



A Guide to Knee Replacement

This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

PRET/SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire
de santé McGill



McGill University
Health Centre

This booklet was developed by The MUHC Surgical Recovery (SURE) working group, nurses, physiotherapists as well as orthopedic surgeons: Dr. Micheal Tanzer and Dr. Adam Hart.

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Important

The information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

This material is also available through the MUHC Patient Education website.



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[Montreal General Hospital Map](#)

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About this booklet

When you have your surgery, you will be part of a care pathway program. This program helps you get better quickly and safely.

Research has shown that following the instructions we have included for you here such as eating well, controlling pain, doing your exercises, and staying active will help prevent health problems after your surgery. You are also more likely to heal sooner and feel better faster.

This booklet will:

- Help you understand and prepare for your surgery.
- Explain how you can play an active part in your recovery.

Bring this booklet on the day of surgery. Use it as a guide. Hospital staff may refer to it as you recover and review it with you and your family before you go home.

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

- *Your MUHC surgery team*

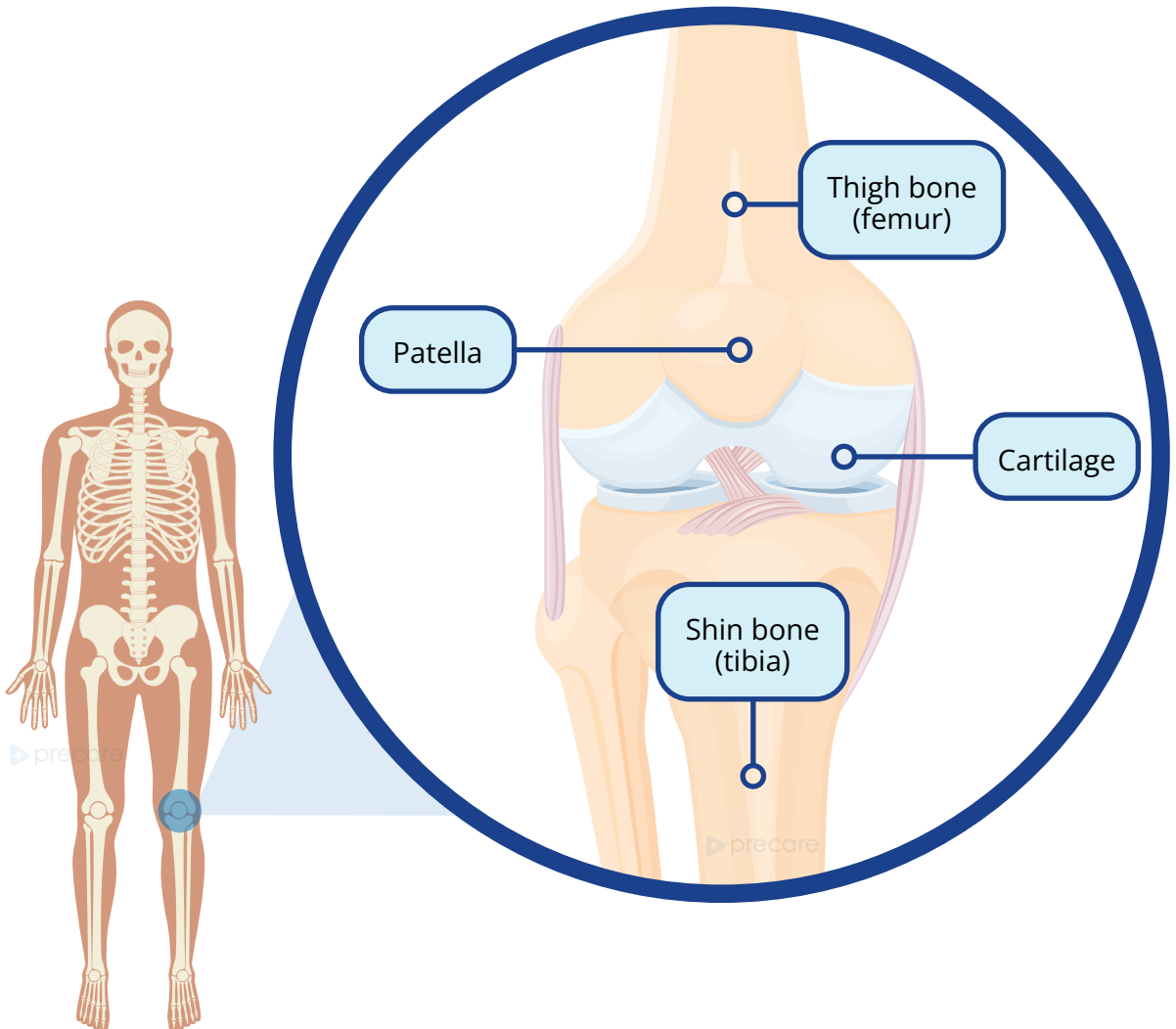


If you are not comfortable communicating in French or English, bring someone to translate for you.

What is the knee joint?

The knee is a joint in the middle of your leg that works like a hinge.

The patella, commonly known as the kneecap, is a flat, triangular bone located at the front of the knee joint, where the thighbone and shinbone meet. The knee connects the thigh bone also called the femur in your upper leg to the shin bone also called the tibia in your lower leg. Cartilage covers the bones so that you can bend and straighten your leg.



What is a knee replacement surgery?

When the cartilage of the knee joint is worn out or damaged, the surgeon replaces 2 surfaces of the joint:

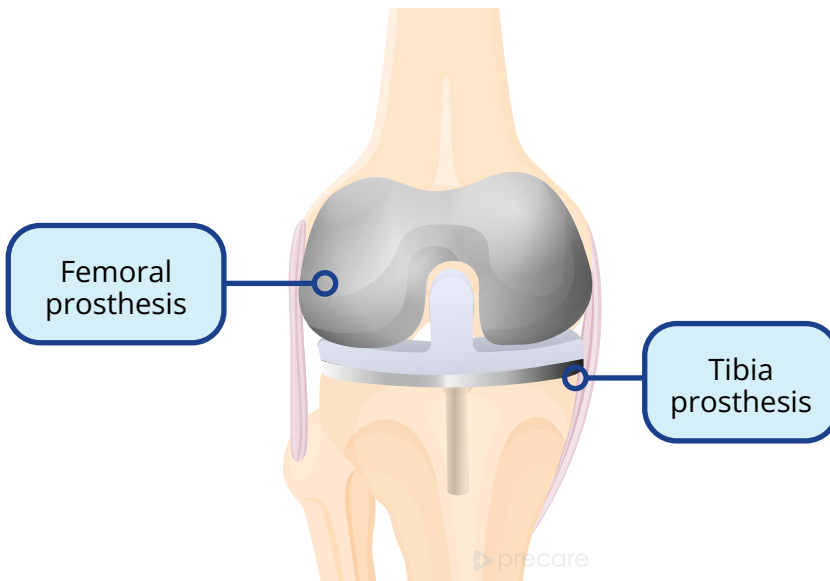
- the lower part of the femur and
- the upper part of the tibia.

These 2 surfaces are capped with metal or plastic pieces called a femoral prosthesis and a tibia prosthesis.

The surface of the kneecap also called the patella might also be replaced. We call this surgery a knee arthroplasty or a total knee replacement.

The goal of this surgery is to:

- reduce your pain
- increase your mobility



Preparing for your surgery

For day surgery patients

If your surgeon told you that you will be operated in day surgery, this means that you will have the surgery and go home on the same day as your surgery.



Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

For patients staying overnight in the hospital

If your surgeon told you that you will be staying overnight in the hospital, you will be admitted to a hospital room after your surgery. Most patients who need to stay in hospital overnight are able to go home the next day.

Tell your nurse if you are worried about going home.

See information on parking rate at muhc.ca/patient-and-visitor-parking

For day surgery patients and patients staying overnight at the hospital

You:

- Will not be allowed to leave the hospital alone
- Cannot drive or take a taxi home by yourself
- Need to organize your ride back home

Ask for help

You might need some help at home after your surgery.

Make plans with your family and friends so you will have help if you need it.

Preparing for your surgery

Get your home ready

Most CLSCs will visit or phone you at your home before your surgery. They will recommend equipment you will need when you return home such as a walker or bath bench. They will also recommend where to get these.

Arrange your living space to make life easier when you go home after your surgery.

Here are some suggestions:

- Put away carpets, area rugs. Clear the space around your bed, in the hallways, in the kitchen and bathroom so that you can get around freely with a walker.
- Remove electric cords from the floor where you might walk. If needed, move some furniture around so that you can move around safely after surgery.
- Get 2 good quality, non-slip mats. The CLSC staff can advise you when they visit.
 - 1 for the shower/tub. Sticky patterns in the tub are not enough.
 - 1 for the bathroom floor

Other ways to plan ahead

- Get good-fitting shoes and slippers with soles that are not slippery.
- Stock the refrigerator and freezer. Buy frozen foods or make single portions that can be warmed up until you are well enough to cook.
- Get 1 thermometer to check your temperature after your surgery.
- Have an ice pack or a bag of frozen peas to help with swelling and pain control.

Insurance Forms

If you have insurance forms to be filled out, bring them to your surgeon's office.

Some forms will be sent to the Registrar's office at L6-120 and others your surgeon will complete. Your surgeon's office will let you know. These forms can only be filled out after the surgery.

There might be fees to have these forms fill out.

Preparing for your surgery

Stop smoking and vaping

Quit smoking and vaping at least 4 weeks before your surgery.

- Quitting before surgery can help you recover faster and prevent complications, such as pneumonia (lung infection), blood clots and infections.
- Quitting is possible even if you are a heavy smoker and have tried many times in the past.
- Your health care team can prescribe medication to help you stop smoking.
- It is never too late to stop!
See page 54 to learn more.



Stop Drinking Alcohol

Do not drink alcohol for 2 days before your surgery.

Alcohol can affect how well you recover.

Alcohol can change the way some medications work.

Tell us if you need help to stop drinking alcohol.

Some patients may have to stop drinking alcohol for several weeks before surgery.



Cannabis use

Let your healthcare team know if you use cannabis also called marijuana. Cannabis use before surgery can increase complications like those of smoking.

If you use cannabis for enjoyment or leisure reason: stop using cannabis before the surgery.

If you use cannabis, authorized by a doctor, for medical reason: speak with the healthcare team.



Preparing for your surgery

Be Active

Getting in shape before surgery can have a big impact on how well and how fast you recover. You can help by keeping your weight under control. Try to exercise every day.

If you are already exercising, keep up the good work. If you are not, start adding exercise into your day.

**Exercise does not need to be intense to make a difference.
A 10-15 minute walk is better than no exercise at all.**

If you require dental work, this should be done before your planned knee replacement surgery. After your surgery, dental procedures increase your chance of developing an infection in your joint replacement. In most cases, dental work should be delayed for 3-6 months following your replacement. If you have any questions or concerns, contact your surgeon.



Your exercise program

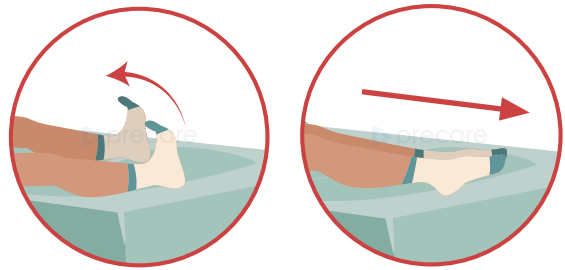
The following exercises are important to help strengthen your muscles and help your recovery after the surgery.

- Do these exercises in bed or on a hard surface.
- Repeat each of these exercises 10 times.
- Do each exercise 3 times a day.

Ankle Pumping

With your legs straight and without moving your legs

Lift your toes as far as you can and then, lower them as much as you can.



Strengthening of Thigh

Straightened your leg getting operated on. Put a rolled-up towel under the ankle.

Lift the toes toward you, and press your knee in the mattress, as tolerated.

Hold 5 to 10 seconds and relax.

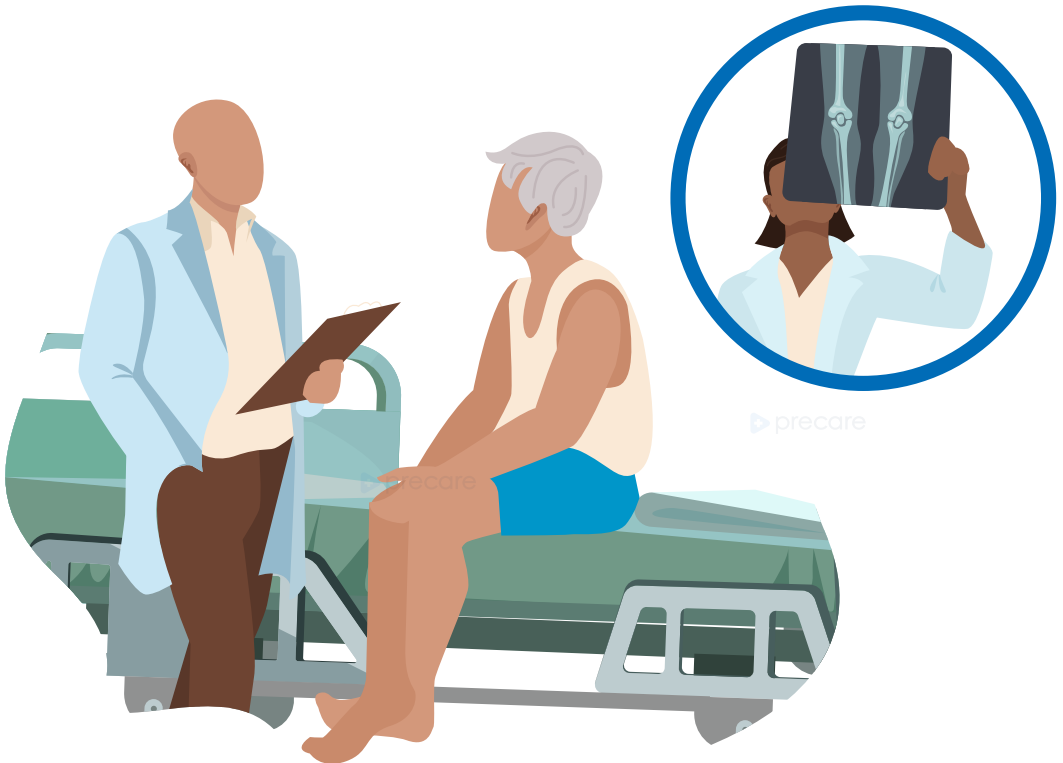


Pre-operative clinic visit

This appointment is to assess your health, plan your care and make sure that you are ready for your surgery.

When you visit the Pre-operative Clinic also called the preop clinic, you may:

- have blood tests.
- have an electrocardiogram also called an ECG.
- meet an anesthesiologist. This is the doctor that will make sure you're comfortable during and after surgery.
- have an X-Ray of your knee.



Pre-operative clinic visit

You will:

- meet with a nurse who:
 - will explain how to get ready for surgery and what to expect while you are in the hospital.
 - will give you a prescription for an ointment to prevent infection in your knee after your surgery, that you will start applying in your nose 5 days before surgery.
 - will explain how the “baby bottle” works. The baby bottle is used for pain control after surgery ([see page 29-36](#)).
- meet with a doctor who:
 - will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.
- meet with a physiotherapist who:
 - will review some exercises and activities with you.

You may have to stop taking some medication.

You will need to stop any herbal or natural products you are taking before surgery.

The pre-op clinic doctor will tell you which medication you should stop and which one you should keep taking.



If you have any questions, contact the Montreal General Hospital pre-op clinic nurses:

514-934-1934, ext. 43778

Monday to Friday, 1:00 p.m. to 3:00 p.m.

L10.509 (L wing, 10th floor, room 509)

Phone call from the admitting department

You should arrive 2 to 3 hours before your planned surgery time. The only exception is if your surgery is planned for 7:30 a.m., in this case, we will ask you to come at 6 a.m.

The time of surgery is not exact. It may happen earlier or later than planned.

The day before your surgery, the admitting department will phone you. They will tell you when to come to the hospital. If your surgery is scheduled on a Monday, they will phone you the Friday before.

Date of surgery: _____

Time of arrival at the hospital: _____

Where to go: Surgical Admission Services D10-124 (D wing, 10th floor, room 124)

If you do not receive a call by 2 p.m., call the admitting department at 514-934-1934 ext. 42190.



Cancelling your surgery

If you are sick, pregnant, or have any kind of infection such as bladder infection, skin abscess, infected ingrown toenail, or for any reason you are unable to come to the hospital for your surgery, call the central operating room booking department at 514-934-4460 between 7 a.m. – 3 p.m.

When you call or leave a message, provide these details:

- Your full name
- The date of surgery
- Your telephone number
- Your medicare card number
- Your surgeon's name
- The reason for cancelling or postponing your surgery

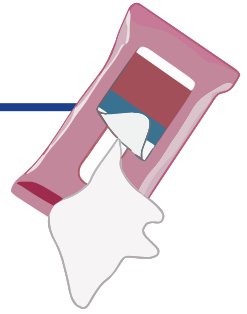
Exception: If you need to cancel your surgery the day before after 3 p.m.:

- Call the admitting department of the Montreal General Hospital at 514-934-1934 ext. 42190.

Your surgery might be delayed or cancelled because of an emergency.
Your surgeon will reschedule your surgery as soon as possible.

Reminder:
Five days before the surgery start applying the ointment in your nose as prescribed.

Washing



Cleansing cloths

You will be given 2 packs of cleansing cloths:

- Use the 1st pack at home the night before your surgery.
- Use the 2nd pack at the hospital before going for surgery.

These cleansing cloths have a special cleaning product called chlorhexidine. This helps prevent infections by killing germs on your skin.

See the steps on how to use these on [page 19 and 20](#).

The night before your surgery

- Take a shower or bath and shampoo your hair.
- Use any soap to wash your face, body including your belly button and your genital area.
- Dry yourself with a clean towel.
- Do not shave the area where the surgery will be done.
- Do not wear jewelry or piercings.
- Do not put on lotion, cream, makeup or perfume.
- Remove all nail polish.
- Use the cleansing cloths (see [page 19 and 20](#)).
- Wear clean clothes to bed.



Washing



The morning of your surgery - at home

- Do not take a shower or bath. The cleansing cloth product that you used the night before needs to stay on your skin.
- Do not shave the area where the surgery will be done.
- Do not wear jewelry or piercings.
- If you wear contact lenses, wear your glasses instead.
- Put on clean and comfortable clothes. Perhaps loose comfortable clothing for when you go home.

You may use deodorant under your arms.

If you have your period, use a pad. Do not use a tampon or menstrual cup.

The morning of your surgery - at the hospital

- Use the 2nd pack of cleansing cloths (see page 19 and 20)
- Put your hospital gown on.



Cleansing cloths

What are body cleansing cloths?

These cloths contain a special product called chlorhexidine, which kills the germs that cause infections. If you use these cloths before your surgery, you will lower the chances of your cut being infected.



How do I use them?

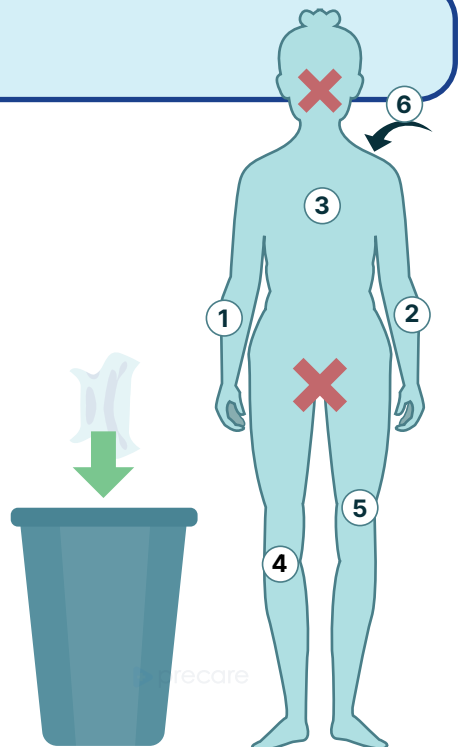
1. Make sure your skin is dry.
2. You may use the cloths at room temperature, or warm them if you prefer. Simply place the package in the microwave for no longer than 30 seconds.

**Caution: Do not use cloths if too hot.
Let them cool before use.**

3. Peel the front label to open the package. It contains 6 cloths.

- | | |
|---------------|---------------|
| 1 - Right arm | 4 - Right leg |
| 2 - Left arm | 5 - Left Leg |
| 3 - Chest | 6 - Back |

4. Wipe each area, using a back-and-forth movement. Use 1 clean cloth to wipe each area of your body in the order shown here. Wipe each area fully. Use all cloths in the package.
5. Allow your skin to air dry completely.
6. Put on freshly, washed clean clothes.
7. Throw used cloths in the trash.



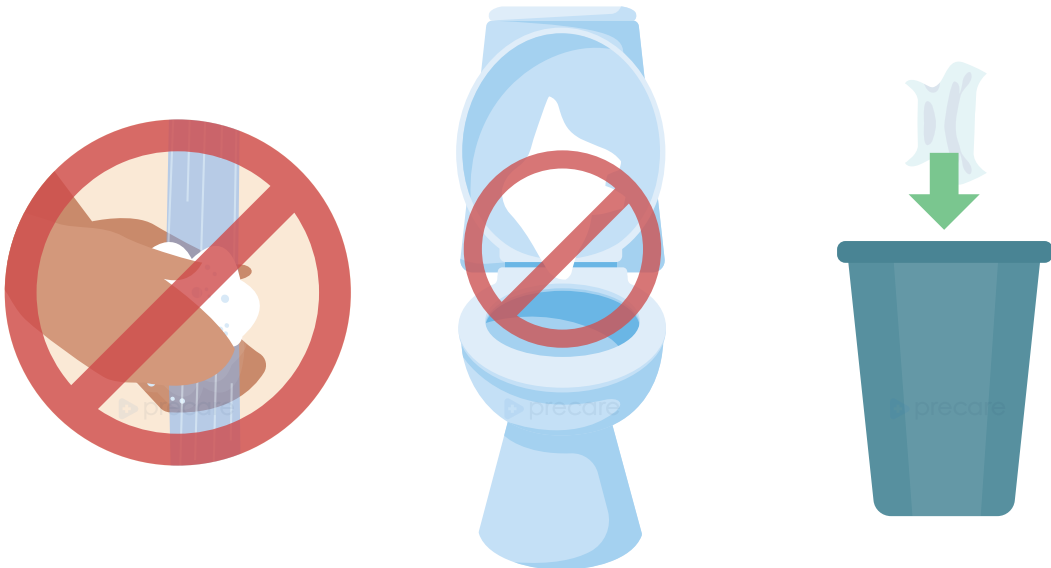
Cleansing cloths

What should I avoid when using these cloths?

- Do not let the cloth come in contact with your face (eyes, ears, mouth) and genital areas.
- Wash your face and genital areas with water and soap instead.
- Do not rinse or run the cloths under water.
- Do not re-use the cloths.
- Do not use any lotions, creams or makeup.
- Do not flush the cloths down the toilet (throw used cloths in the trash).

Who should I speak to if I have questions?

Speak to your doctor, nurse, or any other member of your treatment team.



What to eat and drink

The Preop clinic nurse will explain what you should eat and drink before your surgery.

The day before surgery

- Eat and drink normally until midnight.

The morning of your surgery

- From midnight until 2 hours before your surgery, drink only clear liquids. Examples of clear liquids are water, any juice you can see through with no pulp and popsicles.
- Do not have any dairy products or juice with pulp.
- Stop drinking 2 hours before your surgery. This is usually the same time as you are asked to arrive at the hospital.



Exception: If you are asked to arrive around 6 a.m. stop drinking at 5:30 a.m.

What to eat and drink

Special instructions for some patients

Your preop clinic nurse will let you know if this section applies to you and where to get the ENROUTE beverage.

The morning of your surgery:

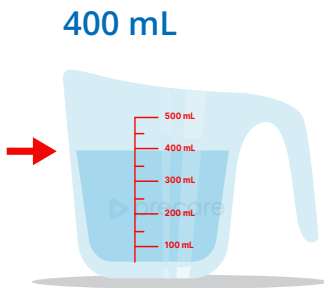
Drink 1 ENROUTE beverage. This drink has special sugars and salts that will give you energy to prepare for your surgery. It is a clear liquid.

When?

Drink the ENROUTE 2-3 hours before surgery. This is usually the same time you are asked to arrive at the hospital.

Exception: If you are asked to come at 6 a.m. drink the ENROUTE between 5 and 5:30 a.m.

How?



1. Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water



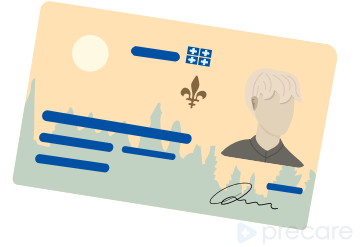
2. Add the powder in the pouch to the water. Stir until fully dissolved



3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.

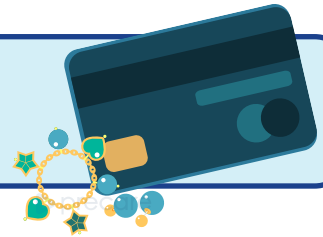
What to bring to the hospital

- This booklet,
- 1 pack of cleansing cloths,
- Medicare card,
- List of medications that you take at home. Ask your pharmacist to give you a list,
- Your pharmacy fax number. If you leave the hospital on the same day of your surgery your nurse can fax your prescription directly to your pharmacy. This way they will be ready for you to pick up.
- Crutches or walker, labeled with your name,
- Loose comfortable clothing for when you go back home,
- CPAP machine if you have sleep apnea,
- Any insurance forms that need to be filled out,
- Glasses, contact lenses, hearing aids, and/or dentures with their storage containers labeled with your name.



Bring these in a small bag with your name written on it. There is very little storage space.

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



At the hospital

Admitting area

If your surgery is at the Montreal general Hospital go to the surgical admission services D10-124 (D wing, 10th floor, room 124) at the time given.

Your nurse will:

- Ask you to use the cleansing wipes
- Ask you to change into a hospital gown
- Complete a pre-operative checklist with you
- Give you medications
- Make sure your personal belongings are in a safe place



Operating room

A patient attendant also called an orderly will bring you to the operating room.

In the operating room you will meet your anesthesiologist and the other members of the surgical team.

The anesthesiologist:

- is the doctor who will make sure that you do not feel any pain during the surgery.
- will explain what type of anesthesia is best for you.

Usually, patients receive a regional anesthesia not a general anesthesia for this surgery. This means that during your surgery you will feel numbness and no pain around the knee area. Some medications to help you relax and be sleepy will also be given to you. Feeling numbness at the legs with a regional anesthesia is normal and will not last.

At the hospital

Waiting room

Family and friends may wait in the waiting room located in D10-117 (D wing, 10th floor, room 117). The space is small. Limit the number of people coming with you.

The Post-Anesthesia Care Unit also called the PACU, or the recovery room will call your family member or friend you have chosen to tell them how you are doing and tell them if and when they can visit you.

There is free Wi-Fi available at the hospital.	Connect to: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi
Coffee shop	6 th floor near the main entrance on Cedar Ave
Cafeteria	D4 (4 th floor- D wing)
Small sit-down restaurant "The Hospitality Corner"	D6-125 (D wing, 6 th floor, room 125)
Bank machine	6 th floor near the main entrance on Cedar Ave.
Gift shop	D6-145 (D wing, 6 th floor, room 145)
Prayer/meditation room	D6-165 (D wing, 6 th floor, room 165)



Post-Anesthesia Care Unit (PACU)

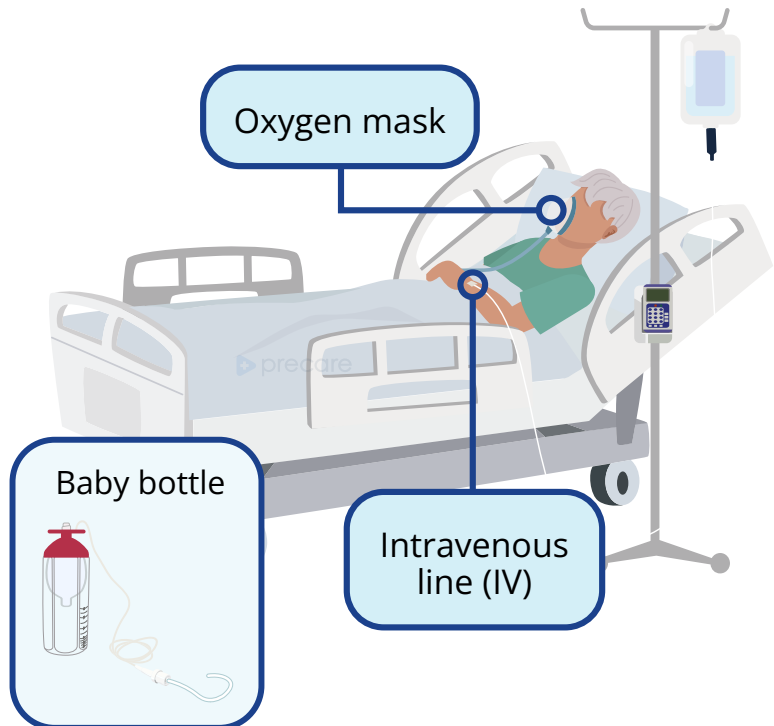
After your surgery, you will be transferred in the PACU also called the Recovery Room. You will stay here for a few hours.

You may have:

- A mask, giving you oxygen
- An intravenous also called an IV, giving you liquids and medications
- A pillow under the knee that was operated on, to help with the bending of your knee,
- A small container called a “baby bottle” that gives you pain medication (see [page 29](#) for more information)
- An X-ray taken of your knee

Your nurse will:

- Check your pulse and blood pressure often
- Check your bandages
- Ask you about your pain
- Make sure you are comfortable
- Put ice around your knee



Post-Anesthesia Care Unit (PACU)

For day surgery patients

- You will leave to go home from the PACU. Once you are ready to leave the hospital, we will let your family member or friend know. This may take several hours.
- You will receive a meal before your discharge home
- Your anesthesiologist will also visit you before you leave for home.

For patients staying overnight in the hospital

- You will be transferred to your room after having spent a few hours in the recovery room. Your family member or friend may see you once you are in your hospital room.
- Once transferred to your room: you should drink and eat, get up and sit in the chair with help and walk with help to the bathroom.
- Keep the call bell at your bedside within reach.

For day surgery and overnight stay patients

Before your return home, the nurse:

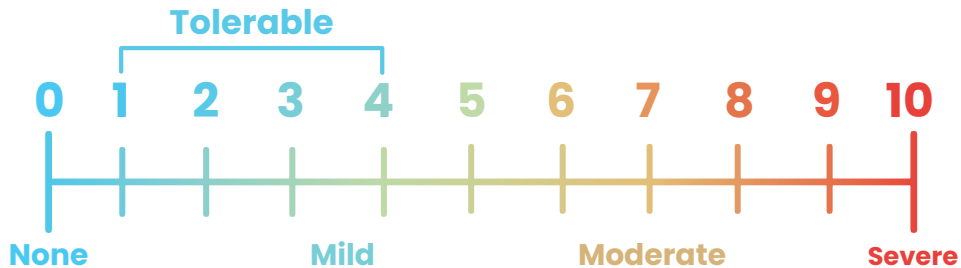
- and the physiotherapist will assess your mobility to make sure you have a safe return home.
- will go through your Your exercise program (page 42 - 46) and review the discharge instructions with you.
- will explain how to safely use all your postoperative medication prescribed by the surgeon, including your pain medication.
- will review with you and the family or friend, the “At home” section of this booklet especially the parts about the blood clots, how to take care of your cut, your baby bottle, when to shower, drive and about going back home.

Pain control

It is important to control your pain after surgery. Controlling your pain will help you to:

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster

We will ask you to describe your pain using a number between 0 and 10.



0 means no pain and 10 is the worst pain you can imagine.

We want to keep your pain below 4. Pain is different from one person to another. You can expect some pain after surgery, but it should not keep you from doing your exercises.

Tell us if you have too much pain (over 4/10).

We will adjust your medication to decrease your pain.

Do not wait until the pain gets too bad before telling us.

Baby bottle

A baby bottle is what we call a small container or bottle attached to your leg. It keeps the area around your knee frozen, so you don't feel pain. A small tube attached to the bottle will be placed near a nerve in your leg. This will numb the area around your knee and your cut. The bottle has a bag inside that looks like a balloon.

- The baby bottle can give you continuous freezing medication to the knee area for up to 3 days.

You will get a pouch to help carry the baby bottle around.

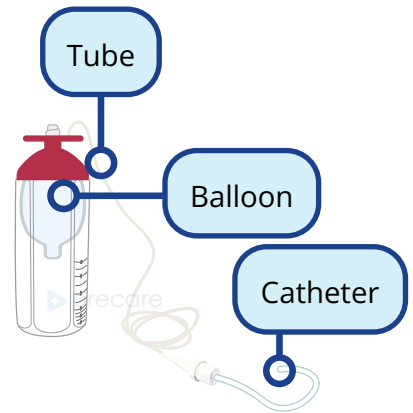
If you go home with a baby bottle, we will:

- teach you how to care for the tube, the baby bottle and the bandage on it.
- give you information and review how to care for your baby bottle and review the steps of how to remove it at home (see page 34-35).

You or a friend or family member will need to take care of the baby bottle and tube.

If you go home without a baby bottle:

- we will remove the baby bottle and tube before you go home. You will use the pain pills prescribed, ice and exercise to manage your pain.

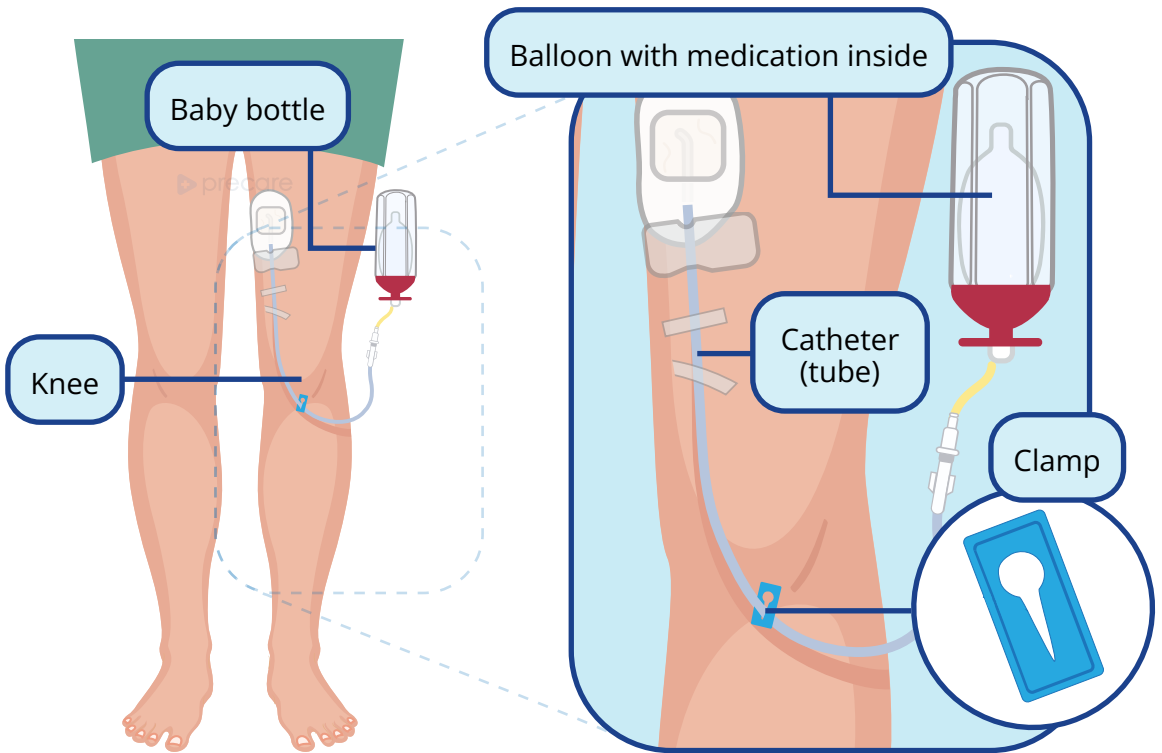


Pain

Using the baby bottle at home

Your anesthesiologist has placed a small flexible tube, also called a catheter, inside your skin, close to your knee. The baby bottle is attached to this tube. The balloon inside the baby bottle is filled with liquid pain medication.

Once at home, you or your family member will remove the tubing and the bottle 3 days after the surgery.



How long will I use the baby bottle?

When the balloon inside the bottle is empty, there is no more medication. At this point, the bottle and tube should be removed. This usually happens 3 days after your surgery.

Pain

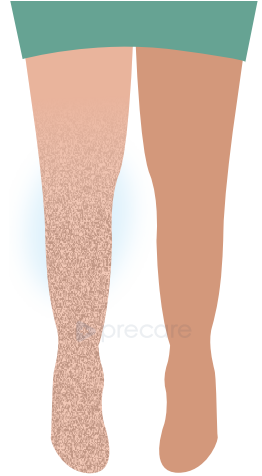
What will I feel with the baby bottle?

It is normal to feel:

- Numbness, heaviness and tingling in the area you were operated on.
- That the area or leg feels as if it is lost or that it is not part of your body.

It may be difficult to move it. This is temporary.

These feelings are often strongest right after surgery. These feelings will go away once the medication is finished, and the baby bottle and tube are removed.



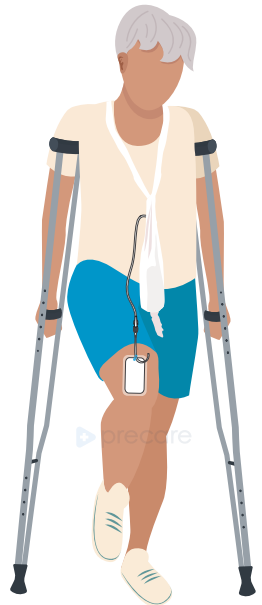
How do I carry the bottle?

Keep the bottle at the same level as where the tube enters your skin.

We will show you how to carry the bottle with a pouch that can be easily attached to your clothing or hung around your neck.

How can I avoid hurting myself while my area is numb?

- Test the temperature of water or any object that touches your limb with your hand or other leg. You will not be able to feel extremes in temperature (very hot or very cold) in the leg with the baby bottle.
- Use a walking aid like a cane or walker.



Pain

What do I do if the area around the tube leaks?

Some liquid might drip out from under the baby bottle bandage.

This is normal.

Put a small towel behind your knee to catch the liquid that may leak out.

The bandage may become loose. You can help the bandage to stick using medical tape from your pharmacy.

Can I bathe or take a shower with the baby bottle?

No.

To avoid injury and getting the area around the tube wet

do not:

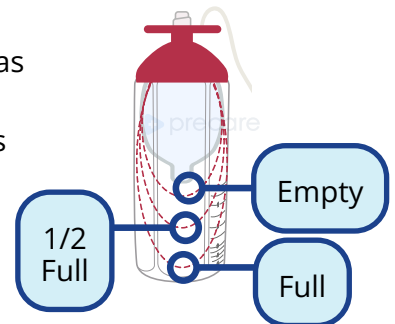
- wet the area around the tube.
- take a shower or bath until the knee dressing is removed.



How can I tell if the pain/freezing medication is going inside my leg?

If you are getting good pain relief, the system is working as expected.

The balloon inside the bottle will get smaller as it empties and slowly pushes the medication through the tube.



Pain

What side effects should I watch out for?

Most people do not have serious side effects with this medication. In rare cases, some people may have one of more of the serious side effects below:



Severe pain



Light-headedness or dizzy feeling



Ringing in the ears



Blurred vision or double vision



Metal taste in the mouth



Numbness or tingling around the mouth



Nausea or vomiting



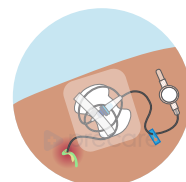
Drowsiness



Increased anxiety, or shortness of breath



Muscle twitching, shakes, tremor or seizure



Redness, swelling or yellow or green pus or liquid where the tube enters the skin

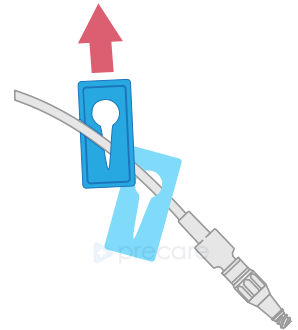
Pain

If you have any of the side effects:

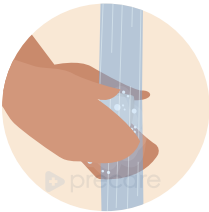
- Clamp the tube right away to stop the flow of the pain medication.
- Phone the Post Anesthesia Care Unit at 515-934-1934 extension 43285.

You will need to give your:

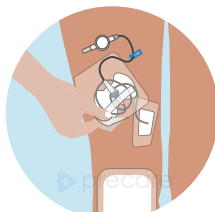
- Full name
- Medicare card number
- Date of surgery
- Surgeon's name.



How do I remove the baby bottle and tube?



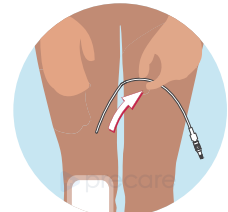
1. Wash your hands with soap and water.



2. Remove the tape around the tube until you see where the tube enters the skin.



3. **Do not** cut the tube.



4. Hold the tube between your fingers and gently but firmly pull the tube out of your skin. Use the other hand to hold the skin to keep it from being pulled in the direction of the tube. The tube should come out easily.

Pain

How do I remove the baby bottle and tube?

If you feel that the tube is not moving, or if you feel a lot of pain then stop pulling.
Change the angle of the tube and try to pull it out again.
If the tube still will not move or you still have pain, stop and call the Post Anesthesia Care Unit: 514-934-1934 extension 43285.

Remember:
You will need to give your full name, medicare card number, date of surgery, surgeon's name.
You will also need to explain what the problem is when trying to take the baby bottle tube out.

5. Check the end of the tube that came out of your leg. There should be a silver mark on the end. This shows that the tube was completely removed.
6. You may still feel the effects of the freezing medication for 2-3 hours after the balloon is empty or the tube was removed. You will slowly start to feel that your leg is unfreezing.
7. Throw away the bandage, the tube and the baby bottle.
8. Check the area in your skin where the tube was inserted every day until the area is healed.
9. It is normal for a small amount of clear or pink liquid to leak out where the tube was inserted. Put a bandage or Band-Aid over the area for 24 hours.
10. If you have pain, take the pain medication (pills) as prescribed by your surgeon (see page 37).



Pain

What if I have more questions about the baby bottle?

Call the PACU Unit: 514-934-1934 extension 43285.

You can also read online patient information on baby bottles also called elastomeric devices.

What if I have pain even with the baby bottle?

If the baby bottle is not giving you enough pain relief, you can take the pain pills prescribed to you by your surgeon ([see page 37](#)).

What should I do if I feel pain after my exercise session?

After each exercise session, if you have pain, put ice on the operated knee to lower the pain and swelling:

- Put the ice in a plastic bag or use a bag of frozen peas.
- Do not put the ice directly on your skin. Wrap the bag with a dry cloth.
- Put the ice on your knee every 2 hours for 15 minutes at a time.

If you keep up with your Your exercise program, your pain should decrease. If pain is stopping you from doing your exercises, take the pain pills prescribed by your surgeon 1 hour before starting your exercises.

Not sure what questions to ask for? Want to know more about how to use pain medication safely when you get home. Visit:

Five questions to ask about your medications www.ismp-canada.org/download/MedRec/MedSafety_5_questions_to_ask_poster.pdf

Pain



Pain pills

You will also be prescribed pills to help manage your pain and be more comfortable and able to move around.

When you leave the hospital, take your prescription to your pharmacy to get it filled out.

The pain pills will include:

- Acetaminophen, also called Tylenol
- An anti-inflammatory pill call celecoxib also called Celebrex.

Take the Tylenol and the anti-inflammatory first to control the pain.

Add the narcotic also called opioid such as hydromorphone or dilaudid only if the pain is not well controlled with the Tylenol and the anti-inflammatory.

If you add the narcotic to control your pain it is important that you do not stop taking the Tylenol and the anti-inflammatory as prescribed.

Pain should get better with time.

If you continue with your exercise program, your pain will decrease. Do not hesitate to take the painkiller prescribed 60 minutes before doing your exercises or at bedtime as needed.

If you have more pain, and your pain medicine does not help, contact first your surgeon's office. If it is after hours, you can message your concern using the patient portal also known as the [orthopedic communication link \(mcpillpeep.ca\)](https://mcpillpeep.ca), or go to the emergency room.

Bring all unused medications back to your pharmacy.

Pain

Recommended icing schedule to decrease swelling

1 to 3 days after the surgery	Apply ice every 2 to 3 hours for example 6 to 12 times per day, for about 10-20 minutes each session
4 to 14 days after the surgery	Apply ice 3 to 5 times per day such as morning, before activity, after physiotherapy and evening
2 weeks after the surgery	Apply as needed such as after physical therapy, long standing or stiffness episodes

Precautions:

- Always place a cloth or towel between the ice pack and skin to prevent frostbite or cold injury.
- Check skin for signs of overcooling such as numbness, excessive white discoloration of the skin.
- Avoid leaving ice on during sleep. Continuous long sessions can chance cold injury.



Pain

Narcotic pills and constipation

Narcotics pills can make you constipated (having trouble pooping).

To help your bowels stay regular:

- Drink at least 6 to 8 glasses of liquids every day unless you have a heart or kidney condition or other health condition that keeps you from drinking a lot.
- Eat more whole grains, fruits and vegetables.
- Get regular exercise.
- Take the stool softeners you were prescribed.



Diet



You have no new restrictions to your diet. Eat and drink anything you want. Include foods containing fiber such as fruits, vegetables, whole grains. Drink plenty of water to help prevent constipation. Pain medication and being less active can cause constipation.

To help your body heal:

Eat foods high in protein. Meat, tofu, fish, eggs, chicken, legumes and dairy products are good sources of protein.

Caring for your incision (cut)

Metal clips or melting sutures were used to close your cut.

Your cut may be covered with an elastic bandage.

The elastic bandage, if you have one, should be removed the day after your surgery.

Under this elastic bandage, there will be another bandage covering your cut. Part of this bandage is transparent and looks like a honeycomb.

- Remove this “honeycomb” bandage only if it gets soaked, wet or opens and replace it with a new one. You will get an extra bandage before you leave the hospital.
- The honeycomb bandage should cover your cut for 7 days after your surgery. After 7 days, remove it.

We will ask the CLSC nurse to remove the clips about 10 days after your surgery. Once the clips are removed, and if your cut doesn’t seep, you can leave it uncovered.

What to expect

Your skin may get thicker where the cuts are. This is normal.

Many people feel numbness near the cut. This feeling is normal. The feeling of numbness will go away over time.

Washing

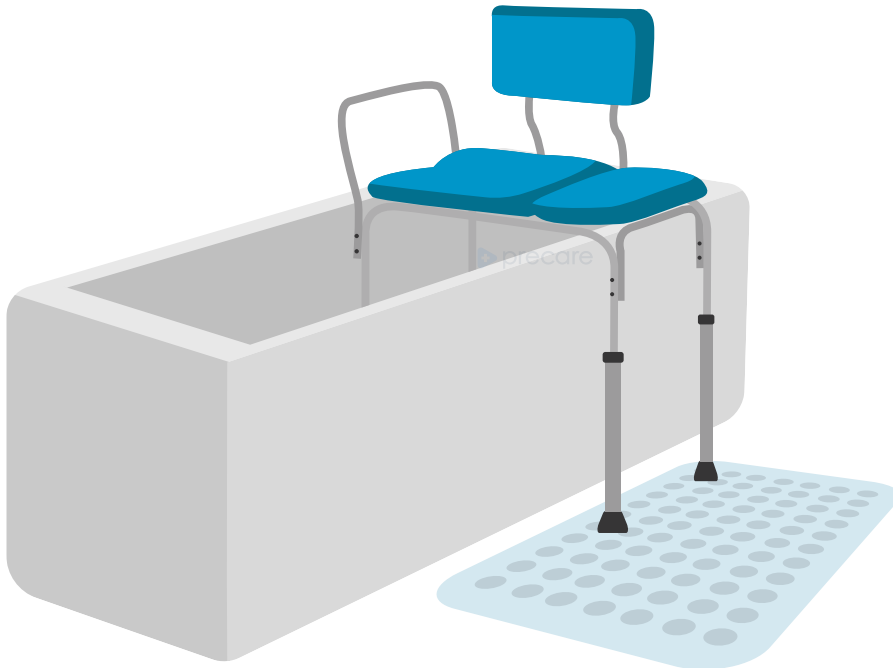
Consider washing at the sink for a few days. Do not take a shower or bath if you have the baby bottle. No bath or pool until your follow up appointment.

The bandage needs to stay dry and sealed to prevent infection.

Your surgeon will tell you when you can start showering. Follow the advice of your surgeon regarding when you can start showering.

If you have clips to close your cut: You may take a shower 24 hours after the clips have been removed and the incision stops draining.

Use an adjustable bath bench to take a shower during your recovery.



Your exercise program

Whether or not you leave the hospital on the day of your surgery or the day after your surgery, this Your exercise program should be started as early as possible. Many of these exercises can be started on the day of surgery or the day after the surgery.

Walking

- Walking is the best and safest exercise.
- Walking increases flexibility, blood circulation and strength in your knee.
- Start walking at the hospital with help from staff. Your strength will gradually increase. Walk short distances many times a day.
- Use the support of walking aids such as a walker, cane or crutches, according to your physiotherapist recommendations, until your leg is stronger.

If your surgeon asks you to use a cane, it should be used on the opposite side of the operated leg. For example, if you had a left knee replacement, you should use the cane with your right hand. This will be explained to you before you leave the hospital.



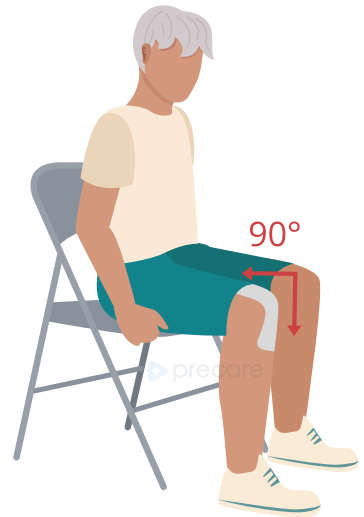
Your exercise program

Follow the physiotherapist's recommendations to help with your recovery. Avoid having anyone force your knee to bend.

Avoid any twisting movements or jump.

Do not overwork your knee.

- Do the exercises 3 times a day.
- Repeat each exercise at least 10 times and slowly up the number of repetitions as you feel able.
- The goal is to bend your knee to 90 degrees and to completely straighten the leg during the 1st week.
- It is important to do the exercises slowly and to relax between each exercise.



Do not place a pillow or rolled up towel under your knee except for any specific exercise that need one.

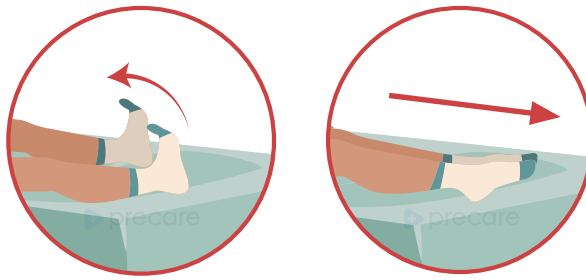
The physiotherapist will choose the following exercises for you by writing a ✓ in the boxes below.

Your exercise program

Exercises lying down on your back

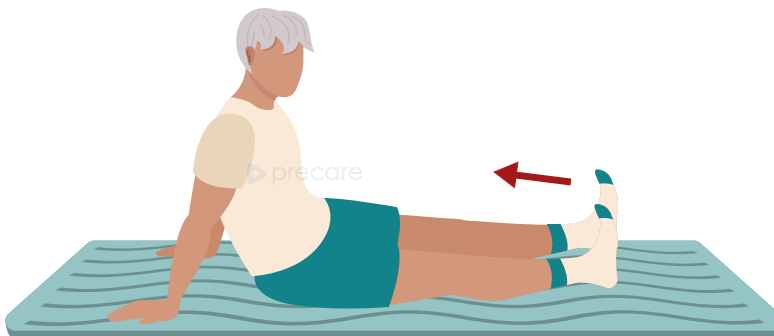
Ankle pumping

- With your legs straight and without moving them
- Lift your toes as much as you can, and then point downwards, as much as you can



Strengthening of thigh

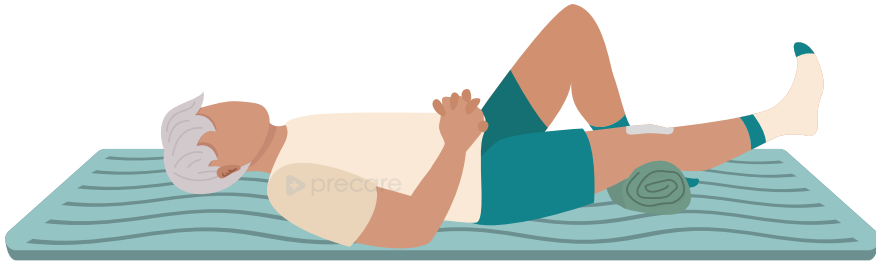
- With both legs straight, roll-up a towel under your ankle. Lift your toes up toward you and push your knees into the mattress without causing pain.
- Hold 5-10 seconds and relax.



Your exercise program

☐ Knee extension

- Place a rolled-up towel under your operated knee.
- Lift your foot and straighten your leg, without lifting your knee off the towel.
- Hold 5-10 seconds and put your leg back down.



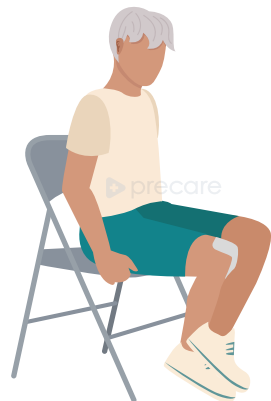
☐ Knee extension – sitting

- Sit down on a chair that has a hard and flat surface.
- Straighten your operated leg by lifting your foot as high a possible without lifting your thigh from the seat of the chair. Hold 5-10 seconds.



☐ Knee flexion – sitting

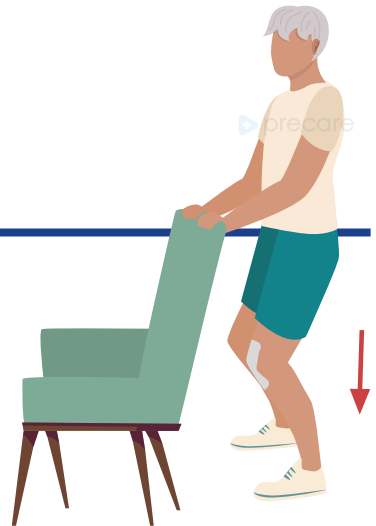
- Sit down in a chair and bend the operated knee, pushing your heel backwards.
- You can use the other leg to help yourself.
- Bend you knee until you feel a stretch on your knee and hold for 5-10 seconds.



Your exercise program

□ Squat strengthening

- Stand up with your hands resting on your walker or furniture to keep your balance.
- Place your feet shoulder width apart and keep your weight spread evenly between both legs.
- Bend your knees slightly while leaning forward.
- Do not do deep squats.
- Hold for 5-10 seconds.



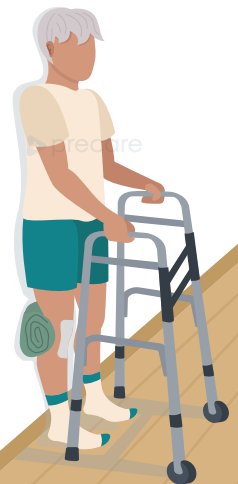
□ Preparing to go upstairs

- Stand up with your hands resting on your walker or furniture to keep your balance.
- Lift your knees, one after the other, as if you were about to go up a stair.
- Hold 5-10 seconds.



□ Strengthening of the quadriceps

- Stand up with your back against the wall, feet apart and your hands resting on your walker to keep your balance.
- Spread your weight evenly on both legs.
- Put a towel behind the knee.
- Try to touch the wall with the back of your knee.
- Hold 5-10 seconds.



Frequently asked questions



Can I do household chores?

At first, you might need help from family or friends to do household chores. Use an apron with big pockets, a knapsack or a basket attached to your walker to carry objects.

If possible, put your table close to the kitchen counter for the duration of your recovery.



When can I go back to work and start playing sports?

Talk to your surgeon about when to go back to work and before starting any sports.

Wait for your surgeon's permission to start playing sports after the surgery.



What kind of physical activity is safe before surgery and good to continue after your surgery?

Walking is the best and safest exercise. Increase your walking distance or time every day as you can tolerate.

Walking increases flexibility, blood circulation and strength in your knee.

Swimming or aqua therapy is also a good activity but make sure your incision is healed before going in water.

Check with your surgeon or your nurse first.

Frequently asked questions



What should I say or do before having any dental work and other surgeries?

Again, if you require dental work, this should be done before your planned knee replacement surgery. After your surgery, dental procedures increase your chance of developing an infection in your joint replacement. In most cases, dental work should be delayed for 3-6 months after your replacement. If you have any questions or concerns, contact your surgeon.

If you need surgery or dental work, tell the surgeon or dentist that you have a knee prosthesis (replacement)

They might need to prescribe you an antibiotic medication to prevent infection.



Is it safe to travel and drive after the surgery?

If you are travelling or driving, stop every hour and walk around to help blood circulation in your legs.



Can I travel by plane after my surgery?

The chance of getting blood clots is high after surgery.

Do not fly until you are finished taking your anticoagulant medications.



When can I have sexual activities?

You can start having sexual activities as soon as you feel ready.

Frequently asked questions



When can I drive again?

Opioids may cause drowsiness. You should not drive while you are taking these to control your pain.

Your surgeon will tell you when you can start driving again at your follow up appointment.

If it is your left leg that was operated

- you can drive an automatic transmission vehicle as soon as you are comfortable.

If it is your right leg that was operated

- it is not safe to drive until you have full control of your leg so that you can move from the gas pedal to the brake quickly. The amount of time before you can drive is different for everyone. It is usually about 4 to 8 weeks.

When can I fully weight bear on my knee?

It can take a while before you can stand or walk and put your full weight down on your leg. This is called 'weight-bearing.'

Being able to weight-bear depends on your arthritis and the surgery you had. There are usually no limitations to weight bear on your operated leg. You can put the amount of weight you can tolerate on the operated leg.

Frequently asked questions

How do I get up and down the stairs?

To go up

Put the good leg up first on the step.
Then, bring up the operated leg and
the crutches or cane up onto the step
at the same time.

To go down

Lower the crutches or cane first then
lower the operated leg on the step.
Lower the good leg after.



Frequently asked questions

How long will my leg be swollen?

Your leg may be swollen for the first few days after surgery. This is normal.

You will have less swelling after a few weeks.

It is normal for your leg to swell if you are standing-up a lot.

As you walk more in the days and weeks after your surgery, the swelling should become less.

Overnight, the swelling should get less, and your leg should not be very swollen when you wake up in the morning.

If your leg is swollen in the morning before getting up, call your surgeon.

Follow up

You will need a follow-up appointment with your surgeon after your surgery.

You will be called 24-48h, during weekdays, after your discharge to organize your follow-up appointment. You will receive a text or a call to confirm your appointment.

Write down any questions you might have to prepare for your follow-up.

Note: If your discharge is on a Friday, you will be called on Monday.



When to go to the emergency room

Complications do not happen very often, but it is important that you know what is normal and what to look out for.

If any of these happen after your surgery contact first your surgeon's office. Or if it is after hours, you can message your concern using the patient portal also known as the [orthopedic communication link \(mcgill.peep.ca\)](https://mcgill.peep.ca) or go to the emergency room.

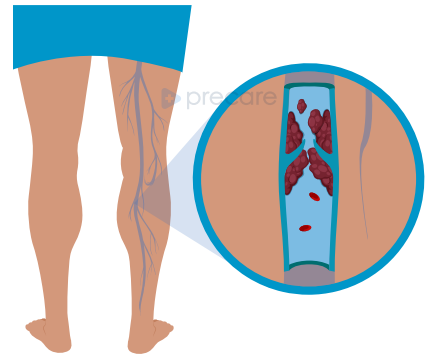
1. Phlebitis also known as blood clots

After surgery, you have an increased chance of forming blood clots in either leg.

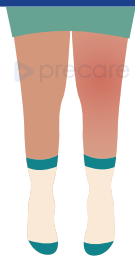
Blood clots can lead to inflammation in your veins also called phlebitis. This can sometimes be serious.

To prevent blood clots:

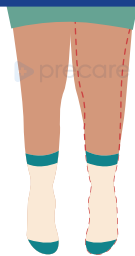
- Take the medication you were prescribed.
- Do your exercises, get up and move as much as you can after surgery.



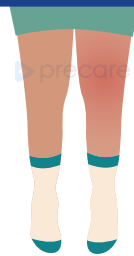
The symptoms of phlebitis are:



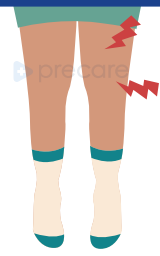
Redness



Worsening swelling or swelling present when you get up in the morning



Increased warmth



or pain

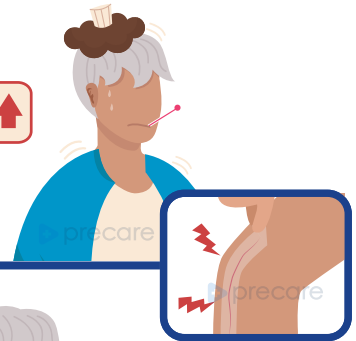
When to go to the emergency room

2. Infection

Your cut is painful, hard and red. You see pus or liquid coming out from your cut.

You have a fever and your temperature is above 38,5°C or 100°F, for 2 days in a row.

38,5° C ↑



3. You cannot drink or keep liquids down (nausea or vomiting).



4. You have shortness of breath or trouble breathing.



5. You urinate often, have a burning sensation or pain when you urinate and an intense urge to urinate and can't urinate.



Resources

CLSC's often have a list of resources to make it easier for you. During their visits ask them about these services if you are having doubts or difficulties. They will help you find solutions. They may be able to give you names of resources or services such as:

- Meals on wheels
- Caterers
- Grocery store that delivers
- Maid service
- General help

Websites of interest

Resources to help you stop smoking

- Quit line: 1-866-527-7383 (free) or www.iquitnow.qc.ca
- Quit Smoking Centers, ask your CLSC for information
- The Quebec Lung Association: 1-888-768-6669 (free) or poumonquebec.ca/en/
- Smoking cessation clinic at the MUHC: send the consultation by fax: 514-934-8488 (requires referral from your doctor)

Looking for more information on your surgery

Visit the MUHC libraries patient portal.

MUHC Libraires – Patient portal:
www.muhclibraries.ca/patients

Parking information

muhc.ca/patient-and-visitor-parking



Portal / Communication Link



mcgillpeep.ca/

Montreal General Hospital Map

1650 Cedar Avenue,
Montreal, Quebec
H3G 1A4

