Going to hospital for knee replacement surgery

With you along the way
Going to hospital can seem overwhelming, especially if you haven’t been there before or very often.

From preparing physically and mentally for surgery and your recovery, to making the most of your cover, there are many aspects to consider before, during and after your stay.

When you are not familiar with how the hospital system works, it can all be quite confusing. This guide aims to help make your experience as clear, safe and hassle-free as possible.

Call us first

Remember, if you’re going to hospital and you’d like to discuss the information in this guide, give us a call — we’re here to help.

134 135
bupa.com.au
Visit your local Bupa centre
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Your health and wellbeing
Preparing for your stay

Once you have made the decision to have surgery, it’s important to do some planning and preparation to make sure your hospital stay goes as smoothly as possible. Doing this before you go into hospital means you can concentrate on the procedure and your recovery when you get there.

Use these tips and checklists to help you prepare.

**Learning about your planned operation**

Learning more about your planned procedure and your pathway to recovery can help ensure you get the care that best meets your needs.

There are many things to take into consideration when you are about to have knee surgery. For example:

- What are the benefits of having the procedure?
- What are the side effects or risks associated with it?
- How well is the surgery likely to work for you, given your age and any health conditions you may have?
- What will the surgery involve exactly?
- What kind of prosthesis (device) will be used and is this device the best option for you?
- How long has the device been in use and what is its track record?
- Will the choice of device affect your out-of-pocket costs? (See page 32 for more information).
- Where will your scar be and how large will it be?
- How long will you need to stay in hospital?
- What is your recovery likely to involve?
- How will your day-to-day functioning be affected after the procedure?
- Will you need to have any follow up visits after the procedure?

You can discuss such details with your surgeon if you are uncertain.

**Information your doctor may need to know**

Tell your doctor:

- About any medical conditions or illnesses you may have.
- If you have any known allergies especially to any medicines (e.g. antibiotics, anaesthetics, etc).
- About all the medicines you are taking, including prescribed, over-the-counter or complementary.
- If there is anything you are fearful of (e.g. experiencing pain after the procedure, side effects of the anaesthetic).
- If you are - or may be - pregnant, or if you are breastfeeding.
Looking after your health before your surgery

Work with your doctor(s) to be as fit and healthy as you can before your operation. This can help prevent complications from surgery.

Here are some things you may need to focus on.

- **Pre-operative evaluation:** You may need to have a physical examination and undergo some tests (e.g. blood tests). You will need to complete some forms to identify any risks, to make sure you are fit for surgery and anaesthesia. Many hospitals offer a pre-admission service to streamline the assessment, which is conducted in person at the hospital or over the phone, depending on your circumstances.

  Notes:

- **Your other conditions:** Find out about how other health conditions you may have (e.g. diabetes, heart disease, asthma) will be managed in hospital and if there are any changes you need to make to your management plan.

  Notes:

- **Medication:** Make sure you are taking all the medicines you need to. Check with your doctor to see if you need to stop any medicines (both prescription and non-prescription), start anything new or change the dose of something you already take. This is particularly important if you are on anti-clotting medicines (e.g. aspirin, warfarin) and/or diabetes medicines (e.g. insulin, metformin).

  Notes:
**Exercise:** Find out if there are any exercises (e.g. muscle strengthening) you could do before your surgery to help speed your recovery afterwards. Some exercise is better than none.

**Notes:**

**Quit smoking:** Smoking increases your risk of complications from surgery and can impact on your body's ability to heal. Ask your doctor or pharmacist for help to stop smoking or call Quitline **13 78 48**.

If you decide to try nicotine replacement therapy (NRT) and you have Extras cover that includes Living Well benefits, you may be eligible to claim for it. For more information, look up NRT on [bupa.com.au](http://bupa.com.au) or call Bupa on **134 135**.

**Notes:**

**Nutrition:** Make sure to eat well as good nutrition can have a positive impact on outcomes from surgery. For more information on healthy eating, visit [bupa.com.au](http://bupa.com.au). Your GP can refer you to a dietitian if required.

**Notes:**
Key steps before your admission

Here is a list of other things to do before your admission. Any preparation, big or small, can make a difference to your wellbeing during your hospital stay.

☐ Fill in your pre-admission paperwork: Your hospital paperwork, including a Patient Registration Form and Patient Health History form, can be completed online or in hard copy after discussing your admission with your doctor. The forms should ideally be received by the hospital no later than 48 hours before your admission. See your hospital’s Admission Information for instructions. Staff in your doctor’s rooms can also provide instructions to assist with your online admission.

☐ Request your own private room: If you would like a private room, you will need to request one from your hospital at least 24 hours before you are admitted. If you will be in a Member’s First Hospital, and there are no private rooms available, you will receive $50 back from the hospital for each night that a private room is unavailable (conditions apply).

☐ Pack: Get your hospital bag ready ahead of time so you are not rushing at the last minute to organise things you will need for your stay. You are likely to be in hospital for several days.
  - Dress comfortably, and pack sleepwear, underwear and toiletries.
  - Remember your medicines — pack all the medicines you’re taking in their original packaging (see box on page 9 for more information).
  - Don’t apply or wear items that will need to be removed before the procedure (e.g. makeup, nail polish, artificial nails, or jewelry). Any jewelry that cannot be removed will be taped over, but it may need to be cut off in an emergency.
  - Leave valuables at home but do bring a small amount of cash or a credit card to pay for incidentals that may be required.

☐ Organise transport: Make sure to arrange appropriate transport to the hospital with a carer, friend or relative, as you won’t be allowed to drive for a few weeks after your procedure.

☐ Follow pre-operative instructions: Read and carefully follow any instructions you receive from your surgeon and your hospital regarding bathing, fasting etc. They are for your safety and convenience.

Your hospital’s Admission Information booklet will usually have a detailed checklist of relevant and important items to bring with you to hospital.

Consider what you could bring in addition to the essentials to help make your stay more comfortable or to help the time pass, such as a good book or some magazines.
Preventing medicine mistakes along the way

The following steps can help prevent medicine mishaps around the time of going to hospital.

1. Before your hospital stay, confirm your complete list of medicines (prescription and non-prescription) with your pharmacist and/or doctor as well as your pre-admission nurse and note any details you need to know about them (e.g. what the medicine is for, how much to take, and when to take it).

2. Take all your medicines with you to hospital, including prescription and non-prescription medicines (e.g. over-the-counter painkillers, vitamins, herbal, natural or alternative). Some people prefer to have their medicines already divided into individual doses and blister-sealed into a Webster-pac® for convenience. To find out more about this service, talk to your local pharmacy.

3. Make sure you give the hospital nurse or doctor who admits you the complete list of your medicines, which the hospital staff can use to record any changes they make to your medicines during the course of your stay.

4. Tell hospital staff about any allergies or reactions you have had to medicines in the past.
Thinking ahead to after your procedure

Planning in advance for your return home from hospital can help you feel supported and safe throughout your recovery process. Here is a checklist of things you could plan for, prior to your admission, to help you make a smooth transition home.

What to think about

☐ Find out your expected discharge date.

   My plan:

☐ Ask whether you are likely to need the additional clinical support of a rehabilitation service.

   My plan:

☐ Prepare your home for your recovery (e.g. store items you know you are likely to need within easy reach, and think about any stairs you have). Stairs are particularly hazardous and should be avoided if you do not have an assisting device (such as a handrail), or a caregiver.

   My plan:

☐ Find out if you’re likely to need any home modifications (e.g. hand rails installed).

   My plan:

☐ Find out if you will need any equipment to assist you with your personal or domestic activities of daily living (e.g. a shower chair, or an over toilet frame).

   My plan:
If you live alone, think about who may be available to assist you at home with personal and domestic activities of daily living — particularly in the early days after discharge from hospital.

My plan:

Plan your meal options — good nutrition is important both before and after surgery. You might like to cook and freeze some meals for your return home.

My plan:

Plan how you will safely get home from hospital (e.g. arrange for a carer, friend or relative to collect you).

My plan:

Plan how you will manage your medicines (e.g. dose reminders, a Webster-pac*).

My plan:

If you are unsure about any of the items above, you may like to speak to the nurse, discharge planner, or social worker in hospital as they can help you make alternative arrangements if necessary.
During your hospital stay

Being prepared and informed before going to hospital can help you feel oriented and empowered once you get there.

Here is some information, and some tips and checklists to help you manage your expectations and help you stay safe and feel more at ease in hospital.

Your rights and responsibilities

A good starting point to help you adjust to the hospital setting and receive the best care possible is to understand your rights and your responsibilities as a patient.

One of your key rights is to know the identity and functions of the hospital personnel who are involved in providing your care during your stay (see list below). Hospital staff who come into your room should introduce themselves and explain why they are there. If they don’t, you can ask them.

Good communication is important when you are in hospital. You have the right to ask questions to help you understand your treatment, any tests you have, and how your recovery is progressing.

On the other hand, it is your responsibility to provide accurate and complete information about your health and to speak up if you are not clear about anything or why something is being done.

Managing your individual needs

Here is a checklist of things to tell hospital staff to make sure they take care of any specific requirements you may have. Sometimes you can note these on your admission paperwork. You can also talk to the staff on your ward about these issues. Tick the ones that are relevant for you.

- Special dietary requirements (e.g. if you are vegetarian, have diabetes, or need gluten-free, halal, or kosher foods)
- Interpreter services
- Any religious or cultural requirements
- Other special needs (e.g. if you have vision or hearing impairment)
**People you may meet**

In the hospital there is a team of different people you may meet at different times during your stay. You may meet some or all of the following people. The surgeon is responsible for your overall care during your hospital stay.

<table>
<thead>
<tr>
<th>Who</th>
<th>About</th>
</tr>
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| Anaesthetist               | • Evaluates you before the operation to assess if you are fit for your procedure  
                              • Forms a plan for your medical care during and after the anaesthetic, focusing on pain management and your safety  
                              • Gives you the anaesthetic  
                              • Monitors and supports you during the surgery |
| Chaplain                   | • A chaplain provides pastoral care (emotional and spiritual support) to patients and their families                                  |
| Dietitian                  | • Helps you manage your nutrition in hospital as well as any specific dietary requirements you may have                              |
| Discharge Planner or Case Manager | • Can help ensure you have a smooth move home from hospital  
                                   • Can help ensure you have access to appropriate community-based support services                            |
| Nurse                      | • Monitors your health and administers your medications  
                              • Looks after your needs and helps keep you safe and comfortable                                                                 |
| Occupational Therapist     | • Can help you with ways to manage around your home (e.g. how to shower and dress yourself after surgery)  
                              • May provide you with or prescribe specialised equipment                                                                                 |
| Pharmacist                 | • Keeps an eye on your medicines and works with doctors and nurses to ensure the best choice of medicine, the right dose and length of treatment |
| Physiotherapist            | • Helps you with exercises to strengthen your muscles and get you moving after your procedure  
                              • They may also give you exercises to help your breathing                                                                                 |
| Social Worker              | • Can help you with any information and counselling that you may need  
                              • Can help plan your discharge from hospital including referrals to any community services you may be eligible for                        |
| Surgeon                    | • Carries out your surgical procedure  
                              • Develops a plan to look after your medical needs after the procedure                                                                          |
| Ward Clerk                 | • Helps manage the ward  
                              • Can help you get oriented to the ward  
                              • Provides any necessary paperwork                                                                                                               |
Preparing for surgery

On the day of surgery, you will see many different hospital staff who will prepare you to go to the operating theatre.

Preparation for surgery can involve:

- Fasting for a few hours ahead of the operation.
- Confirming your identity.
- Getting and/or checking your identification arm band.
- Changing into a hospital gown.
- Putting on compression stockings.
- Being weighed, and having your temperature, pulse and blood pressure taken.
- Reviewing your medical history including past and present health conditions and what medicines you are taking.
- Having some body hair removed or your skin marked.
- Showering if you have not already done so.
- Meeting your anaesthetist who will do an anaesthetic assessment to confirm you are fit for surgery.
- A visit from your surgeon.
- Completing your clinical consent form.

Informed consent

The clinical consent form (for your consent to the surgery itself) comes with the hospital’s Admission Information pack.

Clinical informed consent means that you have been given accurate information in a way you understand so you can make the decision about having the procedure that is right for you.

Make sure you:

- Understand all your options, including what happens if you don’t have the procedure.
- Ask any questions you have in order to understand the risks and potential complications and what will be done to prevent these.

You may withdraw your clinical informed consent at any time during your hospital stay.
Managing nerves before and after your operation

It’s normal to feel nervous or anxious before and after a surgical procedure. Anxiety can play a role in pain after surgery, could lower your immunity to infection, and may impede healing. So staying calm and keeping positive is important to help with your recovery.

Tips for managing anxiety

Things you can try to help manage feelings of anxiety before an operation include:

• **Being informed:** Find out as much as you’re comfortable knowing about the surgery you will be having and your hospital stay. Find more information about knee replacement on [bupa.com.au](http://bupa.com.au)

• **Getting support:** Talk to family, friends or health professionals about your feelings.

• **Distracting yourself:** Try activities like reading or watching TV to distract yourself from anxious thoughts.

• **Writing it out:** Make a list of things you are worried about then write a plan for what you could do about them (e.g. asking your doctor about pain relief at home).

• **Relaxing:** Try relaxation exercises like slow breathing or progressive muscle relaxation.

• **Listening to music:** Music may help you relax and feel calmer. The most helpful music will depend on your personal taste.

If you are finding it hard to get anxiety under control, talk to your doctor.
What to expect after your surgery

Waking up
When you wake up from the anaesthetic you will be in the recovery room. You will have a bandage or dressing over the site that was operated on and your pulse, blood pressure, and breathing will be monitored for a few hours to make sure they are stable, until you can be moved to your ward.

You are also likely to still have your intravenous line (IV) for fluids, an epidural line (if you have one), drains from the wound, a urine catheter, and your dressings.

You may have a sore throat after the anaesthetic. You may also need pain relief to help with any discomfort as the anaesthetic wears off, as well as medicines to help manage any nausea and vomiting.

Pain relief
You can have pain relief given in different ways including:

- By patient controlled analgesia (PCA): this is a device that allows you to control your own pain relief. When you feel pain, you can push a button that delivers a dose of pain medicine through an IV line into your body. The machine is programmed so you can’t give yourself too much. Once you are eating normally you will be switched over to getting pain-relief medicines by mouth.
- By epidural: pain relief medicine is given through a tube placed in the space around the spinal cord, known as the epidural space. This may remain in place until you are switched over to pain medicine by mouth. Tell the nurse if you get numbness or tingling in your arms or mouth.
- By mouth: once you are eating and drinking well you will get pain relief by mouth. This will be gradually reduced over time as you recover.

If you continue to be in pain once you have been administered pain relief, tell your doctor or nurses.
Preventing blood clots
You may need to have medication to help prevent blood clots after your procedure. Many surgical procedures increase the risk of blood clots forming, particularly in the legs. These blood clots can break off and travel into the lungs which can cause a blockage known as a pulmonary embolism.

Medicines to help prevent blood clots may be given as an injection under the skin or as a tablet. This is known as venous-thromboembolism (VTE) prophylaxis. You may also be given compression stockings or a device that squeezes the muscles of the legs intermittently (intermittent pneumatic compression).

You will probably need to take an anti-clotting medicine for a month or so after surgery. Talk to your doctor if you have any questions about this.

Preventing infection
You may be given an antibiotic while you are in theatre to help prevent infection. Your doctor will decide if you need to continue to take antibiotics after the procedure.

The following tips can help you reduce your risk of infection after surgery:

- Ask the health professionals treating you if they have taken hand hygiene measures before touching your wound.
- Follow instructions from your doctor and/or nurses on how to look after your wound.
- Wash your hands with soap and warm water and dry them thoroughly, particularly after using the bathroom, and ask your family and other visitors to wash theirs.
- Make use of the alcohol-based hand rubs which are conveniently located throughout most hospitals.

Post-operative fever
If you have a fever (i.e. a temperature of 38.5°C or higher) in the first 2 days after your procedure it is likely to be caused by inflammation in the body following the surgery.

After 2 days, a fever may indicate you have an infection. Your doctor will assess you and may do some blood tests. If there is a risk of infection you may need antibiotics.
Getting up and moving

A physiotherapist will usually visit you each day after your surgery to take you through guidelines and exercises that are designed to help your recovery. Within 1 to 2 days after surgery, depending on your progress, you may be able to sit on the edge of the bed, stand, and even walk with help.

It’s important that you are able to move around safely (e.g. getting in and out of your bed or a chair and, later, going up and down stairs). You will need to use walking aids until your doctor or physiotherapist confirms you’re ready to walk unassisted. Check with your doctor and physiotherapist how long they expect it will be until you reach this milestone.

An occupational therapist may come around a few days after your procedure to assess how well you can take care of your personal hygiene, as well as how well you can get dressed.

Preventing falls

To help reduce the chance of falls while you are in hospital (and when you get home), make sure you:

- Take your time when you get up.
- Take extra care if you feel unsteady on your feet.
- Ask for help if you feel dizzy, light-headed or unwell.
- Familiarise yourself with the ward or your surroundings and keep important things within reach, including your call button.
- If you need help getting to the bathroom or toilet, ask for it.
- At night, turn on the light before you get out of bed, and when you are in the toilet.
- Use the walking aids the physiotherapist has given you and handrails in the bathroom and hallways. In hospital, don’t use unstable items like your IV pole or tray table for support.
- Wear your glasses and/or hearing aids if you need them.
- Beware of trip hazards (e.g. anything on the floor such as mats, papers, spills or even your own clothing if it is too long or loose).

If you are at risk of falls, you may be supplied with a pair of grip socks to use.
Getting a good night’s sleep in hospital

Sleep is important for healing and your overall health and wellbeing. After surgery it can help you heal and fight infections.

While it’s important to get a good night’s sleep, sometimes this can be hard during a hospital stay for many reasons, such as:

• The lighting in your room is not right — either too dark during the day or too light at night.
• There are disturbances at night by hospital staff (e.g. to take your blood pressure or give you medicines), or noises from other patients.
• You are in pain or feel nauseous following your surgery.

However there are some simple things you can try to help you get a better night’s sleep in hospital:

• Make sure the curtains or blinds are open during the day and closed at night.
• Do your prescribed post-operative exercises and get some time out of your room when you can.
• Take advantage of your hospital’s daily rest period but, otherwise, try not to nap a lot in the course of the day.
• If you do nap, try to make sure your nap lasts no longer than 30 minutes at a time.
• Don’t have coffee or other drinks containing caffeine after lunchtime.
• Finish eating about 3 hours before you plan to go to sleep.
• Try a relaxation activity, reading, or listening to music before going to bed.
• Try wearing an eye mask or ear plugs.
• Take your pain medicines as directed and tell the hospital staff if you are still in pain.
• Talk to someone about any worries you may have.
• Make a list of things you are worried about then write a plan for what you could do about them (e.g. asking your doctor about pain relief at home).
• Ask for help with your bedding so you are not too hot or too cold.

If you are having trouble sleeping, talk to your doctor or a nurse; they may suggest you take a sleeping tablet to help you sleep.

Sleeping well at home

All the strategies listed above can also help you manage sleep at home. For more tips for getting a good night’s sleep visit bupa.com.au
Discharge from hospital

How long you stay in hospital depends on how quickly you recover from your operation, and whether you develop any complications. Once you are on the way to recovery and getting around well it will be time to go home.

Some people will require overnight or same-day rehabilitation care in a specialised facility if they have any physical problems following their operation and require considerable nursing care. Others will be able to go directly home.

Your doctor will probably let you know before your procedure if you are likely to require rehabilitation. As a Bupa member, rehabilitation at home may also be an option for you if you require additional clinical support and have a referral from your doctor or hospital.
Questions to ask about your recovery

Depending on the procedure you have had it may take several months to fully recover and be as independent as you were before.

Asking your health care team the following questions can help you set your expectations and work out how to best approach your ongoing recovery.

- Q. How long is my recovery likely to take and what are the key milestones?
  A. 

- Q. What level and kind of physical activity is right for me after the surgery?
  A. 

- Q. What ‘dos and don’ts’ can I follow to help me protect my new knee?
  A. 

- Q. Will I require further care through a home support service?
  A. 

- Q. When will I be able to return to work?
  A. 

- Q. When will I be able to drive?
  A. 

- Q. Are there any long-term physical limitations I may need to be aware of?
  A. 


Preparing to go home

On the day you leave hospital there are many things to take care of. Here are some checklists to help you manage this stage of your recovery.

Things to make sure you have before leaving hospital

☐ Any paperwork you need for discharge (e.g. a ‘discharge summary’).
☐ Any letters or information for your GP — sometimes these are mailed separately by your surgeon or the hospital.
☐ Any prescriptions or supply of medicines you need — or a list of medicines or repeats you need to obtain via your GP and pharmacist.
☐ Written instructions for managing your medicines.
☐ Written instructions for any exercises you need to do.
☐ Written instructions for looking after your wound.

Things to make sure you understand before leaving hospital

☐ Whether you need and can get any services to help you at home — a social worker, occupational therapist, nurse or discharge planner/case manager will be able to help you access any services you may need.
☐ When you will have a follow up appointment with your specialist.
☐ When to call the doctor e.g. if there are any complications (See What to watch out for on page 28).
Managing your medicines

Before leaving hospital, don’t be afraid to ask any questions you may have about your medicines.

Make sure you know how to manage them when you return home — to give them the best chance of working properly. The hospital staff is there to help you so don’t hesitate to ask them. It could save you and the hospital a lot of trouble later.

Here are some questions to ask:

• Find out what new medicines you will need to take when you go home and why you need to take them.
• Make sure you understand how to take each new medicine and how long you will need to take them for.
• Ask if you should continue taking all your previous medicines and if there any you need to stop.
• Ask about whether you will need to get further supplies of any new medicines because you will usually be given only a limited amount by the hospital pharmacy.
• Ask if you will be given prescriptions for any new medicines.
• Ask about any side effects that you may experience and how they can be managed.
Recovering at home

Once you are home from hospital it’s important to look after yourself. Here’s where the planning you did before going to hospital will be important.

Here are some things to think about to help you keep on top of things at home:

**Medicines:** Take your medicines as directed and contact your doctor if you have any problems. Arrange for family or friends to get your medicines from the pharmacy if it is difficult for you to go there. Consider using a dosing aid to help you keep track of your medicines from day to day. A medicine list or an app like MedAdvisor can help you keep all the information about your medicines together. You can ask your pharmacist and/or doctor for assistance.

**Exercises:** Make sure you know what exercises you need to do and how to do them safely. Get written instructions from the hospital or physiotherapist if possible.

**Preventing falls:** Continue to take extra precautions as you are moving about your home to reduce your risk of falling. See page 19 for some tips.

**Nutrition:** Make sure to eat balanced meals as good nutrition is important for recovery. Activate your plan for preparing meals and shopping. Ask for help if you need to.

**Sleep:** Sleep problems may happen after you return home. See page 20 for some things to try for a better night’s sleep. If sleep disturbance persists, see your doctor.
What to watch out for

In the first 24 hours after leaving hospital DO NOT:
• Operate dangerous machinery or tools
• Sign legal documents
• Drink alcohol
• Drive

Contact your doctor if you:
☐ Have a fever (i.e. a temperature of 38.5°C or higher)
☐ Have any bleeding
☐ Have pain that is not controlled by your pain relief medicines
☐ Have ongoing sleep problems
☐ Your wound has redness, pain, swelling, or yellowish discharge
☐ Have swelling in one of your legs or pain in the calf muscle
☐ Are not managing tasks of daily life such as dressing, showering or preparing meals
☐ You are feeling down and it is not getting better
☐ Have any other problems your doctor has warned you about
Beware the post-op blues

After an operation, some people can feel down. This can be a reaction to the general anaesthetic, pain and discomfort, lack of mobility, and increased dependency on others. In most cases, the blues will lift as you recover and resume normal activities.

Here are a few tips to help manage your mood as you recover from surgery:

- Ask your family and friends for support. They can offer assistance and also help you maintain a positive outlook.
- Go outside for a period of time every day.
- Find ways to pass the time — listen to music, play games, read, watch movies.
- Try not to nap too much during the day so you can get a good night’s sleep.
- Start to resume your daily routines, hobbies and activities as soon as you are able.
- See your doctor if symptoms of depression (see box) last for a couple of weeks or impact on your everyday life such as the ability to think, feel or socialise.

Some of the symptoms of depression can include:

- Persistent low mood and tearfulness
- Low self-esteem, with thoughts of inadequacy or guilt
- Not enjoying things in your life that you used to enjoy
- Difficulty sleeping, unrelated to physical discomfort due to surgery
- Extreme tiredness
- Irritability
- Anxiety and/or panic attacks
- Difficulty coping with post-op challenges (e.g. decreased mobility)
- Loss of appetite or excessive eating
Private health insurance can contribute towards hospital and medical costs so you can focus more of your energy on your recovery from surgery. But it doesn't necessarily pay for all the costs associated with a hospital admission.

In this section, we aim to help you understand what may and may not be covered and suggest ways for you to make the most of your cover.
When you’re admitted to hospital, the services you receive are separated into two different categories — hospital and medical. It’s important to understand the difference between the two, as they are charged differently.

**Hospital costs — what’s covered?**

When you’re admitted to hospital as a private patient, you’re covered by Bupa for the hospital’s service charges, which typically include:

- Accommodation for overnight or same-day stays.
- Operating theatre and intensive care fees (as applicable).
- Any medicines approved by the Pharmaceutical Benefits Scheme (PBS) supplied to you as part of your in-hospital treatment.
- Physiotherapy and other allied health services, including occupational therapy and dietetics.
- Surgically implanted prostheses up to the approved benefit in the Government’s Prostheses List. To avoid any out-of-pocket costs, we suggest discussing prosthesis choices with your specialist before going to hospital.

**Medical costs — what’s covered?**

These are the fees charged by specialists involved in your hospital treatment (e.g. surgeon, anaesthetist).

Medical costs also include pathology and radiology diagnostic tests recognised by Medicare, performed in hospital by Bupa-recognised providers.

As a private patient, you’re covered for the cost of medical treatment up to the Medicare Benefits Schedule (MBS) fee (see box below). Medicare pays 75 percent of the MBS fee and Bupa pays the remaining 25 percent. If your specialist charges more than the MBS fee, there will be an out-of-pocket cost (often known as a ‘gap’) for you to pay.

However, if your specialist uses it, Bupa’s Medical Gap Scheme can help eliminate or reduce the gap for you. See page 37 for more details.

**What is the Medicare Benefits Schedule (MBS)?**

The Medicare Benefits Schedule (MBS) is a list of medical services (e.g. specialist consultations, procedures and tests) subsidised by the Australian Government. The Government sets a fee for each service to determine the benefit you can get back from Medicare. It does not cover things such as private patient hospital costs (e.g. theatre fees and accommodation), or the cost of prostheses.
Costs you might not be covered for

While your hospital cover helps pay for a wide range of services you may receive as a private patient, there are occasions when you won’t be fully covered and may have out-of-pocket costs to pay. For example:

**Exclusions and minimum benefits**
Sometimes specific services or treatments may be excluded under your level of cover. In these cases, you’ll be responsible for all expenses related to your hospital admission for that procedure or service.

If a service or treatment is only covered for minimum benefits, the amount Bupa pays for your hospital accommodation is the minimum shared room benefit as set by the Australian Government. This means that, in most cases, you’ll be covered for treatment as a private patient in a public hospital. However, in a private hospital you’re likely to have large out-of-pocket expenses for your hospital stay.

If exclusions or minimum benefits apply to your cover, you should contact Bupa as there will be significant out-of-pocket costs, even when minimum benefits are payable. If you wish to be covered for the affected services or treatment, you will need to upgrade your cover and serve a 12-month waiting period.

**Excess and copayments**
Depending on your level of cover, you may need to pay an excess and/or co-payment for your hospital admission. Check with Bupa or the hospital to see what excess and/or co-payment (if any) will apply to your hospital stay.

**Fixed fees**
This is a daily charge billed by a small number of Members First and Network hospitals (see page 21) that you’re responsible for paying. The hospital should inform you of any fee when you make a booking. Fixed fees allow Bupa to bring you a greater range of hospitals that provide certainty around your costs. And if you have Ultimate Health cover, you’re reimbursed for any fixed fee.

**Non-emergency ambulance**
In most circumstances, Bupa will cover you for emergency ambulance transport and on-the-spot treatment. These services are usually capped per calendar year at one service a year for single memberships and two services a year for family and single parent memberships. But non-emergency medical transport won’t be covered, including:

- Transport from a hospital to your home, a nursing home or another hospital where you’ve been admitted to the transferring (first) hospital; and
- Transport from your home, a nursing home or a hospital for ongoing medical treatment.

Premium Ambulance Cover can be purchased as a standalone product, or as an add-on to your existing hospital product. Call Bupa on 134 135 for more information.

There are different state ambulance arrangements across Australia — learn more about these by contacting your state’s ambulance service.
When leaving hospital
You may need to pay for certain services or products when you are discharged from hospital. Depending on your level of cover and the hospital you attend, these may include:

- Pharmacy items not opened at the point of leaving hospital or provided to you upon discharge (though a benefit may be payable by Bupa depending upon the item and your level of cover).
- Aids supplied for use at home (e.g. a raised toilet seat).
- Incidental fees for things like movies and non-local phone calls.
- Provider- or patient-requested non-emergency ambulance transportation.
- Other services not included as part of your cover.

Outpatient services
With the exception of a limited range of specific programs, your hospital cover only applies when you’re admitted to hospital as an ‘inpatient’. Your hospital can tell you if you’re covered by a specified outpatient program but if you’re unsure, contact us.

Where you receive benefits from another source
Your health insurance doesn’t apply where compensation, damages or benefits may be claimed from another source in relation to a condition, injury or ailment (e.g. workers’ compensation).

As a nursing home type patient
If you’re assessed during your hospital stay as no longer needing acute care and in hospital for more than 35 days, you’ll be classed as a nursing home type patient. In this case, Bupa will pay benefits that are much lower than normal hospital benefits and you’ll be required to make a personal contribution towards the cost of your care.

Where Medicare pays no benefit
There are certain hospital procedures that are not eligible for a Medicare rebate and which are not covered by your hospital cover. If your surgeon advises that Medicare does not recognise your procedure, contact Bupa for further information.

To get prepared financially for your stay in hospital, here’s what we suggest you do prior to admission.
Preparing financially for your stay

To get prepared financially for your stay in hospital, here’s what we suggest you do prior to admission.

**Talk to your specialist**

If your doctors’ fees include any out-of-pocket charges, your specialist or treating doctor(s) should let you know the cost and get your agreement (informed financial consent - see box on page 36) before your admission to hospital.

Ask your doctor for the Medicare Benefits Schedule (MBS) item number(s) they will be using as Bupa will need these to give you an accurate quote. Your specialist should also provide advice on fees charged not only by themselves but also by other specialists or surgeons as well as by anaesthetists, assistant surgeons, pathologists and radiologists.

You may have lower or no out-of-pocket medical costs if your treating doctor(s) elect to use Bupa’s Medical Gap Scheme (see page 37 for more information).

**Other questions for your specialist to help you get clear on costs**

- Can you provide me with a written estimate?
- Can you provide me with a ‘no gap’ experience?
- How long do you think I’ll be in hospital?
- Does my treatment involve a prosthesis/implant (e.g. knee replacement) and, if so, will I incur an out-of-pocket cost?

**Talk to Bupa**

To get the most from your cover, like avoiding unexpected out-of-pocket costs and confusion, call Bupa before admission. You may want to ask us the following questions:

- Am I covered for my treatment?
- What do I need to know about hospital and medical costs?
- Are there any waiting periods, exclusions or minimum benefits? (If you are within waiting periods, you will need to ask your doctors to fill in medical certificates for Bupa to assess whether benefits will be paid. If you go ahead without confirming that you’re entitled to claim benefits, and Bupa determines you have a pre-existing condition, you will have to pay all hospital and medical charges not covered by Medicare, which can be quite significant.)
- Do I need to pay any excess or co-payments?
- Is my Private Hospital a ‘Members First’ or ‘Network’ hospital and, if so, what benefits are available to me as a Bupa member? (See page 39 for more information about Members First and Network Hospitals).
Talk to your hospital

Prior to your admission, the hospital staff will perform a membership eligibility check. The hospital will advise if your admission involves any out-of-pocket charges. They will let you know the cost and get your consent in writing by asking you to sign an Informed Financial Consent (IFC) form before or on admission.

What is informed financial consent?

Before you receive any treatment you are entitled to ask your doctor, your health insurer, and your hospital about how much your treatment will cost, including any extra money you may have to pay out of your own pocket, commonly known as a ‘gap’ payment. Informed financial consent must be confirmed in writing so it’s clear that you have received and understood this information and agreed to it.
What is Bupa’s Medical Gap Scheme?

As explained above, if your specialist’s fee is more than the MBS fee plus the additional amount Bupa pays for you, you'll need to pay the remainder yourself, known as the ‘gap’ payment. The Bupa Medical Gap Scheme is an arrangement Bupa has with some private specialists to help eliminate or reduce such out-of-pocket expenses for your hospitalisation. Bupa provides two different arrangements — either ‘no gap’ or a ‘known gap’.

**No Gap**
If your specialist has registered to use the Bupa Medical Gap Scheme with no gap, they will bill Bupa directly and you won’t have to pay anything for your specialist’s services in hospital. This is the best value option for you.

**Known Gap**
If your specialist has registered to use the Bupa Medical Gap Scheme with a known gap, they are permitted to charge you a gap up to a maximum of $500 for services provided in hospital.

You should get agreement from your specialist before you book your first appointment that they will use the Bupa Medical Gap Scheme and, if so, what gap arrangement they will apply.

And remember, health insurance can only cover you for costs while you are admitted to a hospital. Any costs while you’re not admitted to hospital can’t be covered — Medicare will pay a certain amount and you’ll need to pay for the remainder yourself.
Bupa membership can give you access to a range of member benefits when using our national network of hospitals.

**Members First Hospitals**

If you attend a Members First hospital, in most instances you’ll be fully covered for your hospital expenses, such as accommodation, operating theatre and intensive care fees (if applicable) with the added benefit of a single room or $50 back (paid by the hospital) for overnight admissions with the exception of particular circumstances, for example if:

- Your hospital visit isn’t booked at least 24 hours before admission.
- You become a nursing home-type patient (i.e. you stay in hospital more than 35 days without an Acute Care Certificate).
- You are admitted via an Accident and Emergency Department.
- You are a day patient (including if your stay leads to an unplanned overnight stay, where it is clinically inappropriate).
- You don’t request a private room at time of booking.

You’ll also have access to other benefits such as a daily newspaper, local phone calls and Free to Air TV at no additional cost.

**Network Hospitals**

If you attend a Network hospital, in most instances, so long as the service is included in your selected hospital cover, you’ll be fully covered for your hospital expenses, such as accommodation, theatre and intensive care fees. At a Network hospital, you’ll also have access to local phone calls, where available, pay TV and Free to Air TV at no additional cost. But don’t forget that a small number of Network Hospitals may charge a daily fixed fee.

**Family in-hospital benefit**

If you’re on a cover that provides Family In-Hospital Benefit, you could receive benefits for accommodation and meal costs if your partner, immediate family member, carer or next of kin is required to stay at hospital with you or a person on your membership. They will be covered for $60 per night for accommodation in hospital and up to $30 a day for hospital meals. Hospital meals are covered when provided at a hospital cafeteria or patient meal menu. A $1,000 per person, per calendar yearly limit applies to Family In-Hospital Benefits.

**Medical gap bonus**

This is only available on Ultimate Health Cover and Ultimate Corporate Health Cover.

Receive a $200 medical gap bonus when you join Bupa and every calendar year thereafter. This can be used towards a doctor or specialist’s out-of-pocket costs (whilst in hospital) and any unused bonus amounts will accumulate each year.
The following information will help you work through the claims process so you can return home without the worry of extra paperwork and unexpected bills.

**Your hospital costs**

All Members First and Network hospitals will ask you to complete claim forms on admission, which they will submit directly to Bupa on your behalf. The hospital would have asked you to pay any excess, co-payment or fixed fee upon your admission.

Your hospital’s *Admission Information* booklet also states that, in the event that additional services are required and costs incurred (e.g. a gap not covered by Bupa, prosthetics or consumables) the hospital will raise an account which is to be paid on discharge.

**Your medical costs**

If your specialist doesn’t use Bupa’s Medical Gap Scheme, you’ll need to complete a Medicare ‘two-way claim form’ for all your medical costs. The form is available at any Medicare or Bupa centre. Medicare will process your claim and pay you the benefit, and liaise with Bupa to pay a portion of the bill. If you can’t visit a Medicare office during your recovery, contact either Bupa or Medicare and ask for the relevant forms to be sent to you.

**Statement of Benefits**

After your hospital and medical (from doctors and specialists) claims have been processed, Bupa will send you statements showing what has been paid on your behalf. Please check that these details are correct and contact Bupa straight away if you have any queries. Your medical statement may include costs charged by specialists you may not have seen directly such as pathologists.

**Medicare and Pharmaceutical Benefits Scheme (PBS) Safety Nets**

The Government’s Medicare Safety Net provides financial assistance to people with high out-of-pocket costs for outpatient services that pay a Medicare benefit. Once you reach a threshold, you may be eligible for additional Medicare benefits for the rest of the calendar year. The PBS Safety Net is also available to those who need a lot of medicines on the PBS each year. For more information, visit [humanservices.gov.au](http://humanservices.gov.au)
Looking after your health and wellbeing and understanding your cover are important for helping you have a successful procedure and recovery.

We hope this guide has helped you better understand the experience of going to hospital. Remember... If you feel overwhelmed or need more information, feel free to call us on 134 135, or visit the Bupa website at bupa.com.au.

Other resources you may find useful include:

- Australian Government’s Private Patients’ Hospital Charter — health.gov.au
- Bupa Members First and Network Hospital listing — bupa.com.au
- Bupa’s health information — bupa.com.au/healthinfo

We’re here to support you as you navigate your way into and out of the hospital system. Find out how you could also benefit from your Extras cover and our broader health and wellness programs during your recovery.
Sources

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What can help relieve anxiety before surgery? [Online].  

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