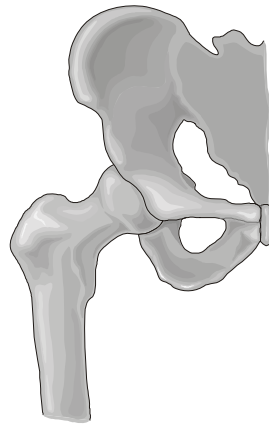


Name: _____

Date of Surgery: _____



Your Guide to Recovery After A Fractured Hip Repair



April 2008

Table of Contents

Introduction	3
Before Surgery	4
After Surgery	5
The Health Care Team.....	7
Precautions if You Have Had a Hip Replacement	9
What to Expect	10
Exercises.....	11
Everyday Activity After a Hip Fracture.....	13
Safety in the Home.....	17
Going home.....	18
Antibiotic Use to Prevent the Spread of Infection	19
Community and Online Resources	20

Introduction

Welcome to the Trillium Health Centre.

We acknowledge that breaking your hip may have been a traumatic event. We will do our best to support you in your recovery.

While in hospital, you will work with a highly trained health care team including:

- Your Orthopaedic Surgeon
- Registered Nurses
- Registered Practical Nurses
- A Physiotherapist and a Physiotherapist Assistant
- An Occupational Therapist and an Occupational therapist Assistant

Other members of the health care team may be involved in your care as well, including Social Worker, CCAC (Home Care) Coordinator, Pharmacist and Dietician.

In order for you to get better quicker and go home faster, you and your family will need to be active participants in your care. This booklet includes information about what to expect while in hospital, the people who will work with you, and how to prepare for your return home. Planning for your discharge should start as soon as possible!

The following is a list of things that you will require during your hospital stay. This will make your discharge home easier and faster.

1. Medications

A family member should bring any medications that you are taking as soon as possible to the hospital, if you do not have them with you. It is important for the health care team to be aware of what medications you take regularly.

2. Clothing

Have a family member or friend bring the following articles to the Orthopaedic Unit:

- Comfortable, well-fitting shoes (ie. running shoes) or slippers with a non-slip sole. All footwear must have closed heels and toes.
- Shirts and shorts, jogging suit or short dressing gown.
- Underwear.
- Personal care items (ie. toothbrush, kleenex, soap).

3. Walking Aids

If you have a walker at home, please have a family member bring it to the hospital the day after surgery. Mark your name on the walker.

Before Surgery

Surgery Preparation

Several tests may need to be done. The tests depend on your age and general health. Some of these tests include blood work, ECG (heart tests), x-rays and consults to other specialty doctors such as medicine and anaesthesia.

An intravenous (IV) tube will be placed in your arm to give you fluids. In most cases, you will not be allowed to eat or drink after midnight the evening before your surgery (except sips of fluid to take any needed medications). Sometimes if we know your surgery will not be until late in the day, you may have breakfast.

You may need a tube (catheter) to be placed in your bladder to drain urine.

Pain Management

The nurses will ask you often to describe your pain and rate it on a scale of 0-10. Zero is “no pain” and 10 is the “worst pain” you can imagine. You will be given medication to manage this pain. It is important for you to rate your pain and describe it to others so that it can be managed effectively

Positioning before Surgery

A pillow will be applied under your affected leg for the time prior to your surgery. The purpose of the pillow is to keep your leg in proper alignment, and provide some comfort. A cushion boot will be applied to your foot to protect your heel while on bedrest.

Exercises before Surgery

The nurse will encourage you to do the following two exercises while you are on bedrest prior to your surgery:

- Deep breathing and coughing:

Take 10 deep breaths and cough every hour while you are awake. This helps to keep your lungs clear.



- Ankle exercises (calf pumping):

Point your feet and toes up and down. Repeat 15 times every 1-2 hours. This exercise helps the blood to circulate in your legs.

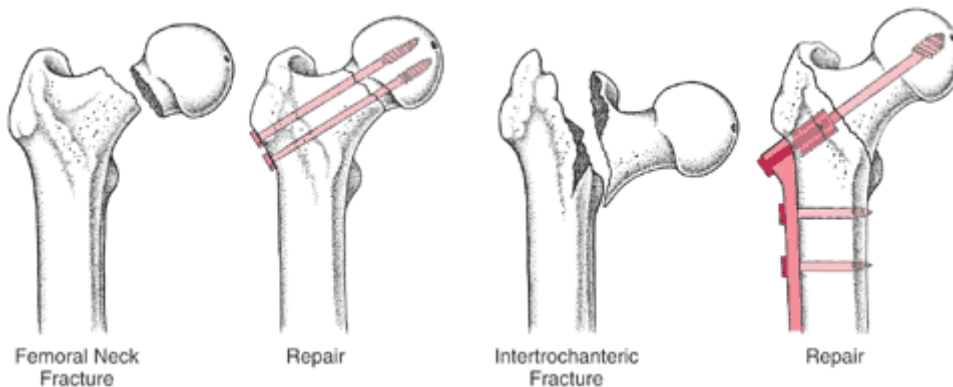


Your Surgery

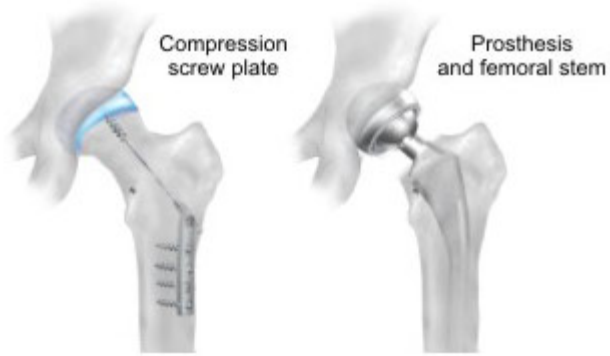
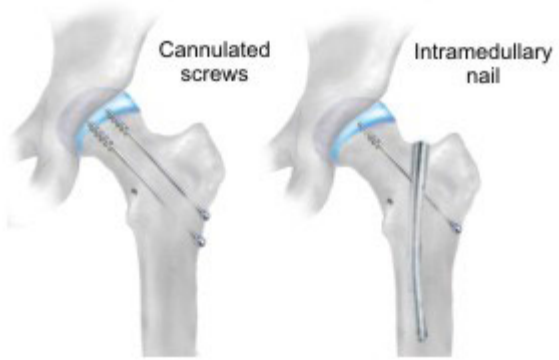
The surgeon will answer questions about the operation and obtain consent from you or a family member/designate. The surgery will likely take 1-2 hours to complete. Metal screws may be used to hold the broken bones together. Sometimes, part or all of the joint may need to be replaced to repair the break. You will have an incision (cut in the skin) over your hip that is about 6-10 inches long. A large bandage will cover the incision. The incision is held together by metal clips or staples that are to be taken out 10-14 days after surgery.

After the surgery, you will be moved to the recovery room for a few hours until you are fully awake. You will then be brought back to your room- this may take several hours.

Repairing a Fractured Hip



Images: www.merck.com

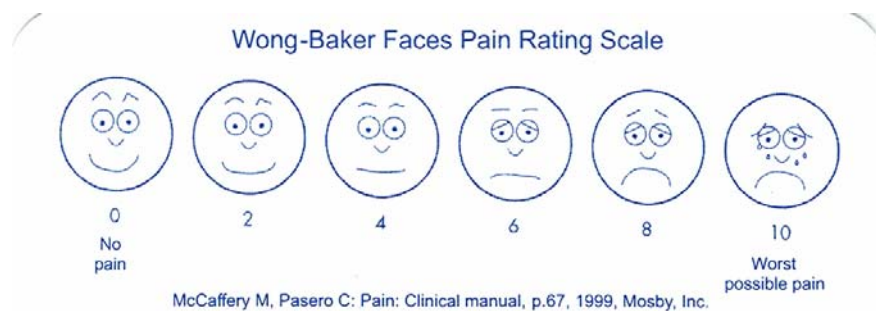


www.canortho.org

After Surgery

Pain Management

After surgery, you will have some pain. The nurse will continue to ask you to rate your pain on a scale from 0-10. Zero is “no pain” and 10 is the “worst pain” you can imagine. You will be given medication to manage this pain so you can do the exercises and activities that will help you get better. Pain medication is usually given either through the intravenous or through a needle into a muscle. Your doctor will determine which method is best for you. After two or three days you will be able to take the pain medication by mouth. Your nurse will also tell you what else you can do to reduce your pain. It is important to request pain medication prior to physiotherapy and as needed



Changes in Behaviour or Mood

A hip fracture is a traumatic event that may reveal other underlying conditions that an older person maybe experiencing. In particular, there are three medical conditions that often occur for older persons. None of these conditions happen because a person is growing older, rather they are diseases. Three common diseases that are important to understand when a person experiences a hip fracture are: Dementia, Delirium and Depression. You and your health team will need to work together to identify and manage interventions for these disease processes.

Delirium

Delirium can happen suddenly for someone and is common for older persons following a hip fracture. It needs a thorough medical investigation to understand the cause. Delirium can occur from traumatic injury, medical changes, medications or for other reasons.

Essential features of Delirium

- Reduced clarity of awareness or the environment with reduced ability to focus, sustain or shift attention
- Change in cognition such as memory deficit, disorientation, language disturbance or perceptual disturbance

- The disturbance develops over a short period of time (usually hours to days) and tends to fluctuate during the course of the day
Behaviours that can occur with delirium include:
 - Hyperactivity (restless state, constant motion), hypoactivity (inactive, withdrawn, sluggish state) or a combination of the two.
 - Attempts to escape one's environment (often resulting in falls).
 - Removal of medical equipment (e.g., intravenous lines, catheters).
 - Disturbances in vocalizations (e.g., screaming, calling out, complaining, cursing, muttering, moaning).

Delirium is different than dementia which develops more slowly and doesn't change as much during each day.

With treatment, these signs and symptoms often go away or decrease. The physician will review your medications and may reduce or stop them as needed. The team will try to provide a structured environment encourage you to drink lots of water and other fluids, and will help you to get up and moving around as early as possible.

Caring for persons with Delirium

- Talk with the health team about signs you see
- Talk with your loved one, use a calm, soft voice when speaking
- Assure them they are safe, consider safety and talk about strategies to kept them safe with the health team
- Know they are not themselves and may forget what they say
- Encourage them to do as much as possible for themselves, help them with what they cannot do
- Bring photos and familiar things
- Think about a list of family who may stay around the clock so they are not alone and feel secure.

If you would like more information on Delirium, Dementia and Depression, please contact your healthcare team.

Anticoagulants

An anticoagulant is a medication that reduces the chance that blood clots will form. Your doctor may prescribe an anticoagulant for a period of time after surgery. The amount of this medication depends on your blood test results, which are checked every day while you are in the hospital. The medication will be given as injections for a few days and then in a pill form.

Constipation

Constipation often happens after surgery because of pain medication and limited activity. Here are some ways to prevent constipation:

- Drink lots of fluids (8 cups a day).
- Eat a lot of fibre (whole grains, fruits, vegetables and beans)
- Continue regular activity.
- Do not overuse laxatives.
- Have a regular bowel routine.

Exercises After Surgery

Your Physiotherapist will start an exercise program with you the first day after your surgery. You will be asked to do the following exercises:

- Deep breathing and coughing:
Take 10 deep breaths and cough every hour while you are awake.
This helps to keep your lungs clear.
- Ankle exercises (calf pumping):
Point your feet and toes up and down. Repeat 15 times every 1-2 hours.
This exercise helps the blood to circulate in your legs.



Positioning After Surgery

The nurse will assist you to lie on your back on non-operated side. When in bed, the nurse will assist you to turn every 2 hours. The nurse will use pillows to help keep you in a comfortable position when you are on your side.

Weight bearing status: Your surgeon will order your weight bearing status after your surgery. Your nurse and physiotherapist will talk to you about this weightbearing status and explain how much weight you can put on the operated leg.

The Healthcare Team

You and your family will need to start planning for your discharge as soon as possible. There are several members of the health care team that can assist you in this planning.

PHYSIOTHERAPIST: After your surgery the physiotherapist will help you to improve your range of motion, strength and to regain function of your affected extremity/body part. He/she will also assist you to maximize your functional mobility and ambulatory independence.

OCCUPATIONAL THERAPIST: After your surgery, it may be more difficult for you to carry out your everyday routines. The Occupational therapist provides assessment and retraining in everyday activities like bathing, dressing, working in the kitchen and getting in and out of the car so that you will manage more safely and independently when you go home. The Occupational therapist will also help you should you have any special equipment needs for home.

OTA/PTA: The OTA/PTA assists the occupational therapist and physiotherapist with educating you about your postoperative precautions and activity guidelines. Along with this the OTA/PTA assists you to increase your level of independence through exercise and activities before you are discharged home.

PHARMACIST: The pharmacist reviews and ensures proper use of each medication prescribed. The pharmacist also provides teaching with regards to your discharge medications. If you have any questions about your medications, ask to speak with the pharmacist.

SOCIAL WORKER: The social worker is available to provide you and your family with supportive counselling as you/they adjust to illness and change. The social worker can connect you and your family to community agencies for ongoing assistance as needed. Instrumental assistance (e.g. with finances) is also available. He/she will assess your current living situation, the projected care needs that you may have on discharge and will facilitate arrangements for discharge. The social worker is knowledgeable about the community resources available. The social worker will also help you and your family to make an application to long term care facilities if needed.

DIETITIAN: The dietitian is available to help when you have special nutritional needs.

CCAC (Community Care Access Centre): The CCAC of Mississauga-Halton provides In-Home Services Information and Referral resources and assists with Long-term and Short-term Care Placement. The hospital team may identify a need for CCAC services, the case manager will then meet with you to develop an individual service plan. Supports may include nursing, rehabilitation services or personal support.

Precautions If You Have Had a Hip Replacement

If you have had a hip replacement, you will need to be careful how to position your legs and how you move. The muscles and tissues around your hip take from three to six months to heal. During this time you are at risk for dislocating your hip. While rare, hip dislocations are very painful, require a return to the operating room and results in a much longer recovery period. For these reasons, you must follow these basic precautions throughout all of your activities until your hip is strong again.

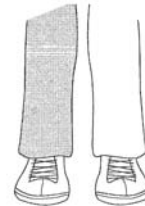
DO NOT BEND MORE THAN 90 DEGREES



DO SIT WITH HIP HIGHER THAN KNEES

* Especially when sitting in the car and on toilet seats (tend to be low).

DO NOT TWIST LEG



DO KEEP LEGS IN LINE WITH TRUNK

* Twisting refers to putting weight on one leg and turning to retrieve an object. (Ex- if you are cooking do not twist your body to retrieve a pot. Instead - shuffle sideways to retrieve pot).

DO NOT CROSS LEGS



DO KEEP A SPACE IN BETWEEN LEGS

* Crossing occurs any time one leg overlaps the other. When sleeping, it is recommended to sleep with a pillow in between the legs to avoid crossing. (Images from www.stvincents.org, used with permission)

What to Expect During Your Stay in Hospital

Day of Surgery

You will be able to rest in bed after the surgery. You will have a urinary catheter and a drainage tube (Hemovac) from your hip. The IV will still be in place. You will continue to be given medication for pain and nausea as needed. You may have an oxygen tube at your nose. You will be encouraged to take sips of fluids (eg. water, juice, or thickened juice) soon after your surgery. Your nurse will come to check your vital signs. He/she will check your blood pressure, temperature, heart rate, breathing rate and oxygen level, and level of pain.

Day 1 After Surgery

You will have a blood test early each morning. Your drainage tubes (urinary catheter and Hemovac) and IV tubing will be taken out. An IV access may be left in your hand. Your nurse will assess your pain every 4 hours and as needed each day and will offer pain medication as appropriate.

You will get regular meals as soon as you are able to swallow well and your nurse is able to hear with a stethoscope that your bowels are working.

Using a walker, your nurse/physiotherapist will help you take a few steps to move from the bed into a chair. Do not get alone, unless you are told that you are safe to do so.

The nurse and physiotherapist will tell you how much weight you can put on your leg. You will also get up to the bathroom with help. Be sure your pain is under control before you get up. Your physiotherapist will start strengthening exercises with you. Do your exercises regularly (ie. deep breathing and coughing, calf pumping and knee exercises).

You will be encouraged to do as much of your personal care as you are able. Your occupational therapist will meet you and discuss your goals for rehab. He or she will review how to use the assistive devices to get dressed without bending forward. Your nurse may help you get dressed using these devices if you are able.

Day 2- 4 After Surgery

Your nurse will continue to assess your pain every 4 hours and as needed each day and will offer pain medication as appropriate.

You will continue to be encouraged to take deep breaths and cough and to pump your feet and toes up and down every hour. These exercises help to prevent complications.

Your physiotherapist will help you walk in the hallway with a walker for support. You will do range of motion and strengthening exercises with a physiotherapist or physiotherapist assistant.

You will be transferred to the inpatient rehab unit on the fifth day after your surgery, if you are medically stable.

Day 5 (Transfer to Inpatient Rehab Unit)

You will be transferred to the rehab unit in the morning. The rehab team will monitor your progress and recommend a plan of care during the first week of rehab. The team will recommend if further rehab is needed or help to make arrangements for care in another facility. Recommendations may include CCAC services, convalescent care, further inpatient rehab or other options.

During rehabilitation

Your family or friends, if you choose, will often be invited to a meeting at the hospital to help plan what will be needed for your return home. Your rehabilitation and recovery will usually continue in the hospital, then at home or in healthcare residences such as retirement and long term care facilities.

Your family and friends can help by helping prepare meals ahead of time and freeze them to have when you return home. They can also help by removing scatter rugs, installing any railings or other equipment to make your home safer for you.

You may need to temporarily use special equipment (such as bath chair) when you get home. You can prepare by:

- Choosing a home medical equipment vendor (we can provide with a list of vendors in the area).
- Ask friends and relatives if they have any equipment that you could borrow.
- Check with your insurance company if they will cover the cost of renting or purchasing the equipment.
- Arrange for a friend or relative to pick up the equipment at the store or have it delivered to your home.
- Important: Do not obtain equipment until you have talked with your therapist after your surgery. Your therapist will help you decide what equipment is most appropriate for you. Before you go home you will be provided with a list of the equipment that is recommended for you.

Going Home

Arrange for a ride home for 9 am on the day of discharge. Your nurse or pharmacist will review your prescriptions with you. Do not forget to continue your home exercise program to help your recovery.

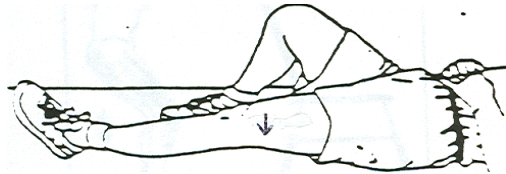
Exercises

The following exercises are important to increase the movement of the hip joint and the strength of the hip muscles. They should be done at least three times every day. Do only exercises marked by your therapist. Hold each position for five seconds.

Lying on your back:

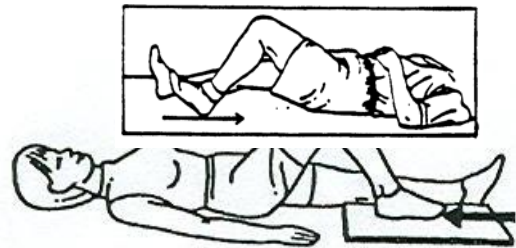
1. Lie with affected leg straight, press knee into the bed, tighten your thigh muscles and pull your foot toward you.

Repeat _____ times



2. Bend your affected hip and knee by sliding your heel toward your buttocks.

Repeat _____ times



3. With both knees straight, squeeze your buttocks together. Hold for five seconds.

Repeat _____ times



4. Put a roll under knee on affected hip side, tighten thigh muscles, pull your foot toward you and lift your heel off the bed. Keep your opposite leg bent

Repeat _____ times



5. Lie with affected leg straight, keeping your toes pointing up toward the ceiling, the other leg remains bent. Slide your operated leg out to the side and back to the centre. Do not move your buttocks during this exercise.



Repeat _____ times

Standing: Hold onto stable object throughout the exercises.

6. Bend knee of affected leg, raising your foot behind you.



Repeat _____ times

7. Bend knee of affected leg raising your knee up toward your chest.



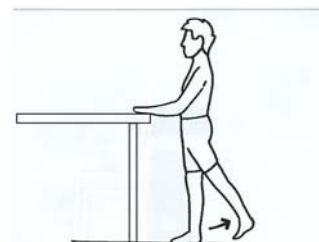
Repeat _____ times

8. Lift your affected leg sideways keeping your knee straight. Do not let your body bend sideways.



Repeat _____ times

9. Lift your affected leg behind you keeping your knee straight. Do not let your body bend forward.



Repeat _____ times

Everyday Activity After Hip Fracture

With time, patience, and some hard work, we hope that you will be able to regain your independence and return to doing those activities that you enjoy. During your hospital stay, an Occupational Therapist (OT) will help you to solve any problems that you may have in carrying out your everyday activities.

Here are some guidelines to get you started.

Positioning In Bed

- It is best not to lie on your operated side at first. You will not be comfortable and it is not good for healing.
- You may want to use extra pillows to position yourself comfortably.

Getting In And Out Of Bed

- A high, firm bed will be easier to use.
- You may find it easier to get into bed with your non-operated leg going in first (the nurses and therapists will review this with you).

Sitting

- You can sit up for as long as you are comfortable, but it is important to get up from sitting often and move about.
- Sit on a firm chair with armrests.
- A seat height at least level with your knee is best.
- If you need to make the seat higher, put folded sheets or blankets on the seat. Do not use soft cushions or pillows.

Toileting

- Your toilet at home may be too low for you to use safely or comfortably.
- Your OT will help you to decide what kind of equipment you may need at home to help with this problem and will assist you to make arrangements to have this equipment at home.



Bathing

- You can shower when your surgeon gives you permission.
- Wash at the sink until your staples are out.
- Use a non-slip rubber bath mat on the floor of the shower so you do not slip.
- When you are allowed to shower, you may need the assistance of special equipment to manage safely, and your OT will help you decide what type of equipment will be best for you to use.
- You may want to consider installing a hand-held shower to make showering/bathing easier.
- You may need to use a long handled bath sponge for washing your feet or your back more easily.
- It may be necessary to remove glass shower doors temporarily so that you can get in and out of the tub/shower safely.
- Your OT will review with you how to get in/out of the tub/shower before you go home.

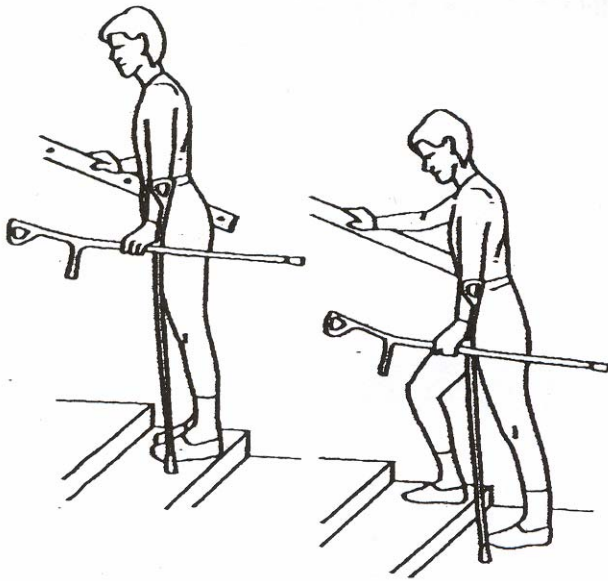


Dressing

- Sit on the edge of a firm bed or chair to get dressed.
- If you have trouble reaching your feet or managing any part of your clothing, your OT can show you some new techniques that should help you.
- Your OT may show you some special dressing aids like a reacher, a long handled shoehorn, and elastic shoelaces that may allow you to be fully independent in dressing.



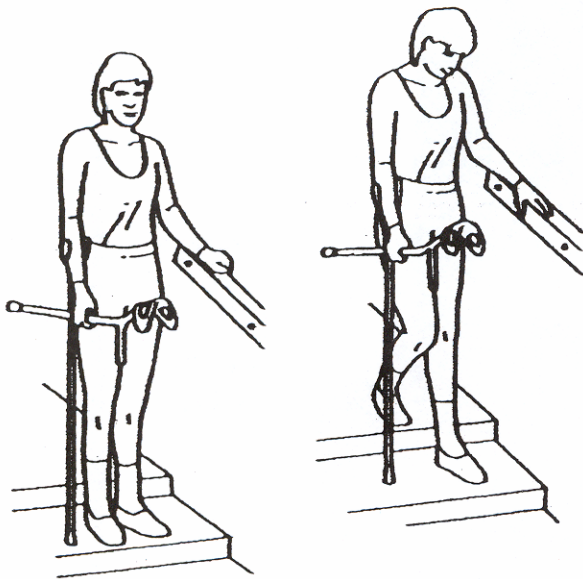
Going Up and Down Stairs



1. First take a step up with your healthy (“good”) leg.
2. Then take a step up with your affected leg.
3. Then bring your cane up onto the step.

Always go one step at a time. Use hand rails.

Going Down Stairs



1. First, put your cane or crutch one step down.
2. Then take a step down with your affected (“bad”) leg.
3. Then take a step with your healthy (“good”) leg, onto the same step as your affected leg.

Always go one step at a time. Use hand rails.

Driving a Car

- Talk to your surgeon about when you will be ready to drive again. It is usually suggested that you wait six weeks.
- You may ride in a car as a passenger as soon as you leave the hospital.
- It is not a good idea to go for long trips right away. If you are in the car longer than an hour, it is a good idea to get out, stretch your legs and walk around.
- If you plan to use public transportation, ask about TransHelp (Peel region) or WheelTrans (Toronto). These phone numbers are listed in the Community Resources section.
- Your OT will review with you the best way to get into your particular vehicle. Sit down first, facing the car door or the outside. Then turn and lift your legs into the car.
- If you do not have any means of transportation, you may need to register with the local handicapped bus service. Your therapists can give you more information on this if you need it.



Activities Around the House

- Make sure you allow yourself time to rest. This is as important to the healing process as your walking and exercise routines.
- Think about who can help you once you are home. Heavy housework like vacuuming, cleaning the bathroom, and yard work are activities that you should **not** do.
- Use your walking aid (walker, crutches) to support yourself during meal preparation and homemaking tasks.
- Sit when possible; eg. sit on a high stool to prepare food at the counter.
- You may want to consider using Meals-On-Wheels for awhile.

Sexual Activity

- You may resume sexual activity when you feel comfortable.
- Your OT can help to answer any questions you may have about safely resuming sexual activity. A handout with more information on returning to sexual activity after a hip replacement is available from your occupational therapist.

Returning to Work

- When you return to work depends a great deal on the kind of work that you do. You may be able to return to a “desk job” in 6 weeks, but have to wait 3-4 months to return to a job that is more physically demanding.
- Talk to your surgeon about when you should return to work.

Sports/Leisure

- When you first go home, allow yourself time to engage in quiet, leisure activities (eg. reading, handcrafts, computer activities, short walks outside).
- Avoid activities that require more vigorous movements of the body (eg. Contact sports, jogging, golfing, exercise bikes, rowing machines).
- Your OT can discuss activity restrictions and safety precautions related to your leisure activities. You should return to your normal activities gradually.

Safety in the Home: Preventing Falls

- Use the equipment as suggested by your Physiotherapist and Occupational Therapist
- Walkers/Crutches take up more room when you are walking. Be sure to open up the space at home by clearing away excess furniture, rearranging things like floor plants, floor lamps, and the coffee table. Watch out for things in your path; e.g., electrical cords, pets.
- Add rails to staircases that are used regularly, including outdoor stairways.
- Take up any scatter mats, runners or small rugs.
- Use a night light at night to light your way.
- If you live alone, you may want to consider purchasing an emergency call bell system (eg. LifeLine). We can provide you with information on this.
- If you live alone, consider alternative temporary living arrangements with your family/friends or in a retirement home.
- Be extra careful when floors are wet (especially in the kitchen and the bathroom).
- Wear a good non-slip, supportive shoe or slipper around the house. Do not go around in stocking feet - you are safer in bare feet.
- Put a non-slip, rubber mat in your bathtub for more secure footing. Avoid sitting at the bottom of the bathtub- you may have difficulty getting out.
- Sit on a firm surface (bed or chair) while getting dressed. This will prevent you from getting tired and will help you maintain your balance.
- Carry items safely by using pockets (on your clothing or apron) or use a knapsack or a basket/bag on your walker.
- Move frequently used items to places that will be easy to reach (waist or eye level). For example everyday items to shelves and cupboards that are easy to reach.
- Small pets can be a safety hazard - you may need to consider this before you return home.

Going Home

Transportation Arrange for someone to pick you up at 9:00a.m. on the day you go home.

Home Safety Check that the recommended equipment has arrived or been rented/purchased. Check that you have prepared the home following the Safety in the Home suggestions (eg. move scatter rugs, install railings if needed).

Follow-up Appointments The physiotherapist will help you plan how you will continue your physiotherapy after going home.

Before leaving, you will receive a follow up doctor's appointment and possibly a prescription for medication. If you have any questions, be sure to ask them before you leave.

You will be given an appointment to return to the hospital to see the surgeon that operated on your hip. This is usually 4-6 weeks after you have left the hospital.

Call your doctor if you have any of the following problems:

- Fever (a temperature of 37°C or 98.6°F or higher)
- Increased pain, redness, swelling or drainage in the leg or around your incision.
- Any infection (ie. tooth abscess, urinary, vaginal infection). Antibiotics may be ordered to prevent the infection from affecting your hip.
- If you have shortness of breath or pain when you are breathing in, go to the nearest Emergency department.

When at home Continue your exercise program as instructed. Do not sit for more than an hour without standing or stretching.

Eating Well

Choose foods from the 4 food groups; breads and cereals, fruits and vegetables, milk products and protein foods

Getting Enough Calcium

Calcium is a mineral that helps build bones. Milk and milk products are the best food sources of calcium.

Try to have several servings each day. Other sources of calcium are canned sardines or salmon with bones, dried cooked beans and broccoli.

If you do not use milk or milk products, consider taking a calcium supplement with added Vitamin D.



Eating well is one of the things you can do to help heal your fractured hip. Many people who fracture their hips did not eat enough of the right foods before coming to the hospital.

Ask yourself:

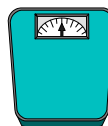
Did I eat at least 3 times a day?

yes no



Did I eat enough to keep from losing weight?

yes no



Did I have protein-rich foods like meat, poultry, fish, eggs, milk, cheese, beans or lentils at least twice a day?

yes no

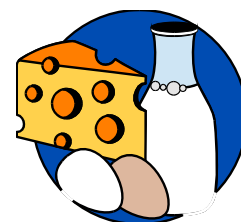


If you answered 'no' to any of these questions, changing how you eat is especially important. Even if all your answers were 'yes', there may be changes you can make to help speed up your healing.

Getting Enough Protein (Building Materials)

Protein has the ability to repair, maintain and build body tissues, and helps you fight infection. You need more protein right now, so make a special effort to eat high-protein foods at meals and snacks.

- High Protein Ideas
- Meat, chicken, fish, eggs
- Milk, milkshakes
- Skim milk powder – add to milk you drink or to cooked foods
- Cheese, cottage cheese – add to many dishes
- Ice cream, pudding, yogurt
- Peanut butter
- Nuts and seeds
- Legumes– peas, beans, lentils, tofu



Getting Enough Calories (Food Energy)

Make sure you eat enough to keep from losing weight, and if needed, to gain back weight you have lost.

How to Increase Calories if Your Appetite is Limited

- Eat small meals more often.
 - Drink liquids that are nutritious, such as milk, juice and milkshakes. Have less tea, coffee and pop.
 - Limit alcohol: too much alcohol can lead to weaker bones that break easier, possibly leading to more falls and fractures
 - Add these things to foods:
 - Fats – such as cream, margarine, butter, oil, mayonnaise and salad dressing (not low calorie)
 - Sweets – such as jams, honey, syrup, sugar, marshmallows
 - Dried fruits, Nuts, seeds
-
- ❖ Eat 3 or more times a day.
 - ❖ Choose a variety of foods. Enjoy a lot of vegetables and fruits each day.
 - ❖ Eat enough to keep from losing weight.
 - ❖ Have protein-rich foods at each meal.



Antibiotic Use to Prevent the Spread of Infection

When you book a dental or doctor's appointment, please inform your dentist/doctor of your joint replacement.

If you develop any minor infection, please inform your doctor of your joint replacement.

Your Orthopaedic Surgeons recommend the following treatment for minor infections, dental work or minor medical procedures:

- Standard Prophylaxis** - Amoxicillin, 3 g orally one (1) hour before procedure and then 1.5 g six (6) hours after initial dose.
- Prophylaxis for Patients Allergic to Penicillin** - Erythromycin ethyl succinate, 800 mg, or Erythromycin stearate, 1 g, orally two (2) hours before the procedure, then half the dose six (6) hours after the initial dose.
- or
- Clindamycin** - 300 mg orally one (1) hour before the procedure and 150 mg six (6) hours after the initial dose.
- High Risk Patients Allergic to Amoxicillin, Ampicillin and Penicillin** - Vancomycin, 1 g intravenously over one (1) hour starting one (1) hour before the procedure. No repeat dose is necessary.

(American Heart Association for Prophylaxis)

Community Resources

Community Care Access Centre (Mississauga Halton)

Your local Community Care Access Centre can help link you with community services and supports that may be of help to you when you go home.

Mississauga Halton Community Care Access Centre (Mississauga, Oakville, Milton, Etobicoke)
905-855-9090 or 1-877-336-9090
2655 North Sheridan Way
Suite 140
Mississauga, Ontario L5K 2P8

Transportation:

You will not be able to drive for several weeks after your surgery. Please make arrangements for transportation to and from appointments, before you leave the hospital.

If you plan to use public transportation, inquire about TransHelp or WheelTrans. Contact them to obtain an application form and initiate an account. A therapist or physician will need to sign this form for you. Do not wait to do this because the registration takes some time.

If you need to arrange for a temporary “Disabled parking permit” for your car, ask your surgeon or therapists.

Bus transportation for physiotherapy or medical appointments:

<i>Transhelp (Peel)</i>	905-791-1015
<i>WheelTrans (Toronto)</i>	416- 393-4111

Other community resources:

<i>Meals-on-Wheels</i>	905-820-4026
<i>Arthritis Society</i>	905-897-2995

Further information can be found on the following websites:

Canadian Orthopedic Foundation <http://www.canorth.org>
Medline Plus: Information on Various Medical Conditions www.medlineplus.gov
The Arthritis Society www.arthritis.ca or 905-897-2995
GTA Rehab Network & Arthritis Society Collaboration www.myjointreplacement.ca