Enhanced Recovery After Surgery (ERAS)

A checklist for patients having hip or knee replacement surgery
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-handed 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

When you know your surgery date
I HAVE:

☐ packed ALL my medications/herbal products/alternative medications and supplements to take to the 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