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Dear Patient:

You have been booked for either a partial knee replacement, total knee replacement or patello-femoral replacement, and this letter will provide some additional information on what to expect while in hospital and with respect to making secure arrangements after discharge.

The hospital now employs a same day surgery access, so you will be called the night before by 7 o'clock to advise you of the arrival time for your surgery. You may have discussed the choice of anesthetic during the pre-Admission visit but if not, you will have the opportunity to discuss this with the anesthetist prior to the surgery. A discussion will take place with respect to postoperative pain control. The options include infiltration of anesthetic into your knee joint and/or your groin to freeze the nerve to give you relief over the front part of your knee. These are options for you, and I encourage you to have a full discussion with the Anesthetist about the risk/benefit of these modalities.

Improved anesthesia and surgical techniques are such that the expected length of stay is 1-2 days depending on surgical complexity and your health. Please discuss with your surgeons admin assistant if you need to clarify whether you will be admitted following surgery or discharged. This is reviewed in the preadmission clinic and joint replacement clinic, so you must be well prepared for this in advance so that your convalescence proceeds smoothly. Patients have told us that they are generally more satisfied recuperating at home, and we will assist with pain control. The immediate goal after surgery is control of swelling. Much of this is controlled with elevation of your leg and cold therapy. We have included an overview for compression cooling devices. There is alternative that are available through multiple suppliers, our preferred being Kinemedics. You may contact Kinemedics at 613-686-4557 for more information on how to pick up and use this device.

**PLEASE *DO NOT* BRING THE GAMEREADY DEVICE WITH YOU TO TH HOSPITAL ON THE DAY OF SURGERY UNLESS YOU ARE BEING ADMITTED. **

Activity requirements in the first week should be modest – safe waking and exercise to maintain full extension (straightening) of your knee and bending to a right angle. Don't try to do much too soon – excessive walking will cause swelling and pain to increase and set back your full recovery. Your pain will be managed, and you will be encouraged to do active exercises with your ankle to promote blood circulation. You should make arrangements with family and friend to care for you and to help you recuperate. It is your responsibility to arrange physiotherapy services to be carried out as an

out-patient after the surgery is completed (physiotherapy requisition enclosed). You can choose to do your physiotherapy at the Riverside campus and that usually starts 7-10 days after your surgery. Alternately you may choose to do your physiotherapy near your home or close to your work to minimize disruption in your regular routine. Private clinics will allow you to book prior to your surgery that you can resume out-patient physical therapy in the second week after your surgery. Prompt attendance with physiotherapy will enhance your recuperation and is a mandatory requirement of this program.

A prescription has been faxed directly to your pharmacy and includes several prescriptions which include pain relievers, blood thinner and possibly anti-inflammatory which I will prescribe depending on your age and implant. ***Do not bring these medications to hospital – they are for use at home**** Prescriptions are only sent for patients who are having day surgery, patients who will be admitted will receive their prescriptions upon discharge from hospital. Please note that the blood thinner medication is essential to take to reduce the risk of blood clot to the lungs. This medication, which is followed by aspirin on the prescription, is very effective but if you do sense a new pain in your chest, shortness of breath or rapid pulse, you should call the office for further advice or attend an emergency department if after regular hours. Please advise use if you are already taking a prescription blood thinner so we avoid unsafe duplication.

Females on oral contraceptives should also consider stopping this medication for one month and one month after the surgery in order to decrease the chance of a blood clot in the leg or lung. If such an arrangement is not possible, please discuss this with me prior to the surgery.

If you wish to search the internet for information, you may want to consider the following site: http://orthoinfo.aaos.org This site has very good generic information, a lot of which will be applicable to your situation. If you have questions, feel free to ask.

Most patients do very well with a knee replacement. The result I think can be more assuring if all the above precautions and arrangements are made ahead of time.

I will see you in the hospital.
Kind Regards,

Geoffrey F. Dervin MD, MSc, FRCS(C),
Professor, Division of Orthopaedic Surgery