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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

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

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

Website: **www.ashfordstpeters.nhs.uk**

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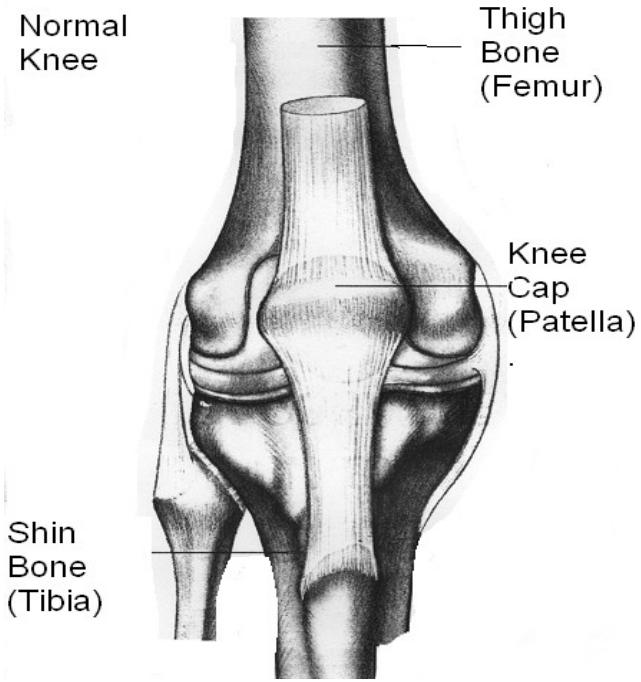
Enhanced Recovery Programme

Knee Joint Replacement Surgery

Patient Information Handbook



Patient Information

Information Videos

Please use the QR code listed below to access information videos on your Total Knee Replacement Surgery:

Please use the QR code listed below to access information videos on your partial or unicompartmental Knee Replacement Surgery:

To use a QR code: Open the camera app on your smartphone or tablet, point it at the QR code, and tap the notification that appears. If required, please ask a family or friend for support.

Where appropriate, there are individual QR codes that accompany sections later in the booklet. These will take you to specific videos, but all of these videos can be found through the above QR code.

Dickens Ward Visiting Hours:

3 to 4.30pm and 6 to 8pm
Please no more than 2 people at a time.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email asp-tr.patient.advice@nhs.net**.** If you remain concerned, PALS can also advise upon how to make a formal complaint.

Author: Orthopaedic ERP TEAM **Department:** Orthopaedics

Version: 8 **Published:** February 2026 **Review:** July 2027

11. Useful Telephone Numbers and Emails

Dickens Ward **01784 884004 or 01784 884574**

Please use this number if you have any concerns pre- or post-operatively.

Pre-assessment **01784 884208 / 01784 884217**

Occupational Therapy Team, Dickens ward **01932 886563**

Physiotherapy Team, Dickens Ward **01784 884322**

Ashford Hospital **01784 884488**

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

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

Ashford Outpatient Physiotherapy Department
Telephone: 01784 884484
Email: asp-tr.ashfordphysioappointments@nhs.net

Woking Outpatient Physiotherapy Department
Telephone: 01932 722711
Email: asp-tr.wokingphysioappointments@nhs.net

Royal Surrey Outpatient Physiotherapy Department
Telephone: 01483 464153
Email: rsch.physioenquiries@nhs.net

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1. Introduction

This booklet has been written to give you and your family / carer an understanding of a knee replacement operation including things you should know before and after the operation. This is to ensure you know what to expect. Please note 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.

It is important for patients undergoing a knee replacement to be educated about their surgery as early as possible. We provide an 'enhanced recovery programme,' to ensure you are fully prepared for your surgery and can go home as quickly as possible with the best possible outcome. Our aim is to get you home anytime from the day of your surgery and your length of stay in hospital will be short.

Following your operation, we use techniques to help manage pain when you start getting up and moving.

When you leave hospital there is a 24-hour contact number available for you to seek help and advice if required.

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

Gradually increase the amount of activity you do. Continue with your exercises as advised and you may walk with your prescribed walking aid, gradually increasing the distance as tolerated. After 6 weeks you can gradually resume routine activities. At your follow up appointment, further advice and guidelines will be given to you. You will be able to come to this clinic by car unless otherwise stated.

Travelling via plane following your operation
We generally do not advise that you travel via aeroplane for at least 2-3 months following your operation, as it puts you at higher risk of a blood clot. It is essential that you check the policies of your flight provider and travel insurance company before you fly.

10. 3 months post-op

You may now gradually resume physical activities e.g., golf, bowls, swimming, and gardening. The most important reason for having your knee replaced is to allow you to resume an active, independent life with reduced pain. You should consider the activities you wish to return to in terms of the intensity and impact they may have on your new joint. If, for instance, you are a keen tennis player, there is no reason why you should not participate in the occasional game (after 6 months). However, it would not be advisable to play on a regular basis over a period of time as this could cause problems, such as early loosening of the joint. **The choice and the responsibility are yours. Please seek guidance from your Consultant and Physiotherapist.**

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.

operative complications as previously discussed earlier in the booklet. Please be aware / look out for the following:

1. Pain (calf muscle painful to squeeze), increased swelling / tightness of the calf muscle, redness, skin discolouration, hot to the touch. This could indicate a DVT (blood clot) is present. Chest pain or shortness of breath at rest may indicate a PE (blood clot in the lung).
2. Your wound is likely to be tender for 2-3 weeks, but look out for redness around the wound, heat, oozing / foul smell from the wound or generally feeling unwell (nausea / vomiting / malaise). This may indicate an infection.
3. Increased pain in the knee and sudden inability to put your weight on to the operated leg. This may indicate an issue with the new joint.
4. If you are generally feeling unwell within yourself and not picking up / improving after a few days at home.

If you develop any of the above symptoms, you must call your GP immediately and explain the problem. Alternatively, you should go to your local A&E / Urgent Treatment Centre to be assessed. You may need someone to take you so ensure you have a good support network.

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 improve 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.

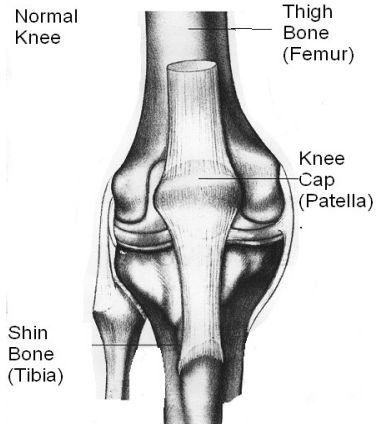
2. Knee Joint Replacement

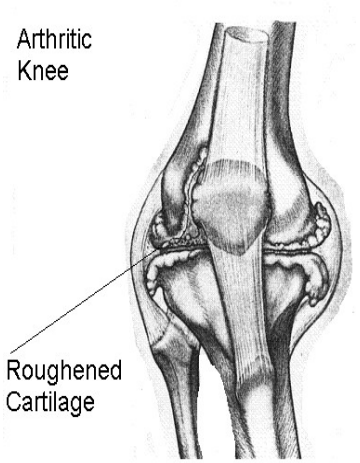
Knee replacement surgery is an operation to replace damaged or degenerative parts of the knee joint. In this procedure, the surgeon replaces an arthritic or damaged joint with an artificial joint called a prosthesis. The purpose of the surgery is to reduce your pain and therefore enable you to walk and get around more comfortably.

Why do I need a new knee?

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

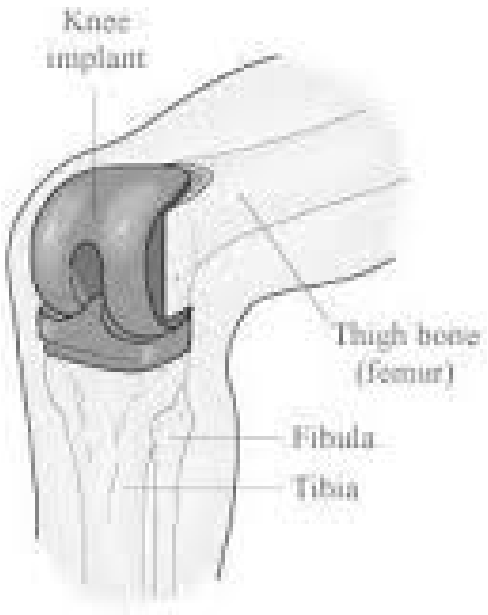
In an arthritic knee joint, the joint surfaces are no longer smooth. The bones may be irregularly shaped, and the cartilage is worn and roughened which causes the knee to be stiff and painful.





What does the knee replacement look like?

Metal and plastic coverings replace the worn-out surfaces of the knee. The components can be secured with or without cement. The kneecap may also be resurfaced with a plastic covering. Please see the diagrams below:



TOTAL KNEE REPLACEMENT

PARTIAL KNEE REPLACEMENT

It is important you and your family are 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.

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 or please refer to the contact numbers at the end of this handbook.

Nursing care

Arrangements for removal of clips / stitches will be discussed with you and are usually removed 2 weeks later.

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 you surgeon or one of the team will be arranged for you. This is usually around 6 weeks after for operation.

Problems and complications

It is hoped that your recovery will be uneventful, and no problems will arise after you are home. Please also refer to the post-

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

Your length of stay in hospital is expected to be short after your surgery and you will be discharged once you meet the discharge criteria below.

Criteria for discharge:

- □ **Bloods and vital signs stable**
- □ **You have passed urine**
- □ **Post-operative x-ray completed**
- □ **Pain controlled with oral medications**
- □ **Able to mobilise with crutches (or a Zimmer frame where appropriate)**
- □ **Performing exercises independently as per booklet: knee range of movement deemed acceptable by the physiotherapy team**
- □ **Step / Stairs completed (if you have them)**
- □ **Able to get yourself dressed, or have someone to assist you at home**
- □ **Able to manage toilet, chair, and bed transfers independently or have been given equipment by the therapy team to enable you to do so**
- □ **Discharge letter and medications ready to go**

Complications

Although rare, there are possible complications that may occur following knee joint replacement surgery.

Deep Vein Thrombosis / Pulmonary Embolism

Deep vein thrombosis (DVT) can occur after any operation but is more likely following operations to the lower limb. DVT occurs when blood in the large veins of the leg forms a blood clot. This may cause the leg to swell and become painful, red, and warm to the touch. If a blood clot in the vein dislodges, it may travel through the blood vessels into lung causing a blockage. This is called a pulmonary embolism (PE) which in rare cases can cause death.

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

- Early mobilization (walking) and exercises to increase blood flow to the limb.
- Calf pumps whilst in hospital (these are positioned around your lower legs and inflate and deflate to encourage blood flow).
- Blood thinning medication / self-injection.

Infection
Infection may occur in the wound or around the joint prosthesis inside the knee.

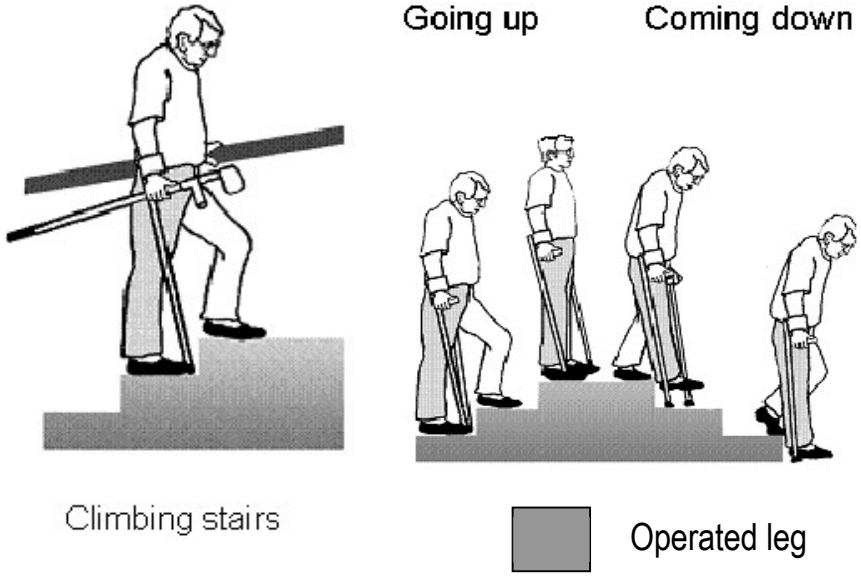
This may occur in hospital or once you have gone home. Minor wound infections are generally treated with antibiotics. Major or deep wound / joint infections may require further surgery and / or removal of the joint prosthesis.

Loosening of the joint
Artificial joints usually last for many years, but over time they may become loose and painful. Currently, 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. A 'periprosthetic fracture' or fracture that occurs around the joint replacement, may occur following a trauma to the area or due to bone disease such as osteoporosis. This is unusual, but if this occurs at the time of surgery it may be treated with wiring to secure and fixate the bone.

Nerve injury
Nerves close to the joint replacement may be damaged during surgery although this is rare. This is more likely to occur when there is a pre-existing deformity or following revision surgery. Over time nerve injuries often improve and may completely recover.

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).

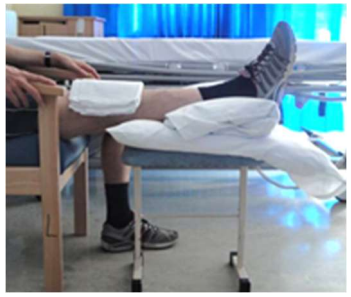
Going down stairs
First, put the **crutch** (crutches) down on to the centre of the step below, and then follow with the **operated leg** and finally the **good leg.**

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

Swelling management

Swelling caused by inflammation is normal after knee surgery. To manage this, apply an ice pack wrapped in a damp thin cloth / pillowcase for 20 minutes at a time. You may do this as often as needed, allowing adequate time in between for the leg to warm up again. Do not exceed 20 minutes as this may result in burns. You should ask for regular icepacks 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 lying down.



Muscle weakness

Very rarely patients continue to have weakness of the muscles around the knee. This is because the muscles around the knee have to be cut in order to perform the operation and occasionally the healing process is prolonged or reduced.

Knee stiffness

In rare cases, patients may have longer term difficulties with restoring knee movement; being able to fully bend and straighten the knee. In rare cases where a patient is severely restricted in their movement, further surgery may be required. This is why it is important to continue your exercises regularly with guidance from your Physiotherapist to avoid knee stiffness.

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 surgery is a common and generally successful operation. Like all operations, joint replacement surgery carries a small degree of risk. These risks will be highlighted to you by the consultant surgeon prior to your consent to the surgery. However, all appropriate evidence-based measures are utilised to minimise these risks.

3. Preparing for your Operation

Having seen your consultant and agreed to the surgery to your knee replacement, you need to think ahead and plan for your admission and discharge home from hospital. Remember this is elective surgery and it is your responsibly to be as prepared as you can.

Keep Fit and Healthy

It is important to keep yourself as healthy as possible. We advise you to see your GP prior to surgery to discuss any health concerns and their treatment such as anaemia or problems with your heart, lungs, and kidneys. Medical complications may lead to your surgery not going ahead so please ensure these are addressed promptly.

Optimising your blood sugars if you have diabetes will help reduce the risk of infections and complications following surgery.

Maintain a healthy diet rich in nutrients, especially proteins, which will help with healing. Ensure you stay hydrated before and after your surgery to prevent drowsiness and headaches. This could hamper your rehabilitation and increase the risk of falling, developing pressure ulcers or urinary tract infections.
Stopping smoking prior to your surgery could prevent complications of your heart and lungs, as well as reduce the risk of infections and the time it takes for your wound and bones to heal.

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

6. 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.

7. 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.

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

4. 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. If struggling to complete this exercise, a therapist will teach you a modified version of this exercise.

Undergo dental checks prior to your surgery to ensure you don't have any tooth infections, abscesses, or cavities as this infection can spread in the blood to other parts of the body.

It may be worth having an eye test prior to your surgery to optimise your eyesight and reduce the risk of falls post operatively.

Please let us know if you have any skin conditions like eczema, psoriasis, rashes, ulcers, sores, or skin breaks especially on your lower legs. This could be a portal for bacteria to enter the blood stream and potentially infect your new joint.

Exercise. Walk little and often and try not to sit for long periods of time. On good days don't be tempted to do twice as much; you may flare up your pain. Learn to pace yourself!

Have a positive attitude towards your operation and recovery and have a sense of perspective. You may often hear of operations that go wrong but in fact the majority of operations do go well. Remain positive!

If there is any change in your health from the time you saw the pre assessment team to your surgery date or you have any of the following: a cough, cold or flu, sore throat, tooth abscess or any cuts, scrapes, rashes, insect bites or open wounds anywhere on your body please call us on the numbers on the back of this leaflet.

Pre-assessment Clinic

You will be sent a date for your pre-assessment clinic. The purpose of this clinic is to prepare you for your admission and discharge from hospital.

These clinics give us a chance to meet you, assess your fitness for surgery, educate you and give you an opportunity to ask any questions.

At the pre-assessment clinic you will meet the following members of the hospital team involved in your care:

Pre-assessment Nurse

The nurse will ask you questions about your medical history to make sure you are fit enough for your surgery. It is important that you bring a list of medication you are taking. During this clinic you will have a blood test, blood pressure measurement and electrocardiogram (ECG).

You will be given a body wash solution to take home and instructions to use it 48 hours before your surgery; including the night before and on the morning of your 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.

struggling to manage your pain using these techniques, please speak to a healthcare professional.

- Timing your exercises with pain relief is advised. It is optimal to wait approximately 30 minutes after having oral or topical pain relief, before completing your exercises.

Exercises (post-operation)

Unless indicated otherwise, exercises should generally be performed **3-4 times a day,** repeating each exercise **10 times**. Ask the Physiotherapist if you are unsure how to perform the exercises:

1. Every hour, move your ankles up and down 20 times. Continue this exercise until you can walk frequently throughout the day.

2. 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 10-15 seconds.

continue with these exercises independently to achieve the best outcome from your operation.

If you have been advised by the Physiotherapist that you are not safe to walk without someone, 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

- These exercises are designed to help you regain good range of movement and strength in your operated knee.
- The regular and consistent competition of these exercises are integral to attaining a good outcome after you're your knee replacement surgery.
- It is expected that you begin to complete these exercises as soon as your anaesthetic has worn off and you are able to feel & move the operated leg again. Please continue these exercises daily until advised otherwise by a healthcare professional.
- Pain is common after joint replacement surgery, and it is acceptable to experience pain whilst completing these exercises as long as it is not severe. It is important that you manage pain throughout your recovery process using prescribed pain relief and cold therapy. If you are

You will be advised about self-administering daily injections (usually 2 weeks depending on your surgery) to help prevent blood clots. Please discuss any concerns around this with the nurse.

You are required to have a further blood test within 3-6 days prior to your admission. The pre-op nurse will give you this form at your pre-op appointment to take when you go for the blood test.

Occupational Therapy

A member of the occupational therapy team will contact you prior to your surgery to ensure you have received and read this leaflet and understood what you need to do to ensure you are prepared for surgery. They can answer any queries you have regarding your return home and provide telephone numbers of various support services if you do not have friends or family to assist you on discharge from hospital.

Exercise

Exercising before your operation helps prepare your knee joint for surgery and can positively contribute to the attainment of a successful outcome after surgery.

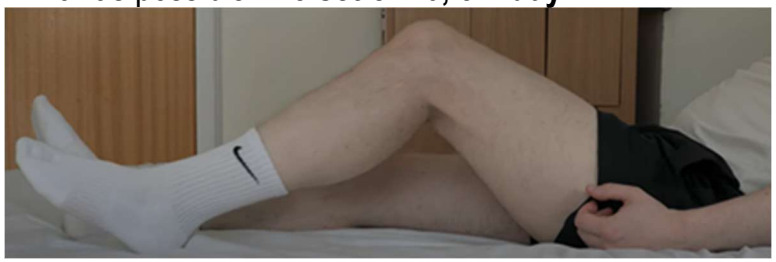
Pain is acceptable when exercising, as long as it is not severe. Please ensure that you manage your pain with prescribed pain relief and hot/cold therapy. It is most optimal to have pain relief approximately 30 minutes before exercising.

If any of the movements do cause you severe pain, stop that exercise immediately and seek further guidance from a healthcare professional using the telephone numbers at the back of the booklet (please do not stop the other exercises, if they are tolerable)

Exercises (pre-operation)

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 10-15 seconds**. **Complete 1 set of 10, 3-4 x day**

2. Slide your foot up the bed to bend your affected knee as far as possible. **2-3 set of 10, 3 x day**



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

Getting up after your operation

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

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

A Physiotherapist will teach you exercises, assess your ability to walk with a frame and progress you to walk with crutches. Once able, they will teach you how to negotiate steps / stairs as able and progress your exercise regime (section 7). It is important you

circulation by pumping against your calves. This process stimulates circulation (which happens when you walk) and will be removed once you are walking.

Pain medications can be given in various forms including injections, liquid or tablets. You will be given regular pain relief and written up for extra pain relief as required. Please tell a nurse if you require this additional pain relief. Good pain control will enable you to do exercises, move around and therefore enhance 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.

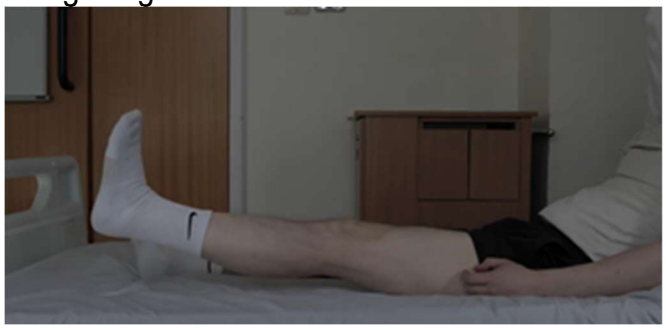
Once you have recovered from the anaesthetic, please try to eat and drink plenty of fluids. This will aid the healing process. When you are eating and drinking normally, the drip will be removed. Blood tests will be done on a regular basis to assess the need for transfusions or iron tablets. Once you are up walking, you will have an x-ray.

Try not to touch your wound dressing as this can increase the 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 when sat in the chair to prevent pressure sores.

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

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



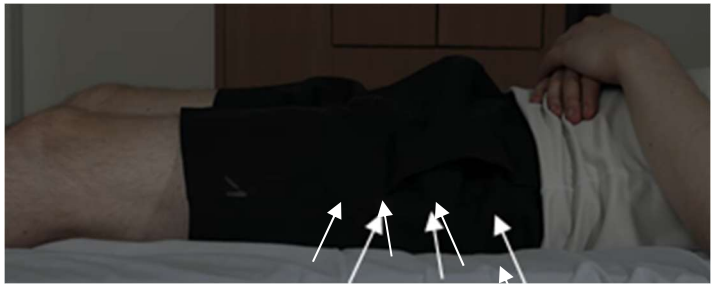
4. Bend your knee to approximately 20 degrees and push your heel down into the bed to feel a contraction in the back of your thigh. **Hold for 10-15 seconds**. **Complete 1 set of 10, 3-4 x day**

5. Place a rolled-up towel underneath the heel of your affected leg and relax your knee into the space beneath it. Feel a stretch underneath your knee and straighten as much as possible. **1 set of 3-5 minutes, 2 x day**

6. lie on your back with your knees and hips bent. Your feet should be roughly hip-width apart and firmly in contact with the surface you're lying on. Lift your hips up and slowly return to the starting position. **2-3 sets of 10 repetitions, once a day.**

If struggling to complete the previous exercise, try this instead:

Squeeze your buttocks firmly together for **20 seconds and repeat 5-10 times. 3 x day**



7. 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.

5. Your Operation

After your final pre-operative checks, you will be taken to theatres (operating room), 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 this will be removed once deemed clinically appropriate.

You will be offered sedation for the operation, so you are relaxed and comfortable during the procedure. This 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. 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. This can be common. If this 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 wear calf pumps as part of your post-operative management. These consist of cuffs attached to a pump, which encourages

- 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.

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. On arrival on the ward, you may be asked to wait until a bed is allocated to you.

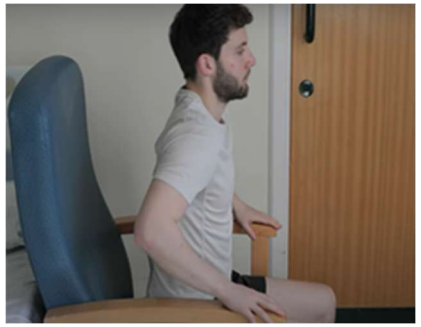
Please remember to bring your medications with you.

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.

8. Ensure that you complete this exercise from a chair that is sturdy and of suitable height. If you use a mobility aid to walk, ensure that it is at an adequate distance in front of you. In a controlled manner move from a seated to standing position, repeat this movement **10-15 times 1-2 x day.**



Prior to completing these exercises, ensure that you hold on to a stable surface directly in front of you and comfortably space your feet approximately shoulder width apart.

9. Lift you heel up from the ground by pushing through your big toes. Repeat this movement 1-2 X day

10. With your feet slightly angled out to the side, stick your bottom out and bend your knees. Only descend a small distance before returning to the starting position. **Repeat 10 times 1-2 x day.**

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 go home anytime from day 1 after your operation, so it is key to plan / prepare as much as possible for when you leave hospital:

- Build a support network of family/friends 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 to 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.

- 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 remove any trip hazards; loose rugs / mats / cables from the floor.

- Remove clutter to ensure a clear safe walkway through your home.

- If you have stairs, we recommend you have a handrail 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.