



## DON'T BE A CLOT! (Extended DVT Prophylaxis)



A blood clot in the leg or 'deep venous thrombosis' (DVT for short) is one of the more common complications that can occur following hip or knee replacement surgery. Without any precautions taken, DVT develops in up to 70% of patients having knee surgery and 50% of those having hip surgery. A smaller percentage of these patients may develop the more serious complication of pulmonary embolus, where a fragment of blood clot floats up to the lungs.

For many years we have been getting better at preventing DVT in hospital by using a number of measures including medication. We know, however, that the risk of developing DVT remains increased for several weeks after surgery and it is therefore desirable to continue these measures even after discharge from the hospital.

One of the most effective measures is a medication called Low Molecular Weight Heparin (LMWH), which is given by injection under the skin with a fine needle, in the same way that diabetics use insulin. This is given daily in hospital by the nursing staff.

Until now, the medication had to be ceased when the patient was discharged from hospital. Now, however, a program has been developed to teach patients how to give their own injections. When discharged, they are provided with a kit with everything they need, including pre-packed syringes to enable them to continue taking this preventative medicine for a total of three (3) weeks: extended DVT prophylaxis.

With a bit of practice, extended DVT prophylaxis is safe and easy. This way, your risk of developing this potentially serious complication can be reduced even further.



### THINGS WE DO TO PREVENT BLOOD CLOTS

- Inflatable leggings to compress the calf veins during surgery and in recovery.
- TED (Thrombo-Embolic Deterrent) stockings: tight white hose worn for 6 weeks.
- Early mobilisation and specific circulation exercises for feet and ankles.
- Anticoagulant medication: Low Molecular Weight Heparin by injection.
- Routine vein scan before discharge from hospital



## THE JOINT REPLACEMENT PROGRAM

I will frequently get my older patients to see one of my General Physician colleagues for a "once over" before they are admitted to hospital and to give me some assistance with their care after operation.

A successful hip or knee replacement relies on more than just good surgical technique. A whole range of factors and a number of people will influence the speed of your recovery and the ease of your whole hospital experience.

### PRE-ADMISSION CLINIC:

Your hospital care starts with the pre-admission clinic. I will get you to have your routine blood tests done there so that all of the results are available on the day. You will also get to meet a physiotherapist who can give you some exercises to begin working on and give you a "test run" using crutches. The more you practice before hospital, the easier your recovery will be.

### THE SURGERY AND GENERAL MEDICAL CARE

Techniques are evolving all the time along with the actual implants. Less invasive operations mean shorter incisions, less pain and quicker recovery. In almost all cases, you will be walking the next day.

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### LENGTH OF STAY:

Minimally invasive surgery means that knee hemiarthroplasties (half joint replacements) can usually be discharged at day 3 or 4. Total hip replacements can usually leave around day 5, particularly if they have good support at home.

### REHABILITATION:

In older patients, those without home support or patients with other medical problems, a couple of weeks at a rehabilitation hospital after initial recovery can be arranged. If rehabilitation is going to be necessary, the need is identified early and a booking made on admission to hospital.

### IN HOSPITAL PHYSIOTHERAPY:

A dedicated and enthusiastic team of physiotherapists will assist you in the early days of your recovery. It is important for your heart and lungs as well as your joint replacement to move out of bed early and to exercise regularly with the proper movements. They will give you important advice about positioning your limb to limit swelling and make moving about as safe as possible. They will make sure you pass a couple of "tests" before you leave and make sure you can get around any obstacles you encounter.

### MY OFFICE:

My office staff will try to make your pre-operative arrangements as painless as possible. They can give you advice about the "financials" including your Health Fund and will arrange a quotation of the fees and any pre-payments. You will need to make arrangements with the office to see Dr Brighton for a follow-up visit after your surgery.