

Guide for orthopedic knee surgery





Hello,

We have created this booklet for you.

We recommend that you read it carefully. Your coach and family can read it as well with you.

Being well informed helps to be better prepared and reduce anxiety related to surgery.

This document was created by the orthopedic surgery team, with the collaboration of patient partners. Each of the steps is important so that your recovery takes place as quickly as possible. We follow the recommendations of the enhanced recovery after surgery (ERAS).

This booklet belongs to you. Do not hesitate to write notes, telephone numbers or any other information that seems important to you.

You can consult it online: <https://www.jgh.ca/care-services/surgery/orthopedic-surgery/>

Bring the booklet with you the day of your surgery.

Do not hesitate to ask them questions.

Your participation is important during your stay with us!

Please note that the masculine gender will be used to lighten the text.

- Your care team

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Disclaimer of liability

This document contains general information for informational purposes only and should not be considered as medical advice or the advice of any other healthcare professional. The information provided in this document should in no way be considered or received as an alternative to advice from a healthcare professional, nor should it be used to treat a specific condition.

Please do not delay in seeking professional medical advice, disregard professional medical advice or deviate from professional medical treatment. If you have any questions about the information provided in this document, please consult a healthcare professional.

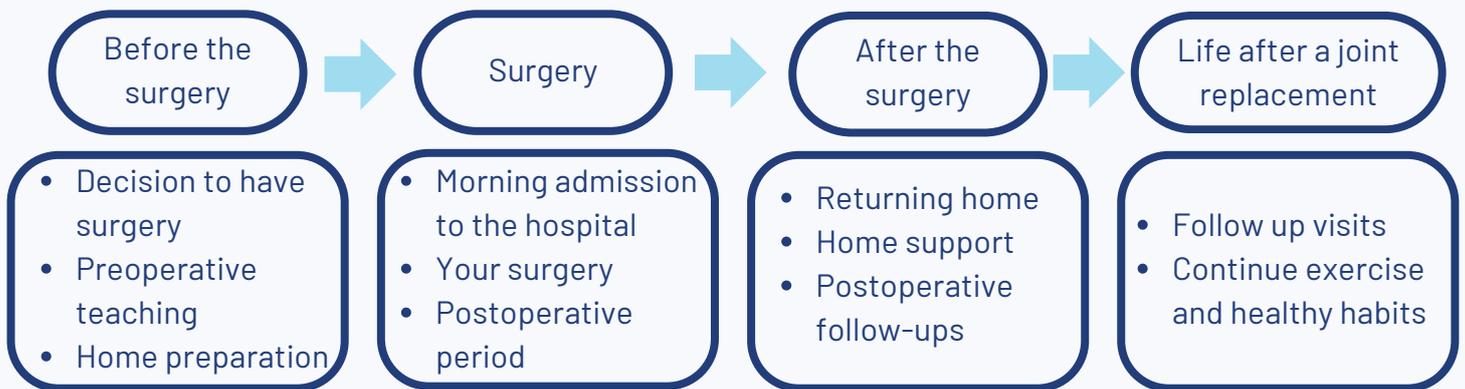
In case of illness or emergency, please consult a physician or other healthcare professional, or go to a hospital emergency room immediately.

INTRODUCTION

Clinical Care pathway

When you come to the hospital for your knee replacement, you will be part of a protocol called a **Clinical Care Pathway**. The goal of this protocol is to help you recover quickly and safely. Your health care team worked together to create this pathway.

The steps to follow are described in the graphic below.

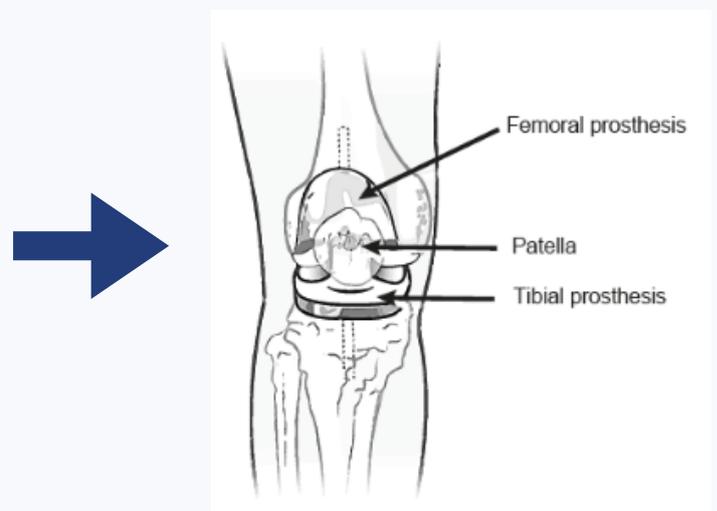
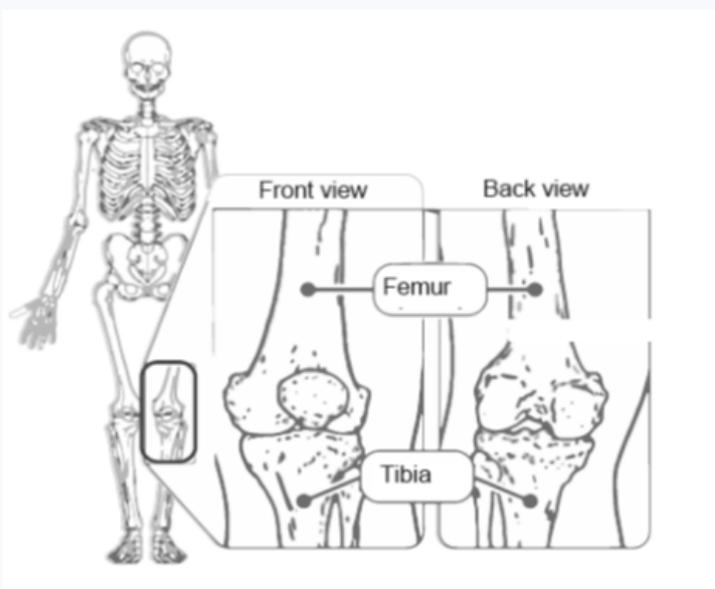


YOUR SURGERY

A hip replacement is an important surgery. Your surgeon will replace the damaged bone with a prosthesis. An incision will be made on the side of your hip.

The goal of the surgery is to reduce your pain, increase your mobility and improve your quality of life.

The hip joint is a ball joint. It includes parts of the pelvic bone and the femur (thigh bone). The top part (or head) of the femur is called the femoral head, which has the shape of a ball. The ball of the femur fits into a cup-shaped cavity in the pelvic bone, called the acetabulum.



INTRODUCTION

One day surgery or with a short hospital stay

When you meet with your surgeon, he will assess whether you will require a short hospital stay or whether you can be discharged the same day after your surgery. Preparation for surgery is the same for both types of trajectory.

One day surgery

- As soon as you return from the operating room, you can start eating.
- 3 to 4 hours after your surgery, a nurse will help you get up for the first time, and a physiotherapist will then assess your condition and explain the exercises you need to do.
- When your condition permits, depending on the nurse's and physiotherapist's assessment, you will be discharged from hospital.

Hospital stay

- The procedure will be similar to that of day surgery, but will last from 24 to 48 hours, depending on the assessment of the members of the care team.

MORAL COMMITMENT

The decision to undergo surgery requires a major commitment from you and those around you. You must take responsibility for your actions.

With this in mind, we encourage you to read the following statements and agree to be involved to the best of your ability.

I understand and accept that before my surgery:

- I will make the necessary arrangements for a safe return home by following the advice and recommendations included in this information booklet.
- I will read the educational material received and consult the website for further information.

I understand and agree that during my hospital stay:

- I will follow the instructions of the care team: doctor, nurses, health professionals.
- I will participate actively and promptly in my care and rehabilitation program: self-care, exercises, transfers, walking, etc.

I understand and agree that after my hospital stay:

- I will follow the suggested treatments and attend all appointments within the prescribed time frame.
- I will take an active part in my rehabilitation by doing the prescribed exercises at home.
- I will receive outpatient rehabilitation services until my condition is functional or until the professional deems it appropriate to see me. The rest of my rehabilitation will then be my own responsibility.

HOW TO PREPARE FOR THE SURGERY

Preparation is key to be ready for your surgery.

Find a coach

Identify and ask someone to become your “coach” in order to support you. The coach can be your spouse, a family member, or a friend.

The coach will:

- motivate and support you emotionally and physically;
- accompany you to all your appointments before and after the surgery;
- help you organize your home and prepare for after your surgery;
- encourage you to do the recommended exercises;
- take you to the hospital for your surgery and bring you home when you are discharged;
- help you at home after surgery (running errands, preparing meals, groceries, cooking, laundry, and house cleaning) for a few weeks after your return home.

Support at home

If you are the caregiver for a family member, plan for additional help at home for after your surgery.

This step is important to be done **before** to coming to the hospital for your surgery.

Alcohol and smoking/vaping cessation

Stop smoking for at least 4 weeks before your surgery.

Smoking affects the healing of your incision and increases the risk of pulmonary complications after surgery. It is never too late to quit!

It is also recommended to reduce the amount of alcohol you consume.

IMPORTANT: do not drink alcohol for **24 hours** before surgery.

Plan your return home

Arrange your ride back home in advance.

Plan to leave early the morning after your surgery.

Prepare some meals and freeze them

Ask family or friends to help with meal preparation.

Consider ordering healthy prepared meals or groceries online and have them delivered.

HOW TO PREPARE FOR THE SURGERY

Get your home ready for your return after surgery

Make sure everything is ready for you when you go home after your surgery.

Some tasks, like meal preparation, laundry, bathing, cleaning, might be difficult, especially at the beginning.

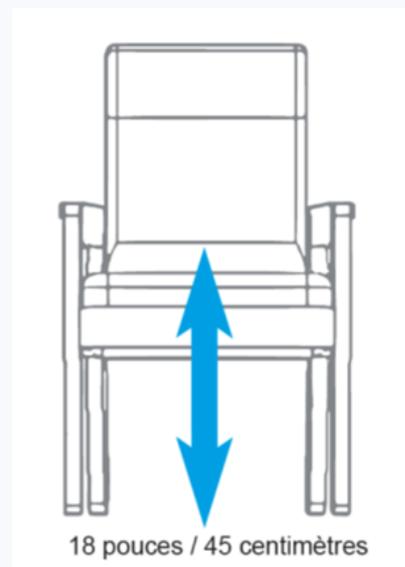
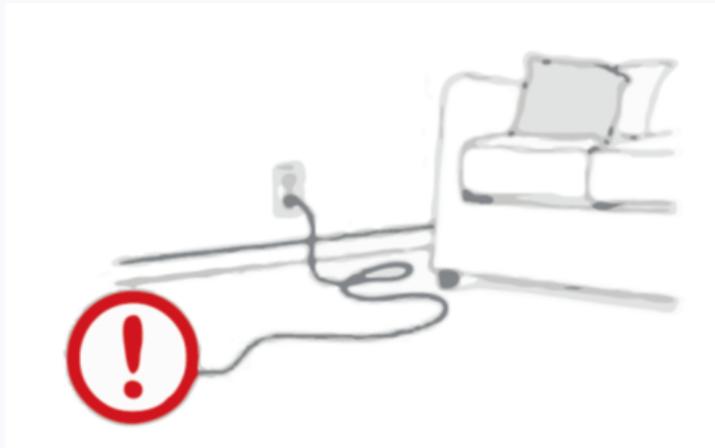
Remove clutter (small rugs, loose items, furniture, and electrical cords) from the floor and surrounding areas.

Make sure there is enough space around the furniture to allow you to easily walk through with your walking aid (example: walker).

If your home has more than one floor, set up a living space on the main floor.

Place regularly used items on the counter to avoid having to reach up or bend down.

Make sure you have chairs with arm rests to help you stand up or sit down. A seat height of more than 18 inches is preferable.



Stress management

Having surgery may cause stress on your body. Stress impacts your health and your mood.

Consider using relaxation techniques to calm your mind and to relax (positive thinking, breathing exercises, mindfulness, listening to music, and distraction).

HOW TO PREPARE FOR THE SURGERY

Get adequate food intake

Have adequate nutrition prior to your surgery.

Have high protein foods at each meal and snacks every day for at least 2 weeks prior to your surgery.

Proteins	Portion	Ideas
Meat, fish, seafood	30g 1/4 cup	To add in soups, omelets, quiches, pastas
Eggs	1 large ou 2 whites	To add in salads and quiches
Cheese	30g	To add in sauces, soupes, salads, omelets, vegetables, sandwiches and hamburgers.
Cottage or ricotta cheese	1/4 cup	To add with fruits, deserts ou salads.
Nuts and seeds	1/4 cup	To eat as a snack.
Peanut butter	30 ml	To add in smoothies or to spread.
Legumes	1/2 cup	To add in soups and salads.
Greek yogurt	175 g	To eat as a snack, at breakfast or in smoothies.
Tofu	50-100g	To add in soups, dips, smoothies and deserts.
Milk and yogurt	1/2 cup	To drink or eat or in smoothies.
Milk or protein powder	1/4 cup	To add in smoothies, pudding, soups, sauces, yogurt.

Prepare ice bags for pain control

Pain control is a very important element for your recovery and rehabilitation.

Make sure you have homemade ice bags or ice gel packs. Ice bags can be prepared in different fashion.

- Putting frozen small vegetables in a Ziploc® bag.
- Keep the Sac Magique® in the freezer.
- Homemade preparation: mix ¼ cup of 70% alcohol solution with ¾ cup of water in a Ziploc® bag (important to not fill too much the bag). Close the bag and freeze for 5 minutes prior use.

HOW TO PREPARE FOR THE SURGERY

Get the necessary adapted equipment

The use of adapted equipment facilitates recovery and helps in carrying out activities of daily living.

These devices are available at medical supply stores or pharmacies. This equipment is not loaned by your CLSC.

It is **your responsibility** to obtain the necessary equipment **BEFORE** your surgery.



Walker with
skis



Bath or shower
bench



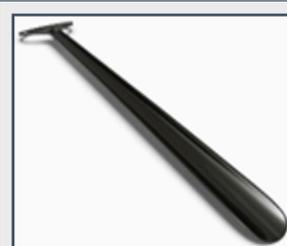
Walker tray



Socking aid



Long handle reacher



Long handle shoe horn

HOW TO PREPARE FOR THE SURGERY

Presurgical screening clinic (PSS)

Before your surgery, you will have an appointment at the Presurgical screening clinic. The reason for this visit is to check on your health, plan your care, and make sure you are ready for surgery.

Bring with you your list of medications and all documents regarding your health history and previous surgeries.

You will meet :

- a doctor;
- a nurse;
- a physiotherapy professional,
- a pharmacy technician;
- other specialists, if necessary.

The following tests will be performed:

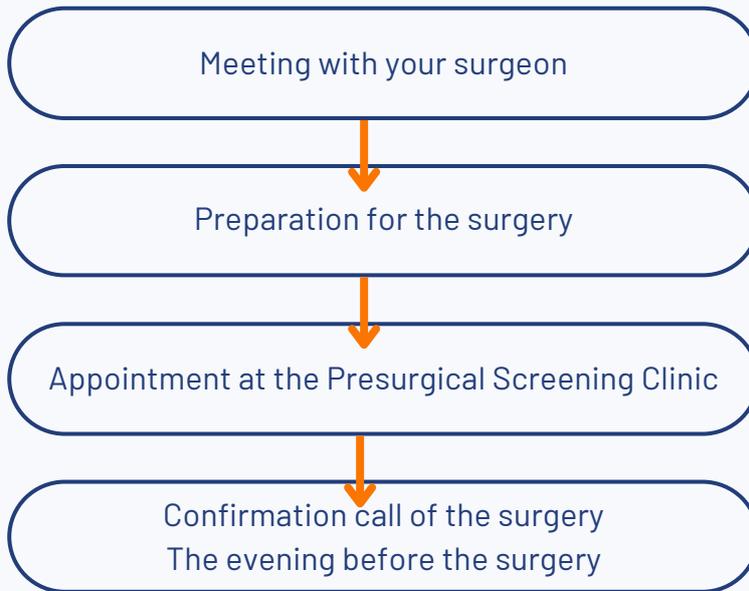
- a blood test
- an electrocardiogram
- X-rays (if needed)
- if necessary, additional tests.

Information is given to you on:

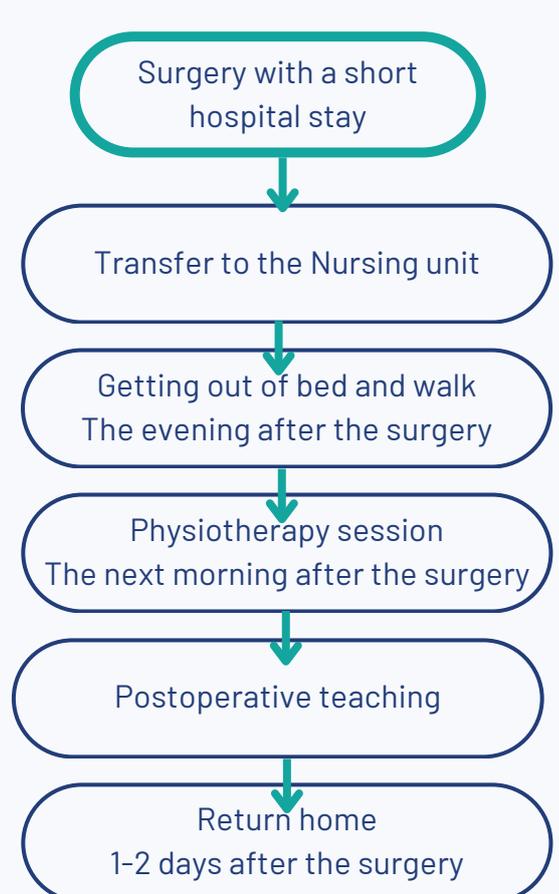
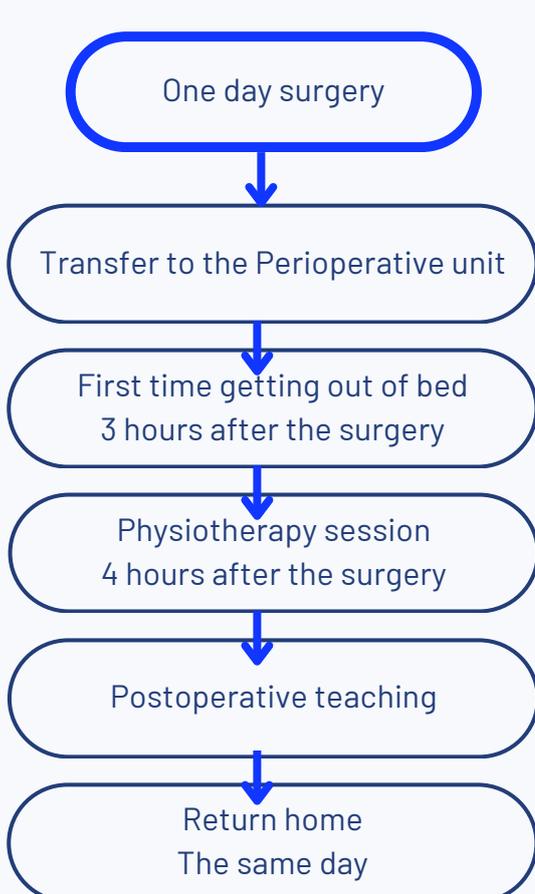
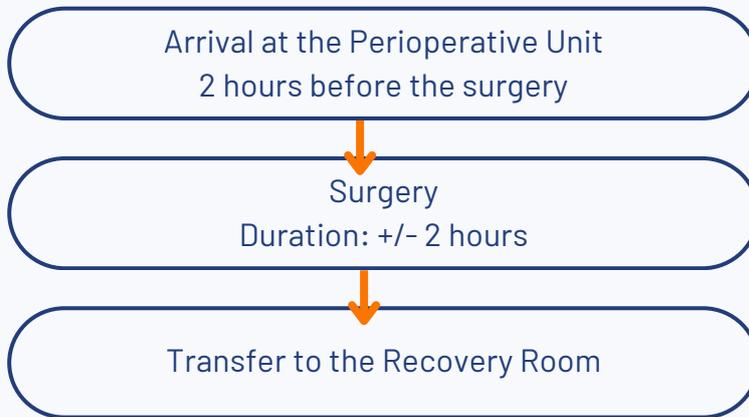
- the care pathway;
- medication to take/stop before surgery;
- food and drink intake;
- indications on the preoperative shower;
 - A prescription for an antiseptic soap will be given.
- the exercises to be performed before surgery;
- the necessary adapted equipment to be obtained.

One day surgery - Patient's trajectory

Before the surgery



Day of the surgery



HOW TO PREPARE FOR THE SURGERY

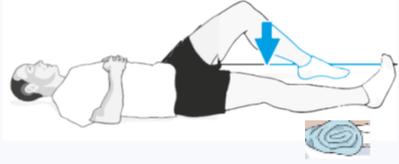
Exercises to do before the surgery

Start some or all exercises as soon as possible before surgery.

Perform these exercises with both legs, according to your pain tolerance.

Repeat each individual exercise 10 times in a row.

After the surgery, the physiotherapy professional will prescribe specific exercises for your condition

Exercise	Instructions	Image
Ankle pumping	<ul style="list-style-type: none"> • Lie down on your back on your bed. • Keep your legs straight, pull and push your foot up and down, repeat this in a pumping motion. 	
Contraction of buttock muscles	<ul style="list-style-type: none"> • Lie down on your back on your bed. • Place a folded towel under the heel. • Keep your legs straight, tighten your front thigh muscle while pushing into the mattress. • Hold 5 seconds and then relax. 	
Hip flexion	<ul style="list-style-type: none"> • Lie down on your back on your bed. • Place a rolled-up towel under the affected knee. • Push your knee down into the towel while lifting your heel up off the bed and as high as you can. • Do not lift the leg from the towel. • Hold 5 seconds and lower your heel back down to the starting position. 	
Knee extension	<ul style="list-style-type: none"> • Sit down on a firm chair. • Without lifting your thigh from the seat, lift the foot of the affected leg while straightening your knee. • Hold 5 seconds then return to the starting position. 	
Hip flexion	<ul style="list-style-type: none"> • Stand facing a counter with your hands resting on the countertop to keep your balance. • Lift the knee of the affected leg up as high as you can, then return to the starting position. • Repeat with the unaffected leg. 	

You will receive a call to validate with you the last preparatory steps and will confirm your arrival time at the hospital.

If you have not received a call by 7:00 p.m. the day before surgery, please call 514-340-8222 ext. 23888 or 26390.

Surgery date: _____

Surgery time: _____



What to bring to the hospital

- This information booklet.
- Your Medicare card and your Jewish General Hospital card.
- Your updated medication list.
- The last 4 readings of your sugar level (lunch, dinner, at bedtime and the morning of surgery).
- Comfortable, loose and easy-to put on clothes and underwear.
- A pair of rubber soled shoes with a closed back and easy to put on. Consider a bigger than normal size as your foot may be swollen after surgery.
- Toiletries (toothbrush, toothpaste, anti-perspirant).
- Cane or walker, labeled with your name.



If necessary:

- Glasses, contact lenses, hearing aid and dentures. Bring storage containers labeled with your name.
- Your CPAP machine.
- A music listening device for entertainment (optional).



Please leave all jewelry, credit cards and other valuables at home.

The hospital is not responsible for lost or stolen items.

THE DAY OF THE SURGERY

Food and liquid intake

You may be recommended to follow a special diet before surgery.

This diet is planned for each patient to eat the right foods to ensure faster recovery.

Evening before the surgery

You can drink any beverage, listed below.
At **midnight**, the evening of the surgery,
stop eating solid food.

Morning of the surgery

You can drink, any beverage listed below,
until 2 hours prior to your surgery.

ONLY drink beverages recommended below.

Apple juice with no pulp

Commercial ice tea or lemonade

Coffee or tea with no milk or
cream

Cranberry juice

Water

Hygiene

Follow those steps for your evening shower.



Wash your face and hair with regular soap.



Shower with the soap prescribed by your surgeon.
This soap helps kill germs that cause infection. Follow the instructions.
Wash all parts of your body, including your navel and genitals



Do not shave the area to be operated on.



Wear clean clothes.
Remove all jewelry.



Do not put lotion, cream, perfume, nail polish or make-up.

THE MORNING OF THE SURGERY, AT HOME

Hygiene

Take a second shower and wash again with the prescribed soap.

Wear clean and comfortable clothes.

If you wear contact lenses, wear your glasses instead.

Take your medication as recommended during your visit at the Presurgical Screening Clinic.

THE DAY OF THE SURGERY

Go to the Perioperative Unit, **Pavilion KS1-1601**.

After registration, you will be helped for the final preparation for the surgery.

You will have to change and put a hospital gown. Your personal belongings will be handed over to your coach or locked away.

A nurse will:

- take a blood test and prepare the skin around your hip, if needed;
- complete the surgical checklist with you;
- make sure that your personal belongings are safe (placed in a locker or given to your coach);
- offer you support and answer questions.

Operating room

You will be brought into the operating room on a stretcher. You will be taken care by your surgeon, his residents and the nursing team.

The anesthetist will discuss with you the anesthesia, pain management and can give you the medication you need to relax.

Your surgeon works with noisy instruments! You can bring your own music (telephone, portable radio, etc.) provided you wear headphones.

The duration of the surgery is approximately 2 hours.

Waiting room

Your coach can wait in the waiting room, located at KS1-1601 during your surgery.

After the surgery, your family/friend will be contacted by the surgeon, either in person or by phone.

AFTER THE SURGERY

Pain control

Pain is a **normal** phenomenon after surgery.

Expect to feel pain when you move your leg, get out of bed, and walk. The pain will decrease with rest.

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

The goal is to keep the pain level below 4 out of 10.

Do not wait until the pain is too strong to say that you are in pain!



Pain control is essential, as it will allow you to :

- move more easily;
- eat and sleep better;
- heal faster;
- do things that are important for you.

Do not wait until the pain is too strong to say that you are in pain!

Medication to control your pain can be given either by:



Mouth



Vein

AFTER THE SURGERY - RECOVERY ROOM

You will be brought from the operating room to the recovery room where the nursing team will care for you.

No visitors are allowed on this unit.

You will have:

1. An IV (intravenous) that gives you with fluids and medication.
2. A cannula that supplies you with oxygen.
3. An acrylic dressing over the incision.



Your vital signs (pulse, blood pressure) will be checked very often.

An XRay of your knee will be taken.

Your nurse will check your dressing. We will ask about your level of pain and if you have any nausea.

*** ONE DAY SURGERY - go directly to page 18.

***SURGERY WITH A HOSPITAL STAY - go directly to page 19.

When your nurses and doctors are satisfied that your pain is well controlled, you will be transferred back to the Perioperative Unit.

The presence of your companion is strongly encouraged to facilitate your return home.

He will be able to see your steps to follow as well as pay attention to the recommendations and lessons provided by the staff.

You will attempt to get out of bed 3 hours upon your arrival to the recovery room.

You will be helped by the nurse and the préposé.

You will then be seen by a physiotherapy staff member who will evaluate your capacity to:

stand up and sit in a chair;

walk with a walker;

go up and down the stairs.

An exercise sheet will be given to you.

Tips and instructions will also be given to you.

You will receive all the required information for your discharge and necessary follow-ups.

You will return home at the end of the day.

DAY 0 - AFTER SURGERY WITH A HOSPITAL STAY

When your nurses and doctors are assured that your pain is well controlled, you will be transferred to the Orthopedics unit, where you will be assessed by a nurse upon arrival.

Your guide and family will be able to join you in your room.

The healthcare team is there to help you with all daily activities and answer your questions.

Medication

You will be receiving all prescribed medication.

Activities

You will get out of bed and walk with a staff member from the unit.

Rehabilitation

You will begin with rehabilitation exercises.

Eating

You will eat all your meals sitting in a chair.

Hygiene

You will go to the bathroom with a staff member from the unit.

DAY 1 - AFTER SURGERY WITH A HOSPITAL STAY

Most of users may return home on Day 1 while others return on Day 2.

Medication

You will be receiving all prescribed medication.

Activities

You will get out of bed and walk without the help of a staff member.

Rehabilitation

You will continue with rehabilitation exercises.

Eating

You will eat all your meals sitting in a chair.

Hygiene

You will go to the bathroom with a staff member from the unit.
You will do your hygiene care on your own.

The healthcare team

The physiotherapy professional:

- completes a physiotherapy assessment;
- teaches you the exercises to do and movement restrictions and/or positions to avoid during your recovery;
- teaches you how to walk with the appropriate walking aid (example: walker);
- reminds you of the importance of getting out of bed often, sitting up in a chair and walking regularly with the care team or a member of your family/coach;
- teaches you how to go up and down stairs;
- gives you information about rehabilitation services after your hospital stay.

The Pain management team:

- get informed about your pain management before and after surgery, for optimal control;
- makes sure your pain is well controlled so that you can get out of bed, walk around and do activities of daily living;
- makes sure you are receiving the right pain medication,
- consults the anesthesiologist about your pain control, if necessary;
- teaches you how to take your pain medication effectively, during your stay and when you return home;
- informs you of expectations or the level of pain and/or discomfort after your surgery as a normal sign of healing;
- advises you on the use of pain medication before you go home, if necessary.

The Pharmacist:

- works with the care team to ensure you receive the correct medication;
- ensures your usual home medication is re-prescribed when you are in the hospital;
- make sure your pain is well controlled and that you are taking medication to prevent blood clots;
- verifies your discharge prescription during working hours.

The Occupational therapist:

- evaluates for safety with transfers and your autonomy in your activities of daily living
- guides you to adapt your home environment, *if needed*.

The Nutritionist:

- make sure you are getting the right meals and snacks to recover from surgery;
- provide nutrition education before your discharge, *if needed*;
- monitor your nutritional status and adjust your nutritional plan, *as needed*.

THE DAY OF DISCHARGE

You will receive the following information:

- your discharge medication prescription;
- the date or the instructions for your next follow-up with your surgeon;
- an exercise program;
- postoperative education.

A request will be completed and sent by the nursing staff to your CLSC for the dressing and staples removal and physiotherapy follow-up. This request is also called a DSIE (*Demande de service interétablissement*).

The presence of a member of your family or your coach is strongly recommended when you receive the discharge explanations.

A member of your family or your coach will bring your walker to facilitate transfers to the car.

AT HOME

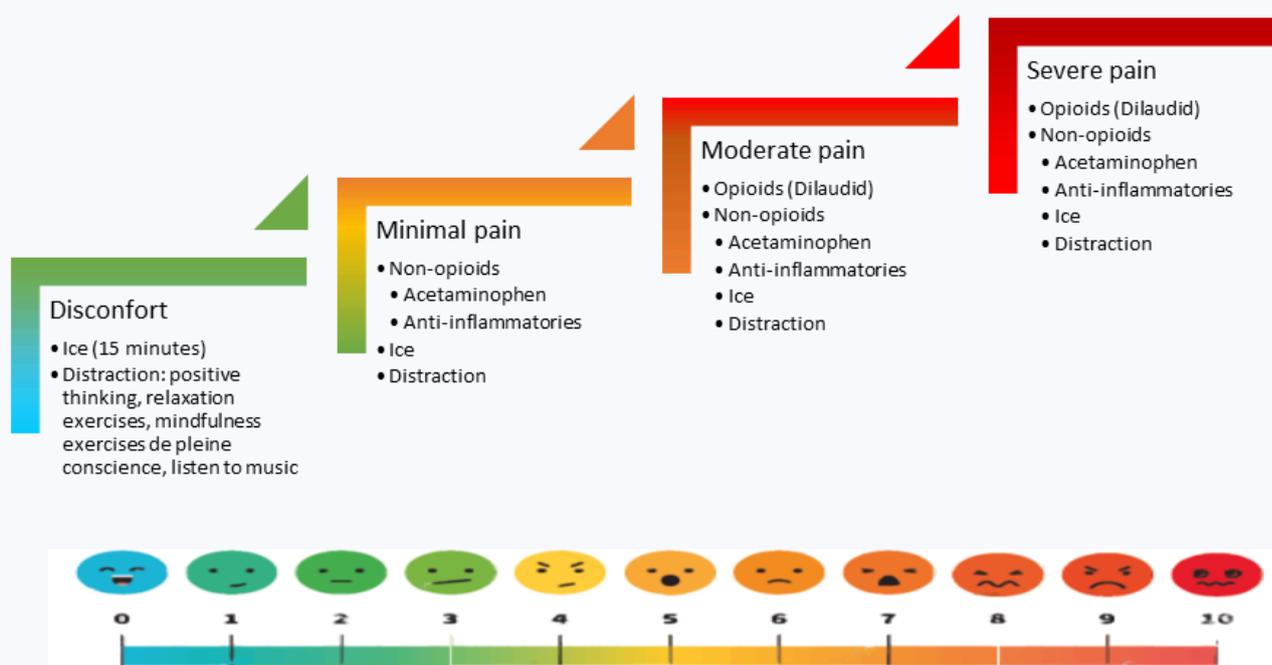
A nurse will call you a few days after you return home to monitor your progress.

Medication

Good pain control is **ESSENTIAL** for your recovery.

Strategies for an optimal pain control

To help control your pain, we encourage you to use ice, acetaminophen, anti-inflammatories and non-opioid painkillers rather than opioids.



AT HOME

Nutrition

Eat healthy foods containing fiber (fruits, vegetables, whole grains) and proteins.

Drink plenty of fluids to help prevent constipation.

If you feel full quickly, try eating smaller amounts at each meal and add nutritious snacks between meals.

Try high-protein, high-calorie drinks or commercial supplements.

Wound care

The staples will be removed 10 to 14 days after surgery. You will receive a phone call from your CLSC for an appointment.

The dressing could be changed only if prescribed by your surgeon or after an assessment by a nurse.

You should observe your dressing every day. If you notice any discharge of blood or liquid, please contact your CLSC nurse or your surgeon's clinic.

Physiotherapy

Continue to do the exercises taught during your hospital stay.

After each exercise session, if there is an increase in pain, apply ice to the operated area. Wrap the ice pack in a dry towel (do not put directly on the skin). You can put ice to help and decrease the pain.

A follow-up in physiotherapy will be organized, according to your sector and your abilities.

Please note that we cannot, at any time, predict the time, frequency and type of physiotherapy follow-up in the postoperative period. This type of service is provided by your CLSC.

AT HOME

Activities of daily living

Returning to your daily routine is part of your recovery and rehabilitation period.

Control your energy and respect your general tolerance.

Transfers and stairs

Refer to the videos available online for instructions.

Hygiene

You can take a shower if your transparent dressing does not leak and you can do your transfers safely.

You can shower standing up or using a shower seat.

Baths are not recommended

Sleep

You can sleep on your back or on the sides.

Get dressed

For your safety, it is recommended that you dress and undress your lower body in a sitting position.

Refer to the video available online for proper technique.

Driving

You should not resume driving for the first 2 weeks after your surgery.

Always sit in the front passenger seat so you have room for your legs.

Refer to the video available online to learn how to get in and out of a car.

LIFE AFTER A KNEE REPLACEMENT

Return to work

Discuss with your surgeon to prepare for your return to work.

Physical activity

Talk to your doctor about sports and physical activities you want to start again.

After the recovery period (in about 6-12 weeks), choose activities with a low risk of falling or injury.

Low impact activities like walking and swimming are recommended.

Avoid high impact activities like running and contact sports like hockey.

You can resume your sexual activities when you are comfortable doing so. You must always respect your movement restrictions.

If you have any questions, talk to your surgeon or physical therapy professional.

Infection prevention

Any infection in another part of your body (bladder, finger, toe, tooth, etc.) can travel through the blood and infect your prosthetic knee.

This risk is low, but not negligible. Sometimes preventive treatment with an antibiotic could be necessary. Please discuss with your family doctor, specialist doctor or dentist before planning a procedure. This professional will be able to inform you.

MONITORING

Contact your family physician or surgeon if you experience any of the following symptoms:

- Fever over 38 degrees Celsius / 100 degrees Fahrenheit;
- Yellowish discharge from the wound.

Go to the emergency room if:

- You experience chest pain, difficulty breathing, dizziness or fainting.
- You experience increased pain, swelling or tenderness in your leg that does not improve.

GENERAL INFORMATION



Contact information

Clinics, services, departments	Phone number
General number	514-340-8222
Presurgical screening clinic	Extension 22944
Orthopedic clinic	(514) 340-7532
Occupational therapy	Extension 28289
Clinical nutrition	Extension 25042
Physiotherapy department	Extension 28238
Orthopedic unit	Extension 25411
Perioperative unit	Extension 24324

HELP US TO HELP YOU

If you want more information on the orthopedic surgery, the following links can be useful :

Vidéo :

Smoking cessation resource :

<https://www.quebecsanstabac.ca/jarrete>

L'Association pulmonaire du Québec

514-287-7400 ou 1-800-295-8111

www.pq.lung.ca



Help us to help others

Give your support to the Jewish General Hospital Foundation.

You can make your donation by :

- Visiting the Foundation office in Pavilion A—107
- Phone at 514-340-8251
- Visiting the Jewish General Hospital Foundation website at www.jgh.ca

Making a donation makes all the difference.

Thank you in advance for your support, it means a lot to us!



Hôpital général juif
Jewish General Hospital

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[Vidéo :](#)

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