

Information for patients and carers

Total Knee Replacement

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

Introduction

Your consultant has recommended a knee replacement. The aim of this booklet is to provide you with all the information needed about the operation itself, the pre-operative process and your recovery afterwards. Please read through all the information carefully. If you have any questions, you can write them in the space at the back of the booklet and bring it with you to your appointments.

What is a knee replacement?

Your knee is a joint between the tibia, the bone in the lower half of your leg and the femur, the bone in the top half of your leg. The patella (kneecap) also forms part of the knee joint. This is a hinge joint and is responsible for bending and straightening your leg. The weight-bearing surfaces of the joint can become worn and this can cause pain and reduction in mobility.

A total knee replacement operation is surgery to replace the lower surface of the femur and the upper surface of the tibia. The patella may also be replaced or resurfaced.

The components are made of metal and plastic and may or may not be cemented into place. The type of knee replacement you have will be decided by your consultant.

Benefits and risks of the operation

A total knee replacement is normally performed to reduce pain and improve function and mobility. Most operations go well with positive outcomes, however there are potential risks to surgery to be aware of. These include:

- Blood clots
- Wound infection
- Dislocation

Nerve injury
Leg length discrepancy

Your consultant will explain these risks when you are listed for your surgery, and you will have the opportunity to discuss in further detail.

Before your operation

Several appointments will be needed before you come into hospital for your operation to make sure you are medically fit to have surgery, are well prepared for your operation, and to reduce the length of time you will need to be in hospital. These appointments are very important and failure to attend may result in your operation being cancelled.

Pre-operative assessment

We will make you an appointment to attend a pre-operative assessment with our nursing team. At this appointment we will ask you lots of questions about your general health and any medical conditions you have. Please bring any current medication in original containers so we can see what you currently need to take. The nurses will record your height, weight, blood pressure, heart rate and oxygen levels. You will have blood taken and may need further investigations dependent on your medical conditions.

You will also be screened for MRSA at this appointment.

Education group

You will receive an invitation to attend a pre-operative education group run by our therapy team. At the group we will give you lots of information about how to prepare yourself and your home for your surgery, what to expect while you are in hospital, and your care after discharge home. We will measure for and provide you with elbow crutches and show you how to use them, and teach you exercises. You will also have the

opportunity to speak to the occupational and physiotherapy staff about any concerns you may have.

This education group is a key part of your journey, and it is very important you attend.

Preparing for your return home

The education group will provide you with more detailed information, but basic things you can do at home to prepare for your surgery before you come in include:

- Moving non fitted rugs and mats
- Stock up on easily cooked meals or pre-made meals
- Making sure your stair rail/banister is secure
- Asking family and friends to support you on discharge

Please also consider how you will get home from hospital. You will be able to travel in a normal car as a front seat passenger. Please ask family or friends to help with transporting you home.

Reducing the risk of infection

When you attend your pre-op appointment with the nursing staff, they will give you some wash to use to help reduce the risk of infection. You should use this wash for the 5 days before your surgery, with the last time being on the morning of your surgery. It is important not to use any soap, shower gel or shampoo after you have used the wash. It is ok to wash with your normal products and then finish with the special wash. The nursing staff will also give you some cream which you apply to each nostril twice a day for the five days before your operation.

In the week leading up to your surgery please avoid putting yourself at risk of getting any cuts or scratches such as when gardening or from pets as if not healed these can be a risk of infection and may prevent your surgery from going ahead.

Wherever possible please avoid contact with anyone who has a cough, cold or stomach bug as again these are a risk of potential infection and may delay or prevent your surgery.

Your operation day

All our elective orthopaedic surgery happens at Chorley and South Ribble Hospital. Leyland Ward is our main ward, and you will be asked to attend here on the morning of your surgery. Leyland ward is on level 3 at the Euxton Lane side of the Hospital.

We normally ask you to arrive at 7.30am. This is so we can complete your admission details, the anaesthetist can review you and you can be prepared for theatre.

What to bring with you

Please remember to bring in the following with you:

Footwear – please bring in well fitted shoes or slippers with a back rather than slip on style shoes.

Clothing – please bring nightwear and a set of clothes to wear during the daytime. Loose clothing may be more comfortable and easier to put on.

Medication – Please bring any prescribed medication in the original containers not in blister packs or tablet organisers.

Toiletries – soap/shower gel, toothbrush and toothpaste, hairbrush/comb

Crutches- please bring the crutches provided at the education group, together with any small dressing aids which may have been prescribed.

Once you have been admitted by the nursing staff you will remain on the ward until it is your time to go to the operating theatre. This can

sometimes be a long wait, so we recommend you bring in something to keep you entertained such as a book, magazine, puzzle or hand held electronics such as a mobile phone, kindle etc.

Anaesthetics

The majority of our surgery is done under spinal anaesthetic. The anaesthetic is injected into your lower back to numb the lower half of your body. This means you will be awake during your operation but will not be able to feel anything in your legs or lower trunk and pelvis.

This numbness may last around 4-6 hours.

There will be lots of staff in theatre and they will aim to reassure you about the operation, but if you are nervous about being awake you can wear headphones to distract you. You may also be able to have some sedation to help you feel less anxious. You should discuss this with the anaesthetist on the morning of your surgery. We use spinal anaesthetic when possible as it helps to reduce post operative complications and post operative nausea, vomiting and drowsiness compared with a general anaesthetic.

In some cases, we may need to use general anaesthetic, but this will be discussed and explained to you by the anaesthetist, if this is the case.

After surgery

Once you have had your operation, you will go into recovery for a short period where your observations such as blood pressure, heart rate and breathing will be monitored. Once we are happy with your progress you will return to the ward on your bed where the ward staff will take over your care.

Pain relief

It is normal after joint replacement surgery to have some pain. It does not necessarily mean something has gone wrong or there is a problem with the new joint.

The nursing staff will bring you pain relief on a regular basis, and it is important that you take it as prescribed to keep on top of your pain control and allow you to progress with your exercises and mobility.

If you feel your pain is not well controlled despite taking your pain relief, please tell the nursing staff. This is important. You can then be reviewed by the specialist pain nurses who may be able to suggest an alternative medication or dosage.

Mobility and exercises

Moving your new joint and starting to walk early is an important part of your recovery. Your new joint will become stiff and more painful if your rehabilitation is delayed.

For this reason, you will be helped to stand and mobilise as soon as the numbness from the anaesthetic has worn off. This is usually within 3-4 hours of returning to the ward from theatre.

Most joint replacements do not need to be protected from bearing weight but due to the pain and weakness following surgery we use a walking aid to help support you.

Initially this will likely be a walking frame with front wheels. You will progress to elbow crutches once steady. Crutches are preferable to a walking frame as they allow a better walking pattern and can be used outdoors.

The sequence for using elbow crutches is as follows:

1. Hold the crutches in either hand with the handles pointing forwards.

2. Move the crutches forward.

3. Take a step forward with your operated leg finishing just behind your crutches.

4. Take a step forward with your non-operated leg finishing level with your operated leg.

Remember not to stand up and sit down with your arms in the crutches. The correct technique will be shown to you in the education group. If you have stairs at home or a step to access the property, we will practice these with you on the ward before you are discharged home.

The correct technique is shown below:

Going up stairs



1. Stand close to the stairs.
2. Hold onto the handrail with one hand and the crutches with the other hand.
3. First take a step up with your un-operated leg.
4. Then take a step up with your operated leg.
5. Then bring up the crutch

Always go one step at a time

Coming Down Stairs



1. Stand close to the stairs.
2. Hold onto the handrail with one hand and the crutch with the other hand.
3. First put your crutch one step down.
4. Then take a step with your operated leg.
5. Then step your un-operated leg next to your operated leg.

Always go one step at a time.

Exercises

The physiotherapists recommend the following exercises are completed every 2-3 hours during the day following your operation to help build up the strength and movement in your new knee replacement.

Build up to repeating each exercise 10 times.

These exercises are either to be done lying on your bed or sofa or sitting on a chair. Please do not attempt to get on the floor to do the exercises.

Static Thigh.

In lying with your legs straight out in front of you, tighten the muscles at the front of your thigh, pushing the back of your knee down.

Hold the contraction for up to 5 seconds. Aim to repeat this exercise up to 10 times, every 2-3 hours.



Inner Range Thigh.

Similar to the “Static Thigh” exercise, in lying with your legs straight out in front of you, put a small pillow or rolled towel under your knee. Tighten the muscles at the front of your thigh, pushing the back of your knee down into the pillow/towel and try to lift your heel up.

Remove the pillow afterwards.

Hold the contraction for up to 5 seconds and aim to repeat this exercise up to 10 times,



Heel Slides.

Slide your heel towards your bottom, therefore bending your knee.

Hold on the maximum bend possible within the limits of your pain tolerance for 5 seconds, then release and slide your heel away from your bottom, therefore straightening your leg. Aim to repeat this exercise up to 10 times, every 2-3 hours.



Straight Leg Raise.

Sit or lie with your legs in front. You can bend your un-operated leg if this is more comfortable. Keeping your operated leg straight, pull your toes towards you, tighten the muscles at the front of your thigh and lift your leg approximately 15cm off the bed. **do not be concerned if you cannot raise your leg off the bed straight away - keep persisting with this exercise**

Hold for up to 5 seconds, then slowly lower your leg down and aim to repeat up to 10 times, every 2-3 hours.



Seated Knee Bend/Straightening.

In sitting in a chair with back support, with your feet on the ground, slide the foot of your operated leg back towards you as pain allows and hold for up to 5 seconds.

Then release the foot slowly and begin to straighten that knee by contracting the muscles at the front of your thigh and straightening the knee as much as possible. Again, hold for up to 5 seconds, and then slowly lower the leg back down.

Aim to complete this exercise up to 10 times, every 2-3 hours.



Once you are able to get out of bed after your surgery, an important part of your rehabilitation is to begin managing your everyday tasks independently. Staff on the ward will help you to walk to the toilet and to the bathroom as you need to. We would like you to get dressed into your normal clothes as this is good practice for when you go home.

If you struggle with any of these things the occupational therapists will come and review you on the ward.

Wound care and dressings

Your wound will be covered with a waterproof dressing which is left in place for 14 days. Under the dressing is a row of clips/staples. These will need to be removed 14 days after your surgery. You will be given an appointment to return to the hospital to have your clips removed and the wound reviewed.

It is ok for the dressing to get wet in the shower, but not soaked. Please take care not to lift the edges of the dressing when getting dried or dressed.

If you notice any excessive bleeding or oozing from the wound, or the area around the dressing becomes hot, red or swollen please contact the ward on the numbers found at the end of this booklet. We may need to bring you in to one of our clinics to check the wound.

Going home

Once the doctors, nurses and therapists are happy with your progress, we will make a plan for your discharge home from hospital. We aim for most patients to be in hospital for 24 hours or less. This will depend on the time of day you go to the theatre and any significant medical problems you might have. However, we want you to spend as little time as possible in hospital as you will recover better at home.

Once you are at home, please continue with the exercises shown to you by the physiotherapist. Remember to gradually build up your activity doing your everyday tasks at home.

When you feel ready, please start to build up walking outdoors. The physiotherapist will discuss this further at the education group.

Follow up appointments

We will make you an appointment to return to clinic 2 weeks from the date of your operation. At this appointment you will see the enhanced recovery nurse and the physiotherapist. This appointment will be in the core therapy department on level 2 at Chorley Hospital.

If you need any further physiotherapy appointments, we will arrange these with you following your initial appointment.

Contact details

Should you require further advice or information please contact Leyland Ward on **01257 245747** or core therapy department on **01257 245757**.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.
This information can be made available in large print, audio, Braille and in other languages.

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