

A photograph showing several people's hands from different ethnicities holding white puzzle pieces in a circle. The puzzle pieces are arranged to form a ring, with some pieces missing, symbolizing teamwork and solving a complex problem. The background is bright and slightly blurred, showing the faces of the people in white coats.

# Your Orthopaedic Surgical Guide

A Patient's Guide to:

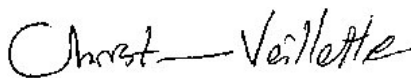
**Complex Foot and Ankle Surgery**

Dear Patient,


Welcome to the Toronto Western Hospital, University Health Network (UHN). We are privileged to provide you with your foot and ankle surgery care. Our primary value is the needs of patients come first and we are committed to ensuring you receive a patient-centred, coordinated approach. Our team of health care professionals have come together as **one TeamUHN** to streamline your surgery and recovery care, to help you return to your everyday activities as soon as possible.

We are pleased to provide you with your Orthopaedic Surgical Guide to help you prepare for your upcoming surgery and recovery at home. Please use this guide in conjunction with UHN's My Surgery booklet that is available online. We encourage you to read and refer to these guides frequently at all your appointments and visits. Additional information is also available for your review on our website [www.uhn.ca/Arthritis](http://www.uhn.ca/Arthritis).

Sincerely,



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# Your Orthopaedic Surgical Guide

## Acknowledgements

### Clinical Experts:

We would like to thank the following UHN teams for their content expertise to support the development of this patient guide:

Orthopaedic Surgeon Offices  
Inpatient Orthopaedic Unit  
Pre-Admission Department  
Operating Room and Day Surgery Departments  
Pre-Operative and Post-Anesthesia Care Unit  
Anesthesiology Program  
Allied Health Department

### Patient Partners:

A sincere thank you to our patients who partnered with us to review and provide feedback on the guide. Your input has ensured that patients and families will find the information meaningful in supporting them through their surgical journey.

Lastly, we would like to extend our gratitude and appreciation to Marvin and Joyce Tanner for their generous donation, allowing us to develop this guide.

### Project Team:

A special acknowledgment to our Schroeder Arthritis Institute Foot and Ankle Clinic Team for leading the guide development with our UHN teams and patients: Dr. Johnny Lau, Orthopaedic Surgeon, Tamara Gotal, Advanced Practice Physiotherapist (APP) and Sanjita Roy, Advanced Practice Physiotherapist (APP).

**Schroeder Arthritis Institute**  
**Toronto Western Hospital**  
**University Health Network**  
[www.uhn.ca/Arthritis](http://www.uhn.ca/Arthritis)



## KEY CONTACTS

<b>For questions or concerns about:</b>	<b>Call:</b>
Your pre-admission date Your surgery date Changes in your medical condition	<b>Your Surgeon's office</b> <b>(416-603-6292)</b>
Any concern or question AFTER surgery including but not limited to: <ul style="list-style-type: none"><li>- Your incision (red, warm to touch AND has pus and a bad smelling odour)</li><li>- A fever (temperature of 38 C or higher for 2 days).</li><li>- Pain that seems unmanageable, despite taking pain medicine.</li><li>- Persistent, excessive swelling in the foot and ankle.</li><li>- Numbness or tingling in the foot</li><li>- your toes change colour (purple, white, or spotted) at any time</li></ul>	<b>Post-Op Support Line</b> <b>(416-603-5126)</b> <b>8am-11pm /</b> <b>7 days a week</b>

### **If you have:**

- Chest pain, tightness or shortness of breath.
- The worst headache of your life that is not relieved by pain medication.

**Call 911 for an ambulance to take you to the nearest emergency department.**

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# GUIDE OVERVIEW

Welcome to Toronto Western Hospital, the goal of this guide is to help you prepare for your complex foot and ankle surgical journey.

Your Orthopaedic Surgical Guide offers information to support you through each step of your surgical journey, including surgery, your recovery at home and outpatient rehab. This guide should be used in partnership with your UHN My Surgery book and the UHN Schroeder Arthritis Institute website.

Throughout the guide you will see the following symbols:



## **‘My Surgery book link’ symbol.**

It means you can find additional information about that topic in the UHN My Surgery book, on the page number indicated. The My Surgery guide can be found at the following link:

[https://www.uhn.ca/Surgery/My\\_Surgery](https://www.uhn.ca/Surgery/My_Surgery)



## **‘Remember’ symbol.**

It means the information beside this symbol is important and something you need to remember.



## **‘UHN Schroeder Arthritis Institute website’ symbol.**

It means the UHN Schroeder Arthritis Institute website offers additional resources about the topic next to the symbol.

# Step 1: UNDERSTANDING YOUR SURGERY

You will be having foot or ankle surgery to address arthritis or alignment issues. This procedure is intended to relieve pain, restore function, and improve your overall mobility.

Proper preparation and understanding of the recovery process are key to a successful outcome. Please find the link below for specific post-operative protocols based on the procedure you're having. These resources will help you and your support team navigate each stage of your recovery with confidence.



**View the Surgical Protocols at:**

**[https://www.uhn.ca/Arthritis/pages/Clinical\\_Listings.aspx](https://www.uhn.ca/Arthritis/pages/Clinical_Listings.aspx)**

Please review this information carefully and don't hesitate to reach out to your surgical team with any questions as you prepare for surgery.

## Step 2: PRE-ADMISSION CLINIC

### Virtual Visits

You may be scheduled for **virtual visits** (appointments). During a virtual visit you do not come to the hospital to meet in person. You will speak with your care team over video, using a smartphone or your computer/tablet. **Please ensure you have a device with a microphone and camera.**

For more information, please visit

[www.uhn.ca/PatientsFamilies/Health\\_Information/Health\\_Topics/Documents/Virtual\\_Visits\\_at\\_UHN.pdf](http://www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Virtual_Visits_at_UHN.pdf)

### Appointments

- **Preadmission appointment**

Your surgeon's office will contact you to provide your pre-admission appointment. Parts of your appointment may be completed virtually over video or in-person at Toronto Western Hospital (1<sup>st</sup> floor, Main Pavillion, Room 406).

- **Surgery appointment**

Your surgeon's office will contact you to provide your surgery date, time and any additional instructions.



**See *UHN My Surgery* book page 21 for additional information.**

- **Physiotherapy after surgery**

You will not be able to put weight on your operated leg anywhere from 6-12 weeks after surgery and therefore will not start physiotherapy right away. Once the surgeon has cleared you to start putting weight on your operated leg, you will be provided with a prescription to start physiotherapy. You can attend physiotherapy at a clinic of your preference; or you can attend Altum Health, a division of UHN. We have provided the list of Altum health locations on **page 41** of the guide for your reference.



## Pre-Admission Clinic Appointment

The purpose of the Pre-Admission Clinic appointment is to prepare you for your surgery. Members of your **TeamUHN** will make sure you are medically fit for surgery and anesthesia. They will also give you information about what to expect before, during and after your hospital stay.

- Your appointment may be conducted in person or virtually over video and may be up to **4 hours in length**.
- Your surgeon's administrative assistant will contact you to book this appointment and provide instructions.
- This appointment can occur up to one month before your surgery.

If your pre-admission appointment is **in-person**:

- **Bring all medications, herbal supplements, over-the-counter medication and vitamins in their original containers to your preadmission clinic appointment**
- You may eat on the day of your appointment, unless told otherwise by your surgeon.
- Wear clothing that is easy to put on and take off for examinations and tests such as blood work, ECG's and x-rays

**Note: You must attend your Pre-Admission visit, either in person or virtually. If you do not attend, we cannot do your surgery.**

## Nursing Consultation

During your visit, a registered nurse will answer questions relating to your surgery and provide a complete check of your health, including:

- Any special needs you may have so that you can be better looked after in hospital.
- How you can look after yourself at home when you leave the hospital.

## Physiotherapy Consultation

You will receive a phone call from a physiotherapist to answer questions related to your mobility after surgery, including:

- Your current home environment/set up
- Family or community supports
- Potential equipment required for you home (also see Step 3- Preparing for Home for more details on equipment)
- How to navigate stairs safely with crutches (if required)

If the physiotherapist feels that you won't be able to go home safely after surgery they can recommend alternate arrangements such as convalescent or transitional care.

## Pharmacy Consultation

Your **TeamUHN** pharmacist will speak with you to discuss your current medications and answer any questions you may have.

Please have all of your medications with you in their original containers, including:



- Prescription medicines
- Over the counter medicines
- Herbal medicines
- Vitamins

- Cannabis products
- Please notify the pharmacist of any street drug use



**See *UHN My Surgery* book page 16 to 23 for additional information about your preadmission appointment**

## Anesthesia Consultation

An anesthesiologist is a member of your **TeamUHN** who ensures you are safe and comfortable during your surgery.

### Many factors influence the effect of the drugs used for anesthesia:

- Age
- Weight
- Alcohol
- Tobacco
- Prescription medicine
- Kidney and liver diseases
- Heart and lung diseases
- Street drugs
- Pregnancy

Anesthesia and surgery can affect all the major systems of your body. **It is important you discuss all your medical problems with your anesthesiologist** so that you can be given anesthesia in the safest and most comfortable way.

Your anesthesiologist will talk to you about the potential risks and benefits of spinal, regional and general anesthetic. Together, the anesthesiologist and you will make an anesthetic plan that best suits your needs.

Regional anesthesia, sometimes called “nerve blocks”, is the most common anesthetic used during foot and ankle surgery.

- Anesthetic (freezing) medicine is injected into the part of your body needing surgery, numbing the area.
- Regional anesthesia provides excellent anesthesia and effective pain relief after surgery. It lowers the chance of side effects like nausea, sleepiness, sore throat and constipation.



See *UHN My Surgery* book pages 30 to 31 for additional information on anesthesia.



## Co-Pilot

A co-pilot is a trusted person of your choosing, who is able to help you at various points during your surgical journey. Most importantly, they are recommended to be available on the day you are discharged home from the hospital.

- Your co-pilot can be a family member, friend, neighbour, or hired care provider. The individual should be over the age of 18.
- Your co-pilot should be available to stay with you while you recover. Most people find it helpful to have their co-pilot stay with them for the first 4 to 6 days after leaving the hospital .
- On your day of discharge, your co-pilot can pick up your discharge prescriptions at Shoppers Drug Mart on main floor of TWH, before you leave the hospital.

# Step 3: PREPARING FOR SURGERY

## Preparing Your Home

Since you will not be able to put weight on your operated leg for **6 to 12 weeks** after surgery, we strongly recommend taking the time to prepare your home before surgery. This will help to provide a safe and comfortable environment for your recovery.

### Common Areas

- Remove any potential tripping hazards or obstacles (such as rugs, cords and small objects) to ensure there is a walker-sized path through all main common areas of your house.

### Bathroom

- Some patients may find it more comfortable to use a raised toilet seat and grab bars in the toilet, bathtub and shower areas. This will make your bathroom safe and easy-to-use.
- See the *Equipment and Devices* section on page 17-18 for descriptions and purchasing information.

### Kitchen

- Ensure all food products and kitchen accessories are placed in accessible, easy-to-reach locations.
- Consider stocking up on groceries and precooking meals to store for your recovery.

### Bedroom/Sleeping

- We strongly encourage to set up a space to sleep on the same floor as the bathroom and kitchen to limit the use of stairs until you are more mobile and comfortable using your gait aid.



See *UHN My Surgery* book pages 6 to 7 for additional information on preparing for surgery.

## Equipment and Devices

You may need a variety of equipment at home to help you in the days and months after your surgery. This equipment can be rented or purchased at a local vendor. Ensure to tell the vendor your height and weight before you buy or rent specific equipment. Plan to have all of your equipment delivered to your home before your surgery day. **Please consider practicing moving around your home using your equipment while remaining non-weightbearing prior to surgery.**

You will need a gait aid to assist you in remaining non-weightbearing while getting around the hospital and home. The gait aids we recommend are:



A **Knee Scooter** to assist you in getting around at the hospital and home in the early stages of your recovery.



### Crutches

If you have stairs in your home you will need crutches to assist you going up and down.



**2-Wheeled Walker** is another option to assist you in getting around at the hospital and home in the early stages of your recovery.

**Please bring your gait aid of choice to the hospital on the day of your surgery.**

Here are examples of additional equipment that you may want to rent/purchase to improve your comfort and make your household activities easier:



Raised toilet seat or commode



Bath transfer bench



Grab bar



No-slip bath mat



Hand-held shower head



Cast cover

Equipment images used with permission from [www.huntshealthcare.ca](http://www.huntshealthcare.ca)



For information on equipment vendors, see *Community Resource* (page 20) or visit [Community Resources for Orthopedic Patients - UHN](#)

## Bathing Before Surgery

To reduce the risk of infection, your surgeon has asked you to follow the shower protocol below:

1. Starting 5 days before your surgery, shower everyday using your **NORMAL SOAP**.
2. 24 hours before your surgery, shower using **CHLORHEXIDINE LIQUID SOAP**. **IMPORTANT:** If you have been given a pre-admission appointment on this day, please shower with the chlorhexidine soap **after** you have attended your appointment.
3. Day of your surgery, shower before your surgery using **CHLORHEXIDINE LIQUID SOAP**.



- The **CHLORHEXIDINE LIQUID SOAP** is available for purchase under the names Stanhexidine or Chlorhexidine Wash 2% at any pharmacy.
- Do not use this soap if you have psoriasis or eczema. Speak with a pharmacist about other options.

### How to take a shower using **CHLORHEXIDINE LIQUID SOAP**:

1. Use the chlorhexidine liquid soap from your neck to feet, washing the groin and anal areas last. Avoid contact with your face, ears and eyes.
2. Use your usual shampoo on your hair.
3. Rinse the soap from your body.
4. Use your usual soap or cleanser on your face.
5. Use a clean towel each day to dry yourself. Dry the groin and anal areas last. Do not apply lotion.

- Test a small area for sensitivity. If your skin develops irritation, rash or allergic reaction from the chlorhexidine soap, stop using the chlorhexidine soap. Continue following shower timeline and instructions using your regular soap.
- **Please notify your POCU nurse on the day of your surgery if you were unable to complete the chlorhexidine wash.**



**DO NOT shave the hair on the area of your surgical site for 5 days before surgery.**

## **Community Services and Resources**

There are a variety of services and resources (such as respite care, in-home nursing care, grocery delivery) available for purchase within the community, to assist with your recovery.



To access a list of community services and resources, please visit: [Community Resources for Orthopedic Patients - UHN](#)

## Step 4: DAY BEFORE SURGERY



### DOs and DON'Ts the Day Before Surgery

- **DO NOT** shave the hair at your surgical site **for 5 days before surgery.**
- **DO NOT** use lotion or powder after your shower.
- **DO** have a light supper (no fried or fatty food) on the **evening before surgery.**
- **DO NOT** eat solid food after **midnight** on the night before surgery.
- **DO** drink **clear liquids** (ex. water, apple juice, clear broth, tea or coffee without milk or cream), unless otherwise advised by your surgeon. **STOP drinking clear liquids 5 hours before your surgery.**
- **DO NOT** drink alcohol 24 hours before surgery.
- Take off all piercings and jewellery, including wedding rings. Please see a jeweler to cut jewellery off, if needed.
- Remove nail polish on fingernails and toenails.



See *UHN My Surgery* book pages 24 and 25 for the 'Before my Surgery checklist' and additional preparation information.

## Packing your Bag

Please bring the following with you on the day of your surgery. Please limit the amount of personal belongings you bring to the hospital, only bring the most important items.

- Bring the walking aid that you will be using after your surgery to the hospital. You do not need to bring the other equipment to the hospital.
- Loose non-slip, closed toe footwear (other than slippers)
- A bag of your toiletries and personal belongings. Loose pants or shorts are easiest to put on after surgery.
- All medication in their original containers
- You will need your wallet and healthcard, but do not bring any other valuables with you to the hospital.



**See *UHN My Surgery* book pages 26 to 27 for a list of recommended personal belongings to bring to hospital.**



**The hospital cannot be responsible for money or valuables.**

We understand that you may have personal items with you in hospital, such as clothing, medications and personal support aids (for example, eyeglasses, contact lenses, dentures, hearing aids, mobility aids such as a cane, walker, prostheses or wheelchair). The hospital cannot be responsible for these items if they are damaged or go missing.

## Step 5: DAY OF SURGERY



### IMPORTANT REMINDERS

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- **DO NOT** take any of your medications the morning of your surgery, unless your healthcare team has said it is okay.
  - If told to take medication, you can take it with sips of water
- Remember to take a chlorhexidine shower the morning of your surgery.
- You can brush your teeth the morning of your surgery, but **DO NOT** swallow any liquids.
- **Remember to bring your:**
  - Medications in the original bottles
  - Personal belongings bag
  - Gait aid (knee scooter, crutches or two wheeled walker)
  - Non-slip shoes
  - Wallet

### Arriving at the Hospital

Your surgeons office will provide you with the time and instructions on where to go in the hospital, in advance of your surgery day.



You should arrive at the hospital **3 hours** before your scheduled procedure time. However, if your **surgery is at 8:00am, please arrive at 6:00 am** (Hospital units do not open before 6 am)

## Pre-Operative Care Unit

On the day of your surgery, you will arrive and register in the pre-operative care unit (POCU). Here your nurse will complete your pre-operative assessment and prepare you for surgery. The anesthesiologist will review all your information with you and discuss the final decision about your anesthetic.



See *UHN My Surgery* book pages 28 to 29 for additional information about the Pre-operative Care Unit.

## Surgery



See *UHN My Surgery* book pages 29 to 36 for what to expect during surgery.

## Post-Anesthesia Care Unit

After your surgery, you will go to PACU to recover from sedation. Here the registered nurses will check your vital signs, bandage, toes (for colour, feeling and movement), and raise the head of your bed to get you sitting. You will also receive pain medicine.

Once you have fully recovered from your sedation and your vital signs are stable, you will be moved to **9A inpatient unit** (9<sup>th</sup> floor).

If you are scheduled for same day discharge, you will be discharged from the Day Surgery Unit when you have met the discharge goals (see page 25).



See *UHN My Surgery* book page 38 for what to expect in the post-anesthesia care unit.

# Step 6: HOSPITAL STAY

## Visiting Hours

Visiting hours on 9A are flexible, please be respectful of your roommates. Please **call our Orthopaedic Unit at (416) 603-5769** for additional information.



See *UHN My Surgery* book pages 12 to 14 and 34 to 35 for additional information.

## Your Hospital Stay:

Your **expected day of discharge** is reviewed by your TeamUHN each day. Our goal is to support you in safely returning home ***within five days*** after your surgery, once you have met all the discharge goals. We will not send you home if it is unsafe.

Your discharge goals include:

- Using your gait aid (knee scooter, crutches, 2-wheeled walker) independently
- Getting in and out of bed on your own
- Walking up and down stairs (if needed)
- Your pain is well controlled
- You are medically stable

## Physiotherapy

Your physiotherapy starts within a few hours after your surgery, once you regain sensation in your legs.

The physiotherapist will teach you:

- How to start doing basic bed exercises
- How to get in and out of bed
- How to walk safely with a gait aid
- How to climb stairs, if needed

**DO NOT WALK ON YOUR OWN until your physiotherapist or nurse has determined it is safe for you to do so.**

## **Exercises After Surgery**

You will not be able to put weight on your operated leg for 6-12 weeks however you can start basic exercises to maintain strength and mobility of the rest of your body. Suggested exercises can be found in **Step 9 on page 33** of this guide.

## **Medication and Pain Control**

### **Continuing your Regular Medication**

While you are in the hospital, the doctors, nurse practitioners, nurses, and pharmacists review your regular medicines and assess whether you should continue taking them after your surgery.

Make sure that you have a list of all medicines you take and the name and phone number of your regular pharmacy, in case we need to check them.

### **Managing Pain in Hospital**

You will recover and feel better sooner after your surgery when your pain is well controlled. While the medicine will not take away all of your pain, we will help you to manage your pain as low as possible. Please talk to anyone on your **TeamUHN** about your pain, such as your doctor, nurse, acute pain service team or physiotherapist.

The Acute Pain Service Team will visit you after your surgery to help manage your pain. They are a special team of nurse practitioners and anesthesiologists who will help create a pain medicine plan, using a variety of medicine.

- We encourage you to take your pain medicine to keep your pain within your comfort level and at a level that will help you take part in activities of daily living.
- Elevation is another way to help control pain and swelling.



See *UHN My Surgery* book pages 40 to 42 for additional information about managing your pain after surgery.

## **Blood thinners**

You will be prescribed a blood thinner medication after your surgery. You will start taking it in the hospital to prevent blood clots.

## **Preventing Falls**

While you are in the hospital, we will take measures to keep you safe from falling.

### **We will put these items within your reach:**

- Pull cord for light
- Bedside and bathroom call bells
- Bedside table, meals and drinks
- Personal items, eyeglasses and hearing aids
- Walker or gait aid (if you are able to use one on your own)

### **We will make sure:**

- You know the members of your health team and their roles.
- To check on you often and that your pain is managed
- To check if your medicines put you at risk for of falling
- Your bed is in the lowest position, with brakes locked
- You know your room and bathroom and they are well lit
- Your path to the bathroom, doorways and hallways are clear and free of spills.

### **How you can help stay safe:**

- Wear non-skid footwear
- Call for help if you feel weak or dizzy. For example, call if you feel weak or dizzy when getting into and out of your bed/chair or when walking.
- Do not lean on equipment for support, as most hospital equipment is on wheels.

## Step 7: GOING HOME

**Inpatient discharge time is 11:00 am.**

### Transportation Home

If you are having day surgery, the day surgery unit will contact your copilot when you are ready to be discharged.

If you stay in hospital, please arrange for your co-pilot, friend or family member to arrive at 11:00am the day of your discharge to provide your transportation home.

### Discharge Instructions

Before discharge, you will be given the following information:

- A **prescription for blood thinner medicine, pain medicine and a laxative.**
  
- A **follow-up appointment with your surgeon** (2 weeks or as determined by your surgeon).

## Managing your Medicine at Home

- Continue to take your blood thinner medicine as you have been instructed in the hospital, when you get home.
- You may or may not have pain at the time of discharge. **Your pain will get better in the days following your surgery.** Pain is a normal part of surgery and is to be expected. Pain should start to improve gradually 1 week after surgery.
- Keep taking your pain medicine as needed. You may need to take it regularly in the first few days after surgery but less frequently over the week as the pain improves. **It is especially important that you take your pain medication 30 minutes before you do any physical activity.**
- As your pain level improves, try to extend the interval of time between your doses of pain medication to wean yourself off.



**Please refer to page 32 of this guide for information about taking opioid medicine and how to wean off your pain medicine.**

**During your recovery at home after surgery,** you can contact our health care team with any questions or concerns you have at:

**416-603-5126, 8am-11pm/ 7 days a week**

In case of Emergency, call 911 or go to your nearest Emergency Department

## Step 8: RECOVERY INSTRUCTIONS

### When to Seek Help:

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If you have a **blood clot in your lung**, you may experience:

- Shortness of breath
- Fast heartbeat
- Possible pain in your mid-back

**THIS IS A MEDICAL EMERGENCY. Call 911 or go to the nearest emergency department.**

If you have a **blood clot in your leg**, you may experience:

- Swelling in your leg, in addition to
- Extreme pain in your calf
- Possible redness at the back of your calf

**Call the Post-Op Support Line at (416) 603-5126, we are available 8am-11pm, 7 days a week. If for any reason you are unable to reach them, go to the nearest emergency department.**

If you have an **infection**, you may experience:

- A fever, higher than 38°C
- Increased discharge and redness at the surgical incision
- Signs of infection in any part of your body

**Call the Post-Op-Support Line at (416) 603-5126, we are available 8am-11pm, 7 days a week. If for any reason you are unable to reach us, go to the nearest emergency department.**

## Cast Care

- Your incision, the cut made during surgery, will be covered with a bandage (dressing) and splint (removal cast boot) after surgery.
- Watch around the bandage for increased redness, any fluid leaking or a bad smelling odour. **If this happens, call the Post-Op Support line at (416) 603-5126**
- **Do not get the bandage or splint wet. You can take a shower 3 days after surgery. You must cover your operated foot or dressing with a plastic waterproof cast cover or plastic bag.** Consider using a shower chair or bath bench for stability.
- You will follow up with your surgeon 2 weeks after your surgery. They will remove the bandage and your stitches to check your incision. You will then be placed into a hard cast.
- Do not submerge yourself in a bathtub, pool or hottub until your surgeon says it is safe to do so.



**See *UHN My Surgery* book page 46 to 50 for additional information about bandage and skin care after surgery.**

## Swelling

Swelling is normal and should be **expected to last for 6 months to 12 months after your surgery**. You can manage your swelling in hospital and at home with the following:

- **Elevation** (Prop up your foot when you are sitting or lying down by putting pillows under your foot).

## **Pain Medication Management**

The information in this section includes:

- **How to control your pain**
- **Why you need to wean off your pain medicine**
- **How to wean off slowly**
- **What happens if you stop suddenly**

You may be prescribed opioid medicine to help you with pain. Opioid medicines are a stronger pain medicine that your doctor or nurse practitioner gives you a prescription for. Your pain should improve slowly over time.

As your pain gets better, you will need to wean off your opioid pain medicine. This means slowly reducing the amount you take until you are not taking it anymore. This is important because this kind of medicine can be addictive.

If you are not sure how to wean off your opioid medicine, talk to your family doctor or nurse practitioner. You can also talk to the doctor or nurse practitioner who prescribed the opioid medicine for you.

### **How can I control the pain?**

Your doctor or nurse practitioner may prescribe opioid pain medicine for you. As you slowly reduce the opioids, you can use other medicines to help you control your pain. While you were in hospital, these medicines may have been ordered for you. Some examples are:

#### **Non-steroidal anti-inflammatory drugs (NSAIDs)**

- These are drugs that prevent swelling, like ibuprofen (Advil), celecoxib (Celebrex) or meloxicam (Mobicox). NSAIDs also have daily limits on the amount you can safely take.

#### **Acetaminophen (Tylenol)**

- Taking too much Tylenol may damage your liver. If you already have a problem with your liver, you will need to reduce the total daily amount of Tylenol you can safely take.

Once you are off the opioids, you can wean off the other pain medicine. You can wean off more quickly, until you are not taking any more pain medicine.

### **Side effects of opiate medicines:**

- Drowsiness
- Nausea and vomiting
- Itching
- Constipation

### **Signs and symptoms of an opioid overdose**

- Weak or no breathing
- Dizziness
- Confusion
- Pale or bluish colour under the lips, gums, around eyes, and nails
- Cold or clammy skin
- Extreme drowsiness — unable to wake up or move, even when shouted at or shaken
- Choking or coughing or gurgling or snoring sounds
- Pupils are very, very small

**If you notice these signs, call 911 right away and give naloxone, if available.**

- Naloxone is a medicine that can help to reverse the effects of the overdose. More than one dose may be needed. The effects of naloxone are temporary.
- Naloxone is available from your pharmacy without a prescription.

## How do I wean off?

Do not stop taking the opioid pain medicine right away. You should slowly reduce the amount you are taking until you are off the pain medicine.

You may be taking 2 kinds of medicine:

- A long acting (sustained release) pain medicine such as Hydromorph Contin, Oxyneo, or MS Contin
  - A short acting (immediate release) pain medicine such as oxycodone, hydromorphone, morphine, or codeine
- ✓ **Wean off the long acting medicine first.**
- ✓ **Then wean off the short acting medicine.**

If you are taking Percocet (which contains 5 mg of oxycodone and 325 mg of Tylenol in each tablet), limit the total amount of Tylenol you take. Ask your family doctor, nurse practitioner or pharmacist to help you with this.

## How slowly should I wean off?

There is a Canadian guideline for using opioids safely.

### **If you have been taking this medicine for less than 1 month after surgery:**

- Slowly wean off the pain medicine.
- See the examples on next page.

### **If you have been taking pain medicine for more than 1 month:**

- Wean off the medicine more slowly.
- Speak with the doctor or nurse practitioner who orders your pain medicine. They can help you with this weaning process.

## Examples:

### **Do this to wean off long acting pain medicine:**

Slowly reduce the dose you are taking. For example, you may take 1 less dose of the medicine every day. Do this over several days.

Your family doctor or nurse practitioner can help you cut down on the medicine. For example, if you are taking this medicine:

- 3 times per day, reduce to 2 times per day for 4 to 5 days
- 2 times per day, reduce to 1 time per day for 4 to 5 days
- 1 time per day, try stopping

**Important: Never cut, chew or crush this kind of medicine.**

### **Do this to wean off short acting pain medicine:**

1. When you start weaning off the medicine, increase the amount of time between doses. For example, if you are taking a dose every 4 hours, extend that time:
  - Take a dose every 5 to 6 hours for 1 or 2 days.
  - Then, take a dose every 7 to 8 hours for 1 or 2 days.
2. After step 1, start to reduce the dose. For example:
  - If you are taking 2 pills each time, start taking 1 pill each time.
  - Do this for 1 to 2 days.
  - If you are taking 1 pill each time, cut the pill in half and take only half a pill each time. Do this for 1 to 2 days.

**You may need to wean off opioid pain medicine faster than the above examples if:**

- The medicine is too strong for you (you feel sleepy)
- You have sleep apnea (you have short but repeated stops in your breathing during sleep)

## **Safely store and dispose of your pain medicine**

Pain medicine that is not stored or disposed of safely could be stolen or taken by mistake.

### **Safe storage**

- Store pain medicine in a locked drawer or cabinet.
- Do not share your pain medicine. Pain medicine prescribed to you can be dangerous to others.

### **Safe disposal**

- It is dangerous to keep unused or expired pain medicine that you no longer need.
- Take unused or expired pain medicine to a pharmacy for safe disposal.
- Do not flush medicine down the toilet.
- Do not throw medicine in the garbage.

## **What happens if I stop suddenly?**

If you stop your opioid medicine suddenly, you may have symptoms of withdrawal. These can include:

### **Physical (body) symptoms like:**

- Sweating
- Vomiting (throwing up)
- Fever
- Nausea (wanting to throw up)
- Diarrhea
- Shaking
- More pain

**Other symptoms like:**

- Cravings
- Feeling agitated or irritable
- Feeling tired and having trouble sleeping
- Aggression (feeling angry towards people)
- Anxiety (worried all the time)

These symptoms may start from 6 to 24 hours after taking your last dose of opioid pain medicine.

You can wait for the symptoms to pass over the next day or two. Or you can speak with your family doctor, nurse practitioner or pharmacist. They can give you medicine to help control your symptoms of withdrawal.

Withdrawal symptoms are not a sign that you are addicted. They are a sign that your body is used to taking the opioid regularly and needs to wean off it slowly.

Opioid medicines are not usually addictive if you take them for pain. But they can lead to addiction if you do not manage them carefully. So it is important to wean yourself off these medicines as soon as possible.

To prevent addiction, you may need to stop taking the opioid medicine and accept a moderate amount of pain.

If you have trouble reducing your pain medicines, please contact your family doctor, surgeon, prescribing doctor or nurse practitioner for help.

**Remember:**

- Do not drink alcohol while using opioid pain medicines
- Do not use sleeping pills or sedatives without talking to your doctor or nurse practitioner first.

## Step 9: EXERCISES

You should complete the exercises below **after your surgery**. Once you are cleared to start putting weight on the operated leg, a physiotherapist will build on this program and guide you on how to **safely** progress your activity levels.

### Heel Slide with Belt



**Repeat: 5-10 times**

**Hold for 15-20 seconds**

**How often: 3-4 times a day**

#### How to prepare:

- Lie on your back with your knees straight.
- Put a belt or strap around the foot of the operated leg.

#### How to do:

- Gently pull the belt to bring your heel towards your behind and bend your knee towards the ceiling.
- Keep your heel in contact with surface.
- Straighten your knee to return to the start.

## Glute Isometric



**Sets: 2-3**

**Repeat: 10 times**

**Hold: 5 seconds**

**How often: 3 times a day**

### How to prepare:

- Lie on your back, as shown above.

### How to do:

- Squeeze your bum muscles.
- Hold the squeeze for 5 seconds. There should be no leg movement during exercise.
- Relax.

## Knee Extension Eccentric (roll)



**Sets: 2-3**

**Repeat: 10 times**

**Hold for 3-5 seconds**

**How often: 3-4 times a day**

### How to prepare:

- Lie flat on your back.
- Place a roll underneath the knee of the operated leg, as shown.

### How to do:

- Straighten the knee as much as you can.
- SLOWLY lower your leg back down.

## Hip Abduction and Adduction



**Sets: 2-3**

**Repeat: 10 times**

**Speed: SLOW**

**How often: 10 times a day**

### How to prepare:

- Lie flat on your back with your hands relaxed on your chest.

### How to do:

- Keeping your knees straight, slide the heel of the operated leg out to the side as far as you can.
- Slide your heel back to the starting position.

## Knee to Chest



**Sets: 2-3**

**Repeat: 8-10 times**

**Speed: SLOW**

**How often: 3-4 times a day**

### How to prepare:

- Lay flat on your back with your arms relaxed at your side.

### How to do:

- Bring the knee of the operated leg to your chest.
- Straighten and lower slowly to the bed.

## Straight Leg Raise



**Sets: 2-3**

**Repeat: 8-10 times**

**Hold: 5 seconds**

**How often: 3-4 times a day**

### How to prepare:

- Lie flat on your back with your hands relaxed on your chest.

### How to do:

- Lift the operated leg up. You can have the good leg bent.
- Your toes should point up during the exercise.
- Lower slowly to the bed

## Seated Knee Extension



**Sets: 2-3**

**Repeat: 8-10 times**

**Hold 3-5 seconds**

**How often: 3-4 times a day**

### How to prepare:

- Sit straight in a supportive chair

### How to do:

- Straighten the knee of the operated leg as much as possible.
- Slowly return to the starting position

## Toe



**Sets: 1**

**Repeat: 20 times**

**Speed: SLOW**

**How often: every hour**

### How to prepare:

- Sit straight in a supportive chair or lay in bed

### How to do:

- Continuously pump your toes up and down

## Hip Abduction (Side Lying)



**Sets: 2-3**

**Repeat: 10 times**

**Speed: SLOW**

**How often: 3-4 times a day**

### How to prepare:

- Lay flat on your non-operated side.
- You can have the bottom leg straight or bent

### How to do:

- Raise the operated leg, keeping it straight throughout the movement.
- Slowly lower the leg back to the starting position

# UHN POLICIES & PROCEDURES

Current Toronto Western Hospital practices may change from the information provided in this guide, check [www.uhn.ca](http://www.uhn.ca) for up to date information on hospital specific infection prevention (masking policies) and visitor policies.



## What to expect when arriving at Toronto Western Hospital

Everyone arriving at Toronto Western Hospital should screen themselves for symptoms of COVID-19, RSV or other communicable diseases (ie. Measles) Updated mask policies can be found on our website [www.uhn.ca](http://www.uhn.ca)



## Visitor policy

UHN values the involvement of family and community members in the care of our patients. To ensure the safety of staff and patients, there may be times when we must modify our visitor policy. Please see [https://www.uhn.ca/PatientsFamilies/Visiting\\_Patients/Pages/default.aspx](https://www.uhn.ca/PatientsFamilies/Visiting_Patients/Pages/default.aspx) for up-to-date policy information.



## Follow-up appointments

Some of your appointments may be scheduled as a virtual visit (appointment). During a virtual visit, you do not come to the hospital to meet in person. You will speak with your healthcare team over video, using a smartphone or your computer/tablet.

For the most up to date information, call your surgeon's office or visit [www.uhn.ca](http://www.uhn.ca)

# FREQUENTLY ASKED QUESTIONS

## **What if I am unable to go home after my surgery?**

If you or your healthcare team feels you are unsafe to go home after your surgery, there is an option to go to convalescent care or transitional care, for up to 90 days. This will be arranged for you before your discharge.

## **When will I be able to go back to work?**

This depends on the type of work you do. We encourage you to discuss this with your surgeon at your follow-up appointment.

## **How soon will I be able to travel?**

Air travel and other forms of longer-distance travel can increase the risk of complications, especially in the first 6 weeks after surgery. Please speak with your surgeon if you anticipate a need to travel soon after surgery.

## **When can I drive again?**

This will be dependent on which leg (right or left) was operated on and the type of vehicle (manual or automatic) you drive. Please ask your doctor for more information before you start driving again. Also check with your car insurance.

## ALTUM HEALTH CLINIC LOCATIONS

<p><b>Ajax</b>                  235 Salem Road, Unit 10, L1Z 0B1                  Tel: 905-427-6555                  Fax: 905-427-5551                  Site Manager: Chris Jackson</p>	<p><b>Oshawa</b>                  38 Simcoe St. South, L1H 4G2                  Tel: 905-240-5533                  Fax: 905-240-5544                  Site Manager: Chris Jackson</p>
<p><b>Barrie</b>                  11 Lakeside Terrace, Suite 502, L4M 0H9                  Tel: 705-726-1113                  Fax: 705-726-2221                  Site Manager: Chuck Ingoldsby</p>	<p><b>Scarborough (West Park IES)</b>                  885 Progress Avenue, UPH #1, M1H 3G3                  Phone: 416 243 3612 or 888 865 8363                  Referral Fax: 416 243 0169</p>
<p><b>Brampton</b>                  10545 Bramalea Road, Unit 1-4, L6R 3P4                  Tel: 905-458-9118                  Fax: 905-799-6830                  Site Manager: Jennifer Tremblay</p>	<p><b>Scarborough</b>                  2901 Sheppard Ave East, Unit 301, M1T 3J3                  Tel: 416-901-5854                  Fax: 416-901-5747                  Site Manager: Erika Uguccioni</p>
<p><b>Cambridge</b>                  745 Coronation Boulevard, Unit 101, N1R 0B6                  Tel: 519-622-5885                  Fax: 519-622-2280                  Site Manager: Kristina Smart</p>	<p><b>Toronto Western Hospital</b>                  60 Leonard Avenue, M5T 2R1                  Krembil Discovery Tower  <b>3rd Floor</b>                  Tel: 416-603-5185                  Fax: 416-603-2474                  Site Manager(s): Laura Lyons  <b>4th Floor</b>                  Tel: 416-603-5092                  Fax: 416-603-5406                  Site Manager: Zsolt Rigo</p>
<p><b>Hamilton</b>                  910 Queenston Rd, Unit 11A, L8G 1B5                  Tel: 905-664-3300                  Fax: 905-664-3310                  Site Manager: Kristina Smart</p>	
<p><b>Mississauga</b>                  2 Robert Speck Parkway, Suite 110, L4Z 1H8                  Tel: 905-897-7007                  Fax: 905-897-3301                  Site Manager: Sandra DiTella</p>	<p><b>Vaughan</b>                  8707 Dufferin Street, Unit 14/15, L4J 0A2                  Tel: 905-738-0007                  Fax: 905-738-0017                  Site Manager: Erika Uguccioni</p>
<p><b>Oakville</b>                  519 Dundas Street West, Unit 6/7, L6M 1L9                  Tel: 905-257-0073                  Fax: 905-257-0903                  Site Manager: Jennifer Tremblay</p>	<p><b>*Updated September 2025</b></p>

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