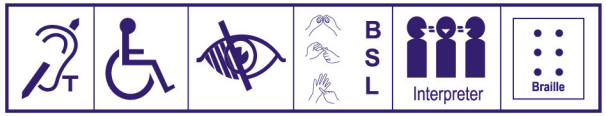
Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust



We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18802.

اگر نیاز به ترجمه دارید، لطفا با شماره 01932 723553 تماس بگیرید.

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اِس کا اُردو زبان میں ترجمہ چاہتے ہیں، تو براہِ کرم اِس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
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Website: **www.ashfordstpeters.nhs.uk**

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

You and Your New Knee

Orthopaedics Department

Patient Information

You and Your New Knee

INTRODUCTION

So you need a knee replacement?

We hope this booklet will provide you with useful information that will help you to rehabilitate successfully from your operation

Do remember once the surgeon has replaced your knee, it will be up to YOU, under the guidance of your physiotherapist, to exercise regularly in order to get the most benefit from your new joint

WHAT IS A KNEE REPLACEMENT?

Total knee replacement is one of the great surgical advances of the last century. In this procedure, the surgeon replaces an arthritic or damaged joint with an artificial joint called a prosthesis.

The new knee joint has a metal cap, which is fitted on the end of the thigh bone, and a piece that fits on the top of the shin bone. The kneecap may be resurfaced with a plastic piece. Metal and plastic replace essentially worn out surfaces of the knee.

Homecare will commence: .....

Meals on Wheels will commence: .....

FURTHER INFORMATION

If you have any further queries, please contact the ward in which you stayed:

Dickens Ward - 01784 884 004
Elm Ward - 01932 722 010
Juniper Ward - 01932 723 220

Additional information may be obtained by logging on to
www.nhsdirect.co.uk

(Click on Health encyclopaedia > Alphabetical indeed (k for knee)
NB: Any medical problems should be referred to your GP who can then refer you to the hospital if necessary.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk.

Author: S Brown **Department:** Orthopaedics and Trauma
Version: 2 **Published:** Jun 2005 **Review:** Jun 2006

- Do not kneel on your "new" knee for at least 3 months.
- You may return to driving when you feel comfortable sitting for long periods, feel safe to stretch, control the clutch and can perform an emergency stop (approximately 6-12 weeks).

OUTPATIENT PHYSIOTHERAPY

After discharge from hospital, you will attend the Physiotherapy Department in order to continue your rehabilitation and, as you become more mobile, your physiotherapist will decide when you can change from walking with crutches to using two sticks and then one stick (in the opposite hand to the operated knee).

Everybody has different abilities and fitness levels therefore your improvement will occur at a different rate to anyone else.

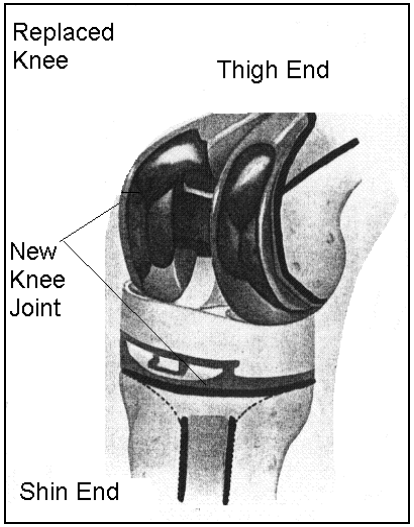
Your surgeon will carry out a follow up in the orthopaedic outpatients, 6 weeks after the operation.

You will be reviewed by the physiotherapist at 6 months, 1 year, 5 years and 10 years.

DISCHARGE ARRANGEMENTS

Date: ..... Time: .....

Transport arranged:	YES / NO
District Nurse arranged:	YES / NO
Tablets to take home:	YES / NO

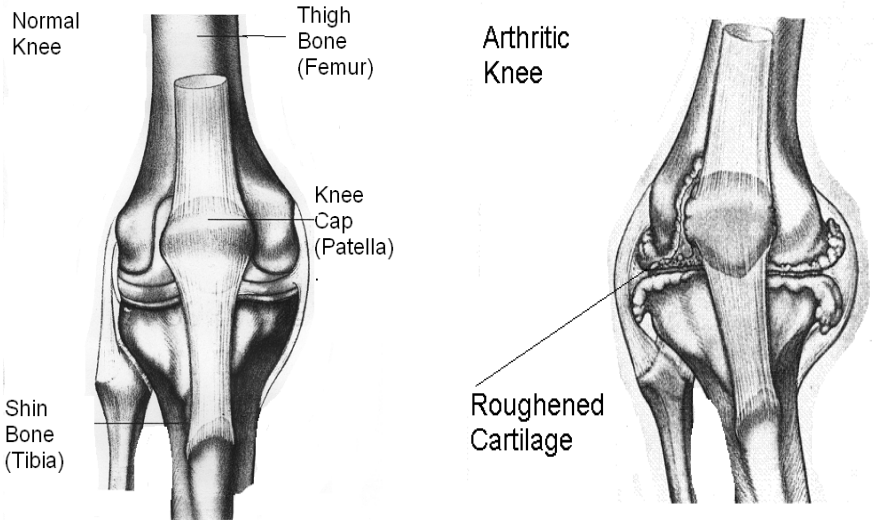


WHY DO I NEED A NEW KNEE?

The most common reason for a "new" knee is to relieve the pain and disability caused by severe arthritis.

The normal knee is composed of a curved end of the thigh bone gliding over the flat end of the shin bone. Both are covered in smooth and slippery cartilage. The knee cap, or patella, helps the muscle in your thigh to work smoothly when the knee bends.

In arthritis, the surfaces of the knee joint are no longer smooth. The bones are irregularly shaped and the cartilage is worn and roughened causing the knee to be stiff and painful.



The aim of the operation is to stop the pain so that you are able to walk and get around more comfortably.

WHAT ARE THE BENEFITS OF KNEE REPLACEMENT?

The main benefit to you is the dramatic relief from pain. After the operation, you will have some soreness from the wound, but injections or tablets will be given to control this. **It is very important that your pain is well controlled, as this will allow you to move and exercise**.

After the operation, you should be able to bend your knee from fully straight to a right angle. As a result, you should be able to walk further and climb stairs more easily.

It is quite common for painkillers to cause constipation. This can be rectified with the help of laxatives, early mobilisation, and exercising as soon as possible after the operation.

situation (e.g. Do you live alone? Have you any help in the house?)

You will usually be allowed home when:

- You are safe and confident with your walking aid
- You are able to get in and out of bed independently
- You can walk up and down stairs using your walking aid
- You are able to bend your knee
- You are able to straighten your knee in a controlled manner

DAILY ADVICE ON THE CARE OF YOUR KNEE

You have had the opportunity to have a "new" knee - the full benefit will only be achieved if you have good movement.
A stiff knee is of no benefit to you and this occurs when it is not exercised. You need to keep the knee moving freely

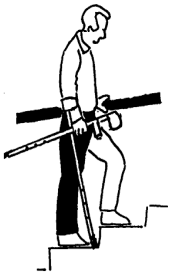
IT IS UP TO YOU!!

- Exercise - a little and often during the day.
- When sitting in a chair - encourage your knee to bend.
- When resting - lie on your bed, where you can fully support your leg. Do not just rest it on a footstool.
- If your knee is painful or swollen - use ice packs. A packet is frozen peas wrapped in a damp towel is ideal - leave on for 10-15 minutes.
- Wear comfortable, supportive shoes with low heels and backs.
- Avoid sitting/standing or walking for long periods.

CLIMBING STAIRS

If there is a banister, hold it with one hand and use one crutch in the other hand. Take the second crutch with you by holding it horizontally next to the handle of the other crutch. If there is no banister, use both crutches.

Going up stairs



GOING UP STAIRS
Always put your good leg up first, then bring up the operated leg. finally bring up the crutch (crutches).

Going down Stairs

GOING DOWN STAIRS
First put the crutch (crutches) down on to the centre of the step below, then the operated leg down first, finally the good leg.

Indicates operated leg

DISCHARGE

Before you are discharged home, you will be seen by the Occupational Therapist. During the assessment you will be asked to walk around the ward, get on and off the bed, chair and toilet, in order to assess what equipment you may need at home. In order to make sure that you are adequately supported on your discharge from hospital, you will be asked about your social

WHAT ARE THE POSSIBLE COMPLICATIONS?

1) Knee replacement is major surgery and, as such, can very rarely be associated with death or other complications such as damage to the nerve or artery during surgery that may require a fusion of the knee or, at worst, amputation of the leg.

2) Occasionally wound infection develops and this can be very serious. Antibiotics are used to reduce the risk of serious infection, including MRSA. The risk of major infection is approximately 1% - 3%.

3) Following knee replacement, blood clots in the calf can develop (deep vein thrombosis), which can migrate to the lung (pulmonary embolism).

4) Occasionally wound infection develops and this can be very serious. Antibiotics are used to reduce the risk of serious infection, including MRSA. The risk of major infection is approximately 1% - 3%.

5) Following knee replacement, blood clots in the calf can develop (deep vein thrombosis), which can migrate to the lung (pulmonary embolism).

   Measures are often taken to reduce the risks, which include Aspirin, calf pumps and, occasionally, injections. However, we cannot eliminate the risk.

6) All patients develop varying amounts of swelling of the knee and lower leg which can take up to a year to settle down

7) Artificial joints last for many years. However, with time they can become loose and painful. At the moment we expect 90% of knees to last at least ten years.

8) Following surgery some patients find the knee is more stiff and painful. This can require further treatment at the Pain Clinic. Occasionally, no reason is found for persistent pain.

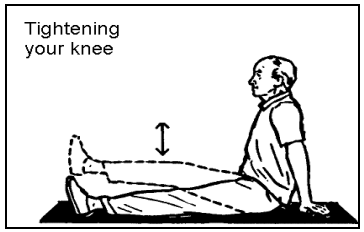
WHAT SHOULD I EXPECT BEFORE MY OPERATION?

Following your pre-admission assessment with the nursing/medical staff, you will be invited to a pre-operative educational class at Ashford Hospital where you will have the opportunity to discuss your operation and after care with physiotherapists and occupational therapists.
Please contact the therapy gym on Dickens Ward to book your class on

Telephone 01784 884 332

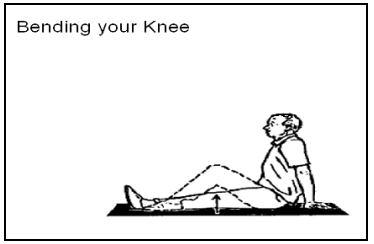
WHAT SHOULD I EXPECT AFTER MY OPERATION?

The recovery period following your operation may vary. Generally you will be encouraged to use the joint shortly after the operation and begin walking within a couple of days. The physiotherapist will visit you regularly and as you increase the amount of exercise or activity you do you may experience some pain. Always ask for



Hold for a count of 5.

On a sliding board gently and slowly bend your knee up and down as much as you are able.



In order to get your knee really straight you may have a rolled towel placed underneath your lower leg so you can let the knee rest on the bed. This is called 'hanging out'.
You will have regular ice-packs applied to your knee, this helps to reduce the post-operative swelling and gives some pain relief.

Your physiotherapist will help you to get out of bed and sit in a chair. You must try to bend your knee. If you feel strong enough, you may take a few steps with the support of a Zimmer frame.

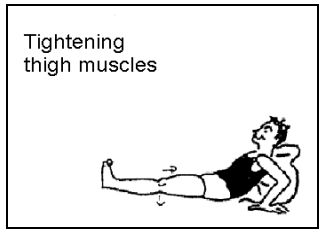
You can put your full weight on your knee, although you may not feel confident enough at this stage.

Your exercises should be done at least 3-4 times each day. Gradually increase the frequency and distance of your walks. Remember, little and often is much better than one marathon effort a day! As you become stronger and more confident in your walking you may progress on to crutches or sticks. You will also practice climbing stairs or negotiating a step.

The physiotherapist will advise you of appropriate exercises that may include the following:

BED EXERCISES

Move your ankles up and down in a slow pumping action



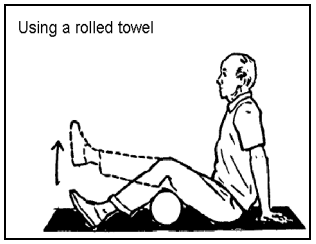
Using your thigh muscles, tighten your knee and press into the bed – making it as straight as possible.
Hold for a count of 5

Squeeze your buttocks together. Hold for a count of 5.

Place a rolled towel between your knees and squeeze your knees together. Hold for a count of 5.

You may gently try to bend the knee, within the constraints of the pressure bandage.

Place a rolled towel under your knee, gently try to straighten your knee by raising your heel off the bed.
Hold for a count of 5.

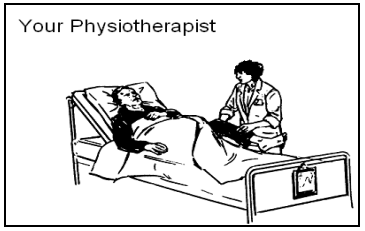


Practise tightening your knee and then try to lift the whole leg off the bed for a few inches.

more pain relief if you need it - and keep taking it on a regular basis to enable you to continue with your exercises effectively.
You will be in hospital approximately 1 week.

WHY DO I NEED PHYSIOTHERAPY?

The role of the physiotherapist is to teach you exercises that will increase the range of movement of your "new knee" and to improve the muscle strength of the affected leg. He/she will also ensure that you are walking safely and confidently with the appropriate walking aids.



WHY DO I NEED OCCUPATIONAL THERAPY?

At the pre-admission assessment you will be given a form to complete requesting information about your home situation, including furniture heights. Please ensure that this form is completed and returned, as this enables the occupational therapist to carry out an appropriate assessment.

COMING INTO HOSPITAL

We suggest that you bring the following items with you:

- Your admission letter
- Personal toiletries
- Any special aids used (e.g. feeding cups, adapted cutlery) and mobility aids (such as crutches/frames/sticks)
- Coin change for telephone calls, newspapers and other small items
- Any pills or medicine you are taking
- Spectacles, hearing aid and dentures
- Reading material
- Outpatient appointment card (for follow up appointment when you go home)
- Nightwear, including slippers that should not be slip on or flip-flop type. You may need half size larger than normally worn as feet often swell following surgery
- Loose casual clothing for comfort since, as part of you rehabilitation, you will be encouraged to dress during the day time
- Sensible shoes for walking, no backless shoes or mules

START WORK NOW!!

THE OPERATION

You will normally expect to come into hospital on the day before the operation, in order for routine tests to be carried out, and you may meet your physiotherapist and/or occupational therapist at this time. The knee replacement operation is done under an anaesthetic. This will be either a general anaesthetic - when you are asleep, or a spinal anaesthetic when the leg is numbed and you are sedated.

Following surgery, you will return to the ward with a thick dressing on your knee, keeping it straight, and maybe resting the leg in a foam trough.

There will be a tube coming from the wound which draws away excess blood. This will be removed at 24 hours and the large dressing taken down.

You may also be attached to a machine which, by simply pressing a button, delivers pain relief when you need it. The anaesthetist will decide whether or not you have this machine.

A "drip" will be going into your arm - simply feeding you with fluid until you can tolerate drinking.

The physiotherapist will visit you on the day after your operation and teach you some exercises to improve the circulation in your legs and maintain your muscle strength.

An x-ray is arranged within the first few days after the operation to check the position of the new knee. This will be done in the main x-ray department. You will not have to walk to x-ray, a porter will take you down on your bed.

Your stitches/clips will be removed 14 days after your operation.

A district nurse can be arranged for you, or you can have these removed by a nurse at your GP's surgery.