



Suzanne Michalk

**How to prepare
for your surgery**

Face a challenge
or live an experience?

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**HOW TO PREPARE FOR
YOUR SURGERY**

Face a challenge
or live an experience?

"I had my extraordinary surgical experience
at the Duval Clinic, located in Laval."

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This little book is the testimony of a real-life experience. I hope that through these lines you will find the inspiration to live your surgery in a healthy and positive way.

"I had my extraordinary surgical surgical experience at the Duval Clinic, located in Laval."

I would like to thank my family members for their support, especially my sister Ginette. Thank you also to my friends who are always excellent advisors in my literary adventures.

MY STORY



The reason I decided to describe the events I experienced during my right total knee replacement surgery, is that I hope to help you have an experience as good as mine.

I had a repair of the anterior cruciate ligament of my right knee, which became necessary after a nasty fall while skiing at the age of nineteen. Without this ligament, which ensures the stability of the joint, my knee would dislocate and I would have excruciating pain. I had no choice but to undergo surgery to repair the ligament.

At that time, I had a very difficult recovery, with complications that greatly prolonged my recovery.

I was able to walk normally after a year of physical therapy, at the cost of intense effort and indescribable pain. I remember the look on my father's face when my cast was removed (the technique at the time was to wear one for six weeks). He told me, many years later, that he truly believed that I would never be the same as I was before my accident. But I was determined to get back into the sports I loved, so I did everything I could to get better. But it wasn't until about three years after my recovery that I started skiing again. Yes, I had developed a great fear of re-injuring myself, a fear fed by all the pain I had endured!

And there you have it: *PAIN*. In retrospect, it was the intolerable pain I experienced after my surgery, which unfortunately the nursing staff was unable to control, that caused the complications and greatly delayed my recovery. Pain management is of utmost importance

in the healing and recovery process. I will come back to this later.

So much for the little story of my initial injury. The rest is much more enjoyable to read! Because the surgery was done perfectly, once I was fully recovered, I had thirty years of sporting happiness. I have been able to play all the sports I love without any problems and have always been in excellent physical shape. Fortunately, I had three athletic sons and I made it a point to accompany them in their activities, at least until they reached the age where mom was no longer welcome in the gang! I never thought about that injury again; as far as I was concerned, my body was perfectly fine.

The type of surgery I had at the time is no longer done today because it was found that it often resulted in the development of degenerative osteoarthritis, commonly referred to as early wear and tear of the cartilage of the medial compartment of the knee. This progressive wear of the cartilage causes the bone surfaces to

touch each other directly, which creates pain. So that's what happened to me: when I was about 50 years old, I started to have pain and swelling in my knee. Initially, these symptoms occurred after intensive sports sessions, but they became more and more frequent and more and more disabling. I waited twelve years before having the operation, because I considered myself too young. It was not the decision of the century, and I will come back to that.

During those twelve years, when the pain was getting worse, I used several things to relieve the pain: injections (corticoids, hyaluronic acid), orthopedic inserts (made by a professional), knee brace, acetaminophen, anti-inflammatories and exercise. Yes, exercise, because moving around helps a lot, especially cycling and walking. The phenomenon of the release of endorphins during physical exercise is well known, and this substance secreted by our body, in addition to bringing a feeling of well-being, has an analgesic function, which reduces pain without

drug intervention. The use of these palliative solutions has indeed allowed me to have less pain and to function quite normally. I say "normally", but what I didn't realize was that during this time, I was compensating with my healthy knee that I had greatly damaged. It was "not too soon" as they say! I had to think about getting a knee prosthesis. I don't like to use the expression "I should have...", but in this case, that's exactly what it was: I should have had the operation sooner.

My knee pain story may be similar to yours, although it may be caused by something other than a sports injury. Whether the pain is caused by a congenital misalignment of the leg bones, an inflammatory disease such as arthritis, a normal aging process, obesity, or any other cause that leads to cartilage wear and tear, the outcome will most likely be surgery in most cases.

In short, faced with a level of pain that prevented me from living normally and sleeping, I began to seriously consider surgery. I knew it would be a total knee replacement: no other alternative in my case... I thought it was a huge deal for my age, and I was very reluctant, until one of my sons confronted me with the reality: "Mom, you can't wait any longer! You're in pain all the time and it's affecting your quality of life. You're fit, it's time to go." This really shook me up and I immediately started the process of being seen in an orthopedic consultation as soon as possible. It should be mentioned here that we were in the middle of Covid-19, with all that this implied in terms of surgical offloading, indecently long waiting lists, and consultation delays.

ACCEPTANCE



As we have seen, various conditions can cause knee pain leading to knee replacement surgery, i.e., the installation of a prosthesis. The following also applies to hip disease, which will lead to hip replacement.

Why is this happening to me? Why me? This is the wrong question to ask, the wrong attitude to have. Whether it is due to an acquired condition (a sports injury, for example), hereditary phenomena, or other, there is usually a solution to the problem that is causing us to suffer. And the good news is what we need to focus on, that will transform our negative energy into positive energy, that

will allow us to turn an ordeal into a constructive experience. We must look at the solution with serenity and prepare ourselves adequately to live through the surgery that will be proposed to us. I sincerely believe that healing begins here, with the acceptance of one's condition and the knowledge of what lies ahead. I will add to this the trust we have chosen to place in the team that will take care of us.

This way, you will be well informed of what can be done to improve your quality of life, and you will feel ready, strong, and positive in the face of this new reality that will now be part of your life!

We must not be victims of our condition, we must understand it, accept it, and integrate it. Because it's human to let ourselves feel negative emotions, to have defense mechanisms, to see the glass as half empty rather than half full. So I suggest that you adjust your glasses and start looking at what is happening with new eyes.

Very philosophical? Well, not at all!

Here are a few lines that I suggest you read several times:

Do you want to be okay? Make peace with your condition. Don't feel guilty. Don't feel sorry for yourself. Be kind to yourself. Don't hide your pain, understand it. Change your self-talk by telling yourself that you are capable of improving your condition. Accept that someone competent will take care of you. Refuse to be disappointed, so make sure you are not...

* * *

It was with this in mind that I decided to have surgery and solve my pain problem as soon as possible. Yes, after twelve years of suffering and denial of my condition, I suddenly felt like I was in a "9-1-1" situation: I had a real feeling of urgency, I wanted my surgery yesterday... That's how I started the process of being evaluated by an orthopedist.

THE CONSULTATION



Do not think of yourself as a victim. Instead, fully accept what is happening to you.

It can take an extremely long time to see an orthopedist... In the hospital setting, in the Covid-19 setting (and it's not normally much better...), the delays seemed unreasonable. Furthermore, I had asked about the waiting time between the evaluation by the specialist and the time of surgery, and it was two years!

In the state of excitement in which I had immersed myself in thinking about my upcoming surgery, there was absolutely no way I could wait any longer! My mind was made up and I had to make a move.

So I turned to the private sector, hoping that the delays would be more acceptable. I made an appointment at a clinic in Laval.

After having x-rays done at a hospital, where I was given a CD with all the requested images, I was evaluated by an orthopedist. That was in November 2020 and the decision to proceed with a knee replacement was confirmed for mid-February 2021. And so the process was underway.

The next step was the assessment by a family physician. This took place at the same private clinic, a convenient situation that avoided travel. I was given a lengthy questionnaire and a full medical examination. I had blood samples taken and an electrocardiogram. Since I am in good health, with no co-morbidities (e.g. diabetes or high blood pressure), I did not need any further investigations or consultations. Of course, if the results of my blood tests had been abnormal, the doctor

would have contacted me to take a closer look and investigate further.

During this same visit to the clinic, I was evaluated by a physiotherapist. This step is fundamental since it is the start of the recovery process. After filling out a questionnaire, undergoing an examination, and taking measurements, I was able to discuss with the therapist what I should do, or not do, before my surgery.

Being well prepared for your surgery is a big step towards an easier and certainly faster recovery.

One more step towards happiness.

THE WAIT



Should we sit around and do nothing, moping around and imagining the worst, counting down the days until our surgery? NO, absolutely not! There are many things for you to do!

First of all, you may need to arrange for help at home, especially if you live alone: the CLSC in your area can help you find it. You will also need to get a special toilet seat: personally, I bought one at the pharmacy, thinking that it could be useful in other circumstances. A walker will probably also be necessary, so ask for one with the toilet seat at the CLSC. A cane should also be one of the tools you have available.

But above all, you need to get in shape. Yes, it's time to improve your physical and mental condition to live better and get back to your life quickly once the surgical repair is done! One month before the surgery I stopped drinking alcohol (for me, it's wine...). It's not that I drink a lot, but it's always a good idea to cut down on your consumption before undergoing surgery. I was lucky, February was coming up and it's the tradition of "alcohol free month"! So this part was relatively easy (despite Valentine's Day...).

I took care of my skin. Yes, my skin! Winter brings its share of dryness and our skin suffers. I felt it was important to moisturize and nourish my skin and to watch for any sores, especially the cracking between my toes. I was worried about infecting my new prosthesis after the operation because of bacteria from a little boo-boo that was neglected... So I used a moisturizing oil soap for the shower or bath, I dried myself particularly well between the toes (often left wet...) and I applied a moisturizing lotion

daily. It's not rocket science, but it's a healthy and inexpensive habit.

I walked and cycled. Yes, despite my pain and swollen knee, I walked an average of 5 km every day. Not too difficult since I have a dog to walk! At the beginning of the walk, I felt some pain, but the more I progressed, the more it faded away. The endorphins I mentioned earlier had something to do with it! On a good day (because there were good days), I would walk 10 km through the forest. It felt great. When it was too cold, I would pedal on my stationary bike. I love riding my bike outside and hate riding my stationary bike: it's boring. But when I'm watching a movie or a TV show, it's okay. What made me want to ride was what I would get out of it: fitter muscles. Because let's not kid ourselves, the muscle loss caused by the diseased joint is very real. Personally, my thigh was smaller on the side to be operated on and my buttock muscle was weakened. The damage was done, and I did not want to further aggravate my muscle loss, knowing how hard

I would have to work after my surgery to rebuild everything. My ultimate goal was to give my recovery the best chance by staying in shape, in my body, but also in my head. I understood that the more muscle and mobility I lost before my surgery, the more I would have to regain afterwards, not to mention the recovery required by the surgery itself. I am telling you all this knowing that you will consult with the appropriate professional who will be able to tell you what you can do before your surgery to prepare yourself, without risk to you.

One of the things you need to worry about before the surgery, is the help you will need when you go home: a spouse, a child, a friend who can look after you. You should also have some frozen meals ready to eat. Not only will this save you time, but it will also allow you to eat meals that you have chosen and that you like! In my experience, my evening meal

when I came back home after the surgery was rather frugal (my spouse being absolutely not a home maker)...

If possible, plan to have everything on the same floor of your home: the bedroom for sleeping, the bathroom, and the place where you will eat.

Letting go and accepting help was the hardest part for me. But I managed, at least for the duration of my stay in the clinic and the first few days of my return home.

FINALLY!



The day before the surgery, a shower with a disinfectant soap recommended by your pharmacist is indicated. The morning of the surgery, a second shower with the same product is also prescribed. Of course, you must not eat or drink anything, and you must follow the recommendations given to you in the documents provided by the clinic for your surgery.

You will be assigned an appointment time (I was personally expected at 10 am). I was taken care of from that moment on: an orderly led me to my room, where I settled in. I put away my clothes for the duration of my stay (comfortable pyjamas, underwear, shorts for physiotherapy, closed shoes),

my toiletries, my reading book, and my knitting. The clinic will probably give you a list of things that will be useful during your hospitalization. Knitting is optional!

The anesthesiologist came to meet me in my room to discuss the upcoming procedure. I was given the opportunity to ask any questions I had and to discuss any concerns I had, and all explanations were given to me. Afterwards, I was given a cocktail of medications to prepare me for the procedure and also to prevent postoperative pain and possible clots: it included an anti-inflammatory, acetaminophen, and a medication for neuropathic pain, which also had an effect on anxiety.

Of course, the medications you are given may vary depending on your basic condition, allergies, or intolerances.

A nurse finally came to pick me up and took me to the operating room. Very sympathetic and understanding, he explained to me

what his role would be immediately after surgery, as he was in charge of what is called the recovery room (even though I would not have general anesthesia). Then, I was placed in the induction room to be anesthetized before my painless surgery.

The respiratory therapist, the anesthesiologist's close and indispensable collaborator, took charge of me and set up the monitoring devices: blood pressure machine, continuous electrocardiogram (heart monitor), and saturometer (blood oxygen monitor). She assisted the anesthesiologist in preparing the IV used to administer medications and fluids, among other things. The doctor then installed an epidural catheter (inserted into the epidural space between two vertebrae in the spine) so that the patient feels nothing in the limb to be operated on. Personally, I barely felt the small injection to freeze the skin: it was a bit like a big mosquito bite, then nothing... The doctor then gave me an infusion in the thigh

using an ultrasound so as not to interfere with the surgical tourniquet (similar to a blood pressure device, which is used to tighten the tourniquet during surgery to prevent bleeding). If you are having hip replacement surgery, this last stage of anesthesia is not necessary.

There are a few medical reasons why you may not be a candidate for this technique and why you may be offered general anesthesia rather than regional. Trust your anesthesiologist completely: he or she knows what they are talking about.

Afterwards, I was placed on the operating table and set up for surgery. The whole team was *extremely* reassuring! Then it was off to surgery! IV sedation was initiated. I knew absolutely nothing and, of course, I felt no pain.

After the surgical procedure was completed, I was taken to the recovery room, where the nurse

pampered me (almost as much as my friend Claire during my C-section!). I was monitored closely with blood pressure, heart, and oxygen monitors, warm blankets, and much more, but above all, he took care to reassure me. Thanks to the medication I had received before the operation (the little magic cocktail), I had no pain, really none.

Then came the time when I was deemed fit enough to return to my room. I was so well that once I was settled in, I called my loved ones to tell them about my adventure. The nursing staff came by regularly to check on me (temperature, vital signs, dressing status, and more). Again, they were all very attentive and professional.

Now, let's talk about what was most important: the prevention and treatment of PAIN by taking the medication prescribed by the doctor on a regular basis. In fact, I was given several categories of medication to prevent and treat pain that could occur after

the surgery. I was very appreciative of the frequency with which I was given my pain medication, which meant that I did not have to take any narcotics during my entire stay at the clinic. Before, during, and after surgery, I was fortunate not to have to resort to this class of medication, which is known for its unpleasant side effects: drowsiness, constipation, dizziness, headaches, nausea and vomiting, confusion, addiction, and many others.

Thus, without these possible side effects, my recovery was faster. I later learned that it was mainly one of the orthopedists at the clinic who developed a new protocol combining a precise anesthesia technique and a specific cocktail of drugs. This therapeutic method was perfect in my case; however, I strongly advise you not to exclude the use of narcotics if your pain level requires it. Why suffer if relief is available? Pain being the most harmful

element to a good recovery, it must be treated immediately, listen to your body and comfort it. This body repair experience is not a competition with anyone, especially not with yourself.

Another crucial element to recovery is physical therapy. I had my surgery in the afternoon, and in the evening, I had my first physical therapy session. I got up and took a few steps with the walker. Again, with all the care, my pain level was at zero. My postoperative period was starting... with a good knee!

AND THEN?



The night after my surgery, I didn't really sleep. Probably because of my high adrenaline level (I felt wide awake and, strangely, not at all tired), but also because the nursing staff visited me regularly to make sure everything was going well (monitoring my vital signs, the dressing, and my pain level).

Surprisingly, in the morning, I was not really tired, and again, my pain level was very controlled. Of course, not all patients are the same, so some will suffer a little. Depending on the level of pain, measured on a scale of one to ten, additional medications may be

administered. The nursing staff will make sure you are comfortable at all times, so don't worry.

The day after the surgery, I had visits from the family doctor who had assessed me before the surgery, the physiotherapist (twice during the day), and my orthopedic surgeon. In addition to this, there were regular visits from the nursing staff, meal and bath times, and various small events: the hours passed at an amazing pace, and at no time did I need to increase my pain medication. In fact, I was doing so well that my surgeon offered to discharge me that day... Unbelievable, isn't it? I would have gladly accepted, but my return home had been planned for the next day, so I stayed.

Let's get back to physiotherapy. It is essential to listen to the recommendations of the therapist who evaluates you. These health professionals will accompany you in your recovery, both at the clinic and at home. Personally, I was able to walk with

a cane, under supervision, the day after the surgery. I will say it again: with the medication administered, I had no pain. I will add to this by telling you that the other patients operated on the same day as me, who I passed in the hallway during my little escapades, were astonished that they were also doing well!

THE RETURN



We had a long drive home. I had a few moments of discomfort, flushing, and nausea, but the fresh air felt good. We stopped halfway to get me to move around a bit. We had to remember that I had just had major surgery! A little kindness to yourself never hurts...

The first two days, I was mostly very tired, so I rested, but I didn't forget to do my exercises three times a day or apply ice regularly.

The pain medication prescribed by the doctor (the same as at the clinic) was enough for me.

At night, however, it was more difficult: I had sudden, sharp pains. Fortunately, it did not last long. I would visualize my repaired knee and tell myself that soon everything would be over, I would breathe, put ice on it, and it would work. At one point, I thought about filling the prescription for stronger medication that I had been given, but I didn't. And I did the right thing, because by the fourth night, those sharp pains were gone. I regained my mobility gradually, a bit like building a house, one brick at a time. I was satisfied and proud of what I could do while respecting my limits. I really tried to stay calm and confident.

By the fourth day, I was back to my normal activities in the house. I respected my limits and everything went well.

On the sixth day, I had a visit from the physiotherapist at the CLSC. After an evaluation, she was satisfied that my recovery exceeded the goal of recovering at home.

I walked without a cane, up and down stairs. She encouraged me to do some exercises to make my leg more flexible and supple, and to do some strength training. She also advised me to go to a physiotherapy clinic, which I did. This additional therapy will allow me to regain what I have lost and to strengthen my muscles in order to play sports again, including skiing!

On the tenth day, I walked my beautiful Leo outside under a beautiful sky, as seen on the back cover!

I was given clear and precise instructions about the wound and the dressing. It was simple: I was not to touch it for 14 days and then remove it myself. There were no staples or stitches, as the wound had been closed with surgical glue. One small hitch: I was very itchy once the bandage was removed! Fortunately, in the documents I was given when I left the clinic, I was advised to massage the scar with vitamin E oil

(I bought the capsules at the pharmacy). Once this little liquid was extracted cleanly from the capsules and massages were done several times a day, everything went back to normal. Phew! My skin was gradually healing and the bruises caused by the surgery were fading as the days went by.

This is my story. No two people are the same and we should never compare ourselves. Respecting what we can offer each other, talking to each other and saying "You can do it!", and accepting what happens to us day after day, is a good attitude towards recovery.

INEQUITY



Some of you will tell me that private health care creates social inequities. I don't think so and I'll explain why. Here is a simple example. The orthopedist you choose, or are referred to, has a two-year waiting list in the hospital. He has 100 patients on his waiting list. If, for example, twenty-five patients decide to go private because they don't want to wait two years (and, of course, because they can afford it), that leaves seventy-five patients on the waiting list. So the last patient on the list will have surgery six months earlier than expected. I think that's not insignificant.

You may say that private care favours the rich. That's true, but there are many ways to get the money to cover the costs of surgery. In addition to borrowing money from the bank or relatives, you may decide not to change your car, for example. Sometimes it is a question of priority. There is also socio-financing (social media, family, friends, etc.). There are many ways to finance your surgery when it is important for your quality of life. As we have seen, sometimes it is urgent. In these cases, if it is possible, I advise you to go for it.

You have to make choices in life.

IN CONCLUSION



Do you want it to go well?
Be kind to yourself first.

Prepare for the operation, do your exercises,
and take advantage of the resources that
exist.

Manage the pain, don't let it take over.

As we have seen in this little book, medicine
is making great strides and it is now possible
to manage pain from the start to ensure a
quick recovery.

And above all, don't hesitate to have the
operation, you won't regret it, whatever your
age!

I wish you a good surgery!

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Considering orthopedic surgery with prosthesis?
Do you want it to go well?

Prepare for surgery, do your exercises and take full advantage of the resources that are available.

This little book will take you through the different stages of orthopedic surgery and give you lots of good advice on how to prepare for it. It will teach you, among other things, that medicine is making great progress and that it is now possible to manage pain from the start to ensure a rapid recovery.

Above all, do not hesitate to undergo surgery, you will not regret it, whatever your age!

I had my extraordinary surgical experience at the **Duval Clinic**.

I wish you a good surgery!



Born in Montreal, Suzanne Michalk is a retired medical specialist. She is the author of the medical-police series *Juphilaorium*.

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