The Ottawa Hospital | L'Hôpital d'Ottawa

Eating and Drinking Instructions

- **Stop eating solid food at midnight** the night before your surgery.
- Do not chew gum or suck on hard candy after midnight.
- Clear fluids make you feel well before surgery and may help speed up your recovery. Continue to drink clear fluids up to **90 minutes** (1 ½ hours) before your arrival time to the hospital on the day of surgery. Drink at least 2 cups of:
  - ☐ Water
  - ☐ Apple juice
  - ☐ White cranberry or white grape juice
  - ☐ Colourless soft drinks (Sprite, Ginger Ale, 7-Up)
  - ☐ Colourless sport drinks (Gatorade, Powerade)
  - ☐ _____
- **Stop drinking 90 minutes** (1 ½ hours) before your arrival to hospital.

Dr. _____

Date: _____

Hospital-Acquired Clots

- Did you know that just being admitted to hospital with an illness carries at 15% chance of developing a DVT, if you do not take preventative measures?
- Did you know that having surgery on your leg, such as a hip replacement, carries a 50% chance of developing a DVT unless you have preventative blood thinners?

What is a DVT?

A deep-vein thrombosis (DVT) is a clot which forms in a deep vein, usually in the leg. Deep veins run through the muscles and transport blood to the heart. When a blood clot forms, it blocks this flow.

Preventing a hospital-acquired clot

Anyone can have a DVT but your risk is increased further if any of the following apply to you:

- You are over 40 years old
- You cannot move around much
- You have cancer or have been treated for cancer in the past
- You are overweight
- You have a family history of DVT or pulmonary embolism
- You are having surgery, especially surgery to your abdomen or hip or knee

Is a DVT serious?

DVT can be very serious and may be fatal. A DVT clot can travel through the bloodstream to the lung where it may result in a blockage called a Pulmonary embolism (PE). It can happen hours or even days after a DVT starts. Most hospital-acquired clots (DVT and PE's) can be prevented safely and effectively.

- Gentle calf exercises and getting out of bed soon after an operation can reduce your risk of developing a DVT
- Sequential compression devices (SCD) squeeze the legs and help the flow of blood and prevent DVT, if you cannot take blood thinners
- Small doses of blood thinners take each day help those most at risk

Questions to ask about DVT

When you are admitted to hospital, your nurse or doctor will discuss risk and prevention of DVT.

Questions you should ask are:

- What is the risk of deep-vein thrombosis during my stay?
- What preventative treatment will I be given?
- What symptoms might I have if I get a DVT or PE?
- What should I do if I think I might have a DVT of PE?

What are the symptoms of DVT or PE?

The concern about DVT's is that many of them are "silent". In fact, in 80% of cases, DVT's produce no symptoms at all apart from pain. They can occur in a leg or an arm. If there are symptoms, they may include:

- Swelling
- Pain
- Change in colour of the skin

The symptoms of a pulmonary embolism – clot in the lung – may include:

- Chest pains
- Suddenly feel short of breath
- Blood-stained sputum
- Feeling clammy, dizzy or panicky
- A cough which will not go away

DVT or PE Treatment

DVT's are normally treated with blood-thinning medicine (anticoagulants) such as heparin and warfarin. These prevent further blood clots forming and stop existing clots from getting bigger. Clots that have already forms in the body will then naturally break down over time. You should be seen by a specialist in clots (Thrombosis Specialist). They can discuss and prescribe the most suitable treatment for you.

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Knee Exercises / Exercices pour le genou

Do the following exercises as indicated. Do _____ repetitions, _____ times a day. Hold for ____ seconds.

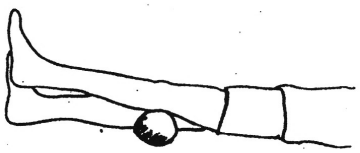
Faites les exercices suivants. Répétez à _____reprises, ____ fois par jour. Gardez la position pendant ___ secondes.

1. Place a roll under the ankle and stretch the knee for 1 to 5 minutes.

   Placez une serviette sous la cheville et maintenez l'étirement du genou de 1 à 5 minutes.

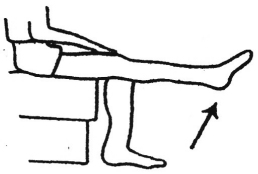
2. With the knee over a roll, tighten the thigh and lift the foot until the knee is straight.

   Placez le genou sur une serviette roulée ou sur un petit coussin. Contractez la cuisse et levez le pied jusqu'à ce que le genou soit droit.



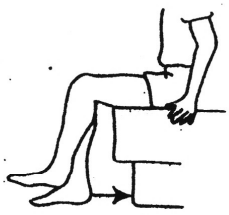
3. Sitting in a chair, straighten your knee.

   Assis sur une chaise, redressez le genou.



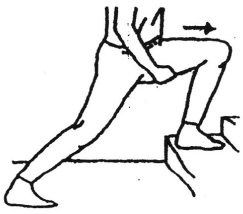
4. a) Sitting in a chair, bend the knee as far as possible. Cross the other leg over and push backward.

   Assis sur une chaise, pliez le genou aussi loin que possible. Croisez l'autre jambe par-dessus et poussez vers l'arrière.



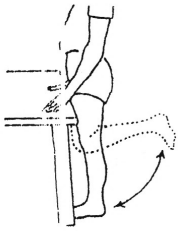
   b) Progress by leaning forward onto a step.

   Progressez en vous penchant vers l'avant devant la marche d'escalier.



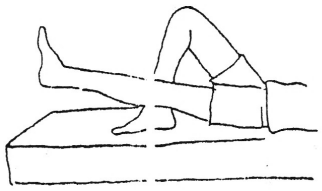
5. Standing, bend the knee, keeping the hip straight.

   Debout, pliez le genou en gardant la hanche droite.



6. Lying on the back with one knee bent, tighten the thigh of the straight leg and lift up about 15 cm from bed.

   Couché sur le dos, un genou plié, contractez les muscles de la cuisse de l'autre jambe et soulevez la jambe à environ 15 cm du lit.



7. Standing at the edge of a step, drop the heels to stretch the calf. Then go up onto the toes.

   Debout au bord d'une marche, baissez les talons pour étirer les mollets. Levez-vous ensuite sur la pointe des orteils.

8. Standing with feet shoulder-width apart, bend both knees slowly to about 30 degrees with equal weight on both legs. Hold then return to standing. To progress, hold the semi-squat longer or do a one-legged semi-squat.

   Debout avec les pieds écartés à la largeur de vos épaules, pliez les genoux lentement à environ 30 degrés. Distribuez votre poids également. Retournez à la position de départ.
   Pour progresser, tenez la position plus longtemps ou faites-le sur un pied.