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ने उदाहृत उदाहरणों की लेंच है उं विरथा करके इस नंबर से देन करे: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

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আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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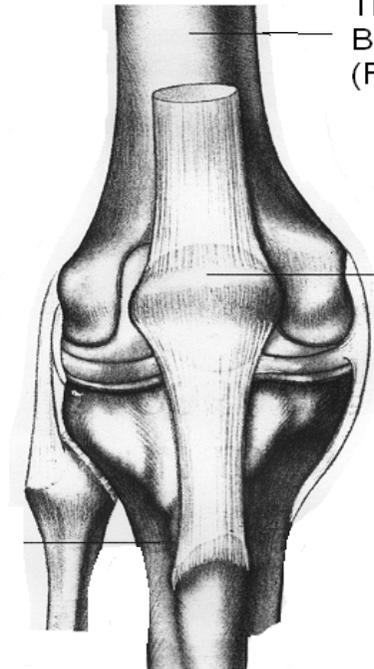
Website: www.ashfordstpeters.nhs.uk

Enhanced Recovery Programme

Knee Joint Replacement Surgery

Patient Information Handbook

Normal
Knee



Thigh
Bone
(Femur)

Knee
Cap
(Patella)

Shin
Bone
(Tibia)

Further Information

We endeavor to provide an excellent service at all times but, should you have any concerns please raise these with the Matron, Senior Nurse or Manager on duty, in the first instance.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Orthopaedic ERP TEAM

Department: Operations

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11. Useful Telephone Numbers

GP: _____

District Nurse: _____

Social Services contact centre: **0300 200 1005**

Pre- assessment **01784 884726** (Tennyson Unit)

Dickens Ward **01784 884004** or **01784 884574**

Swan Ward **01932 723220**

Ashford Hospital **01784 884488**

St. Peter's Hospital **01932 872000**

Occupational Therapy **01932 872000 ext: 6563**
(Ashford) **01784 884797** (answer phone)

Physiotherapy Outpatients:

Ashford Hospital **01784 884484**

St. Peter's Hospital **01932 722547**

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1. Introduction

It is good practice for patients having a total knee replacement to be educated and involved in their surgery as early as possible. We now provide an 'enhanced recovery programme' to ensure you are fully prepared for your surgery and can get home as quickly as possible with the best outcomes.

Our aim is to get you home 2 or 3 days after your surgery, although it may be longer if your operation is more complex or if you need further care.

To achieve this we have a specialised regime of physiotherapy and occupational therapy before and after your operation. Also, during your operation we use techniques to make it less painful when you start getting up and moving. When you leave hospital there will be a 24 hour contact number available for you to seek help and advice if required.

This booklet has been written to give you and your family / carer a basic understanding of a total knee replacement operation including things you should know about before and after the operation. This is so you know what to expect, but please remember that your Consultant may give you extra or slightly different advice to suit your particular case.

Please ask your family / carer to read this booklet too. They will find the information helpful in understanding what your needs will be when planning your discharge.

Please ensure that you bring this book with you to every hospital appointment that relates to your knee operation, as you will need to refer to it.

10. Three Months

You may now gradually resume more physical activities e.g. golf, bowls, swimming and gardening. The most important reason for having your knee replaced is to allow you to resume a normal, active, independent life that is pain free. You are encouraged to return to that lifestyle but also asked to reflect on what effect it could be having on your new joint. If, for instance, you are keen on tennis there is no reason why you should not participate in the occasional game (after 6 months) but to play on a regular basis over a period of time could cause problems such as early loosening of the joint.

The choice and the responsibility are yours.

Remember this booklet is only intended as a general guide

If you are unsure about anything regarding your operation please ask a member of the team.

How much should I do?

Following discharge from hospital do not be surprised if you feel very tired or sleep for long periods. You will get over this within a few days of being home. It is advisable to rest on your bed every afternoon for an hour. This will also help prevent excessive swelling in your legs.

Gradually increase the amount that you do. Continue with your exercises as advised by the physiotherapist. You may walk with crutches or with another walking aid as advised by the physiotherapist, gradually increasing the distance. After six weeks you can gradually start to go back to routine activities. You may be seen at this stage in a follow up clinic where further advice and guidelines will be given. You will be able to come to this clinic by car unless otherwise stated.

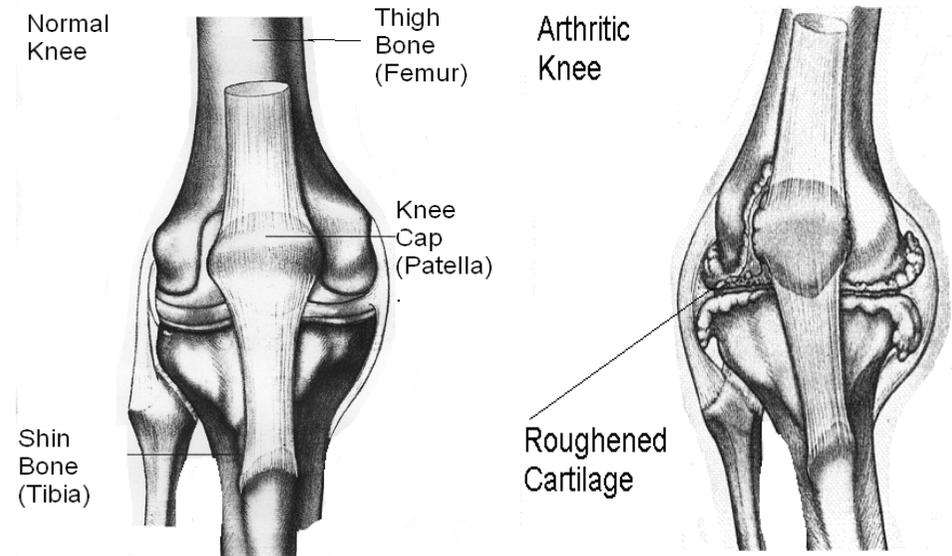
2. Knee joint Replacement

A total knee replacement is an operation to replace a damaged or diseased knee joint. In this procedure, the surgeon replaces an arthritic or damaged joint with an artificial joint called prosthesis. The purpose of the surgery is to relieve your pain and increase your mobility.

Why do I need a new knee?

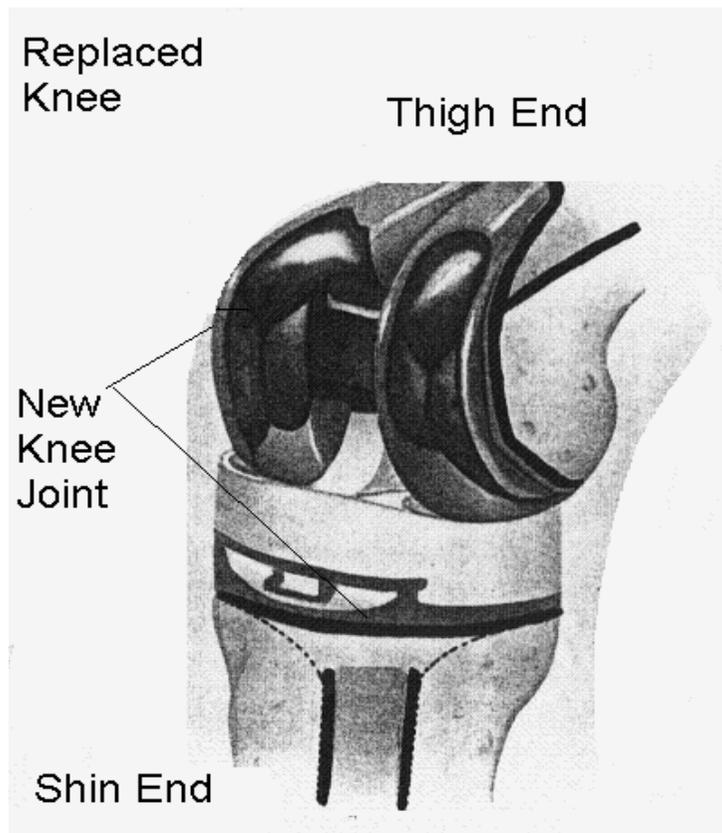
The normal knee is composed of a curved end of the thigh bone gliding over the flat end of the shin bone. Both are covered in smooth and slippery cartilage. The knee cap, or patella, helps the muscle in your thigh to work smoothly when the knee bends.

In arthritis, the surfaces of the knee joint are no longer smooth. The bones are irregularly shaped and the cartilage is worn and roughened causing the knee to be stiff and painful.



The aim of the operation is to relieve the pain your experience to enable you to walk and get around more comfortably.

The new knee joint has a metal cap, which is fitted on the end of the thigh bone, and a piece that fits on the top of the shin bone. The kneecap may be resurfaced with a plastic piece. Metal and plastic replace the worn out surfaces of the knee.



Outpatient Physiotherapy

After your operation you will have an outpatient physiotherapy appointment to review your progress and advance you onto the next stage of your rehabilitation.

Doctor review

An appointment to be reviewed by either your surgeon or one of the team will be arranged for you. This is usually around 6 weeks after for operation

Problems

It is hoped that your recovery will be uneventful and no problems will arise after you are home, but it is a good idea to be prepared and know what to look out for:

1. Pain and swelling in the calf muscle. A certain amount of pain must be expected but if the calf muscle is painful to squeeze and swollen it could mean a thrombosis (blood clot) is occurring.
2. Your wound is likely to be tender for 2-3 weeks, but look out for signs of inflammation redness excess heat or leaking.
3. Increased pain in the knee and sudden inability to put your weight on to the operated leg maybe signs that something could be amiss with the new joint and you should seek medical advice.
4. If you are generally feeling unwell and not picking up after a few days at home.

Call your GP and explain the problem and ask him to visit you at home. Remember that travelling could be difficult for you at this stage.

8. Occupational Therapy

If you are referred to the Occupational Therapist their role is to look at your functional abilities to complete your every day occupational tasks, and to ensure you are independent and safe to be discharged from hospital with any appropriate equipment.

9. Discharge

You will normally be discharged 2-3 days after your surgery, although some patients, especially those at St. Peter's Hospital who are often more complex, may be with us for longer than that.

It is important you and your family should be prepared for your return home and transport arrangements made. Please arrange for family or friends to collect you on the day of discharge. Please do not assume that transport has been arranged for any follow up appointments.

A short supply of medicine will be given to you on discharge. These are sent from the pharmacy at St Peters Hospital according to your prescription and often don't arrive until later in the day at the Ashford site.

Follow up care

After you have been discharged your care does not stop. The ward team will aid your transition from hospital to home. If you have any concerns during the first few days after your operation you can speak to the Nurse at the hospital on the numbers at the end of this handbook.

Nursing care

Arrangements for removal of clips / stitches will be discussed with you.

Complications

Knee replacement is a major surgery and as such there are many possible complications although these are rare.

Deep Vein Thrombosis / Pulmonary Embolism

Deep vein thrombosis (DVT) can occur after any operation but is more likely following operations on the lower limbs. DVT occurs when the blood in the large veins of the leg forms blood clots. This may cause the leg to swell and become warm to touch and painful. If the blood clots in the vein break loose, they may travel in the blood vessels and lodge in the lung. This is called a pulmonary embolism (PE) which in rare cases can cause death.

There are several methods employed to minimise the risk of DVT and PE and these include:

- Early mobilisation and exercises to increase blood flow in the leg
- Calf pumps whilst in hospital
- Elastic stockings for six weeks post-op
- Blood thinning medication

Infection of the joint

Infection may occur in the wound or around the prosthesis and may occur in hospital or after you have gone home. Minor infections in the wound are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the prosthesis.

Loosening of the joint

Artificial joints usually last for many years however over time they can become loose and painful. At the moment we expect 90% of knees to last at least 10 years.

Fracture

Fracture of the bone may occur at the time of surgery or later. This is unusual but if occurring at the time of surgery it may be treated with wiring of the bone.

Nerve injury

Nerves in the vicinity of the total knee replacement may be damaged during surgery although this is rare. This is more likely to occur when there is a greater degree of pre-operative deformity or following revision surgery. Over time these nerve injuries often improve or completely recover.

Muscle weakness

Very rarely patients continue to have weakness of the muscles around the knee. This is because some muscles may have to be cut in order to perform the operation and occasionally they fail to heal.

Persistent pain

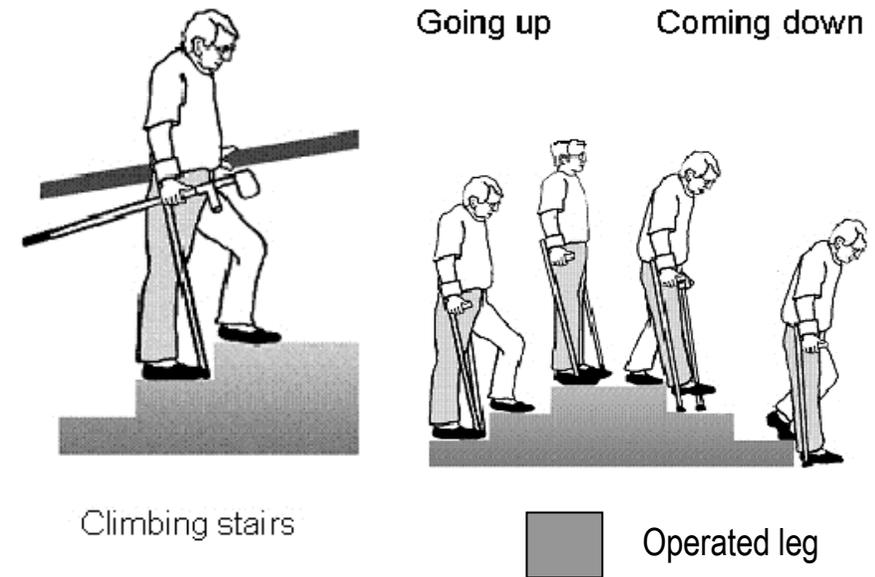
Some patients continue to experience discomfort over the area of their wound for a considerable time. This is uncommon but can be persistent.

Summary

Total knee replacement is a common and generally successful operation. The operation does carry a small degree of risk, and all measures are used to minimize the risks.

Stairs

If there is a banister, hold it with one hand and use one crutch in the other hand. Take the second crutch with you by holding it horizontally next to the handle of the other crutch ensuring it is held on the outside of the other crutch. If there is no banister, use both crutches, as in diagram below.



Going up stairs

Always put the **good leg** up first, then bring up the **operated leg**, finally bring up the **crutch** (crutches).

Going down stairs

First, put the **crutch** (crutches) down on to the centre of the step below, and then follow with the **operated leg** and finally the **good leg**.

You may find it easier to remember the phrase “up with the good and down with the bad.”

8. Bend and straighten your ankles briskly.



Swelling management

For pain and irritation caused by inflammation, an ice pack wrapped in a damp thin cloth or pillow case can be used for 20 minutes at one time as often as needed allowing adequate time inbetween for the leg to warm up. You should ask for regular ice-packs for your knee whilst on the ward and continue this at home if the knee is still swollen.

We recommend this is done in combination with elevating the leg keeping the foot above the knee and hip. This can be done when sitting or when lying down.



3. Preparing for your Operation

Having seen your consultant and agreed to surgery on your knee, you need to think ahead and plan for your admission and discharge home from hospital.

Keeping fit and healthy

It is important to keep yourself as healthy as possible.

If you suffer from diabetes make sure you follow instructions given to you regarding diet and prevention of leg ulcers.

If you are overweight try to lose some weight prior to admission. Your knee is likely to last longer if it is not carrying excess weight.

Keep mobile. Walk little and often and try not to sit for long periods at a time. Learn to pace yourself. On good days don't be tempted to do twice as much; you'll only suffer for it the next day.

Keep a positive attitude towards your operation. You are almost certain to hear of operations that went wrong and not often of the majority of operations that went well, so keep a sense of perspective.

Pre-Assessment Clinic

The purpose of this clinic is to prepare you for your admission and discharge from hospital. You will be sent a date for your pre-assessment clinic. At this clinic you will meet members of the hospital team who will be involved in your care. You should prepare to be with us for most of the morning or the afternoon (depending on the time of your appointment).

These extended clinics give us a chance to meet you, discuss your home circumstances, assess your fitness, educate you and give you an opportunity to ask any questions you may have.

At the pre-assessment clinic you will meet the following members of the hospital team:

Pre-Assessment Nurse

The nurse at pre-assessment will ask you questions about your medical history to make sure you're fit enough to have your surgery. It is important you bring a list of any medication you are taking. During this clinic you will have a blood test and also have a blood pressure measurement and electrocardiogram taken.

You will be given a body wash solution to take home and instructions to use it 48 hours before surgery including the night before and on the morning of surgery. You will also have a swab taken to check that you are not carrying the MRSA infection. If you are found to be MRSA positive you will be informed and your operation will be postponed. You will be asked to start a course of treatment. Prior to admission you will be required to have three clear swabs. As an extra precaution, on admission you will be nursed in a side room.

You will be advised of the discharge requirements to wear surgical support stockings (usually for 6 weeks) and daily injections (usually 2-4 weeks depending on your surgery) both to help prevent blood clots.

You are required to have a further blood test within 3-6 days prior to your admission, to ensure that blood is available should you need a transfusion following your surgery. The pre op nurse will give you this form at your pre op appointment to take when you go for the blood test.

Education Class

You will attend an educational class at the pre-assessment clinic where you will meet a physiotherapist. This class is important to attend even if you have had a joint replacement before. During this

6. Sitting in a chair, bend your ankle to bring your toes upwards then try to straighten the operated knee keeping the foot pointing up. Try to raise your foot to be level with your hip with a straight knee. Hold for 5 seconds.



7. Stand (hold a stable support if needed) with your weight evenly spread on both feet, use your thigh muscles to straighten the operated knee (or both together). Hold for 5 seconds.



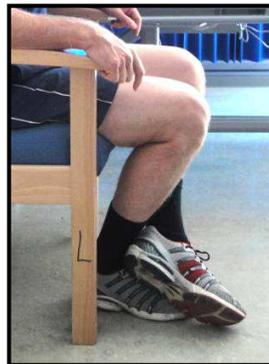
3. Place a cushion or rolled towel under your operated knee. Bend your ankle, tighten your thigh muscles to push your knee down and bring your foot up to straighten your knee. Hold for 5 seconds.



4. In a reclined position: Bend your ankle up and use your thigh muscles to straighten the operated knee and lift the straight leg 6-10 inches off the bed. Hold for 5 seconds.



5. Sitting in a chair, slide the foot of your operated leg backwards to bend your knee as much as possible. Now cross your other foot over your ankle and nudge to bend the operated knee further.



session you will learn more about what to expect during your stay in hospital and to give you a chance to ask any questions you might have. You will be taught the exercises you will need to do after your operation.

It is recommended you start doing these exercises before your operation if your pain allows helping speed up your recovery. If these exercises aggravate your symptoms please stop them and wait until after your surgery. These exercises can be found in section 7.

Preparation / Making Plans

Remember your operation is elective so you have time to prepare both for your admission and discharge from hospital. It is likely you will be going home as soon as 2-3 days after your operation, so it is key to plan and prepare as much as possible for when you leave hospital,

- Build a support network of family/friends around you so they can support you on your return home.
- Plan who is going to collect you from hospital. This can be later in the day if they are working or have other commitments.
- If you live alone try and arrange for someone to pop in and visit you for the first few days once you return home. This is not essential but might be reassuring and give you confidence.
- Most people will be required to wear support stockings after their surgery for 6 weeks throughout the day and night. They can be taken off for up to an hour a day. They can be changed alternate days or 3 times a week if you are unable to do this daily. You may require help initially to change these stockings; therefore you might want to try to arrange with a friend or family member to do this for you.

- There are certain tasks you will be unable to do for yourself initially i.e. shopping and using the vacuum cleaner etc. You should make your own arrangements for help at home through a friend or relative. If there isn't anyone to help with this there are various places you can contact to find out about services available. These include Age UK, social services or the meals on wheels service. You may have to pay for these services. **If you have any concerns please discuss this at the pre assessment clinic don't leave it until you come into hospital.**
- You should lift any loose rugs from the floor to prevent tripping.
- Remove any clutter to ensure clear safe walkway through your home.
- If you have stairs we recommend you have a hand rail on one side to help provide stability when using the stairs. If you don't have one think about getting one fitted.
- Move anything that is used frequently from low cupboards to within easy reach.
- Stock up on non-perishable foods, pre-cook and freeze meals if you can. Microwaves are very useful.
- If you have a freezer, be sure that everything you are likely to need is near to the top. Make sure that you avoid using the lower half of your fridge or use a helping hand tool to assist you.
- Bring both day and night clothes to wear into hospital. Loose fitting clothes are much easier to wear after a knee operation so make sure your skirt / trousers are not too tight.
- You should always remember to bring shoes / slippers half a size bigger as your feet are very likely to swell. These must have a back to them for safety reasons i.e no flip flops.

- These exercises are to strengthen the muscles in your leg, achieve a good range of movement in your knee and improve the circulation in your legs.
- Be guided by your physiotherapist as to which exercises you should be doing whilst you are in hospital and also once you go home.

Exercises

Ask the physiotherapist if you are unsure how to do these

Exercises should be performed **4 times a day**, repeating each exercise 10 times.

1. With your leg supported on a stool / sofa or in bed: use your thigh muscles to straighten the operated knee down flat onto the surface with your toes pointing up. Hold for 5 seconds.



2. Slide your foot up the bed to bend your operated knee as far as possible.



The Day After Your Operation Onwards

The physiotherapy and nursing staff will encourage you to get out of bed. They will assist you with this as required but you should do as much as you can for yourself. You should sit out in a chair and get washed and dressed into your own daytime clothes.

A physiotherapist will assess your ability to walk with a frame or crutches and progress to teaching you how to negotiate steps and stairs as able.

The physiotherapist will progress your exercise regime (section 7). It is important you continue with these exercises independently to achieve the best outcome from your operation.

If you have been advised by the physiotherapist you are not safe to walk without someone with you – please ask the staff for assistance even if you think they are too busy. However if they inform you it is safe to walk alone with your walking aid please try to do short regular walks.

It is important for you to walk as this will improve your muscle strength, stamina and gain your independence. However remember your exercises are just as important.

Please ask if you are unsure.

7. Exercises and Stairs

Please practice these exercises before your operation as well as afterwards in order to optimise your progress after your operation. If you are practicing these before your operation and they aggravate your symptoms please stop them and wait until after your surgery.

4. Admission to the Ward

You are likely to be asked to come to the ward by **7.00am** on the day of your operation although this will be confirmed when you get your letter confirming the operation date.

Please remember to bring your medications with you.

If you have any special dietary needs i.e. vegan, halal, vegetarian, diabetic, wheat intolerance etc. please let the ward staff know.

You will have a visit from an Anaesthetist and a surgeon to ensure you are still fit for surgery and discuss any final questions you may have.

You will need to stop eating and drinking some time before surgery but you will be given this information prior to your admission.

5. Your Operation

After final pre-operative checks, you will be taken to theatres, where you will be anaesthetised in the anaesthetic room. The anaesthesia may cause a feeling of numbness or heaviness in the legs for several hours after the operation. A urinary catheter may be inserted but will be removed once you are able to stand.

You will be offered a suitable sedation for the operation which will also mean you can get up and mobilise a few hours after surgery without feeling too sick.

Immediately following surgery you will go to the recovery area. During your stay in recovery you may be given oxygen to help you wake from the sedation. At this stage you will have your blood pressure and temperature taken and your pulse and oxygen levels measured to ensure you are recovering from the anaesthetic.

You will return to the ward when comfortable and stable.

After your operation

You may have a blood transfusion to replace blood lost during surgery. If this common occurrence worries you please discuss this with the pre-assessment nurse. You may also have a clear fluid drip to prevent dehydration; this will be discontinued when you are drinking well and your blood pressure is stable.

You will be prescribed calf pumps as part of your post-operative management. These consist of cuffs attached to a pump, which encourages circulation by pumping against your calves. This process stimulates the circulation (as happens when you walk) and helps to prevent a blood clot forming. They will be removed once you are up and walking.

Most people will be required to wear support stockings, which help to prevent blood clots forming. As previously mentioned please make arrangements for a member of your family or a friend to assist in removing these for you once home.

Pain control can be given in various forms including injections, liquid or tablets. You will be given regular pain relief and also written up for extra pain relief as required. Please tell a nurse if you require this additional pain relief. Good pain control will assist with exercises, moving around and your recovery. Painkillers can sometimes cause constipation, nausea and drowsiness. If this is a problem, please tell a nurse as medications may be prescribed to help with these problems.

Once you have recovered from the anaesthetic please try to eat a healthy diet, as this will help the wound to heal. Also try to drink plenty of fluids.

When you are eating and drinking normally, the drip will be removed. An X-ray will be taken of your knee. Blood tests will be done on a regular basis to assess the need for transfusions or iron tablets.

Try not to touch your wound dressing as this can cause increased risk of infection; re-dressings will be done as necessary by the nurses.

It is important to change your position regularly whilst in bed and sat in the chair to prevent pressure sores.

A nurse call bell is available for you to ask for assistance.

6. Rehabilitation

Rehabilitation starts immediately after your operation. The nurses, physiotherapists and occupational therapists are all involved in the rehabilitation process enabling you to make a full recovery.

- When you come round from your operation, take a few deep breaths and have a good cough to clear your lungs and help prevent chest complications.
- You should start bed exercises in section 7.

Getting Up After Your Operation

An important aspect of your rehabilitation is getting you up as soon as possible after the operation. This may be done as soon as 4-6 hours after your operation. This will depend on your recovery therefore a physiotherapist or nurse will assess you and if appropriate will assist you out of bed and perhaps get you to walk some steps around the ward using a walking aid or to sit in a chair for a while. This can be especially useful if you are having trouble passing urine whilst in bed as you could try and sit on a commode (portable toilet) or if a gentleman to stand to use a urine bottle.