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Patient Information Booklet

Total Knee Arthroplasty

Patient Name:_____
Orthopedic Surgeon:_Dr. Simon Garceau_____
Surgery Date: _____

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Introduction

The purpose of this booklet is to provide you with information before your knee surgery. This booklet gives you instructions on preparing for surgery and what to expect after your surgery. Please read this booklet carefully, write down any questions you may have, and bring this booklet with you for clinic visits and your hospital stay.

You have chosen to have a knee replacement. Your health care team will do all they can to make your surgery a success. We hope that keeping you informed helps you understand what to expect and how you can take an active role in your care. How well you prepare for surgery and the efforts you make after surgery will be important factors in your recovery. *Your success depends on you.*

Family / Friend Information

It is important that you choose a family member or friend to be with you throughout your knee replacement journey. This is a person who will be supporting you prior to surgery, during your hospital visit, and at home with you during your recovery. This person can be a family member, a friend or a caregiver. Please review the booklet with this person before your surgery so you both have an understanding of the care you will be receiving.

What does a family member / friend do?
- Attends your clinic appointments with you (if permitted).
- Supports and works with you the day of the surgery and for the first night at home. **It is mandatory that someone stay with you the first night after your surgery.**
- Supports you with your rehabilitation once you have been discharged (including transportation as needed).
- Translates, if French or English is not your first language.

Anatomy

The knee is a “hinge joint” made up of three bones in a hinge formation: the end of the femur (thigh bone), the top of the tibia (shin bone), and the patella (knee cap). The patella rides up and down the front of your knee as you bend and straighten it. In a healthy knee, cartilage covers the surface of the bones in the knee joint and lets you move smoothly and without pain. Between the two bones are the two menisci; they work as shock absorbers. Strong bands called ligaments hold the knee together and large muscle groups control the movement of the knee. The quadriceps are at the front of the thigh and work to straighten the knee. The hamstrings are at the back of the thigh and they work to bend the knee.

How is the surgery done?

1. Your kneecap is moved out of the way. Part of the end of the thighbone is removed and replaced with a metal component.
2. The top of the shinbone is removed and replaced with a metal platform. A plastic piece is fitted on top of the metal platform.
3. The back of the kneecap is smoothed and fitted with a plastic component.

In a uni-compartmental procedure (Hemi or Oxford Knee Replacement), only one side of the knee joint needs to be replaced. Upper and lower pieces are used.

2. Preparing for Knee Surgery

It is each person's responsibility to think ahead and make the necessary arrangements to make sure that you have a safe return home. This includes emotional preparation, improving your physical health, doing the recommended exercises before your surgery, preparing your home and having the equipment ready that you may need to be comfortable.

Making Your Home Safe:

Before surgery here are some things to do to make sure your home will be safe when you return home:
- Remove scatter rugs from areas where you will be walking as these are very easy to trip or slip on.
- Clear paths so that you can move around safely with your walking aid.
- Keep pets out of your way.
- Make sure that handrails along staircases and bathroom bars are securely attached.

You will be taught how to go up and down stairs before you go home so it is not necessary to set up on one level. If you do decide to set up on one level it is important to make sure you have easy access to a bathroom, a sleeping surface that allows you to fully straighten your leg, a place to rest and elevate your leg and a place for you to do your exercises. Make sure there is a safe exit from your home.

Equipment:

It is very important to have any required equipment before you go to the hospital for surgery. Having the equipment in place ahead of time will give you the opportunity to practice with it before surgery so that you can manage better at home after you leave the hospital.

You can pay for this equipment yourself or use your private insurance. You will need a prescription from your surgeon if you want your insurance to pay for the equipment. You can get this prescription at your visit with the surgeon after surgery. If you are on ODSP they will pay for the equipment.

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Pre-Admission Unit (PAU)

Before your surgery you will have an appointment with the pre-admission unit (PAU). This is a medical appointment that is either done over the phone or in person, one to three weeks before surgery. This appointment can take up to 2 hours. Please bring a family member/friend with you. You may need to have medical tests such as blood work or x-rays done. You will meet with a nurse and/or anesthesiologist to talk about your current medications, your medical problems, the pre-op instructions to follow and the type of anesthesia that will be used. You will also meet with a physiotherapist that will give you some exercises to complete before your surgery, discuss the expectations on the day of your surgery and during your rehabilitation. Please bring all your medications as well as any supplements or vitamins that you are taking in their original bottles. Your medication may be changed after this appointment. Do not be afraid to ask questions at this appointment. This is the best place to ask if you have questions about your own health and your surgery.

What to Bring

Getting dressed will be more difficult after surgery therefore we recommend that you bring loose-fitting clothing with an elastic waist to wear in the hospital (stretchy materials will be more comfortable). Supportive, non-slip shoes must be worn for walking in the hospital and all toiletries must be unscented. It is a good idea to bring a notepad to write down any questions that you may have for the staff during your stay and your *Patient Information Booklet*. Pack these items in an overnight bag, even if you are planning to go home the same day just in case you need to stay in the hospital overnight. Please also bring your walking aid with you to the hospital when you first arrive.

NOTE: Do not bring any valuables or large sums of money with you at the hospital. The Hawkesbury General Hospital is not responsible for any lost or stolen items during your stay with us.

Night before Surgery

Skin Preparation:

Infection can occur after any surgery. The most common source of infection comes from bacteria on your skin. To prevent this, you must clean and prepare your skin.

- The night before, shower or bathe using an unscented or non-perfumed soap.
- Wash your leg according to your surgeon's instructions
- Remember to shampoo your hair.
- Trim nails and remove nail polish.
- Do not wear makeup and remove contact lenses.

Smoking:
- Decrease your smoking 1-2 weeks before your surgery.
- Do not smoke after 6pm the evening before your surgery.

Nutrition / Hydration:
- Stop eating solid food at midnight the night before your surgery (includes gum or hard candy).
- You may continue to drink clear fluids up to 90 minutes before your arrival time to the hospital (it is important that you are well hydrated so you feel well before your surgery and may help speed up your recovery); drink at least 2 cups!
- Stop drinking clear fluids 90 minutes before your arrival to the hospital.
- **NOTE: *Clear fluids* means that you can see through the liquid. Examples of acceptable clear fluids include water, Gatorade or apple juice. If in doubt, do not drink it.**
- Do not drink alcohol 24hrs before the procedure.

NOTE: Failure to follow these guidelines results in cancellation of the surgery.

Day of Surgery

On the day of surgery come to the hospital at the right time. You will be contacted by phone with a time to come to the hospital for your surgery, one to two days prior to your surgery.
- Have someone drive you to the hospital.
- Come in from the Main Entrance and Check-In with the Clerk.
- You will be directed to the pre-surgical area where the necessary preparation will be done for your surgery.
- If it wasn't done during your PAU appointment you and the doctor responsible for anesthesia will decide together what type of anesthetic is best for you.
- You will see your surgeon before your operation.
- An intravenous (IV) will be started in one of your arms.
- You may be given sedation and other medication in advance of your surgery.
- You will be taken to the Operating Room.
- You will be given an anesthetic.

The operation takes 60 to 70 minutes. When the surgery is finished, you will be taken to the recovery room. You will see the physiotherapist in the recovery room and go home from there.

Anesthesia

Your anesthesiologist will discuss with you the option of staying awake during surgery or having medication to put you to sleep. If you choose to stay awake, you will not see the surgery taking place, or feel any pain.

1. Regional Anesthetic (Spinal or Epidural): Medication is injected in the spinal fluid below your spinal cord, freezing the nerves of your hips and legs. A small area on your lower back is frozen. A very small needle is used to inject the medication below your spinal cord (the needle is removed). Can cause a headache and/or a backache.

2. General Anesthetic: You are asleep for the entire surgery.

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COMPASSION
INNOVATION
EXCELLENCE

Game Ready Pneumatic Compression + Cryotherapy Unit

Patient Rental Information Sheet

To reserve a GameReady device – please call 613 686 4557

Your surgeon has prescribed the Game Ready System for you to assist with your recovery from surgery or injury. Game Ready is the injury treatment of choice of thousands of prominent orthopaedic clinics and physical therapy centres as well as teams and athletes in almost very professional and competitive sport.

This document will provide you with information regarding the rental of a Game Ready Unit and common questions that might arise in its usage by patients at home.

WHAT: THE Game Ready System combines intermittent pneumatic compression and cooling in a single system to provide treatment to an injury or during post-surgical recovery.

WHY: Intermittent compression with cryotherapy has been shown to decrease the amount of localized edema and pain to a joint or area, allowing greater range of motion and earlier recovery and return to full function.

PROTOCOL: This system will only be applied while at rest and is not intended for use while active.

1) Initial usage – Acute injury or immediate post-op with or without post-op dressings or bandage (usually up to 72 hours or as tolerated by individual):

- Apply the system 30 minutes ON and 60 minutes OFF at a low compression of 5-15 mmHg (Program 5) while you are awake.
- If uncomfortable change to Program 4 which will apply no pressure, only cooling.
- If you experience any increase in pain or discomfort even at Program 4, we recommend stopping usage immediately and consult your referring physician, rehab specialist or Kinemedics representative.

2) Continued Usage – After post-op dressings are removed or as tolerated after initial 72 hours

- A 4x4 gauze bandage with a tubi-grip compression sleeve over the dressing should be applied before applying the Game Ready Sleeve.
- Apply the Game Ready system for 30 minute ON and 60 minutes OFF (Program 5) with low compression (5-15 mmHg) while you are awake.
- The amount of compression may be increased to medium (5-25 mmHg) if tolerated.
- Once again, please let us know if you experience any increase in pain or discomfort; the system can be stopped immediately any time.