



General Information on Joint Replacement Surgery

You are about to have joint replacement surgery. This booklet will give you the general information you need to get yourself, your family and your home ready for surgery. You will also hear this operation called elective joint arthroplasty.

If you are having surgery at Hotel Dieu Hospital (HDH), you will stay in hospital up to 2 days and then be discharged directly home.

If you are having surgery at Kingston General Hospital (KGH), you will stay in hospital up to 3 days and then be discharged directly home.

If this is a revision surgery, you will stay in hospital 4-6 days before being discharged home.

You must have a discharge plan in place before having your surgery. If you do not have discharge plan, your surgeon may delay your surgery until a plan is in place.

Patients who are prepared for surgery and who take part in their care can recover in less time and with less pain.

This handbook is yours. Please read it thoroughly and bring it with you to the hospital when you come for surgery. When you read this handbook you will learn:

- About your elective joint replacement operation
- How to prepare for your operation
- What you need to do to prepare your home for when you do go home
- What happens before and after your operation
- What you need to know when you go home

Please use it as a guide during your hospital stay and after discharge. On the last page there is space for you to write notes or questions.

If you still have questions about your joint replacement surgery or you would like to talk to someone who has gone through the surgery, **Ortho Connect** is for you! It is a program through the Canadian Orthopaedic Foundation that will connect you with a volunteer who has gone through a similar surgical treatment.

More information is available at:
www.canorth.org (click on “patient resources”)
or phone **1-800-461-3639**
or email mailbox@canorth.org

Dr Gavin Wood

***IMPORTANT: If your surgeon or health care team gives you different advice from that provided in this booklet, please follow the specific directions you receive.**

PLEASE NOTE AND READ CAREFULLY

CARE AGREEMENT

You have the right to help plan your care. To help with this plan, you must learn about your health condition and how it may be treated. You can then discuss treatment options with your caregivers. Work with them to decide what care may be used to treat you. You always have the right to refuse treatment.

INFORMED CONSENT

You have the right to understand your health condition in words that you know. You should be told what tests, treatments, or procedures may be done to treat your condition. Your doctor should also tell you about the risks and benefits of each treatment. You will be asked to sign a consent form that gives caregivers permission to do certain tests, treatments or procedures. If you are unable to give your consent, someone who has permission can sign this form for you. A consent form is a legal piece of paper that tells exactly what will be done to you. Before giving your consent, make sure all your questions have been answered so that you understand what may happen.

Your Care team

Your caregivers work as a team to provide you with the best health care possible. They include doctors, nurses, anesthesiologists, pain management specialists, physiotherapists, an occupational therapist, a community care case manager and other team members as required.

The **orthopaedic surgeon** monitors your progress throughout your hospital stay. You may receive care from a resident or medical student working with your doctor. The resident is a doctor who is training in orthopaedic surgery.

The **anesthesiologist** will work with you and other members of the health care team to make sure you are as comfortable as possible. The Acute Pain Management Team will also participate to ensure you have adequate pain control.



Nurses help you recover after your operation, give you pain medication and help you prepare for going home.

The **orthopaedic care coordinator/ nurse navigator** is a registered nurse who will work with you to formulate a discharge plan. This individual will become your main point of contact from the time of your Pre-Surgical Screening visit to discharge home and beyond.

Physiotherapists help you gain strength and movement in your leg /knee by teaching you specific exercises. They also teach you how to use walking aids safely and guide your rehabilitation to return to normal activity.

The **occupational therapist** helps to prepare you for managing on your own when you go home. The occupational therapist teaches you how to safely use bathroom equipment and dressing aids.

A **community care case manager** visits you to assess if home care services are required.

A **social worker** is available to assist you and your family. If you need additional information or help to access community resources, social work services are offered. Ask your doctor or nurse to contact a social worker.

A **multifaith chaplain** is available 24 hours a day for your spiritual support or religious needs. If you wish to speak with the chaplain, tell your doctor or nurse or call the Department of Spiritual and Religious Care yourself at 613-548-6094 at **KGH** and 613-544-3400x2231 at **HDH**.

You, the patient, are the most important member of this team. Active involvement in your care is **essential** for a healthy recovery and obtaining a good working knee.

BEFORE ADMISSION TO HOSPITAL

Once your Family Doctor has referred you to an orthopaedic surgeon, an appointment will be made for you at Hotel Dieu Hospital on Johnson 7. For this appointment:

- A resident or medical student examines you, reviews your medical history and checks any test results.
- You will be asked by your surgeon to sign a consent form. This should be done at the time the decision for surgery is made. It gives your surgeon permission to do the operation and to give you a blood transfusion if you need and want it.

Closer to the date of your operation, you will have an appointment (booked by telephone) in the Pre-Surgical Screening Unit on Brock 1 at Hotel Dieu Hospital. Please bring all your medications in their original containers (including insulin, eye drops, inhalers, nitroglycerin spray, vitamins and herbal medications). Also, please bring a family member or friend who can act as your coach during this process. There is a lot of information to take in. They can be very helpful during this process.

- A nurse will review your medical history, allergies, medications and fasting guidelines for the day of surgery.
- An anesthesiologist will discuss with you the type of anesthetic you will receive, and will also review your medical history and medications.
- The orthopaedic care coordinator or nurse navigator will assist in formulating a discharge plan.
- If you are taking any aspirin or blood thinning drugs, please tell your surgeon at this appointment. He / she may ask you to stop taking them a few days before the surgery. Do not stop taking them without talking to your surgeon about it first.
- You may have blood work, an ECG and an x-ray done.
- You will attend the Orthopaedic Pre-Admission Education Program. A physiotherapist, occupational therapist, a member of the Community Care Access Centre and a nurse offer this program. You will learn about your operation and what you can do to make your recovery easier.
- Any equipment required (walkers, bathroom aids, dressing aids) will be discussed at this class. You will be expected to have such equipment in your home before your surgery. You will receive information about how and where to obtain these items.



At this appointment you may be at the hospital for as long as 5 hours. Please plan to bring your lunch or to purchase it in the hospital coffee shop. The education program starts at 1200 noon and lasts about 1 hour.

PREPARING FOR YOUR OPERATION

You must have a discharge plan in place before having your surgery. If you do not have discharge plan, your surgeon may delay your surgery until a plan is in place.

Before your surgery, consider the following preparations:

- Reorganize your kitchen cupboards, refrigerator, and bathroom and bedroom cupboards. Place commonly used items between waist and shoulder height.
- **Make your home safe.** Remove scatter rugs, telephone wires, cords, or anything on the floor that could cause you to trip. You may want to temporarily rearrange your living areas so it is easier to get around, as you will be using a walker.
- Talk to family and friends about how they can help you after your operation. You may need help with vacuuming, cleaning the bathtub, and lifting/carrying heavy articles. Let people know it will take you longer to get to the telephone.
- Prepare frozen meals prior to your hospital admission. Once home, you will be able to prepare meals easily in a toaster oven or microwave.
- Check whether your grocery store delivers groceries.
- Pre-arrange a ride home on your day of discharge.
- If you live alone, arrange for someone to stay with you for several days or longer if necessary, after discharge.
- Make arrangements for ongoing care of your pets while you are in hospital. Following your surgery you may need to arrange to have someone walk and toilet your pets for a period of time too.
- Begin the arm-strengthening exercises found in the “EXERCISE PROGRAM” instructions. You will be relying on the strength of your arms after surgery to help you use walking aids and getting in and out of chairs.



- Review the deep-breathing exercises found in the “ EXERCISE PROGRAM” instructions located at the back of this booklet. You will be asked to do this regularly after your surgery.

- Please bring to hospital:
 - Loose clothing such as track pants or shorts and comfortable shirts to wear during your physiotherapy program.
 - Thin non elastic socks, as your foot or leg may be swollen after surgery
 - Comfortable, flat, supportive non-slip walking shoes with a closed heel
- If you smoke, try to quit as soon as you can. If you cannot quit, try to smoke less. This will decrease your chance of having problems after your operation, improve wound healing and reduce the risk of pneumonia and even complications with your heart. If you need or want help to quit smoking, call your local public health unit or lung association
 - If you live in Kingston, you can call:
 - KFL&A Health Unit (613-549-1232)
 - Lung Association (613-545-3462)
 - Heart and Stroke (613-384-2871)

Preparations for your operation begin once you and your doctor agree the operation is needed. Please refer to the “Patient Checklist”, included in your Pre-Surgical Information Package.

THE DAY BEFORE YOUR SURGERY

If your surgery is being done at **Hotel Dieu Hospital (HDH)**, you will receive a phone call from HDH between 2 pm and 5 pm the Friday before your operation (on the Monday). You will be asked to arrive at the hospital 1 ½ to 2 hours prior to surgery. No messages will be left on answering machines or voicemail.

If your surgery is being done at **Kingston General Hospital (KGH)**, you will receive a telephone call from KGH the day before your surgery. You will be told the time that your operation is scheduled for. On the day of your surgery, you will be asked to arrive at the hospital 1½ to 2 hours prior to surgery.

Your surgery may be cancelled if you have:

an active infection anywhere in your body, a skin infection over the joint, a sore throat, fever, head cold, flu or a cold sore.

If any of these occur a day or two before surgery ***call your surgeon.***

Your surgery may also be delayed or cancelled if you do not have a discharge plan and supports in place.

On the night before surgery:

- You **must not** eat any solid foods after midnight.
- Do not drink alcohol for 24 hours prior to surgery.
- Try to avoid smoking for 24 hours prior to surgery, or longer if possible.
- You may take water up until 4 hours before surgery.
- If you eat anything after midnight, or drink any fluids during the 4 hours before your operation, your operation will be cancelled.
- It is important that you do not have anything in your stomach when you have an anesthetic. Your doctor will tell you if any of your regular medication should be taken the morning of your operation. Be sure to take it with just a sip of water.
- You should have a shower the night before and the morning of your surgery and wash yourself with the soap brush provided. This helps decontaminate the skin of bacteria that can cause wound infections. The importance of this has been shown to reduce the risk of getting a wound infection. (At the Pre-Surgical Screening visit you will be provided with two chlorhexidine scrub brushes with instructions on how to use them.)

THE DAY OF SURGERY

On the day of surgery please follow these instructions:

If your surgery is being done at Hotel Dieu Hospital, on the day of surgery report to the Day Surgery Unit on the second floor at HDH. Ask for directions at the Information Desk in the Main Lobby, Brock St. entrance.

If your surgery is being done at Kingston General Hospital, on the day of surgery report to the Same Day Admission Center on the second floor at KGH. Ask for directions at the Information Desk in the Main Lobby, Davies entrance.

Please bring the following with you to the hospital:

- Your Ontario Health Card.
- Any other private insurance cards.
- All your current medications in their original containers, including Insulin and/or Diabetic pills. If you use inhalers (puffers) of any kind please bring all of them, even if you are not currently using them. If you use nitro-glycerine spray or tablets please bring this with you. You should include any herbal or non-prescription medications.
- **Your hearing aid(s) if you have one, dentures (including containers for each).**
- A housecoat and slippers.
- Do not bring any valuables to the hospital (including cell phones, laptops, DVD players, IPODs).
- Unless you are told otherwise, do not bring your walker to the hospital. One will be provided for you.
- If you have a pair of crutches, please label and bring them to hospital with you. If you do not have any crutches, you can purchase them from the hospital.
- Please label and bring your long handled shoe horn, and sock aid to practice with after your surgery.

You will be reminded before your surgery regarding the following:

- Remove any dentures. Tell the nurse or anesthesiologist if you have capped teeth, a dental bridge or dental plate.
- Do not wear make-up or nail polish. The doctor must be able to see the colour of your skin and nails during the surgery.
- Refrain from wearing perfume, cologne or scented personal care products.

- Try not to wear jewellery, including rings to the hospital.
- Remove contact lenses.

YOUR HOSPITAL STAY

- When you arrive at the hospital the day of your operation the nurse prepares you for your surgery.
- All personal clothing will be removed and you will be dressed in a hospital gown and a hair net provided. No personal items, clothing or jewellery are allowed in the operating room.
- An intravenous line will be started and any medication needed before surgery will be started at this time.
- The anesthesiologist will speak to you again about the type of anesthetic you will receive, and about your choices for pain management after surgery
- Any questions you and your family have will be addressed.
- You will then be transferred to the Operating Room.
- Once surgery is completed, you will go to the Post-Anesthetic Care Unit, also called the Recovery Room. Then you go to a hospital room.

You can expect the following:

- Your nurse watches your temperature, blood pressure, heart rate and breathing.
- X-rays and blood tests may be ordered.
- There will be a dressing over your incision. This dressing will be changed by the nurse in a sterile fashion but otherwise should be left in place.
- Your doctor will order an anticoagulant medication, also called a blood thinner. This may be given by injection or tablet form according to your specific needs. Anticoagulants and exercise decrease the risk of blood clots forming in your legs. You or a family member will be taught by nursing staff, how to correctly administer these injections safely. For more information, please speak with your surgeon or nurse.
- The intravenous is generally removed when you are drinking well and you are able to eat some solid foods.
- You will be reminded frequently by your nurses to do your deep breathing and coughing exercises.
- An Occupational Therapist will teach you how to dress in your own clothes using dressing aids, and how to safely use bathroom equipment.
- A Community Care Case Manager will visit to assess your needs when you go home.

- A Physiotherapist will teach you about your mobility, what you can and cant do during your rehabilitation, what exercises to do and encourage you how to walk and transfer safely.
- **“Length of Hospital Stay”:** Your time in hospital is short. Your healthcare team will work with you to make sure you are medically stable and able to manage daily tasks to go home. Before surgery, it is important to make arrangements to have someone pick you up from the hospital when going home. Be aware that you may go home sooner than expected.

AFTER SURGERY: MANAGING YOUR PAIN

You will feel some pain at your incision. Most patients will have their pain managed by a team called “the Acute Pain Management Service”. The team consists of anesthesiologists and a nurse who have special training in pain management. They will work with you and other members of the health care team to make sure you are as comfortable as possible, especially for the first 24-48 hours after surgery. The goal is to keep your pain at a level you can accept. After this time you will need to take a more active role in requesting pain medication when you need it. Remember to take the pain medication regularly. You will be able to move and do your exercises much better if you are comfortable. Ideally, you should take pain medication 30 minutes **before** your physiotherapy appointment.

Exercises are important to help you become more independent and return to activity safely. The physiotherapist will teach you specific exercises to help increase your movement and regain your strength. Health team members will inform you about how much weight to put on your new joint. An **activity calendar** will be provided to serve as a guide for you to monitor your daily progress.

Your physiotherapy program begins the day of your operation and you will continue to meet with the physiotherapist during your stay to guide you through your exercise program. The physiotherapist will teach you the following:

- Deep-breathing exercises to help keep your lungs clear and prevent pneumonia, as it is common after surgery to take shallow breaths.
- Leg exercises to help increase the blood flow in your legs and prevent blood clots, as you are less active after your operation. Additional specific leg exercises are taught to help increase movement and strength.
- Transfers to the bed and chair and back safely.
- Walking on flat ground and on stairs with a walking aid.

It is important to ice your affected joint regularly throughout the day to help with pain control and swelling. Whether sitting or lying down, keep your operated leg elevated.

- Your rehabilitation program will continue while you are at home.
- Your physiotherapist will give you a home exercise program.
- **You must continue to work hard on your exercise program after you are discharged.**
- By 4-6 weeks after surgery you should be walking with more confidence, have more strength and be able to walk longer distances.
- Most routine primary knee replacements should not need to use any walking aids by 6 weeks
- Be careful not to overdo it and **listen to your body!**
- If you tire or have pain, stop what you are doing and rest. Let your discomfort be your guide.

Whether you attend outpatient physiotherapy at St. Mary's of the Lake Hospital, another community physiotherapy site, or receive physiotherapy in your home will depend on a number of factors that will be discussed with you by a Community Care Case Manager before you leave the hospital.

REMEMBER TO TAKE YOUR TIME. You will have good days and you may have days when you feel you are not making progress. **THIS IS NORMAL!** The majority of people who have joint replacements do well and are happy with the results.

GOING HOME

By the time you go home from hospital you will be able to:

- Get safely into a chair, into a car, onto a toilet, into a bed, and into a shower or tub independently or with minimal assistance.
- You will be able to dress yourself with the help of assistive devices such as a long handled shoehorn.
- You will be walking by yourself using a walker or crutches and will be able to go up and down stairs.
- Give your own anti-coagulant injection safely and with good technique.
- Recognize the signs and symptoms of wound infection.
- Recognize the signs and symptoms of a blood clot (Deep Vein Thrombosis).
- Have your comfort level maintained by oral medication.
- Understand and manage your pain medication schedule independently.

During your stay your discharge plans may change. The orthopaedic team will ensure that the best plans are in place for your discharge.

Nutritional needs before and after total joint surgery:

It is important to eat a well balanced diet that includes calcium and iron rich foods to help build red blood cells and to build and strengthen your bones.

A well balanced diet is rich in whole grains, fresh fruits and vegetables, lean meats and low fat dairy products. This includes the following:

Calcium is an important mineral for building new bone and for maintaining existing bone strength. Calcium is also used for other important functions such as muscle contraction and bleeding clotting. The recommended daily allowance (RDA) of calcium for adults is 1000-1200 mg per day. The best way to get an adequate amount of calcium is to eat a variety of foods that are naturally rich in calcium. Listed are some calcium rich foods:

- Milk, as noted above
- Yogurt, cheese and fortified orange juice

Why are iron and vitamin C important before and after total joint surgery?

Iron is an important mineral for building red blood cells and preventing iron deficiency anemia. The recommended daily allowance of iron is 8-18 mg. per day. Adequate iron intake helps the body to heal more quickly and promotes the energy and strength needed to participate in rehabilitation. The body absorbs the iron found in meat, fish and poultry most efficiently. Eating foods high in Vitamin C along with iron-rich foods improves the absorption of iron by the body.

NOTE: Avoid a high iron diet if you have a condition called hemochromatosis.

Iron rich foods include beef, spinach, lima beans, dried peaches, navy beans, soybeans, peas (dry split), prune juice, baked potato, raisins, poultry (dark meat) and eggs.

Vitamin C rich foods include oranges, strawberries, cantaloupe, kiwi, guava, broccoli, brussel sprouts, tomatoes, spinach, kale, green peppers and raw cabbage.

YOUR INCISION

- Upon discharge from hospital your incision will be covered by a waterproof dressing which will allow you to shower.
- Your hospital nurse will review with you how to care for your incisions/dressing at home, and how to identify any signs or symptoms of infection. **Please follow the specific instructions given to you by your nurse or surgeon.**
- The staples or stitches are removed in 10-14 days. You may be asked to have your family doctor remove them.
- Most Important is to contact your surgeon immediately if there is concern with the wound. Or ask your family doctor to contact your surgeon on your behalf.
- **You MUST NOT take antibiotic unless prescribed by your surgeon**

Medications

If you have to take medication at home, the doctor or nurse talks to you about the medication before you go home. You should know what it is for, when to take it and what the side effects are.

You may receive a prescription for pain medication. Some pain medications cause constipation. Talk to your doctor or nurse about this. For more information, refer to the section on "Complications".

DIRECTIONS FOR SELF-INJECTING BLOOD THINNERS

After joint replacement surgery you are at risk for developing a blood clot. Therefore you may be required to inject yourself with a blood-thinning medication called Dalteparin (also called Fragmin). Your nurses will start teaching you and/or your family members how to do this starting the day after your surgery. If you are prescribed Dalteparin, you will need to take this medication for 12-28 days.

Dalteparin is not covered by provincial health care benefits. Most private insurance companies will cover the cost or a % of the cost. You will need to call your insurance company prior to surgery to determine this. If you do not have any private health care benefits, you will need to pay for this medication. Dalteparin costs about \$12.00/day. If you are 65 years of age or older you will likely be eligible to receive Dalteparin through the Exceptional Access Program at the Ministry of Health. A Pre-Surgical Screening nurse will be able to assist you with this.

- Wash your hands with soap and water.
- Place yourself in a reclined position.
- Remove the protective cap of the syringe by pulling with a slight rotation. (**DO NOT** expel air from the pre-filled syringe before using.)
- Clean the area on your abdomen where you will be injecting yourself with an alcohol swab (purchased at your local pharmacy). Use a circular motion from centre outward in about a 2-inch area.
- Pinch the cleaned skin using your thumb and index finger to create a skin fold.
- Inject the entire length of the needle vertically (at a 90 degree angle) into the skin fold. Make sure to hold the skin fold throughout the injection.
- Give the injection **SLOWLY**.
- Quickly pull the needle out and release the skin. **DO NOT** rub the site after injection as it may cause bruising.
- To prevent skin breakdown, inject a different location on your abdomen each day. Do not inject into the belly button.
- You will be given a container to dispose of the syringes after use.
- Discuss disposal methods with your pharmacy.
- Tip If you apply an ice cube to the area of skin before the injection it helps numb the skin and reduce the discomfort and bleeding associated with the injection

TIPS TO PREVENT FALLS

- Wear non-skid support shoes.
- Clear hallways of clutter.
- Remove scatter rugs.
- Use a non-skid mat inside the tub and a rubber-backed mat outside the tub.
- Use your walking aid at all times – even for short distances.
- Get up and down slowly from a chair or bed.
- Always use a chair that has arms.
- Hem pants that are too long in length.
- Keep living areas well lit.
- Clean up spills right away.
- Keep items you use often within easy reach.
- Ask for help when you need it.
- Use a night-light.
- Secure all railings inside and outside your home.

COMPLICATIONS AND WHEN TO CALL THE DOCTOR

After surgery, a few may people have complications and need more medical treatment. Here are some possible complications:

- Blood clots
- Infection
- Swelling
- Constipation / bladder dysfunction
- Anemia

Blood Clots:

A small number of people may get blood clots after surgery. There is an increased risk of this happening for up to 3 months or more after surgery. Blood

clots usually develop in the deep veins in the legs. People who have problems with their circulation and/or are inactive, are more likely to develop a blood clot.

To reduce the risk of blood clots:

- Give yourself your daily blood thinner injections (if prescribed by your doctor).
- Walk short distances at least once an hour (except when sleeping).
- When you are sitting or in bed, pump your ankles and flex your leg muscles.

Tell your surgeon immediately if you have:

- **Pain, aching, heat or redness in the heel, ankle, calf or thigh area**
- **Increasing severe swelling in your surgical leg (foot, ankle calf or thigh)**
- **Tenderness or redness above or below your knee**
- **Increasing swelling in your foot, ankle or calf**

CALL 911 IMMEDIATELY IF YOU HAVE:

- **Sudden onset of shortness of breath**
- **Sudden onset of chest pain**
- **Localized chest pain with coughing**

Infection:

An infection in the body can reach the new joint through the bloodstream. People who develop joint infections need urgent care and possible surgery. Do not hesitate to contact your surgeon. Timing is critical if further complications are to be avoided. Do not touch or pick at the incision and maintain cleanliness of the surrounding skin.

Tell your surgeon if you have any of these signs of infection:

Incision Infection:

- The area around your incision is becoming redder and the red is spreading.

- There is increased pain or swelling of the wound site and surrounding area.
- Fever above 38 C or 101 F.
- New drainage (green, yellow or foul-smelling drainage) from the wound site. It is common for new surgical wounds to have some drainage for the first few (3-5) days after surgery but this will slowly stop and the wound should stay dry.
- All wounds should be dry by 2 weeks if not your surgeon should be contacted
- Call your surgeon if you think you have a possible wound infection, and only take antibiotics that have been prescribed by your surgeon.

Urinary Tract Infection:

- Pain when you urinate.
- Frequent or urgent need to urinate.
- Foul-smelling urine.
- Fever above 38 C or 101 F.

Sore Throat / Chest Infection:

- Swollen neck glands, pain when you swallow.
- Frequent cough, coughing up yellow or green mucous, shortness of breath.
- Fever above 38 C or 101 F.

Swelling:

It is normal to have some swelling in your leg after surgery and during your recovery. Swelling may increase as you become more active. To help reduce swelling:

- Point and flex your feet/toes hourly while awake.
- Lie down flat and support the length of both legs with pillows.
- Do short periods of activity. Walk a few steps. Rest. Repeat.
- Place an ice pack wrapped in a towel on your joint. Talk to your physiotherapist about using ice at home.

Constipation / Bladder Function:

Constipation can be a problem after surgery. A change in your diet, less activity and pain medicine may make your constipation worse. Here are some ways to stay regular at the hospital and at home.

- Drink at least 8 glasses of water or low-calorie fluid each day
- Eat fibre, such as prunes, bran, beans, lentils, fruits and vegetables
- Orange juice is a natural laxative
- Move around as much as you can – do your exercises!

Your nurse may give you laxatives and /or stool softeners. You may need to keep taking these medicines at home. If you have constipation at home, talk to your family doctor or pharmacist. Constipation can be serious so do not ignore your symptoms.

Some patients have difficulty urinating after their joint surgery. Please talk to your nurse right away if you are having problems.

Anemia:

If you have signs of anemia, see your family doctor. The signs of anemia are:

- Feeling dizzy or faint.
- Feeling very tired.
- Rapid pulse.
- Shortness of breath

Dentist

It is important to tell your dentist or health care professional that you have had joint replacement surgery before having any dental work or medical procedures (including procedures with the bladder, prostate, lung or colon). You must be put on antibiotics to prevent infection from moving through your bloodstream to your new joint. **This will be necessary each time you have dental work or procedures and this practice will continue for the rest of your life. IF YOU REQUIRE OR ARE CONSIDERING HAVING ANY DENTAL WORK DONE EITHER BEFORE OR AFTER JOINT REPLACEMENT SURGERY, IT IS IMPERATIVE THAT YOU DISCUSS THIS WITH YOUR SURGEON**

Travel

If you are planning a trip by plane at some point after your surgery, ask your surgeon how long you need to wait before flying. It is recommended for long haul flights that you wait at least 3 months. Your new joint may set off metal detectors at the airport. Many people have joint replacements and airport security are used to this. You just need to verbally inform them which joint was replaced if the detector is triggered. If you are must fly within 3 months of having hip surgery, bring your high-density foam cushion to raise the height of your seat. While on the plane, do foot pumping exercises every 15 minutes and walk about the plane every 30 minutes to help reduce the risk of blood clots. Take plenty of fluids as dehydration can predispose to blood clots. Taking a baby aspirin is also helpful. Similar precautions must be adhered to if a long car journey is planned. Preferably wait 3months and make sure you take regular stops to get out and exercise and maintain good hydration.