Your Pathway to Healing:
A Patient Handbook on
Total Hip Replacement
Introduction to Your Pathway to Healing

Welcome to your Pathway to Healing, your comprehensive handbook that prepares you for joint replacement surgery. The purpose of this handbook is to help guide you through the multiple steps that begin weeks before your surgery and continues beyond your recovery. With your participation and positive attitude, our healthcare team will work with you towards one common goal: to improve the quality of your life through increased mobility.

About Us

Welcome to North York General Hospital

North York General Hospital offers a comprehensive range of Surgical services. These Surgical services include: orthopaedic, cataract, ear, nose, and throat (ENT), urology, plastic surgery, oral and maxillofacial surgery, gynecology, general surgery, vascular surgery, and pediatrics.

Total Joint Assessment Centre

The Total Joint Assessment Centre (TJAC) was launched at the Branson site October 13, 2006, to increase the number of hip and knee total joint replacement surgeries that can be performed in the region. The TJAC provides improved access to assessment, diagnosis and surgery or treatment to reduce wait times for patients requiring hip or knee replacement. Our diverse team of highly skilled clinicians will take care of you every step of the way, from your assessment through to surgery. The TJAC team is made up of physiotherapists and nurses who have undergone intensive training by leading orthopaedic surgeons.

The Total Joint Assessment Centre features an exciting partnership between orthopaedic surgeons at three Central LHIN hospitals: Markham Stouffville Hospital, York Central Hospital and North York General Hospital. These hospitals have joined in partnership to better serve their community by increasing the number of hip and knee replacement surgeries being performed in each hospital. Patients assessed at the TJAC as being good candidates for surgery will have options that can reduce their wait time. They may choose surgery with the surgeon of their choice at the hospital of their choice, or with the first available surgeon at any of the three hospitals.

If you aren’t ready, or if surgery is unnecessary at this time, you will receive a comprehensive non-surgical plan to help you better manage your condition.
Getting to Know Your Health Care Team

At North York General Hospital, we take a team approach to your care. During your visit and/or stay at our hospital, you may come in contact with many members of our healthcare team, which include:

**Orthopaedic Surgeon.** Your orthopaedic surgeon is the doctor who performs the actual joint replacement surgery and is responsible for your overall health during your hospital stay and following your surgery.

**Anaesthesiologist.** Your anaesthesiologist is the doctor who administers anaesthesia during your surgery, monitors your vital signs during and after your surgery, and works with you to control your pain after surgery.

**Nurse:** Before and during your hospital stay, you will meet a number of nurses who perform different jobs. Some nurses attend to your daily healthcare needs while you are in the hospital, others assist surgeons in the operating room, while others work in hospital admissions and, in some cases, visit patients at home. While you are in the hospital, nurses are your first contact person regarding any questions/concerns you may have about your treatment or care and they will work with other members of the health care team to coordinate your care.

**Physiotherapist:** Your physiotherapist (PT) is trained to assist you in regaining your strength and motion in your new joint. Your PT will assess and evaluate your pain, movement patterns, muscle strength, joint function, reflexes and sensation. Also, you will be shown exercises/techniques to speed up your recovery, which will improve mobility and pain control after your joint surgery.

**Occupational Therapist:** Your occupational therapist (OT) is trained to teach you how to perform activities of daily living, such as dressing and bathing after surgery. During your hospital stay, you may be seen by the OT, who will help you increase or regain your independence with daily activities after your surgery. The OT will assess your equipment needs based on your current functional ability and home environment.

**Clinical Team Manager.** The Clinical Team Manager (CTM) is responsible to ensure operational and clinical excellence. The CTM will help facilitate patient and family driven experience in their clinical areas of accountability through the services that they provide across North York General Hospital.
Understanding Your Surgery

What Are the Causes of Serious Hip Problems?

Problems with major joints like the hip are most frequently the result of arthritis:

- **Osteoarthritis**: is the most common form of arthritis. It is most often related to wear and tear that has been placed on the joints over the years. Its onset is usually after age 50. Factors that predispose this condition include family history, obesity, previous surgery to the joint where a large piece of cartilage (cushion between the bones) was removed, or previous fractures in the area of the joint.

- **Rheumatoid Arthritis**: is one of the more common kinds of inflammatory arthritis. It is a chronic inflammatory disorder affecting the joints of the body which are lined with a membrane called synovium. These joints include the hip, knee, shoulder, elbow, wrist, hands and feet. Rheumatoid arthritis is likely of autoimmune origin, which means the body produces cells that irritate the synovium in the joint leading to destruction of the cartilage. This form of arthritis occurs in all age groups. It is characterized by stiffness, joint swelling, loosening of the ligaments, pain, and decreased range of motion.

What is Total Hip Replacement Surgery?

Your hip joint is composed of two parts: the 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 articular cartilage that allows them to move against each other without friction or pain. In an arthritic hip, the cartilage layers are destroyed, and bone rubs against bone causing pain and limiting motion.

Hip replacement surgery replaces your arthritic hip joint with an artificial hip joint composed of a ball component and a socket component. The metal ball is attached to a stem that fits into your thigh bone. This component can be cemented or non-cemented depending on your age and the condition of your bone. A plastic liner with outlet metal steel is secured into your pelvis. A combination of a cemented ball and a non-cemented socket also may be used. Your orthopaedic surgeon will choose the type of prosthesis that best meets your individual needs. Once in place, the artificial ball and socket function in essentially the same manner as your natural hip.

Following your surgery, hip precautions must be followed for three months to prevent dislocation of your hip. Please turn to page 13 for images relating to these precautions.
Preparing for Surgery

Pre-operative Assessment Clinic Appointment
Located on the 4th Floor; South East Wing.

Most patients undergoing total joint surgery will go to our Pre-operative (Pre-Op) Assessment Clinic. Your pre-op assessment appointment is scheduled approximately up to 90 days before surgery and allows completion of paperwork, blood tests, anaesthesia or medical consults (if necessary).

In order to prepare for your surgery, the following forms must be completed by your doctor/surgeon and submitted to the Pre-operative Assessment Clinic 72 hours before your pre-operative assessment clinic appointment:

a) Surgical Booking Form
b) Pre-Operative Orders Form
c) History and Physical Form (or any test results or reports from another specialist).

**Failure to complete or submit any of these forms may result in a delay and or possible cancellation of your operation.**

NOTES:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
**Before Your Pre-operative Assessment Clinic Appointment:**

| ✓ | Bring a list of current medications you are taking and the medications in their labeled containers. The medication list should include name, strength, dose and frequency of your medications. Don’t forget to include vitamins and/or herbals and time of day medication was taken. |
| ✓ | If you have difficulty speaking/understanding English, please arrange your own interpreter or notify us as soon as possible to avoid delays. |
| ✓ | Complete the Anaesthetic Questionnaire Form and Nursing History Form and bring them to your Pre-op appointment (provided by your doctor). |

**On the Day of Your Pre-operative Assessment Clinic Appointment:**

| Before leaving for the hospital, remember to bring: |
| ✓ | this handbook |
| ✓ | list of current medications & medications in their labeled containers |
| ✓ | interpreter (if needed) |
| ✓ | Anaesthetic Questionnaire and Nursing History Form |

| 0630 | Register at the hospital’s Patient Registration Office - located on the ground floor across from the Gift Shop. As soon as you have registered, proceed to register at the Pre-op Assessment Clinic – located on the 4th floor on the South East Wing to start your pre-op assessment and process. You will be seen by a nurse and an anaesthesiologist. Your history will be reviewed and assessment completed to ensure that you are ready for your surgery. You will have laboratory tests and x-rays (if ordered). |

| 0830-0930 | Attend the pre-operative education class. Check location with the Nurse. |

| 0930-1330 | Return to the Pre-op Assessment Clinic to complete your pre-op assessment. |

**The Day Before Your Surgery**

| DO | DON’T |
| ✓ | Do phone your Surgeon’s office to confirm the time of your surgery. **If your surgery is on a Monday or Tuesday after a holiday, please phone the office the Friday before. | ✗ | Do not phone the Pre-op Assessment clinic to confirm the time of your surgery |

| ✓ | Do take any medication(s) the nurse or anaesthesiologist has directed you to take with a small sip of water. | ✗ | Don’t eat any solid food, drink milk or milk products, eat candies or chew gum after 12 a.m. (midnight) on the day of your surgery |

| ✓ | Do shower or bathe the night before or the morning of surgery. | ✗ | Do not use any body lotion on the day before your surgery. |
Day of Surgery

Leaving for the Hospital

Before leaving for the hospital:

✔ You may shower but do not apply lotion. Avoid using perfumes, deodorants, shaving creams or scented lotions. Do not wear make-up or nail polish.

✔ Brush your teeth. Upon awakening, you may brush your teeth and rinse with water, but do not swallow the water.

✔ Take medications as instructed by your pre-operative assessment nurse or anaesthesiologist (if applicable) with a small sip of water as soon as you get up.

✔ Wear clothes that are loose fitting and easily removed. (avoid back zippers and pantyhose).

✔ Bring proper shoes: soft slippers or sandals with support around the back of the foot; have non-slip rubber sole and enough space to allow for swelling.

✔ Leave all jewelry and valuables at home. You may wear your wedding band if it cannot be removed.

✔ Bring a case with your name on it to hold your eyeglasses, contact lenses, and dentures (if applicable). You may wear your hearing aids to the hospital and during surgery (if needed).

Reporting to the Hospital

• You will be asked to arrive approximately 1 ½ to 2 hours before your scheduled surgery.

• Please register FIRST in the Patient Registration department (located across from the gift shop) on the ground floor.

• Then, go to the Day Surgery Area located on the first floor across from the Orthopaedic & Plastics Clinic.

• You may want a friend or family member to accompany you. Designate one person to be contacted when your surgery has been completed.
Pre-Operative Preparation Area (Day Surgery)

Once you arrive at the hospital and have registered in Patient Registration, go to Day Surgery; located on the 1st floor across from the Orthopaedic & Plastics Clinic. You will receive your hospital identification bracelet and be asked to change into a hospital gown. Your clothes will be placed in a plastic bag. If you wear dentures, eyeglasses or contact lenses, you will need to remove them at this time. If a family member is with you, please leave your belongings with them until after surgery.

In final preparation for surgery, a Day Surgery nurse will re-check all your medical records and conduct a brief physical examination that includes taking your vital signs (e.g., pulse, heart rate). You will be asked to empty your bladder. An intravenous line (a tube in your veins) will be started. During this time, an epidural catheter may be placed in preparation for anaesthesia (if applicable).

Family Waiting Area

A family member can remain with you in the Day Surgery area until you change into your hospital gown. Your family member will be instructed to go the waiting area located on the first floor once it’s time for you to have your surgery.

Remember, it may be 4-6 hours from the time you leave your family until your surgery is completed. Once you are ready to move from the recovery room (PACU) to your hospital room, your family can inquire about your room number in the Day Surgery area and they may proceed there.

Anaesthesia and Pain Control

General Facts:

- Your anaesthesiologist will meet with you prior to surgery.
- Tell the anaesthesiologist if you have ever had any problems with anaesthesia or medications.
- After examining you and discussing your medical history and wishes regarding anaesthetic, the best anaesthetic plan will be discussed with you.
- Some joint replacements combine general and epidural anaesthesia to provide benefits from both techniques; others use only local anaesthesia.
- After surgery, you may have a small tube in your nose providing you with oxygen.
General Anaesthesia:

- You may receive intravenous medications that put you to sleep for your operation.
- These medications produce complete but temporary loss of sensation and perception.
- You will wake up quickly when the surgery is over.

Epidural Anaesthesia with Sedation:

- You may receive local anaesthetics (numbing medicine) and pain medication through a thin tube (catheter) placed in the epidural space in your lower back.
- Local anaesthesia blocks the nerves that give you feeling in your legs and hips.
- Sedative medications are given with your intravenous fluids before and during surgery.

Benefits include:
- Less blood loss/fewer blood transfusions
- Lower risk of blood clots in the legs
- Effective pain control/less drowsiness

Side effects:
- Nausea – treated with intravenous (tube in your veins) medication
- Itching – controlled with intravenous (tube in your veins) medications
- Unable to Urinate – a foley catheter (tube in your bladder) is used after surgery
- Headache – extremely rare, but treatable
- Decrease blood pressure – treated with intravenous fluid.
Pain Medications and Pain Control

**PCA Pump**
One way to control pain after surgery is with a patient-controlled analgesia pump (PCA). This pump allows you to give yourself pain medication by pressing a button. The button tells the pump to deliver the medication to you through an intravenous tube. The pump is set to limit the amount of medicine received and its frequency to prevent you from getting too much.

**Pain Pills**
You will be started on tablets the day of surgery. On the second day after surgery, the PCA pump will be stopped and you will be given pain pills to control discomfort. We encourage you to take them before you exercise or go for a treatment.

**Pain Scale**
While you are in the hospital, you will be asked to rate the intensity of pain you are experiencing through the use of a pain scale. A pain scale is a line numbered from 0 to 10, with each number representing a degree of pain. A sample of a pain scale can be seen below. We encourage you to keep your pain level less than 4.

---

Please point to the number that best describes your pain.

0 1 2 3 4 5 6 7 8 9 10

No pain Terrible pain

Your Surgery

Going Into Surgery

Just before your surgery, you will be taken into a holding area where a nurse will be waiting for you. You will then go into the operating room where your hip will be prepared for surgery. The team will review the surgical checklist with you. For more information, please visit http://www.nygh.on.ca/quality_safety/surgical_safety_checklist.html. The average length of time for the surgery is 1-1/2 to 2 hours with revision surgery requiring more time.

In the Recovery Area

After your surgery is completed, you will be wheeled into the post-anaesthetic care unit (PACU) or recovery room. In the PACU:

- Nurses will check your blood pressure, pulse, and breathing.
- You will receive medications for pain, as needed.
- Nurses will check your bandages and encourage you to take deep breaths and to move your ankles and feet.

After a 1 ½ to 2 hours of recovery, you will be ready to be moved from the PACU to your hospital room. Please inform your family that your length of time in the PACU will vary depending on your progress. From this step forward, you begin your post-surgical recovery. You will be transferred to 1 of 3 surgical in-patient units. All of the surgical units strive to provide patient and family driven care within an interdisciplinary team approach.
## Hospital Stay

### Post-Operative (Post-op) Care

From the PACU, you will be transferred to your hospital room. You may wake up feeling groggy and will see the surgical dressings and tubes that were inserted during or immediately after surgery.

<table>
<thead>
<tr>
<th>Post-Op</th>
<th>Goals</th>
<th>Nursing Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 0 – Day 3 to 5</td>
<td>Pain level less than 4/10</td>
<td>You are encouraged to take pain medication as needed to keep your pain level less than 4. Please speak to your nurse/doctor if the pain medication is not working.</td>
</tr>
<tr>
<td></td>
<td>Lungs are clear and/or at baseline</td>
<td>You may receive oxygen via a tube that attaches to your nose. Your oxygen level will be monitored and the oxygen tube may be discontinued Day 1. You are encouraged to do deep breathing and coughing exercises every hour while awake.</td>
</tr>
<tr>
<td></td>
<td>Vital signs are within your normal parameters</td>
<td>The nurse will monitor your temperature, blood pressure, pulse, respirations and oxygen saturation frequently (monitoring ranges from every 1 to 4 hours and/or as needed).</td>
</tr>
<tr>
<td></td>
<td>Eating and drinking as tolerated</td>
<td>You are encouraged to eat and drink as tolerated.</td>
</tr>
<tr>
<td></td>
<td>Wound is healing well</td>
<td>The dressing on your hip will be monitored regularly for any signs of bleeding. A drain may be present, which is used to monitor the amount of blood draining from your wound. The drain will be removed Day 1. The dressing will be changed Day 1-2 and a new dressing applied and changed daily or as ordered by your doctor.</td>
</tr>
<tr>
<td></td>
<td>Circulation, sensation and movement of operated hip is intact</td>
<td>The circulation, sensation and movement of your leg and feet will be monitored every 4 hours and/or more often if needed.</td>
</tr>
<tr>
<td></td>
<td>Skin will be intact.</td>
<td>You are encouraged to turn every 2 hours while in bed. Turning in bed helps prevent skin breakdown, lung congestion, and blood clots from forming in your legs.</td>
</tr>
<tr>
<td></td>
<td>Prevention of infection and dehydration</td>
<td>You will receive antibiotics and extra fluids via an intravenous (tube in your arm). Your urine may be monitored via a foley catheter (tube in the bladder). Both the intravenous and catheter should be removed Day 1-2.</td>
</tr>
</tbody>
</table>
**Anticoagulant Medication**

Blood clots can sometimes form after hip replacement surgery. To decrease the possibility of forming clots, you will be given a medication or *anticoagulant* in a pill and/or injection.

**Preparation for going home on anticoagulant injections (if applicable):**

Your nurse will start to teach you to give your own anticoagulant injections. You may need to purchase your own supply of this medication from our pharmacy. Your surgeon will write a prescription for this medication, which you should fill at our Outpatient pharmacy located on the 1st floor.

NOTES:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
<table>
<thead>
<tr>
<th>Post-Op</th>
<th>Goals</th>
<th>Physiotherapy Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 0</td>
<td>• Maintain oxygenation and circulation</td>
<td>• Deep breathing and coughing exercises</td>
</tr>
<tr>
<td>(day of</td>
<td></td>
<td>• Ankle pumping</td>
</tr>
<tr>
<td>operation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 1</td>
<td>• Moving in bed with minimal assistance</td>
<td>• Hip precautions instructed</td>
</tr>
<tr>
<td></td>
<td>• Minimum to maximum sitting at side of bed</td>
<td>• Bed exercises instructed and performed with assistant</td>
</tr>
<tr>
<td></td>
<td>• Take a few steps with walker and assistance</td>
<td>• Ankle pumping</td>
</tr>
<tr>
<td></td>
<td>• Prevent dislocation and blood clots</td>
<td>• Deep breathing exercises</td>
</tr>
<tr>
<td></td>
<td>• Minimize swelling</td>
<td>• Transfer training with assistance</td>
</tr>
<tr>
<td></td>
<td>• Maintain muscle strength</td>
<td>• Walk with high-wheeled walker and assistance</td>
</tr>
<tr>
<td>Day 2</td>
<td>• Moderate assistance with transfers</td>
<td>• Independent bed exercise program (3 times/day)</td>
</tr>
<tr>
<td></td>
<td>• Sitting up in chair for 30 minutes</td>
<td>• Ankle pumping</td>
</tr>
<tr>
<td></td>
<td>• Progress walking distance (to bathroom, with assistance)</td>
<td>• Deep breathing exercises</td>
</tr>
<tr>
<td></td>
<td>• Increase hip range of motion and strength</td>
<td>• Sitting up in chair for all meals</td>
</tr>
<tr>
<td></td>
<td>• Prevent dislocation and blood clots</td>
<td>• Walk with low-wheeled walker and minimal assistance</td>
</tr>
<tr>
<td>Day 3</td>
<td>• Independent with transfers</td>
<td>• Follow hip precautions</td>
</tr>
<tr>
<td></td>
<td>• Progress walking distance and reduce level of assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Up to the bathroom with walker and supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Increase hip range of motion and strength</td>
<td></td>
</tr>
<tr>
<td>Day 4</td>
<td>• Independent with transfers</td>
<td>• Independent bed exercise program (3 times/day)</td>
</tr>
<tr>
<td></td>
<td>• Independent with walking</td>
<td>• Sitting up in chair for all meals</td>
</tr>
<tr>
<td></td>
<td>• Independent up to bathroom with walker</td>
<td>• Walk with walker and/or supervision and/or independent</td>
</tr>
<tr>
<td></td>
<td>• Initiate stair climbing</td>
<td>• Follow hip precautions</td>
</tr>
<tr>
<td>Day 5</td>
<td>• Independent with all transfers and walking</td>
<td>• Independent bed exercise program (3 times/day)</td>
</tr>
<tr>
<td></td>
<td>• Acquire necessary equipment at home</td>
<td>• Sitting up in chair for all meals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Walk with walker independently 2 or more times</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stair climbing with crutches and assistance (if applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Follow hip precautions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12
Post-Surgical Exercises and Activities

1. Coughing and Deep Breathing Exercises

Coughing and deep breathing help prevent lung congestion after surgery:

✔ To cough: Take a deep breath in and cough forcefully from your abdomen.

✔ To deep breathe: Inhale as deeply as you can from your nose and hold while counting from 1 to 2. Then, open your mouth and exhale all the air. Repeat this exercise 5 times.

2. Hip Precautions

To prevent Hip dislocation:

❌ Do not bend your hip on the operated side greater than 90°, either by bending forward from the waist or lifting the knee higher than the hip (see picture A).

❌ Do not cross your legs (see picture B).

❌ Do not rotate or twist side to side (see picture C).

[Images A, B, C showing hip precautions]
3. Transfers in and out of bed:

- **Getting in bed** - Sit on the edge of the bed, back in until your thighs are supported by the mattress and then swing both legs into the bed.
- **Getting out of bed** - Swing both legs out of bed until both feet are on the floor, push off the bed with both hands and stand up.

4. Physical Therapy Exercises

Participating in physical therapy can speed up your recovery. While you are in the hospital, you will receive physical therapy. The exercises listed below will be reinforced after your surgery and we strongly encourage you review and practice them before your surgery.

a) **Heel Slides**

Make sure bed is flat.
Bend knee and pull heel towards buttocks.
Do not bend hip more than 90°.
b) Quadriceps Over Roll in (i) Sitting and (ii & iii) Lying Position:

Sitting position: Kick foot forward to tighten the top of thigh muscle. Hold for 5 seconds and lower foot (see picture i)

Lying position: Place roll under knee, raise foot to tighten top of thigh muscle. Hold for 5 seconds and lower foot (see picture ii).

(iii) Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible. Hold for 5 seconds and release.
Preparing for your home

Following surgery, an occupational therapist (OT) may assess your ability to perform daily functional activities such as transfers, bathing and dressing by Day 3-5. Should you have any difficulties in these areas, your OT will determine what equipment you need and educate you on how to use them to maximize your independence with these tasks. Through working with your OT, you can be assured that you will achieve optimum safety and independence upon returning home.

1. Consider making arrangements to stay on one level of your home to conserve energy. This way you can have access to the bathroom, kitchen, and sleeping area without using the stairs. You may need to bring your bed down to the main floor, or if you plan to sleep on your couch, please make sure it is not too low.

2. Make sure you have clear passageways. The telephone should be within easy access and there should be good lighting so you can see the floor clearly.

3. Put away throw rugs to allow your walker to glide easily and to prevent tripping.

4. Stock up on groceries and frozen food to decrease the number of trips to the store.

5. Ensure that your chairs and couches are not too low. You may need to elevate them with furniture risers/blocks, or use a wedge cushion.

6. Put frequently used items at waist to shoulder height to minimize bending down.

7. Make sure staircase handrails are securely fastened to the wall.

Equipment You May Need to Rent/Buy for Home:

Please refer to the vendor’s list (see attached) that consists of different companies in the Greater Toronto Area that sell and/or rent home equipment. It is recommended that you plan or organize the equipment before you come to the hospital, and then finalize the order after you have been assessed by the OT. Most companies require 1-2 days to arrange your requested equipment. The OT can provide a letter outlining the recommended equipment, which can be submitted to your insurance company for reimbursement.
Equipment that you may need once you return home:

**Mobility Aids**

- Low Wheeled Walker
- Crutches
- Single point Cane

**Bathroom Equipment**

- Raised Toilet Seat with Arm Rests
- Bath Seat in Tub

**Dressing Aids**

- Reacher
- Sock Aid
- Wedge Cushion (chair)
Discharge from the Hospital

When you are medically stable and walking independently with a walker or crutches, you will be ready to return home.

The Drive Home

When getting into the car:

- Move the front passenger seat back as far as possible.
- If your drive home is long, stop to stand up and stretch after 45 minutes to 1 hour. You should avoid riding home in a compact car or sports car.

Transferring in/out of CAR:

Transferring in and out of a car is similar to transferring in and out of bed.

- **Getting in the car** - With the car seat reclined, sit at the edge of the seat, back in until your thighs are supported by the seat, and then 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. Use your hands to push off and stand up.
Going up the stairs

1. Holding on to the railing with one hand and the cane/crutch in the other, place your non-operated leg up to the next step.
2. Step up with the cane/crutch and your other leg to meet the non-operated leg.

Going down the stairs

1. Holding on to the railing, step down with your operated leg.
2. Bring both cane/crutch and other leg down to meet the operated leg.

General Rule to Remember on Stairs:
Up with the “good” leg; down with the “bad” leg

Prior to going home you should have:

- Prescription for pain medication
- Prescription for anticoagulant (if ordered)
- Written instructions from your surgeon (if applicable)
- Follow-up appointment with your surgeon
- Extra dressing for your incision (if needed)
Community Care Access Centre (CCAC)

Community Care Access Centre (CCAC) is a government funded agency that co-ordinates the delivery of your in-home services. If your surgeon recommends CCAC services for you, a CCAC case manager will assess you at the hospital before you go home to arrange the recommended services (eg. physiotherapy, nursing).

NOTES:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

