Department *of* Surgery
DIVISION OF ORTHOPAEDIC SURGERY

Département *de* chirurgie
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****ADDITIONAL IMPORTANT INFORMATION****

As you now have a date for your joint replacement surgery here is important information and the key appointments and phone calls that you will receive in preparation for your surgery for which several health care workers are involved. Please carefully read the following information.

Important information

After an elective joint replacement surgery, you can expect your hospital stay to be 48 hrs or less. Once you are discharged home, you will need someone to accompany you home and to stay with you for the first 24-48 hrs. You will also need to rent or purchase equipment to ensure safe mobility. Some surgeries are Same day discharge. Please ask administrative assistant if you are unsure.

We strongly advise you begin speaking with your family and friends to assist you with your discharge plan. To help guide your discharge planning, please consider the following information/questions.

- Home Maintenance: you will not be able to complete heavy housework/yardwork for about 6-12 weeks while you recover. Do you have someone to help you?
- Meals: Preparing meals may be difficult while you are using a mobility device (e.g., walker or crutches). Is there someone who can provide meals for you? Can you prepare meals ahead of time and freeze them?
- Transportation: you will not be allowed to drive for approx. 2-8 weeks. Do you have someone to provide transportation for you? Ottawa has ParaTranspo services. A ParaTranspo application can be provided to you upon request at the Joint Replacement education session.
- Equipment: You will require a mobility device (e.g., walker or crutches) as well as equipment for your bathroom to be in place the day of your discharge from hospital.

You are responsible for the financial cost of rental and/or purchase of these items.

Correspondence Address:
The Ottawa Hospital, General Campus, Suite W1652, Box 502 501 Smyth Road, Ottawa, ON K1H 8L6

Joint Replacement clinic Information Session:

The Joint Replacement Teaching Clinic (JRC) at Riverside Campus is now done electronically. You will be contacted by the JRC, and they will send you a video by email and this will help to understand what to expect prior to surgery, how to prepare yourself for your surgery and your hospital stay and how to best prepare to go home after your joint replacement surgery. Also reviewed will be what to expect on the day of surgery, what equipment (i.e., walker, raised toilet seat, grabber extension, etc.) you may need at home after you are discharged from the hospital as well as what exercise to do in preparation for your surgery.

The expectation is for you to go home after surgery with a length of stay in the hospital between **1-2 days counting the day of surgery.** This may not be easy; nut the health system is trying to be as efficient as possible. You will not be discharged if your health is at risk. You will need help at home. It is strongly advised for you to arrange for someone capable to be with you for the first week or even more. You may need help with the toilet, with a walker, with melas and other aspects. If you feel you will not have adequate support at home after your surgery, you may consider arranging for private convalescence (a privately operated convalescent home that will allow for recuperation and additional care following your surgery) at your own cost.

Preoperative assessment unit:

You will receive a phone call from the preoperative assessment unit where you will be given an appointment with a nurse to review your basic health status as well as possibly see an Anesthesiologist. Please feel free to ask questions bout what type of Anesthesia will be used for your surgery.

The night before surgery you will receive a phone call between 4:00pm – 9:00pm form the Ottawa Hospital admitting office to inform you of the time to arrive for your surgery the next day.

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.