

## TOTAL KNEE REPLACEMENT – INFORMATION SHEET MILDURA HEALTH PRIVATE HOSPITAL PRE-ADMISSION CLINIC

You have been booked to attend Mildura Health Private Hospital Pre-Admission Clinic:

On \_\_\_\_\_  
At \_\_\_\_\_

Please report to Reception on arrival.

Please bring with you:

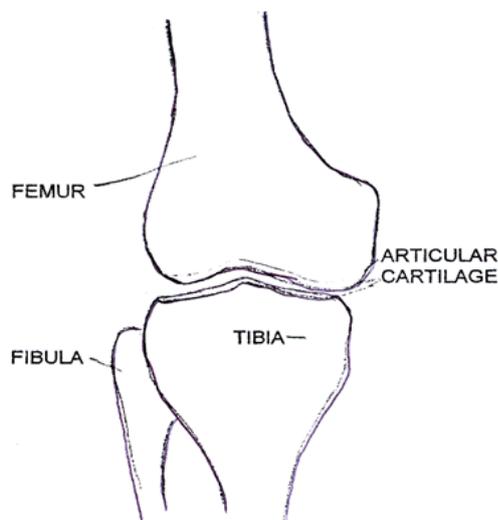
1. Completed Physiotherapy referral
2. Patient Pathway
3. Patient Information Guide
4. Any questions you may have regarding your surgery, recovery and return home.

The Pre-Admission Clinic is run by nursing and Allied Health staff to give you a greater understanding of the procedure you will be having at Mildura Health Private Hospital, and prepare you for your recovery and return home afterwards.

The Occupational Therapist may be able to give you advice regarding your home situation when discharged from hospital. Please contact them at Sunraysia Community Health Services for an appointment and further information on T: 03 5022 5444.

### What is a total knee replacement?

*Total Knee Replacement* is an operation to replace a knee joint which has been damaged, usually by arthritis. The knee joint is formed by the lower end of the thigh bone (femur) and the upper end of the shin bone (tibia).



The surfaces of these bones are coated by a smooth compressible substance known as articular cartilage. Arthritis occurs when the cartilage wears away exposing the underlying bone. This causes roughness and distortion of the joint, resulting in pain and restriction of movement.

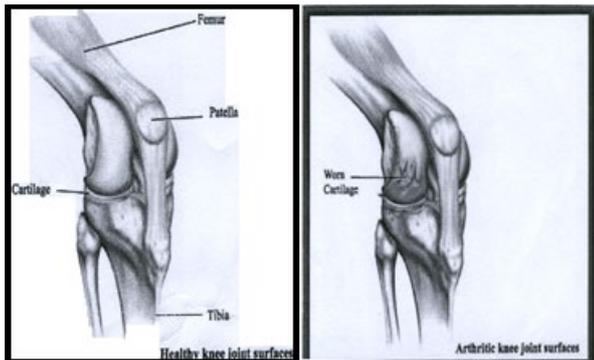
Osteoarthritis is generally a disease of older persons, but may occur in younger people following rheumatoid arthritis, fractures or trauma to the knee joint.

### The Surgery

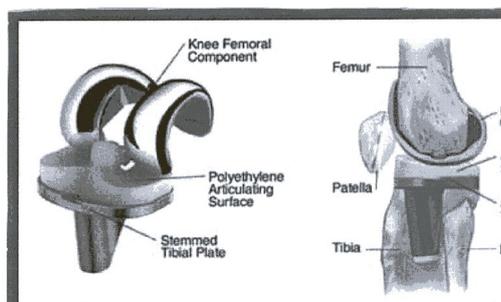
The upper hinge is at the end of the upper leg bone (femur), and the lower hinge is at the top of the lower leg (tibia). When the knee is bent, the end of the femur rolls and slides on top of the tibia. A third bone (patella), glides over the front and end of the femur.

In a healthy knee joint, the surfaces of these bones are very smooth and covered with a tough protective tissue called cartilage. Osteoarthritis is damage to the bone surfaces

and cartilage where the three bones rub together. These damaged surfaces can eventually become painful.



In total knee replacement surgery, the bone surfaces and cartilage that has been damaged by Osteoarthritis are removed and replaced with artificial surfaces made of metal and a plastic material. We call these *artificial implants* or *prostheses*.



Prior to your admission to hospital, exercises may be carried out to help strengthen your affected leg as follows:

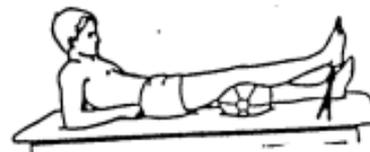
### Hips and Knee Flexion

Gently bend your knee by sliding your heel up towards your buttocks. Your Physiotherapist will show you how far to bend your leg.



### Inner Range Quads

Place a rolled up towel under your knee. Tighten your muscle above your knee (quads) by pushing knee down into towel, and at the same time lift your heel clear off the bed. Hold heel up for 5 secs, then slowly lower.



### Static Quads

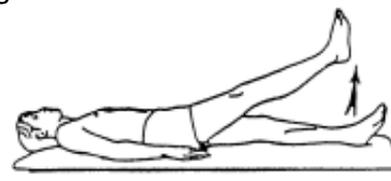
Gently tighten knee and push down into bed. Place hand on thigh to feel muscle tighten.



### Straight Leg Raise

Once you can do the above exercise with ease, try bracing your knee, keeping it straight as you lift the whole leg off the bed (to no more than 18 inches/45 cms).

Keep it raised for 3-5 secs, before slowly lowering.



Repeat these exercises 6 times, 2 to 3 times a day.

Your physiotherapist will continue these exercises after your operation, to prepare your leg for walking.

### Pre-Admission Clinic

- When you present to Mildura Health Private Hospital to book in, a staff member will arrangement a time for you to attend a Pre-Admission Clinic.
- The clinic is an opportunity for us to obtain information which will expedite your admission and give you a greater understanding of your procedure.
- Bring this information sheet with you to the Pre-admission Clinic as it offers an opportunity to answer any queries you may have.
- You will see a registered nurse who will organise blood tests, ECG's, x-rays, etc.
- Your physiotherapist or nurse can help you organise a home visit by someone who can identify if you require any equipment or services upon discharge.

Please note that veterans can receive a discounted rate on the purchase of mobility aids.

### Before the Operation

- Consult your doctor regarding the cessation of the following medication (10 - 14 days before your operation):
  - Aspirin, eg Aspro, Cardiprin, Ecotrin, Disprin, Solprin.
  - Non-steroidal anti-inflammatory drugs, eg Brufen, Feldene, Indocid, Naprosyn, Voltaren, Orudis.
- If you are taking Warfarin, contact your Surgeon, as he may wish to refer you to a physician for pre-operative assessment.
- Bring any x-rays into hospital with you.

### Prior to your Admission

Please notify us before you come to hospital should you be suffering from colds, chest infections, cuts and abrasions.

### Time in Hospital

Your total stay in hospital following surgery will be approximately 5-10 days.

### On Admission to Hospital

You will be collected from reception and taken to the Day Procedure Unit.

Please bring with you:

- Medications
- CT scans/x-rays
- Pick up stick

Your admission will be completed by a nurse, this will involve:

- Your vital signs will be taken and recorded
- Your paperwork will be completed
- You will be given a patient pathway to read for your information. This will explain to you what to expect throughout your hospital stay
- You will be asked to put on a theatre gown and paper pants
- Your area of surgery may be clipped or shaved
- Your knee will be painted with betadine and wrapped in a sterile drape.

You are now ready for surgery and you will be seen by your anaesthetist prior to going to theatre.

A theatre attendant will collect you and take you to theatre.

### Pain Management

- The anaesthetist will discuss with you the type of pain relief you want after your operation, eg epidural, narcotic injection or narcotic infusion (PCA).
- The aim is to maintain a relatively pain free experience. This will be achieved by a variety of methods, which will be discussed with you prior to surgery.
- Your fasting times will have been communicated with you the day prior to your procedure.

### After the Operation

- It is important to do leg and chest exercises after surgery to prevent complications of bed rest and improve muscle tone for when you start walking. This involves regular deep breathing and coughing; and ankle exercises to help the blood circulation in your legs.
- Your physician or surgeon will order either injections or tablets post operatively to help prevent thrombosis. You will also be required to wear special stockings to assist with prevention of thrombosis (blood clots).
- Post surgery it is also common to have a Flowtron device on one or both calves, to prevent thrombosis. These are usually removed once you are up and mobile.
- There may be drain tubes inserted into your knee at the time of operation (to remove any fluid that accumulates in the joint). This will be removed when instructed by your surgeon.
- On day one or two, the physiotherapist will assist you to stand and commence walking with the use of a walking frame.

Your walking is assessed daily by the physiotherapist and you may progress to using crutches prior to discharge from hospital.

### On Discharge

Most people receiving this procedure will stay about 3 - 7 days in hospital. After this time you may:

- Take x-rays home with you
- Receive an outpatient appointment, organised for you by the Ward Clerk
- Take home medication
- Receive a discharge summary to take home
- Be discharged at approximately 10:00 am

- Check out at the Reception desk before leaving the hospital.

### Considerations

- This information is to be used as a guide to ensure that you return home to a safe environment.
- Daily activities (ie showering and dressing) will need to be altered temporarily.
- Please talk to staff if you have any concerns with and of the following

#### Seating

You will need a firm chair with armrests. It will be easier to rise from a sitting position if the seat is high and the chair has arms.



#### Toileting

An over toilet frame with arm rests may be needed to raise height of the toilet. A hand rail can be positioned to assist in gently getting off the toilet. Ensure that toilet paper is within easy reach, to prevent twisting.



#### Showering

When using a shower recess:

- stand and use rail for stability, or
- sit on a shower chair
- Put a non slip mat inside the shower to prevent slipping
- A long handled brush may help to wash and dry feet
- Soap on a rope, or soap in an old stocking may assist if you drop the soap
- Rails may need to be installed in bath/shower recess (if required, this must be organised before admission or prior to discharge).



Any questions regarding this should be discussed at the pre-admission clinic.

#### Dressing

There are a variety of aids that can be purchased to assist in dressing, if required.

- Long handled extended hand to pick up items.
- Sock/stocking gutter to put on socks/stockings.
- Long handled shoe horn
- A dressing stick.



#### Driving

Consult your surgeon when you have your post-op appointment as to when you can resume driving.

Mildura Health Private Hospital  
220-228 Thirteenth Street  
MILDURA VIC 3500

P O Box 751  
MILDURA VIC 3502

T: 03 5022 2611  
F: 03 5022 1286  
W: [www.milduraprivatehospital.com.au](http://www.milduraprivatehospital.com.au)  
E: [reception@mildpriv.com.au](mailto:reception@mildpriv.com.au)

