

**Te Whatu Ora**  
Health New Zealand  
Hauora a Toi Bay of Plenty

# Total Hip and Knee Replacement

**A HANDBOOK FOR PATIENTS AND THEIR WHĀNAU**



# Welcome to hospital

**This book belongs to:**

**Name** \_\_\_\_\_

**National Health Index** – your unique number \_\_\_\_\_

**Your contacts:**

Doctor (GP) \_\_\_\_\_

Surgeon \_\_\_\_\_

Physiotherapist \_\_\_\_\_

Occupational Therapist \_\_\_\_\_

Social Worker \_\_\_\_\_

District Nurse \_\_\_\_\_

\_\_\_\_\_

Māori Health Services \_\_\_\_\_

***Please bring this book with you  
every time you come to hospital.***

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## Our values

### CARE

“Compassion, All-one-team, Responsive and Excellence”



# Introduction

Na, ko tēnei mea te whakauru mai ki roto i te hōhīpere he āhuatanga hou pea ki a koe. Mā te āta mārama ka ahatia i mua, i waenga, i muri hoki o tō nohoanga mai ka mauri tau ake ai tēnei āhuatanga ki a koe, hei āwhina i tō whakapiki ora.

He mea waihanga e ngā kaimahi o Hauora a Toi (Bay of Plenty District Health Board) tēnei pukapuka e mārama pū ake ai koe ki te ara whakahou mārika ake i tō/ōu pona, turi, tiki hope rānei. Mā ngā kōrero o roto koe e whakamārama me pēhea te whakarite i a koe mō te pokanga, waihoki, mō te wā e puta atu ai koe i te hōhīpere. Ko te manako ia ka haria mai e koe tēnei pukapuka ki te hōhīpere.

Tēnā, ko te ĭnoi rā ia, ka āta horoa e koe ngā kai o roto i te pukapuka nei i mua i tō pokanga, ka tuhituhi ai hoki i ō patapatai mehemea he patapatai āu ki ngā whārangi o muri rawa nei.

Pēnā kei te mātua rite ā wairua, ā tinana, ā hinengaro hoki koe, ka tere kē atu te tae mai a toiora a taihoa ake nei.

Entering a hospital may be a new experience for you. Understanding what happens before, during and after your stay will make your experience more pleasant and assist your recovery.

This booklet has been designed by staff at Te Whatu Ora Hauora a Toi Bay of Plenty, and is designed to provide you with information about having a total hip or knee joint replacement. The booklet will explain how to prepare for your surgery, what you can expect after your surgery and how to prepare for your discharge home from hospital. We encourage you to bring this booklet with you into hospital.

It is recommended that you read this booklet thoroughly before your surgery and write down any questions you may have in the blue question pages throughout this booklet.

The more prepared you are for surgery, physically and emotionally, the quicker you will recover from it.

## Why do I need a hip or knee joint replacement?

The most common cause of deterioration of the hip or knee joint is osteoarthritis; other conditions that can cause damage to a joint are rheumatoid arthritis and fractures (broken bones). Osteoarthritis is a common disease affecting the joints in the body, most commonly the knees and hip. The joint surfaces, which are covered in smooth cartilage, become damaged, gradually get thinner and roughen and this produces pain. Eventually, there may be no cartilage left in some areas of the joint.



Healthy hip



Osteoarthritic hip



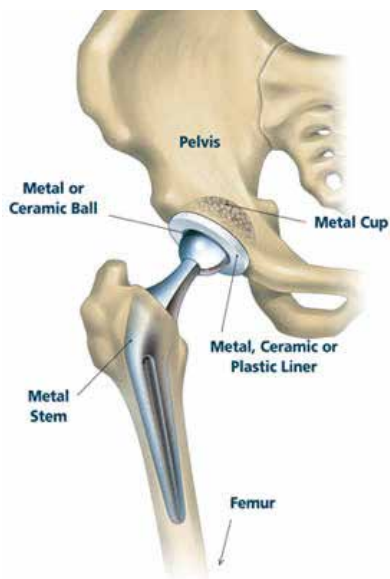
Healthy knee



Osteoarthritic knee

## What is a total hip replacement?

A total hip replacement is a surgical procedure for replacing the hip joint. The hip joint is made up of two parts, the hip socket (acetabulum, a cup shaped bone in the pelvis) and the “ball” or head of the thigh bone (femur). During the operation, these two parts are removed and replaced with smooth artificial surfaces. These artificial pieces (the prosthesis) are implanted into healthy portions of the pelvis and thigh bone. The total hip replacement operation is designed to relieve pain, reduce stiffness and improve your ability to walk.



## What is a total knee replacement?

A total knee replacement is a surgical procedure for replacing the knee joint. The knee joint is made up of the lower end of the thigh bone (femur) which rotates on the upper end of the shin bone (tibia) and the knee cap (patella), which slides in a groove on the end of the femur. During the operation, these parts are removed and replaced with smooth artificial surfaces.



In addition to the components shown above, the underside of the knee cap is usually resurfaced with plastic.

If required, a plastic button is put on the knee cap. A partial knee replacement only replaces the worn part of the knee. The total and partial knee replacement operations are designed to relieve pain, reduce stiffness and improve your ability to walk.

## What can be expected after a total knee or total hip replacement?

A total knee or hip replacement will provide a large reduction in pain in 90% of patients and allow patients to carry out normal daily activities. Most total joint replacements last over 10 years (95%). The artificial joint may or may not allow you to return to active sports or heavy labour and you must be guided by your surgeon. Taking part in high impact activities and being overweight may speed up the wear and tear process, which could result in the artificial joint loosening and becoming painful. Your surgeon will advise you on what level of activity you can do.

The aim of surgery is for you to be able to resume your normal everyday activities without pain, including climbing stairs and walking. It is also possible to participate in recreational walking, swimming, golf, driving, light hiking, cycling and ballroom dancing.

Activities not suitable include jogging or running, contact sports, jumping sports and high impact aerobics. The reasons for this are that the knee or hip replacement will wear out more quickly or an injury involving the replacement may be difficult to treat.



## What complications (risks) can occur?

This section is not meant to frighten you, but help you to make an informed decision on whether to have a total hip or knee replacement, and to help you cope better with any complications that may occur. It is important that you understand that there are possible risks linked with any major operation. Total hip or knee replacements are no exception.

Total hip or knee replacement surgery is usually very successful but a small percentage of patients may develop complications. Illness, smoking and obesity may increase the chance for complications. Though uncommon, when these complications occur, they may delay or limit your full recovery.

### **Infection**

An infection can occur in the wound or deep tissue around the prosthesis. This could happen while you are in hospital, after you go home and can even occur years later as any infection in your body can spread to your joint replacement. Minor infections are usually treated with antibiotics but major infections can sometimes require surgery and removal of the prosthesis.

### **Dislocation**

Occasionally after a total hip joint replacement the head of the prosthesis can become dislodged from the socket. In most cases the hip can be relocated without surgery. The period that you are most at risk for dislocation is the first six weeks following surgery.

### **Blood clots, deep vein thrombosis (DVT)**

This is the term used when a blood clot develops in the deep veins in the back of your lower leg. When detected the treatment may involve blood thinning injections followed by a course of tablets. There is about a 4% risk of developing a DVT following surgery.

## **Foot Drop**

It is unusual to damage any major nerves or blood vessels. However, a nerve maybe stretched or damaged during surgery (this is called nerve palsy). This can result in a weakened lower leg or a foot that drops down, over time nerve injuries may improve. This complication is rare; occurring in less than 1:1000 patients.

## **Loosening of the prosthesis**

Hip replacements do wear and some will require replacing. Wear or loosening of the components may occur between 10-15 years after surgery; this can be accelerated in excessive activity or obesity. Revision operations can usually be performed; however the results may not be as good as the initial operation and the risks or complications are greater.

## **Difference in leg length**

Your surgeon will do their best to ensure that your leg length is equal, however sometimes this is not always possible as arthritis or wear and tear may have destroyed some of your bone, which could cause your operated leg to become shorter. This may result in you needing to wear a raised shoe or insole.



## Reference Material

### **Ease your arthritis with - physical activity**

With arthritis, everyday tasks can be challenging, and the idea of becoming more physically active could be daunting. Experiencing ongoing pain, joint stiffness and fatigue can be extremely discouraging. However studies show that regular and appropriate physical activity help improve pain tolerance, mood and quality of life for people with arthritis.

A good physical activity programme is possible for people of all abilities, sizes, ages and attitudes; for more information see the link below.

**[http://www.arthritis.org.nz/wp-content/uploads/2011/07/4391\\_art\\_PhysicalActivity\\_Flyer6-0.pdf](http://www.arthritis.org.nz/wp-content/uploads/2011/07/4391_art_PhysicalActivity_Flyer6-0.pdf)**

Educational videos for hip and knee replacement can be viewed on the Ministry Of Health (MOH) website. The videos are designed to provide you with information on how you can prepare for your operation, what to expect when you go into hospital and your recovery.

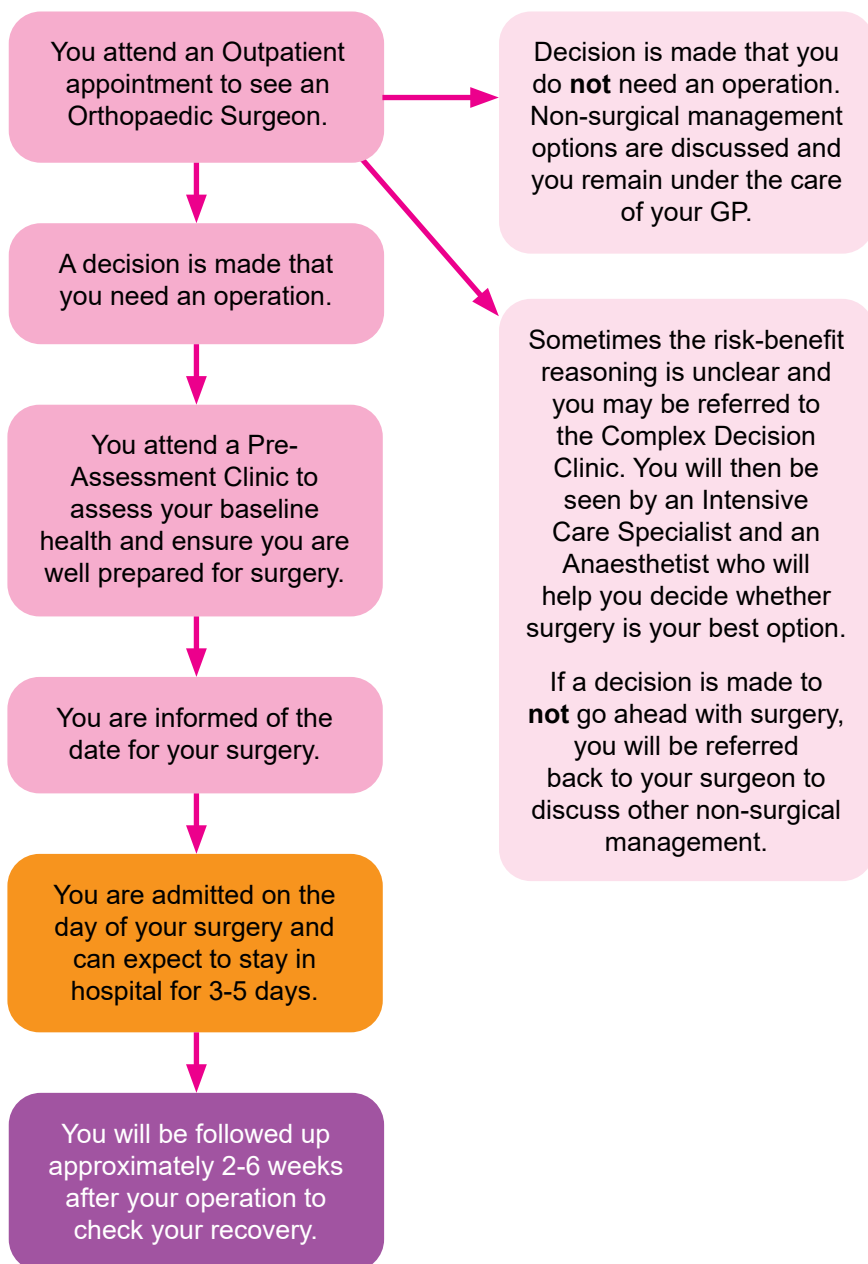
**[www.health.govt.nz/your-health/conditions-and-treatments/treatments-and-surgery/knee-hip-replacement-patient-education-videos](http://www.health.govt.nz/your-health/conditions-and-treatments/treatments-and-surgery/knee-hip-replacement-patient-education-videos)**

You may also find the information contained in this internet link useful.

**Youtube – DrMikeEvans – hip and knee surgery**  
**[www.Youtube.com/watch?v=xAL\\_TrQdtTY](http://www.Youtube.com/watch?v=xAL_TrQdtTY)**

# Before coming in to hospital

## Your hospital journey



## Your appointments

You must attend these appointments.

Keep a record of your appointment times here:

<b>Who</b>	<b>Where</b>	<b>Appointment Date and Time</b>
Orthopaedic Outpatient appointment to see the Surgeon	Outpatients Department at the hospital	
Pre-assessment to see a nurse	Pre-assessment clinic at Tauranga Hospital or Surgical Assessment Unit at Whakatāne Hospital	
Pre-assessment to see an Anaesthetist (if required)	Pre-assessment clinic at Tauranga Hospital or Surgical Assessment Unit at Whakatāne Hospital	
Pre-assessment to see a Physiotherapist (knee replacements at Tauranga Only)	Physiotherapy Department at the hospital	
Education class	Physiotherapy Department at the hospital	

<b>Who</b>	<b>Where</b>	<b>Appointment Date and Time</b>
Day of surgery / hospital stay	On arrival - Surgical Admission Unit (SAU) After your surgery – Surgical Ward at the hospital	
Physiotherapy Assessment: 2 -3 weeks after surgery, knee clinic or 1:1 assessment (knee replacements only)	Physiotherapy Department at the hospital	
Exercise Class: Ongoing rehabilitation for 3-10 weeks after surgery (knee replacements only)	Physiotherapy Department at the hospital	
6 week outpatient appointment to see surgeon	Outpatients Department at the hospital	
One year x-ray follow up and completion of health questionnaire	Radiology Department at the hospital  Health questionnaire will be posted to you.	

## Pre-assessment Clinic - Nurse

The Pre-Assessment Nurse will ask you about your general health and medical history. Previous anaesthetics will be discussed to check whether there were any problems. Please bring this book and all your current medications in their original packaging with you.

It is important that you are assessed prior to your operation to lessen any risks associated with your surgery. Most people will have their first health assessment with the Pre-Assessment Nurse in a Pre-Assessment Clinic. This clinic typically takes place soon after you have seen the Orthopaedic Surgeon in clinic. It may even occur the same day.

The Pre-Assessment Nurse will arrange any tests or treatments you may need before your operation. This may involve sending you for blood tests, or requesting an appointment to see the Anaesthetist prior to your surgery. You may also be referred to see other hospital doctors or services.

If you have a chronic health condition that requires attention prior to surgery you will likely be referred back to your GP. Your GP will know how to help you achieve the preassessment goals. It will be your responsibility to let the preassessment clinic know when everything is complete and you are ready for surgery.

The Pre-Assessment Nurse will also provide you with information about what to expect on the day of surgery along with the type(s) of anaesthesia you are likely to be offered.



## The National Joint Register

The New Zealand Orthopaedic Association has a National Joint Register which records all the technical data on all joint replacement surgery performed in New Zealand. This provides independent data on the performance of these joints over the years. The data will be used in future audits of joint replacement outcomes and will identify factors which will provide the best long term surgical results for all New Zealanders.

You are asked for your consent to allow your name, address, date of birth, National Health Index number along with the technical data on your joint surgery to be forwarded to the registry.

## Having a hip replacement operation?

### Donate your hip bone to help others

Your hip bone can be used for others undergoing bone surgery.

### Why?

Your hip bone can be used during surgery for patients with bone cancer or for patients undergoing surgery for joints or spinal reconstruction surgery. Your bone can be a vital resource for these types of surgeries.

### How?

If you are about to have a hip replacement operation you can help others by ringing **0800 2 DONATE** (0800 236 628) between 10:00am and 6:30pm (Monday to Friday) or email: [bonedonors@nzblood.co.nz](mailto:bonedonors@nzblood.co.nz)

Allow 30 minutes for a health survey over the phone. This is required to ensure your bone is safe to be given to other patients. If you agree then during your operation instead of having your bone discarded it will be stored by the New Zealand Blood Service for later use.

## Instructions for taking your medicines prior to your surgery

Your medicines have been reviewed and you should follow these instructions prior to your surgery date.

<b>STOP</b> these medications before your surgery	
	
<b>DO NOT TAKE</b> the following medications on the morning of your surgery	
	

Take the following medications on the morning of your surgery




Blood Test 2-4 days before your operation:  
Please go to any Pathlab for a blood test. Please take your blood test form with you.


Other Instructions


## Pre-assessment Clinic – Anaesthetist (if required)

A specialist Anaesthetist is a highly trained doctor that specialises in the care of patients before, during and after their operation.

You may see an Anaesthetist in a Pre-Assessment Clinic before your surgery, and you will see your Anaesthetist on the day of your surgery. This will be to talk through any questions you have and to discuss the anaesthetic plan.



## Types of Anaesthetics

There are several types of anaesthetics available. There are specific reasons that one type of anaesthetic will be preferred over the others. Your Anaesthetist will discuss the type of anaesthetic when you see them on the day of your surgery. Sometimes, there may be more than one option for your anaesthetic and in these cases you will be given a choice.

## General anaesthesia

You are put into a state of unconsciousness for the whole operation. This involves giving an injection of medication or breathing a special gas to anaesthetise you. While you remain unaware of what is happening around you, the anaesthetist is always with you, constantly monitoring your condition and adjusting the level of anaesthesia. You are also given pain relief through your IV line during the anaesthetic.

## Spinal anaesthesia

A measured dose of local anaesthetic is injected into the area of the back that contains spinal fluid, using a very small needle. The injection is generally well tolerated and will make you go numb from the waist down. This means you will feel no pain, though you will remain conscious. A screen will shield the operation so you will not see the operation. Your anaesthetist is always near you and you can speak to them whenever you want to.

If you prefer, you can usually also have drugs that make you feel sleepy and relaxed (sedation). This will mean you will not be aware of what is happening during surgery though you may hear the noises of what is going on around you.

## Surgical infiltration

Local anaesthetic is injected in and around the joint by the surgeon at the time your new joint is put in place. It is usually combined with spinal or general anaesthesia.

## Nerve block

This is an injection of local anaesthetic near the nerves which go to your leg. This will numb part of the leg and make it pain-free for several hours after surgery. You may also not be able to move your leg properly during this time.

## Blood products

There is a small risk that you may need to have a blood transfusion. A transfusion of blood or blood products is only given when the benefits outweigh the risks.

You have the right to decide whether you want to have the treatment or not. You can ask as many questions as you need to ensure you are making the right choice.

You will be asked to sign a consent form to show that the benefits, risks and alternatives for your treatment, including transfusion of blood products, have been explained to you. The consent form will confirm that you have been able to ask any questions and you agree to receive the treatment. You can change your mind at any time and withdraw your consent.

If you refuse to have a transfusion when needed, the risks to your health are likely to increase.

Further information about blood transfusions can be found at:  
[www.nzblood.co.nz](http://www.nzblood.co.nz)

## Education Class

Before your operation you will need to attend a pre-operative education class. This will usually be two or three weeks before your surgery. This is a group session run by staff who will be involved in your care. The class is designed to help better inform and prepare you for your upcoming hip or knee replacement surgery. You are encouraged to ask any questions you have, however simple you may feel they are.

Please note you will be loaned home equipment during this class that will need to be carried back to your car. We therefore encourage you to bring a support person with you.

To assist in providing you with your home equipment, please complete the Occupational Therapy – Measurement Sheet on page 27. **Remember to bring this book with you to the Education Class.**



## Total knee joint replacement prehabilitation

If you are listed for a knee joint replacement, then it is important that you read the below information and get prepared for the rehabilitation that is needed following this surgery.

We know that improving your lower limb strength prior to surgery will improve your outcomes after surgery and that improving your general fitness will reduce the risk of complications following surgery.

Your Orthopaedic surgeon requests that you complete a Physiotherapy programme before you have your surgery. This programme will help you get the most out of your surgery.

If you are having your operation in Tauranga, you will be called to attend the outpatient physiotherapy pre-assessment class. Your first appointment will include a small educational presentation followed by a supervised Physiotherapy programme. The programme will run for 8 weeks under the supervision of the Physiotherapist.

If you are having your operation at Whakatane Hospital, then starting these exercises will be beneficial to your recovery even though you will not attend a class.

The physiotherapy programme will consist of the below exercises. As part of your rehabilitation following your knee you will need a stationary exercycle at home. Ask friends/family if they have one or look at trademe and local newspapers or facebook groups.



## Total knee joint replacement exercises

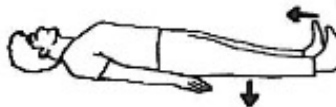
Please try these prior to attending your physiotherapy pre-assessment class

### Thigh squeeze

Lay on your back with legs straight.

Pull toes towards you and push your knees down firmly against the bed. Hold 5 secs. - relax.

Repeat 10 times



### Knee straightening

Lay on your back, with a rolled up towel under affected knee

Tighten thigh muscle and lift heel off bed, keep thigh on the towel

Hold 5 secs.

Repeat 10 times



### Straight Leg Lift

Lay on your back

Tighten thigh muscle and keep your knee straight, slowly lift leg 20cm off bed.

Hold 5 secs.

Repeat 10 times



### **Knee Bend in Sitting**

Long sitting. Put a towel around your foot (dressing gown cord/rope).

Bend your affected knee as far as possible. Gently pull the band to bend your knee a little more. Hold 10 seconds

Repeat 10 times



### **Calf and Knee Stretch**

(do this if your knee doesn't straighten)

Sit on your bed.

Use a towel to pull up your foot towards you.

Feel a stretch in the back of your knee and into your calf. Lift your leg off the bed to increase the stretch in your knee.

Hold for 30 seconds. Repeat 2-3 times.

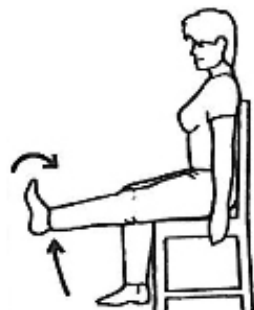


### **Knee Straightening in Sitting**

Sit on a chair.

Tighten your thigh muscle and straighten your knee. Keep the back of your thigh on the seat. Hold 5 secs. and slowly relax your leg.

Repeat 10 times



## **Stationary cycling**

Stationary cycling is an excellent exercise before and after knee replacement.

Make sure the seat is as high as your hip so you make a full rotation with ease.

Start with 3-5 minutes daily and gradually build to 15-20mins.

Then you can start adding resistance.





Name \_\_\_\_\_

NHI Number \_\_\_\_\_

### OCCUPATIONAL THERAPY – MEASUREMENT SHEET

Please bring this completed form with you to education Class.

Please complete this form for where you will be staying on discharge.



**Armchair**

Height \_\_\_\_\_ cm

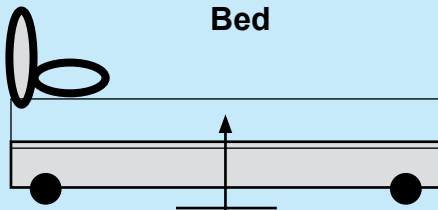
Measure from the front of the **depressed** cushion to the floor (ask someone to sit on the seat & measure from the lowest point)

Legs  Castors  Domes

### Dining Chair

Measure from the seat to the floor.

Height \_\_\_\_\_ cm



**Bed**

Height \_\_\_\_\_ cm

Measure from the top of the depressed mattress to the floor (ask someone to sit on the bed & measure from the lowest point)

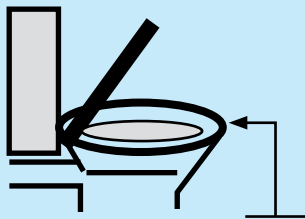
Size (eg single/double) \_\_\_\_\_

Legs  Castors

No. of legs/castors \_\_\_\_\_



### Toilet



Height \_\_\_\_\_ cm

Measure from the top of the ceramic bowl to the floor (do not include the seat)

Are there rails fitted?

If yes, where \_\_\_\_\_

Is there equipment fitted?

If yes, list: \_\_\_\_\_

### House

Steps into the house? – if yes how many \_\_\_\_\_

Level inside ?

If no, how many stairs? \_\_\_\_\_

List Equipment required: (✓ if issued)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Shower

Over Bath  Cubicle  Wet Area / Level

Are there rails fitted?

If yes, where \_\_\_\_\_

Is there equipment fitted?

If yes, list: \_\_\_\_\_

### \*Bath / \*Shub \*(circle)

Height of Bath Side \_\_\_\_\_ cm

Width of the bath rim (i.e. next to the wall) \_\_\_\_\_ cm

Are there rails fitted? If yes, where \_\_\_\_\_

Is there equipment fitted? If yes, list: \_\_\_\_\_

To be completed by the Occupational Therapist

Popliteal to floor: \_\_\_\_\_ cm Optimum Height: \_\_\_\_\_ cm

Signed: \_\_\_\_\_ Name of Therapist: \_\_\_\_\_

Date: \_\_\_\_\_

## Questions

Please use the space below to write down any questions you wish to have answered and bring this book with you to the hospital.

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## Questions

Please use the space below to write down any questions you wish to have answered and bring this book with you to the hospital.

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## Preparing for your discharge home from hospital

It is important to consider how you will manage your care in your home once you are discharged from hospital. It is essential to start planning now.

Before you come to hospital organise your daily living needs in preparation for your return home.

Please note you should be ready to go home by 11am on the day you are discharged.

Please make plans for your transport home accordingly.

This list will help you prepare for your return home:

- Arrange for someone to take me to hospital.
- Arrange for someone to take me home on the day I am discharged.
- Arrange for someone to stay with me for a few days after discharge (if I live alone).
- Tell family, friends and/or neighbours about my operation.
- Organise family/friends who are willing to help with chores/ housework.
- Cook extra meals and freeze them.
- Buy extra groceries and/or arrange for someone to do my grocery shopping.
- If necessary, cancel my home help, Meals on Wheels, or other services that come to my home, while I am in hospital.
- Organise appropriate seating at my home.
- Consider buying a long-handled shoehorn and sock-aid.
- Place commonly used items at waist height to prevent the need to bend.

- Get a clothes horse for my laundry.
- Organise a gardener for six weeks if needed.
- Organise someone to look after my pets.
- Check my house security, cancel paper delivery and organise for my letterbox to be cleared.
- Make a list of useful contact numbers.
- Remove rugs and mats, loose cords and anything that can be a trip hazard.
- Pack ALL my medications/herbal products/alternative medications and supplements.

## Preparing for your hospital stay

### Smoking and your lungs

We strongly advise that you try to avoid getting chest infections (stay away from people with coughs and colds) and give up smoking at least two weeks before the operation date. Continuing to smoke doubles your risk of complications, compromises healing and can add to the risk of developing confusion after your operation. It can also intensify the effects of your anaesthetic.

If you need help to quit smoking, please contact resources such as your Doctor (GP) or Quitline (0800 778 778) [www.quit.org.nz](http://www.quit.org.nz) or [www.health.govt.nz/tobacco](http://www.health.govt.nz/tobacco)

Te Whatu Ora Hauora a Toi Bay of Plenty has a “No Smoking” policy on-site and throughout the hospital grounds. To minimise withdrawals from nicotine, nicotine patches are available for free for the duration of your hospital stay.

### Alcohol and drugs (such as Cannabis and P)

We encourage you to minimise your drug/alcohol consumption prior to and after your surgery. Drug/alcohol consumption significantly increases the risk of complications, compromises healing and can add to your risk of developing confusion after your operation. It can

affect your anaesthetic and pain relief requirements.

## **Reduce sources of infection**

Surgery may be cancelled if you have any source of infection such as ulcers, tooth problems, sores or open wounds. We advise you to see your dentist to have your teeth checked prior to having a joint replacement operation. Please visit your GP to have ulcers and other sores checked.

## **Managing your weight**

If you are overweight, recovery can be more difficult as you have more strain on your muscles and joints. It can be hard to lose weight, especially with reduced mobility but exercise and changes in diet even without weight loss can reduce your chance of complications after surgery. Talk to your GP or other health professional about managing your weight. It is also important to tell them if you have had a recent weight loss.

## **Exercise**

It is advisable to remain as active as possible leading up to your surgery, to strengthen your muscles and speed up recovery.

## **What to do if you become unwell**

It is important that we know if you have any of the following:

- A cold or cough.
- Skin infections – such as a sore, graze, pimple or eczema, especially around your operation site.
- Burning pain or passing urine more often than usual.
- You are generally unwell - such as diarrhoea, vomiting or high temperature.

Any of these conditions could cause your operation to be postponed. For your safety it is important that we know about them before your operation. You will receive a phone call from the Surgical Admission Unit two days before your operation day to check whether you are unwell.

**If you do not receive a call and you are unwell please phone the hospital where you are having your operation and ask to speak to someone in the Surgical Admission Unit.**

Tauranga 07 579 8000

Whakatane 07 306 0999

### **What do I bring to hospital?**

- You should leave valuables at home (eg; jewellery, bank or credit cards etc.) Te Whatu Ora Hauora a Toi Bay of Plenty does NOT take responsibility for stolen items.
- You may bring something to read.
- Night clothes, easy to wear day clothes, shoes or slippers, toiletries.
- Walkers or other aids you may use.
- You may also bring your own pillow which will make your hospital stay more comfortable. Please make sure your pillowcase is not blue or white (these are hospital colours).
- Please bring all your current medications in their original packaging.

Please name your personal belongings.

Mobile phones may be used on the ward, but please be considerate of other patients.



## The day and night before your operation

### Skin preparation instructions to help prevent a wound infection after your operation

#### Do not shave, pluck, or wax your skin

It is very important that you do not shave or wax anywhere within the vicinity of the operation site before your operation. If it is necessary for hair to be removed, the staff will clip this with a special clipper on the day of your surgery.

You will receive Chlorhexidine 4% skin wash and Povidone-iodine swabsticks prior to your operation. **Please inform us if you have an allergy or reaction to Chlorhexidine or Povidone Iodine, an alternative can be used if necessary.**

#### 1/ Chlorhexidine wash

Use this (in place of soap) in the shower or bath:

- a) The night before your operation
  - b) The morning of your operation
- Wash your hair with your usual shampoo.
  - Wet your body all over then turn the shower off or stand up in the bath.
  - Use the Chlorhexidine and lather your body all over from your neck down. Include under your arms, all skin folds, tummy button and feet. Clean the area where you are having the operation well.
  - **Be careful to avoid contact with your eyes**
  - Leave the foam on your skin for two minutes.
  - Rinse off and dry your body with a clean towel.
  - Dress in clean clothes.



## 2/ Povidone - Iodine antiseptic nose swabsticks – use these

- a) The night before your operation
  - b) The morning of your operation
- Use a tissue to gently blow and clean your nose.
  - Gently insert one swabstick into one nostril until resistance is felt.
  - Slowly rotate the swabstick in your nostril for 15 seconds covering all the surfaces including the tip of the inside of your nose. Discard swabstick into the bin.
  - Use a new swabstick and repeat the same process on your other nostril.

\*Slight stinging may occur but should disappear within ten minutes.

**\*Note:** Allergic reactions to these preparations are extremely rare. If a reaction occurs, use a tissue to gently blow your nose or use water to wash and rinse. **Seek medical advice if you experience any problems.**



## Eating and drinking

An empty stomach is important for a safe anaesthetic. We suggest you have a generous supper (after dinner snack) the night before you come to hospital. Unless you are a diabetic you will have been given two packs of pre-op drink when you attended the Education Class. Please follow these instructions carefully.

**Please do not drink the preop if you are a known diabetic or taking medications for diabetes.**

## Eating and drinking instructions

You may eat (unless you have been instructed otherwise) up to six hours before your operation.

You must not eat any food from \_\_\_\_\_ (time) \_\_\_\_\_ (date)

**Up to two hours before the time of your operation you may continue to drink clear fluids (up to 400mls only);** this will include your two cartons of pre-op which need to be drunk just prior to the two hours before your operation.

**Clear fluids** are any liquids that you can see through; this includes water and clear fruit juice without pulp and tea or coffee without milk. You should avoid carbonated (fizzy) drinks.

### **Morning surgery admit Tauranga 7am, Whakatane 7.15am**

- Drink one pre-op drink at 5.30am.
- Drink the second pre-op drink at 5.45am (finish both by 6.00am).

### **Afternoon surgery admit Tauranga 12.30pm, Whakatane 11am**

- Drink one pre-op drink at 10.30am.
- Drink the second pre-op drink at 10.45am (finish both by 11.00am).

Pre-op\* is a clear carbohydrate (sugar) drink designed to prepare your body for your operation; it is best served chilled, shake well before use.

**In the six hours prior to surgery DO NOT** chew chewing gum, suck lozenges or lollies.

### Questions

Please use the space below to write down any questions you wish to have answered and bring this book with you to the hospital.

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## In hospital

While in hospital it is important that you are able to answer these 4 questions. Please ask any of the staff if you are unsure of the answers.

1. What is wrong with me?
2. What is going to happen today/tomorrow?
3. What needs to be achieved to get me home?
4. When is this going to happen?

### The day of your surgery

You will be admitted to hospital on the day of your surgery

#### Medications

On the morning of your surgery, take medication as instructed by pre-assessment staff. Refer to Pre-assessment Nurse section – see page 16.



#### Keeping warm

Please bring clothing to keep you warm before your operation. Keeping your body warm reduces the risk of complications during surgery. Please also bring warm, comfortable clothes and supportive shoes/slippers into the hospital for you to wear in the days after your operation.

Jandals or slip on footwear are not advisable.

## Where do I go before surgery?

You will have been advised of the date of your surgery by letter from the surgical booking office. You will need to report to the Surgical Admission Unit. Please ask at the main reception of the hospital if you are unsure of how to get there.

## The operation itself

### Getting ready for theatre

Before surgery you will be given a gown and fitted with an elastic stocking on your non-operative leg to help prevent blood clots.

Your blood pressure, temperature and heart rate will be checked.

All your belongings will be taken directly to the ward where you will recover after surgery.

You will be visited by the surgeon and anaesthetist. The surgeon will check your leg, and mark with a marker pen to highlight the side for operation. A full explanation of the surgery and risks will be discussed with you before you sign the consent form. You will also need to give consent for anaesthesia and blood transfusion. You are also likely to have a drip placed in your arm.

### In the operating room

You will be taken to the operating room, an anaesthetist and the anaesthetic team, several nurses, the surgeon and their surgical teams will be present.

Once in the operating room you will receive an anaesthetic as previously discussed with you by your anaesthetist.

### In recovery

Following your operation, you will be transferred to the recovery room. Nursing staff will check on you frequently to make sure you are safe and comfortable.

You may have:

- Foot pumps attached to your feet
- An intravenous (IV) drip in your arm – this is used to give you

fluids, antibiotics and painkillers.

- A facial mask or nasal prongs to give you oxygen.
- A urinary catheter in place – this will have been put in place during your surgery.
- A wound drain – this is used to drain excess blood and fluid, and will be covered by a large bandage.
- A cryocuff on your knee – if you have had a knee replacement – this is similar to an ice pack which helps reduce pain and swelling.
- A few sips of water if you feel able to.
- A pain pump (patient controlled analgesia) with a button to push whenever you need pain relief.

The PCA is a computer controlled machine which delivers small amounts of strong pain relieving medication at the push of a button. The PCA is prescribed by the anaesthetist with a dose that is appropriate and safe for you

Side effects can sometimes occur but can usually be treated effectively. The most common side effects with PCA medications are drowsiness, nausea, vomiting or itching.

## On returning to the ward

When the recovery staff are satisfied that you have recovered safely from the anaesthetic, you will be taken back to the ward

On returning to the ward you can expect the following to happen:

- Your condition will be monitored regularly particularly in the first two hours
- You will be encouraged to drink and eat as soon as you are able
- Your wound dressing will be checked regularly

## The day after your operation – Day 1

We encourage you to be as independent as possible after your surgery. You will receive help with tasks such as washing, dressing and walking to the toilet, but the aim is to wean you off this help as soon as it is safe to do so.



On day one after your operation you can expect the following to happen:

- You will be seen by a doctor from the Orthopaedic Team.
- Your urinary catheter will be removed.
- Your pain pump (patient controlled analgesia) may be stopped.
- You will receive regular oral medication to minimise your pain, nausea and help prevent constipation.
- Your oxygen will be stopped if you no longer require it.
- Your wound drain (if you have one) will be removed.
- A simple blood test will be taken to check you are not anaemic (have low red blood cells or haemoglobin) after your operation.
- Some of your bandages, if you have had a knee replacement, will be removed to reduce bulk and size.
- Your IV fluids will stop if you are able to drink.

- Your IV cannula will be removed once you have been given a final dose of antibiotics.
- You may receive a small daily injection to help reduce the risk of developing a blood clot.
- You may have foot pumps attached to your feet whilst in bed.
- Nursing staff will assist you with washing and dressing as required.
- You will be encouraged to sit out of bed for meals.
- Your physiotherapist or their assistant will visit you at least once a day to help you with your exercises and assist you to walk.
- You may receive a visit from a social worker.

## **Pain relief**

Good pain control helps you recover more quickly after your operation. It is important to tell the doctors or nurses if you are in pain, do not wait to be asked and do not feel afraid of being a nuisance. If your pain is well controlled, post-operative complications are reduced, you sleep better and it helps your body heal more quickly.

Pain relief is important and some people need more pain relief medication than others. An assessment scale is used to measure your pain regularly. The nurses will ask you to rate your pain at rest and on movement. They may use a number scale of 0 – 10, 0 meaning no pain and 10 being severe pain. It is important that you are honest about your pain so that you can receive the correct treatment for you.

Occasionally, despite regular painkillers, you may experience stronger pain. This may occur during physiotherapy exercises or walking. You will have additional painkillers prescribed to help relieve this pain but you have to ask your nurse for these. You must inform the nurses who will give you these extra painkillers. It is important that you are comfortable enough to be able to participate in physiotherapy to help your recovery.

## The second day after your operation – Day 2

You're on your way to being as independent as possible after your surgery. You will need less help with tasks such as washing, dressing and walking to the toilet, and you may be able to manage most of this on your own.



On day two after your operation you can expect the following to happen:

- You will be seen by a doctor from the Orthopaedic Team.
- You will continue to receive regular oral medication.
- Your pain pump (patient controlled analgesia), if not stopped yesterday, may now be removed.
- You will be encouraged to wash, dress and toilet yourself as independently as possible.
- You will need to dress in your own clothes.
- You will sit out of bed for all your meals.
- Your physiotherapist or their assistant will visit you at least once a day to help with your exercises and supervise your walking.
- Your physiotherapist may also take you up and down some stairs to check you are safe to do this.
- You may receive a visit from a social worker to assess any social needs for your discharge.
- Your occupational therapist may assess your ability to manage essential everyday tasks. This may include transfers on and off a bed, chair and toilet. They will also ensure that you can wash and dress yourself in line with post-operative hip precautions.
- Your occupational therapist may also issue you with any further equipment you may need at home.



## Questions

Please use the space below to write down any questions you wish to have answered and bring this book with you to the hospital.

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## The third and following day(s) after your operation

You will be discharged (so long as it is safe) on day three after your operation around 11am.

You may be transferred to our transit lounge. This is provided for your comfort while you are awaiting discharge. A nurse will be present during this time.



You can expect the following to happen:

- You will be seen by a doctor from the Orthopaedic Team.
- You will continue to receive regular oral medication.
- You should be able to wash, dress and toilet yourself independently.
- Your physiotherapist will visit you to check you are able to undertake your exercises independently and can walk safely.
- Your physiotherapist will also check you are safe to go up and down stairs (if you have steps at home).
- You may receive a visit from a social worker to assess any social needs for your discharge.
- Your occupational therapist will assess your ability to manage essential everyday tasks. This may include transfers on and off a bed, chair and toilet. They will also ensure that you can wash and dress yourself in line with post-operative precautions.
- Your occupational therapist will also issue you with any further equipment you may need at home.
- Nursing staff will discuss your discharge arrangements to ensure everything is in place for a safe return home.

**Before you can go home we need to make sure:**

- You can get in and out of bed independently.
- You can walk unsupervised with a walking aid.
- You can walk up and down stairs safely if applicable.
- You can perform your exercise programme independently.
- Your pain is well managed with tablets.
- There is support in place at home.
- You are given a prescription for pain medication.
- You will be issued with any additional equipment that you will require at home.

**Your discharge instructions**

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# At home

## Hip precautions

It is important that for the first 6 to 8 weeks following your operation you take special care to protect the joint and prevent dislocation. **You do not need to follow these precautions if your surgeon has used a lateral approach for your surgery. Your physiotherapist will discuss this with you.**

DO NOT bend your operated hip further than 90 degrees. Sit in a high chair so that you do not bend your hip too far when you are sitting/standing. When bending down to pick something up, keep your operated leg behind you.



DO NOT cross your operated leg over the midline of your body when sitting.



DO NOT turn your operated leg inwards or twist on your operated leg.



DO NOT cross your operated leg over the midline of your body when lying down.



## After being discharged home

### Medication

You will have been given a prescription for pain medication. It is recommended that you take the medication as instructed. Continue all other medication unless advised otherwise.

### Follow up appointments

You may have a follow up appointment with your surgeon 2-6 weeks following your surgery. You will receive an appointment in the mail. Make sure you write it in the appointments section of this book for safe keeping.

Any further follow up appointments will be made at your review.

### Physiotherapy

The Physiotherapy Department may contact you to organise an outpatient physiotherapy appointment if this has been planned for you.

### Diet

You may eat your usual diet but we suggest you eat more fruit, vegetables and fibrous foods. We also encourage you to drink plenty of fluid.

For more information on healthy eating the following internet links are useful.

<http://www.health.govt.nz/publication/eating-and-activity-guidelines-new-zealand-adults>

<https://www.healthed.govt.nz/resource/eating-healthy-older-peopete-kai-t%C5%8Dtika-e-ora-ai-te-hunga-kaum%C4%81tua>

<http://baynav.bopdhb.govt.nz/public-health/weightmanagement/?pathways>

## Constipation post operatively

### Normal bowel action

The normal frequency of passing bowel motions should be from three times per day to three times per week. Bowel motions should be formed and easy to pass.

### What is constipation?

Constipation is when you have hard, dry, difficult to pass bowel movements, or you go longer than usual between bowel movements.

Note - A mixture of hard and runny loose bowel motions can be a sign of severe constipation.

### What causes constipation?

- Not drinking enough water.
- Having too much fibre in your diet.
- Limited intake of food.
- Lack of exercise or mobility.
- Ignoring the urge to go to the toilet.
- Medications – many pain relief tablets can lead to constipation.

### What are the signs and symptoms of constipation?

- Straining to pass a bowel motion.
- Pain or bleeding from the rectum during your bowel movement.
- A feeling that you did not empty your bowel completely.
- Nausea/reduced appetite.
- Stomach cramps and bloating.
- Headache.

### What can I do to manage my constipation?

- Increase your fluid intake to 1-2 litres a day.
- Eat regular healthy meals including all the food groups.
- Exercise – go for regular short walks.
- Go to the toilet around ten minutes after you have eaten.

**It is important not to wait too long before you seek assistance with constipation. If your symptoms persist for 3 days, please contact your GP.**

### **Treatment**

You should talk to your GP about your constipation to ensure you are taking the most suitable bowel medication for you. These include:

- Stool softeners
- Bowel stimulants
- Osmotic laxatives
- Bulk formers
- Suppositories and enemas.

### **Exercise**

It is important you continue to regularly undertake the exercises you were given by your physiotherapist.

### **Surgical Stockings**

Surgical stockings may be recommended for six weeks following your surgery.

### **Wound care**

You should keep your wound covered with the waterproof dressing applied during your hospital stay, for 5-7 days following surgery.

Wounds can take about 10 days to heal and you may notice some oozing for a few days.

After 7 days no dressing is required if the wound has healed and you may remove the dressing. If the wound is red, or oozing longer than a week after surgery, or is very swollen and painful then you should seek advice from your GP. Your GP may decide to inform your surgeon by phone call or send you to the hospital for review.

The wound and skin around the wound will be warm to touch for some weeks and sometimes months following surgery. There will be swelling of the tissues around the wound that will decrease over a few weeks to months.

## **Knee swelling after a knee replacement**

Your knee will swell for several weeks after your operation. Continue with your exercises. To further reduce swelling, when resting, sit with your leg up, straight, and well supported. You can use a bag of ice wrapped in a clean, damp cloth and mould this around your knee for a maximum of 15 minutes to reduce swelling. This can be done two to three times per day. It is important that you do not keep ice on for long periods as it could result in an ice burn.

## **Limb swelling**

If you have significant swelling of one or both of your legs that does not reduce by having your leg up, then consult your GP. Your GP may decide to perform an ultrasound scan or send you to the hospital to investigate for a blood clot.

If you have any concerns regarding your health after your discharge from hospital, please seek advice from your GP.

The following signs and symptoms are especially important:

- Chest pain
- Calf pain or swelling
- Shortness of breath
- Fever or chills
- Nausea or vomiting
- Bleeding
- If your wound becomes red, painful, inflamed, or has a lot of oozing.

## Returning to work/hobbies

After 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.

At your follow-up appointment with your surgeon, you will be advised when you can return to work, drive a car, and take part in other physical activities including sport, hobbies.

If in any doubt, do not return to work without discussing it with your surgeon. For a job that is mostly done in a sitting position, this maybe 6–8 weeks, but if your job involves standing for long periods of time or manual work you may need 10–12 weeks. It may be worth discussing alternative duties with your employer prior to your surgery.





**The next two pages are sealed, they contain explicit sexual information. This is intended to inform, not offend you – tear perforation to view.**

**If you have further questions after reading this please talk to your GP or any health practitioner.**

### **Sexual activity**

Following total hip replacement, safe resumption of sexual relations can be resumed. Attention to proper positioning and comfort will enhance the return to intimacy. Avoid kneeling positions initially. Check with your health professional if you are unsure when to safely resume sexual activity.

### Missionary Position

– This is generally a comfortable position for either a male or female with a new hip. The female assumes the bottom position. If she has a new hip, she can bend her knees slightly with her feet on the bed. Pillows can be used to support the legs on the outside. If the male has a new hip, he can stretch his legs out behind him. He can place a pillow between his knees to keep his operative leg from crossing the midline of the body. He supports his weight with his arms.



### Face-To-Face Position

– This position can be used for either a male or female. The person with the new joint is on the bottom and can recline on pillows propped behind the back. A female can bend her knees slightly with her feet on the bed. A male can put a pillow between his knees to keep the operative leg from crossing the midline of the body.



### Sitting Position

– This position can be used for either a male or female. In all cases, the male sits on the chair with his knees pointing away from the midline of his body and his feet on the floor. The female sits on his lap. She must be able to have her feet planted on the floor, particularly if she has a new joint. She must avoid leaning too far forward to prevent the hip from bending more than 90 degrees.



## Kneeling Position

– This position can be used for either a male or female. The female with a new hip lies on her back with her buttocks near the edge of the bed. Feet must be firmly planted on the floor with knees pointing away from the midline of the body. If the male has a new hip, he can assume the position of kneeling in front of his partner. For comfort, he can use pillows under his knees. He must keep his back straight and avoid leaning over his partner to prevent the hip from bending more than 90 degrees.



## Side Lying Positions

– This position can be used for either a male or female. In the spoon position, the person with a new hip can lie on either side. For a female with a new hip, pillows can be used to support the upper leg. A male with a new hip can drape his upper leg over his partner.



## Other Side Lying Positions

– This position can be used for a female with a new hip. With her partner on his side, she can lie on her back and drape both legs over his body, with legs apart to keep the operative leg from crossing the midline of the body. The female can also lie on her back and drape her non-operative upper leg over her partner's body.



## Other Side Lying Positions

– The partners can also face each other. The person with a new hip can lie on either side. The upper leg can be draped over the partner's legs.



## Household tasks

You will need help with everyday household tasks. Please ask your family/whānau and friends if they can help you with this.

## Dressing and undressing

Wear loose-fitting clothing. It is recommended that you sit in a chair or on the side of the bed. Dress the operated leg first and undress the operated leg last. If you are following hip precautions you should be using your Easy Reacher. You may find a long-handled shoehorn helpful.

## Sleeping positions

The best position to sleep in is on your back. Unless you have been told not to, you can sleep on your side as long as you place two pillows between your legs, to prevent your operated leg crossing the midline of your body.

## Making your bed

Stay in bed and pull up the top sheet and duvet. When you get out of bed the task should be simply smoothing the covers. Make sure the floor is clear around the bed to avoid tripping or falling.

## Meal preparation

The contents of your cupboards should be arranged so that essential items are within reach without bending or stretching (between shoulder and waist height).

Avoid lifting heavy saucepans. Slide them across the bench instead.

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 and using the stove top, to provide short breaks from standing.



Avoid using the oven if it is not at waist height.

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 large, heavy load.

Adjust the clothesline to avoid stretching or try using a clotheshorse for smaller items.



### **Showering / body washing**

Your occupational therapist will provide you with the appropriate equipment aides for using in your shower or bath. For safety, sit on the shower chair, stool or bathing equipment provided to you. This will be adjusted to the correct height for you.

If you are following hip precautions use a long handled easy reacher with a sponge or flannel wrapped around it to wash your legs.

Wrap a towel around a reacher to dry your legs.

### **Shopping**

Shop with someone 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 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.

Consider shopping for groceries on the internet.

### **Cleaning**

Once you return to cleaning, use long-handled aids and lightweight items. Avoid twisting and bending.

### **Getting in and out of the car**

If possible, get into the car on a flat area such as a driveway or road. Have the car parked away from the curb so your feet are on the road. This allows room for your mobility aid and makes the car seat higher.

Avoid very low and very small cars. Do not get into the back of a 2-door car.

Have the passenger seat pushed as far back as possible with the back of the seat in a recline 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, not the car door.

Gently lower yourself down to the seat, keeping your operated leg as straight as you can at the knee and bending at the hip, only as much as is comfortable but no more than 90°.

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.

Getting out of the car is done in the same way, only in reverse.

**Tip:** Raise the passenger seat by placing a folded blanket on it, and put a plastic bag on top of the blanket to help you swivel around and slide your bottom much easier.

## Driving

You may not be able to drive for up to six weeks following your surgery. You should discuss this with your surgeon. Before you return to driving you need to be able to get in and out of the car safely and also control the vehicle. Please check with your insurance company if you are going to drive.



## Air travel

It is advisable not to fly within the first six weeks following a joint replacement. If you are planning on flying within New Zealand or overseas, it is important that you discuss this with your surgeon.

## Hip exercises

A physiotherapist will assist you with exercises to help your circulation and help restore movement to the joint. They will also assist and teach you to walk.

If your surgeon has used a lateral approach for your hip surgery, **you must not** perform abduction exercises (side lifting of the leg) for 6 weeks. These exercises will be highlighted within this section **(not for lateral approach)**

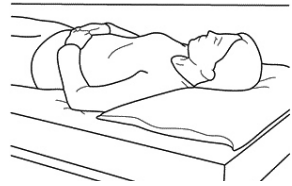
**Before you start your exercises your surgeon and physiotherapist will discuss your physiotherapy programme with you.**

### Day of operation

It is important that you start with some simple exercises straight after your surgery.

#### Deep breathing exercises

Lying or sitting down, take a deep breath in through your nose and feel your tummy rise. Then breathe out slowly through your mouth. Take four to five breaths like this. Repeat five to six times a day.



#### Circulation exercises

With your knees straight, stretch your ankles up and down. This helps your circulation and will help to prevent a DVT (deep vein thrombosis). Do this regularly (every hour).



#### Gluteal (buttock) exercises

Lying on your back, squeeze your buttocks firmly together. Hold for three seconds, then relax. Repeat 10 times each hour.





## Day 1 after your operation

These exercises are designed to increase the mobility of your new hip. All exercises should be done slowly and in a controlled manner.

You should be aiming to do all of these exercises about four to five times a day.

As you get stronger you will be able to do more each time. To start with, aim to do 10 repetitions of each exercise and build to do 20.

### Quadriceps (thigh) exercise

With your toes pulled towards you, tighten your thigh muscles by pushing your knee down into the bed.



Hold for five seconds and relax.

### Knee extension

Place a rolled towel under your knee. Keep your thigh resting on the rolled towel and lift your heel off the bed so that you fully straighten your knee.



Hold for five seconds and slowly lower.

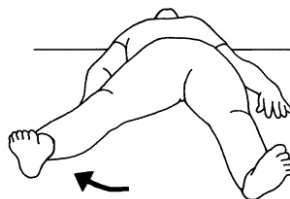
### Hip and knee flexion

Lying on your back, slowly slide your heel up the bed, bending your knee, then slowly straighten again.



### Hip abduction (not for lateral approach)

Lying on your back, keep your knee straight and your toes facing the ceiling and slide your leg out to the side. Slide it back to the middle.



## Standing exercises

Your physiotherapist will instruct you when you can start doing these exercises.

- Hold onto a bench or solid surface to do these exercises.
- strengthen your “new” hip.

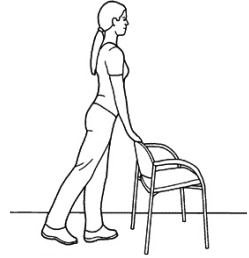
### Hip abduction (not for lateral approach)

Stand straight holding onto a support. Lift your leg to the side, making sure that your toes face forward and that your trunk stays upright.



### Hip extension

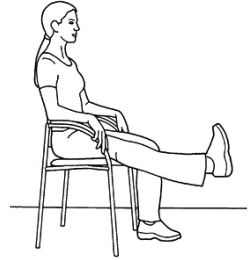
Stand straight holding onto a support. Bring your leg backward, making sure that you keep your knee straight and do not lean forward.



### Knee extension

Sit on a chair, pull your toes up, tighten the front of your thigh muscle and straighten your knee slowly.

Hold for five seconds, then slowly lower.



### Bridging

Lying on your back with knees bent and feet on the floor. Lift your pelvis and lower back (gradually vertebra by vertebra) off the floor. Hold the position. Lower down slowly returning to starting position.



## Using crutches or frames

### Walking

When you are using your crutches or walking frame, always remember...

- stand up straight and keep your head up
- to take a step - take both crutches forward first
- step forward with your affected leg and take the weight through your arms
- step forward with your good leg
- walk with your feet pointing straight ahead - try not to let your affected leg turn out to the side.



### Lateral approach surgery

You must not put your full weight through your new hip. The maximum you are allowed is 25kg (your physiotherapist will check this with you on a pair of scales). You must walk this way for 6 weeks.

### Getting in and out of a car (Lateral approach surgery)

Keep your legs together as you swing in and out of a vehicle. Do not put one leg in or out and then the other.

### Getting up and down from sitting

- Use chair arms or bed to push up into standing, then put hands/arms into crutches.
- Do not put hands/arms into crutches before standing.
- Remove your hands/arms from the crutches, then use the chair arms/bed to sit down.



## Stairs

A good way to remember which leg goes first when going up / down stairs with crutches, is using the acronyms **GAS** and **SAG**.

### Going up

Place **GOOD** leg first.

Then **AFFECTED** leg up same step.

Followed lastly by **STICKS** (crutches).

If using a banister/hand rail, put your crutches into one hand in the shape of a cross, and hold the banister with the other hand, as in the first picture.



If someone is with you when using the stairs, please ask them to carry one crutch to enable you to use the banister/hand rail.

### Going down

Place **STICKS** (crutches) down a step first.

Then **AFFECTED** leg on step.

Followed by **GOOD** leg on same step.



## Knee exercises

A physiotherapist will assist you with exercises to help your circulation and help restore movement to the joint. They will also assist and teach you to walk.

Your surgeon may provide alternative exercises.

It can be normal for there to be swelling and stiffness after your operation. Keep using wrapped ice packs 3-4 times a day for 15 minutes at a time as this will help to manage the swelling. Elevation will also help.

Swelling will also improve with movement so keep moving by doing short, frequent walks and your exercises.

The reason the exercises are so important is to get good movement in your knee so that you can return to your functional activities.

To walk properly your knee needs to get fully straight, otherwise you will always walk with a limp, so it is important to do the straightening exercises.

To return to activities like cycling, gardening or kneeling you will need at least a right angle (90 degree) bend in the knee so this is why the bending exercises are important.

Doing the exercises will be painful initially so it is important to keep taking your pain relief. The pain will gradually improve, and your muscles will get stronger over time and with ongoing exercises.

You will need to continue these exercises once you get home. When you leave hospital, you will get an appointment to see the physiotherapists in the outpatient department for ongoing rehabilitation. At this point the physiotherapist will review your movement and adjust the exercises as required.

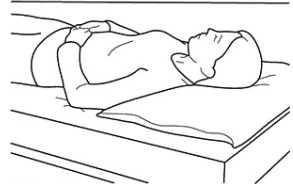
## Day of operation

It is important that you start with some simple exercises straight after your surgery.

### Deep breathing exercises

Lying or sitting down, take a deep breath in through your nose and feel your tummy rise.

Then breathe out slowly through your mouth. Take four deep breaths every hour.



### Ankle exercises

Move your feet up and down at the ankles. Repeat 10 times each hour.

This is to help your circulation.



### Quadriceps (thigh) exercises

Press the back of your knees down into the bed.

Hold for five seconds, then relax.

Repeat 10 times each hour.



### Gluteal (buttock) exercises

Lying on your back squeeze your buttocks firmly together.

Hold for five seconds, then relax. Repeat 10 times each hour.



## To start on Day 1 after your operation

Repeat all exercises 4 - 5 times a day. Build-up how many repetitions you do.

### Thigh squeeze

Pull your toes towards you.

Press your knee down into the bed.

Hold for five seconds, relax.



### Knee straightening

Place a rolled up towel under your knee. Keep your thigh resting on the towel and lift your heel so that you straighten your knee.



### Straight leg lifts

Keep your knee straight and your toes pulled back.

Tighten your thigh muscles.

Lift your leg about 10cm off the bed.

Lower slowly.

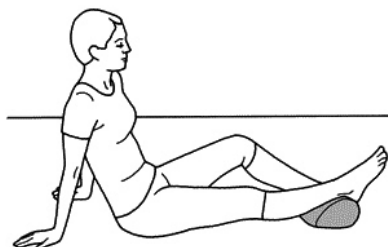


## Exercises designed to help you stretch your knee.

### Knee straightening - lying

Place your heel on a pillow or rolled up towel. Let your knee hang down.

This will stretch out the structures at the back of your knee, helping you to get a straight leg.



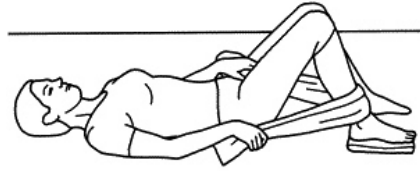
Do it for a minute to start with and build up.

**Heel slides**

Bend your knee and slide your foot towards you.

If this is difficult we can give you a board to do it on.

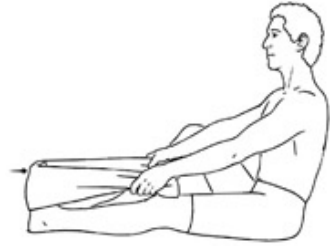
At home you can use a tray or plastic bag.

**Calf Stretch**

Sitting on your bed. Use a towel or a belt to pull up your foot towards you.

Feel a stretch in the back of your knee and into your calf.

Hold for 30 seconds. Repeat 2-3 times.

**Knee bend in sitting**

Sit in a chair with your foot on the ground. Slide the foot firmly towards you and then release.

Hold for five seconds each time in the fully bent position.

Do not allow your hips to move, just the foot.

You can use your “good” foot to help slide the “operated” leg back.



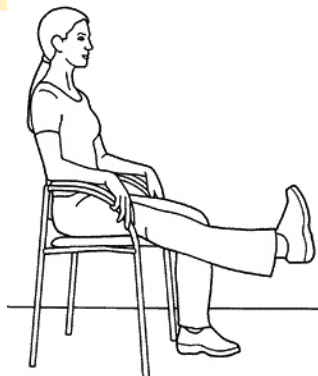


## Knee straightening in sitting

Sit on a chair (if you like, you can have a small 1-2kg weight around your ankle).

Pull your toes up, tighten the front of your thigh muscle and straighten your knee slowly.

Hold for approximately five seconds, lower slowly.



## Passive knee extension

Sit on a chair, with affected leg supported on a chair in front of you.

Let leg straighten as much as possible.

Hold 5 mins.

Place weight over the knee or use hands to push knee down to increase stretch.



## Sit to Stand

Sitting with arms crossed.

Feet shoulder width apart and knees bent as much as possible.

Lean head/trunk forwards and stand up.

Tighten thigh muscles to help slowly sit down.

(This can be made easier by increasing the height of the chair or pushing up with assistance of hands).



# Knee Knee Knee Knee

## Getting around

### Standing and sitting with crutches

Do not stand up or sit down with your hands through the crutches.

Place your crutches together to make an “H” shape. Hold the handles of your crutches together with your operated side hand and place your other hand on the arm of your chair or on the edge of your bed. Push up from the bed / chair and your un-operated leg to stand up.



Once standing, place one arm into one of the crutches and hold onto the other crutch as you put your other hand in it. Then bring your crutches out to each side.

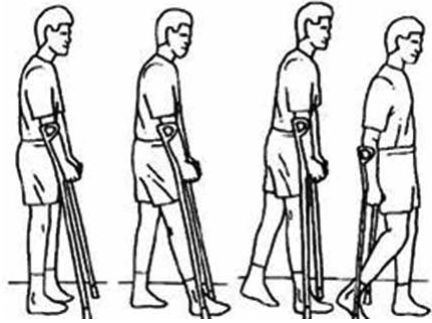
To sit, reverse this procedure remembering to put your operated leg out in front of you when you sit.

### Walking with crutches / frame

Stand up straight and keep your head up.

To take a step:

- take both crutches forward first
- step forward with your affected leg and take the weight through your arms
- step forward with your good leg.



Walk with your feet pointing straight ahead — try not to let your affected leg turn out to the side.

Turning — do not pivot or swivel on a fixed leg, but lift feet up and take small steps.

# Knee Knee Knee Knee

## Stairs

A good way to remember which leg goes first when going up / down stairs with crutches, is using the acronyms **GAS** and **SAG**.

### Going up

Place **GOOD** leg first.

Then **AFFECTED** leg up same step.

Followed lastly by **STICKS** (crutches).

If using a banister/hand rail, put your crutches into one hand in the shape of a cross, and hold the banister with the other hand, as in the first picture.



If someone is with you when using the stairs, please ask them to carry one crutch to enable you to use the banister/hand rail.

### Going down

Place **STICKS** (crutches) down a step first.

Then **AFFECTED** leg on step.

Followed by **GOOD** leg on same step.



## General advice



Total Mobility is a nationwide scheme designed to help eligible people with impairments to use appropriate transport to help make their community participation better. This help is given in the form of subsidised door-to-door transport services wherever scheme transport providers operate.

In the Bay of Plenty it's run by Bay of Plenty Regional Council. The scheme gives financial assistance by way of a voucher that allows registered users of the scheme to a 50% discount on taxi fares. The user is required to pay the other half of the fare to the taxi driver, at the time the trip is taken. Users of the scheme must carry a Total Mobility photo ID card to be able to use vouchers.

The definition of eligibility for participation in the scheme is as follows:

An eligible applicant must have an impairment that prevents them from undertaking any one or more of the following five components of a journey unaccompanied, on a bus, train or ferry in a safe and dignified manner:

- getting to the place from where the transport departs
- getting on the transport
- riding securely
- getting off the transport
- getting to the destination.

The following list of disabilities is an aid to assist decision making on the level of mobility impairment which would qualify for eligibility:

- Inability to walk to the nearest bus stop or board and alight from a bus for reasons such as pain, respiratory problems, sensory disabilities, neurological fatigue, reliance on complex walking

aids, or requiring the constant assistance of another person for mobility.

- Total loss of, or severe impairment of vision preventing the independent use of public passenger transport.
- Intellectual, cognitive or psychiatric disabilities which may necessitate the constant assistance of another person for travel on public passenger transport.
- People with impairments who meet the criteria for the Total Mobility scheme, and are able to use bus, train or ferry services some of the time, but not all the time, are eligible for the scheme (e.g. people with impairments such as epilepsy or arthritis).
- People who meet the criteria for the Total Mobility scheme and have an impairment that has lasted, or is expected to last for six months or more are eligible.
- People with impairments who meet the criteria for the Total Mobility scheme and live in residential care are eligible for the scheme.
- Children with impairments who meet the criteria for the Total Mobility scheme are eligible.

**Phone 0800 884 880 Fax 0800 884 882 Email [info@boprc.govt.nz](mailto:info@boprc.govt.nz)**

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## Hand hygiene

Hand hygiene is the single most important way to prevent the spread of harmful germs (bacteria and viruses) that can cause infection.

In hospital you can expect your healthcare workers (doctors, nurses, healthcare assistants and others) to perform excellent hand hygiene before, during and after caring for you.

Healthcare workers should clean their hands:

- Before they touch you.
- After they have touched you, before they leave.
- Directly before and directly after they perform a procedure on you.

- After they are exposed to body fluids.
- After touching your surroundings (e.g. bed) if none of the above have occurred.

### It's OK to ask

We take hand hygiene seriously, however, we are not perfect and there may be times when we do not clean our hands as often as we should. If you are worried that a staff member has not cleaned his or her hands properly it is ok to remind us, in fact, we welcome it.



### What you can do

Germs are present all around us. When we are ill we are more at risk of developing an infection from harmful bacteria or viruses that we may pick up, either from something we have touched or from someone passing it onto us. The risk of infection being spread from a healthcare worker's hands to you is reduced when they perform correct hand hygiene. In addition, it is important that you clean your own hands at the following times while you are in hospital:

- Before eating food.
- After using the bathroom.
- At any time a healthcare worker has advised you to do so (e.g. caring for your own catheter).

If you have visitors, they can protect you from harmful germs by cleaning their hands:

- Before they touch you.
- Before they give you food.
- After using the bathroom.
- At any other time a healthcare worker has advised them to do so (e.g. assisting with your wound dressings).

## Moving safely and preventing falls while in hospital

Our “Keeping You Safe from Falls” programme starts when you enter hospital.

Slips, trips and falls can happen to anyone and sometimes patients can fall while in hospital.

### Why does this happen?

- A number of medical conditions can increase your risk of falling.
- Disorientation due to unfamiliar surroundings.
- The effect of medications.
- Problems with walking and balance.

Unfortunately some patients will still fall despite all of us following the advice given on this page. However by working together with you, your relatives and carers, we aim to minimise the risk of falls.

### So what will the hospital do?

We may:

- Move your bed to a more suitable position on the ward to allow us to observe you more closely.
- Assist you if you are having difficulty with walking, or if you need help with your personal care.
- Teach you how to move safely with appropriate walking aids.

Remember that if you need help, please ask!

## CALL – DON'T FALL

### What can I do to keep myself safe?

You can:

- Use your call bell.
- Keep everything you need within easy reach and reduce clutter by sending home anything that you don't need.
- Bring with you all your necessary personal items such as your glasses and hearing aids.

- Bring any walking aids from home and follow the advice provided by therapists, nursing and medical staff.
- Wear non slip socks, slippers or shoes that fit well – socks alone are slippery.
- Wear clothes that are not too long or too loose.
- Take your time when standing or getting out of bed.
- At night, turn on the light before you get out of bed, and turn on the light in the toilet.
- Take extra care on wet or slippery floors .
- Watch out for any clutter or obstacles in your way, and ask one of our team to move them.
- Do not use hospital furniture for support as it may not support you.

### **How can my friends and family help?**

They can:

- Tell us if you have had any falls in the past.
- Put back anything that they may have moved during their visit.
- Minimise clutter by taking any unnecessary personal items home.



# Preventing falls while at Home

## Take action and fight the 5 home hazards

Moss, rugs, power cords, chairs and puddles - these are just 5 of the many things responsible for over 280,000 serious falls around New Zealand homes last year.

Find out how to take action and Fight the 5 – you'll see that it's surprisingly easy to avoid injury and make your home a safer one.

### 1 Moss

Moss on outside steps, paths and decks can be very slippery.

#### Action:

- Waterblast, scrub or spray these areas with moss removal products
- Cut trees and shrubs back to prevent shade – conditions which moss thrives in
- Highlight step edges with painted strips
- Light any dim outside areas
- Build new decks with grooved timber
- When painting decks, use non-slip paint or a grit-additive.

### 2 Power Cords

Snaking power cords, telephone wires and general clutter are easy to trip over.

#### Action:

- Get them out of harm's way with cord clips, quick-release power cords or multi-boxes
- Secure any loose cords or wires to the wall
- Tidy away general clutter, use baskets and other storage systems.

### 3 Rugs & Mats

Unsecured rugs and mats on floors and stairs can cause falls.

#### Action:

- Secure them with anti-slip tape or spray on a non-slip coating
- Use carpet grips for mats
- Repair damaged carpet on stairs
- If you're buying a new rug, then look for one with a non-slip backing
- Wear shoes or slippers (rather than socks) on wooden floors.

### 4 Chairs

Chairs aren't ladders and are very unstable if you stand on them.

#### Action:

- Use a ladder or step-ladder to reach high objects
- Store heavy, regularly used objects down lower
- Use long-life smoke alarms and light bulbs so you don't have to change them so often.

### 5 Puddles

Wet areas are hazardous.

#### Action:

- Wipe up spills as soon as they happen with mops, sponges or cloths
- Use non-slip bath/shower mats
- Use floor mats to absorb any excess water
- Install handrails to assist getting out of the bath/shower
- If renovating, install non-slip flooring in wet rooms (bathroom, kitchen and laundry).

## Recognising heart attack

Warning signs vary from person to person and they may not always be sudden or severe. Although chest pain or discomfort is the most common symptom, some people will not experience chest pain at all. Symptoms may include pain, pressure, heaviness or tightness in one or more parts of the upper body including chest, neck, jaw, arm(s), shoulder(s) or back in combination with other symptoms such as nausea, shortness of breath, dizziness or a cold sweat.

Knowing the warning signs of a heart attack and acting quickly by calling Triple One (111) can reduce damage to your heart and increase your chance of survival. It could save your life, or the life of someone you love.

If you experience the warning signs of heart attack for 10 minutes, or if they are severe or get progressively worse, call Triple One (111) immediately and ask for an ambulance.

## Recognising stroke

**Is it a stroke? Check it out the FAST way! Call 111 immediately if you suspect a stroke!**

The FAST campaign encourages New Zealanders to learn the key signs of stroke and to act fast by calling 111 if they suspect a stroke. Prompt action can save lives, improve recovery and reduce ongoing costs from stroke to families, caregivers and the health services. It is vital to recognise when someone is having a stroke and to start treatment as soon as possible, because the sooner medical treatment begins, the more likely brain damage can be reduced and a better outcome achieved.

### **What are the symptoms of stroke?**

The signs and symptoms of stroke usually come on suddenly. The type of symptoms experienced will depend on what area of the brain is affected.

Common first symptoms of stroke include:

- sudden weakness and/or numbness of face, arm and/or leg especially on one side of the body
- sudden blurred or loss of vision in one or both eyes
- sudden difficulty speaking or understanding what others are saying
- sudden loss of balance or an unexplained fall or difficulty controlling movements, especially with any of the other signs.

## How can you tell if someone is having a stroke?

By learning to recognise the symptoms of stroke you could save a life! Learn the FAST check.

Stroke is always a medical emergency. Even if the symptoms go away quickly or don't cause pain call 111 immediately.



### Face

Smile – is one side drooping?



### Arms

Raise both arms – is one side weak?



### Speech

Speak – unable to? Words jumbled, slurred?



### Time

Act fast and call 111. Time lost may mean brain lost.

## Flu

### Have you had your flu vaccine?

Influenza spreads very easily and up to 1 in 5 of us come in contact with influenza every year.



At its worst, influenza can put you in hospital and can even be fatal. In many cases, influenza can keep you in bed for a week or two, and drain your energy keeping you from work, sport or just about anything that requires leaving the house.

For adults with long-term health conditions and people aged 65 years and older, influenza can be a serious illness. For this reason the influenza immunisation is provided **FREE** to these groups.

Don't take the risk! Call your local general practice or medical clinic to arrange a **FREE** vaccination if you are in any of the following groups:

- regularly use an asthma preventer
- have diabetes
- have heart disease
- have kidney problems
- have cancer
- have a serious medical condition
- are aged 65 years or over.

*Can I get a*  
**FREE**  
*Flu Vaccine?*

If you do not have one of these eligible conditions, you still benefit from an influenza immunisation, available at a small cost. Flu vaccines are administered free between the 1st March – 31st August each year, beginning and start dates however can change.

## Patients' Code of Responsibilities

Te Whatu Ora Hauora a Toi Bay of Plenty staff are committed to working in partnership with you to achieve the best possible outcomes. Help us to help you by:

- Being completely frank and honest about your health, family history of illness, current medications and treatments
- Cooperating and being involved in your care and treatment
- Asking questions about anything you do not understand
- Informing us if you are unable to keep an appointment
- Understanding your rights and telling us if you feel they are not being met
- Showing consideration to other patients by respecting their comfort, privacy and confidentiality
- Respecting the staff and property of Te Whatu Ora Hauora a Toi Bay of Plenty



## ZERO tolerance to violence

If you need more information:

- Ask a staff member or the manager of the ward / department
- Contact Quality and Patient Safety Team, Mon-Fri, 8am-4pm on 07 579 8176 or the After Hours Manager on Tga 07 579 8000 or Whk 07 306 0999

## How to feedback to Te Whatu Ora Hauora a Toi Bay of Plenty

### Why Feedback?

At Te Whatu Ora Hauora a Toi Bay of Plenty we understand that being in a hospital, whether it is yourself or a loved one, can be a very distressing experience. We welcome feedback as it provides us with an opportunity to review the services we offer, and guides us to make quality improvements as we strive for health excellence.

### Ways to provide Feedback

If you wish to provide feedback, make a compliment, comment or complaint, there are a number of ways you can do so:

- Speak to any staff member, Nurse, or Doctor.
- Speak to Regional Māori Health Services Kai Awhina (07) 579 8737 or Regional Maori Health Services, Tauranga Hospital (07) 579 8560 or Te Pou Kokiri Māori Health Services, Whakatāne Hospital (07) 306 0954.
- Complete our “Would you like to tell us something?” form available throughout the hospital and leave it at any reception.
- Phone the Quality & Patient Safety Team by calling the on-call Quality Coordinator on 021 791 864, or calling the telephone operator on (07) 579 8000 and ask to be put through to the on-call Quality Coordinator, or call (07) 579 8176.
- Fill out an online form on Te Whatu Ora Hauora a Toi Bay of Plenty’s website at <https://www.bopdhb.health.nz/contact-and-feedback/patient-care-feedback/>
- Write a letter to:  
Quality & Patient Safety Administrator  
Te Whatu Ora Hauora a Toi Bay of Plenty  
Level 2, Tauranga Hospital  
Private Bag 12024  
Tauranga 3143
- Email the Quality and Patient Safety Administrator on:  
Qualityandpatientsafety@bopdhb.govt.nz

## Health benefits when you quit smoking

Every hour, day, week, month and year that you go without smoking, your health will improve.

When you quit, your body starts to repair itself straightaway – you'll notice the difference! Quitting is a great thing to do at any age – you'll live longer, and your quality of life will improve.

**8 hours**

Your heartbeat slows down to normal, and your blood pressure goes down.

---

**24 hours**

Carbon monoxide is out of your system within a day, and your lungs work better.

---

**3-5 days**

Your senses of taste and smell begin to improve. The phlegm in your lungs loosens, and you start to cough it up and get rid of it.

---

**1-6 months**

You feel fitter and are able to exercise more easily. The blood flow (circulation) to your hands and feet improves. You produce less phlegm. If your blood pressure has been high, it is likely to fall.

---

**1 year**

You have almost halved your risk of sudden death from heart attack.

---

**5 years**

Your risk of cancers of the mouth, throat and oesophagus is half that of a person who continues to smoke.

---

**10 years**

Your risk of lung cancer is less than half that of a person who continues to smoke.

---

**15 years**

Your risk of sudden death from heart attack is almost the same as that of a person who has never smoked.

## Basic life support

<b>D</b>	<b>DANGER</b> Check for danger to yourself, bystanders and patient.	
<b>R</b>	<b>RESPONSE</b> Check for response, talk and touch.	
<b>S</b>	<b>SEND FOR HELP</b> Call an ambulance on <b>111</b>	
<b>A</b>	<b>AIRWAY</b> Clear and open airway Adult/child – full tilt Infant – neutral head position	
<b>B</b>	<b>BREATHING</b> Look, listen and feel for breathing. If not breathing normally, start CPR.	
<b>C</b>	<b>CPR</b> Perform 30 compressions followed by 2 breaths. If unwilling/unable to perform rescue breaths continue chest compression.	



## Useful telephone numbers and internet links

**In the event of an emergency dial 111**

**Ministry of Health Healthline 0800 611 116**

If you or a family member are feeling unwell but not sure whether you need to see a doctor, you can call the Healthline for free advice from trained registered nurses 24 hours a day, 7 days a week.

If you require an appointment to see a doctor, contact your GP. For after-hours medical centres and pharmacies in your area please see the Te Whatu Ora Hauora a Toi Bay of Plenty website.

**Te Whatu Ora Hauora a Toi Bay of Plenty website**

**[www.bopdhb.health.nz](http://www.bopdhb.health.nz)**



Send a patient a message link

**Arthritis NZ**.....0800 663 463

**Age Concern** .....07 578 2631

**Family Violence** .....0800 456 450

**Health & Disability Commission** .....[www.hdc.org.nz](http://www.hdc.org.nz)

**Quitline** ..... [www.quit.org.nz](http://www.quit.org.nz) 0800 778 778

**St Johns Health Shuttle (Tauranga only)**.....0800 785 646 or  
07 578 2011







**Te Whatu Ora**  
**Health New Zealand**  
Hauora a Toi Bay of Plenty

**[www.bopdhb.health.nz](http://www.bopdhb.health.nz)**

November 2022