



Getting ready for and recovering from Knee Replacement (Arthroplasty) Surgery



Central and North Island Hip & Knee Centres



Island Health Surgery Resources

Printing number 9-90731 • Rev Oct 2019 • Surgical Services, Island Health

About These Materials

This booklet was developed with input from doctors and health care providers. It provides specific information to help you prepare for your surgery and recovery.

Please read this booklet as soon as you get it!

If your surgeon or patient navigator¹ gives you information that is different than what is in this booklet, please follow their directions.

This booklet is meant to be read with the *Getting ready for and recovering from Surgery* booklet; it provides general information to help you prepare for your surgery and recovery. It is important that you read both booklets. You can find copies by:

- Asking your surgeon's office, or the Pre-Admission Clinic.
- Printing it from Island Health's website, where you will also find more information about going for surgery:

www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery



Help Your Care Team Help You!

Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

Please note that the information in this booklet is current as of the date printed on it.

Surgical Services, Island Health

¹ A patient navigator may be part of your care team. Patient navigators are healthcare professionals who help patients 'navigate' through their care journeys - from before surgery to when they are discharged.

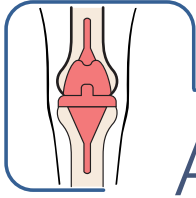
About the Hip & Knee Centres

The Central and North Island Hip & Knee Centres provide a single point of contact for patients and families navigating their surgical journeys. There is a central intake and standardized referral processes for potential candidates requiring total hip or knee replacement surgery.

The Purpose of the Hip & Knee Centre is to:

- Support you throughout your surgical journey.
- Provide you with a key point of contact.
- Improve your surgical choice and readiness.





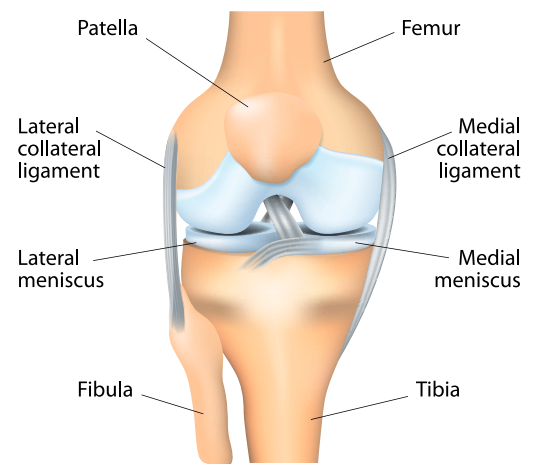
About Your Knee Surgery

Your likely length of hospital stay is **1-2 days**. You may go home earlier or later, depending on your recovery.

Knee replacement surgery is done to replace a diseased knee joint with an artificial one, known as a prosthesis.

Knee Anatomy

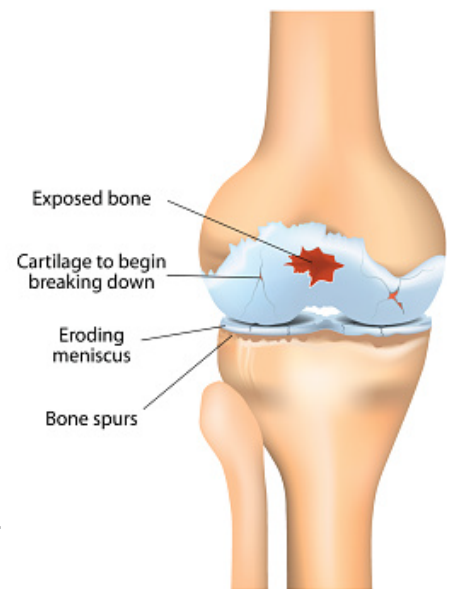
Your knee joint allows you to bend or straighten your knee, like a hinge. The knee joint is made up of the bottom end of the thigh bone (*femoral condyles of the femur*) and the top end of the shin bone (*tibial plateau of the tibia*). When you move your knee, the two ends move over each other. There is a layer of cartilage around the joint, which provides lubrication for smooth movement. In a healthy knee joint, this motion is smooth and painless.



Knee Disease

Osteoarthritis (also called degenerative joint disease) is the most common reason for knee replacement surgery. Other conditions that may lead to joint replacement are inflammatory arthritis, injury, or significant deformity.

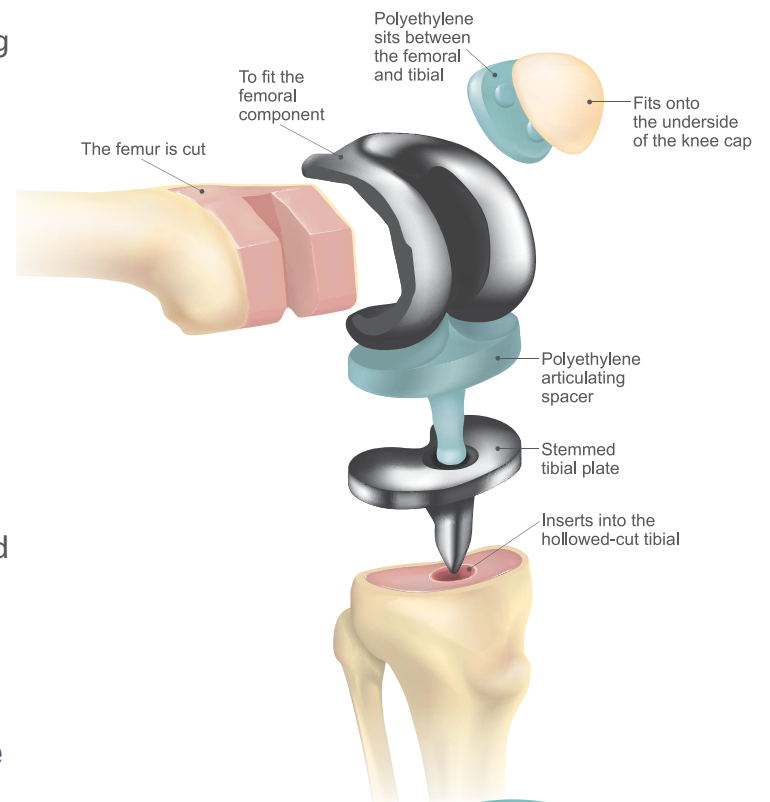
Osteoarthritis occurs when the cartilage around the joint wears away. When this happens, the surfaces of the joint become rough and uneven. Movement usually becomes painful because the two joint bones no longer move against each other easily.



Osteoarthritis usually happens in joints that bear body weight, like knees, hips, and shoulders. Joint replacement surgery is one way to repair the damage caused by osteoarthritis.

How the Surgery is Done

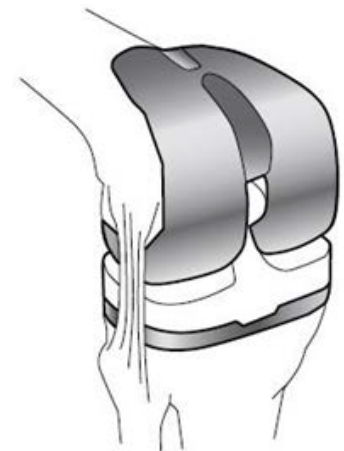
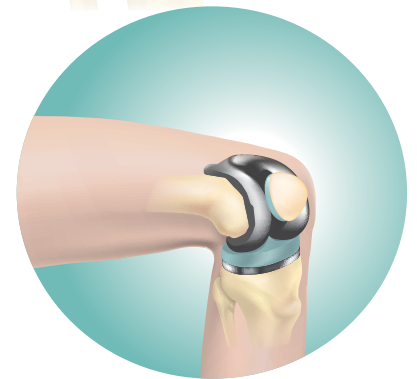
The surgeon makes a cut (incision) along your knee joint and moves the muscles, ligaments, and the patella (knee cap) out of the way. The surgeon then cuts the ends of the thigh bone and the shin bone (femur and tibia) to remove the rough parts. The cut ends of these bones are covered with a metal surface separated by a plastic liner and 'fixed' in place; this creates the new joint. The muscles and ligaments are then repaired and the skin is closed with sutures or staples.



How the Surgeon 'Fixes' the New Surfaces

During the surgery, the orthopedic surgeon removes the worn-down cartilage and bone to replace them with artificial surfaces. Applying the new surfaces is called *fixation*. The type of fixation that the surgeon uses is based on many things, such as age, disease type and bone quality. The joint may be:

- **Cemented:** The artificial joint is secured with a quick-hardening adhesive.
- **Un-cemented:** The artificial joint is closely fitted and covered with a rough material, encouraging the bone to grow into the artificial joint for increased stability.



Knee replacement surgery (regardless of the type of fixation the surgeon uses) takes about 1 to 2 hours.



Getting Ready for Surgery



Exercising Before Surgery



Regular physical activity keeps the muscles in the rest of your body strong. You will be relying on these muscles more when you recover after surgery.

Exercising before surgery will help you recover faster and lower the chances of any problems. Exercise keeps the muscles around your joint strong; this helps take the pressure off the joint and may reduce your pain. It also keeps your joint flexible and improves your overall ability to move.

Daily physical activity will be a big part of your recovery for at least 1 year after surgery. Exercising before surgery will build up your confidence and knowledge of how to exercise after surgery.

How Much Exercise to Get

The Canadian Physical Activity Guidelines recommend building up to at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week.

This can be done in chunks of 10 minutes or more. This works out to 30 minutes each day, 5 days a week.



The guidelines also recommend strengthening and balance exercises 2 days per week. Choose exercises that put less stress on your joints, such as pool exercises (swimming, water walking, water aerobics), riding a stationary bike, or walking with poles or a cane.

Strengthening Exercise

It is important to do strengthening exercise before and after surgery.

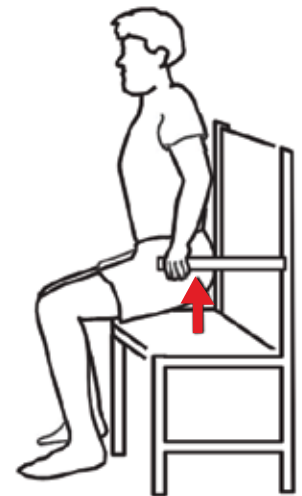
An important strengthening exercise to do before surgery is arm-chair push-ups (instructions below).

For more strengthening exercises, see *Your Early Exercise Program for Knee Replacement* on page 21 of this booklet.

Armchair Push-Ups

It is important to strengthen your arm muscles before surgery because you will be using them more often as you recover.

1. Sit on your chair, and put your hands on the armrests with your elbows bent.
2. Push through your hands to lift your body by straightening your elbows.



Walking With a Cane or Walking Poles

Before surgery, you could start using a cane or walking poles; they will help take the stress off your joint and may also decrease your pain. A cane or walking poles give extra support to your other joints, which need to work harder to make up for your sore joint.

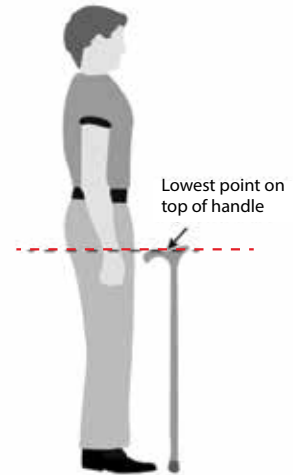
If you are limping or having pain in another body part, you could try using a cane or other gait (walking) aid on a regular basis.

The physiotherapist at the Hip & Knee Centre will talk to you about the type of gait aids that are best for you.

Walking With a Cane

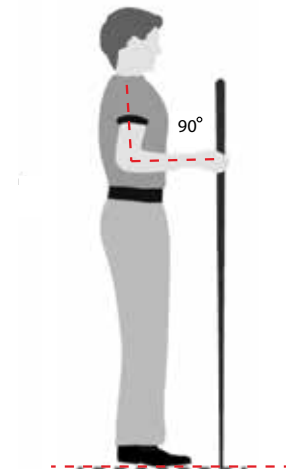
If you hang your arm loosely by your side, the top of the cane should be level with the crease of your wrist.

1. Hold the cane in the hand **opposite** your sore leg.
2. Move the cane and the sore leg forward, together.
3. Walk with even and equal-length steps, as close to normal speed as possible.



Walking With Walking Poles

1. Adjust walking poles so that your elbows are at a 90-degree bend when you grip the handles.
2. Move one pole and the opposite leg forward at the same time.
3. Walk with even and equal-length steps, as close to normal speed as possible.



Weight Management

Being overweight or underweight can affect how quickly, and how well, you recover from surgery.

Every extra pound you carry is like having 3-6 pounds of force on your joint. If you are overweight, losing weight slowly before surgery is best. Try to lose up to 1 pound per week; you may have less joint pain and be able to do more activities.

Whether you are overweight or underweight, it is important to eat well before surgery. If you are worried about your nutrition, talk to a dietitian. You can talk to a dietitian for free through HealthLink BC (www.healthlinkbc.ca, or phone 8-1-1).



Preparing Your Home for After Surgery



Before you come for surgery, think about what you will need when you get home (or wherever you will be staying).

Making the following changes to your home before surgery will make it easier for you later.

- If possible, arrange your home so that you can spend most of your time on a single level. Consider setting up a sleeping area on the main floor.
- Make sure all stairs have stable, solid railings.
- The seat height of all chairs that you sit on should be at least 2" (5 cm) above the bend in the back of your knees. Use a firm (high-density) foam cushion to increase the height of the chair if necessary.
- Make sure you have enough space to use a walker.
- Try to use chairs with arms.
- Remove all throw/scatter rugs and anything else that could cause you to trip.
- If you think you will find it hard to get into and out of bed, borrow or rent a bed rail assist.

If you think you will need extra care or home support after surgery, please talk to your patient navigator or the rehabilitation therapist you meet at your pre-surgery education session. They can direct you to resources to help you organize your own care after you leave the hospital.



Equipment You Might Need While You Recover at Home

After surgery you may need some equipment to help you while you recover at home.

At your pre-surgery education session, Rehabilitation Services will tell you about the equipment you might need at home, and where you can get it.

It is important that you pick up all the necessary medical equipment and set up your home **at least 1 week before surgery.**

Some equipment can be borrowed through the Red Cross Loan program. All items require a referral.

You can also buy equipment from an equipment vendor. Equipment you buy might be covered by extended health benefits; check with your benefits provider.





Reacher with a long handle



Sock aid



Raised toilet seat; 2", 4" or 5"/6" (5, 10 or 15 cm) high



Toilet safety frame



Shower stool (with adjustable height)



Bathtub transfer bench (with adjustable height)

Other equipment to consider:

- **Commode**
- **Clamp-on tub/shower grab bar**
- **Bed rail assist**
- **Flexible gel ice packs**
- **Long-handled sponge**
- **Hand-held shower head**
- **Non-slip bathmat**
- **Slip-on shoes, or shoes with elastic shoelaces or Velcro®**
- **Leg-lifter strap**
- **Crutches (underarm)**
- **Crutches (forearm)**

Your Pre-Surgery Education Session

After you have accepted a surgery date, you will be contacted to arrange your Pre-Surgery education session appointment.

At this session you will:

- Learn what to expect after surgery.
- Learn about the rehabilitation process.
- Be given your Red Cross equipment requisition and learn how to use the equipment you will need.

Attending this education session is a necessary step in preparing for surgery.

Medications

Most medications can be taken as usual, up to and including the day of surgery. However, there are some medications that must be stopped before surgery to lower the chance of complications.

Please follow the instructions given to you by your healthcare team.

What to Bring to the Hospital

Bring loose-fitting clothes that are easy to put on and take off, and comfortable closed-toed shoes that are easy to put on and take off (e.g., slip-on shoes, or shoes with elastic shoelaces or Velcro®).

- If you use a CPAP machine, please bring it to the hospital with you.
- It is a good idea to label all of your belongings with your name.
- If you have a Cryocuff, bring it to the hospital with you.





What to Expect After Your Surgery



Incisions

Your incision is closed with stitches (sutures), staples or dissolvable stitches, and steri-strips. You may have a drain on your leg that collects blood from your joint. Your knee may have a hard dressing, so you will not be able to move your knee joint too much. This dressing is usually removed within **24 hours** after surgery.



Activity

Being as active as you can after surgery will help you recover quicker and will help to prevent problems. You will be given exercises to do and be encouraged to be physically active. Physical activity will help improve how your joint works; it will also help clear your lungs, reduce your risk of blood clots, reduce your pain, and start your bowels moving.

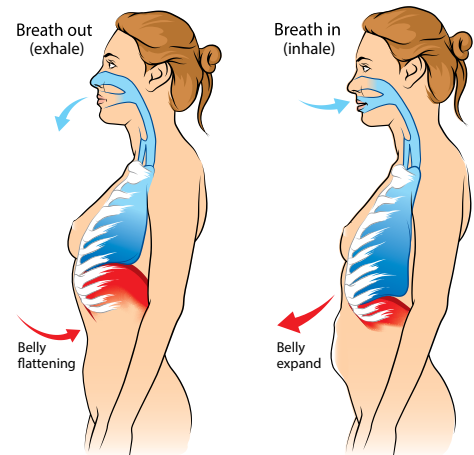
The night of your surgery you will be helped to sit at the side of the bed. You might also be helped to get out of bed for a short time. The care team will let you know how much weight you can put on your surgical leg.

It is important to do ankle-pumping and deep breathing exercises after your surgery, especially while lying in bed.

Deep Breathing

1. Sit upright in a chair, or bring your head up if lying in bed. Have your arms supported.
2. Breathe in through your nose for 2 counts and feel your belly expand.
3. Breathe out through your mouth for 4 counts and feel your belly relax.

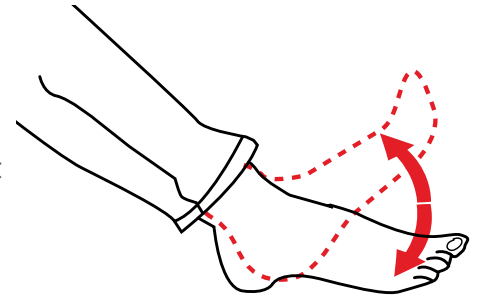
Repeat this exercise 10 times every hour you are awake.



Ankle Pumping

- **If you are lying down**, bring your toes towards your shins and then point them away from you.
- **If you are sitting**, place your feet flat on the floor, lift your toes up, then put them back on the floor; then lift your heels up and then put them back on the floor.

Repeat this exercise 10 times every hour you are awake



Members of Rehabilitation Services will help you get active after your surgery:

- A **physiotherapist** will work with you while you are in the hospital, to teach you your exercise program, how to walk with a walker or crutches, and how to use stairs safely.
- A **rehabilitation assistant** may also help you with your walking and exercises.
- An **occupational therapist** may review how to do your daily activities, such as dressing, while making sure that you are protecting your new joint.



Movements to Avoid During Early Recovery

Please avoid extreme positions and movements with your knee, such as:



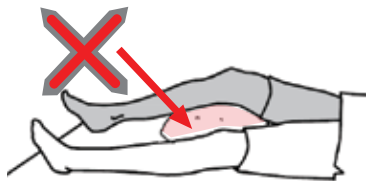
Do not kneel on your surgical knee.



Do not do deep squats (such as squatting down to the floor).



Do not twist your body or legs.



Do not put a pillow *cross-way* behind your surgical knee when you are lying down; instead, put a pillow *lengthwise* under your leg, to keep your knee straight.



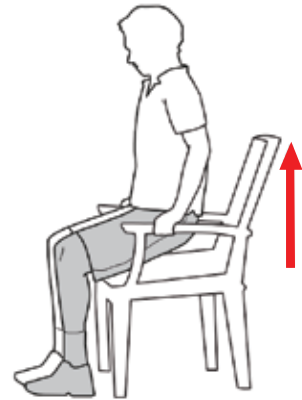
Daily Activities

Every day we move without thinking about *how* we are moving. While you are recovering from your surgery, however, you need to be careful how you move. This is to make sure you avoid pain, and heal as quickly as possible.

- Practice moving in the ways described **below**, before your surgery, so you are familiar with them.
- Follow the instructions below when making any of these movements **after** surgery.

Sitting/Standing

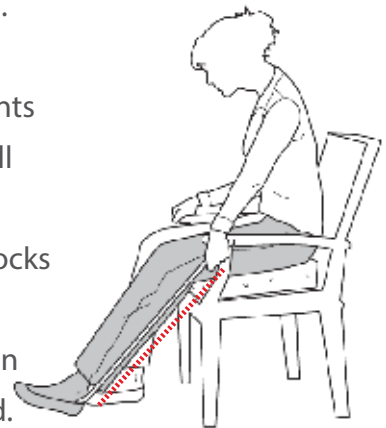
- Choose a chair with arms.
- The chair seat must be at least 2" (5cm) above the bend in the back of your knees.
- Put your surgical leg ahead of your non-surgical leg before you sit or stand.
- Do not let your hip bend forward more than 90 degrees. Use the armrests to push yourself up.



Getting Dressed

- Sit on a chair or raised surface (see *Sitting/Standing*, above).
- Dress your surgical leg first.
- Use a long-handled reacher to get your underwear and pants over your foot and up your leg. Do not bend forward to pull them over your foot.
- Use a sock aid and a long-handled shoe horn to get your socks and shoes on.

You might find it easier to wear loose-fitting clothes and slip-on shoes or shoes with elastic laces or Velcro® until you are healed.



Getting Into Bed

- Sit on the edge of your bed.
- Slide back across the bed until your surgical knee is supported by the bed.
- Swing your legs into the bed.

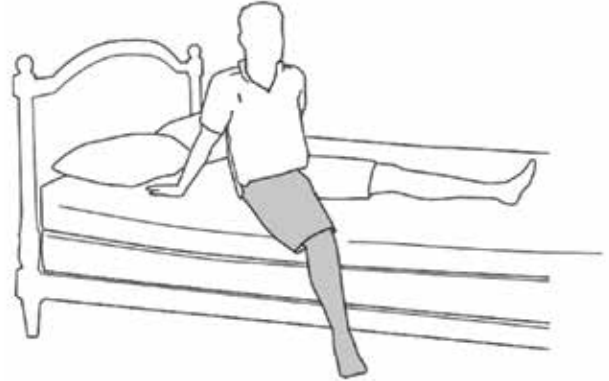
Do not twist!

Useful Tips for Getting Out of Bed

- Use a leg-lifter strap to help get your surgical leg in and out of the bed.
- A bed rail may also be helpful.

Getting Out of Bed

- Slide to the edge of the bed.
- Using your arms, push yourself up to sitting position.
- Slide your leg off the bed.



Using a Walker, Cane or Crutches



Your physiotherapist will tell you if you should use a two-wheeled walker, crutches or a cane after surgery. They will also tell you when you are ready to use a different walking aid.

Using a Walker or Crutches

1. Stand up and move the walker or crutches forward.
2. Step forward with your surgical leg.
3. Put as much weight as necessary on the walker/crutches and step forward with your non-surgical leg.

Going Up Stairs With a Cane or Crutches

Always use a handrail if there is one. If there is no handrail, use 2 crutches.

1. Hold your cane/crutch in one hand, grip the handrail in the other, and step up with your non-surgical leg first.
2. Follow with your surgical leg and the cane/crutch.
 - If you have a walker, ask someone to take the walker upstairs for you, or have a walker for each floor.

Going Down Stairs With a Cane or Crutches

Always use a handrail if there is one. If there is no handrail, use 2 crutches.

1. Hold the handrail with one hand and your cane/crutch in the other.
2. Put your weight on your non-surgical leg, and step down with your surgical leg and the cane/crutch.
 - You can bend your knee to where it's comfortable to help keep you stable as you go down the stairs.
3. Follow with your non-surgical leg, one stair at a time.

If you have stairs at home, the hospital physiotherapist will practice stairs with you before you leave the hospital. In the early stages of recovery, plan your day so that you don't need to do stairs very much; less is better!

This will help you save energy and avoid putting unnecessary stress through your new joint.





Blood Thinning Medications

After surgery your surgeon will prescribe blood thinning medication for you. This is because there is a risk of blood clots after surgery. Blood thinners lower the risk of getting blood clots. Take the blood thinning medication for as long as your surgeon tells you to.

Your surgeon will decide which blood thinner is right for you. Depending on the type of blood thinner, you may be taught how to give yourself the injection while you are still in the hospital.



Going Home After Surgery

When you are discharged from the hospital you will not be able to drive.

- Please make arrangements to get home, before you come to the hospital for your surgery.
- You will need a friend or family member to pick you up when you are discharged from the hospital. If you do not have a friend or family member who can pick you up, you will need to make other arrangements (see below for options).
- Discharge time is 9 a.m., but you may be discharged earlier or later. Please let your ride know that they will need to be available if this time changes.



Transportation

Public Transportation

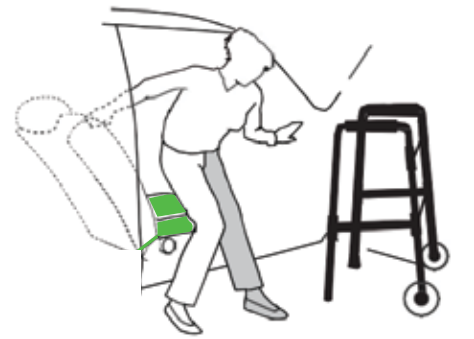
If you are going to take public transportation home after your surgery (taxi, HandyDART, private transportation service, volunteers, etc.) a friend or family member must be with you to help you get into your home safely. You cannot take public transportation home alone.

If you need help arranging for a transportation service or volunteer, please talk to your care team before you come for surgery; they will be happy to help you set up something.

Getting Into and Out of a Car

If the car seat is low, you can use a firm cushion to raise the height.

1. Ask the driver to:
 - Slide the front passenger seat as far back as it will go.
 - Recline (put down) the seat back as far as it will go.
2. Back up towards the car until you feel the seat on the back of your legs.
3. Put both of your arms behind you and find something sturdy for your hands to rest on. This could be a grab bar, the dashboard, or the seat of the car.
4. Put your surgical leg forward before sitting down.
5. Lower yourself slowly to the seat using your arms to help you and slide your bottom as far back on the seat as you can.
6. Slide your bottom further back onto the seat.
7. Spin your bottom on the seat while lifting your legs into the car.
 - You might find it helpful to use a leg-lifter strap to lift your surgical leg into the car.
 - **If you've been given hip precautions, make sure to maintain them when getting into and out of a car.**





Incisions and Dressings

Your incision is closed with stitches (sutures), clips (staples) or dissolvable stitches, and steri-strips. If you have staples, they need to be removed 10-14 days after the surgery by a qualified healthcare provider.

A waterproof dressing (bandage) will be put over your incision before you go home. Your care team will check your dressing before you leave the hospital. They will change it if necessary.

When you are discharged, your nurse will give you specific instructions on caring for your wound and dressing. You will also be given a discharge form with specific information.

If you have further questions about your incision or the dressing, please ask your Care Team. It will take about 6-8 weeks after you get home for your incision to heal completely. While your incision is healing:

- **Do not** go into a sauna, pool, hot tub, or bath.
- **Do not** put any lotions, oils or ointments on the incision.



Physiotherapy After Surgery

After your surgery, you will begin going for physiotherapy. Physiotherapy will help build strength in the muscles around your new joint.

Your first physiotherapy appointment will be about 2 weeks after your surgery date. Someone from Rehabilitation Services will make an appointment for you and tell you when it is.

Your physiotherapist will give you exercises to do at home; this is the most important part of your rehabilitation.

Your physiotherapist will review your home exercise program at your physiotherapy visits. As you recover, your exercises will be made more challenging.



Your physiotherapist will also check how well you are moving, and decide when you are ready to go from walker or crutches, to a cane.

Most people use a walker or crutches for 2-6 weeks after surgery. Do not stop using your walker/crutches too soon, as this will put too much stress on your new joint, and on the other joints in your legs and back. This can be painful and may slow down your recovery.

If you have questions about recovery and when you can start doing activities (like driving, working, or exercising at the gym), ask your physiotherapist, or talk to your patient navigator.

Your Early Exercise Program for Knee Replacement

All exercises below should be repeated 5-10 times, 4-6 times a day unless otherwise noted.

Within 1-2 weeks of starting your exercise program, your swelling and pain should improve, and you should be able to bend your knee at least 90 degrees, and straighten it out.

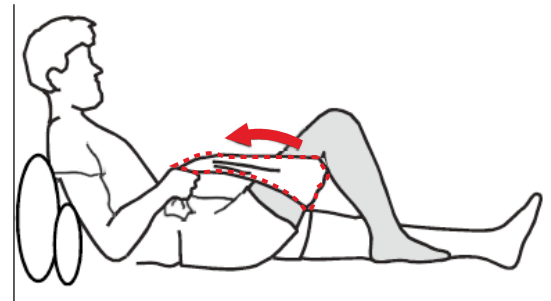
Range-of-Motion exercises will help decrease stiffness in your knee. Talk to your physiotherapist if you have difficulty with your exercises, or if you have a lot of swelling.

1. Quad Setting

- i. Lie on your back with your kneecap and toes facing the ceiling.
- ii. Put a folded towel under your knee.
- iii. Pull your toes back towards your body.
- iv. Tighten the muscles in the front of your thigh and push the back of your knee down.
- v. Hold for 3-5 seconds, then release back to the starting position and repeat.

2. Knee Bending (Heel Slides)

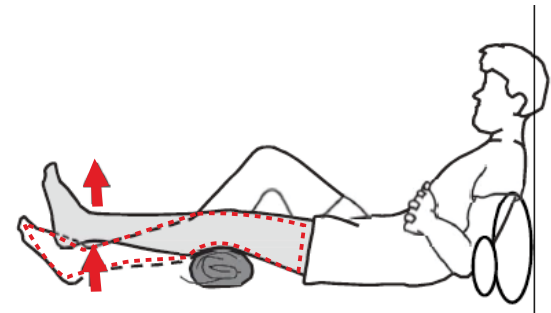
- i. Lean back against a supportive surface.
- ii. With the help of a towel or hand behind your thigh, pull your heel towards your bottom.
- iii. Hold for 3-5 seconds, then release back to the starting position and repeat.



Tip: Put a towel or garbage bag under your foot to make the sliding easier.

3. Knee Extension

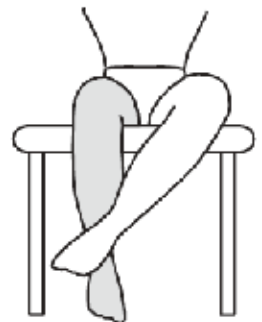
- i. Place a 6"-wide rolled towel under your knee.
- ii. Press the back of your knee down into the roll.
- iii. Straighten your knee to bring your ankle off the bed and hold for 5 seconds, then release back to starting position and repeat.



Tip: Use a leg strap initially if you have trouble with this exercise.

4. Seated Knee Bend

- i. Sit on a firm chair with your feet planted on the floor.
- ii. Slide the heel of your surgical leg back to bend your knee.
- iii. Cross your other ankle over your surgical leg and gently push back.
 - You can also slide your bottom forward on the seat to deepen the stretch.
- v. Hold for 3-5 seconds, then release back to the starting position and repeat.

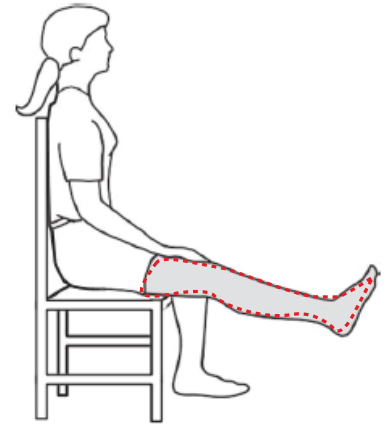


Tip: Put a towel or garbage bag under your foot to make the sliding easier.

5. Seated Knee

- i. Sit on a firm chair.
- ii. Keep the back of your thigh on the chair and straighten your surgical leg while keeping your toes pointed up.
- iii. Hold for 3-5 seconds, then release back to the starting position, then repeat.

Tip: Use a leg strap initially if you have trouble with this exercise.



Seeing Your Surgeon After Your Knee Replacement

Your surgeon will want to see you for a follow-up appointment after your surgery. The surgeon's office will contact you to let you know when your appointment is.



Pain Control

In most cases, the pain starts to get better 6-12 weeks after surgery. It is important to keep taking your pain medication as prescribed to you by your surgeon. Your physiotherapist will also teach you ways to control your pain in addition to taking pain medications.

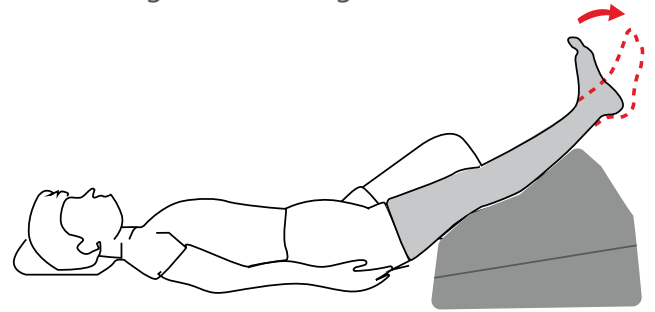


Swelling

After surgery your leg, right down to the ankle, might be swollen. This is normal. You will notice this most in the first 2 weeks after surgery. The swelling might get worse the more active you get, and during your physiotherapy exercises.

It is important to try to reduce the swelling. To reduce the swelling, the following things can help:

- Ankle-pumping exercises. Point and flex your feet 10 times every hour while you are awake.
- Lie down often, for 15-20 minutes each time, with your leg up on pillows (keeping your knee movement precautions in mind). You may also want to ice your knee at this time.
- Do not sit for longer than 30 minutes.
- Ice your joint regularly. This can be done 4-6 times per day for 10-15 minutes. To avoid injury, never apply ice directly to your skin.
- If you have a cryotherapy machine, this can be used instead of ice.



If it is hard to control your pain, or your swelling isn't going down, please speak with your physiotherapist or primary care provider.



Driving

Being able to drive safely depends on which knee was operated on, whether you have an automatic or standard transmission vehicle, and your ability to safely and quickly move your foot from the gas pedal to the brake.

As a general guideline you should be off all narcotic medication. Do not drive until your surgeon tells you that you can. This is usually 6 weeks after surgery.

Ask your surgeon when you will be able to drive after surgery.



Resuming Medications at Home



Your surgeon will tell you which medications, including non-prescription medication and supplements, to start taking again after surgery. If you have any questions about your medications, talk to your primary care provider.



Sexual Activity

You may return to sexual activity when you feel ready and comfortable. This is generally 4-6 weeks after surgery.

You may want to consider some new positions. Discuss this with your partner. The website www.recoversex.com has a variety of suggestions for safe and comfortable sexual positions.

If you have questions or concerns about how to protect your new knee during sexual activity, talk to your patient navigator, physiotherapist or surgeon.



Going Back to Work

It is important that you allow yourself time to recover from surgery and focus on healing before you go back to work. How long you should take to recover depends on many things, such as how healthy you are, and the type of work that you do. Talk to your surgeon about what is right for you.

Sports and Recreational Activities

Regular physical activity after your knee replacement is very important. Start with low-impact activities that do not cause any pain. Rest often and listen to your body.



Being active 4-7 days a week has many health benefits and will help you build strength and mobility in your knee.

Choose activities that have a low risk of injury or falling, and that do not need a lot of range of motion for your knee.

Talk to your surgeon and physiotherapist about any sports or activities you want to do after your surgery. There are 3 levels of activities:

- **Recommended Activities;** you can start doing these as soon as you feel able.
- **Activities You May Be Able to Do with Caution;** you *might* be able to start doing these, with caution (talk to your surgeon before you try any of them).
- **Activities You Should Not Do for Some Time After Surgery;** you should not do these activities until your surgeon tells you that you can.

Recommended Activities



Do these activities whenever you feel able (unless your surgeon tells you otherwise):

- Walking.
- Swimming, water aerobics, deep water running.
- Cycling on a stationary bike.
- Golf (using a cart).
- Slow dancing that does not involve lots of twisting, fast movements, or that are high-impact.
- Non-impact aerobic dance.

Activities You May Be Able to Do with Caution



Talk to your surgeon about these activities before doing them:

- Vigorous walking, hiking.
- Downhill and/or cross-country skiing.
- Dancing that has some twisting, fast movements, or that is high-impact.
- Doubles tennis.
- Using a step machine or rowing machine.
- Repetitive lifting of more than 20 kg (44 lbs).
- Gardening and yard work.

Activities you Should Not Do for Some Time After Surgery

Ask your surgeon if or when you might be able to do these activities:

- Running, jogging.
- Jumping (skipping rope).
- Singles tennis, badminton, squash.
- Skating.
- Contact sports (such as hockey and football).
- High impact sports (such as basketball and volleyball).
- Horseback riding.
- Waterskiing.



Medical Procedures and Dental Work

If you will be having any medical procedures (such as procedures involving the bladder, prostate, lung, or colon) or dental work after your knee replacement, tell your health care professional that you have had joint replacement surgery.



To avoid the risk of infection, it is important that you do not have any dental work, including dental cleaning, for **3 months after surgery**.

If you have a health issue that compromises your immune system, you may need antibiotics with every dental procedure for the rest of your life. **Please discuss this with your surgeon and dentist.**



Health Concerns

Call 911 or Go to The Nearest Emergency Department if:

- You have increased swelling, tightness, redness, and/or your surgical leg is warm to the touch.
- Your surgical leg suddenly shortens.
- Your knee cannot be moved.
- You have chest discomfort with sweating, nausea, faintness or shortness of breath.
- You have shortness of breath that gets worse and is not relieved by resting.
- You have fainting spells.
- You have sudden problems with speaking, walking or coordination.

Call Your Primary Care Provider if:

- Your pain gets worse or does not go away with pain medicine.
- You have a fever over 38.5° C (101.3° F), or chills.
- You feel sick to your stomach (nauseated) or throw up (vomit) often for more than 24 hours.
- You have diarrhea that lasts for more than 2 days.
- You have not peed (urinated) for 6 hours.





- You notice any of these changes in your incision area or drain:
 - Your incision becomes red, swollen, or hot to the touch.
 - You notice a lot of clear or foul-smelling liquid coming from your incision.
 - You start bleeding from your incision (enough to soak through a tissue).
 - You have a drain that is accidentally pulled out.
 - There is a change in the type of drainage from your incision.
 - There is increasing drainage from the incision site. Although it is normal for a new surgical incision to have some drainage, this should slowly stop within 3 to 5 days after surgery.
 - You experience confusion at home after surgery, and confusion is not normal for you.

If You Can Not Reach Your Primary Care Provider:

- Go to a walk-in medical clinic, or
- After clinic hours, go to a hospital emergency department.

Call or Email HealthLink BC if:

You want health information and advice (free-of-charge).



HealthLinkBC

- **Phone:** 8.1.1 from anywhere in BC.
7.1.1 for deaf and hearing-impaired assistance (TTY)
 - **Email:** www.healthlinkbc.ca
- Translation services are available in over 130 languages.**



Resources

Island Health Resources

Ask a member of your healthcare team about getting a copy of these Island Health resources:

- Meeting your surgeon
- Improving your health before surgery
- Getting ready for and recovering from Surgery



Island Health Surgery Resources

www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery



Compliments and Concerns

Quality care is important to all of us. You have the right to give feedback about your care and know you will be treated fairly. Your feedback gives us an opportunity to improve the care and services we provide. If you have a compliment, complaint or concern, you can speak directly to the person providing your care, or you may contact the **Patient Care Quality Office**.



Patient Care Quality Office
Royal Jubilee Hospital
1952 Bay Street Victoria, BC V8R 1J8
Memorial Pavilion, Watson Wing, Rm 315
Toll-free: 1.877.977.5797
Greater Victoria: 250.370.8323
patientcarequalityoffice@viha.ca

www.islandhealth.ca/patients-visitors/patient-care-quality-office



island health

islandhealth.ca

