

Useful Information

Care Direct

Access to information and help for
older people and other adults
0845 345 9133
www.caredirect.gov.uk

Red Cross

Equipment loan
0845 3313331
www.redcross.org.uk

NHS Direct

General medical advice
0845 4647
0845 606 4647 textphone

Arthritis Research Campaign

For information about arthritis
and joint replacement
0870 850500

Contact numbers at Yeovil District Hospital

Physiotherapy Department

01935 384358

Occupational Therapy Department

01935 384215

Charlton Ward (6A)

01935 384322

Misterton Ward (6B)

01935 384385

Orthopaedic Outpatient Clinic

01935 384319

YOU AND YOUR KNEE REPLACEMENT

A Patient's Guide

Rehabilitation Department

Name: _____

**Don't forget to bring this booklet with you when
you come into hospital for your operation.**

GENERAL ADVICE & INFORMATION

Total Knee Replacement (Knee Arthroplasty) is a surgical procedure to replace a worn, stiff and painful joint with a metal and plastic prosthesis. The usual cause of pain and stiffness of the knee joint is osteoarthritis (OA).

Artificial joints never re-create the perfection of the original knee joint. However, a successful replacement will give good relief from pain and sufficient freedom of movement to allow most normal activities. Most patients will be able to bend their knee to 90° before leaving hospital.

The outcome of your knee operation depends heavily on how quickly and how well you get your knee moving. **It is your own effort which will get your knee working properly again.**

PREPARING FOR ADMISSION

During the months preceding admission, you will be asked to attend a Knee Replacement Group. In the group a physiotherapist will give you information on how to prepare for your operation and what to expect afterwards.

The group is a vital part of your preparation for your operation. You will learn about the exercises which will help you get the best out of your new knee and how to practice these before the operation to strengthen muscles and mobilise your joints. If your knee is fitter before the operation, you will progress better afterwards. You will also have the chance to ask any questions you may have.

Nearer to your surgery date, you will be required to attend a Pre-Assessment Clinic. During this clinic, healthcare professionals will gather relevant information and carry out further tests. These may include blood tests, x-rays (knee and/or chest) and an electrocardiograph (a tracing of your heart). You will also be asked to sign the consent form for your operation and you will be able to discuss your surgery.

TIMETABLE FOLLOWING YOUR KNEE REPLACEMENT

Day 1

- The Physiotherapist will show you the exercises you need to do while in bed, these include breathing exercises
- You may have a blood test
- Your drip will be taken down once you are drinking well, unless you have patient controlled analgesia (PCA) when it will remain in place for approximately 48 hours
- You will sit up in bed and may be able to sit in a chair or walk with a frame
- Your knee wound will be checked and any drains removed

Day 2

- You may have an x-ray
- Knee exercises need to continue every day
- You will be encouraged to get out of bed, supervised by the physiotherapist or nursing staff
- You can dress in your day clothes under supervision
- Take regular pain relief

Day 3

- You will have walking practice with the physiotherapist using the appropriate walking aid
- Take regular pain relief
- You may be referred to an occupational therapist for assessment in preparation for any needs at home
- You may dress in your normal clothes today if you wish
- If you have a urinary catheter it will be removed once your mobility has improved

Day 4 onwards

- You should continue to dress independently
- Up and about independently with a walking frame or 2 walking sticks
- Most people are ready to go home (with support from the Community Rehabilitation Team if needed)
- Keep doing your exercises
- The physiotherapist will practice stairs with you, if this is necessary for you to go home
- If you are leaving the ward today, your tablets and discharge letters will be arranged by ward staff

Many people are able to go home in 5 days. However, some people take a little longer and some even a little shorter time.

YOUR DISCHARGE FROM HOSPITAL

We plan for most people to go home on the fifth day after their total knee replacement operation. This may be sooner if you are progressing well and we have assessed that you are safe to go home.

If you become medically unwell, then naturally your stay may be a little longer until you are fit to go home.

Most patients are discharged to their own home. You should be able to do most of the things you could do before, although it might be a bit slower or done in a different way initially.

Occasionally, people are sent home with the support of a rehabilitation scheme if this is assessed as necessary.

Very rarely, a patient who is very slow to progress or who had other functional problems prior to surgery may need to go to a community hospital for further rehabilitation. This is seldom needed.

Your family or friends can take you home from hospital by car.

You will not necessarily need outpatient physiotherapy. You will be given an appointment to attend an arthroplasty clinic to be assessed by a physiotherapist. This will be made for **1 to 3 weeks** after your discharge depending on how well you are progressing.

You will be seen in approximately **12 weeks** for a follow-up appointment with your consultant or a member of his team.

WHEN YOU COME IN TO HOSPITAL

Please remember to bring in with you:

- Any medication you normally take
- Day clothes/toiletries
- This booklet

During your stay, if you have any questions, or would like to see your x-rays, please do not hesitate to ask. If we do not know the answers, we will find out for you.

THE DAY OF YOUR OPERATION

- You will be asked not to eat or drink anything for at least 6 hours prior to your operation except for any nutritional supplement drinks that you have been asked to take. You will have a separate leaflet explaining these drinks.
- Having had a wash/shower you will be asked to wear a theatre gown.
- You may be given a pre-medication to help you relax, if the anaesthetist feels you require one.

AFTER YOUR OPERATION

This may vary from person to person

- You will wake up in the recovery room with a thick bandage around your knee.
- You will probably have drains from your wound and a drip in your arm. Your pulse and blood pressure will be taken frequently.
- You will also be given oxygen via a mask or through your nose.
- You may have a urinary catheter in place.

PAIN CONTROL

For the first few days, your knee may feel warm, swollen and uncomfortable, but you will be given pain relief medication to lessen your discomfort. It is important that you take this regularly. Let the nursing staff know and they will make sure you are given something to help for as long as it is needed. Sometimes a cooling pack is used to cool the knee swelling and relieve pain.

PHYSIOTHERAPY EXERCISES FOLLOWING YOUR OPERATION

After your operation you will be able to start your exercises as soon as you feel able. You do not need to see the physiotherapist before doing so.

It is your responsibility to practice these exercise regularly.

The physiotherapist will progress your exercises during your stay. It is important that you continue to practice all the exercises you are given.

You can start your breathing exercises and gentle leg exercises on the same day as your operation, when you have returned to the ward and are resting in bed.

DAY 1

1. Breathing Exercises

After an operation under general anaesthetic, it is important to ensure air flows into the lung to decrease the likelihood of chest infections.

Take a deep breath in through your nose and out through your mouth. Take three more deep breaths and end with a strong cough. This will help to clear your lungs of anaesthetic.

2. Knee Bending

You may start to move your knee despite the big bandage around it. Try to bend your knee as far as you can and get it as straight as possible.

It is best not to rest the knee on a pillow.

REDUCE YOUR RISK OF FALLS

- Remove loose rugs, cables and wires
- Watch out for pets and toys on the floor
- Secure carpet edges that are worn or loose

A CHECKLIST TO HELP YOU PLAN FOR YOUR OPERATION:

- Practice your exercises
- Re-organise frequently used items around the house, so as to avoid unnecessary carrying whilst you are using walking aids
- Make arrangements for help with your heavy domestic activities
- Reduce risk of falls as mentioned above
- Make arrangements for someone to take you home

Use this space to write any additional notes for yourself...

AFTER SURGERY - WHAT TO EXPECT

Swelling as a result of your surgery may cause you pain. Regular pain relief will allow you to continue to increase your activity at home and increase your strength and exercise tolerance.

As you might expect, as with any major operation, you might feel tired for the first few weeks. You may find that tasks take a little longer than usual or need to be done in a different way. Allow time for small chores and also time to rest

DO'S AND DON'TS FOLLOWING A TOTAL KNEE REPLACEMENT OPERATION

- DO** Exercise regularly. Remember, quality is far more important than quantity.
- DO** Walk regularly and gradually increase the distance. Aim for a comfortable, even walking pattern.
- DON'T** Kneel for 3 months
- DON'T** Twist or turn on your 'new knee'
- DON'T** Carry out 'high impact' activities, such as jumping and running. Try to avoid jarring actions for at least 3 months. Please consult your surgeon if you wish to return to sporting activities.

DRIVING

You will not be able to start driving for at least 6 weeks after your operation. It is important to inform your insurance company that you have had knee replacement surgery and let them know when you intend to resume driving. If you are at all worried, please discuss with your GP. Remember, that before you start driving again you should be confident that you can control the pedals and perform an emergency stop.

3. Leg Exercises

These exercises are for both legs to minimise the risk of blood clot formation and improve circulation. They should be done every hour.

Ankle exercises: practice for at least a full minute every hour

The ankles must be moved up, down and in circles to prevent blood clots forming and to help with circulation. You should aim for large, vigorous movements



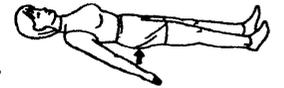
Thigh exercises: repeat these 10 times on each leg.

Tightening the thigh muscles (pressing the backs of your knees into the bed) prevents them from weakening and helps with circulation.



Buttock exercises: repeat this 10 times.

Clenching your bottom helps with the blood circulation and prevents the muscle weakening.



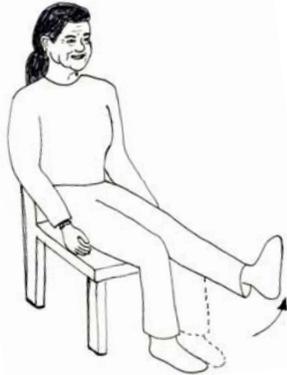
It is useful to practice your bed exercises throughout your stay and even at home when you are resting on your bed.

On the day after your operation (day 1) your drains are sometimes removed from your knee. Some people are also able to get out of bed and even walk (with drains still in). This may be prevented if you have a very numb leg after the anaesthetic.

DAY 2 ONWARDS

Your bandage will be taken off and the drains removed. Keep taking the pain relief medication.

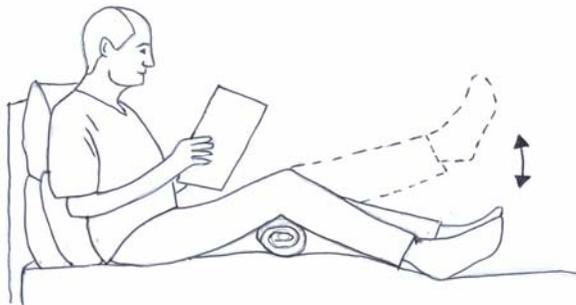
Today you should sit out of bed and start to walk. Rarely, you may need a splint to support your knee until the thigh muscles are strong. Whilst sat out in a chair try to lift your heel off the ground to straighten your knee and start your thigh muscles working again.



Continue with Day 1 exercises, plus the ones below

1. Thigh Exercises

Progress this exercise by placing a small rolled-up towel under your knee and lifting your foot and lower part of your leg off the bed.



OTHER INFORMATION ABOUT YOUR REHABILITATION

Sometimes a Continuous Passive Movement Machine (CPM) may be used to help your knee to start bending, but this **DOES NOT** replace the active exercises.

Once you start standing, begin to practice tightening your thigh muscles straight away.

You will be assisted to walk with a frame until you are safe to progress and walk on your own. The distance you walk should be gradually increased. You should soon be able to walk the length of the ward.

Your physiotherapist will advise you on how to progress with your exercises and will give you guidance on which exercises to work on when you get home.

On discharge from hospital, routine outpatient physiotherapy is not always required, but **YOU WILL** need to continue with the exercise regime regularly.

PROGRESSING YOUR MOBILITY

You will be given some specific advice about progressing your mobility before you go home.

- Walk little and often throughout the day and gradually increase the distance while on the ward and also once you are home
- Most people will go home using two sticks unless they use a different walking aid beforehand. As a general rule, if you start to use only one stick you should use it in the opposite hand from the operated leg
- You should only move from two sticks to one stick, or one stick to none when you are able to do so **WITHOUT** limping

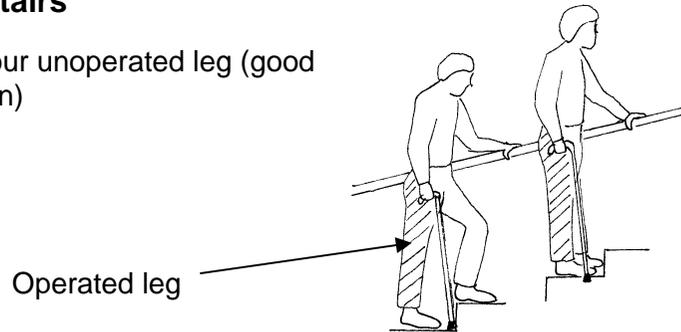
If you are discharged using crutches or a walking frame your physiotherapist will give you specific instructions about progressing your mobility. It may be important to protect your weight-bearing for a specific length of time

Stairs

- take one step at a time
- a physiotherapist will show you the correct way of going up and down stairs and you will have a chance to practice them if needed

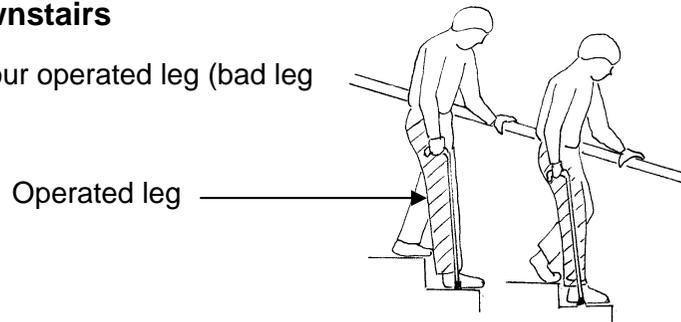
Going Upstairs

Lead with your unoperated leg (good leg to heaven)



Going Downstairs

Lead with your operated leg (bad leg to hell)



EVERYDAY ACTIVITY

If you are having particular difficulties transferring (getting on/off the bed, chair or toilet) or anticipate difficulties managing your day to day tasks please inform your nurse. You may be seen by an occupational therapist. They will assess you and give advice about alternative ways to manage at home and provide additional aids if necessary.

2. Knee Straightening

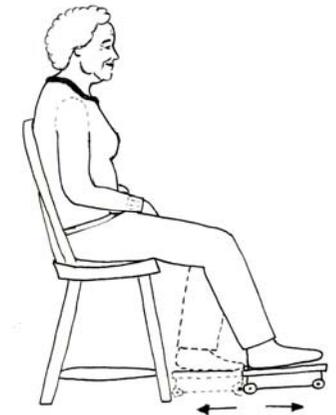
Rest your ankle on a small rolled-up towel and let your knee rest into a straight position. To get even straighter, tighten your thigh muscle and push the back of the knee towards the bed.



3. Knee Bending in Sitting

When you are sitting in a chair, if you have a splint, remove it and start active knee bending by rolling the ball/skate with your feet.

It is important that you can achieve a 90° knee bend prior to discharge. Your physiotherapist will assist you to achieve this.



Aim to do this exercise for 5-10 minutes every 1-2 hours.

Some people prefer to rest their foot directly on the floor and slide it back. At home you can use a tray or plastic bag under your foot if you don't have a skate or a ball.

Important: Avoid lifting your hip/bottom off the chair and twisting/flexing your trunk to bring your lower leg back - this doesn't improve knee bend.

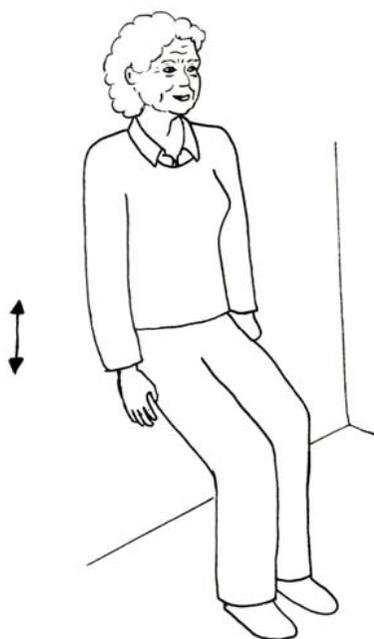
4. Mini Squats

This exercise is designed to strengthen your thigh muscles.

Some people find this exercise easier to do while leaning against a wall.

Keeping your weight evenly on both legs, gently bend both knees a little way then push back up tall.

Gradually progress by sinking lower and moving your feet further from the wall, but remember you should always stay in control.



LATER EXERCISES

1. Knee Bend

To advance further, use a step as below to progress your knee bend (you may need support to do this).



2. Step ups

Step up and down a small step or the bottom step of the stairs. Lead with the operated leg.

