



MATER HOSPITAL

A FACILITY OF  
ST VINCENT'S  
HEALTH AUSTRALIA

Better and fairer care. Always.



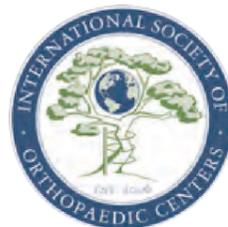
# Your Knee Replacement Journey

Patient Information

Total | Bilateral | Revision | Uni-Compartmental



We understand that undergoing this surgery is a big milestone in your life. This booklet is designed to give you key information you need to accomplish the best outcome for your knee replacement surgery. It will discuss stages in your Joint Replacement Journey, from the time you book in for the surgery until the time of discharge from the Mater Hospital.



### Our Care Statement:

For those entrusted to our care it is:

- Provided in an environment underpinned by Mission and Values
- Holistic and centred on the needs of each patient.
- High quality, safe, and continuously improved to ensure best practice.
- Innovative and informed by current research using contemporary techniques and technology.
- Delivered by a team of dedicated, appropriately qualified people who are supported in a continuing development of their skills and knowledge.
- Provided with a commitment to a respect for life according to the Gospel.

**Compassion | Justice | Integrity | Excellence**

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This booklet has been prepared by the Mater Hospital for patients being admitted for Knee Replacement: Total, Bilateral, Revision, and Uni-Compartmental surgery. The information in this booklet is to be used as a GUIDE ONLY as each person is an individual and may require differing treatments. It is important to carefully follow any specific instructions given to you by your surgeon.

# Welcome to the Mater Hospital

Thank you for choosing the Mater Hospital for your knee replacement surgery. The Mater is one of the Southern Hemisphere's busiest orthopaedic departments, and St Vincent's Health Australia's leading orthopaedic hospital.

The Mater Hospital is a world leader in joint replacement surgery. All our staff are highly skilled in caring for orthopaedic patients, and we use some of the most innovative techniques and technologies in the world.

## Contacts:



**Pre-Admission Clinic**  
02 9900 7494



**Mater Continuous Care Team (MCCT)**  
02 9900 7475



**Switchboard**  
02 9900 7300

Faster recovery  
with early return to activity

Higer Rates of  
Satisfaction

# My Joint Replacement Journey

## 1 Complete Admission Forms

Go online to complete your hospital admission form <https://svha.eadmissions.org.au>

## 2 Contact Pre-Admission Clinic

Phone (02) 9900 7494 to discuss preparation for your surgery and organise your nursing clinical review prior to surgery

## 3 Contact MCCT

Contact the Mater Continuous Care Team (MCCT) to discuss your knee replacement journey on (02) 9900 7475

## 4 Get Ready for Surgery

Practise your pre-habilitation exercises PAGE 8, prepare your home PAGE 12, and hire your equipment PAGE 14

## 5 Read this Booklet

so you know what to expect whilst you are in hospital, especially regarding pain management once you are home

**You are Ready for Surgery!**



# Mater Pre-Admission Clinic

When you book for your knee replacement surgery your surgeon will refer you to the Mater Pre-Admission Clinic. This is a team of highly specialised nurses who will discuss your medical history, medications, blood tests, and preparation for having an anaesthetic.

## Make an appointment

You are expected to contact the Pre-Admission Clinic to arrange a phone consultation 2-4 weeks prior to your surgery. Phone (02) 9900 7494 to book your appointment.

The Pre-Admission Clinic is located on the Ground Floor of the Mater Hospital and operates Monday to Friday 9am to 4pm.

A Pre-Admission Nurse will review your health questionnaire, pathology and CXR results and answer questions about your admission. This is the time to discuss any questions or concerns about your current medication or dietary requirements, and your stay in hospital. Please advise the nurse about any pre-existing conditions which concerns you about your care.

## Prior to your appointment:

- Please complete the online admission and registration prior to your appointment (<https://svha.eadmissions.org.au>).

- If you are unable to complete the online form the Hospital can post you the paperwork - please phone to request this.
- Please have your pre-operative blood tests, any ECG's or x-rays your doctor has requested you to have, at least 72 hours before your appt.
- Your Surgeon may have asked for a review with your own cardiologist, a Mater Cardiologist or Physician. Please have this organised prior to your Pre-Admission appointment.

## What to bring to your appointment, or have nearby during your phone consultation

- A list of your current medications from either your general practitioner or pharmacy.
- Details of your health insurance fund.
- Entitlement cards e.g. Medicare, Safety Net, Veterans' Affairs, Pensioner Health Card or Health Benefit Card.
- Details of any community benefits you currently receive
- Contact details for your General Practitioner.

### Pre-Admission Contacts:



**Phone**  
02 9900 7494  
Mon-Fri 8am-4pm



**Location**  
Ground Floor

# Mater Continuous Care Team - MCCT

The Mater Continuous Care Team are a team of highly specialised orthopaedic nurses, physiotherapists and occupational therapists who will prepare you for your upcoming surgery and support you throughout your journey.

The Mater Hospital have developed a specialist team to take care of you throughout your knee replacement journey.

Prior to your knee replacement surgery, the Mater Continuous Care Team will provide you with information and exercises to optimise your stay in hospital, enabling a successful recovery and ensuring a smooth transition home.

We work alongside the Pre-Admission nursing team, the treating team on the ward, and your surgeons rooms to support you from start to finish.

## Please contact the MCCT at your earliest convenience to discuss:

- What to expect for your knee replacement journey; before, during and afterwards.
- Any concerns or questions you might have about your upcoming surgery and equipment needs.
- Physiotherapy 'Pre-habilitation' exercises.
- Your options for outpatient rehabilitation following your surgery, or any discharge planning needs.

We have created an informative video containing this information that we recommend you watch – [Scan the QR Code.](#)



### MCCT Contacts:



**Phone**  
02 9900 7475  
Mon-Fri 8am-4pm



**Email**  
mcct@svha.org.au



# Pre-Habilitation Exercises

Studies show that strengthening your muscles before your operation helps you to recover quickly and more successfully. We recommend completing these exercises 1-2 times per day, for 3-6 weeks leading up to your surgery.



Starting sitting with your knee bent, straighten your knee. Ensure your thigh does not lift up off the chair. Hold your knee straight for 5-10 seconds and then slowly lower.

To make this exercise more challenging, add an ankle weight. We recommend between 0.5kg to 2.5kg.

2-3 sets of 10 reps

Standing leaning against a wall, or holding onto a bench for balance. Step your leg to be operated back, with your knee straight, and heel on the floor, and foot aligned facing forwards. Bend your front knee to lunge forward until you feel a gentle stretch through your calf. Hold for 30 seconds and repeat on other leg.

To make this more difficult, take a longer step forwards with your front leg.

30 seconds x 3 reps



Using a chair that is a comfortable height, ideally with arm rests. Ensure your feet are positioned equal distance from the chair, hip distance apart. Stand up and sit down from the chair, using the arm rests if needed.

Alternative: Place your affected leg "that to be operated on" further out in front, this will decrease the pain and pressure through your sore knee. To make this harder, try from a lower chair, or don't use your arms.

2-3 sets of 10 reps

The Mater Continuous Care Team video also demonstrates these exercises, and common correction-points. Please contact the Mater Continuous Care Team with any questions or concerns.



## Pre-Habilitation Exercises Continued

### Walking

There is evidence to support that walking can increase the strength in your thigh muscles. This is beneficial before and after surgery.

Some patients struggle before surgery to be able to walk long distances – this is often why you have chosen to have surgery at this time – however if you are able to, continue walking as much as tolerated, this is an excellent form of pre-habilitation for your muscles.

It is a good idea to start to take note of your daily 'step-count' – often smart phones, smart watches or pedometers can measure this for you. The recommended daily step-count of healthy adults >65 years is an excellent goal to start with: 7,000 steps per day.

### Stationary Bike

In addition to the above exercise program, if you already have a stationary bike, we recommend you continue to use this prior to your surgery as much as your pain and movement allows.

As a general guide, cycle for 10 minutes, twice a day as a part of your exercise program prior to your surgery. You may wish to build up the length of time, adding resistance as is comfortable.

We recommend purchasing 'pedals' (approximately \$30) for after your operation to encourage range of motion. There is lots of research to show they are very effective in your recovery process.

### Stair Climbing

Stairs are a good exercise to help build or maintain strength in your legs prior to surgery. Continue to use stairs as much as your pain allows in the lead up to your operation.

It is also very important to practice climbing stairs with your crutches prior to surgery.

The technique immediately after your operation is similar to how you might already do with your 'sore' leg:

#### Upstairs

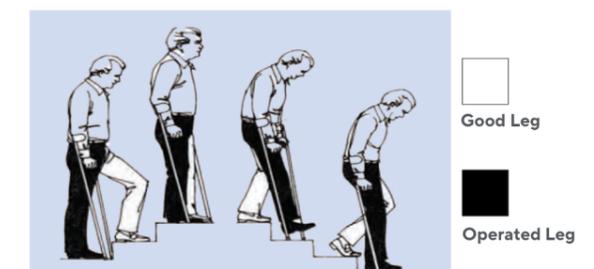
1. Un-operated leg (Good leg)
2. Operated leg
3. Crutches/Stick

#### Downstairs

1. Crutches/Stick
2. Operated leg
3. Un-operated leg (Good leg)

Both legs and the crutches should all move to the same step.

### Stair Climbing - After Surgery



# Before Your Surgery

Planning your discharge home starts the moment you decide to have your knee replacement surgery.

One of the first things you need to do is discuss with your friends or family members who will be able to pick you up and assist you when you are discharged from hospital. Most patients are ready to be discharged home from the hospital:

**Total Knee Replacement: 3-4 Days**

**Uncompartmental (partial knee replacement): 2 Days**

**Bilateral (both) Total Knee Replacement: 5-7 Days**

It has been shown that patients returning directly home can experience greater outcomes and satisfaction, faster recovery and return to normal activities. It also potentially reduces infection rates and incidence of blood clots.

Our clinical pathways are evidence-based and designed to assist your recovery so you can go home from hospital earlier and return to your normal activities sooner. For this pathway to be successful, you need to play an active role in your recovery.

Our experience is that patients who become 'active participants' in their own care experience:



**Faster recovery with earlier return to activity**



**Higher rates of satisfaction**

The orthopaedic team on the ward work towards specific criteria and functional goals to ensure your safety and confidence is achieved prior to your safe discharge home.

See page 16 & 19 for the types of activities we will be working towards to enable your safety and confidence before going home. Inpatient Rehabilitation is reserved solely for patients whom it is "clinically required", as we know that those who are safe and suitable to discharge directly home can achieve their normal functional levels sooner, therefore having greater outcomes.

If you do not meet the clinical criteria to safely go home, your orthopaedic team will discuss your rehabilitation options. This decision may be made before your surgery during conversations with MCCT. They will assist you in deciding if inpatient rehabilitation is likely to be clinically required for you. MCCT can also give you information about suitable facilities. Following your surgery, the orthopaedic ward team will assist with the referral to your rehabilitation facility and prepare you for your transfer. You do not need to do this before your surgery.

For those patients returning home, the MCCT will meet you on the ward and provide you with a discharge booklet containing information that will guide your ongoing rehabilitation journey.

**All referrals for ongoing outpatient rehabilitation are completed once you are on the ward following your operation.**

The MCCT are there to support you once you are discharged home. They will call you within 48 hours of returning home, with subsequent phone calls to support you until you are under the care of your follow-up rehabilitation provider and are managing well independently.

# Discharge Planning

## What are your options?

The MCCT will assist you in identifying appropriate ongoing physiotherapy care, and discuss your goals and lifestyle factors to help determine the most suitable option for you, and your surgeons preferences. Some of the options for your ongoing physiotherapy are detailed below:

### Day Therapy Program

Outpatient rehabilitation at a private hospital. You will attend the facility 1-2 times a week for up to 6 weeks post op. Most health funds cover 6 sessions of physiotherapy post-operatively. You will be seen by a rehabilitation physician. Your GP may still be responsible for your wound care and additional scripts for pain relief, the Day Therapy unit will clarify this at your initial appointment. Each session is 2-3 hours long. Hydrotherapy programs commence as per your surgeon's protocol. If you have private health insurance the cost will be likely covered in full.

### Rehabilitation in the Home (RITH)

Rehabilitation in the home allows you to have the flexibility of receiving individual care in the comfort of your own home, at times that suit you. Physiotherapists continue to progress your exercises using equipment and space within your home and progressing to outdoor mobility as required.

Depending on your health fund you will receive 1-2 sessions a week for 4-6 weeks averaging 6-8 physiotherapy sessions being covered by your health fund post-operatively. Some sessions may be via telehealth. Not all RITH providers include a Registered Nurse visit to check your wound; if this is not included for you, your GP is responsible for your wound care. For all patients having RITH, your GP is responsible for your scripts for further pain relief. Ensure you arrange these before you run out of medication.

### Private Physiotherapy

This is a great option if you have a pre-existing relationship with a physiotherapist. Remember, your rehabilitation is largely exercise-based, not requiring hands-on physiotherapy.

Attending your local or know physiotherapy clinic for appointments will be at a cost to you using your 'extras' through your health fund. You can attend as regularly as you choose, or as guided by your treating physiotherapist depending on your progress post-operatively but will most likely be 1-2 times per week for a TKR initially. Your GP will be responsible for your wound care and scripts for further pain relief. Ensure you arrange these before you run out of medication.

### Home Exercise Program (HEP)

Some patients, or their surgeons, choose to return home with no formal physiotherapy. You will be given exercises by the ward physiotherapists to continue at home and to progress with. This can be completed alongside a walking program and pedals, for many this is the most convenient option. However, this may not be appropriate for all, and the MCCT and ward physiotherapists will advise you if this is the case. Your GP will be responsible for your wound care and pain management.

### Inpatient Rehabilitation

If you have not met the criteria to discharge directly home from the Mater (page 17), the Mater Continuous Care Team will be able to discuss your discharge to an orthopaedic rehabilitation facility, either here at the Mater Hospital or to another rehabilitation hospital. Your requirement for inpatient rehabilitation is assessed on an individual basis, as deemed appropriate by your clinical treating team - this is generally for those who require 24 hour nursing care or for patients who it is not clinically safe to discharge home. Please discuss with the Mater Continuous Care Team, your surgeon, physiotherapist or nurse if you consider yourself an appropriate candidate for inpatient rehabilitation.

There is a minimum length of stay for 5 days for inpatient rehabilitation. The Mater Hospital has an inpatient rehabilitation ward 'JMA' where the length of stay for a single knee replacement is 5-7 days. The stay for bilateral knee replacement is approximately 7-14 days. Other facilities may offer a longer length of stay if clinically needed, but this can be dependent on your health fund.

#### Please note:

The above is a general guide. Your surgeon may give you specific instructions relating to wound management - please follow those instructions.

# Preparing for Your Return Home

Organising your home and any logistics before you go into hospital for your surgery will help to keep you safe, prevent falls, reduce stress, and aid in your smooth recovery. Following are some suggestions for preparing yourself and your home to ensure a safe transition from hospital to home.

## GP Appointments

Patient progress post-operatively can be limited by pain, particularly following a total knee replacement, where you need to take pain relief to successfully complete your exercises. Once you discharge home, it is helpful to have access to, or pre-booked appointments with your GP for medication reviews we recommend you booked prior to your surgery:

- Medication review within 3-5 days of discharge (this is usually equivalent of 1 week post-operatively). You may have the option to do this via telehealth.
- Depending on your follow up physiotherapy plan, you may be required to book a wound review which is usually 2 weeks post-operation date. Your surgeon, Day Therapy or RITH provider may offer this service - please check with MCCT.

## Cooking

Plan ahead – cook double portions and freeze, or consider pre-prepared meals/meal delivery services.

Relocate regularly used items to within easy reach to avoid bending or stretching.

Start with light meals and progress to meals with more demands. Sit down to chop vegetables.

## Laundry

Consider where the washing machine is located – will you need to twist, bend, or reach down too high or low?

Wash smaller loads more frequently. Consider putting laundry in a backpack rather than carrying it, or asking others for help.

## Domestic Tasks

As household cleaning tasks involve twisting, bending and stretching, avoid these tasks for the first 6 weeks after your surgery. Consider outsourcing or asking family/friends to help.

Arrange for someone to assist you to change bed linen or place a simple doona on the bed.

## Shopping & Community Access

Consider alternatives to shopping in person (eg online shopping).

Take someone with you initially and start with a small shop in an off-peak period. Avoid reaching items from low shelves. Consider how far you can comfortably walk and your pain management.

Use a backpack so your hands are free for your walking aid.

Initially go to familiar places and choose quieter times of the day to avoid crowds.

When negotiating stairs, use the hand rail. Place your walking aid in your 'free' hand – it does not matter if this is a different hand to the one you were instructed to have your stick in when walking.

## Driving/Transport

Patients are often concerned how they will get about following their surgery. You need clearance from your surgeon to drive – this may be up to 6 weeks after your surgery (or longer if you have had both knees replaced).

You will need to arrange for someone to drive you to and from any appointments until you are allowed to drive.

You can ride as a passenger in the front seat of a car immediately after leaving hospital. For tips on getting in and out of a car as a passenger, see 'Car Transfers' on page 22.

If travelling long distances, take regular rest breaks (stop every hour for 5-10 minutes).

Where possible, avoid using public transport for the first 6 weeks after surgery.

# Falls Prevention

Following orthopaedic surgery you are at a higher risk of having a fall as you adjust your balance and walking pattern. You may also have a slower reaction time and may be taking strong pain medication. We recommend continuing using your walking aids until your physiotherapist recommends you can stop. Falls are more likely to occur around the home rather than outside the home. Many falls around the home could be prevented by addressing hazards that are easy to fix but often overlooked:

## Bathroom

You may wish to use an 'over-toilet aid' to assist you in getting on and off the toilet after your surgery (see page 14), particularly after a double knee replacement.

A shower chair or shower stool can also be hired (see page 14). If your shower is over your bath, please tell the MCCT.

A non-slip rubber bath mat on the shower floor will be useful if the floor is slippery, and a non-slip mat on the outside of the shower will also be useful so that you do not step with wet feet onto tiles.

## Stairs

It is okay to climb stairs following your surgery and is good exercise to strengthen your muscles. You will be shown how to climb the stairs safely with the use of crutches by your physiotherapist during your hospital stay (see page 9).

It may be a good idea to avoid stairs during the night to get to the bathroom, or leave a light on. Perhaps think about a temporary bedroom set-up downstairs to avoid this in the initial few days following your return home.

## Caring Duties

Do not walk pets on a lead for 6 weeks after your surgery.

Avoid picking pets up – sit down on a suitable chair and have the pet come in to meet you.

To assist with feeding, place a bowl on a long handled dustpan and broom set and lower to the ground.

Avoid picking up or carrying children in your recovery phase. Instead have young children sit on a chair beside you. Avoid getting on/off the floor.

## Home Safety Checklist: ✓

- Is access to your home well maintained?
- Have you removed all trip hazards (mats, rugs, any clutter)?
- Are loose cords and phone charging cables out of the way?
- Do you have adequate lighting overnight? Consider using a motion detector light/night light



# Equipment

## to organise before your operation

When recovering from knee replacement surgery you will require the use of a walking aid for a period of time, such as crutches or a walking stick. We recommend pre-purchasing/hiring crutches, and practice using them prior to attending hospital, particularly on the stairs (see page 9).

Crutches are available for purchase from the Mater Hospital pharmacy (approx \$60), or are also widely available for hire at local pharmacies or mobility stores. You will likely need them for at least 2-3 weeks or more.

Any equipment you might require following your surgery can be hired or purchased at mobility stores.

Please speak to the MCCT regarding which specific equipment you think you might require, particularly if you struggle getting in and out chairs/on and off toilets, or are having both knees replaced.

The following equipment is highly recommended for your first few weeks at home.

**You should arrange for these items to be in place at home prior to your hospital admission.**

### Equipment to Hire

#### Highly Recommend



Elbow Crutches



Stationary Pedals

#### Optional

Highly recommended for bilateral knee replacements for 4 weeks post-operatively.



Orthopaedic High Back Chair (Height Adjustable)



Shower Chair or Stool



Over Toilet Aid



Toilet Surround

# Checklist ✓

## Before you come to hospital

- I have contacted my health insurance provider and checked I am covered for my hospital procedure and stay.
- I have contacted the Mater Continuous Care Team and discussed the best post-operative physiotherapy plans for me.
- I have watched the Pre-operative video, and completed the Pre-rehabilitation exercises.
- I have had my Pre-admission appointment (I know when to stop any medication, have had all my necessary x-rays/blood tests).
- I have pre-booked any necessary GP appointments for my pain medication review for once I am home.
- I have a plan for my discharge home from hospital on Day 3 or 4, e.g. you have a 'support person' that will be able to stay with me or to visit? I have arranged someone to pick me up from hospital. Discharge time is 9.30am.
- I have purchased or hired forearm/elbow crutches to take to hospital and use after surgery, and have practiced using them, including on the stairs.
- I have organised the equipment I will need at home after surgery such as an over-toilet aid, shower chair, or orthopaedic chair (speak with the Mater Continuous Care Team for your recommended equipment requirements following your surgery).
- I have appropriate, secure footwear to bring to hospital (flat, covered-heel, slip-on shoes).
- I have comfortable attire to wear in and around the hospital (day clothes/loungewear).
- I have prepared my house for my return.



# Your Hospital Stay on the ward

On the ward after your knee replacement surgery, the experienced orthopaedic team of nurses and physiotherapists will provide your care. The nursing team will monitor you closely and liaise with your surgical team to ensure you remain comfortable and safe during your recovery. Many patients can expect their first Physiotherapy session the day of your surgery, as we aim to start your recovery straight away.

During your hospital admission you will likely require blood tests, x-rays and other scans depending on your surgeon's protocol. Your nurse will advise you when this will be required.

As an 'active participant' in your own care experience the orthopaedic nursing team will communicate with you and involve you in all aspects of your care. This includes clinical handover, pain management education, wound management advice and preparing for discharge.

'Therapy' after knee replacement surgery is an essential part of your recovery to help you restore muscle strength, knee range of movement, walk normally again and complete personal care tasks, like showering yourself.

All physiotherapy, occupational therapy and nursing care is based upon functional goals. Focus on 'Functional Recovery' is shown to achieve the best outcomes following your joint replacements. You will see your 'Goals Chart' on the wall in your hospital room. Once you can independently achieve these goals it is an indication that you are safe to go home. All staff will be working towards these functional goals during your stay.

It is also important that you discuss your longer-term goals with the therapy staff throughout your rehabilitation, as we are all working towards getting you back to your hobbies and everyday activities as soon as possible.

## Goals Chart

**My Knee Journey**  
 DATE \_\_\_\_\_  
 POST-OP DAY \_\_\_\_\_  
 WEIGHT BEARING \_\_\_\_\_

Assistance + Aid for mobilising today:

My goal is to get back to \_\_\_\_\_

- I am doing my exercises x 4 per day
- I am walking with a frame by myself
- I am able to get in/out of bed without help
- I have sat out of bed for all my meals
- I can shower and dress myself
- I am walking with crutches by myself
- I am confident up/down steps
- I know my follow up physio plan: \_\_\_\_\_

Flex: D1 \_\_\_\_\_ D2 \_\_\_\_\_ D3 \_\_\_\_\_ D4 \_\_\_\_\_  
 Ext: D1 \_\_\_\_\_ D2 \_\_\_\_\_ D3 \_\_\_\_\_ D4 \_\_\_\_\_

**I AM READY TO GO HOME**

# Going Home Criteria for discharge

It is important that you actively participate in your therapy sessions so that you can meet the following criteria as soon as possible in order to discharge home. Timely discharge is important to help improve your function, reduce the risk of infection and reduce the risk of deep vein thrombosis, as you will be moving around more at home.

Before we can safely send you home, the following aspects of your care will have been considered:

- Your medical condition is stable
- You are emptying your bladder and have had your bowels open
- Your pain is controlled with oral pain medication
- Your home is prepared for your safety, including equipment hire
- You are getting in and out of bed independently
- You are walking independently around the ward using crutches
- You can climb the stairs, if necessary
- You can safely perform personal activities of daily living, such as getting on/off toilet and showering with minimal assistance.

### Discharge time is 9:30am, please arrange for someone to pick you up at this time.

On discharge, a 'Discharge Summary' letter will be provided with instructions specific to you and detailing your medications, and any post-operative instructions to follow. You will get a copy to give to your local GP as it is recommended you keep in touch with them. Your surgeon may see you prior to discharge and tell you when to arrange a follow-up appointment if you have not already made one. The time of your follow-up appointment after surgery will depend on your surgeon.

### The MCCT will visit all patients in hospital who are returning directly home.

A Mater Continuous Care Team member will give you valuable information regarding the transition from hospital to home, including the booklet 'Going home - My Journey' which answers many commonly asked questions to ready yourself further for home

## Your Recovery at Home The MCCT are here to help!

The Mater Continuous Care Team will help you prepare for your discharge home. It is normal to feel a little worried about going home and that is why it is important that we speak to you as early as possible in your Knee Replacement Journey to educate and empower you for this process.

You will need to have a support person, such as a friend or family member, that can help you in the first few days at home; the main things people need assistance with once home are shopping, laundry washing, and cooking of more complex meals.

You can expect a gradual improvement over the coming weeks and months, with a gradual lessening of pain, stiffness and swelling, as you begin to return to a more independent lifestyle.

For patients discharging from hospital directly home, we know it is important to have someone check on you. The Mater Continuous Care Team (MCCT) calls all patients who discharge directly home following your knee replacement within 48 hours, to ensure your safety and comfort, answer questions and address any concerns. It is expected that you will have follow-up physiotherapy where your ongoing rehabilitation will be taken care of, which the MCCT will help to co-ordinate. We will speak with you up until your care is taken over, to ensure a smooth transition of care.

For patients who are not safe for home and clinically require inpatient rehabilitation, the orthopaedic ward team will arrange your transfer to the appropriate facility, and handover your ongoing care to that facility.

# Realistic Expectations

## Pain & Swelling

### Post-operative Pain Management

Patients often ask – ‘Is it going to hurt? The answer to this is usually, yes, however pain will vary from person to person, but it is important for you to understand that there will be a level of pain following your joint replacement surgery. Patients are often surprised at how manageable the pain / discomfort in the operated region is, even early on after your knee replacement. This is achieved through the advanced skills of our specialised surgeons, in combination with the pain management expertise of our anaesthetists and orthopaedic nurses who are experienced in managing post-operative pain. Your orthopaedic team will work with you to help manage your pain effectively, so you are able to move around comfortably and successfully achieve your rehabilitation goals.

It is also important to realise that the pain experienced after your surgery is not originating from your new prosthetic knee but from the surgical procedure itself, including the bruising and swelling in the recently operated tissues. This progressively improves and resolves with time; as you do your exercises to re-gain your knee range of motion, it is not uncommon for these to be painful initially, however it is necessary to take the appropriate pain relief offered to you in order to be able to do these exercises comfortably, and ensure a good outcome following your surgery.

### Your Role in Pain Management

Your nurse will monitor and help you manage your pain from the moment you leave the operating suite through education and communication. The nurse will liaise with your surgical team throughout your admission to ensure good pain management is achieved.

Communication is key and providing your nurse with accurate information will help in managing your pain. Since you are the only one who knows the location and severity of your pain, it is important that you play an active role in managing your pain levels. Using a number scale of 0-10 (see Allina Health Pain Assessment Scale, to the right) to rate your pain will help your orthopaedic team to understand how severe your pain is and the best approach to reduce your pain.

Remember you need to take your pain medication as soon as you feel discomfort. Do not wait until your pain is severe before you take your medication. If you wait until your pain is severe it will be more difficult to control your pain, especially after waiting for the medication to be absorbed by your body and to take effect.

In the days immediately following your surgery, try taking your pain medication as prescribed by your surgical team. As your pain improves, you can extend the time between doses until you are able to stop using it altogether.

### Reduce Stress

An increase in stress can and often does increase pain. Stress reduction techniques, such as deep breathing and relaxation exercises, can be very beneficial. The hospital has a ‘Mindfulness’ program you can view on the television during your stay.

Remember, the better prepared you are coming in for your surgery, the better you will be able to cope with the post-operative period.

<b>10</b>	<b>Worst Pain You Can Imagine</b>
<b>7-9</b>	<b>Severe Pain</b> Pain keeps you from doing your regular activities. ⑩ Pain is so bad that you can't do any of your regular activities, including talking or sleeping. ⑨ Pain is so intense that you have trouble talking. ⑦ Pain distracts you and limits your ability to sleep.
<b>4-6</b>	<b>Moderate Pain</b> Pain may interfere with your regular activities. ⑥ Pain makes it hard to concentrate. ⑤ You can't ignore the pain but you can still work through some activities. ④ You can ignore the pain at times.
<b>1-3</b>	<b>Mild Pain</b> Pain doesn't interfere with your regular activities. ③ You may notice the pain but you can tolerate it. ② You may feel some twinges of pain. ① You may barely notice the pain.
<b>0</b>	<b>No Pain</b>

Expected levels of pain →

# Realistic Expectations

## Physiotherapy

You will see a physiotherapist on the ward after your knee replacement surgery. This will usually occur the same day as your surgery depending on the time you come back from theatre. The physiotherapist along with your nurse will assist you to stand and take a few steps with the aid of a walking frame.

**Do not attempt to get out of bed on your own. Your physiotherapist will let you know when it is safe for you to get up by yourself.**

At the Mater we have adopted a 'traffic light' system for your safety. Your physiotherapist will place a coloured tag on your walking aid in hospital:

**RED** means do not walk anywhere by yourself,  
**AMBER** means you require assistance at times,  
**GREEN** means you are independent.

Your physiotherapist will teach you exercises to do in your bed. These exercises are for you to do independently, four times a day, and are essential to the success of your knee replacement rehabilitation. Your physiotherapist and nurse will advise you when it is safe and appropriate for you to start sitting in a chair for all of your meals.

### A Physiotherapist will see you daily to:

- progress your exercise program
- practice your walking with crutches
- practice stairs
- encourage you to sit out of bed

**This is an example of the type of activities you will be doing on a daily basis during your hospital admission:**

	Single Knee	Bilateral Knee
<b>Day 0</b>	Stand / walk with a frame with physiotherapist and nurse	
<b>Day 1</b>	- complete your own bed exercises - walk with a frame outside of room - aim to shower (if medically appropriate) and sit in a chair - dress in your own clothes	- complete your own bed exercises - walk with frame out of room, or to use the bathroom if approved by your physiotherapist - dress in your own clothes
<b>Day 2</b>	- shower with assistance from nursing staff, and sit in chair for all your meals - start your own walks around the ward - trial crutches - discharge day for unicompartamental knee replacement	- walk with frame outside of room - shower with assistance from nursing staff - dress in your own clothes - sit in chair
<b>Days 3-4</b>	- shower yourself - independent exercises and walks - practice stairs <b>Discharge Home – arrange to be collected at 9:30am</b>	- complete own bed exercises - walk with frame outside of room - sit in a chair for all meals - independent walking around ward - reduced help needed on/off bed/toilet - trial of crutches and stairs when able
<b>Days 5-7</b>		<b>Discharge Home – continue with therapy input until safe with crutches and stairs (if necessary).</b>  This is usually 5-7 days after surgery.

# Frequently Asked Questions

## What sort of anaesthetic will I have?

It is best to discuss your anaesthetic options with your anaesthetist. You will most likely have a general anaesthetic and/or spinal anaesthetic.

## How long does the operation take?

- Single and unicompartmental knee take 1-2 hours
- Bilateral knees take 2-3 hours

## How long will I need to stay in hospital?

Most patients need to stay in hospital:

- 2 days for Unicompartmental
- 3-4 days for Total
- 5-7 days for Bilateral (as per page 10).

## Do I need rehabilitation after my surgery?

Yes, you need to carry out strengthening and mobility exercises following your knee surgery to assist your recovery. You will be shown exercises to carry out by yourself whilst in hospital. Most patients continue their ongoing physiotherapy and rehabilitation as an 'outpatient' – this means you continue your physiotherapy rehabilitation from the safety and comfort of your home, either at your local day therapy centre, rehab in the home (RITH), or with your private physiotherapist (See page 11).

If it is clear that you are not yet safe to go home, the treating teams on the ward will arrange for you to stay for 'Inpatient Rehabilitation' either at the Mater Hospital or another private hospital, but this is reserved solely for patients whom it is clinically indicated.

## When will the pain go away?

Everyone's pain varies after knee replacement surgery – the amount of time before the pain goes away will be different for each individual. As a general guide, by six weeks following your surgery, pain will be significantly less than it is on discharge home. You may still be experiencing pain especially at night or after increased activity e.g. a longer walk than normal or a session with your physiotherapist. You may still be requiring some pain relief either overnight, or prior to exercising, but should aim to be off your stronger painkillers by 2-3 weeks after surgery – speak to your GP, rehabilitation physician at day therapy, or surgeon regarding weaning your medication.

## How long will I be on painkillers?

Your GP, surgeon or the ongoing rehabilitation following discharge physician will review your pain management throughout your rehabilitation and guide you through when to reduce and cease painkillers, but simple pain relief, rest or ice usually settles this.

The aim is to have ceased the stronger painkillers by 2-3 weeks after surgery. It is not uncommon to have some pain or discomfort in your knee for up to 6-9 months after surgery, particularly after exercise/long walks.

## When will the swelling go away?

It normally takes 4-6 months for the swelling to go away – sometimes longer following knee replacements. Continue to use ice packs on your knee and continue to elevate your leg by lying down, especially after exercise or a walk, for the first 6 weeks.

## Can I sleep on my side?

It is fine to sleep on your side following a knee replacement, however you might be more comfortable with your operated leg on the uppermost side, and using a pillow between your legs. If you are having both knees operated on, you may find side sleeping is a little uncomfortable for a while. Remember you should not sleep with a pillow underneath your knee to prevent it from straightening fully.

## Can I shower with my dressing?

Yes, the dressing is waterproof, however if water gets soaked through the dressing it will need to be changed, as you need to keep your wound clean and dry for two weeks after your operation. Advise the Mater Continuous Care Team or your GP if your dressing becomes wet inside and needs changing.

## When can I walk without a stick/crutches?

The most important aspect of walking is that you walk without a limp, which you may have developed while protecting your knee prior to your surgery. Therefore, unless specified, you are allowed to stop using the walking stick/crutch when you are able to walk without a limp. Your physiotherapist will also advise you when you are ready to begin walking without an aid.

Remember, people are more careful when they see someone with a walking stick/crutch, so continue using your stick/crutch when you will be in crowds, uneven ground or on public transport until you are confident. Some surgeons require a walking aid for 6 weeks.

# Frequently Asked Questions Continued

## Can I kneel on my knee?

Some surgeons are happy to allow you to kneel on your new knee but you should clarify this with your surgeon. It may be uncomfortable, and we do not recommend attempting this until about six weeks after your operation. You should also be aware you may have decreased sensation over the wound and therefore must be careful that you don't kneel on anything sharp and you may wish to use kneeling pads. Please be aware that some surgeons do not wish you to kneel at all. Some patients don't find it very comfortable, even if their surgeon allows it. If in doubt, please ask at your post-operative surgeon review.

## When can I return to driving?

Your surgeon will advise when you can return to driving. This may be up to 6 weeks following surgery, or longer if Bilateral. This is due to medication you may still be taking, muscle strength and reflexes. If you drive before this, you may not be covered by your car insurance. If in doubt, please check with your surgeon and car insurer.

## How long do I need off work?

This depends on the type of work that you do. After returning home you will likely need a few weeks to recover before considering returning to light duties. You may find that complicated analytical work may be affected by your strong pain medications. You should also not attempt to sit for more than 60 minutes at a time in the earlier stages of recovery, due to increased swelling from sitting affecting how well you can bend your knee, so it is best that you can break up your working day if possible. Work that requires a great deal of moving around or long periods of being on your feet should not be attempted for 6-8 weeks.

## When can I start getting massages again?

No massage on your legs for 6 weeks.

## What should I do if I have to go to the dentist?

You must inform your dentist that you have had knee replacement surgery. You may need to be prescribed prophylactic antibiotics and cease any anti-coagulants, prior to your dental appointment. Check with your Surgeon.

## When can I return to sexual intimacy?

You can return to this when you feel comfortable to. Please ask your treating physiotherapist for more information and safe positions if required.

## When can I begin gym work/weights?

Following a knee replacement you may begin cycling on a stationary bike or floor-pedals as soon as possible, without any resistance for 6 weeks. After six weeks you can begin using light weights on your legs; you should begin with low weights and gradually increase them.

Always check with your physiotherapist prior to beginning weights or gym work. It is not advisable to do any jogging, running or jumping activities after your surgery, particularly for the first three months following your surgery. It is still best to check with your surgeon regarding returning to impact sports as they will cause your knee replacement to wear more quickly.

## When can I fly on a plane?

We have some patients that fly home within Australia, however long haul flights are best left for 12 weeks. You should check with your surgeon what their preference is, as you may require anti-coagulation if flying long distance is essential.

## Will I set off the scanners at the airport?

It depends on the sensitivity of the scanner and you are more likely to set it off after a knee replacement than a hip replacement. This may be due to the depth of the hip and the amount of metalwork. You will need to let security know that you have had a knee replacement and be prepared to show them your scar. A letter from the surgeon will not be sufficient.

**Remember, for any other questions about anything in this booklet or regarding your knee replacement surgery, please contact the Mater Continuous Care Team.**



# Car Transfers

How to get in and out of the car safely:

Step 1:



Have the driver position the car far enough away from the kerb so that you can get in and out on road level, with the door fully open.

Step 2:



Ensure the passenger seat is pushed fully back and the back rest reclined to a 45 degree angle.

Step 3:



With the passenger door open, walk up to the car with your walking aid. When close to the car, turn so you have your back to the seat and can feel the seat/door frame on the back of your legs (facing away from the car).

Step 4:



Gently lower yourself down, keeping your operated leg extended. Hold on to the car uprights for support.

Step 5:



Lean back and slide towards the middle of the car. Keep your body in a straight line as you pivot on your bottom to face the front of the car. Keep your legs close together as you bring them into the car. Bring the back rest up to a comfortable position when travelling.

Step 6:



If you find it difficult to slide your legs into the car, you can lift your legs individually. You may want someone with you to assist with lifting your legs into the car for the first few times.

## Why should I use this car transfer technique?

Limits twisting.

Looks after your other joints (e.g. back)

## Other things to consider

Take rest breaks on your return trip home (stop every hour for 5-10 minutes if you have a long trip home).

Think about where the car will pull up at home:

- Can you open your door wide enough?
- Is there clear walking space around the car?
- If you don't have off-street parking, where is the safest place to park/pull over?

## Which car should come and pick me up?

On the way home from hospital, you should sit in the front passenger seat.

Sedans or SUV's are usually easiest to get into given their seat height.

If you have a 4WD, the driver should position the 4WD close to the kerb to enable you to transfer directly from the kerb onto the seat of the car.

Avoid low cars (e.g. sports cars) for the first 6 weeks following your surgery.

## Seating

Choose a seat that suits your needs – is the chair too low? Does it have armrests?

Do not sit for long periods of time – go for a walk at least every hour.



Better and  
fairer care.  
**Always.**



**MATER HOSPITAL**  
A FACILITY OF  
**ST VINCENT'S  
HEALTH AUSTRALIA**