

Total Knee Replacement

Patient information

Patient name: _____

Surgeon: _____

Please bring this booklet with you each time you visit the hospital before your surgery and on your day of surgery.



Orthopaedics Health Service

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PREPARATION

Introduction, anatomy of the knee, and types of surgery

Knee joint replacements are performed for severe arthritis of the knee when there is disabling pain. This booklet aims to provide you with information to help you through the recovery period.

The joint replacement is made of metal parts, which replace the ends of the femur (thigh bone) and tibia (shin bone), and a plastic part that separates the two metal pieces.

There are different types of knee replacement surgery available. Your surgeon will discuss which one is best for you.

Before you come into hospital it is important for you to practice the exercises (1-5) on pages 24-26 of this booklet.

Please share this information with your family/whānau and friends so they can support you during your recovery. To get the best results from your surgery you will need to closely follow the advice of your therapists and nurses.

Please note: You will not be able to drive for six weeks.

Your surgery may take place either at Wellington or Kenepuru Community Hospital. Some patients who have their surgery at Wellington Regional Hospital may be transferred to Kenepuru Community Hospital after the first day in the ward. This allows the hospital to continue to admit patients from the Emergency Department. Patients who live near to Kenepuru Community Hospital will be given priority when these transfers occur.

You can prepare for your hospital stay by completing the Surgery Preparation Checklist on page 11 and the Home Environment Questionnaire.

We hope your stay in hospital is comfortable.

The Home Environment Questionnaire will be collected from you while you are in hospital. Please ask any questions you have about the questionnaire at your preoperative education class.

Please note: In this booklet, the operated leg is shown as the right leg.

View of knee from front

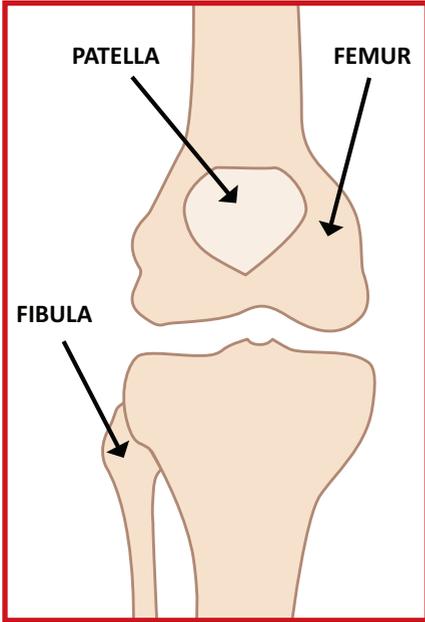
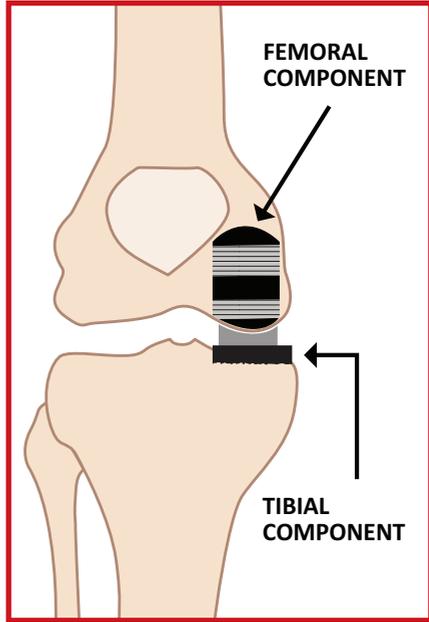


Diagram of uni knee replacement



View of knee from side

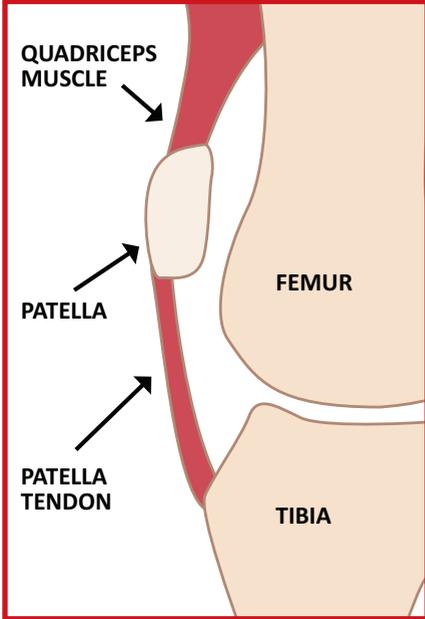
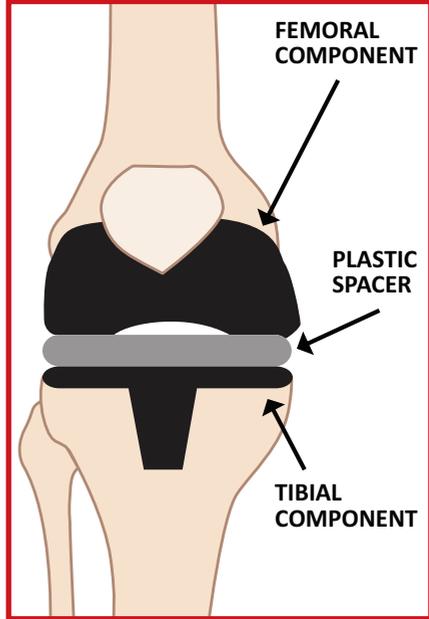


Diagram of total knee replacement



People who will look after you

Medical staff

The medical team is made up of:

- Consultant surgeon
- Registrar
- House surgeon

The Consultant is responsible for your overall care. The consultant or their registrar will assess you each day. The house surgeon will be involved in your day-to-day care and liaise between all of the people involved in your care.

Anaesthetist

Plans for and manages your well-being and safety throughout your surgery and anaesthesia.

Nursing staff

- Responsible for your day-to-day care while you are in hospital
- Provides medication as required
- Cares for your wound
- Encourages and supports you to be as independent as possible.

Occupational therapist

Provides education and equipment that allows you to do practical day-to-day tasks after surgery, including washing, dressing, and getting in and out of bed.

Physiotherapist

Helps you walk and become mobile again through the use of equipment and exercise.

Acute pain team

Provides advice to staff, when required, on how to manage your pain after surgery.

Social worker

Available for support with problem solving, decision making, and discharge planning

Available to help with loss, grief, stress and trauma, as well advocacy and family violence issues.

Daily goals

The length of your stay in hospital will depend on the type of surgery you receive.

LENGTH OF STAY	
Uni-compartmental knee	3-4 days
Total knee replacement	3-4 days
Bilateral knee replacement	4-6 days

It is expected that you will go home using crutches.

Research shows that getting out of bed as early as possible after surgery has many benefits. It reduces the risk of developing chest infections and clots in your deep veins or lungs and it keeps your muscles strong allowing you to go home as soon as possible.

DAY OF SURGERY - you will:	
<input type="checkbox"/>	spend time in the recovery room
<input type="checkbox"/>	move to the ward
<input type="checkbox"/>	have your pain controlled – make sure your nurse knows if you feel sick or are in pain
<input type="checkbox"/>	wear calf compression pumps to help your blood circulate
<input type="checkbox"/>	practice deep breathing and bed exercises

with help, sit on the side of the bed and place your feet on floor or stand

begin to eat and drink

DAY ONE – POST OPERATION - you will:

get out of bed with a physiotherapist or nurse

walk 15 metres four times with help

be helped to wash, as hot showers can make you feel faint

dress in your own night wear or day clothes

practice bed exercises and deep breathing

have an x-ray and blood test taken

Have the drain removed from your leg and thick bandaging taken off

have the urinary catheter removed (if you have one)

have the drip removed if you are drinking well

Have an ice pack applied to your knee four times a day for 30 minutes

DAY TWO – POST OPERATION - you will:

- continue all exercises
- get out of bed for meals
- shower with help
- dress yourself in comfortable day clothes
- continue to practice walking and try stairs with physiotherapist, if able
- Have an ice pack applied to your knee four times a day for 30 minutes
- walk 20 metres four times a day
- discuss discharge plans with the occupational therapist and nursing staff

DAY THREE – POST OPERATION - you will:

- Continue all exercises
- Get out of bed for meals
- Shower as independently as possible
- Dress yourself in comfortable day clothes
- Have an ice pack applied to your knee four times a day for 30 minutes
- Continue to practice walking. At least 20m four times, with supervision
- Go home if you meet the discharge criteria

If you have both your knees replaced at the same time, it is expected that you will take slightly longer to reach these goals.

Preparing yourself for surgery

Get treatment for any infection you may have

If you have any problems with your teeth or gums please see your dentist before surgery. Please also see your family doctor if you have any urinary infections or sores on your skin that are not healing.

Be as fit as you can

The healthier and fitter you are before your surgery, the quicker you will recover after your operation. Daily exercise strengthens the muscles that support your joints. You should work towards exercising at least four times a week, for up to 20 minutes per session.

Eat a healthy diet

Patients that are well nourished recover better after surgery. At the pre-assessment clinic, a nurse will assess your nutritional state, and may arrange an appointment with a dietician.

Eat a healthy well-balanced diet and keep alcohol to within sensible limits. If you are overweight, reduce the fat in your diet, cut down on sugary foods, and eat more whole grains, fruit and vegetables.

Practice your post-operative exercises

Pages 24-26 show the exercises (1-5) that you will be doing immediately after your surgery. Please practice these twice a day. By practicing these exercises before surgery, you will find them easier to do after your operation.

Stop or reduce smoking

Smoking increases the risk of lung complications after an anaesthetic and can delay wound healing.

Capital & Coast District Health Board (CCDHB) is a smoke free hospital. You can expect to be asked if you are a smoker and offered help to quit.

If you wish to stop smoking, you can contact the following organisations for support, advice and information:

- Quitline: 0800 778 778 or www.quit.org.nz
- Aukati KaiPaipa: 0800 926 257 or www.aukatikaipaipa.co.nz
- Pacific Smoking Cessation (free face-to-face service): 04 237 8422

Ensure your pre existing health issues are well controlled

If you have diabetes, high blood pressure, or may be anaemic, please ask your family doctor to review your health. When you are healthy before your operation, you are more likely to recover well.

Complete your Home Environment Questionnaire

This form will help the occupational therapist give you the correct equipment to help you manage at home.

Getting help for those people you care for who rely on you

If you have someone at home who needs your help to manage, please talk to your family doctor or Care Coordination Service (if you already have assistance provided by them) about getting help to make sure they are safe while you are in hospital and recovering at home. You may not be able to return to being a caregiver for three to four weeks after you go home from hospital.

Preparing your home before you come into hospital

The first few days after leaving hospital are going to be hard work. Things will take longer and use more energy than usual – you may need to change the way you do things. By planning ahead and preparing your home, you can make it easier to manage.

Meals

- Prepare some extra meals before going into hospital and freeze them, ready to be reheated on your return
- Place frequently used items, utensils and food within easy reach (hip to chest height)

Furniture

- It is easier to get in and out of a chair if it is high, reasonably firm and has arms, but remember to make sure your feet can touch the floor – if you do not have a suitable chair, think about borrowing one from family or friends or place an extra cushion on your chair
- If you are already struggling to get in or out of your favourite chair, place an extra cushion on top or find another chair to sit in
- It is easier to get into bed if you lift your operated leg first – if you do not have space to do this at present, it is a good idea to move your bed so that you can

Small aids

There are some small household items that may be useful to have when you return home. These are not available on loan from the hospital, so ask your family and friends if you can borrow some.

- **Shoulder bag or backpack** – to carry items, as you will be using both of your hands on your crutches
- **Sturdy bar stool** – to sit on to do dishes and prepare your meals at the bench top. You may find it easier to eat your meals here as well
- **Laundry trolley with wheels** – to take laundry from the machine to where you will hang it out
- **Clotheshorse** – to dry clothes inside, so you do not need to carry clothes downstairs or outside, or reach above your head to hang them
- **Non-spill containers** – to put food in, so it can go in the backpack and be carried to where you are eating
- **Thermos** – to carry hot drinks to where you are eating
- **Showering glove and shower gel** – to reduce the chance of dropping the soap, leaving one hand free to help you balance
- **Non-slip mat** – to prevent slipping in the shower or bath
- **Handheld shower hose** – if your shower is over your bath without a handheld shower hose, you may wish to buy a temporary one that attaches to your bath taps

If you are struggling to bend down and reach your feet when you leave hospital, the following items may be useful:

- **Long-handled sponge** – to reduce the need to bend down to your feet and lower legs when showering
- **Easi reacher** – to pull clothes over your feet and pick up items from the floor*
- **Sock Aid** – to put on socks or knee high stockings without bending*
- **Long-handled shoehorn** – to help put your shoes on*
- **Bungee cord shoelaces** – to replace your usual shoelaces so you don't need to bend down and tie them

**These items can be purchased from the hospital shop in the main entrance*

Some small aids can be purchased from pharmacies, specialist equipment suppliers, and large home improvement stores. They are also available at:

Disability Information and Equipment Centre

- Wellington: 0800 693 342
- Paraparaumu: 0800 434 746
- Website: www.weka.net.nz

Surgery preparation checklist

BEFORE YOUR OPERATION - You should:	
<input type="checkbox"/>	Complete the Home Environment Questionnaire
<input type="checkbox"/>	Organise help with household tasks (cleaning / laundry / making bed)
<input type="checkbox"/>	Prepare your home, including kitchen and food
<input type="checkbox"/>	Arrange care or support for any people who will not cope without you while you are in hospital and recovering from your surgery
<input type="checkbox"/>	Organise help with shopping, gardening, and pets
<input type="checkbox"/>	Practice the deep breathing and exercises 1-4 pages 24-26

Arrange transport for your return home and future appointments

Please note: you can not drive for six weeks after surgery

Organise a support person to stay with you for at least the first 24-48 hours after you go home

If you have been unable to organise any of the above, please inform the staff at the preoperative education class.

Required hospital visits before surgery

Pre-assessment clinic

At the anaesthetic pre-assessment clinic your health will be assessed by an anaesthetist.

As this process takes some time please allow up to three hours.

PRE-ASSESSMENT CLINIC - please bring

This booklet

Any walking sticks, frames or crutches that you currently use

Any medicine you are taking at present (in original packets)

Reading glasses – for filling out paperwork

A member of your family or a friend to help with communication or mobility

A snack or drink, especially if you have diabetes.

Depending on when you have surgery, you may have already attended anaesthetic pre-assessment clinic when you receive this booklet and your surgery date. In normal circumstances you will not need to revisit this clinic.

Your anaesthetic

An anaesthetist will see you at the pre-assessment clinic. This may not be your anaesthetist on the day of surgery. It is their job to assess your

general health and discuss any risks. They may order further tests or ask other doctors to see you, depending on your medical history. They will discuss options with you for your anaesthetic.

Spinal or epidural anaesthesia may be discussed with you. These cause numbness from the waist down and may be offered to you on their own, or with general anaesthesia or sedation. Spinal or epidural anaesthesia involves an injection of local anaesthetic in your back before the start of the operation. Following this, your legs become warm and numb, and the muscles feel weak. When the operation is finished the feeling in your legs returns to normal over a period of three to six hours.

On the day of surgery an anaesthetist will see you to discuss your anaesthetic procedure and obtain your consent for anaesthesia to be given.

You will sign a consent for surgery form with your surgeon either at your first appointment when surgery is discussed or on the day of your surgery before your operation.

Pre-operative education class

This education class gives you and your family an opportunity to learn what to expect when you are in hospital and how to prepare for going home. It has been shown that going to a class helps to reduce the stress that occurs when having surgery. It is strongly advised that you attend this class and that a family member or support person comes with you.

These classes are held once every two weeks at Kenepuru and Wellington Regional Hospital.

Please bring this booklet to the class.

YOUR STAY IN HOSPITAL

Operation Day

THINGS TO BRING INTO HOSPITAL	
<input type="checkbox"/>	Your completed Home Environment Questionnaire
<input type="checkbox"/>	Any walking sticks, frames or crutches that you currently use
<input type="checkbox"/>	Your medicines and tablets in original packets
<input type="checkbox"/>	Relevant x-rays (if you have them)
<input type="checkbox"/>	Your health passport (if you have one)
<input type="checkbox"/>	Toiletries
<input type="checkbox"/>	A labelled container for your dentures or hearing aids
<input type="checkbox"/>	Night wear, dressing gown and loose fitting comfortable day clothes for three days e.g. shorts, skirts. Long legged clothes make it difficult for us to see your wound
<input type="checkbox"/>	Something to help pass the time
<input type="checkbox"/>	Comfortable and supportive shoes, sandals or slippers (not backless)
<input type="checkbox"/>	Please bring your electronic devices such as cell phones, portable music devices, and laptops and chargers. Please be mindful of others when using them.

If you have diabetes we encourage you to use your own equipment, including your insulin pen and blood glucose monitor, so you can continue to manage your diabetes.

CCDHB cannot be held responsible for any loss or damage that may happen to your personal property when you are in hospital.

When to stop eating

You must not eat for six hours before surgery – this includes chewing gum. However, you may drink clear fluids for up to two hours before surgery.

Acceptable clear fluids include water, black tea or black coffee. You must not drink anything in the two hours before surgery.

It is very important to tell your anaesthetist if you have not followed these instructions.

Your life may be in danger if you have had a drink or anything to eat at the wrong time and continue with an anaesthetic.

Taking medication and pills

If you have been given special instructions about your medication before surgery please follow them carefully. Otherwise, take all of your usual medications within the time you are allowed to drink water. Before your operation you will be asked by medical or nursing staff to take some tablets to help prepare you for your anaesthetic.

Before you come into hospital please shower or bath

Your hair must be dry when you come into hospital as this will help you stay warm and help with your recovery. Please do not put on make-up, talcum powder, body moisturiser or nail polish.

Remove all jewellery at home

You may wear a wedding ring. A religious medal or Taonga that you do not want to leave at home can be given to your support person for safe keeping, or you can ask for it to be taped close to you during surgery.

Arriving at hospital

When you arrive at the main reception (atrium) in Wellington Regional Hospital, you will be directed to Surgical Admissions or in Kenepuru Community Hospital, to Theatre Reception. You will be shown to a waiting area.

Your reporting time is to allow us to prepare you for theatre. This is not the actual time of your operation. While you are waiting, several

people will do safety checks, including asking your name and date of birth. This is to make sure that you are the right person having the right operation.

You will be asked to wear a gown to theatre.

After surgery

You will be taken to the recovery room, where you will stay until you are awake and comfortable.

At this point you may be aware of:

- An oxygen mask
- Drip (this provides fluids until you can drink)
- Cuff around your arm recording blood pressure
- Peg on your finger measuring oxygen
- Dressings over the wound
- Drain collecting blood from the wound
- A button for pain relief

When you are awake enough you will be taken to the ward. It can take up to five hours from when you enter the operating theatre until you arrive on the ward. Your family are encouraged to have a break from the hospital while they wait. There is a coffee shop in the main entrance of the hospital.

On the ward after your surgery

It can take up to five hours from when you enter the operating theatre until you arrive on the ward. Your family are encouraged to have a break from the hospital while they wait. There is a coffee shop in the main entrance of the hospital.

After your operation

After your operation, do not be too concerned if you cannot immediately move your operated leg. Some anaesthetics take several hours to wear off.

Attempt post-operative exercises 1-5 until movement and feeling returns. Pages 24-26.

Pain

You should expect to have some pain after your surgery. However, the pain should be manageable with pain relief. Everyone experiences pain differently. It is important that you have regular pain relief so that you can begin to move and regain control of your operated leg. Please let the nursing staff know how you are feeling, so that they can adjust your pain relief and give you drugs for any side effects, such as itching or nausea.

Patient Controlled Analgesia (PCA)

You may be given a button connected to a pump which, when pressed, delivers pain relief. The nurses will explain how to use this.

Try to use it regularly rather than waiting until you are in severe pain.

Let the staff know if you are feeling sick, dizzy or itchy, as these symptoms are treatable.

While you have this form of pain relief you may require oxygen.

If your pain is well controlled, your pain relief will change to tablet form the morning after surgery.

Getting moving again

Please do not attempt to get out of bed without a staff member present.

You may get out of bed unassisted once your physiotherapist has said it is okay to do so.

If you are awake and comfortable you will be helped to sit on the side of your bed or stand on the night you return to the ward.

Do not sit or lie with anything rolled under your knee as this may cause your knee to stiffen and prevent it from straightening.

Please help staff as much as you are able to by moving yourself around the bed.

Phone calls and information

Please ask your family and friends to contact you on your mobile phone rather than ringing the ward and asking to be put through to you. This is to allow the nursing staff time to care for you, rather than answering phone calls.

We encourage your next of kin (as noted on your Personal Information Form) to call and get the information your family/Whānau and friends require, so they can pass it on.

Wi-Fi

Free Wi-Fi is available in Wellington Hospital for patients. Inpatients can now log into the 'DHPatientWifi' network using their National Health Index (NHI) number in order to access the internet from their phone or device.

Care of the wound

After your operation your wound will be covered with a dressing and heavily bandaged. You may also have a plastic tube from your knee. The drain draws any bleeding away from your knee joint. The day after your surgery the heavy bandage will be removed, along with the drain. The light plastic dressing will not be changed unless it is extremely bloody or is no longer watertight. Your wound dressing will stay in place until after your stitches/clips have been removed.

You will need to go to your family doctor to have your stitches or clips taken out approximately 10-14 days after your surgery.

Cultural and spiritual care while in hospital

CCDHB provides whānau and Pacific Health support, as well as a Chaplaincy service.

The goal of Whānau Care is to work with Māori patients and their whānau to achieve the best health outcomes. They provide Tikanga support, such as Karakia, returning of body parts, and support with issues of Tapu.

Other services they provide include communication support (understanding information and treatment and coordinating Whānau Hui). They also provide Tangihanga/bereavement support with death or impending death.

Temporary accommodation is offered for whānau from outside of the CCDHB region who are supporting a patient in hospital. Accommodation is limited so pre-booking advised. There is one room allocated per whānau for three or four people, depending on availability.

Booking can be arranged through Whānau Care Services between 8:00am and 6:00pm, Monday to Friday or call (04) 385 5999 extension 80948.

Children must be accompanied by an adult. The cost of a room is \$30.00 a night with a \$20.00 refundable key bond. If you require accommodation for your whānau please talk to your pre-assessment clinic nurse.

Pacific Health's vision is to empower Pacific Island patients and their families, by providing sound cultural and professional support throughout their hospital stay. Pacific Health can help you with interpretation and help with understanding what needs to happen while you are in hospital and help prepare you to go home.

The Chaplains are available for people of all faiths or no faith – they can be reached by the hospital staff at your request.

If you have any questions or want help with any spiritual or cultural needs, please ask a nurse.

8 simple steps to keep yourself safe during your stay in hospital



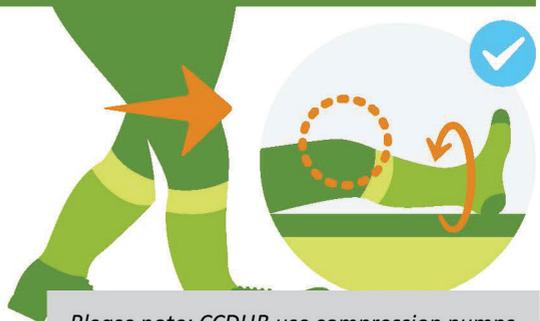
Preventing falls

- Wear well-fitted, non-slip footwear (including non-slip socks, if appropriate).
- Take extra care in the bathroom.
- Some medicines may make you feel unsteady.
- Use a walking aid, if you need one.
- If you need assistance, tell us.



Preventing blood clots

- Wear your hospital stockings if advised and move as often as you can.
- Try to do simple leg and ankle exercises.
- Drink fluids as recommended.
- Take blood-thinning medicine/ medication as advised.



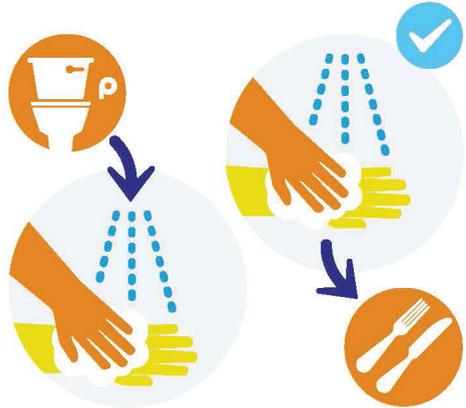
Please note: CCDHB use compression pumps (sequential compression devices) around your foot or calf instead of stockings.

Please talk to us if you have any questions, worries or concerns.



Preventing infection

- Wash your hands or use the hand gel provided after visiting the toilet, if sneezing or coughing, and before all meals.
- If you're worried a staff member may have forgotten to wash their hands, you or your family/whānau can remind them.
- Tell us if you have diarrhoea or vomiting.



Your medicines

- Tell us if you have an allergy, have had a serious reaction to any medicines or if you do not understand what your medicines are for.
- Talk to your doctor, nurse or pharmacist if you have any questions or concerns about your medicines.
- Ask about possible side effects.
- Keep an up-to-date list of any medicines you're taking.



Pressure injuries

- If you can, try to keep mobile, even in bed, and call us if you are uncomfortable.
- We are very happy to help you change position, and can work with you on ways to relieve pressure.



Please talk to us if you have any questions, worries or concerns.



Identification

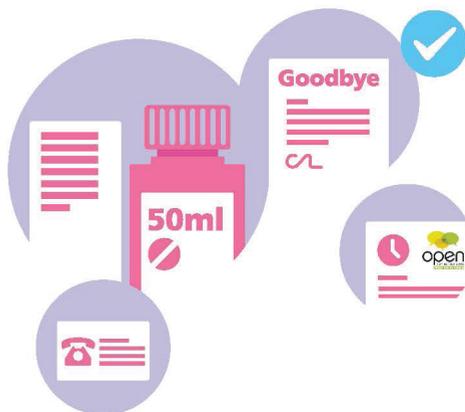
- Tell us if any of your personal information is wrong (ID band, address, GP, next of kin).
- Tell us if you have any allergies. If you do, some hospitals may give you a coloured wristband.
- Before any medicine is given your ID band will be checked.



Leaving hospital

Before you leave, make sure:

- you have all the information you need to be safe at home
- your medicines have been explained to you, particularly if they've changed
- you know who to contact if you have any questions or concerns
- you know when your next appointment is.



Any concerns

- We are here to help you – talk to us if you have any worries or concerns about your treatment, or about what will happen when you leave hospital.



Exercises

Please note in this booklet, the operated leg is shown as the right leg.

It is quite safe for you to carry out exercises 1-4 as soon as you are awake from your operation.

You should start them as soon as possible.

1. Deep breathing exercises

- Take a deep breath in through your nose. Your stomach should rise
- Pause for 1-2 seconds
- Breath out through your mouth

Repeat this exercise 4-5 times every 60 minutes.

If you feel any phlegm in your throat, have a cough to clear it. If you have any difficulties clearing phlegm, your physiotherapist can give you advice on what to do.

Exercises 2, 3 and 4 help reduce swelling.

2. Ankle Pumps

- Whilst lying in bed, bend and straighten your ankles to point your toes up and down
- Do this 20 times every hour you are awake
- This will help with circulation



This exercise improves the blood circulation, helps to prevent deep vein clots and reduces swelling.

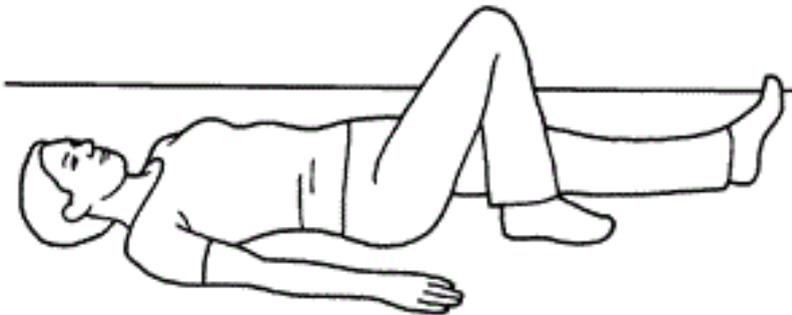
3. Thigh Squeeze (Static Quadriceps):

- Lying on your bed with your operated knee straight
- Push your knee down into the bed to squeeze your thigh muscle
- Bring your toes up and point them towards the ceiling at the same time
- Hold for 3 seconds, then relax
- Repeat ___ times



4. Knee bends

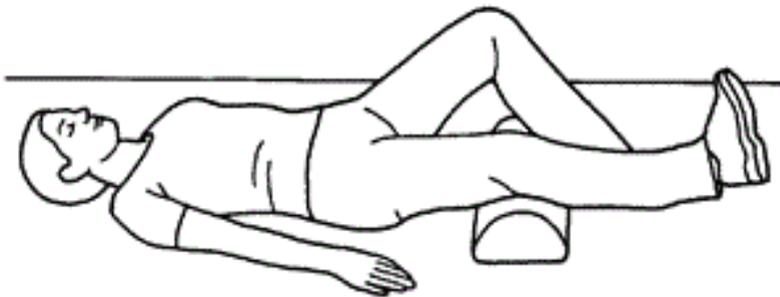
- Lying on your bed, bend your knee as far as possible
- Hold for a few seconds, then relax down slowly to straighten your knee
- Repeat ___ times



This exercise strengthens your thigh muscles to prepare you for walking steps and stairs

5. Inner Range Quadriceps:

- Lying on your back with two rolled up towels under your operated knee
- Keeping your knee on the towel, try to lift your foot off the bed to straighten your knee
- Hold for ___ seconds, then lower your foot down slowly
- Repeat ___ times



6. Straight leg raise - *only if advised by the physio*

- Lying on your back, you can have your opposite knee bent to have your foot firmly on the bed
- Lift your operated leg off the bed as shown (you don't need to lift too high)
- Hold for ___ seconds, keeping your knee as straight as possible, then lower your leg down slowly
- Repeat ___ times



CCHDB Home Environment Questionnaire: Total hip replacement

Surname:NHI:
First Names:
Date of Birth:/...../.....
Sex:

PLACE PATIENT ID HERE

This form will be collected from you when you are in hospital.

After a hip replacement we encourage you to be as independent as possible. However, you are likely to require some equipment at home dependent on your home and ability, particularly if you need to follow hip precautions.

The questions are to help you identify any problems you may face at home following surgery. You will find it easier to remove hazards and change furniture, if required, before you have surgery.

The information you provide will also help your occupational therapist to work out what equipment you may need to be loaned for a short period of time.

Please complete this form as accurately as possible with the information based on where you are going to be living when you go home from hospital and the furniture you will be using.

Please complete. You may tick more than one box in each question.

1. What is the measurement from the back of your knee (at the knee crease) to the ground when you are standing?

.....

2. When I go home from hospital I will have a responsible adult in the house with me

- most of the day
- only for short period each day
- someone will be staying over night
- I will not have anyone with me

THE HOUSE

3. I will be staying in a:

- single level house two-story house
 split level house other

4. If you have a split level or a two-story house can you live on one level?

E.g. bed, toilet and kitchen are on the same level.

- yes no

5. If yes, is the entrance level?

- yes no

6. To get to the main entrance of the house I go up or down:

- several steps one step
 a ramp straight in (no steps)
 other

7. The main entrance I will be using has rails:

- on the right hand side when I am climbing them
 on the left hand side when I am climbing them
 I have no rails I have no stairs

8. The stairs inside my home have a rail:

- on the right hand side when I am climbing them
 on the left hand side when I am climbing them
 I have no rails I have no stairs

9. Is there room to move around your home using either crutches or a walking frame?

- yes no

THE BATHROOM AND TOILET

10. In my bathroom, I have a:

- shower cubicle
- shower over the bath
- shub
- wet area shower
- bath

11. The shower (or shower over the bath) has:

- a curtain
- there is no shower
- a door

12. There are rails in the shower?

- yes
- no

how many rails are there?

13. Please tell us where the rails are placed.

.....

14. What height is the step into the shower?

.....

15. The height of the side of the bath from the floor is:

.....

16. The toilet is:

- in a separate room
- in the bathroom

17. The rails beside the toilet are:

- on left hand side
- on both sides
- on right hand side
- no rails

18. The height of the toilet seat from the floor is:

.....

FURNITURE

19. The height of my bed from the top of the mattress to the floor when I am sitting on it is:

.....

20. The height of my chair from the top of the cushion to the floor when I am sitting on it is:

.....

21. My chair is a:

sofa

lazy boy

rockingchair

armchair

dining chair

other

HELP AT HOME

22. I usually travel by:

- driving independently using a taxi
- using a mobility scooter public transport
- getting help from family and friends to drive me

23. My plan for getting home from the hospital (e.g family, friends, taxi, shuttle bus, train). Please add any contact details.

I have arranged to be picked up by:

.....

They can be contacted on:

.....

I need support to arrange transport home. Yes No

24. I already receive help at help at home for:

- no help required help with meals
- help with cleaning around the house
- help with showering and dressing

25. My plan for managing my washing/showering and dressing is:

- Independently With the use of equipment
- I already have support in place
- Other:

26. My plan for managing my meals and drinks is:

- Independently Meals on wheels
- Family or friends Frozen meals
- Other:

27. My plan for managing my food shopping is:

- | | |
|--|---|
| <input type="checkbox"/> Independently | <input type="checkbox"/> Online shopping |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> My cupboards are already stocked |

28. My plan for managing my household tasks is

- | | |
|--|--|
| <input type="checkbox"/> Independently | <input type="checkbox"/> Family or friends |
| <input type="checkbox"/> I already receive support | |
| <input type="checkbox"/> Other: | |

SAFETY

29. Do you have:

- | | |
|--|--|
| <input type="checkbox"/> loose mats | <input type="checkbox"/> uneven or slippery floors |
| <input type="checkbox"/> animals | <input type="checkbox"/> power cords on the floor |
| <input type="checkbox"/> uneven surfaces outdoors | <input type="checkbox"/> none of the above |
| <input type="checkbox"/> other hazards I am concerned about. Please list | |

.....
.....

If you have found any of these safety concerns please try and solve them before coming into hospital to have your surgery.

30. Please tick any items you already have at home.

- | | |
|--|---|
| <input type="checkbox"/> shower stool | <input type="checkbox"/> bed level |
| <input type="checkbox"/> bath board | <input type="checkbox"/> raised toilet seat |
| <input type="checkbox"/> over toilet frame | <input type="checkbox"/> easi reacher |
| <input type="checkbox"/> shoe horn | <input type="checkbox"/> sock aid |

31. If you have concerns about how you will manage at home following your operation please list them below.

.....

.....

.....

.....

You may enter your furniture measurements to the first column of this table. The table will be completed with you the Pre-operative Education Class. This will help you see if the furniture you have at home is suitable for you to use after your operation and what equipment you may need.

	Measurement	Appropriate height	Not appropriate height
Back of knee to foot			
Bed			
Chair			
Toilet			

Thank you for filling in this questionnaire.

Please discuss any issues or questions when you attend the pre-operative education class.

Chair exercises

7. Seated Knee Flexion:

- Sit on a chair with your feet on the floor
- Bend your knee as much as possible and hold for a few seconds
- You can use your opposite leg to bend your knee back further
- Repeat ___ times



8. Knee Extension:

- Pull your toes up, tighten your thigh muscle and straighten your knee
- Hold for ___ seconds, then lower your leg down slowly
- Repeat ___ times



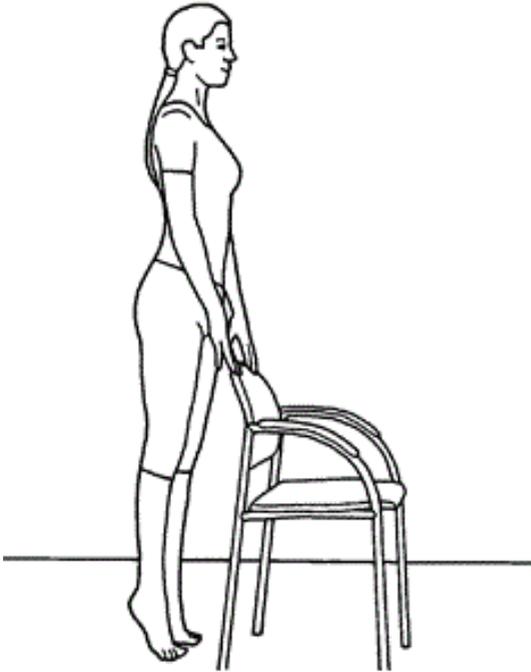
Ensure you are holding a firm and stable support for all of the exercises below. Only do the exercises taught to you and ticked in the box.

Exercise eight and nine help you control your muscles so you can use your leg well.

Standing exercises

9. Heel raise

- Lift your heels of the ground to stand on your toes for 3 seconds
- Repeat ___ times



10. Mini squat

- Stand with your feet approximately hip width apart
- Stick your bottom out and bend your knees as shown to perform a mini-squat. Don't go too low

- Repeat ___ times



11. Knee lift

- Lift your operated leg in front of you to bend your knee as far as you can, holding for ___ seconds
- Repeat ___ times



12. Knee Bends:

- Bend your knee behind you as shown, lifting your foot off the floor
- Try to hold for ___ seconds
- Repeat ___ times



Preventing a fall

Doing these things will help your balance and prevent falls:

- take your time when you get up. If you feel dizzy, weak or light-headed, call for someone to help-don't get up by yourself.

- take extra care on wet or slippery floors. Avoid them if you can.
- watch out for clutter or obstacles in your way, and ask someone to move them.
- if you have glasses or hearing aids, use them,
- use your walking aid(s) in the way that you have been shown.
- make sure your clothing is not too long or too loose, as it may trip you up,
- at night, turn on the light before you get out of bed so you can see where you are going.

Everyday activities

After your surgery you may need to do some of your daily activities differently. The following is advice on different ways to do things both in hospital and when you return home.

Whilst in hospital, the staff will aim to help you carry out your normal activities safely until you can manage them by yourself. Completing these tasks will be a lot easier if you have regularly practiced your exercises.

Use ice, elevations and exercises to help control any swelling.

Walking

After your operation you will need to use a walking aid for the first few weeks. In the beginning you will have the supervision of a nurse or physiotherapist whilst walking.

The physiotherapist will show you how to use the walking aid safely and give you advice on your walking pattern. They will also tell you when it is safe to walk on your own.

How to use a walking frame

- Move the frame forward
- Take a small step forward with your operated leg
- Straighten that leg so it is strong (brace)
- Step through with your other leg using the frame for support
- Do not walk too close to the frame.



Elbow crutches

Once you are walking safely with the walking frame, your physiotherapist will show you how to use crutches.

Walking with crutches

1. Move both crutches forward, keeping your elbows towards your sides
2. Step forward with your operated leg so that it is level with the crutches
3. Place as much weight as you need through your arms onto the crutches
4. Straighten that leg so it is strong (brace) and tighten the thigh muscle
5. Step your un-operated leg forwards, so it is level with your operated leg
6. As you progress, your un-operated leg will begin to move past your operated leg.



To sit down

- Hold your crutches (with handles facing each other) in the hand which is opposite to your operated leg
- Make sure you can feel the chair against the back of your legs
- Reach back for the arms of the chair with your free hand

- Use your arms to help take some of your body weight when sitting down
- Take most of your weight on your un-operated leg

To stand up

- It is easier to get in and out of a chair that is high, reasonably firm and has arms.
- Make sure that your feet touch the ground and you attempt to bend your operated knee to a right angle (90 degrees)

- It is important you do not allow the angle between your body and your thigh to be less than a right angle (90 degrees)
- Move to the front of the chair before trying to stand
- Hold your crutches (with handles facing each other) in the hand which is opposite to your operated leg
- Keep your operated leg slightly forward and take your weight mainly through your un-operated leg
- Use your free hand to push down on the arm of the chair
- Push up with your un-operated leg until standing
- Transfer one crutch to each hand

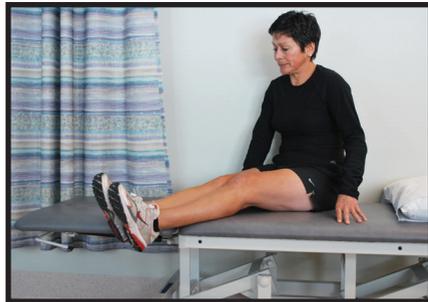


Getting in and out of bed

Your bed at home may be too low. Your Occupational Therapist will advise you about raising your bed if it is too low or you have been unable to find an alternate option.

Into bed

- Sit down on the side of the bed close to your pillows
- Use the same side of the bed that you will be using at home
- Shuffle your bottom backwards and diagonally towards your pillows until both of your knees are completely on the bed



You will then find it easier to swivel and lift your legs onto the bed.
If necessary, you can use your hands to help lift the operated leg.

Out of bed

- If necessary, you can use your hands or a towel to help lift your leg out of bed
- Sit up and swivel your legs to the edge of the bed
- Put your hands slightly behind on the bed to push yourself forward to the edge of the bed
- Control the fall of your leg (do not allow it to flop over the edge of the bed)

Getting on and off toilet

The way to get on and off the toilet seat is like getting in and out of a chair.

Whilst on the ward you will have grab rails and equipment to help you on and off the toilet. If you still need this equipment when you leave hospital, similar equipment will be arranged for you by your Occupational Therapist.

Bathing and showering

Showering

If you rely heavily on your crutches then sitting to shower may be the safest option. If required, the occupational therapist can recommend equipment and arrange to loan it to you.

If you have a shower over the bath, it will be difficult to get over the edge of the bath whilst maintaining your hip precautions. You may need to sponge wash at home or speak with family and friends to find a more appropriate bathroom you could use.

When you return home practice getting in and out of the shower with the water turned off and someone present.

Please make sure your wound dressing is watertight before you shower. You cannot get your wound wet until the stitches or clips have been removed.

Drying

- Place a towel on a suitable chair so you can sit to dry your back and bottom
- Dry between your toes with an Easi Reacher holding the towel

You could also wear a towelling robe when drying, rather than using a towel, so your hands are free to use the crutches.

Getting dressed

You will be encouraged to dress in comfortable everyday clothes the day after your operation. These clothes should be loose.

- Sit to dress and undress
- Dress your operated leg first and undress it last

Use the long-handled aids (Easi Reacher, long-handled shoe horn, sock aid) to dress your lower body if you are having difficulty reaching it.



Wear flat, comfortable shoes. Snug fitting, slip on shoes are easiest (not backless). If you cannot avoid shoes with laces, you can leave them done up or replace the laces with bungee cord shoelaces.

Sleeping

You can sleep in any position that you find comfortable. It may be more comfortable to place a pillow between your knees when sleeping on your side. Do not place a pillow under your knees when sleeping on your back, as being able to straighten your knee is very important for your recovery.

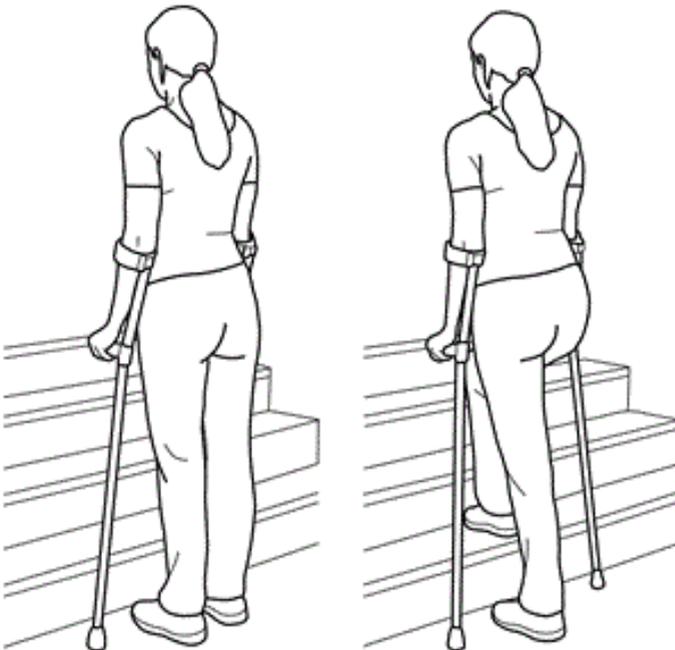
Stairs

If you have difficult or unusual steps or stairs at your home or work place please inform your physiotherapist.

You will practice stairs with your physiotherapist until you are confident and safe.

To go upstairs

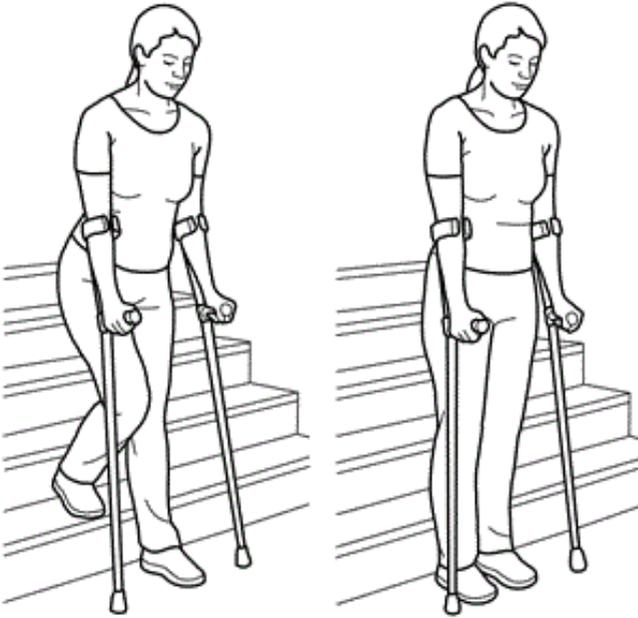
- Use a handrail, if available, and use a crutch in the opposite hand as a support
- Place your un-operated leg onto the step
- Move the operated leg to that step with the help of the crutch(es)
- Bring the crutch(es) onto the same step



To go downstairs

- Use the handrail if available
- Put crutch(es) down onto the next step
- Move the operated leg down to same step
- Follow with the un-operated leg

While you are in hospital you will be taught how to manage stairs with and without handrails.

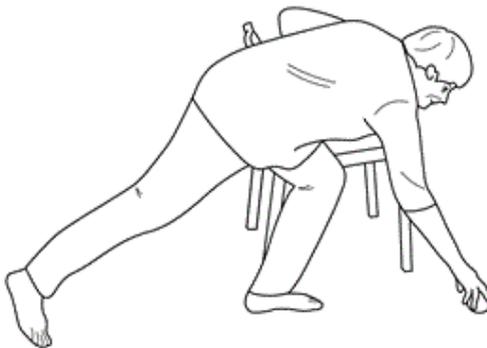


Going up stairs - <i>GAS rises</i>		Going down - <i>SAG down</i>	
G	Good leg (unoperated)	S	Sticks (crutches walking frame)
A	Affected leg (operated)	A	Affected leg (operated)
S	Sticks (crutches walking frame)	G	Good leg (unoperated)

Picking up objects off the floor

- Do not kneel directly on to your operated knee
- hold a stable object for support (furniture)
- position the non-operated leg in front to take the weight
- put your operated leg behind you
- bend the knee of your non-operated leg and steady yourself with the furniture you are holding, reaching for the object with your free hand.

If no one else is available leave the item until someone else can get it.



Discharge criteria

In order for you to be discharged from hospital, your health care team need to be certain you are safe to do so.

DISCHARGE CRITERIA - your health care team need to determine that you:	
<input type="checkbox"/>	are comfortable on oral pain medication
<input type="checkbox"/>	are walking independently with crutches
<input type="checkbox"/>	are able to manage stairs independently
<input type="checkbox"/>	have the necessary support at home (see Surgery Preparation Checklist) page 12
<input type="checkbox"/>	have the necessary equipment
<input type="checkbox"/>	have no problems with your wound
<input type="checkbox"/>	Are able to bend your knee past a right angle (90 degrees) and fully straighten your knee
<input type="checkbox"/>	are able to dress yourself
<input type="checkbox"/>	are able to get in and out of bed on your own
<input type="checkbox"/>	are able to get on and off the toilet safely

DISCHARGE FROM HOSPITAL - you will be given:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Medications you brought to hospital with you |
| <input type="checkbox"/> | A prescription for your pain relief – please take this to your usual pharmacy to get the medication |
| <input type="checkbox"/> | A red joint card – to inform any doctor, dentist or physiotherapist you go to that you have a knee joint replacement. This is to act as a reminder to take any infections seriously and ensure that they are aware of your surgery. This card is not accepted by airlines as proof of your surgery |
| <input type="checkbox"/> | A discharge summary describing what happened while you were in hospital. A copy of this will also be posted to your family doctor |
| <input type="checkbox"/> | An outpatient follow- up appointment to see your doctors. You will need to arrange your own transport to these appointments |
| <input type="checkbox"/> | If you need any additional letters for your employer or travel requirements please ask before you are due to go home |

Outpatient physiotherapy classes are held at Kapiti Health Centre, Kenepuru Community Hospital and Wellington Regional Hospital. Your physiotherapist will provide you with information about them.

You will need to arrange your own transport to these appointments. You are likely to need eight sessions over four weeks, starting three to four weeks after your discharge from hospital. There will be one to two sessions per week.

Transit Lounge

On the day you go home you can be collected by your family or friends from the Transit Lounge. The Transit Lounge is staffed by nurses and provides comfortable chairs and trolleys to lie on. If you are there at the appropriate time you will get a light lunch. It is located by the after-hours entrance and the Security Orderlies' office. It is open until 6.30pm Monday to Friday.

Your family may find it easier to collect you from here, as it is a shorter distance to walk than from the ward. They can drive into the

Emergency Department entrance on Riddiford Street and turn left, up to the loading bay. The Transit Lounge is located through the glass doors. This parking is free for 20 minutes.

Removal of stitches or clips

Please visit your family doctor to have your stitches or clips removed from your wound when advised by your surgeon.

Do's

These are the things you should and should not do to get the most from your new knee:

- Continue to follow the advice and exercises in this booklet as instructed by your physiotherapist. It is important that you continue your exercises at least three times a day at home
- Use your walking aids as advised.

Don'ts

- Don't sit with your operated leg hanging down for long periods
- Don't drive until you have been told you can by your medical team
- Don't sit or lie with anything rolled under your knee as this may cause your knee to stiffen and prevent it from straightening
- Don't get your wound wet in the shower until after your stitches have been removed.

If you get water under your dressing, please remove the dressing and replace it with another one. These can be bought from most pharmacies.

Household tasks

All household tasks will be difficult while using walking sticks or crutches. You will need help with cleaning bathrooms and floors, vacuuming and changing bed linen. Please ask your family/Whānau and friends if they can assist you with this.

Making your bed

- Stay in bed and pull up the top sheet and bedclothes. When you get out of bed the task should be simply smoothing the covers.
- Fitted sheets with a duvet help take the effort out of bed making.

Meal preparation

- Avoid lifting heavy saucepans – slide them across the bench
- The contents of your cupboard should be arranged so that essential items are within reach without bending or stretching (between shoulder and knee height)
- If you live alone you may need a trolley to move heavier items across the room. Your occupational therapist can provide loan equipment if needed
- You should think about using a stool while preparing food, washing up or using the cook top, to provide short breaks from standing
- Avoid using the oven if it is not at waist height or ask for help
- Small items can be carried in a backpack or an apron with pockets
- Think about using a frozen meal or meal delivery service

Laundry

- Wash small loads of clothes over the week, rather than one larger, heavier load
- Adjust the clothesline to avoid stretching (if possible), or try using a clotheshorse for smaller items

Shopping

- Consider shopping for groceries on the internet
- Shop with a support person who is happy to carry items for you
- Avoid shopping during peak times

- Do smaller, regular shopping trips to avoid heavy shopping bags and trolleys
- Have items packed into several smaller bags for easier carrying
- If possible, use a trolley to push your groceries to the car rather than carry them
- If you must carry shopping, divide the weight evenly into at least two bags with one in each arm, or try using a backpack

Getting in and out of the car

If possible, get into the car on a flat area such as a driveway or road, rather than from the footpath. This allows room for your mobility aid and makes the car seat higher.

- Have the passenger seat pushed as far back as possible with the back of the seat in a reclined position
- Back yourself up towards the car so that you are facing away from it. You will be getting into the car bottom-first
- Reach for the seat back or dashboard (solid parts of the car) not the car door
- Gently lower yourself down to the seat, bending your operated knee as much as comfortable
- Shuffle yourself backwards into the seat as far as possible, leaning back against the seat until you are able to bring both legs into the car
- Sitting on a plastic bag makes moving your bottom around much easier
- Getting out of the car is done the same way, only in reverse.

Driving

You should not drive for at least six weeks following your surgery. You must have also discussed it with your surgeon.

Before you return to driving think about your ability to safely stop in an emergency.

Returning to work / hobbies

Following your surgery it is important not to take on too much too soon. Plan your day so that you spend small amounts of time doing different tasks. Remember that you need to rest when you are tired.

Most people can usually return to sedentary jobs between six weeks and three months following surgery. If your job involves stooping, bending, heavy lifting or operating heavy machinery, it may be unwise to return too quickly. If in any doubt, do not return to work without discussing it with your surgeon.

When returning to hobbies, it is important to think about the actions you are doing and how long the activity will take to complete:

- Can you make the activity easier on your knee by doing it in a different position?
- Can you do a small part of the activity and then have a break?
- Can you do a part of the activity and have help with other parts you may not be able to manage yet?

If you are concerned, please speak with your surgeon at your six week follow-up appointment.

Expectations and potential problems

It is important for you to be aware of what can be expected following surgery. The intended benefits of the surgery need to be balanced against the risks of the operation. Your surgeon will discuss these risks with you before your surgery.

What can I expect?

The aim of your operation is to relieve the pain felt in your knee, while improving or keeping your ability to move. You should be able to achieve at least the same range of knee movement that you had before your surgery – with hard work and physiotherapy you may get more movement.

Knee replacement surgery can be an emotional and physical experience. There may be some days after your operation when you feel a little low and tired. This may continue in the early stages of your recovery at home.

An artificial knee joint is not quite the same as a normal knee and with certain movements it is possible to notice a clunk as the metal and plastic surfaces move against each other. This is nothing to worry about and is usually ignored after a while.

Normal concerns following surgery

It may take up to two years before you fully recover from your surgery. The following is a list of common things that can happen after your operation:

Swelling in the knee is common for up to a year. If you are concerned about the degree of swelling, please advise your surgeon at post-op follow up appointment or discuss with your GP.

Difficulty in kneeling is experienced by many patients, although the motion will not damage your knee. With gradual progression through the use of a cushion, then carpet and finally a hard floor, this may improve. However, two-thirds of patients do not find it easy to return to kneeling.

Bruising often appears down the leg and up into the thigh. Bruising can be tender and may take four to six weeks to disappear.

Numbness around the knee on the outer side of the scar is common and can be permanent. This does not usually affect the way you use your knee.

Potential problems and risks of surgery

As with any major surgery, there are risks involved and you should be aware of them. Approximately one in ten have more serious complications than listed above.

These can range from minor to severe problems, as outlined below. Your surgeon should be able to tell you if you are at an increased risk of complications.

Infection

Approximately 1 in 200 wounds become infected. Many precautions are taken to avoid this during your hospital stay. Serious infections, deep in your wound, can lead to your new knee joint needing to be

replaced. In severe infections it may be necessary to remove the joint completely and fuse the knee straight. This is very uncommon.

It is very important to look after the wound following surgery. Ideally all infections should be cleared up before your operation, such as tooth abscesses, infected toes and urine infections. Even minor infections elsewhere can lead bacteria to go through your body and cause an infection of the new joint. If you have any infections before you go to the pre-assessment clinic, see your family doctor. If you still have an infection when you attend the clinic, please tell the staff as it might be wise to postpone the surgery until it is cleared up.

If you suspect your knee may be infected once you are home after surgery, please see your family doctor urgently. Symptoms will include increased pain in the joint or on the surface of the wound increased heat or redness around the wound or seepage from the wound.

If you are going to have a tooth removed, inform your dentist you have an artificial joint as you may need to take antibiotics.

Loosening and wear of the components over time

Research shows the large majority of successful knee replacements last 10 to 15 years. The surgery can be redone but it is more difficult and has less predictable results.

Deep Vein Thrombosis (DVT)

A thrombosis is a blood clot that can form in your veins deep in your body, often in your legs. There is a risk of this with all operations. If the clot moves, it can lodge itself in the brain, lungs or heart – this is very serious. However, steps are taken to prevent this. Depending on who your surgeon is, you will either receive an injection or tablet each day until you go home. You will also be using calf pumps while you are in bed until you are mobile.

You will be sent home on medication to help prevent clots. It is important you take it as instructed.

A degree of calf swelling is usual after the operation and does not necessarily indicate a deep vein thrombosis. The longer you are in bed, the greater the risk of a blood clot forming. This is why we encourage you to get up as soon as possible after the operation. While you are in

bed you should do exercises 1 – 5 on pages 24-46 regularly to help your blood flow.

If you develop a significant clot you will receive medication to treat it. It is possible for a clot to occur when you have left hospital and you should know what to look for.

If you develop any of the following symptoms you should contact your family doctor or go to the Wellington Emergency Department or Kenepuru Accident and Medical Department:

- Sudden severe pain at the back of either leg below the knee, which may increase when you walk or it is stretched
- Sudden increased swelling in your lower limb which is greater than you had in hospital
- Red and shiny skin on the lower limb
- Sudden onset of unusual breathlessness

Risk of general anaesthetic

There are risks with anaesthesia – these tend to depend on your general health and other medical problems. You should discuss this with your surgeon and anaesthetist so that you are aware of the risks.

Pressure injuries

Your heels and bottom are at risk of developing pressure injuries after surgery, as you may find it difficult to move around your bed. These happen when soft tissue becomes compressed between bone and a firm surface, like a bed, for a long period of time. Pressure injuries are painful, take a long time to heal and may become infected. It is easy to prevent these from occurring by getting out of bed as much as possible and moving your position frequently while in bed (minor adjustments every 20 minutes). If you have trouble changing your position please ask your nurse for help.

Falling

After your surgery your risk of falling will increase while your muscles regain their strength. Please make sure you wear sturdy foot wear and take this into account when walking about. While you are in hospital,

please ask for help to prepare for the shower as it has been found that there is an increased risk of falling in the shower.

Bleeding

After the operation bleeding under the skin may make the wound swollen and painful. Sometimes this blood can ooze out between the stitches causing a delay in healing. This may slow your recovery and ability to move after surgery.

Nerve injury

There are nerves that control the muscles in your leg and feet close to where your surgeon will be operating. Your surgeon takes care to avoid them while operating. Very rarely, these nerves can be stretched or damaged at the time of your operation. This can lead to numbness, tingling or the inability to move the muscles in your leg or foot.

Nerves heal very slowly, some of these injuries get better over time, some go away completely, some do not. However, it is difficult to tell what will happen at the time of injury.

Death

A tiny percentage of patients die during or after the operation. Death can be caused by a serious blood clot in the lungs, but in elderly patients it is most often due to medical complications unrelated to the knee replacement.

After you go home

A nurse will call you to check on your progress two days after your surgery, usually in the afternoon or evening.

If you have concerns within the first five days after you have gone home, please phone the hospital on 04 385 5999 and ask for the nurse in charge of the ward you were discharged from.

Arthritis New Zealand may also be able to support you and provide the following services:

- Information and education
- Direct support

- Awareness raising
- Informative website
- Advocacy

You can contact them directly on 0800 663 463 or visit their website www.arthritis.org.nz.

Outpatients follow up clinic review

Approximately six weeks after your operation your surgeon will assess your progress. This is an opportunity to have your questions answered and to discuss your safe return to normal activities.

You may find it helpful to have a list of questions in the back of this book ready for discussion.

Returning borrowed equipment

You are responsible for returning borrowed equipment to:

Wellington Regional Hospital:

Central Equipment Pool Office
Level C, Ward Support Block
Open 7am – 7pm Monday to Friday

Kenepuru Community Hospital:

Security Orderlies Office
Open 7am – 7pm Monday to Friday

Kapiti Health Centre:

Warrimoo Street, Paraparaumu
Open 8am-4pm Monday to Friday

Equipment borrowed from the Hospital will be issued for six to eight weeks. If you still need the equipment at this time, please contact the therapist that arranged the equipment for you during your stay in hospital.

If you have questions please phone (04) 3855999 ext 6334.

NOTES AND QUESTIONS FOR YOUR SURGEON

If you experience any of the following symptoms you should seek medical advice promptly at your family doctor or after hours clinic or emergency department.

SYMPTOM	POSSIBLE CAUSES
Redness, pain or discharge OR BAD SMELL from the wound	Infection or haematoma (blood clot)
Fever, chills or sweats	Infection
Pain, swelling or tenderness in your calves	Blood clots forming in calf veins (DVT)
Sudden shortness of breath, catching chest pain while breathing, coughing up blood in your sputum	Blood clots from calves travelling to lungs (PE)

Contact us

Capital & Coast DHB

Phone: (04) 385 5999 | **Email:** info@ccdhb.org.nz

www.ccdhb.org.nz