

# Pre-operative Handbook

## What needs to happen several weeks before your hip or knee replacement

### Pre-assessment

- Depending on your health and comorbidities, you may see a pre-assessment nurse or an anaesthetist
- They will take a detailed history of your medical conditions, medications, previous surgeries, allergies etc.
- Blood tests will be requested
- ECG (Electrical heart tracing)
- This is designed to minimise the risk to you around the time of the operation
- If issues are found it gives us time to make changes to optimise your health before your operation
- There may be some medications that need to be stopped temporarily prior to your operation such as blood thinners or diabetic medications, this will be discussed at this pre-assessment appointment

### Anaesthetic Options

- The two options are: spinal with sedation and general anaesthetic
- Spinal anaesthetic is the most common and recommended
  - A fine needle is used to inject local anaesthetic and a very small amount of painkiller into the cerebrospinal fluid around the nerves in the lower back
  - It makes you numb from the waist down
  - It lasts for 2-4 hrs.
  - It significantly reduces the amount of opiate needed during the case
    - This in turn reduces the risk of nausea and vomiting, confusion and constipation
  - We also sedate you so you don't hear or remember the operation
- General anaesthetic is administered through IV medication which makes you unconscious, but you still need opiates to help control the pain despite being "asleep".
  - A tube or airway support is introduced to keep your airway open

- It can be a little more painful when you wake up from the general anaesthetic as opposed to a spinal anaesthetic

### Preoperative Physiotherapy

- If you are not already seeing a physiotherapist, I strongly recommend booking in with a physiotherapist to start “pre-hab”
- Ideally this would be at least 4 weeks prior to the operation
- Explain to the physio you are about to undergo a total joint replacement and want to improve your muscle strength and range of motion

### If you live alone

- Many people live alone and choose to undergo total joint replacement
- It is more difficult post-operatively for people who live alone
- Once home you still need to be able to perform simple activities of daily living
  - Getting dressed
  - Toileting
  - Bathing/showering
  - Preparing meals
  - Basic cleaning
- It is easier in the post-operative period if you can organise to have someone stay with you or, if there is someone you can stay with for the first week after the operation
- It makes the recovery more enjoyable and probably safer
- It is not mandatory however

### **What to organise the week of surgery**

- Someone to drive you to the hospital
- Someone to take you home after discharge (Day 2)
- Arrange someone to take you to your follow-up appointments 2 weeks and 6 weeks after surgery
- Arrange for sufficient groceries to be at home after discharge or have someone do the shopping for you
- Consider buying a long shoehorn, sock aid and grabber tool
- Remove rugs, cords or any other trip hazard from the home

### **What to look out for a couple of days before your operation.**

#### **Any of the below may cause me to cancel your operation**

- Look after your skin
  - Large cuts or scratches on the operative limb

- Increases the infection risk post operatively
  - I recommend not gardening and putting your skin at risk for the 1-2 weeks leading up to your operation
- You become unwell
  - Cough/Cold
  - Fever
  - Generally feel unwell
    - Diarrhoea
    - Vomiting
  - Please contact us and let us know as soon as possible

## **Day of surgery**

- You would have been told when you need to stop eating and drinking by the pre-assessment team
- As a general rule
  - If your surgery is in the morning
    - You cannot eat food after midnight
    - You can drink PLAIN WATER until 06:00 hrs.
      - No lollies, or gum (this counts as food)
  - If your surgery is after midday
    - You cannot eat food after 06:30
    - You can drink PLAIN WATER until 10:30am
      - No lollies or gum (this counts as food)
- It is very important to keep warm prior to the operation
  - Please dress warmly

## **What to bring to the hospital on day of surgery**

- Comfortable, loose fitting day clothes for after surgery
- Night clothes
- Comfortable slippers or shoes
- Toiletries
- Reading material/radio
- Any dressing aids (shoe horn etc.)
- Regular medications
- Glasses, hearing aids
- Cell phone and charger
- If needed: CPAP or diabetic monitoring equipment
- Remove nail polish, jewellery and body piercings if able

## What to expect on the day of surgery

- This can be daunting and overwhelming for some. We try to make it as comforting as possible
- You will be greeted by the reception staff and be shown to the pre-operative bays/rooms
- A nurse will get you ready
  - Into hospital gown
  - Measure vital signs
  - Go through a thorough pre-op checklist to ensure nothing is missed
- Hamish McLaren will meet you and confirm the surgical consent form is signed, the correct limb is marked in marker pen and answer any questions
- The anaesthetist will meet you and confirm the anaesthetic consent is signed and answer any questions you have about the anesthetic
- You will then be taken into the operating theatre
- More checklists will be run for safety requirements
- The anaesthetic will be given, and Hamish will position you on the operating table
- The operation will then begin
- local anaesthetic is used around the wound to help reduce pain
  - In knee replacement patients, the anaesthetist will block a nerve supplying the knee to help reduce pain

## Once you wake up after the operation

- The first memories you usually have are of the PACU (Post Anaesthesia Care Unit)
  - You will have a 1 on 1 nurse looking after you
  - They will be focused on making sure your vitals signs are normal, pain is under control, and you are alert
  - Most people spend 1 hr. in the PACU before being transferred to the ward
  - Hamish will usually call your partner or next of kin to update them on your progress
- You are then transferred to the ward
  - You will be met by your ward nurse
  - Spinal blocks take another hour to wear off
    - You will slowly regain feeling in your feet and legs
  - It is important to get you out of bed walking **the same day** as the surgery
    - Your nurse and physiotherapists will show you the safest way to get in and out of bed and walk with crutches or frame
    - You can go to the toilet or walk around the ward

- We encourage you to sit up in a chair for dinner and all meals thereafter
- The first night can be disruptive
  - Nurses need to monitor your vital signs overnight and can cause some broken sleep

## **Day 1 after your joint replacement**

- Hamish McLaren will see you in the morning on the ward round. He will:
  - Ask you how you are feeling
  - Ask how your night went
  - Ensure your pain relief is adequate
  - Check your wound to ensure it is dry
  - Check your nerves and blood vessels are working properly
  - Answer any questions you have
- The nurses and physiotherapists will work with you throughout the day to improve your skills at getting in and out of bed, walking and bathing
  - There are some “exercise tests” you need to show you can manage before you can discharge home
- We encourage you to get out of the hospital clothes and into your own comfortable clothing
- Some patients, usually the younger patients, can discharge home on Day 1 as long as:
  - Pain is controlled
  - Wound is dry
  - They pass all the physiotherapists exercise tests
- Along with your regular medications and pain relief, we always chart gentle laxatives to combat the constipating effects of the operation
- We don't routinely take blood tests following these operations
  - Some patients may need to have some taken depending on their health issues
- An x-ray will be taken of the joint replacement for baseline measurements so we have something to refer back to in the future if needed

## **Day 2 after your joint replacement**

- Most people discharge home today
- Hamish McLaren will see you again on the ward round
  - I will ask which pain killers are working best for you and prescribe these for you to take home along with simple laxatives
- The physiotherapist will work with you again to fine tune your mobility skills
- All your follow up appointments will be made and given to you
- Discharge paperwork will be given to you detailing your stay at the hospital

If there have been issues during your stay, you may need to stay three days after the operation before being deemed safe to discharge home

## **Once you are at home**

- This can be quite daunting for some, especially people who live alone
  - This is why we recommend having someone stay with you or recommend you stay with another person for the first week
- You may feel tired and worn out
  - This is common after surgery
- It is important not to rush
  - This can lead to trips and injury
  - There are several hip precautions that should be adhered to for the first 3 months after hip replacement, these are not required for knee replacement patients.
- The common complaints I hear about are
  - Swelling of the limb
    - This happens to everyone
    - Some people get more swelling than others
    - Elevating the leg when seated will help
  - Bruising will appear
    - This may track down the leg or behind the buttocks (in hip replacements)
    - This is normal, the bruising is just following the forces of gravity
  - For knee replacement patients, the knee will feel tight and it is important to keep doing your exercises to prevent the knee from getting stiff

## **What to do if something goes wrong**

- If you have any concerns about your health after the operation
- During day light hours, please contact us.
  - There is a phone number in your DISCHARGE paperwork
- If it is after hours, please present to ED for assessment

## **Follow up appointments**

- I usually see patients in clinic at around 2 weeks to ensure the wound is dry and well healed
  - I use dissolving sutures in the skin, therefore no sutures need to be removed
- I also see my patients at the 6 week interval to ensure the joint is moving well, the muscles are strengthening, there have not been any complications I'm not aware about, and overall you are happy with your new joint replacement.