

A Guide to Your Day Surgery

Knee Replacement Surgery

This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.



PRET/SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program



This material is also available through the
MUHC Patient Education website
www.muhcpatienteducation.ca

Centre universitaire
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McGill University
Health Centre

This booklet was developed by the MUHC Surgical Recovery (SURE) working group, Drs. Adam Hart, Michael Tanzer and Avinash Sinha, the MGH Pre-Operative Clinic nurses and the Post-Anesthesia Care Unit Assistant Nurse Manager, Sharon Pidgeon.

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



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What is a Care Pathway?

When you have your surgery, you will be part of a Care Pathway program.

The Care Pathway program helps you get better quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain what you can do to get better, faster
- Give you information for when you return home

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These will help you feel better faster.

Bring this booklet with you on the day of your surgery. Use it as a guide.

Your health care team will review it with you before you go home.

Having surgery can be stressful for you and your family. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

Your MUHC surgery team

If you do not speak French or English:

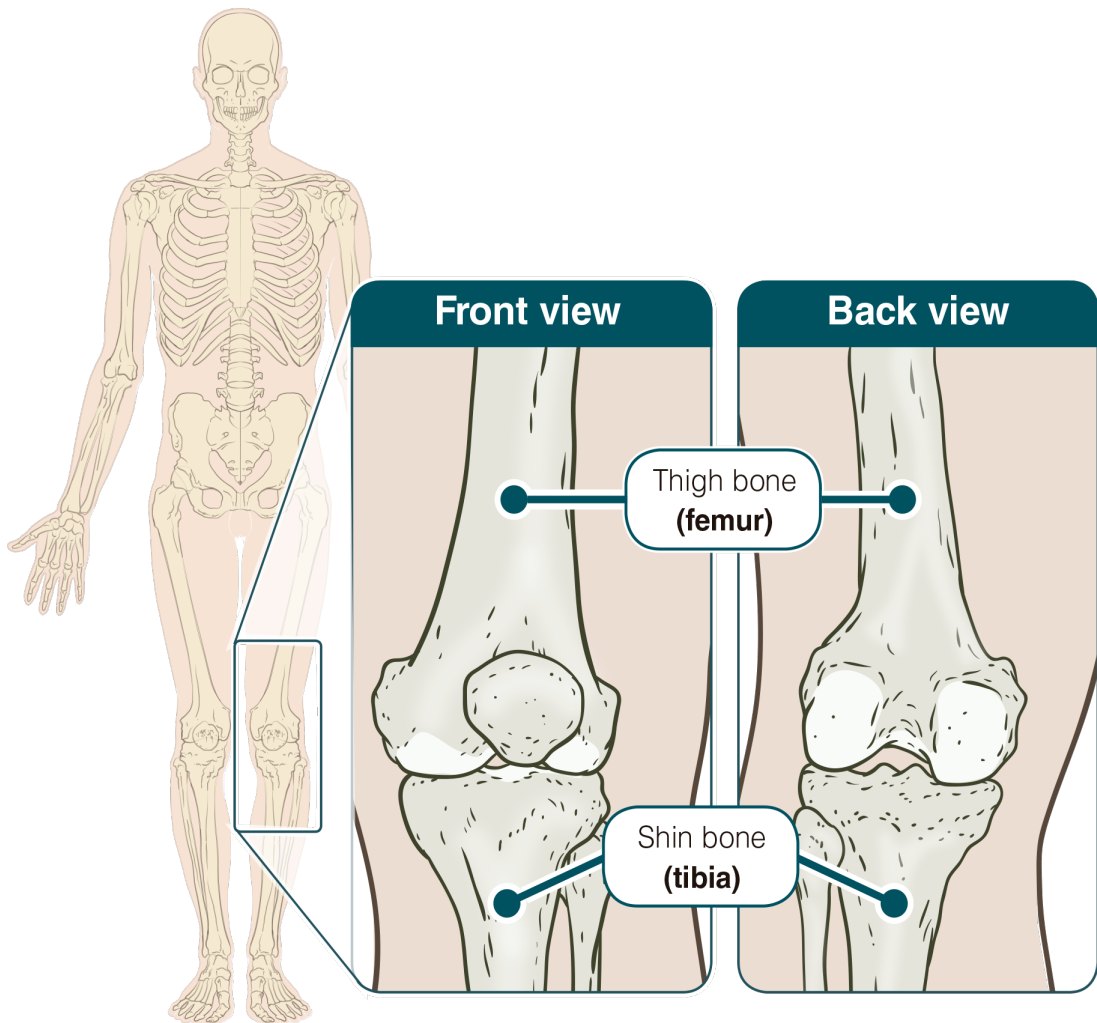
Bring someone with you during your visits and hospital stay who can help you understand.

What is the Knee?

The knee is a joint in the middle of your leg that works like a hinge.

It connects the thigh bone in your upper leg (femur) to the shin bone in your lower leg (tibia).

Cartilage covers the bones so that you can bend and straighten your leg.



What is a Knee Replacement Surgery?

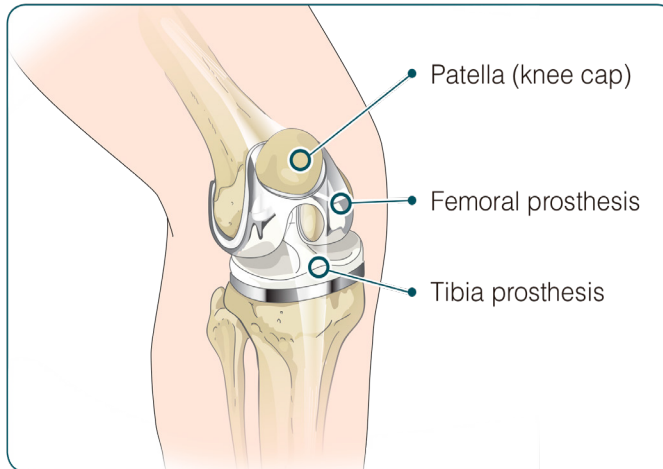
When the cartilage of the knee joint is worn out or damaged, the surgeon replaces 2 surfaces of the joint: the lower part of the femur and the upper part of the tibia.

These 2 surfaces are capped with metal or plastic pieces called a femoral prosthesis and tibia prosthesis.

The surface of the knee cap (patella) might also be replaced. We call this surgery a knee arthroplasty or a total joint replacement.

The goal of this surgery is to:

- reduce your pain
- increase your mobility



What is Day Surgery?

A day surgery is a procedure where you usually do not need to stay the night in the hospital. This means you would have the surgery and be able to go home on the same day.

Preparing for Your Surgery

Ask for Help

You might need some help at home after your surgery.

Make plans with your family and friends so you will have help if you need it.



Get Your Home Ready

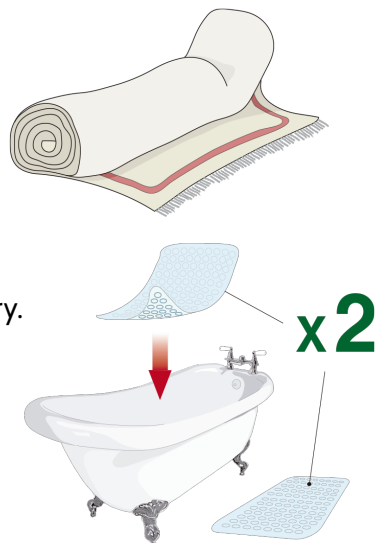
Arrange your living space to make life easier when you go home after your surgery.

Most CLSCs will visit or call you before your surgery to help with this. Your Pre-Op Clinic nurse will inform them of your upcoming surgery.

Your CLSC may recommend equipment you will need when you return home (such as a walker or bath bench). They will also recommend where to get these.

Here are some other suggestions:

- Put away carpets and area rugs. Clear the space around your bed, in the hallways, in the kitchen and in the bathroom so that you can get around freely with a walker.
- Remove electric cords from the floor where you might walk. If needed, move some furniture to help you get around safely after surgery.
- Get 2 good quality, nonslip mats (CLSC staff can suggest some to you when they visit).
 - o 1 for the shower or tub (sticky patterns in the tub are not enough).
 - o 1 for the bathroom floor.



Preparing for Your Surgery

Other Ways to Plan Ahead

- Get good-fitting shoes and slippers with nonslip soles (bottoms).
- Stock the fridge and freezer. Buy frozen foods or make single portions that can be warmed up until you are well enough to cook.
- Get 1 thermometer to check your temperature after your surgery.
- Have an ice pack or a bag of frozen peas to help with swelling and pain control.



You should be able to go home from the hospital on the same day as your surgery.

Arrange to have an adult with you to take you home from the hospital and stay with you for the first 24 hours after your surgery. You will not be allowed to leave the hospital alone.

You cannot drive or take a taxi or public transportation by yourself.

Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

Tell your nurse if you are worried about going home.

See information on parking rates at muhc.ca/patient-and-visitor-parking



Insurance Forms: CNESST, SAAQ, and Salary Insurance

If you have insurance forms to be filled out, bring them to your surgeon's office.

Some forms will be sent to the Registrar's Office (L6-120) and others your surgeon will complete. Your surgeon's office will let you know. These forms can only be filled out after the surgery.

There might be fees to have these forms filled out.

Preparing for Your Surgery

Stop Smoking and Vaping

Quit smoking and vaping at least 4 weeks before your surgery.

- Quitting before surgery can help you recover faster and prevent complications, such as pneumonia (lung infection), blood clots and infections.
- Quitting is possible even if you are a heavy smoker and have tried many times in the past.
- Your health care team can prescribe medication to help you stop smoking
- It is never too late to stop!

See page 53 to learn more.



Stop Drinking Alcohol

Do not drink alcohol for 4 weeks before your surgery. Alcohol can affect how well you recover.

- Alcohol can change the way some medications work.
- Tell us if you need help to stop drinking alcohol.



Cannabis Use

Let us know if you use cannabis (marijuana).

- **If you use cannabis for enjoyment or leisure reasons:**
Stop using cannabis 4 weeks before
- **If you use cannabis, authorized by a doctor, for medical reasons:**

Let us know during your pre-op visit. We may ask you to take your usual morning dose if you need one, on the day of surgery. If you need another dose at the hospital, bring your cannabis and your prescription with you.



Exercising

Getting in shape before surgery can have a big impact on how well and how fast you recover.

Try to exercise every day. Exercise will help your body to be as fit as possible. You will be better prepared for surgery.

If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day.

Exercise does not need to be intense to make a difference.
A 10-minute walk is better than no exercise at all.



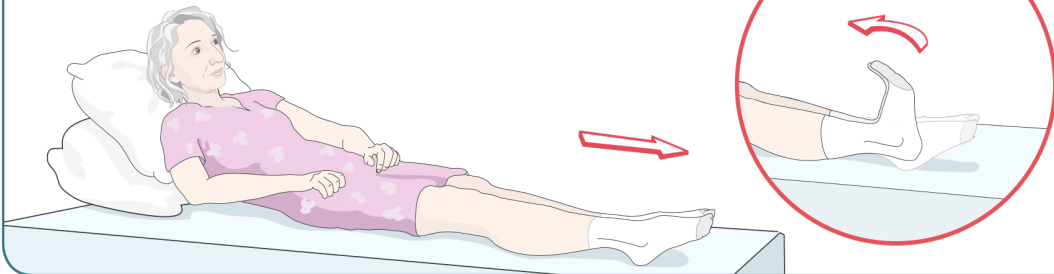
Exercises

The exercises below are important to help strengthen your muscles and help your recovery after surgery.

- Do these exercises in bed or on a hard surface.
- Repeat each of these exercises 10 times.
- Do each exercise 3 times a day.

Ankle Pumping

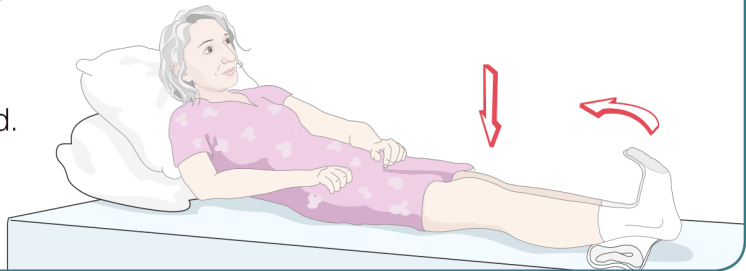
- With your legs straight and without moving your legs,
- Lift your toes as far as you can and then, lower them as much as you can.



Exercising

Strengthening of Thigh

- Straighten the leg getting operated on. Put a rolled up towel under the ankle.
- Lift the toes toward you, and press your knee in the mattress, as tolerated.
- Hold 5 to 10 seconds and relax.



Pre-Op Clinic Visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

When you visit the Pre-Op Clinic, you will meet with:

- A nurse, who will explain how to get ready for surgery and what to expect while you are in the hospital. The nurse will also explain how the “baby bottle” (a method used for pain control after surgery) works (see page 32-38).
- A doctor, who will review your medication and ask you questions about your health. If you have other health problems, you may be referred to another doctor (a specialist) before surgery.
- A physiotherapist, who will review and recommend the exercises that are best for you.

You may also:

- Have blood tests
- Have a knee X-ray
- Have an ECG (electrocardiogram)
- Meet an anesthesiologist (the doctor who freezes parts of the body or puts patients to sleep for surgery)

You may need to stop taking some medicines and herbal products before surgery.

The Pre-Op Clinic doctor will explain which medicines you should stop and which ones you should keep taking.

**If you have any questions,
contact the Montreal General Hospital Pre-Op
Clinic nurses:**

514-934-1934, ext. 43778

Monday to Friday

1 p.m. to 3 p.m.

L10-509 (L wing, 10th floor, room 509)



Phone Call from Admitting

We will ask you to come 2 to 3 hours before your planned surgery time. The only exception is if your surgery is planned for 7:30 a.m. – in this case, we will ask you to come at 6 a.m.

The time of surgery is not exact. It can happen earlier or later than planned.

The day before your surgery, the Admitting Department will call to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call you the Friday before.

If you do not receive a call by 2 p.m., call 514-934-1934, ext. 42190.

Date of surgery: _____

Time of arrival at the hospital: _____

Where to go: Surgical Admission Services
D10-124 (D wing, 10th floor, room 124)



Cancelling Your Surgery

If you get sick, pregnant or have any kind of infection (bladder infection, skin abscess, infected ingrown toenail, etc.), or for any reason are not able to come to the hospital for your surgery, call Central Operating Room Booking at 514-934-4460.

If you call outside of opening hours, please leave a message.



When you call or leave a message, provide these details:

- ✓ Your full name,
- ✓ The date of your surgery,
- ✓ Your phone number,
- ✓ Your hospital card number,
- ✓ Your surgeon's name,
- ✓ The reason for cancelling or postponing your surgery,
- ✓ How long you are not available to have the surgery.

Exception: If you need to cancel your surgery the day before after 3 p.m:

Call the Admitting Department of the Montreal General Hospital at 514-934-1934, ext. 42190.

Your surgery might be delayed or cancelled because of an emergency.

Your surgeon will reschedule your surgery as soon as possible.



Washing

Cleansing Cloths

Two packs of cleansing cloths will be given to you before your surgery:

- Use the 1st pack at home the night before your surgery.
- Use the 2nd pack at the hospital the morning of your surgery.

See the steps on page 17 and 18 on how to use them. on how to use them.

These cloths have a special cleaning product called chlorhexidine. This helps prevent infections by killing germs on your skin.



The Night Before Your Surgery

- Take a shower or bath.
- Wash your face and body with any soap, including your belly button and your genital area.
- Shampoo your hair.
- Dry yourself with a clean towel.
- Do not shave the area where the surgery will be done.
- Do not wear jewelry or piercings.
- Do not put on lotion, cream, makeup or perfume.
- Remove all nail polish.
- Use the cleansing cloths
- Wear clean clothes (pyjamas) to bed.

Washing



The Morning of Your Surgery – At Home

- Do not take a shower or bath. The cleansing cloth product you used the night before needs to stay on your skin.
- Do not shave the area where the surgery will be done.
- Do not shave the area where the surgery will be done.
- Do not put on lotion, cream, makeup, perfume or nail polish.
- Do not wear jewelry or piercings.
- If you wear contact lenses, wear your glasses instead.
- Put on clean and comfortable clothes.

You may use deodorant under your arms. If you have your period, use a pad. Do not use a tampon or menstrual cup.



The Morning of Your Surgery – At the Hospital

- Use the 2nd pack of cleansing cloths (see the steps on page 17 and 18) just before putting your hospital gown on.

Washing

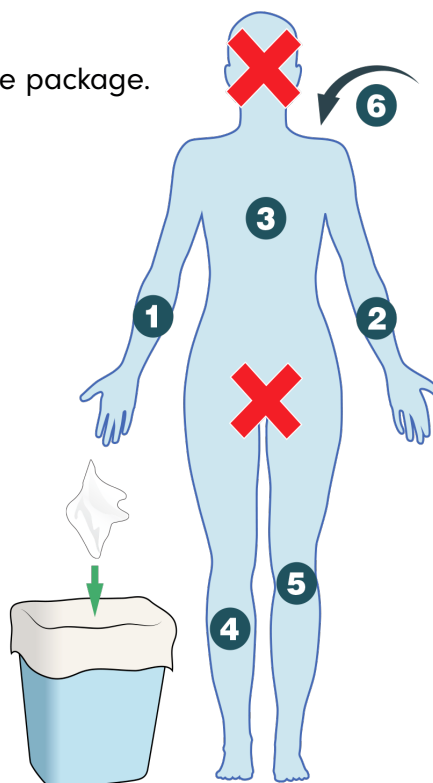
Cleansing Cloths

1. Make sure your skin is dry.
2. You may use the cloths at room temperature, or warm them if you prefer (simply place the package in the microwave for no longer than 30 seconds).

Caution: Do not use the cloths if too hot. Let them cool before use.

3. Peel the front of the label to open the package. It contains 6 cloths.
4. Wipe the parts of your body listed below, in the order shown.
 - Use 1 clean cloth for each area.
 - Wipe using a back-and-forth movement.
 - Wipe each area fully. Use all cloths in the package.

1. Right arm
2. Left arm
3. Chest
4. Right leg
5. Left leg
6. Back



5. Throw used cloths in the trash.

Washing

6. Allow your skin to air dry completely.

7. Put on freshly washed clean clothes.

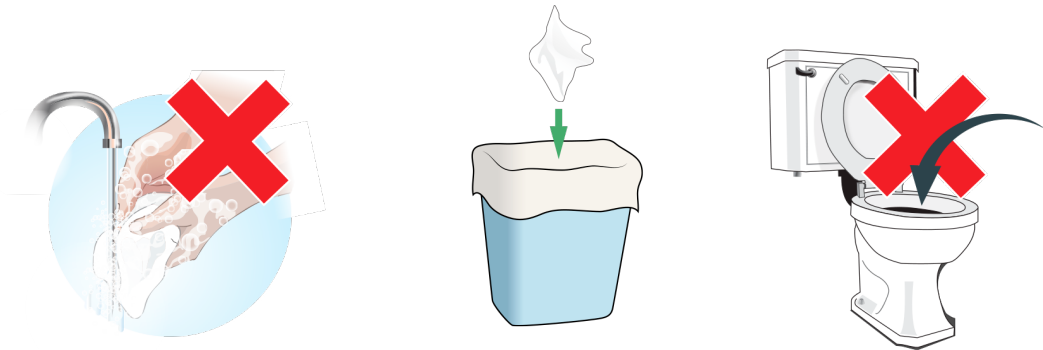
Do not let the cloth come in contact with your face (eyes, ears, mouth) and genital areas. Wash your face and genital areas with water and soap instead.

Do not rinse or run the cloths under water.

Do not re-use the cloths.

Do not put cream or makeup on after using the cloths.

Do not flush the cloths down the toilet (throw used cloths in the trash).



Call the Pre-Op nurse if you have any questions at
514-934-1934, ext. 43778 Monday to Friday 1 p.m. to 3 p.m.

What to Eat and Drink

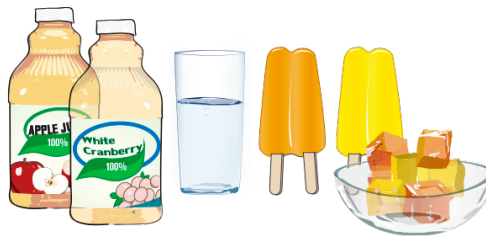
The Pre-Op Clinic nurse will explain what you should eat and drink before your surgery.

The Day Before Your Surgery

Eat and drink normally.

The Morning of Your Surgery

From midnight until 2 hours before your surgery, drink only clear fluids (see list below). Stop drinking any fluids 2 hours before your surgery.



Exception: If you are asked to come to the hospital at 6 a.m., stop drinking fluids at 5:30 a.m.

Examples of Clear Fluids

- Water
- Clear juice with no pulp (juice that you can see through)
- Jello or a popsicle
- Clear broth

Do not have any food, dairy products, or juice with pulp.

What to Eat and Drink

Special Instructions for Some Patients

Your Pre-Op Clinic nurse will let you know if this section applies to you and where to get the PREcovery beverage.

The morning of your surgery:

Drink 1 PREcovery beverage. This drink has special sugars and salts that will give you energy to prepare for your surgery. It is a clear fluid.

When: Drink it 2 to 3 hours before surgery.

This is usually the same time that you are asked to arrive at the hospital.

Exception: If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

How:

1. Measure 400mL (1 and $\frac{3}{4}$ cups) of cold water.
2. Add all the powder in the pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.



What to Bring to the Hospital

- ✓ This booklet
- ✓ 1 pack of cleansing cloths
- ✓ Medicare card and hospital card
- ✓ List of medications that you take at home (your pharmacist can give you one)
- ✓ Loose comfortable clothing (for when you go home)
- ✓ Your glasses, contact lenses, hearing aids, and/or dentures with their storage containers, labelled with your name
- ✓ Your crutches or walker, labeled with your name
- ✓ CPAP machine, if you have sleep apnea
- ✓ Any insurance forms that need to be filled out



Bring these items in a small bag with your name on it. There is very little storage space.

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



At the Hospital

Admitting Area

Go to Surgical Admission Services (D10-124 – D wing, 10th floor, room 124) at the time given. The admitting clerk will ask you to sign a form.

At Surgical Admission Services, your nurse will:

- Ask you to change into a hospital gown
- Fill out a pre-operative checklist with you
- Make sure your personal items are in a safe place
- Give you Tylenol and an anti-inflammatory pill (a pill that reduces swelling) before you go for surgery



Operating Room

A patient attendant (orderly) will take you to the Operating Room.

In the Operating Room, you will meet your surgical team and the anesthesiologist.

The anesthesiologist is the doctor who will give you medication (general anesthesia) so you will be asleep and pain-free during your surgery.

At the Hospital

Waiting Room

Family or friends can wait in D10-117 (D wing, 10th floor, room 117). The space is small. Limit the number of people who come with you.

There is a phone available in the waiting room to call the Post-Anesthesia Care Unit (PACU or Recovery Room) for updates.



Other Resources

Free Hospital Wi-Fi	Connect to: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi
Coffee Shops	1 st floor, Pine Ave entrance & 6 th floor, near the main entrance on Cedar Ave (D6-125 – D wing, 6 th floor, room 125)
Cafeteria	D4 – 4 th floor, D wing
The Hospitality Corner (small restaurant)	D6-125 – D wing, 6 th floor, room 125
Bank Machines (ATMs)	1 st floor, Pine Ave entrance & 6 th floor, near the main entrance on Cedar Ave
Gift Shop	6 th floor, near the main entrance on Cedar Ave (D6-145 – D wing, 6 th floor, room 145)
Parking	Rates: muhc.ca/patient-and-visitor-parking

The PACU (Recovery Room)

After your surgery, you will wake up in the PACU, which stands for Post-Anesthesia Care Unit (PACU). It's also sometimes called the Recovery Room. You will stay here for a few hours before going home.

You may have:

- A mask, giving you oxygen
- A tiny tube in your vein (intravenous or IV), giving you fluids
- A pillow under the knee that was operated on, to help with the bending (flexion) of your knee
- A small container near your knee called a “baby bottle” that gives you pain medication
(See page 26 and page 32-38 for more information)
- An X-ray (image of the bones and implants) of your knee.

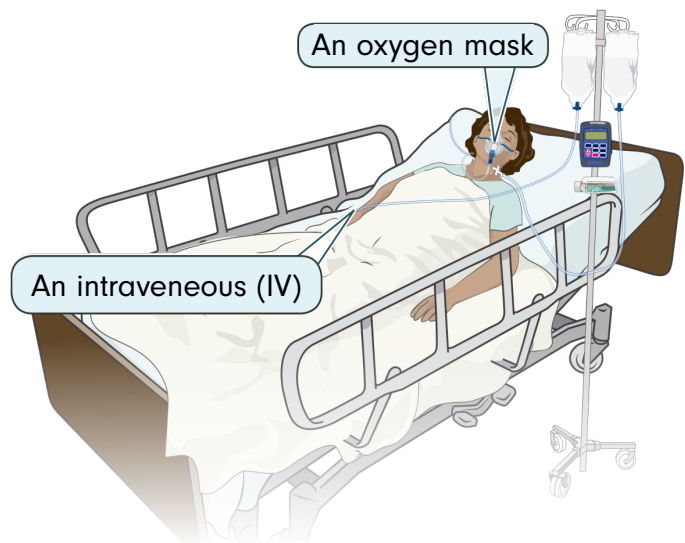
A nurse will:

- Check your pulse (heart beat) and blood pressure often
- Check your bandages
- Make sure you are comfortable
- Put ice around your knee

There are no visitors allowed in the PACU.

After your surgery, a nurse or doctor will call the family member or friend you have chosen as your contact person to tell them how you are doing.

You will stay in the PACU until you go home.



Pain Control

Our goal is to keep your pain low so you can:

- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster

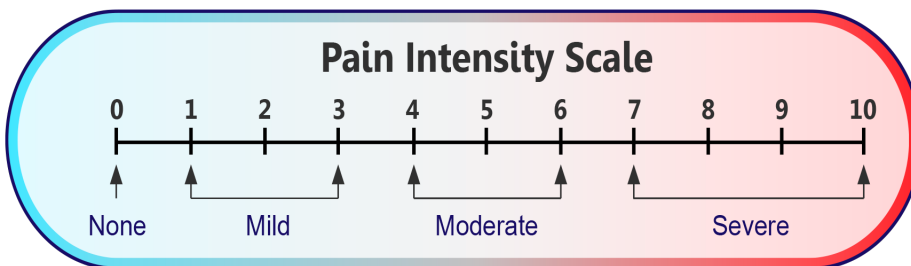
Your nurse will ask you to rate your pain on a scale from 0 to 10.



Pain Intensity Scale

0 means no pain and 10 is the worst pain you can imagine. This number will help your nurse know how to best manage your pain.

If you have pain, tell us right away. When you have pain, you may not want to move around. This can slow down your recovery.



Pain Control

Ways to Control Your Pain

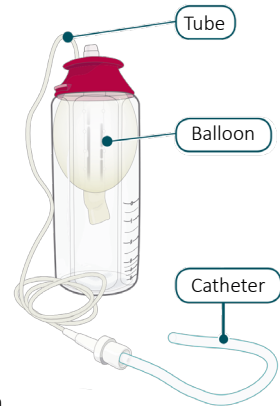
Your anesthesiologist will also talk to you about the best ways to control your pain.



The Baby Bottle

A baby bottle is what we call a small container (bottle) attached to your leg. It keeps the area around your knee frozen so you don't feel pain.

A small tube (catheter or peripheral nerve block) attached to the bottle will be placed near a nerve on your leg. This will numb the area around your knee and incision (cut). The bottle has a bag inside it that looks like a balloon.



- The balloon is filled with liquid freezing (pain) medication.
- The baby bottle can give you continuous (nonstop) pain medication for about 3 days after your surgery.



You will get a pouch to help carry the baby bottle around.

If you go home with a baby bottle: your healthcare team will give you more information and review the steps starting page 32 with you. You or a friend or family member will need to take care of the baby bottle and tube.

If you go home without a baby bottle: the baby bottle and tube will be removed before you leave the hospital. You will use the pain pills prescribed, ice and exercise to manage your pain.



Pills

You will also be offered pills to help manage your pain and be more comfortable and able to move around.



Going Home

You will be able to leave the hospital on the same day as your surgery.

You must have someone to take you home and to stay with you for the first 24 hours after your surgery.

You will not be allowed to leave the hospital alone. You cannot drive, take a taxi or public transportation by yourself.

For the next 24 hours:

- Do not drive a vehicle or operate machinery
- Do not drink alcohol
- Do not make important decisions



Before Leaving the Hospital

- You will receive a meal.
- Make sure you have information for your follow-up appointment with your surgeon and a prescription for your medication. Tell your nurse if you have any concerns about going home.
- With the person taking you home, read the next 2 sections of the booklet called **At Home** (pages 30-48) and **When to Go to the Emergency Room** (pages 49-50).
- Ask any questions you have before leaving the hospital.



Going Home

How long will my leg be swollen?

Your leg may be swollen for the first few days after surgery. This is normal. The swelling will go down over many weeks.

If you find that your foot swells up during the day, raise your leg to help make the swelling go down. It is normal for your leg to swell if you are up a lot. As you walk more in the days and weeks after your surgery, the swelling should slowly go away.

Overnight, the swelling should go down and your leg should not be very swollen when you wake up in the morning. If your leg is swollen in the morning before getting up, call your surgeon's office.

Different members of your health care team will also see you before you go home:

The anesthesiologist will:

- Talk to you about pain control at home.
- Answer any questions you have about managing your pain with the medication or baby bottle you have been given.

The nurse will:

- Send forms for your CLSC visits.
- Give you an extra bandage to bring home.

The nurse will also review the **At Home** section (starting page 30) with you and your escort including:

- How to manage your pain and care for your baby bottle
- How to care for your cut
- When to take a bath or shower
- When to go to the Emergency Room

Going Home

Most CLSCs will contact you for a visit once you are home after your surgery. Call your CLSC if they haven't scheduled a date for their visit.

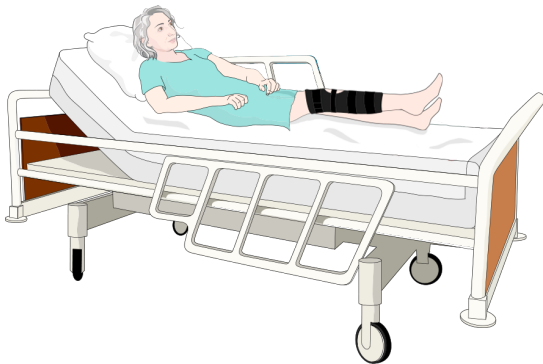
The physiotherapist will:

- Go over your exercise program.
- Recommend the exercises that are best for you.
- Help you practice:
 - Getting in and out of bed or chairs,
 - Walking,
 - Going up and down the stairs.



Knee brace (also called a Zimmer's splint):

- A knee brace may be put on your operated knee to help you walk.
- You must remove it as soon as you can lift your leg straight while lying down.



- Do not keep this brace on your leg if you are able to raise your leg straight when lying down.

Managing Pain

Pain pills

When you leave the hospital, take your pain pill prescription to your pharmacy to get it filled out.

These pain pills will include:

Tylenol and anti-inflammatory pills (medications that reduce swelling)

- These medications are for mild to moderate pain
- Take both of these medications as prescribed.

Opioids (narcotics)

- If Tylenol and anti-inflammatory pills do not control your pain well, you can also take this stronger pain medication.
- If you take this medication, do not stop taking Tylenol and the anti-inflammatory pills.
- Follow the instructions on the pill bottle. It is important to understand the risks and benefits of using an opioid.
- Opioids can make you constipated.

If you take an opioid pain medication:

- Do not drive a vehicle or operate machinery
- Do not drink alcohol
- Do not make important decisions



Managing Pain

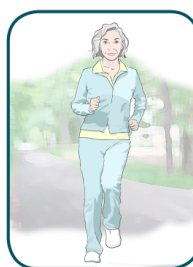
Bring all unused medications back to your pharmacy.

Opioids and Constipation

Opioids can make you constipated (have trouble pooping).

To help your bowels stay regular:

- Drink at least 6 to 8 glasses of liquids (water if possible every day.*
- Eat more whole grains, fruits and vegetables.
- Get regular exercise.
- Take the stool softeners you were prescribed.



***Note:** If you have a heart or kidney condition or other health condition, you may need to drink less. Speak with your doctor or nutritionist if you have questions or are not sure.

Managing Pain

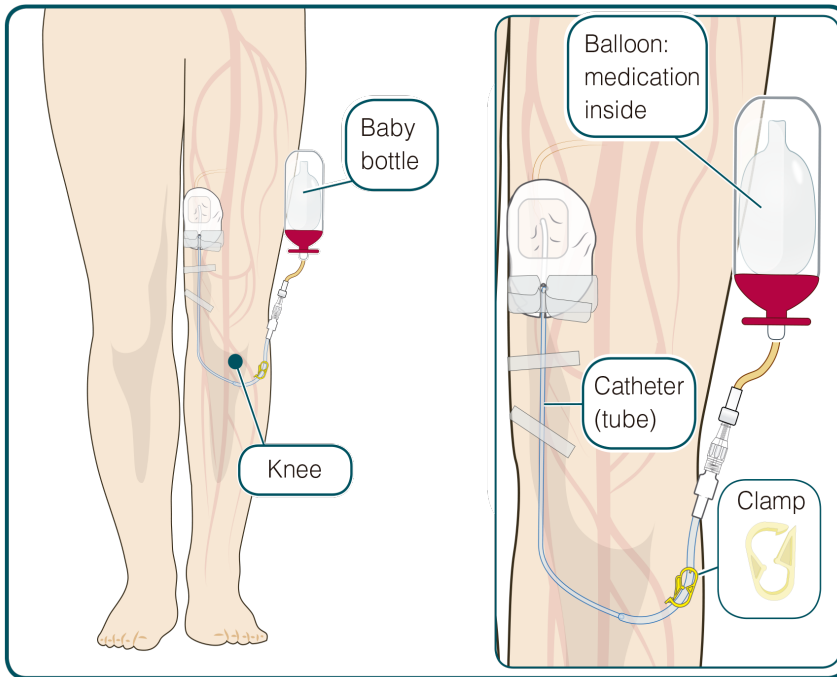
Using the Baby Bottle at Home

Your anesthesiologist has put a small flexible tube inside your skin, close to your knee.

The baby bottle is attached to this tube. The balloon inside the baby bottle is filled with liquid pain medication.

Before you leave the hospital, we will teach you and your escort:

- How to care for the tube, the baby bottle and the bandage on it.
- How to safely remove the baby bottle and the tube.



Once at home, you or your friend or family member will remove the tubing and the bottle 3 days after your surgery.

How long will I use the baby bottle?

When the balloon inside the bottle is empty, there is no more medication. At this point, the bottle and tube should be removed. This usually happens 3 days after your surgery.

Using the Baby Bottle at Home

What will I feel?

When you are using a baby bottle for pain, it is normal to feel:

- Numbness, heaviness and tingling in the area you were operated on.
- As if the area you were operated on or your leg is lost or not part of your body.

It may be difficult to move it. This is temporary.

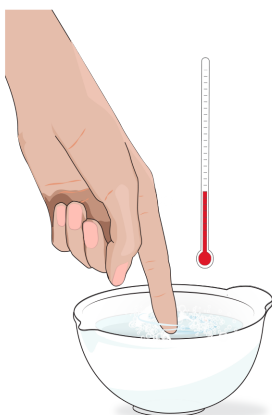
These feelings are often strongest right after surgery. They will go away once the medication is finished and the baby bottle and tube are removed.

How do I carry the bottle?

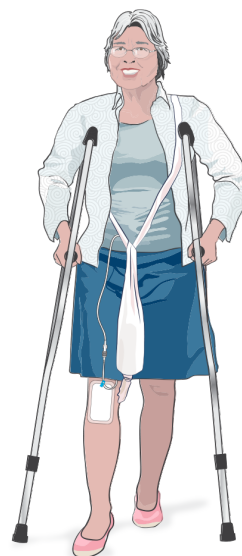
Keep the bottle at the same level as where the tube enters your skin.

We will show you how to carry the bottle with a pouch that can be easily attached to your clothing or hung around your neck.

How can I avoid hurting myself while my knee area is numb?



- Test the temperature of water or any object with your hand or other leg. You will not be able to feel extreme in temperature (very hot or very cold) in the leg with the babybottle.
- Use a walking aid like a cane or walker.



Using the Baby Bottle at Home

What do I do if the area around the tube leaks?

Some liquid might drip from under the bottle bandage. This is normal. Put a small towel behind your knee to catch the liquid that may leak out.

The bandage may become loose. You can help the bandage stick with medical tape from your pharmacy.



Can I bathe or take a shower with the baby bottle?

No. To avoid injury and getting the area around the tube wet:

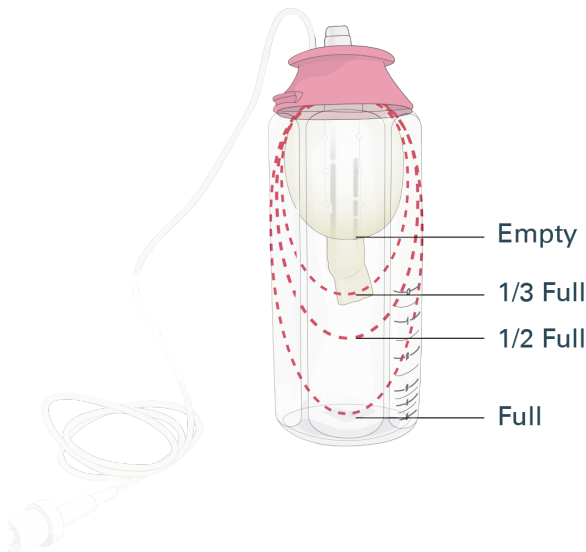
- Do not wet the area around the tube.
- Do not take a shower or bath until the baby bottle is removed.



How can I tell if the pain (freezing) medication is going inside my leg?

If you are getting good pain relief, the system is working.

The balloon inside the bottle will get smaller as it empties and slowly pushes the medication through the tube.



Managing Pain

What side effects should I watch out for?

Most people do not have serious side effects with this medication.

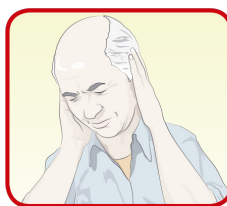
In rare cases, some people may have one or more of the serious side effects below:



Severe Pain



Light-headedness
or dizzy feeling



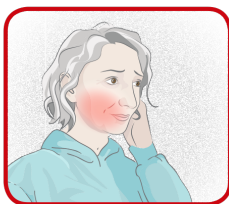
Ringing in the
ears



Blurred vision
or double vision



Metal taste in
the mouth



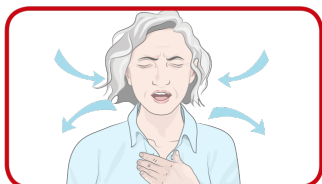
Numbness or
tingling around
the mouth



Nausea or
vomiting



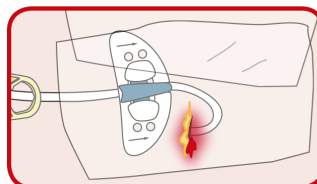
Drowsiness



Increased anxiety or
shortness or breath



Muscle twitching,
shakes, tremor or
seizure



Redness, swelling, yellow/
green liquid or pus where
the tube enters the skin

If you have any of these side effects:

- 1) Clamp the tube right away to stop the flow of the pain medication.
- 2) Call the PACU (Recovery Room) at 514-934-1934, extension 43285.

You will need to give your:

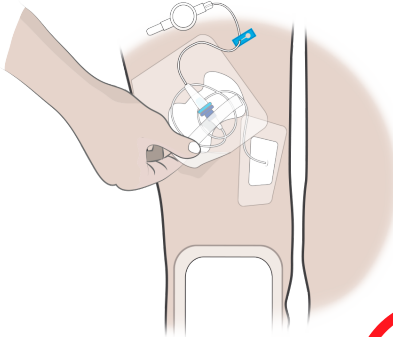
- Full name
- Date of surgery
- Hospital card number
- Surgeon's name



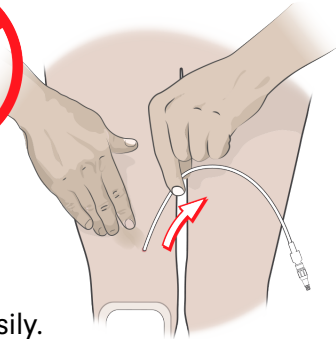
Managing Pain

How do I remove the baby bottle and the tube?

1. Wash your hands with soap and water.
2. Remove the tape around the tube until you see where the tube enters the skin.



3. Do not cut the tube.
4. Hold the tube between your fingers and gently but firmly pull the tube out of your skin. Use your other hand to hold the skin down to keep it from being pulled in the direction of the tube. The tube should come out easily.



If you feel that the tube is not moving or if you feel a lot of pain, stop pulling. Change the angle of the tube, massage the skin around it and try to pull it out again. If the tube still doesn't move or you still have pain, stop pulling and call the **PACU (Recovery Room) at 514-934-1934, extension 43285.**

You will need to give your:

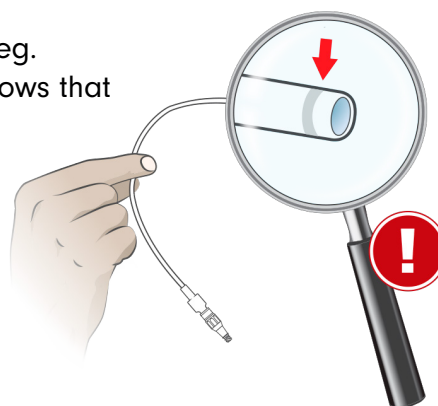
- Full name
- Date of surgery
- Hospital card number
- Surgeon's name

You will also need to explain what the problem is when trying to take the baby bottle tube out.

Managing Pain

5. Check the end of the tube that came out of your leg. There should be a silver mark on the end. This shows that the tube was completely removed.

6. You may still feel the effects of the freezing medication for 2 or 3 hours after the tube is removed. You will slowly start to feel that your leg is unfreezing.



7. Throw away the bandage, the tube and the baby bottle.
8. Check the area where the tube was every day until the area is healed.
9. It is normal for a small amount of clear or pink fluid to leak out where the tube was inserted for about a day. Put a small bandage over the area for 24 hours.
10. If you have pain, continue to take the pain pills as prescribed by your surgeon (see page 30).

Managing Pain

What if I have more questions about the baby bottle?

Call the PACU (Recover Room) at 514-934-1934, extension 43285.

You can also read the online patient information booklet on baby bottles (also called elastomeric devices)

What if I have pain even with the baby bottle?

If the baby bottle is not giving you enough pain relief, you can also take the pain pills prescribed to you by your surgeon (see page 30).

What should I do if I feel pain after my exercise sessions?

After each exercise session, if you have pain, put ice on the operated knee to lower pain and swelling:

- o Put the ice in a plastic bag or use a bag of frozen peas.
- o Do not put ice directly on your skin. Wrap the bag with a dry cloth.
- o Put the ice on your knee every 2 hours for 15 minutes at a time.

If you keep up with your exercise program, your pain will go down. If pain is stopping you from doing your exercises, take the pain pills prescribed by your surgeon 1 hour before starting your exercises.

Not sure what questions to ask? Want to know about how to use pain medication safely when you get home? Visit:

Five Questions to Ask about Your Medications

ismp-canada.org/medrec/5questions.htm

Caring for Your Incision (Cut)

Remove the elastic bandage (if you have one) the day after your surgery.

Under this elastic bandage, there will be another bandage covering your cut.

- Remove this bandage only if it gets soaked (wet) and replace it with a new one. You will get an extra bandage before you leave the hospital.
- This bandage should cover your cut for 7 days after your surgery. After 7 days, remove it.

We will ask the CLSC nurse to remove the clips about 10 days after your surgery. Once the clips are removed, and if your cut doesn't seep, you can leave it uncovered.

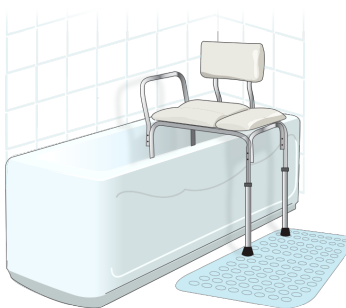
What to Expect

Your skin may get thicker where the cuts are. This is normal.

Many people feel numbness near the cut. This feeling is normal. It will go away over time.

Washing

- Do not take a shower or bath if you still have the baby bottle.
- You can take a shower or bath with the bandage on as long as it stays sealed on your skin and you do not get the cut wet.
- After the clips have been removed and the cut stops draining (leaking clear or light pink liquid), wait for 24 hours before taking another shower.
- Use an adjustable bath bench to take a shower during your recovery.



Diet

You can eat and drink anything you want.

To prevent constipation (trouble pooping):

- Eat foods with fiber (fruits, vegetables, whole grains).
- Drink plenty of fluids.

To help your body heal:

- Eat foods high in protein. Meat, tofu, fish, eggs, poultry (chicken), legumes and dairy products are good sources of protein.



Walking

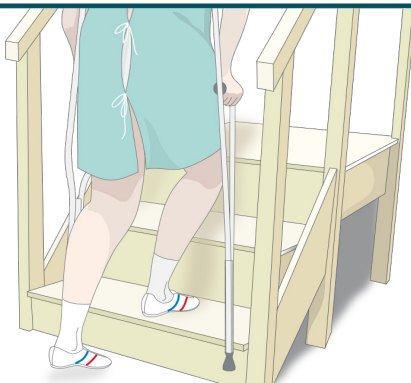
Walking is the best and safest exercise. Walking increases flexibility, blood circulation (flow) and strength in your knee.

You will start walking at the hospital with help from staff. Your strength will slowly increase. Walk short distances many times a day.

Use the support of walking aids such as a walker, crutches, or cane until your leg is stronger. As soon as you can stand up, try to put your weight equally on both legs.

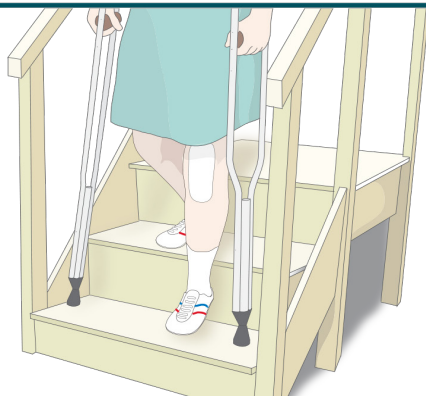
If you use a cane, it should be on the opposite side of the operated leg.

For example, if you had knee replacement surgery on your left leg, you should use the cane with your right hand. This will be explained to you before you leave the hospital.



To go up the stairs:

1. Put your good leg up on the step.
2. Bring the operated leg and your crutches or cane up onto the step at the same time.



To go down the stairs:

1. Put the operated leg and your crutches or cane on the step.
2. Put your good leg on the same step.

Your Exercise Program

The physiotherapist will choose the right exercises for you by putting a checkmark (✓) in the boxes below.

Following the physiotherapist's advice will help your recovery. Avoid having anyone force your knee to bend.

**Avoid any twisting movements or jumps.
Do not overwork your knee.**

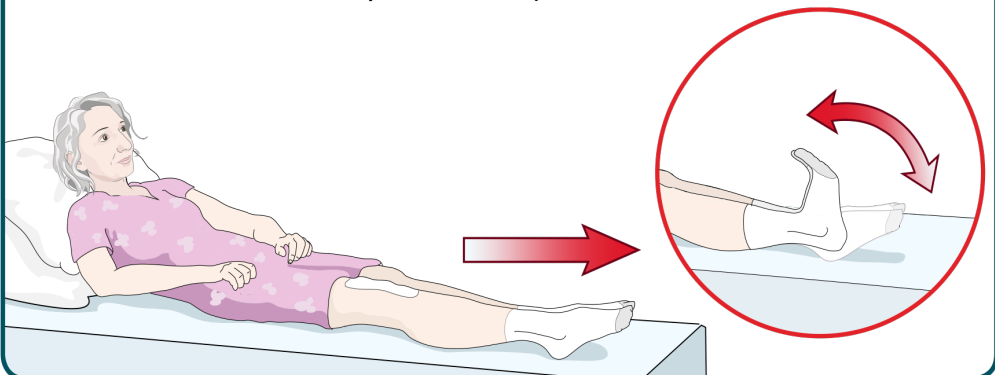
- Do the exercises 3 times a day.
- Repeat each exercise at least 10 times and slowly up the number of repetitions as you feel able.
- The goal is to bend your knee to 90 degrees and to completely straighten the leg during the 1st week.
- It is important to do the exercises slowly and to relax between each exercise.



Do Not place a pillow or rolled up towel under your knee.

✓ ☐ Ankle pumping

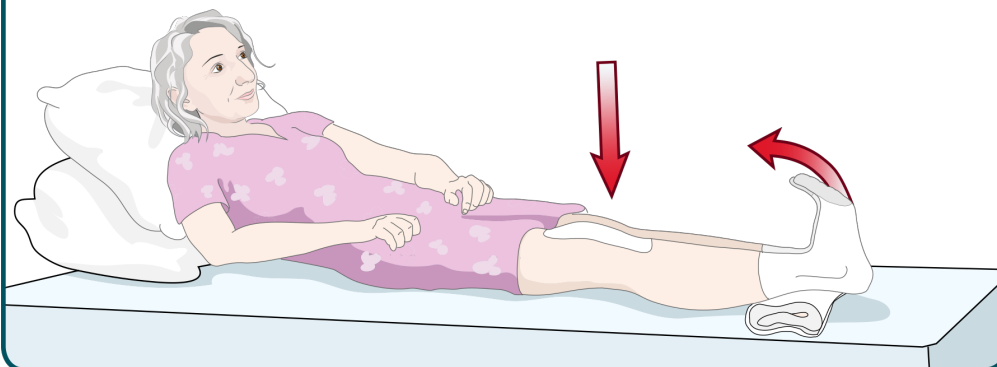
Lie on your back with your legs straight out. Without moving your legs, lift up your toes as much as you can, then point them downwards, as much as you can. Repeat _____ times.



Your Exercise Program

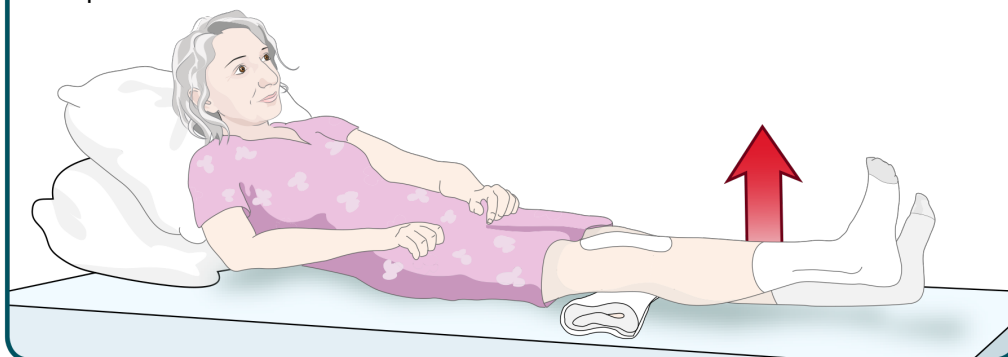
✓ ■ Strengthening of thigh

With your leg straight out, roll-up a towel under your ankle. Lift your toes toward you and press your knee down into the mattress without causing pain. Hold 5-10 seconds and relax.
Repeat _____ times.



✓ ■ Knee Extension

While lying down, place a rolled up towel under your knee. Lift your foot and straighten your leg, without lifting your knee off the towel. Hold for 5-10 seconds and put your leg back down.
Repeat _____ times.



Your Exercise Program



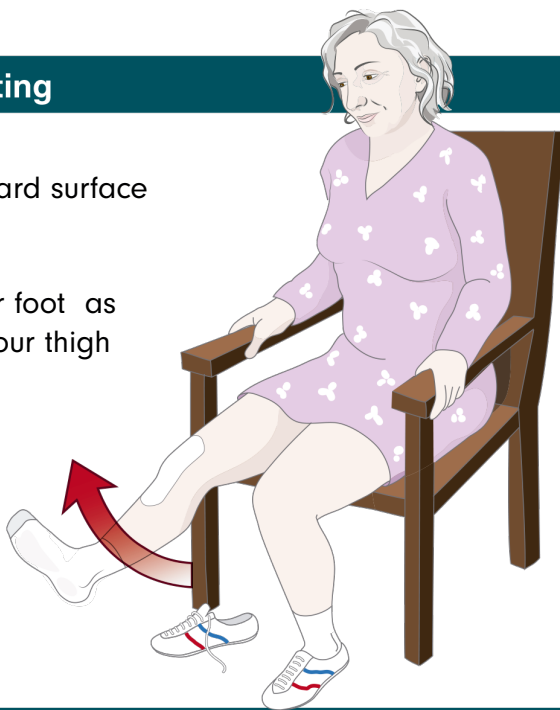
Knee Extension - sitting

Sit down on a chair that has a hard surface (seat).

Straighten your leg by lifting your foot as high as possible without lifting your thigh from the seat of the chair.

Hold 5-10 seconds.

Repeat_____ times.



Knee Flexion - sitting

Sit down in a chair and bend the operated knee, pushing your heel backwards.

You can use the other leg to help yourself. Bend your knee until you feel a stretch on your knee and hold 5-10 seconds.

Repeat_____times.



Your Exercise Program



Squat Strengthening

Stand up with your hands resting on your walker or furniture to keep your balance.

Place your feet shoulder-width apart and keep your weight spread evenly between both legs. Bend your knees slightly while leaning forward.

Do not do deep squats.

Hold 5 to 10 seconds.

Repeat ____ times.



Your Exercise Program

✓ ☐ Preparing To Go Upstairs

Stand up with your hands resting on your walker or furniture to keep your balance.

Lift your knees, one after the other, as if you were about to go up a stair.

Hold 5-10 seconds.

Repeat_____times.



✓ ☐ Strengthening of the Quadriceps

Stand up with your back against the wall, feet apart and your hands resting on your walker to keep your balance.

Spread your weight evenly on both legs.

Try to touch the wall with the back of your knee.

Put a towel behind the knee. Hold 5-10 seconds.

Repeat_____times.



Getting Back to Daily Activities



Household chores

Use an apron with big pockets, a knapsack, or a basket attached to your walker to carry objects.

If possible, put your table close to the kitchen counter during the time you are recovering.



Work and sports

Talk to your surgeon about when to go back to work and before starting any sports or physical activities.



Besides walking, swimming or aqua therapy is a good activity.



Make sure your knee incision (cut) is healed before you get into the pool.

Check with your surgeon or nurse first.



Dental work and other surgeries

If you need surgery or dental work, tell the surgeon or dentist that you have a knee prosthesis (replacement).

They might need to prescribe you an antibiotic medication to prevent infection.



Sex

You can start having sex as soon as you feel ready.



Travelling and driving

If you are travelling or driving, walk every hour to help blood circulation (flow) in your legs.

Getting Back to Daily Activities



Getting on a plane

You have a higher chance of getting blood clots for some time after this surgery. Do not fly until you are done taking the blood thinners (anticoagulant medications) you were prescribed after surgery.



Driving

Opioids (narcotics) are a type of pain medication that may cause drowsiness.

Do not drive if you are taking opioids to control your pain.

If you had the surgery on your left leg: you can drive an automatic transmission vehicle as soon as you are comfortable.

If you had the surgery on your right leg: it is not safe to drive until you have full control of your leg. This is so that you can move from the gas pedal to the brake quickly. The amount of time before you can drive is different for everyone. It is usually about 4 to 8 weeks.

Follow-Up Appointments

The recovery room nurse will call you the day after your surgery. They will call to see how you are doing.

The orthopedic clinic will contact you for your follow-up appointment with your surgeon.

This appointment is usually a few weeks after your surgery.

When to Go to the Emergency Room

Complications do not happen often, but it is important that you know what is normal and what to look out for.

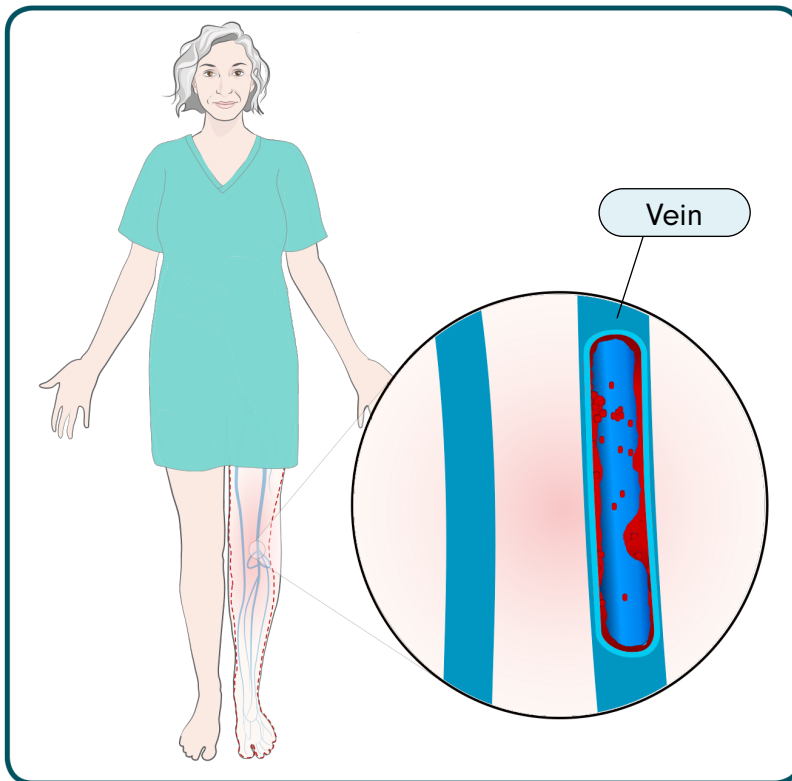
Blood Clots

You have a higher chance of getting a blood clot after your surgery.

Do your exercises, get up and move as much as you can after surgery to prevent blood clots.

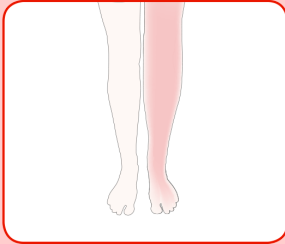
A blood clot can cause inflammation in the vein called phlebitis. Phlebitis can block blood circulation (flow).

To prevent phlebitis, you will receive a prescription for blood thinners (anticoagulant medication) to take after your surgery.

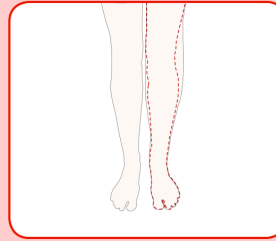


When to Go to the Emergency Room

Call your surgeon's office or go to the Montreal General Hospital Emergency Department right away if you notice any of these symptoms in either leg:



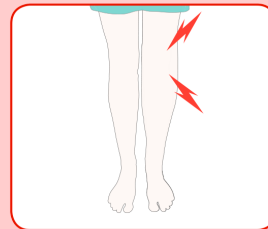
Redness



Worsening swelling or swelling present when you get up in the morning



Increased warmth



or pain

Also call your surgeon's office or go to the Montreal General Hospital Emergency Department right away if:

- Your incision (cut) is painful, red and hard
- You have a fever (temperature of 38.5°C / 101°F or more) for 2 days in a row
- You see pus or liquid coming out of your cut
- You cannot drink or keep liquids down (nausea or vomiting) for 24 hours
- Your pain is getting worse and the pain medicine does not help
- You have trouble breathing
- You are peeing a lot, have a burning feeling or pain when you pee, or have an intense urge to pee but cannot

Important Contacts and Locations

Montreal General Hospital	1650 Cedar Ave., Montreal, QC H3G 1A4
Orthopedic Clinic	B5-200 (B wing, 5 th floor, room 200)
Pre-Op Clinic	L10-509 (L wing, 10 th floor, room 509)
Surgical Admission Services	D10-124 (D wing, 10 th floor, room 124)
Surgeon’s office (Dr. Hart)	514-934-8500
Surgeon’s office (Dr. Tanzer)	514-934-8240
Waiting Room	D10-117 (D wing, 10 th floor, room 117)
Parking	Accessible from Cedar Ave or Côte-des- Neiges Road (see map on page 56) Rates: muhc.ca/patient-and-visitor-parking

CLSC Resources

CLSCs can often provide lists of community resources that offer services that can help you while you recover.

If you are worried or having trouble, ask your CLSC nurse what services are available to help make life easier for you. They will help you find solutions.

They can point you to many different resources and services, such as:

- Meals on wheels
- Caterers
- Grocery stores that deliver
- Cleaning services
- General help

Resources to Help You Stop Smoking

- **I QUIT NOW phone line:** 1-866-527-7383 (free) or iquitnow.qc.ca
- **Quit smoking centres:** ask your CLSC for information
- **The Quebec Lung Association:** 1-888-768-6669 (free) or poumonquebec.ca/en
- **Smoking cessation clinic at the MUHC:** This requires a referral from your doctor. Send the request by fax to 514-934-8488.

McConnell Patient Resource Centre

For more information about bowel surgery, bowel conditions, anesthesia, or quitting smoking, visit the McConnell Patient Resource Centre's online resource pages:

- **Knee Replacement Surgery:** muhclibraries.ca/knee-replacements
- **Pain:** muhclibraries.ca/pain
- **Anesthesia:** muhclibraries.ca/anesthesia
- **Quitting Smoking:** muhclibraries.ca/smoking-cessation

For help finding reliable health and wellness information, contact the McConnell Patient Resource Centre at crp-prc@muhc.mcgill.ca.

You may also visit their website for more information and resources:
muhclibraries.ca/patients

Notes

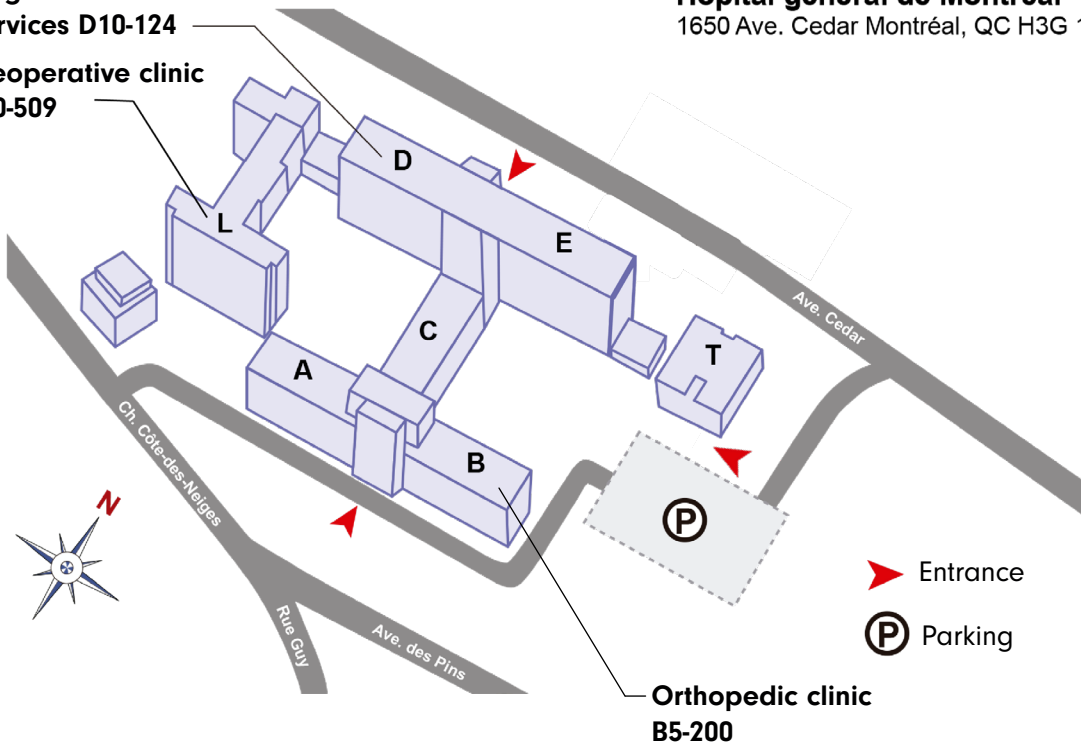
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Hôpital général de Montréal

1650 Ave. Cedar Montréal, QC H3G 1A4

**Surgical Admission
Services D10-124**

**Preoperative clinic
L10-509**



▶ Entrance

Ⓟ Parking

**Orthopedic clinic
B5-200**

Montreal General Hospital

1650 Cedar Ave, Montreal, QC, H3G 1A4

Pre-Op Clinic: L10-509

Surgical Admission Services: D10-124

Orthopedic Clinic: B5-200