

Knee Joint Replacement Surgery

St Vincent's Orthopaedic Unit
Information for patients



ST VINCENT'S
HOSPITAL
MELBOURNE



Introduction

This booklet has been created by experienced Orthopaedic staff at St Vincent's Melbourne. It has been designed to provide you and your family with information regarding your total knee replacement

Total Knee Joint Replacement

A total knee joint replacement is an operation performed to replace a knee joint damaged by arthritis.

The knee is the joint formed between the femur (thigh bone) and the tibia (lower leg bone). The patella (knee cap) which is in front of the knee forms a second joint with the femur.

Cartilage covers the bone surfaces in the joint and acts as a shock absorber, providing smooth gliding of the joint surfaces. Arthritis causes wearing away of the cartilage, exposing underlying bone.

This results in pain, stiffness, deformity of the knee and associated pain.

When this occurs, a joint replacement is required to replace the damaged joint surfaces. All or part of the joint may be replaced. The surgeon removes the worn pieces of bone and replaces them with a metal knee.

Pre-Admission

Clinic

Before your surgery you will be assessed by the Orthopaedic team in the pre-admission clinic. The aims of this clinic are to identify any medical conditions you have and to plan for a streamlined postoperative course, both whilst in hospital and following discharge.

This will include a variety of tests and a review of your medical history.

Please allow approximately four hours for the appointment.

Physiotherapists and occupational therapists will review your current function and provide you with information regarding your admission to hospital. In addition, the physiotherapist will arrange a second visit to prepare you for your upcoming admission to train you in the use of the walking aids and provide information on what to expect during your admission to hospital.

Pre-admission clinic is a good opportunity for you to ask any questions you may have.

How long will I stay in hospital?

With the advances in surgery and anaesthesia, the duration of hospital admission has decreased significantly over the last decade. Your length of stay in hospital will be tailored to your recovery after surgery. You will be provided with clear goals to ensure you are ready for discharge from hospital including; ensuring you are able to walk safely (with or without a walking aid), that you are able to manage at home and that you have sufficient pain control.

Family and friends should also be aware that you may be requiring additional assistance after your discharge home.

What do I need to bring to hospital?

- Comfortable clothes such as tracksuit/exercise clothes
- Comfortable rubber-soled enclosed shoes or slippers (slip-on shoes or slippers with no back are not acceptable)
- Toiletries
- Sleepwear
- Walking Aids or Elbow crutches (if you already have a pair)

Do I need to bring my medications with me?

- Please do not bring any pain medications with you to hospital.
- Please bring all other medications that you are currently using.
- Medications brought into hospital must be in original packaging. Please don't bring in dosette boxes, Webster packs etc. Please bring a list of your current medications and doses.

Preparing for returning home from hospital

Seating

Ensure you have suitable seating at home for both the lounge and dining areas. Seats should be an appropriate height (approximately knee height) and have arm rests to assist you to raise yourself from and lower yourself into the chair.

Home Set Up

- Minimize the falls/trip hazards in your home by ensuring you have no clutter.
- Pick up any loose rugs, mats or cables
- You will be walking with elbow crutches upon discharge and will not be able to carry items in your hands. Where possible, organize things in suitable places so they are within easy reach.
- Avoid heavy cleaning and household tasks upon discharge. Ensure this is completed before your operation or that family/friends are available to assist in the weeks after your operation.
- You will not be able to carry a washing basket when you are discharged home, you may need to ask for assistance from family/friends to manage laundry tasks. Ensure heavy laundry tasks (sheets, towels) are attended to prior to your admission.
- Use a clothes horse instead of a washing line to avoid reaching.

Showering/Dressing

- Ensure toiletries and towels are within reach
- Ensure frequently worn clothes can be reached without bending too far (e.g.: socks, underwear, day clothes)
- Ensure you have suitable slip-resistant mats inside and outside your shower or bath.
- You will be provided with a special body wash to use at home. Please use this at every shower for the first week in place of normal soap. Chlorhexidine wash is a high powered anti-microbial soap that helps to clean your skin prior to surgery.

Meals/Food/Shopping

Purchase or cook meals that can be stored in the freezer and reheated easily. This will reduce preparation and cleaning time.

Ensure staple foods are well stocked. You will need assistance from your family/friends for your shopping in the weeks after the operation. If this is not an option, please research phone or online ordering of your groceries.

Pre-operative Consideration

Smoking

It is advisable to cut out or at least reduce your smoking prior to surgery. Smoking impairs wound healing and can cause chest infections in the post op patient.

Weight Management

If you are overweight, moderate weight loss is a good strategy to reduce knee pain. Aim for a gradual weight loss of 0.5 - 1 kg per week.

Being underweight is also a risk to your health. Being underweight may lead to nutrient deficiencies that affect your bone health, immune system, energy levels and sense of well being.

Diabetic patients

High blood sugar levels slow wound healing and increase the risk of wound infection. Aim for blood sugar levels below 10mmol/L.

Good Nutrition

Your body needs to be well nourished. Nutrients from food provide us with the strength, energy and ability to heal. People who are well nourished are less likely to develop infection and heal faster.

There are several nutrients from food that are important before, during and after surgery.

Protein is needed to maintain and increase your strength before surgery and is necessary for healing after surgery. Some high protein foods also contain other nutrients such as zinc and iron, which assist in wound healing.

These foods include: lean beef, pork, fish, poultry, eggs, milk and dairy products, soy milk, beans, nuts and tofu. Some protein should be included at every meal.

Vitamin C provides support for wound healing, assists the immune system and assists with iron absorption. Food sources include: citrus fruits, berries, tomato and capsicum.

Hydration affects both the healing process and skin elasticity therefore it is important to provide adequate oral fluid intake.

Exercise

- Exercise can reduce pain and improve function in people waiting for surgery.
- Exercise is also an excellent tool for losing weight, improving muscle tone and general well-being.
- Studies have also shown that people who exercise regularly have improved wound healing.

Alcohol

Decreasing the amount of alcohol before surgery will improve your chances of a better recovery after surgery.

Day of Surgery

You will be admitted to hospital on the day of your surgery at the Day Procedures Centre, on the first floor of the Inpatient Services Building. Make sure you only take the medications that the doctor has told you to take on the morning of your surgery.

On arrival, you will be assessed by the pain team and the unit doctor. St Vincent's is a large teaching hospital so medical, nursing and allied health will be involved in your care.

After the Operation

This is when the hard work begins; we understand a knee replacement can be painful but the long term goals outweigh the short term pain. You will be ambulating from the day of your surgery until you are safe to go home.

Day of Discharge

You will be reviewed by the medical staff to ensure that you are suitable for discharge. The team will ensure that you are independent and safe to go home.

You will be sent home with analgesia which the Pharmacist will explain prior to discharge

You will also receive a dressing pack for the nurses to change your wound. Nursing visits will be organised for you at home. You will also receive Chlorhexidine wash to use in the shower for the first week post discharge.

The physiotherapist will give you a copy of your home exercise program and ensure that you have arranged transportation home. Discharge time is 10am.

Caring for yourself at home

You will be able to manage performing most tasks at home; however having family and or friends would certainly be beneficial.

You will not be able to drive for 6 weeks after the surgery.

Family and friends should also be aware that you may be requiring additional assistance after your discharge home.

Considerations after your Surgery

Swelling

Swelling to the knee is normal but it is important to minimize it. If the knee swells, ice and elevation may be used. After exercising it is normal for the knee to swell, lying with your leg elevated for 30 minutes will improve the swelling.

Pain

After your operation you can expect some degree of pain, this pain should settle over the next six weeks.

Wound care

It is important that you observe your wound dressing daily and look for any signs of infection. These may include: moderate amounts of ooze, redness extending out of the dressing or an offensive odour.

If you are concerned with any of these things, please discuss with the nurse who will be attending to your dressings or your GP.

Please do not commence antibiotics unless your GP has spoken with the Orthopaedic team at St Vincent's first. **Ph. 9231 4702 or 9231 4703**

You should seek medical advice immediately if you have:

- Significant increase in pain or swelling
- Increased shortness of breath
- A red, inflamed or oozing wound
- Ongoing fevers greater than 38 degrees

Other Considerations

It is recommended that compression socks be worn for 6 weeks post surgery to decrease the ongoing risk of clots.

You should commence a walking program after your discharge home. Start with short distances and increase this everyday. It is expected that you will have two crutches for up to 6 weeks as guided by your physiotherapist.

Continue your home exercise program as prescribed by your physiotherapist.

Mission

Our health service is based
on and driven by our quest for:

Compassion

Justice

Integrity

Excellence

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