



MATER HOSPITAL
A FACILITY OF
ST VINCENT'S
HEALTH AUSTRALIA



Patient Information

YOUR KNEE REPLACEMENT JOURNEY

Total

Bilateral

Revision

Uni-compartmental

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The Mater Hospital is a leading private hospital renowned for its quality care and compassion. We take a holistic approach to healthcare and acknowledge the uniqueness of every patient to create a healing environment that is second to none.

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.

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.

Inspired to
Care

Our Values

*Compassion
Justice*

*Integrity
Excellence*



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.

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.

THIS BOOKLET WILL EXPLAIN:

1	HOW TO PREPARE FOR YOUR KNEE OPERATION
2	WHAT TO EXPECT DURING AND AFTER YOUR OPERATION
3	HOW TO PREPARE FOR YOUR RETURN HOME FROM HOSPITAL



To watch the MCCT video go to www.mns.org.au/patients-visitors/your-stay – and select the Joint Replacement button.

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.

Our clinical pathways for joint replacement patients are 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. Patients who become active participants in their own care achieve better outcomes and will experience:

- ☒ Higher rates of satisfaction
- ☒ Faster recovery with early return to activity

It is recommended that you read this booklet thoroughly, in conjunction with the 'Patient Admission Guide' and watch the MCCT video on our website mns.org.au/patients-visitors/your-stay and select the 'Joint Replacement' button. Your preparation before your surgery both physically and emotionally will assist in your smooth recovery.

PREPARING FOR YOUR JOINT REPLACEMENT JOURNEY

Online Admission Registration

To register online, visit our secure website:
www.mns.com.au

ONLINE ADMISSION

Click on the 'Online Admission' tab.
Alternatively phone (02) 9900 7396 to be sent a paper registration form.

Contact the 'Mater Continuous Care Team' (MCCT) to speak to our team as soon as you have booked your surgery
Phone: (02) 9900 7475
(Mon-Fri 8am-4pm, & Sat 8am-12pm)
or email: MCCT@svha.org.au

Book your Pre-Admission Clinic Appointment
2 to 4 weeks prior to your surgery
Phone: (02) 9900 7494

Commence your 'Pre-habilitation' (see exercises on page 10) and view the online video, or complete exercises as prescribed by your own physiotherapist.

Decide, with the help of the Mater Continuous Care Team, on your Discharge Plan and follow-up outpatient rehabilitation options.

Hire/Purchase necessary equipment

The Mater Continuous Care Team will recommend equipment you may require following your surgery. Ensure you have a pair of elbow crutches ready to bring into hospital.

Preparing your home

The Mater Continuous Care Team will guide you through preparing your home to be a safe environment, suitable for your return.

You are ready for your Knee Replacement Surgery

Ensure you have thoroughly read this booklet and watched the pre-operative video.

Your Registration and Admission

Please register your details as soon as you book your surgery. We need this information at your Pre-Admission appointment.

Go to The Mater Hospital (North Sydney) website www.mns.org.au, click ONLINE ADMISSION.

If you are not familiar with computers, a family member or friend may be able to assist you. Your online registration will take approximately 30 minutes and must be completed in one session.

If you are unable to use the Online registration, paper Registration and Pre-Admission forms are available and you can complete these and return them to us in the reply paid envelope, call us on (02) 9900 7396.

Out of Pocket Expenses

We will call you the business day before your admission to explain any excess or co-payments associated with your admission. We ask that you finalise these expenses on admission. If paying a large amount please call (02) 9900 7467 to arrange an electronic transfer.

If you have private health insurance, please contact your health fund to ensure you are fully covered for your admission.

ONLINE CHECKLIST ☒

Before you commence your online registration, you will need to have with you the following:

- ☐ Medicare card
- ☐ Health fund membership number and policy details
- ☐ DVA card and number*
- ☐ Work Cover approval letter/number and claim details*
- ☐ Accident or Third Party Insurance claim details*
- ☐ Pension card/Health Benefits card(s)*
- ☐ Pharmacy Benefits card/Safety Net card*
- ☐ GP's details
- ☐ Next of kin/emergency contact details
- ☐ Regular medications, including vitamins and over-the-counter medications.

* If applicable

THE MATER CONTINUOUS CARE TEAM MCCT

The Mater Hospital have a special team to take care of you throughout your knee replacement journey; The **'Mater Continuous Care Team'** are a team of highly specialised orthopaedic nurses and physiotherapists, who will prepare you for your upcoming surgery. Prior to your knee replacement surgery, we will provide you with information and exercises to optimise your stay in hospital, enabling a successful recovery and ensuring a smooth transition home.

Please contact the MCCT at your earliest convenience to discuss:

- What to expect for your knee replacement journey.
- Any concerns or questions you might have about your upcoming surgery.
- Physiotherapy 'Pre-Habilitation' exercises.
- Your options for outpatient rehabilitation following your surgery.

Phone: (02) 9900 7475
(Mon-Fri 8am-4pm, & Sat 8am-12pm)
or email: MCCT@svha.org.au

We will call you back within one working day to complete our telephone consultation.

We have created an informative video containing this information that we recommend you watch – this is available on the website: www.mns.org.au/patients-visitors/your-stay

PRE-ADMISSION CLINIC

When you book for your knee replacement surgery your surgeon will refer you to the Mater Pre-Admission Clinic. Here, you will be provided with education and information regarding your hospital stay. A relative or friend may accompany you if you wish.

Make an appointment

You are expected to either attend the Pre-Admission Clinic or have a phone consultation **two to four 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 go through your health questionnaire and answer questions about your admission. This is the time to discuss issues such as your current medication or dietary requirements. You should advise the nurse about any pre-existing conditions or risk factors and express any concerns about your care.

Prior to your appointment or phone consultation with the Pre-Admission Clinic

- Please complete the online admission and registration
- If you are unable to complete the online form the Hospital will post you the paperwork to be returned
- Please have your pre-operative blood tests
- Your Surgeon may have asked for a review with your own cardiologist or 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.



BEFORE YOUR SURGERY

Planning for home

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 from the hospital 3-4 days after surgery. It has been shown that patients returning directly home can experience greater outcomes and satisfaction, faster recovery and return to normal activities. It also reduces infection rates and incidence of blood clots.

Rehabilitation starts once you are booked in for your knee replacement surgery – this is referred to as ‘pre-habilitation’. This booklet and the video will guide you through the types of exercises which will help you recover from your surgery (page 10). Our clinical pathways for knee replacement patients 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 at the Mater Hospital is that patients who become ‘active participants’ in their own care experience:

- **Faster recovery with early 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 15 for the types of activities we will be working towards to enable your safety and confidence before going home.

If you do not meet the criteria to safely go home, your orthopaedic team will discuss your rehabilitation options. This decision may be made before your surgery during conversations with the Mater Continuous Care Team. They will assist you in deciding if inpatient rehabilitation is likely to be clinically required for you. They 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 transition.

For those patients returning home, the Mater Continuous Care Team will visit you on the ward and provide you with a discharge booklet containing information that will guide your ongoing rehabilitation journey. The Mater Continuous Care Team will call you within approximately 48 hours of returning home, with subsequent phone calls to support you until you are under the care of your follow-up rehabilitation provider. All referrals for ongoing outpatient rehabilitation are completed once you are on the ward following your operation.

REHABILITATION

What are your options?

The Mater Continuous Care Team will assist you in identifying appropriate ongoing rehabilitation care and discuss your goals and lifestyle factors to help determine the most suitable option for you. Some of the options for your ongoing physiotherapy are detailed below.

Outpatient Rehabilitation - ‘Day Therapy’ at your local private hospital

Outpatient day therapy rehabilitation usually involves your attendance twice-weekly at a gym, alongside other orthopaedic patients, until approximately six weeks after surgery. You will be under the care of a rehabilitation physician who will oversee your pain management and wound care. The program includes multidisciplinary allied health input, including physiotherapy and may also involve hydrotherapy.

If you have private health insurance the cost will likely be covered in full. Please ring your health insurance company to check.

Rehabilitation in the home

Depending on your private health insurance cover you may be eligible for physiotherapy and nursing care in the home, where you would receive visits twice-weekly, for four to six weeks after surgery. Rehabilitation in the home allows you to have the flexibility of receiving 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. Nursing care in the home can assist with your wound and discuss pain management.

If eligible for this service, your treatment is covered in full. Your health insurance may contact you prior to your surgery to inform you of your eligibility.

Outpatient Rehabilitation - at your local private physiotherapy practice

You may wish to see a private physiotherapist for 1:1 sessions. This will incur an out-of-pocket expense, with the cost dependent on your level of ‘extras’ cover on your health insurance and the consultation fee of your specific physiotherapy clinic. This is a great option if you have a pre-existing relationship with your physiotherapist. However, remember that your rehabilitation is largely based on exercising rather than hands-on physiotherapy.

Home Exercise Program with no ‘formal’ physiotherapy input

Some patients, or their surgeons, choose to return home with no formal physiotherapy and continue independently with a set exercise program that has been provided to you during your stay at the Mater. This can be completed alongside a walking-program, and for many patients this will be the most convenient solution. This is not a suitable option for everyone and will depend on your feedback from your physiotherapists on the ward following your surgery.

Inpatient Rehabilitation

If you have not met the criteria to discharge directly home from the Mater (page 19), 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**. Please discuss with the Mater Continuous Care Team, your surgeon, physiotherapist or nurse if you would be 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 where the length of stay for a single knee replacement is approximately 7 days. The stay for bilateral knee replacement is approximately 14 days. Other facilities offer a longer length of stay *if* clinically indicated.



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.

SEATED QUADRICEPS STRENGTHENING



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

CALF STRETCH



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. Repeat on other leg.

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

30 seconds, x 3 reps

SIT TO STAND



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

Further exercises prior to your surgery

Walking

Studies have shown that walking can increase the strength in your thigh muscles. This is beneficial before **and** after surgery. The study focused on a 20-30% increase in walking distance to see these improvements.

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’ (approx \$30) for after your operation to encourage range of motion.



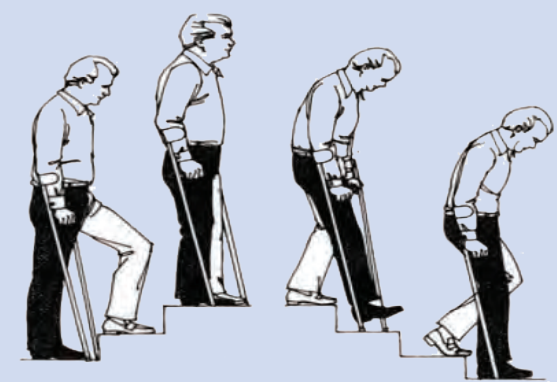
Stair Climbing

Stairs are a good exercise to maintain strength in your legs prior to surgery, particularly climbing up the stairs with your sore leg will help to build strength. Do this if it is tolerable with your symptoms – choose a lower step to reduce pain.

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

The technique is similar to how you might already do with your ‘sore’ leg:

STAIR CLIMBING TECHNIQUE - AFTER SURGERY



■ Operated Leg □ Good Leg (non-operated leg)

Up Stairs

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

Down Stairs

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

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

PREPARING YOUR HOME PRIOR TO SURGERY

Organising your home for your return **prior** to attending hospital for your knee replacement surgery will help to keep you safe, prevent falls, reduce stress, and aid in your smooth recovery. Please read the following home preparation suggestions carefully to ensure your safe transition home from hospital.

General Tips

- Ensure you have supportive and comfortable shoes, with a flat grip sole that fully enclose your feet (they need to have a back).
- Consider pets in your home for your return. You may need assistance looking after them following your surgery, or make arrangements to keep pets in another area of the house when you first arrive home.
- Small children may need to be reminded how to interact with you in ways that keep you safe.
- Ensure you have stopped gardening two weeks prior to surgery to avoid any skin tears that will prevent your surgery from going ahead. After surgery you are advised not to return to gardening for up to six weeks.

Driving

- Patients are often concerned how they will get about following their surgery. **You will require clearance from your surgeon to drive. This may be up to six weeks following your surgery.** You can easily travel as a passenger for short periods at a time.
- You will need to arrange for someone to drive you to and from any required appointments until you are allowed to drive.
- For tips on getting in and out of a car as a passenger, (see 'Car Transfers' on page 22).

Trip hazards

- Eliminate clutter in hallways and rooms. Move furniture to give you more space if required. Make sure carpets/loose rugs are firmly anchored to the floor or remove them completely. Move electrical cords or anything else that may cause you to trip. Make sure that all stair railings are secure.

- Make sure that all areas are well-lit, including a light for accessing the bathroom at night.
- Move obstacles creating a clear, wide path from your bedroom to your bathroom and kitchen to help you move about easily with crutches.

Furniture & Seating

- Low furniture, soft surfaces, footstools, rocking chairs, chairs with wheels (e.g. office chairs) should be avoided. Couches are best avoided in the early post-operative phase as they are difficult to get out of - **use chairs with armrests**, which are not too low. You may wish to hire a 'height-adjustable orthopaedic chair' if you do not have a suitable option (see Equipment hire on page 13).

Bathroom

- You may need an 'over-toilet aid' to assist you getting on and off the toilet following your operation.
- A 'shower chair' or 'shower stool' can also be hired (see page 13). If your shower is over your bath, please tell the Mater Continuous Care Team as they can arrange for you to see an Occupational Therapist once you are at the Mater Hospital.
- A non-slip rubber bath mat on the floor of the shower will be useful if the floor is slippery, and a non-slip mat on the outside of the shower will be useful so that you do not step with wet feet onto tiles.

Bedroom

- Use a nightlight or a bedside light that you can access easily. If you are getting out of bed to use the bathroom at night time, sit on the side of the bed for a few minutes to wake up before getting out of bed.
- Make sure that the bed clothes do not hang too low to the floor as this can be a trip hazard.
- Keep clothing in the top drawer or in other easily accessible locations.

Stairs

- It is okay to climb stairs following your operation, and is good exercise to strengthen muscles after surgery. You will be shown how to climb the stairs safely with the use of crutches by your physiotherapist during your hospital stay. It is often the same as you have been doing with a 'sore' knee prior to surgery (see page 11).
- 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 discharge home if you are concerned.

Laundry/Cleaning/Meals/Shopping

- You may wish to arrange for some help with cleaning, laundry and meals in the first few weeks after arriving home from hospital. Freezing pre-made meals and stocking up on non-perishable items will be useful. If possible before surgery, prepare some simple meals to keep in the freezer to use when you are first discharged home.
- You may require assistance initially with supermarket shopping. Try to arrange a delivery of shopping or if gathering a small amount of items, it is a good idea to bring a backpack rather than carrying shopping bags.
- At home, place the most frequently used items within safe reach. A safe height is between your shoulder and waist height. Low shelves and drawers such as those found in the refrigerator/shelves/washing machines should be avoided.
- It is recommended you avoid household cleaning for the first 6 weeks; this includes laundry, bed-making, vacuuming, mopping and sweeping.

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 practicing using them prior to attending hospital, particularly on the stairs (see page 11).

Crutches are available for purchase from the Mater Hospital pharmacy or are also widely available for hire at local pharmacies or mobility stores.

Equipment Hire

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

Please speak to the Mater Continuous Care Team regarding which specific equipment you think you might require.

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

You will be seen by an Occupational Therapist on the ward prior to discharge home *if* required.



CRUTCHES

EQUIPMENT TO HIRE



Over toilet aid



Toilet surround



Shower chair or stool



Orthopaedic high back chair (height adjustable)

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.
- ☐ I have watched the Pre-operative video, and completed the Pre-habilitation 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 discussed with my surgeon, family and the Mater Continuous Care Team where I would like to attend outpatient rehabilitation / physiotherapy appointments after I go home.
- ☐ I have a plan for my discharge home from hospital on Day 3 or 4, e.g. do you have a 'support person' that will be able to stay with you or to visit? And you have arranged someone to pick you 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.
- ☐ I have organised the **equipment** I will need at home after surgery such as an over-toilet aid, shower chair, orthopaedic chair and or wedge cushion (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 shoes).
- ☐ I have comfortable attire to wear in and around the hospital (day clothes/loungewear).
- ☐ **I have prepared my home 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. 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 on 'Functional Goals' that we know are needed in order to safely get you home. You will see your 'GOALS' chart on the wall in your hospital room – these are the functional tasks we want you to be able to achieve independently, which indicate when you are safe to go home, and all staff will be working towards these with you every day 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.


Inspired by You

My Knee Journey

POST-OP DAY:

My goal is to get back to _____

- I am doing my exercises x4 per day ☐
- I am walking with a frame by myself ☐
- I have sat out of bed for all my meals ☐
- I am able to get in/out of bed without help ☐
- I am walking with crutches by myself ☐
- I am doing x4 sessions/day by myself (inclusive of exercises, walks and ice) ☐
- I am confident up/down steps ☐
- I know what my follow up physio plan is ☐

Flex: D1 _____ D2 _____ D3 _____ D4 _____

Ext: D1 _____ D2 _____ D3 _____ D4 _____

I AM READY TO GO HOME ☐

REALISTIC EXPECTATIONS:

Pain and 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, and 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.

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 (0-10) (see image above) 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 you have severe pain.

Allina Health Pain Assessment Scale	
10	Worst Pain You Can Imagine
7-9	Severe Pain Pain keeps you from doing your regular activities. ⑨ Pain is so bad that you can't do any of your regular activities, including talking or sleeping. ⑧ Pain is so intense that you have trouble talking. ⑦ Pain distracts you and limits your ability to sleep.
4-6	Moderate Pain 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.
1-3	Mild Pain 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.
0	No Pain

Adapted with permission by Dr. Atkinson Smith, 2015.

We recommend you have pain relief medication 30 minutes prior to commencing your exercises or going for a walk – this will enable you to participate effectively in your physiotherapy exercises, and move around comfortably, which is very important.

Multi-modal pain management

By using a combination of medications / techniques (multi-modal pain management) the degree of pain experienced is substantially reduced following your surgery. This allows you to move about earlier following your joint replacement and confidently return to being independent within a relatively short period of time. Coping with pain after surgery doesn't have to mean taking more pain medication there are additional strategies that can help you deal with your surgery pain. Using a combination of these strategies (listed right) can be very helpful and can provide better pain relief than medication alone:

Stay ahead of the pain: Getting ahead of the pain means not waiting 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 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.

Use Ice Packs: It is well documented that the regular use of ice packs after a joint replacement can reduce swelling and pain. We recommend applying ice for the operated site for 20-30 minutes, 4-6 times a day.

Get enough sleep: Good sleep improves your ability to manage your pain and is an important part of healing. You may require pain relieving medication, the use of ice packs and proper positioning (a pillow length ways under your leg) to aid this.

Increase physical activity slowly: Increase your physical activity slowly as you recover from your procedure and are able to return to your normal activities.

Don't sit too long: Sitting or lying in one place for too long can lead to more pain. Getting up and walking every hour during the day helps keep you from getting stiff and offers the added benefit of decreasing the risk of developing blood clots after your procedure.

Reduce stress: Stress is the enemy of good pain control. An increase in stress can and often does increase pain. Surgery is a type of physical stress, and while that cannot be avoided, emotional stress can be minimised. Try to avoid situations, and even people, who tend to increase your stress level in the early days of your recovery. 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.

Managing your pain at home

On discharge home, your orthopaedic team will prescribe you with discharge pain relief medication. These medications and their duration will be noted on your “Discharge Medication Summary”. As an ‘active participant’ in your recovery, it is beneficial that you start to listen whilst in hospital to the medications you are being given, how they make you feel, and ensure that you are aware of which medications you have been prescribed to take home with you. As your pain improves your medications can be gradually reduced and ceased – your outpatient rehabilitation teams, GP or surgeon will help guide you to reduce your pain medications when you are ready.



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.

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 in 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 or sticks
- 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 Knees
Day 0	Stand / walk with a frame with physiotherapist and nurse	
Day 1	- complete your own bed exercises - walk with a frame outside of room - aim to shower 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 able - dress in your own clothes
Day 2	- shower, and sit in chair for all your meals - start your own walks around the ward - trial crutches	- walk with frame outside of room - shower with assistance from nursing staff - dress in your own clothes - sit in chair
Day 3	- shower yourself - independent exercises and walks - practice stairs	- complete own bed exercises - walk with frame outside of room - sit in a chair for all meals
Day 4	Discharge Home - arrange to be collected at 9:30am (or before Day 4 if safe to do so)	- independent walking around ward - reduced help needed on/off bed / toilet - trial of crutches and stairs when able
Day 5-7		Discharge Home - continue with therapy input until safe with crutches and stairs (if necessary). If unsafe for home then alternative arrangements may be made for inpatient rehabilitation.

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.

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
- You are correctly getting in and out of bed either independently
- You walk independently around the ward using assistive devices (crutches/walking stick)
- You climb 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. You will also get a copy to give to your local GP as it is recommended you keep in touch with her/him. 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 Mater Continuous Care Team will visit all patients in hospital who are returning directly home. The 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. Your 'Discharge Information Sheet' – details all the necessary information regarding your wound management, pain management, and when you can drive as recommended by your surgeon.

At Home

Your recovery at home- the 'Mater Continuous Care Team' 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 the process.

You will need to have a support person, such as a friend or family member, that can help you out 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 months, with a gradual lessening of pain, stiffness and swelling, as you gradually 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 calls all patients who discharge directly home following your knee replacement within approximately 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, but we will speak with you up until this point.

For patients who require inpatient rehabilitation, the orthopaedic ward team will arrange your transfer to the appropriate facility, prepare you for the transition and handover your ongoing care to that facility.

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 or spinal anaesthetic.

How long does the operation take?

- **One knee** takes 1-2 hours
- **Two knees** takes 2-3 hours

How long will I need to stay in hospital?

Most patients need to stay in hospital 3-4 days following their surgery.

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 or as a 'day' patient. You can choose to have physiotherapists and nurses come to your home for rehabilitation, or travel to your local private hospital for 'day therapy' (often includes hydrotherapy), or continue to see your own private physiotherapist. Our ward therapists will make all the necessary referrals for you once you are in hospital.

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.

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 for exercising, but should aim to be off your stronger painkillers – speak to your GP, rehabilitation physician at day therapy, or surgeon regarding weaning your medication.

How long will I be on the painkillers?

Your GP, surgeon or the rehabilitation physician will review your pain management throughout your rehabilitation and guide you through when to reduce and cease painkillers. It is not uncommon to have some pain or discomfort in your knee for up to six to nine months after surgery.

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 six 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.

Can I shower with my wound?

Yes, the dressing is waterproof, however if water gets soaked through the dressing it may need to be changed, as you need to keep your wound clean and dry for two weeks after your operation.

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 when you are able to walk without a limp. Your physiotherapist will 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, so continue using your stick when you will be in crowds, uneven ground or on public transport until you are confident.

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 that

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 – if in doubt, please ask at your post-operative review.

When can I return to driving?

Your surgeon will advise when you can return to driving. This may be up to **six weeks** following surgery. 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, 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 six 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.

When can I return to sexual intimacy?

You can return to this when you feel comfortable to. Please ask your treating teams on the ward 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 six 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. Keep your TED stockings to wear when you fly.

Will I set off the scanner 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 knee 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 coming in for your knee replacement surgery, please contact the Mater Continuous Care Team.

Phone: (02) 9900 7475
(Mon-Fri 8am-4pm, & Sat 8am-12pm)
or email: MCCT@svha.org.au

We will call you back within 1 working day for all queries or concerns.

APPENDIX

Car transfers

HOW TO GET IN AND OUT OF THE CAR SAFELY



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.



Ensure the passenger seat is pushed fully back and the back rest reclined to a 45 degree angle. If you have been advised to use a wedge cushion ensure it is on the seat.



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).



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



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. Remember not to twist. Keep your legs close together as you bring them into the car. Bring the back rest up to a comfortable position when travelling.



If you find it difficult to slide your legs into the car, you can lift your legs individually. Remember not to lean forwards or twist. You may want someone with you to assist with lifting your legs into the car for the first few times.

To transfer out of the car, use the above procedure in reverse.



NOTES

[illegible]



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