DIGNE DE CONFIANCE,
à chaque instant

2026

Centre intégré de santé et de services sociaux de Laval

Preparation guide for a surgery

Reconstruction of the anterior cruciate ligament (ACL) of the knee

2e 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

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Translation and adaptation of
Guide de préparation à une chirurgie : reconstruction du ligament croisé antérieur (LCA) du genou, 2023

TABLE OF CONTENTS

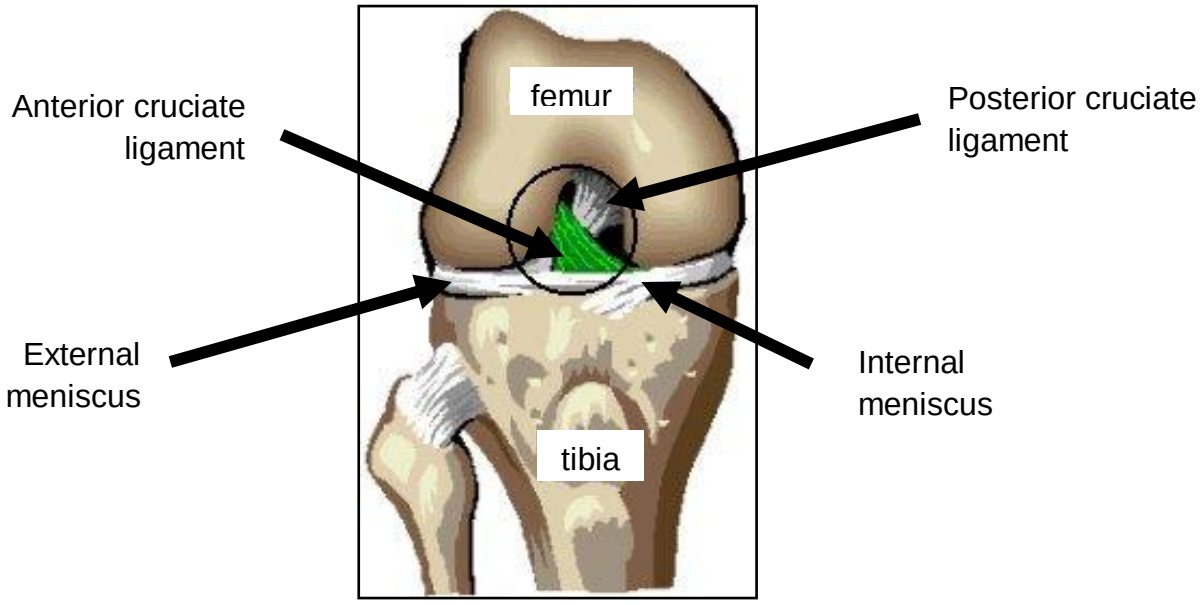
ANATOMY

Anterior cruciate ligament of the knee

The knee joint connects the femur (thigh bone) and the tibia (leg bone).
This joint consists of bones, cartilage, ligaments and muscles. The anterior cruciate ligament (ACL) is one of the 4 ligaments of the knee.

The ACL prevents the femur from sliding backwards when the leg is extended. Too much overextension or overrotation can cause this ligament to stretch or tear, making it non-functional. These different injuries to the anterior cruciate occur during sports accidents (soccer, skiing, field hockey, etc.).

The posterior cruciate ligament prevents the tibia from sliding backwards. Injuries to the posterior cruciate ligament usually occur as a result of a direct blow to the front of the tibia (car accident, etc.).



What is anterior cruciate ligament reconstruction of the knee?

Step 1: Surgery is done by arthroscopy (small camera connected to a television). It allows for a clear view of the joint and exploration of the damaged areas.

Step 2: The orthopedist takes a patellar tendon from the knee or hamstring (most often used) or uses an allograft (donor tendon). The graft is then placed through a tunnel in the tibia and femur and secured with spikes to immobilize it.

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.

We strongly suggest that you stop smoking completely 2 to 4 weeks before the surgery

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/iquitnow

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 :

Alcochoix+ Laval at 450 622-5110, ext. 6400 (for Laval residents).

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

EXERCISES

Exercising helps ensure that your body is in the best possible condition for your surgery.

If you are already exercising, keep up your good habits. If not, slowly start adding exercise to your daily routine.

Exercise does not have to be strenuous to be effective. In fact, a 15-minute walk is much better than doing nothing at all.

You can also start practicing the exercises you will need to do after surgery (see page 28).

DISCHARGE PLANNING

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

- Orthopedist ask that you **refrain from strenuous activity on your knee one week before surgery** to avoid significant inflammation that would complicate the surgery.
- 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.

EQUIPMENT

Crutches <u>are required</u> for this surgery. You can rent them at a pharmacy or an orthopedic store. The hospital does not provide them.

If you have a prescription for a post-operative brace, you must bring the brace, without fail, on the day of the surgery. It will be installed before you leave the hospital, as soon as you get up for the first time. This brace is not <u>custom made</u> because your knee will be swollen after surgery (size: small, medium, large, etc.).

If the Cryo Cuff is prescribed, you must also bring it to the hospital. It is a device that will keep your knee cold, thus facilitating your postoperative recovery.

CRUTCH ADJUSTMENT

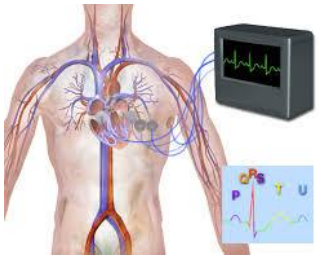
- Wear shoes with flat heels.
- Stand with your back straight, feet slightly apart and shoulders relaxed.
- Place the bottom of the crutch about 15 cm (6 inches) from the foot.
- Make sure that the space between the armpit and the top of the crutch is the width of 2-3 fingers.
- Make sure the handstand is at the same height as your wrist when your arm is straight.

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: _____

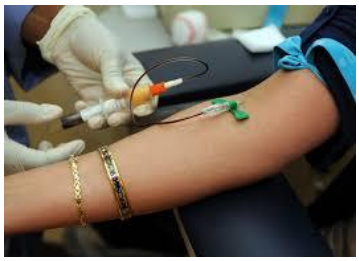
Location: _____



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 orthopedist 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 orthopedist. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.

WHEN TO STOP OR CONTINUE YOUR MEDICATION

At your appointment with the orthopedist 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.

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

- ❒ **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.

- Other : _____
  Stop_____ before your surgery
- Other : _____
  Stop_____ before your surgery

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

A hospital pharmacist will call you approximately 4 days to 2 weeks before your surgery to tell you when to stop your medication. The pharmacist may ask you to have a blood test.

You must follow this instruction.

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.
- Redness, inflammation, discharge, wound or any other problem at the operating site.
- Redness, inflammation, discharge, wound or any other problem at the operating site.
- Any other discomfort.

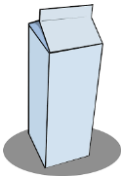
Call immediately to inform the administrative officer at :

Orthopedic.....450 975-5487

PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

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.

PREOPERATIVE DIET

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:

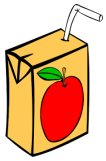
- **<u>You MUST remain fasting</u>** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.

You can brush your teeth but avoid swallowing the water.

OR

- **<u>You MUST drink clear fluids</u>** before the surgery.

  - Allowed clear fluids include:
  - Water
  - Juice without pulp (no pulp is mandatory)
  - Coffee or black tea (no milk)



IMPORTANT

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 <u>the morning of your surgery</u>. 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.

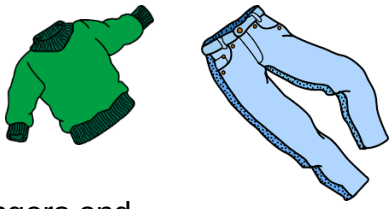
IMPORTANT

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

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 Block D or at the pharmacy. You must use the soap <u>from your chin to your toes</u> and then rinse.

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).

IMPORTANT

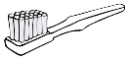
If you do not follow all these instructions your operation may be cancelled.

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.
- Bring crutches, brace and Cryo cuff if prescribed.

- If you need them, bring sanitary napkins (no tampons).

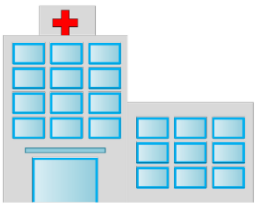
Please leave all your jewelry and other valuable objects at home.

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.

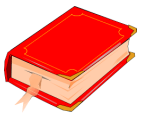
WHEN YOU ARRIVE AT THE SURGERY UNIT



- ❒ **Upon your arrival at hospital, go to the 1st floor B bloc room number B 1.130. The time of your surgery will be given to you once you arrive at the unit.**
- ❒ **If you are hospitalised (sleeping at the hospital) after your surgery, you will be transfered to the hospital ward after your intervention.**

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, etc.).

OPERATING ROOM

When the urologist will be ready to receive your:

- You have to urinate before you leave.
- You may only wear the hospital gown and no other personal clothing.

By the time you leave for the operating room, you must have removed:

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

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.
- When your condition is stable and your pain is well controlled, you will be transferred to the care unit.

RETURN TO THE CARE UNIT OR DAY SURGERY

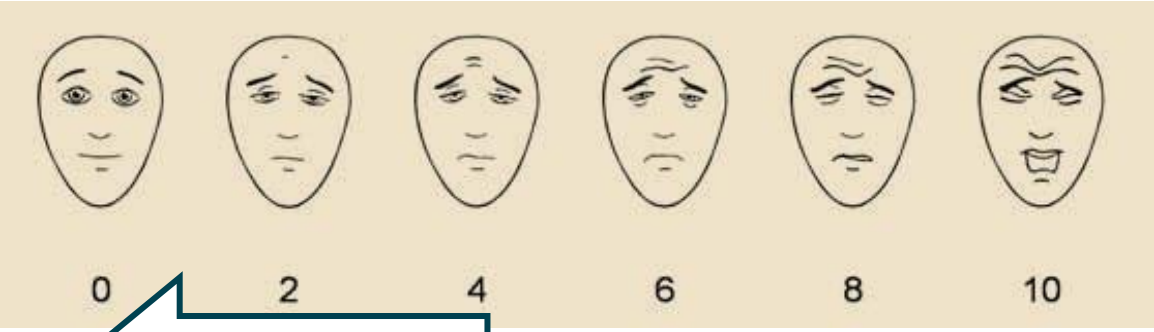
Once on the care unit, 2 visitors are allowed at a time (up to a maximum of 8:30pm). (1 visitor only in day surgery)

The staff will make you comfortable on your stretcher or bed and take your vital signs several times. The nurse will also check your knee dressing and assess your general condition and pain level.

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 the orthopedist.

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



Target pain level

Our goal is to keep your pain below 4/10

<u>Pain relief is important because this will help you:</u>

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

Analgesia (pain medication)

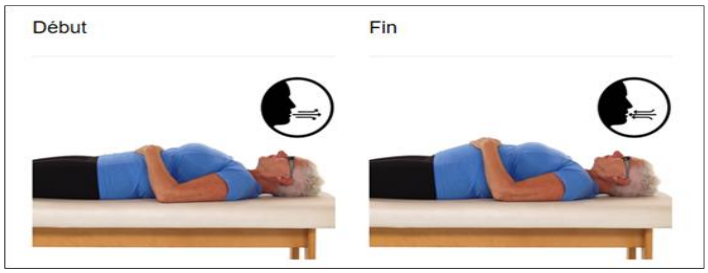
- Injections (shots) will be given to you if your pain is too great.

- Medication in tablet form (pill) will be given as soon as you can tolerate it or feed yourself.

BREATHING EXERCICES

Deep breathing

To do as soon as you wake up



1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.
3. **Inhale slowly and deeply through your nose or mouth**. Feel your lungs inflate. Just the hand on your belly should rise.

IMPORTANT

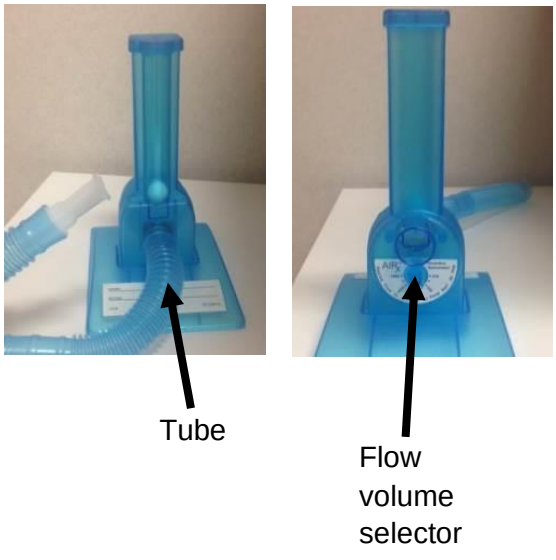
This exercise is not easy to do.
Therefore, your need to practice before your operation.

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.

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.

CIRCULATION EXERCICES[1]

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).

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.

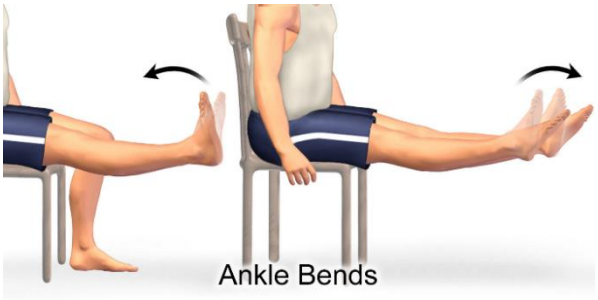


Image: Wikimedia Commons (2017)

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.

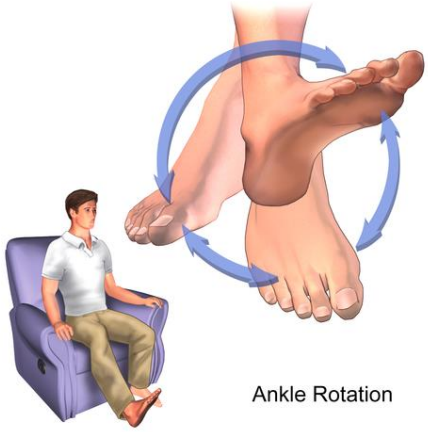


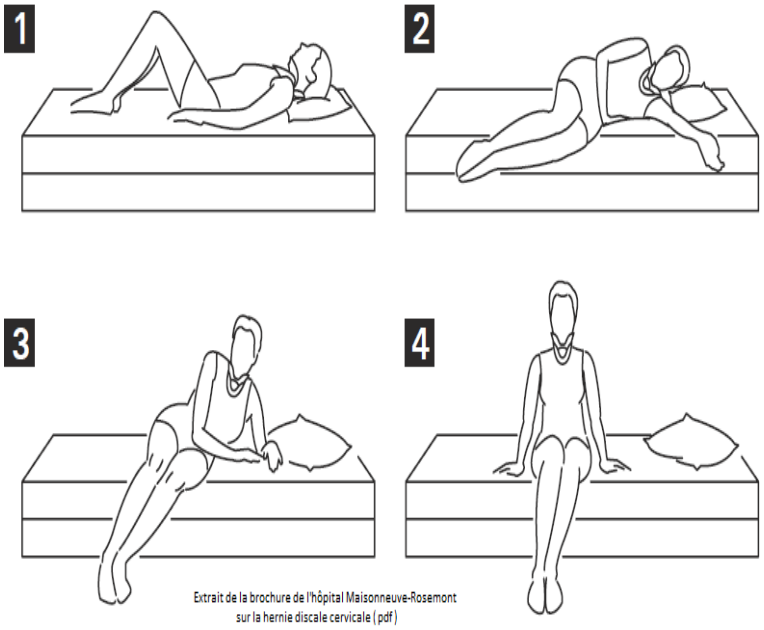
Image: Wikimedia Commons (2017)

[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.



Extrait de la brochure de l'hôpital Maisonneuve-Rosemont sur la hernie discale cervicale (pdf)

1. Lying on your back, bend your knees. Turn toward your non-operated side.

2. 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.

3. Stay in this position for a few minutes. Take deep breaths and move your feet.

4. If you are not feeling well, tell the nurse or attendant right away.

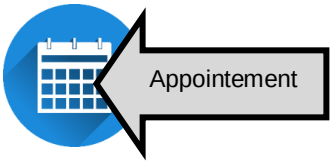
The staff will help you sit in the chair if you need to.

YOUR DISCHARGE FROM THE UNIT

- Your orthopedist 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 your orthopedist. You must absolutely go to this appointment, even if you feel well :



Orthopedist name: _____

Date & time of appointment: _____

Location: _____

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

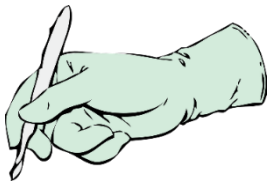
If you have insurance forms that need to be completed, contact your orthopedist's secretary at his or her private office.(See Orthopedic Surgeon Contact Information on page 30.)

All forms must be forwarded to the private office. No forms will be completed at the hospital during your stay.

ONCE YOU GET BACK HOME

Particularity

The orthopedist will decide if it is necessary for you to get an orthosis.



- A sensation of numbness or burning around the wound is possible. This sensation will gradually disappear;
- Keep the surgical dressing and the elastic bandage in place until the first follow-up visit to the orthopedic outpatient clinic (7 to 10 days after the operation);
- After your surgery, you will use **2 crutches** to help you move around. Under the supervision of your physiotherapist, you will gradually wean yourself off technical aids, i.e. you will go from 2 crutches, to 1 crutch, to a cane and finally no technical aids;
- Unless the surgeon advises otherwise, you will be able to put weight on your leg with the **orthosis/knee brace (Zimmer) in place** gradually according to your tolerance and the assessment of your physiotherapist. You should keep the postoperative brace locked in extension or the knee brace (Zimmer) in place when moving around and putting weight on your leg;
- You can release the brace or remove the Zimmer when there is no weight on your leg (e.g., when sitting or lying down);
- The orthopedist will tell you when you can stop wearing the brace;
- You can start knee flexion exercises the same day as your surgery (page 21), with the brace in place or by removing the Zimmer. Otherwise, the next day (page 28) with or without the brace, depending on your orthopedist's instructions.

Hygiene

Do not get the dressing wet;

Showering and bathing are not allowed. Showering and bathing are not allowed. You may wash with a washcloth, being careful not to get the dressing wet;

INSTRUCTIONS

Back to work

Depending on your surgery, your surgeon and nurse will explain the details of your recovery. This depends on the operation and the type of work you do (varies from 1 to 3 months and can take up to 6 to 8 months for some activities).

Breastfeeding

If you are breastfeeding, ask the surgeon or nurse if you can continue. Generally, it takes 2 to 3 hours after a general anesthesia to breastfeed your baby. As soon as you get home, you can breastfeed if you are 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®, Prodium®

or

Lax A day® 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 are pain free and have been off narcotic medications for at least 24 hours.
- You have the same mobility as your non-operated leg.
- You have the approval of your orthopedist.

- Depending on your procedure, you may need to follow certain instructions. The orthopedist or the nurse will give you the necessary instructions. Do not hesitate to ask questions.
- You should continue to be active after surgery, but alternate with periods of rest. It is normal to feel tired.
- 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.
- Keep the operated leg elevated above the level of the heart as often as possible for the first few days.
- Ice application is recommended for 20 minutes every 2 hours for the first 72 hours. You can use a bag of frozen peas. Be careful not to wet the dressing with condensation. You can also use a Cryo Cuff permanently according to the orthopedist's prescription.

- It is recommended to do ankle rotation and foot flexion exercises every hour (see page 21).
- Following your first follow-up appointment in the orthopedic outpatient clinic, you should begin physiotherapy as soon as possible. Your physiotherapist will guide you through the progression of your exercises.
- Before you leave on your trip, be sure to consult your orthopedist and your insurance.

EXERCICES

Do 3 sets of 10 repetitions for each of the following 4 exercises. Repeat every day, starting the day after your surgery (with or without a brace according to your orthopedist's instructions).

1. Lying on your back with the brace locked in extension or the Zimmer in place, raise your leg 30 cm (12 inches) above the mattress and keep it elevated for 10 seconds.
2. Sitting on your bed with the brace unlocked, or without Zimmer, with your leg extended into the bed, contract your thigh to push your knee into the mattress and hold for 5 seconds.
3. Sitting at the edge of the bed, with the brace unlocked, or without Zimmer, with the legs down on the floor, slide the heel backwards on the floor to bend the knee. This can be done with a towel to help pull the foot toward you.
4. Sitting on the bed, without a brace or Zimmer, with your leg extended into the bed, place a 15 cm (6 inch) elevation (towel) under your heel making sure there is nothing under the knee. Hold the position for 5 to 10 minutes with your knee in the air to promote full knee extension.

During all exercises, it is important to control your movements to avoid twisting your knee.

COMPLICATIONS

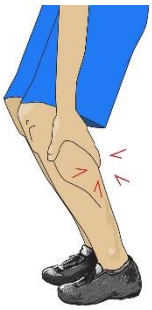
If you have difficulty breathing:

Immediately call
Urgence-santé at 911

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

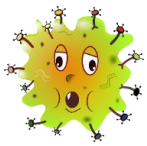
Fever (38.5 °C or 101 °F or higher) **for more than 24 hours**

Your pain increases and is not relieved by medication.



You have cramps or constant pain in your calf.

1. **Signs of infection at the site of the operation :**



   - Redness;
   - Pain;
   - Swelling; Profuse yellowish or greenish discharge through the dressing (bad smell)

2. **Significant bleeding from the operated area.**

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

Private offices of Orthopedist in Laval

Address: 1555, boulevard de l'Avenir, Laval (Québec) H7S 2N5
Telephone 450 668-3840

Outpatient clinics

Preadmission (preoperative only) 450 975-5566

Orthopedics 450 975-5569

CLSC

Laval region

Accueil première ligne ..... 450 627-2530, ext. 64922
CLSC des Mille-Îles 450 661-2572
CLSC du Ruisseau-Papineau 450 687-5690
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 region

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 region

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

BIBLIOGRAPHY

Centre universitaire de santé McGill. Office d'éducation du patient. (2013*). Guide de préparation à la chirurgie intestinale.*

Centre intégré
de santé
et de services sociaux
de Laval

Québec

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Direction des services professionnels
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