



health

your guide to positively
managing arthritis

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If you think you have a medical or psychiatric emergency, call 000 or go to the nearest hospital. If you are not sure what sort of care you need, please call your doctor or local hospital.

There are a number of products and services mentioned throughout this brochure for which the Fund does not pay a benefit such as some doctor consultations and some alternative therapies. The information in this brochure relates only to the helpful health information pack in question and does not represent which products and services may or may not be covered under your level of NRMA Health Insurance cover.

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The information provided in this brochure is current and correct as at 1 May 2007.

Arthritis Helpful Health Information



This guide to positively managing Arthritis is for adults and their carers and the parents of children with Arthritis. Based on current research about Arthritis, it offers practical information to help you look after your good health and make the most of life, while still managing your Arthritis.

The guide is one of our helpful health information packs, one of the initiatives the Fund offers at no additional cost to help customers with particular health conditions.

Evidence suggests that adopting self-management programs can improve pain control, reduce depression and increase favourable health behaviours. The Arthritis helpful health information is aimed at helping you do just that and includes:

- an Arthritis Action Plan that you can take to your doctor to complete (you will find it at the back of this guide). This will help you set goals, stay on track with your medication and manage pain more effectively; and
- information on Arthritis, its treatment and management.

Remember, you can contact the Health Helpline on 133 236 to access the trained health professionals who can assist in answering all your general health queries.*

Living with Arthritis is not always easy. However, using a combination of lifestyle management, medication and other treatment that works for you can make a positive difference. The Arthritis helpful health information is designed to help you take care of yourself, so you can enjoy life more, every day.

So take this guide with you when you next visit your doctor so you can get started on making your own Action Plan together – and enjoying life, even with Arthritis.

* Provided by the Royal District Nursing Service (RDNS) of South Australia.

Note: The Fund does not pay any benefits for doctors' and specialists' services provided outside of hospital unless we specify otherwise under your level of cover and we have an agreement with the provider for that treatment.



What is Arthritis?

Arthritis is inflammation in one or more joints, which results in pain, stiffness and limited movement. The most common types of Arthritis are Osteoarthritis, Rheumatoid Arthritis and Gout. Juvenile Arthritis affects around one in every thousand Australian children aged up to 16. Another type of Arthritis is Lupus or Systemic Lupus Erythematosus (SLE), a condition whereby the tissues around the organs become inflamed.

THE TWO MAIN FORMS OF ARTHRITIS ARE:

Osteoarthritis occurs when the cartilage becomes worn and stops the joints from moving smoothly which leads to inflammation and swelling or stiffness in the joints, causing pain. This can lead to further weakening and wearing of the cartilage, lessening its ability to cushion and absorb shocks in the joints. In extreme cases, the bones may even grind together causing great pain and severely limiting movement.

Osteoarthritis can affect any joint but most commonly occurs in the knees, hips, lower back and shoulders. Hands and fingers are often affected too. Generally, Osteoarthritis affects people of 45 years and older however, everyone is at risk. Young people are affected too and can sometimes cause wear and tear on their joints, which can lead to Osteoarthritis in later years.

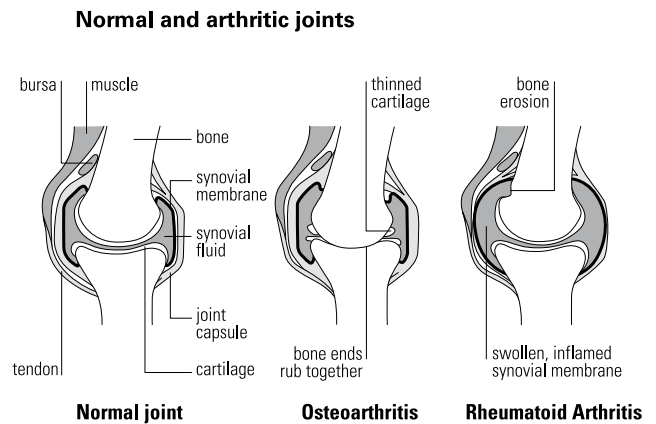
Some factors that can predispose you to developing Osteoarthritis include a previous injury or fracture, being overweight and weakness of quadricep muscles (for knee Arthritis) or doing repetitive tasks. If close family members have had Arthritis, there is a greater risk. However, in some cases, the cause is unknown.

Rheumatoid Arthritis involves inflammation of the tissues around the joint (synovial membrane), which causes over-production of joint fluid (synovial fluid). This can result in weakness of the tissue and erosion over time. Rheumatoid Arthritis is a systematic autoimmune disease that causes chronic inflammation of the joints, but may also affect other organ systems in the body. Autoimmune diseases occur when the body tissues are mistakenly attacked by their own immune system. This causes swelling, pain, stiffness and may eventually cause deformity of the joint. It most commonly affects the hands, knees and feet. Without early disease modifying treatment, progressive and irreversible joint damage can occur that may result in lifelong impairment.

Studies have shown that cigarette smoking is linked to an increased risk of Rheumatoid Arthritis. Smoking is also associated with some non-joint or non-bone features of Rheumatoid Arthritis, including blood vessel and lung symptoms. If you do smoke, quitting is an important step in reducing the impact of Rheumatoid Arthritis on your health.

Rheumatoid Arthritis usually develops between the ages of 25 and 50 and women are three times more likely to be affected than men. Early symptoms may come and go and move from one joint to another. Sometimes, they may disappear altogether – or they may linger for life. Multiple joints are usually affected on both sides of the body. Although the cause of Rheumatoid Arthritis is unknown, there may be a genetic component or other factors that play a role.

In this guide, our primary focus is on the more common forms of Arthritis – Osteoarthritis and Rheumatoid Arthritis. However, some of the information may be relevant to other forms of Arthritis too. No matter what type of Arthritis you have, you should always talk to your doctor before you decide on any form of treatment or management plan.



WHAT TO EXPECT WHEN YOU VISIT THE DOCTOR

When you visit the doctor, you may be asked many questions about your pain including:

- How long have you experienced pain and did a specific event trigger the pain?
- Which joints are affected?
- Is your pain or stiffness better/worse at specific times of the day, week or month?
- Are various movements likely to aggravate the pain?
- What makes your joints feel better or worse?
- Has anyone in your family had Arthritis?
- What medications you are taking for the pain, including alternative medicines and their success rate?

TESTS YOUR DOCTOR MAY PERFORM

Your doctor may order tests to help make a clear diagnosis and determine what type of Arthritis you may have. These may include:

Blood tests

The main blood tests used to check for common types of Arthritis are:

- *Antibody tests.* Antibodies help the body fight infections from bacteria and viruses. Your doctor will take a blood sample to test for particular antibodies. A type of antibody found in more than 70% of people with Rheumatoid Arthritis is rheumatoid factor. If you are positive for rheumatoid factor it indicates, but does not prove, that you may have Rheumatoid Arthritis.
- *Erythrocyte sedimentation rate (ESR).* The ESR test gives your doctor an idea of how much inflammation is occurring in your body. A high ESR may indicate active Rheumatoid Arthritis.
- *C-reactive protein (CRP).* Testing for the C-reactive protein in your blood gives your doctor another indication of the amount of inflammation in the body.
- *Uric acid level.* This may be tested if Gout is suspected as the underlying cause of the joint pain. However, a raised uric acid level does not prove that you have Gout.

Joint examination

Your doctor will undertake a physical examination of the joints to assess the size, swelling, laxity and movement of the joint.

X-rays

X-rays may be taken to see whether there are cartilage or bone changes that are indicative of damage due to Osteoarthritis or Rheumatoid Arthritis.

Testing the synovial or joint fluid

A sample of the synovial fluid within the affected joint can be analysed to see if there are changes consistent with a particular Arthritis. Your doctor will do this by putting a needle directly into the joint, then drawing out a small amount of the fluid. It might hurt slightly, but local anaesthetic may be used before the procedure.





Why do I need an Arthritis Action Plan?

The Arthritis Action Plan like the one at the back of this guide, developed with your doctor, will help you stay up-to-date with your health checks and maintain your health and independence for as long as possible.

You are best advised to work with your doctor to develop a personalised, written Arthritis Action Plan. This can include medical advice, medication, physical exercise, a healthy diet and keeping a positive mindset as well as other therapies.

Your Action Plan helps you recognise when you or your child's Arthritis is changing and over time you may need to have your Action Plan reviewed. Visiting your doctor on a regular basis will help you stay in control of your Arthritis, manage it well and help you lead as active and healthy a life as possible. In some cases, if symptoms get worse, your doctor may recommend that you have surgery to replace a joint as some stage. This is where your Action Plan can further help you stay on track with your Arthritis treatment, manage your medication and remind you when to go for check-ups. Ask your doctor to fill in the due dates and actions required. Use them to remind you when to go for routine visits.

How is Arthritis managed?

Arthritis affects people in different ways, depending on the type, severity, location, level of pain, your general health and fitness and your lifestyle. Having assessed these factors, your doctor may recommend treatment to either manage your symptoms or reduce any further damage to your joints. Mild symptoms can be managed without too much help. However, severe symptoms need to be well managed and this is where the Action Plan can help you.

Remember, there is no single 'cure' and frequently a combination of treatments may work better than a single treatment. Often, some trial and error is required before you find the right balance. The main thing is to keep on trying until you find the treatment that works best for you.

Management and treatment of your Arthritis is likely to include a number of the following:

PHYSICAL AND OTHER THERAPIES

Physiotherapists have expertise in prescribing exercise, using manual techniques and electrotherapy to reduce pain, further prevent damage and help restore function. Occupational therapy teaches you the best way to carry out day-to-day activities, reducing strain on your joints and minimising fatigue. There is a range of tools and equipment available, designed to make your life easier if you have pain or reduced mobility.

Exercise specialists* can devise an exercise plan specifically tailored to your needs. Chiropractors and osteopaths can manipulate your body to help ease pain and correct your posture or other problems contributing to your Arthritis. A therapist can assist you to manage this condition by providing you with a self-management program, which includes exercises, joint protection and pain management

techniques. Other treatments include ice massage or cold packs that can reduce joint swelling and improve joint mobility. Transcutaneous Electrical Nerve Stimulation (TENS) can also help to reduce joint pain and stiffness.

DEVELOPING AN EXERCISE PLAN

An exercise plan is vital for your physical and mental wellbeing, boosting your health and energy levels and helping you maintain a healthy weight. Building good muscular strength eases the workload on your joints that improves your balance and helps to avoid injury from falls or other incidents. It keeps your joints mobile and reduces pain and the likelihood of the long-term effects of deformity. The right exercise plan could slow down the progress of Arthritis and keep you feeling positive.

Even if you are in frequent pain or are less mobile, exercises will help and can be performed while sitting in a chair. Simply walking, at your own pace, is ideal as are the slower, gentler forms of tai chi and yoga.* Water exercise is excellent, as the water reduces the pressure on your joints. This can be anything from swimming laps to aqua-aerobics at your local pool. Hydrotherapy is a tailored warm water exercise program and treatment conducted by a physiotherapist. To locate warm water facilities in your area, contact Arthritis Australia. Check out your local rehabilitation centre, clinic or hospital for details of specialised water movement classes or supervised hydrotherapy for people with Arthritis.

*The Fund does not pay benefits for exercise specialists or tai chi. The Fund will only pay a benefit for yoga classes where the yoga program is intended to prevent or relieve a specific health condition or conditions and a wellness program approval form signed by your doctor or recognised provider is submitted.

Ideally, your plan will include mobility and strengthening exercises as well as cardiovascular exercises. These are described in the following section. Develop your exercise plan with your doctor, and if you have one, your physiotherapist or exercise specialist* who has experience with Arthritis. Remember, daily exercising, even a ten minute walk or chair exercise is better than no exercise at all.

WHAT TYPE OF EXERCISE CAN I PRACTICE?

Range of mobility (ROM) exercises teach you to move your joints as far as they can comfortably move in each direction. The goal is to decrease stiffness and pain while maintaining flexibility and joint function.

Strengthening exercises are used to strengthen muscles. These exercises help to protect the joints, keep your ligaments and tendons strong, improve function and reduce muscle fatigue. There are a variety of exercises and your therapist can assist you to choose the best exercise for you.

Cardiovascular exercises are referred to as 'endurance exercises' and they increase your overall fitness, improving your heart, lungs and circulation. Walking, swimming and cycling are the most beneficial as they strengthen muscles and improve cardiovascular fitness while minimising the impact on your joints.

Physical exercise is an essential part of your Action Plan. Try to exercise every day. If one longer session is not possible try for two or three short periods. We suggest you include two sessions of mobility, strengthening and cardiovascular exercises every week in your program. However, if you feel pain or are unwell, its best to slow down or stop as it may indicate the wrong type of exercise for you.

Your doctor is the best person to advise you about the type and intensity of your training program. A referral to a physiotherapist will help you achieve your daily exercise goals. Vary your exercise program and set new goals once you've achieved your targets. If you feel you need a rest, take it.

HOW CAN I PROTECT MY JOINTS?

You can protect your joints by becoming aware of how you use your body and changing the way you perform everyday tasks. An occupational therapist can advise you on joint protection techniques. Meanwhile, here are a few guidelines:

- Use the largest joints and the strongest muscles for example when opening a jar, hold it firmly in your palm and use your arm muscle to open the lid.
- Listen to your body when pain strikes in your joints – it's the body's signal that something is wrong.
- Stretch and move your joints regularly; avoid staying in the same position for a long time.
- Take a rest between activities to maximise your energy.
- Use a shopping trolley rather than carrying heavy bags.
- Use large grips, especially with cutlery and pens, to make it easier to hold and manipulate them.
- Reduce stress on your joints and prevent damage by using tools and equipment such as specially adapted can openers and key adaptors.
- Avoid repetitive tasks and putting your joints in awkward positions.

CAN SPLINTS HELP?

A splint is a supportive device designed to stabilise the affected joints. They hold the inflamed joints in a resting position, while protecting the joints and reducing pain relief.

Small splints are designed to protect the finger joints while larger splints may protect the hand and wrist. Your doctor or occupational therapist can recommend a splint if you require one and advise you on how to use it.

DIET AND NUTRITION

It is very important with a disease like Arthritis to maintain a balanced diet because it will affect your well-being and how positive you feel. If you are overweight, a healthy diet will help you lose weight and relieve the pressure on weight-bearing joints, which helps reduce your pain. People with Rheumatoid Arthritis need to ensure they have enough calcium in their diet, as there is a risk of Osteoporosis, especially for women.

KEEPING A POSITIVE MINDSET

People who have Arthritis may also suffer from depression. Depression is an illness that requires professional treatment and is not just a matter of 'cheering up' or 'getting over it'. If you're feeling down for more than two weeks, your doctor may recommend seeing a psychologist or psychiatrist. A psychologist specialises in cognitive behavioural therapy (CBT) and helps you learn strategies to manage your pain, deal with limitations and get through everyday lows. Being part of a support group, where you can talk through your feelings with others who understand or just talking to a friend can also help.

ARTHRITIS SELF-MANAGEMENT COURSES

Self-management courses are available that help you with practical and proven methods to manage your Arthritis related problems. Studies have shown that participants with Arthritis who have completed such courses experience less pain and depression, are physically and socially more active and use health services more effectively. For further details on a course near you, contact Arthritis Australia.

PAIN MANAGEMENT

Pain is caused by a number of factors including swelling, worn joints or tense muscles that stiffen while protecting the joint from painful movements. Stress is also a factor, creating a cycle of pain, depression and fatigue for people with Arthritis. However, pain control methods work to reduce pain by closing or blocking what's called the 'pain gate'. Located in the spinal cord, this gate can prevent pain signals from reaching the brain where they are recognised as pain. Stress or focusing on pain and fatigue seems to keep the 'pain gate' open. Simple measures, however, such as exercise, therapy, heat (or cold when joints are inflamed), remedial massage, medication and even maintaining a positive attitude can help close the 'pain gate'.

In Rheumatoid and related types of Arthritis, the same medication that helps control pain can also act to suppress inflammation of the joints and help to prevent ongoing damage or a flare-up. Your medication may be assisting you and your doctor can advise on which medication needs to be taken regularly and which can be taken in times of painful episodes.



Create your own list of pain management techniques that work best for you. If you are seeing a psychologist or are part of a support group, ask what works for other people and give it a try. A combination of techniques will probably work. You are advised to have an Action Plan and you should take medicines as prescribed to manage pain or suppress inflammation.

Medications for Arthritis¹

You should always check with your doctor first before taking medicines as it may cause side effects. If you are experiencing side effects from your medication or symptoms you feel might be caused by taking the medication, contact your doctor as soon as possible. You may also have to be careful about mixing the medication/s you are on with other medications and/or alcohol.

Today there are many effective medications available to treat Arthritis but they must be tailored to your individual and physiological needs. Some 'natural remedies' and vitamin supplements may not mix well with your prescribed medicine, so make sure you discuss this with your doctor and understand how your medications work together to avoid experiencing side effects.

The medication information outlined overleaf is for general explanatory purposes only and is not medical advice. You should always check with your doctor prior to taking any medication.

1. Medication information sources: "Medicines for Arthritis" by Arthritis Australia (2004), National Arthritis and Musculoskeletal Conditions Advisory Group (NAMSCAG), Australian Government Department of Health and Ageing: Canberra. <http://www.nhpac.gov.au>

Analgesics such as paracetamol are useful for reducing pain and have fewer side effects than other painkillers. They can be taken regularly, but should never exceed the recommended daily dose. However, cold and flu medications contain paracetamol, so always check the labels to ensure you are not doubling up on your daily intake.

Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) can be taken orally to reduce pain, fever and inflammation. Your doctor may prescribe a low dose as they can have serious side effects such as high blood pressure and stomach upsets. If you take blood thinning medications like warfarin or oral steroids you have a higher risk of stomach upset from NSAIDs. A previous history of ulcers or stomach and bowel bleeding will increase this risk. Take NSAIDs with caution and check the labels of over-the-counter brands such as Diclofenac, Naproxen and Ibuprofen.

Pain relieving gels and creams such as Voltaren and Nurofen may contain NSAIDs and aspirin and are available over-the-counter. Applied externally to the sore joint, the risk of side effects is generally low.

COX-2 inhibitors (coxibs) also reduce pain and inflammation, with fewer known side effects. However, in certain people, most anti-inflammatory drugs (NSAIDs and coxibs) may increase cardiovascular risks like heart attack or stroke. The brand names for coxibs in Australia are Celebrex, Prexige and Mobic.

Corticosteroids (steroids) can be taken orally to reduce inflammation and activity of the immune system. Effective in treating acute symptoms, they are available by prescription only and long-term use is not recommended, as the side effects can be severe. The injection dosage is limited to four per year per joint and

there is generally a low risk of resulting infection in the joint.

Viscosupplementation for Osteoarthritis is used to reduce inflammation and pain in the knees by injecting special fluid into the knee joint. The side effects of pain and swelling can occur from excess fluid. As it is not subsidised by the Federal government's pharmaceutical benefits scheme (PBS), it can be expensive, but the effect lasts for months. It doesn't reverse Arthritis, but relieves symptoms for a while. For long-term pain management, it is suggested that you may need to take a course of injections more often than once a year.

Opioids are used to reduce pain in very severe cases when painkillers are not effective. Available on prescription only, they are only offered when other strategies fail to work, as they are addictive.

Disease-modifying anti-rheumatic drugs or DMARDs are used to help slow down the effects of Rheumatic Arthritis. The side effects and active ingredients vary according to the variety of medication used and the individual response. They are not effective for everyone so trial and error will be required. The benefits can take some weeks or months to emerge.

Biologic response modifiers (anti TNF-alpha agents) reduce the impact of specific inflammatory in Rheumatoid Arthritis. Injected intravenously, they are limited to certain cases because they are expensive and the long-term effects are currently unknown.

Many of the anti-inflammatory pain medications (NSAIDs) have side effects including irritation of the stomach lining. If your doctor confirms you are on one or more of these, ensure that you let your doctor know if you get any side effects, so that you can work through the required changes together.

ALTERNATIVE MEDICINES AND NUTRITIONAL SUPPLEMENTS

In recent years many people have become interested in using alternative therapies for many conditions including Arthritis. If you want to consider this option, make sure you obtain accurate information from Arthritis Australia and make the decision in conjunction with your doctor.

The reason for this is that there is less information available about the safety and effectiveness of alternative therapies compared with Arthritis medications. Generally, if you are taking alternative medicines and nutritional supplements, you are advised to discuss this with your doctor first and should not stop taking any medicines prescribed by your doctor for your Arthritis.

Glucosamine sulphate is a supplement supported by the National Health and Medical Research Council (NHMRC). It offers relief from Osteoarthritis symptoms and may be involved in the manufacture of cartilage. Glucosamine hydrochloride also has proven health benefits.

Chondroitin is a supplement made from shark and bovine cartilage and may offer relief in some cases. You are advised to speak to your doctor first if you are taking a blood-thinning medication.

Omega 3 oils are found in fish, seafood, linseed oil, canola oil, wheat germ, walnuts and pecan nuts. Also available in supplements, they are found to have a beneficial effect on inflammation. For best results, increase your omega 3 intake, while regulating your intake of omega 6 oils. These are found in vegetable oils including safflower, sunflower, soya bean, corn, cottonseed oils, Brazil nuts, peanuts and almonds. Generally, large quantities of omega 3 oils are needed for an anti-inflammatory effect (for example 12g to 15g of fish oil per day).

Your doctor, nutritionist or dietician can tell you more about which supplements are likely to be a health benefit to you.

The Arthritis Health Medication Record

List all the medications you take in your Health Medication Record, including over-the-counter medicines, vitamin supplements and natural remedies. Take note of any instructions for example whether to take before or after food. Include medications, food or activities to avoid when taking medication and any side effects you experience.

You may also want to record your non-regular or special purpose medication including why and when you should take it (for example if you have Asthma, Heart Disease or other conditions that may require occasional medication).

Take your Health Medication Record with you when you visit your doctor, so that you can monitor your progress together and keep track of your medication.

Remember to always have an adequate supply of your medication on hand. For regular medications, try to get as many prescriptions filled at the same time as appropriate to save repeat visits to the doctor and pharmacist. Review your supply on the same day each month to make sure you have enough or can arrange for a new prescription.

The Arthritis Action Plan

Name

Date

 / /

Take this Action Plan and Health Medication Record with you when you visit your doctor and ask your doctor to fill in the due dates or actions required. Use them to remind you when to go for your check-ups.

| CHECKS OR REVIEWS BY DOCTOR OR HEALTH PROFESSIONAL | MINIMUM RECOMMENDED FREQUENCY | DATES DUE (Doctor to fill in) | DATES DUE (Doctor to fill in) | DATES DUE (Doctor to fill in) |
|--|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Review medications: <ul style="list-style-type: none"> • taken daily • taken when symptoms are worse | Every routine visit As required | | | |
| Review exercise program: <ul style="list-style-type: none"> • mobility exercises • strengthening exercises • cardiovascular exercises | Every 3 months | | | |
| Review weight | Every routine visit | | | |
| Review diet | Every 6 months | | | |
| Review joint protection techniques | Every 6-12 months | | | |
| Review pain management techniques | Every 6-12 months | | | |
| Review stress management techniques | Every 12 months or as required | | | |
| Review need for assistance from a therapist eg physiotherapist, occupational therapist etc | As required | | | |
| Review sleeping patterns | Every 12 months | | | |
| Review mental and general health | Every 12 months | | | |
| Review information needs | Every 12 months | | | |

IS SURGERY AN OPTION?

Sometimes surgery is recommended for people who suffer with Arthritis, especially in the hips and knees. Joint replacement surgery is an option for people with Osteoarthritis and can be a very effective treatment. Because it is major surgery, it carries its own risks, so it should only be an option after you have tried and tested other treatments.

Generally people with Rheumatoid Arthritis may have finger deformities and replacing the small joints of the fingers can help this. Many people opt for large joint replacement of the hips and knees, which are the weight bearing joints. In addition, Rheumatoid Arthritis sufferers can now choose to have their shoulders, elbows, wrists, fingers, ankles, toes and intervertebral discs replaced.

IS JOINT REPLACEMENT SURGERY FOR YOU?

Your doctor can give you a referral to a specialist orthopaedic surgeon who can make that decision based on the severity of your Arthritis and your general health and age. They will also consider your success with non-surgical treatments. Choosing the right time for your operation depends on how severely Arthritis is affecting your everyday life and your lifestyle. If you are experiencing severe pain and are very limited in your normal activities, it may be recommended sooner rather than later.

JOINT REPLACEMENT SURGERY

Hip and knee replacements are usually very successful and often there is significant pain relief soon after the operation. It is important to remember that full recovery can sometimes take many months, however there are pre-operation techniques such as muscle strengthening and exercise to help speed up the recovery process. Post-operative recovery involves rehabilitation, physiotherapy or monitored exercise and muscle strengthening used to regain movement of a new joint. Pain can still be

experienced by some people, although it is generally less severe than the original symptoms.

Each case is individual regarding the risks of major surgery. There is a low failure rate, depending on specific complications and the general health of the patient. Talk to your surgeon and consider the risks before making a decision. You should always seek a second opinion if you are uncertain.

PREPARING FOR JOINT REPLACEMENT SURGERY

If you choose to proceed with surgery, your surgeon will outline some actions you can take to help you achieve the best possible outcome for you. This is likely to include giving up smoking if you are a smoker, losing weight and making sure you are in good health, which will speed up rehabilitation and the recovery process. It is recommended that you visit your dentist for a check-up and let your doctor know about all medications you are taking. Drugs such as NSAIDs and blood thinning medications can increase bleeding during and after surgery, so mention these to your doctor as your doctor may need to adjust your medication before or after surgery. Even 'natural remedies' can have an impact, so list all the medications you are taking using the Health Medication Record provided in this guide.

Where can I get further information?

For more information and support, contact:

- your local doctor
- Arthritis Australia on 1800 011 041 (local call cost)
- Arthritis Australia at **www.arthritisaustralia.com.au**
- Independent Living Centres on 1300 885 886 (local call cost)
- Independent Living Centres at www.ilcaustralia.org for specially adapted equipment for people with Arthritis
- The Health Helpline on 133 236 to access the trained health professionals who can assist in answering all your general health queries. The Helpline is available to the Fund's customers seven days a week from 8.30am to 11.30pm (AEST) for the cost of a local call.*
- **www.nrma.com.au**

* Provided by the Royal District Nursing Service (RDNS) of South Australia.

133 234

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