



DIGNE DE CONFIANCE,
à chaque instant

2023

**Centre intégré de
santé et de services
sociaux de Laval**



Preparation guide for a surgery Hernia



2nd edition

**This guide will help you
understand and get ready for
your surgery.**

**Read it over with your family
and bring this guide with you
the day of your surgery.**

Québec 

A publication of

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ANATOMY OF A HERNIA

A hernia occurs when part of the abdomen (usually fat tissue, a part of the small or large intestine or other abdominal structures) moves from the abdominal cavity where it normally stays and appears as a swelling or bulge.

Hernias are caused by a weakness in the muscle wall of the abdomen.

Différents types of hernias:

Inguinal hernia:

A weakness in the wall of the groin (more common in men).

Femoral hernia:

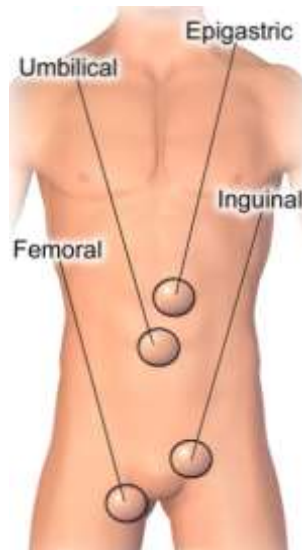
Similar to an inguinal hernia but found under the inguinal ligament under the groin, between the abdomen and the thigh; these hernias are often small and can be painful.

Umbilical hernia:

A weakness in the abdominal wall near the navel (belly button).

Incisional hernia:

A weakness in the abdominal wall around a scar resulting from a deep tear in the wall and appears as a swelling (bulge).



WHAT IS A HERNIORRHAPHY (HERNIA REPAIR)?

A herniorrhaphy or hernia repair consists of pushing the hernial contents (fat, or the intestine in rare cases) back into the abdominal cavity.

The abdominal muscle wall is then repaired and closed with stitches or synthetic mesh (similar to mosquito netting).

This mesh helps reinforce the repair in cases of muscle wall weakness.

Two methods can be used:

1. Open hernia repair

The surgeon makes an incision over the hernia to put the tissue contents back into their normal position. The incision is then closed with sutures (resorbable stitches), butterfly bandages (Steri-Strips®) or staples. The size of the incision may differ depending on the size of the hernia.

Type of anesthesia: general, spinal or local. The type of anesthesia is determined by the surgeon.

2. Laparoscopic hernia repair

A surgical technique in which the surgeon makes 3 small incisions in the abdomen to insert instruments to repair the hernia.

A camera lets the surgeon clearly locate and see the hernia during the operation.

The abdomen is filled with carbon dioxide to help the surgeon clearly view the area. The gas is then removed at the end of the operation.

Type of anesthesia: general anesthesia only.

The choice between these two techniques will depend on the size of the hernia and the patient's adiposity (fat accumulated in the tissues) and general health condition.

Laparoscopy is not appropriate for all cases.

Your surgeon will discuss these procedures with you and note the information in your record.

ADMISSION DATE AND TIME

You will receive a call from the hospital's pre-admission department. The secretary will inform you of the date of your surgery. You will be informed of the time of your arrival at the hospital by phone **24 to 48 hours before the surgery.**



Date of your surgery: _____

Arrival hour: _____

Location: _____

SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- You have a sore throat, a cold or the flu.
- You have a fever.
- You are taking antibiotics.
- You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- You have a possible or unconfirmed pregnancy.
- Redness, inflammation, discharge, wound or any other problem at the operating site.



Call immediately to inform the administrative officer at:

General Surgery450-975-5409

WHEN TO STOP OR CONTINUE YOUR MEDICATION

At your appointment with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



- Aspirin[®], Asaphen[®], Rivasa[®], Entrophen[®], Novasen[®],
 Persantine[®], MSD AAS, Aggrenox[®] (dipyridamole/ASA), etc.
 - Stop ____ days before your surgery.
 - Do not stop this medication.
- Plavix[®] (clopidogrel)
 - Stop ____ days before your surgery.
 - Do not stop this medication.
- Prasugrel^{MD} (Effient), Ticlid^{MD} (Ticlopidine)
 Ticagrelor^{MD} (Brilinta)
 - Stop ____ days before your surgery.
 - Do not stop.
- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil[®], Motrin[®] (including for children), Celebrex[®], Maxidol[®], Aleve[®], Naprosyn[®], etc.)
Stop 3 days before your surgery.
- **Anti-inflammatory drugs:** meloxicam (Mobicox), piroxicam (Feldene)
Stop 7 days before your surgery.
- **Anti-inflammatory drugs:** tenoxicam (Mobiflex)
Stop 10 days before your surgery.
- **All natural products** (except for melatonin): glucosamine, omega 3, vitamin E, etc.
Stop 7 days before your surgery.

You can keep taking drugs such as Tylenol[®], Tylenol[®] Extra-Strength, acetaminophen and Tempra[®] until midnight the night before your surgery.

If you are taking Coumadin[®], Sintrom[®], Pradaxa[®], Xarelto[®], Eliquis[®], Lixiana[®]:

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



You must follow this instruction.

BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment: _____

Location: _____

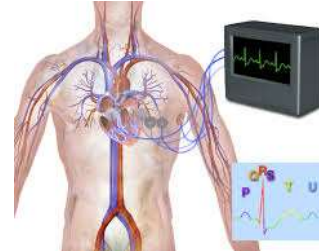
During your Preadmission Clinic visit, you will:

Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.



CONSENT TO SURGERY AND ANESTHESIA

At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.

This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.



For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.

TOBACCO

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain.

If you need help to quit smoking, don't hesitate to contact:

If you need help to quit smoking, don't hesitate to contact:

- Your CLSC at **450-978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.



Website: <https://www.tobaccofreequebec.ca/iqitnow>

ALCOHOL

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.



To get help to stop right now, contact the regional hotline (for Laval residents):

Alcochoix+ Laval at 450-622-5110, ext. 64005.

Website: <https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>

DISCHARGE PLANNING

Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.

PREOPERATIVE DIET

Suggestions to boost your protein intake



Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy beverage	Smoothies, soups
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
Tofu	Milkshakes, soups, casseroles, stir-fries, salads
Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta



To complete your diet, you can also take a supplement such as Ensure or Boost.

THE NIGHT BEFORE YOUR SURGERY

The night before your surgery

You can eat normally.



The day of your surgery

For all users, starting from midnight the night before your surgery:



- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.

THE DAY OF YOUR SURGERY

At home

The nurse will tell you if you need to follow the following beverage instructions:

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.



You can brush your teeth but avoid swallowing the water.

OR

- **You MUST drink clear fluids** before the surgery.

Allowed clear fluids include:

- Water.
- Juice without pulp (no pulp is mandatory).
- Coffee or black tea (no milk).



Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning.

Someone will call you 24 to 48 hours before your surgery and will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.



You must follow these instructions to ensure your surgery is safe and to prevent serious complications.

If you have not followed these instructions, you must advise the nurse once you get to the hospital.

HYGIENE BEFORE YOUR SURGERY

- Dexidin disinfectant soap (4%)**: The morning of the surgery, you must shower using the antimicrobial soap you purchased at the gift shop at the main entrance of block C or at the pharmacy. You must use the soap from your chin to your toes and then rinse.



You must clean your belly button well if you are operated on by the laparoscopic technique and rinse it afterwards.

Put on **clean clothes** after your shower.



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.



Do not shave the area to be operated on







Medication

Take these medications **ONLY**
(with some water).



If you do not follow all these instructions your operation may be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- Your valid, unexpired health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers. 
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes. 
- Tissues, toothbrush and soap. 
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name. 
- You must bring sanitary napkins (no tampons).

Please leave all your jewelry and other valuable objects at home.



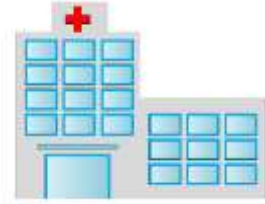
The hospital is not responsible for lost or stolen items.

(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOU ARRIVE AT THE SURGERY UNIT

- ❑ **You are going to have a day surgery:** Go directly to the day surgery unit on the first floor of block B (Room 1.165). The time of your surgery will be given to you when you arrive at the unit. **YOU WILL NOT BE STAYING AT THE HOSPITAL OVERNIGHT.**



- ❑ **If you have to stay at the hospital after your surgery:** Go to the reception area of Room RC.5, block C.

The time of your operation will be given to you when you arrive at the unit.

Only one person can accompany you.

After you arrive at the unit, you should expect to wait a moment until being called for your surgery. Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).



Your room might not be ready when you arrive. In this case, you will be prepared in the day surgery unit. **Please leave your suitcase in your car.** The suitcase can be retrieved after your surgery once your room is available.

THE DAY SURGERY UNIT OR THE CARE UNIT

- At your arrival, the nurse will help you to get ready for your surgery.
- She will give you an hospital gown to put on (you must remove all other clothing before leaving for the operating room).
- She will proceed to a blood test if necessary.
- She will validate that you have followed the preparation instructions (drinks, fasting).

OPERATING ROOM

When you leave for the operating room, you must only wear the hospital gown and no other personal clothing.



You must remove your:

- Glasses, contact lenses;
- Underwear, jewelry and body piercings;
- Dentures, hearing, hair piece.

Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

For further information about anesthesia, please read « **Role of anesthesia information guide** », the nurse will provide when attending your preadmission meeting.

IN THE RECOVERY ROOM

- You will wake up in the recovery room.
- No visitors are allowed in the recovery room.
- The staff will make you comfortable on your stretcher or bed.
- You will not be able to eat or drink right away. The nurse will allow you to do so when you are stable.
- Once you are stable and your pain is controlled, you will be transferred to the day surgery unit.



RETURN TO THE DAY SURGERY UNIT

Once you arrive at the day surgery unit, 1 visitor is allowed.

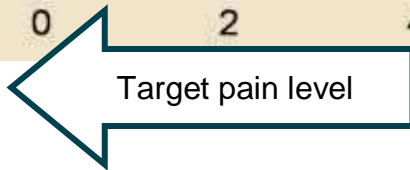
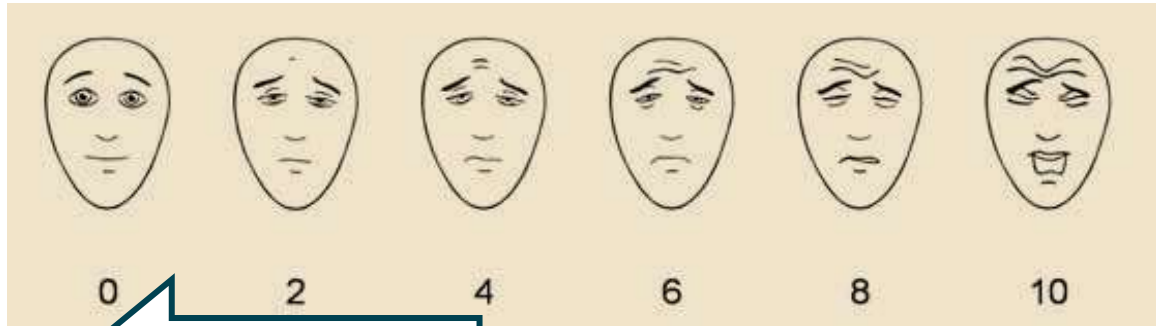
Staff will set you up comfortably on your stretcher or bed and will take your vital signs a few times. The nurse will also check your dressings and drains, if necessary.

Incisional hernia repair may require the placement of a drain at the surgical site to drain excess fluid from the abdomen and aid in healing. It is removed before your discharge from the hospital. This operation also requires the installation of a urinary catheter to drain urine from the bladder; it is usually removed the next day, depending on your surgeon's advice.

CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

You will be asked to assess your pain on a scale of 0 to 10.



Our goal is to keep your pain below 4/10

Pain relief is important because this will help you:

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

Analgesia (pain medication)

- Injections (shots) will be given to you if your pain is too great.
- Medication in tablet form (pill) will be given as soon as you can tolerate it or feed yourself.



PAIN RELIEF

In addition to reducing pain, applying cold compresses will help reduce swelling.

You can buy a gel ice pack (3 inches x 3 inches) from the pharmacy and store it in your freezer. The bag will be cold but malleable enough to apply to the scrotum (for inguinal hernias in men). See *page 27* (Once you get home).

You must apply the bag covered in a towel for 10 minutes, 4 times a day for the first 48 hours.

You can wear an athletic supporter or fitted underwear (whichever you find most comfortable) when standing (for an inguinal hernia).

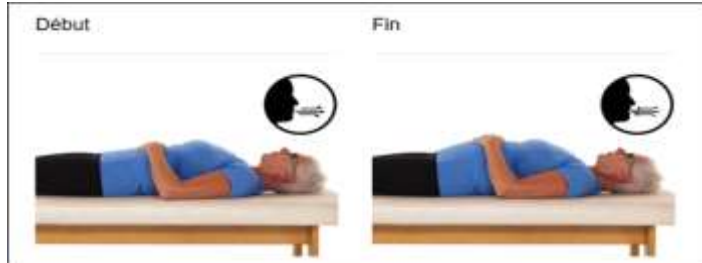
If your hernia repair was performed laparoscopically, you may feel shoulder pain. This discomfort is caused by leftover carbon dioxide being trapped in your abdomen after the surgery and will disappear within a few days.

BREATHING EXERCICES

Deep breathing

To do as soon as you wake up

Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.



Breathe in slowly and deeply through your nose or mouth as if you were smelling a flower. At this point, you will feel your lungs expand. Only the hand on your belly should lift.

Keeping your lips pinched, **slowly** exhale through your lips. This will take twice as long. Exhale to get the air out of your lungs by pulling your stomach in.



This exercise is not easy to do.
Therefore, you need to practice before your operation.

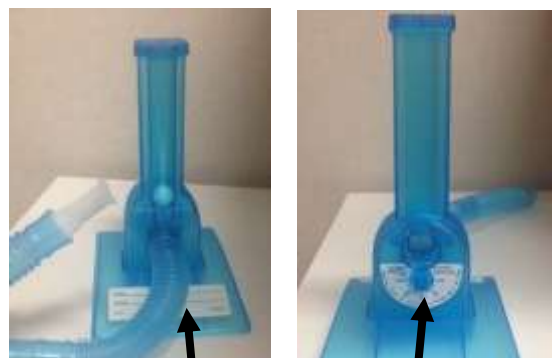
Spirometer

** The preadmission nurse will give you this device if you need it.*

How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated position.
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).
3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.



Tube

Flow
volume
selector

4. Place your lips snugly around the mouthpiece and then **inhale**. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

Spirometer breathing exercises helps you:

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

Coughing after abdominal surgery

If you feel like coughing or sneezing, first apply light pressure to the operated area (lower abdomen) with your hands or a pillow. This will limit your belly movements and pain as you cough.

CIRCULATION EXERCICES¹

These exercises encourages blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

Some surgeons will ask that you be fitted with anti embolic and sequential stockings. They will be removed upon discharge from the hospital.

Toe flexion and extension

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



Image: Wikimedia Commons (2017)

Ankle rotation

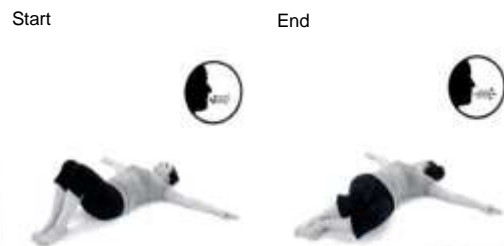
While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every two hours.



Image: Wikimedia Commons (2017)

Leg and trunk mobility exercises

The proposed mobility exercise promotes (like the circulatory exercises) blood circulation in the legs while you are lying down. It also allows the movement of the intestines, which promotes better evacuation of gas and stools, thus preventing constipation.



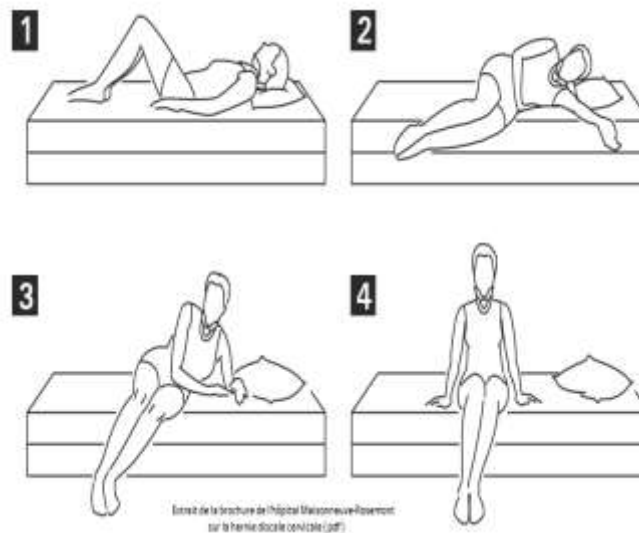
1. Lie on your back with your knees bent and your arms outstretched on each side.
2. As you exhale, gently drop your knees to one side.
3. Return to center on an inhale.
4. Repeat on the other side.

¹ Circulatory exercises are taken from Paradis and Poissant

GETTING UP

When you get up for the first time, a staff member will be there to assist you, however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.

To help you get in and out of bed, you need to raise slightly the head of your bed.



1. Lying on your back, bend your knees.
2. Turn toward your non-operated side.
3. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.
4. Stay in this position for a few minutes. Take a few deep breaths and move your feet around.
5. If you do not feel well, tell the nurse or care attendant.

Staff will help you sit in an armchair if you need to.



LYING IN BED

To help you get in and out of bed, you need to raise slightly the head of your bed.

1. Sit on the edge of the bed or stretcher.
2. Using a foot bench, push with your heels to move your seat back to the center of the bed.
3. Still in the sitting position, rotate your seat by bringing your legs into the bed or stretcher.

You must do the muscle exercises on page 22 to avoid thrombophlebitis (clot in the leg).

YOUR DISCHARGE FROM THE UNIT

- Your surgeon is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home. 
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain. 

The nurse will give you a follow-up appointment with surgeon. You must absolutely go to this appointment, feel well:



Surgeon's name: _____

Date & time of appointment: _____

Location: _____

You will receive a proof of hospitalization or medical leave from work form if you need one. Your surgeon should be notified if you need these documents.



If you need to have your insurance forms filled out, note that you will not get them on the day of your surgery. The nurse from the preadmission will direct you in the steps to follow to have your paperwork filled out. Charges may apply.

PROCEDURE FOR INSURANCE FORM - GENERAL SURGERY

- Bring the form and deposit it in the white box at local RC-49 (surgery clinic).
- This box is accessible 24 hours a day, 7 days a week.
- You must write on the form:
 - Your full name.
 - Your file number (on the hospital card).
 - The name of your surgeon.
 - A reliable phone number where you can be easily reached.
- The surgeon will sign the form approximately 7-10 business days after filing (this step is mandatory for the insurance company).
- The administrative officer will call you after the signature and give you an appointment to deliver the form.
- The administrative officer must ensure that the information written on the form is accurate.



For any questions regarding the insurance forms, you can reach the administrative officer at 514-230-2571

ONCE YOU GET BACK HOME - INSTRUCTIONS

Your incision

Your surgeon and nurse will explain whether you will have one incision or 3 small ones, depending of your procedure.



You might experienced of numbness or burning around the surgical wound. This sensation will gradually disappear.

Open technique: An incision closed with resorbable stitches or staples (incisional hernia) will be covered with a dressing.

Laparoscopic technique: 3 small incisions closed with butterfly bandages (Steri-Strips®).

Normal symptoms:

- An area of skin insensitivity around the wound.
- Slight swelling of the wound or scrotum (men).
- A hard ridge may appear at the wound.

These symptoms will gradually disappear in 2 to 3 months.

For an inguinal, femoral or scrotal hernia:

Men frequently experience swelling, tenderness or bruising around the wound, which can extend to the scrotum. These signs and symptoms are normal and can last a few days.

Hygiene

Unless you are advised otherwise, you can remove your dressing the day after your surgery. The wound will be left open to the air. A written recommendation will be given to you upon discharge from the hospital.



When the dressing is removed, it is recommended to take a shower. Wait 7 days to take a bath (or bathe).

Use a mild, unscented soap to clean the wound. Rinse well, then dry well.

The sutures (resorbable stitches) will fall out within 2 to 3 weeks after the surgery.

The staples are removed by the CLSC nurse, 7 to 10 days after your operation or according to your surgeon. A referral will be sent to your CLSC when you leave the hospital.

If you have butterfly bandage (Steri-strips), you must keep them on until they come off by themselves (about 10 days). You can shower with the bonding stains.

If the butterfly bandage have not fallen off after 10 days, you should remove them.

Resuming your activities

You need to stop physical activity as per your surgeon's instructions. You must absolutely follow the specific instructions for your operation.

Back to work

Your surgeon and nurse will give you more details about your recovery, which will depend on your procedure and the type of work that you do.



Breastfeeding

If you are breastfeeding, ask the surgeon or nurse if you can continue.



Generally, you need to wait 2 to 3 hours after having general anesthesia before breastfeeding your baby. As soon as you return home, you can breastfeed if you feel alert and comfortable.

NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.



If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.

To avoid constipation, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

You can use a mild laxative such as Metamucil[®], Colace[®], Lax A day[®]

or

Prodiem[®] at a pharmacy. Ask your pharmacist for advice.

If you have not had a bowel movement for at least 3 days despite these tips, consult a health care professional (family doctor, pharmacist, Info-Santé at 811).

ACTIVITIES



You can drive when:

- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.

1. Depending on your procedure, your surgeon or nurse may give you other instructions that are appropriate for your situation. Do not hesitate to ask questions.
2. You should continue to be active after surgery, but alternate with periods of rest. It is normal to feel tired
3. Pain should not prevent you from doing your daily activities such as dressing, bathing or eating. Take your pain medication if the pain is too severe and at least 30 minutes before doing your activities, if applicable.
4. Walking is one of the best exercises, except if restricted by your surgeon (e.g., for some orthopedic procedures). Increase the distance you walk everyday and alternate with periods of rest. Avoid vigorous exercise, sudden movements, or contact sports.
5. Physical activity should be stopped as per your surgeon's instructions. You must absolutely follow the specific instructions for your particular operation.
6. Sexual activities can be resumed after about 2 weeks, when the pain has disappeared.







COMPLICATIONS


If you have difficulty breathing:

**Immediately call
Urgences-santé at 911**



If you have one or more of the following signs or symptoms:

 <p>Fever (38.5 °C or 101 °F or higher) for more than 24 hours</p>	<p>Your pain increases and is not relieved by medication.</p> 
 <p>You have cramps or constant pain in your calf.</p>	<p>Signs of infection at the surgical site:</p>  <ul style="list-style-type: none">• Redness• Pain• Swelling• Yellowish or greenish discharge <p>Swelling in the navel incision (wound) or significant bleeding in the surgery area</p>



Contact an Info-Santé nurse at 811 at any time (24 hours a day)

For all other questions, contact one of the resources listed on the next page.

RESOURCES



For emergencies, call 911
For health advice, call 811
24 hours a day, 7 days a week

Outpatient clinics

Pre-admission (preoperative only)	450-975-5566
General surgery	450-975-5562

CLSC

Laval area

Accueil première ligne.....	450-627-2530, ext. 64922
CLSC des Mille-Îles	450-661-2572
CLSC du Ruisseau-Papineau	450-682-5690
CLSC et CHSLD Sainte-Rose.....	450-622-5110
CLSC de l'Ouest-de-l'île.....	450-627-2530
CLSC et CHSLD Idola-Saint-Jean	450-668-1803

Laurentian area

Centre intégré de santé et de service sociaux des Laurentides:

Thérèse de Blainville.....	450-433-2777
Des sommets	819-324-4000
St-Jérôme	450-432-2777
Pays d'en haut	450-229-6601
Jean-Olivier Chenier	450-433-2777
Argenteuil.....	450-562-3761
Antoine Labelle	819-275-2118

Lanaudière area

Lanaudière Sud.....	450-654-2572
Lanaudière Nord	450-839-3864

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**Centre intégré
de santé
et de services sociaux
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