Shellharbour
Private Hospital

HIP OR KNEE REPLACEMENT EDUCATION BOOKLET

Contents

Welcome to Shellharbour Private

This information booklet has been developed to help you better prepare and understand what to expect from your upcoming hospital stay, the surgery, the period immediately after surgery, and when you are discharged home.

We know that people who are well prepared and informed about their upcoming health care journey have less anxiety and stress. Reduced stress enables better participation in rehabilitation and has proven to result in reduced pain and improved outcomes.

If your surgeon or treating health professional gives you different advice to what is in this booklet, please follow their direct advice. This booklet is designed as a guide only.

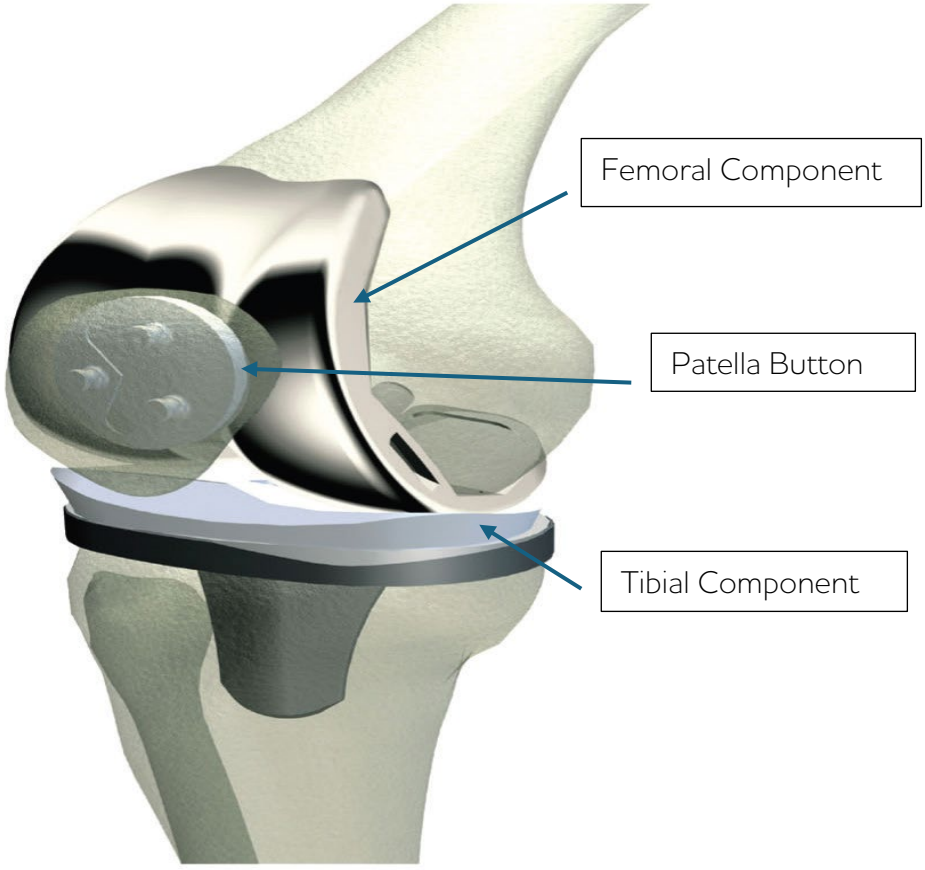
What is a Total Knee Replacement?

A total knee replacement is an operation designed to replace a knee joint which has been severely damaged, usually by arthritis.

Some people can have one knee replaced others may have both knees replaced in the same surgery. This is called a Bilateral Knee Replacement.

There are three parts to an artificial knee; you may need to have any or all replaced. These are:

- Femoral component: which is designed to comfortably cover your femur (thighbone)
- Tibial component: fits over the top of your tibia (shin bone)
- Plastic spacer: this sits on top of the tibial component and gives the femoral component something to move on
- You may also need a small spacer behind your patella (kneecap).



What is a Total Hip Replacement?

A total hip replacement is an operation designed to replace a hip joint which has been severely damaged, usually by arthritis. This joint is composed of two parts: the acetabulum (socket or cup shaped bone in the pelvis) and the ball or the head of the femur.

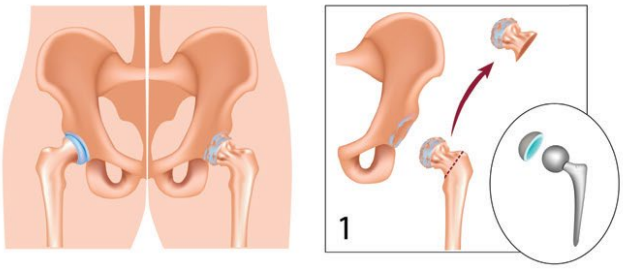
Most people will only have one hip replaced at a time. Some people may have both hips replaced during the same surgery. This is known as a Bilateral Hip Replacement.

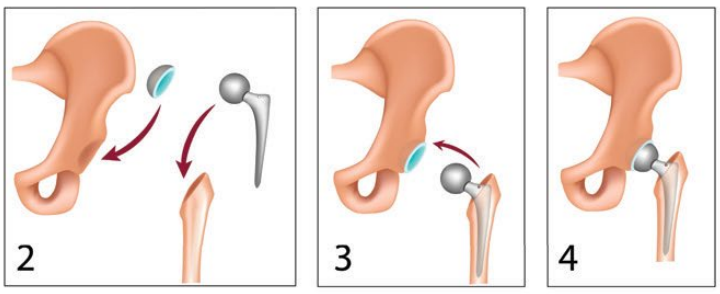
Your surgeon may choose to do an approach where the incision on your skin is at the front of your thigh known as an anterior approach or at the back of hip known as a posterior approach. Your surgeon will make the decision on which is the most appropriate for you.

There are two parts to an artificial hip. You may need to have either or both replaced.

These are:

- Femoral component (Ball): This is made up of a ball and a stem which fits inside your thigh bone to keep it in position.
- Acetabular component (Socket): A part that is inserted into your pelvis made of metal and lined with a high-density plastic into which the ball fits.





Expected Timelines

1. Meeting with Surgeon – Decision to proceed with surgery.
2. Your surgeon will advise you of any further checkups, scans or tests that need to be conducted prior to surgery.
3. Surgeon may refer you to Shellharbour Private for our Accelerated Recovery Prehab Program.
4. It may help to organise some support people to help you following surgery. You may need assistance with meals, cleaning, shopping etc.
5. You will receive a call from the Shellharbour Private Preadmission team in the weeks or days leading up to your surgery.
6. The day before surgery you will receive a text message from the hospital. This will tell you your arrival time and the fasting time before your surgery.
7. Day of Surgery (further detail in the booklet)
8. Following 1-3 days. At Shellharbour Private your rehab post-surgery begins on Day 0 with most patients mobilising within a few hours of surgery. You will also be in the Rehab Gym by the afternoon of Day 1.
9. The length of stay in hospital is approximately 1-3 days, but this may be slightly longer for Bilateral Joint Replacements. The team will make sure you are safe and can look after yourself prior to discharge.
10. Your rehab options following discharge will be arranged by the team at Shellharbour Private in conjunction with yourself and your surgeon.
11. There will be a tele-consult with one of our experienced nursing team within 48 hours of discharge to help ensure that your transition home is successful.

Pre-Admission Clinic

Our preadmission clinic is run by nurses, and they will contact you or your support person prior to surgery. They will ensure that you are fully prepared for your surgery.

You may be asked about your health history including if you have had any surgeries before or problems with anesthesia, medications and home support situation. You may also be advised to have a nose and groin swab, blood test, x-ray, and possibly an Echocardiogram (ECG). You will receive instructions regarding an antimicrobial body wash that you will need to use prior to surgery.

Our team may also ask you if you would like to attend our comprehensive prehabilitation program called Accelerated Recovery. Shellharbour Private offers this program at no cost prior to surgery.

This includes education, gym-based exercise programs and hydrotherapy - all of which are designed to get you prepared for surgery and enable the fastest recovery.

Please call 02 42979422 for further information regarding our Accelerated Recovery Program

Pre-Admission Information

Contact numbers

Pre-Admission Clinic Nurse at Shellharbour Private Hospital

Ph: 4295 2999

DATE: The Hospital will text the business day before your Surgery between 2pm and 6pm.

Any concerns, call 4295 2999

Admission time:

Admission location:

Main Entrance on Captain Cook Drive

Fasting instructions

Solids/Food until:

Clear fluids until:

Breakfast: Light solids mean tea and toast only, with preferred condiments, milk allowed at this time.

Clear Fluids: Water, black tea or clear apple juice only. NO MILK or solids whilst on clear fluids.

Please drink well until the time advised to stop.

NO water allowed after this time

Antiseptic pre-operative wash

Shower with antiseptic wash to clean your knee the night before and again on the morning of your surgery

Roll on deodorant is permitted. Do not apply any creams, powder, lotions, make-up, moisturiser or perfume/after shave after the wash. No toenail polish is to be used. Do not shave the operation site.

Pre-admission information

Continue usual bowel regime to avoid constipation.

Pre-Op drinks: YES / NO

Pre-Op drinks given: YES / NO:

Medications

Day of Surgery: Continue medications as usual, unless advised otherwise. Including on the day of surgery.

Note: If fasting you may take medications with a sip of water ONLY.

Bring all medications to the hospital, plus asthma medications, e.g. puffers.

Medications: Must be in their identifiable bottles or boxes.

Webster Pack: Please contact your pharmacy re your impending hospital admission to arrange identifiable packets.

Preparing for Surgery

Medications

Bring all your regular medications to hospital on the day of your surgery. These will need to be in their original box with labels attached.

If you are on multiple medications asking your pharmacist for a list of your regular medications and doses is important.

Accelerated recovery

Shellharbour Private offers a comprehensive prehabilitation program prior to surgery. This is run by our experienced Allied Health Team and includes education, strengthening exercises, and practice and familiarisation with the equipment used to assist mobility post op. It also provides you with an opportunity to ask any questions from our experienced team.

Driving and transport options

You may not be able to drive for up to 6 weeks post-surgery. This period can vary among surgeons and is often dependent on the side of the body your surgery occurred on, the medications you remain using and the type of car you drive. Your doctor will need to provide your clearance before you can return to driving.

You will need to organize your own transport for the day of discharge.

You may be able to access support from Community Transport if you are over the age of 65. You can organize this by contacting My Aged Care on 1800 200 422.

Shellharbour Private Hospital also provides a transport bus for its private patients to assist bringing those people who require support to and from rehab sessions. Please contact the Allied Health Department on 4297 9422 for more information, including information on pick up zones.

Domestic Tasks and Home Environment

It is a good idea to clean the house prior to surgery and to arrange assistance for heavier tasks such as laundry, cleaning, gardening and shopping.

- Aim to declutter areas that you normally walk and remove rugs etc as they can cause a trip hazard.
- Rearrange furniture to allow for enough room to use walking aides.
- Place items that you normally use at waist level or on a bench within easy reach.

You may be able to access support via My Aged Care on 1800 200 422 or through your home care package. We cannot arrange services for discharge but can give you contacts for private providers if this is required.

Shopping and meals

After surgery you may not be able to stand for extended periods to prepare meals. If you are able, it can be helpful to have some meals prepared or you can purchase ready meals from the supermarket. Groceries can also be delivered following surgery. If this is something you need help to arrange our Occupational Therapists can help you when you come into hospital.

Support Person

If you live alone we recommend, where possible, to have a support person come and stay for at least a week on discharge. This can be a friend or family member. They can assist with domestic tasks and shopping etc. It is a good idea for them to read this booklet as well.

We understand that some people do not have a support person so our team will ensure that you can manage independently prior to discharge.

Pets

It is important to be mindful and think about how you will handle your pets when you get home. If they are likely to jump up or get under your feet, it may be a good idea to ensure that there is someone else that can care for them in your initial rehab phase.

Skin Care

The integrity of your skin is very important in the lead up to surgery and you need to try to avoid any cuts or abrasions as these can be a source of infection or be a reason a surgery may be cancelled. If you have concerns, please call the surgeons rooms or the preadmissions team. We may ask for a photo and discuss this with your surgeon.

To preserve the integrity of your skin we suggest avoiding maintenance work on the house or garden in the lead up to your surgery. Otherwise take steps such as the wearing of long pants and a long-sleeved top. Also do NOT shave your legs prior to surgery to avoid unnecessary cuts.

You will need to use an anti-microbial wash prior to surgery and on the day of surgery ensure that you do not use any moisturizers, deodorant or have nail polish on.

Equipment

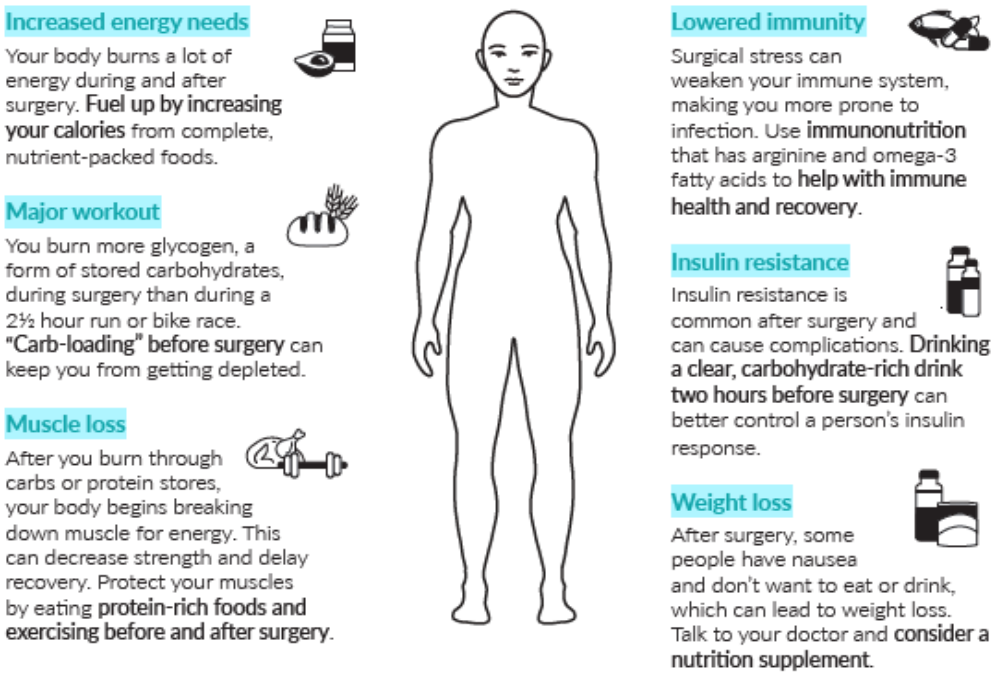
Once you discharge home you may require some assistive devices to help you. Our Occupational Therapists will come and see you post-surgery and help decide what equipment you may need. The most common items include a shower chair and over the toilet aid.

We often suggest hiring this equipment as most people will not need it long term. We can assist with this when you are in hospital or if you would like to do this prior to your surgery please call out Allied Health team on 4295 2900.

Further information on equipment and local hire companies can be found in the Discharge Planning section of this booklet.

Fueling for Recovery

Undergoing surgery is a lot like running a marathon. Your body requires proper training and nutrition in the weeks and days before surgery to ensure the best recovery.



Did you know that in older adults 3 days of bed rest can result in up to10% loss of muscle mass?

What to bring to hospital

The list below is not exhaustive and the team at the hospital will advise you of anything specific that you must bring.

- Medications in original boxes.
- Any x-rays or scans that you have had prior to the surgery
- Medicare Card and Private Health Card (if you have one)
- CPAP machine (if you use this)
- PJ's or night gown
- Some closed in sturdy nonslip shoes preferably not lace up (not thongs)
- Loose and comfortable clothing that you can wear to the rehabilitation gyn, such as shorts/tracksuit pants and t-shirts. Your leg can be quite swollen after surgery.
- Reading materials, puzzle, tablet or phone.
- Charger for your tablet or phone. A long cord is ideal as it will reach easily from the wall to the table and bed
- Ear plugs. Hospitals are noisy places so having some ear plugs can help especially if you are a light sleeper.
- Walking aids. Bring in any regular walking aids. You don't need to purchase crutches or sticks as your physio team will help with this when you are in hospital.
- Toiletries. We will provide towels.
- Please leave valuables at home. A small amount of money or your eftpos card may be useful for purchasing walking stick, crutches or a coffee from the cafe.

The hospital has free Wi-Fi for patients and a coffee shop if you wish to purchase a coffee or small snack. The food is great at Shellharbour Private so you will not go hungry. We cater to all dietary requirements.

Prehabilitation Exercises

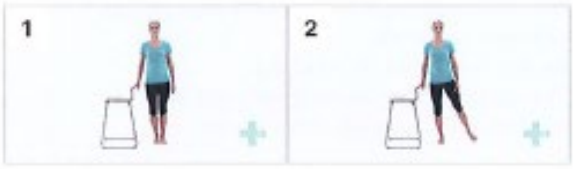
Please note the following exercises are general in nature. Please discuss with your physiotherapist or GP to ensure these are appropriate for you.

Sets: **3** • Reps: **20** • Duration: **10s**

1. Marching with toe taps - with step
Additional instructions:
To a target - slowly

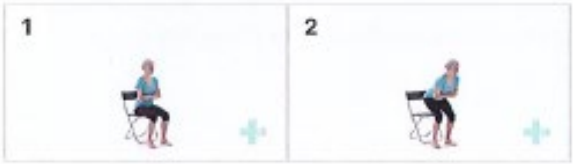
Instructions:
Stand up straight facing a step with your feet hip width apart.
Lift one foot up, and tap your toes on the step.
Do not place any weight on this foot.
Ensure you stand tall on your stance leg whilst you do this.
Return your tapping leg to the floor, and repeat with your other leg.

Sets: **4** • Reps: **10**



2. Standing hip abduction
Stand straight, holding a chair or table for balance.
Keeping your affected leg straight, slowly move it out to the side.
Control the leg as you bring it back in to the starting position, and then repeat the movement.
Make sure you do not lean your body or hitch your hip up as you move your leg.

Sets: **4** • Reps: **8**



3. Sit to stand, normal height - no hands
Sit upright on a chair, and position yourself close to the edge.
Your legs should be hip width apart.
Tuck your feet back, so that they are under your knees.
Fold your arms to avoid using them to push up from the chair.
Lean your body forward, and push through your legs to stand up straight.
Ensure you fully straighten your hips once you are standing.

Utilise arms if you find this variation to difficult.

Sets: **3** • Reps: **10**

4. Step up
Stand facing a step.
Place your affected leg up on the step.
Step up bringing your other leg onto the step and then step back down to the start position using the same leg.
Make sure your knee travels forwards over your toes during this exercise.
Your affected leg will stay on the step throughout this exercise.

Hold onto something stable if needed

Sets: 3 • Reps: 8 • Hold: 3s

5. Glute Bridge

Instructions:

Lie on your back on your bed with your knees bent and your feet flat on the bed.

Tighten your buttock muscles and lift your hips up into the bridge position.

Make sure you keep your hips up and level throughout the movement.

Try with red band , ensure no increase in delayed nerve pain

Sets: 3 • Reps: 8

6. Supine Clams

Lie on your back with your knees bent and your feet flat on the floor.

Gently pull in your pelvic floor muscles and bring your lower stomach muscles up and back in towards your spine.

Try to maintain the tension as you take one knee out to the side.

Keep the movement in your hips.

Return to the start position and alternate sides.

Make sure you keep your lower back and your pelvis still.

Continue to breathe normally throughout the exercise.

Sets: 3 • Reps: 15

7. Hamstring curls on gym ball

Start by lying on your back with your legs stretched out straight on a stability ball.

Hold this position and bend the knees in and out, rolling the ball with the movement.

You will feel this movement through the back of your thighs.

Sets: 2 • Reps: 10 • Hold: 3s

8. Straight leg raise long sit

Additional instructions:

Use leg lifter if needed

Instructions:

Start in a seated position on a bench with your legs stretched out in front of you.

Bend your toes in towards you and push your knee down into the bench.

Raise one leg slightly.

Hold, and then return to the starting position.

Repeat.

What to expect during your hospital stay

The day before

The business day before surgery you will receive a call or a text message. This will give you information regarding the time to come to hospital and information about when to begin fasting i.e. when you need to stop eating solid foods and stop drinking clear fluids.

Please note that your admission time is not your surgery time.

Surgery Day – Pre surgery

When you arrive at the hospital present to the front reception at the entrance on Captain Cook Drive.

You will be admitted by one of our nurses who will go through your medical history and will place ID bands on your wrist and ankle.

Once admitted you will change into your hospital gown and wait in a bed in the anesthetic bay. It is here that you will see the Surgeon and the anesthetist. They will mark the leg and area for surgery and your anesthetist will discuss your anesthetic and pain management.

Normally the anesthetic involves a spinal anesthetic and then a light sedation. This doesn't mean you will be awake during your surgery. You will be asleep but won't be in a deep sleep that occurs with a general anesthetic. You will not wake up during your surgery.

Surgical times vary between surgeons. It can take between 60-120min for a single joint. Your surgeon will normally call your next of kin after the surgery to explain how it all went. This can be 4+ hours after you are dropped off.

PACU (Post Anesthetic Care Unit)/Recovery

After your surgery you will be in PACU which we call recovery. The role of our nurses in this area is to help you wake up and they make sure you are medically stable before being transferred to the ward. This is normally at least 1 hour.

You may feel a little groggy when you wake up and you probably will still feel numb in your legs. This is very normal, and your sensation will come back as the anesthetic wears off.

You will likely be administered oxygen via nasal prongs and some people may have an IDC (in-dwelling catheter). You will have a cannula still in your arm this will be connected to a drip. This will be delivering fluids and antibiotics. This may stay in for the first 24 hours.

If you are having a knee replacement you may find a small line going from your thigh to a small bag/pump. This is a nerve catheter and is delivering a pain relief directly to the nerve. This pump is normally in place for at least the first 48hrs. It works by delivering local pain relief to the nerve and helps reduce the need for stronger opiates which can have negative side effect such as nausea and vomiting

Our radiographers will take an x-ray of your leg to check the hardware position whilst you are in recovery.

Day 0 "On the Ward"

The ward nurses will meet you in recovery and take you to your room. Your belongings will already be placed in your room.

Once in the room they will do a set of observations which includes blood pressure, heart rate and oxygen saturation. They will also place Scuds around each calf. The Scuds are connected to a pump which then inflates and provides a pulsating pressure to your calf. This is designed to help prevent DVT (blood clots). The observations will occur hourly for the first 4-6 hours then likely every 2-6 hours after this.

Whilst on the ward you will be given several medications including any of your regular medications. This will include some pain killers, anti-inflammatory and blood thinners. It is important to tell the nurse or staff if you are feeling unwell, sick, dizzy or have high levels of pain. Sometimes your blood pressure can fluctuate after surgery, and this can cause you to feel very faint. It is important to tell the team as soon as possible if you start to feel like this.

When you are ready, the nurse will also give you some water and a light meal.

Our Physiotherapists will also see you on day 0 and if possible, you will mobilize on the ward. The Physiotherapists will normally use a large frame called a Forearm support frame (FASF) and they will walk with you. The benefits of early mobilization are enhanced recovery with reduced risk of DVT, reduced pain, improved joint range of motion and overall faster return to function.

The days after surgery – Inpatient stay

At Shellharbour Private Hospital, rehabilitation begins on Day 1.

Your IV fluids will be removed, and you will continue with pain relief orally and via the pain pump. Your pain relief is charted by your anesthetist and may include medications that you are given automatically and ones that you need to ask for. It is important to ask for medication as your pain increases and not wait until the pain is bad. Pain relief can be slow release which are longer acting or fast release/break through medications which are good to have before physiotherapy.

Joint replacements do hurt, and the medication cannot take away the pain completely. You will need to use the medications to get the best start to your rehabilitation.

You will have a large, bulky dressing on your leg, this is often removed on day one or two. Underneath this is a smaller waterproof dressing which you will wear for 2 weeks until your wound review. This means you can have a shower which the nurses will help you with initially.

You will also have some compressions stockings on which are known as TEDS. It is important to wear these post-surgery as they help to prevent blood clots. It is also important to ensure that there are no crinkles or areas that are digging in.

We also have a specialist pain team which includes one of our anesthesiologists, Nurse in Charge and our ward medical officer. At least one of the team will see you daily until discharge to ensure that your pain is controlled, and you are progressing as expected. Please feel free to talk to them to ensure that your needs are being met.

Our Physiotherapists will see you on Day 1 and then up to three times a day until discharge. On the morning of Day 1 you will be seen on the ward and then by the afternoon you will be in the gym beginning your rehabilitation.

Having access to the rehabilitation gym early is a key part in enabling successful recover from surgery.

The following days whilst you are in hospital you will attend the gym in the morning and afternoon. The physiotherapists will progress your mobility to a small frame or to crutches/stick. The physiotherapists will also make sure that you can do stairs prior to discharge.

You will be also seen by an occupational therapist during your admission. They will discuss any of the potential equipment you will need for discharge and can help arrange hire or purchase of the equipment.

The role of the team and the purpose of your inpatient stay is to optimize your pain relief and mobility.

Pain Management

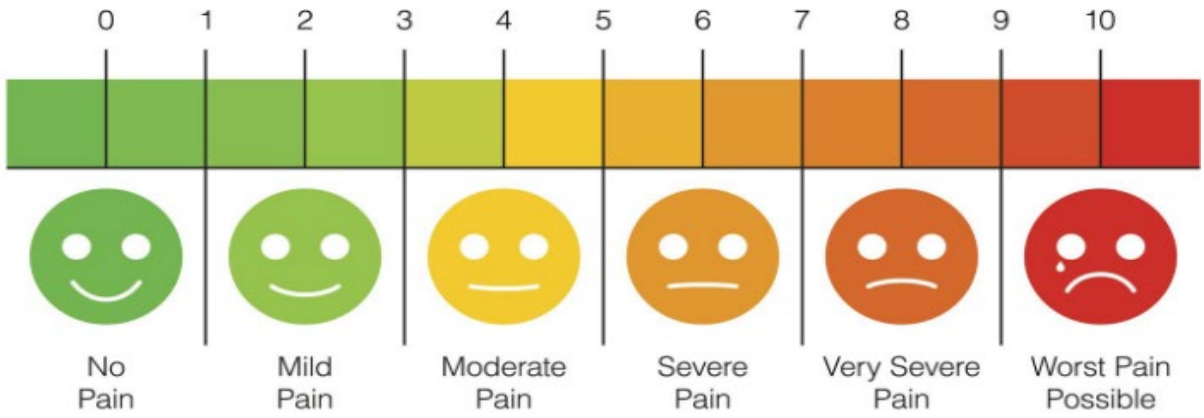
When you are in hospital and at home pain relief is very important. You cannot complete your rehab without using pain relief.

The goal of pain relief is to help make the pain manageable.

There are some different ways we can assist in your pain management and every patient experiences pain differently with each day being different. This is why we approach pain management individually at Shellharbour Private. We have a specialist pain anesthetist who overseas your pain relief and will review you regularly whilst you are in hospital.

Pain control

The team will regularly ask about your pain. We use a scale of 0-10. 0 is no pain at all and 10 is the worst pain possible. At rest your joint should be comfortable but may not be pain free. The pain normally increases with movement.



Medications

There are several medications that are used following your surgery. It is important to tell us if you have had any problems with medications in the past so we can make sure we prescribe the best regime for you.

You will likely have a pain pump if you have had a knee replacement which is a nerve catheter delivering anesthetic directly to the nerve. This helps provide pain relief for the first two days.

Other medications you may receive include paracetamol, anti-inflammatories, an opiate based pain relief and a pregabalin.

There are various types of Opiate-based pain relief. Some are Slow release (SR) meaning that they are given usually twice per day and work over a longer period. Some are instant release (IR) which work quickly and are used as your pre physiotherapy medications.

Pregabalin is a non-addictive analgesic that targets pain differently to other medications so provides another way to help target your pain.

Some people can have some side effects to medication, so it is important to tell our team if you don't feel well after taking anything. Additionally, it is also important to ask for pain relief as you may be charted medications, but they will only be given if you ask for them.

Ice Pack

Ice is a very important tool to help you reduce your swelling and pain. We suggest you use Ice packs regularly when in hospital and when you go home.

The nurses can help get you the ice packs and we suggest applying them for 20min every 2 hours.

Wound Management

After surgery you will have a large bandage on your operated leg. This will normally come off on Day 1 or Day 2 depending on your surgeon's preference.

Your wound will be covered by a waterproof dressing. There are different types of dressings. Some of them are attached to a small vacuum pump. The type of dressing is dependent on surgeon preference.

Your dressings are waterproof allowing you to have a shower, but it is important to advise the team if the dressing gets wet underneath. It is not good for your wound to be sitting wet as this can lead to infection.

There may be a small amount of blood that shows through your dressing and this is ok. A large amount of blood or fresh blood after you have gone home is not ok. If there is a large amount of blood it is important to call us and let us know.

At two weeks you will normally see your surgeon or GP who will do a wound review. They can remove any stiches or staples if used. If you don't have a surgeon appointment for a wound review you will need to see your GP at 2 weeks for this.

It is also important to monitor for signs of infection post operatively. This can include additional discharge from the wound and would normally be coupled with increased redness, feeling unwell or having a spike in temperature. If you are not sure it is best to contact us at the hospital, your GP, or your surgeon straight away.

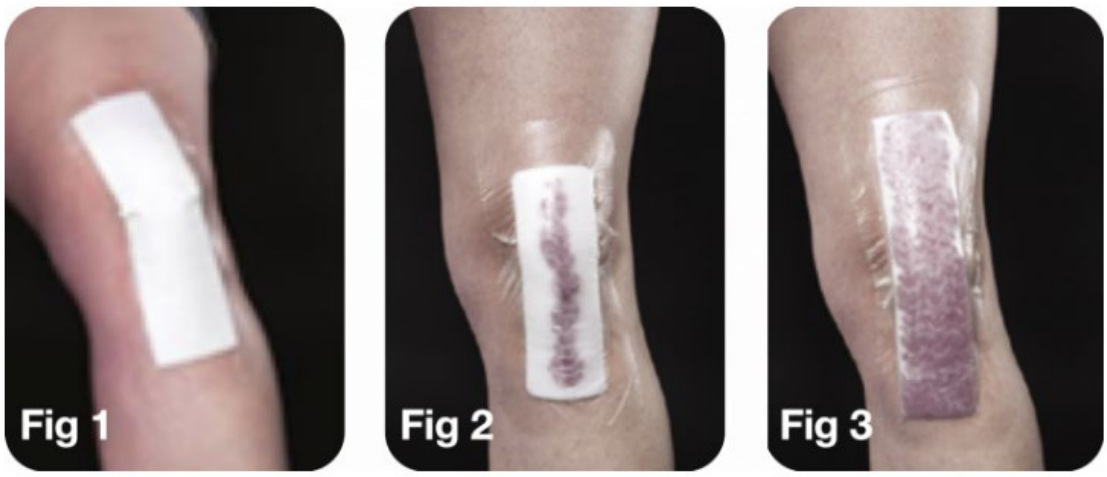


Figure 1. Shows a clean dressing, Figure 2. Shows a wound with some ooze. This is acceptable. Figure 3. This is excessive bleeding or ooze and needs to be reviewed.

Hip Precautions

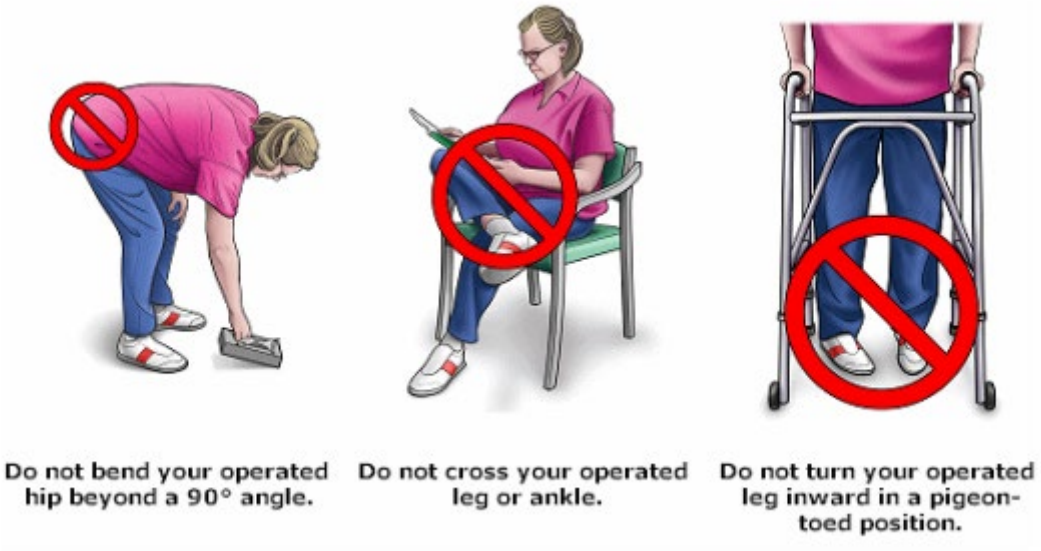
Hip precaution is a term used to describe movement restrictions, or a set of 'do not' rules, given after hip surgery to protect the new joint while tissues heal and to reduce the risk of dislocation. Not all people having hip replacements require hip precautions, your surgeon and hospital team will advise you if you have precautions.

Hip precautions (for those who require them) are normally in place for 6-12 weeks post-surgery.

You may also be required to sleep with a triangular pillow between your legs for this period.

The most common hip precautions are detailed below. Your surgeon may have other specific precautions.

1. Do not bend your hip past 90 degrees
2. Do not cross your legs
3. Do not pivot, twist or excessively turn your operated leg inwards.



Tips and Tricks for Everyday Tasks

Sleeping

Sleeping can be challenging post joint replacement.

Initially post-surgery most people are more comfortable on their backs. If your surgeon has hip precautions post replacement there will be restrictions on your sleeping position where you may need to sleep with an abductor pillow (pillow that goes between your legs). It is not recommended to lie on your side especially post hip replacement

If you must sleep on your side, then we recommend placing a pillow between your legs.

Getting in and out of Bed

It is often easier to get out of bed on the same side as your operated leg. The staff can show you how to get in and out of bed.

A leg lifter maybe helpful if you are having difficulty getting in and out of bed.

Getting in and out of a chair

We suggest avoiding sitting in low chairs to ensure that you don't have to excessively bend at the hip and knee to get up.

If you have hip precautions a good guide is that the seat of the chair should be two finger widths (2cm) higher than the crease in the back of the knee. When you are sitting your thigh should slope downwards slightly.

Getting on and off the toilet

An over the toilet aid may assist you getting on and off the toilet as it raises the toilet height and provides arm rests that you can push up on.

If you have hip precautions you will need to use one for the first 6 weeks post op.

An over the toilet aid which can be useful following surgery

Showering

After surgery it will be safter to sit down to shower and dress. The nursing team will help you if needed whilst you are in hospital and our occupational therapists will show you ways that you can be independent i.e. using a long-handed sponge to clean between toes.

After showering stepping onto a cotton mat can help dry feet.

Dressing

It is easier to sit down and dress your operated side first. Dressing sticks and Reachers can be used to help pull pants etc. Sock aids can be used to get socks on without bending over and long handled shoehorns help getting shoes on.

Long handled Reacher and shoehorn

Elastic laces or slip on shoes such as crocs will be helpful post-surgery. They are non-slip and easier to get on. Footwear such as thongs should be avoided as they do not offer much support and can be a trip hazard.

Stairs

Your physiotherapist will educate you on how to go up and down stairs and you will practice this whilst you are in hospital.

Generally, we suggest that you lead up the stairs with your good leg, then operated leg and then walking aids and go down the stairs with the walking aid, then operated leg and good leg last. The saying we use is *good leg to heaven, bad leg to hell.*

Ascending Stairs

When going upstairs lead with your non operated leg. Ensure you do one step at a time initially and use crutches/rail to steady yourself.

Descending Stairs

When going downstairs lead with your operated leg. Ensure you do one step at a time and use crutches and rail to steady self.

Car Transfers

Low cars will be more challenging to get in and out of for the first 4-6 weeks post-surgery. If you need to travel in a low car a cushion on the seat may make it easier to get in and out.

Getting into the car

- Place seat as far back as possible
- Get close to car door for entry
- Place bottom in first
- Plastic bag on the chair can help to pivot bottom
- Swivel legs to get into car. Can use a leg lifter to help lift legs into car

Getting out of the car

- Swing legs out of the car
- Move bottom to edge of seat so feet are on ground
- Use the seat of the car to help push up.
- Can purchase handy bars for the car door to create a secure handle to push up from

Equipment for Discharge

Our Occupational Therapist will see you when you are in hospital. They will be able to help recommend and arrange the assistive devices that you might need to go home with.

We normally recommend hiring the bigger pieces of equipment as you may not need them for long, but friends or family may have some pieces that you can borrow.

We will help you liaise with the equipment hire places local to your home and can advise them of what you require.

We don't suggest hiring/buying walking aids including frames etc. prior to surgery as you may not need them. If you need crutches for discharge and don't have any we can help fit and source these.

If you are a public patient, you may be able to access the equipment loan pool service at Port Kembla or Shoalhaven. Our team will be able to provide a referral for these items but please note there is a deposit required.

Local Suppliers

Mack n Me

25 Shaban Circuit, Albion Park Rail

Ph: (02) 4257 1976

Country Care Group

Shop 3/92 North St, Nowra

Ph: (02) 4421 3383

Aidacare

98 Auburn Street, Wollongong

Ph: (02) 4273 0184

Everyday Mobility

28 Quinns Lane, South Nowra

Ph: (02) 4413 0335

Discharge Planning

Most people are ready to go home approximately 2-3 days following joint replacement. The team at the hospital will check on your progress and liaise with your surgeon to determine when you are safe to go home.

On the day of discharge one of our nurses will talk to you and your support person to make sure you have everything you need for discharge. This includes medications, follow up appointments and a rehabilitation plan.

We encourage you to book an appointment with your GP for about a week to 10 days post discharge. They are then able to review your medications and provide further scripts etc. They can also review your wound if you do not have a specialist appointment to do this.

Our Physiotherapists will arrange your ongoing rehabilitation plans and send referrals if needed to other providers.

We recommend if possible, having someone who is able to help you for a few days to a week post discharge. The hospital cannot organise services if you did not already have them in place. There are private providers that we can help you contact but these are services that you would pay privately for.

It is generally safe to discharge home once the following things are achieved:

- Transfer in and out of bed independently (can use assistive device to help)
- Walk independently using a walking aid
- Negotiate stairs safely with rail and/or aids
- Largely self-caring
- Joint range has progressed as expected
- Your pain is well controlled
- Wound is dry and healing well

Rehabilitation Options

Your team will assess you after surgery to see which is the best rehabilitation option for you. The team assess each patient individually and there is no 'one size fits all' approach. Most people who have surgery at Shellharbour Private do not need Inpatient Rehabilitation. This is because outpatients are well prepared prior to surgery and begin rehabilitation so quickly after surgery. Despite the shorter inpatient admission our patients have higher rates of satisfaction, well controlled pain, and lower rates of infections and complications.

Inpatient Rehabilitation

You may be able to access inpatient rehabilitation is you have the appropriate private health insurance. Inpatient rehabilitation is for those people who still require 24 hour nursing care. If you are more independent you can continue rehabilitation as an outpatient. The team will book this in before you go or refer you to somewhere closer to home.

Shellharbour Private can also provide inpatient rehabilitation so you can continue with rehabilitation here if needed. In this program you will continue to attend the gym twice daily.

Day Rehabilitation

Once you have discharged from hospital you will continue your rehabilitation as an outpatient. If you are a private patient the team will book you in for our day rehabilitation program. This is a program where you can attend generally twice per week for 5 weeks. There is a transport bus that can bring you to therapy if you need transport assistance and live in the pickup area.

If you would like to attend rehabilitation at a different hospital or live out of area we can provide a referral to the provider of your choice.

If you are a public patient, you will also be able to attend the Day rehabilitation program once per week for 6 weeks. You will need to provide your own transport. If you are not able to return to Shellharbour Private for your rehab, we will provide a referral to your local hospital to continue your therapy there.

Hydrotherapy

Shellharbour Private is very fortunate to have a hydrotherapy pool to assist with your rehabilitation.

When you can access the pool will be determined by your surgeon's recommendations and how your wound is healing.

Hydrotherapy can be a useful way of improving mobility and strength and it can also assist with swelling and pain.

If you are doing hydrotherapy at Shellharbour, we will complete a checklist to allow us to determine how safe you are in the water. We will also check your wound and cover it if required. We require you to have nonslip water shoes in the pool. You can normally purchase these from Kmart, Big W or BCF for under $20.

Going home – What to Expect

It is important to stay mobile when you go home and try to follow a normal routine. Keeping moving, having appropriate rest as well as eating well, staying hydrated and getting good sleep are also very important parts to your recovery.

Frequently asked questions:

- Can I drive home from the hospital? You will need to have someone available to take you home. Discharge is normally at 10am.
- How do I obtain further medications once discharged? You will be prescribed medication and please take is as directed. You will generally have enough medications for approximately a week. It is important to book an appointment with your GP within this week to get further medications.
- Do I continue my exercise program at home? Your physiotherapist will give you a home exercise program to continue with when you return home. It is important to note that these exercises can be uncomfortable but significant sharp and excessive pain is not. You may need to reduce what you are doing until you speak to your Dr or Health professional.
- How necessary are walking aides once I am discharged? You will likely still need to use a walking aid such as crutches or a stick-on discharge. How long you need to do this will be guided by your Dr and the Allied Health team. If you don't have the walking aids prior to surgery, the team will help arrange purchase or hire (where applicable).
- How often should I rest? Rest is an important part of your recovery. It is important to listen to your body and take regular rests. You will need to pace yourself throughout the day and plan for a rest after therapy sessions. It is important to ensure that you do not place anything under your knee when resting. Trying to get it straight as well as working on the bend is important.
- What should I do regarding swelling? Your knee can swell for several weeks and months post-surgery. Ice can be useful for pain relief and helping to manage the swelling. If you are worried about the swelling please talk to your therapist or doctor.
- When can I return to work? This can depend on the type of work you do, and the job demands as well as the type of surgery you have had. It is best to discuss the amount of time off work with your surgeon and GP.

- When can I return to driving? You will need to have medical clearance to return to driving. This is normally something your Surgeon or GP can provide. Returning to driving depends on the side of surgery, the type of surgery, your physical function and the medications you are on. Most people are not cleared to drive for 4-6 weeks.
- When can I resume sexual activity? Most people feel comfortable to return to sexual activity about 6-12 weeks post-surgery. It is important to note that some positions may be uncomfortable, and you need to ensure that you abide by the surgeons' restrictions.
- What about follow up appointments? If you are a private patient, you will normally have a follow-up appointment with your surgeon booked prior to surgery. This information will be in your discharge information. This initial appointment is normally at 2 weeks and involves a wound review. If you are a public patient your follow up may be in the surgeon's private rooms or the public fracture and outpatient clinic. This information should also be on your discharge paperwork.
- Where do I access extra support at home? Following joint replacements, we cannot normally access additional care support at home. This is why we recommend having someone at home to support you if needed. We can refer you to private providers, but this is a private service with fees associated. If you have no one who is able to help, the team will workshop solutions and ensure you are independent, but it will not be the sole reason to keep you in hospital.

Concerns and Contacts

If you are concerned about anything to do with your upcoming surgery, please contact Shellharbour Private Hospital on (02) 4295 2999. A member of our team will contact you and liaise with your surgeon if required.

Please call after surgery if you experience any of the following:

- Increase in pain
- Swelling that is not reduced with rest and elevation
- Wound separation, excessive bleeding, worsening redness.
- High temperature
- Pain in the calf or groin
- Difficulty breathing.

If you are concerned about a life-threatening illness or emergency please call 000.

Location

Shellharbour Private Hospital is in Barrack Heights on Captain Cook Drive

The closest shopping centre is Stockland Shellharbour Square; approximately 800m from the hospital.

There is an undercover patient drop off and pick up area. There is a small carpark to the left of the hospital and ample on street parking.

The closest train station is Oak Flats train station. There are plenty of buses that operate regularly.