



# Knee Replacement

ORTHOPAEDIC UNIT  
SYDNEY ADVENTIST HOSPITAL



SYDNEY  
ADVENTIST  
HOSPITAL

The Sydney Adventist Hospital logo represents our heritage and our future. The logo is in the form of a cross, made up of three stylised symbols: the serpent on the pole, symbolising healing; the book, representing the story of God's care recorded in the Bible; and the flame, representing the Spirit of God.

Taken together these symbols represent the activity of God in the world. His generosity toward vulnerable people restores them to physical and mental health, and places them in a community of compassionate people, who support each other. God's example inspires us to reach out to others in the same way. The book is open, the flame is alight, the serpent is spiralling, representing our welcome to you to join us in our mission of seeking wholeness, and the richness of life.



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# WELCOME TO THE SAN

*During your stay, you will meet our team of doctors, nurses, physiotherapists, wardsmen and other health professionals who will care for you in a way that is unique to Sydney Adventist Hospital.*

We provide a holistic approach caring for your physical, spiritual, mental and emotional well being. Our aim is to make you comfortable and provide nutritious, healthy food for you to enjoy. We want you to be confident in our state-of-the-art medical technology and the skills and experience of our staff.

We understand that you may have reservations about your operation and we encourage you to ask questions, and talk to your carers to be reassured that you are in the best of hands. The back of this booklet is reserved for you to write down any questions and concerns you may have before, during or after your procedure. These should be directed to the doctor or the nurses looking after you.

This booklet provides you with information about your knee replacement and is designed to make your stay as smooth as possible and help you achieve your goals. Please take time to read it as part of preparing for your joint replacement procedure.

We encourage you to provide comments about your stay by completing the feedback form which is found in your room. We trust your stay is comfortable and that we are able to demonstrate our commitment to your care.



# BEFORE COMING TO HOSPITAL

## PRE-PLANNING

Before undergoing surgery, your surgeon must be sure that you are in good condition and he/she may find it necessary for you to have a pre operative consultation with a physician. This is especially important if you have any pre-existing or underlying conditions that could alter your progress.

It is likely that your surgeon will record a baseline of information to enable him/her to monitor your progress after surgery and during rehabilitation. Your Doctor may measure:

- Current pain levels
- Functional abilities
- Any presence of swelling
- The available movement and strength of each knee.

After surgery, you should expect these things to improve.

## PLANNING FOR YOUR ADMISSION

Please refer to your Pre Admission Booklet to determine where to go on arriving to hospital. If you did not visit the Pre Admission Clinic, a staff member will explain the Hospital routine on admission. Staff will answer any queries you may have. Please inform staff if you are over 6 feet tall (184cm) as you will require a bed extension.

## PLANNING FOR YOUR DISCHARGE

Before you are admitted into Hospital it is important to consider what assistance you may need when you return home. You will require considerable rest and support for about the first week if you plan to go directly home. You should therefore consider things such as meal preparation, housekeeping, nursing support, special equipment etc. Sydney Adventist Hospital employs a Case Manager who

## WHAT TO BRING TO HOSPITAL

Please bring this booklet to Hospital with you as it will assist in your progress and may answer some of your questions. Also consider bringing the following items:

- Toiletries
- Sleepwear, dressing gown and slippers
- Comfortable clothing including normal 'day' clothing if going on to a rehabilitation facility
- Small amount of change for newspapers and other small purchases
- All medications you are presently taking (in their original containers). These must be given to nursing staff to be administered during your stay. They will be returned on discharge
- Current Knee & Chest X-rays
- A watch and/or a battery operated clock
- Crutches if you have them
- Swimming costume for aquatic physiotherapy
- A book and / or something else to read or do
- Moisturising cream
- A positive mental attitude

## WHAT NOT TO BRING

- Valuables and excessive amounts of cash
- Mobile telephones

Please note: Sydney Adventist Hospital does not accept liability for lost or damaged personal items or valuables. We encourage you to leave your valuable items at home.

All electrical equipment brought into the hospital will be sent to the maintenance department for checking prior to use. Please inform staff.

will discuss and help you organise any support you may require. You can contact the Orthopaedic Case Manager on (02) 9487 9057. You should refer to the 'Planning for your discharge' on page 17 of this booklet for more detailed information.

Discharge time is between 9.00am & 10.00am which allows us to prepare for the next admission. If you are unable to leave by 10.00am, please notify the Nursing Unit Manager who will make any arrangements necessary. If you are being transferred to a rehabilitation facility, transport will be arranged for you. To assist in smooth transfer, please be sure to pack personal belongings, including any valuables that were locked away, the night before transfer. It is also a good idea to arrange for a relative or friend to bring your normal day clothes to the rehabilitation facility.

## PREPARING FOR SURGERY

We ask that you assist in preparing for surgery by removing all jewellery, nail polish and false fingernails. If your surgery is scheduled for the morning, you will need to fast from food and fluids from the midnight before. For afternoon surgery fasting is normally required from 8am that day. Day of admission staff will contact you to confirm times with you the night prior to your procedure. Diabetic patients will need to confirm their medication with the anaesthetist..

## WHILE IN HOSPITAL

### BEFORE SURGERY

You will normally be admitted on the day of surgery. Preparation begins at home and continues following admission:

- Taking a shower at home using a special antiseptic sponge supplied in the pre-admission clinic, you will need to shower both night before, and morning prior to admission.



- Your bowels should be cleared the night before surgery, so please use the suppositories supplied to you in our Pre Admission Clinic.
- Clipping the hairs of your leg will be done in hospital
- Applying special skin preparation (Betadine). An allergy check will be done before hand.
- Giving you a mild sedative for relaxation (approximately 30 minutes prior to operation)

The wardsman will transfer you to the theatre and you will meet your anaesthetist. If you require anything at all, please call your nurse.

## RECOVERING AFTER SURGERY

After surgery you will be admitted to the Recovery Ward. This area is specially designated so that nursing staff can monitor your progress and recovery following your surgery. Once stable, a wardsman will transport you from Recovery to your room on the ward. It is important to note that although we make every endeavour to accommodate your room preference, we can in no way guarantee a private room before or upon admission. In-ward upgrades will be made as soon as possible.

## VISITING HOURS

*The Orthopaedic ward  
visiting times are:  
Between 11.00am  
and 8.00pm*

*Please note that visitors  
may be asked to leave  
the room for important  
treatments such as  
physio or nursing care.*

Most people feel tired and lethargic, even discouraged and irritable following surgery. The best thing to do is rest. It is advisable you see only a few visitors until you feel stronger. The Hospital has support services such as chaplains and social workers. Should you feel the need to utilise either of these services, please let the staff know or contact them directly (See last page of this booklet for contact details).

When you return from theatre you will have some tubes connected to you. These will include a tube:

- in your arm for intravenous (IV) fluids
- in your bladder (catheter) connected to a bag to drain away your urine so you need not get out of bed
- coming from your wound to drain away any excess fluid.

In approximately two days nurses will remove most of the tubes. Monitoring of your observations and leg will continue throughout your stay, becoming less frequent after the first 48 hours. Other observations, however, will continue every 4 hours until discharge unless specified by your doctor.

## MANAGING YOUR PAIN



Pain medication plays an important role in your postoperative stay. The aim of regular pain relief is to reduce pain around the new knee joint, so as to make exercising and walking more comfortable. The earlier you can commence exercises and take short but frequent walks, the faster your recovery. It is important to discuss pain medication with your nurse and doctor, and to maintain a regular dose throughout the whole day, as you are expected to perform exercises and walk not only during physiotherapy but also at other times of the day. You may have a degree of discomfort around the knee, however, you should not have uncontrolled pain. Please let staff know if you have any concerns.

When you wake up in bed, you may have a tube in your arm connected to a machine for pain relief. The pain relief comes via the Patient Controlled Analgesic machine (PCA). You

will have been shown how to operate this before surgery. Basically, you control the pain medication so that you are able to relieve pain as you need. As an alternative method of pain control, your Doctor may have prescribed you pain relief tablets to be taken on a regular basis. Your nurse will offer these to you regularly for the first 24-48 hours. After this, you may request medication as you need it.

As well as this, ice therapy can be used on a regular basis to reduce pain and help with swelling.

If you have had a PCA, this will be removed after 1-2 days and pain relief medication in the form of tablets will be provided. It is highly recommended that you ask for regular pain relief, as this will assist you in performing your physiotherapy at an optimal level and aids in preventing unnecessary pain. You will also receive injections to help reduce the risk of clots during and perhaps after your period of hospitalisation. Intravenous antibiotics will also be administered for about 48 hours. Your regular medication will be recommenced once approved by your Doctor.

In order for nurses to give you adequate pain relief, it is extremely important that you tell the staff when you have pain. To assist in keeping your pain under control your nurse will ask you regularly in the hours following surgery to 'score your pain'. A number is used to describe the amount of pain you have. The numbers range from 0 to 10. 0 means no pain, and 10 the worst pain imaginable.

Remember, nurses are very aware that the operation you have had can be a painful experience. It is unrealistic to expect to be totally pain free. However, it is your responsibility to inform staff as to the effectiveness of the pain relief that you have been given.

The advantages of having adequate pain relief are:

- Your pain levels are **controlled**, enabling you to function and perform your exercises effectively.
- It will hasten your recovery.
- You are comfortable and it improves your ability to rest.



## YOUR DIET

To begin with you may have little appetite and may be nauseous, however, your appetite should return within a few days. If required, the nurses can give you medication relief for your nausea.

If there is no nausea and you feel comfortable, (usually within two days) you can eat normally and choose your three meals a day.

It is important to have a diet high in roughage to maintain regular bowel movements, especially in the first few weeks when you are not very active.

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. Please tell them if you are diabetic or have other special needs. If required, the dietitian will complete a full assessment of your nutritional status and organise appropriate meals and supplements during your stay. You can also order meals for family members (at an additional charge). You can ask your dietitian any questions regarding food or other dietary advice. Optimal nutritional status will assist in increasing your recovery, hence, speeding up your return to a healthy and productive life.

## YOUR HYGIENE

As you will not be very mobile for one or two days, nurses will wash you in bed. The first few times you shower, a staff member will assist you until you are able shower independently. If you feel you need further assistance please ask staff. When you are restricted to bed, please remember that most of your normal activities are also restricted to bed, so regularly cleaning your hands is of utmost importance, especially after toileting and before eating as this minimizes the risk of spreading infection. There are special hand wipes on your bedside console that are ideal for this purpose.

For the first two days post operatively you will need nurses to help with back care. They will change your position and rub your back regularly throughout the day and night for the first 24 hours.

When it is appropriate, the nurses will encourage you to be as independent as possible for all your needs. As some painkillers can cause constipation, regular bowel movements are important and the nurses can give you medication if needed. Please notify your nurse if you are having difficulty or discomfort with bowel movements. Bowel movements require muscle strain that can be painful as well as uncomfortable. Please let staff know if the medication is not effective or if you have any further problems or concerns.

## YOUR EXERCISE PROGRAM

A physiotherapist will meet you in Pre Admission Clinic to perform a full assessment and prescribe an exercise program. Physiotherapy usually begins the day after surgery and is aimed at encouraging knee movement and strength as well as focusing on breathing exercises to facilitate normal return to preoperative respiratory function. The physiotherapist will assist you in learning the correct walking pattern with a suitable walking aid.

The physiotherapist will give you a range of exercises to suit your unique requirements which nursing staff will also encourage including:

- Deep breathing and coughing exercises to assist the return of normal lung function after an anaesthetic
- Ankle and foot exercises to improve lower limb circulation and help minimise the risk of blood clots
- Leg exercises to help increase knee range of motion and strength. Sitting out of bed for meals and taking short walks aids in regaining full movement of your knee.



- Gait retraining begins on a high walking frame a day or two after surgery, continuing to crutches as progress improves. Once on crutches, you can soon take responsibility for all your personal hygiene needs and everyday tasks, including stair climbing.

Exercising early and regularly will hasten your recovery and minimise the risk of blood clots. Confidence is also gained as each day you will become more independent in your mobility. Please remember all patients are different and therefore will recover at varying rates.



# PREVENTING PRESSURE ULCERS

## WHAT IS A PRESSURE ULCER?

A pressure ulcer (also known as a pressure sore or bed sore) is an area of skin that has been damaged due to unrelieved pressure. Pressure ulcers may look minor, such as redness on the skin, but they can hide more damage under the skin surface.

## WHERE ARE THEY FOUND ON THE BODY?

Pressure ulcers usually occur over bony areas – especially heels, buttocks and toes.

## WHO GETS PRESSURE ULCERS?

Anyone confined to bed or a chair, who is unable to move, has loss of sensation, loss of bowel or bladder control, poor nutrition or is unwell is at risk of getting a pressure ulcer.

## WHAT CAN YOU DO?

- 1. Move, move, move.* The best thing you can do is relieve the pressure by keeping active, and changing your position frequently, whether you are lying in bed or sitting in a chair. If you are unable to move yourself, the staff will help to change your position regularly. Special equipment such as air mattresses, cushions and booties may be used to reduce the pressure in particular places.
- 2. Look after your skin.* Keep your skin and bedding dry. Let staff know if your clothes or bedding are damp. Tell staff if you have any tenderness or soreness over a bony area or if you notice any reddened, blistered or broken skin. Avoid massaging your skin over bony parts of the body. Use a mild soap and moisturize dry skin.
- 3. Eat a balanced diet.* Want to know more? Ask your nurse or Contact one of our dieticians on 9487 9581.

'Preventing Pressure Ulcers' is used with permission from Victorian Quality Council, department of human services. 2004

# MINIMISING THE RISK OF BLOOD CLOTS

Partial immobility during your hospitalisation places you at risk of developing a blood clot. Your level of risk will depend on a number of factors including your age, type of surgery, previous illnesses and past history.

## WHAT IS A BLOOD CLOT?

Blood clots can form in your legs (DVT) or lungs (PE) with the partial immobility associated with your orthopaedic surgery. Your surgeon is aware of this risk and will be taking measures to prevent such an event.

## WHAT CAN YOU DO?

- You might wish to visit your GP to discuss your risk of blood clots and what can be done
- Talk to your surgeon about your risk and what will be needed before, during and after surgery
- Maintaining an optimal level of activity prior to your surgery. Activity level will be different for everyone but staying active will be important prior to your admission.
- Maintain adequate fluid intake. In the days leading up to your surgery you should be careful to avoid dehydration. Drinking adequate amount of fluids prior to your 'Nil Orally' stage before surgery will be important in minimising the risk of blood clots.



## WHILE IN HOSPITAL

You will be asked to wear white elastic anti-embolic stockings that help maintain your circulation and minimise blood clot formation. It is important to keep these compression stockings on to gain maximum benefit in clot reduction.

During your immediate post operative period you may also have plastic inflatable sleeves wrapped around your lower legs that further aid circulation. These sleeves are often ceased after 48 hours when you are up and walking.

Your surgeon may prescribe low dose blood thinners while in hospital. These may take the form of injections or tablets.

You will be asked to wiggle your toes and move your feet frequently while in bed and be expected to get out of bed soon after surgery. Early mobilisation is shown to be most effective in minimising the risk of blood clots. Physiotherapy will help you with this and you will be encouraged to be out of bed at least twice daily.

Avoid prolonged sitting or lying in bed.

## ON DISCHARGE

You may be asked to wear your anti-embolic stocking for up to 6 weeks after returning home.

Your surgeon may also wish that you remain on a low dose blood thinner for a prescribed amount of time after discharge. Be sure to discuss this with your surgeon and your nurse before discharge.

What to watch for

You should notify your doctor immediately if you have any of the following;

- Unusual pain or swelling in your legs or calf
- Pain in you lungs or chest
- Difficulty breathing.

# YOUR TEAM OF CARERS

## Nurses

Your nurse is there to ensure your stay in Hospital is as comfortable and stress free as possible. The main role of the nurse is to help you recover from surgery and help you progress to a level where you are ready to move on to the rehabilitation phase of your program. They will assist the physiotherapist in seeing you are as independent as possible, using walking aids. This is achieved by way of providing encouragement, education, and helping you when necessary. The nurse also aims to prevent any complications, which may arise from surgery, such as wound infections, blood clots and pressure sores. The nurse works closely with other health professionals to help you achieve your goals. There are three types of nurses you will see on the ward.

### *1. Registered nurse*

Registered nurses have completed their three-year training through a college or university. Responsibilities include providing nursing care, assessing patient health and develop plans for nursing care that are outcome oriented and encourage you and your family to become involved as possible. They will ensure that all medication is correctly given, as well as keeping your Doctor and physiotherapist informed of your progress. They will also notify your Doctor if any complications arise.

### *2. Enrolled nurse / Endorsed Enrolled nurse*

Enrolled nurses have completed a 12 month training course. Their role is similar to that of the registered nurse in that they liaise closely with your doctor and physiotherapist in planning your recovery, They are under the direction of the registered nurse with their daily tasks, including administration of medication, assessment and provision of nursing care.

### 3. Assistants in nursing

These are student nurses who are currently undertaking training. They also assist both the registered nurse and enrolled nurse in a wide range of daily tasks.

Please do not hesitate to ask your nurse if you have any questions regarding your hospitalisation and recovery.

#### NURSING UNIT MANAGER (NUM)

The nursing unit manager, or charge nurse, is the person in charge of the ward and the daily running of the ward and nursing staff. Their responsibilities cover a wide range of areas from everything to do with your care through to the financial management of the ward. If you have any concerns with any part of your stay or care, the NUM is the person to speak with. They will oversee your stay in conjunction with the Case Manager, to ensure your time with us flows as smoothly as possible.

#### CASE MANAGER

Your case manager is a member of the team who understands the issues surrounding your operation. Working in conjunction with the NUM, they will oversee your program and ensure your set goals are achieved, and that you and your family are kept fully informed of your progress. Particular focus is on facilitating your discharge, and if returning directly home, will ensure you return in a timely manner with the assistance that you need. They will ask your home circumstances and provide you with information to contact community agencies for any additional assistance you may require once at home, for example housework, delivered meals, safety equipment.



## PHYSIOTHERAPIST

Physiotherapists work with patients to identify and improve their movement and function by examining their overall medical history and administering treatment to promote strength, flexibility, mobility, balance, coordination, breathing and other motor skills. The physiotherapist will devise and review treatment programs comprising of movement, therapeutic exercise and aquatic therapy. Physiotherapists also provide special advice on precautions and how to avoid injury.

## SOCIAL WORKER

The Social Worker can provide support and counselling for you and your family by discussing any concerns that you might have, including anxiety, relationship and bereavement concerns. Knee problems can affect your progress through hospitalisation and rehabilitation. The social worker can also assist with any special community needs you may have after discharge. If you feel it would be beneficial to see the social worker, please ask your nurse to arrange a visit for you.

## CHAPLAIN

The Hospital chaplains are available to assist you and your family through stressful times. If you want a quiet chat or have a specific spiritual request, please ask your nurse to arrange a visit from one of our chaplains. They can also provide counselling or arrange a visit from a minister of your own faith, if you prefer.

## SUPPORT STAFF

These include wardsmen, volunteers, hospitality and clerical staff. These are the people who ensure the Hospital functions as it should. From cleaning your room through to transporting you to your therapy areas and distributing meals, they are an essential part of the team who are there to care for you during your stay with us.

# PLANNING FOR YOUR DISCHARGE

It is important to recognise that you have just undergone major surgery and you'll need to be assessed as to the recommended setting upon your discharge. This assessment will determine whether it is appropriate for you to either return directly home independent, or as a suitable candidate for rehabilitation (rehab) program which are provided as either an inpatient or day program setting. You'll be initially assessed by the orthopaedic case manager in the Pre Admission Clinic and followed up on the ward post operatively by physiotherapists, who'll recommend the most appropriate discharge plan following your acute recovery stage. Three options are as follows:

Going Home

Transfer to Inpatient Rehab

Discharge home with rehab Day Program

## GOING HOME...

In order to return directly home it is essential you are independent and safe whilst using crutches. You'll need to be able to get in/out of bed, chairs and attend to your own personal care activities. Maintaining a maximum level of function often requires that your home contain necessary equipment to assist you, especially in the bathroom, to ensure your safety and well being. It is best to already have equipment such as shower chairs or other aids already in place before being admitted, in preparation for going home. Ask the Case Manager for information on where to hire or buy equipment if you don't already have access. It's also highly advisable that someone else is home for added support and assistance, should it be required. The critical element to planning your discharge home from hospital is organising for adequate supports and equipment to be available on your return. Following are some important factors to consider:

## BEFORE YOU LEAVE

*Before you leave you should receive the following:*

- *A doctor's discharge summary for your GP.*
- *A summary from nursing staff concerning your medications and how to care for your wound. The San will provide you with pain killers to take home and a script to purchase more if required. Your GP may prescribe sedatives if still needed.*
- *Information from the physiotherapist about your exercises.*
- *Copies of your X-rays and scans if appropriate.*
- *Any referrals you may need.*
- *The ward's telephone number in case you have queries.*

## SUPPORT NETWORK

If you live alone or have limited support, you will need assistance to manage when you leave hospital. It is a good idea to have a family member come and stay or consider assistance from friends, neighbours or your church group. If you live in a retirement village, check what supports are available to you.

## CARERS

If you live with a partner or family, they may require assistance while you are in hospital and when you return home. Please phone our social work department on 9487 9660 well before coming into hospital if you require assistance in arranging this support.

## HOUSEKEEPING

Private agencies can assist with housekeepers for periods from one hour up to twenty-four hours, and on variable days. If you currently receive help from a 'Home Care' agency, remember that they may not be able to increase your current level of support. Discuss your possible needs with them before coming to hospital. If you think you may need these services, check your local newspaper classifieds, otherwise your case manager can provide you with a useful list of home help agencies.

## FOOD

It is important to maintain good fluid intake and increase the roughage in your diet until you return to full activity. Initially you may still require a mild laxative. If you think you may be unable to prepare meals when you go home, you need to consider cooking in advance and freezing this food, having a friend or relative assist with meal preparation, or buying frozen meals. Alternatively, there are private meal delivery services or Meals on Wheels.

## SHOPPING

If you are unable to go shopping during your recovery period, there are some alternatives for you. Your local council may run a shopping service, some supermarkets offer home delivery and some may provide a phone order and delivery service. There are also grocery-shopping sites on the Internet that will deliver to your door.

## MOBILITY AND HYGIENE

The environment in and around your home can make it difficult for you to manage, eg. stairs or a difficult bathroom layout. If you plan on going directly home following knee replacement surgery, you should be able to walk independently with crutches or a walker, transfer yourself in and out of bed, and on and off the toilet. It is important you continue to put the correct amount of weight on your operated leg as guided by your surgeon, and continue to use your walking aid until advised by your surgeon. You should also be able to perform your exercises with minimal, if any, assistance. Your bathroom will need special equipment such as a raised toilet seat, shower chair to ensure stability, safety and well-being. This equipment can be found in any large pharmacy. Alternatively, your case manager can provide you with a list of suppliers that can deliver equipment to your door for you to hire or purchase.



*Please call  
San Physiotherapy  
on (02) 9487 9350  
to arrange an  
appointment.*

At all times, you must be careful to balance activity and rest. You should avoid sitting on low chairs and crossing your legs. Obtain your doctor's permission regarding driving, working, and any restricted activities/sports.

Ongoing physiotherapy and aquatic physiotherapy visits as an outpatient are beneficial in assisting you to regain optimal strength, movement and return to normal function. Speak to your physiotherapist or call San Physiotherapy on 9487 9350 to arrange any appointments required.

### YOUR MEDICATIONS & X-RAYS

Before leaving hospital, staff will organise any new medications, including prescription painkillers, for you to take home. Please ensure you take regular painkillers as described, to help maintain optimum comfort levels. Ice therapy can also be used to relieve pain and swelling and this should be done as instructed. You may also be required to administer sub-cutaneous Clexane (anti-coagulant) for a short period post discharge. Nursing staff will provide you with a special kit and instruct you on how to administer this medication. Also, don't forget to take home any X-Rays you brought in or have had done whilst in hospital.

### YOUR GENERAL PRACTITIONER

You should visit your GP within the first few days of your discharge from hospital. Discuss with him/her your arrangements at home, particularly exercising, sleeping and general well-being.

### YOUR SURGEON

Most surgeons expect to see you three to six weeks after you leave hospital. You should make an appointment to see them before your discharge or soon after you return home.

### YOUR WOUND

Your wound will be covered with a waterproof plastic dressing that allows you to bathe and attend aquatic

physiotherapy without concern. It is important to take close regular inspection of your surgical wound site for a few weeks after leaving hospital. Your wound should appear clean, dry, and well healed with no swelling or discolouration. Should you notice a change in any of these signs (i.e. redness, swelling, wound ooze, pain) contact your GP or surgeon as soon as possible. Different surgeons use different techniques to close your wound from dissolvable sutures to staples. Staples need to be removed 10-14 days post surgery, so check with nursing staff before your discharge as to whether you'll need to make a follow up appointment with your doctor to remove them.

Once your wound has healed you will no longer need it to be dressed, and you can continue bathing and aquatic physiotherapy without it.

## TRANSFER TO INPATIENT REHAB...

Inpatient rehabilitation is suitable for patients who have a functional disability and need the support of a medical facility and nursing care. There you will be taught how to gain maximum independence and ensure you can perform daily tasks safely prior to returning home. If your home requires any adaptations or safety equipment to facilitate your return, staff at the rehab centre can arrange these for you to hire or purchase. Additionally, staff have links to various community agencies should you require further assistance with any activities of daily living. At the rehab centre you will meet specialist rehab doctors who will monitor your progress, and physiotherapists who will supervise your exercise, walking and aquatic physiotherapy program.

Spending time in rehab helps you concentrate on gaining strength, confidence and independence with your new knee. The length of time needed in rehab varies depending on your condition, age and general health. Generally, the program is between 7 and 14 days. The San has its own transport vehicle for local facilities. The NSW Ambulance transport vehicle is used for weekend transfer or transfer to

rehabilitation facilities not within the local area. These are booked the day prior to you leaving and will arrive to collect you on your day of transfer, but depending on their schedule can sometimes arrive in the afternoon. If this occurs, your bed may need to be reallocated to provide for incoming post-operative patients, so you may be asked to relax in our lounge room until transport arrives. We thank you for your cooperation and patience.

If you know you'll require inpatient rehab, then we ask that you consider at least two facilities, just in case beds are unavailable at your first rehab preference. Every effort will be made to accommodate your first preference, but occasionally due to the limited number of beds at rehab, your first preference may not be available when required so alternative arrangements need to be made for a bed at a second rehab preference.

Rehab programs are very similar in all facilities and differ mainly in location. The most common private rehab facilities used by the San are as follows:

- Lady Davidson Hospital  
434 Bobbin Head Road, North Turramurra NSW 2074.  
Ph: 9488 0111
- Mt Wilga Rehab  
2 Manor Road, Hornsby NSW 2077. Ph: 9847 5000
- Westmead Rehab Centre  
7 Coleman Street, Merrylands NSW 2160. Ph: 88 333 555

(Please note: that if you are with MBF, coverage for Westmead is about 10 days before a co-payment is required)

- Hunters Hill Rehab  
9 Mount Street, Hunters Hill NSW. Ph: 8876 9300

It is highly recommended that before admission to the San, you confirm with your health fund your eligibility for rehab, to avoid unexpected gap payments.

It is also a good idea to visit your preferred facilities prior to admission to the San by simply phoning and scheduling an appointment to do so. Please remember that you will be shown services, rooms and treatment areas. No beds can be booked at this time as this can only be done after admission to the San.

## REHAB DAY PROGRAM

As an alternate to in-patient rehab, most Doctors are happy for you to attend one of the many Day Programs offered by the local rehab facilities following your discharge home from the San. This option is suitable for patients who have established rehabilitation needs but don't need the support of inpatient medical or nursing care. Day program rehab allows you to attend a rehab facility 2 or 3 times per week on a out-patient basis, and creates an individually tailored rehabilitation program with the goal of optimising your level of independence and functional recovery. It is normally covered by most major health funds and you'll enjoy access to all therapies the facility offers. These may include gym, aquatic physiotherapy, occupational therapy and physiotherapy. The orthopaedic case manager will make the referral and the rehab facility will perform a fund check to make sure you are covered, and then phone you at home to arrange your initial appointment.

# FREQUENTLY ASKED QUESTIONS

## 1. Is it normal to have 'down' days?

Yes it is. Most people experience periods of depression that come and go, in other words they are temporary. If they persist you can discuss them with your family, perhaps a close friend, and with your doctor.

Talking about 'feeling down' is a common way to deal with these depressions. By acknowledging and talking about them, we usually shift the gloom and get on with our lives. It seldom works to ignore them. Keep in mind that you have had major surgery and feeling down is a normal reaction.

## 2. How long until I regain normal function in my knee?

You can expect to return to normal daily activities after 6 weeks, but some residual symptoms (swelling, discomfort) can persist for up to 6 months.

## 3. What about sex?

As always, it is best to consult with your doctor about what's safe for your particular condition. This topic can be addressed at your 6-week follow up appointment with your surgeon. Please ask if sexual activity can be resumed and which positions(s) are the safest.

## 4. When will I be able to drive my car?

Again, this will vary with each patient. In every case, consult your doctor because you could seriously set back your progress if you drive too soon.

## 5. When can I return to work?

This will depend on the work you do and your progress. You should discuss your requirements with your doctors and heed their advice. With a new knee it may take longer for someone driving a truck than someone who works in an

office. It is important not to overdo it when commencing new activities. Always keep in mind the balance of rest and activity as well as the maintenance of your exercise program.

#### 6. How long do I have to wear anti-thrombotic stockings for?

Anti-thrombotic stockings should be worn for about 6 weeks post surgery to help prevent clots. It is a good idea to wash them at least every 2nd day and put them back on as soon as dry. Some people buy two pairs so there is no delay to the amount of time they are off.

#### 7. How long do I have to use crutches?

Normally you will need to use crutches for between 4-6 weeks, depending on your progress. Although you will be putting weight through your leg, you will need the crutches for additional balance and support while you grow accustomed to your new joint.

#### 8. Am I guaranteed a private room if requested before admission or transfer to rehab?

Whilst every effort will be made to accommodate your preference, we unfortunately cannot guarantee private rooms will be available either here or at any facility you may be transferred to. They also cannot be booked in advance, even if you are fully covered for one by your health fund. If you are under Workers Compensation or Department of Veterans Affairs, it is standard that you are covered for shared room accommodation only, unless you pay a daily fee. Please check with our Admissions Department (Ph: 9487 9900), or with Veterans Affairs regarding the amount to be paid.

#### 9. Do I have to pay for rehab?

If you are a member of a private health fund or DVA and are sent directly to a private rehab facility, it is normally seen as the one episode of care from admission to the San to

discharge from rehab. If, however, you choose to go home first only then to realize you needed rehab after all, then you will **not** be covered and will need to pay and arrange for it yourself through your GP. Upon receiving a referral from the San, rehab facilities will perform a 'fund check' to make sure you are in fact eligible to be transferred into their program. The same applies to patients under Workers Compensation, as they will also need approval from their insurer for rehab. Overseas visitor insurance or fund members with basic coverage only are typically not covered for rehab. Whilst in the San, physiotherapists will see you on a daily basis and they will recommend what you should do.

# FOLLOW UP APPOINTMENTS

## SPECIALIST

Dr .....

Phone.....

Date/Time .....

## GP

Dr .....

Phone.....

Date/Time .....



# AFTER PROCEDURE PROGRESS PLAN

This table is an outline of the progress planned for your stay in hospital following your joint replacement. Please note that this outline is in no way a definitive plan as everybody recovers at varying rates, so various aspects of this plan are often adjusted to suit your Doctor's orders and own rate of progress.

PROGRESS DAY	ANTICIPATED OUTCOME
<input type="checkbox"/> <b>Day of op</b>	Commence regular pain control regime. Regular observations day & night (drain, IV, catheter, blood pressure etc). Light diet.
<input type="checkbox"/> <b>Day 1</b>	Commence bed exercises or standing out of bed with physio's using a forearm support frame (FASF). Observations continue. Drain removed. Towel bathed in bed. Commence aperients to maintain regular bowel activity. Maintain regular analgesia. As desired diet for dinner.
<input type="checkbox"/> <b>Day 2</b>	Mobilise with physio weight bearing as ordered and sit out of bed. Towel bathed in bed. IV removed. PCA removed (if insitu). Catheter removed. Maintain regular oral analgesia.



**Day 3**

Mobilise with the nurse using FASF.  
Shower.  
Sit out of bed for meals.  
Suppositories administered if no bowel activity.  
Maintain regular oral analgesia.



**Day 4**

Mobilise with supervision using FASF.  
Commence using crutches with physio's.  
Commence hydrotherapy if wound dry.



**Day 5**

Continue using crutches with a nurse, if safe.



**Day 6**

Commence stair practice with physio's.



**Day of Discharge**

Becoming competent with crutches.  
Discharge home if independent/safe with mobility, wound dry, pain controlled, showering and dressing.  
Transfer to an inpatient rehabilitation facility for further intervention if required.

## PREADMISSION CHECKLIST

It has been explained to me:

Pain Control (pages 6–7)

Mobility (pages 19–20)

General nursing care

Discharge options

Intended destination \_\_\_\_\_

Estimated discharge date \_\_\_\_\_

Brochure supplied \_\_\_\_\_

NUM & Case Manager contact details given

# SYDNEY ADVENTIST HOSPITAL

## FOR YOUR INFORMATION

Orthopaedic Ward:	9487 9053
Orthopaedic Case Manager:	9487 9057
Pre Admission Clinic (PAC):	9487 9115
Emergency Care:	9487 9000
San Physiotherapy:	9487 9350
San Hydrotherapy:	9487 9350
Chaplain:	9487 9289
Social Worker:	9487 9660
Wound Clinic:	9487 9785



SYDNEY  
ADVENTIST  
HOSPITAL

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185 Fox Valley Road, Wahroonga NSW 2076  
Telephone: 02 9487 9111 Facsimile: 02 9487 9266  
Website: [www.sah.org.au](http://www.sah.org.au)