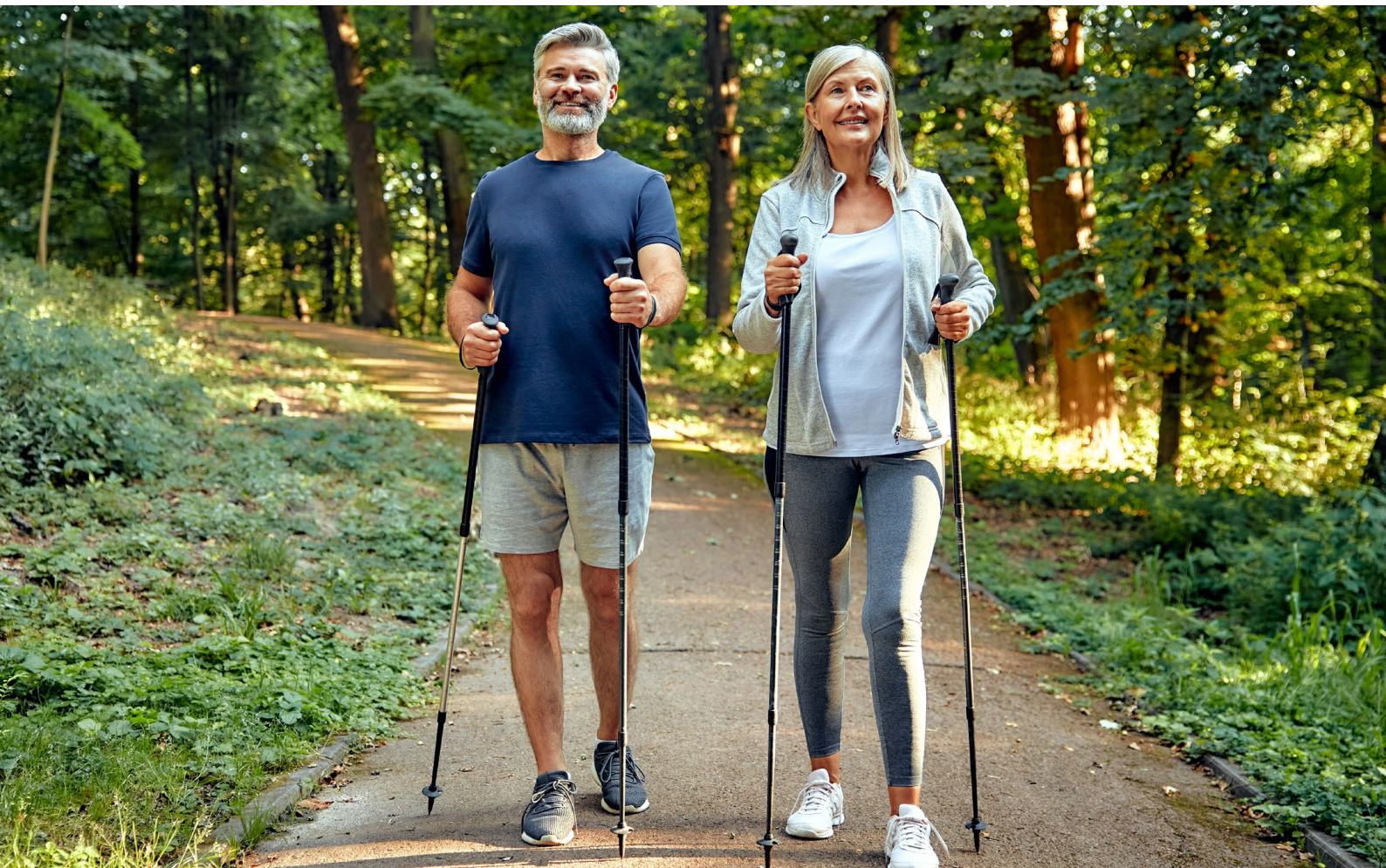


A PATIENT'S JOURNEY

Knee Replacement Surgery



The Horder Centre

HORDER HEALTHCARE

Please ensure that you bring this guide book with you each time you visit the hospital.

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Introduction

Your journey starts now. This guide has been developed by the clinical team in partnership with patients, to provide you and your support network with all necessary information about having knee replacement surgery and your rehabilitation afterwards.

Please read through this booklet thoroughly, as it is an essential tool for guiding you right through your journey to recovery. It will advise you on how to prepare for your upcoming surgery, what to expect during your stay in hospital and how to manage once you return home.

The aim is to assist you through our enhanced recovery programme and return to managing activities of daily living, hobbies and activities that you enjoy.

One of the most important influences on your recovery is YOUR participation. Your goals and rehabilitation post-operatively will be centred on your individual needs.

If you need clarification or have any questions about the following information, please do not hesitate to ask a member of staff.

Why you are having a knee replacement

About your knee joint

The knee joint is a hinge joint where the end of the thigh bone (femur) connects with your lower leg bone (tibia). Your kneecap (patella) sits on top of this joint and glides as you bend and straighten your knee.

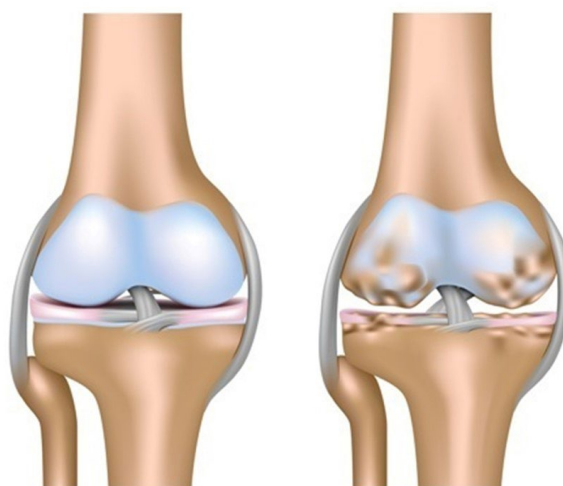
A healthy knee joint has smooth cartilage that covers the ends of the bones. This cartilage allows the bones to glide smoothly together. The knee joint is surrounded by muscles (which provide movement) and ligaments (which provide stability and support).

What is arthritis?

Most patients having joint replacements are usually suffering with arthritis. Arthritis, is the inflammation of a joint. There are different forms of arthritis – osteoarthritis, rheumatoid arthritis and psoriatic arthritis are just a few examples. The most common type is osteoarthritis.

Arthritis can cause the cartilage that normally lines the joints to wear away, leaving the bone ends exposed. This will cause bone on bone rubbing, which can cause pain, stiffness and deformity within the joint.

The symptoms of arthritis vary according to the severity of the arthritis and affect people of all ages.



Healthy knee joint

Osteoarthritis

What is a knee replacement?

A knee replacement is a surgical procedure in which the knee is resurfaced with artificial components. It comprises of a metal shell on the end of the femur and a metal and plastic trough on the end of the tibia. A plastic button may be used to resurface the back of the knee cap if needed.

Some components of your new joint are secured using bone cement, whereas others have a special coating (hydroxyapatite) that promotes bone growth. This substance binds to the bones and thus eliminates the requirement for cement or fixation.



Having a knee replacement can:

- Provide you with pain relief
- Help correct deformity
- Improve movement & mobility
- Improve the quality of life

Preparing your body prior to surgery

Diet

Ensuring that you eat a healthy well-balanced diet with plenty of protein will help your body to heal post-operatively. Eat foods that contain iron and ensure that you consume fresh fruit and vegetables. If your BMI is above 30, it would be beneficial to lose some weight prior to your operation. If you would like further advice and support with losing weight please speak to your GP and or make use of the NHS Weight Loss App.

Dietary Requirements - Post-operatively, you will have a choice of meals to select from. However, if you have any specific dietary requirements, please let a member of staff know at pre-assessment to ensure that preparations can be made in advance ready for your admission.

Alcohol Consumption

The more alcohol you drink, the higher your risk of complications with surgery.

You should not be drinking more than 14 units per week for 4-6 weeks prior to surgery and **NO alcohol for 48 hours before your admission.**

One glass medium strength wine = 2.3 units

One pint of medium strength beer = 2.3 units

One 25ml measure of spirit = 1 unit

If you think you are drinking excessively it is important not to stop suddenly – please approach your GP who will be able to support you to gradually reduce your alcohol intake pre-operatively.

Smoking Cessation

Nicotine makes your blood stickier and therefore reduces the flow of blood around your body. It also reduces the amount of oxygen that your blood can carry. Stopping or cutting down smoking before surgery can reduce the risk of post-operative complications, improve your lung function and enhance wound healing. Please do not smoke or vape on the day of surgery.

Preparing for surgery offers a real opportunity to commit to stopping smoking. Your GP may be able to offer you support. ASH (Action on Smoking and Health) is a public charity which work to reduce the harm caused by smoking and there are also Apps available to support you including the NHS Quit Smoking App.

Health

If we were to operate on you whilst you had an active infection, (e.g. tooth abscess, urinary tract infection or a cold), the infection could travel through your body via your blood stream, enter the joint and cause significant post-operative complications. It is imperative that any infection you have is fully treated before your operation. Infected wounds or scratches can mean that your operation will be cancelled – so please do take care of yourself in the weeks leading up to your surgery and let us know as soon as possible if there are any changes to your medical status prior to your admission.

The Royal College of Anaesthetists has a very useful online guide that you may find helpful in preparing for surgery, available via the 'patient information resources' section of their website: www.rcoa.ac.uk/fitterbettersooner.

Pain Relief

If you are already taking regular pain relief (particularly opioids) for your knee pain and have done so for a while, ensure that this is reviewed by your GP prior to surgery.

Goals

Being focused on where you want to be after your operation will help with your rehabilitation. We suggest that you make yourself a list and set weekly goals that are individual to you based on your daily living activities and also your hobbies and interests. Remember goals are unique to you and you should not compare your progress to others. You may want to use the chart on the next page to make a list of your own goals – you can discuss these with the therapy team when you are in hospital.

What you need to do:

- **Get support to lose weight if your BMI is higher than 30.**
- **If you drink alcohol, reduce your alcohol intake.**
- **If you smoke, try to stop/cut down.**
- **Inform us of any dietary requirements.**
- **Take care in the weeks leading up to your surgery.**
- **Start thinking about your individual goals.**
- **Begin your pre-operative exercises.**

Exercise

Physical activity and exercise are paramount in helping to maintain your mobility and strength and it is important to be as fit as possible prior to surgery, as this will aid your recovery. The pre-operative exercises on the following pages should be started as soon as possible and continued right up until your surgery.

World Health Organisation Activity Recommendations

Strength Exercises 2 or more days a week

2.5 - 5 hours of moderate activity weekly

1.25 - 2.5 hours of vigorous activity weekly

**3 or more days a week balance and co-ordination
activities for those at risk of falls**

**10 minutes of brisk walking a day has proven benefits
in mood, weight, fitness and functional activities**

Please remember that you need to strengthen your entire body, not just your leg. It is important to strengthen your arms as you will be relying on them a lot post-operatively, as well as focusing on your balance. Try to carry out two to three sets of exercises each day.

If you find any exercise too difficult or too painful to perform, then please avoid them and ensure you manage the ones that you can. And if you are still able to do other forms of exercise (e.g. walking, swimming, golf etc.) please continue to do so.

We also have classes available at The Horder Centre which you may wish to attend pre-operatively. Please enquire at main reception if you require further information.

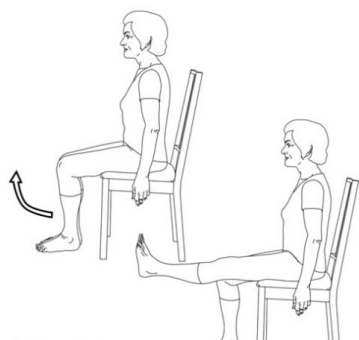
Exercises before surgery

Lower limb exercises

Knee flexion

Bend your knee as far as you comfortably can, then straighten your leg out. Repeat on the other leg.

Repeat 10 times.



Knee extension

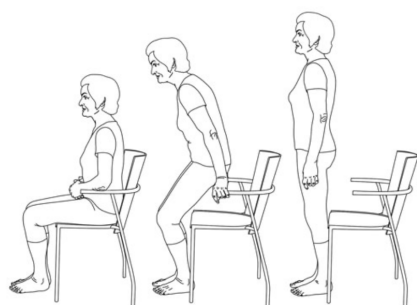
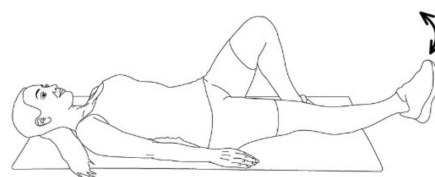
Pull your toes up; lift your foot up off the floor to straighten your knee. Hold for five seconds and return to the starting position. Repeat on the other leg.

Repeat 10 times

Straight leg raise

With one knee bent and the other straight, lift your leg up off the bed, hold this position for a few seconds and then return to the starting position. Repeat on the other leg.

Repeat 10 times.



Sit to stand

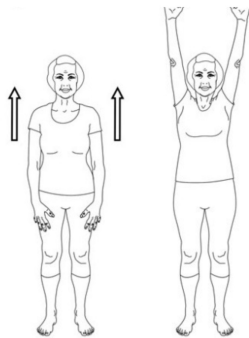
Practice sitting to standing from a chair. Use the arms of the chair if needed.

Repeat 10 times.

Upper limb exercises

Bicep curl

Holding a small weight/household object in your hand. Bend your elbow, taking your hand up towards your shoulder, then gently lower the arm to the starting position. Repeat 10 times on each arm.



Arm raises

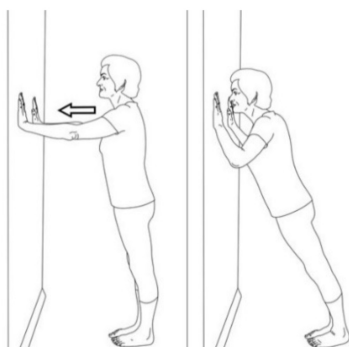
Gently lift your arms up over your head as far as it feels comfortable, then return to the starting position. If this is too challenging, hold a stick in both hands whilst completing the movement.

Repeat 10 times.

Chair push ups

In sitting, use mainly your arms to push yourself up, lifting your bottom off the chair. Then slowly lower yourself back to sitting.

Repeat 10 times.



Wall push ups

In standing, place both hands on the wall. Gently lower yourself towards the wall by bending your elbows. Then push yourself back up into the starting position.

Repeat 10 times.

Balance exercises

Weight transfers

Lightly hold onto a stable surface initially and ensure you have equal weight through both your legs. Slowly raise up onto your toes, and then rock back onto your heels to lift your toes up. You can also try transferring your weight from left to right.

Repeat 5 times in each direction.



Single leg stance

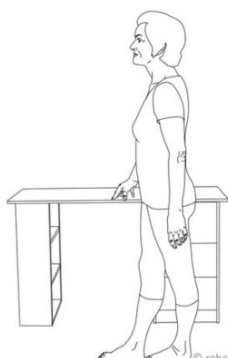
Lightly hold onto a stable surface and try to stand on one leg and maintain your balance. Gradually try to increase the length of time you stand on one leg.

Repeat 5 times.

High knee marching

March on the spot and bring your knees up as high as you can. You may want to hold onto a stable surface.

Repeat 10 times on each leg.



Heel to toe walking

Stand upright with good posture and lightly hold onto a stable surface. Walk with one foot in front of the other whilst maintaining contact between the heel of one foot and the toes of your other foot.

Take 10 steps forward and then backwards.

Preparing your support prior to surgery

You will be discharged from hospital as soon as you are medically and physically fit. Patients typically stay two nights.

During the initial stages of recovery, we advise that you have someone with you at home or that you stay with somebody who can support you.

You are likely to require help with shopping, meals, housework and transport. The amount of support required for each patient upon discharge will vary between individuals.

SUPPORT AT HOME

It is your responsibility to arrange support at home. This is imperative to ensure that we are able to discharge you safely.

If you have limited support at home or have any concerns about managing at home, please contact the therapy team.

If you are a carer for somebody else, ensure that you have sufficient support in place for them prior to your surgery. Please be aware that you may not be able to physically help someone else for the first six weeks of your recovery. If you require help with arranging this, please contact your GP in advance.

Preparing your home prior to surgery

Consider how your furniture is currently laid out and whether it is possible to move things around to make it easier for you in your initial recovery.

Think about how you will carry things around your home. Remember that you will be using walking aids which will restrict your ability to carry things; some patients have found it useful to use a small backpack or cross shoulder bag.

Try to arrange items that you need frequently at a reachable height to avoid stretching too high or too low.

Other Considerations:

Shopping

Stock up on essentials to limit the amount of shopping trips in the initial stages of your recovery.

Pets

Make arrangements for your pets to be looked after. You may still need support with this once you are home.

Housework

Complete all domestic tasks prior to coming in. You may find it challenging initially after surgery.

Dressing aids

Dressing your bottom half can be challenging initially. A long-handled grabber, a long shoe horn and a sock aid can be helpful.

Transport

You must ensure that you have arranged transport for your admission and discharge. Transport services are available for blue badge holders. We also have a limited transport service for others (charges will apply). Please contact The Horder Centre to arrange this if required.

Furniture

Good height furniture at home is important to help you rest comfortably. Ensure that you have a firm arm chair, which will enable you to get up and down more easily.

When sitting, your hips should be level with, or slightly above your knees (please see image to the right). You will find it challenging to stand from a low chair. You can use pillows or cushions to increase the height of your chair, or alternatively you can look into purchasing chair raisers from your local mobility shop.



It is also important that your bed is an appropriate height.

Again, your hips should be level with, or slightly above your knees when you're sitting on the edge of the bed (please see image to the left). If your bed is too low, you will find it hard to stand up from it. If you are concerned about your bed height, please speak to a member of the therapy team.

What you need to do:

- Arrange your support at home.
- Arrange your transport to and from the hospital.
- Stock up on food and essentials, especially if you live on your own.
- Consider buying some dressing aids.
- Ensure you have good height furniture to rest on.

Falls Prevention

As we get older and our mobility declines, we become at higher risk of falling, but there are ways to reduce this risk.

Aging

As we get older our balance can decline; reaction times and reflexes become slower. You can improve your balance with exercises.

Bones naturally become more brittle as we age. Weight bearing exercises are great for maintaining strong bones, as well as a well-balanced diet to ensure you get enough calcium and Vitamin D.

Muscles

Regular physical activity will help strengthen your muscles. Aim to strengthen your muscles prior to coming in for surgery.

Medication

It is important to be aware of what medications you may be taking and ensure you take all your prescribed medicines. It is also important to get your medication reviewed regularly, to ensure that dosages are correct and they do not make you feel dizzy or faint.

Vision

Having an annual eyesight examination is important. Your eyesight may be changing and getting worse. If you feel that your eyesight has not changed, the optician can also check for other conditions such as glaucoma, cataracts and macular degeneration, which can all cause your vision to decline. Please be aware that bifocals and varifocals can increase the risk of falls.

Incontinence

When you are in a hurry to use the toilet, especially in the dark at night, you are at higher risk of falling. If you are experiencing incontinence issues, please seek advice from your GP so they can refer you to a continence specialist.

TOP TIPS TO FALL-PROOF YOUR HOME



Ensure there is sufficient lighting. Make sure you turn the light on if you get up in the night.



Remove rugs and consider using cable tidies to avoid trailing cables. Remove any clutter and never store items on the stairs – remove all trip hazards.



Clear up spillages straight away. Always use a non-slip mat in the bath/shower. Consider installing grab rails in the bathroom.



Ensure that front/back doors are well lit. Consider installing grab rails/railings if you have any access steps to the front door. Try and keep immediate paths free from moss and leaves.

If you wish to seek more help and advice on preventing falls at home, please speak to your GP to access your local falls prevention services.

What do I need to bring in?

We advise that you do not bring in any valuables or jewellery. You may want to bring a small amount of cash to buy a daily newspaper.

Please avoid over packing and large heavy bags, unless you are planning to go to a place other than home for convalescence or further rehabilitation.

- ✓ **Toiletries (including 2-3 flannels)**
- ✓ **Loose comfortable clothing**
- ✓ **Dressing gown with cord**
- ✓ **Shoes & slippers (no backless footwear)**
- ✓ **Current walking aids (stick, walkers etc.)**
- ✓ **Dressing aids (long shoe horn, long handled grabber etc.)**
Practice with your dressing aids before coming in.
- ✓ **Current medications (Please ensure that the medication you bring is in its original packaging)**
- ✓ **The Horder Centre knee guide**
- ✓ **Mobile phone & charger**
As we are located in an area of outstanding natural beauty in Ashdown Forest, there can be patchy mobile phone signal in some areas of our hospital. Although we cannot control that, we do provide free WiFi that you can connect to called The Horder Centre WiFi. If your phone is capable you can use WiFi Calling once connected. If you want to watch any films or series, it may be easier to download these onto your device prior to coming in. Unfortunately, you will not be able to connect to live streaming due to firewalls. Please contact your mobile phone provider for further info if required.
- ✓ **Other forms of entertainment (e.g books/tablet)**
- ✓ **Headphones/ear plugs (It can be noisy at times on the ward)**
- ✓ **Snacks/ soft drinks etc.**
- ✓ **Remove jewellery or piercing before coming into hospital.**
Although a wedding ring can usually be worn and will be covered with tape.
- ✓ **Remove gel nails or nail varnish before coming into hospital.**

Pre-assessment

You will undergo a pre-operative assessment prior to your surgery. This is an opportunity for us to assess and establish your general health and discuss any individual health needs and risks with you. This will be undertaken by a trained pre-assessment nurse. If deemed necessary you may also be required to see an anaesthetist and a physio or occupational therapist.

You will need to have a number of tests done which will include blood samples, ECG, vital sign measurement and calculation of your Body Mass Index (BMI). We will also need to test your urine for infections and take swabs for MRSA.

Various medical conditions can affect your safety during surgery and your recovery and it is important to make sure that these are as well controlled as possible before surgery.

Sometimes it is necessary for you to have further tests or treatments with your GP or a medical specialist before surgery can go ahead safely – this may mean that your surgery is delayed and, in some instances, make it inappropriate for you to have your surgery at The Horder Centre.

One of the blood samples that we take is to confirm your blood group and in accordance with the National Transfusion Service guidelines it is likely that a second blood group sample is collected close to the date of your surgery. This must be carried out at The Horder Centre and you will be given a separate appointment for this.



You may find it useful to watch our information video about the post-operative management of a total knee replacement.

Please scan the QR code to view or alternatively you can access the video on our website.

The day before your surgery

Once theatre lists are finalised the day before your surgery, you will be called to be advised what time to arrive at the hospital, what time you must stop eating and what time to stop drinking water. Patients due to be admitted on Mondays will be called the preceding Saturday.

Contact Us

It is extremely important that you contact the hospital if there are any changes in your medical status prior to your admission.

This includes any symptoms of infection, skin abrasions or changes in your post-operative support.



Admission

If your surgery is planned for the morning, you will be expected to arrive between 7:15am and 7:45am. If your surgery is planned for the afternoon your admission time will be mid to late morning.

On arrival you will often be taken to the admissions ward and not to your post-operative room. The length of time you stay in this area before surgery is dependent on what time your surgery is planned and can be between 1 and 4 hours.

You will be seen by several members of the team who will prepare you for your surgery and complete checks to ensure that you are fit and well.

- The consultant will meet with you; confirm your consent to surgery and clearly indicate the agreed site of surgery.
- The anaesthetist will meet with you to explain your anaesthetic choices and affirm that you are well enough to proceed to surgery.
- The nurse will complete all the admission paperwork, check, count and record medications which you have brought with you.
- The ward doctor will prescribe the medications that you bring with you on to your drug chart alongside further medications that you might require during your stay.

A member of the team will attach your identity bands and carry out physical observations, such as blood pressure, pulse rate and temperature. You will usually be fitted with an anti-embolism stocking to the leg that is not going to be operated on. The other stocking will be fitted post surgically.

You will be provided with a hospital gown and advised when it is appropriate for you to get changed. Have your dressing gown ready so that you keep warm. We will also provide you with a self-warming blanket and non-slip socks. Please do not apply moisturiser to your body and ensure that you have removed any gel nails or varnish.

Please be aware

After the admission checks are completed the waiting time can feel quite lengthy and we recommend you bring something to occupy yourself during that time.

Your companion, if you have one is welcome to stay with you until you are called to theatre.

The operation

You will be escorted to theatre by a member of the medical team, with assistance given if you are unable to walk. If you wear hearing aids or glasses you will be advised to continue to wear them as the team will go through further routine checks when you arrive in theatre. You may be able to take headphones and an electronic music device to wear during the procedure.

On arrival in the anaesthetist room you will meet the anaesthetist practitioner who will work alongside your anaesthetist. The practitioner will confirm your details and ask you a few questions.

The anaesthetist practitioner will then place monitors on you which include a blood pressure cuff, ECG dots to your chest and a probe on your finger to measure your oxygen saturations during your procedure.

Once this is done either the practitioner or your anaesthetist will place a cannula in your hand. A cannula is a very thin plastic tube that is inserted into a vein in your hand or arm via a needle. The needle is removed leaving the tube in situ allowing us to give medications to you during your operation.

You will then be asked to either sit or lay on your side so that you can be placed in the optimal position to enable the spinal anaesthetic to be performed.

The theatre recovery room

When the operation is complete you will be moved to the theatre recovery room. There may be other patients in the same room and the recovery team will monitor your observations and your pain levels. You will usually be given oxygen through a light plastic mask and you may also have a drip attached to your cannula which is sterile fluid to ensure that you are well hydrated.

You will usually have your second anti-embolism sock fitted and foot pumps attached to keep the blood circulating and help to prevent blood clots from forming. You can also help to reduce this risk by moving your feet and ankles as soon as you are able to do so.

When the clinical recovery team are happy that you are well enough you will be transferred to the post-operative ward.



Post-surgery on the ward

Once you are in your room on the ward you can expect to feel drowsy for a while, your legs may feel heavy and difficult to move and you may have a drain at the operation site which helps to remove any fluid around your wound. This may look a little unsettling but it does not usually hurt and is removed as soon as the fluid production diminishes, usually the following morning. Pain relief will continue to be given and your oxygen mask will stay in place until it is no longer required.

You will be monitored every half an hour for the first two hours and then gradually the gap between your observations will increase as you recover – everyone is different and you may need fewer or more frequent checks. Please be aware that if you have had your surgery later in the day these checks will continue into the night and you may be woken several times in order to carry this out – we will of course aim to minimise this disruption but it is essential that we ensure you remain well post-operatively.

You can usually eat as soon as you feel well enough after surgery and you are encouraged to drink which will help with the healing process.

Before your sensation returns, we may need to monitor the amount of urine retained in your bladder by doing a scan. As your sensation returns and you feel the need to pass urine but do not have full sensation to get up, you may need to use a bed pan or urine bottle.

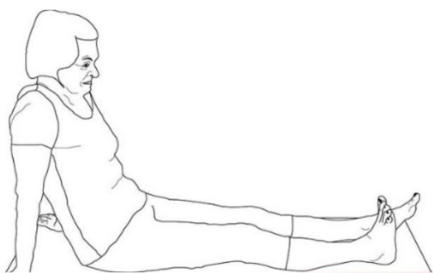
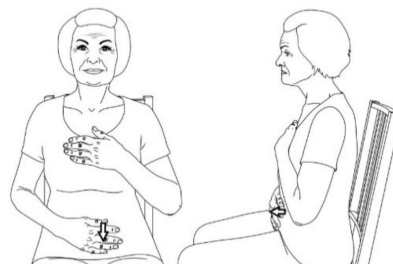
If your surgeon has not requested any specific restrictions in movement, you may begin your post-operative bed exercises on the following pages once your sensation has returned. The team will get you up and moving but you must not get up without assistance until the therapy team have assessed your mobility and deemed you safe to walk independently.

Post-operative exercises for circulation

You should complete these exercises during your time in hospital. These exercises become less important as you become more mobile. All these exercises can be performed whilst lying in bed. Perform these little and often to ensure good circulation.

Deep breathing

With your hand on your upper abdomen, take a deep breath in through your nose and exhale slowly through your mouth. You should feel your abdomen rise against your hand.



Ankle pumps

Paddle your feet up and down.

Static quads

Pull your toes up and push your knees down into the bed, tightening the thigh muscle. Hold for 5 seconds and then relax.



Buttock squeezes

Squeeze your buttocks together and then relax. Try not to hold your breath.

Post-operative bed exercises

The aim after surgery is to perform three main sets of exercises daily. Most patients usually perform a set of bed exercises in the morning (before they get up to reduce stiffness that has built up overnight), then a set of chair exercises in the afternoon and in the evening. However, this is just a guide, you may wish to do them in a different order. The aim is to complete exercises for six weeks post-operatively. Some of our patients have found it beneficial to continue them even beyond the six weeks.

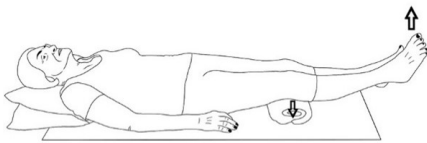
Knee flexion

On a smooth surface (such as a plastic bag on top of your bed sheet), bend your operated knee towards you. You can use a towel to assist. Repeat 10 times.



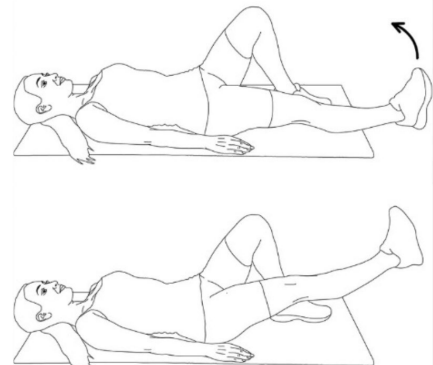
Inner range quads

Place a rolled up towel underneath your knee. Pull your toes up towards you and straighten your knee by lifting your foot up off the bed. You should be pressing the back of your knee against the towel. Your operated leg may feel heavy and may not respond normally initially post-op, this is normal. Hold for 5 seconds then relax. Repeat 10 times.



Straight leg raise (in lying)

Keeping your operated leg straight, raise your leg off the bed. Try and hold this position for 5 seconds then relax. Your operated leg may feel heavy and may not respond normally initially post-op, this is normal. You may want to use an aid to help with this exercise in the initial stages of your recovery. If you are having to use an aid with this exercise, remove the aid as your leg becomes stronger and you are able to achieve a straight leg raise by yourself. Repeat 10 times.



Massage

Place your hands below your operated knee, massage your knee in an upward motion. This will help with pain and reduce swelling. Do not use any creams or oils for the massage. This can be repeated as often as you like.

Sleeping

Changes in routine, pain and restricted movement can cause difficulty in sleeping post-operatively. Some people are woken up by discomfort. You may want to take some pain relief before getting into bed as it may help with your sleep.

You will be wearing foot pumps whilst you are in bed in hospital, which some patients find disturbing at night. These are important to help reduce the risk of you developing a blood clot by inflating intermittently to encourage circulation.

Initially, you may find it easier and not as uncomfortable if you sleep on your back - please avoid using pillows underneath your knees.

You may sleep on your side but make sure you place one to two pillows in between your knees and ankles for comfort.

The morning after

The resident medical officer (RMO) will complete a ward round alongside the nurse in charge to assess you medically and discuss your progress.

During that morning, any drips and drains will be removed. Your nurse will ensure that you receive all your necessary medications including pain control, anticoagulants and antibiotics. They will also continue to monitor your observations and help with getting yourself washed and dressed.

You will be assessed by the therapy team. They will go through your exercises and assess your mobility. The therapy team will also assess any equipment needs that you may have.

THINGS TO AVOID

Avoid the following:

1. Avoid twisting/pivoting on your operated knee
2. Avoid sitting on low furniture, getting down into the bath tub etc.
3. Heavy lifting
4. Performing high impact sports as tolerated.

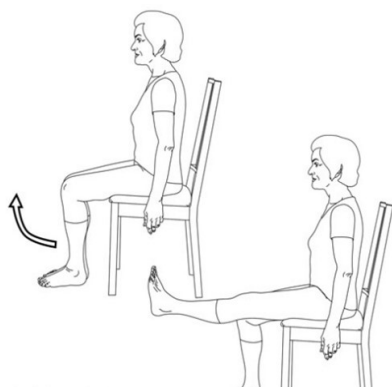
Post-operative chair exercises

Remember to aim for 3 sets of exercises a day.

Knee flexion

Bend your operated knee as far as tolerated by sliding your foot back. You can place your non-operated leg over your operated leg to help it back.

Repeat 10 times



Knee extension

Pull your toes up; lift your foot up off the floor to straighten your knee. Hold for 5 seconds and return to the starting position. Your operated leg may feel heavy and may not respond normally initially post-op, this is normal.

Repeat 10 times

Hamstring stretch

Straighten your operated leg as much as you can. Pull your toes up and lean your body forwards. You should feel a stretch at the back of your operated leg. Hold this stretch for 15-30 seconds.

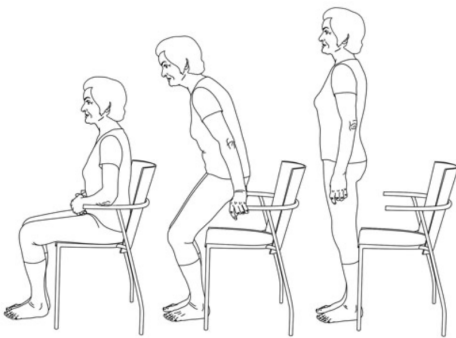
Repeat 3 times



Heel to toe

Start with your foot flat on the floor. Lift your toes up, then rise through your toes and lift your heels.

Repeat 10 times



Sit to stand

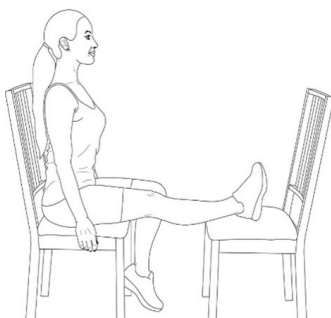
Using the arms of the chair, push up into a stand. Once standing, try and distribute equal weight through both your legs. To sit down, step back until you can feel the chair behind your legs, reach back for the arms of the chair and gently lower yourself down into sitting without bringing the operated leg forwards.

Repeat 5 times

Assisted knee flexion

Without moving your feet, slide your bottom forwards in the chair to bend your knee. Once you have reached your tolerated range, try and hold this position for 15-30 seconds. Then return to the starting position.

Repeat 5 times.



Passive knee extension

Rest your operated leg onto a foot stool or chair. Relax your foot and leg as much as possible. Try to maintain this position for 2 – 10 minutes, gradually increasing the time as tolerated.

Falls prevention in hospital

After your operation you are at higher risk of falls. Your safety is paramount to us which is why we ask you to consider the following:

Some patients experience low blood pressure post-operatively and this can make you feel dizzy or faint. Though this is quite common, we want to make sure you do not get up by yourself initially as this causes you to be at higher risk of falling. Please ring your call bell for assistance.

Most patients will be wearing anti-embolism stockings post-operatively. These help reduce the risk of blood clots forming in your legs. Please make sure you are wearing non-slip socks or a form of footwear over your stockings when walking as we do not want you to slip. If you need help with getting your socks, shoes or slippers on, please ask for help.

During the night, you will be wearing anti-embolism footpumps. These are attached to a machine. Please do not attempt to get out of bed whilst you have these on. Please ring the call bell for assistance so staff can help you take them off prior to getting up.

After your operation the physiotherapy team will assess you for walking aids. It is essential that you do not walk by yourself unless a member of the physiotherapy team has deemed you independent with your mobility. Please also make sure you use the walking aids provided and do not attempt to walk without.

When you are walking, do not rush. In order for you to return home safely, we are looking for you to be safe with your walking aids, not quick.

Take care when you are turning as this can affect your balance. Turn gradually and move the walking aids round with you so they can support you properly.

Avoid leaning on furniture. Always use your walking aids for support if you are walking.

If you do not feel confident with your walking ability, make sure you ring your call bell so that a member of staff can assist you prior to getting up.

TOP TIPS



CALL, DON'T FALL!



Do not hesitate to ring your call bell for assistance.



Make sure you have appropriate footwear on.



Make sure you can feel the chair or bed behind you before sitting down. ALWAYS reach back for bed/chair before sitting down.



Use the walking aids provided.



Do not attempt to walk unaided.

Before standing up, sit on the edge of the bed and assess whether you feel well enough to move (i.e if you feel light headed or dizzy), it is important to ring the call bell for assistance if you feel unwell.

Managing your pain following surgery

One of the most important things to remember is that although the operation aims to take away the pain of arthritis, you will experience some pain and discomfort following surgery.

It is really important to take your pain relief regularly especially in the early stages of healing. The aim is to try and manage your post-operative pain so that it is tolerable at rest AND on movement. You will not be completely pain-free.

Ice packs are available for you to use whilst in hospital. Patients have found these very useful. It would be beneficial to have some ice packs ready for when you return home.

Post-operatively, your knee will be painful but do not be surprised if you experience some referred pain down the leg, as this can happen in the early stages of your recovery. Patients find getting on and off the bed/chair quite painful, this is normal and to be expected.

Prevention or early treatment of pain is far more effective than trying to treat established or severe pain. If you feel your pain is not tolerable, make sure you inform the ward team, so your pain regime can be reviewed.

Please be aware that following your surgery, the nursing staff will ask you how you rate your pain so they can assess how much discomfort you are in. Please familiarise yourself with the pain score system on the next page so that you are prepared and aware of the pain scale that you will be using.

SIDE EFFECTS

Bowels

The combination of the type of surgery, medication and reduced mobility can affect your bowels. To alleviate this, ensure you drink adequate amounts and stay hydrated, include fruit and fibre in your diet. You will also be given laxatives and encouraged to mobilise early.

Other side effects of medications can include:

- Nausea & vomiting
- Dry mouth
- Constipation
- Headache
- Dizziness
- Fainting
- Drowsiness
- Mild confusion

0	1	2	3	4
				
No pain	Mild pain	Moderate pain	Severe pain	Worst pain ever
"I have no pain at all, or any twinges I do have I almost forget about".	"I have an ache, but it is manageable and not causing me to feel upset or troubled by it".	"I have pain and I am really conscious of it. It's really bothering <u>me</u> and I would like it to go".	"This is bad pain, I can't think of anything else other than this pain. I need it to stop very quickly".	"I am in complete agony. I can't imagine having pain worse than this".

What you need to do:

- Use the pain chart above to score your pain levels.
- Be aware that despite the pain relief, you will not be completely pain free.
- Ring the call bell if you need more pain relief.
- Inform the nursing team if the pain relief has not been effective.
- Ensure you take adequate pain relief regularly so that your pain is controlled.
- Request for fresh ice packs if required.

Managing pain post-operatively

Medicate

Take pain relief as directed and do not exceed the stated dose.
Further supplies can be obtained from your GP and local pharmacy.

Ice

Ice can help with swelling and pain. You can use ice packs 10-15 minutes at a time.
Do not apply ice packs directly onto your skin as this will cause skin burns.
Put the ice pack in a pillow case/ tea towel prior to application.

Elevation

Elevating your legs will help reduce swelling. Swelling can contribute to your pain and stiffness. When elevating your legs on the bed, aim to have your feet higher than your hips by resting your legs on pillows/blankets. If you decide to elevate your legs whilst you are sitting in a chair, use a secure foot stool and ensure your upper body is slightly reclined so that it is more comfortable.

Massage

Gentle massage around your knee, which can help with pain and discomfort.
Ensure you do not use any creams or oils.

Movement

It is important you try and move little and often post-operatively to prevent your knee from getting too stiff and uncomfortable. Moving can help reduce pain. As you progress with your recovery, you will become more and more mobile.

Rest

Whilst it is important to move regularly, it is just as important to rest. Finding the right balance of rest and exercise is key and will be different for everyone. Swelling and pain can be linked with over activity, so do not overdo it.

Music

Listening to music can be a good distraction from the discomfort, create a relaxing playlist and bring in your headphones & music device with you.

Mindfulness & Meditation

Some people have found mindfulness and meditation helpful when trying to manage pain and anxiety. It can also be beneficial in reducing stress following surgery and help aid your sleep.

Getting in and out of bed

- You can get in and out from either side of the bed.
- You can hook your non-operated leg underneath your operated leg to help it on and off the bed. If you find this method too challenging, the therapist will show you an alternative method of transfer and may suggest an aid (e.g. a dressing gown cord).
- If you are unable to get in and out of bed on your own post-operatively, ensure you have somebody to support you at home with this.



Sitting & standing up

- For the first few weeks it will be more comfortable to place your operated leg slightly in front of you when you are standing up or sitting down. Try to avoid doing this as your range of movement and pain improves.
- Always push up from the bed or the arms of the chair to stand up – do not push up using the walking aids as you can become unsteady.
- Always reach back to the bed or chair before sitting down.
- When you are sitting, ensure you are comfortable and well supported. Try not to leave your operated leg in one position too long as your knee will become stiff.



Using dressing aids

Getting your bottom half dressed can be challenging following your operation. These dressing aids can make things easier. Please ensure you are sitting down when you are using these aids.

Sock aid



Long shoe horn



Long handled grabber



Please speak to a member of the therapy team if you have any questions or concerns.
Dressing aids are available to purchase from Horder Healthcare.

Stairs

Going up

1. Hold onto the rail/bannister with one hand and place your sticks/crutches in the other.
2. Step up using your non-operated leg.
3. Followed by your operated leg.
4. And finally the sticks/crutches.
5. Negotiate one step at a time.



Going down

1. Hold onto the rail/bannister with one hand and place your sticks/crutches in the other.
2. Place your sticks/crutches on the step below.
3. Followed by your operated leg.
4. Then your non-operated leg.
5. Negotiate one step at a time.

Some patients often find certain phrases to help them to remember the sequence/order. You may find the following useful:

“Up with the good, down with the bad”.

A.B.C going up - Able leg, Bad leg, Crutches

C.B.A coming down – Crutches, Bad leg, Able leg

Continue to use this method to negotiate steps or stairs until you feel strong enough to walk up and down stairs normally. Patients are often able to manage this from three weeks on.

If you do not have a rail or bannister on either side, the therapist will teach you how to negotiate the steps using just your walking aids.

Picking something up from the floor

Post-operatively you will initially find it uncomfortable to bend down to pick something up from the floor. We recommend that you use a long handled grabber to assist you, or if somebody else is around – ask them to pick it up for you.

If you are on your own and you need to pick something up from the floor, place your operated leg back behind you and lean forwards onto your non-operated leg.

It is important that when you perform this technique, you are holding onto something sturdy so that you do not lose your balance and fall. You can also use the same technique if you are reaching for something in a low cupboard or you are putting food down on the ground for your pets.



Venous Thromboembolism (VTE) Prevention

One of the risks associated with your surgery is developing blood clots post-operatively. Blood clots in the leg (or deep vein thrombosis) can form as a result of reduced mobility and movement.

Blood clots can also occur in the lungs (pulmonary embolism). If somebody is symptomatic and suspected of having a blood clot, urgent investigation is required.

Here are just some of the factors which can increase the risk of developing blood clots:

- Major surgery (particularly pelvis, hip and knee)
- Reduced mobility
- History or family history of blood clots
- Being overweight
- Trauma to blood vessels
- Clotting disorders
- Heart conditions
- High blood pressure
- Hormone therapy
- Some cancer treatments

Reducing the risk

Early mobilisation

Walking as soon as possible after you return from surgery will promote circulation. Staying active will help minimise the risk of developing blood clots.

Surgical stockings

Stockings compress your legs and encourage blood flow.

Foot pumps

The majority of patients will be wearing foot pumps at night in bed. These inflate intermittently and encourage circulation whilst you are less mobile.

Anti-coagulants (Blood thinners)

You will be taking a course of blood thinners post-operatively. This will be explained to you in more detail after your surgery.

Hydration

Ensure that you stay hydrated. When we become dehydrated our blood becomes thicker (more viscous) and therefore more prone to clotting. Do not drink excessive amounts of fluid either as this can affect your electrolytes.

The sign & symptoms

Pulmonary Embolism (PE)

Signs and symptoms can include:

- Shortness of breath
- Chest tightness or chest/upper back pain (worse on breathing in)
- Coughing up blood

Deep Vein Thrombosis (DVT)

Signs and symptoms can include:

- Pain & tenderness in the leg (usually the calf region)
- Swelling & redness in the leg (usually the calf region)
- The calf is warm to touch

After leaving hospital, if you experience the symptoms above, please seek emergency medical assistance.

Please go to A&E or if your symptoms are too severe call 999.

If you would like more information about blood clots and advice on prevention, you can visit www.thrombosisuk.org. or Embolism - NHS (www.nhs.uk)

Leaving hospital

Discharge

You can call your transport once the clinical team have confirmed your discharge. If you are travelling a long distance, you should plan to make frequent stops to prevent your knee from getting too stiff. You should also take adequate pain relief before leaving hospital. You may find it useful to have extra cushions/pillows in the car for comfort. Please ensure that your transport home is flexible with times and days. Occasionally, discharges can be delayed if a patient requires further medical intervention or more physiotherapy input prior to discharge.

Follow up appointments

During your discharge, your nurse will go through key information about what the next steps at home are. You will be asked to attend a follow up appointment for your wound check. Most people are required to make an appointment at their local GP with the practice nurse, whilst some people will be asked to return to where they saw their consultant. Where it is not possible for you to attend the appointment, we may need to arrange a district nurse to visit you at home.

You will also have a follow up appointment with your consultant which is usually around six to eight weeks post-operatively. Most of the time an appointment date will be given to you before you are discharged, but where this may not be possible, an appointment letter will be sent out to you.

If you have been asked to return for further outpatient physiotherapy following discharge, you will receive your appointment after you have returned home.

Ongoing care

If ongoing care is indicated, a referral will be made prior to you going home. There is a strict referral criteria for these services and can take some time to access due varying levels of capacity in the community. You may also want to consider privately funded care if you feel this will be necessary post-operatively. Some of our patients also book themselves in to a private care or nursing home for convalescence. This is usually arranged by the patient before admission to hospital. If you have arranged a placement for convalescence, please inform the clinical team.

Pain medication advice sheet

It is very important to continue taking your pain relief regularly following discharge in order to achieve your goals and enhance your recovery. You will be given a supply of medication to take home with you, which will be explained to you by the Pharmacist and Nurse before leaving hospital. Please contact your GP if you require a further supply.

At Pre-Assessment, you would have been advised to buy a supply of Paracetamol if you are able to take them. Paracetamol is an excellent foundation painkiller which will improve the effect of your other painkillers and you are advised to take these regularly. Please ensure you do not take more than one paracetamol containing product at the same time. Many of the cold & flu remedies contain paracetamol as well as other painkillers such as Co-codamol. If you are unsure, please check with your Pharmacist, Nurse or GP.

You will be given other medication to control your pain, these will be discussed with you before you go home. These may include weak opiates such as Codeine Phosphate or Tramadol or Anti-Inflammatory medications.

Please take your painkillers regularly as instructed throughout the day to keep your pain well controlled, especially at night for a good night's sleep. Do not wait for your pain to become severe, mild pain is easier to control than severe. We aim to manage your pain to a tolerable level to allow you to move and complete your exercises, it does not mean you will be pain free. Assess your pain at regular intervals and take your painkillers as you require them, but make sure you do not exceed the maximum dose in any 24 hour period. Allow your painkillers to work, it may be useful to take them 30 minutes before commencing exercises.

OTHER MEDICATIONS

You should be taking all of your other medications as normal post-operatively unless explicitly told not to by one of the team members looking after you. Please check before you go home if you usually take any blood pressure medications or supplements to see when these can be restarted.

You will be given blood thinners to reduce the risk of developing a blood clot following surgery, these should be taken at the same time each day & complete the course. If you encounter excessive bleeding or swelling, please contact the ward. If you were taking any other blood thinning medication before surgery, the post-operative plan will be discussed with you by one of our medical team.

AFTER SURGERY

Date	Medication	Before / After Food	Additional Instructions	Time	Day 1 Taken	Day 2 Taken	Day 3 Taken	Day 4 Taken	Day 5 Taken	Day 6 Taken	Day 7 Taken	Day 8 Taken
				08:00								
				12:00								
				14:00								
				18:00								
				22:00								
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				08:00								
				12:00								
				14:00								
				18:00								
				22:00								

Rest & activity

It is perfectly normal to feel tired in the first few weeks at home. Do not expect to be able to do everything in one go. Making a plan to gradually increase your activities over the weeks may help, but ensure you do things at your own pace. Try and set yourself some time aside every day for total relaxation, this is best carried out lying on the bed. By doing this, it will also mean you are dedicating some time to elevate your operated leg, which is an important part of your recovery. Remember you are aiming to find a balance between resting and moving, as it is important not to 'over do it'.

Wound & healing

All wounds progress through several stages of healing. You may experience some tingling, numbness and itching. You may also feel a slight pulling around the stitches or clips and a hard lump can form. This is perfectly normal and is part of the healing process.

Please contact the hospital if there is:

- Increased fluid discharge
- Increased redness
- Increased (unexpected) pain
- There is an odour coming from the wound
- Heat around the wound.
- Take your temperature if you feel warm or sick. Call the hospital if your temperature exceeds 38°C.
- Sudden difficulty with walking
- Blood in your stool, urine or sputum.

You can contact The Horder Centre at any time.

Caring for your wound

Your wound is covered by a dressing. Please keep your wound covered until your wound check which is usually 10-14 days after surgery. The hospital will send you home with spare dressings in case you need to change it at home.

You may shower every day but avoid getting your dressing wet if you can. Most dressings that are used at the hospital are shower-proof but they are not drench proof. You may wish to use cling film or you can purchase a plastic cover (usually from the Chemist) that you can use to protect the dressing.

Exercise progression

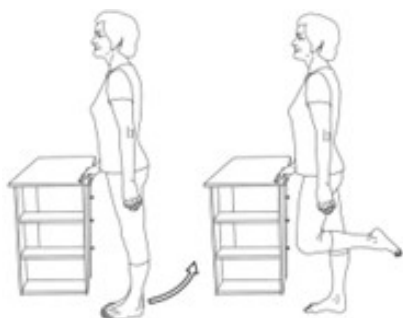
It is important that you try and progress your exercises. Below are some advanced exercises which can be completed from approximately three weeks post-surgery. From three weeks, stop the bed exercises. You may still find some of the chair exercises challenging so please continue with these.

Advanced exercises

Squats

Stand with your feet hip width apart. Keeping your back straight and heels on the floor, squat down as far as you can tolerate then straighten back up again. You may want to hold onto a stable surface.

Repeat 10 times



Hamstring curls

Bend your operated knee back behind you. Try to lift your foot up as far as you can off the floor. Hold for 5 seconds.

Repeat 10 times

Heel dips

Standing with your toes on the edge of the step, lower your heels down creating a stretch in your calf muscles. Hold for 15-30 seconds.

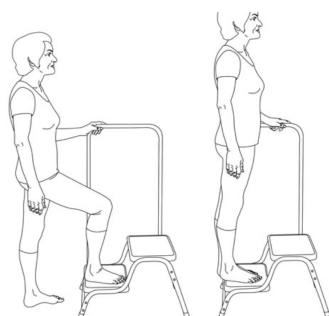
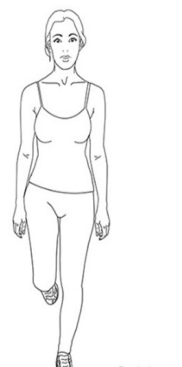
Repeat 3 times



Single leg stance

Try to stand on your operated leg and lift your non-operated leg off the floor. Try to keep your operated leg as straight as possible and try to maintain a good posture. Hold onto a surface for support initially.

Hold for 30 seconds. Repeat 5 times



Step up & down

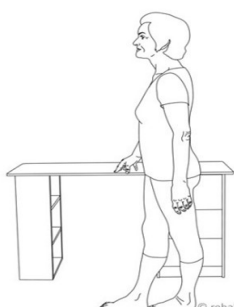
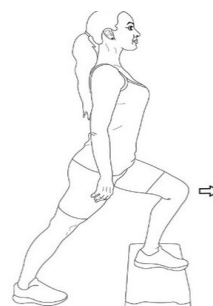
Step up onto a step with the operated leg, bringing the non-operated leg up to join it. Step down backwards with the non-operated leg first, lowering yourself down slowly whilst bending the operated leg. Return to a standing position.

Repeat 10 times

Lunge on a step

Place your operated leg onto a step. Keeping your back leg straight behind you, lean forwards onto your operated leg to increase your knee bend. You may want to hold onto a stable surface initially. Hold for 15-30 seconds.

Repeat 5 times.



Heel to toe walking

Try to step one foot in front of the other. Take 10 steps forwards then 10 steps back. Try to maintain your balance. You may want to hold onto a stable surface initially, but reduce the amount of support as your balance improves.

If you require further advice regarding your exercises and mobility, please call the ward and request to speak to one of the physiotherapists.

Mobility progression

Upon discharge from hospital, most patients are walking with either two walking sticks or two elbow crutches. If you were walking unaided prior to surgery you will be aiming to return to that baseline post-operatively.

Unless you have been specifically instructed not to discard your walking aids for a certain period of time following instructions from your surgeon, you can begin to progress your mobility and wean yourself off your walking aids with the following considerations.

1. Initially the therapist will teach you to bring the sticks/crutches forward first, followed by your operated leg then your non-operated leg. We call this a 'step-to' gait.



2. As your knee feels less painful and you grow in confidence, we encourage you to follow the same sequence but to 'step through' with your non-operated leg instead. This is more of a 'normal', smoother walking pattern.



3. As the pain improves and your knee feels stronger, you will naturally start to walk normally and the way you use your sticks/crutches will change. You will start to bring one stick/crutch forward first, followed by the leg on the opposite side, repeating this for the other stick/crutch and leg. If you are walking this way quite comfortably, you may consider progressing down to one stick/crutch.

4. When you progress to one stick/crutch, keep the stick/crutch on the opposite side to your operated leg. The stick/crutch moves with the operated leg. Ensure that you are not limping and if you find that you are, please go back to using both sticks/crutches. Most people are able to wean down to one stick or elbow crutch by two to three weeks.



5. Similarly, if you are considering going from one stick/crutch to walking unaided, please ensure you do not limp. The quality of your walking is more important than getting rid of the walking aids quickly.

By six weeks, you should be aiming to walk unaided indoors (if this is your baseline) and may only need one stick/crutch outdoors for longer distances.

The therapist on the ward will assess and advise mobility progression based on each individual. If your mobility has been quite poor pre-operatively and it is not appropriate to progress onto sticks or crutches, you will be informed.

Remember, recovery times will vary between individuals. Your rate of progression following your surgery is also dependent on:

- How active you were prior to surgery (your baseline)
- Degree of arthritis
- Age
- Pre-existing health conditions

Post discharge goals

Below is a rough guide as to what you should be aiming for post-discharge. Remember everyone is different and you may achieve goals earlier or later than stated below. It is also important to refer back to your goals chart.

Weeks 1 – 2

Following your discharge from hospital, the main priority is that you are safe and your pain and discomfort are tolerable. You should be gradually increasing your functional mobility and although you will still experience a degree of pain this should gradually decrease. Your goals for the period are:

- Manage stairs on a daily basis (if applicable).
- Be independent with washing and dressing.
- Complete all exercises as instructed. Do not be concerned if you are still struggling with some of the exercises (especially the exercises where you have to lift your leg up against gravity!). Keep trying and you will eventually regain your strength.
- Gradually resume gentle domestic tasks like preparing a light meal.
- To walk independently outdoors (on flat ground) using your walking aids as instructed, increasing the distance daily.

Weeks 2 – 4

Weeks 2 – 4 will see you returning to more independence. You will need to be very committed to your home exercise programme in order to achieve the best outcome. Your goals for the period are:

- Climb and descend a flight of stairs more than once daily.
- Continue with home exercise programme.
- Resume housekeeping tasks for example light dusting, washing up, ironing etc.).
- Wean yourself from full support of your walking aids to a single stick/crutch.
- Walk about ¼ mile daily.

Weeks 4 – 6

Weeks 4 – 6 will see greater recovery to full independence. Your home exercise programme remains important. Your goals for this time period are:

- Begin progressing with your negotiation of the stairs from one step at a time, to a normal stair climb.
- Complete all exercises fully and well.
- Walk about ½ mile daily.
- Walk with a single stick/crutch and gradually progress off your walking aids completely (unless otherwise instructed).

Weeks 6 – 12

During weeks 6 – 12 you should be able to begin resuming all of your activities. Your goals for this time period are:

- Walk unaided.
- You can start to walk on uneven terrain as you feel confident to do so.
- Negotiate the stairs in a normal fashion (one step after another, rather than one at a time – if you have stairs at home).
- Walk ½ - 1 mile.

Housework

Initially you will require some help with household tasks especially those which involve carrying items or kneeling. We advise you to avoid sitting or standing for prolonged periods and to try and move little and often. If you feel up to it, you can begin light housework within a couple of weeks, however heavier house work should be avoided until after six weeks. Ensure you introduce activities gradually and progress with your housework as you feel ready to do so.

Washing

It is important to maintain good hygiene and to wash regularly to reduce the chance of infections. It can be reassuring to have somebody else in the house at first to help you wash should the need arise. Please refrain from having a bath or soaking the wound.

Driving

When you feel ready to drive again, make sure you can reach and use the pedals without discomfort. You should initially have a trial run with the engine off and go through the emergency stop procedure. When you return to driving, start with short journeys first and gradually build up the distance over time. You should not drive until you feel confident that you have full control of the vehicle and are no longer taking strong pain relief or medication that can affect your alertness.

Travel

Immobility when travelling by plane, train or car can increase your risk of blood clots. It is advised that you wait six weeks before travelling on a short haul flight (four hours or under) and three months for long haul flights (over four hours). During a flight we recommend that you move around the cabin regularly and stay hydrated.

You can get on a bus or a train as you feel confident to do so, but remember the seats are generally fairly low and do not always have arms for you to push up from so you will find this difficult in the initial stages of your recovery. Ensure that you are confident with your mobility before attempting to use public transport.

Work

The time it takes to return to work depends on your recovery and your occupation. If you have a sedentary job and are able to travel to work safely, you may be able to return to working between four to six weeks after your operation. For occupations that involve more walking and standing, you may be able to return to work 6-12 weeks after your surgery. For more manual jobs, it may take up to 12 weeks (sometimes longer). Please inform staff whilst you are in hospital if you require a doctor's note for your absence from work.

Hobbies & sport

A knee replacement may be your ticket to a healthier and more active lifestyle. Once you have recovered, you can return to activities that may have been too painful pre-operatively. In most cases, you can resume many of your normal activities after about eight weeks. Please discuss your goals with your consultant and the therapy team.

Here are a few examples of low impact activities and sports that you should be able to do once you have recovered.

Walking

Walking is a really good exercise and a good way to burn calories. Start with short walks and gradually build up the distance as you feel able. You may want to keep track of how long you are walking for, or how many steps you do so that you can gauge your progress.

Swimming

Swimming is not a weight bearing activity so it is a great way to exercise without putting stress on your artificial knee. Following surgery, many people resume swimming within four to six weeks after surgery. You must ensure that your wound has healed completely and you are able to get in and out of the pool safely. Avoid breast stroke for three months post- surgery.

Dancing

Dancing is a good light aerobic activity. Avoid twisting, abrupt movements and jumping. You can normally resume gently from six weeks.

Cycling

Before you start cycling, ensure you have enough flexibility in your artificial knee to perform a full revolution. You may find that you need to raise the height of seat initially for comfort. Start on flat surfaces and short distances to begin with and gradually progress as you feel able.

Yoga

Gentle stretching is a good way to improve your flexibility and reduce stiffness. Ensure that you speak with your yoga instructor before your class so they are aware of your limitations. If you feel pain and discomfort, modify the exercise or consider increasing the length of time before returning to yoga. Most people are able to return to yoga around 8-12 weeks.

Golf

You can normally return to the driving range at around six to eight weeks. We advise that you begin with a half swing and gradually progress this as able. You will find it useful to use a buggy initially but as your mobility improves, the golf course provides a good opportunity for increasing your walking distances. Avoid wearing spikes that could get caught in the ground and make sure you maintain good balance when you hit the ball.

Tennis

In most cases, you can return to playing tennis three to six months following your surgery. Avoid running initially and keep your games low impact. Doubles tennis requires less movement than singles, so it is a sensible way to start playing again without placing undue stress on your knee.

Bowls

When you initially return to playing bowls, you may want to use a lighter ball to reduce the stress on your knee. Stop bowling if you begin to feel pain and discomfort. You can usually resume bowls once you are able to walk without any aids and you feel confident with your balance.

Length of recovery

The first six weeks are where you make the most amount of recovery. Longer term recovery takes about six months but some patients have reported noticing changes up to a year after their surgery. At Horder, we pride ourselves on providing our patients with the highest standard of care. It is important that this continues once you have left hospital and are at home. If you do have any concerns, queries or problems relating to your recovery, please do not hesitate to contact us.

Frequently asked questions (FAQs)

Why is my leg still swollen?

Healing tissues are more swollen than normal tissues. This swelling may last for several months. Ankle swelling is due to the fact that each time we take a step, the calf muscles contract and help pump blood back to the heart. If you are not putting full weight on the leg, 'the pump' is not as effective and fluid builds up around the ankle. By the end of the day lots of people complain their ankle is more swollen.

What can I do to reduce swelling?

When sitting, the ankle pump exercise works the calf muscles and helps pump the fluid away. Try to put equal weight through each leg and "push off" from your toes on each step (those patients who have been told to limit their weight bearing cannot do this). Having a rest on the bed after lunch can also help reduce swelling. Placing a few pillows under your legs will help with elevation. You can also use cushions under the foot of the mattress to enable gravity to aid drainage. When sitting, you can elevate your legs on a stool. Please use ice regularly to help aid swelling.

Why is my scar warm?

Even when the scar has healed, there is still healing occurring deep inside. This healing process creates heat which can be felt on the surface. This may continue for up to six months. This is a different type of warmth to that of an infection.

What are the signs of infection?

- Increased swelling, redness and warmth at the incision site
- Change in colour, odour, fluid discharge
- Increased pain in joint
- A high temperature

How long should I expect my joint to be painful?

You will experience more pain and discomfort in the first few days of your recovery, this will get better as you heal. It is likely that you will need pain relief over the first few weeks to help manage your pain. Reduce your pain relief gradually over a few weeks rather than stopping it all together abruptly. You may need to continue taking pain relief at night time for little longer to help you sleep more comfortably.

Why do I get pain lower down my leg?

The tissues take time to settle. Referred pain down the leg and into the shin or behind the knee is quite common. This will settle down as the swelling reduces.

Is bruising normal?

Bruising often occurs after a joint replacement. It normally appears after you have left the hospital. If you experience any bruising, it can track up and down your leg. Bruising can cause tenderness but this should settle down after the first few weeks.

Is it normal for my wound to bleed?

Your wound may bleed and you may see some yellow fluid on your dressing. A small amount is normal, however if your wound is bleeding or oozing heavily and your dressing is fully saturated, you must contact The Horder Centre immediately (01892 665577).

Why do I stiffen up?

After being in one position for a while, you will notice that your new joint will feel quite stiff. It may take a few steps before it eases and loosens up. This is due to the swelling and fluid around the knee area.

What are the signs of a DVT?

Deep vein thrombosis (DVT) is a blood clot that can form in the veins of your legs. If untreated, the blood clot can travel to your lungs causing pulmonary embolism (PE).

Signs of a DVT:

- Pain, swelling and tenderness in your calf
- Heavy ache in your calf
- Warmth and redness on your calf
- Breathlessness, chest pain and feeling generally unwell.

(If you notice these symptoms, please seek emergency medical assistance).

Is it normal to have disturbed nights?

Yes, very few people are sleeping through the night for six weeks or more after the operation. Stiffness and discomfort in the joint can wake you up. You may still be sleeping on your back, you may sleep on your side when it is comfortable to do so. Please ensure you use a pillow in between your legs for support and comfort.

I have a numb patch – is this ok?

Numbness around the wound site is due to small superficial nerves being disrupted during surgery. The area usually reduces, but there may be a permanent small area of numbness or altered sensation.

How long do knee replacements last?

While knee replacements are designed to last for a very long time, they will not last forever.

The good news is that studies show that common types of knee replacements can last more than 20

years. How long your knee replacement will last will depend on how active you are, your weight and your overall health. While some patients may have knee replacements that last several decades, other patients may require revision surgery sooner.

Why do my legs feel like different lengths?

Most of the time, people will feel that the newly operated side is longer than the non-operated side. This is largely due to the swelling around the knee, so as this settles you should feel less of a discrepancy. Anatomical deformities to the knee pre-operatively versus post-operatively can also affect how the knee feels. If you still have concerns regarding your leg length after six weeks, please speak to your consultant at your follow up appointment.

Why does my joint click?

This is normal and it is usually a sign that the swollen tissues are moving over each other. You should not let this worry you – this should improve as your healing progresses.

When should I stop using a stick?

Stop using the stick when you can walk without a limp. Limping puts extra strain on your other joints especially your back and other knee. Use the stick in the opposite hand to the operated side.

How far should I walk?

This varies on your fitness and what your home situation is. You should feel tired but not exhausted when you get home. Gradually build up distance, remembering that wherever you walk to, you have to walk back.

Will I set off the security scanner alarm at the airport?

Your new knee may set off the metal detectors so be sure to tell the security officer that you have had a knee replacement. Usually a hand held machine will be passed over the knee.

Is it normal to experience tiredness?

You will feel more tired than normal doing your usual activities and may come upon you suddenly as your body is using energy to heal itself. You will have had some blood loss during your operation and it can take a few weeks for the blood levels in your body to return to normal.

Is it normal to be constipated?

It is normal not to have had a bowel movement within the first two to three days following surgery. If this persists, you will need to start taking laxatives to help with this. It is also important to consume plenty of fibre in your diet, along with fresh fruit and vegetables. Please ensure you drink adequately.

Questions and comments

Should you have a query please contact:

The Horder Centre, St John's Road, Crowborough,
East Sussex, TN6 1XP

Telephone: **01892 665577**

Making a complaint

If you need to raise a specific concern or complaint please either contact us on the main switchboard number, access our 'listening to you' leaflet via our website or you can email us at **complaintsadmin@horder.co.uk**

Your complaint will then be passed on to the complaints department.

Useful Information

National Joint Registry (NJR)

www.njrcentre.org.uk

National Institute for Health and Clinical Excellence (NICE)

www.niceguidance.org.uk

British Orthopaedic Association

www.boa.ac.uk

Arthritis Research

www.arthritisresearchuk.org

NHS Choices

www.nhs.uk

The Private Healthcare Information Network

www.phin.org.uk

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www.thrombosisuk.org – accessed 15/11/23

Pulmonary embolism - NHS (www.nhs.uk) – accessed 15/11/23

NHS Weight Loss App

NHS Quit Smoking App

The Royal College of Anaesthetists - www.rcoa.ac.uk/fitterbettersooner



The Horder Centre

HORDER HEALTHCARE

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Registered charity number: 1046624



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