Having Foot or Ankle Surgery

Your Surgery at TWH

Your Pre-Admission Visit
Date: _____________________
Time: _____________________
Phone number: _____________
Location: Main Pavilion – 1st Floor (Room 406)

Your Surgery Visit
Date: _____________________
Time: _____________________
Location: Pre-Operative Care Unit (POCU)
Fell Pavilion – 2nd Floor (Room 116)
(Please use the Fell Elevators)

Toronto Western Hospital
399 Bathurst Street
Toronto, ON M5T 2S8

Please call your surgeon if you have any questions.
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Welcome

Welcome to Toronto Western Hospital. This booklet will help you prepare for your upcoming surgery at our hospital.

For more information see the list of websites on page 31 of this booklet.

Why do I need foot or ankle surgery?

You may need surgery because of arthritis. Arthritis is a disease that affects the cartilage surface of the joint.

In a healthy joint, cartilage covers bone and acts as a cushion to provide smooth and painless movement. The cartilage can wear away from inflammatory arthritis, injury or gradual wear and tear. The surface of the joint eroding and becoming uneven can cause pain, stiffness, swelling, instability and difficulty with walking.
Achilles Tendon Repair

What it is

The Achilles tendon is a large cable-like band of fibrous tissue in the back of the ankle connecting the calf muscles to the heel bone. It’s the largest tendon in the human body. When the calf muscles contract, the Achilles tendon tightens and pulls on your heel bone. This allows you to point your foot down and stand on tiptoe. This motion is vital to activities like walking, running and jumping.

A complete tear through the tendon, which usually occurs a few inches above the heel bone, is called an Achilles tendon rupture. This causes sudden pain behind the ankle; people who suffer the injury may hear a “pop” or “snap” and feel as though they’ve been kicked in the heel.

Why it’s a problem

The Achilles tendon can grow weak and thin with age and lack of use, becoming prone to injury or rupture. Certain illnesses (like arthritis and diabetes) and medications (including some antibiotics) can also increase the risk of rupture.

Most ruptures occur during recreational sports that require bursts of jumping, pivoting and running (e.g. tennis, racquetball, basketball). Other causes include falling from a significant height, or suddenly tripping or stumbling.

An Achilles tendon rupture can be treated either in a cast for several months or with surgery depending on the location of the rupture and the position of the tendon ends. After discussing options with your surgeon, you may decide to proceed with surgical treatment.

Surgical treatment

- **Outpatient or hospital stay:** Outpatient (home same day)
- **Type of anaesthesia:** May be regional or general, or a combination
- **Length of surgery and recovery:** Depends on nature of injury

Recovery

Following treatment (both surgical and non-surgical):

- Your leg will be in a cast or special braces for several weeks.
- If you have a cast, keep your cast dry! If the cast gets wet, the skin underneath stays damp and can become mouldy and smelly. To keep your cast dry in the shower, enclose it in a plastic bag, or buy a special cast protector. If the cast and the underlying dressing get wet, contact your surgeon’s office or go to your nearest emergency department to get your cast checked.
- You will be instructed on caring for your cast or brace, and if and how much weight you can bear on the foot.
- Watch for complications after surgery. Alert your surgeon or visit an emergency room if you experience pain that does not subside with prescribed medication, swelling that worsens (or the cast becomes too tight and you notice loss of colour in your toes), and/or have a fever higher than 38°C or 101°F.
Ankle/Hindfoot/Midfoot Fusions

What it is
The foot has 3 subdivisions:

• Forefoot: front part of the foot, including toes. This bears half of the body’s weight.
• Midfoot: the foot’s arch that serves as a “shock absorber.” This is connected to the forefoot and the hindfoot by muscles and the plantar fascia (arch ligament).
• Hindfoot: rear part of the foot including the heel. This links the midfoot to the ankle.

The midfoot and hindfoot together are sometimes referred to as the tarsus as they consist of 7 tarsal bones. The ankle is the joint between the tarsus and the lower leg.

Fusions of the ankle, hindfoot or midfoot correct some common problems such as arthritis and foot deformity. With a fusion, the surgeon removes damaged cartilage, then positions the bones correctly and fixes them in this position using metal screws or staples.

When it’s necessary
Fusion is often performed when an ankle joint becomes worn out and painful. It is a common treatment for advanced ankle arthritis in young patients. Midfoot fusion aims to fix structural damage, typically arthritis within the midfoot region that causes pain. Hindfoot fusions, likewise, aim to reconnect and realign damaged bones or joints.

Surgical treatment
The precise procedure depends on the nature of the problem:

• With ankle fusions, the surgeon removes the worn out portion of the joint. The bones are then fixed together with metal screws and plates that hold the bones in a solid position while your body permanently fuses (or welds) them together so that they become one single bone. Essentially, an ankle fusion lets the tibia grow together or fuse with the talus, the second largest of the tarsal bones.
• Midfoot fusions seek to remedy structural damage to the small bones in the mid-portion of your foot, and arthritis, by setting your bones in their correct position and allowing them to fuse solidly. This eliminates movement and, thus, pain.
• Hindfoot fusions can include a subtalar fusion (between the talus and heel bone), a talonavicular fusion and/or a calcaneocuboid fusion. When all three joints are involved in one surgical setting, this is called a ‘triple’ fusion.
Ankle Ligament Reconstruction

What it is
The term “sprain” indicates that a ligament has been damaged. Sprains are divided into three groups, depending on the severity of the damage:
- Grade 1 (first degree): the most common sprain, requiring the least amount of treatment and recovery. The ligaments connecting the ankle bones are over-stretched and damaged microscopically, but not actually torn.
- Grade 2 (second degree): the ligament damage is more severe (often partially torn), but there is no significant instability.
- Grade 3 (third degree): the most severe sprain, typically associated with torn ligaments and ankle instability.

Sprains occur when the ankle is twisted unexpectedly in any direction that is in excess of what the ligaments can tolerate. Typically, that happens when running, jumping, making sharp direction changes, or stepping on uneven ground.

Why it’s a problem
The most common torn ligaments are on the outside of the ankle. As a result, this area is often the most swollen and tender. In more severe sprains, you may tear the inner ligament (deltoid ligament) which will cause pain and swelling at the inner ankle. After a severe sprain, it may be difficult to bear weight on the foot for several weeks.

As you recover from an ankle sprain, you are not using your leg as much, thus your muscles get weak and your reflexes become slow. This is why it is important to begin a physiotherapy program once the ankle pain becomes tolerable. A physiotherapist will work with you on strengthening the outer muscles of your ankle (peroneal muscles) and helping your reflexes recover (proprioceptive training). The peroneal muscles are very important stabilizers of the ankle joint; if they are weak, your ankle will continue to feel unstable even if the ligaments have healed. If you are too busy for visits, your physiotherapist can give you a home program to help you recover.

Most people completely recover from an ankle sprain. A small number of people have either persistent pain (more than one year after the sprain) or recurrent instability (frequent sprains). In these scenarios, surgery may be required.

Surgical treatment
The goal of surgery is to re-attach and tighten the ligaments. The specific approach will vary according to your particular condition. At the same time, you may have an ankle scope or keyhole surgery to the ankle joint to have it inspected for damage and/or to remove any inflammatory tissue (which contributes to pain).
Ankle Replacement

What it is
An ankle replacement (also known as ankle arthroplasty) is a surgical operation in which portions of the bones that form the ankle joint – the tibia, fibula, and talus bones – are replaced with artificial components made from metal alloys and lightweight plastic.

Why it’s necessary
Ankle replacement surgery is required when the ankle joint is severely damaged. Symptoms may include severe pain, limited or painful movement or instability – a feeling that the joint will “give out.” Some causes of damage are osteoarthritis, rheumatoid arthritis, or fracture. The purpose of the treatment is to alleviate pain and restore joint function.

Surgical treatment

| Outpatient or hospital stay: | 1 to 2 night hospital stay |
| Type of anaesthesia: | General |
| Length of surgery: | Approximately 2-4 hours |
| Recovery time: | 3-4 months for light walking, up to 9 months for full recovery |

After making an incision in the front of the ankle and into the joint capsule, the surgeon removes a portion of the tibia and the top of the talus so that the replacement components fit in place. With the new joint in place, the incision is closed, and the ankle is immobilized with a splint.

Recovery

Following surgery:

- Your foot and lower leg will be immobilized in a splint for approximately 2 days.
- You will have bandages or dressing to protect the incision(s).
- In the hospital, you may have a small tube to drain blood from the joint.
- Depending on how you feel and your own abilities, you may be permitted to use the bathroom (if you are stable and have the ability to use crutches).
- You will not be able to bear any weight for the first few weeks until approved by your surgeon, during which time you may use crutches or a walker.
- Watch for complications. Alert your surgeon or visit an emergency room if you experience pain that does not subside with prescribed medication, drainage from the wound, swelling that worsens after the second day, and/or have a fever higher than 38°C or 101°F.
Bunions

What it is

A bunion is a structural deformity of the joint at the base of the great – or big – toe. The more formal Latin term is *hallux valgus* which means a turning outward (*valgus*) of the big toe (*hallux*). The bone that the big toe attaches to, the 1st metatarsal, becomes prominent on the inner border of the foot. This bump is the bunion, made up of bone and soft tissue. Bunions are often inherited, meaning that there is a strong family history of relatives with bunions.

Tight fitting shoes or high-heeled shoes with narrow toe boxes push your forefoot (the front part of the foot, including toes) into a space that is too small for your toes. This squeezes the big toe into an unnatural position, exaggerating the deformity and causing more pressure over the bunion. After time this becomes painful.

Why it’s a problem

Bunions can become painful if they’re allowed to progress and can cause problems with the other toes of that foot, not to mention finding and wearing proper shoes. Usually, the pain can be managed non-surgically: for example, bunion pads or switching to shoes that fit properly without compressing the toes. Splints to reposition the big toe and orthotics (shoe inserts custom-shaped to your feet) may also relieve pain.

Proper footwear

The most important thing for you to do is to find a shoe that fits your forefoot. To ensure that a shoe fits properly: stand in bare feet on a flat piece of cardboard, like the back of a cereal box, and trace each foot with a felt pen. Next, cut the tracing and take it with you when you go shopping for shoes. If the cardboard outline of your foot does not fit into the shoe, then it is the wrong size – no matter how nice it looks.

Surgical treatment

<table>
<thead>
<tr>
<th>Outpatient or hospital stay:</th>
<th>Almost always outpatient (home same day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of anaesthesia:</td>
<td>May be regional or general, or a combination</td>
</tr>
<tr>
<td>Length of surgery:</td>
<td>1-2 hours</td>
</tr>
<tr>
<td>Recovery time:</td>
<td>3-4 months for normal walking, up to 6 months for vigorous activity</td>
</tr>
</tbody>
</table>

Before consenting to surgery, it is important to consider the time required for recovery and the disruption to your life. The 1st metatarsal is an important bone in your foot, and it is cut during surgery, requiring recovery of anywhere from 6 to 14 weeks. Most patients can walk on their foot immediately after surgery; but you are not able to wear a regular shoe or walk normally for 3 to 4 months. It may take up to 6 months to get back to vigorous activities such as running. If the recovery time seems too long for you to accommodate, then you may not be ready for the procedure.

The primary goal of surgery is to correct the deformity so that the excessive pressure over the inner aspect of your big toe is relieved. It is important to remember that bunion procedures DO NOT significantly narrow the width of your forefoot. This is why it is important to have bunion surgery for pain relief as opposed to the goal of wearing fashionable shoes with a narrow/pointed toe box.
Chevron Osteotomy

What is it?

Chevron osteotomy is a type of surgery used to treat hallux valgus, also known as bunions. Hallux valgus occurs when too much pressure is applied on the big toe of your foot, usually by footwear, causing the big toe to bend towards the other toes. As the toe bends, a bump is formed on the side of the metatarsal bone of the big toe. To fix this problem, a chevron osteotomy can be performed to move your toe back to where it is supposed to be.

The surgery consists of two stages. In the first stage, the bunion is removed. In the second stage, the metatarsal bone is cut (this is called an osteotomy) so that the toe can be moved sideways into the proper position. A small metal screw is fixed to the toe joint for support while it heals.

Surgical Treatment:

**Type of anesthetic:** General or regional, or some of both  
**Length of surgery:** About one hour  
**Post operative care:** You will have a bulky dry dressing in place

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Foot with a bunion:  
After the bunion is removed:

- Part of the bone (the bunion) is removed
- The bone is cut and moved sideways
Claw Toes/Hammer Toes

What it is
A claw toe is a condition where the toe looks like a claw. This appearance is caused by the bending or curling downward of the middle joint (PIP) and the tiny joint at the end of the toe (DIP). In addition, the joint where the toe meets the foot (MTP joint) is cocked up. Some common causes of claw toes are:

• Shoes. Claw toe often results from wearing a shoe that’s too short because there is not enough space for the toes. Pointed, high-heeled shoes make matters worse. Combine pointed shoes with high heels, and the foot is constantly being pushed down into a wall, with the toes squished like an accordion.

• High arches. Some people with high arches also have claw toes.

• Muscle imbalance. Sometimes the deeper toe muscles are weaker than the surface muscles of the toes because of a nerve problem or a previous injury. For instance, claw toe is sometimes the result of nerve damage caused by diseases like diabetes or alcoholism which can weaken the muscles in your foot. Subtle muscle imbalances occur as we age; this is why clawing of the lesser toes (toes other than the big or great toe) becomes more common in middle-aged and elderly people.

Why it’s a problem
Claw toe deformities are usually flexible at first but, over time, they stiffen and become more rigid. Eventually, toes become fixed in a crooked position and won’t straighten. When this occurs, pressure builds at the end of the toe, over the top (PIP joint), and under the ball of the foot (MTP joint). The increased pressure to these areas causes the skin to thicken. The thickened dry skin is called a callus or corn. As the callus becomes larger it acts like a stone in the shoe, creating more pressure and thus more pain. This is why people with claw toes need shoes that have extra room in the toebox and specific modifications that help decrease the pressure over the calluses. It is not uncommon for people with claw toe to have a hard time finding shoes that are comfortable to wear. It often helps to shave down the calluses with a pumice stone which, in turn, decreases the pressure on the painful area.

Obtaining a metatarsal pad or an orthotic with a metatarsal pad can help decrease the pain you may be feeling in the ball of your foot. If you try these devices, it is very important that their usage in a shoe does not crowd the toebox or make your forefoot (front part of the foot, including toes) feel tight inside the shoe, for this will worsen your symptoms. The best way to ensure a proper fit is to obtain a metatarsal pad and/or an orthotic beforehand, then fit it inside shoes when you’re trying them on.

Surgical treatment

<table>
<thead>
<tr>
<th>Outpatient or hospital stay:</th>
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<tbody>
<tr>
<td>Type of anaesthesia:</td>
<td>May be regional or general, or a combination</td>
</tr>
<tr>
<td>Length of surgery:</td>
<td>Depends on the number of toes to be corrected</td>
</tr>
<tr>
<td>Recovery time:</td>
<td>6 weeks (to pin removal) for normal walking, up to 6 months for vigorous activity</td>
</tr>
</tbody>
</table>

If wearing proper shoes and orthotics does not alleviate your pain then surgery may be required. The goal of surgery is to correct the deformity. There are many ways to correct a claw toe. How much surgery is required is often determined by the extent and rigidity of the deformity. The more crooked and stiff the toe, the more surgery is required.
First (Big) Toe Fusions

What it is
When the big (1st) toe has limited movement, up or down, it’s often associated with some form of arthritis – either isolated arthritis of the big toe (*hallux rigidus*) or part of a generalized arthritis of the foot (usually rheumatoid arthritis). Sometimes, the joint can be made more comfortable with an appropriate shoe modification. If surgery is required, it is often in the form of a fusion.

Why it’s a problem
A big toe fusion will only be done if the arthritis has severely damaged the joint. If *hallux rigidus* is at an early stage, another operation called a cheilectomy is usually advised. [see *www.orthoconnect.org* for information on spurs /cheilectomy.] The toe may also be fused to correct a severe deformity of the toe, usually a bunion (*hallux valgus*). [see *www.orthoconnect.org* for information on bunions.] Finally, a fusion may be used to treat problems after the failure of another operation on the big toe, especially if the toe is deformed, weak, floppy or painful.

Surgical treatment
Fusion of the big toe will stiffen the joint at the base (called the 1st metatarsophalangeal or the MTP joint). A cut is made along the side or the top of the toe, and the joint is opened. Any large bony lumps are trimmed. The joint surfaces are prepared to enable the toe to sit in the correct position, fixed together with screws, staples or a small plate. The wound is stitched and a dressing is applied.

Recovery
Following surgery:
- You will have bandages or a dressing to hold your toe in its corrected position.
- You will be instructed on caring for your dressings, and if you can (and how to) walk without disturbing the toe. Most patients can walk after the fusion without putting weight down on the toe. However in certain instances, when your bone is weaker than normal, you may be instructed not to bear any weight. Check with your surgeon before you go home.
- You will wear a special post-operative shoe or removable cast to protect your foot.
- Keep your dressings dry (place a plastic bag on your foot when showering).
- Rest with your foot elevated to reduce swelling.
- Watch for complications. Alert your surgeon or visit an emergency room if you experience bleeding that won’t stop, pain that does not subside with prescribed medication, swelling that worsens (or dressings that become too tight – remove them, but visit an emergency room immediately following) after the second day, drainage from the wound, and/or have a fever higher than 38°C or 101°F.

After about 2 weeks, the dressings and stitches will be removed at a post-operative appointment determined by your surgeon. If necessary, you will get a splint or cast on your toe to hold it in position. The splint/cast should stay on for another 4 weeks. If the toe has fused by then, the splint can come off. Otherwise, it stays for about 2-4 more weeks.
Spurs/Cheilectomy

What it is
The first joint of the big toe is called the metatarsophalangeal joint (1st MTP joint) which bends with every step. The ends of the bone are covered with smooth cartilage. When the cartilage thins down, often from “wear and tear” or trauma, the ends of the bone can rub together. A bone spur (osteophyte) will develop and is a symptom of arthritis. It is not uncommon to mistake the bone spur as a bunion; however a bunion is associated with malalignment of your 1st toe, while a bone spur is not.

The cause of arthritis of the 1st MTP joint is often unknown. It may be associated with minor or major trauma, there may be a family history. But in most scenarios it gradually evolves over years for no apparent reason.

Why it’s a problem
Two reasons: pain and loss of motion. The spur prevents the big toe from bending upwards as you walk, causing pain or a locking sensation. The lack of upward motion in the big toe is very common and prevents you from wearing shoes with a heel comfortably. If you are wondering if the bump on your big toe is a bunion or an osteophyte caused by arthritis, simply try to bend your toe upward and downward. If the motion is restricted with pain as you bring the toe upward and/or downward, then it is more likely to be arthritis than a bunion. Though commonly seen at the MTP joint, spurs can occur in other areas of the foot including the ankle, causing pain.

Surgical treatment
**Outpatient or hospital stay:** Almost always outpatient (home same day)
**Type of anaesthesia:** May be regional or general, or a combination
**Length of surgery:** 1-2 hours
**Recovery time:** 8-10 weeks for normal walking, up to 3 months for vigorous activity

With an incision made along the top or the side of the joint, the spur is removed through a procedure called a cheilectomy. This allows increased motion through the big toe (1st MTP joint), decreases the irritation of wearing shoes due to the prominence of the spur, and eliminates some early arthritis on the upper surface of the joint.

If the arthritis is severe then your surgeon may talk to you about a fusion of the 1st MTP joint, which involves gluing the big toe joint together so it cannot move. The fusion is very good at resolving your pain. Many people worry that the stiffness caused by a fusion will alter their gait (normal walking) and prevent them from doing activities that they enjoy. This is not true. Studies have demonstrated that with a stiff and painless 1st toe, you are able to return to most activities including running, and your gait is not negatively affected.
Before your surgery

Scheduling:

• Your doctor's office will contact you to confirm your surgery date.
• You will be scheduled for a visit to the Pre-Admission Clinic at Toronto Western Hospital. Please read the following information so you can ask questions at your Pre-Admission Clinic visit.

Pre-Admission Clinic visit

The Pre-Admission program will prepare you for your surgery. Our goal is to help ease any fears and anxieties about your hospital visit, surgery and recovery by giving you the information you need.

During your visit we will:

✓ Make sure you are medically fit for surgery, anesthesia or other procedures.
✓ Give you information about what to expect before, during and after your hospital stay.
✓ Answer any questions you may have.

How long will I be there?

This depends on how many tests and appointments you have. Often, it can take up to 4 hours. You may want to bring a snack.
What should I bring to my Pre-Admission appointment?

- Your health card (OHIP)
- A major credit card
- Information about your private health insurance
- All of your current medications in their original bottles or a list of all of your current medications. Please see "Pharmacy Consultation" on page 14.
- Name and address of the pharmacy you use
- Name and full address of your family doctor

What should I do before my Pre-Admission appointment?

- You can eat unless the doctor has told you not to.
- Wear clothes that you can easily remove and put back on for examinations and tests.

Can I bring someone to my Pre-Admission appointment?

Only one family member or friend is allowed to come with you to your Pre-Admission appointment because of limited space.

What kinds of appointments will I have?

1. Nursing assessment:
   - A nurse will talk to you about any special needs you may have so that you can be better looked after while you are in the hospital.
   - The nurse will also talk to you about how well you can look after yourself at home when you leave the hospital.
2. Education class

- A physiotherapist or occupational therapist will screen and assess you in the education class. They will give you information about equipment, how to adjust after surgery, and home safety tips. They will show you how much weight you can put on your leg, how to move around and to use the equipment. Education classes are held every Tuesday at 12:00 pm.

3. Anesthesia consultation

- An anesthesiologist is part of the surgical team and is responsible for keeping you safe and comfortable during your surgery.

**Why do I need to see an anesthesiologist before my surgery?**

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

- age
- weight
- pregnancy
- tobacco
- street drugs
- alcohol
- prescription medication
- kidney and liver disease

- Anesthesia and surgery can affect all the major systems of your body. Your anesthesiologist must know about any medical problems you may have so that you can be given anesthesia in the safest and most comfortable way.

- If you had surgery before and a certain medication worked well for you, tell your health care team during your interview in the Pre-Operative Care Unit (POCU) (see page 17).

- On the day of surgery, the anesthesiologist assigned to your care will review this information and make the final decision about your anesthetic with you. For more information about anesthesia and the anesthesiologist visit this website: [www.cas.ca](http://www.cas.ca)
4. Acute Pain Service consultation

- Please tell your Pre-Admission team before surgery if you take daily pain medication at home. If you do, you may be seen by a member of the Acute Pain Service to develop a plan for managing your pain before, during and after surgery.

5. Pharmacy consultation

Bring to your Pre-Admission Clinic visit a list of all the medications you are now taking. Along with your prescription medications, please also list any:

- over-the-counter medications
- herbal medications
- vitamins

You may ask your doctor or regular pharmacist to help you prepare this list. Or, you may bring all your pills in their original bottles to the Pre-Admission visit. Please bring the name and phone number of your regular pharmacy in case we have questions.

Make sure the name of the medication, how much and how often you take the medication is clear. Here is an example of the information we need so that your medication will be properly given to you while in the hospital:

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>TYLENOL (Acetaminophen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much I take</td>
<td>500 mg</td>
</tr>
<tr>
<td>How often I take it</td>
<td>1 pill twice a day</td>
</tr>
</tbody>
</table>
Preparing for surgery

What is a 2% Chlorhexidine (klor-hex-ah-deen) shower? Why should I start having them 4 days before surgery?

- Chlorhexidine is an antiseptic that will help clean your skin to help lower the chance of an infection.
- Take a chlorhexidine shower every day starting 4 days before your surgery and on the morning of your surgery (a total of 5 chlorhexidine showers).
- You can buy this soap (also known as Stanhexidine or Chlorhexidine Wash 2%) at your local drug store. It is available at Toronto Western Hospital Shoppers Drugmart.

How to take a Chlorhexidine shower:

1. Use the chlorhexidine soap on your body from your neck to feet, washing the groin and anal areas last. Rinse the soap from your body.
2. Use your usual soap or cleanser on your face.
3. Use your usual shampoo on your hair.
4. Use a clean towel each time to dry yourself. Dry the groin and anal areas last.

Important:

- DO NOT use chlorhexidine soap if you are sensitive or allergic to it.
- DO NOT use chlorhexidine soap on your face (it is not safe for your eyes or ears).
- Go back to using your usual soap if your skin is irritated by the chlorhexidine soap, following the same steps above.
- DO NOT use any lotion or powder after your shower.
- DO NOT shave the hair at your surgical site 5 days before surgery.
What should I do the day before surgery?

- Do not eat solid food after midnight on the night before surgery.
- Have a light supper (no fried or fatty foods) on the night before surgery.
- Do not drink alcohol 24 hours before surgery.
- You can have clear fluids (like water, clear fruit juice without pulp, clear tea or black coffee) up to 5 hours before the scheduled time of surgery.

- Take off all piercings and jewellery (including wedding rings).
  Please see a jeweler for help to cut them off, if needed.
- Remove nail polish

What should I bring to the hospital?

Only bring the personal things you really need to the hospital, such as:

Toiletry items
- ✓ Comb and brush
- ✓ Eyeglasses
- ✓ Hearing aids
- ✓ Walking aid (such as a walker, crutches)
- ✓ Toothpaste and toothbrush
- ✓ Denture cleanser and denture cup
- ✓ Deodorant

Clothing
- ✓ Loose-fitting clothes
- ✓ Loose non-slip shoes (such as velcro runners)
- ✓ Underwear

Medication
- ✓ List of current medications

Do not bring valuables to the hospital with you
The morning of surgery

Can I brush my teeth in the morning?
You can brush your teeth and rinse your mouth but do not swallow any water.

Where do I go when I get to the hospital?
Go to the Pre-Operative Care Unit (POCU) in the Fell Pavilion, 2nd Floor, Room 116 3 hours before your scheduled surgery.

What will happen when I get there?
• The nursing staff will take your temperature, pulse, check your breathing, blood pressure and any other tests at this time.
• You will change into a hospital gown. Any belongings you do not need should be sent home with your family members.
• Nurses, an anesthesiologist and a surgeon make up your surgical team and will interview you when you arrive in the surgical patient waiting area.
• The surgeon will mark the location for the foot or ankle surgery on your body.

Will I be given anesthesia?
• The anesthesiologist will talk with you about the type of anesthesia to be used for your surgery.
• Regional anesthesia, sometimes called nerve blocks, involves injecting freezing medication that numbs the part of your body needing surgery.
• It provides excellent anesthesia and effective pain relief after surgery.
• Regional blocks lower the chances of side effects like nausea, sleepiness, sore throat and constipation.
• An anesthesiologist, registered nurse and anesthesia assistant make up your regional anesthesia team. You will get medication to help you relax while the block is being performed. Usually the blocks take about 45 minutes to do and about 10 to 15 minutes to take full effect.
• We will take you to the operating room from here.
What will happen in the Operating Room?

• You will be helped onto the operating room table and will be kept warm with a blanket.
• You will have a blood pressure cuff put on your arm and an oxygen monitor will be placed on your finger.
• Your heartbeat will be registered on a heart monitor. A plastic mask will be placed over your face to give you oxygen.
• You will be given medicine through an intravenous line. Depending on your type of anesthetic, you will either be put to sleep or given a spinal.

What happens after my surgery?

• After surgery, you will spend about 1 hour in the Post Anesthesia Care Unit (PACU) where the nurses will check your vital signs, level of consciousness and your dressing or cast.
• They will check the colour, sensation and movement of your toes.
• You will receive pain medication and start patient controlled anesthesia (PCA).

When will I be moved to my hospital room?

• Once you have fully recovered from your anesthetic and your vital signs are stable.

How long will I be in the hospital?

• Most patients go home the day after their surgery if their pain is well controlled.
• After your surgery, you will be in the hospital for 1 night. Plan to return home for the next morning. If there are complications you may have to stay another night.
• The physiotherapist or occupational therapist will talk with you about where you will go when you leave the hospital (if different from home) during the education class.
Your hospital stay

Physiotherapy

Your physiotherapy will usually start within 24 hours of your foot/ankle surgery as long as you are medically stable (you have no problems with blood pressure, heart rate or breathing).

The physiotherapist will teach you:

• How to get in and out of bed, and then in and out of a chair
• How to stand and walk properly with crutches without putting any weight on the affected side (this is called Non Weight Bearing), usually for 6 to 8 weeks or longer as determined by your surgeon
• How to go up and down stairs using crutches
• How to rest or position your operated foot/ankle (for example, elevated over pillows while in bed or sitting)
• How to monitor changes in colour, sensation and temperature in your operated foot/ankle

We recommend that you buy the crutches before your surgery. You can buy crutches at the 9A Fell Wing or 9B Fell Wing nursing stations for $30, or at the Shoppers Drug Mart in the food court. You can also buy them at any medical supplier store. Please see the vendor’s list at the back of this booklet.

While you are in the hospital (1 night), the physiotherapist will make sure that you are safe and ready to go home (most likely without the need for home care physiotherapy). They will ensure that you have all the resources in place for a successful return home, such as making sure that you have made arrangements for cooking, cleaning and home making. If you cannot move around safely during your stay in the hospital, your physiotherapist will talk to you about different options for going home.
# Activity expectations after foot or ankle surgery

<table>
<thead>
<tr>
<th>1st day after surgery</th>
<th>2nd day after surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Start with basic exercises.</td>
<td>• Sit up in chair for breakfast.</td>
</tr>
<tr>
<td>• Sit-to-stand at bedside and transfer to chair with help.</td>
<td>• Continue doing basic exercises on your own.</td>
</tr>
<tr>
<td>• If you are able, you will walk with the physiotherapist in the morning and afternoon. This is the beginning of your rehabilitation.</td>
<td>• Walk with a walker or crutches in the morning with a physiotherapist and/or a physiotherapy assistant.</td>
</tr>
<tr>
<td>• If you are stable, you will be discharged home.</td>
<td>• If you are stable, you will be discharged home.</td>
</tr>
</tbody>
</table>

**DO NOT WALK ON YOUR OWN until your physiotherapist tells you it is safe.**

## How much activity is safe

- When you are sitting or lying down, raise your foot onto 1 or 2 pillows. This will lessen the swelling and bleeding.
- Your surgeon will tell you when you can go back to work. The time you have to wait depends on your job.
- You can use the stairs after your physiotherapist has assessed how well you can climb stairs after your surgery. You will need a solid railing, banister and crutches for safety.

## How to walk safely

- You cannot put any weight on your cast (Non Weight Bearing)
- Your doctor will let you know if you need a specific shoe that will help you to walk on your heels.
- You will need to use crutches or a walker. Your physiotherapist will recommend the walking aid that is right for you.
Your medication while in hospital

Do I continue taking my current medication?
- While you are in the hospital, the doctors will review all of your regular medications and assess whether you should continue taking them after your surgery.
- A Registered Nurse will prepare and give you the medications.
- Please make sure that you have a list of the medications you take and the name and phone number of your pharmacy if we need to check them.

Other hospital services
While you are in the hospital you may want to have phone or television service. The prices are subject to change and more information is in your package. Please refer to the Toronto Western Hospital Patient Services Directory.

Preventing falls
At University Health Network your safety is important to us. That’s why when you are in the hospital we do things to prevent you from falling.

We will put these items within your reach:
- Pull cord for light
- Call bell that works
- Bedside table and phone
- Personal items, meals and drinks
- Eyeglasses and hearing aids
- Walker or cane (if you are able to use one on your own)
We will make sure

- To check on you often
- To clean up spills right away
- To check your medications to see if they put you at risk for a fall
- You know your room and bathroom
- Your room and bathroom are well lit
- Your pain is managed
- Your bed is in the lowest position with brakes locked
- Your path to the bathroom, doorways and hallways are clear

You will get better more quickly after your surgery when your pain is controlled well. We will help you to keep your pain as low as possible. Use your pain medication as often as you need to keep your pain within your comfort level. You should be able to take part in activities such as physiotherapy, exercises and walking.

How you can help

- Wear non-skid shoes that fit well.
- Call for help if you feel weak or dizzy, for example, when getting into and out of your bed or chair or when walking in the hallway.
- Do not lean on equipment for support. Most hospital equipment is on wheels.
- Please talk to anyone on your health care team about your pain such as your doctor, nurse, or physiotherapist. We are all working to help you get relief from your pain. We also have a special team of nurse practitioners and anesthesiologists called the Acute Pain Service. It is available 24 hours a day, 7 days a week to help manage your pain.

Let us know how else we can help to protect you from falling.

Working together, we can help prevent falls.
Preparing to go home

Discharge time from the hospital is 11:00 am.
- Please make sure you arrange transportation.
- Please send home any equipment (walker, cane or crutches) that you needed to come to the hospital.

Equipment you will need

You will need different equipment and aids at home to help you in the days and months after your surgery. You can rent, borrow or buy this equipment.

See the list below for equipment that you will need to have after your surgery. Please have this equipment delivered to your home before your surgery date.

We also included a list of optional equipment that you may want to have. These items can make your household tasks easier to do.

Bathing and bathroom equipment

- Raised Toilet Seat
- Commode Chair
- Grab Bar
- Clamp-on Bathtub Grab Bar
Non-slip Tub Mat  Hand-held Showerhead  Shower Chair  Bath Bench

Walking aids

Two-Wheel Walker  Crutches  Cane

Wheelchair

Note: Equipment images used with permission from www.huntshealthcare.ca
Using your crutches safely

Your physiotherapist will help you adjust your crutches to fit you properly.

Follow these steps to walk safely with crutches:
1. Start in the "tripod position" by using the crutches for support and keeping all your weight on your good (weight bearing) foot.
2. Move both your crutches forward as well as your affected (non-weight bearing) foot.
3. While using the crutches to support yourself, move your good (weight bearing) foot forward past the crutches.
4. Repeat steps 2 and 3.

How to take care of your cast

• Keep your cast dry. If it gets wet, the skin underneath will not dry, and may get moldy and smelly. If your cast gets wet, call your surgeon's office and go to the Emergency Room to get a new cast.
• Don't rest your cast on a hard surface for 2 days after having it put on. It takes about 2 days for the cast to become very hard. Resting it on a surface may dent it and cause pressure sores on your skin.
• If your cast is damaged or doesn't seem to be holding your foot still, ask your doctor to check it for you.
• Do not put anything into the cast. If your skin is itchy, use a hair dryer on the cold setting to relieve the itch. If anything falls into the cast, see your doctor right away to have it removed.
• Avoid any activities which may reinjure your foot or damage your cast.

Call your doctor if you have any of these warning signs:
• Pain that gets worse after the cast has been put on
• Blueish toenails
• Numbness or tingling that lasts for a long time after your surgery
• Not being able to move your toes at all
• Toes that feel very cold
• Swelling that gets worse after your cast is put on
Activity precautions

Things to do:

- Continue strengthening exercises.
- Follow instructions for getting in and out of bed safely.
- Take extra care on stairs and remove loose rugs and tripping hazards.

Nutrition

Follow Canada’s Food Guide. Your doctor might ask you to take iron supplements. The foods you eat should include extra fibre rich foods and fluids to avoid constipation. Check the websites on page 31 for more information.

After surgery, people can get constipated and have low iron levels. Follow the healthy eating tips below to prevent or deal with these issues.

Constipation

1. Why am I constipated?
   - Some medications you are taking can cause constipation.
   - Being less active after surgery may leave you constipated.

2. What is dietary fibre?
   Dietary fibre is a nutrient found in plants which our bodies cannot digest, but is good for health.

   Good sources of fibre are found mostly in whole grains, fruits and vegetables. Fibre is not found in dairy products or meats.
Fibre:
• helps with constipation
• lowers blood cholesterol
• lowers blood pressure
• prevents heart disease

3. What are the best sources of fibre?
Below is a list of some excellent sources of fibre.

<table>
<thead>
<tr>
<th>Grains</th>
<th>Fruit</th>
<th>Vegetables</th>
<th>Legumes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bran cereals</td>
<td>Pears</td>
<td>Brussels sprouts</td>
<td>Kidney beans</td>
</tr>
<tr>
<td>Oatmeal</td>
<td>Oranges</td>
<td>Sweet potatoes</td>
<td>Soy beans</td>
</tr>
<tr>
<td>Whole grain rice</td>
<td>Apples</td>
<td>Broccoli</td>
<td>Pinto beans</td>
</tr>
<tr>
<td>Barley</td>
<td>Bananas</td>
<td>Peas</td>
<td>Lentils</td>
</tr>
<tr>
<td>Whole grain pasta</td>
<td>Peaches</td>
<td>Eggplant</td>
<td>Chickpeas</td>
</tr>
<tr>
<td>Whole grain breads</td>
<td>Dried fruit</td>
<td>Carrots</td>
<td>Navy beans</td>
</tr>
<tr>
<td></td>
<td>Berries (strawberry, blueberry, raspberry)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most other vegetables</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. What about fluids?
It is important to drink enough when you add more fibre in your diet so you do not become more constipated. Fluids include:

• Water
• Juice
• Milk
• Decaffeinated and herbal teas

• Soup
• Watermelon
• JELL-O ®
• Popsicles
Discharge instructions (going home)

Before you leave the hospital, we will give you:

• A clinic follow-up appointment (2 weeks or as determined by your doctor)

Transportation

• Discharge time is 11:00 am
• Please arrange for someone to take you home before your discharge
• Ask a friend or family member to bring a wheelchair (found at Nassau St. and Bathurst St. entrances) up to the unit. They will need $1 for the wheelchair.

Medication questions

• A pharmacist can answer any questions about your medication before you are discharged from the unit.
• You will still have pain after discharge, but it should get better day by day. Keep taking your pain medication as needed.

Caring for your wound

Your doctor or nurse will tell you how to care for your dressing or cast after surgery. It is very important that you do not get water on your dressing or cast.

You will have stitches that will be removed by your surgeon. It is important that they be removed on the scheduled day to prevent unnecessary scarring.
Possible complications

Complications can happen from your surgery and lead to serious health problems. Follow your surgeon's instructions and know the warning signs to watch for.

You may notice you have less feeling in your foot or ankle after surgery. This is usually temporary and the feeling will come back over time.

⚠️ Call an ambulance to take you to the nearest Emergency Department if:

- You have chest pain, tightness, or shortness of breath
- You have "the worst headache of your life" that does not go away by taking pain medication
- Your foot or ankle is very swollen, has changed colour (pale or blue-ish) or has much less feeling than before your surgery
- You can't move your toes or they feel cold
- You have a fever (temperature over 38 °C or 101 °F)

How to prevent infections

- Stop smoking before your surgery.
- If you have diabetes, make sure your blood sugars are controlled.
- Eat healthy food before and after your surgery.
- Wash your hands often.
- Take your prescribed medications.
- Follow the instructions on how to care for your wound (see the section called "Caring for Your Wound").

⚠️ Watch for these signs of infection. Call your surgeon if you notice:

- Fever (temperature over 38 °C or 101 °F)
- Redness around the edge of your wound
- Swelling of your wound
- More pain than usual in your wound
- Yellow, white or green liquid leaking from the wound
Frequently asked questions

1. When will I be able to climb stairs?
   • You will practice safely going up and down the stairs before you leave the hospital.

2. How long is my surgery?
   • 2 to 3 hours, depending on the type of surgery.

3. Can I sleep on my side?
   • Yes, but with a pillow between your legs for comfort.

4. How soon will I be able to travel?
   • Ask your surgeon at your follow-up visit.

5. Can I bring my laptop or cell phone to the hospital?
   • Patients are allowed to bring their laptop as long as their computer is CSA approved. (Please see the label on the bottom of your laptop to see if the machine is safe for the electrical components.)

6. When can I have sex again?
   • As soon as it is comfortable for you.
More resources

General information
University Health Network: www.uhn.ca
Health Information: www.uhnpatienteducation.ca
The Arthritis Society: www.arthritis.ca

Canada’s Food Guide

Outpatient Physiotherapy Clinics

Rehabilitation Equipment Vendor List (see attached)

Talk to someone who has been there. Ortho Connect is a free, phone-based peer support program that matches you or a caregiver with trained volunteers who have already had similar surgery. If you would like more information about the Ortho Connect program, call the Canadian Orthopaedic Foundation at 1 800 461 3639, or visit www.orthoconnect.org.
# Rehabilitation equipment vendor list

<table>
<thead>
<tr>
<th>Equipment Vendor</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able Home Health Care</td>
<td>3537 Bathurst St., Toronto (Bathurst and Hwy 401 south of Wilson)</td>
<td>416 789 5551, Toll Free: 1 877 789 5551, <a href="http://www.ablehomehealthcare.ca">www.ablehomehealthcare.ca</a></td>
</tr>
<tr>
<td>ADP Home HealthCare</td>
<td>895 Lawrence Ave. E., North York</td>
<td>416 423 3333</td>
</tr>
<tr>
<td>Amcare Surgical</td>
<td>1584 Bathurst St., Toronto</td>
<td>416 781 4494, 416 656 9800, <a href="http://www.amcaresurgical.com">www.amcaresurgical.com</a></td>
</tr>
<tr>
<td>Amherst (All-Care) Home Health Care</td>
<td>3462 Kingston Rd. Scarborough (Markham and Kingston Rd)</td>
<td>416 261 6409</td>
</tr>
<tr>
<td>Arjo Canada Inc.</td>
<td>1575 Southgateway Rd. Unit C Mississauga</td>
<td>905 238 7880, Toll Free: 1 800 665 4831, <a href="http://www.arjo.com">www.arjo.com</a></td>
</tr>
<tr>
<td>CIMS Drug Mart &amp; Home Health Care</td>
<td>1901 Yonge St., Toronto (Yonge and Davisville)</td>
<td>416 483 1665 or 647 830 2467 (Zachary Bennett)</td>
</tr>
<tr>
<td>Dominion Therapy Co Ltd.</td>
<td>266 Rutherford Rd. S., Brampton</td>
<td>905 451 0835, <a href="http://www.electramatic.com">www.electramatic.com</a></td>
</tr>
<tr>
<td>Med Depot</td>
<td>1464 Danforth Ave., Toronto (Coxwell / Danforth)</td>
<td>416 466 5251, <a href="http://www.medicaldepot.com">www.medicaldepot.com</a></td>
</tr>
<tr>
<td>Medical Mart</td>
<td>550 Matheson Blvd. W., Mississauga (Britannia and Mavis)</td>
<td>905 624 2011, Toll Free: 1 800 379 4780, <a href="http://www.medimart.com">www.medimart.com</a></td>
</tr>
<tr>
<td>Medical Spot</td>
<td>812 St. Clair Ave. West, Toronto (Christie and Oakwood)</td>
<td>416 656 2661</td>
</tr>
<tr>
<td>Equipment Vendor</td>
<td>Address</td>
<td>Phone Number</td>
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<tr>
<td><strong>Medicine Shoppe</strong></td>
<td>515 St. Clair Ave W., Toronto&lt;br&gt;1269 Dundas St. W., Toronto&lt;br&gt;1071 Bloor St. W., Toronto&lt;br&gt;2600 Eglinton Ave. W., Toronto&lt;br&gt;4526 Bathurst St., Downsview&lt;br&gt;2917 Bloor St. W., Toronto&lt;br&gt;Many locations across Ontario</td>
<td>416 538 7788&lt;br&gt;416 534 2321&lt;br&gt;416 516 6828&lt;br&gt;416 651 6511&lt;br&gt;416 398 9898&lt;br&gt;416 239 3566&lt;br&gt;www.medicineshoppe.ca</td>
</tr>
<tr>
<td><strong>Medigas</strong></td>
<td>439 University Ave., Suite 710, Toronto&lt;br&gt;385 Bentley St., Markham&lt;br&gt;(For O2 Products)&lt;br&gt;Many locations located across Ontario</td>
<td>416 365 1700&lt;br&gt;Toll Free: 1 866 446 6302&lt;br&gt;416 365 1050</td>
</tr>
<tr>
<td><strong>Medi-Man Rehabilitation Products</strong></td>
<td>5155 Spectrum Way Unit 33, Mississauga</td>
<td>905 206 0090&lt;br&gt;Toll Free: 1 800 868 0441&lt;br&gt;www.medi-man.com</td>
</tr>
<tr>
<td><strong>Mobility Savers</strong></td>
<td>445 Midwest Rd., Unit 39, Scarborough</td>
<td>416 750 1940</td>
</tr>
<tr>
<td><strong>Motion Specialties</strong></td>
<td>82 Carnforth Rd., Toronto&lt;br&gt;2130 Dundas St. E., Mississauga&lt;br&gt;1010 Upper Wentworth St., Hamilton&lt;br&gt;616 Justus Rd., Kingston&lt;br&gt;Other locations: Barrie, Sault Ste. Marie, Belleville, North Bay, Sarnia, Chatham, Oshawa, St. Catharines, Ottawa, Timmins, Peterborough, Sudbury, Windsor, London</td>
<td>416 751 0400&lt;br&gt;905 804 0400&lt;br&gt;905 529 4838&lt;br&gt;613 384 0400&lt;br&gt;www.motionspecialties.com</td>
</tr>
<tr>
<td><strong>Peddle Morton Health Care Services</strong></td>
<td>65-253 Summerlea Rd., Brampton</td>
<td>905 793 7707</td>
</tr>
<tr>
<td><strong>Red Cross (Equipment rental)</strong>&lt;br&gt;&lt;<strong>NOTE:</strong> Needs supplemental referral form from therapists</td>
<td>4210 Dundas St. West, Etobicoke&lt;br&gt;(Royal York and Dundas St.)</td>
<td>416 236 3180&lt;br&gt;FAX: 416 236 3207</td>
</tr>
<tr>
<td><strong>Riska Medical/Surgical Supply</strong></td>
<td>563 Edward Ave. Unit 16, Richmond Hill</td>
<td>905 770 3556&lt;br&gt;www.riskamedical.com</td>
</tr>
<tr>
<td><strong>Shoppers Drug Mart</strong></td>
<td>2494 Danforth Ave., Toronto&lt;br&gt;6855 Meadowvale Town Centre Cir., Mississauga</td>
<td>416 698 1019&lt;br&gt;905 826 7112</td>
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<tr>
<td>Equipment Vendor</td>
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<td>Phone Number</td>
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<tr>
<td>Shoppers Home Health Care</td>
<td>528 Lawrence Ave. West, Toronto (Bathurst St. and Lawrence Ave.)</td>
<td>416 789 3368</td>
</tr>
<tr>
<td></td>
<td>5230 Dundas St. West, Etobicoke</td>
<td>416 236 1201</td>
</tr>
<tr>
<td></td>
<td>1077 North Service Rd., Mississauga</td>
<td>905 281 0166</td>
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<tr>
<td></td>
<td>2492 Danforth Ave., Toronto</td>
<td>416 698 2808</td>
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<tr>
<td></td>
<td>685 McCowan Rd., Scarborough</td>
<td>416 431 4621</td>
</tr>
<tr>
<td></td>
<td>2075 Bayview Ave., Toronto</td>
<td>416 480 5966</td>
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<tr>
<td></td>
<td>Many locations across Ontario</td>
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</tr>
<tr>
<td>Silver Cross</td>
<td>1195 North Service Rd. West Unit B5, Oakville</td>
<td>905 847 5504</td>
</tr>
<tr>
<td></td>
<td>2700 Dufferin St., Unit 35, Toronto</td>
<td>416 755 1164</td>
</tr>
<tr>
<td></td>
<td>Many locations located across Ontario</td>
<td></td>
</tr>
<tr>
<td>Smith’s Pharmacy</td>
<td>3463 Yonge St., Toronto</td>
<td>416 488 2600</td>
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<tr>
<td></td>
<td></td>
<td><a href="http://www.smithspharmacy.com">www.smithspharmacy.com</a></td>
</tr>
<tr>
<td>Starkman Surgical Supply Inc.</td>
<td>1243 Bathurst St., Toronto (Davenport Rd. and Bathurst St.)</td>
<td>416 534 8411</td>
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<tr>
<td></td>
<td></td>
<td><a href="http://www.starkmanshealth.com">www.starkmanshealth.com</a></td>
</tr>
<tr>
<td>Sunnybrook Health Sciences Centre</td>
<td>2075 Bayview Ave., Toronto</td>
<td>416 480 6100</td>
</tr>
<tr>
<td></td>
<td>43 Wellesley St. E., Toronto</td>
<td>416 967 8500</td>
</tr>
<tr>
<td>Equipment Vendor</td>
<td>Address</td>
<td>Phone Number</td>
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<tr>
<td>Therapists Choice Medical</td>
<td>944 Lawrence Ave. West, Toronto (Dufferin and Lawrence)</td>
<td>416 781 7210</td>
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<tr>
<td>Supplies Inc</td>
<td>965 Dundas St. W., Unit B9, Whitby</td>
<td>905 666 3989</td>
</tr>
<tr>
<td></td>
<td>1170 Burnhamthorpe Rd. W. Unit 33, Mississauga</td>
<td>905 848 8267 Toll Free: 1 800 263 6618</td>
</tr>
<tr>
<td></td>
<td>203 Main St. E. Unit 2, Hamilton</td>
<td>905 385 8444 Toll Free: 1 888 707 0439</td>
</tr>
<tr>
<td></td>
<td>1125 Lesperance Rd., Tecumseh</td>
<td>519 739 0726 Toll Free: 1 866 787 4685</td>
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<tr>
<td></td>
<td>57 Sante Dr., Unit 1, Concord</td>
<td>905 532 0881 Toll Free: 1 800 263 6618</td>
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<tr>
<td></td>
<td></td>
<td><a href="http://www.therapistschoice.com">www.therapistschoice.com</a></td>
</tr>
<tr>
<td>Vaughan Wheelchair &amp; Home</td>
<td>7700 Pine Valley Dr., Unit 1A Woodbridge</td>
<td>905 264 6653 or 416 653 6646</td>
</tr>
<tr>
<td>Health Supplies</td>
<td></td>
<td></td>
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<tr>
<td>Vita Medical Products</td>
<td>331 Bowes Rd. Unit 2-5, Concord</td>
<td>905 660 2433</td>
</tr>
</tbody>
</table>