will:

- Help prevent and reduce pressure injuries
- Help keep your fitness level up
- Help your whole body work better – inside and out
- Make yourself feel better so that you reduce your risk of delirium (confusion) or depression
- Maintain your independence.

How do I move safely?

- Do not drag your body parts (such as your heels or tailbone) along bed or chair surfaces.
- Wear proper, non-slip footwear.
- Use your assistive devices.

Remember!



Your skin is the largest organ that you have. Protecting your skin and keeping it healthy is important for your wellbeing and health.

If you or your family have any questions or concerns about pressure injuries, please speak with your family doctor or other members of your health care team.

What is iron?

Iron is a mineral present in small amounts in the body.

Iron is important because it:

- Is a building block of red blood cells, which carry oxygen and food to the body.
- Helps the brain to work.
- Gives you energy.
- Helps you grow properly.

What are some of the symptoms of low iron levels?

Low iron levels usually develop slowly. People who have low iron levels may have some of the following symptoms:

- Low energy - You may become tired quickly with even small amounts of activity
- Muscle weakness
- Pale skin colour
- Weight loss or an inability to gain weight
- Difficulty concentrating and learning
- Shortness of breath
- Irritability.

How can I increase my iron levels?

Eating foods rich in iron is one of the easiest ways to increase the iron level in your body. If your iron level is very low, your doctor may suggest an iron supplement.

There are two types of iron found in food: heme and non-heme iron. Your body can use heme iron easier than non-heme iron.

What is heme iron?

Only animal sources such as beef, poultry and fish contain heme iron. Heme iron is well absorbed by the body and helps your body use non-heme iron more effectively.



What is non-heme iron?

Plant foods like beans, lentils, whole grains, dried fruits, nuts and some fruits, vegetables, fortified breakfast cereals, enriched pasta, and eggs contain non-heme iron. Non-heme iron is not as easy for your body to use.



Non-heme iron becomes easier to use when it is consumed with heme containing foods.

What are some of the things I should remember when eating a diet rich in iron?

- Most colourful foods contain iron: red meats, green leafy vegetables, and rich golden brown whole wheat. The iron contained in the food you eat is greater than the amount of iron your body absorbs (for example, sirloin steak contains 2.8 mg of iron but only 0.42 mg of the iron is absorbed). Foods rich in vitamin C (for example, bell peppers, kiwi, oranges, strawberries, broccoli, kale, spinach) increase the amount of iron that is absorbed.
- Tea, coffee, cola drinks and chocolate contain oxalates. Oxalates prevent the absorption of



iron. Do not consume foods containing oxalates within an hour of meals to prevent interference with iron absorption.



- Foods rich in calcium (for example, milk, yogurt and cheese, fortified soy beverage) also interfere with the absorption of iron. Do not eat calcium rich foods at the same time as iron rich foods.
- Foods high in fibre decrease the absorption of iron; this effect can be off set by consuming foods rich in vitamin C.
- See the table on p. 49 for common foods that are rich in iron.



- Iron may cause your stool to become black and sticky. Make sure you clean your skin well after a bowel movement to avoid skin irritation.
- Iron can be irritating to the stomach. It may help you to take multiple tablets throughout the day rather than the entire dose at one time.
- Take your iron supplements on an empty stomach (1 hour before meals or 2 hours after meals). If you have a sensitive stomach, take the supplement 2 hours after meals to avoid stomach upset.
- If you take an antacid (for example, Maalox®) on a regular basis, keep a 30-minute interval between the antacid dose and your iron supplement because antacids block the absorption of iron.
- Try to remain in a sitting position for 30 minutes after taking your iron supplement to avoid stomach upset.

What should I know about iron supplements?

Sometimes, if your iron levels are very low, your doctor may suggest an iron supplement. If your doctor recommends an iron supplement, here are some things to remember.

It is possible to get too much iron. Too much iron can cause poisoning. Never take an iron supplement without consulting your doctor or dietitian.



Do not take your iron supplement with milk, coffee, tea, cola or chocolate as these foods block the absorption of iron.



- If you have been feeling tired and run down, ask your doctor to check your blood iron levels.

How should I take my iron supplement?

You can take your iron supplement with water or juice. A juice containing vitamin C may increase the amount of iron that is absorbed. A good suggestion would be to take your iron supplement with prune juice. Iron supplements can cause constipation. Prune juice is an iron rich, natural laxative, which will help with constipation.

What should I do if I cannot take my iron supplement?

Never stop your iron without speaking to your doctor about alternatives that may be available to you. There are many types of iron supplements. You may need a liquid form, or one that is absorbed lower in the digestive system.

Foods Rich in Iron	Serving Size	Iron (mg)
Canned clams	90 g (3 oz).....	24.0
Liver (Pork).....	75 g (2 1/2 oz).....	13.4
Firm tofu	125 mL (1/2 cup).....	13.2
Grape nuts	62.5 mL (1/4 cup).....	8.1
Liver (Chicken, Turkey, or Lamb)	75 g (2 1/2 oz).....	6.2 - 9.7
Cooked iron-enriched cream of wheat	125 mL (1/2 cup).....	7.9
Miso.....	250 mL (1 cup).....	7.5
Prune juice	125 mL (1/2 cup).....	5.5
Instant apple cinnamon oatmeal	1 packet	5.0
Liver (Beef).....	75 g (2 1/2 oz).....	4.9
Soy flour.....	125 mL (1/2 cup).....	4.9
Honey Nut Cheerios®	250 mL (1 cup).....	4.7
Cooked black-eyed peas.....	250 mL (1 cup).....	4.3
Canned refried beans.....	250 mL (1 cup).....	4.2
Roasted pumpkin or squash seeds.....	125 mL (1/2 cup).....	4.2
Whole toasted sesame seeds.....	125 mL (1/2 cup).....	4.2
Canned white beans	125 mL (1/2 cup).....	4.1
Corn Flakes®	250 mL (1 cup).....	3.5
Chicken-flavoured ramen noodles.....	1 package.....	3.3
Canned chickpeas	250 mL (1 cup).....	3.2
Black strap molasses.....	15 mL (1 tbsp).....	3.2
Broiled sirloin steak.....	100 g (3.5 oz).....	2.8
Baked potato with skin.....	1	2.7
Cooked egg noodles	250 mL (1 cup).....	2.7
Oat bran	125 mL (1/2 cup).....	2.7
Tahini	30 mL (2 tbsp).....	2.6
Ground beef (lean-broiled)	100 g (3.5 oz).....	2.4
Dark turkey meat (no skin).....	100 g (3.5 oz).....	2.3
Naan bread	1/2.....	2.3
Lamb chops	100 g (3.5 oz).....	2.3
Canned shrimp.....	90 g (3 oz).....	2.3
Enriched pasta, cooked	250 mL (1 cup).....	2.0
Cabbage rolls with meat.....	2.....	2.1
Lean roasted ham.....	100 g (3.5 oz).....	1.5
Dark chicken meat (no skin)	100 g (3.5 oz).....	1.1
Fortified cereal.....	125 mL (1/2 cup).....	4.5
Lentils	125 mL (1/2 cup).....	3.3
White rice	250 mL (1 cup).....	2.2

A large rectangular area with rounded corners, containing 25 horizontal lines for writing.

