

PRE- AND POST-OPERATIVE INFORMATION

Pre-Admission Clinic



This guide was produced by the staff of the pre-admission clinics of the Centre intégré de santé et de services sociaux (CISSS) des Laurentides in collaboration with the Department of Nursing and the Professional Services Department.

This guide is provided to clients coming to a pre-admission clinic.



IMPORTANT!

This booklet was designed for educational purposes.
It in no way replaces the advice of a healthcare professional and
is not a substitute for medical care.

Do not hesitate to contact a healthcare professional for any
questions about your health.

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This booklet is to help you prepare for and recover from your surgery. Your involvement in this process is the key to success.

The advice in this booklet is for information only. The professionals involved in your treatment will give you personalised information tailored to your needs.

In addition to your surgeon's expertise, your role is essential to the success of your surgery and recovery. The more prepared you are, the greater your chances of success.

Preparing yourself mentally and physically for surgery is an important step. Do not hesitate to ask questions and to find out more about your procedure, your hospital stay and your return home. Those are excellent ways of addressing fears and putting your mind at ease.

**Read this booklet regularly, before, during and after
your hospital stay.**

Bring it with you to your appointments.

**If you do not follow the instructions in this document,
your surgery may be cancelled.**



Preparing for surgery



The surgical process

Pre-admission

You will have a pre-admission meeting with a nurse. This meeting may take place over the phone. The nurse will tell you about what you must do to prepare so that you are ready for the operation as well as for what will happen during your hospital stay.

You will need to get a blood test and maybe some other tests. You may be asked to consult other professionals (e.g., an internal medicine specialist, etc.) depending on your surgeon's assessment.



**IF YOU HAVE QUESTIONS, CONTACT THE
PRE-ADMISSION CLINIC NURSES.**

Hôpital régional de Saint-Jérôme

450-432-2777, ext. 22513

Hôpital de Saint-Eustache

450-473-6811, ext. 42372

Hôpital de Mont-Laurier

819-623-1234, ext. 54028 or 54240

**Centre multiservices de santé et de
services sociaux de Sainte-Agathe**

819-324-4000, ext. 34519

Confirming your surgery

You will get a call from your hospital with the date of your operation.
You must present yourself according to the instructions you will be given.

The operation may take place before or after the scheduled time. It may also be cancelled due to an emergency. If so, your surgeon will reschedule your operation as soon as possible.



You must inform us of any change in your state of health between now and the date of your operation.

Cancellation of an operation



If you are ill, have an infection, are pregnant, have been in contact with someone with a contagious disease (e.g.: chickenpox) or are unable to come to the hospital for your surgery, call us as soon as possible at the number for the hospital where you are to have your operation.

Centre multiservices de santé et de services sociaux d'Argenteuil

450-562-3761, ext. 72313

Open Monday to Friday except holidays,
from 8:00 a.m. to 4:00 p.m.

Hôpital de Mont-Laurier

819-623-1234, ext. 54240

Open Monday to Friday except holidays,
from 8:00 a.m. to 4:00 p.m.

Hôpital de Saint-Eustache

450-473-6811, ext. 42051

If later than 3:30 p.m. the day before the
operation, or on weekends or holidays,
ext. 42195

Centre multiservices de santé et de services sociaux de Sainte-Agathe

819-324-4000, ext. 34413

Open Monday to Friday except holidays,
from 8:00 a.m. to 4:00 p.m.

Hôpital régional de Saint-Jérôme

450-431-8563



Diet

Keeping or reaching a healthy weight will make your exercises easier and will protect your joints. You will find it easier to move around and to resume your daily activities. A healthy diet can speed up recovery after surgery and helps to prevent post-operative complications. Eat three balanced meals a day based on the Canada Food Guide. Drink plenty of water every day, especially on the days before your procedure, to maximise hydration at the time of surgery (1.5 to 2 litres a day), unless you are under a fluid intake restriction. Make sure you consume enough protein (dairy products, eggs, soy drinks, legumes, seeds and nuts, meats, poultry, fish, supplements like Ensure™ or Boost™).

Preventing or correcting anemia if you are undergoing major surgery

Temporary anemia is caused by the loss of blood during or after your operation. Starting a diet rich in iron now will help rebuild your red blood cells during your convalescence.

Iron from animal sources (meat, poultry, fish) is better absorbed by your body than iron from vegetable sources (green vegetables, whole-grain cereal products).

To make the absorption of iron from vegetable sources more effective, eat items from the following list at the same meal:

- A source of Vitamin C (orange, kiwi, strawberries, broccoli, cantaloup, tomatoes, fruit or vegetable juice).
- Avoid tea and coffee at meals as they interfere with the absorption of iron.

Examples of sources of iron		
	Heme iron	Non-heme iron To be taken with Vitamin C
Excellent sources	Pork, lamb, poultry and beef livers, lamb kidneys, clams	<i>Alpen™/Weetabix™</i> cereals, blackstrap molasses, baby cereals, <i>Nutrios™</i>
Very good sources	Heart, oysters, mussels, beef and pork kidneys, blood sausage, veal liver, horsemeat	All-Bran™ breakfast cereals
Good sources	Beef, turkey, dark meat, pork, lamb, veal, fish, tongue, liver pâté, veal kidneys, shrimp, scallops, eggs	Various nuts and seeds, legumes, tofu, enriched cream of wheat, oatmeal, bread, pasta, spinach, jacket baked potato, beans, sweet potato, dried fruit

Alcohol

Alcohol consumption can have an impact on your hospital stay. We recommend you reduce your alcohol consumption to a minimum several weeks before your surgery. You must **avoid consuming alcohol for the week before your operation**. Alcohol, anesthesia and analgesics can interact.

Resources are available at: <https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus>



Tobacco

Tobacco use slows the healing of wounds and recovery following an operation. It is also a factor contributing to pulmonary complications and infections. We strongly recommend that you stop smoking **6 to 8 weeks before your operation**.

Here are some resources to help you to stop smoking:

- The Quit Now helpline: 1-866-527-7383 (toll-free) or <https://tobaccofreequebec.ca/iqitnow/>
- Quit Smoking Centres: call or visit your CLSC;
- The Quebec Pulmonary Association: 1-888-768-6669 (toll-free) or <https://poumonquebec.ca/en/>



If you didn't stop smoking several weeks ahead,
stop at least 24 hours before your operation.

Cannabis and other drugs

The use of drugs interferes with anesthesia as well as with pain relief, and increases the risk of complications following surgery.

You must:

- Stop all drug use 1 month before your operation.
- Avoid cannabis edibles.

If you did not stop using drugs, **you must stop at least 24 hours before your operation.**

Note that **cocaine must be stopped at least 48 hours before your operation.**

Resource available:

- *Drugs: Help and Referral, 1-800-265-2626*



Physical activity

Surgery is stressful for the body. This is why a key to successful outcomes is to be physically fit before surgery. Exercising before surgery can help you improve your stamina, muscle strength, posture, balance and cardiac health. It may help you recover more quickly after your procedure. Continue exercising if you already do or start gradually with a type of exercise that interests you. For example, a daily 15-minute walk may be adequate. Gradually increasing to 30 minutes a day is recommended.

Stress management, positive thinking and restorative sleep

Stress has negative impacts on your health, your immune system, your cardiorespiratory system, and your general state of mind. It is crucial to know how to relax your body and calm your mind. The benefits of positive thinking will allow you to better control your emotions, to slow your breathing, to relax any tension in your muscles and to reduce your anxiety before surgery. We recommend that you make your preparations several days ahead of your operation to enable you to be fully rested on the day of your procedure.



Planning your return home – Be accompanied

Plan your return home so that everything is properly arranged when you are discharged from the hospital:

- If required, make sure you have all the necessary equipment at home to maximise your autonomy when you are discharged (walker, cane, other equipment recommended).
- You may need help with meals, grocery shopping, laundry, housework and getting to and home from your appointments after surgery.
- Talk to your family and friends about getting help when you go home after your operation.
- You must be accompanied by a responsible adult to ensure your safety when returning home. If you do not have someone to escort you, your operation will be postponed.**
- We recommend that you have a companion at home during the first 24 hours after the operation.**
 - **Children under the age of 14 must be accompanied at all times by a parent or guardian.**
- Find a grocery store that offers home delivery or telephone or online orders.
- Buy or prepare meals ahead of time that you can freeze and reheat in the microwave.
- Find a pharmacy with home delivery service.
- Plan for your home maintenance during your recovery, e.g., for lawn-mowing in summer or snow removal in winter.
- Find someone to care for your pets.
- Depending on your operation, you will not be able to drive. Make arrangements for your ride home after your hospital stay and for getting to and from your appointments (some community organizations offer this service, see the Yellow Pages under “Social and Human Services”).

Surgery



The day before surgery

Hygiene and diet







- Remove nail polish or false nails.
- Remove wigs or hairpieces and false eyelashes.
- Remove jewellery including piercings at home and do not bring them to the hospital.
- Wash your hair with shampoo and your face with your usual soap.
- Shower with your usual soap or a chlorhexidine-based soap, whichever the nurse or your surgeon recommends. Wash yourself from the neck down, taking care to wash your navel, with a Q-tip if necessary, and your genitals.
- Wear clean pyjamas for sleeping.
- Have supper as usual. However, starting a midnight, you must not eat, chew gum or drink liquids other than those listed on Page 15.
- Stop using tobacco and cannabis if you haven't already.

It is important to follow instructions regarding eating and drinking before the operation:

- To reduce the risk of vomiting.
- For your safety, to reduce the risk of aspiration pneumonia (fluid deposits in the lungs following vomiting, leading to pneumonia).

The morning of your operation

- Before leaving home, shower again the same way as instructed for the previous evening.
- Do not apply deodorant, cream, perfume or make-up.
- Do not shave the area to be operated on unless the nurse told you to do so. The nursing staff will do it if it is required.
- If you ordinarily use contact lenses, do not wear them. Wear your glasses instead.
- Wear clean, ample, comfortable clothes.
- You can brush your teeth before leaving home.
- You can keep your hearing aid and dentures. They will be removed before the operation.

Instructions for fasting before the operation	
Beginning at midnight and until leaving home	 Do not eat, chew gum or drink liquids other than those mentioned below.  You can drink one of the following clear liquids: <ul style="list-style-type: none"> • Water • Filtered juice (apple, grape or cranberry) • Sweetened sports drink such as Gatorade™ • Black coffee or tea (with no dairy or substitute)
1 hour before leaving home	<p>To build up an energy reserve, we highly recommend that you drink a sweetened drink from among the following (unless you have liquid intake restrictions):</p> <ul style="list-style-type: none"> • Water • Filtered juice (apple, grape or cranberry) • Sweetened sports drink such as Gatorade™ • Black coffee or tea (with no dairy or substitute) <div style="display: flex; justify-content: space-around; align-items: center;">   </div>
After leaving home	 Do not drink anything more.
For taking medication	 If medications must be taken before the operation, you can have a sip of water to swallow them.

Medications to stop or to continue



During your meeting with the surgeon or pre-admission nurse, we will tell you whether you have to stop or continue your medications before your operation. You must have your medication list with you at the meetings.

Medication to stop¹

_____ : stop _____ days before the operation

_____ : stop _____ days before the operation

_____ : stop _____ days before the operation

Anti-inflammatories

(e.g.: Ibuprofen, Advil™, Motrin™ (including children's), Celebrex™, Maxidol™, Aleve™, Naprosyn™, etc.)

_____ : stop _____ days before the operation

Natural products

(e.g.: Glucosamine, omega 3, Vitamin E, etc.)

_____ : stop _____ days before the operation

Medication to take the morning of the operation

_____	_____
_____	_____
_____	_____

¹ You are allowed to take medications such as acetaminophen, Tylenol™, Tempra™, etc.) until midnight the night before the surgery.

Preparing your personal effects



- This instruction leaflet and any other information brochure you have been given.
- Your valid health insurance and hospital cards.
- Your medication, in their original containers, pumps or insulin.
- An up-to-date list of your medications (ask your pharmacist to provide you with one).
- Comfortable clothes (depending on the part of you to be operated on). If you are going to stay overnight at the hospital, include a housecoat, anti-skid slippers, ample and comfortable clothes.
- Toilet articles (tissues, toothbrush, soap, etc.) if you are going to stay overnight at the hospital.
- Other personal effects (cane, hearing aid, eyeglasses, container for dentures, CPAP device if you have sleep apnea). If you have a CPAP device, bring the required water in a separate container.
- A few dollars in case of need.
- Books or magazines if you want them.
- Device or cellphone with ear pods to listen to music if you want to.

**THE HOSPITAL IS NOT RESPONSIBLE FOR
LOST OR STOLEN ITEMS.**

We urge you to leave valuables at home.



Arriving for surgery

On the day of your operation, arrive at the time and place as per the instructions you were given. We will contact you if there are any changes.

The day surgery nurse will prepare you for the operation and will fill out a pre-operative checklist with you.

Going to the OR

A patient attendant will take you to the OR. There you will meet your anesthesiologist (the specialist who will take care of you) to discuss the type of anesthesia you will be given.

You will be prepped for surgery. You will be monitored constantly, throughout the operation.

Types of anesthesia

It is important for your anesthesiologist to know your state of health and your medical history. The questions you will be asked are aimed to guide the choice of the type of anesthesia that will best suit you and best ensure your safety.

The anesthesiologist will explain the choices of anesthesia and of pain relief that are possible post-surgery. Together you will decide which you will get. Here is a general explanation of the types of anesthesia. Not all types of anesthesia may be available in all circumstances or for all operations.

What are the risks?

- Serious complications are very rare in modern anesthesia. Even if we can't guarantee zero risk, risk is minimal for someone in good health but higher for someone who is very sick. It also varies as a function of the complexity of your operation.
- Your anesthesiologist will take all the precautions necessary and will ensure your safety and comfort during and after your operation.
- If you have concerns, talk to your anesthesiologist who will give you additional information.
- It is important to follow the instructions about eating and drinking before the operation:
 - To reduce the risk of vomiting.
 - For your safety, to reduce the risk of aspiration pneumonia (fluid deposits in the lungs following vomiting, leading to pneumonia).

Sedation

Sedation is the administration of intravenous medication that encourages your relaxation, reduces anxiety, relieves pain and sometimes makes you drowsy during the procedure. The medication dose will be adjusted to your level of nervousness, your medical condition and the nature of your operation.

Sedation may be used alone or combined with a local or regional anesthetic that allows part of the body to be “frozen.”

Local anesthetic

This type of anesthetic is used for minor surgeries. It removes sensitivity at the location of the surgery with an injection close to this area.

Throughout the procedure, you will feel no pain or a little bit of discomfort. The OR team ensures your comfort.

After the procedure, you will feel tingling and numbness at the site of the anesthesia. This sensation is normal and is a sign that your sensitivity is returning. These sensations will gradually disappear.

This technique may be combined with sedation.

Possible side effects

Pain at the injection site following local anesthetic: minor side effect for all types of injection.

- Apply ice as needed.
- Relieve your pain with the help of prescribed analgesics.
- Conduct your activities based on your tolerance.

Regional anesthesia

This type of anesthesia consists of “freezing” part of the body with the injection of local anesthetics near a group of nerves or in your back. This removes sensitivity from only a part of your body, such as an arm "brachial block," a lower body "spinal or epidural anesthesia," etc.

You will not feel any pain. The anesthesiologist can also administer sedation so that you will be calm, at ease and/or drowsy.

These techniques are highly effective in the surgical process and in relieving pain for several hours after an operation. After your surgery, you will have numbness in the anesthetized area. This is normal and temporary. There is no cause for worry.

Possible side effects

Itching (pruritus) following spinal or epidural anesthesia

- Tell your nurse if you have this problem. They can provide appropriate treatment.
- If you are home, call Info-Santé.

Headaches following spinal anesthesia

(This side effect is very rare and typically positional.)

- Drink plenty of water, if allowed.
- Take the prescribed pain relief medication.
- Lying down and resting reduces symptoms.
- If headaches persist despite regular use of pain medication, tell the nurse (if you are home, call Info-Santé).

General anesthesia

This type of anesthesia makes you unconscious through the administration of various intravenous medications. You will “sleep,” will not feel anything and will have no memory of the operation itself. Once you are asleep, the anesthesiologist will do an intubation (inserting a tube through the mouth, or, exceptionally, through the nose, to control breathing with the help of a respirator).

Possible side effects

Nausea

(Frequent side effect)

- Change position.
- Practise deep breathing.
- Take the prescribed nausea medication, if needed.

Upon your return home (if allowed, following the nurse’s instructions):

- Drink a bit of water, tea or coffee.
- Wait 30 minutes.
- If you tolerate the liquid, continue with a fat-free soup along with some toast (if allowed).
- Gradually introduce other foods; avoid spicy foods.
- If you vomit, stop eating solids and consume only liquids.

Sore throat, dry throat or hoarseness

- A normal side effect that will gradually disappear.

Respiratory tract congestion: Secretions in the respiratory tract or difficulty taking deep breaths.

- Do deep breathing exercises.
- Cough and spit.
- Do spirometry exercises if available (see the post-operative breathing exercises section at the end of this booklet).

It is normal to feel drowsy or dizzy for the first 24 hours following your operation. During this period:

- Do not drive a vehicle.
- Do not use public transit by yourself.
- Do not drink any alcohol or take any unprescribed medication.
- Do not make any important decisions.
- Do not use any tools that require you to be alert.
- Gradually begin eating, starting with liquids.

Another complementary method

Available in some hospitals; please follow the nurse's instructions.

Music

Listening to music combined with a local or regional anesthetic is relaxing, reduces anxiety, reduces ambient noise, and reduces the needs for sedation, and increases your comfort. Depending on where your operation takes place, you can bring your headphones and your cellphone (or other device) to listen to music during your operation if you are under local or regional anesthesia.



After your surgery

Recovery room

After surgery, you will be taken to the recovery room where you will be awakened if you are still asleep. You will be in the recovery room for 15 to 45 minutes.

Your nurse will:

- Monitor your blood pressure, pulse and breathing rate frequently.
- Check your incision.
- Ask you if you feel any pain or nausea.
- Install an oxygen mask briefly if needed.
- Ask you to take deep breaths.

Day surgery unit

Day surgery is a procedure following which you will spend several hours in the hospital.

After your time in the OR, you will be taken to the day surgery department. Your nurse will monitor your vital signs, IV solution and dressing until you can be discharged. The necessary instructions will be given to you before you leave.

Surgery with hospitalization

Depending on the type of surgery, you may spend one or more nights in hospital.

After your stay in the OR, you will be taken to your room where you will receive the required care.

In order to ensure your wellbeing and safety, the nurse will regularly ask you about the pain you feel, even at night. This is important even if at the moment you do not feel any pain. This helps with prevention and control of pain.

The nurse will ask you to do some deep breathing, coughing, changing position and/or muscle exercises. Please refer to the sections in this booklet on these subjects.

You will remain in hospital until your discharge is authorized. Instructions for your convalescence will be given to you.

Managing your pain

Managing pain will be key to your recovery. If your body is stressed because of pain, you will take longer to heal, your mobility will be more limited, your sleep will be altered, and your mood will be affected.

It is normal to feel pain for several weeks after an operation. To provide you with the best relief possible, you will be offered many options.

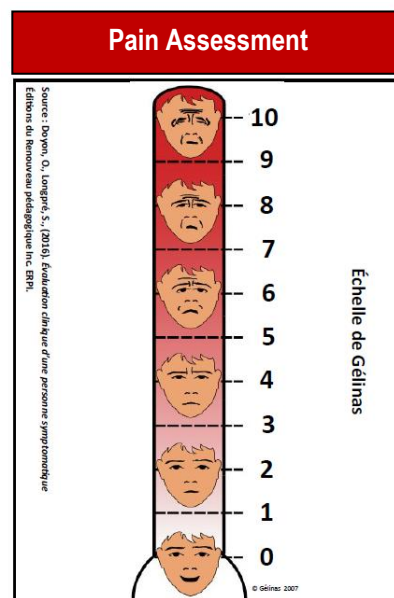
You will be asked to rate your pain on a scale from 0 to 10, where 0 equals no pain and 10 equals the worst pain possible and imaginable:

- **Between 0 and 3:** mild, tolerable discomfort or pain that does not prevent you from conducting your activities.
- **Between 4 and 6:** moderate and difficult to tolerate pain that makes it difficult to conduct your activities and slows them down.
- **Between 7 and 10:** severe and intolerable pain that makes it almost impossible to conduct your activities.

No pain		Minimal		Light		Moderate		Severe		The worst	
0	1	2	3	4	5	6	7	8	9	10	

This is what you can do to help ease your pain:

- Do not wait for your pain to become unbearable before alerting the nursing staff.
- We aim for a score below 4/10 or compatible with movement and tolerable.
- In addition to assessing your pain, your description of it is important. The more accurate the assessment, the better the relief and the safer the administration of painkillers.
- Practise a relaxation technique to help you manage your pain. See the sections on these subjects.
- It is important to not be afraid of analgesic medications. Your risk of developing an addiction to painkillers is very low as the doses used are minimal and of short duration. Pills provide as much pain relief as injections.



- If you have concerns, don't be shy to discuss them with your doctors or nurse.

Going home



Discharge from hospital

- In most cases, you must not drive in the 24 hours following your operation, or for longer if your doctor tells you.
- In addition, if you take opioid painkillers, you must not drive because these medications slow down your reflexes and cause drowsiness.
- Do not make any important decisions during the first 24 hours.
- You can resume your physical and sexual activities according to your tolerance and ability, unless told otherwise by your doctor or nurse.
- Be sure to stay well hydrated and to eat fibre-rich foods to promote proper elimination.
- Ask about resuming your medications. In general, you will be able to resume your medication as directed by your doctor.

- IT IS NORMAL:**
 - To feel tired. Alternate between rest periods and activities, gradually increasing your activity level.
 - To have problems concentrating. This is temporary and you will return to normal.
 - To feel emotional instability. Take it calmly, this reaction will gradually fade away.

Nursing and medical follow-up

Before leaving the hospital:

- Make sure you have the information for your next appointment with your surgeon, the prescription for your medication, and the information regarding removal of surgical staples on your incision, if indicated.
- If you require CLSC services, you will be given a prescription. We will tell you what to do next.
- We may request that the CLSC provide specific home services. If so, a CLSC nurse will contact you to schedule appointments based on the requested frequency.

If you have insurance, SAAQ, CNESST or other documents to fill out, you must send them to your surgeon's office. Processing this may take several weeks and is subject to some fees. A nurse can give you the information before your discharge.

If you need information once you return home,
you can call Info-Santé at 811.

Medication (as prescribed)



Medication	Use	Instructions
Analgesic – Acetaminophen (Tylenol™) – Ibuprofen (Advil™)	For light pain (0 to 4)	Take regularly during the first week then adjust based on your pain level.
Opioid analgesic – Hydromorphone (Dilaudid™) – Morphine	For moderate to severe pain (4 to 10)	Take regularly for 48 to 72 hours following the operation. Then reduce the dose or space doses out based on the evolution of the pain. Reduce the dose if side effects are bothersome. Side effects include constipation, drowsiness, heartburn, dizziness. Avoid drinking alcohol.
Antiemetic – Metoclopramide (Maxeran™) – Dimenhydrinate (Gravol™)	For nausea and vomiting	This medication is more effective if taken 30 minutes before eating. Follow the instructions provided by your care team or pharmacist.
Laxatives – Sennosides (Senokot™)	For constipation	Ask your pharmacist for advice. Consult the “Constipation” section on Page 33 as well.

Consult your pharmacist to properly understand the adjustment of your medication or for any other related question.

If you experience severe pain that is not relieved with medication, or have a new or worsening pain, call your doctor, Info-Santé (811), or go to the hospital emergency room.

When to consult

- If there is redness, pain, swelling, a bad odour or increased discharge from the wound.
- If you have fever with an oral temperature of more than 38 °C or a rectal temperature of 38.5 °C for more than 24 hours.
- If you have persistent heartburn or vomiting.
- If there is numbing or the feeling of being frozen for more than 48 hours.
- If you have swelling and pain in only one leg.
- If you suddenly have problems breathing.
- If your urine is very concentrated.



Wound care

- Do not rub the wound, keep it clean and dry.
- Always wash your hands before touching the area of your incision.
- If you have a bandage, it is important to not remove it yourself unless told otherwise.
- Sensitivity around your scar may not be the same as elsewhere for several weeks. This is normal. Sensitivity should return to normal within a few months to a year.

If you have staples and a dressing covering your wound

- If you have a dry bandage (that looks like fabric), you can take a shower by applying a waterproof covering to the bandage to keep it from getting wet.
- Do not direct water onto your bandage nor immerse your wound in water by, for example, getting into a bathtub or swimming pool.
- Do not immerse the wound in water for the first 2 weeks.
- Staples will be removed between 7 and 14 days after the operation.
- Two or three days after the removal of the staples, you can wet your wound if there is no discharge. Follow your healthcare professional's advice about this. It is important to delicately wash the wound with a gentle soap and rinse it well with clear water. It is essential to dry the wound by patting it gently with a soft towel. You must not rub it.

If you have wound closure strips

- Wound closure strips fall off by themselves. If they haven't fallen off after 10 days, you can gently remove them.

Constipation

Some patients experience constipation after surgery. This is predictable and due to reduced mobility and food intake after surgery, as well as taking post-operative narcotic pain medication, which slows bowel function. Maintaining your exercise regimen, practising mobility and healthy living habits (eating and sleeping) are strongly recommended during recovery.

To avoid constipation:

- Increase your fluid intake (to 7 or 8 glasses of water a day EXCEPT if your doctor instructs you otherwise).
- Eat more whole grains, fruits and vegetables.
- Go for regular walks.
- You can take a gentle laxative such as Metamucil™, Colace™, Senokot™ or Prodiem™ or whatever your doctor has prescribed.
- If the situation persists, ask your pharmacist for advice. Many types of laxatives are available to help you.



Post-operative mobility and fall prevention



Post-operative mobility exercises

Based on the nurse's recommendations, in-bed mobility exercises and early getting out of bed are recommended. The goal of doing these exercises is to:


- Activate blood circulation.
- Help eliminate bronchial secretions.
- Prevent circulatory and pulmonary problems.
- Help regain intestinal elimination.
- Regain your strength as soon as possible.

Get out of bed early

- Several hours after the operation or when allowed.
- For your safety, you will first get up in the presence of staff members.
- Wear non-skid shoes.

Changing position

You are on your back and you would like to roll onto your **left** side.

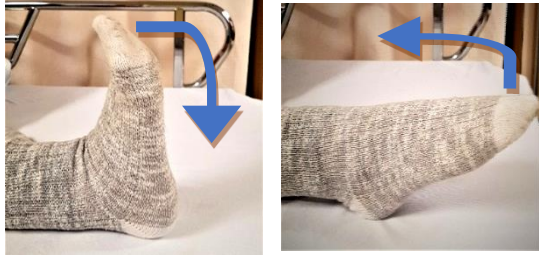


A	<ul style="list-style-type: none">• Press your head firmly against the pillow.• Bend your right knee.	
B	<ul style="list-style-type: none">• Use your right foot to help you gently roll onto your left side.	
C	<ul style="list-style-type: none">• Grip the railing on the left side with your right hand.• Pushing with your right foot against the mattress, push your pelvis backwards.	

If you want to turn onto your **right** side, follow the above steps using your left knee and foot.

Important!
You must change your position at least every 2 hours until you can get out of bed normally.

Important!
If you have any restrictions, follow your nurse's instructions.

Muscle exercises (legs and ankles)

A	Bend and extend your feet.	
B	Rotate your ankles.	
C	Move your legs by slowly bending then straightening them.	
		

Important!





Unless told otherwise, do them 5 to 10 times every 2 hours.
Stop them when you can walk normally.


Important!

If you have any restrictions, follow your nurse's instructions.

Method for getting out of bed or lying down

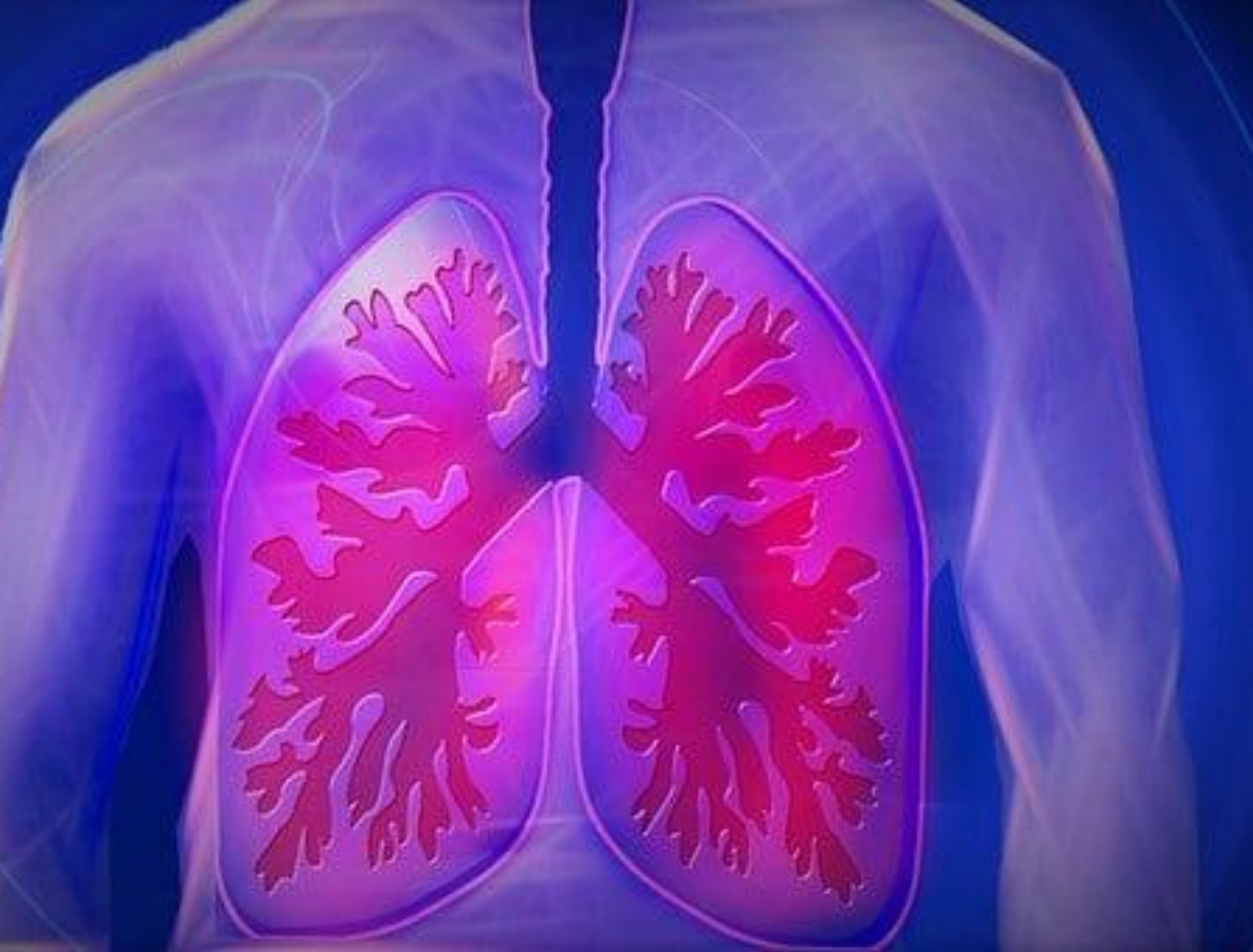
Method for getting out of bed

A	Lower the head of the bed. Move closer to the edge of the bed then turn onto your right side.	
B	Bend your knees. Press your left hand and right elbow onto the mattress.	
C	Push against the mattress with your right elbow and your left hand.	
D	Slide your legs off the bed with the help of your right arm.	

E	Remain seated. If you are dizzy, look straight ahead.	
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Method for lying down

A	Sit on the edge of the bed.
B	Resting your hands on the edge of the bed, push your buttocks, one at a time, backwards as far as possible.
C	Place your elbow on the mattress and slowly lower your body while lifting your legs onto the bed.
D	Slowly turn onto your back. Find a comfortable position.



Post-operative breathing exercises

Deep breathing

They help you relax and relieve pain. It is best to do them while lying down on your bed. There are two types of deep breathing: thoracic and abdominal. You must do both types.

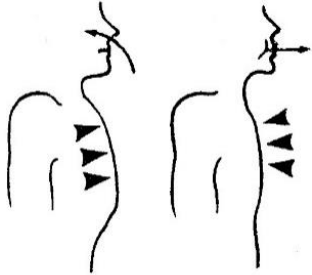
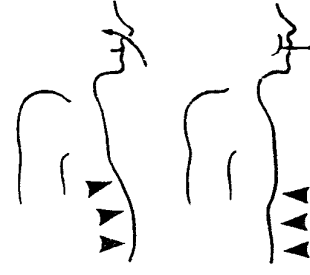
Thoracic breathing	Abdominal breathing
<ol style="list-style-type: none">1. Breathe in SLOWLY and DEEPLY through your nose (through your mouth if your nose is blocked), inflating your chest.2. Breathe out SLOWLY through your mouth, lips pursed as if to blow out a candle.  The diagram shows two side-profile views of a human torso. In the first view, an arrow points into the nose, and three upward-pointing triangles are positioned in the chest area, indicating chest expansion. In the second view, an arrow points out of the mouth, and three downward-pointing triangles are in the chest area, indicating chest contraction.	<ol style="list-style-type: none">1. Breathe in through your nose or mouth, inflating your stomach. Use your hand to feel your abdomen.2. Breathe out through your mouth, lips pursed as if to blow out a candle.  The diagram shows two side-profile views of a human torso. In the first view, an arrow points into the mouth, and three upward-pointing triangles are positioned in the abdominal area, indicating stomach expansion. In the second view, an arrow points out of the mouth, and three downward-pointing triangles are in the abdominal area, indicating stomach contraction.

Image source: CHUS, 1986

Unless otherwise indicated, take deep breaths as soon as you wake up. During the 48 hours following your operation, repeat the exercises 5 to 10 times each hour during the periods you are awake. Do both the thoracic and abdominal breathing exercises each time.

Coughing and spitting exercises

Preferably in a sitting position:

1. Take two deep breaths, breathing in through your nose and out through your mouth.
2. Place a pillow or small cushion on your wound if it is on your abdomen or chest and hold it firmly with your hands.
3. Breathe in deeply through your nose or your mouth.
4. Hold your breath for a count of 3.
5. Cough hard 2 or 3 times in a row, maintaining pressure on your wound if it is on your abdomen or chest, to expel all the air from your lungs and to spit out the secretions.
6. Rest. Repeat the exercise 2 or 3 times every two hours starting as soon as you wake up.
7. Repeat these exercises every day during the periods you are awake.

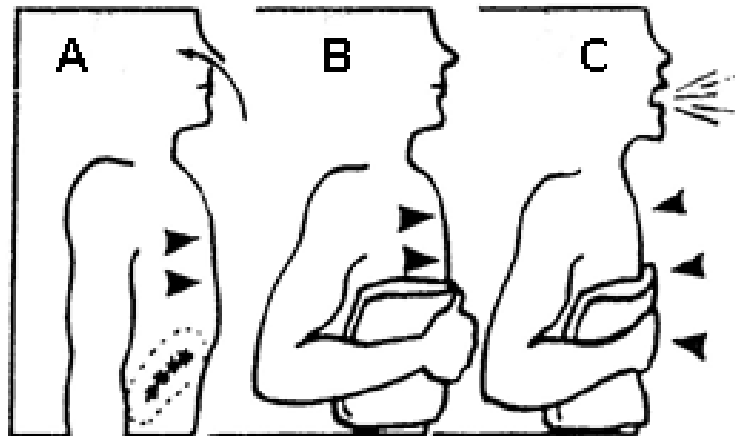


Image source: CHUS, 1986

Spirometry



Spirometry is an exercise based on taking deep breaths and is done with the help of a device called Spirometer.

To be effective and to reduce the occurrence of complications in your lungs, spirometry must be done after your surgery in addition to the deep breathing, coughing and rapid mobility exercises.

Preferably in a sitting position:

1. With the nurse present, the spirometer setting level will be adjusted according to your ability. Gradually increase the level of flow to the maximum inhalation effort.
2. Breathe out slowly to completely empty your lungs.
3. Close your lips tightly around the mouthpiece and inhale deeply and slowly to raise the ball.
4. Hold this breath to keep the ball suspended for 2 to 3 seconds. Gradually increase it with every breath to try to keep the ball suspended for 6 to 10 seconds.
5. Remove the device from your mouth. Breathe normally. Rest between the exercises.
6. Repeat steps 2 to 5 about 10 times every hour starting when you wake up. Repeat these exercises every day during the periods you are awake.



Resources



CLSCs in the Laurentians

Main number for the region: **1-833-217-5362**

If you need to leave a message, give your name, date of birth, municipality, and the date of your surgery.

CLSCs in Lanaudière

Homecare access point: **1-866-757-2572**

CLSC in Laval

Integrated general health/social services receptionist: **450-627-2530**, ext. **64922**

Hospitals

Hôpital de Mont-Laurier:

819-623-1234

2561 chemin de la Lièvre Sud
Mont-Laurier, QC J9L 3G3

Hôpital de Saint-Eustache

1-888-234-3837

520 boul. Arthur-Sauvé
Saint-Eustache, QC J7R 5B1

Centre multiservices de santé et de services sociaux de Sainte- Agathe

1-855-766-6387

234 rue Saint-Vincent
Sainte-Agathe-des-Monts, QC J8C 2B8

Hôpital régional de Saint-Jérôme 1-

866-963-2777

290 rue De Montigny
Saint-Jérôme, QC J7Z 5T3

Centre multiservices de santé et de services sociaux d'Argenteuil

450-562-3761

145 avenue de la Providence
Lachute, QC J8H 4C7

Community resources

Lower Laurentians

Centre d'action bénévole (CAB) Solange-Beauchamp

Services include transportation, community and medical accompaniment, Meals on Wheels, friendship visits.

65 de la Seigneurie boulevard East, Unit 101, Blainville, J7C 4M9

Tel: 450-430-5056

Fax: 450-430-0203

Email: info@cabsb.org/

Website: <http://www.cab-solange-beauchamp.com/>

Centre d'action bénévole les Artisans de l'Aide

Services include transportation accompaniment, Meals on Wheels, friendship visits.

184 Saint-Eustache, Saint-Eustache, J7R 2L7

Tel: 450-472-9540

Fax: 450-472-9586

Website: <http://joomla.cabartisans.org/index.php/fr/>

Centre d'action bénévole d'Argenteuil

Services include transportation accompaniment, Meals on Wheels.

212 Wilson, Lachute, J8H 3J3

Tel: 450-562-7447

Website: <http://cabargenteuil.ca/>

Central Laurentians

Centre d'action bénévole Saint-Jérôme inc.

Services include transportation accompaniment, Pair programme, Meals on Wheels, friendship visits.

225 de la Gare, Saint-Jérôme, J7Z 4Y4

Tel: 450-432-3200

Fax: 450-432-7354

Toll-free: 1-866-962-3200

Website: <http://www.cbsj.qc.ca/>

Entraide bénévole des Pays-d'en-Haut

Services include transportation accompaniment, Meals on Wheels, friendship visits.

1013 Valiquette, Sainte-Adèle, J8B 2M4

Tel: 450-229-902

Fax: 450-229-7539

Toll-free: 1-855-226-5626

Website: <http://www.entraidebenevolepdh.com/>

Upper Laurentians

Action bénévole de la Rouge inc. (Rivière Rouge Volunteer Action)

Services include transportation accompaniment, Meals on Wheels, friendship visits.

284 L'Annonciation Sud, Rivière-Rouge, J0T 1T0

Tel: 819-275-1241

Fax: 819-275-1700

Email: abr@qc.aira.m

Website: <https://www.cdchl.org/action-benevole-de-la-rouge-inc>

Centre d'action bénévole Léonie-Bélanger (Léonie-Bélanger Volunteer Action Centre)

Services include transportation accompaniment, Meals on Wheels, Pair programme, friendship visits.

610 de la Madone, Mont-Laurier, J9L 1S9

Tel: 819-623-4412

Fax: 819-623-3081

Toll-free: 1-855-623-4412

Email: info@cableonie-belanger.org

Website: <http://www.cableonie-belanger.org/>

If you require a consultation

- Contact a nurse at Info-Santé by calling 811. This service is available 24/7.
- OR**
- Go to the emergency room at your hospital and inform the emergency doctor about your recent surgery.

www.santelaurentides.gouv.qc.ca

This guide is available online at:

<https://www.santelaurentides.gouv.qc.ca/english/care-and-services/surgery/>

Personal notes

Appointment	Date	Time

Your operation will take place on: _____

Hospital arrival time: _____

Location: _____
