

TOTAL KNEE REPLACEMENT

INFORMATION FOR PATIENTS FAMILIES & CARERS



Maitland
Private Hospital

**Thank you for choosing
Maitland Private Hospital** for
your Total Knee Replacement.
We hope that this information
will be useful to you and give you
some of idea of what to expect
before and during your stay.

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Prior to admission

- Please return all of your completed pre admission paperwork to the hospital as soon as possible
- After receipt of your forms, the pre-admission nurse will contact you to organise a visit to the hospital so that we can make sure that you are fully prepared for your surgery. During this visit, you will have the opportunity to ask any questions that you might have
- You can also access our Virtual Joint Clinic on the hospital website for more information
- If you are currently taking any blood thinning medications, such as warfarin, anticoagulants or aspirin, please discuss with your surgeon when or if you should cease taking them. Please read the brochure "Stop the Clot". This will explain to you about reducing your risk of developing a blood clot.

Surgery

Day before surgery

On the day before your surgery, between the hours of 12 midday and 4pm, you will be contacted by the hospital and they will inform you of your admission time, when you should stop eating and drinking and your medication instructions.

Night before surgery

- Shower with your surgical sponge or wipes. Wash your hair with shampoo. The surgical sponge is quite drying, so don't use it on your face.

What to bring with you

- Please bring your medications in their original packaging and a list from your GP or pharmacist of your current medications
- Please bring any relevant scans/x-rays
- Please bring your walking aid with you, or at least one walking stick unless you have been advised otherwise
- Please leave any jewellery/valuables at home.

Day of surgery

- Take your regular medications as directed by your surgeon, anaesthetist or the pre admission nurse with a small sip of water
- Shower using the second surgical sponge
- Please arrive at the hospital at the time requested. You will be admitted by the admissions nurse who will prepare you for theatre. You will then wait in the transit lounge until it is time for your surgery. Whilst you are in theatre, your belongings will be delivered to your room
- You will be in the operating suite complex for approximately 3-4 hours. Please inform your family of this so that they are not worried.



When you wake up

- You will wake up in the recovery ward. You will have a drip in your hand giving you fluids and pain relief. You may also have a nerve block in your leg for pain relief
- You will have a mask or little plastic prongs in your nose giving you oxygen
- You may have a drain in your knee draining any old blood from the wound
- You will have a catheter (fine tube) in your bladder draining your urine
- The nurses will be checking your observations regularly. When they are happy with your condition, you will be transferred back to the ward. The nurses on the ward will give you a wash. They will continue to take your observations regularly
- Please let them know if your pain relief is inadequate or you are unwell
- Your family are welcome to visit you once you have returned to the ward
- You will be served a meal when you return to the ward.



Post operation

Day 1

- The Physiotherapist will visit you today and will aim to get you out of bed and show you some exercises that can be done in bed
- You will start icing your knee today and this will continue regularly throughout the day
- If you are feeling well enough, the nurses will help you have a shower today. If not, they will help you with a wash in bed
- It is important that you start bending your knee as soon as possible. Please be guided by your physiotherapist
- You will walk a short distance with a walking frame today
- Please don't place a pillow under your knee when you are in bed. This is important to ensure your knee also straightens
- Don't forget to do your deep breathing exercises
- It is important your pain relief is adequate to allow you to perform your exercises. Please discuss this with your nurse.



Day 2

- You will continue the leg exercises given to you on day 1. Your physiotherapist will also show you additional knee bending and leg strengthening exercises to start today
- Don't forget to keep going with your deep breathing and coughing exercises
- When you are sitting out of bed today, it is important that you try and bend your knee
- You will continue to use the walking frame when you are walking
- When resting in bed, keep your leg flat on the bed and do not put a pillow under your knee. It is important that you can both bend and fully straighten your knee
- It is important your pain relief is adequate to allow you to perform your exercises. Please discuss this with your nurse.



Day 3

- Your physio will continue to progress your exercises today
- You might practice going up and down some stairs with the physiotherapist today
- You will continue to use your walking frame or will progress to a walking stick if your physiotherapist thinks that is appropriate
- You should aim to spend most of the day out of bed today
- It's very important that you are not in pain as this will prevent you from performing your exercises. Please discuss this with your nurse.



Day 4-6

- Continue to do your leg exercises today. Your physiotherapist will check on you to make sure that you are doing them correctly. They will also measure the bend and straightening of your knee
- Your physiotherapist will continue to assess you on the stairs and may progress you to a walking stick during that time
- Please make sure you continue to have adequate pain relief.

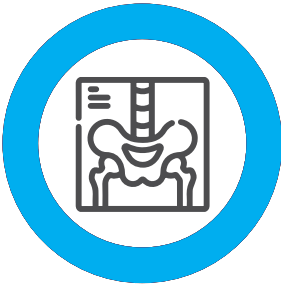
Discharge

- Your doctor in consultation with you will decide on your discharge day or whether you would benefit from inpatient rehabilitation
- If you would benefit from outpatient physiotherapy, your physiotherapist will refer you to a private physiotherapy practice or you can attend our Day Rehabilitation Program.

Going home

- Before you go home, your occupational therapist and physiotherapist will arrange for you to hire or buy all the equipment you need for home
- Continue with the exercise program given to you by your physiotherapist daily
- It is important to continue walking once you are home. Gradually increase the time you walk for each day
- Try to avoid uneven ground or steep slopes for the first couple of weeks until your strength and balance improves
- Always wear good walking shoes or joggers
- Continue to use your walking aid until you can walk unaided without a limp (check with your physiotherapist if unsure)
- If you feel that you may need help with some domestic duties at home, ask to speak to our social worker. They may be able to arrange some services to assist you with tasks around the house
- If you have any troubles or queries once home, you can contact your GP, your surgeon's rooms, or call us here at the hospital.

When you go home, make sure you:



Take your x rays



Take your regular
medications home



Take your pain relief and
any other medications
prescribed in hospital



Take your
discharge letters



Take your
ice pack



Occupational Therapy following surgery

During your hospital stay you will be assessed by an Occupational Therapist (OT).

The OT's role is to ensure you are able to complete your activities of daily living as independently as possible. During the recovery period you will have to adapt your approach to daily tasks such as showering and dressing. An Occupational Therapist will provide you with education on how to complete these tasks safely and prescribe equipment to assist you. It is helpful to consider your home set up prior to your admission. The following are suggestions for home set up and equipment options.



Living area

- Prior to surgery we recommend reviewing your home for any loose mats or cords and removing or securing these to reduce your risk of falling.
- Remove or relocate furniture to allow clear access throughout your home, in particular any doorway obstructions.
- Move any items throughout your home that are used daily to between hip and shoulder height, in particular kitchen appliances.

Chair

Review your lounge and dining chairs. It is important to sit in a firm, high chair with armrests to assist with transfers. A low or soft lounge can be difficult to transfer in and out of. The chair height should allow for your knees to be below your hips in sitting. You may need to raise the height of your existing chairs with blocks/elephant feet or consider hiring a height adjustable chair.

Bathroom

Shower

A shower chair or stool can improve your safety, and reduce the risk of falling. You may not require this if you already have grab rails in your bathroom. We do not recommend the use of suction grab rails.

Bath

A transfer bench or bath board can assist with getting in/out of the bath safely if you do not have a separate shower. This will need to be reviewed by the OT during your admission to ensure correct technique and safety. We do not recommend sitting in the bathtub.

Toilet

It will be difficult to transfer on/off a standard toilet initially. An over-toilet aid will raise the height of your toilet and provide you with armrests to assist with sitting/standing. A raised toilet seat is an alternate option.



Bedroom

Measure the height of your bed. Ideally, your knees should be below your hips when sitting on the edge of the bed. Bed blocks can aid to raise the height of your bed as low beds can be difficult to get in and out of. A firm mattress is also recommended. We advise against water beds.



Self-care tasks

Showering and dressing can become difficult post surgery, as you may have difficulty bending down. Long handled aids can assist with maintaining independence when completing these tasks. For example, using a reacher to thread your pants over your feet. It is recommended you sit down when dressing/undressing, especially for your lower body.

The OT can review techniques with you. Loose clothing is recommended for ease with dressing.



Car transfers & driving

You may be required to modify how you get in and out of a car. Move the passenger's seat back, and recline the seat slightly. You will need to sit bottom first onto the seat then lift your legs into the car. It may be beneficial to put a cushion on the seat to raise the height slightly if you have a low car.

There is usually a minimum 6 week driving restriction after your knee replacement. It is recommended to seek clearance from your GP/Specialist.



Going up & down stairs

Your physiotherapist will teach you how to safely go up and down stairs before you leave hospital.

Your walking stick should go up or down at the same time as your bad (operated) leg.

Assistive equipment

Following surgery you may require some equipment at home for your safety and independence (such as a shower chair or a toilet frame). Usually these are only required in the short-term.

HES is usually the most cost effective option, however there are local equipment suppliers you can also hire/purchase equipment from. Prices vary between suppliers (some are listed below).

Equipment can be hired through Hunter Equipment Service (HES) at Wallsend Hospital (02 4924 6281). The cost is \$50 for a 3 month hire period. You require a referral from the OT or Physio to access this equipment. Depending on where you live and the timeframe in which you require it, you may be able to have the equipment delivered to your home (with no additional cost). However, in most cases you will be required to collect equipment independently from HES.

If you own any long handled aids, such as a long reacher, it is helpful to bring them with you.

Some long handled aids are available for purchase through the hospital. Prices vary from \$15–\$30. The OT will provide an invoice for you to pay at reception or over the phone. You can also purchase these from some dollar shops, chemists, and local equipment suppliers.

Ansteys Healthcare
4/25 Mitchell Drive,
East Maitland
02 4058 1300

Aidacare
461a High Street,
Maitland
02 4933 9999

Alpha Lifecare
109 Munibung Road,
Boolaroo
1300 930 930

Ansteys Healthcare
70 Brunner Road,
Broadmeadow
02 4040 6161

Exercises

Patients having a Total Knee Replacement need to work very hard at doing their exercises. The aim is to get you moving around as normally as possible and achieve the best possible strength and range of movement outcomes. After your surgery, you are the person who will have to do most of the work on your knee to achieve the best functional outcomes.

1. Ankle pumps

- Bend your ankles up and down, alternating feet
- Repeat 50 times
- Do every hour.



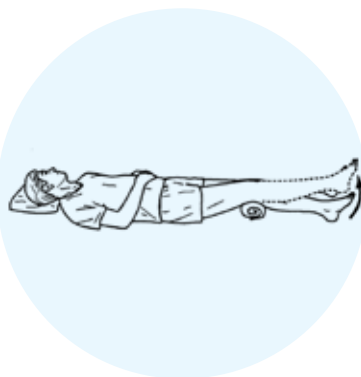
2. Static quads

- Slowly tighten your thigh muscles to push the back of your knee into the bed
- Hold for 5 seconds. Relax
- Repeat 10 times
- Do 3 sessions per day.



3. Inner range quad

- Lying on your back with a rolled up towel under your knee, slowly straighten your knee to lift your heel off the bed
- Hold for 5 seconds. Relax
- Repeat 10 times
- Do 3 sessions per day.



4. Knee extension stretch

- Lie on your back with a rolled up towel under your ankle. Relax your leg and leg it straighten out completely.



5. Heel slide

- Bend your knee and pull your heel towards your buttocks
- Repeat 10 times
- Do 3 sessions per day.



6. Straight leg raise

- Tighten the muscles in your thigh, keep your leg as straight as possible and lift your leg off the bed 10cm
- Hold 5 seconds
- Repeat 10 times
- Do 3 sessions per day.



7. Knee flexion in sitting

- Sit in a chair with your feet flat on the floor. Bend your operated knee back as far as you can. Then cross the other leg in front and gently push it back further until a stretch is felt
- Hold 10 seconds. Uncross legs and relax
- Repeat 10 times
- Do 3 sessions per day.



8. Squats

- Standing holding onto the rail, with feet apart slowly bend both knees. Try to keep an even amount of weight on each leg
- Repeat 10 times
- Do 3 sessions per day.



9. Hamstring curls

- Standing holding onto the rail, bend your operated knee up behind you, bring your heel towards your bottom
- Repeat 10 times
- Do 3 sessions per day.



10. Heel raises

- Stand holding the rail and go up on to your tip toes
- Repeat 10 times
- Do 3 sessions per day.



11. Calf stretch

- Place operated leg back, keep the heel on the ground. Slowly bend your front knee until a stretch is felt in the back of your operated leg
- Hold 45 seconds
- Repeat 1 time
- Do 3 sessions per day.



12. Hamstring stretch

- Sit on the chair; place your heel on the ground with the knee straight. Lean your torso forward until you feel a gentle stretch at the back of your thigh.
- Hold for 45 seconds
- Repeat 1 time
- Do 3 sessions per day.



13. Lunges

- Hang on to the rail. Place operated leg on the step, then lean forward until a stretch is felt in your knee
- Hold for 30 seconds
- Repeat 3 times
- Do 3 sessions per day.



Notes

Use these pages to write any notes, appointment times, phone numbers, or questions you may have for the doctor:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



If you have any questions that require an urgent response please contact the hospital directly on 02 4933 8400.

In an emergency or life threatening situation you must go to your local Emergency Department for appropriate treatment.

Follow us:



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