If your health changes, or you develop a cough, cold, fever or any other illness, within one week before your operation, call your surgeon as soon as possible.

If you have a cough, cold or fever, please call to reschedule your appointments.

If your Coach cannot come with you to any of your appointments, please inform us ahead of time if you require an interpreter.
A Patient Guide

PREPARING FOR SURGERY AND DISCHARGE

Patients manage their hospital stay and recovery better when they are prepared for surgery. This guide will help you understand what to expect before surgery and your return home. New care plans have been introduced by the Ministry of Health and Long-Term Care across Ontario for all patients having hip or knee replacement surgery. These plans help you recover and return home as quickly and as safely as possible, and are quite different than what you might have experienced or heard of in the past.

DISCHARGE ARRANGEMENTS

- Expect to go home within three days after your hip surgery
- Have a discharge plan in place following your surgery. This should include assistance in your home (around the clock), a family or friend’s home, or assistance in a short stay bed in a retirement home. A list of locations and their associated costs can be provided to you (pg.11-12)
- You may be referred to an outpatient rehabilitation program depending on the type of surgery you have
- You may be referred by the hospital to receive home care services from the Community Care Access Centre (CCAC) in your area. If you qualify for these services, arrangements will be made prior to your surgery or before you leave the hospital

It is important that you prepare for surgery, and participate in your recovery because this will ensure the best outcome for you. There are many education resources available to help prepare yourself and your home before surgery. You will also have a chance to ask any questions during your pre-operative visit.

This message has been endorsed by the Central Local Health Integration Network.

Total Hip Replacement Surgery Patient Guide
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STEP 1

Needing Total Hip Replacement Surgery

Welcome to North York General (NYGH). Our goal is to prepare you for a successful outcome from your hip replacement surgery. Total hip replacement will improve your quality of life, independence and overall health. You should arrange for a family member or friend to be your Coach. This person should come with you to all your appointments if possible. A Coach is not only for support, they help you understand what to expect at each step along the way. Your Coach plays a very important role in your care and will be your designated person for us to speak with, in addition to yourself.

At North York General, we have a team approach to providing care. In addition to your surgeon, anaesthesiologist, and nurse, some of your other care team members include:

Physiotherapist (PT): Your PT will teach you exercises and techniques to help with your recovery and mobility.

Occupational Therapist (OT): Your OT will teach you how to perform daily living activities such as putting on your clothes, and bathing. The OT will assess your equipment needs based on you physical abilities and home environment.

Community Care Access Centre (CCAC): Your Community Care Access Centre (CCAC) is a government funded service that connects you with the care you need at home and in your community. If you require assistance after surgery, a CCAC case manager will assess you and coordinate home services.

Hip & Knee Patient Navigator: All patients and families have access to a Patient Navigator at NYGH. The Patient Navigator is a dedicated contact and resource, providing emotional support, coordination of care, and education every step of the way. By working with patients, families, and clinical staff, the Patient Navigator helps coordinate care through diagnosis, treatment, and recovery.

If you have any questions or concerns while waiting for surgery, during your hospital stay, or after you go home, your Patient Navigator can be reached at 416.756.6000 ext. 4490 or email hipknee.navigator@nygh.on.ca
UNDERSTANDING THE HIP JOINT

Your hip joint has two parts: a round head of the femur (the ball), and the acetabulum (the cup or socket in your pelvis). In a normal hip joint these two bones are coated with smooth cartilage which allows for easy movement without friction or pain. In an arthritic hip, the cartilage is destroyed and bone rubs against bone. This causes pain and difficulty moving your hip.

WHAT IS TOTAL HIP REPLACEMENT SURGERY?

Hip replacement surgery replaces your arthritic hip joint with an artificial ball and socket. Your orthopaedic surgeon will choose the type of artificial ball and socket that best meets your individual needs. Once in place, the artificial ball and socket work almost the same as your natural hip joint.

BENEFITS OF TOTAL HIP REPLACEMENT SURGERY

More than 90% of hip replacements last people the rest of their lives. Most patients are very pleased with the results because their quality-of-life, independence and walking are greatly improved. However, as with any major operation, there are risks and possible complications. These do not happen often and we take care to avoid the chances of complications happening.

RISKS AND COMPLICATIONS

Anaesthetic complications: Temporary confusion can happen after surgery. We take measures to reduce the chances of this happening. Your anaesthetist will discuss this with you in more detail at your pre-operative appointment before surgery. Pneumonia, heart attack and stroke rarely happen. Pre-operative testing and assessment by the anaesthetist can reduce these serious events.

Neurovascular Injury - injury to a nerve or blood vessel: This happens to about 1% of all patients. Precautions to prevent this complication are described later in this guide.

Dislocation (the ball comes out of the socket): This happens to about 1% of all patients. Precautions, to prevent this complication, are described later in this guide (see pg.31).
Deep Vein Thrombosis and Pulmonary Embolism (Blood Clots): Starting on the evening of your surgery, we will give you a pill or injection every day, to reduce the chance of blood clots forming in your leg. You will continue taking the pill or injection for three weeks after your surgery. If you are on injections, we will teach you and your Coach how to give the injections. Your Coach or family member can buy these injections for you before you go home.

Anemia requiring blood transfusion - low red blood cells: Less than 5% of patients need a blood transfusion during the first 48 hours after surgery. We use many ways to reduce blood loss and build up your ability to produce new blood. If your doctor thinks you may need a blood transfusion, he/she will discuss this with you. In Ontario, donated blood is screened through a rigorous testing program to ensure safety.

Infection: Occurs in about 1% of patients. We will give you intravenous (IV) antibiotics during surgery to reduce the chance of infection.

Leg Length Discrepancy (differences in the length of your legs): This happens in less than 5% of patients. The risk of this happening depends on the degree of deformity in your hip, your body structure, and the need for a stable hip replacement. We take precautions to ensure equal leg length.

Loosening of the Components: This can be minimized by avoiding high impact activities and keeping your body weight down. Loosening of the components happens in about 1% of patients per year, in the first 10 years, and requires surgery to fix.

Periprosthetic Fracturing (bone fracture near the artificial joint): A fracture can happen when rigid metal components are fitted into softer bone or the soft tissue around the hip. This does not happen often. If this happens during surgery, further stabilization of the implant and bone will be done.

**RETURNING TO NORMAL ACTIVITY**

Your age, occupation, hobbies, other medical conditions (e.g. diabetes, heart disease, obesity etc.), usual activities, and the condition of your joint will determine how soon you can return to your normal activities. Your surgeon will discuss when you can return to your normal activities and any limitations you may have.
RETURNING TO WORK

Depending on the type of work you do, your surgeon will advise you when it is safe for you to return to work. This can vary from four weeks to four months.

MANAGING PAIN AND ACTIVITIES WHILE WAITING FOR SURGERY

**Pain:** Warm or cold packs on your hip for 15 minutes once or twice daily helps to relieve muscle pain. Make sure that you have a thick layer between your skin and the heat/cold source. Check your skin every few minutes to make sure you do not burn yourself. Do not use a pain relief cream or ointment with a warm or cold pack as this could cause a chemical burn. Warm baths and pain medication prescribed by your doctor can also help.

**Weight control:** The force on your hip is approximately three times the weight of your body. Reducing your weight will reduce your pain and slow down the progress of osteoarthritis in your hips.

**Diet:** We suggest that you maintain a healthy diet while you wait for surgery. Foods high in protein, vitamin C, zinc, iron, and calcium are important for wound healing and for good recovery after surgery.

**Smoking:** If you smoke, it is important that you stop. If you are unable to stop, try to cut down on the number of cigarettes you smoke per day. Stopping or decreasing the amount you smoke will improve the condition of your lungs for anaesthesia and help you heal.

**Fitness:** The best activities for osteoarthritis of the hip are swimming, cycling, and walking.

**Walking:** Use a walking cane on the opposite side of your painful hip. This will help you walk properly and reduce pain.

**Physiotherapy:** May help reduce pain and improve your mobility and strength.

**Activity:** Stop or reduce the activities that make your hip sore.
Once you and your surgeon decide that you are a candidate for surgery, you will sign the following forms with your surgeon:

- Consent for surgery
- Consent for blood transfusion or blood products
- Pre-Operative Hip and Knee Replacement Surgery Screening Tool for Discharge Assessment

You will be given the following forms to complete and bring back to your pre-operative assessment appointment:

- Pre-operative History and Physical Examination Form  
  (Completed by your family doctor before your Pre-Operative Assessment Appointment)
- Patient Questionnaire – Department of Anaesthesia  
  (Completed by you)
- Patient History  
  (Completed by you)

**PRECAUTIONS BEFORE SURGERY**

Important - Follow these instructions before surgery:

- Do not have any dental work done one month before your surgery (this may result in cancellation of your surgery); wait until three months after your surgery
- Do not have any injections into your joint between three to six months before your surgery (check with your surgeon)
- Do not shave the area where you will have surgery one week before your surgery
- Do not have any pedicures or manicures within one week before your surgery

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext 4490 or email hipknee.navigator@nygh.on.ca
STEP 2 Preparing for surgery and discharge home

It is very important that you start planning for your surgery, hospital stay, and discharge home. You can expect to go home three days after your surgery. Plan to go home before 10:00am.

**CHECKLIST FOR DISCHARGE HOME**

- Plan for someone to drive you to and from the hospital
- Arrange to obtain equipment from a medical supply store
- Set up your equipment at home. Practice using the equipment
- Move your furniture so that you have a clear path for using your crutches or walker
- Set up a high chair, with a firm cushion and arm rests, to sit on after surgery
- Put frequently used items at waist to shoulder height to minimize bending down
- Remove loose rugs and other items that you could trip on
- Make sure there is good lighting so you can see the floor clearly
- Make sure staircase handrails are securely fastened to the wall
- Arrange for a support person or Coach to stay with you or be available for the first three days after you go home
- If you think you will need help with daily living after surgery (e.g. bathing, toileting, getting dressed, etc.), contact private home care agencies. Look under “Home Support” in your local directory, Google/internet or the Resource section in this guide (see pg. 34)
- Arrange for grocery delivery and stock up on healthy frozen meals
- Arrange for someone to care for your pets
EQUIPMENT AND ASSISTIVE DEVICES

An Occupational Therapist may help you assess what assistive equipment you need. See list of locations for purchase of these items on page 37-38.

- Low Wheeled Walker
- Crutches
- Single Point Cane
- Raised Toilet Seat with Arm Rest
- Transfer Bench
- Bath Seats
- Reacher
- Sock Aid
- Wedge Cushion
**ACCOMMODATION AND COMMUNITY SERVICES**

**Private respite care after surgery:** Some patients choose to stay in a respite care facility after their hip surgery. Respite care in a retirement home, after surgery, means that you may have all or some of the following:

- A fully furnished room
- In room emergency bell system
- Meals
- 24/7 assistance from qualified personnel
- Access to physiotherapy
- Assistance with bathing and dressing

If you decide to purchase respite care you must make these arrangements before your surgery. Please note that there will be a charge for these services (not covered by OHIP). Before surgery, tell your care team and your family physician about your plans for respite care.

**SHORT STAY (RESPITE CARE) RETIREMENT HOMES**

- **Terrace Gardens**
  416.789.7670
  (Bathurst/Wilson)

- **Pine Villa**
  416.787.5626
  (Bathurst/Eglinton)

- **Donway Place**
  416.445.7555
  (Don Mills/Lawrence)

- **Leaside**
  416.425.3722
  (Don Mills/Eglinton)

- **Forest Hill Place**
  416.785.1511
  (Bathurst/Eglinton)

- **Rayoak Place**
  416.391.0633
  (York Mills/Victoria Park)

- **Bradgate Arms**
  416.968.1331
  (St. Clair/Avenue Road)

- **Sunrise of Richmond Hill**
  905.883.6963
  (Yonge/Major MacKenzie)

- **Four Elms**
  905.738.0905
  (Bathurst/Steeles)
MEALS ON WHEELS SERVICES

Bathurst to Victoria Park/Steeles to 401... 416.225.6041
Jane to Bathurst /Finch to Eglinton (Villa Colombo)... 416.780.0407
Markham Rd /Victoria Park & Steeles/401 (Chinese support services)... 416.502.2323 #231
Steeles to Finch/Sheppard & Dufferin to Yonge (Bernard Betel)... 416.225.2112 ext. 114 (Daniel)

GROCERY DELIVERY

Food for You... 905.281.3663
Grocery Gateway... 905.564.8778

PRIVATE HOME CARE AGENCIES

Arcadia Senior Care 416.977.0050
Eldercare Home Health 416.482.8292
Homestead Care Providers 416.494.0339
Mosaic Home Care 905.597.7000
Quality Care Home Care 416.630.0202
Saint Elizabeth Health Care 1.877.625.5567
www.canadiannanny.ca (Private caregivers)

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext 4490 or email hipknee.navigator@nygh.on.ca
### Preparing for the Pre-Operative Assessment

- See your family doctor one month before your pre-operative assessment appointment to get your Medical History and Physical Examination forms filled out.
- Complete your Patient Questionnaire (Department of Anaesthesia).
- Complete your Patient History Form.
- Get test results and reports from any specialists you have seen in the past two years (e.g., echocardiogram, stress tests).
- Ask your drug store to print a list of all of your current medications and bring the list with you to your pre-operative assessment appointment. Also, bring all of your medications, vitamins and herbal supplements that you are taking.
- You will need to purchase Chlorhexidine soap (2% or 4% solution) to shower with for 3 days before and the morning of your surgery. This soap can be purchased from our outpatient pharmacy at the hospital. If you develop a rash after using this soap, stop using it and contact the Patient Navigator. Do not use the soap if you are allergic to it. Do not use the soap on your face, or near your eyes and ears.

**Day of the pre-operative assessment:** Wear loose, comfortable clothing. Eat regular meals and do not use body lotion.

### What to Bring

- Your Health Card
- This guide
- Completed Pre-Operative History and Physical Examination Form
- Completed Patient Questionnaire (Department of Anaesthesia)
- Completed Patient History Form
- Test results and reports from another specialist (if any)
- Your medication list
- Your medications, vitamins or supplements in their original containers
- A snack and water or juice
- Your Coach (if your Coach is not available and you require an interpreter; please notify us ahead of time)
WHAT TO EXPECT
- Expect to be there for four hours
- Attend a pre-operative class with information provided by a physiotherapist, an occupational therapist, a nurse, and a Community Care Access team member
- See a nurse to review all of your completed forms, have your blood tested, and an electrocardiogram (ECG)
- See a pharmacist
- See an anaesthesiologist
- See a medical doctor (if needed)

ARRIVING AT THE HOSPITAL
- Go to the Patient Registration Office first (located on the ground floor across from the Gift Shop)
- Next, go to the Pre-Operative Assessment Clinic (located on the 4th floor, south wing)
- You will attend a Pre-Operative Education Session from 8:30am – 9:30am. The nurse will give you the location
- At 9:30am, return to the Pre-Operative Assessment Clinic to complete your pre-operative assessment (this may be completed before or after the education session)

ANAESTHESIA
When you meet the anesthesiologist, various options will be discussed with you. Your anaesthesiologist and surgeon will work together to decrease and prevent you from feeling pain during and after surgery.

Spinal anaesthesia with sedation: This is the most common method. When having spinal anaesthesia, you will be given medicine to put you to sleep. This is called sedation. You will not see or feel the surgery taking place. Spinal anaesthesia is medicine put in the spinal fluid around spinal nerves. This freezes the nerves so you have no feeling or movement in your legs. This numbness lasts about five hours.

Benefits of spinal anaesthesia:
- Less drowsiness
- Less nausea and vomiting after surgery
- Sometimes less blood loss during surgery and better pain control after surgery
- Better postoperative pain relief
- Lower risk of blood clots
Risks of spinal anaesthesia:
- Headache in less than 1% of patients
- Blood pressure may drop, but this will be monitored
- Difficulty urinating after surgery. If this happens, a tube inserted into your bladder can help
- Itching (can be widespread)

General anaesthesia: Is medicine through an intravenous (IV) to put you to sleep. This is rarely used.

Risks of general anaesthesia:
- Mild sore throat for a few days
- Nausea and drowsiness
- Slight confusion or memory loss for a short time
- Bringing up stomach contents into your lungs (aspiration)

**MEDICATION ROUTINE BEFORE SURGERY**

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THE DAY BEFORE SURGERY

Follow specific instructions from your surgeon's office about confirming your surgery time. Do not eat or drink anything after midnight unless you were instructed otherwise.

If your health changes, or you develop a cough, cold, fever or any other illness, within one week before your operation, call your surgeon as soon as possible. If your Coach cannot come with you to any of your appointments, please inform us ahead of time if you require an interpreter.

Pack a bag with the following:

- Comfortable clothes, and robe
- Non-slip shoes with Velcro fasteners/buckles
- Hand sanitizer (for your bedside)
- Toiletries (soap, toothbrush, toothpaste and tissues)
- Small container for your dentures
- Contact lens holder (if needed)

Label all your belongings

- Do not bring valuables to the hospital. North York General is not responsible for any lost valuables (jewelry, money, etc.)
- Plan for someone to drive you to and from the hospital
- Arrange for someone to care for your pets
- Take a shower, using Chlorhexidine soap (2% or 4% solution). This can be purchased from our outpatient pharmacy at the hospital
- Use Chlorhexidine soap to wash from your neck to your feet

Do not use Chlorhexidine soap if you are allergic to it. If you develop a rash, stop using this soap and contact the Patient Navigator. Do not use the Chlorhexidine soap on your face, or near your eyes and ears.
**MORNING OF THE SURGERY**
- Plan to arrive two hours before the time of your surgery
- Take a shower, using an antibacterial soap i.e. Chlorhexidine soap
- Do not use any body lotion
- Avoid using perfumes, deodorants, shaving creams or scented lotions
- Brush your teeth. Rinse, but do not swallow any water. Do not chew gum or have any candy/breath mints
- Remove all make-up and nail polish
- Wear loose fitting clothing which can be easily removed. (Avoid back zippers and pantyhose)
- Remove all jewelry and leave valuables at home

**WHAT TO BRING ON THE DAY OF THE SURGERY**
- Your Coach (if your Coach is not available and you require an interpreter; please notify us ahead of time)
- Your Health Card
- Your bag with clothes and toiletries. Your Coach can bring this to your room later in the day
- All of your prescription medications (including inhalers, eye drops, medicinal creams, etc.)
- This guide

**ARRIVING AT THE HOSPITAL ON THE DAY OF SURGERY**
- Go to the Patient Registration Office first (located on the ground floor across from the Gift Shop)
- Next, go to Day Surgery located on the first floor, across from the Orthopaedic and Plastics Centre
WHAT TO EXPECT BEFORE GOING TO THE OPERATING ROOM
When you arrive in the Day Surgery Unit, we will:

- Place an identification bracelet on your wrist
- Ask you to change into a hospital gown
- Re-check all your medical records; check your vital signs (e.g. pulse, heart rate etc.)
- Ask you to remove your clothes, dentures, and contact lenses
- Ask you to use the washroom to empty your bladder
- Take you into the operating room

INSTRUCTIONS FOR MY COACH

- Coaches may wait in the Day Surgery waiting room
- Please keep the patient’s belongings until the patient goes to his/her room. Bring the belongings to the patient’s room, after surgery
- Our Electronic Patient Tracking Board will tell you when the patient’s surgery is done and their room number
- You will be able to see the patient in approximately six to eight hours

WHAT TO EXPECT AFTER SURGERY
You will be taken to the Post Anaesthetic Care Unit - PACU (recovery room), when your surgery is completed.

- Nurses will check your blood pressure, pulse, and breathing
- Nurses will give you medications for pain, if you need it
- Nurses will check your bandages, encourage you to take deep breaths and to move your ankles and feet
- You will be ready to be moved to your room on the inpatient unit, after a few hours
- Your Coach can see you on the inpatient unit

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext 4490 or email hipknee.navigator@nygh.on.ca
PAIN CONTROL AFTER SURGERY

Good pain control is important for a successful recovery. You will be asked to rate your pain using a pain scale. A pain scale helps us make decisions on how to relieve your pain. You will be asked by staff to rate the level of your pain on a scale from 0 to 10. **We encourage you to keep your pain level less than 4.**

We will use different types of medication and methods to control your pain, including oral pain medication and patient-controlled analgesia.

**Oral Pain Medication:** Several different types of pain pills/tablets will be offered to you starting the day of your surgery. Each type works differently in your body. If the medication does not control your pain, please tell your team. Changes to your pain medication can be made.

**Patient Controlled Analgesia (PCA):** A PCA pump can give you pain medication through your intravenous (IV), when you push the button. Push the button ONLY when you need pain medication.

*It is important that you push the button only when you need pain medication and that you are the only one who pushes the button. Please ask your family and friends not to push the button for you. You are the best person to determine how much pain control you need. Your nurse will be monitoring you every hour (for the first 12 hours) to make sure your pain level and side effects are under control.*

**WHAT TO EXPECT WHILE IN THE HOSPITAL**

- After your surgery you may feel groggy for the rest of the day
- You may have a mild sore throat and feelings of nausea, and vomiting may be side effects from your anaesthesia. On occasion this can last for several days
- You will have bandages and tubes inserted during surgery. This is a normal part of recovering from surgery
- You will have oxygen tubes in your nose. This is because you do not tend to breathe as deeply when you are groggy. The tubes will be removed as you become more alert
We will ask you to rate your pain and will work with you to keep your pain less than a 4 on the pain scale.

We will check your vital signs (blood pressure, heart rate and temperature), and circulation in your legs often.

We will encourage you to take deep breaths and cough while you are awake.

You can eat and drink fluids.

We will teach you how to turn safely in bed. Turning in bed helps to prevent skin breakdown (bed sores), lung congestion and blood clots from forming in your legs.

You may receive antibiotics and fluids via an intravenous (tube in your vein). Your urine may be measured via a Foley catheter (tube in your bladder). Both the intravenous and Foley catheter should be removed in one to two days.

EXERCISES AND ACTIVITIES AFTER SURGERY

With decreased activity, your circulation will slow down, so it is important to do the following exercises to prevent circulatory problems (like a blood clot), and lung congestion.

Deep breathing

- Breathe in deeply through your nose
- Hold your breath while you count from 1 to 2
- Breathe out slowly through your mouth
- Repeat 5 times every hour

Coughing

- Breathe in deeply through your nose
- Cough forcefully from your abdomen
- Repeat 5 times every hour

Deep breathing and coughing helps to prevent congestion in your lungs.

Calf Pumping Exercises

- Lie on your back or in a sitting position
- Move your foot up and down for thirty seconds
- Repeat 5 times every hour
Physiotherapy will help with:

- Reviewing precautions you need to take
- Moving from your bed to a chair
- Sitting / standing
- Walking

Occupational therapy will help with:

- Reviewing home safety equipment recommendations
- Reviewing precautions you need to take
- Bathing/shower transfer techniques
- Safely getting on and off of the toilet
- Teaching dressing techniques with aids

**THERAPY GOALS IN THE HOSPITAL**

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**Early goals**

- Prevent post-operative complications by improving circulation, and deep breathing
- Begin to weight bear on your legs
- Prevent joint stiffness
- Manage swelling
- Maintain hip replacement precautions when moving

**Middle goals**

- Little help needed to get in and out of bed
- Little help needed to walk (with a walker/crutches)
- Maintain or improve hip range of motion
- Perform bed exercise routine by yourself three times per day
REVIEW OF EXERCISES

We strongly encourage you to review and practice these exercises before your surgery.

Heel Slides

- Slide your heel up the bed toward your buttocks
- Do not bend your hip more than 90 degrees
- Hold for 5 seconds
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day

Quadriceps Over Roll – Lying Position

- Place roll under knee
- Lift your heel off the bed
- Hold for 5 seconds and lower foot
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day
Gluteus Squeeze

- Squeeze buttocks muscles as tightly as tolerable
- Hold for 5 seconds and release
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day

![Gluteus Squeeze Image](image1)

Quadriceps in Sitting Position

- Lift your foot off the floor until your knee is straight
- Hold for five seconds
- Slowly lower your foot to the floor
- Repeat 10 times. 10 times = 1 set. Do 3 sets per day

![Quadriceps in Sitting Position Image](image2)
GETTING IN AND OUT OF BED

Early after your operation, it’s easier to follow this principle: In with the good (non-operated leg), out with the bad (operated leg).

Getting in bed

- Get into bed with your good side closest to the side of the bed
- Sit on the edge of the bed and move back using your arms until your thighs are supported by the mattress
- Swing both legs onto the bed
- Therapists will teach you this technique while you are in the hospital

Getting out of bed

- Get out of bed with your operated side closest to the side of the bed
- Move close to the edge of the bed
- Pivot on your bottom with your legs together until both feet are off the bed
- Push up using your arms until you are sitting at a 45° angle (your legs will lower towards the floor)
- Square up your sitting
- Therapists will teach you this technique while you are in the hospital
### USING A WALKER

- Move your walker forward - keep your back straight
- Step with your operated leg first, so that your operated leg is even with your hands
- Bring your non-operated leg forward so that it is even with your operated leg (push down with your hands for support)
- As you improve, you can step all the way through with your non-operated leg, in a more fluid walking motion

### USING A CANE

- Place the cane on the side of your non-operated leg
- This will give you a steady base and provide balance

### SITTING AND STANDING

#### Sitting down

- Using your walker, back into the chair until you feel the chair on the back of both of your legs
- Step with your operated leg forward
- Reach back for the armrest of the chair
- Lower yourself onto the chair
- Ensure the chair is high enough to prevent your hip from bending more than 90 degrees

#### Standing up

- Straighten your operated leg
- Put one hand on the walker
- Keep the other hand on the seat or armrest of the chair
- Push up from the chair, using the hand on the chair while keeping one hand on the walker (never use two hands on the walker to stand, the walker could tip causing you to fall)
- Stand up and slide the operated leg back to make it even with your other leg
USING THE STAIRS

Up with the “good leg” (non-operated).
Down with the “bad leg” (operated).

Going up the stairs

- Stand facing the stairs
- Grasp the handrail
- Hold your cane in your other hand
- Step up with your non-operated leg
- Keep the cane on the same step as the operated leg
- Raise both the cane and the operated leg to meet the non-operated leg

Going down the stairs

- Stand at the top of the stairs
- Grasp the handrail
- Hold the cane in your other hand
- Step down with your operated leg and the cane
- Bring your non-operated leg down to meet your operated leg

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext 4490 or email hipknee.navigator@nygh.on.ca
PREPARING TO GO HOME

You can expect to go home three days after your surgery. Plan to go home before 10:00am on the day of your discharge.

You are ready to go home when you are medically stable and can do the activities listed below:

- Walk safely
- Get out of and into bed on your own or with a little assistance
- Get into and up from a chair on your own or with a little assistance
- Get to and from the bathroom on your own or with a little assistance
- Get dressed on your own or with a little assistance
- Go up the stairs and down the stairs, on your own or with a little assistance

WHAT TO EXPECT ON DISCHARGE DAY

We will give you:

- Prescription for pain medication
- Prescription for an anticoagulant (blood thinner)
- An appointment date for your follow up visit in four to six weeks at the Orthopaedic and Plastics Centre
- Written instructions from your surgeon (if applicable)
- Instructions for removing your dressing and staples (if applicable)
- Appointment date with CCAC Case Manager, if applicable
- Your physiotherapy plan
LEAVING THE HOSPITAL

Getting in the car

Move the front passenger seat back as far as possible and slightly recline the back of the seat. Sit at the edge of the seat and back in until your thighs are supported by the seat. Swing both legs into the car.

Getting out of the car

Swing both legs together out of the car until they are on the ground. You can use your non-operated leg to help lift your operated leg, if needed. Use your hands to push off and stand up.

If your drive home is more than one hour, stop in a safe location after the first hour or so to stand up and walk for about five minutes. This will improve your circulation. Do foot and ankle exercises in the car to help with your circulation.

DISCHARGE INSTRUCTIONS

If you have any of the following signs and symptoms, go to your nearest Emergency Department, or call 911:

- Shortness of breath or difficulty breathing
- Chest pain, tightness or pressure

Contact your surgeon or family doctor if you have any of the following:

- Increased pain, redness, or swelling at the incision site
- Increased bruising around the incision site
- Moderate to large amounts of drainage at the incision site for more than a few days
- A foul odor or yellow or green drainage at the incision site
- Excessive bleeding
- An increase in your temperature (over 38C)
- A sudden, severe increase in pain not relieved with pain medication

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext 4490 or email hipknee.navigator@nygh.on.ca
Pain and swelling

Some pain and swelling at the surgical site is normal. This will improve over the next six weeks. Swelling may increase even after leaving the hospital. Use your pain medication as prescribed. Gradually try to wean yourself off pain medication. You can use ice packs to control pain and inflammation. Raising your leg mid-morning and mid-afternoon, as well as calf pumping exercises can help reduce swelling.

It is normal to have some numbness around the area of the surgical incision. This may improve with time.

Prevention of clot formation and pulmonary embolus

Take your pill or injection after surgery as prescribed. Continue to walk and do your exercises regularly as recommended by your physiotherapist.

Bandage/dressing

If you have a dressing (Aquacel), it can stay on for up to seven days. The date of removal will be written on the dressing. Please refer to the specific dressing instructions given to you. If you have staples, you will need to contact your family doctor to have your staples removed 10-12 days after your surgery. A staple remover will be provided to you upon discharge.

If your dressing is leaking, it should be changed. To change your dressing, follow these steps:

- Wash and dry your hands
- Press down on the skin with one hand and carefully lift an edge of the dressing with your other hand
- Stretch the dressing down and out (not up and out) to break the adhesive seal
- Slowly work your way around the dressing, repeating the above steps, until the dressing is loose and can be removed
- Observe for any signs of infection (see pg. 30)
- Clean the area with gauze and apply a dry dressing (as instructed by your nurse)
- Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at 416.756.6000 ext 4490 or email hipknee.navigator@nygh.on.ca

If your incision is draining/leaking for more than four days after you leave the hospital, call your family doctor or surgeon.
Infection

Wound infection is a risk until the incision has closed fully and there is no drainage. An infection in the incision area can lead to a deep infection of your hip joint.

**Signs of infection are:**

- Redness
- Drainage
- Odour
- Excessive swelling around the incision
- Fever of about 38°C or higher
- Increased pain in the hip joint that was operated on

Dental precautions

Bacteria can go from your mouth, into your bloodstream and then into your hip, which can cause an infection. During regular dental checkups, always tell your dentist that you have had hip replacement surgery. After your surgery, you may or may not be prescribed antibiotics before having any dental work done. Improving and maintaining good oral hygiene can help reduce bacteria.

Remember: No dental work for three months after surgery (unless an emergency). Dental work done within these three months will require you to take antibiotics.

Other medical procedures

You should not have any invasive medical procedures for three months following your surgery (unless an emergency).

Bathing, showering, and swimming

You can take a shower. Your dressing is waterproof. However, do not take a bath or go in a pool for three weeks after surgery.

Incision

Once your incision is dry, it can be left open to the air. You can now shower without covering your incision.

Bruising

Bruising is common, especially, when there is no drainage. The bruising will go away gradually. If the bruising gets worse, see your family doctor.
General Health

It is normal to feel tired and have a poor appetite after surgery. This will last for a few weeks. You may also experience constipation from your pain medication. Drink plenty of water, eat fruits and vegetables and add fiber to your diet to give you energy and prevent constipation.

HIP PRECAUTIONS

For the first three months after your total hip replacement surgery, it is very important that you follow these precautions. These tips will decrease your chances of dislocating your hip.

- Sit and get up from a chair the same way you were taught when you were in hospital
- Do not sit on low chairs, sofas or toilets
- Use a raised toilet seat
- Use a wedge cushion in your car
- Do not cross your legs when sitting
- Do not bend over when sitting
- When sitting, always make sure that your knees are lower than your hips
- Do not bend down, or bend your hip more than 90 degrees
- Place a pillow between your legs at night in bed before you go to sleep

RETURNING TO NORMAL ACTIVITY

Healing after surgery takes several months and too much activity, too early, can interfere with the healing process. While your hip arthritis was developing, you were gradually losing range of movement and muscle tone. This often affects your tolerance to exercise, endurance, walking, and balance. Regaining those functions often takes longer than you and your family expect. Follow the directions that your surgeon gave you, before you had surgery. If you have questions or are unsure about some of the directions, speak with your surgeon at your first follow up visit.

EXERCISE AFTER SURGERY

Keep this guide handy to help you follow your exercise routine. Do your exercises two to three times a day. The exercises will become easier as you become stronger. You will be given exercise progressions by the therapist following you in the community. Remember to take your pain medications to keep your pain under control.
It is important to keep active after hip replacement surgery. This will keep you strong and moving well. Balance your activity and exercise with periods of rest. Gradually increase your activity e.g. walking, and household chores. Always be mindful of hip precautions and how they affect your activity and exercise.

**RESUMING ACTIVITIES AFTER SURGERY**

**Walking:** Continue to use your cane, crutches or walker. This will help you walk without a limp. Walking with a limp puts more pressure on your joint and will prevent your muscles from getting stronger. It is better to walk without a limp than to walk with a limp.

**Driving:** In general, if your surgery was on your right hip, you can start driving again after six to eight weeks. If your surgery is on your left hip, you can drive sooner with permission from your surgeon. Even if the surgery is on your left hip, you will feel weaker than normal for a while, and you may be taking strong pain medications. This should be considered when attempting to drive. You should use a wedge cushion in your car. Your surgeon will tell you at your follow up appointment if it is safe for you to start driving again.

**Returning to work:** You and your surgeon should already have discussed your expected return to work date. You can discuss this again at your first post-operative follow up visit.

**Leisure and sport activities:** Activities like walking, dancing, swimming, and bowling are usually safe to do about three months after surgery. Speak with your surgeon about when it is safe to start your leisure activities.

**Sexual activity:** This can begin again about six weeks after surgery. Remember your hip precautions and avoid any position that causes you pain. Discuss questions at your follow up visit with your surgeon.

**Travel:** Security alarms may be set off by your hip components. A letter from your surgeon will not excuse you from security precautions at any airport. Stop and change positions hourly to prevent joint discomfort and stiffness. Please discuss travel plans with your surgeon if you plan on travelling by plane within three months of surgery.

Congratulations on your new hip! Although there is much work to do, we have already done a lot together. When you get home, take a deep breath and relax. The benefits of hip replacement surgery are great and will be achieved with your effort and time.

Should you have any questions or concerns during your recovery, contact your Hip & Knee Patient Navigator at **416.756.6000 ext 4490** or email [hipknee.navigator@nygh.on.ca](mailto:hipknee.navigator@nygh.on.ca)
My Care After Total Hip Replacement Surgery

FOLLOW UP CARE

Your first follow up visit will be four weeks after surgery. You will be seen in the Orthopaedics and Plastics Centre, located at the General Site. If you were not given a follow up appointment when you were discharged from the hospital, the clinic will call you.

The next follow up appointment will be in three months. This appointment will be at your surgeon’s office.

If you are having concerns or complications, you may be seen earlier than these scheduled times.

GULSHAN & PYARALI G. NANJI
ORTHOPAEDICS AND PLASTICS CENTRE, GENERAL SITE
4001 LESLIE ST 1ST FLOOR, WEST WING T 416.756.6970 F 416.756.6502

The Total Joint Assessment Centre (TJAC) will contact you, in writing, with your follow up appointments before your first, fifth, and tenth anniversary of your hip replacement. You may be followed up more frequently based on previous assessments. If you have concerns or complications, please contact your family doctor or your surgeon’s office.

Advise TJAC of any changes to your address or phone number.

TOTAL JOINT ASSESSMENT CENTRE (TJAC), BRANSON AMBULATORY CARE CENTRE
555 FINCH AVE WEST TORONTO, ON M2R 1N5 T 416.635.2415 F 416.635.2427
COMMUNITY RESOURCES

Arthritis Society: www.arthritis.ca or 416.979.7228


Canadian Orthopaedic Foundation: www.canorth.org

Community Care Access Centres: www.ccac-ont.ca/

Dietitians of Canada: www.dietitians.ca

Joint Replacement Surgery: www.myjointreplacement.ca

Mosaic Homecare Services and Community Resource Centre: www.mosaichomecare.com or 905.597.7000

OHIP-Covered Physiotherapy Clinics: www.collegept.org or 1.800.583.5885

Ontario Retirement Home Directory: www.ontario.senioropolis.com

Ortho Connect: www.orthoconnect.org

Physiotherapy: www.opa.on.ca or 416.322.6866

Total Joint Assessment Centre: www.tjac.ca

TTC-Wheel Trans: https://www.ttc.ca/WheelTrans/index.jsp
Wheel Trans provides door-to-door transportation for persons with physical disabilities. Contact customer services at 416.393.4111 to arrange an in-person interview/assessment to obtain a 30 day temporary number PRIOR to your surgery.

Mobility Plus provides door-to-door transportation for persons with disabilities. Contact 905.762.2111 or visit the website to obtain an application package. The completed application should be sent to Mobility Plus office PRIOR to your surgery.

The Toronto Ride Network: www.torontoride.ca
Toronto Ride offers, for a fee, transportation to medical appointments, social and recreational engagements and shopping.
<table>
<thead>
<tr>
<th>Service</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
<th>Operating Hours</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-Service, Harmony Hall</td>
<td>2 Gower, Toronto</td>
<td>416.752.8868</td>
<td><a href="http://www.call-a-service.com">www.call-a-service.com</a></td>
<td>M-F 7-5pm</td>
<td>Old East York area (Southwest Scarborough)</td>
</tr>
<tr>
<td>Etobicoke Services for Seniors</td>
<td>Royal York Road, Toronto</td>
<td>416.243.0127</td>
<td><a href="http://www.esssupportservices.ca">www.esssupportservices.ca</a></td>
<td>M-F 7-5pm</td>
<td>Etobicoke</td>
</tr>
<tr>
<td>West Toronto Services for Seniors</td>
<td>80 Ward Street, Toronto</td>
<td>416.653.3535</td>
<td><a href="http://www.wtss.org">www.wtss.org</a></td>
<td>M-F 9-430pm</td>
<td>Patients must live within these boundaries: South of St. Claire Ave.</td>
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<td></td>
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<td></td>
<td>East of Humber Rd. North of Bloor St. East of Bathurst St.</td>
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<tr>
<td>Woodgreen Community Services</td>
<td>1491 Danforth Avenue, Toronto</td>
<td>416.649.4100 ext. 1247</td>
<td><a href="http://www.woodgreen.org">www.woodgreen.org</a></td>
<td>M-F 9-5pm</td>
<td>Toronto East York Area</td>
</tr>
<tr>
<td>Mid-Toronto Community Services</td>
<td>192 Carlton Street, Toronto</td>
<td>416.962.9449</td>
<td><a href="http://www.midtoronto.com">www.midtoronto.com</a></td>
<td>M-Th 9-330pm, F 9-2pm</td>
<td>Downtown area</td>
</tr>
<tr>
<td>St. Clair West Services for Seniors</td>
<td>2562 Eglinton Ave. West, Suite 202, Toronto</td>
<td>416.787.2114</td>
<td><a href="http://www.servicesforseniors.ca">www.servicesforseniors.ca</a></td>
<td>M-F 8-5pm</td>
<td>St. Clair West</td>
</tr>
<tr>
<td>Humber Community Seniors Services</td>
<td>1167 Weston Rd., York</td>
<td>416.249.7946</td>
<td><a href="http://www.humberseniors.org">www.humberseniors.org</a></td>
<td>M-F 8-6pm</td>
<td>West Side: Eglinton &amp; Scarlett to Bloor &amp; Jane</td>
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<td></td>
<td></td>
<td></td>
<td>East Side: Weston &amp; Hwy 401 to Eglinton &amp; Dufferin</td>
</tr>
<tr>
<td>Better Living Health and Community Services</td>
<td>1 Overland Drive, Toronto</td>
<td>416.447.7244</td>
<td><a href="http://www.betterlivinghealth.org">www.betterlivinghealth.org</a></td>
<td>M-F 730-830pm</td>
<td>Patients must live within these boundaries: Steeles Ave. East in the</td>
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<td>North</td>
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<td>Lake Ontario in the South</td>
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<td>McCowan Rd. in the East</td>
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<td></td>
<td>Bathurst St. in the West</td>
</tr>
</tbody>
</table>
Neighbourhood Link / Senior Link  
3036 Danforth Avenue,  
Toronto  
416.691.7407  
www.neighbourhoodlink.org

St. Christopher's House  
248 Ossington Avenue, Toronto, ON  
416.532.4828  
(Ask for Client and Family Services Intake)  
www.stchrishouse.org

Storefront Humber  
2445 Lake Shore Boulevard West, Toronto  
416.259.4207  
www.storefronthumber.ca

Warden Woods Community Centre  
74 Firvalley Crt, Toronto, ON.  
416.694.1138  
www.wardenwoods.com

Senior Peoples' Resources in North Toronto  
140 Merton Street, Toronto  
416.481.6411  
www.sprint-homecare.ca

M-F 8-4pm  
3036 Danforth Avenue,  
Toronto  
416-691-7407  
www.neighbourhoodlink.org

M-F 9-5pm  
Patients must live within these boundaries:  
North to Bloor St. South to the Lake  
West of Roncesvalles Ave  
East of Yonge St.

M-F 830-430pm  
South Etobicoke

M-F 9-5pm  
Patients must live within these boundaries:  
North to Eglinton Ave South to the Lake  
West to Victoria Park Ave  
East to Kennedy Rd.

M-F 8-4pm  
Patients must live within these boundaries:  
North to Hwy. 401 South to Bloor St.  
West to Bathurst St. East of Bayview Ave.

Disclaimer: The listed services are not endorsed by North York General. This list does not claim to be exhaustive and some facilities/resources may have been inadvertently missed.
### DEVICE AND EQUIPMENT VENDORS

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Address</th>
<th>Operating Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able Home Health Care</td>
<td>3537 Bathurst St. (N. of Lawrence Ave. S. of Wilson Ave.)</td>
<td>M-W 9-5, Th 9-6, F 9-4</td>
</tr>
<tr>
<td>Active Lite Mobility</td>
<td>2300 John St., Unit 3 (E. of Don Mills in Thornhill)</td>
<td>M-F 9-5, Sat 10-4</td>
</tr>
<tr>
<td>AgTa Home Health Care</td>
<td>860 Wilson Ave., Suite 102 (W. of Dufferin Ave.)</td>
<td>M-F 9-5</td>
</tr>
<tr>
<td>Amcare Surgical</td>
<td>1584 Bathurst St. (2 blocks N. of St. Clair Ave., W. side of Bathurst)</td>
<td>M-F 9-7, Sat 9-5</td>
</tr>
<tr>
<td>Baygreen Home Health Care</td>
<td>8 Green Lane (Bayview Ave./ John St. in Thornhill)</td>
<td>M-Th 930-6, F 930-5, Sat 1030-3</td>
</tr>
<tr>
<td>Healthtime Living Specialties</td>
<td>1340 Danforth Ave. (E. of Linsmore Cres, near Greenwood Ave.)</td>
<td>M-W,F 930-530, Th 930-7, Sat 10-4</td>
</tr>
<tr>
<td>Home Medical Equipment</td>
<td>124 St. Regis Cres. South, Unit B (Keele St. / Sheppard Ave.)</td>
<td>M-F 830-5</td>
</tr>
<tr>
<td>Hunts Healthcare</td>
<td>109 Woodbine Downs Blvd., Unit 7 (Albion Rd and Hwy 7)</td>
<td>M-F 830-5</td>
</tr>
<tr>
<td>Main Drug Mart - IDA</td>
<td>1100 Sheppard Ave. E. (1 light W. of Leslie St. on the N. side) 3265 Bayview Ave (at Cummer – 2nd light north of Finch)</td>
<td>M-F 9-9, Sat 9-5, Sun 10-3</td>
</tr>
<tr>
<td>Medichair</td>
<td>5841 Yonge St. (S.E. corner at Cummer in Newtonbrook)</td>
<td>M-F 830-5, Sat 10-2</td>
</tr>
<tr>
<td>Med Plus Health</td>
<td>563 Edward Ave., Unit 16 (Elgin Mills and Bayview Ave. in Richmond Hill)</td>
<td>M-F 9-5 (no delivery charge)</td>
</tr>
<tr>
<td>Med+</td>
<td>6633 Hwy. 7, Ste 105 (W. of 9th line in Markham)</td>
<td>M-F 9-5, Sat 9-3</td>
</tr>
<tr>
<td>Powell Plumbing Supply Ltd</td>
<td>460 Elgin Mills Rd. E. (Elgin Mills and Yonge St. in Richmond Hill)</td>
<td>M-F 9-5, Sat 10-4</td>
</tr>
</tbody>
</table>
**Mobility Savers**
416.750.1940
www.mobilitysavers.ca

**Red Cross**
416.236.3180
www.redcross.ca

**Motion Specialties**
416.421.0110
http://www.motionspecialties.com

**Starkman’s Surgical Supplies**
416.534.8411
www.starkmanshealth.com

**Smith’s Pharmacy**
416.488.2600
www.smithspharmacy.com

**Shoppers Home Health Care**
1.800.746.7737
www.shoppershomehealthcare.ca

**Shoppers Home Newmarket**
905.953.9907
www.shoppershomehealthcare.ca

**Shoppers Home Whitby**
905.579.5300
www.shoppershomehealthcare.ca

**Shoppers Home Ajax**
905.427.4171
www.shoppershomehealthcare.ca

**Shoppers Home Vaughan**
905.763.9525
www.shoppershomehealthcare.ca

**Shoppers Home Markham**
905.887.9055
www.shoppershomehealthcare.ca

**Shoppers Home North York**
416.752.8885
www.shoppershomehealthcare.ca

**Shoppers Home Scarborough**
416.431.4621
www.shoppershomehealthcare.ca

**Shoppers Home North York**
416.789.3368
www.shoppershomehealthcare.ca

- **Mobility Savers**
  M-W 930-5
  445 Midwest Rd. Unit 39-40
  (Midland Ave. / Ellesmere Ave.)

- **Red Cross**
  M-F 830-4
  21 Randolph Ave
  (E. of Dundas, north of Bloor)

- **Motion Specialties**
  M-F 9-6, Sat 10-3
  939 Eglinton Ave. E
  (West of Leslie St.)

- **Starkman’s Surgical Supplies**
  M-W, F, 9-6
  1243 Bathurst St.
  (S.E. corner at Davenport Rd.)

- **Smith’s Pharmacy**
  M-F 9-7
  3463 Yonge St.
  (At Yonge Blvd, S. of York Mills Rd.)

- **Shoppers Home Health Care**
  Many locations across Canada

- **Shoppers Home Newmarket**
  M-F 9-6, Sat 10-5, Sun 11-5
  17725 Yonge St., Unit 5
  (N. of Davis Dr. in Newmarket)

- **Shoppers Home Whitby**
  M-F 930-530, Sat 10-4
  1801 Dundas St. E.
  (Hwy 2/Gerrard St. in Whitby)

- **Shoppers Home Ajax**
  M-F 9-6, Sat 9-5
  260 Kingston Rd. W. Unit 23
  (Westney Rd. and Kingston Rd. in Ajax)

- **Shoppers Home Vaughan**
  M-F 9-6, Sat 9-5, Sun 12-5
  8000 Bathurst St.
  (at New Westminster Rd. in Vaughan)

- **Shoppers Home Markham**
  M-W 9-6, Th-F 9-8, Sat 9-5, Sun 12-4
  9255 Woodbine Ave., Unit 5
  (N.E. corner at 16th Ave. in Markham)

- **Shoppers Home North York**
  M-F 830-6
  104 Bartley Dr.
  (Victoria Park/O’Connor Dr.)

- **Shoppers Home Scarborough**
  W 9-6, Th-F 9-8, Sat 9-5, Sun 12-5
  685 McCowan Rd.
  (S. of Lawrence Ave.)

- **Shoppers Home North York**
  M-W 9-6, Th-F 9-8, Sat 9-5, Sun 12-5
  528 Lawrence Ave. W.
  (N.W. corner at Bathurst St.)
MY APPOINTMENTS

- If your health changes, or you develop a cough, cold, fever or any other illness, within one week before your operation, call your surgeon as soon as possible.

- If you have a cough, cold or fever, please call to reschedule your appointments.

- If your Coach cannot come with you to any of your appointments, please inform us ahead of time if you require an interpreter.

1. Appointment with Family Doctor before your pre-operative assessment appointment to complete pre-operative assessment forms.
   
   **Date:** _____________________________  **Time:** ________________________

2. Specialists appointments

   **Date:** _____________________________  **Time:** ________________________
   **Location:** ________________________________________________________________________

   **Date:** _____________________________  **Time:** ________________________
   **Location:** ________________________________________________________________________

3. Pre-operative Assessment appointment: Your surgeon’s office will notify you of your Pre-operative Assessment appointment and your surgical date.

   **Date:** _____________________________  **Time:** ________________________
   **Location:** Pre-Operative Assessment Clinic, General Site, 4001 Leslie Street, 4 South.
   **No hair removal from the operative site within seven days of your surgery.**
   **Date to stop hair removal from operative site:** _____________________________

4. Surgery

   **Date:** _____________________________  **Time:** ________________________
   **Location:** North York General, General Site, First Floor

5. First follow-up visit (four weeks after surgery)

   **Date:** _____________________________  **Time:** ________________________
   **Location:** Orthopaedics and Plastics Centre, General Site, 4001 Leslie Street, 1st floor.

6. Second follow-up visit (three months after surgery)

   **Date:** _____________________________  **Time:** ________________________
   **Location:** ________________________________________________________________________

7. One year follow-up visit

   **Date:** _____________________________  **Time:** ________________________
   **Location:** Total Joint Assessment Centre, Branson Ambulatory Care Centre, 555 Finch Ave W.

8. Five year follow-up visit

   **Date:** _____________________________  **Time:** ________________________
   **Location:** Total Joint Assessment Centre, Branson Ambulatory Care Centre, 555 Finch Ave W.

9. Ten year follow-up visit

   **Date:** _____________________________  **Time:** ________________________
   **Location:** Total Joint Assessment Centre, Branson Ambulatory Care Centre, 555 Finch Ave W.
**IMPORTANT NUMBERS**

North York General  
T 416.756.6000

Total Joint Assessment Centre (TJAC)  
Branson Ambulatory Care Centre  
T 416.635.2415

Pre-operative Clinic  
General Site, 4 South  
T 416.756.6375

Orthopaedic Surgery Inpatient Unit  
General Site, 4 West  
T 416.756.6398

Orthopaedics and Plastics Centre  
General Site, 1 West  
T 416.756.6970

Hip and Knee Patient Navigator  
T 416.756.6000 ext. 4490  
C 416.605.5477