



**ST VINCENT'S  
PRIVATE HOSPITAL**  
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA



Patient Information

# **YOUR KNEE REPLACEMENT JOURNEY**

Unilateral/Total Knee Replacement

Thank-you for choosing St Vincent's Private Hospital Melbourne for your knee replacement surgery. We understand that undergoing this surgery is a big milestone in your life. Our booklet is designed to give you key information to help you achieve the best outcome for your knee replacement surgery. We will discuss the stages in your Joint Replacement Journey, from the time you book in for surgery until your discharge from hospital and recovery at home.

St Vincent's Private Hospital is a world leader in joint replacement surgery. All our staff are highly skilled in caring for orthopaedic patients, using some of the most innovative techniques and technologies in the world.



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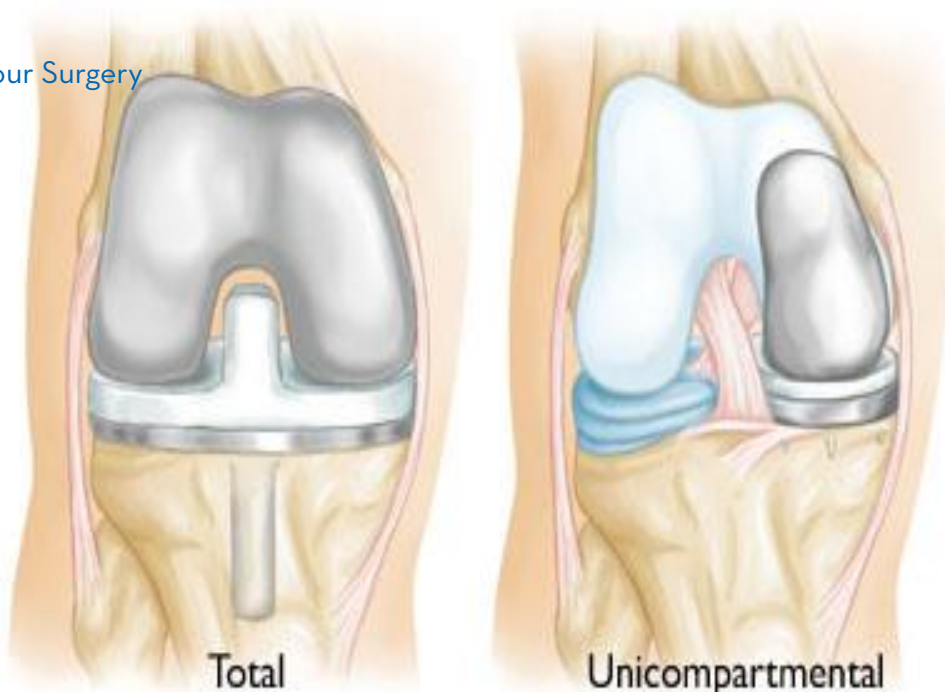
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## TOTAL KNEE REPLACEMENT

A total knee replacement is where your surgeon removes damaged areas of the knee joint and replaces it with an artificial joint (a prosthesis). Knee replacement involves replacing the end of the femur (thigh bone) and the top end of the tibia (shin bone).

The underside of the patella (knee cap) may also be resurfaced. A plastic component is inserted to act as a cushion between the femur and tibia prosthesis. Nerves, blood vessels, muscles and the patella are moved aside during the surgery. The ligaments are preserved because they are necessary for the joint to move.

## UNILATERAL KNEE REPLACEMENT

A uni or partial knee replacement is where only one part of the knee joint is replaced. This may be the medial (inner) side of the joint, lateral (outer) side of the joint or the femoral-patella portion of the joint (knee cap and underlying surface). As only part of the knee joint is replaced, patients undergoing a uni knee replacement generally recover a little more quickly than those undergoing a total knee replacement.

# OVERVIEW

Our clinical pathway for joint replacement patients is designed to assist your recovery so you can return to your normal activities as soon as possible. For this program 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 and faster recovery.

It is recommended that you read this booklet thoroughly in conjunction with the online information provided. This includes a prehab exercise video and a microsoft teams link to our **online education class**.

This will assist your preparation before surgery both physically and emotionally, and help with a smooth recovery.

It is however only a guide and each person may require differing treatments.

Therefore, it is important that you follow the specific instructions given by your surgeon and treating team.

## PREPARING YOUR HOME FOR SURGERY

Planning your discharge home starts the moment you decide to have your knee replacement surgery. One of the first things you need to discuss with friends or family members is who will assist you when you are discharged from hospital. Most patients are ready to be discharged 2-4 days after surgery.

Whilst you will be able to walk with the aid of crutches/ walking frame when you go home, it is important you don't overdo it in the first few weeks following surgery. Preparing your home prior to surgery and ensuring you have someone to assist you to get home from hospital and with more strenuous activities such as cleaning, shopping and laundry will aid in a smooth recovery. Optimising your home so it is ready for your return will also help keep you safe, prevent falls and reduce stress.

### Some general tips include:

- Keep frequently used items such as clothes, phone chargers, kitchen and eating utensils in easily accessible locations.
- If you have pets consider organising assistance to look after them following your surgery, and/or make arrangements to keep them in another area of the house when you first arrive home.
- You will require clearance from your surgeon before returning to driving. This may be up to 6 weeks following your surgery. Therefore you will need to arrange for someone to drive you to and from any appointments.
- You may wish to arrange for some help with cleaning, laundry and meals in the first few weeks. Freezing meals, ordering pre-made meals and stocking up on non-perishable items prior to your surgery can be useful.
- You may require assistance initially with supermarket shopping. Most grocery stores can deliver to your door, or if collecting a small number of items, consider taking a backpack rather than carrying shopping bags.

- Make sure hallways and rooms are clear of clutter and move furniture to allow sufficient space to move around safely with crutches. Move electrical cords or any trip hazards and ensure carpets/rugs are firmly anchored to the floor.
- Low furniture such as couches, soft surfaces or chairs with wheels (e.g. office chairs) should be avoided initially as they are difficult to stand up from. We recommend supportive chairs with armrests, a firm back and seats that are not too low. If you do not have a suitable option, our Allied Health team can arrange for you to hire an orthopaedic chair.
- Familiarise yourself with your local mobility store or pharmacy that supplies medical equipment such as over-toilet frames, long-handled aids and shower stools. You may need to hire or purchase some of this equipment. Our Allied Health staff will let you know if you need these for home.





## PREPARING YOUR BODY FOR SURGERY

Being mentally and physically prepared for surgery and having realistic expectations of how you will feel and what you will be capable of post surgery will optimise your recovery.

Remaining active prior to surgery by maintaining the movement and muscle strength in your affected knee may aid to improve your recovery time. Research studies have shown that most exercise is safe for those with arthritis. The exercise recommendations for healthy adults is 30 minutes of exercise 5 days a week. The type of exercise is your choice – whatever you feel comfortable doing and enjoy such as walking, swimming, cycling, pilates, or resistance training.

To assist minimising the risk of infection after surgery, we recommend that you bathe (full body) with soap the night prior to surgery, preferably for a few days leading up to surgery. Dry with a clean towel, dress in clean clothes and sleep in clean bed sheets. Ensure your skin is in good condition, with no cracks, sores or rashes. Don't shave the site prior to your surgery.

### OPTIMISING YOUR RECOVERY

It is important you maintain a well-balanced diet, high in protein and nutrients, prior to your surgery. You must also maintain good hydration. Your surgeon may also make specific recommendations regarding what to consume in the days prior to your surgery, including when you must start fasting prior to your surgery. Make sure you are consuming enough fibre and your bowels are working optimally. We recommend trying to open your bowels the night before or the morning prior to your surgery. This is because some pain relief used during and after surgery can cause the side effect of constipation.

We aim for you to be eating and drinking normally after your surgery to further assist with your recovery.





## ADMISSION TO HOSPITAL

### DAY OF SURGERY

You will be admitted to hospital the day of your surgery, where you will be seen by your surgeon, your anaesthetist and our nursing staff.

After your operation you will be transferred to our orthopaedic ward where our experienced 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 during your recovery.

The physiotherapist or nurse will assist you to sit up and stand for the first time and take a few steps with a walking frame approximately 3-4 hours after you return to the ward. Walking on your new knee with the aid of a walking frame as soon as you are well enough is an essential part of your recovery journey.

After your surgery, it is important you inform your team of how you are feeling. Optimal pain management requires your input so the nursing staff can ensure you have had adequate pain relief. It is also important you notify your nursing staff if you are feeling nauseous or unwell, so they can help you appropriately.

### CHECKLIST: WHAT TO BRING TO HOSPITAL

- ☐ Recent x-rays, scans and Doctors notes.
- ☐ Any medication you are currently taking. This must be in its original packaging clearly labelled – we cannot dispense medication in webster packs/dosette boxes.
- ☐ Non slip shoes with an enclosed heel.
- ☐ Current walking aids (e.g. crutches/walker).
- ☐ Comfortable clothes – you will be changing into your own clothes after surgery and will be walking on the ward with your physiotherapist.
- ☐ Phone charger (longer cords are best).

**We do not recommend you bring valuables with you to hospital.**

# YOUR HOSPITAL STAY

## WHAT TO EXPECT

During your hospital stay you will likely require blood tests, x-rays and other scans depending on your surgeon's protocol. These will be arranged for you and your nurse will advise when they will be required.

As an active participant in your own care, 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.

## PAIN AND SWELLING

It is normal for your knee to be swollen and sore after your operation. You will be provided with an ice pack which your team can refill for you to help with post-operative swelling and pain. We recommend icing your knee for 20-30 minutes every 1-2 hours.

Staying in the one position for too long can cause increased stiffness, swelling and pain. When you are in hospital it is recommended you change positions throughout the day and don't spend too long either sitting or lying down. It is important to regularly perform your exercises as prescribed by your physiotherapist.

## PRECAUTIONS

After a knee replacement you do not have any formal movement precautions and you are encouraged to move as comfortable. When lying in bed, it is important you rest with your knee out straight, ideally with a small roll under the heel. DO NOT place pillows underneath your knee to sleep or rest in bed. This is because your knee might stiffen and be difficult to straighten fully which is required when walking. It is recommended you avoid twisting or pivoting on that knee until you have built up the strength in your leg muscles again.

## WAYS TO GET MOVING

Physiotherapy after knee replacement surgery is an essential part of recovery to help you walk normally again, restore muscle strength, range of knee movement, and be independent with personal care such as showering and dressing. You will be seen by your physiotherapist every day in hospital including the day of your surgery and the day you go home.

On the day of your surgery, your physiotherapist will see you after your operation and assist you to stand and take a few steps with a walking frame. You may then be able to walk to the bathroom with your walking frame and the assistance or supervision of your nursing staff. 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. Most patients will be able to weight bear as tolerated straight after their operation, using a frame for support. The goal is to try and walk as normally as possible.

Your physiotherapist will also show you some exercises you can do in your bed. These exercises are for you to complete independently and are an essential part of your rehabilitation. These exercises are designed to get your new knee joint moving and the muscles in your thigh and buttocks (quadriceps and gluteals) working, in addition to promoting good circulation whilst you are resting.

**Day 1 post surgery:** You will be seen by your physiotherapist in the morning and afternoon. They will help you to progress from using a walking frame to crutches if appropriate. Your physiotherapist will also teach you further exercises to be completed standing or sitting which you can continue to complete up to 5 times a day.

Your physiotherapist and nursing staff will ensure your room is set up to enable you to sit out of bed for your meals and that you can access your bathroom independently if it is safe for you to do so.

**Day 2-3:** Your physiotherapist will continue to progress your walking with crutches and practice going up and down a step or stairs. Before you go home we want you to be independent and feel confident in getting in/out of bed, showering and dressing, walking with crutches and doing your exercises independently.

**Day 2-4:** Discharge time is 9:30am. Your physiotherapist may see you in the morning prior to you going home to further practice transfers, walking and to ensure you are confident and independent with your mobility, exercises and managing at home.

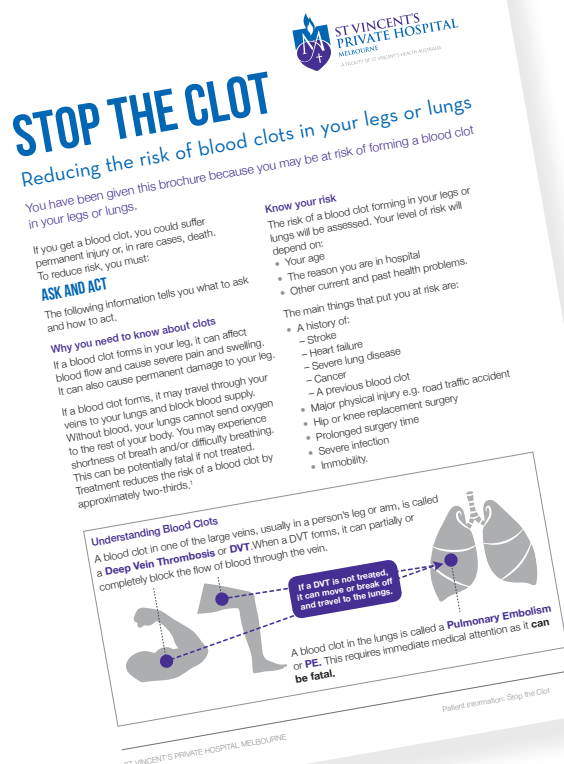
Total Knee Replacement – Rehabilitation Goals	
DAY 0	<ul style="list-style-type: none"> <li>Stand/walk with a walking frame with physiotherapist and nurse in your room.</li> <li>Commence independent bed exercises.</li> </ul>
DAY 1	<ul style="list-style-type: none"> <li>Complete your bed exercises independently.</li> <li>Sit on edge of bed or in a chair for meals.</li> <li>Walk to the bathroom with a frame.</li> <li>Shower if medically appropriate with assistance from nursing staff, with shower chair provided.</li> <li>Dress in your own clothes.</li> <li>Progress from a walking frame to crutches if appropriate.</li> <li>Commence standing exercises.</li> </ul>
DAY 2	<ul style="list-style-type: none"> <li>Shower sitting or standing and dress in your own clothes.</li> <li>Walking independently with crutches.</li> <li>Practice step/stairs if required.</li> </ul>
DAY 2-4	<ul style="list-style-type: none"> <li>Walking independently with crutches, independent with exercises, getting in/out of bed and independent with showering/dressing.</li> <li>Discharge home 9:30am.</li> </ul>

## PREVENTING BLOOD CLOTS

Undergoing a knee replacement can increase your risk of developing a blood clot, such as a DVT (Deep Vein Thrombosis) post operatively. Whilst your medical team will have prescribed anti-coagulation (blood thinning) medication to help prevent a blood clot forming, moving gently is also vital to reduce your risk. Other measures include anti-embolic stockings and foot pumps.

Your physiotherapist and nursing staff will encourage you to regularly move your feet up and down like you are using the brake accelerator on a car when you are resting in bed, as well as going for frequent short walks as tolerated.

You will be provided with a brochure “Stop the Clot” on admission which details further information including the signs and symptoms to look out for. If you develop pain, redness or swelling in your lower leg(s), difficulty breathing or pain in your chest it is important you notify your nurse immediately.





## PAIN MANAGEMENT

After knee joint replacement surgery, some pain is to be expected. It is our goal to manage your pain so you are comfortable and can participate in your rehabilitation.

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 will your pain.

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 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 increasing discomfort.**

**DO NOT WAIT UNTIL YOU HAVE SEVERE PAIN.**

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.

## PAIN ASSESSMENT SCALE

	<b>10</b>	<b>Worst pain you can imagine</b>
	<b>7-9</b>	<b>Severe pain: Pain that keeps you from doing your regular activities</b>
		<b>9</b> Pain is so bad that you can't do any of your regular activities, including talking or sleeping
		<b>8</b> Pain is so intense that you have trouble talking
		<b>7</b> Pain distracts you and limits your ability to sleep
	<b>4-6</b>	<b>Moderate pain: Pain may interfere with your regular activities</b>
		<b>6</b> Pain makes it hard to concentrate
		<b>5</b> You can't ignore the pain but you can still work through some activities
		<b>4</b> You can ignore the pain at times
	<b>1-3</b>	<b>Mild pain: Pain that doesn't interfere with your regular activities</b>
		<b>3</b> You may notice the pain but you can tolerate it
		<b>2</b> You feel some twinges of pain
		<b>1</b> You barely notice the pain
	<b>0</b>	<b>No Pain</b>



## MULTIMODAL PAIN MANAGEMENT

Coping with pain after surgery doesn't have to mean taking more pain medication. There are additional strategies that can help you deal with this. Using a combination of these strategies can be very helpful and provide better pain relief than medication alone.

- **Stay ahead of the pain:** Don't wait until your pain is severe before taking your medication. This can make it more difficult to control your pain. Your surgical team will advise you on when to take your pain medication.
- **Ice packs:** You will be provided with an ice pack on the ward which can help with pain and swelling. It is recommended you ice your knee for 20-30 minutes 4-6 times a day.
- **Sleep:** Good sleep improves your ability to manage pain and is an important part of healing. If you are having trouble sleeping comfortably speak to your nurse or medical team so they assist.
- **Gradual increase in activity:** Doing too much too fast can cause an increase in pain and swelling. It is important that you gradually increase the amount of exercise and walking you do, and balance this with enough rest and elevation of your leg in the first few days to weeks following surgery.
- **Don't sit for too long:** Sitting for a long period of time can lead to more pain and stiffness in your knee. Getting up every hour or so during the day can help reduce pain and stiffness and reduce the risk of blood clots.
- **Reduce stress:** Whilst it is perfectly normal to be anxious or stressed about your surgery and recovery, these feelings can lead to increased pain. Stress reduction techniques such as deep breathing, relaxation exercises and mindfulness can be very beneficial in reducing stress and managing pain.

# DISCHARGE FROM HOSPITAL

You will be discharged from hospital Day 2-4 post surgery.

**Before sending you home we will make sure that:**

- Your medical condition is stable.
- You are emptying your bladder and have opened your bowels.
- Your pain is controlled with oral pain medication.
- Your home is prepared for your safety and with any equipment required.
- You are getting in and out of bed independently.
- You are walking independently on the ward using crutches and can climb stairs if necessary.
- You can safely perform personal activities of daily living such as getting on/off the toilet and showering with minimal assistance.
- You are able to bend your knee and have good thigh (quadriceps) and buttocks (gluteal) muscle activity.

**Discharge time is 9:30am. Please arrange for someone to pick you up at this time.**

On discharge you will be provided with a discharge summary letter with instructions specific to you, including wound care. You will also be provided with a physiotherapy discharge letter to provide to the next physiotherapist overseeing your rehabilitation once you are home. You will be provided with instructions and pain medication to take home, along with anti-coagulation medication to prevent blood clots.

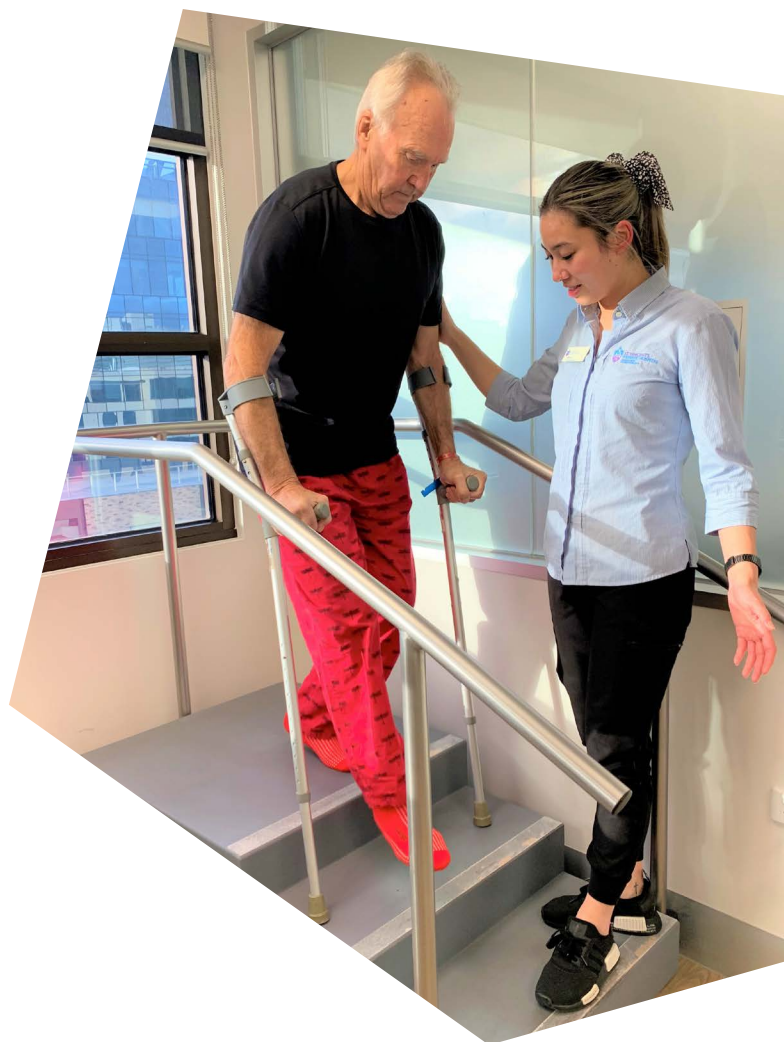
## FOLLOW UP SERVICES

Arrangements for who will look after your wound and who will provide your follow-up physiotherapy once you are discharged from hospital will be organised prior to your discharge.

You may receive a follow-up phone call from a nurse following discharge to see how you are settling in at home. If you have any urgent concerns, please present to your nearest emergency department. Alternatively, you may contact the hospital for non-urgent advice on:

- **East Melbourne:** (03) 9928 6555
- **Fitzroy:** (03) 9411 7111
- **Kew:** (03) 9851 8888
- **Werribee:** (03) 9218 8000

Your surgeon will inform you when to arrange a follow up appointment if you have not already made one.





# MANAGING AT HOME AFTER SURGERY

## SWELLING

After your surgery the operated leg will swell. If you sit for long periods, you will notice swelling in your foot and ankle, which will be more noticeable as the day goes on. Walking frequently will help reduce the swelling as will resting with your feet up. When you get out of bed in the mornings, you should notice that this swelling has decreased.

Bruising and discolouration may be seen from your knee down your leg, this is normal and may occur a few weeks after your surgery. It is important to continue to manage your swelling (e.g. ice, elevation) as excessive swelling will delay healing and limit the amount you can move your knee. It is normal that your operated site will be warmer than your other knee, this is because the blood is pumping to that area to help healing.

## PAIN RELIEF

Continue the pain relief you have been given on discharge. This will aid your recovery by making it easier to do your exercises and move. It is important you take your pain medication regularly and do not wait until you are in severe pain before you take them, as it can then be harder to get your pain back under control. We recommend completing your exercises 30 minutes after taking pain medication. This will enable you to participate effectively in your physiotherapy rehabilitation and move around your home comfortably. As your pain improves your medications can be gradually reduced and ceased. Continue to use ice packs as this aids in reducing swelling, bruising and pain relief, particularly after exercise.

## YOUR WOUND

You will have a waterproof dressing on your wound. This is to remain on, undisturbed for **14 days or until your follow up appointment with the surgeon.**

You may shower normally and pat this dry. Do not swim or immerse yourself in a bathtub whilst you have this dressing on. Slight redness is normal around the incision site. It is normal to see some ooze on the dressing, this can stay in place. The only time you will need to have this dressing changed is if the ooze is not contained in the dressing. If you notice excessive wound ooze, high temperatures, your wound is hot to touch or is red and angry looking you should call your surgeon or your treating hospital (see page 11).

## CLOT PREVENTION

You will need to wear your TED stockings as directed by your surgeon to help prevent blood clots. Depending on your individual medical needs you may be discharged home with prescribed medications such as pain killers and blood thinners. Short frequent walks will also help prevent blood clots from forming.

## DIET

You may eat what you like, but may find you have a poor appetite after surgery. It is important to keep up your nutrition to promote healing. Protein rich foods include dairy products, meat, fish and poultry. Having small meals frequently may be better than sitting down to three meals a day. Constipation can be common after surgery – we suggest you eat a diet high in fruit, vegetables and fibrous foods and encourage you to drink plenty of fluids. You may need aperients from the pharmacy to help relieve constipation.

## DRIVING

Please discuss with your surgeon (generally 4-6 weeks).

## HEALTH CONCERNS

**The following signs and symptoms are important to let someone know about:**

- **Chest pain or shortness of breath – Call 000**
- **Calf pain or calf swelling**
- **Fevers or chills**
- **Ongoing nausea or vomiting**
- **Bleeding**
- **If your wound becomes red, hot, painful, inflamed or has any discharge**



## REHABILITATION AND RETURNING TO ACTIVITY

Continue your exercises as per your physiotherapist's instructions. You need to continue with the home exercises prescribed to you in hospital, 4-5 times a day, until your rehabilitation is taken over by your follow-up physiotherapist. You will need to provide them with your exercise sheet to show the exercises you have been instructed in hospital. They will add in new exercises once you are ready for progressions. It is a good idea to develop a routine to ensure you complete all your exercises and practice walking, whilst taking care to not overdo it.

### Physiotherapy/Activity Regime



It is a good idea not to do anything excessively. Do not exercise non-stop, do not sit in a chair all day, do not stand all day and do not lay in bed all day. The aim is to gradually resume normal everyday activities. Strenuous activity should not be resumed until discussed with your surgeon. Broken sleep at night is common – this is due to having frequent rest periods during the day and not doing your normal level of activity.

After the first 6 weeks of rehabilitation, you may find the exercises you have been completing are becoming quite easy. If this is the case, discuss with your physiotherapist when you can return to formal exercise, such as attending the gym, using an upright static bike or increasing the difficulty of your home based exercises. This will assist you in working towards your return to your desired activities.

Unless specified, you are allowed to stop using crutches when you are able to walk comfortably without a limp. This usually occurs between 2-4 weeks after your surgery.



## REHABILITATION AND RETURNING TO ACTIVITY

### KEY POINTS

- Make sure you continue your exercises as per physiotherapy instructions.
- Don't wait until your pain is severe before taking your medication.
- Leave dressing intact as directed by nursing staff and surgeon (14 days or until follow up with surgeon).
- Regular use of ice packs after knee replacement surgery can reduce swelling and pain.
- Do not rest in bed with a pillow under your knee – have your knee out straight.
- Swelling, bruising and discolouration may be seen around your knee, foot and ankle. This is normal and may occur a few weeks after your surgery.
- Good sleep improves your ability to manage pain and is an important part of healing. You can sleep on your side with a pillow between your legs if you find it more comfortable.
- Doing too much too fast can cause an increase in pain and swelling.
- Sitting for a long period of time can lead to more pain and stiffness in your new knee.



## FREQUENTLY ASKED QUESTIONS

### What sort of anaesthetic will I have?

There are different options such as a general anaesthetic and/or spinal anaesthetic. It is best to discuss your individual anaesthetic options with your anaesthetist.

### How long does the operation take?

While the actual operation can take about 1.5 hours, the perioperative journey of holding bay, anaesthetic, surgery and recovery in total takes about 2-3 hours.

### Do I need rehabilitation after my surgery?

You will need to carry out strengthening and mobility exercises following your knee surgery to assist your recovery. Your physiotherapist in hospital will show you exercises to complete independently which you should continue when you are home. Please discuss rehabilitation options with your surgeon or treating team.

### How long will I be on the painkillers?

Your GP or surgeon will review your pain management throughout your rehabilitation and guide you when to reduce and cease painkillers. It is not uncommon to have some pain or discomfort in your knee for up to 6-9 months after surgery.

### 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 6 weeks, pain will be significantly less than it was when you discharged home. You may still be experiencing pain, especially at night or after increased activity. You may still be requiring some pain relief either overnight or prior to exercising, but should aim to be off your stronger painkillers – speak to your GP or surgeon regarding weaning your medication.

### When will the swelling go away?

It normally takes 4-6 months for the swelling to go away completely. Continue to use ice packs on your knee and continue to elevate your leg periodically 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, with your operated leg on the uppermost side, and using a pillow between your legs. It is ideal that you sleep on your back with your knee straight if you can tolerate this position.

### Can I shower with my dressing?

Yes, your dressing is waterproof however you need to keep your wound clean and dry for two weeks after your operation. Avoid having your knee directly under running water and pat dry immediately after showering. If water soaks through the dressing it may need to be changed. Contact your GP or surgeon if you feel your dressing might need changing. Do not submerge your knee in water in a bath, spa or pool until cleared by your surgeon, which is normally around 6 weeks after surgery.

### When can I walk without 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 your crutches 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 aid, so continue using your crutches when in crowds, on uneven ground or on public transport until you are confident without them.

### When can I return to driving?

Your surgeon will advise on this. This may be up to 6 weeks following surgery. 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 first few weeks, so it is best that you 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. Discuss your individual circumstances with your surgeon at your post-operative review.

## FREQUENTLY ASKED QUESTIONS

### When can I start getting massages again?

No massage over your wound on your operated leg until it has healed (3-6 weeks). You may get a massage in the muscles around the knee around 2 weeks after surgery – your physiotherapist will be the best placed to advise you on this.

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

Due to the risk of infection, it is important you notify your dentist about your knee replacement surgery if you require any dental work within 12 months of your operation. They may prescribe antibiotics to help prevent an infection or you may need to cease any blood thinning medication you are taking prior to your appointment. Please discuss this with your surgeon.

### When can I return to sexual intimacy?

You can return to this when you feel comfortable. Consider positions that you will feel most comfortable and supported.

### When can I return to the gym or other exercise?

Your physiotherapist will be able to advise you on when you can return to more strenuous exercise. Your surgeon will provide advice regarding when you can return to water based exercise. Your surgeon will also recommend any restrictions regarding high impact exercise following a knee replacement.

### Can I kneel on my knee?

Usually if you couldn't kneel on your knee before your surgery you are unlikely to be able to afterwards. Some surgeons are happy to allow you to kneel on your new knee for short periods but you should clarify this with your surgeon. It may be uncomfortable, partly due to the scar, but also due to the reduced range of motion you may have, which makes it difficult to get up and down. 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 – 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 fly on a plane?

Short flights after surgery are generally safe 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.

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

It depends on the sensitivity of the scanner, 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 may not be sufficient.

### What if I am not ready to go home day 2/3?

Your treating team will be continuously monitoring your progress whilst you are in hospital. We will not discharge you home until you have achieved the discharge criteria and it is safe to do so. Inpatient rehabilitation is assessed on an individual basis as deemed appropriate by your clinical treating team.

### How can I get in touch if I have further questions?

Please speak with your surgeon or contact your treating hospital (see page 11).

# PAIN DIARY

Please record your pain out of 10 every morning and evening for 10 days after discharge, as well as after medication.



No Hurt

**0**

No Pain



Hurts a little bit

**2**

Mild Pain



Hurts a little more

**4**

Moderate Pain



Hurts even more

**6**

Severe Pain



Hurts a lot

**8**

Very Severe Pain



Hurts worst

**10**

Worst Possible Pain

DATE	TIME	PAIN RATING /10	MEDICATION TAKEN	PAIN RATING /10 1 HOUR AFTER MEDICATION
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			
	AM			
	PM			



# EXERCISES

These exercises can be completed pre and post surgery. Please check with your physiotherapist following your surgery. **Complete 3-4 times per day.**

## STATIC QUADS COMBINED WITH CALF STRETCH

### 10 REPETITIONS

Hold 3-5 seconds

Straighten your knee on the bed. Tighten the muscle on the front of your thigh whilst stretching your calf muscle at the same time.



## HIP/KNEE BENDING

### 10 REPETITIONS

Lying on the bed or couch, gently slide your foot up towards your bottom, bending your hip and knee (make sure your heel stays on the bed/couch).



## KNEE STRAIGHTENING ON THE BED

### 5-10 MINUTES

Aim to build up to 10-30 minutes

Place a small rolled-up towel underneath your HEEL and just rest there – letting your knee relax and straighten as much as possible.



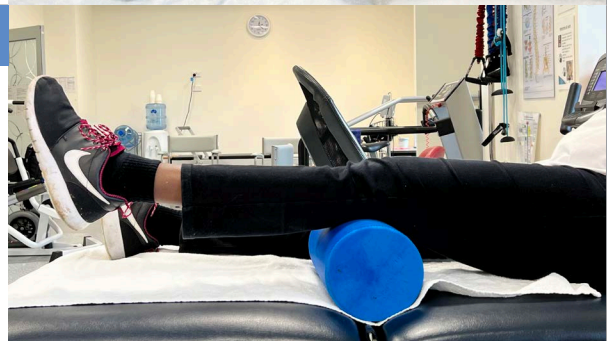
## QUADRICEPS OVER A ROLL

### 10 REPETITIONS

Hold for 3 seconds

(then lower heel slowly back to the bed)

Place a rolled-up towel under your knee. Press the back of your knee into the roll as you lift your heel off the bed, straightening the knee. Do not lift your knee off the roll.



# EXERCISES

Standing exercises should be performed whilst you hold onto a firm support, such as a kitchen bench. And remember to keep your back straight. **Complete 4-5 times per day.**

## KNEE BENDING - SITTING ON EDGE OF THE BED

### 10 REPETITIONS

Hold for 5 seconds

Sit on the edge of the bed with your thighs supported, and allow your knee to bend over the side of the bed. Make sure that you are actually bending at the knee joint. You can use your good leg to support your operated leg as you bend it if you want.

**Progression:** Progress by sliding your bottom forward on the bed to increase the bending of your knee.

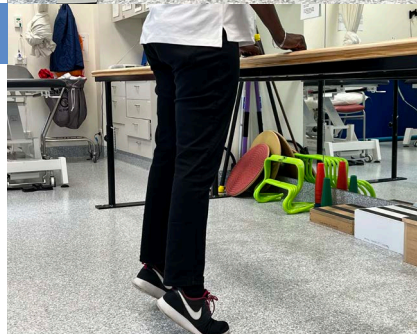


## HEEL RAISES

### 5-10 REPETITIONS

Hold 3 seconds

Standing up, rise onto your toes. Initially, put more weight through your good leg than your operated leg until it is comfortable to keep the weight even between the two.



## QUADS IN SITTING

### 5-10 REPETITIONS

Hold 3 seconds

Sitting in a chair, straighten your knee.



## BACKWARD KNEE BENDS

### 5-10 REPETITIONS

Hold 3 seconds

Bend your knee, taking your heel back towards your bottom. Make sure you are not taking your hip behind you – only bend your knee.









# EXERCISE DIARY

Use this diary to help keep track of your physiotherapy exercises once you are home. Make sure you are completing them 4-5 times per day.

[illegible]



# CAR TRANSFERS

GETTING IN AND OUT OF A 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 slightly. This will give you more room.
	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.
	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. Keep your legs close together as you bring them into the car. Bring the back rest up to a comfortable position when travelling.
	You can lift your legs individually into the car, taking care not to lean forward or twist. You may want someone to assist with lifting your legs the first few times.

## Parking Tips for your Driver

Park away from the curb on flat ground to avoid having to bend down too low to sit into the car. If you have a higher car (i.e. 4WD), it may be better to park very close to the curb so the car seat is not too high.

## EQUIPMENT FOR HOME

When recovering from your knee replacement you will require crutches for a period of time. We recommend elbow/forearm crutches which our physiotherapists can provide to you on admission. If you already own crutches, please ensure they are height adjustable and the stoppers are not too worn – and bring them into hospital when you are admitted.

Any other equipment you may require following your surgery can be hired or purchased from mobility stores. Our Allied Health team can advise you on any equipment you may need and help arrange for their delivery for patients who reside in metropolitan Melbourne. For patients who live outside metropolitan Melbourne, we advise you to familiarise yourself with your nearest mobility store (such as Country Care) as you will need to organise equipment as advised by your treating physiotherapist.

In the event you require a visit from our Occupational Therapist, we can arrange this on the ward prior to discharge.

### CHECKLIST:



- ☐ Crutches.
- ☐ Over-toilet seat.
- ☐ Suitable height chair with arms.
- ☐ Shower chair (optional).
- ☐ Leg lifter (optional).



*Developed in consultation with our patients*

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**ST VINCENT'S  
HEALTH AUSTRALIA**

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

OCT 2022