



## Enhanced Recovery After Surgery (ERAS)

# A checklist for patients having hip or knee replacement surgery



The ERAS Collaborative  
Jointly Better



MINISTRY OF  
HEALTH

MANATŪ HAUORA

## I NEED TO:

- 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 household tasks
- cook extra meals and freeze them
- buy extra non-perishable groceries and/or arrange for someone to do my shopping
- cancel my home help and Meals on Wheels while in hospital, if necessary
- organise appropriate seating at home
- consider buying a long-handled shoehorn, sock-aid and 'Easy Reacher'
- place commonly-used items at waist height to prevent the need to bend
- get a clotheshorse for my laundry
- organise a gardener for six weeks, if necessary
- organise someone to look after my pet(s), if necessary
- check my house security
- cancel my paper delivery, if necessary
- 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 tripping hazard

I HAVE:

- packed ALL my medications/herbal products/alternative medications and supplements to take to the pre-admission clinic



Preparing for your pre-admission clinic

Stand next to the items listed below and tick the corresponding height in the boxes.

## Toilet:

- Below crease of knees
- Above crease of knees
- At crease of knees

Do you have a raised toilet seat? \_\_\_\_\_

Do you have rails by the toilet? \_\_\_\_\_

Do you have a toilet frame? \_\_\_\_\_

## Chair:

- Below crease of knees
- Above crease of knees
- At crease of knees

What type of chair do you sit in? *E.g. Lazy boy, couch* \_\_\_\_\_

Does the chair have:

- Casters\* fitted directly to the base? \_\_\_\_\_
- Straight legs without casters? \_\_\_\_\_
- Other, please describe \_\_\_\_\_

## Bed:

- Below crease of knees
- Above crease of knees
- At crease of knees

What size bed do you have? \_\_\_\_\_

Does the bed have:

- Casters fitted directly to the base? If yes, how many? \_\_\_\_\_
- Straight legs without casters? \_\_\_\_\_
- Straight legs with casters? \_\_\_\_\_
- Other, please describe \_\_\_\_\_

\* Casters are wheels

## Eight weeks before your operation

- I have stopped smoking and plan to stay smokefree during my recovery (Quitline 0800 778 778)

## Two weeks before your operation

I AM:

- doing my daily exercises
- not taking any alternative/herbal medications as advised by my clinical team

## One week before your operation

- I have stopped drinking alcohol or limited my alcohol consumption and plan to minimise my intake during my recovery

I HAVE PACKED:

- all the medications I am currently taking
- loose-fitting, warm day clothes to wear after my operation
- nightwear
- a pair of closed, good-fitting shoes or slippers
- my crutches or other suitable walking aid
- personal toiletries
- reading material and/or games
- earplugs or a music player if having a spinal anaesthetic
- cellphone and charger
- my patient education booklet(s)

## The day before and the day of your operation

I HAVE:

- had my Chlorhexidine wash as per instructions
- followed my fasting instructions

## Day one after your operation

I HAVE:

- washed, dressed and been to the toilet as independently as possible
- sat out of bed for meals
- done my exercises
- been for walks with appropriate assistance

## Day two after your operation

I HAVE:

- washed, dressed and been to the toilet independently
- sat out of bed for meals
- done my exercises
- been for walks (independently if cleared by my physiotherapist)

## Day three after your operation / Going home

I CAN:

- get in and out of bed safely
- walk safely
- do my daily exercises
- go up and down steps by myself (if applicable)
- wash, dress and go to the toilet independently (or personal cares have been arranged)

I HAVE PACKED:

- my own medications
- prescription and discharge summary
- crutches or other walking aid
- any loan equipment
- personal belongings
- joint replacement card
- cellphone and charger