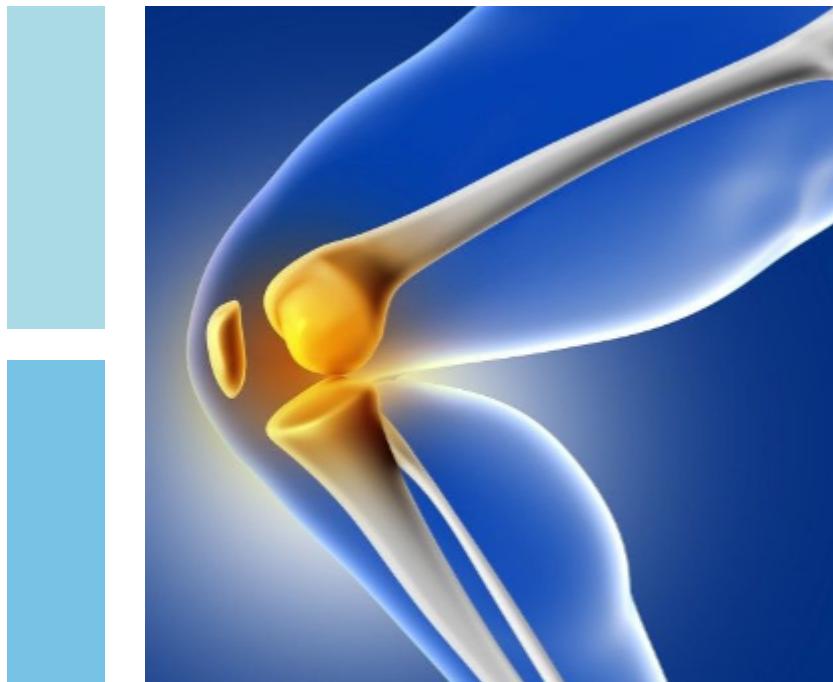


A GUIDE TO
Enhanced Recovery
After Surgery (ERAS)



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Knee Replacement Surgery

Québec 

This guide was developed for the CIUSSS de l'Outaouais et de l'Île-de-Montréal in 2025 from Optimized Recovery Canada's guide to preparing for surgery.

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Important!

The information provided in this guide is for educational purposes. It is not intended to replace the advice or instruction of a healthcare professional or as a substitute for medical care. Contact a qualified healthcare professional if you have any questions about your care.

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General guidelines

Someone from the hospital will call to give you the details about your upcoming surgery. You can write them down on this page.

Pre-Operative Clinic

Date: _____ Arrive at: _____ Go to: _____

The day of your surgery

Date: _____ Arrive at: _____

Where to go:

St. Mary's Hospital Centre (SMHC)

- For Day Surgery (outpatient)**
 - Go to the 2nd floor Reception, Room 2324

- If being admitted (inpatient)**
 - First, go to the Admitting Office in Room G310.
 - Then go to Room 2324 on the 2nd floor

Lakeshore General Hospital (LGH)

- For Day Surgery (outpatient)**
 - Go to the Surgical Day Centre

- If being admitted (inpatient)**
 - Go to the Admitting Office near the main entrance.

Going home (discharge)

If you are scheduled for day surgery, you will go home on the same day.

If you are being **admitted** to the post-surgical unit, you will go home within **24 to 48 hours** after your surgery.

Discharge time: 10:00 a.m., or no more than 2 hours after the discharge orders are given.

Remove bandages on: _____

Stop anticoagulants on: _____

Physiotherapy appointment

Date: _____ Arrive at: _____ Go to: _____

Follow-up appointment with the orthopedic surgeon at the Orthopedic Clinic

Date: _____ Arrive at: _____ Go to: _____

IMPORTANT! If you are unable to come on the scheduled date, please notify the hospital's Admitting Office **AS SOON AS POSSIBLE**.

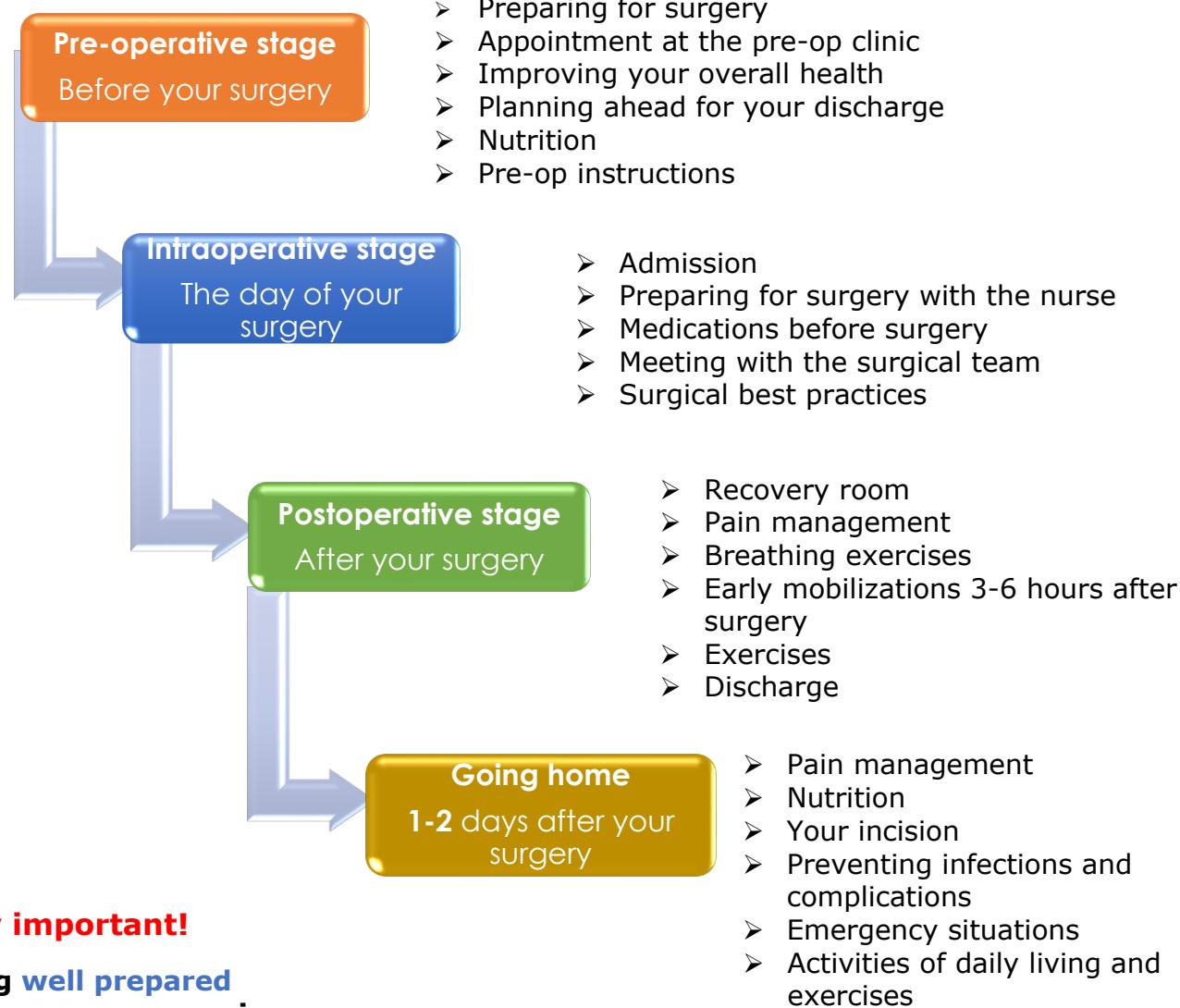
The clinical care pathway

Knee replacement surgery is part of a care program called Enhanced Recovery After Surgery (ERAS).

The clinical care pathway outlines the steps to follow for a successful surgery.

The goal of the program is to help you recover quickly and safely.

The members of your healthcare team collaborated to create this pathway, which also follows the principles of the ERAS program.



Very important!

Being well prepared before your surgery is key to a quick recovery.

The guide

This booklet will:

- ❖ Help you get ready for your surgery.
- ❖ Help you understand how important it is for you to play an active role in your recovery.
- ❖ These recommendations will help you feel better and faster and go home sooner.

How to use this booklet:

- ❖ Please bring this booklet with you to each of your appointments with the healthcare team.
- ❖ We recommend that you read this guide as soon as you receive it.
- ❖ Then reread it at each stage of the pathway.
- ❖ It is a useful reference for you both in hospital and at home, before and after surgery.

In addition to this guide, we also recommend that you **watch the following videos** at home:

Exercises: On the Precare site: <https://precare.ca/healthcare-guides/> to help you prepare for surgery.

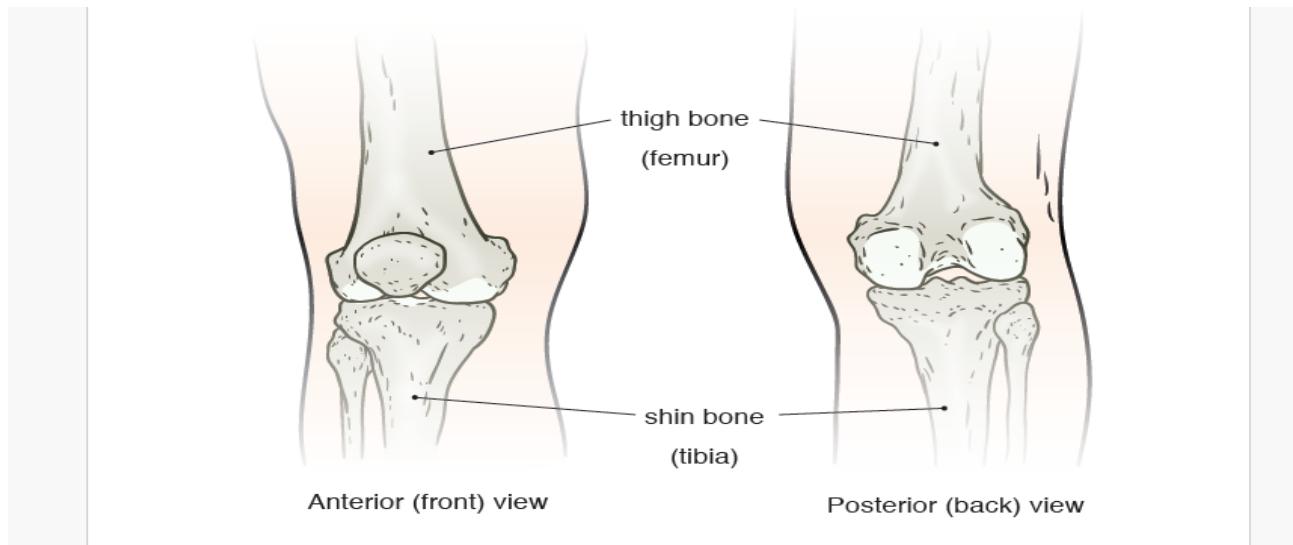
Click on the link and watch the videos. The knee exercises in chapters 3 and 6 are recommended.

We are here to help and support you during your hospital stay. If you have any questions about your care, please do not hesitate to ask us.

We encourage you to bring a support person to your pre-operative and medical appointments, whether to help translate for you or to be by your side every step of the way.

The knee joint

The knee joint works like a hinge. The thigh bone, or femur, located in the upper leg is connected to the shin bone, or tibia, located in the lower leg. The knee joint allows the tibia to move in a forward and backward motion on the thigh bone so that you can bend and straighten your leg.



Knee replacement surgery

Normally, the lower part of the thigh bone and the head of the shin bone are covered with a protective layer called cartilage.

Cartilage is what allows the knee joint to move smoothly and without pain.

Osteoarthritis is the result of wear and damage to the cartilage, which causes the bones to rub against one another, causing knee pain and stiffness.

Arthritic knee

Knee with prosthesis



Surgery involves replacing the two joint surfaces in the knee, more specifically the lower part of the femur and the upper part of the tibia, with a femoral and a tibial prosthesis. Your surgeon will explain the different types of prostheses and talk with you about which one may be best for you.

It is performed as day surgery. Ask your surgeon if you are a candidate for day surgery.

Preparing for surgery

Plan ahead:

Household chores: Make sure that everything is done before you leave for the hospital: tidying up, laundry, cleaning, etc.

Food:

- ❖ Prepare several days' worth of meals and make sure the groceries are done.
- ❖ Fill your fridge and freezer.
- ❖ Buy frozen meals or prepare individual portions that can be reheated until you feel well enough to cook.

Make plans for your return home:

- ❖ At first, it may be difficult for you to do certain everyday tasks. Plans to have help (family, friends) for the first three days after your surgery.
- ❖ If no one is available to help you, please contact your CLSC. They may offer housekeeping or meal delivery services.
- ❖ Most grocery stores also offer home delivery services.
- ❖ You can call **211** or go to www.211qc.ca to find support resources in your area.



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Examples of services:

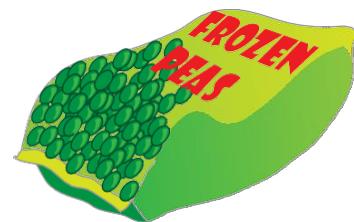
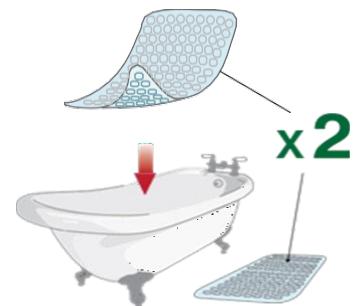
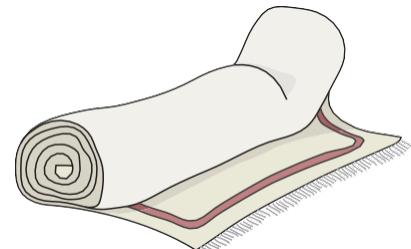
- Meal delivery (*Meals on Wheels*)
- Catering service
- Grocery store with home delivery

If you are worried about going home, talk to the pre-op team or your doctor **before your surgery.**

Preparing for surgery

Things you can do ahead of time to set up your home and make life easier after your surgery:

- ❖ Keep the items you often use within easy reach.
- ❖ Clear the floor of throw rugs.
- ❖ Clear space around your bed, in the hallways, in the kitchen and in the bathroom so you can move around freely.
- ❖ Move wires and cords so they are not in your way and do not pose a tripping hazard.
- ❖ You may need to rearrange some of your furniture so that you can move around safely after your surgery.
- ❖ Get 2 good quality **non-slip mats for the bathroom:** **One at the bottom of the shower or bathtub** (non-slip strips or stickers are not enough); **One on the bathroom floor.**
- ❖ Be sure to have **closed-toe shoes with non-slip soles that fit properly.**
- ❖ You may be asked to buy compression stockings.
- ❖ Be sure to have ice on hand in the form of a flexible ice pack or a bag of frozen peas, for example, to help manage swelling and pain. **Wrap the ice pack in a damp dish towel to protect the skin from ice burn.**



Preparing for surgery

Equipment to use at home

Arrange to have the following equipment **before** your surgery:

- ❖ A folding walker with wheels and skis
- ❖ A cane



Optionally, you may also need

- ❖ A shower chair.
- ❖ A raised toilet seat.
- ❖ A tub transfer bench if you do not have a separate shower.
- ❖ A reacher or grabber tool.
- ❖ A sock aid.
- ❖ A shoehorn with a long handle.
- ❖ A shower grab bar.

Contact your CLSC to find out if they supply equipment. Some pharmacies also rent equipment.

Equipment and devices are also available for purchase from many retailers, including:

Near the Lakeshore General Hospital (LGH)

Activaide Medical Equipment

285A Boul. Saint-Jean, Pointe-Claire, QC H9R 3J1 - Tel: 514-671-1234

JE Hanger

3881 Boul. St-Jean, DDO, QC H9G 2V1 - Tel: 514-624-4411

Medequip

175 Stillview Ave., Pointe-Claire, QC H9R 4S3 - Tel: 514-697-8868

Near St. Mary's Hospital Centre (SMHC)

JE Hanger

5545 Saint-Jacques St., Montréal, QC H4A 2E3 Tel: 514 489 8213

BBG Ortho

5531 Upper Lachine Rd., Montréal, QC H4A 2A5 Tel: 514 484 4715

Slawner Ortho

4980 Jean Talon West, Montréal, QC H4P 0B8 Tel: (514) 731-3378

For additional resources, speak to your physiotherapy professional.

Preparing for surgery

Stop smoking or vaping at least 4 weeks before your surgery. This will help you recover faster.

The nurse at the Pre-Op Clinic can refer you to a Quit Smoking Centre.

It's never too late to quit!

Limit your alcohol intake.

Stop drinking alcohol 24 hours before your surgery.

Alcohol can have a negative effect on your surgery.

Stop taking herbal supplements and other non-prescription natural health products one week before your surgery.



Dental care:

- ❖ You should avoid having any dental work done 1 month before and 3 months after your surgery.
- ❖ Consider making an appointment with your dentist once you are scheduled for surgery.
- ❖ It is imperative that any oral (mouth) or dental infection be treated before you have your knee replacement surgery.

Plan ahead for your return home

If you are leaving the hospital on the same day of your surgery:

- ❖ Arrange to have someone take you home **at the end of the afternoon**. We strongly recommend that someone spend the night with you.

If you are being admitted overnight:

- ❖ Plans to go home **at 10 a.m. on the day you are discharged**.

Recommended diet

Eating a healthy, balanced diet will help prepare your body for surgery and build up energy reserves. It will also help you keep your strength up and recover faster after surgery.

Surgery is a stressful experience that can increase the body's nutritional needs. We therefore recommend that you eat:

Protein

Protein helps promote tissue healing, including the muscles that were injured during surgery.

Foods that are high in protein include:

Meat, fish, legumes (chickpeas, lentils, etc.), nuts/seeds, dairy products.



Fibre and fluids

Constipation is a common side effect of surgery. To prevent it, we recommend adding fibre to your diet and drinking plenty of water.

Foods that are high in fibre include:

Fruits and vegetables, legumes, whole grains (brown rice, quinoa), whole-grain cereals (wheat bran, oats), whole-grain bread and pasta, nuts and seeds...

Your visit to the Pre-Operative Clinic

Are you scheduled for an appointment at the Pre-Op Clinic?

The purpose of this appointment is to learn more about your overall health, plan your care and make sure that you are ready for your surgery.

During your appointment at the Pre-Op Clinic

You will

- ❖ Undergo tests and examinations that are routinely done before surgery.
- ❖ Meet with a nurse
 - Who will explain what will happen before, during and after your surgery.
 - Who will ask you questions about your lifestyle habits.
- ❖ Meet with a doctor
 - Who will go over your medications and ask you questions about your overall health.
Please bring a list of all your medications.
 - Who may refer you to another doctor (a specialist) before your surgery.
 - Who may order additional blood tests or tests depending on the state of your health.



The nurse may give you specific instructions at the Pre-Op Clinic. You can take notes here:

You may also meet with an [anesthesiologist](#), [physiotherapy professional](#) or other healthcare professionals.

Medication: If not done yet, you may be instructed to stop taking certain medications before your surgery.

After your appointment, the hospital will notify your local community health centre (CLSC) of your upcoming surgery.

Checklist**Remove this page from the booklet****Pre-Op Checklist (important)****30 days before my surgery:**

- Stop taking hormones (if prescribed).
- Make sure no dentist appointment is scheduled.

7 days before my surgery:

- Check which medications to stop taking and when - as stated on the prescription.
- Pick up the medication I was prescribed (if I was prescribed medication to take before my surgery).
- Get the equipment needed for to use at home (e.g., Walker).
- Reread this booklet, especially the *After your surgery* and the *At Home* sections.
- Prepare meals and do groceries.

The day before my surgery:

- Shower using the antiseptic cleanser.
- Drink one of the recommended pre-operative beverages (if prescribed).
- No solid foods after midnight.
- Continue to drink clear fluids up to 2 hours before my arrival at the hospital.

The day of the surgery:

- Drink one of the recommended pre-operative beverages (as prescribed).
- Continue to drink clear fluids up to 2 hours before my arrival at the hospital.
- Shower using the antiseptic cleanser or soap.
- Do not wear any makeup, jewellery or perfume.
- Leave all valuables at home.

Here is a table with the recommended pre-operative beverages and their equivalents (only if prescribed)

Non-diet high carbohydrate beverage	100 g of high carbohydrate beverage is equal to:	50 g of high carbohydrate beverage is equal to:
Apple juice	850 mL/ 3 1/2 cups	425 mL/ 1 3/4 cups
Orange juice (without pulp)	1000 mL/ 4 cups	500 mL/ 2 cups
Iced tea	1100 mL/ 4 1/2 cups	550 mL/ 2 1/4 cups
Lemonade	1000 mL/ 4 cups	500 mL/ 2 cups
Cranberry cocktail	650 mL/ 2 3/4 cups	325 mL/ 1 1/3 cups

The Admitting Department

Someone from the hospital will call to give you the **date and time** at which you are expected to be at the hospital for your surgery. There is no need for you to call to check.

Someone will call you as soon as your date is confirmed.

Important!
Cancelling your surgery

If you are sick (**fever, cough**), if you have an **infection**, if you are **pregnant**, or for any **other reason**: do not show up at the hospital for your surgery.

Please call the [services below and your surgeon's office](#) as soon as possible.

St. Mary's Hospital Centre:

- ❖ Surgeon's office (see the list of useful phone numbers given to you).
- ❖ Scheduling service: 514 345-3511 Ext. 3692 or 3673

Lakeshore General Hospital:

- ❖ Surgeon's office (see the list of useful phone numbers given to you).
- ❖ Scheduling service: 514 630-2225 extension 1701.

These numbers should only be used to cancel surgery. Please do not use them for any other reason!

If you must leave a message on the answering machine, please provide the following information:

Your full name

The date of your surgery

Your phone number

Your hospital card number or health insurance card number

Your surgeon's name

The reason for cancelling your surgery

Your surgery may be cancelled or postponed because of an emergency. If this happens, you will be notified as soon as a new surgery date is set.

The day before your surgery

Someone from the hospital will call to tell you at what time to be at the hospital.

Patients are usually asked to arrive 2-3 hours before their scheduled surgery time.

The surgery time is not exact. It could be slightly earlier or later than planned.

If you do not receive a call before 2 p.m., you can call:

- St. Mary's Hospital Centre:** Scheduling service at **514 345-3511 extension 3790 (Day Surgery) or 2674 (if you are being hospitalized)**
- Lakeshore General Hospital:** Scheduling service at **514 630 2225 extension 2799**



Instructions

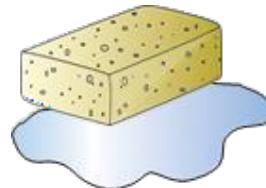
Eating and drinking the night before surgery

- ❖ Eat normally the night before.
- ❖ Do not eat anything after midnight.
- ❖ You can continue to drink clear fluids up to 2 hours before your arrival at the hospital.
- ❖ You may be asked to drink a high carbohydrate (sugar) beverage as prescribed by the surgeon.

Clear fluids: *Fruit juice without pulp, black coffee or tea without cream or milk, beverages with or without electrolytes.* Avoid soft drinks (soda).

Personal hygiene

- ❖ Take a bath or a shower and wash your entire body with one chlorhexidine sponge the night before your surgery.
- ❖ Do not shave the area that will be operated.
- ❖ Put on a clean pair of pyjamas and sleep in clean sheets the night before your surgery.
- ❖ Use the second chlorhexidine sponge to wash your entire body in the morning of your surgery.
- ❖ Do not use cream, lotion, cologne or perfume
- ❖ Put on clean clothes.



Before going to the hospital

What to bring to the hospital (check the list before leaving)

- This booklet
- Your private health insurance information, if applicable.
- Your health insurance card and all your medication in their original containers, including metered-dose inhalers and eye drops.
- Wear flat, closed-toe shoes that are comfortable and that lace up or have a hook and loop fasteners and dress in loose clothing.
- If you wear glasses, contact lenses, hearing aids or dentures, write your name on all the cases and bring them with you.
- You may bring a personal music player with wireless headphones (MP3 and iPod) into the operating room (no cell phone).
- If you use a CPAP at home, bring it with you.
- If you were asked to buy anti-embolism compression stockings specifically for this surgery, please bring them.
- If you do not speak English or French fluently, please come to the hospital with someone who can act as an interpreter on the day of your surgery.
- Do not wear makeup**, lotion, jewellery or perfume.
- Please leave all** jewellery, credit cards and other valuables at home. The hospital is not responsible for lost or stolen items.



Caution!
Do not take your personal medication without telling the nurse before. High risk of double dosing.



If you are staying overnight in the hospital (inpatient):

Pack a short bathrobe as well as a change of underwear, your toothbrush, toothpaste, comb, deodorant, mouthwash, soap, tissues, and shaving kit.

At the hospital

Please arrive at the specified time:

St. Mary's Hospital Centre (SMHC)

- For Day Surgery (outpatient)**
 - Go to the 2nd floor Reception, Room 2324
- If being admitted (inpatient)**
 - First, go to the Admitting Office in Room G310
 - Then go to Room 2324 on the 2nd floor

Lakeshore General Hospital (LGH)

- For Day Surgery (outpatient)**
 - Go to the Surgical Day Centre
- If being admitted (inpatient)**
 - Go to the Admitting Office near the main entrance

The admitting clerk will ask you what kind of room you would like and will have you sign a general consent form as well as an admission form.

Please bear in mind that private and semi-private rooms may not always be available. It depends on the beds available at the hospital.

A nurse will help prepare you for surgery:

- ❖ They will go through a pre-operative checklist with you.
- ❖ They will give you preventive medication for pain and nausea.



Waiting room

We strongly recommend that your loved ones go home while you are having your surgery.

However, if they wish to stay, they can do so in the **waiting room** located:

- St. Mary's Hospital Centre:** on the 2nd floor in front of the Intensive Care Unit
- Lakeshore General Hospital:** on 3 West, Post-Operative Surgical Unit (note that the space is limited). You can also go to the cafeteria at the basement.



At the hospital

In the operating room

- ❖ Once the operating room is ready, an orderly will take you there.
- ❖ You will meet the members of the surgical team who will be taking care of you.
- ❖ Do not be alarmed by the number of healthcare professionals present.
- ❖ There are at least 5 healthcare professionals, if not more, in an operating room.
- ❖ For this type of surgery.
 - You will receive regional anesthesia.
 - You will also have the option of being sedated to make you more comfortable or put you in a light sleep.
 - You will not feel any pain.

[**The type of surgery you will be undergoing usually takes 60 to 90 minutes.**](#)

You will be lying on your side or on your back for the duration of the surgery.

If you have any questions or want to clear up any concerns, you can always speak to a member of the team before going under anesthesia.

After your surgery, you will be taken from the operating room to the recovery room (post-anesthesia care unit) on a stretcher.

There are no visitors allowed in the Recovery Room.

The recovery room nurse will take care of you until you are transferred to the care unit or the Surgical Day Centre.

Pain control

Effective pain relief is a priority as it helps promote recovery.

It is normal to experience mild pain after surgery. A pain rating between 1 and 3 on a pain scale of 0 to 10 is usually tolerable.

It should, however, be controlled to prevent it from getting worse.

As a result, healthcare professionals need your input to understand your situation and to help you manage your pain more effectively.

How can you help?

- ❖ **Take your medication** regularly, even if you are not feeling any pain in the first 48 hours after your surgery.
- ❖ **Tell your nurse** as soon as you feel that your pain is not controlled or is getting worse (**while you are in hospital**).
- ❖ **Do not wait** until the pain becomes unbearable before saying something.
- ❖ **Comply with** the positioning instructions and exercises as they will help you stay comfortable.
- ❖ **Take your pain medication** before starting your exercises.
- ❖ **Apply ice** on the affected areas for 15 to 20 minutes. Repeat as needed every 40 minutes (ice 20 minutes on, 20 minutes off).

Please note that when taken as prescribed, you will not become addicted to the pain medication given to you after your surgery.

The goal is to control your pain so that you may:

- ❖ Breathe better
- ❖ Move with more ease
- ❖ Sleep better
- ❖ Recover faster
- ❖ Eat better
- ❖ Do the things that are important to you

Managing swelling

It is normal for the operated limb to swell as a result of the body's natural response to surgery.

How can you reduce swelling (edema)?

- ❖ **If your ankle is swollen**, elevate your leg with pillows or cushions. Make sure that your knee is well supported and stays straight.
- ❖ Using your foot, draw circles or the letters of the alphabet in the air ([exercise #1](#)).
- ❖ Wear your compression stockings if you were prescribed a pair to wear before or after surgery.
- ❖ [Wearing a compression stocking for 2 weeks on the operated leg and for one week on the non-operated leg is recommended.](#)
- ❖ Do your exercises and **walk**. This encourages blood flow, reduces swelling and promotes healing and recovery.
- ❖ [Apply ice](#) on the affected areas for 15 to 20 minutes. Repeat as needed every 40 minutes (ice 20 minutes on, 20 minutes off).

Breathing exercises

[An inspiriometer](#) is a simple device that encourages deep breathing to help **prevent lung infections**.

Seal your lips tightly around the mouthpiece, take a deep breath in (inhale) and try to hold the ball at the top of the device for as long as possible.

Remove your lips from the mouthpiece, breathe out (exhale) normally and rest for a few seconds.

Repeat this exercise 10 times every hour (or more if you are able) while you are awake.



Then, take a deep breath and cough.

Getting up for the first time and eating

- ❖ On the day of your surgery (Day 0), you will be expected to get up and sit in a chair or walk to the bathroom, as tolerated.
- ❖ On the day of your surgery, a trained staff member will help you get up for the first time.
- ❖ Start doing your breathing exercises as soon as possible to prevent pulmonary complications.

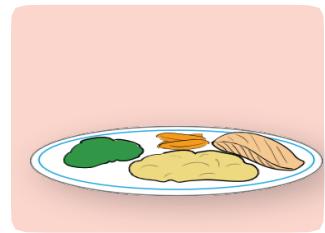
If you are an outpatient (day surgery)

- ❖ You will be allowed to leave the hospital before the end of the day (usually 3 to 6 hours after your surgery).
- ❖ Before you are discharged, you will be given information about your follow-up with the surgeon.

Nutrition

You can go back to your normal diet, as tolerated.

Drink plenty of fluids to avoid constipation.



Mobilization

Weight bearing

Full-weight bearing on the operated leg is encouraged after surgery.

Knee movements

There are usually no movement restrictions following a knee replacement. If exceptions apply to you, your surgeon or physiotherapy professional will let you know.

The faster you get up to walk and move around, the faster you will recover.

Mobilization goals after your surgery

Outpatient (day surgery):

- ❖ **The same goals as for inpatients, plus:**
- ❖ Stairs and walking on Day 0, followed by discharge (going home) on the same day.

Make sure that someone is available to take you home.

Inpatients

Goals for Day 0 (the day of your surgery):

- ❖ Get up and move to a chair for meals.
- ❖ Get up to use the commode or walk to the toilet if tolerable.
- ❖ **Do not use any devices that allow you to urinate in bed.**
- ❖ Do ankle pump exercises in bed.
- ❖ While in bed, start doing some of the other exercises shown in this booklet, as tolerated.

Goals as of Day 1 after your surgery and in the following days:

- ❖ Get up and move to a chair for all meals.
- ❖ Walk to the bathroom.
- ❖ Walk in the hallway and walk a little further each time.
- ❖ Go up and down stairs.
- ❖ Continue doing the exercises as instructed.
- ❖ Nursing staff will help you get moving.

If it has been determined that you need a walking aid such as a walker or a cane, a professional will show you how to use it safely.

Discharge is usually planned on Day 1.

Leaving the hospital

Your type of surgery allows you to be discharged on the **day** of your surgery.

If your medical condition requires hospitalization, you will be admitted for a **day or 2 maximum**.

If you are admitted to the hospital, expect to go home at **10 a.m. the next day** or no more than 2 hours after the discharge orders are given.

Either way, to leave the hospital, you must be able to:

- ❖ Get in and out of bed
- ❖ Walk to the bathroom
- ❖ Use the stairs (if you have stairs at home).

The nurse or physiotherapy professional will review the following with you:

- ❖ Your exercise program and your discharge instructions.
- ❖ How to safely manage your medications at home once you leave the hospital.
- ❖ The "At home" section of this booklet.
- ❖ Instructions for your post-op follow-up appointment with the surgeon.



Overview

Research shows that you will recover quickly if you:

- ❖ Do your deep breathing exercises
- ❖ Eat well
- ❖ Spend enough time out of bed
- ❖ Do your exercises

As a result, you will be less likely to develop a lung infection or circulation problems.

Once you are back home, your CLSC will contact you to arrange any post-operative care that may be required based on your health condition.

Note that follow-up takes between 2 and 4 weeks.

Pain management

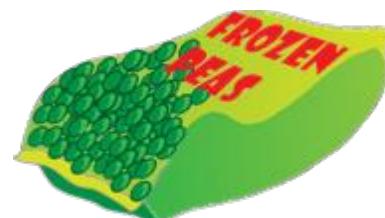
After your surgery, **it is normal to have some pain** for a few days and to have some discomfort for a few weeks. Remember that it is temporary.

Controlling pain:

- ❖ **Take the medication** you were prescribed on a regular basis, even if you are not in pain (Tylenol® and anti-inflammatory, for example).
- ❖ **Do not wait** for the pain to become unbearable before taking your medication.
- ❖ **Comply with** positioning instructions and exercises as they will help you stay comfortable.
- ❖ **Take your medication** before doing your exercises.
- ❖ **Apply ice after** exercise for 15-20 minutes. Repeat every 40 minutes if necessary (20 minutes on, 20 minutes off).
- ❖ Put the ice in a plastic bag and wrap the bag in a damp dish towel (**do not apply ice directly on the skin**).
- ❖ **Do not apply ice before doing** your exercises.

The pain should not prevent you from walking or doing your exercises.

The pain should decrease over time.



If you have any questions or concerns about pain medication, contact your pharmacist or surgeon.

Constipation and nutrition

Constipation

Several factors can contribute to constipation after surgery.

For example

- ❖ Decreased activity or reduced mobility.
- ❖ Certain pain medications.

To prevent constipation, we encourage you to:

- ❖ Drink plenty of water.
- ❖ Eat foods that are high in fibre such as whole grains, fruits and vegetables.
- ❖ Walk at least 15-30 minutes per day.
- ❖ Continue to do your exercises.



Nutrition

Once you are home, go back to your normal diet.



Walking is key to a speedy recovery

- ❖ Walk around at home as much as you can. If possible, go walking outside.
- ❖ Avoid staying in bed or on the couch for too long.

Your daily activities

Here are some suggestions to help you with your daily activities at home:

- ❖ When moving around, do so naturally, as you usually would.
- ❖ If equipment or devices were recommended, a physiotherapy professional will show you how to use them.

- ❖ **Picking up items off the floor**

You can use a special reacher or grabber tool or even BBQ tongs to pick up items off the floor.

- ❖ **Sleeping**

You can sleep in whatever position you like. There are no restrictions.

- ❖ **Household chores**

To carry things, use an apron with large pockets, a backpack or a basket secured to your walker.

- ❖ **Clothing**

In the first few days after your surgery, you can use a grabber or a reacher tool and a shoe horn.

When putting on your clothes, start with the operated leg. When removing your underwear, start with the non-operated leg.

- ❖ **Washing and Showering**

- Take showers, not baths. Avoid fully submerging your dressing in the water.
- You can take a shower as soon as you get home if your dressing is firmly fixed to your skin. Be careful not to get it too wet.
- We recommend using a shower chair and a wall grab bar in the shower for the first few days.
- If there is no wall grab bar, it is best to ask someone to help you in and out of the shower.

- ❖ **Going back to work and resuming sporting activity**

You and your surgeon can discuss how soon you can go back to work or resume sporting activities.

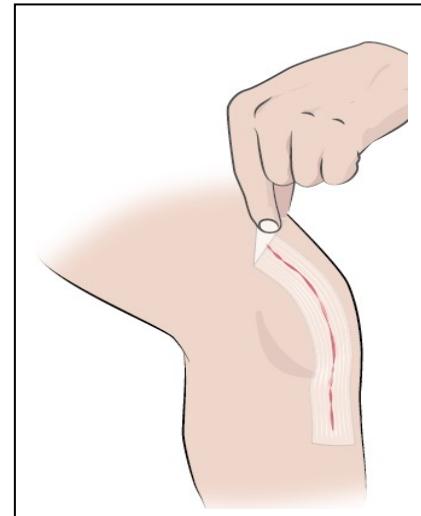
- ❖ **Driving**

The surgeon will let you know at your follow-up appointment when you can start driving again.

Your incision

If metal clips were used to close the incision:

- ❖ The dressing on your incision can be left on for 5 to 10 days. After that time, it can be removed and replaced with a new one, as needed, until the metal clips are removed.
- ❖ Once the clips are out, and if your incision is not weeping, it can be left uncovered.



If dissolvable stitches or a strip of glue was used to close the incision:

- ❖ The dressing on your incision can be left on for 10 to 12 days. If a glued mesh was used, it should be removed 12 to 14 days after your surgery.
- ❖ To remove the mesh, wash your hands and apply petroleum jelly or moisturizing lotion on the glue.
- ❖ Remove the strip by gently peeling off from one of the corners. Do not worry if it tugs a little and removes dry skin. Allow to air dry.

Dental work and other surgeries

- ❖ If you need another surgery or dental work after your knee replacement, let your surgeon or dentist know that you have a knee prosthesis.
- ❖ It is recommended that you avoid having dental work done within 1 months of your surgery and in the first 3 months after your knee replacement surgery, if possible.
- ❖ If you do not have any issues with your immune system, you will not need to take a preventive antibiotic before teeth cleaning.
- ❖ However, you may be prescribed an antibiotic to prevent infections should you require oral (mouth) surgery or a tooth extraction.

Preventing infections and complications

Complications

Complications are rare, but it is important for you to know what's normal and what to look out for.

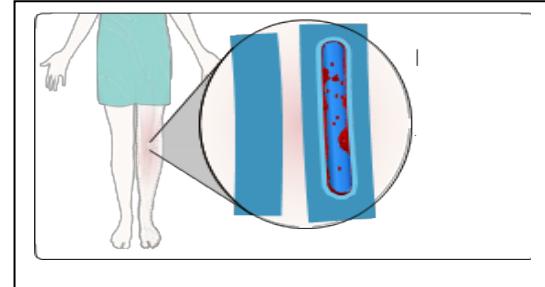
What is normal?

- ❖ **Bruises** on your leg. Bruising is common and is the result of the anticoagulant medication (blood thinners) you are taking to prevent blood clots.
- ❖ **Swelling (edema) of the leg** is very common after surgery.
- ❖ **Mild pain or discomfort is possible**, as described in the previous section.

What is not normal?

Phlebitis and blood clots

- ❖ The risk of blood clots is higher after surgery.
- ❖ To prevent blood clots from forming after surgery, it is important to get up and move as often as you can and to do your exercises.
- ❖ **Phlebitis** is inflammation in a vein.
- ❖ A blood clot can cause inflammation in the vein.
- ❖ To prevent blood clots after your surgery, you will be given a prescription for an **anticoagulant**.



Anticoagulants (blood thinners)

- ❖ It is important to take the medication as prescribed.
- ❖ Xarelto® or Aspirin® are usually prescribed for a period of at least 14 days.
- ❖ If you forget to take your morning dose of Xarelto®, you may take it as soon as you remember on the same day.
- ❖ If you only notice the next day, **do not take a double dose**. Continue with only one pill per day.

When to call the doctor

When to call the doctor



Call your surgeon or the nurse or go to the emergency if you experience any of the following symptoms:

You feel **extremely weak, unable to get out of bed.**

You have **constant pain in your calf** (operated leg or not).

You feel **short of breath at rest or during light exertion** such as walking, for example.

You feel **pain in your chest** when breathing in.

You have **nausea or vomiting that does not go away.**

You have **more pain** and your pain medication is not helping.

Your dressing is completely **soaked with blood.**

See the phone numbers on the contact list you were given.

Exercises - before and after surgery

Good to know – before your surgery

Why should I do exercises and engage in physical activity before surgery?

- ❖ To strengthen your body in preparation for your surgery.
- ❖ To help you recover more quickly after surgery.

How do I get started?

- ❖ If you already have an exercise program, continue with it and add the exercises provided in this guide, based on your ability.
- ❖ If you do not have a program, gradually add exercises to your daily routine.

What should I do?

- ❖ Repeat each exercise about 10 times in a row.
- ❖ Repeat everything 3 times (after taking a short break or at different times throughout the day).
- ❖ Prioritize the leg that will be operated (affected), but also do the exercises with the other leg if possible (non-affected).
- ❖ Walk for 15 to 30 minutes every day (inside or outside).

What might I feel during and after doing these exercises and walking?

- ❖ Discomfort
- ❖ Mild to moderate fatigue
- ❖ After doing the exercises: mild pain (1/10 or 2/10) lasting less than 2 hours.

How can I prevent or reduce the pain associated with the exercises and physical activity?

- ❖ Take your pain medication about one hour before doing your exercises (while also respecting the recommendations from your doctor or pharmacist).
- ❖ If you feel pain after a few repetitions, take a break and try again later. You can continue with another exercise on the list.
- ❖ If you feel pain at a certain angle when doing an exercise, continue in the pain-free range (discomfort is normal).
- ❖ If a specific exercise is particularly painful despite taking medication, stop doing it and continue with the others. Consult with your healthcare professionals.

As soon as you have finished your exercises and walking

- ❖ Apply ice on the affected areas for 15 to 20 minutes. Repeat as needed every 40 minutes (ice 20 minutes on, 20 minutes off).
- ❖ Continue to take your pain medication during the day, as it was prescribed.
- ❖ If your pain level is greater than it should be after exercising, despite taking your pain medication and applying ice, reduce the number of exercises the next time. If this is still not enough to reduce the pain, speak with your healthcare professionals.

Note: After icing the affected area, wait for it to warm up before doing your exercises or walking (about 1 to 2 hours).

Good to know – after your surgery

Why is the range of motion and leg-strengthening exercises so important?

- ❖ Before having their surgery, many lose the ability to move their knee as much as they could before their symptoms appeared.
- ❖ With the surgery, the prosthesis improves the ability to recover movement and the strength needed to perform certain daily activities.
- ❖ To minimize limping (avoid leaning the body to one side or another), you must have:
 - A knee that achieves a 0-degree extension (fully straight leg);
 - Strong thigh muscles that can keep the knee at 0 degrees;
 - Strong buttock muscles to stabilize the pelvis;
 - Balance, which allows weight to be transferred to the affected leg.
- ❖ To safely go up and down stairs without having to swing out the affected leg to the side or pull on the handrail to get up, you need:
 - A knee that achieves 110 degrees of flexion;
 - Strong thighs and buttock muscles;
 - Balance, which allows weight to be transferred to the affected leg.

After your surgery, your doctor wants your knee to bend to:

90 degrees (by week 4)

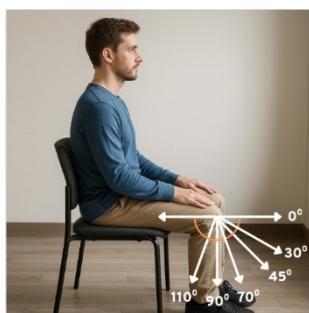


110 degrees (as soon as possible)



Degrees of movement at your knee for exercises

Combination of degrees



0 degrees (as soon as possible)



Images of weights and resistance bands used for exercises



General guidelines

- ❖ Do the exercises in your bed even if the people are pictured on the floor.
- ❖ When bending and unbending your knees, try to keep them in line with your second toe (the ones closest to your big toes).
- ❖ If necessary, ask a loved one to keep an eye on you while you do exercises that involve standing.

Section 1: Exercises—Lying down and sitting

If you have difficulty standing, do exercises 1 to 10.

(If you can tolerate standing, go directly to **Section 2**)

The first days after your surgery

To work all the muscles needed to move and recover, you must **at least** do exercises 1 to 6 every day.

Once your leg regains strength

- ❖ Prioritize exercises **4 to 10**.
- ❖ When exercises say to use an ankle weight, if you do not have one, you can wear a heavy shoe or boot instead.
- ❖ Resistance bands and weights are sold in several department stores.
- ❖ When the text tells you to keep your knee straight, you must avoid bending it.

1. Ankle pumps and rotations (sitting or lying on your back)



A B C

- ❖ Pull your toes and foot toward you then point them downward as far as you can.
- ❖ You can also draw circles with your foot by moving your toes up, to the side, down and over to the other side (draw the biggest circle possible).
- ❖ You can also draw the letters of the alphabet in the air with your toes.
- ❖ **If your ankle is swollen**, elevate your leg with pillows while doing your exercises. Make sure that your knee is well supported and stays straight.

2. Thigh and buttock muscles contraction (lying on your back)



- ❖ Place a rolled-up towel under the heel of the affected leg to slightly lift the calf off the bed.
- ❖ Contract your thigh muscles as much as you can, pushing your knee into the bed.
- ❖ You can also pull your toes and foot toward you to increase the contraction's strength.
- ❖ Then, release and contract your buttock muscles as much as you can.
- ❖ Hold each contraction for 5 to 10 seconds.

3. Hip extensions (lying on your back with both knees bent)



- ❖ Contract your buttock muscles to lift your hips off the bed until your belly and legs form a straight line (images a and b).
- ❖ Hold for 5 to 10 seconds and slowly come back down.
- ❖ **If difficult**, bend your knees less than shown in the picture.
- ❖ **If easy**, do the exercise while only bending the affected leg (image c).
- ❖

4. Knee extension (sitting or lying down)



- ❖ Place a resistance band under your foot and bend your hip.
- ❖ Hold both ends of the resistance band firmly in each hand so it is taut.
- ❖ Push against the band with your foot to fully straighten your knee (without locking it).
- ❖ Hold for 5 to 10 seconds.
- ❖ Slowly return to the position where your hip is bent.

5. Knee extension (lying on your back or semi-reclined)

Do this exercise **only** if the affected knee does not straighten fully (0 degrees).

Before your surgery, **only** do this exercise if this position **does not** cause you pain. Significant discomfort **is acceptable**.

After your surgery, mild pain **is acceptable**.



- ❖ Place a rolled-up towel under the heel of the affected leg to **fully** lift your calf and the lower portion of your thigh off the bed.
- ❖ Let gravity pull your knee toward the bed.
- ❖ You can assist this movement by contracting your thigh muscles. You can also apply some pressure on the lower portion of the thigh using your hand or a weight.
- ❖ Hold this position for 30 to 60 seconds; repeat 3 to 10 times.
- ❖ If well tolerated, you can hold the position for longer.

6. Knee flexion (lying on your back or stomach)



- ❖ Bend your knee and bring your heel toward your buttocks. Slowly lower your leg.
- ❖ **Strengthening:** Repeat this movement about 10 times, keeping the leg bent for 5 to 10 seconds. You can do the stretching, as described below, at the same time or later.
- ❖ **If difficult**, put a garbage bag under your leg to help it slide more easily (image a). You can also wrap a bathrobe belt around your ankle to help you with this movement. (image b)
- ❖ **If easy**, lie down on your stomach with a pillow under your belly, bend your knee and bring your heel toward your buttocks. Hold for 5 to 10 seconds then slowly lowers your leg.
- ❖ **If still too easy**, add an ankle weight (image c).
- ❖ **Stretching:** Keep your leg bent as far as possible for 30 to 60 seconds; repeat 3 to 10 times (images a or b).

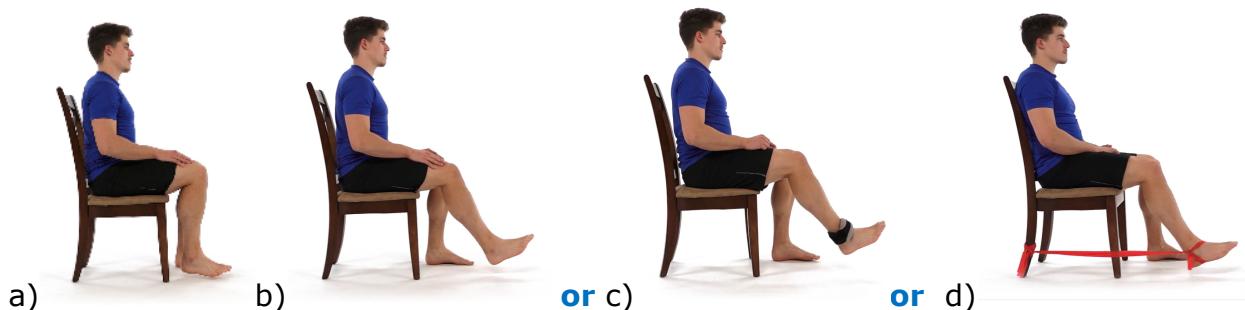
7. Hip abduction (lying on your back with one knee bent)



- ❖ Keep the non-affected leg bent as you move the affected leg sideways as far as possible before sliding it back (images a and b).
- ❖ **If difficult**, put a garbage bag under your leg to help it slide more easily.
- ❖ **If easy**, slightly lift the affected leg from the bed as you perform this movement, keeping the knee straight (image c).
- ❖ **If still too easy**, tie a resistance band to each ankle. Move the affected leg sideways (image d).
- ❖ When performing these movements, make sure that your knee and toes are always pointing upwards.

8. Partial knee extension (sitting)

The angle at which these movements are done is important in order to minimize discomfort during and after this exercise.



- ❖ Pull your toes toward you and lift your leg to about 70 degrees (image b to d).
- ❖ Hold for 5 to 10 seconds and slowly lower your leg.
- ❖ **If easy**, add an ankle weight (image c) **or** tie one end of a resistance band to your ankle and the other end to the chair leg (as in image d).

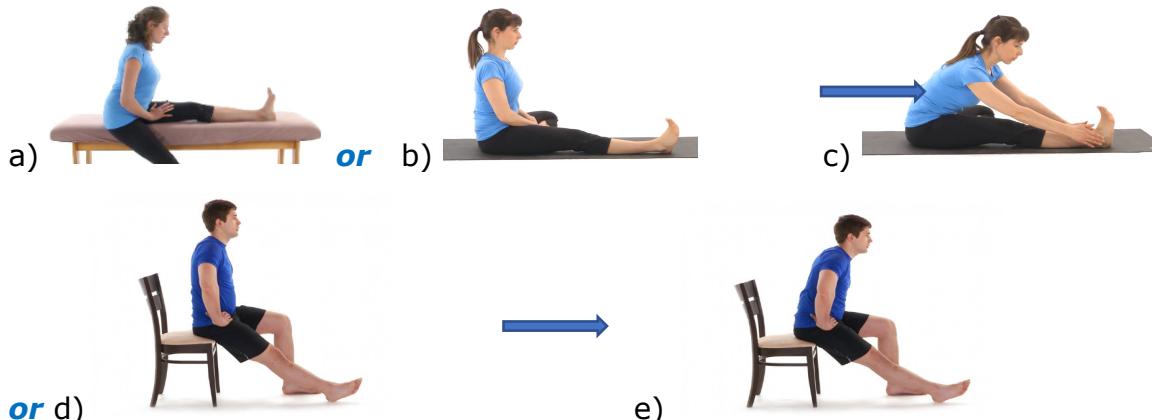
9. Knee flexion (sitting on a chair)



- ❖ Bend your knee to move your foot as far back as possible under the chair.
- ❖ **Strengthening:** Repeat this movement about 10 times, keeping the leg bent for 5 to 10 seconds. You can do the stretching, as described below, at the same time or later.
- ❖ **If difficult**, image b: put a towel under your foot to help it slide on the floor **or**
 - image c: use the non-affected leg to help bend the affected leg.
- ❖ **If very difficult**, use both the towel **and** the non-affected leg (b and c).
- ❖ **If easy**, add a resistance band and tie one end to your ankle and the other to a chair or table leg in front of you (see image d).
- ❖ **Stretching:** Keep your leg bent as far as possible for 30 to 60 seconds; repeat 3 to 10 times (images a, b or c).

10. Stretching the back of your thigh and calf (sitting on a bed or chair)

Option a): sitting with the affected leg extended and the non-affected leg to the ground;
Option b): sitting with the affected leg extended and the non-affected leg bent in front of you;
Option d): sitting on a chair with the affected leg extended.



- ❖ Lean forward over your affected leg, keeping your knee straight and your toes pulled toward you (image c or e).
- ❖ Hold that position for 30 to 60 seconds; repeat 3 to 10 times.
- ❖ If difficult, wrap a bathrobe belt around your foot. Lean forward and place both hands on the belt, as close to your foot possible. Pull while continuing to lean forward
- ❖ **Option a) and b) If easy**, add a towel under the heel.
- ❖ **Option d) If easy**, place your foot higher on a stool or chair.



as



Section 2: Exercises—Standing and sitting

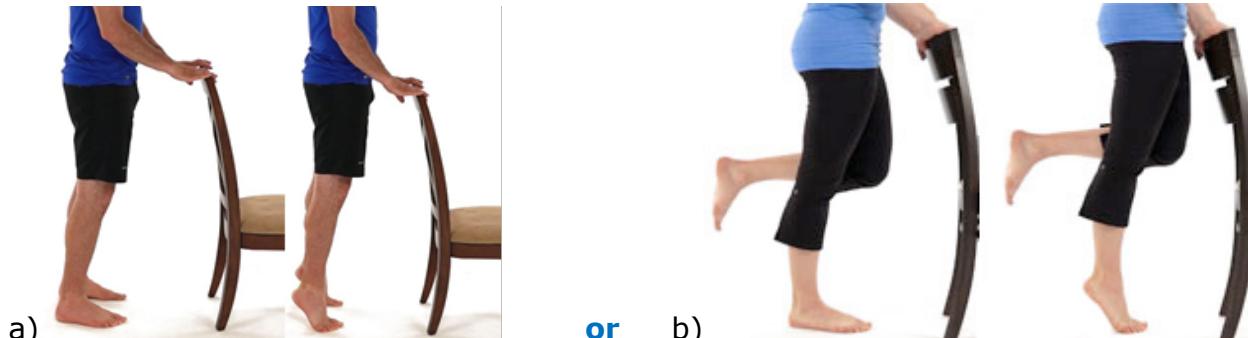
Once you can tolerate standing, do the exercises 10 to 19. If necessary, ask a loved one to stay with you while you do them.

- ❖ To work all the muscles needed to move and recover, you should **at least do exercises 11 to 13 and 16 to 18, every day.**
- ❖ When instructed to use a chair to support yourself, you can also choose to use a kitchen counter or a table (ideally one that is hip high).

Repeat exercise 10 and continue with the rest.

11. Up on your toes (standing)

Be sure to put as much or more weight on the affected leg.



- ❖ Stand on both feet with your hands resting on a chair in front of you (image a).
- ❖ Take 3 seconds to rise up on your toes without bending your knees.
- ❖ Take 4 seconds to lower your heels back down to the ground.
- ❖ **If easy,** use less support from the chair (use fingertips or no support).
- ❖ **If still too easy,** do it on one leg only (bend the other leg back) (image b).

12. Knee and hip extension (standing)



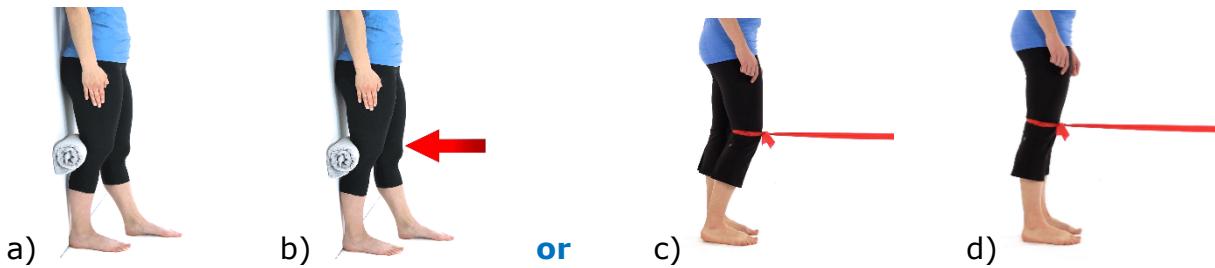
- ❖ Stand with your back straight using a chair for support. Keep your feet hip-width apart with your heels on the ground. Take 4 seconds to lower your body into a half-squat position without bending forward. Take 3 seconds to return to the standing position (image a).
❖ **If easy**, use less support from the chair (use fingertips).
❖ **If still easy**, do the same movement but without any support. (Image b).
❖ **If still too easy**, do the same movement while lowering yourself as much as possible toward the chair, without sitting on it, then stand back up.
❖ **If again too easy**, move the non-affected leg forward so that the affected leg does most of the effort. Then do the same movement while lowering yourself as much as possible toward the chair without sitting on it, then stand back up.

13. Knee flexion (strengthening) (standing)



- ❖ Stand with your back straight and use a chair for support (image a).
❖ Bend the affected knee to bring your foot up toward your buttocks without arching your back or moving the knee forward (image b).
❖ Hold for 5 to 10 seconds then slowly bring the foot back down.
❖ **If easy**, add an ankle weight (image c).

14. **Knee extension (last degrees)** (standing)



- ❖ Stand with your back against the wall and a rolled-up towel behind the affected knee (image a).
- ❖ Push the back of the knee into the towel to try to straighten your leg (image b).
- ❖ Hold for 5 to 10 seconds then slowly release the contraction.
- ❖ **If easy**, tie the resistance band around the affected knee to something in front of you that is at the same height as your knee (image c).
- ❖ For your own comfort, place a face cloth between the band and the back of the knee.
- ❖ Step back so that your knee is slightly bent and the band is taut (image c).
- ❖ Stand up straight.
- ❖ Straighten your leg by pushing the knee back against the band (image d).
- ❖ Hold for 5 to 10 seconds then slowly release the contraction.

15. **Balance** (standing near a counter; in the corner, if possible).



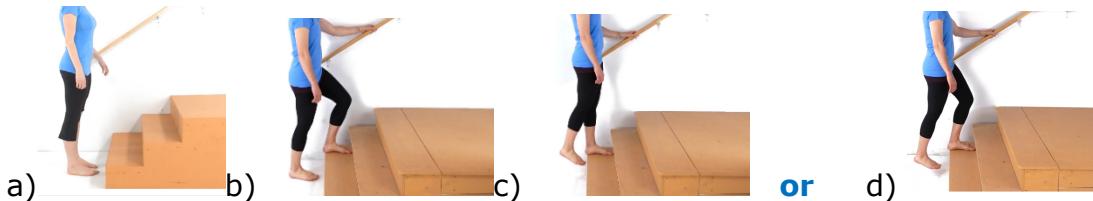
- ❖ Without leaning against the counter, lift the non-affected leg off the floor and hold this position for as long as possible.
- ❖ Do not let your pelvis or shoulders drop to one side. Do not let your body lean forward, backward or to the side.
- ❖ **If difficult**, you can lean a little on the counter before or while the leg is lifted.
- ❖ **If easy**, meaning that you can hold the position for 60 seconds, move your arms or the raised leg.
- ❖ **If still too easy**, you can slowly turn your head from side to side, then up and down.

16. **Sideways walking** (standing)



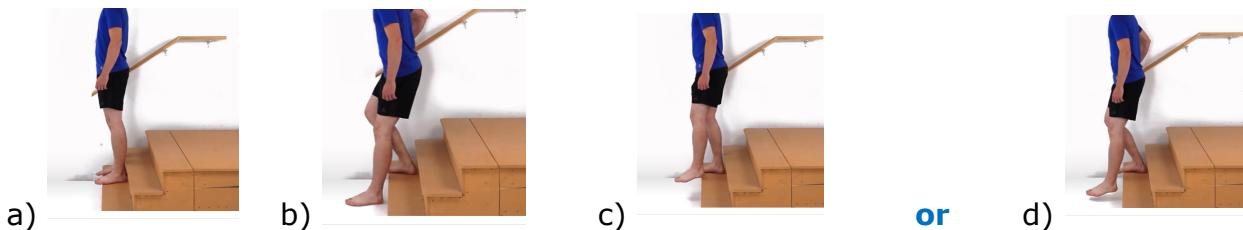
- ❖ Stand up straight and use a counter or table for support. Walk sideways, spreading your legs as far apart as possible. Once you reach the end of the counter or table, sideways walk your way back to the other side. Keep your toes and knees facing forward (do not turn your legs). Do not let your pelvis or shoulders drop to one side. Do not let your body lean forward, backward or to the side. Look straight ahead.
- ❖ **Tip:** Before lifting your leg, make sure that your weight is fully on the supporting leg.
- ❖ **If easy,** use less support from the counter (use fingertips or no support at all).

17. **Going up stairs** (standing looking up the staircase)



- ❖ Bend the affected knee to place your foot on the step (without swinging it sideways) (image b). Take 3 seconds to step up and 4 seconds to step down with your affected leg.
- ❖ During the exercise, the non-affected leg should not touch the first step (image c).
- ❖ **If difficult**, when going up, be sure to:
 - Shift your body weight over the foot of the affected leg.
 - Push your knee back while your hip forward.
 - You can help yourself by:
 - Pulling lightly on one or both handrails **or**
 - Supporting yourself with a cane placed on the first step.
- ❖ **If easy**, on your way down, do not put your non-affected leg down on the ground before going back up the step (image d).
- ❖ **If too easy**, use an ankle weight (around your non-affected leg).
- ❖ **If still too easy**, lighten your grip on the handrail (use fingertips or no support at all).

18. Coming down stairs (standing looking down the staircase)



- ❖ Stand on the first step at the bottom of a staircase. Hold one (or both) handrails to keep your balance (image a).
- ❖ Take 4 seconds to lower your non-affected leg toward the ground (image b).
- ❖ Take 3 seconds to move backward up the step by unbending the affected knee.
- ❖ Note that the foot of the non-affected leg should not touch the first step (image c).
- ❖ **If too difficult**, only do the going down (lowering) part of the exercise as described. To go back up, turn to face the stairs, go back up the first step and repeat the descent (lowering).
- ❖ **If easy**, on your way down, do not let your non-affected leg touch the ground before going back up (image d).
- ❖ **If still easy**, use an ankle weight (non-affected leg).
- ❖ **If still too easy**, lighten your grip on the handrail (use fingertips or no support at all).

19. Hip abduction (standing) **Do if you are limping or your hips are weak.**

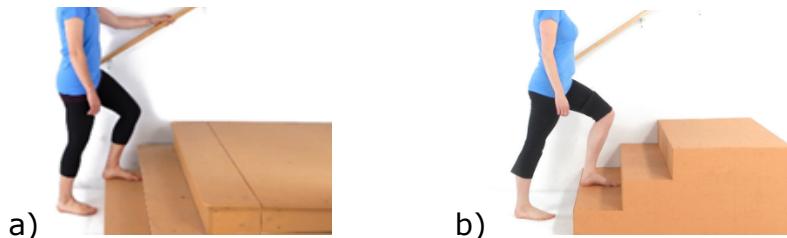


- ❖ Stand with your back straight using a chair for support. Lift your leg out diagonally (sideways going slightly backward). Do not lift your pelvis. Keep your toes and knees facing forward (do not rotate your leg). Keep your knee straight.
- ❖ Hold for 5 to 10 seconds then slowly lowers your leg.
- ❖ **If easy**, progress by attaching a weight or resistance band around your ankle.
- ❖ **If still too easy**, reduce your support by the chair (use fingertips or no support at all).

Exercises - after surgery, if difficult to get to 110 degrees of knee flexion

- ❖ **When needed**, adding these exercises will help you achieve 110 degrees of knee flexion.
- ❖ **Once 110-degree target is achieved**, stop doing these exercises.
- ❖ **If you do not feel a stretch**, you may not need this exercise.
- ❖ You can choose from among the exercises below based on your preferences and abilities.

i) **Knee flexion (increasing degrees)** (standing looking up the staircase)



- ❖ Put the foot of the affected leg on the first step. Hold one (or both) handrails to keep your balance (image a).
- ❖ To help you bend your knee, shift your body weight forward over the toes of the affected leg. Keep your heel on the step as much as possible (image b).
- ❖ **If difficult**, you can help yourself by pulling lightly on the handrail or supporting yourself with a cane placed on the first step.
- ❖ **If you feel a stretch**, hold this position for 30 to 60 seconds; repeat 3 to 10 times.

ii) **Knee flexion (increasing degrees)** (sitting on the edge of a chair)



- ❖ Touch the chair with the back of the affected leg. Slowly sit down on the edge of the chair, keeping the heel on the ground.
- ❖ **If you feel a stretch**, hold this position for 30 to 60 seconds; repeat 3 to 10 times.

iii) **Knee flexion (increasing degrees)** (sitting at the back of a chair)



Bend your affected knee, sliding your foot back as far as possible under the chair. Move your buttocks toward the edge of the chair, while keeping your foot back and your heel on the floor.

If your foot tends to slide forward, do it barefoot or wear non-slip shoes.

If you feel a stretch, hold this position for 30 to 60 seconds; repeat 3 to 10 times.

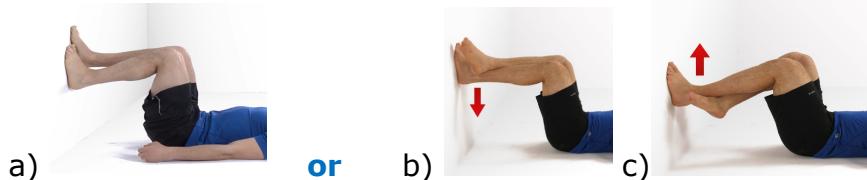
iv) **Knee flexion (increasing degrees)** (on all fours on your bed; on hands or forearms)



Note: Do not go further than the middle of your calves (image b or d).

- ❖ Placing a pillow under your knees can improve your comfort.
- ❖ Do this exercise only if you can tolerate weight on your knees and your incision is healed
- ❖ Shift your body weight backward until your buttocks are above the middle of your calves (image b or d).
- ❖ **If difficult** to move your buttocks backward, use your arms to push yourself back.
- ❖ **If you feel a stretch,** hold this position for 30 to 60 seconds; repeat 3 to 10 times.

v) **Knee flexion (increasing degrees)** (lying on your back in bed, feet against the wall)



Bend the affected knee, sliding your foot downward (image a).

If difficult to lower this foot, help yourself with the unaffected leg (image b).

If difficult to raise this foot, help yourself with the unaffected leg (image c).

If still too difficult to move your foot up or down, add a towel between the wall and your foot.

If you feel a stretch, hold this position for 30 to 60 seconds; repeat 3 to 10 times.

Useful websites

If you would like to learn more about your surgery, the following links may be helpful:

- ❖ CIUSSS de l'Ouest-de-l'Île-de-Montréal: [CIUSSS de l'Ouest-de-l'Île-de-Montréal | Access to Surgery](https://www.ciusssmtl.ca/montral-access-to-surgery)
- ❖ SMH Orthopaedics: <https://www.mtlortho.com/resources>

For more tips on quitting smoking:

- ❖ <https://www.tobaccofreequebec.ca/iquitnow>
- ❖ www.canada.ca/en/health-canada/services/smoking-tobacco/quit-smoking.html
- ❖ <http://www.santemontreal.qc.ca/en/where-to-go/local-community-services-centres-clscs/>

For more information and advice to help you get in shape:

[Being active - Canada.ca](http://www.canada.ca/en/health-canada/services/physical-activity/being-active.html)



Frequently asked questions

What kind of physical activity is safe for me to do before and after my surgery?

- ❖ Walking is the best and the safest exercise.
- ❖ Walking helps to increase flexibility and blood flow, and to strengthen your knee.
- ❖ Swimming and aquafitness are also great activities. You must, however, wait until your incision is fully healed (check with your surgeon or nurse first).

For how long will my leg be swollen?

- ❖ Your leg will likely be swollen for the first few days after your surgery. This is normal.
- ❖ Use bags of ice or cold packs to help bring down the swelling.
- ❖ When resting, you can put pillows under your calf so that your ankle is higher than your hip. Your knee must not be bent in that position.



However, for your knee to bend to 90 then to 110 degrees, when resting, you should also sometimes keep your leg bent as shown in exercises 6a, 8a, and 9a.

- ❖ The swelling will go down with each passing week.
- ❖ It is normal for your leg to be swollen if you spend a lot of time standing.
- ❖ The more you walk in the days and weeks after your surgery, the more the swelling will go down.
- ❖ The swelling should go down at night and your leg should not be too swollen when you wake up.
- ❖ If you notice that your leg is swollen when you get up in the morning, call your surgeon.

Travelling

- ❖ Your prosthesis may be detected by airport metal detectors.
- ❖ You do not need a special note to go through security or customs.

When can I expect to play sports again?

- ❖ Wait for your surgeon to give you the go-ahead before starting to play sports.

Frequently asked questions

When can I resume sexual activity?

- ❖ You can start having sex again as soon as you feel comfortable doing so.

When can I start driving again?

- ❖ Opioids (pain medication) can cause drowsiness. You must not drive if you are taking opioids to control your pain.
- ❖ You can start driving your vehicle once you can walk without a walker (in other words, when you can put all your weight on your operated leg).
- ❖ Usually, it takes about 2 to 6 weeks after your surgery.

Notes

Appendix –Exercise Program Summary

This appendix is a reference tool that should only be used after you have consulted pages 31 to 45 of the Knee Replacement Guide.

Section 1: Lying down and sitting

1. Move your toes and foot to form a circle.



A B C

2. Contract your thigh and buttock muscles, while pulling your toes toward you.



3. Contract your buttock muscles to lift your hips.



or



4. Straighten your knee by pushing against the resistance band with your foot.



5. Let gravity pull your knee down toward the bed. Contract your thighs to help.



6. Bend your knee to bring your heel to your buttocks.



or



or



7. Move the affected leg out to the side keeping the other leg bent.



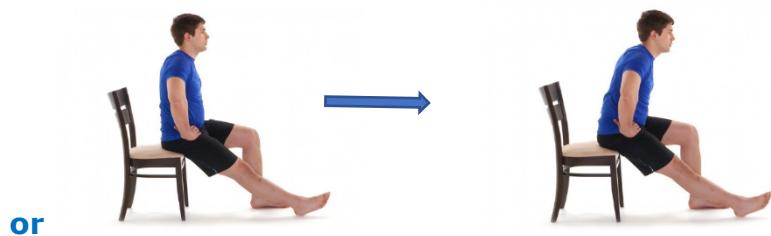
8. Pull your toes toward you and lift your leg to about 70 degrees.



9. Bend your knee to move your foot back as far as possible under the chair.



10. Lean toward your foot, keeping your knee straight and your toes pulled toward you.



Section 2: Standing (once tolerated)

11. Rise up on your toes.



or



12. Lower your body into a half-squat position.



or



13. Lift your foot toward your buttocks without arching your back or moving the knee forward.



or



14. Push your knee back to try to straighten your leg.



or



15. Stand on your leg.



16. Walk sideways, spreading your legs apart.



17. Go up a step.



18. Come down a step.



19. Lift your leg out diagonally.

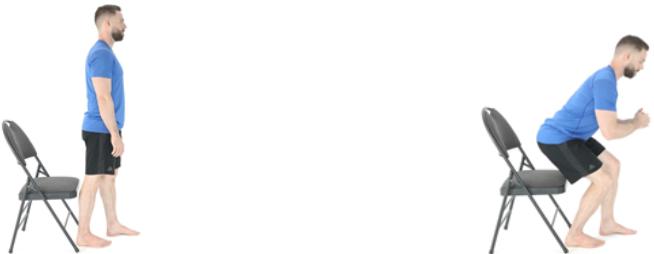


Section 3: If you are finding it difficult to get to 110 degrees of knee flexion after surgery

i) Shift your body weight over the toes of the affected leg.



ii) Slowly sit down onto the edge of a chair, keeping your heel on the ground.



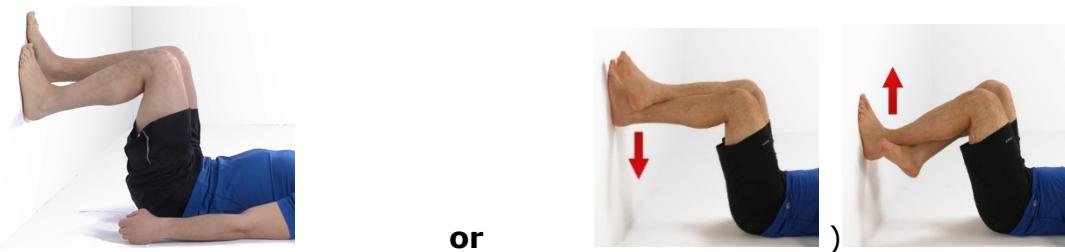
iii) Put your foot under the chair. Move your buttocks toward the edge of the chair.



iv) Shift your body weight backward until your buttocks are above the middle of your calves.



v) Bend the affected knee, sliding your foot downward.



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