



Patient Information

Knee Replacement



Orthopaedic Education Package for Knee Replacement Surgery

The Nursing Unit Manager and Staff welcome you to Kareena Private Hospital. This booklet was prepared for your information and to aid and inform you of aspects of your proposed operation. We believe that a patient who is well informed is better able to participate in his or her own care during their hospital stay. This ensures that you will gain full benefit from your joint replacement surgery. We hope that you find it useful. We also hope that you have a comfortable stay. Please do not hesitate to contact us if you have any questions.

Visitors Information

Kareena Private Hospital is a smoke free zone.

Telephone Numbers:

Front desk: 9717 0000

Preadmin clinic: 9717 0120

Day Surgery Lounge: 9717 0163

kareenaprivate.com.au

Visiting Hours

10AM – 12PM & 3PM – 8PM

REST PERIOD 12PM – 3PM (no visitors allowed)

Rehabilitation Ward: 3.00pm – 8.00pm

Private Rooms

Whilst every effort is made to accommodate your request, we cannot always guarantee availability.

What is a Total Knee Replacement?

The knee joint

The knee joint is formed by the top of the shin bone (tibia) and the base of the thigh bone (femur). The ends of the bones in a joint are covered with a smooth material called cartilage.

The most common condition that leads to the need for a knee replacement is arthritis

Arthritis

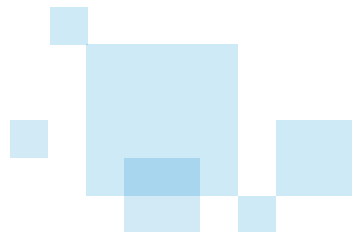
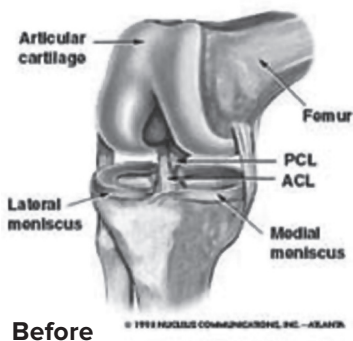
Arthritis occurs when the smooth cartilage coating the ends of the bone wears away, exposing the underlying bone, causing roughness and deformity of the joint. Movement becomes restricted and chronic pain results. A limp can develop along with incorrect alignment and instability of the joint.

Total knee replacement

This is an operation designed to line or resurface the damaged joint with artificial metal and plastic replacement parts called a prosthesis, providing excellent pain relief and improving mobility and stability. There are several types of prosthesis available; your surgeon will choose the one most suited to your needs.

Your new joint will

- Relieve pain
- Decrease stiffness and limited movement
- Correct alignment and instability
- Restore quality of life



Prior to admission

To assist with the efficient process of your admission and subsequent discharge from the hospital, a degree of planning is required by the hospital staff.

Pre Admission Clinic

Depending on your surgeons preference, you will be requested to attend the Orthopaedic Preadmission Clinic. This clinic, is staffed by a GP who will do a comprehensive medical assessment and ensure that you are prepared for the scheduled surgery. All questions and queries can be answered by the nursing staff at this time. You will also be invited to partake in the Orthopaedic Joint Clinic that is customised for your surgical experience incorporating pre and post surgery and your hospital stay flowing on to your Rehabilitation journey.

Pre-existing medical conditions

If you have a pre-existing medical condition, you may need to see a Specialist Physician before admission. Your surgeon will let you know if this is necessary.

Blood tests

Blood tests, x-rays and often an ECG will need to be attended as per your surgeon's request.

Antimicrobial soap

You will be required to shower for 2 days prior to your surgery with an antimicrobial soap, with particular attention being paid to the joint to be operated on. Please shower with the antimicrobial soap again on the day of surgery prior to admission. Please use a clean towel after each shower. DO NOT USE powders, deodorants, creams, perfumes, make up or nail polish after that shower.

DO NOT SHAVE YOUR LEGS

Skin integrity

It is important that your skin is intact and free of infection and inflammation prior to your surgery. Any cuts, abrasions, rashes or sores must be reported to your surgeon. We advise that you stay away from gardening and home maintenance work 1 week prior to surgery.

Smoking

You are advised to stop smoking for as long as possible prior to surgery. It will affect the anaesthetic and the healing process. Kareena Private is a smoke free environment.

Admission time

Your admission and fasting times depend on the time of your operation. You will be given instruction at the pre-admission clinic regarding that information.

Expected length of stay in hospital

The average length of stay is 3-5 days if no rehab is required.

What to bring to hospital

- **MEDICATION**

In it's original packaging from the pharmacy. We ask that you do not bring in Webster packs or day dividers.

- **X-RAYS, MRI & Scans** (related to this surgery only)

- **NIGHT ATTIRE**

- **DRESSING GOWN AND SLIPPERS** (thongs and scuffs are not suitable)

- **LIGHT COMFORTABLE CLOTHING**

Track pants, shorts & t-shirts, skirts. Dressing in day clothes is important for personal comfort and safety. It also has a positive psychological effect following surgery.

- **TOILETRIES**

- **CRUTCHES**

You will be given a pair of crutches. If you would like to use Canadian or elbow crutches you can hire these from most major pharmacies or surgical supply outlets.

Other equipment, e.g. walking frames already in use at home. Patients with sleep apnoea using CPAP are asked to also bring these into hospital.

- **PERSONAL AIDS**

Hearing aids, glasses

- **PLEASE LEAVE ALL VALUABLES AT HOME**

On admission

On the day of your admission please report to the Hospital reception desk on the ground floor.

DSU

You will be escorted to the Day Surgery Admission Centre if your surgery is scheduled for the morning. you will be prepared for your operation in this area.

Anaesthetist

Your Anaesthetist will see you and discuss your anaesthetic and pain management with you and will assess your suitability for General, Epidural or Spinal block anaesthetic. Information about anaesthetics used in knee replacement surgery will be discussed at the pre-admission clinic.

Graduated Compression Stockings

These will be applied to both legs to help in the prevention of blood clots as per your Doctors recommendations.

Blood tests

Any blood tests and x-rays that have not been completed prior to admission will be attended.

Operating theatre

You will then be transferred to the THEATRE HOLDING BAY before transferring to the operating theatre. Joint replacement surgery takes between 1 1/2 - 2 hours plus recovery time.

Ward

You will only be transferred to the Orthopaedic ward after your stay in recovery.

After the operation

Recovery room

You will wake up in the recovery ward, you will be drowsy and may not remember very much. Average length of stay in recovery is about 1 hour.

Oxygen mask

You will have an oxygen mask on your face (oxygen is usually continued for the first 12 to 24 hours).

Intravenous cannula

You will have an IV cannula (or drip) for replacement fluids and antibiotics.

Pain control

Your pain will be controlled as per the Anaesthetist's instructions.

Dressing

A dressing will extend over the surgical incision.

Wound drain

You may have a wound drain in place to remove any excess blood and fluid from the operation site, depending on the surgeon.

Indwelling urinary catheter

This will be inserted into your bladder while you are asleep. Some medication for pain relief can affect how the bladder works.

Calf compressor machine

Calf compressors are used in conjunction with the graduated compression stockings to assist in the prevention of blood clots.

X-ray

An x-ray will be taken of your new knee before you are transferred to the ward.

On the ward

The nurses will monitor your progress closely. Vital signs (blood pressure, pulse, temperature), will be checked regularly. IV fluids will continue, but you will be able to eat and drink as desired.

Nausea

May occur (not always) for a short period of time. Medication can be given to control it.

Pain management

Your pain will be managed by methods as discussed by the Anaesthetist. Pain levels will be monitored closely by the nurses. Please discuss with staff your level of discomfort.

Wound drain and dressings

These will be removed after 24-36 hours and a waterproof dressing will be applied to allow you to shower normally.

Urinary catheter

This will be removed within 24-36 hours.

Physiotherapist

The Physiotherapist will visit and commence your exercise program. You will be shown how to do deep breathing and coughing exercises to expand your lungs and prevent chest congestion. Within 24 hours of your surgery you may sit out of bed and walk a short distance (using a walking frame), depending on how you are feeling.

Pain management

Pain and discomfort associated with surgery usually affects how you feel physically as well as emotionally. In turn how you feel can influence how quickly you recover from your surgery. So controlling your pain effectively is important for your comfort and recovery.

Pain is a very individual experience, so we can not advise you of how much pain to expect. Some people have experienced more pain in their knee before surgery than after the surgery. It is very important that your pain is well controlled and that you do not put up with excessive pain, as it will diminish your ability to move your new joint and do your physio exercises.

Benefits of effective pain management

Besides making you feel better and more comfortable, effective pain management:

- Speeds up your healing and recovery
- Reduces your risk of complications
- Helps you move about sooner
- Improves your return to health and wellbeing

Regular pain medication

You will be given regular pain medication as per your surgeon's preference. If you have any difficulty with the pain medication, please discuss it with the nursing staff.

Ice packs

Ice packs are very effective in reducing pain. They are used regularly to reduce swelling and bruising.

On discharge

When you are discharged home you will be given pain medication to take with you and information on its use.

Physiotherapy

Physiotherapy is a vital part in the recovery of joint replacement surgery. If the exercise program is not followed, then the risk is that your joint will stiffen and you will not achieve the best result from the surgery.

Walking frame

The Physiotherapist will visit you every day and assist you with your exercise program. You will commence mobilising using a forearm support frame which enables you to take some of your body weight through your arms, but you will be encouraged to take as much weight through your legs and walk as normally as you can.

Crutches

You will then progress to crutches and be able to safely negotiate stairs with crutches before discharge. You will need to continue to use crutches for 3-4 weeks after surgery, or as your surgeon directs you.

Activities of daily living

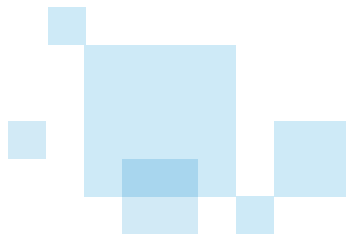
The nurses will assist you with showering and dressing as needed and encourage you with your exercises. We do encourage you to be as independent as possible in preparation for discharge home.

Rest

Rest is equally as important as exercising. We maintain a daily rest period between 12pm-3pm. No visitors are allowed. This gives the patient the opportunity to have some quiet time.

On discharge

The Physiotherapist will give you instruction on exercises to be continued at home. Further physio visits after discharge are not always necessary after knee replacement surgery. If you do require further physio after discharge you can go to your local physio, you do not need to return to the hospital.



Going home

Many patients go home with feelings of uncertainty. These feelings are quite normal.

A positive attitude and common sense regarding what you can do and can't do will contribute to a smooth recovery. You should be reasonably independent with showering, dressing and mobilising with crutches. Some assistance may be required from family and friends.

Rehabilitation

Following your surgery you may need ongoing rehabilitation prior to returning home. For this you may be transferred to Kareena Private Hospital, a Ramsay Health Care hospital that has a fully equipped Rehabilitation unit. Your Doctor and Physiotherapist will assess your need for Rehabilitation before your discharge.

Wound care

You will be given instruction on discharge about caring for your wound at home.

Arrangements for removing clips or stitches will be made prior to discharge. Once the clips or stitches have been removed it is safe to shower directly onto your wound. You may experience lower leg swelling for up to 6 months after discharge. If this occurs, lie down and elevate your leg.

Contact your surgeon during business hours or the hospital after hours if you develop any of the following:

- an increase in pain
- any swelling not reduced by rest or elevation
- wound separation, redness or discharge
- elevated temperature
- pain in the calf or groin
- difficulty with breathing

IT IS IMPORTANT THAT YOU ARRANGE FOR SOMEONE TO DRIVE YOU HOME ON THE DAY OF DISCHARGE

IF YOU HAVE ANY CONCERNS ABOUT YOUR DISCHARGE HOME PLEASE TALK TO A MEMBER OF STAFF

Equipment needed for home

- **RAISED TOILET SEAT**

Getting on and off a toilet can be quite awkward following knee replacement surgery, especially for taller people. A raised toilet seat can be of great assistance. These can be hired from surgical supply outlets.

- **CRUTCHES**

You do not have to bring these in on the day of admission (you will not need them that day). You can arrange for a family member or friend to bring them in a day or two after surgery.

- **LONG SHOE HORN**

For putting shoes on.

- **SHOWER CHAIR**

We recommend that you sit down to shower when you first go home.

- **A SUITABLE CHAIR TO SIT IN**

You should have a chair that is not too low and difficult to get out of. Special adjustable chairs can be hired.

- **A CUSHION TO RAISE THE CAR SEAT WHEN TRAVELLING**

An ordinary pillow will be fine. Make sure that there is one in the car for your trip home from hospital.

Important rules for the first 3 months following knee replacement surgery

- **DO NOT** Kneel on your new knee
- **DO NOT** Run or jump
- **DO NOT** Twist or pivot your knee joint. Lift your foot as you turn
- **DO NOT** Sit for long periods, your joint will stiffen and your leg may swell
- **DO NOT** Do any heavy lifting
- **DO NOT** Drive a car for 4-6 weeks. Speak to your surgeon if you have questions regarding driving restrictions.
- **DO NOT** Sit in a low chair

FOLLOWING MOST KNEE REPLACEMENT SURGERY YOU WILL BE ABLE TO FULLY WEIGHT BEAR ON YOUR OPERATED LEG

Possible complications

Deep Vein Thrombosis (D.V.T.)

Deep Vein Thrombosis refers to the formation of blood clots in the deep veins in the legs. They cause swelling, redness and pain in the legs and restrict the blood flow. These clots can travel to the lungs and cause pulmonary emboli (PE), which can be life threatening.

To reduce the risk we recommend:

1. Lower limb exercises (e.g. foot and ankle)
2. Early mobilisation
3. Graduated compression stockings to be worn for the first 6 weeks (day & night)
4. Anticoagulants (blood thinning medication). Your surgeon may ask you to continue taking these for several weeks after surgery.
5. Calf compressors to be worn while in hospital.

Infection

There is a risk of infection following a surgical procedure because it involves the disruption of your main defence against infection - your skin. The following steps are taken to decrease the risk:

1. **Antibiotics**

These are given at the time of surgery and for the first 24 hours.

2. **Dressings**

The wound is covered with a plastic waterproof dressing. The nurses will check the dressing daily, but will only change it as required. Take care not to wet your wound until after the clips or stitches have been removed.

Constipation

To help avoid this becoming a problem:

1. Drink plenty of fluids
2. Mobilise
3. Tell your nurse if you are having trouble with your bowels

Falls

THE FALLS PROGRAM IS FOR THE SAFETY OF ALL PATIENTS

Reasons for falls

1. Unfamiliar surrounds
2. Medication - The anaesthetic drugs and pain medication can make you feel quite dizzy
3. Lack of confidence following surgery
4. Dependence
5. Stress
6. Confusion - Some patients become a little confused after an anaesthetic
7. Slippery floors
8. Graduated compression stockings - Walking on tiled bathroom floors in stockings is unsafe

Preventing falls

1. Ask the nurses for assistance
2. Be aware of your room environment
3. Footwear - We suggest that you bring in some slip on shoes or good sturdy slippers for mobilising in
4. Get out of bed slowly. Give your head a chance to clear
5. Use your stability aides. Don't be tempted to go off to the bathroom without your crutches
6. Make use of the call bell
7. Let the staff know if you feel unsteady
8. Report any spills
9. Put a light on at night if you need to get out of bed
10. Make sure there are no obstacles in your way

How to improve your recovery process

Rapid recovery from knee replacement surgery revolves around:

Reducing swelling

Use ice packs at home. We recommend that you use an ice pack for 20 minutes, 3 – 4 times daily until swelling has reduced.

Strengthening muscles

Continue the exercise program as instructed

Reducing pain

Continue to take pain medication regularly as required. We also recommend that you take pain medication 30 minutes before exercising so that you can mobilise your joint effectively.

Failure to address these issues will slow down your recovery considerably. Your dedication to doing your exercises is very important in achieving a successful outcome.

The staff of the Orthopaedic ward is committed to ensuring you are well cared for and that your stay is pleasant. Best wishes for a speedy recovery.

Home exercise program

1. Deep Breathing

10 times every hour

Take deep breaths to fill your lungs and prevent any lung complications after surgery.

2. Ankle Pumps

10 times every hour

Pump your ankles up and down to prevent clots (DVT) which can form after surgery.



3. Quads Contractions

10 times every hour (3-5 times a day at home)

With your leg out straight on the bed, tighten your thigh muscle and flex your ankle, straightening your knee down into the bed. Hold tight for 5 seconds. Relax. Repeat.



4. Knee Extensions (laying)

10 times, 3-5 times a day

Place a rolled up towel or soft drink bottle under your knee. Tighten your thigh muscle and press down on the rolled towel, straightening your knee completely. Your heel should lift from the bed. Lower. Repeat.



5. Straight Leg Raise

10 times, 3-5 times a day

With your leg out straight on the bed, tighten your thigh muscle and straighten your knee down into the bed. Then holding your thigh muscle with your knee straight, try to lift your leg from the bed. Lower. Repeat.



6. Knee Flexion (in sitting)

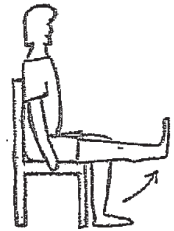
While sitting in a chair, bend your operated knee back under the chair as far as possible. Do not lift your buttock or thigh from the chair. Hold for at least 10 seconds.



7. Knee Extension (in sitting)

10 times, 3-5 times a day

Ensure your bottom is as far back on the chair as possible, then lean into the back support. Slowly bring your knee from the bent position through to fully straighten your knee.

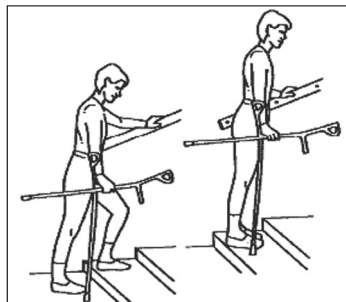
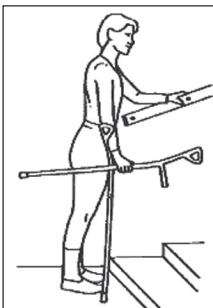


Stairs

Stand close to the stairs. Take one step at a time.

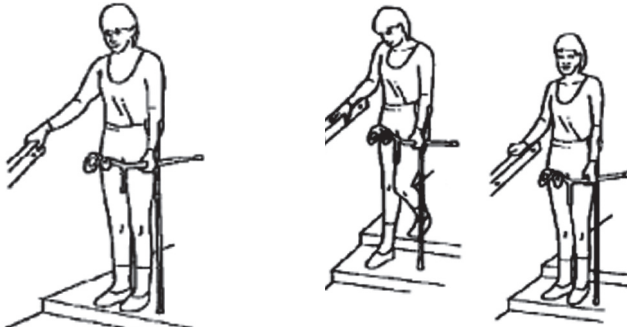
To go up “Good leg to Heaven”:

- Hold onto the handrail with one hand and the crutch/es with the other hand
- First take a step up with your unoperated leg
- Then take a step up with your operated leg
- Now bring up the crutch



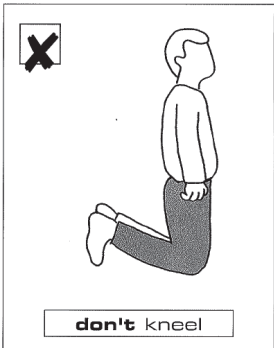
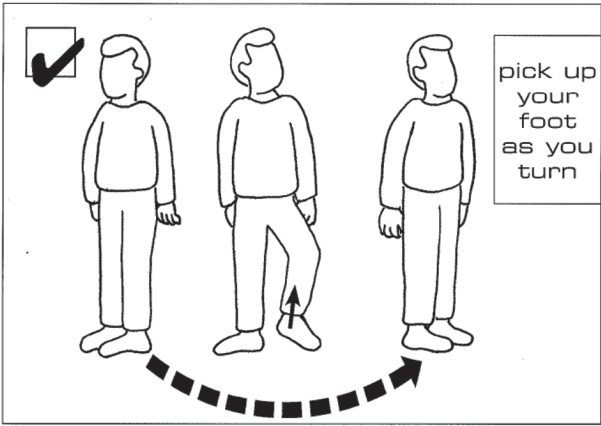
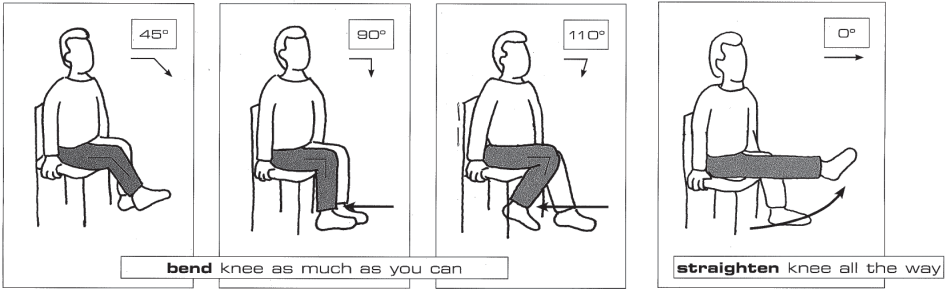
To come down “Bad leg to Hell”:

- Hold onto the handrail with one hand and the crutch/es with the other hand
- Put the crutch down first and reach down the rail with the other hand
- Step down with the operated leg first
- Then step down with your unoperated leg



You will be assisted as necessary and be able to perform these independently prior to discharge

Important rules for the first 3 months following Knee Replacement



Notes

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Kareena Private Hospital

Part of Ramsay Health Care

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kareenaprivate.com.au

People caring for people.