

Your Surgical Passport for Hip Replacement Surgery

Welcome to Peterborough Regional Health Centre

This booklet will help you on your path to recovery following surgery. Please read it, and bring it with you to all appointments, including your scheduled surgery date.

This book belongs to:

PRHC

Peterborough Regional
Health Centre

Guided by you · Doing it right · Depend on us
www.prhc.on.ca



Form #9125, Revised December 2023

Surgery at PRHC

The information in this booklet is for educational purposes only, and is not intended to replace the advice of your surgeon. Please contact your surgeon if you have specific questions about your care.

Please read this booklet carefully and share this information with your family.

We ask that you also bring this booklet to all of your appointments, and on your scheduled surgery date. Please take notes on any of these pages, and ask questions about anything you do not understand.

On Your Surgery Day

Please check-in to Central Registration, at the main entrance on Level 4, before your procedure.

Patient & Visitor Information

PRHC requires a medical-grade mask in all clinical areas where patients are gathered, to protect vulnerable patients from infection.

Learn more about PRHC's current visiting policy at:
www.prhc.on.ca/visiting-prhc-during-covid-19-2/

ACKNOWLEDGMENTS

We would like to thank everyone who reviewed the content for this publication.

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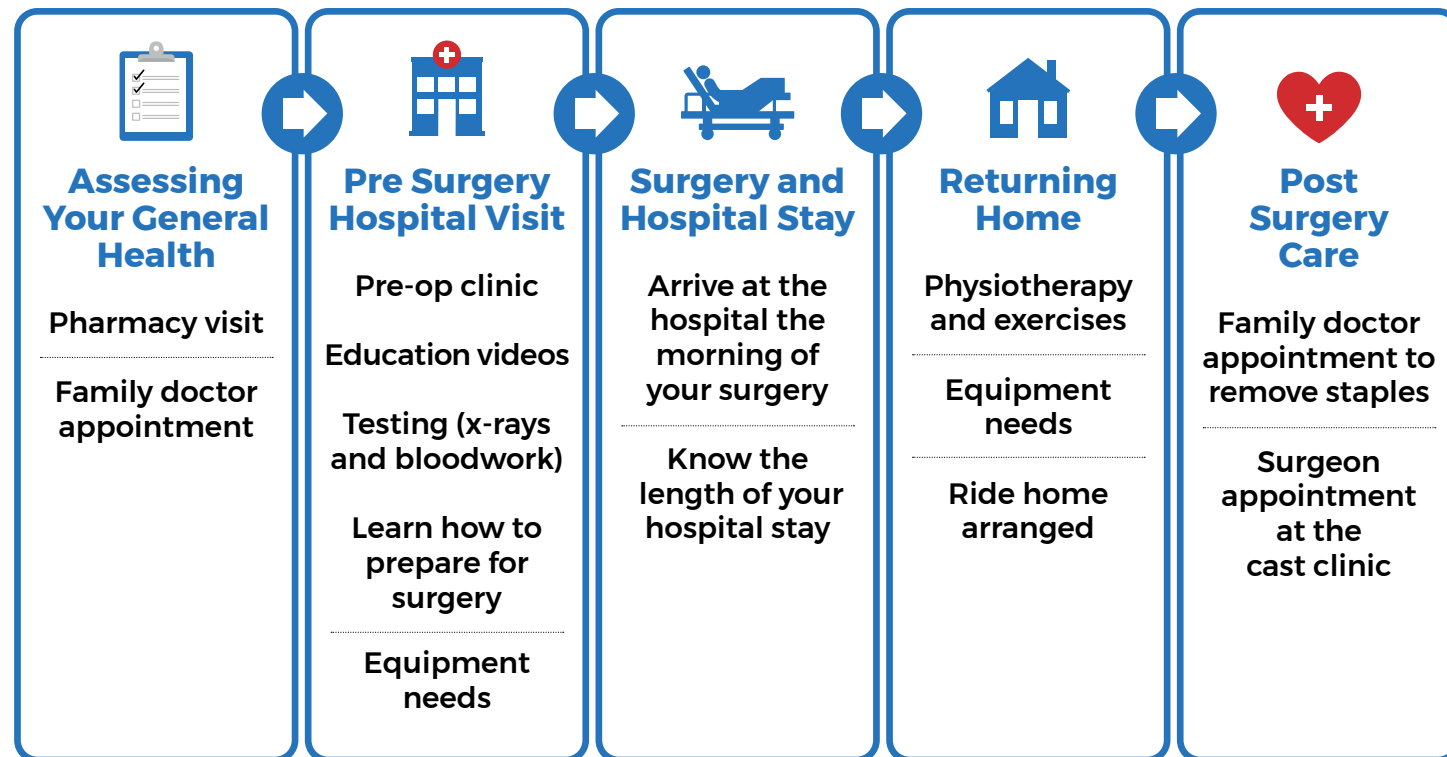
Hip replacement surgery

You and your surgeon have decided surgery is right for you.

To achieve the best results from your hip surgery, you will need to be an active participant throughout the process. This guide will help you plan and prepare for your surgery and recovery.

If possible, you should identify a “coach.” This is someone who can be with you during your appointments and who can help you with your discharge plans.

What's Next? The Patient Journey



Your list

1 The surgeon's office will call you with your pre-op and surgery dates

Pre-operative clinic (before surgery)

DATE: _____ TIME: _____

Surgery

DATE: _____ ARRIVAL TIME: _____ SURGERY TIME: _____

Hospital Stay

Discharge date is decided with input from our inter-disciplinary healthcare team, including the surgeon and physiotherapists as soon as your discharge goals have been met. Please plan for your discharge date as below, and discuss with your surgeon if you have any concerns.

If all your clinical goals are met, plan your discharge for postop day one (1) or two (2).

The office will inform you of any additional information you will be required to gather and take with you to your pre-operative visit (i.e. medical reports or results if you have a heart, kidney, or lung doctor).

2 Meet with your pharmacist to obtain and go over your medications, if required

Please see page six (6) for more information.

- Meet with or call your pharmacist to review your medications and bring a comprehensive list to your pre-operative appointments. PRHC pharmacy staff will contact you prior to your preoperative appointment to review all medications, including: creams, drops and naturopathic medicines.

3 Book an appointment to see your family doctor

Please see page six (6) for more information.

- Family doctor appointment before surgery

DATE: _____ TIME: _____

Take your MedsCheck® printout and all of your medications in their original containers with you to this appointment.

While you are there, book an appointment with your family doctor to be seen for your staple removal post-surgery. Your staple removal date will be provided by your surgeon.

Exception: Dr. Dobson's patients will have their staples removed at their two (2) week follow-up appointment.

- Family doctor appointment after surgery

DATE: _____ TIME: _____

Take your staple remover with you to this appointment.

4 Prepare for your discharge

Please see pages seven (7) – 11 for more information.

- Set up your outpatient physiotherapy appointment (see page 7)
- Arrange for equipment and dressing aids (see pages 10 and 11)
- Book a respite stay if required (see page 12)
- Prepare your home (see page 12)
- Prepare your meals (see page 13)
- Confirm who will be picking you up when you are discharged from the hospital

5 Visit the hospital

Please see pages nine (9) to 13 for more information.

- Attend your pre-operative clinic appointment. You are encouraged to bring someone with you.
REMEMBER: You do NOT have to fast for this appointment. (see pages 13 and 14)
- Purchase your chlorhexidine shower kit from the hospital pharmacy. Chlorhexidine is a special soap to reduce the amount of germs on your skin before having surgery.
- Purchase your dressing and staple remover kit from the hospital pharmacy.
- Discuss pain management and potential complications. (see pages 14 and 15)

6 Pre-surgery checklist

- Purchased your dressing and staple remover kit
- Had your chlorhexidine shower
- Stopped taking the followings medications:
- Purchased/rented the equipment and dressing aids needed
- Booked a respite bed (if needed) for the specific day of your discharge from hospital
- Confirmed your ride home from the hospital**
- Set up your home for when you arrive home from the hospital
- Prepared or purchased frozen meals
- Arranged for your post-discharge outpatient physiotherapy appointment
- Booked appointment for staple removal based on surgeon's recommendation.

DATE: _____ TIME: _____

7 What to pack for the hospital

- This booklet**
- Your Ontario Health Card
- Reading glasses, hearing aids, dentures, labelled with your name and phone number, and in a protective case
- Loose, comfortable clothing
- Non-slip slippers or shoes with laces or velcro
- Personal hygiene items: toothbrush, toothpaste, hair brush, etc.

DO NOT bring large amounts of money or valuables with you to the hospital.

8 Discharge goals

Your discharge date will be set based on your surgeon's orders once you have met the following discharge goals. *Please see pages 14 – 17 for more information.*

- You are able to walk safely with a walker
- You have practiced the stairs with the therapy staff (if necessary)
- You know what exercises to continue at home
- You know the movements and activities you are to avoid with your new hip
- You have reviewed the discharge instructions with your nurse

9 Discharge checklist

- You have your dressing and staple removal kit
- You have the necessary equipment at home already
- Your prescriptions – for medication and physiotherapy
- All of your personal belongings
- Confirmed your ride home and that they are bringing a wheelchair up to the unit to take you to the front door
- Ensure you have reviewed your discharge information (called the After Visit Summary) with your nurse
- Follow up appointment at the PRHC cast clinic:

DATE: _____ TIME: _____

10 Discharge instructions - checklist

- Pain control
- Care of your incision
- Constipation
- When to see a doctor
- Resuming regular activities

If you do not have your own transportation to get to your physiotherapy appointments, transportation services are available at: Community Care Peterborough 705-742-7067

Meet with a pharmacist to go over your medications

It is important for your surgical team to know the medications that you are currently taking. You may want to meet with or call your pharmacist to review your medications. This will ensure you have a comprehensive medication list for our interdisciplinary health care team to review.

PRHC pharmacy staff will contact you by phone prior to your pre-operative appointment to review all medications, including: creams, drops and naturopathic medicines. This ensures that you will have the proper information for your appointment with the anesthesiologist

You will need:

- All of your prescription medications.
- All over-the-counter medications you take, including vitamins.
- A list of allergies or bad reactions you have had to medicines in the past.

At the end of the appointment the pharmacist will give you a printout called a MedsCheck.® You will need to take this with you to your family doctor appointment and to the pre-op clinic appointment.

See your family doctor

It may be appropriate to book an appointment with your family doctor before your pre-op clinic appointment. We recognize that this may not be possible for everyone given the current family physician shortages. This visit is important to talk to your doctor about:

- Any ongoing health issues or medical concerns you may have
- Any new or worsening issues so that you can address them prior to your surgery

Your doctor may refer you to see a specialist (if required) prior to your pre-op appointment

so that an accurate health assessment can be completed prior to your surgery. A specialist may be any of the following:

- Heart (Cardiologist)
- Lungs (Respirologist)
- Kidneys (Nephrologist)

If it is flu season, you may also want to talk to your doctor about getting the flu shot before coming to the hospital. The flu shot is important for protecting yourself and others from getting the flu.

Arrange for physiotherapy for after your surgery

You will be responsible for setting up your own physiotherapy appointments.

A prescription for physiotherapy will be provided by your surgeon.

Your first physiotherapy appointment must be arranged prior to your surgery. The number of ongoing appointments will be determined at your first physiotherapy appointment.

Out Patient Physiotherapy Options:

- OHIP physiotherapy if available in your community
- Privately funded physiotherapy clinics (insurance coverage or privately paid)

Please watch the link below:
<https://www.prhc.on.ca/healthcare-services/surgery/orthopedics/>

Equipment and dressing aids

Equipment and dressing aids are available for rent or purchase.

You will be responsible for arranging your own equipment for home. Recommended and available items are on the following page, however some may not be required depending on the layout of your home.

Dressing aids are also helpful in completing everyday tasks during your recovery with your new hip. You are not required to bring your walker or dressing aids to the hospital.







Please meet with any medical equipment store to discuss your specific needs.

Community Loan Cupboards

You may be able to borrow the equipment you need from your local loan cupboard. Check your local listings.

Recommended equipment & dressing aids

Equipment

<input type="checkbox"/> Two (2) Wheeled Walker REQUIRED EQUIPMENT 	<input type="checkbox"/> Versa Frame 	<input type="checkbox"/> Raised Toilet Seat 	<input type="checkbox"/> Bath Chair 
<input type="checkbox"/> Bath/Tub Transfer Bench 	<input type="checkbox"/> Cane 	<input type="checkbox"/> Commode 	<input type="checkbox"/> Grab Bar 

Dressing Aids

<input type="checkbox"/> Reacher (optional) RECOMMENDED 	<input type="checkbox"/> Long Handle Shoe Horn RECOMMENDED 
<input type="checkbox"/> Sock Aid (optional) 	<input type="checkbox"/> Long Handle Sponge (optional) 

Book a respite stay (if necessary)

You may require additional help following your surgery and hospital discharge, especially if you live alone. Contact local retirement homes to ask about whether they offer a short-term stay option to help you with your recovery.

If you do not want to book a respite bed but need extra help after you go home, consider asking a family member or friend to stay with you.

You must arrange this prior to your surgery for your scheduled discharge date.

Prepare your home

It is important to get your home ready in the weeks leading up to your surgery. Taking the time to prepare will allow you to rest comfortably and reduce safety risks when you return home from your hospital stay. Follow these tips to ensure your home is prepared for after your surgery:

Put away any rugs or mats and secure cords that may be a tripping hazard.

Set up a bedroom or 'recovery room' on the main level of your house so that you can avoid using stairs.

Re-arrange your kitchen and other cupboards and closets to ensure frequently used items are within reach.

Complete as much housework in advance as possible.

Nutrition

Nutrition is extremely important for after your surgery to ensure that you keep your bowels regular. Eating foods that contain probiotics help the "good" gut bacteria and can decrease your risk of infection. Try incorporating yogurt into your meals or snacks before and after your surgery.

Preparing meals in advance and freezing them is highly recommended. Be sure to eat a balanced diet and focus on eating foods that are high in iron, protein and fiber.

Canada's Food Guide can provide you with more information: www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Iron Rich Foods
Beef Poultry Pork Fish and seafood Dark leafy greens (i.e. broccoli, spinach)
High Protein Food
Meat (see iron rich foods) Eggs Beans, lentils Yogurt
High Fiber Foods
Nuts Fruits Vegetables Supplements (i.e. Metamucil, psyllium)

Pre-operative Clinic

In preparation for your preoperative clinic appointment, you will receive a phone call from a PRHC pharmacy staff, as well as a PRHC nurse. At your pre-op clinic appointment you will meet with:

- Nurse
- Pharmacy technician
- Blood conservation nurse, if required
- Anesthesiologist (a doctor that prevents pain during surgery)

These members of your health team will gather information about your general health and help prepare you for your surgery. During this visit you

will also go to the Lab for blood work and/or an electrocardiogram and to Diagnostic Imaging for an x-ray.

Please note that your pre-op appointment is approximately two (2) to three (3) hours long.

You **do not** need to fast (even if you're having blood work) and we encourage you to bring a snack and a drink with you.

Ensure you watch the education videos:
<https://www.prhc.on.ca/healthcare-services/surgery/orthopedics/>

The day of surgery: what to expect

It is important that you follow all directions given to you about not eating or drinking in the hours prior to surgery, which medications you should take, and which medications you should not take the morning of your surgery.

You will be given instructions from the surgeon's office with your arrival time. You are to check in with Central Registration on Level 4 before going to the Surgical Services waiting room on Level 5.

Your operation will last one and a half (1.5) to two and a half (2.5) hours and you will then spend one (1) to two (2) hours in the Post Anesthetic Care Unit (PACU).

When you wake up from surgery you will have:

- An IV (intravenous) drip
- An oxygen face mask
- A monitor checking your heart rate and oxygen levels
- A dressing (bandage) on your hip
- You may have a catheter (tube into your bladder to drain urine)
- You may have a drain at the incision site
- Your operative hip and leg may be a pink colour after surgery due to the cleaning solution that is applied.

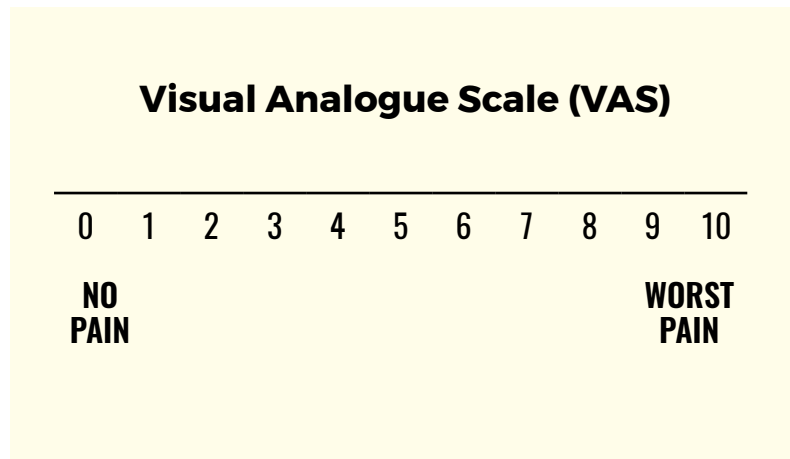
After the PACU, your family will be able to meet you in your inpatient room where you will spend the next one (1) to two (2) days.

Pain management

While in hospital you will be asked to rate your pain using the scale to the right. Our goal is that your pain will be controlled so that you can sleep, move in bed, walk and do your exercises.

- You will be started on oral pain pills.
- You may have a patient controlled analgesia (PCA) pump option that allows you to give yourself pain medicine through your IV using a button.
- You may have a nerve block to control your pain after surgery. A nerve block relieves pain by interrupting how pain signals are sent to your brain

The anesthesiologist and surgeon will determine the best pain management.



Potential complications

Breathing problems can occur after surgery. It is very important to do deep breathing and coughing exercises every hour while awake and for the first few days after surgery.

Blood clots can form in the deep veins of the legs or in the lungs. Sitting for long periods of time, bedrest and recent surgery can put a person at risk for developing a clot in the leg. Your surgeon will order an anticoagulant medication (blood thinner) to help prevent clots

from forming. This medication will be continued after discharge for two (2) to five (5) weeks. It is VERY important you have this prescription filled and continue taking the blood thinner for as long as your surgeon has instructed.

Post-operative swelling is common after surgery and can increase as days go on if you are not very active. The most effective way to decrease swelling is to elevate your leg so gravity helps drain the fluid.

What is delirium?

Delirium is a temporary state of confusion. It is important to remember that it is not dementia.

It develops quickly (within hours or days) and can sometimes take weeks to clear.

Unfortunately, some people suffering from delirium do not return to their original state of health.

Delirium is a common, serious, and often preventable problem in hospitalized older adults. Delirium can slow patient recovery and requires immediate treatment.

Who is at risk for delirium?

People who:

- Are 65 or older
- Are dependent on others
- Have problems with vision or hearing
- Are not eating or drinking well
- Take multiple medications
- Have taken narcotics
- Have been under anesthetic
- Have multiple medical conditions
- Have had surgery
- Have an infection
- Use alcohol daily
- Spend time in the Intensive Care Unit
- Have a history of delirium, dementia or depression

Delirium continued

Patients with delirium may:

- Be agitated, stressed, or anxious
- Look depressed and withdrawn
- Have difficulty focusing on what is happening around them
- Be confused about daily events, daily routines, and who people are
- Say things that do not make sense
- Experience changes in personality or behavior
- See or hear things that are not really there
- Think that people are trying to harm them
- Be up all night and can sleep all day
- Have symptoms that can come and go over the course of a day

How can I help a loved one who is delirious?

Orientation:

- Bring in a calendar for longer stays in the hospital and update daily
- Talk about current events and what is going on around them
- Include date, time and place in conversation

Hearing and Vision Support:

- Make sure glasses are clean and fit well
- Make sure hearing aids are worn and that batteries are fully charged

Meal Support and Hydration:

- Help with meals and bring favourite snacks (when applicable)
- Provide reminders and encouragement to eat and drink when appropriate
- Ensure dentures are available and used as much as possible, especially when eating

Mobilization:

- Talk with the healthcare team about safe exercise and activities for the patient
- Help the patient with sitting and walking (if approved by the healthcare team), as even a few days in bed can cause muscle weakness
- When out of bed, make sure patient is wearing appropriate footwear or gripped socks (supplied by hospital).

Sleep Health:

- Help maintain a quiet and peaceful setting
- Make sure the lighting is good and appropriate for the time of day
- Try to keep awake during the day to promote good day/nights sleeping cycle
- Offer warm blanket or warm drink

Therapeutic Activity:

- Have a family member or friend stay with the patient as much as possible - take shifts if you have a large family
- Play soothing music that the patient enjoys
- Bring in familiar objects from home such as pictures and blankets
- Bring in word puzzles, magazines, and newspapers

Other ways that you can help:

- Be patient, do not argue
- Be calm and reassuring
- Make sure the patient gets to the bathroom regularly
- Tell a member of the healthcare team if you notice any symptoms of delirium - family members are often the first to notice changes
- Notify the healthcare team if your family member has experienced a delirium in the past

Safe body positions: 3 rules for 3 months

**Restrictions for patients who have a Total Hip replacement, do not apply for patient who undergoes Direct Anterior Approach surgery.*

During your surgery, your doctor cuts through the large muscle and tendons on the side of

your hip. This weakens the muscle temporarily and makes the hip joint less stable.

When your hip is less stable you are at risk of dislocation. The pictures below show the movements to avoid:

1

Do not bend your operated hip past 90° when sitting, standing or lying



Do not squat

Do not reach for an item on the floor

Do not bring your operated leg towards your chest

2

Do not cross your legs



While sitting, do not cross your legs at the knees or the ankles

3

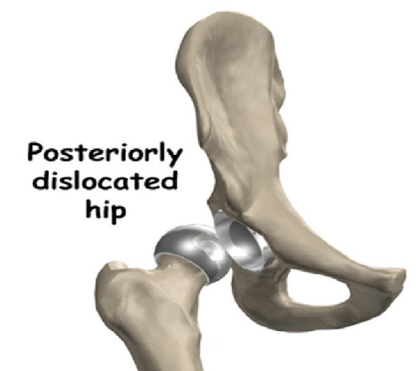
Do not twist your body, especially at the hip or waist.



Keep your nose and toes facing the same direction






When turning, step around instead of pivoting on your operated leg

Remember the muscles and tendons are weakened from surgery and are no longer able to stabilize the hip bones in the joint; therefore the risk of dislocating your hip is greater in the first three (3) months following your surgery.



After your surgery exercises

You can start doing these exercises prior to your surgery for practice and physical conditioning.

<p>Deep breathing</p> 	<p>Breathe deeply through your nose and breathe out through your mouth. Repeat 10 breaths for every hour that you are awake.</p>
<p>Ankle pumps</p> 	<p>Bend both your ankles up, pulling your toes toward you, then bend both your ankles down, pointing your toes away from you. Repeat 20 times every hour you are awake.</p>
<p>Static glutes & static quads</p> 	<p>Glutes: tighten your buttocks, squeeze and hold for five (5) seconds and release. Repeat 10 times, three (3) times per day.</p> <p>Quads: tighten the front of your thigh and push the back of your knee into the bed, hold five (5) seconds and release. Repeat 10 times, three (3) times per day.</p>
<p>Hip & knee flexion</p> 	<p>Use a towel or belt under your thigh to bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed. Hold for five (5) seconds. Slide your heel back down to the starting position. Keep your kneecap pointed up toward the ceiling during the exercise. Repeat 10 times, three (3) times per day.</p>
<p>Quads over roll</p> 	<p>Lie on your back with the roll under your knee. Lift your foot and straighten your knee. Hold for five (5) seconds. Slowly lower your leg down and relax. The back of your knee should stay in contact with the roll during the exercise. Repeat 10 times, three (3) times per day.</p>

Mobility

The hospital physiotherapy team will teach you how to go up and down stairs, but below are a few tips to remember. It is also recommended that the stairs have a railing and you are using a mobility aid (such as a cane).

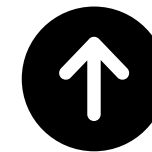
Stairs

Remember

The GOOD go UP, the BAD go DOWN.

Going UP stairs:

- Order of Steps:
1. Non-operated leg
 2. Operated leg
 3. Mobility aid



Going DOWN stairs:

- Order of Steps:
1. Mobility aid
 2. Operated leg
 3. Non-operated leg



Bed

Getting out of bed

- Move to the side of the bed, keeping your legs apart and your operated leg straight
- As your legs slide out of bed, push through your hands and raise your trunk upright.
- Remember to follow your hip precautions – do not bend at your waist more than 90°



Getting into bed

- Sit at the edge of the bed (facing the foot of the bed)
- Slide your buttocks back onto the bed.
- Raise your legs onto the bed as you lower your trunk with your arms at the same time



Mobility continued

Chair and toilet

Getting into a chair

- Back up until you feel the chair with the back of your legs
- Place operated leg forward with your un-operative knee bent and your foot flat on the floor
- Grasp the armrests and bend your knees
- Lower yourself gently into the chair

Getting out of a chair

- Slide to the edge of the chair while keeping your operated leg out in front of you
- Use your arms to push up off the chair armrests and push up with your non-operated leg. DO NOT bend forward at the hips.

Getting dressed

Putting on pants

- Dress the affected leg first
- Use the reacher to grab the waistband of the pants
- Lower pants to feet and guide the waistband over your feet
- Thread feet fully through pant legs, before pulling pants up the rest of your legs

Putting on shoes

- Place the shoe horn inside shoe against the back of the heel. The curve of the shoehorn SHOULD line up with the curve of the shoe heel
- Slide your heel down shoe horn and into the shoe
- Elastic shoe laces can be used to make the shoe easier to get on

Putting on socks

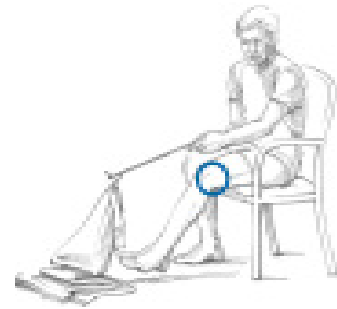
- Slide sock onto sock aid (be sure the heel of the sock is on the curved side of sock aid)
- Slide your foot into the sock as you would with a shoe
- Pull firmly on strings, while pointing toes downward – keep pulling until sock is on your foot and sock aid has come out of your sock



Getting into a chair



Getting out of a chair



Putting on pants



Putting on shoes

Once you are home

Pain control

The pain that you experience will gradually decrease over the next six (6) weeks. If your pain is not manageable, call your family doctor or surgeon's office. Here are some ways to manage your pain:

- Take your medications, especially before any physical activity or physiotherapy session. Take your pain medication BEFORE the pain is severe.
- Ice and elevation can reduce pain and inflammation. Place an ice pack in a towel and use on your joint as directed by your physiotherapists.

Care of your incision

It is important to keep your incision dry and covered until it is fully healed. Inspect your incision daily for any redness or drainage. Call your family doctor or surgeon's office if drainage continues for more than four (4) days after discharge.

- When bathing, keep your dressing on until after your shower then remove the wet dressing. Let the incision air-dry and reapply a new dressing.
- It is normal to have some redness and clear drainage from your incision for the first several days.
- Do not touch or pick at the incision and keep the surrounding skin clean and dry.
- Do not apply Vaseline or creams to your incision unless directed by your provider.

Constipation

Constipation can be a problem once you return home. If you have not had a bowel movement or have diarrhea after 48 hours of returning home, call your family doctor or surgeon's office.

Ways to prevent constipation:

- Drink at least eight (8) glasses of water or other fluids a day. Drink one (1) cup of fluids per hour
- Eat foods high in fibre (see page13)
- Move around as much as you can
- Continue with your exercises

When to see a doctor

It is normal for there to be pain and swelling in your leg when you are discharged home from the hospital.



If you have any of the symptoms below, go to your nearest emergency department to have a doctor assess you.

	In the Leg	In the Lung
Signs of a clot	Pain or tightness in either calf that is different from your incision pain	Shortness of breath
	Swelling in one calf	Fast breathing
	Warmth and discolouration of the calf (different from the area of your incision)	Fast heart rate
	Pain that is worse when standing or walking	Sudden cough that may cause bloody sputum (spit)
		Fainting or loss of consciousness bluish colour of the skin

If you are experiencing any of the symptoms below, call your family doctor:

Other	Pain not relieved by medication
	Unusual swelling
	Excessive bleeding/drainage
	Nausea and/or vomiting
	Diarrhea or constipation for more than 48 hours
Signs of infection	Green, yellow or foul smelling drainage
	Increase in redness around the incision
	Increase in pain and or swelling of incision and surrounding area
	Temperature greater than 38°C (100°F)

Tips to avoid falls

Protecting yourself and your new hip is very important. Follow the tips below to prevent yourself from falling:

Don't

Don't go outside in bad weather, when possible
Don't rush to get the phone or the door

Do

Always use your walking aid
Always wear sturdy shoes with non-slip soles

Resuming regular activities

Remember your **3 rules for 3 months** (see page 15) avoid activities that may cause you to squat, kneel, or twist.

Have a family member or friend help as much as possible in the first three (3) months after your surgery.

Driving

Consult your family doctor or surgeon before driving. It is typically recommended to resume driving no earlier than six (6) weeks after your surgery.

Shopping

Ask a family member or friend to shop for you. Shop for less groceries at one time and go more frequently to avoid carrying bags.

Cleaning

Try to do as much cleaning in advance of your surgery. Avoid heavy cleaning for at least six (6) weeks after your surgery.

Laundry

Try doing small loads more frequently.

Sexual Activity

You may return to sexual activity when it is comfortable to do so.

Returning to Work

Most patients do not return to work until at least six (6) to eight (8) weeks after their surgery, however this is dependent on the type of job you have. You may need to speak with your employer about modifying your work area and duties to protect your new knee.

Returning to Recreational Activities

Avoid activities such as gardening, golfing, swimming, dancing, etc for at least three (3) months after your surgery. Walking is strongly encouraged to help gain strength back.

MyChart

Central East Ontario

**View and share your health information
with this free, secure, online
tool - available through mobile and web**

What you can do with MyChart

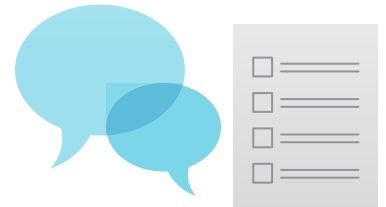
(For visits and stays at Central East Ontario hospitals)

- View, cancel, or reschedule upcoming appointments
- Use eCheckIn (where available) to save time during registration at the hospital
- View educational materials and discharge information from past visits and hospital stays



Ways you can sign up for MyChart!

- Speak with a healthcare team member about getting a link to complete sign up online
- Sign up by phone during pre-registration for your appointment
- Scan QR codes below to sign up on web or by mobile



SCAN TO SIGN UP:



SIGN UP ONLINE
mychart.ourepic.ca

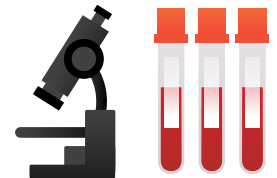
SCAN TO DOWNLOAD THE APP



GET IT ON
Google Play



Download on the
App Store



For more information, please check out our Frequently Asked Questions on mychart.ourepic.ca or contact our support line at 1-833-789-3742.

MyChart Central East Ontario allows you to view your health information at any of these hospitals:

