PREOPERATIVE & POSTOPERATIVE DETAILS

TOTAL KNEE REPLACEMENT SURGERY

MR NICHOLAS FROST

MBBS FRACS (Ortho) FAOrthA

ORTHOPAEDIC SURGEON

GOALS OF SURGERY

The goal of knee replacement surgery is to relieve pain. The expectation is that your pain should improve within the first six weeks after surgery. In addition, the surgery may provide you with an improved range of motion, although typically your postoperative range of motion will be dictated by your preoperative range of motion. You should expect an improved quality of life as a result of your knee replacement.

BEFORE COMING INTO HOSPITAL

Preadmission Letter & Estimate: These will be provided to you by Mr Frost's Secretary. Please read carefully as they include important information regarding your fasting, admission time, postoperative appointment and fees.

Medications: Thoroughly read the list of medications provided to you in your preoperative pack. This will give you instructions on cessation of medications preoperatively. If you are unsure please discuss it with Mr Frost.

Tests: Preoperatively you are required to undergo a number of blood tests and investigations to ensure surgery can be performed as safely as possible. These tests will be reviewed by Mr Frost and your Anaesthetist prior to the operation.

- Blood Tests: Please complete these as soon as possible and prior to your appointment with the Pre-Admission Clinic (referrals attached). It is important that you take the printed films with you to the hospital.
- Group & Hold Blood Test: This needs to be undertaken five days prior to the date of your surgery (referral attached).

Preparations: Prior to surgery please you should use a special body wash and nasal ointment to decrease the volume of bacteria on your skin. This helps minimise the risk of infection at your surgical site.

- Prescription: Please have the attached prescription filled and commence application five days prior to your procedure (prescription attached).
- Preoperative Wash: Please purchase Chlorhexidine Preoperative Wash 4% from your local pharmacy. This is an over the counter product. Use of the wash must be commenced 3-5 days prior to your surgery (instructions are attached).

Aids: You should arrange for purchase or hire of elbow crutches (or a walking frame) from your local chemist or surgical appliance supplier and bring these with you to hospital.

Physiotherapy: We suggest you engage with preoperative Physiotherapy in order to improve your general strength and conditioning. This will aid you in your postoperative rehabilitation. Mr Frost will discuss this with you.

YOUR HOSPITAL STAY

Admission: On most occasions you will be admitted on the day of your surgery and will meet with Mr Frost and your Anaesthetist prior to surgery. This will give you time to ask further questions.

Anaesthetic: For most patients a spinal anaesthetic is preferred as this assists in reducing blood loss during surgery and provides more comfort in the postoperative period. Typically a local anaesthetic "block" is performed and will provide excellent relief in the early postoperative period.

Immediately Postoperatively: You will be taken to a ward specialising in postoperative surgical patients. To decrease your risk of blood clots you will have a pump attached to your calf on the opposite side to your operation and will receive an injection into the abdomen on the night of your surgery. This will help to maintain a healthy circulation.

Review by Physiotherapist: In most cases you will be reviewed by the Physiotherapist at Hollywood Private Hospital on the day of your operation. You should expect to stand and mobilise with assistance on the day of your surgery.

Review by Mr Frost: Mr Frost will see you on the ward before your discharge from hospital.

Time in Hospital: The typical time in hospital following hip replacement surgery is three days.



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AFTER DISCHARGE FROM HOSPITAL

Mobility: Your knee will be sore and swollen for the first 2 weeks after surgery. It is important that you maintain your range of motion during this time and attend to the exercises that were provided to you by the Physiotherapist when you were in the hospital.

Between 2 and 6 weeks postoperatively your swelling will reduce markedly and your mobility will greatly improve.

Aids: Your knee replacement is strong from the moment it is inserted and you will only require crutches or a walking frame until you are confident to walk independently. Some choose to use a shower chair to aid when washing, however this is not a requirement.

Pain relief: You should expect to require pain relief for between 2 and 6 weeks postoperatively. It is important that you use adequate pain relief to perform your exercises. All required pain relief will be provided to you prior to discharge from the hospital. You may also be provided with medications to prevent constipation (a common side effect of pain relief medications).

Dressings: Your wound dressing is designed to remain intact until your first post-operative visit.

Driving: You will be required to avoid driving for 6 weeks following your surgery. Even if you feel capable of driving, your reaction time will be slowed during this period.

Work: If you have an office based job, you may feel able to return to work 2 to 4 weeks postoperatively. If your work involves a more physical component, six weeks leave is recommended.

Flying: Flying within 6 weeks of surgery has a higher risk of DVT (deep venous thrombosis) and is generally discouraged, although in certain circumstance this may be required. Please discuss any intention to fly with Mr Frost prior to your surgery.

1st Postoperative Appointment: Mr Frost will review you in his Nedlands rooms approximately 2 weeks postoperatively and review your surgical wound. In most cases a dissolving suture (stich) is used and will not require removal.

2nd Postoperative Appointment: Mr Frost will review you again (in Nedlands or Kalamunda) with an x-ray prior.

POSTOPERATIVE REHABILITATION

Once your wound has healed hydrotherapy can be commenced. You will then progress with further strengthening and range of motion exercises. It is important that these are performed early after the surgery as the range of motion you obtain early after surgery will determine the range of motion at 1 year following surgery.

WHAT TO EXPECT

In general, although there may be ups and downs, your pain should decrease steadily from the time of surgery and by the 2 week postoperative mark you should be generally comfortable at rest. Your mobility should increase during this time.

QUESTIONS & CONCERNS

If at any stage you find your pain to be increasing, swelling in the leg markedly increasing despite an appropriate period of rest and elevation, redness or wound discharge please contact Mr Frost immediately.

Office Hours: Mr Frost's rooms (08) 9389 3800 After Hours: Hollywood Private Hospital switchboard (08) 9346 6000

NB: This is a guide only and should not be a replacement for the advice of Mr Frost or a medical professional.

