



Elective Joint Replacement Education Session

Osborne Park Hospital

Nursing,
Occupational Therapy
Physiotherapy



OPH Accelerated Rehab Program

- The OPH model of Care is based on comprehensive local, national and international research.
- The model we use is considered to be best practice for all joint replacement surgeries as it:
 - Has faster recovery rates
 - Enhances your independence
 - Has less post-operative complications
 - Promotes a sense of wellbeing
 - Enables earlier return to home
- It is vital that you actively participate in your rehabilitation to maximise your recovery. Your dedicated health care team will be working alongside you throughout your admission to achieve your rehab goals before returning home.
- You will be asked to complete questionnaires which are used to monitor your recovery and help us continue to shape our service.



Your time in hospital

- You will be asked questions regarding memory as we monitor your risk of delirium
- You will be discharged between 1 and 3 days after your operation.
- Day 0- Day of operation
- Day 1-3 Rehab
- Be as active as possible - as it can help reduce post operative complications
 - Pressure injuries
 - Chest infections
 - DVT's
 - Mental health and well-being

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5
	Operation Day		Discharge Home	Home Visiting Nurse	Home Visiting Physio	



When are you ready for home?

When you have met these rehabilitation milestones you are ready to go home:

- Shower, dry and dress yourself
- Go to the toilet
- Get in and out of bed
- Walk safely with your walking aid
- Walk up and down a flight of stairs
- Complete your home exercise program
- Manage your medications independently



Don't compare yourself to other patients or to your previous THR/TKR surgery!



What you need to do now

Start planning how you will manage daily tasks after the operation, especially if you live alone.

You can:

- Talk to your family and friends about:
 - Assisting you with shopping, cleaning, errands and transport
 - You may prefer to have a family member or friend to assist you for the first few days (at home). However, this is not essential
- Organise your transport
 - Plan for drop off, at the hospital, and pick up, when you are ready for discharge
- Organise an appointment with your GP 1 week after the day of your operation
 - Analgesia, wound care, follow up



Setting your home up

Organise your home environment

- Stock up on easy to prepare meals
- De-clutter & lift mats or rugs
- Do a big clean / Organise all laundry
- Move low, commonly used, items to a higher, more accessible, location

Set-up your exercise area:

- Clear an area, in your home, to do your exercises
- Pin-up your exercise program



What to bring to hospital

- Casual clothes to wear during the day
- Comfortable and supportive flat shoes/slippers
- Walking aids/crutches
- Use a Small 'carry-on' style suitcase or bag, any large suitcases are to be taken home to avoid clutter
- Leave all valuables and jewellery at home. Do not bring large sums of money into the hospital



Are you worried?

If this has raised some concerns for you regarding how you will manage at home after your operation we are here to help!

Please talk to us at the end of the class tonight

Or

Contact the Social Worker on 6457 8121 or
Occupational Therapist on 6457 8260 before your admission



My Medications

Your surgery can be cancelled or delayed if you do not follow these important instructions

- Remember to withhold any prescriptions and over the counter medications, as instructed
- Bring all your medications, to hospital, in the original packaging except for your strong pain relievers.
 - Do not bring in blister packs or dosette boxes
 - Please contact the pre-admission clinic if you aren't able to do this

If you need to contact preadmission call 6457 8272



Reducing your Risks

- To reduce your risk of infection, please **do not**:
 - Have immunisations prior to your surgery (flu shot ok)
 - Plan major dental work min 4 months after
 - Ignore infections e.g. skin lesions / open wounds / urinary tract infections

- To prevent other complications, please **do not**:
 - Plan long haul flights within 3 months
 - Take un-prescribed medications or drugs
 - Take unnecessary risks e.g. climbing ladders, pruning



My Admission

- Prior to coming to the hospital please shower with the soap given to you in the anaesthetic clinic
 - Refrain from using deodorants perfumes and make-up
- Take your medications as the Anaesthetist has discussed with you
- Remember to fast and drink water as per directed
 - If you are an afternoon admission, wake up early enough to have some breakfast
 - 0700 for afternoon admit
 - Midnight for morning admit
 - You may sip water up to your admission time



My Admission

- Once here, report to Osborne Park Hospital main reception
- The admission clerk will give you your admission documents in a secure bag to take to the ward with you
- If you require a wheelchair, please ask the clerk and one will be arranged
 - It is ~200m walk to the ward



Ward 6

- Settle in
 - Give your Nurse all personal medications
 - Unpack your bags into the cupboard and bedside drawers
- Preparing for the operation
 - Change into surgical gown
 - Remove underwear
 - Remove all jewellery
- The Nurse will perform:
 - Admission paperwork
 - Baseline observations
 - Pre-medications
 - Collect a urine sample
 - Bladder scan



Going to Theatre

- You will meet your Anaesthetist and Surgeon prior to surgery
 - This may take place on the ward or in the holding bay
- You will be escorted to the holding bay by an orderly on your bed



In Theatre – Surgical Team

- The surgical team is there to do the operation
- The operation generally takes between one and two hours



In Theatre – Anaesthetic Team

- There are two teams in the theatre looking after you.
 - The anaesthetics team is responsible to keep **you** comfortable
- Your primary anaesthetic may be either:
 - Spinal / General
 - The less sedation you have, the faster your recovery



My Recovery

- You will wake up in the recovery area
- You will have a nurse looking after you 1:1
- Please tell your Nurse how you feel and what you need.
You may feel:
 - Cold
 - Thirsty
 - Scared / anxious
 - Pain
- Once you are settled and comfortable you will be transferred back to the ward



Back on the Ward

- Your Nurse will continue taking observations, and asking you for your pain and nausea scores when you are back on the ward
- Drink water and eat when able
 - If you feel nauseated, please inform the Nurse, as they can give you medication to help manage this
 - Avoid high fatty foods/take away
 - We will provide you with sandwiches and food on the ward



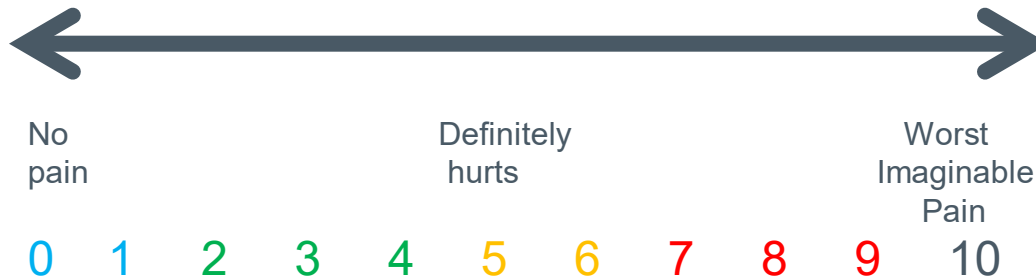
My Attachments

- There will be many devices attached to you after your operation.
 - Calf pump machines, on both lower legs
 - Additional oxygen
 - Either through a face mask or nasal prongs
 - Fluid running into your IV cannula
 - A blood pressure cuff and sensor to monitor your pulse and oxygen levels
- You may or may not have these attachments
 - Urinary catheter, pain medication delivery device



Keeping you Comfortable

- Everybody perceives 'PAIN' differently
 - Effective pain relief is important for your rest and recovery
 - You need to take regular painkillers
- How to communicate your pain levels
 - You will be asked to rate your pain (out of 10), at rest and with movement, so the Nursing staff can give you the best medication for you



My Medications

- You will have an individualised pain regime
 - If you notice that a medication doesn't agree with you let the nurse know ASAP
- You will need to feel confident to manage you medications at home
 - Ask questions, understand what you are taking, when and how to take it
- Your medications may include:
 - Opioids
 - Anti-inflammatories
 - Paracetamol
 - Nerve pain medication
 - Anti emetics (to stop nausea)
 - Ice
 - Rest
 - Regional nerve blocks



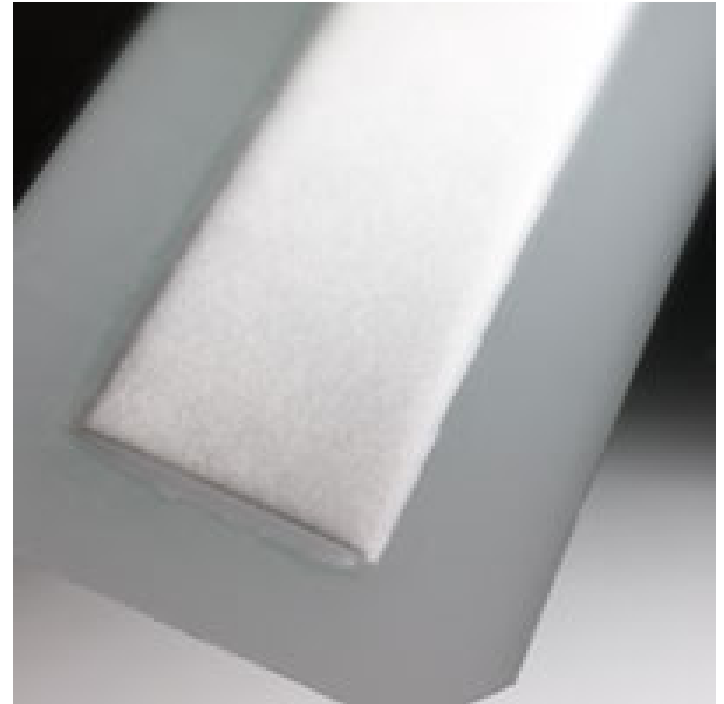
Care Call

- Is an OPH initiative for carers of patients to escalate care concerns for their loved ones.
- You'll see posters and pamphlets on the ward explaining this initiative
- Please ask to see the nurse co-ordinator if you are concerned about yourself or your loved one.



My Wound

- Your wound needs to be covered with a surgical dressing until it is completely healed
 - These are showerproof and will be changed by nursing staff when required
- On discharge, home nursing will continue to monitor, and dress, your wound as necessary



My Rehabilitation

Day 0

- Your rehab starts immediately upon your return to the ward
- You must start bed exercises as soon as the feeling returns to your leg
 - Ankle pumps, knee bends, bottom clenches, Deep breathing
- Rehydrate!
- If you had surgery in the morning, you will be seen by a Physiotherapist
 - If you have full feeling and movement, we expect you to get up and walk by the bedside



My Rehabilitation

Day 1

- Our aim on Day 1 is to improve your mobility
 - You will begin walking with the physio and nursing staff to the shower
 - In the afternoon you will attend the Physio Gym
- You will go down for an x-ray after your shower, after this is done you can get dressed into your day clothes
- Some patients will have reached their discharge goals by this afternoon and are able to go home



My Rehabilitation

Day 2

- Our aim for day 2 is to promote your independence
 - You will be seen by the Physio and OT twice on the ward or in the Physio gym
 - When you have reached your discharge goals you can go home
- Referrals to outpatient and home visiting services will be made when you are discharged
 - HITH / RITH and outpatient departments
 - Outpatient PT location depends on address
 - Occasions of Rx vary depending on your needs



My Rehabilitation

Day 3

- Most of our patients, will have either been discharged prior or will be d/c home on the third day post op
- The team will continue to work towards your rehab goals until it is safe for you to d/c home



My Discharge

- Discharge time (normally 10:00 am or 2:00 pm)
- On discharge;
 - Your Nurse will provide you with:
 - Discharge summary
 - The Pharmacist will provide you with:
 - Medication summary and required medications
 - The Physiotherapist will provide you with:
 - Home exercise program
 - The Occupational Therapist will provide you with:
 - Any additional equipment or long handled aids
- You will be taken down to front reception in a wheelchair
 - Short-term parking is available at the front reception for patients being d/c



At Home

- Do not plan on doing too much
 - The first few days home can be tiring - allow yourself time to rest
- Rest at least twice per day, on your bed
 - Elevate your leg with ice on your hip / knee
- Monitor your pain and take the pain relievers you have been prescribed
 - Always double check with your medication summary to ensure you are taking them correctly
- Monitor your bowels as strong pain relievers contribute to constipation (especially in patients with a history of constipation)
 - Drink water and increase your soluble fibre intake to prevent this
 - If you are constipated, do not strain to pass, take laxatives. If you were not given any from hospital, they can be purchased from a pharmacy



At home cont..

- Aim to resume your daily activities as soon as you can. Listen to your body - it will tell you if you have done too much
- Your exercises should not be painful but should involve some moderate discomfort
- Over-activity can aggravate your healing tissues



Healing

- What is normal:
 - Bruising and swelling are a normal part of healing
 - It's not unusual for bruising to appear a few days after discharge
- When to be concerned and seek Medical advice
 - Your leg is hot and red
 - Increased bleeding and discharge from the wound
 - You have a fever
 - You are unable to walk or weight-bear
 - You have a new pain in your calf
 - You have a new pain/burning sensation on you heels or bottom



My Review

- At 6 weeks after your operation
 - You will be reviewed in clinic by your Surgeon or Physio
 - You will be assessed on your movement, strength and general progress of your new joint
 - They can discuss returning to work, sport, driving and any other activities
- If you have any concerns prior to this review, please call the inpatient Physio or Orthopaedic registrar at SCGH
 - An earlier appointment may be arranged if necessary



FAQ's:

1. How long am I going to take to heal?

- It varies, the majority of patients will be off crutches in 6 weeks and slowly returning to work and recreational activities soon after

2. When can I drive?

- 6 weeks after surgery – check with your doctor and insurance company before driving if its any earlier than 6 weeks.

3. Will my hip/knee alarm at the airport?

- It might. Knees more commonly. It's generally not an issue as airport staff can identify a joint replacement. You do not have to carry documentation

4. Can I kneel after a knee replacement?

- It's not recommended, as it's usually painful. After 8 weeks, you are free to attempt it



FAQ's cont...

5. When can I swim?

- Once the wound is entirely healed – no scabs

6. Can I drink alcohol?

- It is not recommended to combine alcohol with your painkillers. In addition, alcohol increases swelling and may delay the healing process

7. How do I know if my hip is dislocated?

- You will be in a lot of pain and unable to weight-bear. Your leg will also look significantly shorter than the other. If this occurs, please call an ambulance



Question Time



Contacts

- Pharmacy Department - 6457 8148
- Physiotherapy – 6457 8317
- Occupational Therapy – 6457 8260
- Social Work – 6457 4029
- Pre-Admission Clinic – 6457 8900; 6457 8272

