



# PLANNING FOR MAXIMAL RESULTS:

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Preparing for your surgery



1.800.461.3639  
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Patient name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_

Emergency Contact number: \_\_\_\_\_

Family physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Orthopaedic surgeon: \_\_\_\_\_

Phone number: \_\_\_\_\_



# Your role in planning for maximal results

The news that an operation (surgery) will give you relief from pain and disability can be very comforting. And, it can also cause concern, anxiety and even feelings of “loss of control”. Becoming prepared mentally and physically for your surgery is an important step toward a successful result.

- People who take part in decisions about their health care are more likely to have better outcomes.
- Taking part in decisions about your joint replacement surgery, asking questions, and learning about what is expected to happen are ways to dispel your concerns and feelings of “loss of control”.

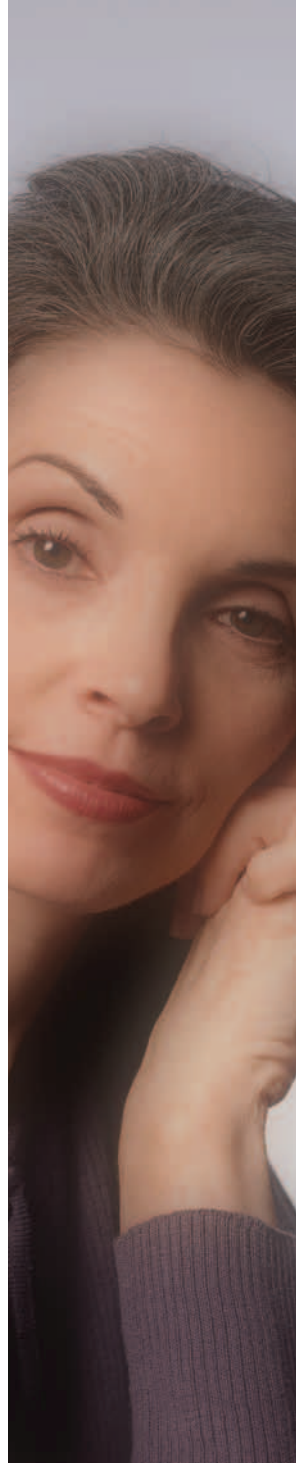
Use this diary, and bring it to each appointment, to help you, your family or caregiver and your doctor successfully prepare for your surgery and return home. This diary contains:

- Questions that you may want to ask your health care professionals with space provided for answers. You may not wish to ask them all, but you can use them as a guide for organizing your thoughts and preparations.
- General information about what you can do before surgery (pre-op) and after surgery (post-op).
- Charts for recording daily information that will keep you organized and help you to see your improvement.

# Your referral to an orthopaedic surgeon

Prior to your initial consult with an orthopaedic surgeon, the most important step is to get a proper diagnosis and referral from your family physician. Under the Canada Health Act, all patients must be referred to an orthopaedic surgeon by a family physician. Your family physician can contact the Royal College of Physicians and Surgeons, the governing authority for all medical professionals, for a list of orthopaedic surgeons in your province.

Depending on where you live it could take up to six months or more before an orthopaedic surgeon can see you for the first time. It is important to understand that your orthopaedic surgeon does not control the wait lists for referral nor for surgery, and is likely as unhappy about your wait as are you. Wait times are longer when demand for treatment outweighs the health care system's ability to meet it. If you are concerned about your wait, the best way to help is to write or call your member of provincial legislative assembly (MLA) or provincial parliament (MPP).



# Your first orthopaedic consult

The consult with your orthopaedic surgeon will be different from a visit to your family physician, and is likely to be much shorter than you'd expect. The surgeon's goal is to answer these questions: Will orthopaedic surgery help this patient? If not, what can be offered or suggested that *will* help this patient?

The surgeon will answer these questions based on your family physician's referral, your medical history, and a physical examination. Thus, it is important to be able to communicate well with your surgeon. If you have communication difficulties (hearing or speech impediments, do not speak the language fluently), or become shy or nervous with health care professionals, bring a trusted family member or friend with you who can communicate fluently on your behalf. It's important for you and your surgeon, and for your health!

The most important information that you can provide the orthopaedic surgeon is your medical history. A medical history is information gained from your responses to questions asked by the surgeon. Take some time before your consult to identify or think through concise descriptions of the following factors. The more clear and specific you can be, the more helpful to determining if surgery can help you.

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Major concern (e.g. painful knee prevents walking, weak or painful hip prevents standing)

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History of the major concern (e.g. when symptoms began, how quickly pain increased or mobility decreased, current pain level)

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Past illnesses (e.g. heart condition, diabetes, major surgeries, infections, history of blood clots)

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Family diseases or illnesses (e.g. heart disease, cancer, history of blood clots)

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Lifestyle factors relevant to your condition, surgical treatment and recovery or healing (e.g. living arrangements, help at home, occupation, activity level, tobacco use)

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Name and dosage of regular medications (includes those prescribed by doctors, over-the-counter, and alternative medications such as herbal supplements)

Current Medication List:

Medication	Reason	Dose	How Often

Allergies

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If you and your surgeon determine that surgery will help you, ask questions to be sure you understand the decision. It's tough to remember new information after leaving the office, so jot down quick notes while you're with your surgeon then complete them in the waiting room on your way out. The next section provides a list of possible questions about your surgery and space to record responses.



# Pre-Op Period: Preparing for surgery

## Questions to Ask Before Consent

No surgery can be performed without your informed consent. Usually you'll be asked to give consent at your first meeting with the surgeon. When you agree to surgery, you're appointing your surgeon to act in your best interests while you're under anesthetic. Thus, you're entitled to know at the very least what is going to happen to you, why the procedure is necessary, and what the risks are.

Some questions you may wish to ask your surgeon before giving consent:

What is the operation called?

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Why is this operation necessary?

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What happens during the surgery?

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How long will the operation take?

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What type of anesthesia will be used (regional, general or combination)?

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What are the risks during and after surgery?

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Will I need a blood transfusion?

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How much will I improve?

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How long will I have to wait for surgery?

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## Questions to Ask About Recovery

Surgery will have a short-term impact on your life before the long-term benefits become apparent. Recovery times vary from person to person, depending on the procedure and the individual's general health.

Some questions to ask your surgeon about your recovery after surgery:  
How long will I stay in hospital?

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Will I be in a lot of pain? How long will it last?

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What can be done to lessen the chance of infection?

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What can be done to prevent blood clots?

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Will I need any special medication? For how long?

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How long will the surgical wound take to heal?

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When do I start physiotherapy? How long will it last?

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How long will it be before I can return to my daily routine? To travel?

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How much help will I need at home?

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Will I need any special equipment?

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When will be my first follow up visit with you?

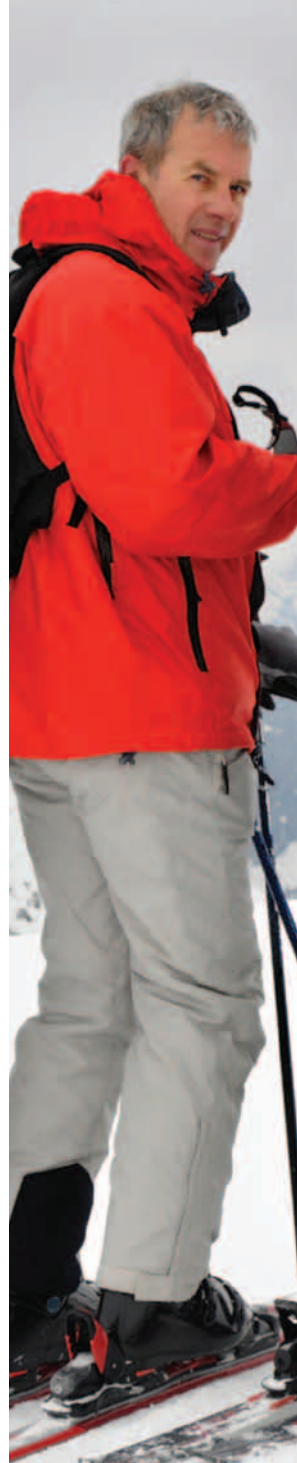
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Once a decision is made and the surgery is booked, there is likely a waiting period. This time can be used to learn about the surgery and prepare for pre-op tasks and post-op plans that will make your recovery easier.

## From the decision to the actual surgery

Beyond the expertise of your orthopaedic surgeon, you have the most important role to play in your surgery and recovery. You want the best outcome possible from your surgery so you must prepare. Once the decision has been made for you to have surgery, there is much you can do to get ready for that important day:

- Follow your orthopaedic surgeon's orders – he or she is looking out for you!
- Learn about your surgery. For common surgery explanations, visit [www.canorth.org](http://www.canorth.org).
- Maintain or attain a healthy weight.
- Arrange any supportive care, if needed, in preparation for discharge from hospital.
- If you will be recovering at home, consider accommodations to living and sleeping arrangements – such as moving a bed downstairs – to support your recovery on one level and avoid the use of stairs.
- Consider recovering in an assisted living facility or temporarily moving to a single level home to allow for an uneventful recovery.



More detail is provided on the following pages for these tips:

- Maintain or improve your fitness level.
- Have any dental work done.
- Seek treatment if a bladder infection (UTI) is suspected.
- Talk to people who have had a similar surgery.
- Quit smoking at least two weeks prior to surgery.
- Find out if you will require outpatient physiotherapy.
- Find out what, if any, assistive equipment you'll need to rent/purchase.

## **Maintain or improve your fitness level.**

Your body will be under stress from the surgery, and you will have to limit activity following surgery. Therefore, ensuring you're in good shape prior to surgery is one of the keys to making your surgery a success. Be sure to discuss your exercise and activity plans with your surgeon.

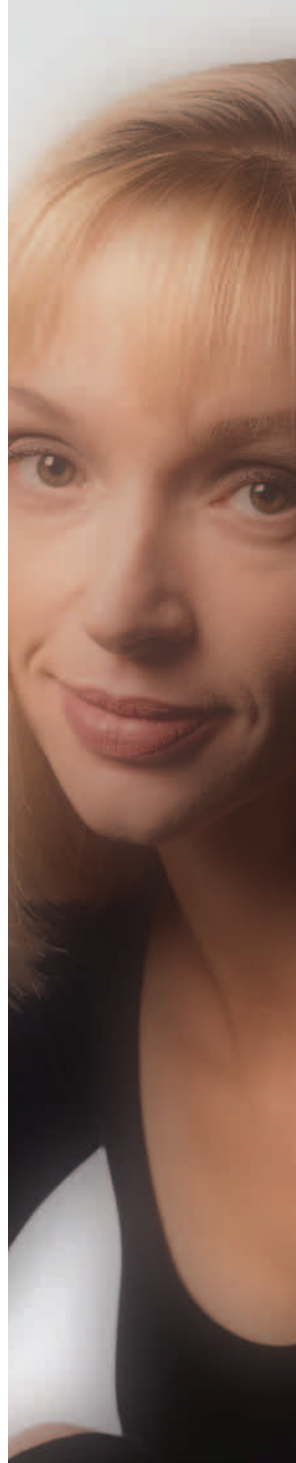
Exercising before surgery can help improve your endurance and strengthen muscles so they can help you recover mobility and strength more quickly following surgery. You may also need extra upper body strength after surgery if you'll be using crutches to get around.

If your recovery involves bearing no weight on the joint, consider practising using crutches or a walker to test your ability to comply with the requirements during your recovery. If you are not able to maintain a non-weight bearing status, you may need to prepare to have more help, such as a wheelchair or assisted living environment.

## **Check with your dentist to see if there are any problems that need attention before your orthopaedic surgery.**

Surgeons recommend that dental, tooth or gum, problems be treated before joint replacement surgery. It's also important to finish any dental work that may be underway as germs in your mouth could enter the bloodstream and infect the new joint.

- If you are scheduling major dental work or other surgery, let the dentist or surgeon know about your joint replacement. They will let you know if you need to take special precautions.
- After your surgery, infection prevention treatment is recommended for all dental procedures for two years following. After two years, preventive treatment is recommended for all invasive or bloody procedures (implants, extractions).



## **Quit smoking at least two weeks prior to surgery.**

Your surgeon will recommend that you quit smoking at least two weeks prior to surgery. Smoking increases the risk of poor bone and wound healing. Some surgeons advise their patients not to have surgery until they have quit smoking, because of the high risk of complications and ultimately poor outcome.

## **Find out if you will require outpatient physiotherapy.**

Physiotherapy helps people recovering from surgery to achieve maximal benefit from the surgery and maximal mobility. While in hospital, the physiotherapist is a vital link to your recovery from orthopaedic surgery, and will help you regain your strength and independence through exercises and walking. If you require outpatient physiotherapy, locate a clinic close to home or work for convenience.

## **Find out what, if any, assistive equipment to rent or purchase.**

Assistive devices are designed for your safety and convenience. If you are scheduled for or have had orthopaedic surgery, devices may be recommended by your surgeon to assist you during your recovery. For inpatient surgery, an occupational therapist may show you how to use the device before you leave the hospital.

# The Pre-Op Visit

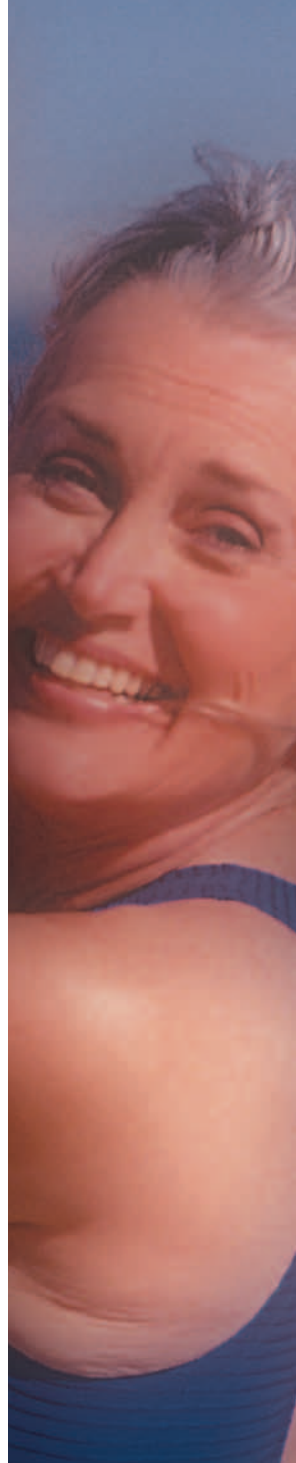
## Pre-Operative or Pre-Admission Visit

Most hospitals conduct a pre-operative/pre-op/pre-admission visit where you will meet with various members of the health care team to assess your general health, help you prepare for surgery, and plan your discharge. During this time you will also have an opportunity to ask questions about your surgery and recovery.

You will be notified by your doctor or the hospital of the date of your pre-op visit. Usually the pre-op visit is done two to four weeks prior to your surgery.

Some of the health care team members you may meet with include:

- A nurse who will inform you of what to expect when you come to have your operation.
- A medical internist may assess your general health.
- A social worker may discuss with your discharge planning needs.
- A laboratory technician who will do blood work and other tests ordered by the doctor.
- A physiotherapist who may conduct a test of your walking and stair climbing ability.
- An occupational therapist to learn about managing your daily activities after surgery.
- An anaesthetist to assess conditions/concerns.



# Anaesthesia

There are three types of anaesthesia: regional, general and a combination of the two.

Regional anaesthesia numbs only the part of the body that will be operated on. The rest of your body is conscious of what's happening. The most common type of regional anaesthesia is called an epidural or spinal.

General anaesthesia puts your brain and whole body to sleep so you don't feel or remember what goes on during your surgery. A combination of regional and general anaesthesia numbs the surgical area while a lower dose of general anaesthesia (sedation) helps you relax and be less aware of the surgery.

The type of anaesthesia you receive will depend on the type of surgery you are having and your overall health. Talk to your surgeon and the anaesthesiologist about the type of anaesthesia you will be given.

You may meet the anaesthetist when you have your pre-op tests or when you arrive at the hospital for your surgery. The anaesthetist, or your surgeon, can answer questions and discuss any concerns you have. Here are a few you might want to ask:

What type of anaesthesia is used for my procedure?

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Are there potential complications? If yes, what are they?

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What can I do to reduce the risk of complications? Before surgery? After surgery?

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If I have regional anaesthesia will I hear/see what's going on in the operating room?

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You will be advised not to eat or drink anything after midnight the night before surgery. This is because during anaesthesia, the systems that keep food and drink safely in the stomach become weak. Food and drink may find its way out of the digestive system into the lungs, by vomiting or regurgitation, and can cause serious problems. Be sure to follow the orders given by your surgeon.



# Things to do Before Surgery

Following is a basic checklist to get you prepared for surgery and for the recovery period afterward:

## Household:

- Get special equipment recommended by the health care team
- Identify grocery with delivery service if available near you
- Identify pharmacy with delivery service, and ensure they stock your medication
- Arrange home services such as snow removal, lawn care, and dog walking
- Organize a "recovery room" for your return after surgery
- Remove area rugs, electrical cables and other hazards that could cause a fall
- Prepare/buy frozen, microwaveable and other easy-to-prepare meals
- Arrange ride to and from hospital
- Pack bag for hospital

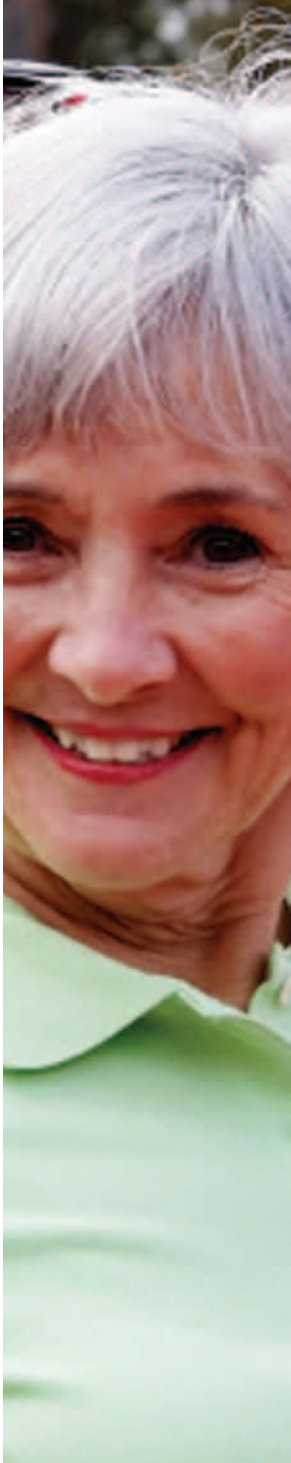
## What to Pack:

- Nightclothes
- Dressing gown and slippers
- Loose clothing that are easy to put on
- Personal care items
- All your medications in their original containers and a list of what they are
- Books and magazines

Note: Leave cash, credit cards, jewelry, and other valuables at home.

Current Medication List:

Medication	Reason
Dose	How Often
Medication	Reason
Dose	How Often
Medication	Reason
Dose	How Often
Medication	Reason
Dose	How Often
Medication	Reason
Dose	How Often
Medication	Reason
Dose	How Often
Medication	Reason
Dose	How Often
Medication	Reason
Dose	How Often



# What to Expect at the Hospital

Your date for surgery has arrived! You will have received instructions from your doctor about when to stop eating and drinking in preparation for surgery. If you take daily medications, especially blood thinners, ask your doctor if you should still take them the morning of surgery. While each hospital may have variations, the basic processes are the same.

You arrive at the hospital about 2 to 2½ hours before your scheduled surgery time and report to the Pre-Operative or Pre-Admission Clinic. Staff will provide you with hospital clothing, an identification wristband, and an explanation of what to expect in the surgical area. Staff may also ask some questions about your medical history and check your temperature, pulse, respiration, and blood pressure.

For your peace of mind and safety, make sure that you know which joint or limb will have the surgery. Check that the nursing staff and surgeon are in agreement. In some hospitals, the surgeon signs his/her initials on the appropriate place before the surgery. Check that the consent lists the correct surgery that you are having.

You may have an intravenous (IV) line started to provide fluids and medications during surgery. The anaesthetist may speak with you just prior to surgery.

## Your Surgical Experience

In the Operating Room, you will be prepped for surgery. Skin will be cleansed and all areas except the surgical area will be covered with drapes. The type of anaesthesia discussed with you will be given and surgery done. The length of time the surgery takes depends on the surgery being performed.

You may have a bladder catheter inserted to drain urine.

Following your surgery you will be taken to the Recovery Room or Post Anaesthesia Care Unit to have your blood pressure, pulse and breathing

checked. You will receive medication for your pain either intravenously or by injection. You will be asked to do your deep breathing and possibly some exercises to ensure good circulation. You may have an x-ray taken.

If you've had more involved surgery, approximately 2 hours following your surgery you will be moved to your room. At that time the nurse will assess the wound dressing and medications you normally take may be restarted. You will receive medication to control your pain which may be given by injection or as pills. You may have clear fluids and possibly some toast if you wish. The surgeon will speak to you or your family about the surgery.



# The road to recovery

After surgery, the focus is on your comfort, healing and recovery. Minimizing pain and preventing complications are critical to all three.

## Pain Management

Minimizing pain is important for your healing. If your body is stressed from pain, your healing may take longer. People are unique in the pain control methods that work best for them, so it may be necessary to try different medications and doses to find one that works best for you. Consult with your physician and follow all directions provided by your physician or pharmacist.

After surgery, there are different ways to deliver pain control. Medication can be given in a needle, through the epidural and/or through a “block” done by the anaesthetist, or simply by pills as you recover. Any method used during your recovery will be explained by your health care provider.

It's important to communicate your pain so that health care providers fully understand the type of pain you are having. A common way to measure pain is to rate it on a scale from zero to 10, where zero means no pain and 10 is the worst possible pain you can imagine. Words that are helpful in describing pain would be aching, burning, stinging or throbbing. This will help the health care team to better understand the nature of your pain and to select the best treatment.

# Complication Prevention

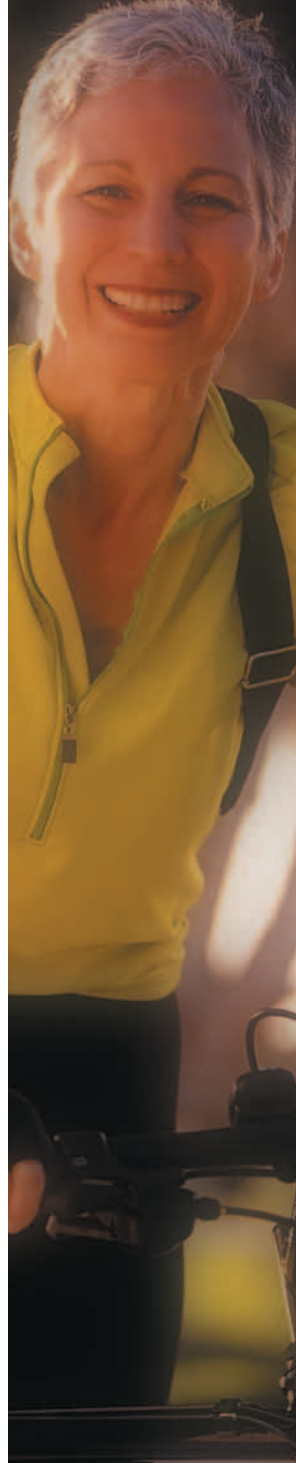
All surgeries come with a risk of complications; they are a rarity, but they can happen. By following your doctor's orders and knowing the possible complications you can do a great deal to prevent or lessen complications.

## **Low Blood (Anemia)**

Depending on the type of surgery you have, you may lose a significant amount of blood. Blood loss can result in a drop in your haemoglobin; this is called anemia. Haemoglobin carries oxygen throughout your body and can be measured with a blood test. If your haemoglobin level is too low, you may feel dizzy and weak, short of breath, nauseous and very tired and you may have a headache. You may require a blood transfusion.

You may prevent low blood and a blood transfusion by:

- Following Canada's Food Guide for healthy eating.
- Having a complete blood count (CBC) at least 3 months before you come to the hospital and follow-up with the results of your test. Ideally your haemoglobin level should be in the high end of the normal range.
- Consulting with your family doctor about the need for iron, or vitamin supplement.



## Blood Clots

Blood clots can develop in the deep veins during the first several weeks after surgery. These blood clots could dislodge and travel to the lungs causing serious health risks. If you already have problems with your heart or circulation, are inactive, overweight or have other health problems such as diabetes you have a greater risk of developing blood clots. Let your surgeon know before surgery if you have had a clot in the past.

You can prevent blood clots after surgery by:

- Getting up and moving frequently. Every hour, pump your feet and ankles; and tighten and release the muscles in your legs and buttocks.
- Wearing leg support stockings while you are in bed in the hospital if your doctor feels you need them.
- Taking blood thinners (anticoagulants) as prescribed by your surgeon.

Blood thinners are used to prevent clots after a major operation on your legs, such as a hip or knee replacement. The number of days you require this medication depends on your risk and is decided by your surgeon. Blood thinners vary in preparation and may be in pills or by injection. Your surgeon will determine with you the best option for your particular circumstances.

- Oral medicines are taken as a pill or capsule. Some oral medicines require blood monitoring to ensure they are not interacting with foods and other drugs, and to ensure the correct dose; others do not.
- Injectable medicines are given as a small injection under the skin of the abdomen. They are administered once or twice daily, and the hospital nurses will teach you or your support person how to use these medications so you can manage at home.



## Infection

Less than one percent of patients develop a wound infection after surgery. However, when infection occurs, it is a very serious complication – so prevention is key. Infections can start in your joint during surgery, in the hospital or when bacteria travel there from elsewhere in your body. You are more likely to get an infection if you are not well nourished or if your immune system is not strong.

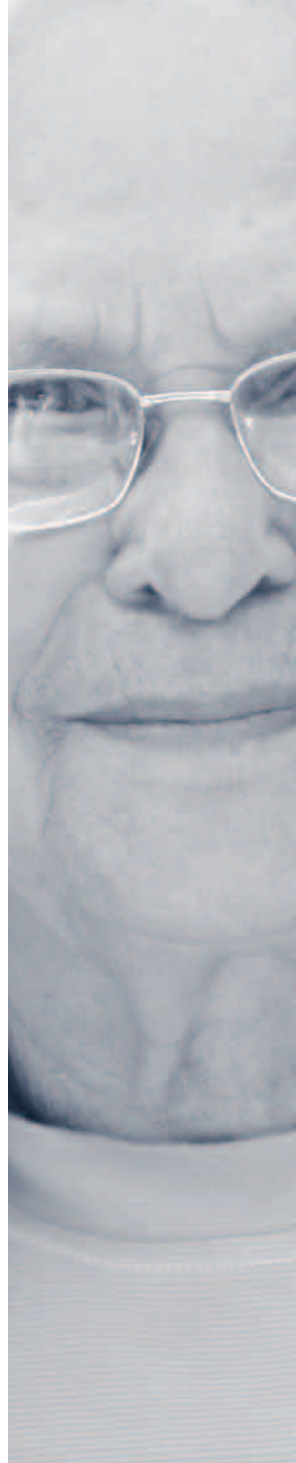
You can prevent infection by:

- Getting your body in shape by eating healthy foods before and after your surgery
- Taking the antibiotics you will receive after surgery
- Washing your hands frequently
- Following carefully instructions for wound care
- Avoiding people who have colds or infections
- Stop smoking before your surgery
- Talking with your physician if you suspect or see signs of an infection

Signs of an infection:

- Fever
- Redness or swelling of a wound
- Drainage from a wound
- Increased pain in the surgical area during activity and rest

The symptoms of an infection may also be signs of a hematoma (bleeding into the tissues around the surgery). Alert your health care provider if you experience these signs; it is very important to talk to your health care provider as it is important to differentiate between the two conditions.



Be sure to notify your dentist and other doctors if you've had a joint replacement. Even during a routine dental examination, you might run the risk of an infection. A small infection can be a major problem, and your health care professionals know what precautions to take. It's up to you to keep them informed.

## Swelling

You may experience swelling in the affected limb for the first few weeks after surgery. To help reduce the swelling, elevate the affected limb, ideally 8 to 12 inches above the level of the heart, whenever possible. If the affected limb is your leg or foot, avoid sitting for long periods and pump your feet and ankles to keep your circulation going.

## Respiratory or Lung Complications

Lung complications such as fluid in the lungs or pneumonia may occur due to the anaesthetic and prolonged bed rest.

To prevent them:

- Do not eat or drink after midnight on the night before your surgery.
- Get up and move, change your position in bed frequently.
- Take 10 big deep breaths and cough every hour on the days after your surgery.
- Quit smoking at least two weeks prior to surgery.
- If there are any problems with breathing or shortness of breath, see your health professional as soon as possible.

## Delirium after surgery

Sometimes older people go through a period of confusion or delirium after surgery. They may act or talk in ways that are not normal for them. For example, they may become forgetful, mixed up, and or see, hear and believe things that do not make sense. Delirium usually goes away in a few days but sometimes lingers for a few weeks. Delirium is usually due to more than one cause. Some common causes of delirium are: side effects of anaesthetics and medications, lack of sleep, pain, infection, alcohol withdrawal, constipation and low oxygen levels. The health care team looks for and corrects the cause of the delirium whenever possible.

## Cardiovascular

The two most common postoperative heart complications are heart attack and heart failure. The stress of surgery can cause a heart attack in people with coronary artery disease, which may or may not have caused symptoms before the surgery. Be sure to inform your surgeon and anaesthetist about your cardiovascular health and follow their instructions.

## Urinary Retention

The inability to urinate (go to the bathroom) is a very common problem following any type of surgery. The problem is relieved by passing a catheter (tube) into the bladder and draining the urine. The catheter may be left in place for several days or removed immediately after the bladder has been emptied.

## Nausea

The most common postoperative complication is nausea. Intravenous feeding (through a tube) is generally all that is required. If nausea and vomiting continue, medication may be given. You are given clear fluids after surgery to make sure you are not nauseated; once your stomach is working, you will be moved on to your normal diet.

## Constipation

Lack of activity following surgery and the use of narcotics, which control pain but also reduce bowel function, is usually the cause of constipation. If needed, stool softeners and laxatives may be prescribed.



## **Antibiotic Diarrhea**

Antibiotics given to the patient around the time of surgery for prevention of infection in the surgical wound, may result in diarrhea. This occurs when the natural bacteria in the bowel or intestine are killed off by the antibiotic and other bacteria become more plentiful. The patient may require replacement of fluids by intravenous for a few days if the patient becomes dehydrated.

## **Allergic Reactions**

There may be allergic reactions as a result of the medications you have been prescribed. The most common is a reaction to penicillin, sulpha drugs and codeine. Reactions can vary from a mild rash to an intense reaction. Be sure to tell your doctor about any previous allergic reactions. If you suspect you are having an allergic reaction, inform the nurse immediately.

## **Skin Complications**

Bed sores may result from pressure on the skin over bony parts of the body in patients who are in bed for long periods or in a poor state of nutrition. This condition can be prevented using good skin care techniques, a sheepskin cover on the bed, or devices to raise the affected area off the bed.

## **Nerve Injury**

Depending on the surgical area, nerve injury may result due to the proximity of the nerves and blood vessels. Usually the result is temporary especially if the nerves have been stretched by retractors holding them out of the way. Permanent injury is rare.

# Caring for Your Surgical Wound and Stitches or Staples

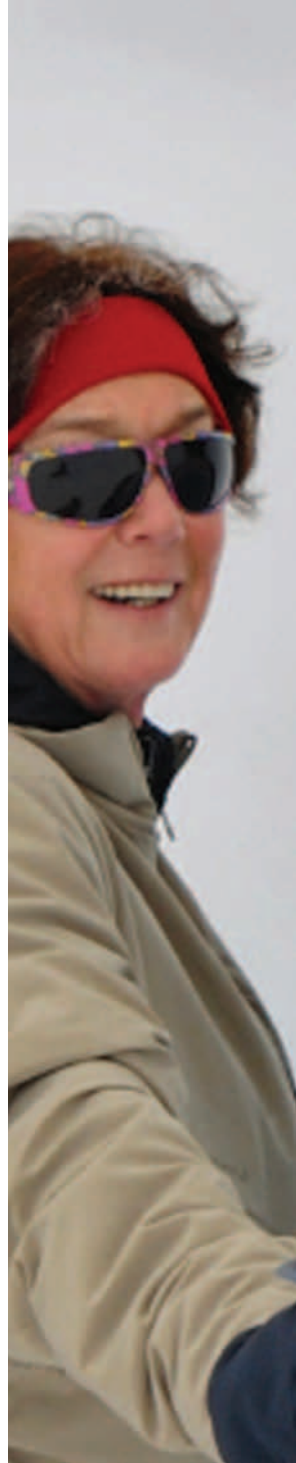
Your nurse or doctor will give you instructions on how to care for your surgical wound and your stitches. Ask the nurse or doctor if you do not understand how to change your bandages. Be sure to handle the wound site or stitches with care and follow all instructions to ensure proper healing and minimal scarring.

Avoid water or other moisture for the first 24 hours. After that, and if you do not have a dressing on your incision, you can begin washing with soap and water, very gently. Cleansing twice a day is recommended to prevent build-up of debris. Debris may cause a larger scar, make suture removal slightly painful and more difficult, or increase the likelihood of infection.

It's important that you have the sutures removed on the day designated by your surgeon. Leaving the sutures in longer than needed may cause unnecessary scarring.

Signs of an infection or other complications:

- Redness that goes beyond the basic edge of the wound
- Fever over 100F or 38C degrees
- Unusual colouring or discharge, including pus
- Unusual tenderness or swelling. (You will experience the most tenderness on the second day, but it should subside thereafter)
- Stitches that come out sooner than expected



If you experience one or more of these symptoms, contact your doctor immediately. If your doctor is not available to see you the same day, go to your hospital's emergency department for examination and treatment.

Even after your stitches are removed, it's important to care for the wound site with an ointment or cream. You will also want to protect the site from any unnecessary injury for at least four weeks following the removal of stitches.

If you have dissolving stitches, make sure you understand exactly when they should dissolve and how to care for the site during and after that period.

## The day after surgery

The day after surgery, you may:

- Have blood drawn for testing.
- Be able to eat and drink as you can tolerate.
- Receive medications you normally take and medications to control pain.
- Have the catheter removed, if inserted, and be expected to get up and use the washroom or commode.
- Receive a visit from the physiotherapist who will assist you with exercises to regain your mobility.

## Preparing to go home

Your length of stay in the hospital will depend on your overall health and the progress you have made towards returning to mobility.

Before you leave the hospital you will:

- Have your dressing changed and have information on how to care for the surgical wound.
- Have instructions from your physiotherapist on an exercise routine.
- Have instructions on restrictions such as exercise, bathing, diet, etc.
- Know how to use any assistive devices you require.
- Receive a prescription for any medications you need.



- Be given an appointment to come to the orthopaedic clinic in six to eight weeks, if you don't already have one.

Discharge plans will be reviewed with you. In most cases you will need to arrange for a ride home.

The rest of your recovery and rehabilitation begins once you are at home. It will be hard work, but activity will help your body heal and help you feel better, resulting in greater mobility, less pain and more freedom to do the activities you love.



# Tips for Recovery

It is important for you to:

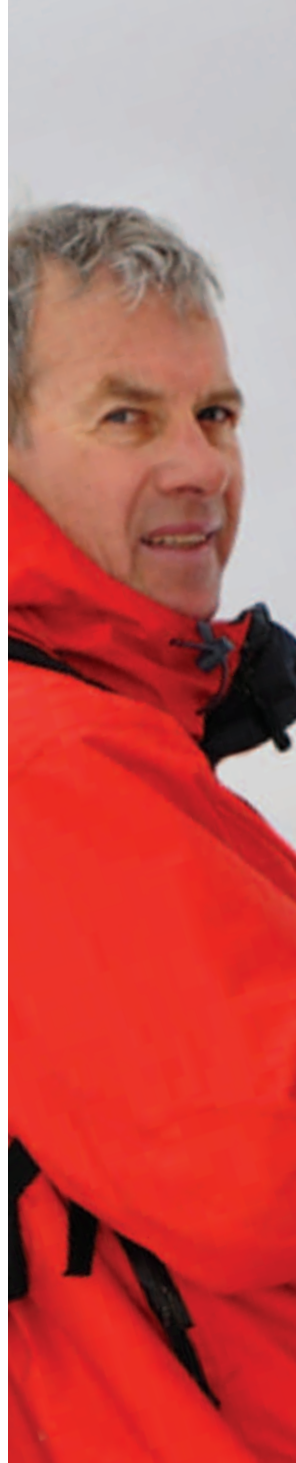
- Be active, gradually increasing your activity level as directed by your health care team.
- Rest when you need to, but do not stay in bed once you get home.
- Follow your exercise and maintenance program to improve endurance and ensure a full return to mobility.
- Use the home aids or assistive devices to protect, and reduce stress on, the surgical areas.
- Resume your normal diet, unless instructed otherwise. Eat plenty of foods high in protein to help with healing.
- Follow your discharge instructions for bathing, sexual activity, going back to work and driving.

## What you can expect

It is quite common to still experience pain surrounding the surgical site. You may begin a physical therapy program to strengthen your muscles. It may be months before your desired results are achieved, so don't get discouraged.

You will experience steady improvement up to five or six months following surgery. After that point further improvement is slow. It has been shown that even after a year or more, activity can increase as muscle strength continues to improve.

Your surgeon will bring you back for follow-up visits. Each surgeon or health care centre has their preferred schedule. Usually you will see the doctor at six weeks, six months and one year if there are no concerns.



Follow-up after year one is totally dependent on your progress and whether or not you are having any problems.

REMEMBER: Timelines are general because each person heals differently.

To track your recovery, keep a diary of your progress on the following pages. Keeping track of how you are feeling, what you are able to do and if there are any signs of infection, helps you – and others helping you – manage your recovery period.

Try to check off or note changes daily for four weeks after surgery. This will help you to see your progress and recognize if something unexpected is happening. You can share this information with your surgeon at follow up, or if you develop problems.



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## DIARY OF PROGRESS

Week # 1	S	M	T	W	Th	F	S	Notes
Pain Level 0 = none, 10 = high level								
Pain Medication Number of times needed								
Wound Check Redness – Swelling – Heat – Pain								
Redness or Swelling in Legs Yes/No								
Usual Medications Taken Yes/No								
Exercise and Activity Improving/Not improving								
Normal Activities Note changes in daily ability								
Other								

Week # 2	S	M	T	W	Th	F	S	Notes
Pain Level 0 = none, 10 = high level								
Pain Medication Number of times needed								
Wound Check Redness – Swelling – Heat – Pain								
Redness or Swelling in Legs Yes/No								
Usual Medications Taken Yes/No								
Exercise and Activity Improving/Not improving								
Normal Activities Note changes in daily ability								
Other								

<b>Week # 3</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>	<b>S</b>	<b>Notes</b>
Pain Level 0 = none, 10 = high level								
Pain Medication Number of times needed								
Wound Check Redness – Swelling – Heat – Pain								
Redness or Swelling in Legs Yes/No								
Usual Medications Taken Yes/No								
Exercise and Activity Improving/Not improving								
Normal Activities Note changes in daily ability								
Other								

<b>Week # 4</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>	<b>S</b>	<b>Notes</b>
Pain Level 0 = none, 10 = high level								
Pain Medication Number of times needed								
Wound Check Redness – Swelling – Heat – Pain								
Redness or Swelling in Legs Yes/No								
Usual Medications Taken Yes/No								
Exercise and Activity Improving/Not improving								
Normal Activities Note changes in daily ability								
Other								













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