NHS
Royal Cornwall Hospitals
NHS Trust

Knee replacement

A patient guide to total knee replacements and partial knee replacements (partial medial unicompartmental, partial lateral unicompartmental and patellofemoral knee replacements)

Your details

Name: .....

Consultant: .....

Please bring this journal with you to all hospital appointments. It will help with your recovery and provide us with valuable feedback.

If at any stage you no longer wish to proceed with your operation, please let the hospital know as soon as possible.

Forms to complete

- National Joint Registry form
- The Friends and Family Test
- PROMS / My Clinical Outcomes

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Useful telephone numbers

St Michael's ward (Admissions)	01736 75 8897 / 8946
St Michael's Pre-assessment	01736 75 8975
St. Joseph's ward	01736 75 8812
SMH Occupational Therapy	01736 75 8887
SMH Physiotherapy	01736 75 8807
RCH Treliske switchboard	01872 250000
RCHT pre-assessment	01872 25 8081
RCHT Physiotherapy	01872 25 2885
RCHT Occupational Therapy	01872 25 2885

For you to note when you have:

Date for Pre-admission Clinic	__ / __ / __
Date to attend Joint School	__ / __ / __
Date of Surgery	__ / __ / __

- ◯ Signed and dated consent form
- ◯ Completed your National Joint Registry Form
- ◯ Registered for My Clinical Outcomes

Introduction

This booklet will guide you through what you need to know regarding your up and coming knee replacement. Your knee surgery is more likely to be successful and your risks of complications less, if you are in optimal health and fitness. Our Pre-admission Clinic will assess and advise you on how you can optimise your health prior to your surgery. This may involve you having to make lifestyle changes or organising further tests and treatment before your operation can proceed safely.

It is important to attend 'Joint School' within the four weeks prior to surgery. It has been designed to offer you appropriate advice to ensure you get the most out of your knee replacement. You will be admitted on the day of your procedure and we aim to have you stood up on the same day after your surgery. We aim to discharge you home safely within three days.

In the UK, all joint replacements are registered with the National Joint Registry. Please read the information provided and consent to your details being collected to enable us to continue to improve patient safety and help surgeons choose the best performing implants in the future.

We would like to monitor how well your new knee serves you in the future without you having to visit a hospital for a check up. This is made possible by online reporting through the internet. 'My Clinical Outcomes' is a Patient Recorded Outcome Measure (PROMs), which will help us monitor your long term progress. Please register with this website so that we can track how you are doing.

This book will guide you through the process, so please do read it and share it with family and carers. Write any questions you want to discuss and bring it to all your appointments. Work together with us and it will help you get the best outcome!

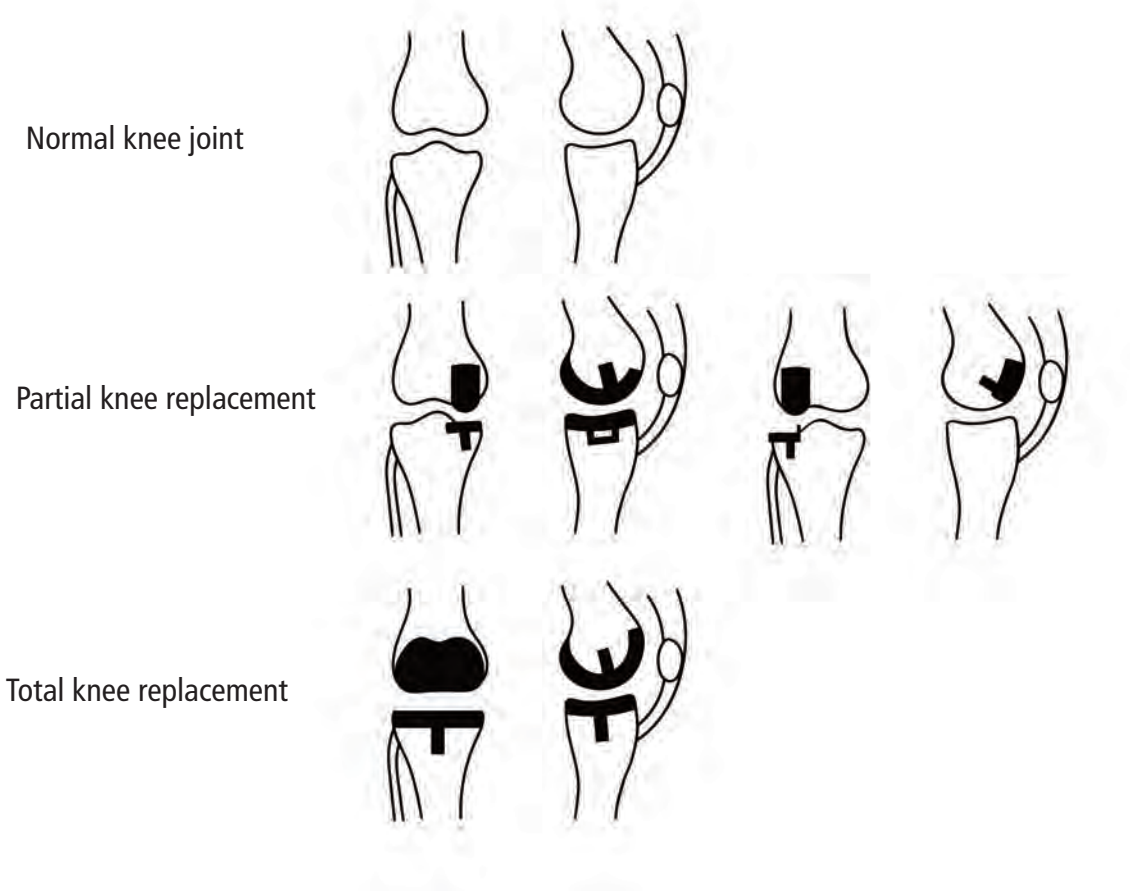
Consultant Orthopaedic Surgeon

About your operation

What is a total knee replacement?

In a total knee replacement the lower end of your thigh bone (femur) and upper end of your shin bone (tibia) are replaced with artificial parts. Some patients may need replacement of the back of the knee cap (patella) with a piece of polyethylene. All parts are usually inserted and held with cement, although in some situations your surgeon may use an uncemented part.

Figure 1: The knee joint before and after surgery



Why do I need it?

Total knee replacements are usually performed on patients suffering with severe pain from arthritis, with difficulty in staying mobile, although there are other less common reasons. We hope that it will stop most of the pain in your knee, although it is common to have some pain remaining, particularly on twisting and kneeling.

What does it involve?

Your operation will be performed under an anaesthetic. The most common form of this is called a spinal anaesthetic. A needle is placed into your back and the anaesthetic is injected into your spine to numb the nerves which give sensation and movement to your legs. You will usually have a further injection into your arm to make you drowsy. Some people may require a general anaesthetic, but we prefer a spinal anaesthetic as this gives better pain relief after your operation and prevents unwanted movement at your knee as you wake up (which may tear some of the stitching deep inside your wound).

1. You will lie on your back during the operation.
2. Your skin will be cleaned with antiseptic fluid and clean towels (drapes) will be wrapped around the knee.
3. The surgeon will make a cut (incision) on the front of your knee. The exact location of the incision depends on your surgeon's technique. The length of the incision also depends upon the surgeon and the size of your leg. The larger your leg, the bigger the incision is likely to be to allow safe access to your knee joint. If your operation is more complicated, it is also more likely that your incision will be larger. The length of the incision will make no difference to your recovery time. A cut is made through the fat and muscles which lie in the way of the knee bones.
4. The surgeon will remove any excess arthritic bone and make a smooth base for the new implant. Surgeons will usually use a special bone cement to hold the stem prosthesis in position. The cement acts as a strengthener for your bone to support the new implants.
5. When satisfied with the position of the implant the surgeon will close the wound. A drain may be used. This allows any collection of blood or fluid to drain out. The drain can be removed painlessly on the ward after a day or two.
6. Sometimes a fine catheter (called a 'pain buster') is inserted into the knee joint, allowing continuous pain relief to be released slowly into the knee joint.
7. The skin is then closed. Some surgeons use stitches, while others prefer metal clips (skin staples). Both methods are equally successful.

All patients will experience altered sensation and numbness over the outer aspect of the knee.

What is a partial knee replacement?

If you have less damage, your surgeon may only need to replace part of your joint using a partial knee replacement. Partial knee replacements include replacing the inner half of the knee (partial medial unicompartmental), outer half of the knee (partial lateral unicompartmental) or front of the knee joint (patellofemoral replacement).

- **partial medial/lateral unicompartmental knee** is done if pain and arthritis is localized to the inner or outer border of the knee. Knee movements are relatively unrestricted and ligaments are stable. It affects about 25% of arthritis patients
- **Patellofemoral replacement** is performed for osteoarthritis affecting the back of the kneecap. In about 10% of arthritis patients the majority of their knee symptoms are coming from a worn kneecap. These people suffer pain when crouching, climbing and descending stairs, walking up slopes and getting out of low chairs. It may be possible to replace the back of the patella and the front of the femur (thigh bone) to provide relief.

Recovery will usually be faster and you may have greater improvement in your mobility and more natural movement than with a total knee replacement.

For partial knee replacement, your surgeon may perform mini-incision surgery using smaller cuts and instruments to improve recovery time. A number of centres are now performing partial knee replacements as a day care procedure. Your surgeon will discuss this possibility with you and taking into consideration your general health, mobility and personal circumstances you may be deemed suitable to be discharged the same day.

If other parts of the knee are also affected a total knee replacement is the better option. Sometimes during the procedure it is discovered that the arthritis may have progressed more than anticipated and the surgeon may proceed to perform a total knee replacement.

What are the possible risks or complications of surgery?

As with all procedures, there are risks from having this operation:

COMMON (happens in 2-5% of patients).

Blood clots: Blood clots can form in the veins after surgery. This is known as Deep Vein Thrombosis or DVT. These can cause painful swelling of the leg and very rarely, put your life at risk by affecting your lungs. We will give you medicine to reduce this risk. Some surgeons will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating around the leg. Starting to walk and getting moving is the best way to prevent blood clots from forming.

Bleeding: This is usually minor and is stopped during the operation. Around 1 in 10 patients need a blood transfusion and some will need iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful and require an operation to remove it.

Pain: Your knee will be sore after the operation. If you are in pain, it's important to tell staff so that pain can be controlled. Pain usually improves with time and for most patients the knee will become pain free. Sometimes, pain does not improve after surgery. Your surgeon will look for a reason and to see if it can be improved. Occasionally no cause can be found and it is necessary to take pain killers in the long term.

Implant wear and loosening: With modern operating techniques and implants, we expect knee replacements to last over 15 years. In some cases, they fail early. The reason is often unknown. It may be a result of your body's response to the implant, the implant itself or your level of activity. All the implants used at the Royal Cornwall Hospital use tried and tested materials but there is no perfect knee replacement. Your surgeon will choose the type of implant that best suits your level of activity. Feel free to discuss the type of implant that will be used with your surgeon.

LESS COMMON (1-2%)

Infection: To minimise the risk of infection you will be given antibiotics before surgery, ultra clean air theatres will be used and special precautions are taken by the theatre staff by gowning and draping.

Despite this, infections can still occur. The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. If infection develops early (within the first 6 weeks), this can often be treated with antibiotics and an operation to wash the joint out. If infection develops late or if the infection is severe, the implants may need to be removed and subsequently replaced at a later date. The infection can sometimes lead to sepsis (blood infection) requiring strong intravenous (IV) or long term antibiotics.

It is vital that you tell medical staff if you think you have an infection at any stage.

RARE (<1%)

Altered wound healing: The wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Massaging the scar with cream when it has healed may help.

Nerve damage: Every effort is made to avoid this, however damage to the nerves around the knee can occur. The nerves could be injured by being cut or stretched. This is a particular risk if your surgeon is trying to correct a leg which is very shortened to start with. This may cause temporary or permanent changes in the feeling of the leg or the strength of the leg muscles, particularly those around the ankle. The main two nerves at risk are the sciatic nerve and the femoral nerve, both of which control major muscles in the leg and provide sense of feeling down the leg.

Bone damage: The thigh bone may be broken when the implant (metal replacement) is put in. This may require fixation with wires or plates either at the time or at a later operation. This will slow down the post-operative progress while the fracture heals over the next 6 weeks.

Blood vessel damage: Rarely, the vessels around the knee may be damaged. This may require further surgery by the vascular surgeons.

Pulmonary embolism (PE): A PE is a consequence of a DVT. It is a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal. This occurs in about 1 in 5000 hip replacements.

Anaesthesia related complications: The risk to a healthy patient of problems arising from an anaesthetic is very small. The anaesthetist will discuss specific risks with you prior to the operation. We will always take every possible step to keep you safe during your operation, however, there are risks to having a major operation and anesthetic and despite all precautions we advise that your are prepared by being as well as possible at the time of your surgery.

Fitness for surgery – Pre-admission Clinic

You will be contacted to attend the Pre-admission Clinic at St Michael's Hospital in Hayle or Royal Cornwall Hospital in Truro.

This clinic serves to assess and, where necessary, help you to optimise your health and fitness prior to surgery. The aim is to help you maximise your chances of getting the best possible outcome from your joint replacement. You should allow up to 2 hours for the clinic visit.

The assessment will include:

- making an accurate list of your current regular medications – **please bring an up to date list with you to the clinic**
- taking a record of your health history, including previous surgery, anaesthesia and allergies
- simple tests, such as ECG (tracing of your heartbeat) and blood tests
- advice and interventions to help you optimise yourself for surgery, for example:
  - smoking cessation
  - exercise
  - diet
  - treatment of anaemia
  - treatment of dental problems
- advice for the day(s) leading up to surgery about:
  - which medications to continue or withhold
  - hygiene
  - appropriate starvation (fasting before your operation).

If necessary we may also arrange for additional tests or referral to your GP or another specialist. This can cause a delay to your surgery and it is possible that your surgery may be cancelled if something serious is discovered that requires further treatment. Whilst this may be frustrating, the aim is to optimise your health and improve the chances of your surgery being successful.

You may be asked to see a Consultant Anaesthetist. You may also need an exercise test to assess your heart and lung function. You may find it helpful to bring along a close family member or friend when you see the anaesthetist.

MRSA

You should have been screened for MRSA at the orthopaedic outpatient clinic before your Pre-admission clinic visit. The results will be checked, but you will only be informed if they are positive and treatment is required. If you have previously been a carrier of MRSA, please inform the clinic nurse. If you were not screened in outpatients we may need to post you a self-screening kit. If you have had one of these please follow the instructions and return it by post as soon as possible to avoid delays.

Occupational Therapy Assessment

You will be seen by the Occupational Therapist during Pre-admission Clinic to help you to prepare for your admission and subsequent discharge home. They will provide you with information regarding your stay in hospital and will explain the post-op routine and rehabilitation. They will also be able to discuss the precautions you need to follow during your rehabilitation and can advise you about returning to daily activities and leisure pursuits after surgery, including work and driving.

The Occupational Therapist will assist you to plan your discharge from hospital and will discuss any concerns you may have regarding your home environment. If assistive equipment is required for use within your home after surgery, the Occupational Therapist will arrange this for you so that everything is in place prior to your admission. They will identify the support available to you on discharge, and may be able to give advice regarding accessing additional support if this is required.

Instructions and Notes from your Clinical Team

Joint School

What is Joint School?

This is an educational session run by the clinical team. It gives you the opportunity to learn more about preparing for your surgery. It is best if you attend Joint School a few weeks before your surgery. Our staff will be in touch to book this with you at the same time as they book your surgery date.

You will meet other patients waiting to have their knees replaced. You are very welcome to bring a relative or carer with you so that they can learn how to support you when you go home after surgery.

What are the benefits?

Attendance at Joint School hastens your discharge and will make you more informed about the process of having a knee replacement. Please attend even if you have had a knee replacement before as our service and expectations of your recovery constantly evolve.

What does it involve?

The clinical team will explain what is going to happen to you during your stay. You are encouraged to ask as many questions as you want, however simple you may think they are. The Physiotherapist will teach you the exercises, and if they are not too painful it is great to start these exercises before your operation. They will also show you how to use crutches, especially on stairs. By practising these before your operation, your muscles will be stronger and you will be more confident of what to expect.

The Occupational Therapist will ensure that any assistive equipment, previously ordered for you at the Preadmission clinic, has now arrived at your home and that you have fitted it successfully. They will also confirm the support you have available to you on discharge and answer any questions you may have about your rehabilitation and your return to leisure activities and employment.

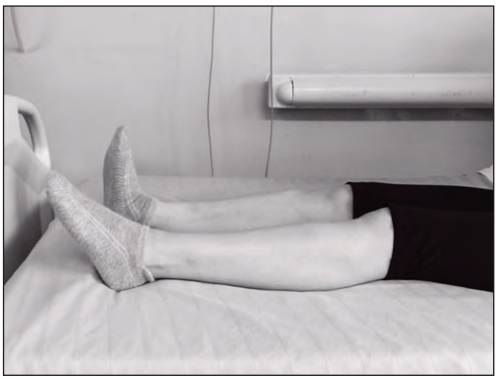
Instructions and Notes from your Clinical Team

Exercises

Do these exercises 3-4 times a day

These exercises will assist your recovery following your surgery. They should be carried out little and often to help restore range of movement and strength. It is important not to push through pain in the early stages. If the exercises give you pain, stop and try them again later. You may need to reduce the amount you do and then try to build them up gradually.

Bed exercises:



1: Ankle pumps

- Move your foot up and down at the ankle to assist with circulation
- Repeat 20 times.

2: Tensing up the thigh muscles (static quads)

- Sit or lie with your leg out in front of you
- Push the back of your knee down into the bed to straighten your knee and pull your toes towards you
- You should feel the muscle on the front of your thigh tighten
- Hold for a count of 5 seconds, relax then repeat ___ times.

3: Straight leg raise

- Sit with your operated leg out straight
- Tighten your thigh muscle to straighten your knee and lift the whole leg 6 inches (15cm) off the bed
- Hold for 3 seconds, then gently lower. Relax, then repeat ___ times.

4: Heel lifts (inner range quads)

- Sit with your operated leg in front of you and place a rolled up towel or knee roll under your knee
- Keeping the back of your knee in contact with the knee roll, raise your heel off the bed
- Straighten your knee as much as possible and hold for 3 seconds
- Slowly lower your heel back to the bed. Relax, then repeat ___ times

5: Knee flexion (bending the knee)

- Sit on the bed with your legs out in front of you
- Keeping your heel on the bed, slide your foot towards you, bending your knee. (You may want to use a tray or a plastic sheet under your heel to make it easier).
- Bend your knee as far as you can and hold it there for 3 seconds, then release
- Relax, then repeat ___ times

6: Passive knee extension

- Sit or lie with your operated leg out in front of you
- Place your heel on a block or pillow so that your knee hangs in mid-air
- Let your knee stretch for 5 minutes, or less if it is too painful

Sitting exercises:

7: Sitting knee flexion

- Sit in a chair with your feet on the floor
- Slide your foot towards you to bend your operated knee as far as you can
- Hold for 3 seconds, then relax.
- Repeat ____ times.

Home preparation

It is important to plan your discharge before surgery to prevent any delays in getting home. The Occupational Therapist will be able to assist you with this when they see you at the Pre-admission clinic.

Preparing meals

In the kitchen you will need to think about how you normally do things.

Although you will be able to cook, you will not be able to carry things such as plates and cups away from the kitchen so you will need to have someone to carry things for you whilst you are using the walking aids. Alternatively your Occupational Therapist may be able to supply you with a kitchen trolley to aid your independence.

It may be useful to purchase a few ready meals or to freeze some meal portions before you come into hospital, so that you do not have to do too much cooking when you first get home.

Household chores

As you will initially be using walking aids, it may be helpful to identify who might be able to help you with:

- vacuum cleaning
- laundry
- changing of bedding
- carrying shopping bags
- putting out bin bags
- transport
- looking after pets, particularly if they need exercising.

If you are concerned about not having enough support on discharge please discuss this with the Occupational Therapist at the Pre-admission Clinic or Joint School, and they may be able to signpost you to appropriate support providers. It is important to be aware that there is often a financial cost for agency care in the community.

Work / Employment

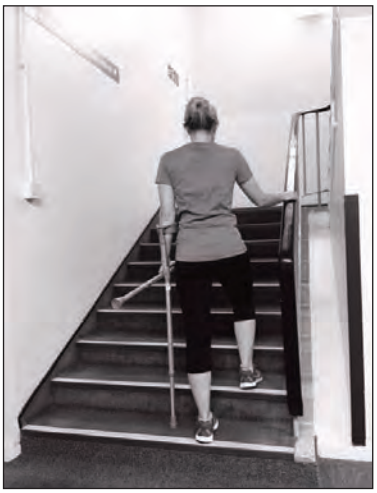
It is important that you take an appropriate amount of time off work following your operation. The length of time you need off work will depend on the role you carry out and the number of hours you work. Your Occupational Therapist will be able to discuss this with you and advise you. As a guide most people require a minimum of 6-8 weeks off work. It is possible for you to return to non physical work earlier, but you are likely to feel unusually tired for at least 4 weeks after your operation as your body requires extra energy to heal itself.

If you are a carer for a dependent relative or young children, you will need to identify who might be able to assist you in this role whilst you are recovering. This is something you may wish to discuss with your Occupational Therapist who may be able to signpost you to appropriate support providers.

Driving

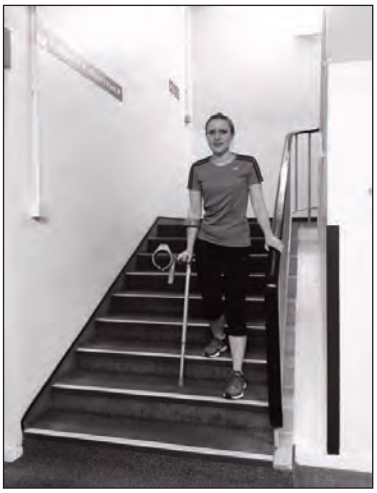
Do not drive until you have been told it is safe to do so at your 6 week follow-up appointment.

Going up or down stairs



Going upstairs

1. Stand at the bottom of the stairs facing upwards
2. Hold the handrail in one hand and crutches in the other
3. Move good leg up one step first
4. Move operated leg up to same step
5. Move crutches to the same step
6. Repeat this process one step at a time till you reach the top.



Going downstairs

1. Stand at the top of the stairs facing down
2. Hold the handrail in one hand and crutches in the other
3. Move your hand down the handrail and move your crutch down one step
4. Move operated leg down to the same step
5. Move good leg down to the same step
6. Repeat this process one step at a time till you reach the bottom.

General points

Here are a few other points to consider in preparation for your return home after surgery:

- Ensure there is sufficient room to manoeuvre around your home with walking aids. If necessary, consider removing excess furniture or ornaments.
- Prior to admission, don't undertake any major decorating that leaves your house unsafe.
- To reduce the risk of tripping or falling, remove or move loose rugs, trailing electrical cables and make sure the lighting is good.
- If stairs are particularly difficult for you, consider making space for a bed downstairs and arrange for it to be brought down before you come into hospital.
- Have a phone by your bed, or carry a cordless phone in your pocket if you live alone.
- Ensure you have a night light next to your bed so you can make your way to the toilet safely at night.
- Ensure you have plenty of your usual prescription medicines in stock.
- Arrange who will be giving you a lift home from hospital after surgery.

What to bring with you

- Loose night and day wear – we encourage you to get dressed the first day after your operation – remember underwear. You will need loose clothing to wear home as you may have some swelling following your surgery.
- Dressing gown and socks.
- Flat supportive shoes, preferably slip-on.
- Slippers that are enclosed (not open backed).
- Toiletries: soap, shampoo, toothbrush, toothpaste, flannels, hand wipes, brush or comb.
- Books and magazines. There may be a long wait before your operation.
- Headphones and digital music player. You can even request to listen to music during your surgery.
- A minimal amount of loose change for a paper or similar – do not bring large amounts of cash.
- Mobile phone and charger if you have one.
- **This booklet!**
- **Mobility aids.**

It is also important to bring with you the following items if you normally use them at home:

- Shaving equipment.
- Your usual prescription medicines in their original named boxes. Let the nurse on the ward know you have brought them as the nursing staff will secure these on admission and return them to you on discharge.
- Inhalers or sprays.
- Glucometers if you are diabetic.
- Hearing aids.
- Spectacles / contact lenses.
- Denture pot and cleaner.

Please do not bring with you valuables, credit cards, pension books, or jewellery. The hospital cannot be held responsible for your valuables.

We recommend that you stop smoking a minimum of 24 hours before surgery as it can reduce post-operative nausea and vomiting as well as reduce your chance of thrombosis.

Not eating and drinking before surgery

You should eat and drink normally up until midnight the day before surgery.

From midnight you should drink **only water until 6.30am** and no food, sweets or chewing gum.

You will be asked to attend the hospital at 7am.

Once at the hospital, depending on the time of your surgery, you may receive further instructions from our healthcare professionals on drinking.

Being admitted

Your operation letter will tell you what time to arrive and where exactly to go. You will be asked to attend one of our admitting units and then after surgery you will be taken to the ward. If you are unsure, go to the hospital's main reception and they will direct you.

- Visitors can drop you off at the admitting unit but for privacy reasons cannot stay with you.
- The admitting unit has trolleys and chairs and this is where you will be until you go to theatre.
- Please keep your property to a minimum, held in a small bag (similar to an on-board flight bag). Whilst you are in theatre your bag will be taken to the ward.

Occasionally the timing of patients on the theatre list does change, but you will be kept informed about any changes. If there is a change in the theatre list you may be allowed a drink – this will be facilitated by the nursing staff.

The surgeon, anaesthetist and nurse will visit you before your operation. This is a good time to ask any final questions.

- All your details will be checked thoroughly. This may mean different people may come and ask you the same questions. We try to minimise this but your safety is the priority.
- You will be given two name bands to wear, usually one on your wrist and one on your ankle of the leg not being operated on.
- You may be prescribed compression / anti-embolic stockings (AES), which help reduce blood clot formation in your legs after surgery.
- Your leg will be marked.
- You will be asked to change into a gown – please do not wear anything under your gown. You may put your dressing gown and slippers on at this stage.
- A pre-medication may be given.

The anaesthetist will talk you through the options. The choice of anaesthetic depends on your:

- operation
- physical and medical condition.

We often use spinal / epidural anaesthetic for knee replacements:

- Local anaesthetic is injected near to the nerves in your back.
- You are then numb from the waist downwards.
- You feel no pain and you may be given the option to stay awake.
- You can also have drugs which make you feel sleepy, calm and relaxed.
- It will take 4-6 hours for normal movement to return to your legs. In some cases it can take up to 24 hours.

The majority of patients have their knee replacement surgery under this technique. You are also much less likely to feel nauseous or vomit with a spinal anaesthesia, which makes it easier to get started with your recovery and get out of bed that same day. In some cases general anaesthesia is used giving a state of controlled unconsciousness (you will be asleep).

Going to theatre

When it is your turn to go to theatre, a member of theatre staff will come and collect you. Prior to leaving the ward, your details will be checked by a ward nurse and the member of theatre staff. The theatre staff will then walk you to the anaesthetic room. If you are unable to walk, you will be taken in a chair or on a bed.

The anaesthetic room is next to the operating theatre. Several people will be there, including your Anaesthetist and an anaesthetic practitioner. Equipment will be attached to measure your:

- heart rate
- blood pressure
- blood oxygen level.

A needle is used to put a thin soft plastic tube (cannula) into a vein in the back of your hand or arm. Drugs and fluids will be given though this tube. If needles worry you please tell your anaesthetist. A needle cannot usually be avoided but the anaesthetist can do things to help you. Finally the anaesthetic will be given.

It is common to have a catheter inserted into your bladder to avoid you needing to pass urine during and immediately after your operation. This is usually removed within 24 hours after your operation.

In recovery following surgery

Following your operation, you will wake up in Recovery, where you will be watched closely by your recovery nurse to make sure your breathing and heart functions are stable and you are comfortable. Depending on your anaesthetic, you may be a little disoriented on waking, however this usually passes quickly.

The monitoring equipment attached to you in the anaesthetic room will still be there. You may also have an oxygen mask and intravenous fluids attached. In most cases these should be removed fairly soon after surgery. For most patients drinking water after surgery is the best form of hydration.

The amount of discomfort you have will be monitored regularly and pain medication given as required. Your discomfort should be tolerable but do not expect to be pain free. Do not be afraid to ask for analgesia.

On the ward

Nursing staff will make sure you are comfortable and perform regular observations on you. You will be offered analgesia (pain relief) regularly, it is important that you take it. If you need painkillers between medication rounds, do not be afraid to ask.

As you wake up fully, you may notice that you have some (or all) of the following:

- a urinary catheter – this will come out once your sensation has returned to normal and you are able to stand
- a drain coming from the wound – this usually stays in for 24 hours after surgery
- a drip in your arm – this is to enable the nursing staff to give you fluids, antibiotics and other medication if required
- epidural for pain control – this is inserted into your lower back.

We encourage you to eat and drink as soon as you are able. If you are unsure please ask the nursing team for guidance. We would advise you to start with something light, and see how you progress before you have a full meal.

You will be encouraged to commence movement and exercises today. The Physiotherapist or nurse will help you get out of bed and encourage you to walk with the use of a walking frame if your sensation has returned to normal. The team will explain what to do and talk you through the rehabilitation process and reinforce your exercises taught at Joint School. The nurses will monitor your progress and ensure you are comfortable.

Day 1 after surgery

If you have a drain, this will be removed by the nursing staff today. If you have a urinary catheter it is likely that it will be removed today (unless the staff have any concerns).

You will continue to progress with the Physiotherapist and be encouraged to walk to the bathroom and toilet with the nursing staff. Walking will become much easier today and you should be able to move around more comfortably. You will progress on to crutches or sticks with the Physiotherapist. You will be encouraged to continue your exercises by yourself today.

Day 2 after surgery

If you haven't received one already, you will be taken for an X-ray of your new joint today. You will also have some bloods taken to ensure that you are recovering well from the surgery. The doctor will need to review the X-ray and the blood results before you are discharged.

By day 2 your walking should be much easier and you should be able to move around the ward comfortably on your own. You will be taught further exercises by the Physiotherapist and they will ensure you are confident to do these on your own before you go home.

The Physiotherapist will show you how to go up and down the stairs with your walking aids. They will guide you on the most appropriate technique applicable to your home environment.

If you are waiting for additional care to be arranged to support you on discharge, this should be finalised today.

You should be able to go home 1-2 days after your operation.

Discharge day

All the preparation you did before coming in should make going home much easier.

- The whole multi-disciplinary team have to agree if you are fit for discharge.
- If you have any questions specifically for your surgeon please let the team know straight away. Our discharges are nurse and therapy led, so you may not see the surgeon.
- The nurse will let you know when you will be ready for collecting. You can then confirm this to the person you have arranged to drive you home or accompany you in a taxi.
- You may be moved to a discharge lounge to wait for your final paperwork and arrangements to be put in place. This enables us to get the bed ready for another patient.
- A nurse will explain any medications to you – please ask if you are unsure about anything.
- When it is time for discharge the nurse will give you a copy of your discharge summary. A copy of this will also be sent to your GP.
- You will be asked to complete a survey (the Friends and Family test) about your admission. Please do take the time to complete this as your feedback is invaluable to us.

Remember

- The nurse will review your dressing prior to discharge and give you any specific advice for ongoing care. If you have any concerns about your dressing please tell the nurse before you go.
- Whilst in hospital you will be prescribed painkillers. It is important to take these as pain can slow down your recovery.
- The goals of your Physiotherapy are to bend your knees over 90 degrees (a right angle), manage your exercises on your own, mobilise independently with the appropriate walking aid and go up and down the stairs safely ready for discharge.
- It is important to do your exercises to improve the flexibility and strength of your knee, giving your knee more stability. It is important to gradually increase the amount of walking you do to improve your stamina. It is also important to have periods of rest during the day.
- Your knee may swell – it is important to manage your knee swelling by not overdoing your activity too soon and icing the knee regularly. This can be done using a bag of frozen peas wrapped in a tea towel and placing it around your knee for 20 minutes. Avoid sitting or standing for long periods. Instead, rest with your leg elevated (raised) above the height of your hip.
- It is advised that you use your walking aids for 6 weeks following your surgery. After 6 weeks you should be able to progress to one stick or crutch. If you are using one crutch or stick, make sure you use it in the hand opposite to your operated knee. Don't try to hobble around without anything as this will encourage bad habits and limping. You will know when you are ready to reduce the amount of support you need to walk because you will have less pain and feel more strength around your knee.
- You will be sent home on blood thinning medication to reduce the risk of blood clots occurring. You will be at increased risk of bleeding if you cut yourself or if you take tablets which could cause internal stomach irritation. Avoid taking anti-inflammatory tablets which can irritate your stomach lining and may cause bleeding. The blood thinning medication can also cause your leg to swell. The swelling may extend all the way to your foot and ankle area. If the swelling is associated with pain in your calf, you should see your GP, who may recommend that a scan be ordered to check for a blood clot in the leg veins.
- Rehabilitation plans do vary per person. Please ask your therapist if you have any concerns about coping at home after your surgery.
- Take home all your personal belongings, including:
  - your discharge summary
  - your regular medicines that you may have brought with you
  - anything else we may have given you, such as spare stockings, additional medication etc.

Follow up

Follow up appointments vary per patient as they are tailored to your individual needs.
You will usually be seen by your consultant, or their team, 6 to 12 weeks after surgery in the outpatient clinic.

At your follow-up appointment, remember to ask if you can:

- drive a car
- have sexual intercourse
- resume general household chores
- return to hobbies or resume leisure activities
- use a bath
- return to work / employment
- stop using the walking aids and other assistive equipment that were supplied to you for use at home.

Following this first review, if your surgeon is happy with your progress, your follow up will be planned through our virtual clinics via 'My Clinical Outcomes'.

Feedback

Please give us feedback of your experiences via Friends and Family – we will give you a form to complete whilst your discharge arrangements are put in place.

A final note

We will try to ensure that your stay with us is as comfortable and safe as possible, however, it is your responsibility to work with the team to ensure that you have done everything possible to be as fit as you can be to reduce your risk of having a complication.

If you notice that you are feeling unwell between your pre-admission visits and the time of your admission, please contact the RCHT Pre-assessment team on 01872 25 8081 or St Michael's Pre-assessment team on 01736 75 8975 to let them know and get advice.

Notes

For you to write any questions or notes

Notes

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Summary – making your stay with us safe

1. Preventing falls

- Wear the hospital non-slip socks or well fitting shoes or slippers with rubber soles.
- Use your usual walking aids.

2. Preventing blood clots

- Move as often as you can.
- Try to do simple leg and ankle exercises.
- Drink fluids as recommended.
- Wear your hospital stockings if advised but do not let them roll down and act as a tourniquet.
- Take blood thinning tablets or injections as advised.

3. Preventing infection

- Do not touch or let anyone else touch your wound without sterile gloves on until the wound is completely healed.
- Wash / decontaminate your hands before and after visiting the toilet, and before all meals.
- Don't hesitate to ask our staff if they have washed their hands.
- Tell us if you have diarrhoea or vomiting.
- If you have a tube in your arm or bladder please do not touch this. If it becomes painful at all please inform your nurse or doctor.

4. Your medicines

- Tell us if you have an allergy, or if you do not understand what medicines are for.
- Talk to your doctor, nurse, or pharmacist about any concerns you may have.
- If you are on blood thinning treatment of any kind, please discuss when to stop these and restart them with the medical team.

5. Pressure ulcers

- If you can, try and keep mobile, even in bed, and let us know if you are uncomfortable.
- We are very happy to help you change position, and can provide a special mattress or cushion for support.

6. Identification

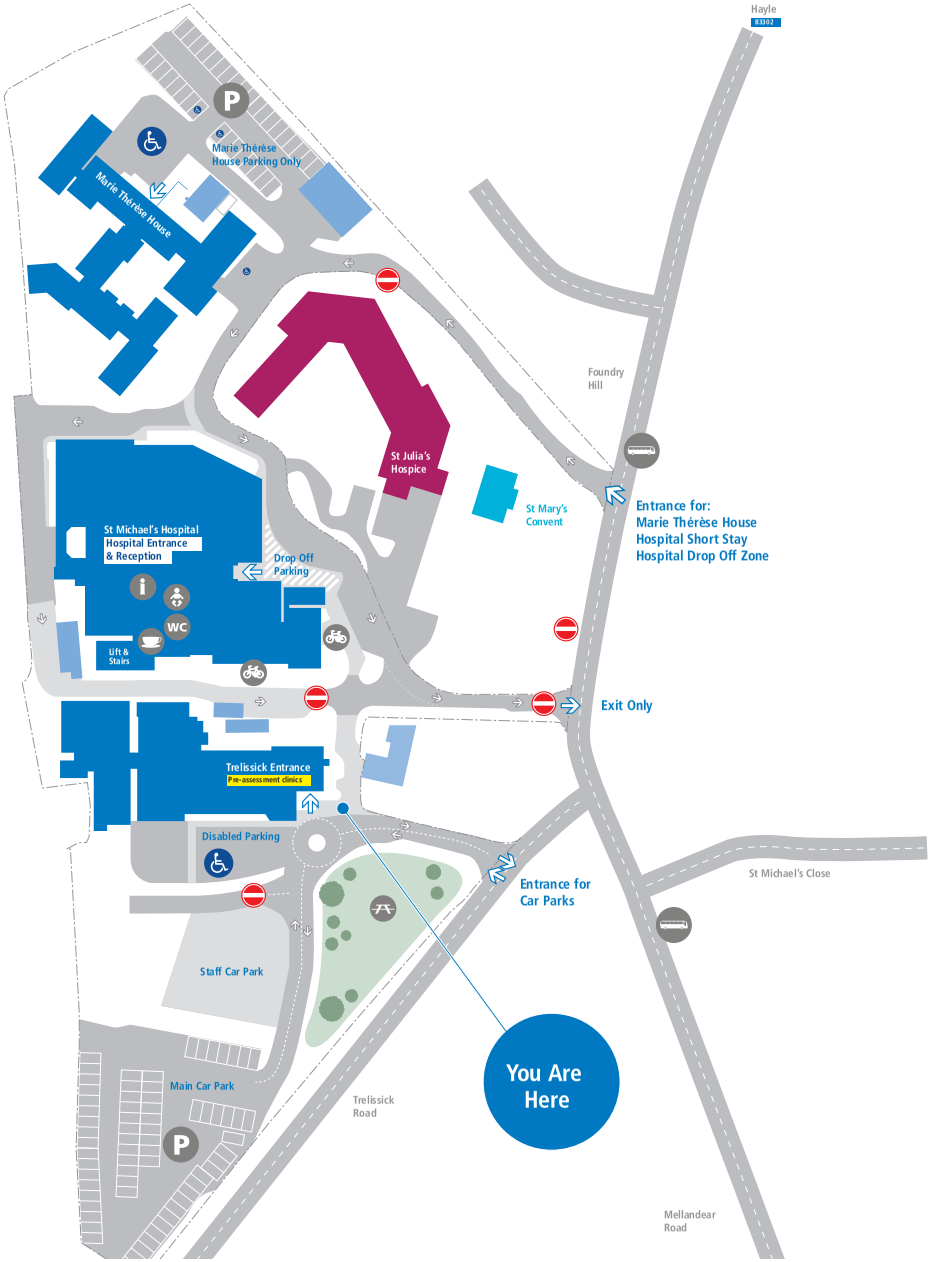
- Tell us if any of your personal information is wrong (ID band, address, GP, next of kin).

7. Any concerns

- We are here to help you – talk to us if you have any worries or concerns about your treatment, or about what will happen when you leave hospital.

8. Leaving hospital

- Before you leave, make sure you:
  a) have your discharge letter
  b) have your medicines and they have been explained to you
  c) know who to contact if you have any queries or concerns
  d) know when your next appointment is.



St Michael's Hospital

Trelissick Entrance

G | Pre-assessment Clinics

Main Entrance

2 | St Michael's Ward

1 | Breast Care Service
Chapel/Quiet Room
St Joseph's Ward

G | Audiology
Daycase Unit
General Office
Outpatients Department
Physiotherapy
Reception
X-ray

Marie Thérèse House

G | Rehabilitation Unit

St Julia's Hospice

Key

- Public Telephone
- Information
- Parking
- Disabled Parking
- Cycle Parking
- Bench
- Tea Bar
- Toilets & Changing
- Baby Change
- Entrances
- No Entry

St Michael's Hospital
Trelissick Road, Hayle, Cornwall, TR27 4JA

Royal Cornwall Hospitals NHS Trust
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If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

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