

MARCH 2021

CIUSSS de l'Estrie – CHUS

POST-SURGERY GENERAL INSTRUCTIONS (Adults)

**You must bring this
guide with you on the
day of your surgery.**

DATE OF YOUR SURGERY: _____

HOSPITAL ARRIVAL TIME: _____

LOCATION: _____

Québec 

Produced by

Centre intégré universitaire de santé et de services sociaux de l'Estrie –
Centre hospitalier universitaire de Sherbrooke

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TABLE OF CONTENTS

AFTER THE SURGERY

Breathing and coughing exercises	4
Circulatory exercises	5
Mobilization	5
Pain management	6
Tubes	8
Nutrition and diet	8

GOING HOME (DISCHARGE)

Instructions	9
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WHEN TO CONSULT

Phlebitis (blood clots)	13
Infection	14
Unrelieved pain	14
Wound changes	14
Difficulty urinating	14
Persistent nausea or vomiting	14

AFTER THE SURGERY



BREATHING AND COUGHING EXERCISES

Following surgery, it is very important to perform breathing exercises with a spirometer to clear your lungs and to prevent pneumonia. In the first days, do ten (10) sets per hour (not necessary at night).

WITHOUT A SPIROMETER



Take a deep breath and fill your lungs with air.

Hold your breath for five (5) seconds.



Breathe out and fully empty the air in your lungs, then rest for a few seconds.

Cough and spit any secretions into a facial tissue.

WITH A SPIROMETER



Purse your lips around the mouthpiece. Take a deep breath while attempting to raise the upper section of the disc until it reaches the height indicated on the spirometer.

Hold your breath for five (5) seconds.



Breathe out and fully empty the air in your lungs, then rest for a few seconds.

Cough and spit any secretions into a facial tissue.

AFTER THE SURGERY

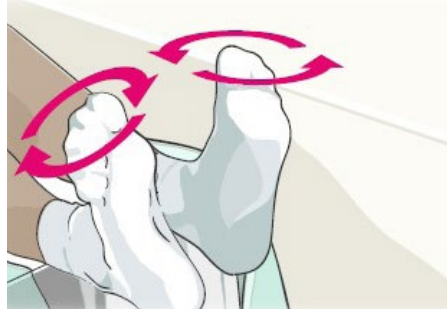
CIRCULATORY EXERCISES

In order to prevent clots in your veins, it is important to rapidly initiate circulatory exercises. Do them for as long as you are bedridden.



Stretch your legs out horizontally. Keeping your legs still, flex your toes toward you as far as possible. Then point your foot as far away as possible.

Do ten (10) sets on each side every thirty (30) minutes.



Stretch your legs out horizontally. Keeping your legs still, rotate your feet as wide as possible.

Do ten (10) sets on each side every thirty (30) minutes.



Stretch your legs out horizontally. Keeping your legs still, stretch them as far as possible.

Do ten (10) sets on each side every thirty (30) minutes.

MOBILIZATION

After your first rise aided by a staff member, you will be asked to:

- walk to the hallway three (3) times daily, while gradually increasing your distance;
- eat every meal in an armchair;
- go to the bathroom (no bedpans, no commode chairs);
- actively participate in your hygiene.

Doing so will prevent complications and foster a quicker recovery.



WARNING!

In order to reduce the risk of falling, do not get up unassisted the first time. We will assist you.

AFTER THE SURGERY



PAIN MANAGEMENT

Controlling your pain is important and will help you to:



breathe better or
to take deep breaths;



recover more
quickly;



eat better;



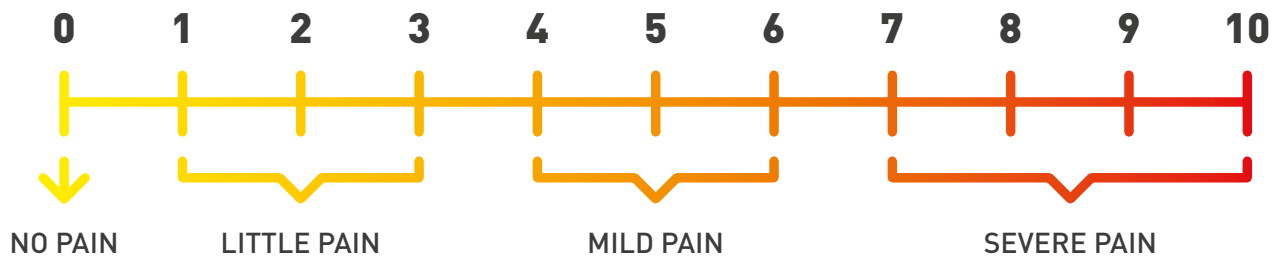
move more easily;



sleep better.

PAIN INTENSITY SCALE

This scale will help you to quantify your pain. Zero (0) means that you feel no pain whereas ten (10) represents the worst pain imaginable. For a better assessment, it is important that you quantify your pain at rest as well as in motion (e.g., getting up, lying down, walking, etc.).



AFTER THE SURGERY

PAIN MANAGEMENT (cont.)

Several types of painkillers are available to provide relief. For optimal relief, comply with the following recommendations.

Non-narcotic analgesics such as acetaminophen

(Tylenol®, Atasol®, etc.)

You must take them on a regular basis the first few days after your surgery and then as needed. These over-the-counter drugs do not require a prescription.



AUTRES ANTIDOULEURS GÉNÉRALEMENT PRESCRITS

Anti-inflammatory drugs

(Naproxyn®, Celebrex®, Advil®, etc.)

When prescribed, you must take these drugs regularly along with acetaminophen. Comply with the medical prescription.



Gabapentin or pregabalin

(Neurontin®, Lyrica®, etc.)

When prescribed, you must take these drugs regularly along with acetaminophen and the anti-inflammatory drug. Comply with the medical prescription.



Narcotic analgesics

(Morphine®, Dilaudid®, etc.)

When prescribed, you must take them when **YOUR PAIN REACHES 4 OUT OF 10** despite taking other pain relievers (acetaminophen, anti-inflammatory drugs, gabapentin). Comply with the medical prescription.



Analgesic narcotics can cause side-effects such as drowsiness, constipation and nausea.

Follow the recommendations contained in the following going home (discharge section) or speak to your pharmacist for advice.

Beyond medications, other pain management methods are available.



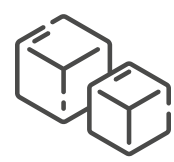
Listen to music, watch TV, or engage in other similar distractions.



Relaxation and visualization techniques (mental imagery)



Therapies such as acupuncture, hypnosis, massages, etc.



Apply ice as needed

AFTER THE SURGERY



TUBES

You might have certain tubes:

- Intravenous solution;
- Oxygen through your nostrils;
- Catheter, etc.

Don't worry! The tubes will soon be removed. Speak to your nurse.

NUTRITION AND DIET



HOSPITALIZED PATIENTS

Your meals will be served as indicated by the surgeon and nutritionist. You will be encouraged to eat more than 50 p. cent of your meals. Once home, follow the nutrition and diet recommendations (see page 10).

You might be given nutritional supplements between meals. It is important that you take them.



DAY SURGERY PATIENTS

Once home, follow the nutrition and diet recommendations (see page 10).



GOING HOME (DISCHARGE)

INSTRUCTIONS

PAIN MANAGEMENT

See the recommendations on pages 6 and 7.

BANDAGES OR WOUND CARE



- Leave the wound uncovered.
- Do not touch the bandage until your next appointment.
- Apply a dry bandage over the current one if there is any discharge.
- Remove the bandage in _____ days.

STAPLES AND/OR STITCHES

The CLSC will contact you to schedule an appointment for their removal within 10 to 14 days.



Apply ice for 10 to 15 minutes per hour **as needed** to reduce swelling and pain.

- Avoid direct contact with the skin.
- Do not put ice directly on the wound.

DISSOLVABLE STITCHES

You usually don't have to do anything.

If there is pain and/or redness, contact your CLSC.



Avoid exposing the surgical wound to sunlight without using protection (clothing or 50 SPF+ sunscreen) during the following year.

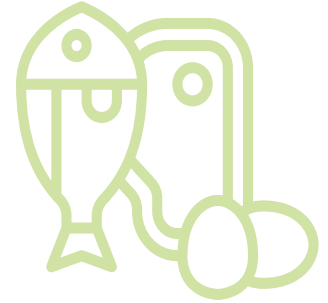
GOING HOME (DISCHARGE)



INSTRUCTIONS (cont.)

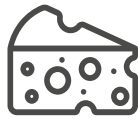
NUTRITION AND DIET

The body needs plenty of energy to heal after a surgery. A balanced diet consisting of three meals a day and snacks when needed is recommended. Particular attention needs to be paid to protein intake. Be sure to include proteins in every meal and snacks according to your tolerance.



A few foods that are rich in protein

- Meat
- Poultry
- Fish
- Legumes
- Dairy products
- Nuts
- Seeds
- Peanut butter
- Nutritional supplements



TO PREVENT CONSTIPATION

Eat fruit, vegetables, and whole-grain cereals (**rich in fibre**) and drink 7 to 8 glasses of water daily (unless your physician instructs otherwise). This will promote good intestinal regulation.

This advice is particularly important if you are taking narcotic analgesics.

FOCUS ON YOUR RECOVERY

Postpone all major decisions, because you might have difficulty concentrating up to two weeks after the surgery.



GOING HOME (DISCHARGE)

INSTRUCTIONS (cont.)

HYGIENE



Shower

- You can shower after your surgery.
- You must wait _____ days.

WARNING: Do not spray directly onto your wound.



Bath

- You can have a bath after your surgery.
- You must wait _____ days.

Do not use scented soaps or products on your wound. Do not scrub your wound. Sponge gently.

ACTIVITIES

You can resume most of your physical activities:

- sexual activities: wait _____ week(s);
- aquatic activities in the pool: the same recommendations apply as for bathing;
- sports: wait _____ week(s).



Have a walk three times daily, gradually increasing your distance. Doing so will help to prevent complications and to foster a quicker recovery.

Take acetaminophen and/or painkillers 45 to 60 minutes before exercising. Doing so will improve your mobility and reduce pain.

DRIVING



You will not be able to drive for _____

- day(s)
- week(s).

Narcotics (painkillers) can cause drowsiness and alter your reaction time.

In addition, you may face certain limitations as a result of your surgery. Speak to your surgeon before your discharge.

GOING HOME (DISCHARGE)



INSTRUCTIONS (cont.)



MEDICATIONS

You can continue to take your medications as you did prior to the surgery unless your surgeon has modified your prescription.

If you are given new medications, comply with the prescription given to you at the time of your discharge. If you do not understand something in your prescription, speak to your pharmacist.



RETURN TO WORK

Convalescence depends on the type of work performed. Speak to your surgeon.



YOUR NEXT APPOINTMENT

At the time of your discharge, the nurse will give you information regarding your next appointment.



WHEN TO CONSULT



INFO-SANTÉ 811

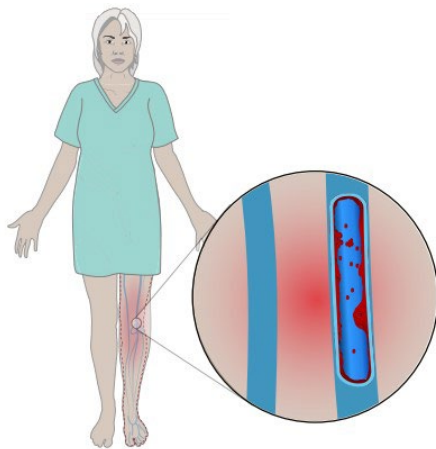
**IF ANY OF THE FOLLOWING SYMPTOMS APPEAR,
DIAL 811 FOR INFO-SANTÉ**

(24/7/365)

PHLEBITIS (blood clots)

Symptoms in the legs:

- Redness
- Heat
- Swelling
- Pain



Difficulty breathing:

In rare cases, a blood clot can form and become lodged in the lungs, which will result in difficulty breathing.



PREVENTION

- Exercise three times daily (e.g., walking) until you can fully resume your regular activities.
- Take your blood thinners as prescribed, if applicable.

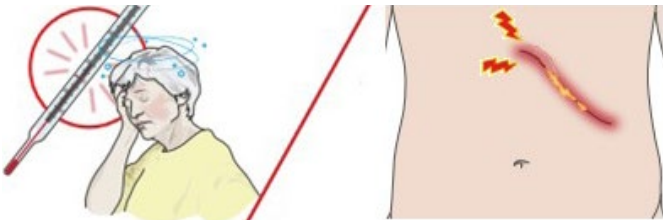


WHEN TO CONSULT



INFECTION

- Your wound is painful and red.
- Your temperature is above 38 °C (100 °F) twice (2) within a span of 6 to 12 hours.



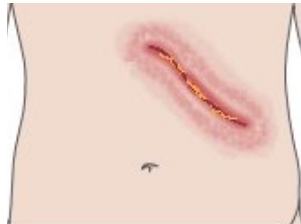
UNRELIEVED PAIN

- You cannot relieve your pain despite following the recommendations on pages 6 and 7.



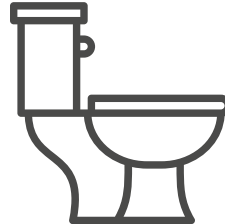
WOUND CHANGES

- Induration (swelling)
- Wound discharge
- Foul odour
- Wound rupture



DIFFICULTY URINATING

- You are unable to urinate.
- You have a burning sensation when urinating.
- You frequently urinate small amounts accompanied by pain.



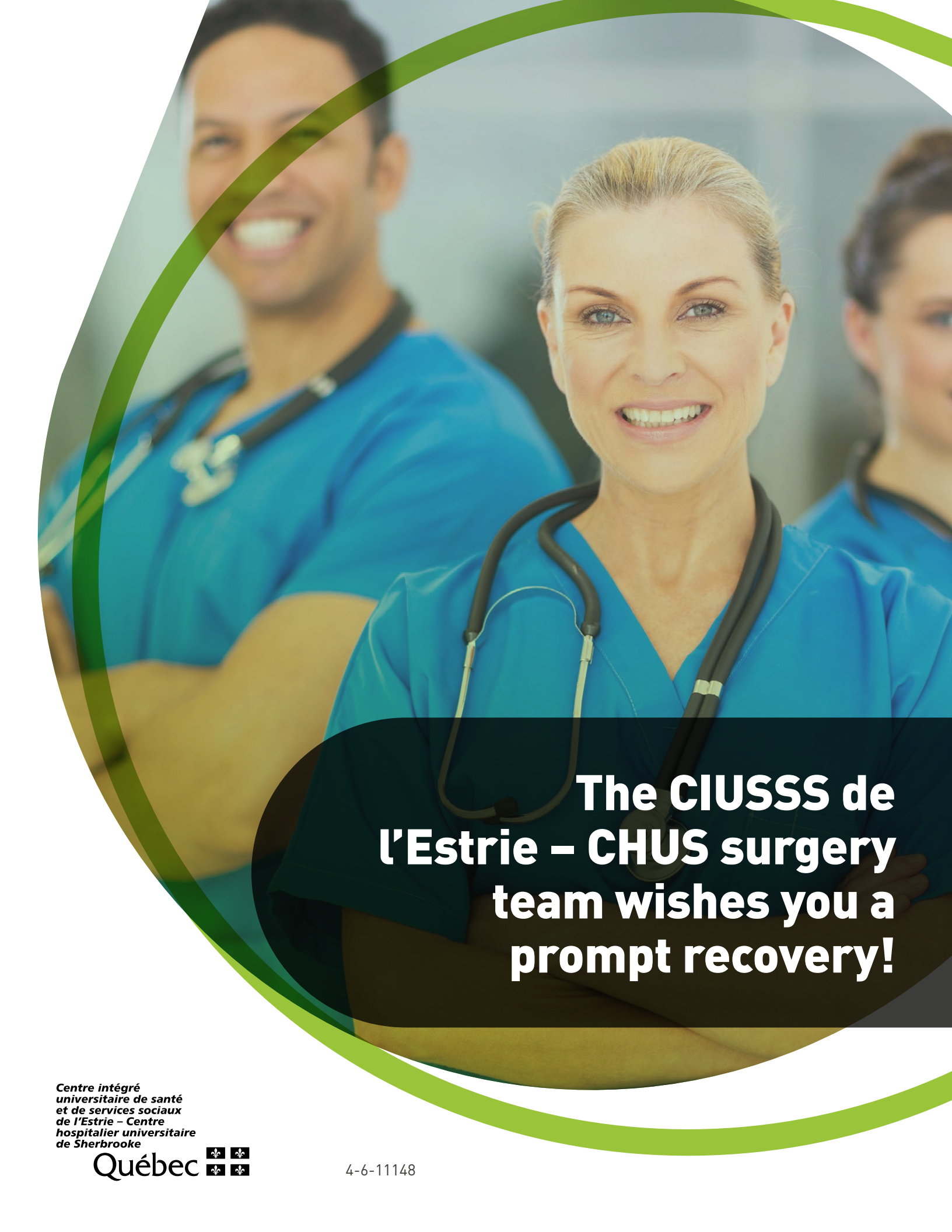
PERSISTENT NAUSEA OR VOMITING

- You have nausea and/or vomiting that prevent you from eating and drinking





NOTES



**The CIUSSS de
l'Estrie – CHUS surgery
team wishes you a
prompt recovery!**

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