DIGNE DE CONFIANCE,
à chaque instant

2026

Centre intégré de santé et de services sociaux de Laval

ERAS Surgery Passport
Knee Replacement Surgery
2th Edition

ERAS
Enhanced Recovery After Surgery

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

Read it over with your family and bring it with you on the day of your operation.

Québec

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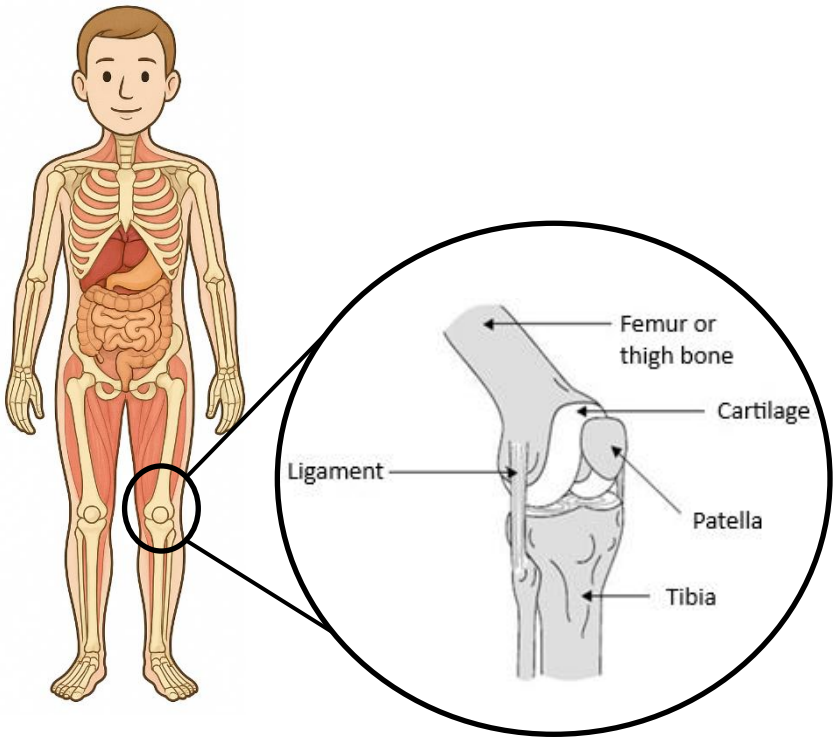
What is knee osteoarthritis?

The knee is a joint connecting the femur, tibia, and patella that allows the leg to bend and straighten. The knee is stabilized with a series of ligaments, tendons, and muscles. Its bone surfaces are covered with cartilage, which is smooth tissue that protects the joint and lets the bones move against each other more easily.



When this cartilage wears down, the bone surfaces become rough and misshapen. The resulting pain, stiffness, inflammation, and loss of mobility is called osteoarthritis. Some people get injections to relieve the pain of this condition.

IMPORTANT

If you are getting injections in the knee that will be operated on, you will need to wait 3 to 6 months before you have knee replacement surgery.

What is knee replacement surgery?

This surgery involves replacing the knee joint with a prosthesis to restore mobility and improve your quality of life.

There are two types of surgery depending on the extent of wear to your knee:

- Unicompartmental (partial) knee replacement (UKR): Recommended when only one side of the knee is affected. Only the damaged area is replaced and the rest of the joint is preserved. Recovery is often faster, but the preparation and follow-up are the same as for a total knee replacement.

- Total knee replacement (TKR): In this case, the surfaces of the tibia and femur, and sometimes the patella, are replaced with artificial components. The muscles and ligaments are then repositioned around the prosthesis.

ERAS Pathway

The goal of the Enhanced Recovery After Surgery (ERAS) program is to help you return home quickly and safely after knee surgery.

Most of these procedures can be done as outpatient surgeries thanks to effective preoperative preparation, advanced surgical techniques, and early mobilization after surgery. This means that you can go home on the day of your surgery. However, your health condition may require you to stay in the hospital for 24 to 48 hours.

Users are no longer systematically referred to convalescent care. If you would like to go to a convalescent care facility after your surgery, you must make the necessary arrangements before the operation and pay the related fees.

The goal is to help you recover more quickly, reduce complications, and improve your comfort and independence. Actively participating is the key to success.

☐ I have been informed that I am a candidate for day surgery.

_____

☐ I am not a candidate for day surgery.

The following page summarizes the steps before your surgery.

KNEE SURGERY PATHWAY

Centre intégré de santé et de services sociaux de Laval
Québec

Before your surgery

1 Prioritize a healthy lifestyle

- Meet with your orthopedic surgeon.
- Read your surgery guide.

- Stay hydrated.
- Stay active.
- Eat well.
- Stop smoking.
- Stop drinking.
- Stop using drugs.

2 Get an evaluation and information from the Preadmission Clinic

- Attend the group session.
- Meet with the nurse and other healthcare professionals.
- Have your pre-surgery tests and exams.

3 Prepare for your surgery

Get the necessary supplies.

- Read the documentation, watch the videos, and do the exercises.

Day before and day of your surgery

4 Day before your surgery

- Organize the spaces in your home.
- Get your surgery date.
- Ask a loved one to accompany you.

- Get your hospital arrival time.
- Pack a bag using the list of things to bring.
- Drink the clear fluid as recommended in the guide.
- Stop eating at midnight.

5 Day of your surgery

- Take a shower with the antibacterial soap.
- Drink the clear fluid as recommended in the guide.
- Arrive at the hospital at the indicated time.

6 Arrive at the hospital

Be accompanied to the operating room.

After your surgery

7 Recovery room

- Do your foot and breathing exercises as soon as possible.

8 Back in your room

- Start to eat again as soon as possible.
- Get up and start walking as soon as possible.
- Do the exercises on your own and with a staff member.

9 Back at home

(The day of your surgery or 1 to 2 days after)

- Continue your exercises.
- Get support from staff during your rehabilitation.
- See your orthopedic surgeon in 4 to 6 weeks.

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BEFORE YOUR SURGERY

Adopting healthy habits before the procedure is important to help you optimally prepare for your surgery and post-surgery recovery.

Diet

Your diet will play a very important role in your recovery. Protein will help your body heal better and recover faster. Protein is found in:

- Meat
- Fish
- Eggs
- Dairy products
- Soy
- Legumes (chickpeas, lentils, dried beans, etc.)
- Nuts and seeds

You can also take protein supplements to add a protein boost to your diet. Try to increase your protein intake at least 2 weeks before your surgery (see Appendix 1).

To reduce swelling after your operation, you can also try eating a Mediterranean diet for 9 weeks before your surgery. This diet emphasizes natural foods and healthy fats. It minimizes processed foods and unhealthy fats as much as possible. The diet includes:

- Lean meats
- Eggs
- Dairy products
- Fish
- Plenty of fruit and vegetables

Quick tip: Limit your intake of pasta, bread, and rice.

Tobacco, vaping, and drugs

Tobacco and drugs can complicate your post-surgery recovery by:

- Increasing your risk of respiratory problems.
- Slowing wound healing.
- Making pain management more difficult.

Stop smoking, vaping, or using drugs—or cut down—at least 4 weeks before your surgery.

Need help? Consult the list of resources at the end of this guide.

Alcohol

Alcohol can complicate your surgery by:

- Interacting with certain medications.
- Increasing your risk of bleeding.
- Causing more complications after the operation.

Stop drinking—or cut down—at least 4 weeks before your surgery.

Need help? Consult the list of resources at the end of this guide.

Physical activity

Getting active before your surgery will help your body prepare for the procedure.

If you already exercise, keep up your good habits.

Otherwise, gradually add exercise to your daily routine at least 4 weeks before your surgery. This exercise does not have to be strenuous: a 10- to 15-minute walk every day is enough to get your body into better shape before your surgery.

Refer to the Physiotherapy Guide for preoperative exercises.

Dental hygiene

Before your surgery, it is important to take good care of your teeth and mouth. However, it is best to avoid major dental procedures at least 6 weeks before your surgery.

Regular cleanings at your dentist are still allowed.

If you have questions, don't hesitate to call the Preadmission Clinic.

Planning your return home

It is important to plan your return home before your surgery. You will also receive information at the group meeting to help you prepare.

You may need help from your family and friends for your:

- Meals
- Laundry
- Personal hygiene
- Shopping
- Yard work

If you plan to have rehabilitation at a place other than your home, it is important to let us know as soon as possible so that we can coordinate your follow-up care with the CLSC in the right sector before and after your surgery.

Have a family member or friend accompany you to all of your appointments. If you do not speak French or English, make sure that someone is available at all times (at least by phone) who can translate for you.

To prepare for your return home, use the Pre-Surgery Checklist in Appendix 2.

Required assistive devices for when you return home

- ☐ Walker with wheels in the front and skis in the back. Do not use a rollator, as these lack stability and increase your risk of falling.
- ☐ Cane.

IMPORTANT

You can buy or rent assistive devices from orthopedic suppliers, pharmacies, or large retail stores. Most CLSCs do not provide this equipment.

Optional assistive devices for when you return home – See Appendix 2

What to bring to the hospital

- ☐ This surgery guide.
- ☐ Your valid and unexpired health insurance card.
- ☐ Your medication list provided by your pharmacy.
- ☐ Your medications, drops, creams, or pumps in their original containers (do not take them from the unit without first speaking to the nurse).
- ☐ 2 packs of chewing gum (sugar-free and denture-safe, if you wear dentures).

- ☐ Reusable water bottle.
- ☐ Practical clothing (shorts with an elastic waistband, loose-fitting pants with an elastic waistband).
- ☐ Shoes that are easy to put on (that do up with Velcro or elastic laces) and that are safe (closed-heel shoes that are wide enough and adjustable to accommodate swelling, with non-slip soles and flat heels). Sneakers / running shoes.

  ** No flip-flops. **
- ☐ Pencil and notepad.
- ☐ Toothbrush, toothpaste and soap.
- ☐ If you wear glasses, contact lenses, hearing aids, or dentures, please bring their cases or containers and label them with your name.
- ☐ Your CPAP machine (if you have sleep apnea).
- ☐ Your walker for the day you leave the hospital.

- Leave your jewelry and valuables at home.
- The hospital is not responsible for any lost or stolen items (the lockers are not locked).
- Any rings that have not been removed may have to be cut off.

<u>* If you are having day surgery and have your own cryotherapy machine, do not bring it to the hospital. If you are staying in the hospital, bring this machine with you but leave it with the person accompanying you</u>.

NOTE

If you have any of the following symptoms or conditions <u>one week before your surgery date</u>:

- You have a sore throat, a cold or the flu.
- You have a temperature (fever) over 38 °C.
- You are taking antibiotics.
- You have a contagious illness (e.g. chickenpox) or have had recent contact with someone with a contagious illness.
- You have a possible or confirmed pregnancy.
- You have redness, inflammation, discharge, a sore, or any other problem on your body or in the specific part of your body that will be operated on.

Image : canada2011.unblog.fr

<u>Immediately call</u> and inform the administrative officer.

Orthopedics 450-975-5487

Medication to stop or continue

At your Preadmission Clinic appointment, the nurse will tell you whether you need to stop or continue the following medications before your surgery.

☐ **Aspirin®, Asaphen®, Rivasa®, Entrophen®, Novasen®, Persantine®, ASA, Aggrenox® (dipyridamole/ASA), etc**.
- ☐ Stop _____ days before your surgery
- ☐ Do not stop this medication

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

☐ **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 this medication

☐ **Other:** _____
- ☐ Stop _____ days before your surgery

☐ **Other:** _____
- ☐ Stop _____ days before your surgery

☒ **Anti-inflammatories** (e.g. Advil®, ibuprofen, Motrin®—including children's formulations—Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)
Stop 3 days before your surgery

☒ **Anti-inflammatories**: Mobicox® (meloxicam), Feldene® (piroxicam)
Stop 7 days before your surgery

☒ **Anti-inflammatories**: Mobiflex® (tenoxicam)
Stop 10 days before your surgery

☒ **All types of natural products (except melatonin)** (glucosamine, omega-3, vitamin E, etc.)
Stop 7 days before your surgery

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

A hospital pharmacist will call you between 2 weeks and 4 days before your surgery to let you know when to stop taking this medication. You may need to have a blood test.

IMPORTANT

You must follow the instructions for this medication.

DAY BEFORE AND DAY OF YOUR SURGERY

Preoperative Preparation

Day before your surgery

You can eat as you normally would. Ideally, eat meals that are high in protein.

Keep drinking plenty of water.

Day of your surgery

For all users

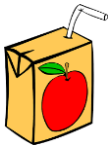
Starting at midnight:

- Do not eat solid food or take nutritional supplements.
- Do not eat or drink dairy products.
- Do not drink alcohol.
- Do not smoke, vape, or use drugs.

Drink only the clear fluids indicated by the preadmission nurse below.

At home

☐ The morning of your surgery, drink 500 mL of one of the following beverages:



- Apple juice
- Store-bought iced tea
- Grape juice
- Sports drink with electrolytes (e.g. Gatorade)

☐ If you have diabetes, drink 500 mL of a:

- Sugar-free sports drink with electrolytes (e.g. Gatorade Zero – 0 g of sugar)
- Water
- Black tea and/or coffee

☐ The morning of your surgery, do not drink any clear fluids.

IMPORTANT

Drink only these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your operation. The exact time depends on when you are scheduled to arrive at the hospital the morning of your surgery. You will receive a call 24 to 48 hours before your operation informing you of your hospital arrival time.

If you have to arrive at the hospital…	Stop drinking clear fluids at…
Before 10:00 a.m.	6:00 a.m.
After 10:00 a.m.	8:00 a.m.
You do not have a specific time: you have to wait at home to be called in for your surgery.	11:00 a.m.

IMPORTANT

Follow these instructions to ensure your surgery is safe and to avoid serious complications. If you have not followed these instructions, let the nurse know when you get to the hospital.

Hygiene before your surgery

The morning of your surgery, you must take a shower with the antimicrobial soap (Dexidin 4%) that you purchased at the pharmacy or the gift shop at the main entrance to Block C. Lather yourself with the soap from your chin to your toes and then rinse.

Put on clean clothes after your shower.

Do not apply makeup, false eyelashes, toe or finger nail polish, fake nails, cream, deodorant or perfume, and do not put in any jewellery or body piercings.

Do not shave the surgery area.

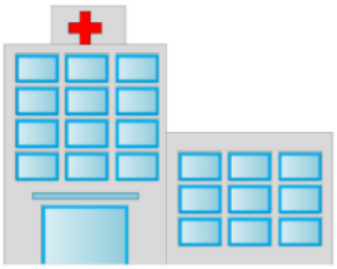
Medications to take the morning of your surgery

Take these medications only.

IMPORTANT

The morning of your procedure, take only the medications indicated in the table. Do not take any others.

When you arrive at the hospital



- Go to the day surgery reception desk in Block B, 1st floor, Room B. 1.130. You will be informed of your surgery time when you get to the unit.
- If you are staying at the hospital, you will be transferred to the orthopedic unit after your surgery.
- Your surgery may also be performed at the Clinique Chirurgicale de Laval.

After you arrive at the unit, expect to wait until your surgery. Bring something to entertain yourself (something to read, a music player with headphones, etc.).

Only one person may accompany you on the day of your surgery. However, this person cannot accompany you into the operating room or recovery room.

In the unit, you will need to remove your:

- Glasses, contact lenses
- Underwear, jewelry and body piercings
- Dentures, hearing aids, hair pieces

Note that your surgery date may be rescheduled even after you have arrived at the hospital.

Getting to the operating room

When you leave for the operating room, you may only wear a hospital gown. You must also urinate before leaving. You will walk to the operating room or be taken there on a stretcher.

The anesthesiologist will meet with you when you get to the operating room.

For more information, read the brochure on the role of anesthesia.

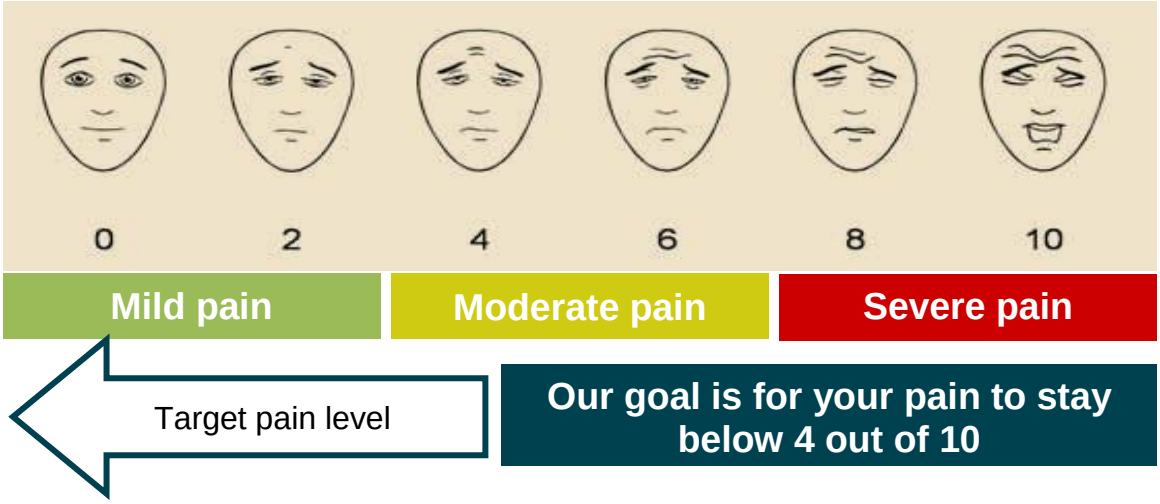
Note that the surgery will last an average of 2 to 3 hours.

AFTER YOUR SURGERY

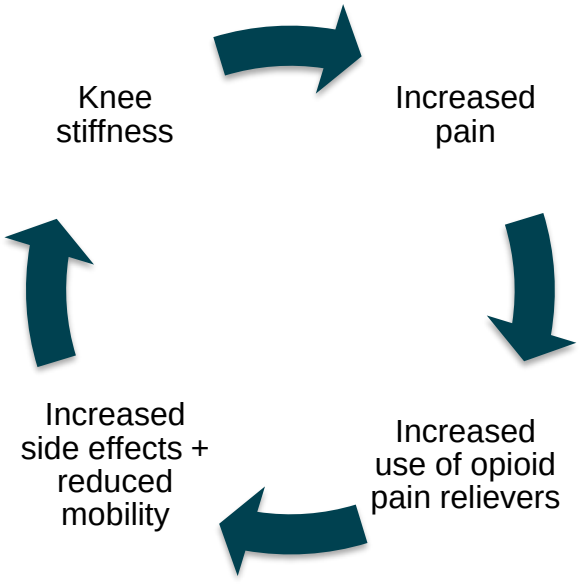
Controlling your pain

It is normal to experience pain after surgery; however, the severity will vary from person to person. Fortunately, you can alleviate and control your pain with different medications as well as alternative methods, such as applying ice, doing relaxation or breathing exercises, and getting mobile. Pain should not prevent you from moving around.

Make sure to rate your pain regularly on a scale of 0 to 10.



Pain that becomes too severe is harder to control, even with medication. When you are in pain, you will move around less, which means that your knee could become stiff. In the first few days after surgery, it is important to monitor your pain regularly—both while at rest and during activities—and to relieve it as soon as possible. Do not put off taking pain medication until your physiotherapy sessions. It has been proven that



people who have consistent pain relief improve their ability to perform their daily exercises, which means they regain their strength and mobility more quickly.

It is normal for the pain to get more intense during your physiotherapy exercises. However, your pain must go back down to a 4 out of 10 or lower within an hour of the session.

Relieving pain is essential because this lets you:

- Breathe more deeply
- Move around more easily
- Sleep better
- Eat better
- Heal faster
- Get back to your normal routine more quickly

Contact your orthopedic pivot nurse if you have concerns about your medication or if your pain is getting worse or is not relieved with medication.

Pain relievers

The best way to effectively relieve pain is with a multi-step approach. Just as we layer clothes to protect ourselves from the cold, each “layer” or step of your treatment (acetaminophen, anti-inflammatories, tramadol, opioid) works together to relieve your pain.

☐ Step 1: Tylenol® (acetaminophen) and anti-inflammatories

- You should regularly take acetaminophen for as long as you have pain.
- Anti-inflammatories are usually prescribed to reduce pain and swelling in the first few days after your surgery.

☐ Step 2: Tramadol (intermediate opioid pain reliever)

- If you still have pain even after taking a Step 1 treatment, this medication may be added. It is stronger than Tylenol and anti-inflammatories but has fewer side effects than Step 3 opioid pain relievers.

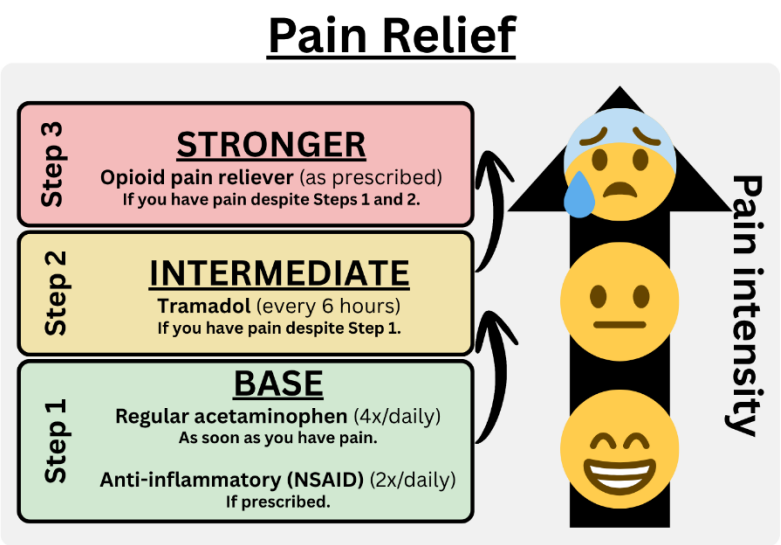
☐ Step 3: Opioid pain reliever (strongest medication)

- If your pain is still severe, other prescribed opioid pain relievers can help relieve it between doses of the Step 2 medication.

IMPORTANT

Note that you must wait one hour between taking the Step 2 medication and Step 3 medication.

A multi-step approach lets you effectively manage your pain while minimizing side effects. Use the Post-Surgery Checklist in Appendix 3 for the first two weeks following your surgery. Note down the following:



- The time you took the last dose of each of your prescribed medications.
- Your pain level.

Logging your medications will let you plan your next doses and keep the pain from becoming too severe. This will help you avoid taking more medication than necessary and make it easier to stop the medication later on.

Stopping your pain medication

A good indicator of when you can reduce your dosage is when your relief lasts longer than the prescribed interval. You can generally start to gradually reduce your pain medication after the first week. Keep taking acetaminophen regularly during this time. First reduce the dose of the strongest medication, then continue with the others, one by one:

☐ Step 3: Opioid pain reliever (strongest medication)

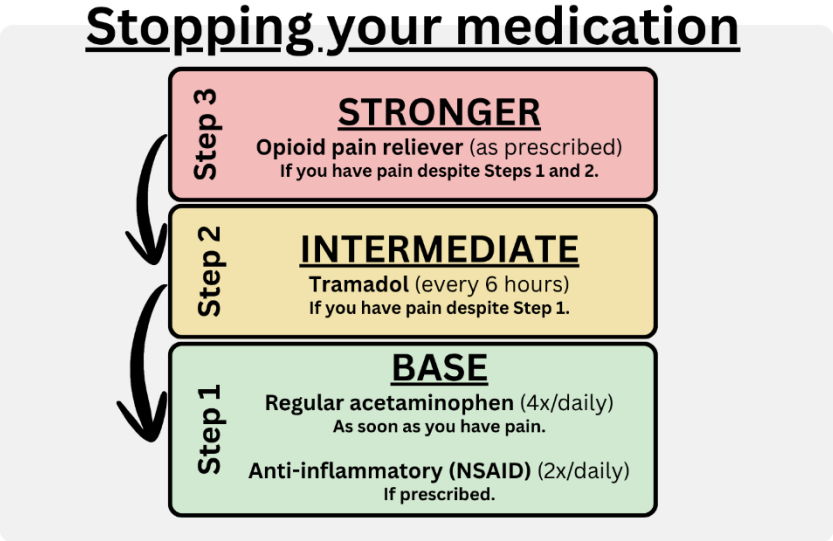
- Reduce the number of tablets or space out when you take them.
- Continue to Step 2 only if your pain remains well controlled without opioid pain relievers.

☐ Step 2 – Tramadol (intermediate opioid pain reliever)

- Once you have stopped taking opioid pain relievers, gradually reduce your weaker medications, such as tramadol.

☐ Step 1 – Tylenol (acetaminophen)

- Eventually, you will only be taking acetaminophen. Take this as needed, and stop taking it once the pain goes away.



If you have any questions or concerns, contact your orthopedic pivot nurse or your pharmacist.

Applying ice

When combined with medication, cold therapy is an effective way to reduce inflammation and pain in the knee that had surgery. After your surgery, it is recommended that you apply ice to your knee for 20 minutes every hour and after physiotherapy sessions to reduce inflammation.

Here is a recipe for an “ice pack” that you can make at home and that will mould to the shape of your knee.

Ingredients

- 1 cup 70% rubbing alcohol or windshield washer fluid
- 4 cups of water
- 2 large freezer bags (Ziploc®)

Instructions

- Put all ingredients in a high-quality freezer bag.
- Put the first bag in a second bag.
- Squeeze the air out of both bags and seal them tightly.
- Freeze.
- Cover the bags with a pillowcase to prevent direct contact with the skin.
- Apply the cold pack to your operated knee for 20 minutes every hour. Put the bag back in the freezer for future use.

The ice pack will get very cold. Do not apply it directly to the skin, as this can cause frostbite.

Another effective (though more expensive) option following knee surgery is a cryotherapy machine. The combined effects of cold and compression can help reduce pain, effectively control swelling, and improve comfort. If you are interested in this option, contact the Preadmission Clinic.

Breathing exercises – Incentive spirometer (Respirex)

An incentive spirometer is a simple breathing trainer that helps prevent complications such as pneumonia. This exercise helps clear secretions from your lungs and also allows your lungs to fully fill with air. This stimulates your breathing, which can often be slowed by anesthesia or pain medication. This exercise will improve your well-being by helping you go back to your normal activities more quickly.

You will get the device after your surgery.

How to use it:

- Remove the device from the package. Connect the tubing to the outlet.
- Get into a comfortable position (ideally seated).
- Hold the device upright in front of you (if you lean it to the front or back, the exercise will be too easy). Exhale normally.
- Place your lips snugly around the mouthpiece and then inhale. Take in enough air to lift the first ball and then the second ball.
- Continue inhaling to keep the balls elevated for 3 seconds. This step will help inflate your lungs as much as possible. Hold your inhalation for 3 seconds, even if the balls drop back down.
- Breathe out through your mouth through pursed lips. Take a break to breathe normally and then try again.
- Repeat this exercise 10 times an hour or as per your nurse's instructions.
- Keep the device nearby as a reminder to do the exercises. Do these exercises for one week after your surgery.

IMPORTANT

If you are in hospital, do these exercises every hour (about 10 repetitions) while you are awake.

Get moving

After your surgery, you will need to stay in bed until the “freezing” in your legs go away. You will have a special cushion placed under your knee to reduce the swelling and bleeding. After this time, you must not rest your knee on a cushion.

The nursing staff will supervise you the first time you get out of bed. In general, you may put all of your weight on the leg that had surgery, unless your orthopedic surgeon indicates otherwise.

In the initial hours after your surgery, the healthcare team will help you safely get around using a walker for the first time. Avoid using a commode chair, bedpan, or urinal and use a toilet instead. Change positions every hour to keep your knee prosthesis from getting stiff and to prevent pressure sores.

Staying immobile for too long can lead to complications such as breathing problems, blood clots, and muscle weakness. To prevent these complications, start the exercises in your Physiotherapy Guide as soon as you wake up and continue doing them over the next few days.

Do not wait for someone to tell you to do them: take the initiative and do the exercises as soon as possible.

Exercises: See the Physiotherapy Guide

When you get back home

When you are discharged, you will receive:

- A prescription for pain medication that you will need to pick up at the pharmacy.
- A sheet summarizing your surgery to give to your family doctor.
- A hospital admission certificate or a medical leave certificate, if you requested one. Let your orthopedic surgeon know if you need these documents.

Insurance forms:

If you have insurance forms that need to be filled out, drop them off at the office of your orthopedic surgeon (1555 Avenir Blvd., Laval). The secretary will call you to come pick up the completed forms.

These forms will not be filled out during your hospital stay.

After you are discharged, have someone come pick you up from the hospital with your walker.

If you are having day surgery and you live alone, an adult must stay with you for the first 24 hours for safety purposes. After this time, the person must also be easy to reach.

Driving

You will also need help getting to your medical appointments, as you will not be able to drive for about 2 to 6 weeks after your surgery. How long you have to stop driving depends on the leg that had surgery and your vehicle's transmission type. Generally, you will have to wait 6 weeks before driving if you had surgery on your right leg and at least 2 weeks if you had surgery on your left leg.

Below are the requirements you must meet to be eligible to drive.

You must:

- Not have any pain and have stopped taking opioid pain relievers for at least 24 hours.
- Have regained sufficient reflexes to brake suddenly.
- Not need any assistive devices to get around.

Be sure to arrange your transportation in advance with your friends and family. Find out about community services in your neighbourhood, such as volunteer transportation, which you must reserve before your surgery.

Follow-up after your discharge

Once you get back home, the CLSC will monitor your health and surgical wound. Physiotherapy will also be provided to help you as you resume exercising. Depending on the availability of services in your area, this follow-up may be done by phone, at your home, or at an outpatient clinic.

IMPORTANT

Due to changes in services and staff shortages, the start of your physiotherapy may be delayed.

To support your post-surgery recovery during this wait time, you may want to schedule private physiotherapy sessions (at your own expense) while you wait to be covered by the public health system.

You will have an appointment with your orthopedic surgeon approximately 4 to 6 weeks after your surgery. You will need to have an X-ray of your knee in the week leading up to this appointment.

Diet

Your bowels will go back to normal a few days after the surgery. However, some pain medications as well as iron supplements and reduced physical activity can cause constipation.

Here are some tips to prevent constipation:

- Eat foods that are high in fibre: whole-grain cereals and bread, fruit, vegetables, etc.
- Drink 8 to 10 glasses of water a day (unless your doctor has advised you otherwise).
- Chew gum: 30 minutes, 3 times a day.
- Get moving: Walking improves the function of your digestive system.
- Follow your doctor's instructions: Start taking the stool softener prescribed by your orthopedic surgeon the day after your surgery.
- Ask your pharmacist for advice: Some over-the-counter laxatives may also help.

If these tips do not help you have a bowel movement after 3 days, consult a healthcare professional.

Alcohol and drugs

Alcohol and drugs should be avoided when taking opioid pain relievers, as they can intensify the side effects:

- Drowsiness
- Decreased alertness
- Poor coordination
- Difficulty breathing

Once you have stopped taking opioid pain relievers for 24 hours, you may drink alcohol in moderation.

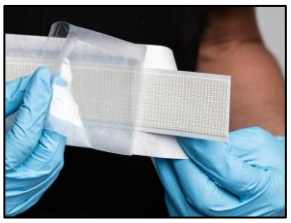
Hygiene

You can usually take a shower 2 days after your surgery if you have a Sylke® dressing, unless your orthopedic surgeon instructs otherwise. If you have an OPOV dressing, you may only shower after the dressing has been removed 10 to 14 days after your surgery. Your surgical wound must be clean and free of discharge and show no signs of infection. Let the water run gently over the incision without rubbing it, and then pat the skin dry gently. Use your assistive devices as needed.

If you notice any signs of infection, immediately stop taking showers. Do not apply any disinfectant or cream to the wound. Cover the wound with a bandage to protect it and absorb any discharge, then contact your orthopedic pivot nurse.

It is recommended that you avoid using a pool or hot tub until your dressing has been removed and your wound has fully healed.

Dressing and wound care



Unless otherwise indicated, your orthopedic surgeon will typically use the Sylke® system to close the wound. It is a mesh dressing that protects the wound and prevent infections. This dressing will be removed by the CLSC after 14 days. Do not rub the dressing, as this could cause the adhesive to come off before the skin has fully healed.

If you have an OPOV dressing, this will be changed on the second day after your surgery, and you will keep it on for 10 to 14 days.

After your follow-up appointment with your orthopedic surgeon, protect the scar from the sun by using sunscreen with the highest SPF.

Swelling and bruising

After knee surgery, it is normal to have swelling for up to 12 months. To help with this symptom, elevate your leg by propping up your ankle on a cushion. Do not be concerned if you have swelling as, on its own, this is not a sign of a blood clot. Apply ice to help reduce the swelling.

You may notice bruising on your operated leg for the first few weeks. Anticoagulants may also increase bruising.

Sleep

During the first few weeks, you can sleep on your back or on your side. Do not sleep in a recliner (e.g. La-Z-Boy).

Remember: Do not place any pillows under your knee.

Activities

After your surgery, it is important to stay active, but be sure to have periods of rest. Think of your knee like a glass of water: in the morning, it starts out empty but then gradually fills up as you go about your daily activities, do your physiotherapy exercises, and move around. The more the glass fills up, the more the swelling and pain will increase. It is important to strike a balance: stay active to strengthen your knee and promote recovery but take breaks or adjust your activities when you have had enough.

Walking is one of the best exercises you can do, unless your doctor advises you otherwise. In general, here is the recommended number of daily steps to do in the first weeks after your surgery:

- ☐ Week 1: <750 steps per day
- ☐ Week 2: <1200 steps per day
- ☐ Week 3: <2000 steps per day

- ☐ Week 4: <2750 steps per day
- ☐ Week 5: <3500 steps per day
- ☐ Week 6: <4500 steps per day
- ☐ Increase by ±1000 steps per day per week as per your tolerance

Once your wound has completely healed, you can go back to different activities as per your tolerance and your usual routine (stationary bike, swimming, etc.).

After about three months, you can gradually resume most sports, depending on your tolerance. Note that it may take you up to three years to fully resume all of your activities. There is no sport you need to avoid if you go back to it gradually. However, you should avoid sports that put you at risk of falling on your prosthesis. If you have any questions, check with your orthopedic surgeon.

Sexual activity

You can resume sexual activity as soon as you feel ready and comfortable. Listen to your body and take things at your own pace.

Travel

It is normal for metal detectors to go off when you go through airport security. You do not need a medical certificate proving that you have a knee prosthesis.

After 3 months, if you have not had any complications, your orthopedic surgeon will authorize you to travel without any special precautions. However, before travelling, check with your insurance company, as some insurers require you to avoid travelling for 3 to 6 months.

Going back to work

When you go back to work will depend on your specific job; however, you should plan for a recovery period of about 12 weeks. Do not hesitate to ask your friends or family for help.

Available resources before your surgery

Emergency..... 911
(24 hours a day, 7 days a week)

Preadmission: 450-975-5566

Quit Smoking Centre 1-866-JARRETE (527-7383)
.....tobaccofreequebec.ca/iquitnow/

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

For Laval residents only

Cible santé ..... 450-978-8300, press 1, ext. 13169
(Smoking cessation)

Laval addiction prevention hotline .....450-622-5110, ext. 64005
(Alcohol and drug use)

Notes

More Information

Visit the CISSS de Laval website for more information on knee replacement surgery as well as exercises and techniques to get around safely:

https://www.lavalensante.com/en/care-and-services/list-of-care-and-services/surgery/orthopedics/knee/

Watch the information videos by Precare:

https://precare.ca/healthcare-guides/knee-replacement-surgery/

Visit Enhanced Recovery Canada:

https://www.healthcareexcellence.ca/resources/enhanced-recovery-canada/

Visit the ERAS Society website:

https://erassociety.org/specialty/orthopaedics/

Visit the website of the Centre hospitalier de l'Université de Montréal (CHUM) – Transitional pain management department (in French only):

https://www.chumontreal.qc.ca/repertoire/service-transitionnel-gestion-douleur/preparation-operation

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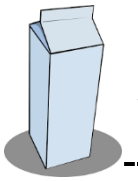
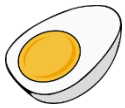
Some images were generated using artificial intelligence (AI).

APPENDICES
Appendix 1 – High-Protein Diet

Here are some suggestions to increase your protein intake without completely changing your diet.

Add this	To this
 Skim milk powder or a protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream, desserts, custard, 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)	Salad, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salad, soup, scrambled eggs, quiche, baked potato, pasta

You can also enrich your diet with a supplement such as Ensure® or Boost®.

Appendix 2 – Pre-Surgery Checklist

In your home

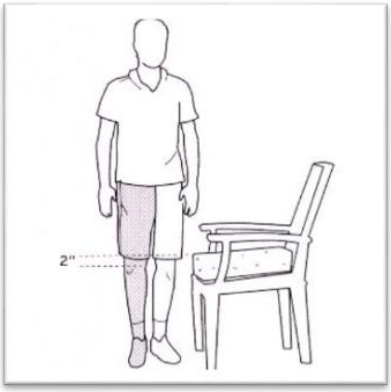
- ☐ Remove small rugs and carpets. *(Reduce the risk of falls)*
- ☐ Put down non-slip mats inside and outside your bathtub or shower. *(Reduce the risk of falls)*
- ☐ Increase the lighting in dark rooms. *(Reduce the risk of falls)*
- ☐ Install a handrail on every set of stairs. *(Reduce the risk of falls)*
- ☐ Place items you often use at a convenient height.
- ☐ Clear paths so that your walker will not get caught on anything as you pass by.

Diet

- ☐ Prepare or plan meals in advance and freeze them.
- ☐ Check if you can have your groceries delivered or find someone who can get them for you.
- ☐ Use a community service, such as meals on wheels (www.popoteroulantelaval.org or 579-934-3980)

Housekeeping

- ☐ Check whether you are eligible for housekeeping help.



Furniture height

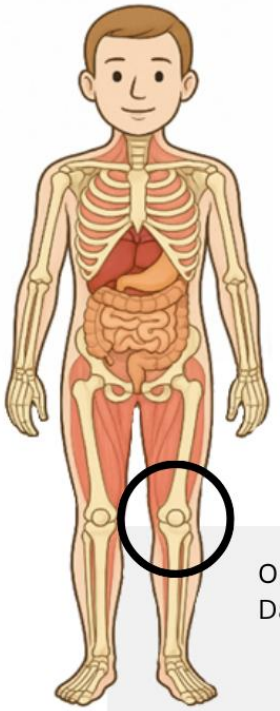
- ☐ To make it easier to transfer onto and off seats, the height of your chairs, bed, armchair, and toilet should be at least 2 to 3 inches (5 cm) higher than the bend in your knees. You can place a firm cushion on a chair or armchair, use bed risers, or use a raised seat for the toilet.

Required equipment to purchase

- ☐ Walker with wheels and skis. Avoid rollators or walkers with 4 wheels.
- ☐ Simple cane

Optional equipment

- ☐ Raised toilet seat
- ☐ Bath/shower bench, transfer bench once you are able to bathe
- ☐ Long-handled brush
- ☐ Long-handled sock aid or shoehorn
- ☐ Long-handled tongs for picking up objects from the ground



Knee Surgery

POST-SURGERY CHECKLIST

Available Resources

The day you are discharged

Orthopedics 5 South-West ..... 450-668-1010, ext. 23474
Day Surgery ..... 450-668-1010, ext. 23934

Monday to Friday
(8 a.m. to 3 p.m.)

For the **first 6 months** following your surgery
Orthopedic Pivot Nurse ..... 450-668-1010, ext. 22913
Fax 450-975-5972
Email ..... eras.cissslav@ssss.gouv.qc.ca

After 6 months following your surgery
Orthopedic Outpatient Clinic (B.RC.280) 450-975-5569

For emergencies on the weekend
(8 a.m. to 2 p.m.)

Orthopedic Outpatient Clinic (B.RC.280) ..... 450-668-1010, ext. 23118

CLSC
(After your care episode, evenings and weekends)

Laval area (based on your postal code) 450-622-5110
H7A – H7B – H7C – H7E – H7G – H7J – H7M – H7N – H7S ..... ext. 47452
H7H – H7K – H7L – H7P – H7R – H7T – H7V – H7W – H7X – H7Y ..... ext. 63061
Laurentians Region 1-833-217-5362
Lanaudière Region 1-866-757-2572
Other sectors: _____

Questions and administrative forms

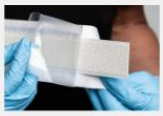
Orthopedic surgeons' private office 450-668-3840

24 hours a day, 7 days a week

Emergency 911
Info-Santé..... 811

My Hospital Record No.: _____

Useful Information



Sylke
Duration: 14 days

Showering permitted 2 days after surgery (unless otherwise instructed).

OPOV dressing
Duration: 10-14 days

Showering permitted 10 to 14 days after surgery and once the bandage has been removed.

When to seek Care?

- Normal:
  - Swollen leg for up to 12 months;
  - Bruising, especially in the first few weeks.
- Tip:
  - Elevate your leg by placing a pillow under your ankle.
- Note:
  - Swelling on its own is not a sign of a blood clot. Anticoagulants can increase bruising.

Problem / Symptoms	Resource	When to seek care
Immediate emergency: • Trouble breathing; • Heart palpitations or chest pain; • Dizziness or sudden weakness; • Unexplained sweating; • Severe headaches.	• Emergency • Urgence-Santé 911	Immediately
Signs of blood clots (2 or more symptoms): • Calf cramp; • Severe calf pain; • Leg redness; • Leg warmth; • Leg swelling.	• Orthopedic pivot nurse (weekdays)* • Orthopedic outpatient clinic (weekends)* • Emergency *If you don't get a response within 2 hours, go to the emergency room.	As soon as possible
Signs of infection (2 or more symptoms): • Fever ≥38.5 °C; • Wound redness; • Increased pain; • Wound swelling; • Yellow/green discharge from the wound; • Wound feels warm; • Wound edges separate; • Stitches protruding from the wound.	• Orthopedic pivot nurse (weekdays) • Orthopedic outpatient clinic (weekends)	As soon as possible
Heavy bleeding or prolonged wound discharge	• Orthopedic pivot nurse (weekdays) • CLSC • Orthopedic outpatient clinic (weekends) • Emergency	As soon as possible
Nausea or vomiting that prevents you from drinking	• Orthopedic pivot nurse • CLSC • Community pharmacy • Info-Santé 811	As soon as possible
• Questions; • Concerns; • More information.	• Orthopedic pivot nurse • CLSC • Community pharmacy • Info-Santé 811	Any day

Pain Tracking

BASE
As soon as you have pain

Step 1 - Acetaminophen (maximum of 4x daily)

	Surgery	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast								
Lunch								
Dinner								
Bedtime								

Step 1 - Anti-inflammatory (NSAID) (2x daily) if prescribed

	Surgery	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast								
Dinner								

INTERMEDIATE
If you have pain despite Step 1

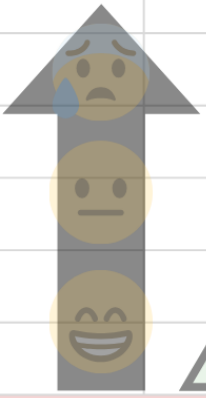
Step 2 - Tramadol (every 6 hours as needed) if prescribed

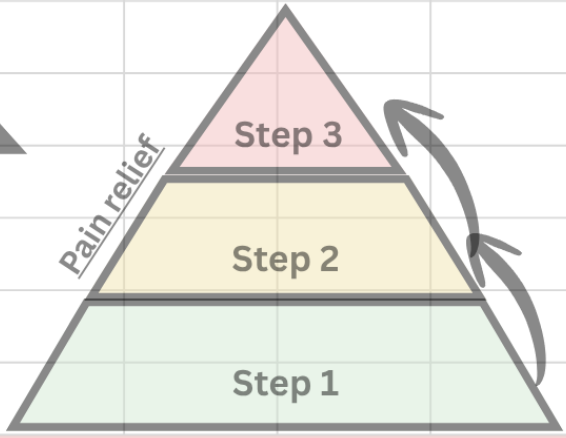
	Surgery	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Every 6 hours								
Every 6 hours								
Every 6 hours								
Every 6 hours								

Stronger
Wait 1 hour after taking the Step 2 medication

Step 3 - Opioid pain reliever (as prescribed)

	Surgery	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Hydromorphone Morphine Oxycodone ____mg every ____ hours as needed								





Pain Tracking

BASE
As soon as you have pain

Step 1 - Acetaminophen (maximum of 4x daily)

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Breakfast								
Lunch								
Dinner								
Bedtime								

Step 1 - Anti-inflammatory (NSAID) (2x daily) if prescribed

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Breakfast								
Dinner								

INTERMEDIATE
If you have pain despite Step 1

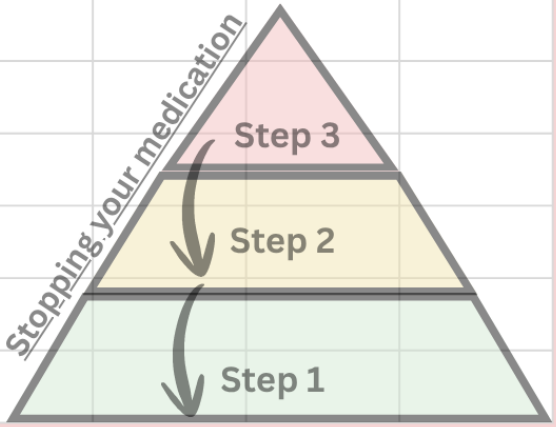
Step 2 - Tramadol (every 6 hours as needed) if prescribed

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Every 6 hours								
Every 6 hours								
Every 6 hours								
Every 6 hours								

Stronger
Wait 1 hour after taking the Step 2 medication

Step 3 - Opioid pain reliever (as prescribed)

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Hydromorphone Morphine Oxycodone ___mg every ___ hours as needed								



Centre intégré
de santé
et de services sociaux
de Laval

Québec

May 2026
Medical and Professional Services
Department
62-100-378