

Centre intégré de santé et de services sociaux de Laval

PREPARATION GUIDE FOR A SURGERY

**BRING THIS GUIDE
WITH YOU THE DAY
OF YOUR SURGERY**



Knee arthroscopy

**This guide will help you understand and get ready for your surgery.
Read it over with your family.**

Québec 

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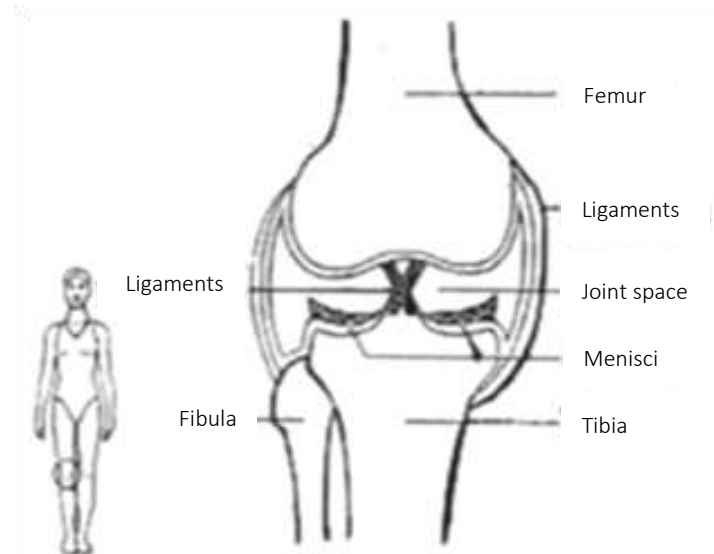
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ANATOMY

The knee is a joint, or a moving connection between different bones.

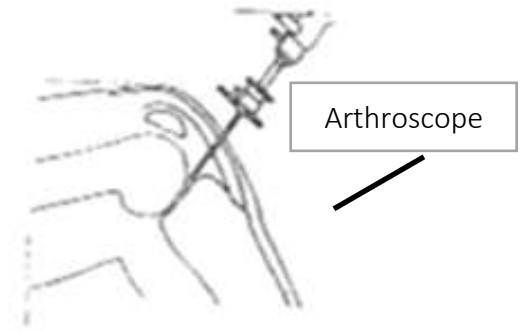
The main parts of the knee are:

- **Cartilage:** Covers the bones and allows them to slide against each other.
- **Meniscus:** A crescent-shaped piece of cartilage where two bones meet. Each knee has a medial (inner) and lateral (outer) meniscus. The menisci stabilize the joint and act as shock absorbers.
- **Joint capsule:** Surrounds the joint and is lined with a mucous membrane (called a synovial membrane) that secretes fluid. This liquid provides nutrients to the cartilage and also serves as a lubricant.
- **Ligaments, tendons and muscles:** Reinforce the joint.



KNEE ARTHROSCOPY

Your doctor will perform a knee arthroscopy, or a procedure using an instrument called an arthroscope (a small camera connected to a screen), to see inside your knee to diagnose and treat problems.



Your surgeon may use this technique to perform minor procedures such as:

- Medial or lateral meniscectomy : Your orthopedic surgeon will remove the damaged part of the meniscus.
- Plica resection: Your orthopedic surgeon will cut away the membrane fold called the plica if it has become irritated or enlarged.
- Removal of fragments of detached cartilage (loose bodies) in the knee.
- Debridement and lavage of the knee.
- Meniscus repair.

The view is better than one obtained by X-ray and, in some cases, the one obtained by open knee surgery.

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:

- 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: **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 (for Laval residents):

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

<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.

EXERCISES

Exercising helps ensure that your body is in the best possible condition for your surgery. If you already exercise, keep up your good habits. If not, slowly start adding exercise to your daily routine.

Exercise doesn't 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 (p.19, 21, 28).

EQUIPMENT

You may need crutches in the first few days after surgery, but these are not mandatory. You can also rent them from a pharmacy or specialized orthopedic store. **The hospital does not provide them.** It is best to start walking right away, as you can tolerate it.

Adjusting your crutches

- Wear flat-heeled shoes.
- Stand with your back straight, feet slightly apart, and your shoulders relaxed.
- Place the bottom of the crutch about 15 cm (6 inches) from your foot.
- Make sure there is a space of about 2 to 3 finger widths in the space between your armpit and the top of the crutch.
- Make sure the hand rest comes up to wrist height 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 : _____

During your Preadmission Clinic visit

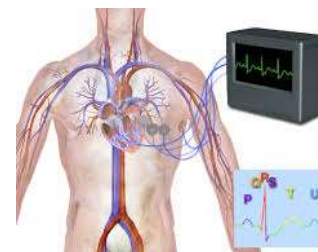
You will:

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.

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.
- ☐ **Effient® (prasugrel)**, ☐ **Ticlid® (ticlopidine)**, ☐ **Brilinta® (ticagrelor)**
☐ 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 2 days before your surgery.
- **All natural products** (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.

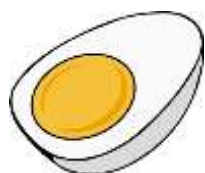
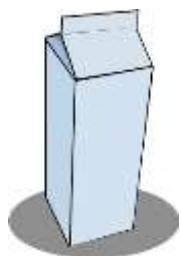


You must follow this instruction.

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.



You can also take a supplement such as Ensure or Boost.

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

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 : _____

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
450-975-5487
to inform the administrative officer

THE NIGHT BEFORE YOUR SURGERY

Preoperative diet

1. The night before your surgery:

You can eat normally up to the night before your surgery.



2. 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 following page.



THE DAY OF YOUR SURGERY

At home

Your nurse has given you specific instructions:

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



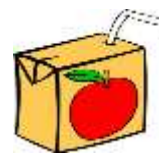
You can brush your teeth but avoid swallowing the water.

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 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.

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 Block D or at the pharmacy. You must use the soap from your chin to your toes 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 surgical area.



Medication

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



If all of these instructions are not followed, your surgery may be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- A valid 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.
- If you need to, bring sanitary napkins, baby diapers or incontinence products.



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

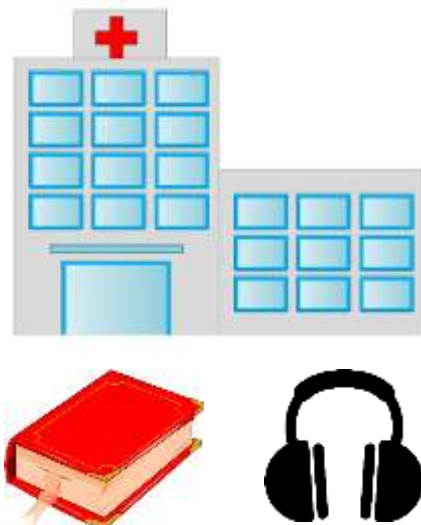
The hospital is not responsible for lost or stolen items.

(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.**
- **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.).



THE DAY SURGERY 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.
She will proceed to a blood test if necessary.
She will go over all preparations that you had to do before your surgery.

OPERATING ROOM

When the orthopedist will be ready to receive you:

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



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 the guide on anesthesia – information guide, the nurse will provide when attending your preadmission meeting.

You must remove your :



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

IN THE RECOVERY ROOM

You will wake up in the recovery room after your surgery.

No visitors are allowed in the recovery room.

Staff will place you comfortably on a stretcher or bed.

You won't be able to eat or drink right away, but the nurse will give you the go-ahead once your condition is 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

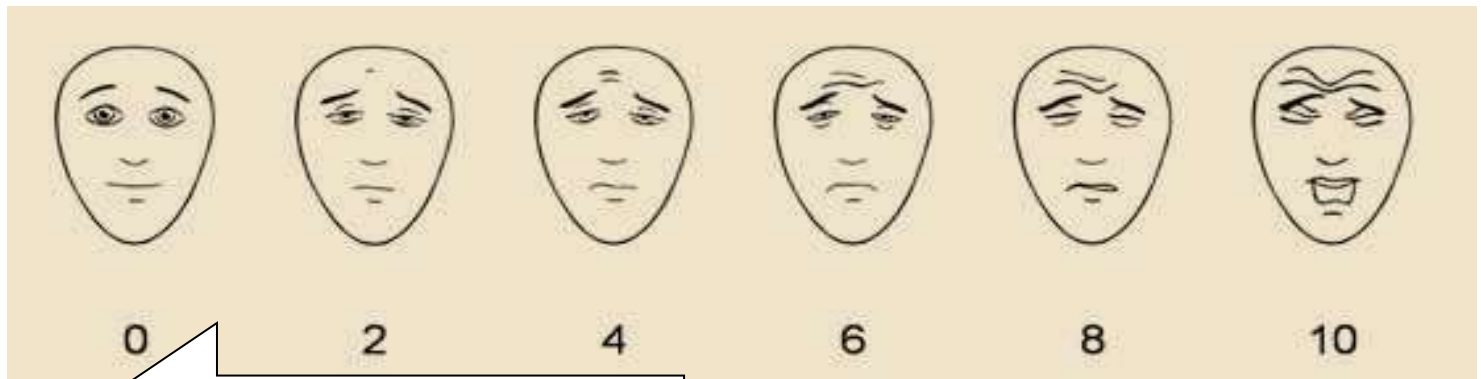
Staff will set you up comfortably on your stretcher or bed and will take your vital signs a few times. The nurse will also check your knee dressings and she will assess your general condition and pain level.



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 your surgeon.

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



Target pain level

**Our goal is for your
pain to stay 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.

PAIN RELIEF TECHNICS

Analgesics (pain medication)

- You may receive injections if your pain is too intense.
- You will get your medication in tablet (pill) form once you can tolerate it or once you can eat food.

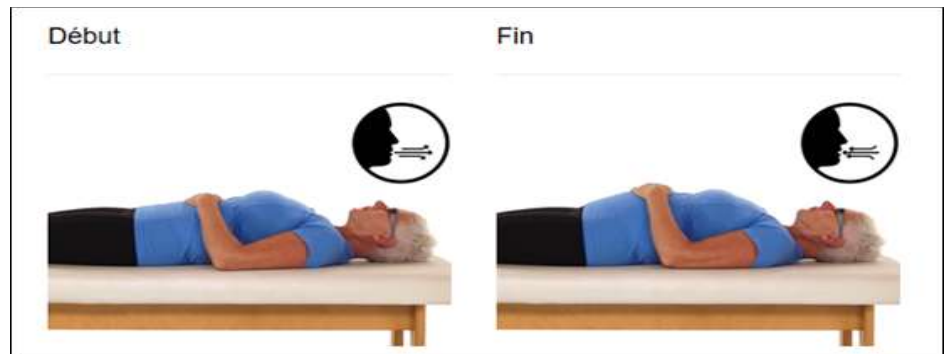


BREATHING EXERCISES

Deep breathing

****Do this as soon as you wake up from surgery****

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.



3. 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.

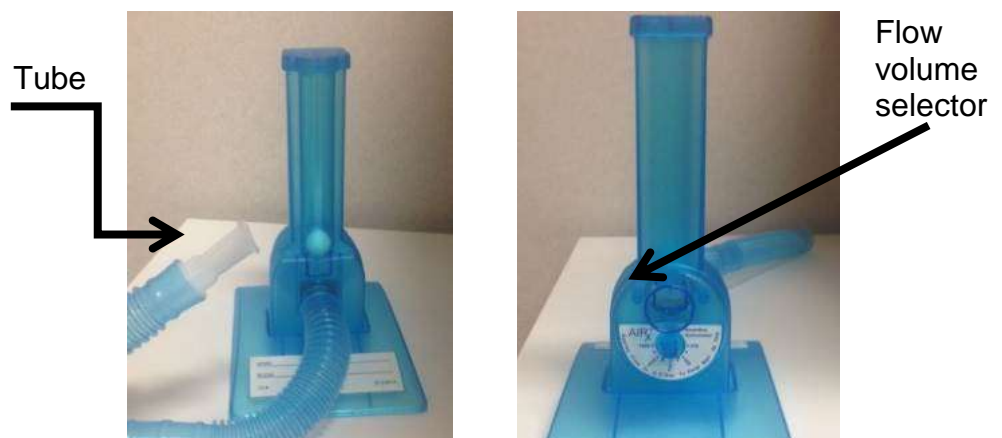
👉 This exercise is not easy to do. Therefore, you need to practice before your operation.

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.
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 help 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 EXERCISES¹

These exercises encourage 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.



- **Ankle rotations**

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 2 hours.

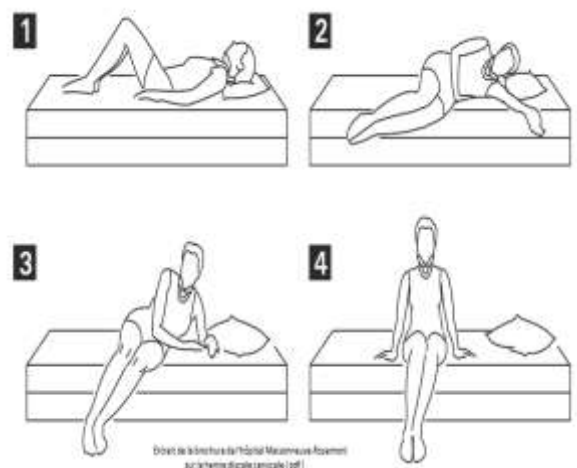


GETTING UP

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. 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 a few deep breaths and move your feet around.
4. If you do not feel well, tell the nurse or care attendant.



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

¹ These circulation exercises are based on those developed by Paradis and Poissant.

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 your 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 surgeon. You must absolutely go to this appointment, even if you feel well.



Orthopedist name : _____

Date & time of appointment : _____

- 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 surgeon's secretary at his private office. (See orthopedist referral on page 30).**
- All forms must be forwarded to the private office. No forms will be filled out at the hospital on the day of surgery.



ONCE YOU GET BACK HOME – INSTRUCTIONS

Going 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 need to adjust your diet after your operation, the surgeon and nurse will give you instructions. If you have questions, please do not hesitate to ask them.

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.**
- **You will have the go ahead from your orthopedist.**

1. Depending on your procedure, your orthopedist or nurse may give you other instructions that are appropriate for your situation. Do not hesitate to ask questions.
2. You need to stay active after your operation, but you also need to rest. It is normal to feel tired.
3. Pain should not prevent you from your daily activities such as getting dressed, washing yourself or eating. Take your pain medication if the pain is too intense, and take it at least 30 minutes before doing exercise, if you need to.
4. Keep the operated leg elevated above your heart as often as possible for the first few days.
5. It is recommended that you apply ice for 20 minutes every 2 hours for the first 72 hours. You can also use a bag of frozen peas or put ice in an airtight bag wrapped in a towel and apply to your dressing (be careful of frostbite). Be careful not to get the dressing wet from the condensation.
6. It is recommended that you perform ankle rotation and foot flexion exercises every hour (see page 21).
7. The weight on the operated leg will be different depending on the type of surgery you had. The day surgery nurse will give you these details before you are discharged.
8. You need to stop physical activity as per your orthopedic surgeon's instructions. You must absolutely follow the specific instructions for your operation.
9. When climbing stairs, place your non-operated leg on the step first and then pull your operated leg onto the same step. To go down the stairs, do the opposite: put your operated leg down first and then your non-operated leg. This technique keeps you from bending the operated knee while also supporting your foot.
10. Before travelling, be sure to consult your orthopedic surgeon and your insurance company.



SPECIAL NOTES

**** Follow these instructions if your surgeon is:**

**Dr. Sarantis Abatzoglou
Dr. Maxime Beaumont-Courteau**

**Dr. Gabriel Jomphe
Dr. Josianne Lépine**

Arthroscopy: knee meniscectomy, removal of loose bodies, debridement and lavage of the knee, diagnostic arthroscopy

- You may feel numbness or burning around the surgical wounds. This sensation will gradually disappear.
- Keep the surgical dressing in place for 72 hours.
- You must not get the bandage wet until your stitches are removed.
- After 72 hours, remove the elastic bandage and cotton. Keep the butterfly bandages in place until your follow-up appointment at the Orthopedic Outpatient Clinic. You can cut off any ends that come off, but you should not remove the bandages until 10-14 days after your surgery.
- Showering is allowed after your surgical dressing is removed (72 hours after surgery). Do not rub the wound, as this will loosen the butterfly bandages.
- Bathing, hot tubs and swimming pools are prohibited until your orthopedic surgeon gives you the go-ahead.
- You can walk normally without crutches as per your tolerance, unless otherwise indicated by your orthopedic surgeon. The day surgery nurse will notify you if this applies in your case.



Arthroscopic surgery: meniscus repair

- Follow the instructions above for your dressing.
- You can put weight on your leg, unless your orthopedic surgeon indicates otherwise.
- You can bend your knee up to a maximum of 90 degrees for the first 6 weeks, or as advised by your orthopedic surgeon.
- During any exercise, it is important to control your movement to avoid twisting your knee.
- Do not play sports for 3 months.

**** Follow these instructions if your surgeon is:**

**Dr. David Baillargeon
Dr. Philippe Dahan
Dr. Nathalie Hamel**

**Dr. Nathalie Kouncar
Dr. Louis Roy
Dr. Alain Quiniou**



Arthroscopy: knee meniscectomy, removal of loose bodies, debridement and lavage of the knee, diagnostic arthroscopy

- You may have a feeling of numbness around the surgical wound. This sensation will gradually disappear.
- Keep the surgical dressing in place for 48 hours.
- After 48 hours, you can remove the elastic bandage and cotton. Keep the band-aids or clear dressings in place until your first follow-up visit at the Orthopedic Outpatient Clinic (7 to 10 days after your surgery).
- You must not get the bandage wet until your stitches are removed.
- You must cover the bandage to take a shower.
- Bathing, hot tubs and swimming pools are prohibited until your orthopedic surgeon gives you the go-ahead.
- You can walk normally without crutches as per your tolerance, unless otherwise indicated by your surgeon. The day surgery nurse will notify you if this applies in your case.

Arthroscopy: meniscus repair

- Follow the instructions above for your dressing.
- You can put weight on your leg with the straight-leg immobilizer brace or Zimmer knee splint, unless your orthopedic surgeon indicates otherwise.
- You can bend your knee up to a maximum of 90 degrees when sitting. Be careful not to put any weight on your leg.
- Wear your brace at all times when getting around and at night for the first month following your surgery or as advised by your orthopedic surgeon.

During any exercise, it is important to control your movement to avoid twisting your knee.

EXERCISES

1. Each person's ability to recover is different; respect yours. Remember that rest is essential for a good recovery.
2. Begin the following exercises the day after your surgery.
3. Do the exercises gradually, and as you can tolerate them, until you can do 5 to 15 repetitions of each exercise.
4. Repeat 2 to 5 times a day.
5. Exercise can cause muscle tension and feelings of strain and pain. The pain should not last longer than 60 to 90 minutes; if it does, decrease the intensity the next time you exercise.
6. After exercising, apply crushed ice in an airtight bag over a damp cloth for 15 minutes.

Knee extensions and flexions

- While sitting on the ground, gently push onto your kneecap to extend your leg as much as possible. Hold this position for 30 to 60 seconds. Rest your knee.
- While sitting in a chair with your feet on the floor, slide your operated foot along the floor while keeping your knee bent as much as possible. Hold for 10-15 seconds then release.





COMPLICATIONS

If you have difficulty breathing:

**Immediately call
Urgences-Santé at 9-1-1**



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>	<ul style="list-style-type: none"> • Infection sign at the operation site:: <ul style="list-style-type: none"> ➤ Redness ➤ Pain ➤ Swelling ➤ Yellow or green discharge • Significant bleeding in the surgery area. 



Contact a nurse at Info-Santé by calling 811 at any time (24 hours a day).

For all other questions: Contact one of the resources listed on next page



RESOURCES

For emergencies, call 911
Info-Santé – CLSC, call 811
24 hours a day, 7 days a week

Outpatient Clinic

Preadmission (preoperative only) 450 975-5566
Orthopedics 450 975-5569

Orthopedics prive office (Centre d'orthopédie Laval)

Adress : 1555, Boulevard de l'Avenir, Laval (Québec), H7S 2N5
Phone number : 450 668-3840

Dr Sarantis Abatzoglou	Dre Nathalie Kounkar
Dr David Baillargeon	Dr Gabriel Jomphe
Dr Maxime Beaumont-Couteau	Dre Josianne Lépine
Dr Philippe Dahan	Dr Louis Roy
Dre Nathalie Hamel	Dr Alain Quiniou

CLSC

Région de Laval

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

Région des Laurentides

Centre intégré de santé et de services 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

Région de Lanaudière

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

RÉFÉRENCES

McGill University Health Centre, Patient Education office (2013). A Guide to your Bowel Surgery.

Brunner-Suddarth's textbook of Medical Surgical Nursing – Volume 6, Volume 3, 3rd edition

<http://www.genou.com/arthros.htm>

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Direction des soins infirmiers

In collaboration with : l'équipe de la préadmission et l'équipe des orthopédistes.

Revision : Judith Dubois, infirmière clinicienne en clinique préadmission, AIC

Dr David Baillargeon, orthopédiste, Cité de la Santé

Updated: December 2021

**Centre intégré
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