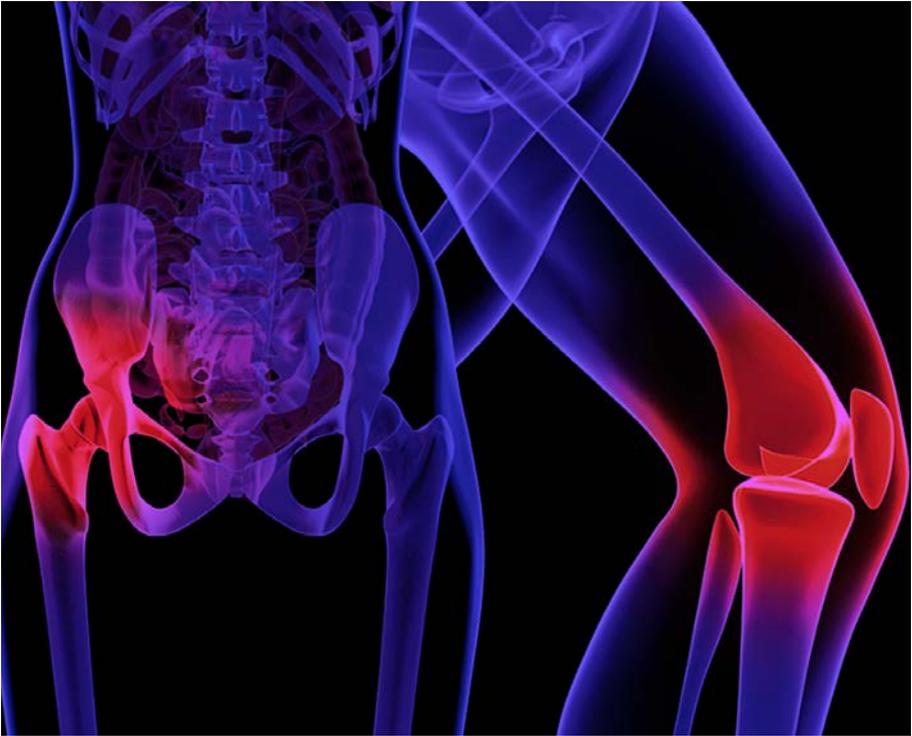


The Memorial Hospital

# Joint Replacement Education



## **Prior to your surgery**

- Expect a call from our Pre Admission Nurse
- Stay as active as you can, practice your exercises in the booklet provided

## **Preparation, especially if you live alone:**

- Move any commonly used items from low / high shelves, to easy to reach shelves
- Remove any rugs and electrical cords off the floor, consider non-slip mat for bathroom
- If two storey house, aim to stay downstairs
- Prepare some meals in advance
- Ask / have someone to help you with shopping, gardening, cleaning and driving to appointments

## **Prior to your Admission**

- You may need to cease anti-coagulants (blood thinners) eg. warfarin, aspirin. Please confirm with surgeon / anaesthetist prior to admission
- Complete eAdmissions or admission paperwork and return to the hospital ASAP
- Pack your X-Rays
- Please bring all medications in their labelled boxes and an updated medication list
- Pack loose comfortable clothes and shoes
- Plan who will take you home from hospital

## The first 24 hours after your surgery

- From Recovery you will be transferred to either our Critical Care Unit or directly to Perry Ward
- Visiting hours in Critical Care Unit are:  
11.00am – 1.00pm and 3.00pm – 8.00pm (to ensure you rest)
- Regular observations including: blood pressure, pulse, temperature
- Wound assessment and pressure area care are attended
- Regular pain relief

## Day 1

### Medication

- Regular pain relief – communicate to staff when it is sore
- Anti-coagulants (blood thinners)
- Managing nausea
- Bowel softeners

### General Care

- Breakfast in bed or chair
- Wash in bed
- Sit out of bed for lunch / dinner
- Clot Prevention - stockings / foot pumps or calf stimulators as per surgeon

## Activity

- Early mobilisation is key! Stand with the Physiotherapist in the morning
- **2 x further stands with nurses throughout the day**
- Exercises - foot and ankle pumps, knee, hip and quad exercises as per Physio
- Meet with the Orthopaedic Liaison Nurse to assist in planning for your discharge home

## Day 2 til Discharge

### Medication

- Regular pain relief
- Confirm ongoing plan regarding anti-coagulants (blood thinners)
- Bowel softeners

### General Care

- Supervised shower
- No bed pans / bottles – walk to the bathroom using the frame and a nurse
- Clot Prevention - stockings / foot pumps / calf stimulators as per surgeon

### Activity – as guided by your Physiotherapist

- Sit out in the chair for all your meals
- Increase walking distance

- Exercises
- Practice steps with assistance
- Transition to walking sticks

## Discharge Criteria

### Discharge will be from Day 3

- Safely get in and out of bed without help
- Your pain is under control and manageable
- You are safe to walk and use steps
- Your surgeon is happy with your wound
- You have achieved milestones (understanding hip precautions and range of movement for knees)
- Outpatient Physiotherapy appointment has been organised with referral (knees only)

### What equipment might I need?

- Walking frame
- Walking stick(s)
- Pick up stick
- Toilet seat raiser
- Shower chair
- High chair
- Long shoe horn and sock applicator

We can arrange this equipment for you whilst in hospital.

## Day of discharge

- Confirm discharge plan
- Equipment delivered
- Physiotherapist confirms any ongoing outpatient treatment
- Discuss medication, dressing plan, bowels in consultation with your surgeon
- Ensure you take all belongings, x-rays and medications with you
- Follow up appointment arranged with your surgeon
- **Discharge time 10.00am**

## What to be aware of when you go home

### Stiffness (Knee)

- MUST see a Physiotherapist on discharge until surgeon's follow up
- Do not sleep with a pillow under your knee
- Be proactive with exercises and use adequate pain relief

### Dislocation (Hip)

- Understand hip precautions

### Infection

- Signs from wound include – heat, redness, increased ooze and increase in pain
- Any concerns contact your surgeons rooms immediately or Perry Ward after hours rather than your GP

## Swelling

- Likely to occur
- Activity modification
- Elevation
- Ice

## Deep Vein Thrombosis (DVT)

- Tight, red and painful calf

## Short – Medium Term Goals (6 weeks post op)

At 6 weeks post Joint Replacement we hope that you:

- Require minimal analgesia
- **KNEE:** knee range of motion 0 - 120 degrees
- **HIP:** continue hip precautions
- Walk a minimum of 1km twice a day
- Use a minimum of 1 stick as guided by your Physiotherapist
- Check with your Doctor before driving

## Questions?

- Contact doctors rooms if you have any further questions

**We look forward to welcoming  
you to The Memorial Hospital**

## Disclaimer

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As information in this publication is subject to review, please contact your doctor, physiotherapist or occupational therapist before using this publication.

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