



KNEE REPLACEMENT

A GUIDE TO YOUR RECOVERY



LITTLE COMPANY OF MARY HEALTH CARE

Our mission identifies why we exist:

To bring the healing ministry of Jesus to those who are sick, dying and in need through 'being for others':

- In the Spirit of Mary standing by her Son on Calvary
- Through the provision of quality, responsive and compassionate health, community and aged care services based on Gospel values, and
- In celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

Our values are visible in how we act and treat others:

- Hospitality
- Healing
- Stewardship
- Respect

A big thank you goes to all the people who have had an input into the production of this book. Special thanks goes to Philippa Stevenson, Sally Jackson, Sonya Kohlhagen, Lucy Godde, Jennifer Kal, June Buchannan, Kate Black, Frances Brown and Linda Swift for their efforts and contributions.

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INTRODUCTION

This booklet has been developed to provide you with some of the information you may want to know regarding your operation for:

- **Total Knee Replacement**
- **Unilateral Knee Replacement**
- **Bilateral Knee Replacement**
- **Revision Knee Replacement**

We understand that having an operation can be very stressful and we aim to alleviate some of these fears by informing you of what to expect each day you are in hospital. Also provided are some instructions for the preparation for your surgery. Please take time to read through and follow this booklet as it will aid in your rapid recovery.

During your stay at Calvary John James Hospital you will meet some or all of our orthopaedic multi-disciplinary team including nurses, doctors, physiotherapists, pastoral care, social workers, occupational therapists and dietitian. You will also meet some of our wardsmen, administration personnel, housekeeping and kitchen staff, volunteer patient liaisons and some of our other volunteers during your stay. We are all here to make your stay as smooth, comfortable and stress free as we can.

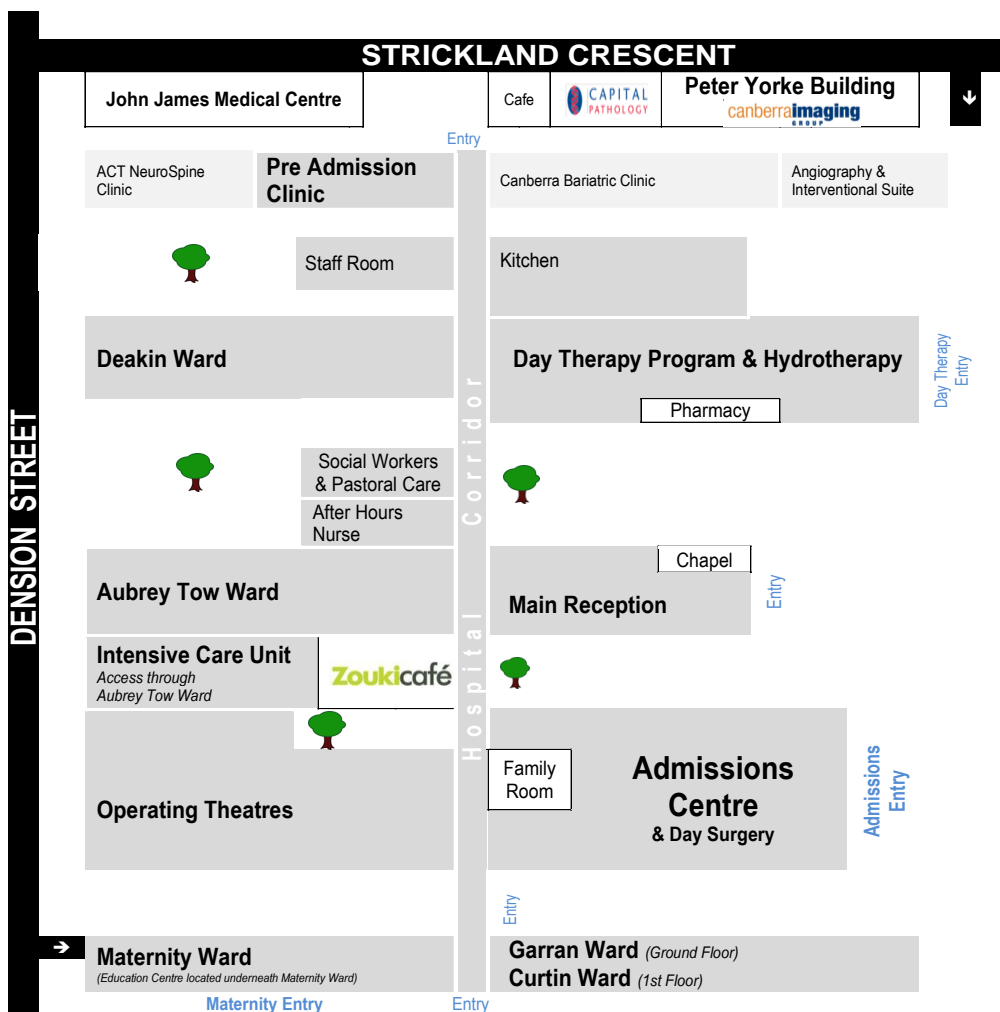
At Calvary John James Hospital, we provide a holistic approach to caring for your physical, spiritual, mental and emotional wellbeing.

We encourage you to ask questions and talk about your recovery with our health care team. We advise that you write down any questions you have before and after your operation as you can often forget them when you have had an anaesthetic, and have strong pain relieving medications on board. We have given you a few pages at the back of this booklet for this, or you can choose to bring a notepad for this use.

This booklet is for general information and does not in any way override what your surgeon has specifically said for your individual needs.



CALVARY JOHN JAMES HOSPITAL



Toilets are located along the Hospital Corridor



Disabled toilet located near Family Room & Kitchen



Baby Change room located near Family Room

Address: 173 Strickland Crescent, Deakin ACT 2600

Telephone Number: Main Switch - 6281 8100

Each bed has a direct phone number. These numbers will be available to you on admission, once your room number is confirmed.

Visiting Hours 10 am – 8 pm **Rest Period** 1 pm – 3 pm

PRIOR TO COMING TO HOSPITAL

Paperwork

Your surgeon will book your operation with the Calvary John James Hospital.

Your surgeon will give you paperwork which you will need to complete and return to Calvary John James Hospital. You can either return it in person, by fax or by mail. Please follow the directions in the front of the admission booklet and return at least 1 week prior to admission.

Tests

Your surgeon may order some tests prior to your surgery. It is essential that you have these performed as they will be required for your operation to go ahead.

Some examples of tests required are:

- ECG – to check your heart rhythm
- Urinalysis – a urine test to check for bladder infections
- Blood pathology – to assess your general health prior to your operation, in particular liver, kidney and heart functions.
- Group and Hold or cross match – a blood test in case you require a blood transfusion following your surgery. This blood specimen can only be stored for 30 days, so only have this done within 2 weeks of your operation.
- Chest X-ray – to check your lungs are clear. When you have this done, please ensure you pick up the x-ray and bring it with you to hospital for admission.

Prevent postponement of surgery

Prior to your operation you need to take care of your body. You will need to ensure you are healthy by eating well and exercising. A healthy body will recover from major surgery a lot faster than an unhealthy one.

You must also ensure you do not have any abrasions or infections, particularly on your operative limb(s), prior to surgery. Your operation will be postponed if your surgeon thinks the risks outweighs the benefits of proceeding with your operation. You should avoid activities such as gardening, contact sports or anything that may damage your tissues for the 3 weeks prior to your operation.

If you have an abrasion, injury, pimple, infection or any other skin problem prior to your surgery, particularly on the leg being operated on, please contact your GP or surgeon prior to your admission to Calvary John James Hospital.

Medications to cease

If you are taking Warfarin it is VERY important that you discuss the management of this with your GP or cardiologist. Your surgeon usually suggests that you stop taking Warfarin 5 days before your surgery date. Your GP will order a blood test (INR) to be done once you cease the Warfarin. Once your INR falls below the therapeutic level your GP may arrange for you to have Clexane injections in your stomach, up to but not including the day of your surgery.

Prior to your surgery there are a number of other medications that need to be ceased so as to prevent the risk of bleeding following your surgery. You are required to cease blood

thinning and anti-inflammatory medications, with consent from your GP or Physician, 10 days prior to surgery. Your surgeon may also require you to cease the contraceptive pill or hormone replacement therapies.

Blood thinning drugs include, but are not limited to; Aspirin, Clopidogrel, Persantin, Naprogesic, Cardiprin.

Anti Inflammatory drugs include, but are not limited to; Nurofen, Movalis, Naprosyn, Celebrex, Voltaren, Mobic, Oridus, Feldene, Indocid.

You will also have to consult with your GP or physician when you should resume these medications following your operation, reminding them that your surgeon will prescribe Clexane injections for 20 days after your discharge from the ward.

You should also stop taking certain over-the-counter medications such as Glucosamine, fish oil, Omega 3, flax seed oil, St John's Wort, high doses of Vitamin E and other 'natural' health medications for 1 week prior to your surgery.

Triclosan wash

You will be given a small bottle of Triclosan wash at your surgeon's rooms or you can purchase it from a pharmacy. This is a mild antiseptic wash which is effective against bacteria, fungi and viruses.

Please use this instead of soap the evening prior to and the morning of your surgery. Do not use this on your head, face and areas of broken skin including eczema and dermatitis.

PRE-ADMISSION INFORMATION SESSION

Pre-admission information sessions will be held monthly in the Auditorium, Peter Yorke Building, Level 3, 173 Strickland Crescent, Deakin.

Sessions will commence at 1pm and run for approximately 2 hours.

During these sessions you will hear from the nursing team, occupational therapist and physiotherapist who will provide you with information about what to expect during your stay. They will also give you some advice that will help you to prepare for your surgery.

You will have an opportunity to ask questions and talk to some of our team. Tea and coffee will be provided and we look forward to meeting you.

Bookings:

Philippa Stevenson - Tel: (02) 6229 2140 – Email: philippa.stevenson@calvarycare.org.au

HOME ENVIRONMENT

Considering that you will have limited mobility when you return home, what do you need to modify?

- **House**

- Do you have rugs or pets that may trip you?
- Do you have internal or external stairs, if so do they have hand rails?
- How many stairs are there?

- **Bathroom & toilet**

- Do you have to step over a hob or bath to get into your shower?
- You will require an over toilet frame and a special seat in the shower. These should be organised prior to admission. *Refer to next section*

- **Kitchen**

- Are your pots, plates, cutlery and any other frequently used items at a level you can reach without bending over?
- Will you need further assistance when you return home?
- You can cook some meals and have them frozen to make it easier when you get home. Make sure that food stored in the fridge/freezer is on a shelf high enough that you do not need to bend your knee too far.

- **Chairs at home**

- You will require a stable chair at home with armrests that you can push up from sitting to standing without bending your knee too far. It will also need to be of an appropriate height that you can sit comfortably.

- **Assistance**

- Is there someone who can assist you at home after your discharge?
- You may require assistance with your compression stockings (if your surgeon prefers them) showering, getting dressed, cooking, cleaning, shopping and driving. If you can organise assistance with these daily tasks prior to your admission, you will be more relaxed about the operation you are about to undertake.

- **Bed**

- Is your bed high enough for you to get in and out of?
- Do you need to have it raised?
- Can you sleep on your back? You will need to lie on your back following surgery, so it may be worthwhile trying this prior to coming to hospital.

EQUIPMENT FOR HOME FOLLOWING A KNEE REPLACEMENT

Pictures were sourced from www.acaciamedical.com.au

If you do not already have equipment at home, you will need to organise some prior to your admission to use when you return home. Please be aware that all equipment has a maximum weight rating; please ensure that the equipment you hire is appropriate for your body weight.

The standard equipment required is:

- **Shower - If you have a shower recess:**

Shower Chair / Shower Stool with arms and adjustable height legs. For your safety, it is recommended that you use a chair that is specifically made to be used in the shower. Other chairs such as outdoor plastic garden chairs are unsuitable for use in the shower.



- **Shower - If you have a shower over the bath:**

For your safety you will be unable to step over the edge of the bath for a number of weeks following your surgery. You will require a piece of equipment that will allow you to sit down over the bath and then swing your legs in. Your occupational therapist will discuss this technique and the appropriate equipment further with you when you are in hospital.

- **Toilet -** As most toilets are low, you will require an over toilet frame or raised toilet seat over the toilet to ensure that you are able to get on and off the toilet safely following the surgery. Unless there are space restrictions in your bathroom, it is recommended that you organise an over toilet frame. These tend to be easier to install and the arms make it easier to get on and off the toilet.



- **Chairs and lounges -** You will need a chair that is a good height with a firm seat and armrests to help with safety and independence getting in and out of your chair. If you do not have a chair that is suitable, you will need to organise an appropriate chair for the weeks following your surgery. Adjustable height chairs can be hired from the suppliers provided



- **Crutches and mobility aids -** If you were previously not using a walking aid or walking stick, you will need to organise a set of crutches for use after your surgery. Please bring these with you to hospital. Try to practice walking with the crutches prior to your surgery to make it easier when you are in hospital. If you have been using a four wheel walker or similar, please bring this with you to hospital as it is likely you will continue to use this following your surgery.

- **Long handled aids** - Long handled aids can assist you to be independent with your daily activities following your surgery. These include a long handled reacher, long handled shoe horn and long handled sponge. Your occupational therapist or physiotherapist will demonstrate how to use these following your surgery. They are also available for purchase from Calvary John James Hospital during your admission.



A list of local equipment suppliers is found at the rear of this booklet for your information.

DRIVING

You will be unable to drive home. Please make arrangements for someone to collect you on your day of discharge. **You will need to check with your surgeon or GP for clearance prior to returning to driving.** It is also recommended that you check with your automotive insurer about your insurance coverage following your surgery.

ISSUES TO WRITE DOWN AND DISCUSS WITH YOUR ANAESTHETIST

Your anaesthetist has a major role during your operation as they are the person who manages the state you are in whilst undergoing your operation, as well as managing all your body functions during your operation. Anaesthetists do not necessarily 'put you to sleep' but rather manage your state of consciousness as well as your body's response to your operation. You will be continually monitored during this process and during your recovery.

Some things you should consider to discuss and write down prior to meeting your anaesthetist should be:

- Your general health.
- Do you wear dentures, have caps / crowns / bridges, any loose teeth or any dental issues at all?
- Do you currently, or did you previously, smoke? When, how much, what?
- Do you consume alcohol? When and how much each day or each week?
- Do you have any allergies? Have you had an adverse reaction to any medications?
- Any questions or reservations you have relating to blood transfusions.
- Have you had any issues / complications relating to any previous operations?
- ANY health issues. Consider each organ of your body, anything you have been previously treated for and anything you know you have a family history of. Think about your brain, heart, lungs, kidneys, mental health, urinary system, digestive system, immune system, hormones, reproductive system and any health issues you may have been concerned about or treated for.
- Any recreational drugs you currently or have previously taken.
- Any pain relief medications you have used and the effects they have had.

Prior to your anaesthetic you will meet your anaesthetist. This may occur prior to admission in the admissions centre or in the 'holding bay' of the operating theatres.

Your anaesthetist is also the person who is in control of your pain management following your surgery, so please give them all the information you can regarding your health.

ADMISSION TO CALVARY JOHN JAMES HOSPITAL

When and where?

Approximately 1 week prior to your admission, you will be phoned by the pre-admission centre of Calvary John James Hospital. They will review your paperwork and discuss medications you should have ceased, ensure you have had all the required tests, discuss your discharge from hospital plan and answer any questions you may have.

You will also receive a letter from the administration centre informing you of your admission time, fasting time and outstanding costs for your hospital stay. You may also be directed where to go on admission. You will be admitted on the day of your surgery unless otherwise arranged by your surgeon.

On the day of your surgery, you are to proceed to the admissions centre unless you have been directed to another area of the hospital during your pre-admission phone call.

Fasting

You will need to fast prior to your operation which means nothing to eat or drink including water, lollies and any other food or drinks.

If your fasting time is midnight the previous day, please do not take your blood pressure medications on the morning of your surgery. Please make sure you bring them in with you as your anaesthetist may require you to take them prior to surgery.

What to bring to hospital?

- Any relevant letters from any of your doctors.
- Scans, x-rays, MRIs, etc.
- Your health insurance card.
- Your Medicare card.
- Your health care, DVA and/or pensioner card (if applicable).
- Credit card to settle the excess owed from your health insurer on admission and any outstanding account on discharge.
- A small amount of cash to buy papers, magazines, lollies etc.
- This booklet so that you can write down any questions and you can refer to what to expect each day (you will not be expected to remember all this information).
- All your medications in their original packaging with your prescription details on the packet. We cannot dispense medications from Webster packs or bottles with anonymous medications in them.
- Loose fitting, comfortable nightwear. Remember that your leg will be swollen and your clothes may not fit comfortably over the operation site.
- Comfortable casual day clothes.
- If you wish to wear slippers or shoes be aware that the swelling in your leg may extend to your feet. Ensure shoes are stable with minimal risk of slipping in them.
- Toiletries
- Books and magazines. Be aware that you may not be able to concentrate on heavy reading matter following your surgery.
- A travel clock or watch as there are no clocks in the patient's rooms.
- Crutches
- A positive attitude.

What not to bring to hospital

- Valuables or jewellery
- Large amounts of cash
- Heat packs

Calvary John James cannot be held responsible for any items that may go missing.

Your team of carers



Surgeon – This is the person who does your operation. They will visit you regularly during your stay at Calvary John James Hospital and if you have any concerns you wish to inform them about, the nurses can contact them or leave a message for them.

Nurses – Each day you will meet a number of nurses who are predominantly responsible for ensuring your stay in hospital is as comfortable and stress free as possible. The nurses will monitor your progress, inform the surgeon or other doctors of any concerns, assist you with your daily activities, give you your medications, refer you to other members of the team and assist you to progress to a level where you are more independent. The nurse works closely with the other members of the health team to help you achieve your goals.

Nursing Unit Manager – This is the person who manages the everyday running of the hospital ward including the nursing staff. The nursing unit manager is the person to ask to speak to if you have any issues while you are a patient on the ward.

Physiotherapist – Physiotherapy will usually begin the day after your surgery. You will be given an exercise program aimed at regaining hip movement and strength, as well as facilitating optimal lung function and preventing deep vein thrombosis. The physiotherapist

will assist you in learning the correct walking pattern with a suitable walking aid and help you progress in your recovery. Your progress will be managed individually and your physiotherapy program will be set according to you individually.

Dietitian – If requested a dietitian can visit you soon after admission. They can provide advice on menu items as well as any special dietary requirements you may have. If required, the dietitian will complete a full assessment of your nutritional status and organise appropriate meals and supplements during your stay.

Occupational Therapist – You may have a visit from the occupational therapist during your stay and they will discuss the implications of your surgery on your everyday living. They will also discuss your home environment and some aids you may require when you return home.

Social Worker – The social worker can provide support and counselling for you by discussing any concerns that you might have including anxiety, relationship and bereavement concerns, or requirements for returning to an independent lifestyle. The social worker can also assist with any special community assistance you may require after discharge from hospital. If you wish to speak with the social worker, please ask your nurse to arrange a visit for you.

Pastoral Care – The pastoral care practitioners are always available to provide care and support for your spiritual and emotional well being. Pastoral care practitioners seek to enable each person to verbalise their personal and spiritual resources which may or may not have a religious basis to respond effectively and creatively to their situation. By nurturing the human spirit, giving emotional and spiritual support, pastoral care practitioners assist in the healing of mind and body. The individual's choice of religious tradition and spirituality is respected at all times. If you wish a member of the pastoral care team to visit you for a quiet chat or for any specific spiritual requests, please ask your nurse to arrange a visit.

Other staff – During your stay at Calvary John James Hospital you will meet a number of other staff as well. Some of these include wardsmen, cleaners, kitchen staff, volunteer patient liaison officers and clerical staff. From cleaning your room, through to preparing and delivering your meals, and transporting you between departments, they are an essential part of the team who are there to care for you during your stay with us.

Discharge planning

During your acute stay in hospital for knee surgery the staff will discuss with you plans for discharge.

If it is considered necessary, a referral for inpatient rehabilitation will be made for you by the ward staff. A member of the rehabilitation team will complete an assessment and recommend the program most suited to meet your needs.

Suitable options would include 1 of the following:

- Inpatient rehabilitation
- Day Therapy Program – through Calvary John James rehabilitation service
- Private Physiotherapist of your own choice

Should you have any concerns about your discharge to home, Allied Health staff on your ward are available to assist you with arranging other services such as community nursing or post hospital support.

Managing your pain after surgery

Joint surgery is a painful experience and the nursing and medical staff will work with you to manage your pain relief as much as possible to allow you to:

- Be comfortable so you can have periods of rest
- Have reduced levels of pain so you can do your exercises
- Recover as soon as possible and return to your daily activities

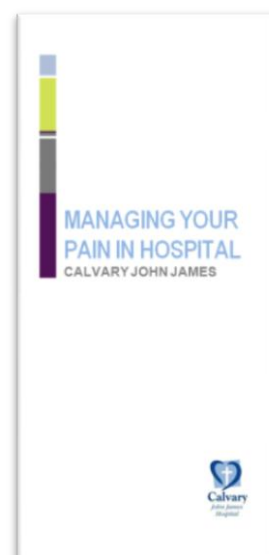
It is important that you communicate your degree of pain to the staff. You will be regularly asked to rate your pain using the numbers from '0' to '10': '0' is no pain at all and '10' is extreme, excruciating pain. This will be used to help us gauge how effective the pain relief method is.

Your anaesthetist will discuss the most suitable pain relief method for you for the day of surgery and the following 1 or 2 days. This may be either:

- a single spinal injection (an epidural infusion) or;
- a Patient Controlled Analgesia (PCA). A PCA is a device connected to the drip in your arm which you control by pressing a button to deliver a pain relief medication.

Following any of these types of pain relief, you will be prescribed oral pain relief tablets. Oral tablets may be taken regularly when you experience pain or prior to attending exercises. Many of these tablets can cause side effects of nausea, itchiness and constipation, so it is important to report these so they can be managed as soon as possible. Paracetamol is usually given 4 times a day as an effective pain relief with the added benefit of reducing your need for stronger pain killers. Ice therapy is also used every 2 to 3 hours to reduce the swelling which can lead to worsened pain.

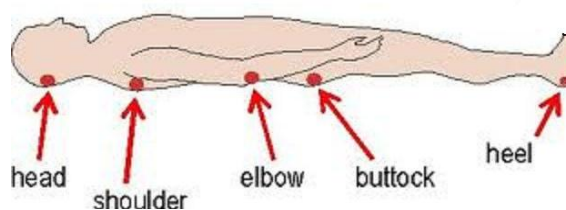
Remember, it is important to talk to the medical and nursing staff about any pain relief medication you have used before surgery as well as your level of pain and how effective the medication is. The amount of pain medication you require will usually decrease as you recover. Calvary John James Hospital has also produced a "MANAGING YOUR PAIN IN HOSPITAL" brochure for patients to refer to. Copies are available on request.



Preventing pressure sores

Pressure sores occur when there is unrelieved pressure on one point for a period of time. The tissues between a bone and the skin can become damaged and they may cause an injury called a pressure sore or ulcer.

After your surgery, you will not move as much as you usually do and you will be lying flat on your back for long periods which can cause pressure sores.



The diagram above shows the most common areas to be affected by pressure sores whilst lying on your back.

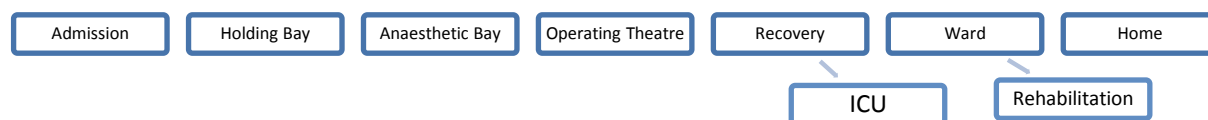
There are a few simple things you can do to prevent this becoming a problem for you:

- Change your position regularly by lifting your upper body using the 'monkey bar' over your bed. You can reposition yourself and raise your buttocks off the bed.
- Try not to use your elbows too much to move around the bed.
- Move your ankles and heels frequently.
- Ask your nurse to position and reposition your heel raisers so as to prevent your heels getting sore and lift them off the mattress.
- Ask your nurse to help you reposition yourself.
- Reposition your pillow regularly.
- Do not spend all day in bed.

If any of these places become reddened, sore or numb, please inform your nurse and ask them to look at the sore area. Prevention of a sore is vital as the cure can be a long, difficult process and require dressings once you go home.

A GENERAL PLAN OF YOUR STAY DAY-BY-DAY

Your hospital journey



Day of surgery

Admission - When you present at the admissions centre a clerk will check your paperwork with you. A nurse will complete your admission by going through some more paperwork with you, check your vital signs, tell you when to get changed into the hospital gown, and checking your knee and clipping the hair if required. They will give you a pair of anti-thrombotic stockings to wear if your surgeon requests them.

Your surgery - You will leave the admission area and go to 'holding bay' in the theatres. You may have seen your anaesthetist prior or you may see them here. You then go into the anaesthetic bay, then to the operating theatre and then to recovery. This process takes at least 3 hours with a minimum of 1 hour of this being in recovery. No visitors can see you throughout these hours.

Return to the ward - You will be brought back to the ward once your vital signs are all stable, you are not reporting large amounts of pain, you are awake and you are not nauseated. You will have an IDC (indwelling catheter) which will drain the urine from your bladder into a bag, a drain coming from your wound which drains excess blood from the wound, a dressing over the operation site and a cannula (drip) usually in one arm which is giving you fluids and antibiotics. The drip can also be used to give you other medications.

Nutrition - When you return from your operation you can begin sipping water or sucking on ice. You will usually be offered soup, sandwiches and a sweet for your first meal following your operation.

Physiotherapy - The most important exercises immediately following surgery are taking 5 slow, deep breaths to ensure you maintain clear lungs, and moving your feet back and forward at your ankles (ankle pumps) to ensure you keep your circulation flowing. These exercises should be repeated hourly when you are awake.

Day 1 - Day after your surgery

Nutrition - A light diet is recommended. You may not have your regular appetite but you should try to eat something. If you are nauseated you can ask for anti-nausea medications from your nurse.

Medications - You will be given an anti-blood clot injection, slow release and fast acting pain relief and Panadol along with your regular medications. Please ask if you are unsure about the regime your anaesthetist or surgeon has prescribed and inform your nurse of the effectiveness of the medications.

Pain Management – Depending on your type of anaesthetic and your pain management regime, you will have a number of pain relief medications prescribed for you.

If you have a PCA machine, it may be removed today (some doctors request this on day 2) and you will be given pain relief medications including regular Panadol.

If you had a spinal anaesthetic, you will be commenced on slow release and fast acting analgesia. A nurse from the pain management team will visit you and go through your regime with you. Please ask if you are unsure of your pain management.

Blood test and X-ray- Blood test will be taken to check if you need a blood transfusion and to check the electrolytes in your blood. An X-ray will be attended to confirm the position of the joint replacement (some surgeons may request this on day 2).

Observations- The nursing staff will monitor your vital signs by checking your blood pressure, temperature, pulse, respiration rate and neurovascular observations hourly while you have a PCA or for 24 hours following a spinal anaesthetic. These will then be done fourth hourly. You will have Oxygen therapy for the entire duration you have the PCA, for 24 hours following a spinal anaesthetic or as the Orthopaedic team deems you require it.

Wound drain- Your wound drain will be removed by your nurse some time during day 1 or 2 (depending on your surgeon's preference). At this time your wound dressing will be changed as well.

Consults - You may be reviewed by some or all of the following:

- Surgeon
- Anaesthetist
- Physiotherapist to commence knee exercises and get you out of bed or at least to a standing position. You may sit out of bed for a short period if you are feeling well.

Ice packs - Ice packs are recommended as it helps to reduce swelling and pain. You can ask for it every 2-3 hours and should be applied for 10-20 minutes each time.

Hygiene - You will be assisted with a sponge/wash in bed by your nurse. Please use your unoperated leg and monkey bar to move in bed. Avoid lying in the same position for long periods as it may create pressure sores.

Output Urine/Bowels - You will have a urinary catheter which will be removed once you start mobilising (usually on day 2). You should be passing wind (flatus) and may have a bowel motion. Your nurse will need to know this information so as to ensure your bowel is not slowing down too much. Usually you will be given regular bowel medications as the pain relief medications tend to make you constipated. If there is something you normally take when you are at home, it is a good idea to continue with this. Increased fibre in your diet may also help to prevent constipation.

Day 2 - Day after your surgery

You should spend a fair amount of today sitting out of bed.

Nutrition - Normal diet as you can tolerate. Keep drinking fluids to avoid constipation. Order foods high in fibre on your meals menu and include some fruit and vegetables. You will be advised to sit out of bed at meal times as this aids in digestion and improves your mobility.

Medications - Same as day 1. Ensure you are clear with your pain management regime. Your nurse will start educating you on self administration of Clexane (your anti-clotting medication, if your surgeon requires, when you go home).

Blood test and X-ray - You will have a repeat blood test if you had a blood transfusion or if you had abnormal results on day 1. You will also have an X-ray if it was not attended on day 1.

Wound drain - Your wound drain will be removed if it was not removed day 1. You will also have your dressing changed to your wound at this time.

Physiotherapist - you will be shown how to move in and out of bed and practice walking. They will also teach and remind you to do your bed exercises regularly. Please continue to practice deep breathing and coughing exercises every hour. Also remember to move your feet and ankles every hour.

Ice packs - Continue to use ice packs for 10-20 minutes every 2-3 hours.

Hygiene - You will have a shower on a chair with assistance from nursing staff, or a wash in bed if you are not well enough to sit in the shower. You can start wearing your casual/comfortable clothes or your own night attire as you desire.

Output Urine/Bowels - Your nurse will assist you with your toileting needs. Your urinary catheter will be removed today if it has not already been removed. It is important to inform nursing staff if you experience difficulty passing urine after the removal of the catheter. You will be given medications to prevent constipation. Please inform your nurse if you are not passing wind and if you are feeling constipated.

Days 3 & 4 - Day after your surgery

Nutrition - Continue with a high fibre diet and drink a lot of water. Sit in the chair for meals instead of the bed as this is not only better for your digestion but also improves your movement.

Medications - Continue with your pain management regime. Inform your nurse and/or doctor if it is not effective. Commence injecting your Clexane yourself.

Wound dressing - Your wound dressing is usually only changed when the drain is removed and prior to discharge. Your dressing is a waterproof one and should remain intact unless otherwise indicated or it gets wet. Please notify your nurse if your dressing gets wet inside.

Physiotherapy - The physiotherapist will visit you and continue to progress your exercises. You are encouraged to do your exercises independently throughout the day, if deemed safe by your physiotherapist, as well as during your physio sessions. Continue your deep breathing exercises, walk the corridors independently if deemed safe to do so

by your physiotherapist, and sit in the chair throughout the day. The more you do for yourself, the faster you will regain your independence. Your physiotherapist may also ask if you would like to participate in a group physio session in the afternoon.

Occupational Therapy - The occupational therapist may visit you to discuss implications of your surgery on completing everyday activities and how to modify these. They will also discuss your home environment to ensure you have suitable equipment for your safe discharge home.

Ice packs - Continue to use ice packs for 10 – 20 minutes every 2-3 hours.

Hygiene - You will be encouraged to become more independent in the shower. Please ask for assistance as you require it. You can now wear your own clothes.

Output Urine/Bowels - Your urine output should be back to normal for you. Your bowels may still be a bit slower than usual as the pain medications do tend to cause constipation but you should have a bowel motion today. Please ensure you continue to take the constipation medication as ordered for you and keep your nurse informed of your bowel motions.

Discharge planning - Talk to your physiotherapist, occupational therapist and nurses about your home situation and whether you can plan to go directly home. If the multi-disciplinary team feels that you need some extra assistance to prepare for discharge, you will have assistance arranged for you or you will be referred to the rehabilitation team. This will be a referral for inpatient or outpatient rehabilitation or external assistance.

Day 5 - Day after your surgery

Nutrition - Continue with a high fibre diet and drink a lot of water. Sit in the chair for meals instead of in the bed.

Medications - Continue with your pain management regime. Inform your nurse and/or doctor if it is not effective. Commence or continue injecting your Clexane yourself.

Wound dressing - Your wound dressing is usually only changed when the drain is removed and prior to discharge. Your dressing is a waterproof one and should remain intact unless otherwise indicated.

Physiotherapy - The physiotherapist will visit you and continue with your exercises. You are encouraged to do your exercises independently throughout the day, if deemed safe, as well as during your physio sessions. You will be encouraged toward increasing independence. Your physiotherapist will practice stairs with you prior to discharge if this is relevant to your home situation. Your physiotherapist will discuss follow up options with you prior to your discharge.

Ice packs - Continue to use ice packs for 10-20 minutes every 2-3 hours.

Hygiene - You will be encouraged to become more independent in the shower. Please ask for assistance as you require it. You can now wear your own clothes.

Output Urine/Bowels - Your urine output should be back to normal for you. Your bowels may still be a bit slower than usual as the pain medications do tend to cause constipation but you should have a bowel motion today. Please ensure you continue with a high fibre

diet, take the constipation medication as ordered for you, and keep your nurse informed of your bowel motions.

Discharge – You will need to have your home organised and someone to collect you to take you home. Discharge time is 9.30 am so please arrange for your lift to pick you up then. You will be able to go home once the multi-disciplinary team discharges you from their care, they deem you are safe to go home and upon approval from your surgeon.

CLEXANE

Due to the increased risk of Deep Vein Thrombosis (DVT) or Pulmonary Embolus (PE) after joint replacement surgery, your surgeon will prescribe you Clexane to prevent this occurring.

You will be required to give yourself a Clexane injection daily. You will be having these injections whilst in hospital and the nurses will educate you on how to give them. You are encouraged to begin giving them yourself prior to leaving hospital.

DISCHARGE

When you are ready to go home, please ensure you have the following:

- X-rays
- Nursing Discharge Summary
- Pain medications
- Regular medications
- Clexane
- Your personal belongings
- Crutches and/or aids you brought to hospital with you

WHAT YOU WILL NEED TO KNOW WHEN YOU LEAVE HOSPITAL

Follow up appointments

- **Your surgeon** - Most surgeons will wish to see patients 6 weeks and 3 months after your operation. You may require an x-ray prior to 1 of these appointments which you will need to bring with you. Please contact your surgeon's rooms to make these appointments and they will be able to inform you of when you need your x-ray.
- **Clip removal** - You will need to have your clips removed 10-14 days after your surgery. This will be arranged as an appointment in your surgeon's rooms, with your GP or in hospital if you are in rehab. Do not remove your dressing before this appointment unless water gets into it when in the shower. If this occurs, arrange for a new dressing - collect from the hospital / pharmacy / see your GP.
- **Pain relief** - If you require more pain relief you will need to see your GP so they can assess your needs. Do not wait until you have run out of medication as you don't want to go without.

When to contact someone urgently

You should contact your surgeon's rooms, your GP, an after hours medical service or your nearest emergency department if you have any of the following symptoms:

- **DVT**- If you have more swelling than you had previously which is not relieved by lying with your leg elevated, or if you have an area that is painful to touch on the back of

your calf, you may need to have an ultrasound to check that you do not have a blood clot (DVT).

- **PE** - If you develop chest pain, chest tightness or shortness of breath, you will need to have it investigated as you could have developed a clot in your lungs (PE).
- **Infection** - If you experience a dramatic increase in pain in your leg, develop a fever, notice redness, increased heat or swelling or a discharge from your wound, you should have this investigated.

What to do when you go home

- **Pain Relief** - Continue to take your pain relief regularly, particularly before your physio sessions.
- **Bowels** - Monitor your bowels and avoid constipation. As the pain relieving medications tend to be constipating, ensure you drink plenty of fluids, increase fibre in your diet and take laxatives if required. (There are many options available to you from the pharmacy which do not require prescriptions).
- **Exercises** - Continue to do your exercises as instructed by your physiotherapist. It is important to strengthen your muscles and do the exercises set for you in order to get the best result from your operation. Plan to exercise half an hour after you take your pain medications as you will get the best results and be able to exercise more effectively.
- **Stockings** - If you are wearing compression stockings in hospital, you will need to continue wearing them until it is 6 weeks after your operation or when you see your surgeon again. You may need assistance with this or a suitable aid to help you put them on and off.
- **Swelling** - It is normal for your leg to swell for up to 3 months after surgery. The more you are up during the day, the more it will swell and it can swell right down to your ankle. The only way to settle the swelling is to lie down with your leg higher than your heart. You can also apply ice to your knee regularly to aid in reducing swelling.
- **Rest** - It is normal to continue feeling tired after your operation. Remember that rest is as important as exercise when you go home. If you find you do too much one day, make sure you have a good rest that night and the following day. Remember that you have had a big operation and your body needs time to recover.
- **Lifting and Carrying** - Avoid heavy lifting or carrying for 6 weeks. Only carry what you can manage with 1 hand if you are using a stick or crutch when walking. You may find it useful to have a lightweight trolley to assist you in moving items around your home.
- **Housework** - You should do minimal housework when you first return home. You will tire more easily and your leg will get sore with more exercises. When doing housework, do short sessions, do not stand on anything potentially unstable and remember that wet washing is heavier than dry, so manage your loads accordingly.
- **Dental work** - Check with your surgeon regarding antibiotics and ceasing anticoagulants (your Clexane or Aspirin) when undergoing dental treatment.
- **Air travel** - If you are flying within 6 weeks of surgery, inform your surgeon and check if there are any further precautions you should be taking.

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