Hip REPLACEMENT

RAAC

Récupération améliorée après la chirurgie

Bring this booklet with you on the day of your surgery

Québec

Hardinge hip replacement

Centre hospitalier régional du Grand-Portage
Adapted for the Enhanced Recovery After Surgery Program

This booklet was developed by physiotherapists at CISSS du Bas-Saint-Laurent, secteur ouest (2022).

It's based on a clinical pathway developed by the Hip and Knee Arthroplasty Working Group of Enhanced Recovery Canada and the McGill University Health Centre Patient Education Office.

Written by:

- François Levasseur, Nurse Clinician, ERAS Program Respondent, DPSPC, CISSS du Bas-Saint-Laurent

CISSS du Bas-Saint-Laurent professionals who helped write the booklet:

- Élisabeth Lavoie, Physiotherapy Technologist (Rivière-du-Loup)
- Anne-Christine Cloutier, Assistant Manager, Physiotherapy (La Matanie)
- Katia Hébert, Assistant Manager, Physiotherapy (Rimouski-Neigette)
- Mélanie Chénard, Nurse Clinician, Preoperative Clinic (Rivière-du-Loup)
- Manon Caron, Nurse Clinician, Assistant Head, Preoperative Clinic and Day Surgery (Rimouski-Neigette)
- Mélanie Gauthier, Nurse Clinician, Preoperative Clinic (La Matanie)
- Mélissa Lavoie, Administration Technician (DPSPC)

CISSS du Bas-Saint-Laurent professionals who helped validate the content:

- Marie-Claude Bourguignon, Physiotherapy (Rivière-du-Loup)
- Marie-Claude Daris, Nurse Clinician, Assistant Head, Surgery Unit (Rivière-du-Loup)
- Alison Tremblay Wood, Physiotherapy Technologist (La Matanie)
- Stéphanie Dallaire, Nurse Clinician, Home Support (La Mitis)
- Nathalie Leclerc, Nurse Clinician, Home Support (Rimouski-Neigette)
- Fabienne Saindon, Occupational Therapist (Rivière-du-Loup)

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You've just been informed that you'll be admitted to:
☐ Centre hospitalier régional du Grand-Portage
☐ Hôpital régional de Rimouski
☐ Hôpital de Matane

To undergo knee surgery for joint degeneration (arthrosis).

You probably have many questions:

- What is this disease?
- What does the surgery involve?
- What kind of outcome can I expect after surgery?

This document answers the most common questions asked by patients.

Studies show that following the recommendations in this booklet will help you recover faster. These include guidelines on diet, exercise and pain management. They will help you feel better faster and get home sooner.

Bring this booklet with you on the day of the surgery.
Use it as a guide at the hospital and when you go home after your discharge. Staff may refer to it as you recover, and review it with you before you go home. We also invite you to visit Precare (https://precare.ca/en/), where you can watch videos to prepare for your surgery. Click on "Healthcare Guides," then on "Orthopedics" and "Knee Surgery (ERAS)," or scan this QR code:

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

Signed: Your CISSS du Bas-Saint-Laurent surgery team

Introduction

What is the hip joint?

- The hip joint is a ball-and-socket joint.
- It includes parts of the pelvic bone and the femur (thighbone).
- The top part (or head) of the femur is called the ball.
- The ball of the femur fits into a cup-shaped space in the pelvis, called a socket. In the hip, this socket is called the acetabulum.

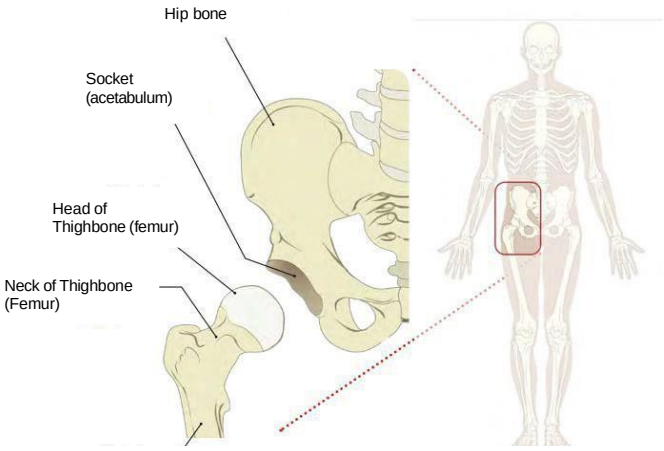


Figure 1. The Hip Joint.
Source: McGill University Health Centre (2023). A Guide to Hip Replacement Surgery.

What is hip replacement surgery?

When the hip joint is worn out or damaged, the head of the femur (ball) and the acetabulum (socket) are replaced with a prosthesis. Your surgeon will explain the different types of prostheses and talk with you about which prosthetic device might be best for you. This surgery is called total hip replacement or total hip prosthesis.

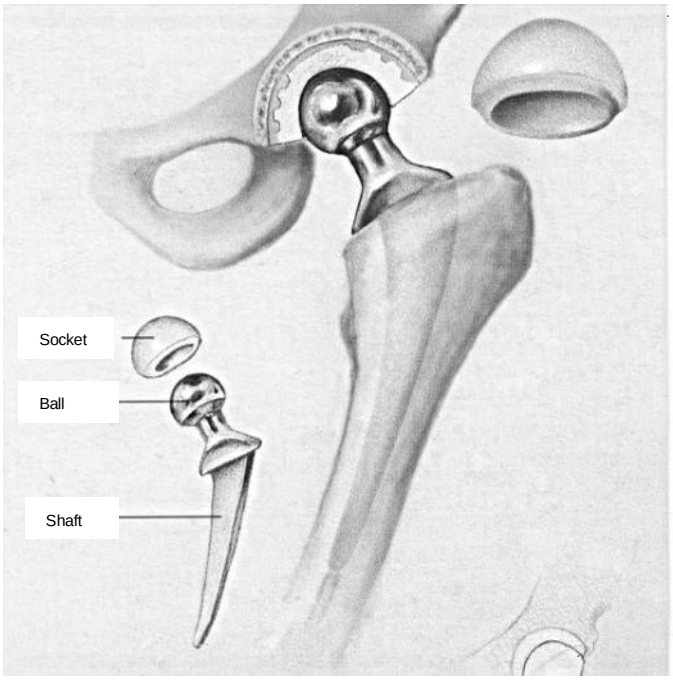


Figure 2. The Hip Joint.

The goal of this surgery is to reduce your pain and increase your mobility.

Before the surgery

1- Healthy lifestyle habits

Before the surgery, we strongly recommend that you adopt the following healthy lifestyle habits:

Stay hydrated
Drink 6 to 8 glasses of water a day

Eat well
Have 3 meals and 2 snacks a day.
Prioritize balanced meals with protein, fibre, vegetables, fruit and whole grains.

Be active
Engage in daily physical activity.

Stop smoking and vaping
At least 4 weeks before the surgery
Consult the available resources (I QUIT hotline and smoking cessation centres)

Stop drinking alcohol
At least 24 hours before the surgery.

Stop taking drugs

For more information on these recommendations and the resources at your disposal, visit https://www.cisss-bsl.gouv.qc.ca/ or ask your preoperative clinic nurse.

2- Assessment and instructions at the preoperative clinic

The reason for this visit or phone call is to check your health, plan your care and make sure you're ready for surgery.

During your visit or phone call to the preoperative clinic, **you will**:

- Meet with or talk to a nurse who will explain how to get ready for the surgery and what to expect while you're in the hospital.
- Have your knee X-rayed.
- Meet with a rehabilitation specialist who will go over the exercises and guide you through the equipment you will need.

When you visit the preoperative clinic, you may:

- Have blood tests.
- Have an electrocardiogram (ECG).
- Meet an anesthesiologist (the doctor who will manage your pain).
  Meet with a medical specialist who will assess your health and review your medication list.

3- Preparation for the surgery

Items to be purchased at a pharmacy or specialty store:

- ☐ Several gel ice packs
- ☐ A cane
- ☐ A thermometer to take your temperature after surgery
- ☐ Two (2) 4% Chlorexidine sponges (SoluPrep) for washing the day before surgery
- ☐ A telephone shower head
- ☐ Two quality non-slip mats :
  - One for the shower/tub
  - One for the bathroom floor

Areachextender

A sock aid

A long-handled brush

A long-handled show horn

Organize your home for your return :

- ☐ Arrange your home so you can avoid using the stairs as much as possible (put a bed on the first floor)
- ☐ Set things up so you always have access to everything you need (dishes, pots, clothes, etc.)
- ☐ Make sure you have a chair with armrests.
- ☐ Make sur the places you'll be sitting are higher than your knees (beds, chairs, armchairs).
- ☐ Put away all mats (especially slippery ones, such as those in the bedroom and kitchen.
- ☐ Clear the space around your bed, in the hallways, in the kitchen and in the bedroom so you can get around easily with your walker.
- ☐ Remove any electrical wires that could block your way.

*If you heat your home with wood or pellets, plan an alternative method or get help.

Other suggestions :

- ☐ Make sure you have the right size shoes and slippers with non-slip soles (foot swelling is to be expected).
- ☐ Stock the refrigerator and freezer. Buy frozen meals or prepare individual portions that can be reheated until you're well enough to cook.
- ☐ Practise sitting in the front passenger seat.
- ☐ Practise getting in and out of bed and performing toilet hygiene while standing.
- ☐ Practise using dressing aids (reach extender, brush, sock aid, etc.)
- ☐ Practise going up and down the stairs and doing the exercice routines in this document.

Call your local equipment loan centre (walker, toilet lift).
You're responsible for getting the equipment you need (from your local CLSC or pharmacy/specialty store).

One you know the surgery date, **you must call** the equipment loan team at your local CLSC to pick up the equipment you need (e.g., walker) :

☐ A walker on wheels (no rollator);
☐ A toilet elevation;
☐ A bath or shower bench (if necessary).

Kamouraska, Rivière-du-Loup, Les Basques et Témiscouata	1-418-899-0214, ext.10192
Rimouski-Neigette	1-418-724-3000, ext. 5339
La Mitis, La Matanie et La Matapédia	1-418-775-7261, ext. 30229

Enlist the help of a friend or family member (especially for the first week) to help :

- Prepare your meals ;
- Do the laundry ;
- Perform hygiene tasks (at the sink) ;
- Clean up ;
- Take care of your pet (clean litter, feed, etc.) ;
- Drive you to physiotherapy appointments and to the CLSC (you won't be able to drive for at least 6 weeks).

* If you're still worried about your return home after surgery, speak with your doctor or another member of your healthcare team.

Arrange for a ride back home
If you're leaving on the day of the surgery, arrange your ride back home for the late afternoon. **Ask your driver to stay, if possible.**

Should you be staying overnight, arrange a ride for before noon the next day.

If necessary, you can stay at the hospital or at a hotel after the surgery. To do so, you must make a reservation yourself before the surgery with an appropriate resource:

- For Rimouski residents, we recommend Hôtellerie Omer-Brazeau: 418-724-2120
- For Rivière-du-Loup residents, we recommend Hôtellerie Marc-Bélanger at Centre hospitalier régional du Grand-Portage: 418-868-1010, ext. 62237
- If you can't get help at home, you can stay in a convalescent home. Call RAOR to learn about the resources in your area: 1-833-422-2267.

Adjusting your walker and cane

To adjust the height of the walker :

- Stand up straight and relax your shoulders.
- Make sure the handgrips are level with your wrists.
- Make sure that the walker is level and the feet are at the same height.

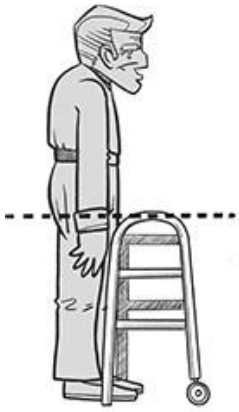


Figure 3. Fitting the walker
Source : Familiprix (2023). Aide à la marche. Repéré à : https://www.familiprix.com/fr/articles/aides-a-la-marche-a0d25c1b-c564-4f9a-b765-757bf3e5a725

To adjust the cane height:

- Stand in your everyday shoes with your arms at your sides and relax your shoulders.
- Make sure the handle is level with your wrist.
  The cane should be on the opposite side of the operated leg.

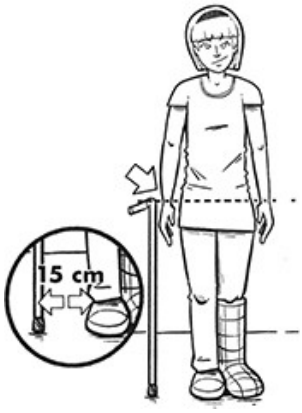


Figure 4. Cane adjustment
Source : Familiprix (2023). Aide à la marche. Repéré à : https://www.familiprix.com/fr/articles/aides-a-la-marche-8816113a-2965-4e0d-87e2-31607af7db2d

Toilet lift :

You will need to raise the seat at least an inch above your knees.

Different heights are available (2'', 4'' and 6'').

Cancelling the surgery

Please call the appropriate number below as soon as possible if you need to cancel the surgery. You must call to cancel the surgery if:

- You're ill (fever, cough, difficulty breathing, chills, diarrhea, vomiting).
- You have an infection.
- You're pregnant.

You must inform the clinic at the number below as soon as possible if:

- You notice changes in your condition.
- You're taking a new medication.
- You're suffering from psoriasis, eczema, oral herpes or any other skin condition in the days leading up to the surgery.
- You have a recent wound near the joint that needs to be replaced.
- You received an infiltration (Cortisone injection) at the operated joint less than three months before your scheduled surgery.

Rivière-du-Loup Preoperative Clinic: 418-868-1010, ext. 62958
Rimouski Admissions Office: 418-724-3000, ext. 8461
Matane Preoperative Clinic: 418-562-3135, ext. 12036

The day before and the day of the surgery

4- The day before the surgery

The day before the surgery, if you haven't been contacted, you should call the Operating Room administrative officer :

- For Rivière-du-Loup : 418-868-1010 ext. 62360 **(call between 1 p.m. and 2 p.m.)**
- For Rimouski : 418-724-3000 p.8461 (Admissions Office)
- Pour Matane : 418-562-3135 p.10000 (Admissions Office – **wait for the call in the early evening**)

Important information – Please fill in the table below :

Surgery date and time :	
Time to drink 2 cups of clear apple juice (in the morning)	
Time to be at the hospital	
Where to go at the hospital	

Personal hygiene :

To reduce the risk of infection, we ask that you take a bath or shower the day before and the morning of the surgery **with the 4% Chlorexidine sponge**. Wash yourself with the sponge from neck to toe and rinse well.

* **Don't apply** the sponge to the face or genitals.

Diet (fasting):

Traditionally, patients have been asked to fast as of midnight on the day of surgery. Studies have shown that taking sugary clear liquids in the hours before surgery improves recovery after surgery.

That's why we use the following guidelines, which tell you what to eat and not to eat the day before and morning of the surgery:

* **Some people shouldn't take fluids after midnight. Your nurse will tell you if you need to stop drinking at midnight.**

The day before surgery (dinner)	For dinner, eat normally. **Don't**: - Eat too much - Eat out or eat fast food - Have anything too sweet (e.g., desserts, soft drinks) You're allowed to eat solids until midnight.

From midnight onwards	<u>From midnight to an hour before you arrive at the hospital:</u> **Don't eat ANY solids** You're allowed to drink **clear liquids**, for example: - Water - Apple juice - Iced tea - Black coffee (no milk, no cream) - Electrolyte drinks (e.g., Gatorade)
The morning of the surgery an hour before arriving at the hospital	<u>An hour before arriving at the hospital:</u> Drink 2 cups of clear apple juice. For example: If you're told to be at the hospital by 7:00 a.m., drink 2 cups of apple juice between 5:00 a.m. and 6:00 a.m. After you drink the juice, **you have to fast completely**.

5- <u>The day of the surgery</u>

On the morning of the surgery, before arriving at the hospital:
- Remove makeup, nail polish, manicures, jewelry and piercings.
- Don't bring valuables (money, credit cards, jewelry, electronics, etc.).
- Don't use moisturizer.
- Don't shave the area to be operated on.

Follow the instructions of your surgeon or the nurse at the preoperative clinic as to whether you should take medication on the morning of surgery.

<u>Things to bring to the hospital :</u>

- ☐ This booklet
- ☐ Hospital and health insurance cards
- ☐ Slippers or non-slip shoes
- ☐ Medication list provided by your pharmacist
- ☐ Your medication (in original container)
- ☐ Comfortable, loose-fitting clothing
- ☐ Personal hygiene products (toothbrush, toothpaste, deodorant, tissues, sanitary towels, etc.)

<u>Bring if needed :</u>

Disability insurance form
Inhaler (if you use one at home)
Glasses, contact lenses, hearing aids,
Dentures (bring the storage containers labelled with your name)
Sleep apnea device

6- Arrival at the hospital

Report to the Admissions Office or to the designated place at the designated time. Family and friends can wait for you in the waiting room for the next steps.

Meeting with the nurse :

A nurse will be on hand to answer any questions you may have. She will also :

- Make sure your personal items are in a safe place ;
- Give you some pills to take with some water (These pills will help prevent and reduce pain after surgery).

In the Operating Room :

- An orderly will take you to the operating room.
- Most surgeries are performed under regional or general anesthesia.

With regional anesthesia, an injection in your lower back will eliminate any sensation of pain in your lower body, and you'll be half asleep.

- You can discuss this with your anesthetist.
- The surgery usually takes an hour to an hour and a half.
- You will be on your back for the whole operation.

After the surgery

You will be discharged on the day of the surgery or stay in the hospital for 24 to 48 hours.

7- Recovery room

After the surgery, the anesthesiologist, respiratory therapist and nurse will take you back to the recovery room. You'll stay there as long as it takes to monitor your vital signs and stabilize your pain. The anesthesia and surgical team will help to minimize your pain after surgery.

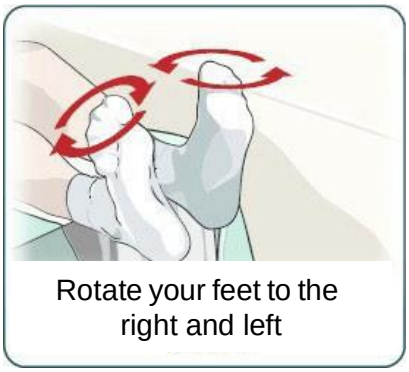
As soon as you wake up, you'll be asked to start breathing and circulatory exercises. These exercises are key to preventing the most common complications, such as thrombophlebitis.

These exercices should be done at least 10 times an hour:

1- Circulatory exercises :

Stretch your legs out straight.

Wiggle your toes and bend your feet up and down.



Rotate your feet to the right and left

Figure 5. Circulatory Exercises
Source : McGill University Health Centre (2023). A Guide to Knee Replacement Surgery.

2- Breathing exercise :

- Put your lips around the mouthpiece.
- Breathe in deeply.
- Try to keep the ball up as long as possible.
- Remove the mouthpiece and breathe out.
- Rest for a few seconds, then start again.

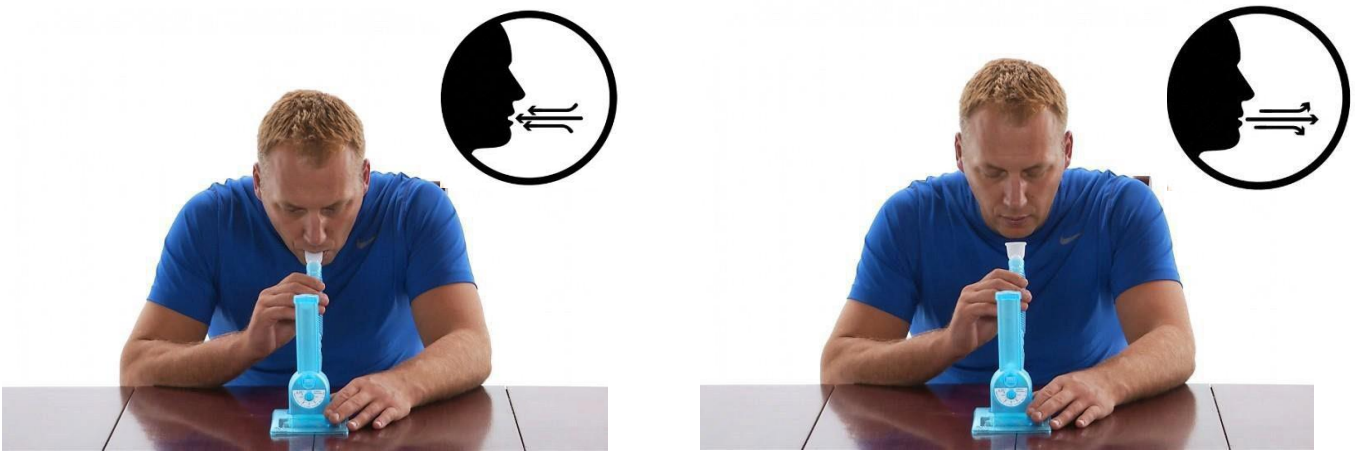


Figure 6. Breathing Exercises
Source : Physiotec : Rehab Exercise & Patient interaction App (2023). Breathing in and out.

Learn the pain scale :

We will repeatedly ask you to indicate your pain on a scale of 0 to 10. 0 means no pain and 10 is the worst pain you can imagine.

It's normal to feel some pain after knee replacement surgery. Tolerable pain scores (1 to 3) are common.
In such cases, your pain will be controlled by acetaminophen (Tylenol/Atasol).
Our goal is to keep your pain score below 4. Don't wait until the pain becomes unbearable before telling us.

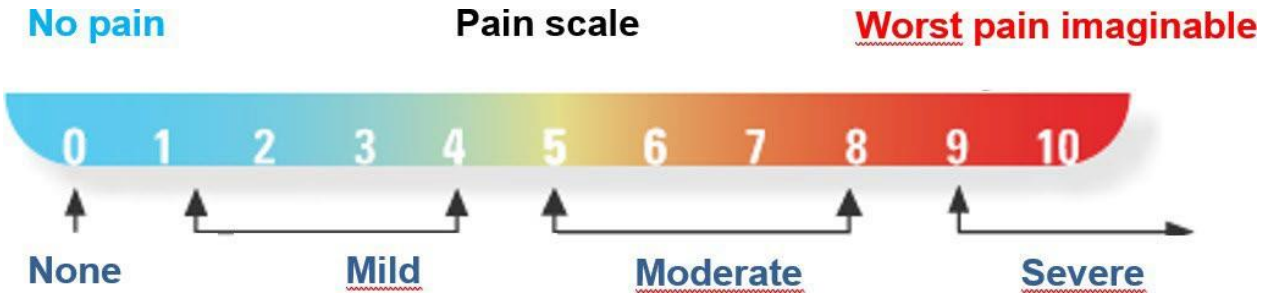


Figure 7. Pain Scale
Source : McGill University Health Centre (2023). A Guide to Hip Replacement Surgery.

Once your pain is under control, you'll be transferred to your room or to the day surgery unit on your stretcher.

8- Return to your room

Once you're back in your room, you'll be able to:

- Drink and eat as soon as you're permitted to do so
- Get up for the first time (just 4 to 6 hours after surgery)
- Do circulatory and breathing exercises
- Whenever possible, get up with staff assistance

A rehabilitation professional will help you begin your exercise program. The key is to start moving as soon as possible with staff assistance. The more you move and exercise, the quicker you'll be able to resume your normal activities.

We'll make sure you can get around safely on your own before you return home.

Pain control :

You'll receive pain medication on a regular basis. Remember to tell your nurse if your pain is higher than 5 out of 10. Your pain must be kept under control to ensure optimal mobility and exercise.

You have to keep moving !

9- Return home

When you're discharged, your file will be transferred to the people responsible for your follow-up. We'll contact you as your rehabilitation progresses.

If you're discharged the day of the surgery, **a nurse will call you** the next morning to answer your questions and assess your pain.

Abnormal symptoms

If you experience any of the following symptoms :

- Loss of sensation in the operated leg
- Total inability to put weight on your operated leg when permitted
- Temperature over 38 °C
- Continuous discharge outside the dressing
- Vomiting
- Burning sensation when urinating or inability to urinate
- Sudden, intense pain in a specific area of the calf
- Shortness of breath
- Chest pain
- Signs of wound infection such as:
  - Redness, heat, swelling, increasing pain
  - Pus discharge

Contact Info-santé 811 or the orthopedic clinic (weekdays only):

- Rivière-du-Loup: 418-868-1010 ext. 62868
- Rimouski and Matane: 418-724-3000 ext. 8561

If you have any **questions** or **concerns**, feel free to contact the hospital nurse (weekdays only): **418-551-0753**

Normal symptoms for the first 7 days	
Severe pain	• Significant pain in the operated knee is normal. • The pain will diminish in intensity and frequency over time. • Take your medication as prescribed. • Apply ice for 10–15 minutes every hour. • The pain shouldn't prevent you from moving.
Stiffness and loss of mobility	• Your exercises will help increase flexibility and reduce pain and swelling. • It's important to balance periods of rest and activity.
Signs of inflammation - Edema (swelling) - Redness - High heat	• It's normal for inflammation to persist for a few weeks as part of the healing process. • Applying ice, elevating the operated leg and continuing physiotherapy exercises and walking are great ways to control swelling and pain.
Soiled dressing (blood)	• It's normal for the dressing to be soiled, but the bleeding shouldn't be constant or seeping through the dressing.
Bruising	• Bruising will appear in the thigh and calf. It should gradually disappear.

Key recommendations for the first 7 days:

- Apply ice for 10–15 minutes every hour (not directly on your skin).
- Use your walker at all times (follow your rehabilitation professional's instructions).
- Walk for at least 5 minutes every hour.
- Follow the exercise program and safe-movement guidelines on the following pages.

Exercise program (hip)

These exercises should be started before surgery and continued afterwards:

- Do your exercises as recommended and follow the care team's instructions.
- Walk for at least 5 minutes every hour.
- If the pain increases significantly during and/or after exercise, reduce the frequency or intensity of the exercises so you can perform them to the best of your ability.
- Apply ice for **10–15 minutes** every hour **(not directly on your skin).**
- Use your walker at all times (follow your rehabilitation professional's instructions).
- When in bed, keep your operated leg extended.
- The exercises will be modified by your rehabilitation professional as you progress.
- Any resumption of activity must be approved by your doctor.
- The therapist will guide you through the exercises based on your condition.

N° 1	**CIRCULATORY EXERCISE**
Lie on your back. Point your foot away from you, then pull it back towards you. Go back and forth quickly (every second or so). Do this for a minute every hour.	

N° 2	**QUADRICEPS CONTRACTION**
Lie on your back. Pull your toes towards you and press the operated knee down against the mattress. Repeat 10 times. Hold for 5 seconds.	

N° 3	**GLUTEAL COONTRACTION**
Lie on your back. Squeeze your buttocks as tightly as possible while pressing your heels into the mat. Repeat 10 times. Hold for 5 seconds.	

N° 4	**HIP ABDUCTION WITH HELP**
Lie on your back and move the operated leg away from you, keeping it extended with your toes pointing up towards the ceiling. Bring your leg back to you. Repeat 10 times slowly.	

N° 5	**QUADRICEPS STRENGTHENING**
Lying on your back or half-seated, with a firm roll under your knee, healthy leg bent to stabilize your pelvis. Lift the foot of the operated leg to straighten the knee as much as possible. Don't lift your thigh. Repeat 10 times. Hold for 5 seconds.	

N° 6	**HIP AND KNEE FLEXION**
Lie on your back, legs extended. Slowly bend the operated leg, sliding your heel towards your buttocks. Keep your heel in contact with the mat to maintain 90° flexion at the hip. Go back and forth slowly. Repeat 10 times. Hold for 5 seconds.	

PHASE 2

Signs and symptoms

- The signs and symptoms from Phase 1 have been diminishing, but may still be present.
- The methods for controlling signs and symptoms remain the same (see page 16).
- It's normal to feel pain and stiffness when changing positions and taking your first steps.

The clips and dressing will be removed on days 14 and 16 at the routine care clinic.

Recommendations

- Gradually stop using the walker and switch to the cane, according to your therapist's recommendations. Hold the cane on the opposite side of the operated leg.
- Discuss with your therapist the possibility of resuming showering depending on the progress of your wound.
- Gradually resume your daily activities (washing dishes, preparing meals).
- Resume walking outside according to your therapist's recommendations.

Exercises

N°7	**BRIDGE**
Lie down with your knees bent, feet flat and arms at your sides. Squeeze your buttocks and contract your abdominal muscles. Then, push off with your feet, lifting your hips. Repeat 10 times. Hold for 5 seconds. Do this 3 times a day.	

Nº 8

Stand upright and use a solid surface for support.

Stand on your tiptoes.

Repeat as often as possible.
Quickly.
Do this 3 times a day.

CALF STRENGTHENING

Nº 9

Stand next to a solid surface.

Alternately lift your knees up high.

KEEP YOUR KNEES BELOW YOUR HIPS.

Repeat 10 times for each leg.
Do this 3 times a day.

MARCH ON THE SPOT

N° 10

Stand with your back to the wall and feet hip-width apart.

Lower yourself slowly, keeping your back against the wall. Keep your knees in line with your second toes. Rise slowly.
Be sure to distribute your weight evenly on both legs.

Repeat 10 times.
Hold for 5 seconds.
Do this 3 times a day.

MINI WALL SQUAT

PHASE 3

Signs and symptoms

- Pain and swelling are often worse at the end of the day and at night.
- Apply ice and take your pain medication as needed.

Recommendations

- Gradually stop using your cane, as recommended by your therapist.
- Start using the stairs alternating between the right and left foot. Use your cane and the handrail.
- Start massaging your scar.

Exercices

N° 11	**STEP UP STEP DOWN**
Gently step up with the operated leg, keeping your knee in line with your 2nd toe. Then step down with the healthy leg. Start at a height of about 3 inches and gradually go up to 7 inches (standard step height) when you can do 10 repetitions. Do 10 repetitions slowly. Do this 3 times a day.	

N° 12	**SINGLE LEG BALANCE**
Stand next to a counter on your operated leg without using your hands for support. Hold this position for up to 30 seconds, as tolerated. The goal is to hold the position for the same amount of time on each of your legs. Progression: - Put a pillow under your foot - Close your eyes Do this 3 times a day.	

*** FROM THE SIXTH POST-OPERATIVE WEEK***

Nº 13

Stand in front of a counter.

Take big steps to the left, then to the right.

Walk to the end of the counter and back.

Repeat 3 to 4 times.
Do this 3 times a day.

SIDEWALK

Nº 14

Stand upright with your back against the wall, holding a chair.

Move your leg to the side without lifting your pelvis. Just lifting up your foot is enough.

Keep your heel glued to the wall at all times.

Repeat 10 times on each side slowly.
Do this 3 times a day.

HIP ABDUCTION AGAINST GRAVITY

N° 15

Lie on your back with your knees bent and put an exercise band around your thighs just above your knees.

Lift your hips as high as you can without arching your lower back and keep your knees at shoulder width against the resistance of the exercise band.

Repeat 10 times.
Hold for 5 seconds.

BRIDGE WITH THERABAND

N° 16	SCAR MASSAGE
Put yourself in a comfortable position so you can grasp your scar with one or two hands. Massage the scar, lifting and rubbing it in all directions to loosen and soften it.	

PHASE 4

It's important not to start this phase until 3 months after the surgery.

Signs and symptoms

- Pain can vary from one day to another, depending on what you do.

Recommendations

- If necessary, use the cane to move around outside.
- Go for daily walks outside.
- Permitted activities: walking, stationary cycling, swimming. For other sporting activities, consult your orthopedist.
- There are no more restrictions on movement. You can gradually begin to bend forward to reach your feet, respecting your pain and stiffness.

Exercises

Here are some exercise suggestions to help you maximize your strengthening.

Exercices

N° 17 Stand by a counter. Take a step forward with the operated leg and bend the knee slightly. Make sure your knee doesn't go past your toes. Quickly push down on the floor to return to the starting position. Repeat 10 times. Do this once a day.	**FORWARD POWER LUNGE**
Nº 18 Debout bien droit, adossé au mur en vous appuyant sur une chaise. Un poids léger ou un élastique à la cheville opérée. Écartez la jambe de côté sans soulever le bassin. **Seulement décoller le pied est suffisant.** Gardez votre talon collé au mur en tout temps. Répétez 10 fois chaque côté, lentement. Faire 3 fois par jour	**HIP ABDUCTION WITH EXERCISE AGAINST GRAVITY**

Tableaux Programme d'exercice postopératoire
Source (illustrations): Physiotec : appli d'Exercices et interactions patients (2024).
Ce guide d'intervention en physiothérapie vise à travailler les problèmes suivants :

- Présence de douleur
- Diminution de l'amplitude articulaire
- Diminution de la force musculaire
- Difficulté lors des transferts
- Patron de marche perturbé
- Présence de signes trophiques

Déplacements sécuritaires

Movement restrictions at the operated hip:
Following surgery, you will need to avoid certain movements for a period of **3 months,** in order to allow proper healing of the tissues and avoid dislocation of the operated hip.

1. Pas de rotation externe de la hanche opérée

Figure 8. Pas de rotation externe. Source : Physiotec : appli d'Exercices et interactions patients (2024).

2. Pas d'extension extrême de la hanche opérée :

Figure 9. Pas d'extension extrême. Source : Physiotec : appli d'Exercices et interactions patients (2024).

3. Pas d'adduction extrême de la hanche opérée (ne pas coller ou croiser les jambes) :

Figure 10. Pas d'adduction extrême. Source : Physiotec : appli d'Exercices et interactions patients (2024).

Faire ces mouvements peut provoquer une luxation de la hanche

L'abduction de la hanche est permise en position couchée sur le dos sans douleur et sans friction. Attendre 6 semaines pour l'abduction contre-gravité ou résistée.

Going up and down stairs with a cane :

Going up :

1. Put the cane close to the step.
2. Go up a step with the healthy leg.
3. Go up to the same steph with the cane and the operated leg.
4. Repeat the process for each step.

Going down :

1. Go down a step with the cane and the operated leg.
2. Go down to the same step with the healthy leg.
3. Repeat the process for each step.

Vehicle instructions:

You'll be able to drive again about 6 weeks after your operation or with the orthopedist's permission. In the meantime, you should be in the passenger seat.

If the seat is too low, put a cushion on it. You can also use a plastic bag to help you slide more easily.

Getting in and out of a vehicle:

1. Ask someone to move the seat back as far as possible and tilt it all the way back.
2. Sit on the seat with both legs outside the vehicle.
3. Pull in one leg at a time.
4. Adjust the seat and backrest to your comfort.
5. To get out of the vehicle, do the opposite: first lower the backrest and move the seat back.

Figure 12. Getting in and Out of a Vehicle
Source : Physiotec :Rehab Exercise & Patient Interaction App (2024). Vehicle transfers.

Sitting down and getting up :
Extend the operated leg forward as far as possible. Use the chair's armrests to help you, not the walker.

Sit on firm chairs with armrests. Don't use soft, deep, low armchairs.

Figure 13. Getting up
Source : Physiotec : Rehab Exercise & Patient Interaction App (2024).

Getting in and out of bed:

1. To get out of bed, sit up using your elbows and then your hands.
2. Pivot on your buttocks, sliding your legs one by one over the edge of the bed, keeping some space between your knees.
    - To get in bed, do the steps in reverse.
    - We recommend getting in and out of bed on the side of the operated leg.
    - We recommend sleeping on your back.
    - Unless otherwise advised by your doctor, you may sleep on the <u>operated side</u> with a pillow between your legs.

Figure 14. Getting in and Out of Bed
Source : CHUM : Prothèse totale de la hanche : prendre soin de soi après l'opération (2020).

Sleeping position:
Sleep on your **back** or on your **operated side** with a pillow between your legs for 3 months after surgery.

Operated leg below

Going to the toilet:
You must use a raised toilet seat.
To wipe yourself, use one of the following two techniques, but don't lean forward.

1. Stand up and turn to the side of your healthy leg.

2. Stay seated and shift your weight to the operated side.

Figure 15. Goind to the Toilet
Source : CHUM : Prothèse totale de la hanche : prendre soin de soi après l'opération (2020).

Washing and Dressing:

- Choose loose-fitting clothes and thin socks: they are easier to put on.
- Put on your pants or underwear starting with your operated leg. Use the long-handled tong to assist.
- Remove your pants or underwear starting with the other leg, the one that was not operated on.
- You may take a shower after 3 to 4 weeks when your scar is well-healed and free of discharge. At that point, you can wash normally, avoiding scrubbing the scar (patting instead of rubbing).
- Place a non-slip mat inside and outside the shower.
- Install grab bars on the wall if needed.

Other tips for your return home

1. **Pain medication**

When you leave hospital, you'll be given a prescription that the person accompanying you can pick up at your pharmacy. **Follow your pharmacist's instructions regarding your medication.** There will be medication to help control your pain and prevent blood clots from forming in your leg (blood thinners). You'll also have a painkiller to take as needed (if the pain isn't relieved by regular medication and ice application). Remember to take it an hour before exercising if you're in pain.

2 - Dressing and clips:

You must leave the dressing in place. The dressing and clips will be removed by a CLSC nurse or by routine care about 14 days after surgery.

3 - Constipation prevention:

It's not uncommon to experience constipation after surgery, as the pain medication slows your digestion. That's why we recommend that you:

- Eat high-fibre foods
- Drink enough water
- Move regularly
- Take a mild laxative as needed (especially for the first 3 days after surgery)

4 - Ice

To ease the pain, apply ice for 10–15 minutes every hour. Don't apply ice directly on your skin. Don't keep it on overnight.

5 - Hygiene

Hygiene instructions may vary depending on how your wound has been closed and the type of dressing you have. We ask that you:

- Wash yourself at the sink
- Avoid getting your dressing wet
- Wait until three to four weeks after surgery, when your scar has fully healed and there's no discharge, to wash normally, but don't rub the scar (dab instead of rubbing)

6 - Work

You and your surgeon will determine when you should return to work based on the type of work you do (usually 2 to 4 months for sedentary work and 3 to 5 months for physical work).

7 - Travel

If you're on the road, make sure you stop every hour and move around to reduce the risk of blood clots.

Remember to check your insurance before planning a trip. You should make sure you're covered for postoperative medical problems.

If you plan to travel by plane less than 3 months after your surgery, check with your orthopedist for any special instructions. You may be prescribed aspirin 325 mg, 1 tablet daily, starting 3 – 4 days before departure and continuing until your return.

8 - Sports
Swimming, walking and stationary cycling are all recommended:

1. **Swimming**: You can return to the pool 4 to 6 weeks after surgery for water walking or gentle swimming. It's important to make sure your wound has fully healed.
2. **Cycling (without toe clips), cross-country skiing, skating, bowling, social dancing, pétanque, gardening and golf** can be resumed 3 to 5 months after surgery (depending on your condition).
3. **Don't**:
   Engage in strenuous sports for the first 3 months. Activities involving repeated impacts and pivots aren't recommended. These include jumping, jogging, volleyball, soccer, basketball, downhill skiing, aerobics, field hockey, racquet sports and running.
4. **For any other sport, talk to your surgeon.**

9 - Sexual activity
You can start having sexual activities as soon as you feel ready. You may, however, have to restrict your movement to some extent.

10 - Medical follow-up:
Appointment centre staff will call you to schedule the date and time of your follow-up appointment 3 to 6 weeks after surgery.

- Bring the appointment form you received on the day of your surgery.
- A follow-up X-ray will be done.
- Make sure you have your medical leave certificate (if required).

11 - Insurance documents:
Salary insurance, bank loan, employment insurance, CNESST, SAAQ, etc., must be submitted to the orthopedic secretariat at the post-surgery follow-up appointment. Charges may apply.

Survey

This questionnaire is for people who have undergone total knee replacement at CISSS du Bas-Saint-Laurent. Please take a few minutes to tell us what you think by completing the form or this web questionnaire:

https://forms.office.com/Pages/ResponsePage.aspx?id=KP7hBotfdUC_bK4kvhp5knJoVkcWUpIlrpQx7vvxaYlURDBTVFdJVTgwWEY4SkVLQ1FOMVdRU01TWS4u

For each of the following statements, please tick (✓) your level of satisfaction.

Please indicate where your surgery took place:

☐ Centre hospitalier régional du Grand-Portage
☐ Hôpital régional de Rimouski
☐ Hôpital de Matane

Demographic and other information:

☐ Male ☐Female ☐Other, specify:

☐ Under 50 ☐50-64 ☐65-84 ☐85 and over

☐ I slept one night at the hospital ☐I slept several nights at the hospital

☐ I left the hospital on the day of the surgery

Please tick the appropriate box.		Very satisfied	Satisfied	Not very satisfied	Dissatisfied
Respect for the individual					
1	Respect for patient confidentiality (e.g., during care, treatment, examinations, consultations)				
2	Reception, courtesy and attitude of nursing staff and professionals				
3	Reception, courtesy and attitude of doctors				
Amount and relevance of information received BEFORE your surgery					
4	From physicians (orthopedist, anesthetist, etc.)				
5	From nurses				
6	From rehabilitation professionals				
Amount and relevance of information and care received ON THE DAY of surgery					
7	Reception and assistance of staff on the day of surgery				
8	Information on next steps after surgery				
Amount and relevance of information and care received AFTER surgery					
9	Post-surgery care				

10	Information on pain management and return home				
Assessment of POST-surgery rehabilitation experience					
11	Overall, how would you rate your rehabilitation experience in the **3 months** following surgery?				
12	Overall, how would you rate your rehabilitation experience in the **12 months** following surgery?				
***Knee Replacement* booklet**					
13	Overall assessment of the booklet				
14	The booklet is easy to understand	☐ Absolutely ☐ To some extent ☐ Not really ☐ Not at all			
15	The booklet helped me prepare for my surgery	☐ Absolutely ☐ To some extent ☐ Not really ☐ Not at all			
16	Did you find the information on how to prepare for your surgery clear and useful?	☐ Very clear and useful ☐ Clear, but not very useful ☐ Unclear but useful ☐ Unclear and not useful			
17 - How can we improve the experience of people undergoing total knee replacement at CISSS du Bas-Saint-Laurent?					
18 - If you had to decide whether to have the same procedure again, would you do it?					
19 - Other comments					

THANK YOU for your cooperation!

Detach this questionnaire to complete it. Please scan and return completed surveys to:
francois.levasseur.cisssbsl@ssss.gouv.qc.ca.

Centre intégré
de santé
et de services sociaux
du Bas-Saint-Laurent

Québec