

# Hip REPLACEMENT



Récupération améliorée après la chirurgie



Bring this booklet with you  
on the day of your surgery

Québec 

# Hip replacement

## Restricted version

**Hôpital régional de Rimouski et hôpital de Matane, Dr. Jalbert ou Dr. Mailhot**  
**Adapted for the Enhanced Recovery After Surgery Program**

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

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

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We would also like to express our deepest gratitude to our patient partners, who graciously agreed to help validate the content.

Last update: July 2024

DPSPC-DE-058

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You've just been informed that you'll be admitted to:

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

To undergo knee surgery for joint degeneration (arthrosis).

You probably have many questions:

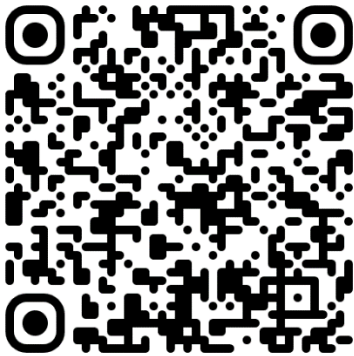
- What is this disease?
- What does the surgery involve?
- What kind of outcome can I expect after surgery?

This document answers the most common questions asked by patients.

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

**Bring this booklet with you on the day of the surgery.**

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



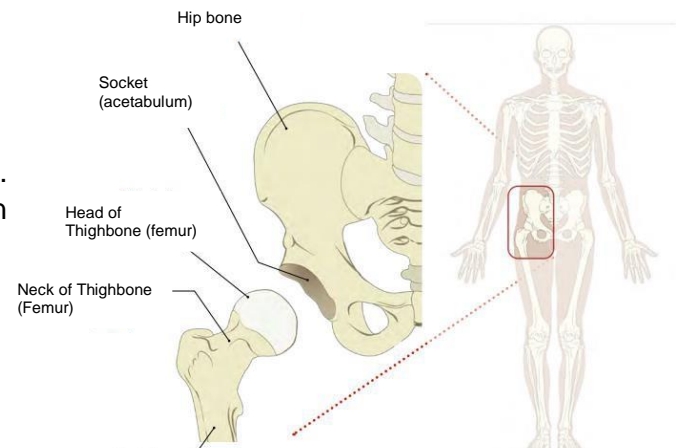
Having surgery can be stressful for patients and their families. The good news is that you're not alone. We will support you each step of the way. Please ask us if you have questions about your care.

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

## Introduction

### What is the hip joint?

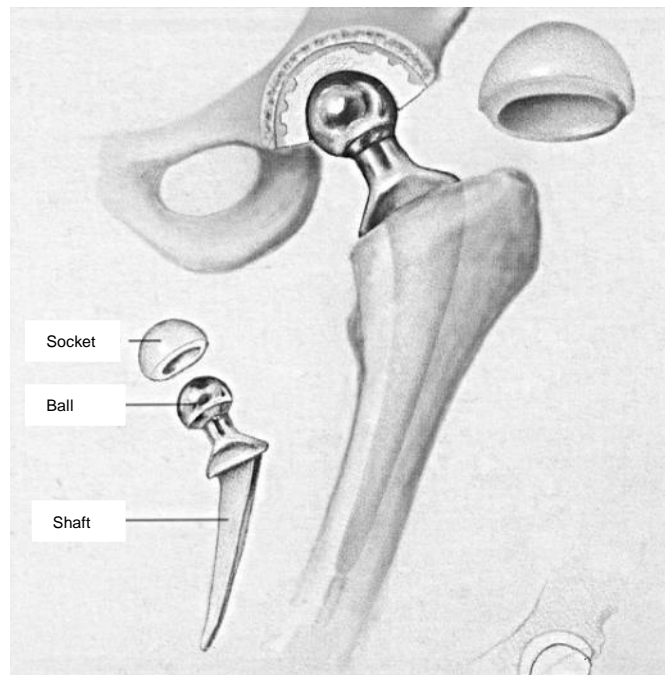
- The hip joint is a ball-and-socket joint.
- It includes parts of the pelvic bone and the femur (thighbone).
- The top part (or head) of the femur is called the ball.
- The ball of the femur fits into a cup-shaped space in the pelvis, called a socket. In the hip, this socket is called the acetabulum.



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

### What is hip replacement surgery?

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



*Figure 2. The Hip Joint.*

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

## Before the surgery

### 1- Healthy lifestyle habits

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



#### **Stay hydrated**

Drink 6 to 8 glasses of water a day



#### **Stop smoking and vaping**

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



#### **Eat well**

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



#### **Stop drinking alcohol**

At least 24 hours before the surgery.



#### **Be active**

Engage in daily physical activity.

#### **Stop taking drugs**

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

### 2- **Assessment and instructions at the preoperative clinic**

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

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

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

**When you visit the preoperative clinic, you may:**

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



### 3- Preparation for the surgery



#### Items to be purchased at a pharmacy or specialty store:

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

A reach extender



A sock aid



A long-handled brush



A long-handled show horn



#### Organize your home for your return :

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

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



#### Other suggestions :

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



### **Call your local equipment loan centre (walker, toilet lift).**

You're responsible for getting the equipment you need (from your local CLSC or pharmacy/specialty store).

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

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

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



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

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

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

### **Arrange for a ride back home**

If you're leaving on the day of the surgery, arrange your ride back home for the late afternoon.

**Ask your driver to stay, if possible.**

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

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

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



## Adjusting your walker and cane

To adjust the height of the walker :

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

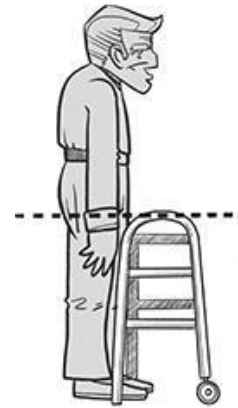


Figure 3. Fitting the walker  
Source : Familiprix (2023). Aide à la marche. Repéré à : <https://www.familiprix.com/fr/articles/aides-a-la-marche-a0d25c1b-c564-4f9a-b765-757bf3e5a725>

To adjust the cane height:

- Stand in your everyday shoes with your arms at your sides and relax your shoulders.
- Make sure the handle is level with your wrist.

**The cane should be on the opposite side of the operated leg.**

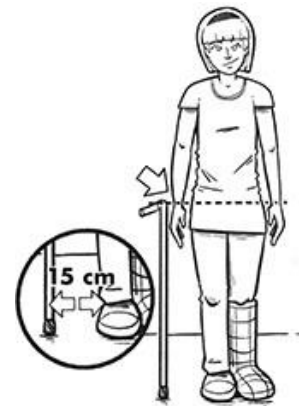


Figure 4. Cane adjustment  
Source : Familiprix (2023). Aide à la marche. Repéré à : <https://www.familiprix.com/fr/articles/aides-a-la-marche-8816113a-2965-4e0d-87e2-31607af7db2d>

## Toilet lift :

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

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



**Canceling the surgery**

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

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

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

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

Rivière-du-Loup Preoperative Clinic: 418-868-1010, ext. 62958

Rimouski Admissions Office: 418-724-3000, ext. 8461

Matane Preoperative Clinic: 418-562-3135, ext. 12036

## The day before and the day of the surgery

### 4- The day before the surgery



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

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

Important information – Please fill in the table below :

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

### **Personal hygiene :**

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

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

### **Diet (fasting):**



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

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



\* **Certaines personnes ne doivent pas prendre de liquide après minuit. Votre infirmière vous dira si vous ne devez plus rien boire à partir de minuit.**

The day before surgery (dinner)	<p><u>For dinner</u>, eat normally.</p> <p><b>Don't:</b></p> <ul style="list-style-type: none"><li>- Eat too much</li><li>- Eat out or eat fast food</li><li>- Have anything too sweet (e.g., desserts, soft drinks)</li></ul> <p>You're allowed to eat solids until midnight.</p>
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<p>From midnight onwards</p> 	<p><u>From midnight to an hour before you arrive at the hospital:</u>  <b>Don't eat ANY solids</b>          You're allowed to drink <b>clear liquids</b>, for example:</p> <ul style="list-style-type: none"> <li>- Water</li> <li>- Apple juice</li> <li>- Iced tea</li> <li>- Black coffee (no milk, no cream)</li> <li>- Electrolyte drinks (e.g., Gatorade)</li> </ul>
<p>The morning of the surgery an hour before arriving at the hospital</p> 	<p><u>An hour before arriving at the hospital:</u></p> <p>Drink 2 cups of clear apple juice.</p> <p>For example:          If you're told to be at the hospital by 7:00 a.m., drink 2 cups of apple juice between 5:00 a.m. and 6:00 a.m.</p> <p>After you drink the juice, <b>you have to fast completely.</b></p>

## 5- The day of the surgery

### **On the morning of the surgery, before arriving at the hospital:**

- Remove makeup, nail polish, manicures, jewelry and piercings.
- Don't bring valuables (money, credit cards, jewelry, electronics, etc.).
- Don't use moisturizer.
- Don't shave the area to be operated on.

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



### Things to bring to the hospital :

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

### Bring if needed :

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

## 6- Arrival at the hospital

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

### Meeting with the nurse :

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

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

### In the Operating Room :

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

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

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

## After the surgery

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

## 7- Recovery room

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

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

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



### 1- Circulatory exercises :

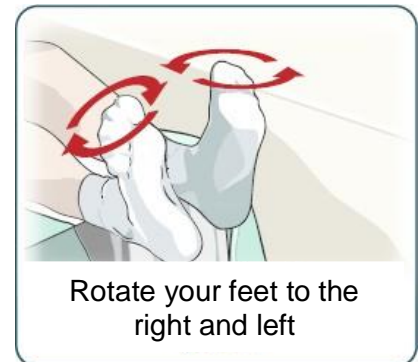


Figure 5. Circulatory Exercises

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





## 8- Return to your room

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

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



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

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

### **Pain control :**

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

**You have to keep moving !**

## 9- Return home

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

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



### **Abnormal symptoms**



If you experience any of the following symptoms :

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

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

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

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

### Normal symptoms for the first 7 days

Severe pain	<ul style="list-style-type: none"><li>• Significant pain in the operated knee is normal.</li><li>• The pain will diminish in intensity and frequency over time.</li><li>• Take your medication as prescribed.</li><li>• Apply ice for 10–15 minutes every hour.</li><li>• The pain shouldn't prevent you from moving.</li></ul>
Stiffness and loss of mobility	<ul style="list-style-type: none"><li>• Your exercises will help increase flexibility and reduce pain and swelling.</li><li>• It's important to balance periods of rest and activity.</li></ul>
Signs of inflammation - Edema (swelling) - Redness - High heat	<ul style="list-style-type: none"><li>• It's normal for inflammation to persist for a few weeks as part of the healing process.</li><li>• Applying ice, elevating the operated leg and continuing physiotherapy exercises and walking are great ways to control swelling and pain.</li></ul>
Soiled dressing (blood)	<ul style="list-style-type: none"><li>• It's normal for the dressing to be soiled, but the bleeding shouldn't be constant or seeping through the dressing.</li></ul>
Bruising	<ul style="list-style-type: none"><li>• Bruising will appear in the thigh and calf. It should gradually disappear.</li></ul>

#### Key recommendations for the first 7 days:

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



## Exercise program (hip)

These exercises should be started before surgery and continued afterwards:

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

### N° 1

Lie on your back. Point your foot away from you, then pull it back towards you.

Go back and forth quickly (every second or so).

Do this for a minute every hour.

### CIRCULATORY EXERCISE



### N° 2

Lie on your back. Pull your toes towards you and press the operated knee down against the mattress.

Repeat 10 times.

Hold for 5 seconds.

### QUADRICEPS CONTRACTION



### N° 3

Lie on your back. Squeeze your buttocks as tightly as possible while pressing your heels into the mat.

Repeat 10 times.

Hold for 5 seconds.

### GLUTEAL COONTRACTION



## N° 4

Lie on your back and move the operated leg away from you, keeping it extended with your toes pointing up towards the ceiling.

Bring your leg back to you.  
Repeat 10 times slowly.

## HIP ABDUCTION



## N° 5

Lying on your back or half-seated, with a firm roll under your knee, healthy leg bent to stabilize your pelvis.

Lift the foot of the operated leg to straighten the knee as much as possible. Don't lift your thigh.

Repeat 10 times.  
Hold for 5 seconds.

## QUADRICEPS STRENGTHENING



## N° 6

Lie on your back, legs extended.

Slowly bend the operated leg, sliding your heel towards your buttocks.

Keep your heel in contact with the mat to maintain 90° flexion at the hip.

Go back and forth slowly.

Repeat 10 times.

Hold for 5 seconds.

## HIP AND KNEE FLEXION



## N° 7

In a seated position, back supported.

Raise your foot as high as possible while keeping your thigh on the chair.

Hold 5 sec.

Repeat 10 times.

## KNEE EXTENSION IN SITTING POSITION



## N° 8

Lie on your back,  
Pull the healthy leg across your abdomen, keeping the  
operated leg extended.

Hold 5 sec.

Repeat \_\_\_\_ times.

## PSOAS STRETCH



Tableau 1. Programme d'exercice postopératoire

Source (illustrations): Physiotec : appli d'Exercices et interactions patients (2024).

Ce guide d'intervention en physiothérapie vise à travailler les problèmes suivants :

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

# ⚠ Using your hip safely ⚠

## Movement restrictions for the operated hip:

After the surgery, you'll have to avoid certain movements for **3 months** to allow the tissues to heal properly and to prevent dislocation of the operated hip.

### 1. Maintain hip flexion equal to or less than 90 degrees



Figure 8. Flexion Restrictions for the Operated Hip  
Source: CIUSSS de l'Est-de-l'Île-de-Montréal. (2020).

### 2. Don't cross your legs or put them together.



Figure 9. Don't Cross Your Legs  
Source: CIUSSS de l'Est-de-l'Île-de-Montréal. (2020).

### 3. Don't turn the operated hip inward :



Figure 11. Movement Restrictions  
Source : Physiotec : Rehab Exercise & Patient Interaction App (2023).

**These movements can dislocate your hip.**





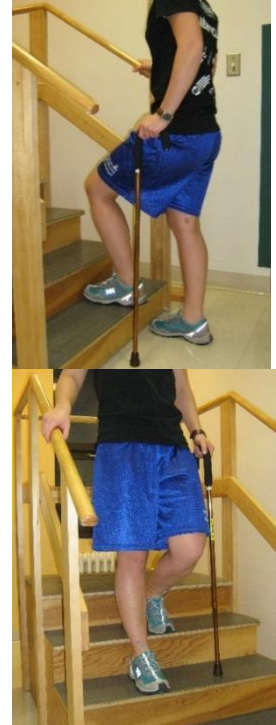
## Going up and down stairs with a cane :

Going up :

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

Going down :

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



## Vehicle instructions:

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

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

Getting in and out of a vehicle:

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



Figure 12. Getting in and Out of a Vehicle

Source : Physiotec :Rehab Exercise & Patient Interaction App (2024). Vehicle transfers.

### **Sitting down and getting up :**

Extend the operated leg forward as far as possible. Use the chair's armrests to help you, not the walker.

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



Figure 13. Getting up

Source : Physiotec : Rehab Exercise & Patient Interaction App (2024).

### **Getting in and out of bed:**

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



Figure 14. Getting in and Out of Bed

Source : CHUM : Prothèse totale de la hanche : prendre soin de soi après l'opération (2020).

**Sleeping position:**

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



**Operated leg below**

**Going to the toilet:**

You must use a raised toilet seat.

To wipe yourself, use one of the following two techniques, but don't lean forward.

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

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



*Figure 15. Goind to the Toilet*

Source : CHUM : Prothèse totale de la hanche : prendre soin de soi après l'opération (2020).

## Getting dressed:

- Wear loose-fitting clothing.

### 1) Pants

- Sit on a chair at the edge of the bed and use a reach extender to pull your pants over your feet.
- Start with the operated leg.
- To get undressed, do the reverse, taking out the healthy leg first.



### 2) Socks

- Use a sock aid
- To remove your socks, insert a reach extender on the inside of your foot.



### 3) Shoes

- Wear closed, non-slip slippers.
- Don't bend over to tie your shoes.
- It's best to wear slip-on shoes.
- If you must wear laced shoes, use elastic laces.
- Use a long-handled shoe horn to help you slide your heel into the shoe.





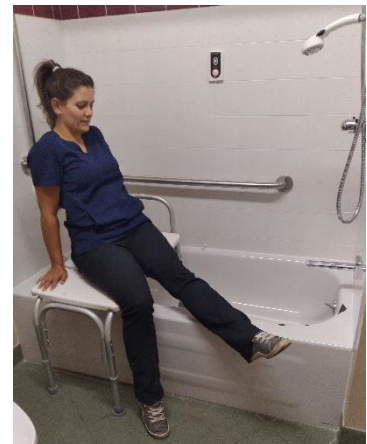
## Washing:

- For the first few days, wash yourself at the sink, sitting on a chair with armrests.
- You can start showering after 3 to 4 weeks, when the scar has fully healed and there's no discharge. You can then wash normally, but don't rub the scar (dab instead of rubbing).
- You won't be allowed to have a bath until the movement restrictions have been lifted (three months).
- Place a non-slip mat inside and outside the shower.
- Install grab bars on the wall if necessary.
- Use a long-handled brush to wash your back, legs and feet. To wipe these areas, wrap a towel around the brush or use a hair dryer.



### 1- Enterring the shower bath from a seated position (with a transfer board or bench).

- Put a towel on the transfer board or bench to make sliding easier.
- Turn around so your back is to the bath.
- Extend the operated leg.
- Sit down with one hand on the bench.
- Once seated, turn slowly to face the taps, making sure to keep the operated leg properly aligned.
- Put one leg in the bath, then the other.
- For the operated leg, make sure your knee is pointing towards the ceiling and keep your leg extended in front of you to prevent inappropriate movements.
- Do the steps in reverse to get out.



- 2- Enterring the shower bath from a standing position (with a bath seat or chair).
- Stand parallel to the tub with your hands on the vertical grab bar or walker.
  - Holding on to the support, step over the edge and place your foot in the centre of the tub.
  - Then, put the other leg in. When you put the operated leg in, bend your knee with your foot to the back.
  - Do the steps in reverse to get out.



**Before you enter the bath, adjust the water temperature and place the telephone showerhead within reach.**



## Other tips for your return home

### 1. Pain medication

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

### 2 - Dressing and clips:

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

### 3 - Constipation prevention:

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

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

### 4 - Ice

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

### 5 - Hygiene

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

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

### 6 - Work

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

### 7 - Travel

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

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

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

## 8 - Sports

Swimming, walking and stationary cycling are all recommended:

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

## 9 - Sexual activity

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

## 10 - Medical follow-up:

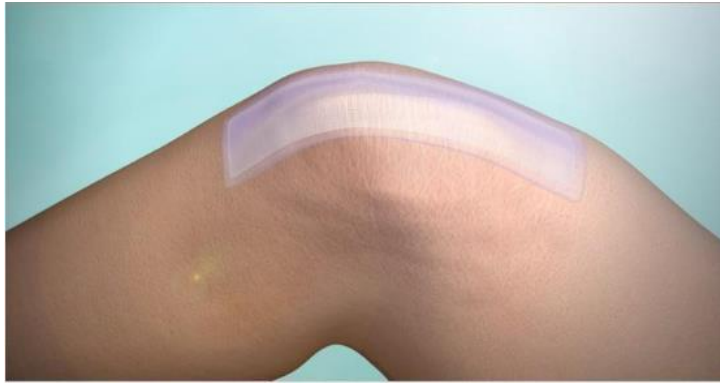
Appointment centre staff will call you to schedule the date and time of your follow-up appointment 3 to 6 weeks after surgery.

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

## 11 - Insurance documents:

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

12-  If there's an adhesive strip on your scar that looks like this :



- Leave the adhesive strip (which looks like a window screen) in place.
- It'll eventually come off on its own after 2 to 3 weeks.
- If it's still in place after 3 to 4 weeks, you or the nurse can remove it by rubbing gently with Vaseline.

Figure 16. Dermabond Prineo Dressing  
Source : Hospwork (2024).

- Showering is permitted, but the dressing and the operated area must not be immersed in water (no bath, pool or hot tub).
- Don't rub or scratch the dressing.
- Don't apply ointments, liquids or other products to the strip.
- Don't stick anything directly onto the dressing (e.g., tape).

If there are any signs of complication, e.g.:

- The adhesive strip peels off before healing is complete (within the first 14 days).
- There's a persistent foul-smelling discharge.
- The wound opens up.

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

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





## Survey

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



[https://forms.office.com/Pages/ResponsePage.aspx?id=KP7hBotfdUC\\_bK4kvhp5knJoVkcWUp\\_lrpQx7vvxaYIURDBTVFdJVtqwWEY4SkVLQ1FOMVdRU01TWS4u](https://forms.office.com/Pages/ResponsePage.aspx?id=KP7hBotfdUC_bK4kvhp5knJoVkcWUp_lrpQx7vvxaYIURDBTVFdJVtqwWEY4SkVLQ1FOMVdRU01TWS4u)

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

<b>Please indicate where your surgery took place:</b>					
<input type="checkbox"/> Centre hospitalier régional du Grand-Portage <input type="checkbox"/> Hôpital régional de Rimouski <input type="checkbox"/> Hôpital de Matane					
<b>Demographic and other information:</b>					
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, specify:					
<input type="checkbox"/> Under 50 <input type="checkbox"/> 50-64 <input type="checkbox"/> 65-84 <input type="checkbox"/> 85 and over					
<input type="checkbox"/> I slept one night at the hospital <input type="checkbox"/> I slept several nights at the hospital					
<input type="checkbox"/> I left the hospital on the day of the surgery					
Please tick the appropriate box.		 Very satisfied	 Satisfied	 Not very satisfied	 Dissatisfied
<b>Respect for the individual</b>					
1	Respect for patient confidentiality (e.g., during care, treatment, examinations, consultations)				
2	Reception, courtesy and attitude of nursing staff and professionals				
3	Reception, courtesy and attitude of doctors				
<b>Amount and relevance of information received BEFORE your surgery</b>					
4	From physicians (orthopedist, anesthetist, etc.)				
5	From nurses				
6	From rehabilitation professionals				
<b>Amount and relevance of information and care received ON THE DAY of surgery</b>					
7	Reception and assistance of staff on the day of surgery				
8	Information on next steps after surgery				
<b>Amount and relevance of information and care received AFTER surgery</b>					
9	Post-surgery care				

10	Information on pain management and return home				
<b>Assessment of POST-surgery rehabilitation experience</b>					
11	Overall, how would you rate your rehabilitation experience in the <b>3 months</b> following surgery?				
12	Overall, how would you rate your rehabilitation experience in the <b>12 months</b> following surgery?				
<b>Knee Replacement booklet</b>					
13	Overall assessment of the booklet				
14	The booklet is easy to understand	<input type="checkbox"/> Absolutely <input type="checkbox"/> To some extent <input type="checkbox"/> Not really <input type="checkbox"/> Not at all			
15	The booklet helped me prepare for my surgery	<input type="checkbox"/> Absolutely <input type="checkbox"/> To some extent <input type="checkbox"/> Not really <input type="checkbox"/> Not at all			
16	Did you find the information on how to prepare for your surgery clear and useful?	<input type="checkbox"/> Very clear and useful <input type="checkbox"/> Clear, but not very useful <input type="checkbox"/> Unclear but useful <input type="checkbox"/> Unclear and not useful			
<b>17 - How can we improve the experience of people undergoing total knee replacement at CISSS du Bas-Saint-Laurent?</b>					
<b>18 - If you had to decide whether to have the same procedure again, would you do it?</b>					
<b>19 - Other comments</b>					
<p style="text-align: center;">THANK YOU for your cooperation!</p> <p style="text-align: center;">Detach this questionnaire to complete it. Please scan and return completed surveys to:  <a href="mailto:francois.levasseur.cisssbsl@ssss.gouv.qc.ca">francois.levasseur.cisssbsl@ssss.gouv.qc.ca</a>.</p>					

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

**Québec** 