

Warwick Short Stay

Your Personal Guide to Knee Replacement



South Warwickshire
NHS Foundation Trust

Introduction

Together with your family doctor and orthopaedic surgeon, you have decided to have a knee replacement. This booklet is a step-by-step guide to help you through the entire journey of your surgery: before, during, and after. The more you know about the surgery and rehabilitation before you arrive at hospital, the easier and quicker you will recover.

Remember that this guide is only for general reference; medical and surgical care will vary according to your own individual circumstances. Your understanding, participation and commitment are vitally important to the success of your knee replacement.

Please read and complete everything you are given, and keep any information you receive. Everything you are given to read contains valuable information designed to increase your understanding of the surgery and recovery.

Please bring your booklet with you to every related appointment that you have, and to the hospital on the day of your surgery.

One other important thing for you to do while you are preparing for surgery is to remain actively involved in your care. Please follow instructions, ask questions and take responsibility for your progress. We want you to get the best results from your surgery.

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Knee Pain

The healthy knee joint

The knee joint is a 'hinge' joint. It allows bending and straightening to occur between the thigh bone (femur) and the shin bone (tibia). There is another joint between the femur and the knee cap (patella) which helps improve the mechanics of the knee movements.

The ends of these bones are covered with cartilage. This cartilage is a tough, but very smooth, material allowing the two surfaces to slide easily against one another during movement.

Movement of the knee joint is initiated and controlled by the hamstrings and quadriceps muscles surrounding the knee joint.

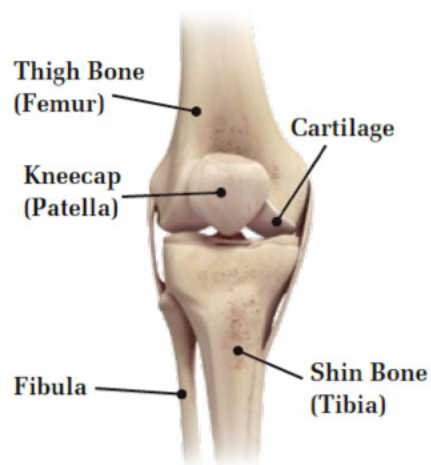


Image courtesy of DePuy Synthes

The arthritic joint

Knee arthritis usually refers to the symptoms caused by wear and tear degeneration to the lining surfaces of the knee joint. The proper term is Osteoarthritis. The rubbing of the cartilage lining surfaces against each other causes them to crack and then thin out over time until eventually there is "bone-on-bone" wear. This causes significant pain due to the overloading of sensitive nerve endings in the bones, and stiffness due to thickening of the lining of the joint.

At this point the symptoms are usually severe and affecting everyday life. It can occur in a previously uninjured knee due to the effects of normal wear over a long period of time, or it may occur as a consequence of previous injury.

Inflammatory arthritis (e.g. Rheumatoid arthritis) is different; destruction of the joint surfaces occurs as a result of substances that are produced by the inflamed lining tissue.

Osteoarthritis may affect all 3 compartments of the knee – medial (inner), lateral (outer) and patellofemoral (kneecap) or a single compartment on its own. The medial compartment is the most commonly affected.



Knee Replacement Surgery

Knee replacement surgery involves removing the worn and degenerative parts of the knee joint and resurfacing them with metal components (prostheses). A piece of medical-grade plastic fits in-between the two metal ends to allow the femur (thigh bone) to roll and glide smoothly on the tibia (shin bone).

The aim of knee replacement surgery is to:

- Relieve your pain
- Correct alignment
- Restore loss of function
- Improve your quality of life

Since the worn-out ends of the knee joint have been replaced, the pain associated with them should subside. The knee may feel very different to you after surgery. It has become a mechanical joint which behaves differently to a normal knee. However, that does not mean that you cannot achieve a high level of pain-free function with your new knee.

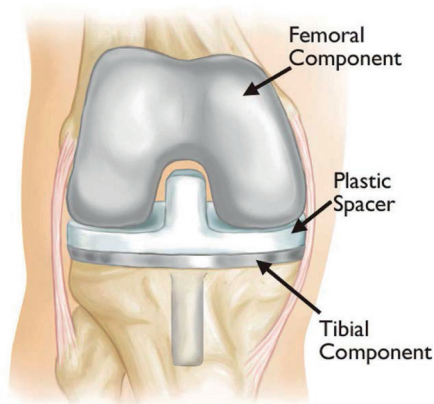


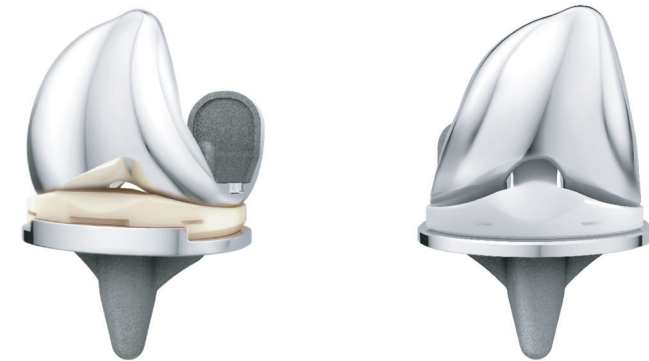
Image courtesy of the American Academy of Orthopaedic Surgeons

<https://orthoinfo.aaos.org/en/treatment/total-knee-replacement>

Knee Replacement Options

Total knee replacement

This replaces the whole of the end of the femur (thigh bone) and top of the tibia (shin bone). The back of the kneecap may be replaced with plastic as well.



ATTUNE Total Knee Replacement Prosthesis

Image courtesy of DePuy Synthes

Total Knee Replacement surgery is well established and has been studied and refined over several decades. It has a high level of satisfaction (85% of patients achieve a good or excellent result).

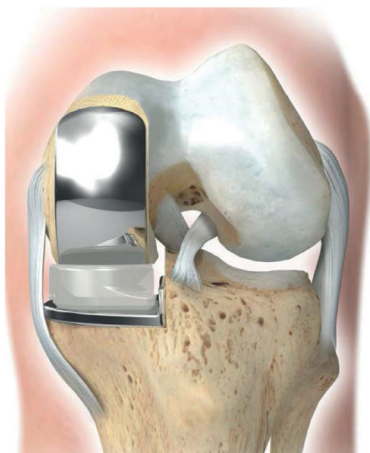
Since all the worn parts of the knee have been removed, the arthritis is eradicated.

In general, knee replacements are currently expected to last 20 years or more, although some do become troublesome earlier for various reasons. If your total knee replacement does become problematic it can be redone (revised) – usually using more complex prosthetic components – see Revision Knee Replacement ([page 10](#)).

Partial or unicompartmental knee replacement

This involves replacing only the part of the joint that is worn. The remaining knee surfaces that have not worn out are left behind, along with all the knee ligaments. This means that the knee will feel and function more normally than a total knee replacement.

The most common type of unicompartmental knee replacement surgery is to replace only the medial or inner-half of the knee joint - **Medial unicompartmental knee replacement.** This is often referred to as an **Oxford Knee** as it is the most common prosthesis used for this type of surgery. It is a very well established operation that has been studied carefully over the last 40 years. This prosthesis has been proven to last just as long as a total knee replacement prosthesis.



**Oxford Knee
(Medial unicompartmental
knee replacement)**

Image courtesy of Zimmer Biomet

Both these procedures have some of the advantages of medial unicompartmental knee replacement surgery, but have been researched less.



Patellofemoral Replacement

Image courtesy of DePuy Synthes

The advantages of unicompartmental knee replacement surgery are that the incision is smaller and less bone is removed, so that healing and recovery is quicker. The risk of infection is also much lower.

Unfortunately, since not all patterns of arthritis are amenable to unicompartmental knee replacement surgery, it is only suitable for 30-40% of patients.

One of the potential disadvantages of unicompartmental knee replacement surgery is that the remaining parts of the knee can still wear out, therefore you may require further surgery in the future to convert to a total knee replacement.

Preparing For Your Operation

Revision knee replacement

If your knee replacement becomes troublesome or loose, it can cause pain and loss of function. If the symptoms are severe it may require a further replacement (revision). This is more complex than the initial knee replacement as some or all of the old components have to be removed first.

Usually larger and more complex prostheses are required. Recovery from this surgery can take longer. Despite this, the outcome is often very successful.



Revision Knee Replacement

Image courtesy of DePuy Synthes

Preoperative information

Health Screen: Following your decision to have a knee replacement you will be taken to pre-operative assessment for a health screen. You will be asked to fill out a questionnaire about your health. Your blood pressure and meticillin-resistant Staphylococcus Aureus (MRSA) swabs will be taken. If the swabs show you are MRSA positive we will contact your GP to commence treatment.

Information Group and Assessment Clinic: You will be asked to attend a Knee Information Group and Pre-Operative Assessment Clinic (POAC). It is a good idea if the person caring for you after your surgery comes with you.

■ **Knee Information Group:** This is a session where you will have the opportunity to speak to a member of the Physiotherapy Team and the South Warwickshire Accelerated Transfer Team (SWATT). It is important that you attend this group so you are fully prepared for your operation and rehabilitation.

■ **Pre-Operative Assessment Clinic (POAC):** You will attend POAC up to six weeks before your operation. A nurse will do blood pressure, height and weight, MRSA swabs and an ECG (tracing of your heart). You will also have a full assessment of your medical history and blood tests will be taken. Please also bring in a list of any medication you take. The nurse may advise you to stop some prior to your surgery.

Infections: If you develop any open wounds, chest infections or any other infections prior to surgery please contact POAC on: 01926 495321 ext. 4148 for advice.

Failure to attend will usually result in your operation being postponed.

Checklist for joint replacement surgery

This checklist below will help you prepare for the operation.

Before admission: *(tick when complete)*

- Practice getting in and out of the car (see page 29)
- Increase your daily fluid intake up to the recommended 2 litres
- Please seek advice from your local Pharmacist about purchasing over-the-counter laxatives, e.g. macrogols, before your surgery.
- Ensure you have a bag of frozen peas or ice pack and 4 pillows available at home to manage your post-operative swelling
- Remove any loose rugs/mats
- Check the safety of your stair rails. If unsafe, make safe as soon as possible.
- Check that you have enough room to get around your house with walking aids e.g. sufficient gaps between furniture.
- Consider care for pets whilst you are in hospital and at least 2 weeks after (sometimes longer is needed).
- Arrange for someone to take you home on discharge.
- Have the fridge/freezer well stocked with "easy" meals e.g. ready meals.
- Find someone to help with shopping and household tasks.

On admission you will need to bring into hospital:

- This booklet.
- Personal toiletries.
- Day clothes for when you are up.
- Flat comfortable slippers or shoes which should be enclosed (not mules).
- A rolled up towel for [exercise 2 page 24](#)
- Any walking aids you are currently using e.g. zimmer frame or crutches.
- House key (if you live alone).
- 2 weeks supply (in original boxes) of any medication you are currently taking. Please bring this in the green bag given to you at the Knee Information Group.

What can I do to prepare myself for my operation?

Recovery from your surgery depends on a number of factors. Below are some things that you can do now that will help your recovery:

Be positive! Commit to the success of your surgery. You, your surgeon, your physiotherapist and your family are encouraged to adopt a positive attitude towards the success of your surgery.

Remain as active as possible:

Remaining active while waiting for your surgery is very important to the success of your surgery. Studies have shown that the stronger you are before your operation, the quicker you will recover afterwards. Gentle exercise such as walking and swimming can help you to stay strong and flexible.

Do the exercises in this booklet regularly:

If the exercises cause pain then try doing them little and often, and seek advice from your GP about changing or increasing your painkillers.

Make sure all infections are cleared up prior to surgery:

These include tooth abscesses/unhealthy teeth, bladder infections, infected leg ulcers, colds, flu, diarrhoea and vomiting. Infections can spread through your body during the surgery and infect your newly replaced joint.

You must notify the POAC as soon as possible if you have a suspected infection, as your surgery may have to be rescheduled.

Skin: It is important that your skin does not have any open sores or wounds (such as infected corns, bunions, insect bites, or animal scratches) and is free from infection before your operation. This is especially important if you have problems such as eczema or psoriasis. If problems such as leg ulcers or skin rashes develop, you should seek advice from your GP.

Knee Surgery - Your Operation

Reduce smoking and alcohol consumption: If you haven't already done so, it is suggested that you reduce the amount you smoke and the amount of alcohol you drink.

Diet: It is suggested that you have a well balanced diet and adequate water intake.

These lifestyle changes will help reduce the risk of complications during and after your surgery. If you would like some advice and support please see your GP or Practice Nurse.

Existing medical conditions: It is important that existing medical conditions such as diabetes are kept under control and that any problems which may develop are dealt with quickly, as they may lead to your operation being postponed. One of the most common problems requiring treatment prior to surgery is high blood pressure (hypertension). If you know you have this condition it may be helpful to have your blood pressure checked.

Your hospital admission The operation

- You will be admitted onto an elective orthopaedic ward before your operation. Please read the admission letter carefully as it will inform you of the date and time you need to come to the ward.
- Eat well the day before your operation. Please read the special instructions on your admission letter that explains when to stop eating and drinking on the day of your operation. Please remember it is important to continue to drink water or fluid as instructed.
- Please shower before coming in and clean your legs/ toes/ feet thoroughly. Do not apply moisturisers or creams.
- After admission a member of the Anaesthetic Team will come and talk to you and help decide which type of anaesthetic is best for you. This will be either a general anaesthetic or a spinal (to make your legs numb) with sedation as well.
- Before your operation you will be asked to sign a form giving your consent to the operation.

On the day of your operation, a nurse will help you to get ready for theatre. Most patients will walk to theatre for their surgery, accompanied by a nurse. A routine knee replacement takes around 1 ½ hours. After the operation you will remain in the theatre recovery area until the anaesthetist is happy with your general condition. A nurse will be with you all the time you are there. They will be monitoring your heart, blood pressure, temperature and level of consciousness, and ensure that your wound is satisfactory. When they are happy with your condition, you will return to the ward. You may be off the ward for up to 4 hours.

Complications

Although uncommon, complications can occur after surgery. The main risks are outlined below.

Bleeding/Swelling

The knee will be swollen as it fills with blood after surgery. Use of ice packs can minimise the swelling. It is usually self-limiting and rarely severe, but occasionally a second surgery to wash-out the fluid is required. Occasionally fluid or blood may continue to ooze from the wound for more than the first few days. This increases the risk of infection. This will be checked prior to leaving hospital, but if it occurs once at home please contact SWATT directly.

Infection

Superficial infection with redness around the surgical scar may occur and be treated with antibiotics. Very rarely infection can spread to the knee joint. If the knee itself becomes more red, hot and painful you should contact SWATT immediately as you may need to have the knee washed out and be given intravenous antibiotics. Infection occurs in less than 1% of knee replacement patients.

Fracture

There is a very small risk (less than 1%) that the process of inserting the prosthetic components into the body causes a crack in one of the bones. Your surgeon will deal with this at the time of surgery and discuss with you how it might affect your early rehabilitation or long term outcome.

Stiffness

The amount of movement you get back in the knee after knee replacement surgery is variable. In general the aim is to allow your knee to straighten fully (even if it was a bit bent before surgery) and to get it to bend to about 115°. The more bend you have in your knee before surgery the more you should have afterwards, providing you work hard at your exercise programme. Modern knee replacements are designed to help retain as much movement as possible. Occasionally due to pain and difficulty in regaining movement, a further surgery to “manipulate” the knee into a more bent position is

required if your knee does not bend to a right angle after 6-8 weeks. This is done under general anaesthetic. A very small (less than 1%) proportion of patients produce aggressive scar tissue in the knee following surgery and struggle with regaining movement. Further surgery may be required to try to resolve this.

DVT/PE

A deep vein thrombosis (DVT) occurs when slow blood flow in veins of the leg causes it to clot. This causes progressive, painful, red, hot swelling of the leg (usually the calf).

A pulmonary embolism (PE) happens when a blood vessel in your lungs becomes blocked. Most of the time, this blockage is caused by a blood clot and happens suddenly. DVT/PE occurs in less than 1% of knee replacement patients. [Please see page 21 for more information](#)

Cardiac/Respiratory problems

Knee replacement surgery is a big operation and has significant effects on the physiology of the body. There is a very small risk of heart attack, stroke or other major and potentially fatal illnesses with this type of surgery. Any pre-existing medical problems should be optimised prior to surgery with the help of your GP. If you are worried, it can be arranged for you to discuss specific risks with the anaesthetist prior to surgery. Risk of death from anaesthesia is extremely rare - approximately 1 in 100,000.

Abnormal wound healing

The surgical scars may become thick, red and painful (hypertrophic or keloid scar). This is more common in Afro-Caribbeans and Asians.

Numbness

The incision down the centre of the knee divides the skin nerves that provide sensation to the outer half of the knee. This will therefore be numb after surgery. The affected area does get smaller with time and you will get more used to it. It very rarely causes any problems.

Recovering in Hospital

Return to the ward

Persistent Pain & Dissatisfaction

Symptoms of pain should be reduced significantly, but may not be resolved completely by the surgery. Significant pain gradually settles over the first **4-6 weeks**. Milder pain continues to resolve for up to 12 months following surgery. About 10% of patients have some ongoing symptoms of pain and discomfort in the long term, but it is uncommon (less than 5%) to have severe persistent pain.

Loosening

All knee replacements involve metal components articulating with plastic. Over time there will be a gradual wearing away of the plastic. This happens at a variable rate depending on how the knee is used/abused and the quality of the plastic. The debris that is produced is an irritant to the knee and can slowly cause a reaction that deteriorates the connection between the metal and the bone. This can cause the knee replacement to loosen over time. The time frame for this in normal circumstances is expected to be 10-20 years based on past data, although modern plastics may last longer – time will tell.

You may have the following equipment attached to you:

- **Oxygen** via face or nose
- **A drip** to replace the fluid that you would normally drink and replace any fluid that is lost during the operation. Your drip will be stopped as soon as you are able to eat and drink adequately after your operation.
- **Inflatable Compression Devices** to help with circulation in your legs
- **A urinary catheter** (if necessary)

Your blood pressure, pulse and temperature will be recorded at regular intervals and your wound and circulation will also be checked. It is occasionally necessary to have a blood transfusion after this type of surgery. This replaces any blood that you have lost during the operation and prevents you from becoming anaemic.

Eating and Drinking: You will be encouraged to begin eating and drinking as soon as possible.

Pain: To ensure good pain control local anaesthetic may have been injected into your wound to relieve pain. When this wears off you will experience some discomfort. Pain is better controlled if you take your painkillers regularly. They will help you to move about and do your exercises as comfortably as possible. Patients with adequate pain relief recover more rapidly, it is therefore important that you take your painkillers at regular intervals.

A nurse will assess your pain. We use a pain score from 0-10 to describe and record pain at this hospital:

0 = no pain

10 = worst pain possible

Please tell the nurses if you have pain and they will give you additional pain relief. If you feel sick, please tell the nursing staff as they will be able to give you anti-sickness medication.

Pain management

Pain prevention: You will receive a combination of different types of pain prevention tablets or injections and ice therapy to make your pain as bearable as possible after your surgery. The pain levels tolerated really does vary from patient to patient; people have very individual responses to pain.

Ice packs wrapped in a damp tea towel or pillow case can be used for 20 minute periods to reduce the swelling and inflammation around your new knee joint. This will provide additional pain relief.

Preventing complications

Infection Control: Hand washing is vitally important to prevent the spread of infection. There is alcohol hand gel at the end of each bed and also at the entrance to the ward. You must make sure your visitors use this when they come and see you. All members of staff should wash their hands or use the gel before and after they have treated you.

As part of infection control your bed and chair are specifically for your use only; please ensure that your visitors do not sit on them. Visitors chairs are at the end of each bay.

Pressure Sores: Pressure sores can develop within 2 hours of lying in bed, especially in the heel area. You should move your heels and buttocks regularly to prevent this. If you notice a burning sensation or pain in these areas, you should tell your nurse immediately.

Blood Clots: When you are inactive for a period of time, for example during and after your operation, blood tends to collect in the lower legs.

Warning signs of a deep vein thrombosis (DVT) include:

- Swelling
- Redness
- Pain and/or tenderness in the affected leg
- Skin will feel warm or hot to the touch

If you develop any of these symptoms in hospital please inform your nurse. If you develop any of these symptoms at home, please contact your GP.

If the clot travels to the lungs it is called a pulmonary embolus (PE) and it can be fatal. Symptoms of PE include:

- Breathlessness
- Chest pain
- Coughing up blood
- Fainting

If you develop any of these symptoms in hospital, please inform your nurse immediately. If you develop any of these symptoms at home you will need to seek urgent medical advice.

To reduce the risk of clots:

- **Inflatable Compression Devices** are applied around your legs and inflate automatically at regular intervals. They apply pressure when inflated which keeps the blood moving around your body.
- **Keep Active:** After your operation you will be advised to get up and about as soon as possible. Until then you can perform simple foot and ankle exercises, such as ankle pumps.
- **Medicine:** You will be given blood thinning tablets or sometimes injections for 4 weeks to reduce the risk of a blood clot.

Chest Infection: Following an operation there is a risk of developing a chest infection. The physiotherapist will show you breathing exercises to help prevent this. Being active is the best prevention.

Wound: You will be given intravenous antibiotics just before your operation. The dressing over your knee will not be removed unless there is significant weeping in order to prevent the introduction of any bacteria. These are the signs and symptoms of a wound infection:

- More painful
- Begins to leak fluid
- Hard, reddened or hot
- You notice an unusual odour
- Or you feel unwell, feverish, shivery or achy

If you develop any of these symptoms at home, notify SWATT immediately (see back page). If left untreated an infection in the wound can lead to further surgery.

Urine Retention: It may be difficult to pass urine and insertion of a urinary catheter (a tube which drains the urine into a bag), might be necessary. The catheter will be removed as soon as possible.

Constipation: This is a common problem after knee replacement surgery and can be due to some medications. It is important to eat plenty of fruit and vegetables, drink plenty of fluids and mobilise regularly. Take the gentle laxatives as prescribed following your surgery.

This may seem like a long list of terrible problems. Bear in mind that if these happened frequently, knee replacement would be considered so unsafe it would never be undertaken. Be reassured that most people recover uneventfully and, even if problems do occur, they are generally easy to put right by experienced hospital staff.

After your operation

You will have:

- An X-ray of your knee
- Routine blood tests
- Removal of drips and catheters (if applicable)

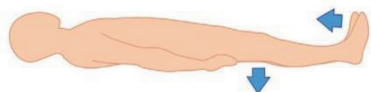
Physiotherapy

A member of the Physiotherapy Team will see you after your operation to assess your exercise plan and help you to walk. Exercises are very important to strengthen the knee joint. It is important to get your knee moving as soon as possible. Once you are discharged from the ward and SWATT you should continue your exercises to strengthen your knee until you begin your outpatient physiotherapy.



Exercises: You will be shown the following exercises that you must continue by yourself around 3 times a day:

1. Lying on your back with your legs straight. Bring your toes up towards you and push your knees down firmly against the bed to tense the thigh muscles. Hold for 5 seconds. Relax. Repeat 10 times.



2. Lying on your back, place a rolled up towel under your knee so the knee is slightly bent to begin with. Exercise your knee by pulling your toes up towards you. Tighten your thigh muscles and straighten your knee so your heel lifts away from the bed. Keep your knee on the towel. Hold for 5 seconds. Slowly lower the heel back down to the bed. Repeat 10 times.



3. Lying on your back with one leg bent and your operated leg straight. Exercise the leg by keeping it very straight and then

hovering it a few inches away from the bed. Hold for a few seconds and then slowly lower back down. Repeat 10 times.



4. Lying on your back with a plastic bag under your heel. Bend and straighten your knee slowly by sliding your foot up and down in a straight line, aiming to encourage the bend a little further each time you bend up. Unless you have been told otherwise by your surgeon or physiotherapist, there is no limit to how far you can make the knee bend and it is normal to expect some pain and feeling of tightness as you do this exercise. Repeat 10 times.



Walking

A healthcare professional will help you to get out of bed for the first time. You may feel dizzy or nauseous when you first get out of bed. This is only because you have been lying down for a period and will soon settle as you begin walking. Once you are ready you will be shown how to walk with crutches which you will normally need to use for at least 3 weeks.

The walking sequence is always:

- Crutches move forward
- Step the operated leg
- Step the non-operated leg

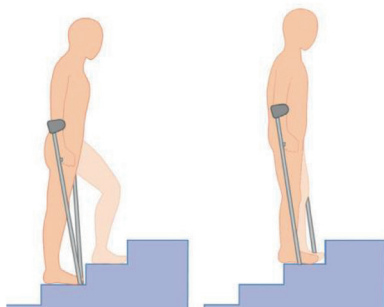
Using the stairs

If you have stairs or steps at home, you will be shown how to climb them before going home.

Climbing stairs safely - always go up one step at a time. Stand close to the stairs. Hold onto the handrail with one hand and the crutch/crutches with the other hand.

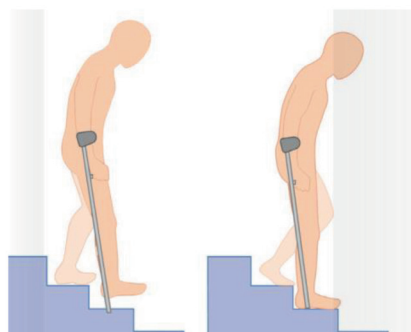
Walking up stairs

- First take a step up with your "good leg"
- Then step up with your operated leg
- Followed by your crutch/ crutches on the same step.



Walking down stairs

- First place your crutch/ crutches down onto the step
- Then step down with your operated leg
- Followed by your good leg.



Discharge home from hospital

The majority of patients will be discharged home 0-2 days after surgery with support from SWATT. Please arrange your transport to take you home on your day of discharge. For instruction on getting into and out of a car, [please see page 29](#).

Once all of the following have been completed, you will be ready to go home:

- **Doctor/Nurse**
Your doctor and nurses need to be happy that you are medically fit for discharge
- **Physiotherapy**
You need to be safely walking with an appropriate walking aid, safely managing the stairs (if applicable) and progressing with your exercises.
- **Medication**
Your discharge letter and additional medication must be received from Pharmacy.

Going Home with SWATT

South Warwickshire Accelerated Transfer Team (SWATT)

SWATT will provide nursing and physiotherapy support over 1-2 visits commencing the day after you are discharged home from hospital. During this period, you will remain under the care of your surgeon. After this time you will be back under the care of your GP, although SWATT will remain available for advice over the phone.

The SWATT service runs daily from 8am-4pm.

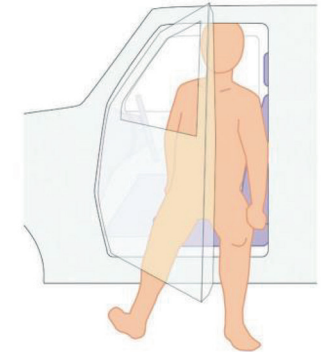
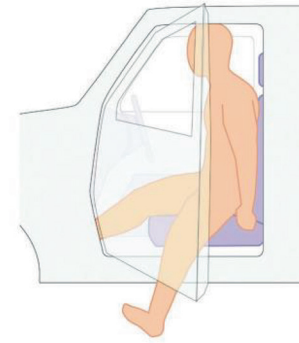
SWATT Office (8am-4pm):
[01926 495321](tel:01926495321) ext 6838

The answerphone in the SWATT office is checked during office hours.

SWATT Mobile (8am-4pm):
[07785 314564](tel:07785314564)

Outside of these hours please contact the orthopaedic ward (see Contact Information page 42)

Getting in and out of the car



1. Ensure you are on a level to start with and not too near the kerb.
2. Position yourself with the back of your legs against the sill.
3. Reach for the back of the seat with your left hand and the seat base with your right hand.
4. Slowly lower yourself onto the edge of the seat.
5. Use your good leg and your hands to push yourself backwards onto the passenger's seat.
6. Leaning backwards, pivot on your bottom and slide your legs into the car. Let the knee bend to make it easier.

For advice on driving please see page 37

Recovering at Home

Rehabilitation after knee replacement surgery is a gradual process. Much of the success of your outcome from surgery depends on how well you follow the Orthopaedic Team's instructions regarding your rehabilitation during the first few weeks.

Walking

Walking should be done little and often but gradually increase your walking as you are able. Most people will require walking aids for between 3-6 weeks. This will depend on individual progress which will be assessed by your outpatient physiotherapist.

If you have been told to limit your weight bearing you must use your crutches until you are seen at your post-operative outpatient appointment. You will be advised by the Orthopaedic Team when you are allowed to walk without them. Do not do too much too quickly - gradually increase your daily activity as you feel comfortable.

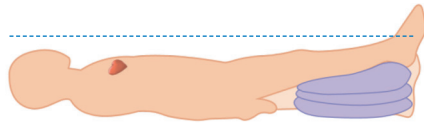
Rest

It is important to balance exercise and walking with rest. If your knee is hurting or swelling more you are probably doing too much and you should rest more.

Bruising and Swelling

The wound area and your leg may be very bruised after your operation. Do not be alarmed as this is quite normal. Swelling can persist for weeks or months and may worsen with over-activity. This can be relieved with elevation and ice.

- **Elevation:** To help relieve any swelling in your operated leg and foot, spend 1-2 periods of the day lying on your bed for an hour at a time. Using 3-4 pillows placed lengthways under your operated leg, ensure your foot is elevated above the level of your heart. At other times sit normally in a chair with your legs down to allow your knees to bend.



- **Ice:** Applying ice to the operated knee **after your exercises** will help to control the pain. To make an ice pack simply wrap a bag of frozen peas in a damp tea towel and apply for 20 minutes.

Bathing and Showering

The dressing on your knee is waterproof so you can shower when it is safe to do so. However, you are advised not to have a bath for the first 2 weeks until the wound clips are removed and the wound has fully healed. Using a non-slip mat in the shower is advisable.

Removal of Clips

The clips to your skin will need removing 12-14 days after surgery. The date will be noted on page 43. When you have been discharged home you should make an appointment for this date with the Practice Nurse at your GP practice. Please keep a look out for the warning signs of infection ([page 22](#)).

Outpatient Physiotherapy

Once you have left the hospital please ensure that you continue with the home exercise plan you were taught after your surgery. You also need to ice your knee regularly to help decrease the pain and swelling in your knee and move your knee regularly as it will have a tendency to stiffen up. DO NOT put a pillow under your knee at night.

You will need to attend your physiotherapy appointments as an outpatient. This routinely starts around 2-3 weeks after your surgery. This takes place in the form of a class or as individual sessions.

If you have any worries or concerns about your wound at any time please contact SWATT immediately.

Advanced exercises

What is the knee replacement class?

The knee replacement class involves up to 10 patients who have recently had a total or partial knee replacement. Only patients who are progressing well are referred to the class. The class is run by 2 members of staff. You will be encouraged to join in with a variety of exercises aimed at improving your knee function, walking, balance and mostly importantly restore your confidence. The exercises are performed to music. Your knee movement and swelling will be assessed by the physiotherapist each week.

What do I need to wear?

You need to wear comfortable loose fitting clothing which can easily expose your knees. Lockers will be provided for any belongings, and these are left at your own risk. Please arrive 5 minutes before the class is due to start to allow time to store your belongings.

How often will I have to attend the class?

Most patients attend the class weekly for several weeks. The number of weeks is dependent upon your individual progress. Each class lasts one hour.

Where is the class run?

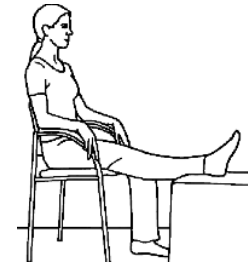
- Warwick Hospital
- Stratford Hospital
- Leamington Spa Rehabilitation Hospital

You will receive a letter informing you of your appointment.

If you are unable to attend your appointment please telephone 01926 600818 option 5 to cancel your appointment

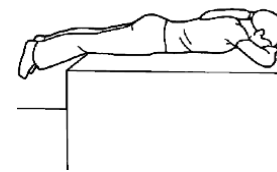
Once you have attended the class you should continue to practice the exercises at home. Do not begin these exercises until you have attended your first class.

Sitting on a firm chair, with the leg to be exercised supported on a chair as shown. Let your leg straighten in this position. **Hold for 5 minutes, progressing to 20 minutes.**



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Lie face down on a bed with your lower legs overhanging the edge. Let the weight of your feet & gravity straighten your knees. **Stay in this position for 5 minutes.**



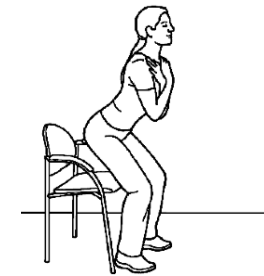
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Sitting in a firm chair try to bend your knee as far as possible. You can use the other leg crossed over at the ankle to push the knee bend further. Try to avoid sitting with your knee held straight.



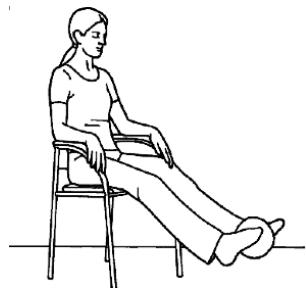
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Sitting with your arms crossed. Stand up and then sit down slowly on a firm chair. (This can be made easier and more difficult by changing the height of the chair). **Repeat 15 times.**



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Sit on a firm chair. Straighten and bend your knees while squeezing a ball between your feet. Repeat 15 times.



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Stand in front of a 20 - 40 cm step. Step up with your operated leg leading and then repeat with the other leg leading. Repeat 10 times.



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Taking care of your new knee

Watch for and prevent infection:

Because your new knee is so sensitive to infections, you must take care to prevent them (see page 22 for the warning signs).

Please notify SWATT if you suspect you may have a wound infection.

Taking things slowly

At first, you may find the day-to-day routine rather awkward and tiring, although it will get easier as the weeks go by. Follow your Orthopaedic Team's advice and you can expect to regain the full use of your new knee - but this will take some weeks.

Here are a few suggestions on how to compensate:

Sit instead of standing: Brushing teeth, getting dressed, showering, preparing food and doing the ironing can all be done sitting down.

Get lots of rest: Major surgery leaves many people feeling tired and lacking energy; do not be disheartened by this because it is just your body telling you that you need rest to recover! Take a nap in the afternoon. Take five to ten minute breaks during housework or walking. When you are resting, change position every twenty minutes to stop your knee getting stiff.

Work more efficiently: You can make day-to-day activities easier:

- Plan a daily schedule of things to do, setting priorities, alternating heavy with light work and making room for frequent breaks.
- Position everything to hand so you don't have to bend, reach and stretch too much.
- Protect your joints from excessive strain by changing position frequently.

Getting Back to Normal

6 Week Post-Operative Outpatient Appointment

Once you are at home, an outpatient appointment will be made for you to see a member of the Orthopaedic Team. This usually takes place at around 6 weeks following your operation. They will want to make sure that you are coping with your new knee. At this appointment, the movement of the knee will be checked and you will be advised on what you can start to do with your new knee. If you have any questions it is a good idea to write them down and bring the list to your appointment.

Diet

There are no restrictions to your diet. Bear in mind that you have just undergone major surgery, so make sure you eat plenty of fruit, vegetables and lean meat for protein and iron. Try to drink 6-8 glasses of water a day. If you have lost weight, try to keep it off; it will reduce pressure on your new knee and help you to undertake your exercises more easily.

Sex

You may resume sexual activities as soon as you feel ready. Let your partner take an active role. You may

find that certain positions are more comfortable. Your physiotherapist or GP can answer other questions you may have

Travel

You are at increased risk of developing a blood clot if you take a prolonged journey after your knee replacement. You are advised against flying short-haul (less than 4 hours) for 6 weeks and long-haul (more than 4 hours) for 12 weeks. If you take a prolonged car journey you must stop for regular breaks. The metal in your new knee may activate metal detectors and security devices, e.g. at airports.

Sleeping

It is normal to wake at night following your operation. This is because the nerves around the knee become more active at night as your blood circulation slows because you are still. Moving your knee regularly, taking little walks and taking your pain relief should help. Sleep disturbance will settle with time.

Return to Work

You should be able to do normal daily activities and desk-based jobs by 4 to 6 weeks. If you need a certificate for work then please ask before you leave the ward, or contact your GP.

Driving

Driving is usually possible after 6 weeks when your knee is feeling comfortable. Make sure that you can bend and straighten the knee without excessive pain and check that you can perform an emergency stop safely. **You have a legal obligation to inform your car insurance company that you have had knee replacement surgery.** If you want to drive before your 6 week appointment please contact your car insurance company to ensure that your insurance is valid.

If you drive an automatic car and the surgery has been undertaken on your left knee, then you are permitted to start driving once your operated knee is comfortable and you are not requiring strong painkillers that might impair your judgement. Again, you must contact your car insurance company to ensure that your insurance is valid, prior to your 6 week appointment.

Return to Sports

More strenuous physical activity and gentle sport (e.g. golf) can be resumed when your knee is feeling strong and comfortable and is no longer swollen, usually after 3 to 4 months.

It is advisable to gradually increase your level of activity to see how the knee copes. It will usually take a minimum of 6-9 months before returning to more energetic sports such as tennis and skiing. Please discuss any specific questions with a member of the Orthopaedic Team at your 6 week clinic appointment. A knee replacement does not have any shock absorption so repetitive impact on a regular basis is likely to increase the rate of wear. It is not advisable to run (i.e. go for a jog) on a knee replacement.

Kneeling

Kneeling down on the operated knee to pick something up or to do some gardening/cleaning occasionally is fine once the wound is well-healed. Kneeling on a regular basis (eg. daily as part of a job) is not advisable. Some people find kneeling on their scar too uncomfortable to manage.

When you have finished with your crutches, please return them to the physiotherapy department at either Warwick, Stratford or Leamington Hospitals.

Notes

Notes

Passport Home

Once all of the following have been completed, you will be ready to go home:

- **Doctor/Nurse**
Your doctor and nurses need to be happy that you are medically fit for discharge
- **Physiotherapy**
You need to be safely walking with an appropriate walking aid and be safely managing stairs, if applicable
- **Medication**
Your medication must be ready to take home
- **Transport Home Organised**
Please arrange this prior to admission



Appointment List

Pre-op Knee Information Group

Pre-op Assessment

Admission Date

Surgery Date

Estimated Discharge

Removal of Clips Date

6 Week Review

Contact Information

If you require any further information after reading this leaflet, please contact **South Warwickshire NHS Foundation Trust** on:

Bookings Office:

01926 600036

Preoperative Assessment Clinic:

01926 495321 ext. 4148

Physiotherapy Department:

01926 600818 (option 5)

Occupational Therapy Department:

01926 495321 ext.4672

Greville Ward:

01926 495321 ex 6067/6068

Beauchamp:

01926 495321 ex 6432

Millbrook Healthcare (for return of equipment):

0333 321 8986

Education Classes:

01926 495321 ex 8278

Orthopaedic Outpatient Appointments:

01926 495321 ex 4371/8066

SWATT: 01926 495321 ext 6838 The answer-phone in the SWATT office is checked regularly during office hours.

SWATT Mobile (8am-4pm):

07785 314564

SWATT Webpage:

<https://www.swft.nhs.uk/our-services/adult-hospital-services/south-warwickshire-accelerated-transfer-team-swatt>

Volunteer Drivers (3-5 days notice):

Warwick & Stratford: 01789 262886

Rugby & Coventry: 01789 561293

North Warwickshire: 01827 717074

Nuneaton/Bedworth: 02476 315151

Author: SWATT Team Leader
Version: 5.0
Published: November 2018
Review date: November 2023
Catalogue Number: SWH-00380

At South Warwickshire NHS Foundation Trust we are fully committed to equality and diversity, both as an employer and as a service provider. We have a policy statement in our Equality Strategy that clearly outlines our commitment to equality for service users, patients and staff:

- You and your family have the right to be treated fairly and be routinely involved in decisions about your treatment and care. You can expect to be treated with dignity and respect. You will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.
- You have a responsibility to treat other service users, patients and our staff with dignity and respect.

Our information for patients can also be made available in other languages, Braille, audio tape, disc or in large print.

PALS

We offer a Patient Advice Liaison Service (PALS). This is a confidential service for families to help with any questions or concerns about local health services. You can contact the service by the direct telephone line on 01926 600 054 by email: pals@swft.nhs.uk or by calling in person to the PALS Office which is located in the Lakin Road Entrance to the hospital.



Approved by
SWFT Patient
Information
Group



South Warwickshire
NHS Foundation Trust