

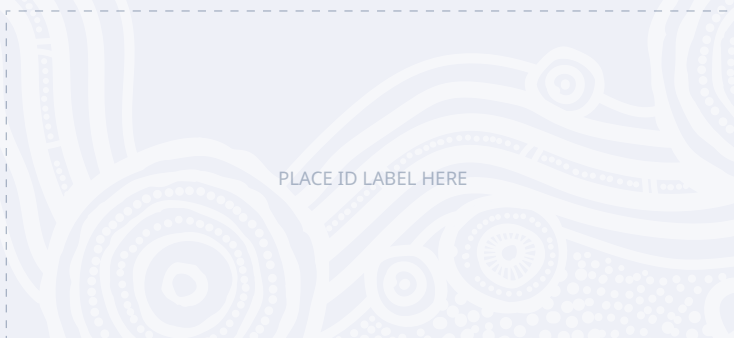


Royal Brisbane and Women's Hospital



Total Knee Replacement Surgical Wards

Everything you need to know about your orthopaedic surgery



PLACE ID LABEL HERE

Preparing for your surgery journey

- Your surgery explained
- Home exercises
- Contact details, advice and much more

Name _____

Date _____

Please bring this booklet with you to all of your appointments

Contents



Your RBWH Knee Replacement Journey	4
Total Knee Replacement Surgery	5
Anaesthesia	5
Pain Management After Surgery	6
Preparing For Your Surgery	7
Prepare For Home After Surgery	8
RBWH Hospital Phase	9
Recovery At Home Phase	10
Equipment	12
Home Exercise Program	13
RBWH Contact Details	14

This resource has been developed to provide you with all the information you need to correctly prepare for your surgery and what you can expect once you go home following surgery.

The goals of this guide are to help you do the following:

- Preparing for your surgery journey
- Your surgery explained
- Home exercises
- Contact details, advice and much more

For further information regarding the RBWH please visit:



My RBWH Surgical Pathway resource
www.metronorth.health.qld.gov.au/rbwh/patients-and-visitors/coming-in-for-surgery



Way to go Portal:
The new Patient and Visitor Portal making your hospital journey easier.
www.metronorth.health.qld.gov.au/wayto-go/rbwh

Your RBWH Knee Replacement Journey

At RBWH you can expect to go home in 2 to 4 days after your surgery. Evidence shows that it is safe and encouraged for patients to recover at home.

<p>2 Weeks Pre-Surgery</p>	<ul style="list-style-type: none"> • RBWH pre-admission appointment with the Anaesthetist, Nurse and Pharmacist will be done closer to your surgery date • Occupational Therapy home assessment • Arrange your transport and someone to assist you at home after discharge at least for the 1st week 	<ul style="list-style-type: none"> • Source equipment, ice packs and assistive devices you will need after surgery (see page 13) • Prepare or purchase easy to reheat meals • Practise your home exercise program (see pages 13-14)
<p>1-2 Days Before Surgery</p>	<ul style="list-style-type: none"> • Two days before surgery: <ul style="list-style-type: none"> • Start twice daily nasal bactroban ointment • Once daily chlorhexidine wash (see separate handout given by the pharmacist in the pre-admission clinic) - check with nursing staff 	<ul style="list-style-type: none"> • Check your fasting and medication instructions (see page 7) • Prepare your home to be safe and functional when you come home from RBWH • Practise your self-directed exercises and getting out of bed
<p>Day Of Surgery</p>	<ul style="list-style-type: none"> • Follow the fasting instructions given to you carefully • Keep drinking clear fluids, aim to drink 400mls of water the night before and 400mls on the morning of your surgery by 06:30am 	<ul style="list-style-type: none"> • Admission at Ned Hanlon Building (General admissions desk) • Joint replacement surgery • Stand and walk with the Physiotherapist (if on the ward by 4pm)
<p>Day 1 After Surgery</p>	<ul style="list-style-type: none"> • Sit out of bed for meals and practise walking up and down the corridor and in your room • Acute Pain Service review • Progress walking and stair practise with the Physiotherapist • Discharge home once safely walking and toileting 	<ul style="list-style-type: none"> • Ensure your Physiotherapy follow-up is arranged • Pack and discharge before 10am on the day of discharge • Transport home by your family/ friend/carer
<p>Day 2 - 4 After Surgery</p>	<ul style="list-style-type: none"> • Sit out of bed for meals and practise walking up and down the corridor and in your room • Acute Pain Service review • Progress walking and stair practise with the Physiotherapist. • Discharge home once safely walking and toileting 	<ul style="list-style-type: none"> • Ensure your Physiotherapy follow-up is arranged • Pack and discharge before 10am on the day of discharge • Transport home by your family / friend/ carer
<p>At Home</p>	<ul style="list-style-type: none"> • Use the equipment you prepared before surgery for bathing and dressing • Continue your self-directed exercises as per your exercise sheet 	<ul style="list-style-type: none"> • Post Acute Care Service (PACS) team visit to continue rehabilitation at home – if required

Total Knee Replacement Surgery

Total Knee Replacements are performed for people who have severe osteoarthritis that is making daily activities difficult and is no longer responding to other treatments.

A Total Knee Replacement involves the surgical removal and replacement of the damaged femoral condyles and tibial plateau with a prosthetic joint implant.

All joint replacements are planned one to two-hour surgeries requiring admission to hospital, anaesthesia, and a brief post-operative hospital recovery.

Joint replacement recovery has advanced significantly and around the world patients are safely going home from surgery 24–72 hours after their operation.

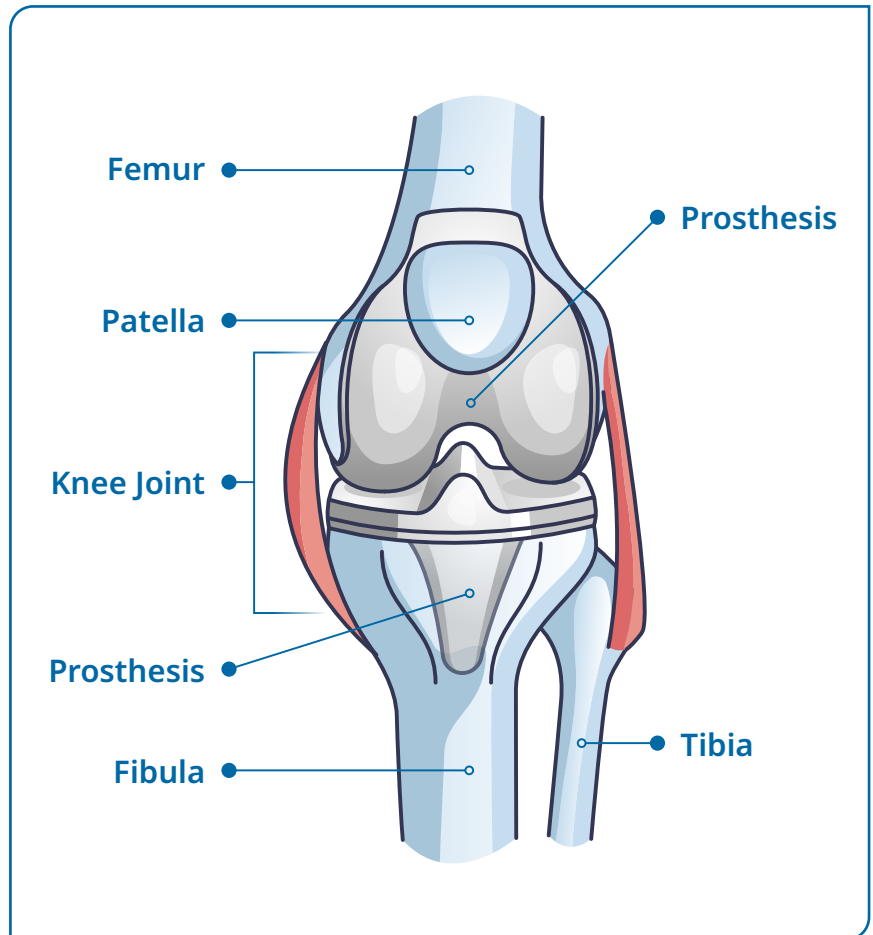
Whilst surgery replaces the diseased joint, optimal recovery relies on the patient exercising the muscles supporting the joint with advice and support from Physiotherapists. Adhering to your prescribed exercise program will enhance your recovery.

Anaesthesia

Prior to your operation you will see a Specialist Anaesthetist in the pre-admission clinic to discuss the anaesthetic plan and pain management strategies for your operation. During this visit the Anaesthetist will discuss your medical history and your medications. This will decide what the most appropriate anaesthesia and pain relief for you. The aim of anaesthesia is to ensure you do not experience discomfort and provide the optimum conditions for surgery and your recovery.

There are numerous options available including spinal anaesthesia (see below) combined with sedation/general anaesthesia. If spinal anaesthesia is not appropriate, then general anaesthesia combined with other analgesia will be used.

Please bring all your usual medications



(including naturopathic medications and herbal supplements) with you to your pre-admission clinic appointment as you will also see a pharmacist who will confirm all your usual medications and give specific instructions on any that may need to be temporarily stopped.

This is because some medications affect surgery and can interact with anaesthetic medications. Of particular importance are medications that are “blood thinners” or anticoagulants, diabetic medications, and pain medications.

What is a spinal anaesthetic?

This involves placing local anaesthetic in your lower back via a very thin needle. This will make you numb from the waist down so that you cannot feel any pain from the surgery. Your legs will also feel heavy and difficult to move - do not be alarmed - this is completely expected and will resolve in two to four hours. The anaesthetists will usually also give you sedating medications for the operation ensuring you are comfortable throughout.

Total Knee Replacement Surgery



Is a spinal anaesthetic safe?

For most people a spinal anaesthetic is a very safe way to perform this type of surgery. Common risks can include: More serious but rare risks:

- Numbness and heaviness of legs
- Light-headedness or nausea
- Headache
- Difficulty passing urine
- Infection
- Allergy
- Nerve damage

Spinal anaesthesia has been used for a very long time and has an excellent safety record, although like any medical procedure there are risks.

Fortunately, common risks are minor and more serious risks are very rare. The Anaesthetist will explain these risks in more detail.

What is a general anaesthetic?

A general anaesthetic is a mixture of medications that will make you lose consciousness. It may be used in addition to the spinal anaesthetic, or alone when a spinal anaesthetic is not appropriate.

During this time the Anaesthetist carefully controls your vital functions such as your breathing and blood pressure to make the operation as safe as possible.

In order to help your breathing, the Anaesthetist may have to insert a breathing tube through your mouth to help deliver oxygen. Once again, your Anaesthetist will explain the risks in more detail.

Pain Management After Surgery

Once the spinal and general anaesthetic resolves, your pain will need to be controlled with oral analgesia medications. In most instances it is unrealistic to expect to be completely pain-free, and in some cases, it can be counter-productive.

In fact, the aim is not to be completely pain free, but rather to use medications to ensure physiotherapy and rehabilitation are possible by reducing discomfort to a level that is manageable. This level is different for every patient.

Pain management after a total knee replacement generally consists of oral medications, and include simple analgesics such as paracetamol and anti-inflammatory medications, as well as stronger analgesics such as opioids (opioids include drugs like morphine, oxycodone, targin, tramadol and tapentadol).

These opioid analgesics are an important part of pain management strategies. We take advantage of their pain-relieving effect so that you can recover appropriately and perform physiotherapy exercises and daily tasks effectively. However, they may also have side effects which can impair recovery. A careful balance must be struck between managing your pain effectively, whilst minimising the side-effects of such medications. It is important to gradually reduce the amount of strong analgesics as your hip heals.

An Anaesthetist from the Acute Pain Management Service (APMS) will review your progress the morning following your surgery and decide if changes to your pain management plan are required. On discharge from the hospital, you will be given medication scripts and a detailed plan on how to manage discomfort whilst at home.

In some circumstances, the opioid medications may be used intravenously on the ward. This is delivered through a PCA (patient-controlled analgesia) pump. If this is prescribed for you after the operation, your nurse will explain how to use it effectively. This analgesia may be of benefit in the short term but will slow down recovery and mobility. The dose of intravenous opioid should be converted to oral on the first day after the operation.

Preparing for Your Surgery

Fasting instructions

It is important to carefully follow the instructions given to you to avoid having any food or drink in your stomach at the time of your surgery. You will be told the time of your procedure to plan your fasting.

<p>..... AM 6 hours before surgery</p>	<ul style="list-style-type: none"> Stop consuming solid food, have a light meal just before this such as toast and a drink. You may drink clear fluids only from this time (including water, clear apple juice, sports drink, black tea or coffee without milk).
<p>..... AM 2-3 hours before surgery</p>	<ul style="list-style-type: none"> Consume both of your two 200ml bottles of Nutricia PreOp-drinks. Or 400ml water in the morning of surgery, nothing 2hrs prior to surgery.
<p>..... AM 2 hours before surgery</p>	<ul style="list-style-type: none"> Stop drinking fluids. No chewing or nicotine gum, lollies or sweets. The only things you may consume from this time are your regular medications with a small sip of water (less than 50ml).
<p>..... AM Your surgery time</p>	<ul style="list-style-type: none"> Once you have woken up after your surgery you will be given food and drink.

Medication

- Non-steroidal anti-inflammatory drugs (Ibuprofen, meloxicam, naproxen, diclofenac) should be stopped three days prior to your surgery. Low dose aspirin can continue unless otherwise advised by your doctor or pharmacist.
- Medications not prescribed by a doctor should stop 14 days prior to your surgery. This includes herbal, complementary

medications, vitamins and minerals.

- All other regular medications should continue as prescribed, unless advised otherwise by a doctor or Pharmacist.
- On the morning of surgery, you should take your regular medications as usual in the two hours before surgery with a small sip of water as described above.

Hygiene instructions and skin preparation

- In the Preadmission Clinic you will be given some ointment for your nose and skin wash sponges that help clear your skin of bacteria. Following the instructions in the pack, you should commence the nose ointment and skin wash sponges three days before your operation.
- The night before your surgery: wash your hair and shower using the skin wash sponge.
- The morning of your surgery: shower before you leave home with the skin wash sponge. Do not apply make-up, deodorant, perfume, aftershave etc. Remove nail polish or acrylic nails off at least one finger on each hand.

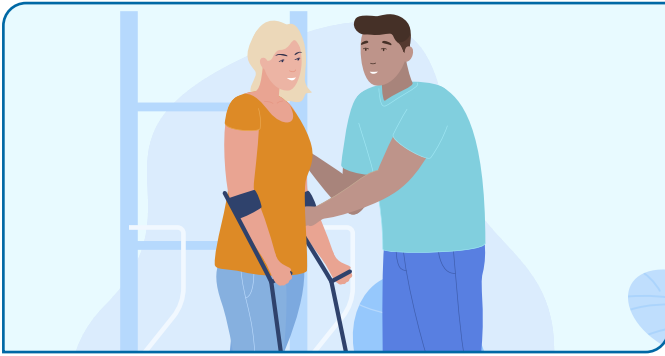
Recommendations

- Do not drink any alcohol or use illicit substances for at least 24 hrs before your surgery.
- Do not bring large amounts of money and leave all valuables at home.
- Please leave electrical equipment at home, phone chargers are permitted.

Packing list

- ✓ Pack one handheld bag (maximum 10kg) for your short RBWH stay
- ✓ All your regular medications including inhalers, vitamins, supplements, and over-the-counter medicines.
- ✓ Pyjamas/ dressing gown / toiletries
- ✓ Flat, supportive shoes or slippers (no scuffs, thongs or backless shoes)
- ✓ Glasses/ hearing aids/ walking aids/ CPAP machines or other personal aids
- ✓ Medicare card, Healthcare card and Pension Card
- ✓ A copy of your Advanced Health Directive or Power of Attorney details
- ✓ This information booklet

Prepare For Home After Surgery



Help and transport

You may need help with bathing, dressing, applying/removing your stockings, driving, shopping and housework.

It is important to plan ahead and arrange a friend, family member or carer to pick you up from the hospital on discharge and stay with you at home until you are safe and independent with self-care and mobility.

If you are a carer for someone at home, you will need to make arrangements for their respite care prior to your hospital admission. Your surgical recovery is important, and you should expect to be unable to care for others when you leave hospital.

Consider the financial impact of your surgery and recovery. A Social Worker can assist you if required.

- Centrelink Sickness Allowance: contact Centrelink on 132 717 to confirm eligibility.
- Sick leave and Superannuation Income Protection: contact HR or Payroll of your employer to confirm eligibility.

Chair and bed height checks

After surgery you should ensure you sit with your hips level with or higher than your knees. Check your bed height meets this requirement and ensure you have a firm, comfortable chair with arm rests at the appropriate height for you. Avoid leaning forward when seated.

The Occupational Therapist will guide you through this during your Hospital Admission.

Shower, bath and toilet

It is recommended you hire or purchase equipment to assist you with showering and

toileting safely. A height adjustable over-toilet-frame will assist you with getting on and off the toilet safely and comfortably. A bath board, bench or shower chair may help you to safely bathe at home. Your Occupational Therapist will review your equipment needs during your Hospital admission.

Safety advice

Clear clutter, rugs, loose mats and cables from the floor and doorways before you leave the house. Consider rubber non-slip mats in the shower or bath for extra grip.

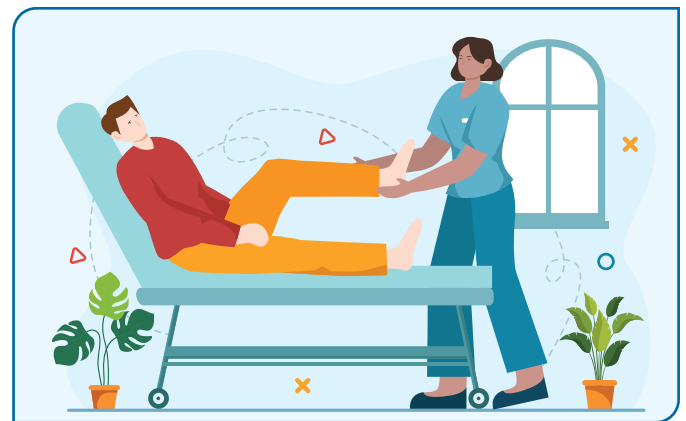
Rearrange your kitchen so you don't have to bend down into low cupboards.

Get organised

Do any cleaning or have maintenance jobs done before you have your surgery. Buy frozen or prepare and freeze meals to reduce time spent in the kitchen.

Buy or borrow some ice packs to help with swelling.

Buy or borrow any assistive devices you may need for dressing and bathing (see page 13).



Keep fit and well nourished

Practice your exercises before your surgery to ensure you understand the exercises and build some strength in the muscles supporting your hip.

Incorporate regular walking into your daily routine to build cardiovascular fitness before your surgery. Maintain a healthy diet before and after your surgery to promote healing and recovery.

RBWH Hospital Phase



Morning of Surgery

Your support person should drop you at the front entrance to RBWH and may accompany you to the level 4 Procedural centre.

Check in at reception and then take a seat in the waiting area until nursing staff take you to the preoperation area.

Day of Surgery

After the operation you will be taken to the Orthopaedic ward. It is common to have attachments such as: compression stockings, leg compression sleeves, intravenous drops, blood pressure cuffs and oxygen nasal prongs. These are portable and should not limit your ability to walk.

Within hours of your surgery, the Physiotherapist will visit and assist you to sit up, stand and walk for the first time (depending on time of return to ward).

It is recommended to get out of bed with the non-operated leg first.

You will be provided with walking aid to walk or transfer to the toilet with nursing staff assistance overnight.

Day 1 After Surgery

Sit out of meals and shower with assistance of the nursing staff.

The Acute Pain Management Service (APMS) will review your progress on the ward and assist in managing any pain you are experiencing to assist you with walking, physiotherapy exercises and engagement with self-care tasks.

You will be taken to Medical Imaging to have an x-ray of your hip. You may be visited by pathology for blood tests.

The Physiotherapist will see you to progress your walking in the morning. At this point you may be able to walk around your room and in the corridor with the assistance of Physiotherapist and Nursing Staff.

Day 2-4 After Surgery

The Physiotherapist will review your walking, practise ascending and descending stairs and revise your exercises with you.

Once you are walking, managing transfers and toileting independently, you are ready for discharge.

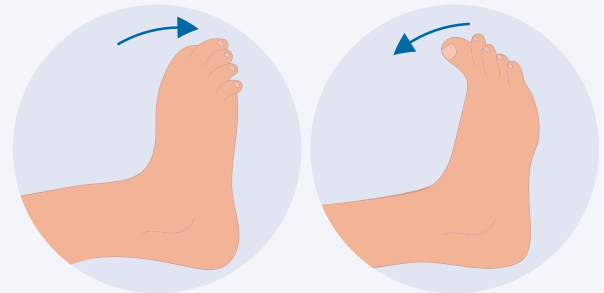
You may even be able to discharge home from day 2 after your surgery if pain is under control, mobility and self-care are satisfactory and the treating team have approved your discharge.

Follow-up Physiotherapy will be arranged.

The Pharmacist will discuss your medications with you and provide advice.

Your support person can be contacted to collect you from the front entrance. We aim for discharge 10am–12noon.

Wheelchair transport will be provided to assist you and your belongings to the front entrance.



Royal Tip

After surgery you should regularly perform circulation exercises to reduce your risk of developing blood clots.

Keeping active and moving will also encourage good circulation.

Alternate pulling your toes up towards you and pointing down away from you as shown here.

Recovery At Home Phase

The day after you go home the Physiotherapists and or Occupational therapist may arrange for the Post-Acute Care Service (PACS) to visit you at home to continue your rehabilitation for a further two weeks. This is not always necessary if you are progressing well yourself.

By continuing your exercises as instructed, progressing your walking distance and completing daily activities whilst allowing time for rest and recovery, you should see your pain levels and function in your hip improve.

If you have specific goals, sports or activities you wish to return to after your hip replacement surgery, please discuss these with your Physiotherapist.

Wound management

You will have a waterproof dressing on your hip wound. Leave this in place until reviewed by your GP 10-14 days after surgery. The sutures (if any are used) are usually dissolvable.

If you develop any of the following symptoms of wound infection you should contact RBWH or your GP for advice:

- A very hot, red wound (some redness, heat, swelling, and bruising is normal)
- Wound ooze or discharge
- A sudden increase in pain in your leg and/or difficulty walking
- A temperature, fever, or shivering
- A general feeling of being unwell

Pain management

By the time you discharge home, you will be using only oral medications for pain management. These include medicines that you will take regularly and extra medications you can take if you feel your level of pain is increasing.

Below is an example of what the Surgical Team will prescribe, however all care is individualised for each patient thus what is prescribed for you may differ.

Regular Medications

- Paracetamol: 1 gram every 6 hours for 10 days
ibuprofen: 400mg every 12 hours for 7 days
- Tapentadol (Slow release): Take morning and night for 1 week

As needed Medications

- Oxycodone (Immediate Release): 5mg only as needed at a minimum of 4 hours between doses

Opioid medications can cause serious consequences such as addiction and should be taken only if needed and for the shortest possible time after surgery. If you are still requiring opioid medications 10 days after your operation, please have this reviewed by a medical professional such as your General Practitioner. All unused opioid medications are to be returned to the pharmacy for safe disposal. You should aim to ensure your pain is well controlled to allow you to complete your daily activities, your exercises and regular walking. As your pain levels improve, your usage of pain medication should reduce.

If you are having trouble managing your pain after you are discharged, there are a number of steps you can take:

1. Discuss with the Community Physiotherapist if they are scheduled to visit you.
2. Contact your GP.
3. After hours - contact 13 HEALTH (13 43 25 84) or visit your local emergency department.

Swelling management

Excessive swelling will delay healing, result in more pain, limit exercise capacity and could cause wound problems. Therefore, it is important to manage swelling at home. Swelling can vary greatly between patients. Some swelling is expected but swelling involving the whole leg indicates that more rest is required. Effective resting involves lying flat in bed with your leg elevated and using ice packs for up to 20 minutes at a time. Taking several rests during the day is encouraged.

Walking

Walking is important for your recovery and improves strength, joint movement, and fitness. Try to go for a walk daily, starting with 5 minutes on a flat path (Only if you could manage this prior to surgery). Each day, increase the walking distance until you can manage 30 minutes.

Recovery At Home Phase

Sitting

Avoid low chairs and chairs without armrests, you need to ensure your hips are positioned at or above the level of your knees. When sitting down or standing up, grasp the armrests and keep the operated leg in front.

Getting in and out of bed

1. Sit down on the bed
2. Slide your bottom backwards further into the bed

3. Pivot and lift your legs carefully into bed

Reverse this to get out of bed. You may be advised to use a leg lifter to assist with this manoeuvre.

Stairs

If you have stairs you need to climb on a daily basis, you will practice these in hospital. Don't rush, use a rail, and take it one step at a time.

Going up stairs: step up onto the step with your non-operated leg first, bringing your operated leg next to it and repeat. Going downstairs: step down with your operated leg first, bringing your other leg down next to it and repeat.

Getting into a car and driving

Avoid very low or high cars - a standard sedan is ideal. A taxi may be required if no other option.

1. Ensure the front passenger seat is moved back to allow enough space and backrest reclined slightly
2. Holding the door frame, sit down on the seat facing away from the car
3. Slide bottom backwards
4. Lean backwards and swivel legs into the car without crossing legs
5. Reverse procedure to get out of the car

You can commence driving when you can safely perform an emergency stop and when you are not taking pain medication that may make you drowsy. This is usually between three and six weeks. Discuss with your GP if unsure or contact your insurer.

Bathing

You may choose to stand or sit in a shower chair in the shower at home. Your Occupational

Therapist may make a recommendation and discuss suitable equipment options during your admission to Hospital. It is recommended you store your toiletries on a shelf to prevent the need for bending.

Do not swim or submerge your wounds until advised you may by a Nurse or Doctor to prevent wound infection.

Dressing

It is recommended you sit down to dress yourself and use long handled aids to pull clothes up past your knees before standing to fasten them. Dress the operated leg first and undress it last. Your Occupational Therapist will teach you safe dressing techniques during your hospital admission.

A sock aid is useful to help pull socks and stockings on without bending forward and a shoehorn may help you slide your foot into shoes.

Sexual activity

Sexual activity may be recommenced once the wound is well healed. Adopt positions that are comfortable and avoid too much bending at the hip joint.

Lifting and carrying

You should avoid lifting or carrying heavy loads after your surgery for safety. Instead, move things in small loads or use a trolley or backpack. If you are using a walking aid, only carry loads you can easily manage in one hand.

Housework and gardening



Activities involving kneeling, squatting, or bending should be avoided initially. It is normal to tire more quickly and it is recommended that assistance is arranged. It is recommended you take regular rest breaks when completing domestic tasks at home. Use long handled cleaning and gardening tools. Do not use the catcher on the mower unless someone else can empty it.

Work

You will need several weeks off work after a total knee replacement. How long you need depends on your job. Please check with your surgeon who can give you advice about this before your operation.

Equipment

Your Occupational Therapist will discuss suitable equipment options with you during your hospital admission:

			
Shower Chair	Shower Stool	Bath Transfer Board	Over-Toilet Frame
			
Bath Board	Chair/Bed Height Raisers	Ice Packs	Iceaman Machine
			
Sock Aid	Shoe Horn	Dressing Stick	Long Handled Grabber
			
Long Handled Sponge	Leg Lifter		

LOCAL SUPPLIERS

AidaCare

354 Bilsen Road, Geebung, 4034
Hire and buy, delivery available
1300 216 898 or www.aidacare.com.au

Mobility Rentals and Sales

170 North Road, Woodridge, 4114
Hire and buy, delivery available
1300 460 070 or www.mobilityrentals.com.au

Independent Living Specialists (Think Mobility Brisbane)

2037 Sandgate Road, Virginia, 4014
Hire and buy, delivery and click and collect available
1300 881 968 or www.ilsau.com.au

Super Pharmacy Plus

621 Stafford Road, Stafford, 4053
Hire and buy, delivery available
07 3355 3052 or www.superpharmacyplus.com.au

Home Exercise Program

Strengthening the muscles around your operated knee and walking are integral to your recovery. Practising these before you attend hospital – or 'Prehabilitation' – will mean you are familiar with the exercises, and you may develop strength before surgery. This will enhance your rehabilitation after your knee replacement.

After surgery, you should complete these exercises three times a day. Take pain relief medication 30 minutes prior to the exercises if pain is limiting your ability to complete them.

Static Quadriceps Contractions

1. Lie or sit with your knee straight.
2. Squeeze your thigh muscles to push the back of your knee into the bed or surface underneath it. It helps to feel the muscles with your hands as they contract.
3. Hold this contraction for 3 seconds and then relax.
4. Repeat 10 times.



Knee Extension Stretch

1. If you are struggling to completely straighten your knee, you should spend some time throughout the day with your foot elevated as pictured.
2. This will allow gravity to help your knee to slowly straighten.
3. Don't push on your leg to force your knee to straighten unless instructed to do so.
4. Stay in this position for 15–20 minutes, 3 times per day.



Knee Extension

1. From a sitting position, contract your thigh muscles to straighten your knee as far as you can.
2. Hold the contraction with your knee straight for 2 seconds and slowly lower.
3. Repeat 10 times.



Knee Flexion

1. From a sitting position, bend your knee as far as you can.
2. You can use your other leg to help bend further or bend as far as you can then slide your bottom forward carefully to get some extra bend.
3. Hold the bend for 5 seconds and slowly release, rest for 2 minutes.
4. Repeat 6 times.



Mini Squats/Sit-Stand-Sit

1. Stand holding onto a stable surface. Slowly lower your body by bending your hips and then knees. Keep your back straight during this movement.
2. Hold briefly and return to standing upright. Only squat down a small distance.
3. Repeat 10 times.



Heel Raises

1. Stand holding onto a stable surface with your feet hip-width apart.
2. Slowly lift your heels and raise up onto the balls of your feet, then slowly lower your heels back to the starting position.
3. Repeat 10 times.



Walking Program

Once you are discharged from hospital, it is important to start a walking program. Gradually progress your walking distance and time. If you have any questions or difficulties, please discuss with your physiotherapist.

- **1-2 weeks:** Walking up to 10mins/day (or 2 x 5 mins)
- **2-6 weeks:** Walking up to 20 - 30 mins/day (or 2 x 10-15mins)
- **6-12 weeks:** Walking up to 40 - 60mins/day (or 2 x 20- 30mins)

This program may need to be adjusted based on your level of mobility prior to surgery, discuss with your Physiotherapist at hospital.

Contact Information

RBWH SWITCHBOARD

CALL **(07) 3646 8111**

Our helpful switchboard operators will be able to forward your call to the appropriate staff members to assist with any of your enquiries.



RBWH ELECTIVE SURGERY OFFICE

CALL **(07) 3646 1196**

EMAIL **RBWH_Elective_Surgery@health.qld.gov.au**

The RBWH Elective Surgery Office team work closely with our case managers to guide our patients through their elective surgery journey. Our team may be able to help with your enquiries if you are unable to reach your case manager.

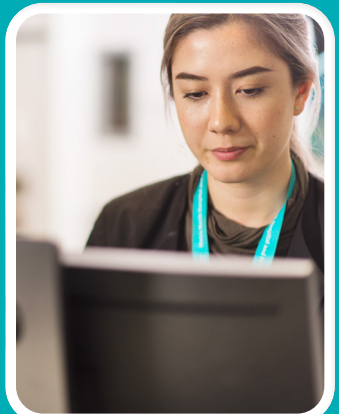


RBWH ORTHOPAEDIC CASE MANAGER

CALL **(07) 3646 3141**

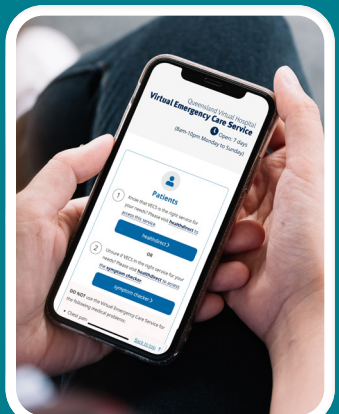
EMAIL **RBWH-Orthopaedics-CaseManager@health.qld.gov.au**

Our case managers are responsible for coordinating your journey from when you are placed on the surgical waitlist until you have your surgery.



VIRTUAL EMERGENCY CARE SERVICE

Virtual Emergency Care Service offers patients a symptom checker and alternative pathways that can help avoid waiting in an Emergency Department. Visit www.metronorth.health.qld.gov.au/hospitals-services/qvh-virtual-emergency-care-service.



What if I have concerns after my discharge?

URGENT CONCERNS – CALL 000

CALL 000 OR GO TO YOUR LOCAL EMERGENCY DEPARTMENT

- Uncontrollable bleeding
- Chest pain or tightness of the chest
- An altered level of your consciousness/difficulty staying awake
- Seizures/fits/collapse or fall
- Sudden onset of weakness or paralysis of the limbs or face
- Difficulty in breathing



CONCERNS REQUIRING REVIEW

CONTACT YOUR LOCAL GP

- Redness around your wound site
- Increasing pain not controlled by pain relief medication
- Increasing swelling around the surgical area
- Your wound opens up or stitches break
- You have a fever
- Any concerns that you, your family or friends may have

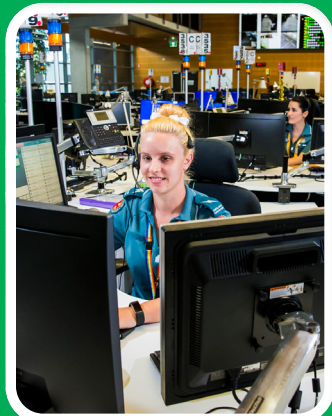


GENERAL ENQUIRIES

CALL 13HEALTH (13 43 25 84)

13 HEALTH is a confidential phone service that provides health advice to Queenslanders. You can phone and talk to a registered nurse 24 hours a day, 7 days a week for the cost of a local call. This is not a diagnostic service and should not replace medical consultation. In an emergency always dial **000**.

Registered nurses provide health-related advice over the phone for health information and assessment of symptoms. This includes a comprehensive telephone assessment resulting in a recommendation of a time and place of care.



HEALTHDIRECT AUSTRALIA

The healthdirect service will help you find the right health information for your symptoms and provide advice on what to do next. This government-owned service aims to help you make informed decisions about your health using online tools including a risk checker, symptom checker and question builder. Visit www.healthdirect.gov.au or download the healthdirect app.

