



AFTER SURGERY

Pain management,
breathing and
circulatory exercises

PAIN MANAGEMENT

It is perfectly normal to experience pain or discomfort for a few weeks after your surgery. Carefully follow the instructions below to prevent pain-related complications.

Normally, there is a marked reduction in pain four weeks after surgery. However, you may continue to experience occasional episodes of pain for up to one year after the procedure.

CONTROLLING YOUR POSTOPERATIVE PAIN WILL HELP YOU TO:



Breathe better or to take deep breaths



Eat better



Sleep better



Recover more rapidly



Move more easily

PAIN INTENSITY SCALE

This scale will help you to rate your level of pain. Zero (0) means that you feel no pain whereas ten (10) represents the worst pain imaginable.

For a more accurate assessment, it is important to rate your pain at rest and when you move (e.g., when getting up, lying down, walking, etc.).



0



2



4



6



8



10



Several types of pain medication are available to provide relief. For optimal relief, follow the recommendations below.

Acetaminophen (Tylénol®, Atasol® or other)

Unless contraindicated by your doctor, you must take acetaminophen regularly during the first weeks after your surgery. You may gradually reduce the dosage after you stop taking narcotic (i.e., stronger medications such as Dilaudid® or morphine). Even if you do not have a prescription, you may purchase acetaminophen over the counter.

Anti-inflammatory medications (Naproxen®, Celebrex®, Advil® or other)

When prescribed, you must take them regularly with acetaminophen until you no longer need narcotic. Unless contraindicated, taking acetaminophen together with an anti-inflammatory provides effective pain relief. Follow the medical prescription.

Gabapentin or pregabalin (Neurontin®, Lyrica® or other)

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

Narcotic analgesics (Morphine®, Dilaudid® or other)

When you are prescribed narcotic analgesics, you must take them when **your pain reaches 4 or higher on the pain intensity scale of 1 to 10**, despite your regular use of other medications (acetaminophen, anti-inflammatories, gabapentin). Follow the medical prescription.

For any questions or concerns about pain medications, speak to your pharmacist.



In addition to medications, other pain management methods are available:



Listening to music, watching TV, or engaging in other similar activities



Practising relaxation and visualization (mental imagery)



Using therapies such as acupuncture, hypnosis, massages, etc.



Applying ice as needed

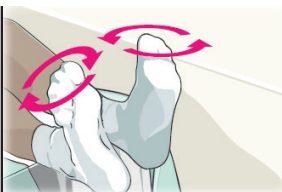
CIRCULATORY EXERCISES

In order to prevent the formation of blood 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, draw your toes toward you as much as possible, then point your feet forward as far as you can.



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



Stretch your legs out horizontally. Keeping your legs still, point your feet forward as far as you can.

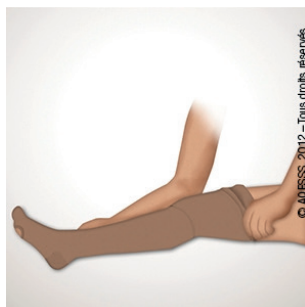
For each exercise, do 15 to 20 repetitions, 4 to 5 minutes daily).

COMPRESSION STOCKINGS

When prescribed, it is highly recommended to wear compression stockings for the first two (2) weeks following surgery. After that period, follow your therapist's recommendations. For optimal comfort and effectiveness, put on the stockings when getting up, before getting out of bed, and remove them at bedtime.

If you have undergone hip surgery, you will need assistance to put on and remove your stockings, as you must respect your movement restrictions.

Elevating the operated leg helps reduce swelling that may occur after surgery.



BREATHING AND COUGHING EXERCISES

Following surgery, it is very important to perform breathing exercises with or without a spirometer to clear your lungs and to prevent pneumonia. In the first days, **do ten (10) repetitions per hour** (not necessary at night).

WITHOUT A SPIROMETER

1. Take a deep breath and fill your lungs with air.
2. Hold your breath for five (5) seconds.



3. Exhale completely, emptying your lungs of air, then rest for a few seconds.
4. Cough and spit out any secretions into a tissue.

**WITH A SPIROMETER**

1. Seal your lips around the mouthpiece. Take a deep breath through your mouth, trying to lift the piston or ball until it reaches the height indicated on the spirometer.
2. Hold your breath for five (5) seconds.



3. Exhale completely, emptying your lungs of air, then rest for a few seconds.
4. Cough and spit out any secretions into a tissue.

4-6-12850 (FR) | 4-6-12851 (ENG)

August 2026

© Centre intégré universitaire de santé et de services sociaux
de l'Estrie – Centre hospitalier universitaire de Sherbrooke, 2026

santeestrie.qc.ca

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

Québec

