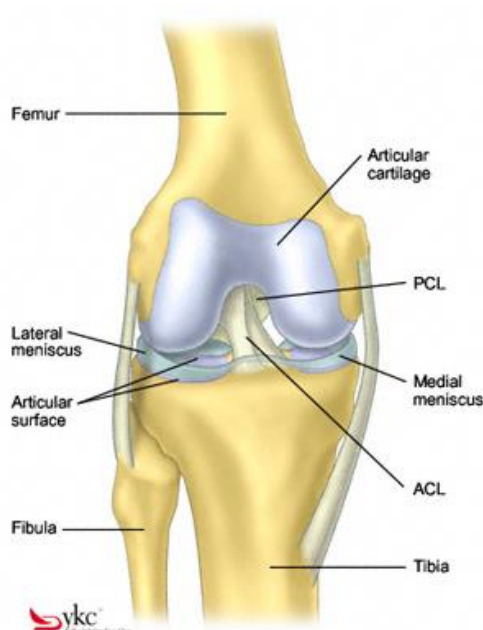


PATIENT INFORMATION

Total Knee Replacement



Please bring this patient information leaflet with you to hospital

We would be grateful for any feedback on our orthopaedic service. Please go to the NHS Choices website to review our service – www.nhs.uk

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1. INTRODUCTION

The aim of this booklet is to give you a basic understanding of a knee joint replacement. It outlines what you need to know about a knee replacement both before and after your operation.

A knee replacement is performed to replace a damaged knee joint. The knee joint is where the thigh bone (femur) meets the shin bone (tibia) and the kneecap (patella).

Sometimes as a result of wear and tear, osteoarthritis occurs and the cartilage at the ends of the bones becomes damaged. This means that it may become more painful to move your knees or difficult to walk.

To replace the knee joint, the surgeon removes the worn out ends of the bones and replaces them with metal and plastic. The fibrous bands (ligaments) which keep the knee stable are also often damaged by the arthritis and sometimes are removed during the operation to gain access to the bone ends. Afterwards it is the interlocking shapes of the metal and plastic replacement parts and your muscles which give the knee its stability.

A total knee replacement means that both sides of the knee joint are replaced.

A unicompartement (or half) knee replacement may be used if only half the arthritic joint has been damaged / worn down.

The new joint replacement aims to relieve pain, stiffness and can correct deformities, such as 'knock knees' (valgus) or 'bow legs' (varus).

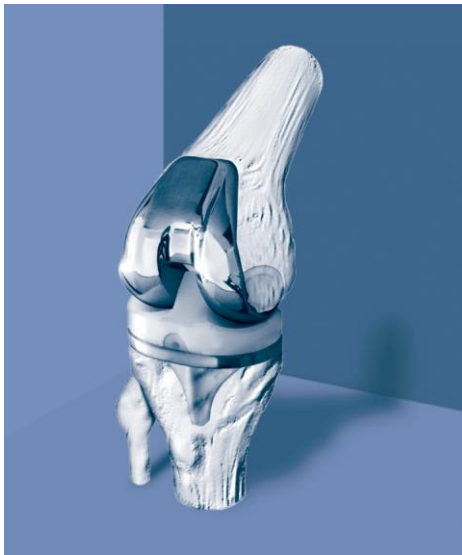
X-Rays



Normal Knee



Signs of Arthritis



A Knee Replacement



Severe Arthritis

Whilst in hospital you will be cared for by a multiprofessional team including: Doctors, Nurses, Occupational Therapists and Physiotherapists, all of whom contribute towards the shared goal of improving your quality of life.

2. PRE-ADMISSION

Before you are admitted to hospital for your operation you may be asked to attend a pre-admission assessment. This assessment involves taking a detailed history of your general health, relevant social history, current medication and the difficulties you are experiencing due to your knee problem.

You will have several pre-admission investigations, including:-

- Blood tests to check whether you are anaemic and to match your blood in case you need a blood transfusion.
- An electrocardiogram (ECG) to check your heart beat.
- An x-ray of your knee.
- A nasal swab and urine test to exclude infection.
- Blood pressure, pulse, height and weight recording.
- An iodine intolerance test.
- You will discuss consent and sign a consent form with your Orthopaedic doctor.
- You will be in hospital for approximately 1-4 days

3. PRE-OPERATIVE THERAPY PATIENT EDUCATION

Once you have opted for surgery, you will be given an appointment to attend our Therapy Education Group. This

session is led by the ward Occupational Therapists and Physiotherapists.

This group session offers you an opportunity to gain understanding, prepare for the procedure and for the therapists to complete an assessment and fulfil any equipment or support needs that are identified.

It is important that you attend this appointment as it will help prepare you for your surgery.

4. NUTRITION

There are two reasons why your nutrition is important prior to your operation. First, being as fit as possible and having your weight within the healthy range for your height will aid your recovery. Being overweight will mean that there is excess weight to carry through your joint as you are working towards recovery. Second, having a balanced diet will ensure all your vitamins and minerals are in good supply to help your wound repair and aid recovery after the surgery.

5. RISKS

Infection

There is a low risk of infection but it is a serious complication, therefore it is important that you do not have any infections prior to admission. For example – skin, chest, or urinary tract infections.

Knee Stiffness

Stiffness and inability to move the joint satisfactorily are possible complications.

DVT

Following surgery, there is an increased risk of getting a blood clot in the form of a DVT (deep Vein Thrombosis).

To reduce the risk of developing a blood clot you may be given medication to thin your blood, compression stockings, exercises and flowtron pumps for your legs.

If a clot develops and part of it breaks off, it can travel to the lungs where it is termed a Pulmonary Embolus (PE). A PE is potentially life threatening so everything is done to prevent a DVT from developing.

Signs of a DVT

1. **PAIN** in the muscle belly e.g. calf / thigh or arm which is increased when pressure is applied to the area.
2. Sudden increase in **SWELLING** of the soft tissue.
3. Increase in **TEMPERATURE** in the area of pain
4. **REDNESS** of the local area

Unfortunately, a DVT can be present without these signs and similarly the presence of these signs does not always indicate a DVT.

Signs of a PE:

1. Increased **BREATHLESSNESS**/shortness of breath.
2. **CHEST PAIN**.
3. **COUGHING** up **BLOOD**.

What To Do If You Suspect A DVT

**Attend Accident & Emergency Department
immediately (01704 547471) OR seek urgent medical
advice**

Wound Infection

After you leave hospital, be vigilant of the symptoms listed below:-

- ✓ The skin round your wound gets red or sore, or it feels hot and swollen.
- ✓ Your wound has a coloured discharge.
- ✓ You feel generally unwell or feverish, or you have a temperature.

These symptoms could indicate that you have a wound infection. You should contact the ward you were discharged from or your Physiotherapist/Occupational Therapist.

6. ON ADMISSION

On admission to the ward you will be shown to your bed area and where you may put your belongings. Cupboards are available for clothing.

What to bring with you:

- Toiletries, (including a towel for personal care) nightwear/dressing gown.
- A pair of shorts, loose fitting trousers or knee length skirts and T-shirts or comfortable tops.
- Comfortable walking shoes or trainers.

- Slippers – ensure they have a ‘back’ around the heel (remember your feet may swell after surgery).
- **Important** – please bring all your regular medication with you to hospital.

You may consume non-clear fluid and a light diet for a minimum of 6 hours prior to surgery; clear fluids (water) for a minimum of 2 hours.

7. THE OPERATION

Prior to surgery, a nurse will go through a checklist to ensure that you are safely prepared for your operation.

You will be given some medication before your surgery. This will assist with your pain relief and reduce bleeding which will help you after your surgery.

Most joint replacements are carried out under spinal anaesthetic where an injection goes into the spine which numbs both legs and will ensure effective pain relief is achieved. The spinal anaesthetic typically lasts one to two hours, which means you can walk sooner after your operation.

The operation itself takes approximately 1½ hours, after which you will be transferred to the recovery room where a nurse will remain with you until you have safely recovered from the anaesthetic.

To prevent dehydration, you will have a drip in your arm giving you intravenous fluids and you may be given antibiotic therapy as a preventative measure against infection.

A wound drain may be inserted in the knee to remove fluid or blood and assist with healing. Heavy bandaging around the knee to reduce swelling will also be in place. These are removed as soon as possible after your operation.

Oxygen may be given via a mask or a small tube which lies just beneath your nostrils.

You may have flowtron cuffs fitted to your lower legs. These pump your calves alternatively and aid circulation, to prevent DVT's. These must remain in place whilst resting until advised by your Physiotherapist or nursing staff.

Following your operation your blood pressure, pulse and temperature will be recorded and dressings and drains checked regularly. These observations will continue throughout the rest of the day or night, as necessary.

You will be given assistance with toileting as and when required.

8. PAIN RELIEF

To carry out any exercise programmes, it is essential to have good pain control, so we will be encouraging you to take medication to minimise your pain. There are many forms of pain relief available and these will be given according to your needs.

9. AFTER YOUR OPERATION

The dressing over your wound will be inspected regularly.

Your intravenous drip will be continued until you are drinking, eating and passing urine in adequate amounts and until any

relevant medication, which requires the drip is completed, eg fluids, analgesia and antibiotics.

A blood sample will be taken to check your levels are within range.

You may have an x-ray taken of your new joint to allow your surgeon to check that the position of it is satisfactory.

Your skin will be checked to ensure you are not getting sore. Remember that by moving yourself and doing your exercises regularly you help to prevent problems such as pressure sores, deep vein thrombosis and chest infections.

If, at any time, you feel any pressure, discomfort or altered feeling in your skin it is essential to tell us immediately so that we can take appropriate action before the skin breaks down.

With improved anaesthetic and pain relief our orthopaedic team follows an **Accelerated Rehabilitation Programme**, it is therefore likely you will start walking with the Therapists on the day of surgery and may go home from hospital within 1 or 2 days.

10.WALKING

You will usually start walking with a Physiotherapist or Occupational Therapist on the day of your operation or the next day.

The Physiotherapist will help and instruct you in the best way to correct your posture and walking. They will advise you on appropriate exercises for your knee muscles and also

provide an appropriate walking aid, most people leave hospital with crutches.

THE SEQUENCE FOR WALKING IS ALWAYS:

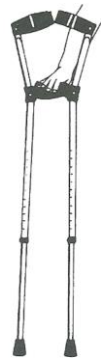
1. Move the walking aid forward first
2. Then the operated leg
3. Then the un-operated leg

When turning, you must remember not to pivot or twist on your new knee. It is, therefore important that you pick your feet up with each small step as you turn.

Standing

Place the crutches into the “H” position then place one hand onto both handles and stand up. Once standing, place each hand through the cuffs of the crutches and hold the handles (handles face forward).

For stability in standing, each crutch should be slightly in front and out to the side of your feet.



Sitting

Take each arm out of the crutches and place handles together in the “H” position and hold with one hand. Once you feel balanced, reach back for the arm of the chair with your free hand. In a slow and controlled manner, lower yourself into a sitting position.

Walking with 2 Crutches

1. Take both crutches forwards.
2. Step forwards with the operated leg taking as much weight as you feel is comfortable.
3. Step past with the unoperated leg.
4. Repeat.

Walking with 1 Crutch

1. Hold the crutch in the unoperated side.
2. Take the crutch forwards.
3. Step forwards with the operated leg taking as much weight as you feel comfortable.
4. Step past with the unoperated leg.
5. Repeat.

On Stairs

Where possible use a handrail and hold both crutches in the same hand (see diagram) or give a spare crutch to someone else.

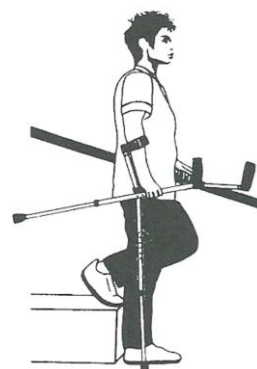
Going Up

1. Unaffected leg
2. Affected leg
3. Crutch



Going Down

1. Crutch
2. Affected leg
3. Unaffected leg



Care and maintenance of your crutches

Regularly check that the:-

- Rubber tips are not worn to the point where no tread is showing.
- Springclip tips are located into both holes.
- Tubing is not cracked or damaged.
- Adjustment mechanism adjusts freely.
- The holes on the adjustment legs are round and not worn to an oval shape.

Always use the crutches as advised by the issuer.

- Once set up there should be no reason to adjust the crutches without consultation with the issuer.
- Avoid wet floors and uneven surfaces and remove obstacles such as loose rugs before using crutches.
- Do not store in subzero temperatures.
- Use the crutches in good light and wear supportive footwear.
- A mild detergent and warm water can be used for cleaning metal crutches.

Once you no longer require your elbow crutches, please return them to the Physiotherapy Department at either Ormskirk or Southport hospital.

11. TOTAL KNEE REPLACEMENT EXERCISES

It is advisable that you complete the exercises below before and after your Total Knee Replacement.

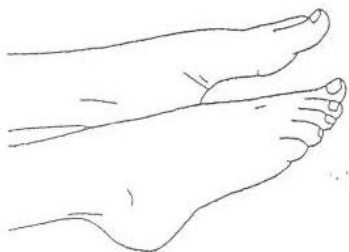
After your operation your exercises will be taught by your Physiotherapist. They are to strengthen your new knee joint and help you to regain range of movement of your knee.

It is very important that you are well motivated and willing to co-operate with your therapist in your rehabilitation programme.

We recommend that you do your exercises 4 times a day. All members of the ward staff will encourage you to do your exercises and assist you with your walking. Your rehabilitation is an ongoing process as part of your daily activities.

Exercise Programme

Take a steady deep breath in and out 3 times then have a good cough. This helps to clear your lungs and prevent chest complications.



Exercise 1

Wiggle the toes, pump the foot up and down and circle the ankle in each direction. Repeat 10 times



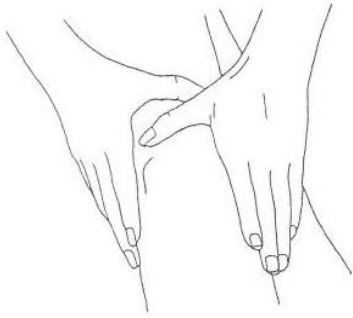
Exercise 2

With the leg straight out on the bed, tense the thigh to squeeze the back of the knee into the bed for 5 seconds. Repeat 10 times



Exercise 3

Sitting in a chair or lying on the bed, tense the buttocks, squeezing them together for 5 seconds. Repeat 10 times



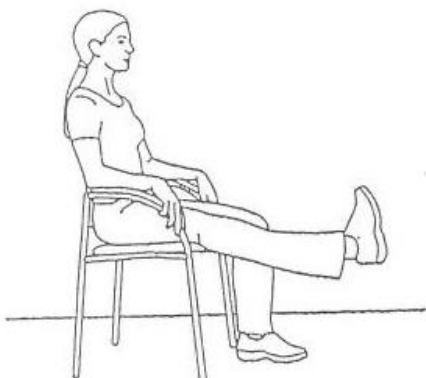
Exercise 4

Sit with your leg straight. Gently push your operated knee cap from side to side using your thumb and finger. Hold for 5 seconds. Repeat 10 times.



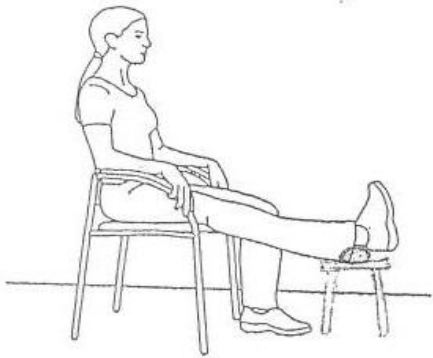
Exercise 5

Sit on a chair with your feet on the floor. Bend your operated knee as much as possible. Repeat 10 times.



Exercise 6

Sit on a chair. Tighten your thigh muscle and lift your operated leg off the floor until it is straight. Hold 5 seconds and slowly relax your leg to the floor. Repeat 10 times



Exercise 7

It is important to get your knee straight immediately following surgery.

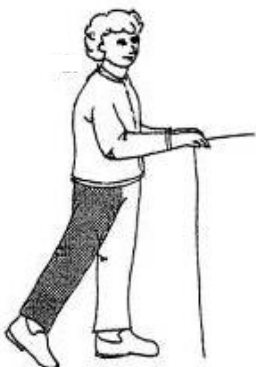
Place a rolled up towel under your heel for 30 minutes, 5 times a day. You can do this either on the bed or with your leg straight on a stool.



Exercise 8 - Standing holding a steady surface, lift the knee up a few inches, but no higher than the hip then slowly lower. Repeat 10 times



Exercise 9 - Standing holding a steady surface, raise your leg out to the side several inches, then slowly bring it back. Repeat 10 times



Exercise 10

Standing, holding a steady surface, lift the leg backwards several inches, then slowly bring it back. Repeat 10 times

You should aim to complete ten repetitions of each exercise a minimum of four times per day.

Remember, you are advised to continue your exercises for three to six months post-surgery.

Exercises must be prescribed by a Physiotherapist. Stop the exercises if they cause you any concern and consult your Physiotherapist

12. ICE THERAPY

If advised by your Physiotherapist, you may use ice as an adjunct to your exercise programme.

Benefits for using ice

Ice may be used to:

- Decrease pain
- Decrease temperature
- Decrease muscle spasm
- Decrease swelling
- Promote repair

How to apply the ice

STEP 1: Thoroughly expose the area to be treated.

STEP 2: Fill a small plastic bag with ice cubes or use a packet of frozen vegetables.

STEP 3: Wrap the area to be iced in cling film and wrap ice cubes/frozen vegetables in a damp towel to prevent ice burns.

STEP 4: Place the ice pack onto area to be treated and leave for no longer than 20 minutes.

STEP 5: Remove the ice pack at regular intervals to inspect the skin for ice burn. If it is fiery red or hot do not re-apply and consult your Physiotherapist.

After applying ice, you should allow 2-3 hours for your skin to regulate in temperature before applying the ice again.

Precautions

If you are diagnosed with, or worried about an infection, deep vein thrombosis or have decreased sensation over your knee, **DO NOT APPLY ICE.**

Ice Burns

These occur very easily but can be avoided if simple precautions are followed.

Remove the ice pack if it becomes too painful (some degree of discomfort can be expected but this should not be excessive)

13. OCCUPATIONAL THERAPY

The Occupational Therapist may see you and assess your ability to complete day to day activities such as personal care, transfers on / off the bed, toilet and chair transfers. They may be able to provide equipment or refer to a social worker if necessary.

14. WHEN CAN YOU GO HOME?

The day is variable usually between 1 and 4 days and depends upon your progress and your home circumstances but what we aim for is:-

- A clean dry wound. You can go home with glue, stitches or clips in, so long as the wound is satisfactory. We will arrange for a District Nurse to remove the stitches or clips usually on the 10th or 12th post operative day.
- For you to be independent in mobility, transferring on and off the bed, chair and toilet and to be independent with personal and domestic activities.
- Discharge plans are complete and any equipment that may be required is delivered. Equipment is issued within your home district.
- If assistance is necessary with personal care a social worker may need to organise carers to assist you for a short time.

It is very important that you have regained good function of your knee. The range of movement usually aimed for is 85° -

90° flexion (bend) and a knee which fully straightens, with good muscle power.

Swelling around the knee / leg is normal but it is important to reduce it as much as possible, by elevating your leg for periods during the day, doing regular small amounts of exercises and by using ice therapy if your Physiotherapist has instructed you to.

15. ON DISCHARGE

When you go home, your continued progress will depend on you continuing with your exercise programme as advised by your Physiotherapist. You will also be given an appointment to attend out-patient physiotherapy sessions.

It may be several weeks or up to six months before the swelling and bruising settles completely, giving you maximum benefit from your new knee joint.

You will usually see the Consultant 6 weeks after surgery. You will be advised of this appointment on discharge from hospital.

16. GETTING IN AND OUT OF CARS

The passenger seat should be pushed back as far as possible and the seat slightly reclined. If the car seat is low, an extra seat cushion may be necessary.

- Make sure you are on the level ground and not standing on the kerb. Position yourself with the back of your legs against the car door frame.
- Reach back for the back of the seat with your left hand and the seat base or dashboard with your right hand.

- Put your operated leg out in front of you, with the knee fairly straight, lower yourself gently.
- When sitting, lean back slightly and push your bottom further onto the seat, towards the driver's seat.
- Lean back and pivoting on your bottom, slide your legs into the car. Once in, adjust yourself to a comfortable position.
- Getting out is the reverse procedure.

17. GENERAL ADVICE

Driving:

Should be avoided for the first 6 weeks after your operation. Check with your Consultant at your first follow up appointment before you attempt to drive. It is also advisable to check with your car insurance company that you are covered to drive. This is for both automatic and manual vehicles.

Kneeling: You are strongly discouraged from kneeling, as this will put too much strain on the new joint

Walking Outside: Go for regular, short walks, but avoid walking on rough, uneven ground for three months after your operation. Running or jogging is not advisable after your knee replacement.

Gardening: Not before 2 months after your surgery

Swimming: Discuss with your Physiotherapist or Consultant before the wound has fully healed. Avoid breast stroke leg kicks.

Housework: Spread household chores throughout the week. Avoid any heavy housework/vacuuming for the first few weeks following the operation.

Dressing: You should always sit to put on shoes, socks, trousers, stockings, etc.

Sleeping: Sleep on your back for the first few weeks.

Normal Sporting Activities: e.g. dancing, bowling, cycling, bowls, golf, skiing etc. Discuss with your Consultant at your out-patient appointment when it is safe to resume activities.

Flying: Flying is not usually advised for 6-12 weeks post-surgery. It may be advisable to consider inflight stockings and possibly aspirin as a precaution prior to your flight. For long haul flights it may be recommended not to fly for 4 weeks prior to your surgery and 12 weeks post-operative. Please discuss with your consultant.

Remember:

- Eat healthily in order to maintain a healthy weight
- Take regular exercise
- Continue your knee exercises
- Allow yourself plenty of rest

18. MILESTONES AND EXERCISE MONITORING

1-3 weeks post-surgery

Continue with the exercises and continue to increase the distance that you walk outside, you can start going outside as soon as you feel able. Some patients, by this time, may be comfortable walking as much as a mile a day. Hopefully you may feel confident enough to go to the local shop or supermarket. You can do this at any time you feel ready.

4-8 weeks post-surgery

If advised by your Physiotherapist you may be able to walk unaided or with a stick. You will have a follow-up clinic appointment with your consultant.

3-6 months post-surgery

Continue with the exercises. Most of the swelling should now have resolved but some may remain.

Over the next six pages you will find tables for you to use, to indicate that you have completed your exercises.

There is also a section for you to summarise how you feel you are managing with the exercises and generally. Please use this diary to monitor your progress over the six weeks.

Week: 1

Please place a tick in each box, to indicate that you have completed the exercises advised.
(The exercises correspond to the exercises displayed in the front of this booklet)

Please write below any comments about your exercises, and how you have felt this

| | Day 1 AM / PM / EVE | | | Day 2 AM / PM / EVE | | | Day 3 AM / PM / EVE | | | Day 4 AM / PM / EVE | | | Day 5 AM / PM / EVE | | | Day 6 AM / PM / EVE | | | Day 7 AM / PM / EVE | | |
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Please write below any comments about your exercises, and how you have felt this
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Please place a tick in each box, to indicate that you have completed the exercises advised.
(The exercises correspond to the exercises displayed in the front of this booklet)

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Please write below any comments about your exercises, and how you have felt this week

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Week: 3

Please place a tick in each box, to indicate that you have completed the exercises advised.
(The exercises correspond to the exercises displayed in the front of this booklet)

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Please write below any comments about your exercises, and how you have felt this week

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Week: 4

Please place a tick in each box, to indicate that you have completed the exercises advised.
(The exercises correspond to the exercises displayed in the front of this booklet)

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Please write below any comments about your exercises, and how you have felt this week

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Week: 5

Please place a tick in each box, to indicate that you have completed the exercises advised.
(The exercises correspond to the exercises displayed in the front of this booklet)

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| 9 | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | |

Please write below any comments about your exercises, and how you have felt this week

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Week: 6

Please place a tick in each box, to indicate that you have completed the exercises advised.
(The exercises correspond to the exercises displayed in the front of this booklet)

| | Day 1 AM / PM / EVE | | | Day 2 AM / PM / EVE | | | Day 3 AM / PM / EVE | | | Day 4 AM / PM / EVE | | | Day 5 AM / PM / EVE | | | Day 6 AM / PM / EVE | | | Day 7 AM / PM / EVE | | |
|----|---------------------------|--|--|---------------------------|--|--|---------------------------|--|--|---------------------------|--|--|---------------------------|--|--|---------------------------|--|--|---------------------------|--|--|
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Please write below any comments about your exercises, and how you have felt this week

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19. CONTACT INFORMATION

Ormskirk & District General Hospital

H Ward : 01695 656903
01695 656603

Physiotherapy/Occupational Therapy Department
01695 656861 (8.30 am – 4.30 pm)

Southport & Formby District General Hospital

Ward 14a: 01704 704889

Physiotherapy / Occupational Therapy Department:
01704 704143 / 704815 (8.30 am – 4.30 pm)

During your time in hospital, it is important to us that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

REHABILITATION/THERAPY

If you have any concerns or questions regarding your therapy, please contact either the Orthopaedic Therapy Team Leader on 01695 656861 or the Head of Therapy and Rehabilitation Services on 01704 704147

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS FOR AFTER YOU HAVE LEFT THE HOSPITAL PREMISES

Any concerns regarding your knee wound, contact us immediately:

H Ward – 01695 656603

Physiotherapist/Occupational Therapist – 01695 656861

Consultant Surgeon – via the hospital switchboard 01704 547471.

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

DVT

Pressure areas

Wound infection

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL

As above

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**Please call 01704 704714 if you need
this leaflet in an alternative format**

Southport and Ormskirk Hospital NHS Trust

Ormskirk & District General Hospital
Wigan Road, Ormskirk, L39 2AZ
Tel: (01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN
Tel: (01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

Please remember to complete the **attached** *Friends and Family Test*.

Alternatively, you can complete the *Friends and Family Test* on-line by going to:

southportandormskirk.nhs.uk/FFT

Thank you

Owner: Joanne Kenyon
Ref: 11/15
Version: 6
Reviewed: June 2022
Next Review: June 2025