

Total HIP Replacement

PATIENT INFORMATION PACK



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WITH YOU Every Step of the Way

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WELCOME TO The Joint Studio

Thank you for choosing us to guide you through your surgical journey. We're proud to present a personalised treatment plan tailored to fit your lifestyle and aspirations. Our team is here to support you every step of the way, and our staff is happy to be your first point of contact for any questions or concerns you might have.

Your Surgeon

Riaz is a senior orthopaedic surgeon based in Perth, Western Australia. Trained in the United Kingdom and Australia, he has an established reputation as a personable, caring and highly capable surgeon. With over 30 years' experience and 100+ articles published, he has extensive experience in introducing and assessing innovative orthopaedic technologies and techniques. Riaz's commitment to end-to-end patient care means he is with you for every step of your journey.

Care Philosophy

We believe it takes a team to give you the best health outcomes and as surgeons, we know we are only one part of the big picture. We surround you with our highly qualified and caring team of nurses, physiotherapists, anaesthetists and physicians who work collaboratively to deliver the best results for you. We will design a treatment plan specifically tailored to your needs and will guide you through every stage of the process before, during and after your surgery.

Carer Support

It's essential to have support during your recovery. Your partner, family member, or friend will play a crucial role in your journey. They can help make your recovery at home as smooth as possible by providing the right kind of assistance.



Our Commitment To You

Our aim is not only to address your physical needs by relieving your pain and improving your mobility but to also help you improve your entire quality of life. A year from now we hope you'll be ready to do some of the things you've always wanted to do, go to places you've always wanted to go to, or just return to doing the everyday things you need to do without a second thought.

We want your experience with us to be positive, motivating and transformative as you take the first steps towards your new future.

Our Research

At our practice, we are dedicated to following up our patients, contributing to world-class research and publications. As part of our commitment to advancing orthopaedic care, we kindly ask patients to sign a consent form for data collection and inclusion upon booking. Thank you for participating in this important endeavor! Together, we can elevate orthopaedic practices, benefiting not only our patients but also patients globally.

Your Joint Journey Virtual Coach

Staying informed and having personalised guidance before your surgery and throughout your recovery process will be important in achieving a successful outcome for you.

The Joint Studio is proud to be the first Australian orthopaedic clinic to offer an innovative and personalised text messaging system called **StreaMD** which will coach you through your entire joint replacement journey.

As a TJS patient you will automatically become a member of our **StreaMD** service which will send you reminders, instructions, exercise videos, tips and personalised messages from your surgeon and the TJS team.

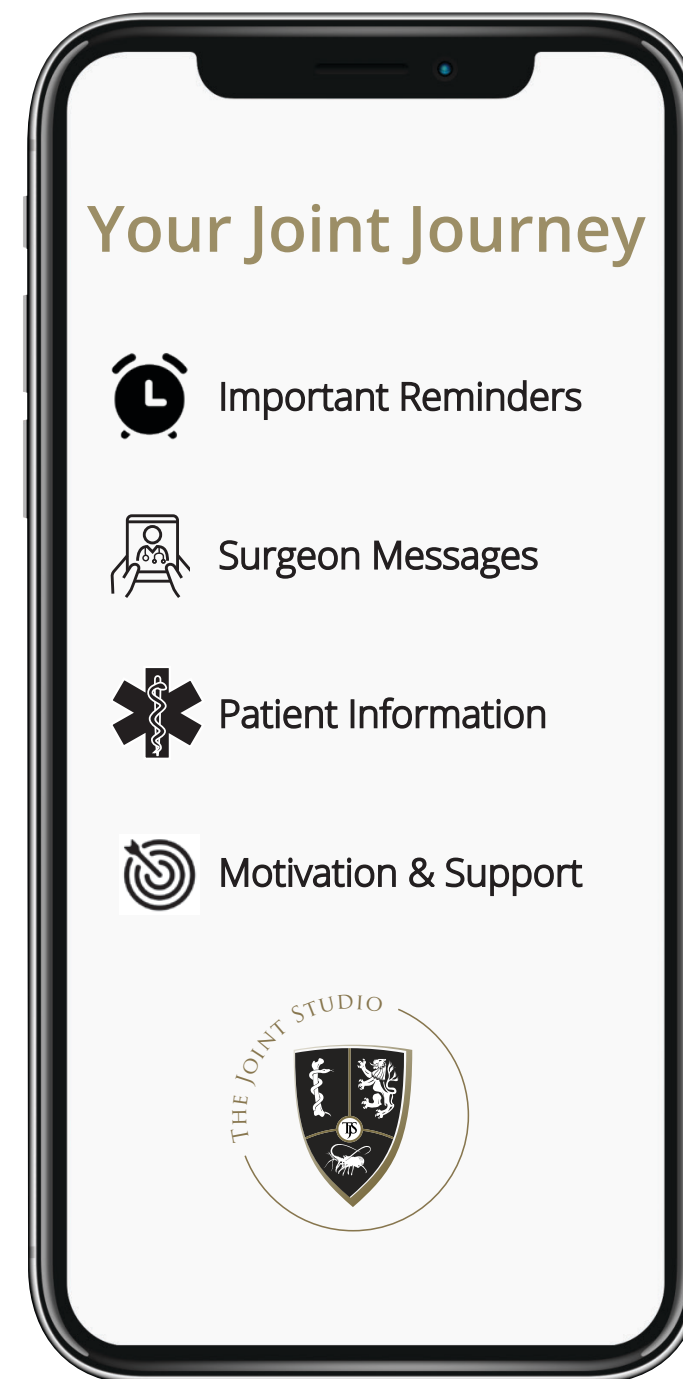
From preparing for surgery to your recovery period, **StreaMD** offers you an unprecedented breadth of information and a personal coach that will help you every day, every step of the way.

Our **StreaMD** service is free to each patient, automated, and simple to setup.

To sign up for the TJS StreaMD service:

1. Text 'JOIN' to Riaz - 0480 018 247
2. Follow the prompts to enrol
3. Terms and Conditions: www.mystreamd.com/terms

NOTE: If your surgery date changes for any reason, please call The Joint Studio on (08) 9386 3933 and text 'CHANGE' to the message service so we can adjust your messages to get you back on track.



TOTAL HIP Replacement

Total Hip Replacement surgery addresses severe hip joint damage caused by a number of conditions including osteoarthritis, rheumatoid arthritis, fracture, or birth defects. It is recommended for people with disabling hip pain that has not improved with conservative treatment such as pain medication, physiotherapy or activity modification.

The surgery involves replacing the head of the femur (the ball at the top of the thigh bone) and the acetabulum (hip socket) that is worn or diseased. The artificial ball is made of ceramic, the artificial socket is a polyethylene liner (a durable, wear-resistant plastic) inside a metal backed cup, and the stem is made of Titanium. The ball and socket are designed to rotate together to replicate the natural hip joint movement.

The surgical incision is typically made at the back of the hip, usually about 10-15cm long and your skin is usually closed with dissolvable sutures and surgical glue.

Your Recovery

Preparation for your recovery begins before your surgery. Aim to be a healthy body weight, keep active and strengthen your leg muscles in the lead up to surgery. Recovery time is around 4-6 weeks for a return to your daily activities and you should make a total recovery 6 months after surgery.

Post-operative physiotherapy may begin the day of, or day after surgery. Your stay in hospital may be 2-5 nights. The aim is to minimise pain and swelling, assist you to get in and out of bed, help you walk using crutches, and to negotiate stairs. You will also receive advice to minimise the risk of a fall or dislocation of your new hip. For a minimum of 1 month after surgery, you should avoid excessive bending, pivoting or twisting on your operated leg. Be measured in your approach and take sensible precautions while listening to your physiotherapist.

The Joint Studio follows our patients' outcomes over a 10 year period.

- 89% of our patients are pain-free or have only mild pain (less than 3/10) a year after the operation and 87% report good hip function (Oxford Hip Score greater than 34).
- 95% of patients who walked without an aid prior to surgery can do so again in less than 3 months after surgery.
- 95% of hip replacements last more than 10 years.



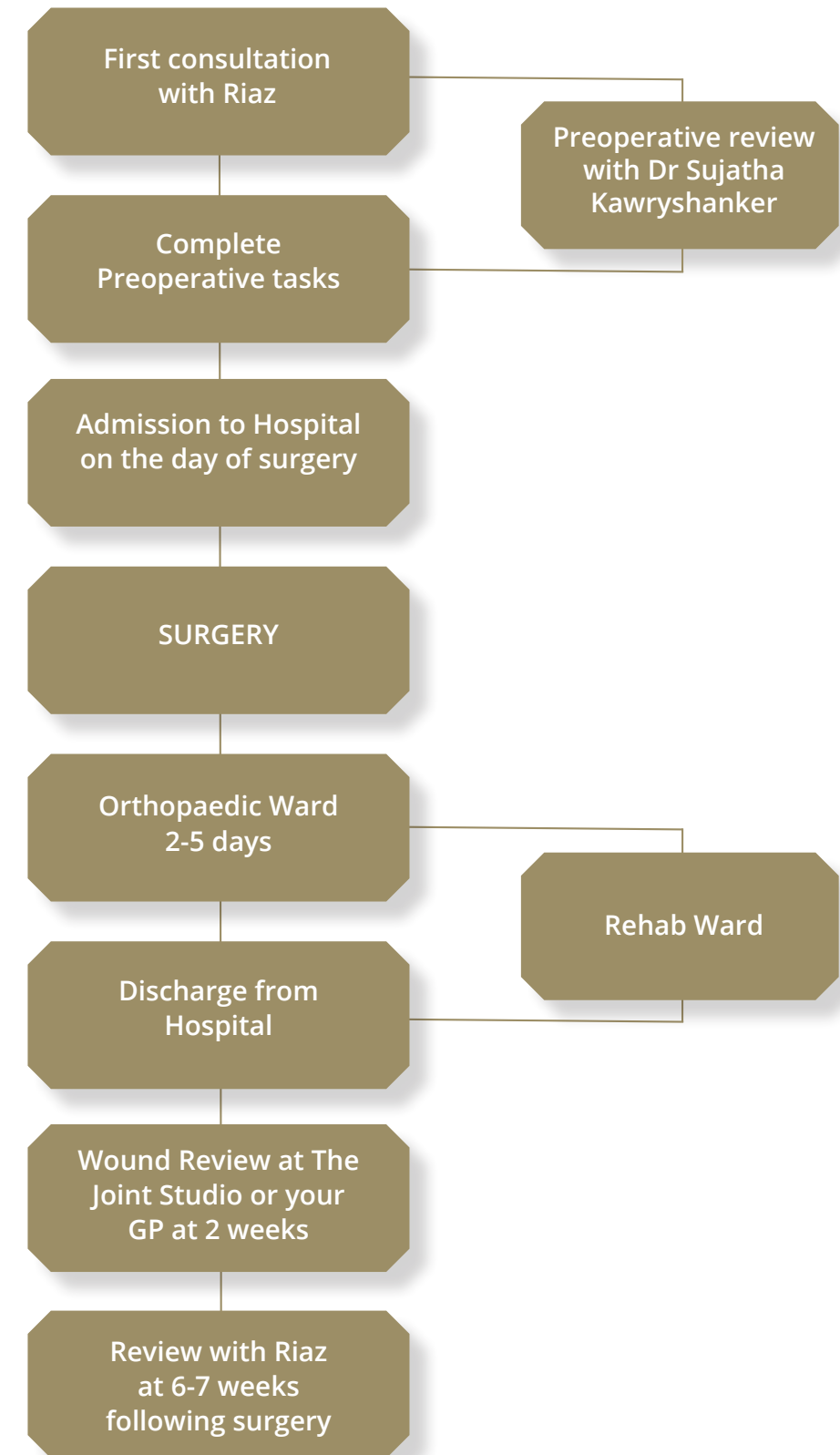
Risks and Complications

Complication rates are low for this type of procedure – less than 1% of patients acquire a deep infection in the joint. Other potential but unlikely complications are blood clots, hip dislocation, leg length difference, nerve or blood vessel injury, and risks of anaesthesia.

We do not advise specific hip precautions for the vast majority of our patients. Your surgeon will liaise with you if any specific action is required.

Your Patient Pathway

Beginning with your initial consultation, the Joint Studio team will work with you to meet your health goals and educate you on the different aspects of your individual treatment pathway. We will design a treatment plan specifically tailored to your needs and will guide you through every stage of the process before, during and after your surgery.



Surgical Checklist

BEFORE YOUR SURGERY

STEP 1 - Do this as soon as you have confirmed your surgery date:

Hollywood Private Hospital Online Admission Form

To book your hospital admission follow these simple steps:

1. Go to www.hollywoodprivate.com.au
2. Click on 'Online Admission form'. You will then arrive at the MyCare Online page.
3. Create an account

Please ensure you have your health fund membership details, Medicare card, DVA card, Pension/Pharmaceutical cards and a list of medications. The hospital will contact you to organise a pre-admission appointment once they have received your online booking form.

- Contact your health fund to understand your level of cover for your operation.**
- Sign the Informed Financial Consent form and return to the TJS office - Surgery cannot take place until this has been signed and returned.**

STEP 2 - Approx. 3 weeks before your surgery:

Organise Physiotherapy (see page 13)

Please contact your preferred Physiotherapist for an assessment as soon as possible. They will guide you through 'pre-habilitation' exercises to do prior to your operation.

Attend Cardiology appointment for ECG Scan (see page 18)

It is important to complete your ECG Scan 1 week prior to seeing the Physician.

Organise Blood Test (see page 17)

It is important to complete this test 1 week prior to seeing the Physician.

STEP 3 - Approx. 2 weeks before your surgery:

Attend Physician appointment (see page 19)

The Physician's rooms will contact you to organise an appointment.

Prepare your home (see page 29)

Prior to your operation, it is important to set up your home for your return.

Hire Equipment (see page 31)

During the first few weeks following surgery you may require equipment to assist you at home with some of your daily activities.

STEP 4 - Final week before surgery:

Pre-admission phone screening, if required by the hospital (see page 21)

Speak to your Anaesthetist (see page 25)

The anaesthetist will contact you 1 day before your operation. Please make sure you have read the information on anaesthetic risks.

Perform your Pre-operative Antimicrobial Treatment Regime (see page 20)

Purchase your nasal ointment, Chlorhexidine wash and hygiene instructions from a pharmacy.

- Use nasal ointment for 2 days prior to your operation then take to the hospital and use for 2 days after your operation.
- Start using Chlorhexidine wash the night before and on the day of your surgery.

AFTER YOUR SURGERY

STEP 1 - During your first 2 weeks of recovery

Continue your hospital exercises at home, take plenty of breaks, keep up your pain relief and monitor your surgical incision site. Please contact us if you have any issues on (08) 9386 3933.

STEP 2 - Attend TJS Dressing Clinic or visit your GP for wound review 2 weeks after surgery

Date: _____ Time: _____

STEP 3 - Commence Physiotherapy

Physiotherapy can resume upon discharge under the direction of your physiotherapist.

STEP 4 - Post-operative EOS Scan - will be organised on your behalf at least 1 week prior to your follow-up appointment with your surgeon. SKG will contact you to arrange this appointment.

STEP 5 - Follow-up appointment with surgeon Date: _____ Time: _____

STEP 6 - Continue rehabilitation with your support team

Physiotherapy

Physiotherapy or regular exercise is vital to ensure good outcomes for surgery. The recommended physiotherapy sessions are to prepare you for surgery and provide expert support throughout your rehabilitation period. Your surgeon has a wide network of preferred physiotherapists and we can recommend one in your area.

As a minimum, we ask that you attend a pre-operative assessment and education session with your preferred physiotherapist. During your pre-operative physiotherapy session, your physiotherapist will teach you strategies and skills for your surgery preparation and recovery, as well as outline expectations for your progress. A good plan is to take crutches with you, so the physiotherapist can show you how to use them.

It is important to continue physiotherapy after surgery. The hospital physiotherapist will provide a letter outlining your in-hospital progress. Your physiotherapist will provide tailored exercises and advice to ensure a smooth recovery. You may commence physiotherapy and hydrotherapy following your wound review 14 days after surgery.

TO DO:	Physiotherapy
WHEN:	Pre-operative assessment - as soon as possible prior to surgery. Your pre-habilitation program can then begin. Post-operative recovery sessions - can resume upon discharge under the direction of your physiotherapist. Hydrotherapy - may commence following your wound check after medical review.
REQUIREMENTS:	Please make arrangements to visit your preferred physiotherapist.
WHERE:	At your physiotherapist's clinic or in your home - by arrangement with your physio or health fund.



EOS

Full Body Scan

EOS is an innovative new imaging system evolved from a Nobel Prize invention. The knowledge gained from the EOS scan prepares your surgical team with more accurate information to help personalise your surgical plan.

- **High Quality Images** - EOS provides extremely detailed, high-quality images that can improve your surgeon's ability to visualise, diagnose and treat your condition more effectively.
- **Fast** - An entire body scan only takes about 20 seconds.
- **Low Radiation** - EOS provides high quality images with either a low radiation dose - up to 9 times less than conventional CR systems, or micro dose technique - up to 45 times less than conventional CR.
- **Full Body** - 3D, full body scans provide your surgeon with a complete picture of your skeleton for more accurate diagnosis and treatment planning.

SKG Radiology provides a walk-in service for EOS scans. If required, you will receive a request form for your EOS full body scan prior to your surgery. If you have had an EOS scan less than 6 months ago you will not be asked to complete a new one.

Please take your request form with you to the EOS scan.



TO DO:	EOS Scan
WHEN:	Before Surgery – At your surgeon's request, SKG will contact you to arrange an appointment. After Surgery – SKG will contact you to arrange an appointment approximately 1 week prior to your post surgery follow-up appointment with your surgeon.
WHERE:	Selected SKG locations with an EOS machine. The SKG liaison will inform you of the exact locations.

ROUTINE Blood Test

Blood tests are routinely performed before surgery to ensure you are fit and healthy to undergo the procedure safely. One blood test will be required prior to your appointment with the physician and will assist them in identifying any risk factors when developing your surgical plan. The results will be made available to Bethesda Hospital. There will be no out-of-pocket expense if you are eligible for Medicare.

TO DO:

Blood Tests

WHEN:

Routine blood test - 1 week prior to seeing the Physician or, if you are not seeing the Physician, 1 week prior to your operation.
Group & Hold test - 1 week before surgery

REQUIREMENTS:

- No appointment needed - just walk in during open hours.
- Take the provided blood test request form.
- No need to fast unless specifically requested.

WHERE:

Any Western Diagnostics or pathology clinic of your choice.
See locations on your request form.

Western Diagnostics
(08) 9317 0999

ECG Electrocardiogram

An ECG (electrocardiogram) is a routine test performed before surgery to assess your heart health and ensure you're safely prepared for the procedure. Dr Kawyrshanker's office will be in touch to provide the necessary forms for you to complete prior to your appointment. Ideally, this should be done approximately 1 week before your physician's appointment. The ECG itself takes about 15 minutes and helps our team identify any potential risks associated with the procedure.

TO DO:

ECG (electrocardiogram)

WHEN:

1 week prior to seeing the Physician.

REQUIREMENTS:

Take the provided ECG request form.

WHERE:

Any CVS location.
See locations on the bottom of your request form.

CVS
1300 887 997

Physician



Your surgeon may request that you visit our peri-operative physician, Dr Sujatha Kawryshanker, prior to surgery. This is an important step to ensuring that you are fit and healthy to undergo the procedure safely and without unnecessary risk. Dr Kawryshanker will discuss all aspects of your general health with us and your anaesthetist prior to your operation to ensure the most collaborative approach to your surgery.

We will electronically send your referral to the physician on your behalf. Additionally, Dr Kawryshanker's office will send you the necessary request forms for both the ECG and blood test. These tests must be completed before your appointment.

- TO DO:** Appointment with Physician
- WHEN:** 2 weeks prior to your operation
- REQUIREMENTS:** Prior to your appointment, please ensure you complete the following:
- Blood Test (see page 17)
 - ECG (see page 18)
- WHERE:** Hollywood Medical Centre
Suite 56 (Second Floor)
85 Monash Avenue
NEDLANDS 6009
(08) 6400 5177

Pre-Operative Antimicrobial Treatments

The pre-operative hygiene routine is an important step in your patient journey. By adhering to this routine you will be meeting hospital requirements for admission and reduce your risk of developing a post-surgical infection.

These products can be purchased from your pharmacy.

NASAL OINTMENT - Nasalate Cream

The nasal cream contains chlorhexidine and phenylephrine hydrochloride used for care of nasal mucosa. Please follow the instructions provided by your pharmacist.

CHLORHEXIDINE BODY WASH

You require this body wash to thoroughly cleanse and disinfect your skin prior to your operation. Chlorhexidine Pre-Op Wash helps to reduce the number of bacteria which live on healthy skin.

- STEP 1:** **2 days before surgery:** Stop routine shaving of your body.
- STEP 2:** **1 day before surgery:**
- Morning - Wash normally
 - Evening - Use the Chlorhexidine Body Wash to wash your entire body (follow instructions provided by your pharmacist or microbiologist).
- STEP 3:** **Morning of Surgery:** Wash your entire body with Chlorhexidine Body Wash. On arrival at your hospital room your nurse might ask you to wash again using the Body Wash.

Bethesda Hospital

Bethesda Hospital is on the shores of the Swan River, overlooking Freshwater Bay in Claremont, WA. Information regarding getting there, parking, and admission can be found at: www.bethesda.org.au

On arrival, please present to the main reception. There is ample parking for patients and visitors provided in metered parking bays at the hospital entrance. Their staff will finalise your admission documentation and escort you to the right area. Nursing staff will check your medical history, record vital signs, and ask about any dietary requirements.

Online Admission Form

Bethesda Hospital asks that you use its online form to provide your details for the procedure. <https://bethesda.eadmissions.org.au>

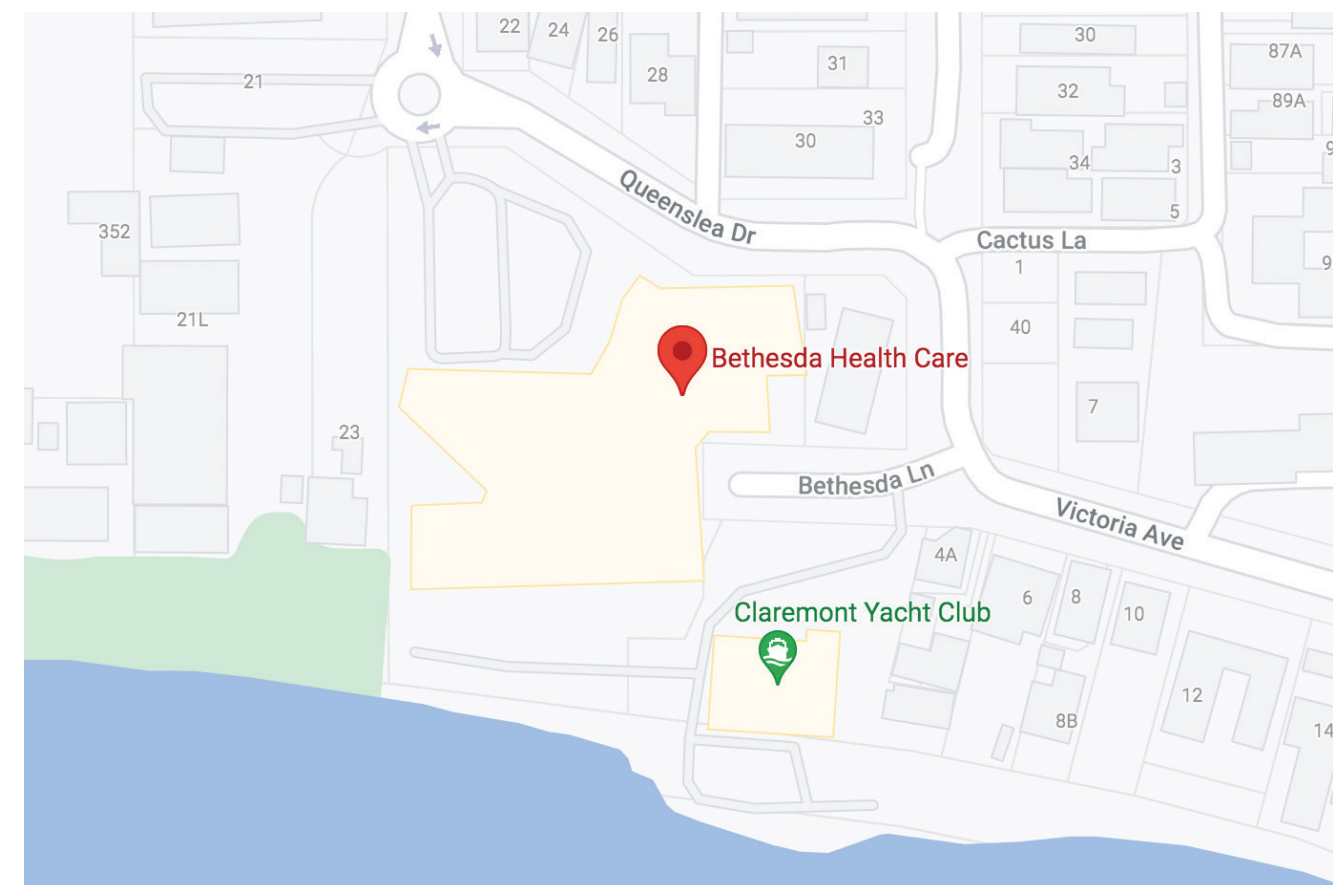
Please allow 30 minutes to complete your registration and have your health care cards available. You may be asked to provide a copy of your consent form on completion of your online registration. We provide this document on your behalf and you may disregard that request.

ADMISSION ASSISTANCE

If you experience difficulties completing the online registration or would prefer to speak to a hospital staff member, please call (08) 9340 6300 (between 8:00am and 4:30pm on a business day) or email:

admissions@bethesda.org.au

All information about Bethesda Hospital can be found on their website: www.bethesda.org.au





Pre-admission Clinic

A few days prior to your surgery, one of the nurses from Bethesda Hospital pre-admission clinic will call you to discuss your surgery. This helps ensure you are clear about your procedure, gives you a chance to ask any questions, and allows the nurses to develop an understanding of your clinical history.

Hospital Admission

Expect a call from our team the day prior to your surgery - confirming your admission time. On arrival, please report to the main reception. Their staff will finalise your admission documentation and escort you to the unit.

Hospital Account Information

Health Fund Patients: Please confirm your health fund eligibility prior to admission for level of cover, excesses, co-payments or other out of pocket costs as you are required to pay expenses not covered by your health fund. These may include medications prescribed during your hospitalisation. An outline of your prosthesis and associated costs will be provided by the rooms.

When you have completed your online admission form, Bethesda will confirm your level of cover with your health fund. If you have any excess or co-payments, you will be required to pay these on admission. If you have any questions about payments, please contact their Accounts Team on 9340 6318.

Workers' Compensation and MVI Claims: Prior to admission, a written approval form is required from the relevant insurance company for patients admitted as a result of a workers' compensation or motor vehicle insurance claim.

Veterans and War Widows: Gold Card holders are fully covered for all inpatient hospital services unless requesting a single room. White Card holders require eligibility for admission.

Hospital Checklist

Please remember to bring the following items with you - For more information please refer to Bethesda Hospital's Patient Information at <https://www.bethesda.org.au/patients-visitors/patient-information/>

- Any forms, notes, reports or letters from your doctor
- All medications you are currently taking (in original containers)
- All prescriptions (including repeat and authorities)
- Your nasal ointment to use after surgery
- Equipment e.g. CPAP machine
- Medicare card, health fund card and pension card
- Night attire - including ear plugs and eye mask
- Comfortable day clothes to wear in hospital and to go home in
- Slippers or comfortable walking shoes (non-slip soles)
- Reading material
- Phone charger
- Personal toiletries, including tissues
- Glasses and physical aids (walking sticks, hearing aids etc)
- Small amount of cash for incidental costs
- Credit card or cheque book to pay your estimated costs

Leaving Hospital

Hospital discharge is usually around 10am. Please collect any medications from your ward nurse and confirm any follow up appointments. The hospital foyer provides a comfortable area in which to wait for transport. You will not be allowed to drive for 24 hours if you have had a general anaesthetic or sedation.

During the first 24 hours following surgery, please do not:

- Use any machinery or tools.
- Make important decisions - e.g. signing legal documents.
- Drink alcohol.
- Do anything which requires a high level of alertness or coordination.



Anaesthesia

We will arrange for your anaesthetist to contact you directly prior to your surgery to discuss the anaesthetic component of your surgery and address any concerns you may have.

Fasting Instructions

It is important that you do not have any food for 6 hours before your operation.

Clear fluids are OK up to 2 hours before surgery (but no milk or thickened fluids).

Medications

Take all your usual medications, **unless you are diabetic or on blood thinners.**

Diabetics: Avoid taking diabetic medications on the day of your operation.

If you take any of the following diabetic medications, please stop 3 days before surgery: Jariance, Jardiamet, Xigduo, Forxiga . No Insulin on the day of surgery. If taking Insulin at night (i.e. Lantus), take half your usual dose the night before.

Diabetes or Weight-loss medication: Semaglutide (OZEMPIC), Exenatide (BYETTA), Tirzepatide (MOUNJARO), Duraglutide (TRULICITY) or Liraglutide (SAXENDA).

One of the effects associated with these medications is delayed emptying of your stomach which can affect how your anaesthetist delivers your care. If you are taking any of these medications for weight loss please cease completely 4 weeks before surgery. If you are taking the medication for diabetes however, you may continue but be sure to inform your anaesthetist.

Blood Thinners: All blood thinners with the exception of Aspirin will need to be discontinued prior to surgery. These include Warfarin, Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxoban), Plavix (clopidogrel). These will need to be stopped between 3-7 days before surgery depending on the medication. Please discuss this with your peri-operative physician or anaesthetist. Fish oil should also be ceased 3 days prior.

Anaesthetic Plan

Your anaesthetic is a combination of local anaesthetic and deep sedation or a general anaesthetic. This approach ensures adequate levels of comfort in the early post-operative period. This is the usual approach but can be modified for each individual after discussion with your anaesthetist.

Spinal anaesthetic: A single injection into your lower spine to numb your legs. This is safe and highly effective.

Intravenous anaesthetic: You will be asleep during the operation with either deep sedation or a general anaesthetic.

After Surgery

Your comfort levels will be reviewed daily (both at rest and after exercise) by a specialist pain team called the 'Acute Pain Service' (APS) team, who can make any required changes. Your pain medications and doses will be individualised to your needs taking into account side effects and tolerability.

Pain medication may include:

PANADOL: Regular, simple pain reliever.

ANTI-INFLAMMATORIES: As tolerated daily for up to 6 weeks after surgery.

PALEXIA (Tapentadol) - Slow Release (SR) twice daily and immediate release (IR) as needed intermittently for strong pain.

Anaesthetic Risk

Safety is the primary focus of your anaesthetic care. Overall, anaesthesia is safe with a low risk of significant complications. Multiple precautions will be taken to reduce your risk of complications but these may not eliminate all risks. If you have any specific concerns please discuss these with your anaesthetist.

Following your operation your medical care will be coordinated by the surgical team, the acute pain team, and a specialist peri-operative physician as required. If any problems arise after your operation please raise your concerns with the nursing or medical staff attending to you. Your anaesthetist will be available as needed and may be contacted by the ward staff if necessary.

Below is a list covering most of the important considerations relating to anaesthesia but is not fully comprehensive and does not include specific surgical risks:

Common

- Nausea (5-20%), drowsiness, dry mouth, sore throat (25%), sleep disturbance
- Pain on awaking - this will be treated immediately in the 'recovery room'
- Dizziness or lightheadedness
- Low blood pressure or heart rate during the first 24-48 hours (up to 30%)
- Urinary retention or inability to completely empty your bladder (10-15%)

Uncommon

- Persistent severe pain on awakening or in the early postoperative period (~5%)
- Confusion, disorientation, and hallucinations are possible but not common (<5%)
- Dental injury (0.1%)
- Eye abrasions or red painful eye (0.5%)
- Postoperative DVT (blood clot in veins in the leg) or PE (blood clot in the lung) (0.65%)
- Transient nerve dysfunction (~5%) - persistent numbness/tingling 24-48 hours. This may occur as a result of surgery, anaesthesia (nerve blocks) or positioning

Rare

- Airway emergency under general anaesthetic (1 in 5,000 to 1 in 10,000)
- Aspiration of stomach contents into lungs causing pneumonia (1 in 3,000)
- Accidental awareness of events during surgery under 'general anaesthetic' (0.1%)
- Allergy to medications (1 in 800 to 10,000)
- Permanent nerve injury resulting in sensory change or weakness of related muscles (1 in 3000)
- Permanent nerve injury due to spinal injection (1 in 24,000 to 1 in 54,000)
- Infection of a nerve block catheter (1 in 1,500)
- Bleeding related to a nerve block catheter or injection (1 in 500)
- Stroke, heart attack and pneumonia are all rare but serious complications (<1%)
- Fat embolism syndrome (<1%) - a rare complication related to bone drilling during joint replacement, may result in breathing difficulty, confusion or neurological complications similar to a stroke
- Death related directly to anaesthesia (3 per million population per annum or 1 in 60,000 procedures nationally).

The Joint Studio works with the following anaesthetists. Please refer to your Admission Letter to note which anaesthetist will be with you for your surgery.

Dr Mark Lennon

MBBCh FCARCSI FANZCA FCICM PG Dip
ECHO
Specialist Anaesthetist
Provider Number: 210104AW
E: doctormarklennon@gmail.com
W: doctormarklennon.com
0408 230 564



Dr Steve Watts

MBBChB FANZCA
Specialist Anaesthetist
Provider Number: 2207782X
daglish.group@gmail.com
0403 047 295



If you are having problems with pain or pain medications, please contact:

1. **The Joint Studio**
(08) 9386 3933 (office hours)
2. **Your local GP**
3. **Dr Kawryshanker**
(08) 6400 5177

SETTING UP Your home

It is important to set up your home before your surgery. This will allow you to move around your home more easily after surgery, reducing your risk of falls or injury. Ask your support person to assist you in making the following preparations:

- If you live in a multi-level home, consider setting up a temporary sleeping and living area on one level as it is not advisable to use stairs too frequently in the first 2 weeks.
- If you live alone, ask a family member or friend to move in to assist you in the first few days after surgery.
- Heavy cleaning tasks will be difficult for the first six weeks. If you do not have a support person who can assist, consider organising a cleaning service.
- Remove mats from the floor and ensure halls are unobstructed. Check pathways are not obstructed or broken. If you are unable to address these issues in time, try to avoid these areas completely.
- Rearrange furniture to give yourself enough room to manoeuvre with walking aids.
- Chairs: Avoid low seating.
- Bed height: is your bed very low or very high?
- Access to Shower/Bath: Do you have a high step into the shower or a shower over the bath? Consider installing rails in the shower and/or an adjustable shower chair.
- Access Outside Home: Do you have 1-2 steps anywhere around your home that you cannot avoid? Consider things such as uneven paths, inconsistent surfaces and slopes. Consider how you are going to get into your home safely on discharge - your physiotherapist will teach you how to manage stairs.
- Stock up on pre-cooked meals or freeze individual meals to cover the first 1-2 weeks.
- Consider organising a delivery of groceries with your local supermarket.
- If you normally drive, you will need to make arrangements to cater for your transport needs as you will be unable to drive for the first 4-6 weeks unless you are cleared by your surgeon to resume driving.



Arrange for any other assistance you feel you may need from family/friends for the first 1-2 weeks after discharge, e.g. a daily check telephone call to ensure that you are okay if you live alone, or help with vacuuming and laundry.

Equipment Hire or Purchase

During the first few weeks after your hip surgery, you may experience limitations with some of your daily activities. Below are some examples of equipment you may need to assist you in your home. You can also hire these items at <http://www.medihireandsales.com>

Essential Equipment

- Elbow crutches
- Over toilet frame with arms - Will allow you to use the toilet more easily and can double as a shower chair
- Pick up reacher - for picking up items from the floor
- Long shoe horn

Optional Equipment

- Game Ready Machine - Hip Sleeve - www.gamereadyhire.com.au
- Long handled aids/dressing stick - to help you shower and dress
- Wedge cushion - for use in the car or on chairs
- Shower stool/chair
- Walking frame if you're over 75
- Soap bag to hang in the shower
- Pendant alarm if you live alone



Dental Treatment

The Joint Studio recommends that patients who have recently received a joint replacement observe the following information regarding dental treatment.

If dental treatment is required during the first 3 months following a joint replacement:

- Infection with abscess formation: Urgent and aggressive treatment of the abscess - Remove the cause (exodontic or endodontic) under antibiotic prophylaxis.
- Pain - Provide emergency dental treatment. Antibiotics are indicated if high or medium risk dental procedure is performed.
- Non-infective dental problem without pain - Defer non-emergency dental treatment until 3 to 6 months after joint replacement surgery.

If dental treatment is required after 3 months following a joint replacement:

In patients with normally functioning artificial joints, antibiotic prophylaxis is not required for routine dental treatments including extraction.

If dental treatment is required for patients with significant risk factors, including:

1. Immunocompromising conditions:

Consultation with your treating physician is recommended if:

- You have insulin-dependent diabetes
- You have systemic rheumatoid arthritis
- You are taking immunosuppressive treatment
- You are taking systemic steroids

2. Failing, particularly chronically inflamed, artificial joints:

Consultation with your treating orthopaedic surgeon is recommended.

Defer non-essential dental treatment until orthopaedic problem has resolved.

3. Previous history of infected artificial joints:

No antibiotic prophylaxis indicated for routine non-surgical dental treatment.

Recommended antibiotic regimens where indicated:

1. Dental clinic LA extractions or deep curettage - Amoxicillin 2-3g orally 1 hour prior to procedure.
2. Theatre procedures - Amoxicillin 1g I/V at induction followed by 500mg Amoxicillin I/V or orally 6 hours later.
3. Penicillin hypersensitivity, long term penicillin, recent penicillin/other B-lactam - Clindamycin 600mg 1 hour prior to procedure or Vancomycin 1g I/V 1 hour to finish 2 hours or Lincomycin 600mg just prior to the procedure.
4. High risk case - (i.e., Gross oral sepsis/severely immunocompromised/previous joint infection.) Gentamicin 2mg/kg I/V just before procedure (can be administered 3mg/kg provided there is no concomitant renal disease) PLUS Amoxicillin 1g I/V just before procedure followed by 500mg I/V or orally 6 hours later. If hypersensitive to penicillin replace Amoxicillin with Vancomycin 1g I/V over 1 hour to finish just before procedure. These recommendations are in line with those of the Arthroplasty Society of Australia.

Ref: Scott JF et al, Patients with artificial joints: do they need antibiotic cover for dental treatment? Aust Dent J 2005;50 Suppl 2S45-S53

POST-SURGERY Information

The Recovery Period

In the post-op period you're likely to experience some swelling and pain at the surgery site. This is normal. It is important that you are applying 'Rest, Ice, Compression, and Elevation', and taking regular analgesics to manage this swelling and discomfort.

Many people note low energy levels and poor sleep patterns following surgery. These symptoms can take several months to resolve.

Wound Care

The dressing covering your surgical wound should stay intact until the wound is reviewed around 10-14 days post-surgery. If however, you notice any leakage or oozing from the dressing or the seal of the dressing is compromised, please contact us.

If this persists beyond 5 days despite following your 'Rest, Ice, Compression, and Elevation' protocol, please contact The Joint Studio.

Prescriptions and Pain Management

Prior to surgery, your surgeon or physician will discuss your pain management strategy. Every patient's pain management journey will be different depending on their circumstances. It is important that your pain is adequately controlled to allow you to participate in rehabilitation activities and return to a healthy sleep routine.

On discharge you will be provided with the medication you need for the first two weeks at home. As you are required to have a wound check around 12 days post-surgery, we recommend you discuss your medication with your doctor at that time and obtain new prescriptions. After this time, additional pain prescriptions should be obtained from your GP. If you are concerned about your pain medications, contact The Joint Studio, your anaesthetist or your physician.

It is normal for there to be some 'breakthrough' pain post-exercise or during the night, as your activity levels increase. If breakthrough pain is affecting your quality of life or stopping you from completing your rehabilitation, it is important to discuss this with your GP and surgeon.



Bruising

Unfortunately, bruising is one of the most common issues after surgery. Some people bruise easily and so significantly that the entire leg may appear black and blue. This is usually worst at 5-7 days but it will settle. We use a combination of blood thinners after joint replacement surgery which can make for some dramatic bruises. Your body will completely resorb the bruises by 2-3 weeks.

Clicking

Though it might sound alarming, in most cases clicking sounds coming from your joint replacement are normal and nothing to be concerned about. The clicking sound might be a result of the components of the prosthetic engaging with each other, your tendons adjusting to the joint replacement,

or fluid in the joint. The sound will resolve itself in time. If the sound is accompanied by pain or swelling, please consult your surgeon.

Range of Motion

For many patients regaining their range of motion is an important factor in their decision to undergo joint replacement surgery. Prior to surgery, your surgeon and your physiotherapist will discuss your goals and the expected surgical outcomes with you. In addition to the procedure itself, your rehabilitation activities will be critical in determining your long-term range of motion gains.

