

Having a total knee replacement

Information for patients, relatives and carers

Service provided by:

University Hospital Southampton NHS Foundation Trust

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Welcome to University Hospital Southampton (UHS)

Welcome to the University Hospital Southampton NHS Foundation Trust Trauma and Orthopaedics unit. The unit provides elective services for patients who are having total (full) knee or unilateral (half) knee replacements.

We have a team of highly specialised consultants, many of whom are nationally and internationally recognised for their expertise and experience. Our consultants are supported by nurses, therapists and other specialist clinical staff who are also experts in their field of orthopaedic care. This means that you are likely to be able to go home the same day as your operation, or the day after.

This factsheet will explain key information about your surgery and recovery. Please read it carefully. If you have any questions or concerns, please contact us using the details on page 25.

For more information, visit our website by typing:

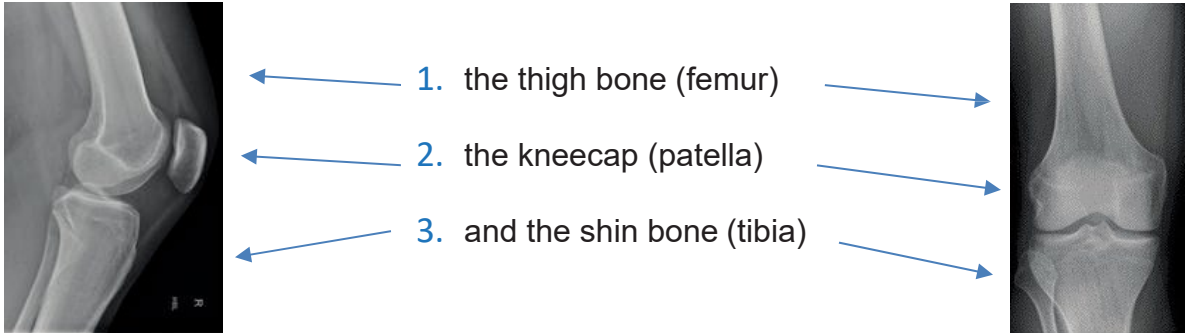
<https://www.uhs.nhs.uk/departments/trauma-and-orthopaedics/knees>

into your browser, or use the camera on your smartphone to scan the QR code opposite.



About the knee

Your knee has three parts:



Side view of the knee

Front view of the knee

The joint surfaces are covered with cartilage, which provides a smooth surface that allows the bones to move freely over one another. The joint is held together with tough bands of tissue called ligaments and is lubricated with a special fluid.

Osteoarthritis is a process in which the joint surface cartilage breaks down and usually occurs over many years. It tends to run in families and can occur after an injury. Once joint surface cartilage has been damaged, the knee loses its ability to glide smoothly, which can result in pain, a grinding sensation and stiffness. Once this cartilage has been damaged it cannot repair itself.

Rheumatoid arthritis is a less common form of arthritis and is due to inflammation, often affecting multiple joints in the body. This results in a similar process of damage to the joint cartilage, pain, and inflammation.

What is a knee replacement?

It is an operation where we use biocompatible (body friendly) implants to replace and resurface the joint surfaces in the knee. Total knee replacement surgery involves removing a small amount of bone from the end of the thigh and top of the shin. The bone is replaced with a metal 'shell' that sits on the end of the thigh bone, a metal 'tray' that sits on the shin bone and a plastic insert that sits between the two. They are normally fixed into place with a special type of bone cement. A plastic button may be used to resurface the back of the kneecap if needed.

An artificial knee is not, and will never feel like, a normal knee. It can however:

- ✓ Provide you with a significant reduction in pain
- ✓ Correct deformity (give you a straight leg)
- ✓ Reduce symptoms such as giving way and locking
- ✓ Improve your mobility - in particular, walking and stair climbing
- ✓ Improve your quality of life.

This is a big operation, so please make sure that you have considered all the options discussed with you by your consultant, and that this is your final decision. If you have any doubts, please discuss them with your consultant before your operation.

What are the different types of knee replacement?

There are four types of total knee replacements available. The type you will have will depend on the severity and location of your symptoms.

Total knee replacement (most common)



X-rays showing a total knee replacement in place

Uni-compartmental or 'half' knee replacement



X-rays showing a uni-compartmental knee replacement in place

Patello-femoral replacement



X-rays showing a patello-femoral knee replacement in place

Partial knee replacement

Some patients develop arthritis only within one compartment (part) of the knee. This means that partial knee replacement may be a better option for them – the last two options on the previous page are examples of these. This is a less major procedure than a total knee replacement, and it can be quicker to recover from. There is only a slightly higher risk of the need for further surgery, but for most, this will be the only procedure they have.

How long will my knee replacement last?

Knee replacements can fail, but the risk of this is low. It is usually due to wear and tear to the replacement and/or a deep infection. The bonding between the knee replacement and bone can also fail. If this happens, we remove the loose knee which has failed and do a revision knee replacement.

The risk of needing revision surgery is closely linked to how old you are when the knee replacement is first done. Patients under 55 years of age have an increased risk of requiring further revision surgery. However, only 5% (1 in 20) of patients over 70 years can expect to have a revision in their lifetime. There is approximately a 1% risk of every two years. This means that 95% should last at least 10 years; 90% should last at least 20 years, and so on.

What type of anaesthesia is used for knee replacement surgery?

Our pre-assessment team will contact you and organise any further tests or investigations you may need to make sure you are medically fit for surgery. This includes planning the safest and most appropriate anaesthetic for you.

You will meet the anaesthetist just before the operation, who will use this information to discuss your options, and help to advise you.

There are two main types of anaesthesia that can be used for a total knee replacement – spinal anaesthesia and general anaesthesia. Most patients will have a spinal anaesthetic, as this method allows faster recovery and may give you a better surgical result in the long term.

Spinal anaesthesia

This method involves placing an injection in your lower back, which makes your legs temporarily numb (unable to feel anything). As you will be awake throughout the operation, we suggest that you bring headphones and your own device to listen to the radio or music. We will keep you warm and comfortable, and if you wish, we can give you some sedation to help you relax.

Although you will not be able to see your operation, you will still be aware of activities and sounds in the operating theatre. You will be able to talk to your anaesthetist, who will be with you throughout.

Advantages of spinal anaesthesia

- Good pain relief immediately after surgery.
- Reduced risk of nausea (feeling sick), needing a blood transfusion and development of blood clots (DVT).
- Earlier recovery from the effects of the anaesthetic and being able to move around sooner after surgery.

Disadvantages of spinal anaesthesia

- Higher risk of urinary retention (difficulties emptying your bladder). You may need a catheter (a tube inserted into your bladder to drain your urine) for a short time.
- If you have previously had back surgery, you may not be able to have spinal anaesthesia.

General anaesthesia

You will be unconscious (asleep) throughout the operation, but your legs will not be numb.

Advantages of general anaesthesia

- If you have certain medical conditions, it may be safer for you to have this type of anaesthetic, than a regional anaesthetic.
- Reduced risk of urinary retention.

Disadvantages of general anaesthesia

- Potential damage to teeth or crowns and/or a sore throat due to the tube the anaesthetist places in your throat to keep you asleep during the operation.
- Higher risk of blood clots, needing a blood transfusion, nausea, vomiting, and feeling confused when you wake up.
- Your recovery may be slower compared to after having spinal anaesthesia.

For further information about anaesthesia, please visit the Royal College of Anaesthetists' website at www.rcoa.ac.uk/patients/patient-information-resources/patient-information-leaflets-video-resources or use the camera on your smartphone to scan the QR code opposite.



What risks are associated with knee replacement surgery?

As with any anaesthetic and major operation, there are risks associated with knee replacement surgery. These can include:

- Heart attack
- Stroke
- Chest infection (usually treated with antibiotics and breathing exercises)
- Deep vein thrombosis (DVT) – a blood clot in the veins of the leg
- Pulmonary embolus (PE) – a blood clot in the lungs.

The risk of having a DVT or PE is increased in certain circumstances. We will assess the risk specific to you before surgery.

It is very important that you tell us if you have ever had a DVT or PE previously, or if any family member has ever had one.

We always try to reduce the risk of DVT and PE, initially by using special pumps for your feet (which also help to reduce post-operative swelling in the leg) and encouraging you to start walking around as soon as possible after surgery. We also use blood-thinning injections or tablets. We will discuss this with you and tailor it to your individual needs.

For details on **how to prevent blood clots** during your hospital stay, please visit our website at:

<https://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Visitinghospital/Preventingbloodclots-patientinformation.pdf>

or use the camera on your smartphone to scan the QR code opposite.



Blood transfusions

It is normal to lose some blood both during and after the operation. However, the blood that you lose will usually be made up by your own body in the weeks after surgery. It is rare to need a blood transfusion after knee replacement surgery.

Blood needed for a transfusion is always tested and matched to your own blood group, but still has very small risks associated with it, such as rejection and reaction to the donor blood, and transmission of infection.

If you have any concerns about blood transfusions or you do not wish to receive them, please speak to the pre-assessment team when they contact you before your operation.

It is important that your blood (haemoglobin) level is within normal limits before surgery. Patients with a low haemoglobin, or anaemia, may need additional investigations and treatment before surgery. As this could potentially delay your operation, please speak with your GP or pre-assessment nurse if you are aware of any problems with anaemia.

Infection

An infection can occur after any operation, but it is particularly important that you understand its consequences when having a knee replacement.

There are two types of infection:

1. Superficial wound infection

This is an infection of the healing wound where it is red and may have a small amount of discharge. It can usually be treated with a course of antibiotics.

2. Deep infection

There is a risk of an infection with bacteria getting around the knee replacement at the time it is inserted. The risk of a deep infection is about 1-2% (one or two in every 100 cases). This is a **very serious complication**.

If a deep infection occurs, we may need to remove the replacement to allow the antibiotics to work more effectively. This can mean a longer stay in hospital before we can fit a new knee replacement. The majority of patients who have a deep infection can be treated with a revision or second knee replacement. However, in very rare cases, it is not possible to insert another knee replacement. If this occurs, we will discuss the options with you. These include suppressing the infection with long-term antibiotics, fusing your knee (leaving you with a leg that is permanently straight), or an amputation as a worst-case scenario.

To help prevent infection, we will take swabs from your skin and nose to check for MRSA bacteria and make sure that there are no cuts, wounds, or infections on your skin before the operation. We will also give you prophylactic (preventive) antibiotics to reduce the risk of infection during surgery.

Wound and leg problems

Haematoma

It is common for bruising to develop around the wound and extend down towards your knee. This is usually not a problem and should improve within a few weeks. However, occasionally a more significant bruise (known as a haematoma) occurs under the wound, and this can delay healing. If this happens, you may need to have a small operation to release the blood that has collected under the wound.

A haematoma is more likely if you are taking blood-thinning medications. Please tell us if you are taking this type of medication when you come for your pre-assessment appointment. Stopping the medication for a period of time before your operation usually reduces the risk. We will advise you further at your appointment.

Stiffness

It is normal for the knee to feel stiff in the first few days after having a knee replacement. We will aim to get you up and walking as soon as we are able after surgery, which will help minimise stiffness in the knee.

Within just a few hours after surgery, we expect your knee to be moving around freely enough for you to get around safely and manage simple activities, such as climbing stairs. You will then need to work hard at home, or if necessary with the outpatient physiotherapists, for several weeks to improve how far you can bend your knee.

A small number of patients have problems with stiffness after having a knee replacement. If the knee was particularly stiff before surgery, then the range of movement afterwards may be less than in someone whose knee moved more freely.

In rare instances where the knee does not fully straighten or bend sufficiently, we may need to manipulate your knee while you sleep under a general anaesthetic. This procedure is known as MUA, or manipulation under anaesthesia. However, as the vast majority of stiff knees settle with rehabilitation and physiotherapy, we would not consider offering an MUA until at least six weeks after surgery.

Tender scar and numbness

Some people have discomfort around their scar, and it is normal to have some loss of sensation around the scar and the outer side of your knee. Please note that it may not be possible to kneel after your knee replacement due to discomfort from the scar. In many cases, this can be improved by massaging the scar, once it has healed, to desensitise the healing nerve endings.

Leg swelling

This is quite common after knee replacement surgery and tends to improve each night with rest and the leg being elevated (raised). Most of the swelling will settle in the next two to three months and will not cause any long-term problems.

It is also common to have some minor residual swelling of the lower leg and ankle for several months after surgery.

However, in the first six weeks after surgery, if the swelling gets worse or becomes painful, please seek advice from either your GP, 111 or your nearest emergency department (A&E). This is because one of the causes of the swelling could be DVT (deep vein thrombosis). Although there is usually not a problem, it is still important that you get it checked.

Nerve damage

During the operation, the nerves in your leg can be damaged, but this is extremely rare. Nerve damage causes numbness and tingling in the leg, and in the rare event of serious nerve damage, weakness in your ankle or foot. Please be assured that most people make a full recovery.

Instability

If your knee gives way or buckles, this can interfere with your daily life and can be painful. This is usually due to the muscles being weak after the operation. Your knee may feel a little unstable in the first few months, but this will settle as your knee becomes stronger.

Please remember that your painful arthritic joint will not have been used properly for a long time and your muscles can therefore be weak before your operation. After surgery, you will be exercising your new joint and most people experience some aches and pains for a few months while their muscle strength is building up again.

Persistent pain after a knee replacement

Your knee may continue hurting despite the operation. If this happens, your surgeon will investigate, but sometimes they will not be able to find a reason for it. Usually the pain does improve, but it can take several months, and a background ache can persist.

What would I need to avoid with a new knee?

A knee replacement is designed to reduce pain and improve quality of life. To maximise the lifespan of your new knee, we recommend that you avoid:

- Impact activities, such as running or jogging
- High impact aerobics (aqua-aerobics is fine)
- Badminton and squash
- Singles tennis.

Playing golf and gentle doubles tennis is fine, and we would encourage you to generally stay fit and active.

Is there anything I should do to prepare myself for surgery?

While you are waiting for your knee replacement, there are a few things you can do that may help you to recover more quickly from surgery.

Exercise

General exercise

Continuing to exercise while you are waiting for your knee replacement will help your recovery after your operation. We recommend that you take gentle exercise (within the limits of your pain) such as cycling, swimming, or walking, with periods of rest in between. It is better to take pain killers and exercise, rather than not exercise at all.

Specific exercise

Knee-specific exercises will strengthen the muscles around the front of the knee to improve your strength and make it easier to walk around after surgery. Please follow the pre-operative exercise programme we have given you.

General health

Keeping yourself as fit and healthy as possible before your operation will help with your recovery afterwards. If you develop any new health problems or any other pre-existing medical conditions get worse, please see your GP so that they can be treated before your operation.

If you are a smoker, we strongly recommend that you stop smoking or at least cut down before your operation. This is because you are more likely to get a chest infection if you smoke, and the nicotine can affect wound and bone healing. For help with quitting smoking, contact Smokefree Hampshire on [0800 772 3649](tel:08007723649) or visit their website at www.smokefreehampshire.co.uk

If you drink alcohol, please do not drink more than 14 units a week, as this can also affect wound healing.

If you are overweight, losing weight will be of benefit before and after your operation, as it will reduce the load (weight) taken through your knee joint. It will also mean that the surgeon can make a smaller incision (cut) for your operation, and you will have a smaller scar. Larger legs are more likely to have wound problems and have a higher risk of infection.

Your GP may be able to refer you to a supervised weight loss programme or provide medication that helps with losing weight. Some patients may benefit from considering weight-loss surgery.

For further information about **preparing for surgery**, visit the Royal College of Anaesthetists' website at <https://bit.ly/40yFA5a> or use the camera on your smartphone to scan the QR code opposite.



Pain relief

If your knee is painful and you are not taking anything for it, or the medication you are taking is not working, talk to your GP as they may be able to prescribe something to help.

Load reduction – using a stick

Reducing the load (body weight) taken through your knee may help to reduce your pain. Using a walking stick (held in the opposite hand to the affected joint) will help reduce the load when you are walking may be worth trying. You can buy walking sticks from some supermarkets, as well as on the internet.

Making sure that you have enough rest and avoid putting any unnecessary strain on your knee will also help to reduce the load on the joint.

Foot care

It is very important that you look after your feet, as minor wounds, sores, or infections may result in your operation being cancelled. If you visit a chiropodist, please make sure that you tell them you are going to have surgery. If you have any concerns about your feet, please make an appointment with your GP.

Skin care

If you have any cuts, abrasions (grazes), rashes or other skin conditions, please see your GP as these may also delay your operation if left untreated.

Dental care

We advise that you visit your dentist to make sure that your teeth and gums are healthy before your operation, as any infection could spread to your knee joint.

What happens before my operation?

Pre-screening questionnaire

We ask all patients undergoing surgery to complete an online questionnaire using **My Medical Record** online portal.

At UHS, you may be asked to sign up or you may have already been asked to sign up for My Medical Record from other departments in the hospital. You can use this to access your medical records, appointments, clinic letters, blood test results

In the peri-operative care team, we use it to ask patients to complete health screening questionnaires.

You can access the questionnaire by logging into My Medical Record and going to My Conditions and Peri-operative Assessment. We recommend that you answer the questionnaire as soon as possible or as instructed.

If you are unable to access it, or have no capacity to access it, please contact POCdigitalsupport@uhs.nhs.uk for any questions or enquiries.

Nurse-led anaesthetic pre-assessment appointment

Before you have surgery, we will invite you to attend two appointments as part of our surgical pre-assessment: an observations appointment and a nurse-led appointment.

This factsheet explains what will happen at your observations appointment, so you know what to expect. We hope it helps to answer some of the questions you may have.

If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is an observations appointment?

An observations appointment is one part of your surgical pre-assessment. This appointment helps us to prepare you safely for your surgery and identify any areas where we can help to improve your general health before your surgery.

How should I prepare for this appointment?

On the day of your appointment, you should:

- eat and drink as normal
- take your medications as normal
- bring a list of the medications you are currently taking with you

You can bring a maximum of one person with you to this appointment.

Who will I be seen by?

You will be seen by a healthcare assistant.

What will happen at the appointment?

At the appointment, we will measure your:

- Height and weight
- Blood pressure
- Oxygen saturation levels

We may also perform the following tests:

- an electrocardiogram (ECG) - A test that records the electrical activity of your heart, including the rate and rhythm.
- an MRSA swab test - A routine test for people who are due to have surgery. It involves wiping swabs (like cotton buds) on the inside of your nostril and around your groin area to check for MRSA. MRSA is a type of bacteria that usually lives harmlessly on the skin, but if it gets inside the body, it can cause a serious infection that needs immediate treatment with antibiotics. If the result shows you have MRSA on your skin, you will need to treat it with a special nasal cream or spray, body wash and shampoo for around 5 to 10 days. If this is the case, we will give you more information along with instructions on how to use the treatments.
- a rectal swab test – A painless test that involves inserting a cotton swab into your back passage (rectum) to see if you are a carrier of a certain infection. We will only perform this test if you have stayed in a different hospital within the last 12 months. If you need to have this test, we will give you more information about it at your appointment.

- blood tests – We may carry out some routine blood tests. These blood tests can usually be done by one of our healthcare assistants in the pre-assessment clinic. However, occasionally, some people may need to visit the hospital's phlebotomy department instead to have these tests.

We will give you a bag containing the following:

- important information if any of your usual medications need to be stopped before your surgery
- an antimicrobial body wash with instructions on how to use this
- admission details for the day of your surgery
- additional information related to your surgery

We will also be able to answer any questions you may have.

How long will the appointment be?

Please allow up to one hour for the observations appointment.

What will happen after the appointment?

After the appointment, we will let you know when you are able to leave the department and resume your normal daily activities.

Further information

If you have a medical condition that means you need help getting to hospital, please contact your GP surgery so they can arrange transportation for you.

Contact us

If you have any questions or concerns before your appointment, please contact us.

Surgical pre-assessment clinic

Telephone: 023 8120 6218 (Monday to Friday, 9am to 4pm)

Email: preassessrequests@uhs.nhs.uk

Visit: <https://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Surgery/Surgical-pre-assessment-clinic-Observations-appointment-3865-PIL.pdf>

or scan the QR code opposite.



Therapy

We will give you information, including videos, before your operation on how best to prepare, the surgery itself, and what to expect afterwards. It is important to read and follow the advice given for the best chance of a good recovery.

To access an electronic copy of your booklet with exercises to do before and after your operation, visit our website:

<https://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Muscles,jointsandbones/Totalkneereplacement-exercises-4037-PIL.pdf>

or use the camera on your smartphone to scan the QR code opposite.



You will receive a questionnaire regarding your home environment and if needed, a member of the therapy team will contact you to discuss any additional support that may be necessary once you have been discharged home. We would also like to encourage you to ask family and friends for assistance where possible.

Transport to and from the hospital

You will need to arrange for someone to bring you into hospital and take you home when you are discharged. Most people can go home the same day as their operation, but this may not be until late evening, so please make sure someone will be available to collect you.

Please note that the hospital is unable to provide transport for your return home.

Getting things ready at home

As you will be returning home on the same day as your surgery, it is important that you get things ready at home beforehand.

- Think about who will be able to do your shopping, laundry, housework and to change your bed linen while you are using walking aids. Perhaps family, friends and/or neighbours could help, or even a local voluntary agency. It is essential to find out who can help now, rather than leave it until after your operation. Please make sure these arrangements are in place before you come in, otherwise it could delay your operation.
- Remove any loose rugs, which may cause you to trip or fall, and move anything that may get in the way when walking around with crutches or a walking frame.
- Place a stool or chair next to your bathroom sink so that you can sit down to have a strip wash until you are able to have a bath or shower.
- Put objects that you use regularly within easy reach.
- If you have pets, consider who may be able to help you take care of them, including taking dogs for walks or emptying/cleaning cats' litter trays.
- Please make sure you have a supply of any medication you take regularly for when you go home, including your usual pain relief medications, such as paracetamol or ibuprofen.

All arrangements for your discharge home after surgery must be made before you come into hospital. If you think there may be a problem, please tell us as we can help.

In the kitchen

- Stock up your freezer and cupboard with food and drink to last a minimum of two weeks. Stock up your cupboards at waist height to minimise bending.
- If you live alone or are on your own during the day, think about where you may be able to eat, as you will not be able to carry plates, bowls or cups/mugs while using your walking aids.
- The therapist may provide a trolley for you to use if it is not possible for you to eat in your kitchen. Consider buying a flask or insulated beaker for hot/cold drinks or soup, which you can then carry in a cross-body/shoulder bag into another room.

- Alternatively, if you have a stool of suitable height, you could sit in the kitchen using the worktop as a dining table. If there is a cupboard under the worktop, open the cupboard door to make room for your knees when you sit down.
- To avoid excessive reaching, bending, or walking around, place your kettle close to the sink and fill it using a plastic jug. Move tea, coffee, sugar, mugs, and cutlery nearby.
- Place regularly used items in your fridge/freezer onto the shelves you can reach the most easily. Avoid buying large containers of milk, as these will be more difficult to lift.
- Sit down to do tasks whenever possible, for example to do ironing or to prepare vegetables.

What to bring with you on the day of surgery

- ✓ Any drugs or medications you are taking, ideally in the original packaging.
- ✓ A bottle of water, so that you can continue to have sips of water until you go to the operating theatre.
- ✓ Slippers with non-slip soles and a dressing gown.
- ✓ Something to read or listen to.
- ✓ A small bag containing a change of clothes, nightwear, toiletries and so on in case you need to stay overnight in hospital. If possible, please bring a small bag which will fit in a 44 cm x 52 cm cupboard.
- ✓ This booklet and your knee exercise booklet.

What to leave at home

- ✗ Valuables such as jewellery and watches (except wedding rings, which can be taped into place).
- ✗ Contact lenses (please wear glasses instead).
- ✗ Large amounts of cash.

Please **do not** wear make-up on the day of surgery and remove all nail polish from your fingers and toes. Please do not apply moisturiser to your legs before surgery as this may interfere with the skin cleaning solution we apply to your leg in the operating theatre.

What will happen on the day of surgery?

We will admit you to the Surgical Day Unit (SDU) on the day of your operation.

Nursing assessment

A nurse will welcome you to the ward, check your details and complete a nursing assessment. They will record your temperature, pulse, respiration rate, oxygen saturation levels and blood pressure. If the anaesthetist has prescribed any pre-medication for you, the nurse will administer it. Please do ask any questions you may have.

We will give you a pair of foot pumps. These are inflatable boots which help with your circulation, reduce leg swelling and help to prevent deep vein thrombosis.

Anaesthesia

The anaesthetist will visit and examine you to make sure you are fit for surgery. They will discuss with you the type of anaesthesia that will be used, the methods of pain control available, and prescribe any medication to be taken before your operation

Surgical team

Your consultant (or a member of their team) will mark the appropriate leg for surgery and ask you to confirm your consent to have the operation.

Going to theatre

We will prepare your bed and help you put on a theatre gown. If you are first on the list for surgery, the theatre staff will collect you. Otherwise, you may walk to theatre with an escort, or travel in a wheelchair or on a trolley.

What happens immediately after my operation?

You will wake up in, or be taken to, the recovery area. Your wound will be covered with a dressing and the inflatable boots will be on your feet. You may have an oxygen mask on your face and be connected to an intravenous drip to prevent dehydration.

If you have had spinal anaesthesia, your leg may feel weak and numb due to the local anaesthetic (known as nerve blocks) that the anaesthetist injected before your operation. This can take a few hours to wear off. You will remain in the recovery area until your condition is stable, and your pain is well controlled.

If you have had a general anaesthetic, you will be able to feel your legs. You will remain in the recovery area until your condition is stable, and your pain is well controlled.

Recovery/Return to ward

After your surgery you will be taken to the recovery unit, and then when able, back to the ward. You will have your post-operative x-ray taken on route to the ward, if possible. Nursing staff will regularly check your temperature, pulse, respiration rate, oxygen saturation level and blood pressure (known as 'obs' or observations). They will also monitor your pain control and give you pain relief as needed. We encourage you to ask for pain medications as needed and not wait for your pain to get worse before asking.

We will encourage you to start drinking fluids straight away and to gradually start eating again. Once in recovery you can begin to do your exercises, as described in the exercise booklet, and when you feel well enough, we will encourage you to sit out of bed. This is usually within a few hours of returning to the recovery unit. You do not need to wait for the therapy team to get you out of bed for the first time, the nursing staff can assist you with that.

Therapy

A member of the therapy team will see you within 24 hours of your surgery to help you move around and practice doing everyday activities. This includes getting in and out of bed, walking using an appropriate walking aid (usually elbow crutches), and going up and down stairs.

It is essential to start your exercises with your new knee as soon as possible after surgery as this will promote good blood flow, help you regain movement and muscle strength, and help

the recovery process in general. You should be out of bed and walking with crutches within a few hours of your operation. The therapy team will help you with this.

Will I be in pain after surgery?

Pain is common immediately after joint replacement surgery and may even be moderate or severe at times. Therefore, good pain relief is an important part of your recovery. We will aim, at all times, to try to minimise and treat your pain.

During the operation, we use local anaesthetic that is still active for hours after surgery. This means that most patients have good pain control immediately after their operation. However, as the local anaesthetic wears off, it is normal to notice an increase in pain. For most patients, it is moderate, but for some people, it may be severe at times. We will try to keep you as comfortable as possible.

The amount of medication you take for pain has to be balanced so that the side effects do not become a problem, and you are still able to do your exercises. All strong pain relief medications have potential side effects including dizziness, nausea (feeling sick), vomiting (being sick), itching, difficulty in passing urine, constipation, and hallucinations.

The higher the dose, the more likely you will be to notice side effects. Remember that we can give you anti-sickness medication to treat any nausea, and laxatives if you are constipated.

By giving you the right combination of pain killers, we can reduce side effects to a minimum while controlling your pain. Becoming mobile (moving around) can also help reduce your pain.

Before surgery

We may give you a pre-medication, which often consists of a very strong slow-release pain killer, an anti-sickness medicine and another drug which makes the pain killer work better. This means that you should be comfortable immediately after surgery.

During surgery

During the operation, the anaesthetist will give you additional pain relief, and the surgeon will inject local anaesthetic around the operated area to help reduce pain after surgery.

After surgery

We will give you a combination of different pain relief medications regularly and as required. It is important that you take the regular pain relief. We suggest that you ask for the 'as required' pain relief when you most need it, such as 15 minutes before doing your exercises or walking. This will help to control your pain and make sure that you are able to do your therapy.

Your therapist will help you to stand and walk as soon as possible after surgery. Although this may be painful to start with, moving around will speed up healing and aid your recovery. It will also improve circulation and reduce swelling. Ice packs will also help to manage swelling, and the pain associated with it.

If you do not feel that your pain is being managed adequately, please speak to one of the nurses.

When can I go home?

You will need to stay in hospital until the nurses, doctors, and therapy team (physiotherapist, occupational therapist and therapy technicians) have checked that you are well enough to safely go home, away from the risk of infection (from other patients) and the noisy ward environment.

We will aim to discharge you the day after your operation.

Before leaving the hospital, you should:

- ✓ Be safe with activities of daily living (such as washing and dressing yourself, going to the toilet, feeding yourself and so on)
- ✓ Be walking safely with your walking aid, and have practiced going up and down stairs if required
- ✓ Understand your home exercise programme.
- ✓ Understand arrangements for **wound care** follow-up after surgery.

On discharge from the ward, the nursing staff will give you:

- ✓ Medication as appropriate
- ✓ A copy of your discharge letter
- ✓ A fit note (sick certificate) for your employer if required
- ✓ Instructions about contacting the ward for any concerns.

Getting into a car to go home

Full details are in our knee replacement exercise booklet. Please practice this before you have your operation.

Is there anything I need to watch out for at home?

If you experience any issues with your wound, please contact the Orthopaedic Outpatient Department between Monday and Thursday, from 8.30am to 5pm.

Outside of working hours, please contact Ward F4 Elective or call NHS 111 for advice.

If you notice increased pain or swelling in your calf:

- During working hours, contact your GP.
- Outside working hours, contact Ward F4 Elective or call NHS 111 for advice.

If you have any life-threatening conditions, please call 999.

You may have some numbness on the outside of your wound and the area around your scar may feel warm. You may also notice some clicking as you move your knee due to the artificial surfaces coming together. This is all normal and is nothing to worry about.

If your surgeon has used glue to seal your wound, you can resume showering at home. You do not need to keep the wound dry, so if the dressing gets wet, replace it with a new one. It is there for your comfort, rather than to protect the wound.

If your surgeon has used clips or stitches, please try to keep the wound dry until it heals. You will need to be more careful while getting washed.

When can I get back to normal?

As mentioned earlier in this booklet, we advise you to be very sensible and careful for the first six weeks, sensible for the next six weeks, and then return to your usual activities. It is important to allow the wound and tissues around the new knee joint to heal.

Moving around

From two weeks after surgery, start walking with one crutch or a walking stick, and walking for longer distances as comfort allows. As soon as you can weight bear fully without pain, you can start moving around without your walking aid. If you find that you limp excessively when walking without a stick or crutch, continue using one for a few more weeks.

Exercise

Follow the exercise programme we have given you, which includes a detailed plan for up to six months after your operation. To access an electronic copy of the booklet, visit our website:

<https://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Muscles,jointsandbones/Totalkneereplacement-exercises-4037-PIL.pdf>

or scan the QR code opposite.



use the camera on your smartphone to scan the QR code opposite.

- You can start swimming once your wound has healed.
- You can use a static exercise bike but initially make sure that the seat is in a high position.
- You can start playing golf and gardening again by about six weeks after surgery.
- Continue to elevate your knee regularly throughout the day to help reduce swelling.

Housework

From two weeks after surgery, you can start doing light housework (such as dusting and cleaning the bathroom). From six weeks, you can gradually increase the housework that you do over the next few months.

Sleeping

You can sleep in any position that you find comfortable. If you want to sleep on your side, you may wish to place a pillow between your legs for additional comfort. Do not put a pillow under your knee so that your knee is bent.

Sexual relationships

You can start having sex again when you feel comfortable.

Returning to work

If you have a sedentary (sitting down) job, then you may be able to return to work between four and six weeks after surgery.

If you have a more physical job, it may be up to 12 weeks until you can return.

The initial fit note (sick certificate) from the hospital will be for up to six weeks. If you require further time off, please contact your GP.

Driving

It usually takes between two and six weeks before someone can drive again after having a knee replacement, but this will depend on your individual recovery. You must be able to do an emergency stop safely and change gear comfortably. It is important that you advise your insurance company that you have had surgery to ensure that you would be covered in the event of a claim.

From six weeks onwards after surgery

Other activities

Between six weeks and three months after your operation, you should be able to resume all your usual activities, with the exception of high impact sports/ exercise (see below).

Sport and leisure

Most sporting activities can be resumed after three months, depending on comfort and how intensively you participate.

Low impact exercise such as swimming, aqua aerobics, cycling, doubles tennis, gym, and gym classes and golf are fine.

High impact exercise such as running, singles tennis, badminton, squash, football, or activities involving jumping (such as netball or Zumba) are not recommended for the lifetime of your knee replacement.

Travelling abroad

Travelling abroad and short haul flights are fine after six weeks, but we recommend that you do not fly long haul until three months after your operation. This reduces the risk of increased stiffness and DVT (blood clot) from sitting too long and being too far away to access the specialist advice you may need.

Checklist of Dos and Don'ts

Until advised otherwise, DO:

- ✓ Continue to take your pain medication regularly
- ✓ Follow the exercise programme we have given you
- ✓ Apply ice packs regularly for 15 to 20 minutes a time, regularly throughout the day to help reduce pain
- ✓ Have a rest on your bed for at least an hour every day. Your feet should be on one pillow and your head flat on another. This will mean that your legs are at heart height, which is ideal for reducing persistent swelling
- ✓ Try to take regular daily walks, increasing the distance every day (please note that walking does **not** replace your exercise programme).

Until advised otherwise, DO NOT:

- ✗ Sit for too long, as you may become stiff and find it difficult to get up again
- ✗ Stand still for too long
- ✗ Put a pillow under your knee so that your knee is bent
- ✗ Overdo it! Rest is as important as exercise during the first six weeks after surgery.

It will take at least 12 weeks for your knee to start to feel normal and it will continue to improve for up to 18 months. Everyone is different and the speed of recovery will vary from person to person.

Further information

You may also wish to look at the following websites for more details about arthritis, knee replacement surgery and anaesthesia. If you have a smartphone, use the camera on it to scan the QR codes below.

Versus Arthritis

Let's move for surgery toolkit

<https://versusarthritis.org/about-arthritis/exercising-with-arthritis/lets-move-for-surgery-toolkit/>



Royal College of Anaesthetists

Preparing for a knee replacement operation

<https://www.rcoa.ac.uk/patients/patient-information-resources/preparing-for-surgery/knee-replacement>



NHS website

Knee replacement

<https://www.nhs.uk/tests-and-treatments/knee-replacement/>



National Joint Registry

<https://www.njrcentre.org.uk/>



Contact us

If you have any questions, problems or need advice once you are at home, please do not hesitate to contact us on one of the numbers below.

For queries, please contact:

Outpatient Appointment Contact: 023 8120 6218 (appointment-related)

Outpatient Nurses: 0238120 2880 (Monday to Thursday, 8.30am to 5pm)

F4 Elective Ward: 023 8120 6479 (post-operative queries)

Occupational therapy and physiotherapy: 023 8120 4452

After hours and weekends: Contact F4 Elective Ward or call 111 for advice

Emergency: Call 999 immediately

Your feedback is important to us

Comments, concerns, compliments, and complaints

If you have any comments, concerns, compliments, or complaints about your care, please let us know as soon as possible. Please speak to the nurse in charge, ward sister or matron so that we can help to resolve your concerns quickly.

PALS and complaints

You can contact the PALS and complaints team by telephone on [023 8120 6325](tel:02381206325) or via email at pals@uhs.nhs.uk or write to - Patient advice and liaison service (PALS), Mailpoint 81, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD.

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone 0800 484 0135 or email patientsupporthub@uhs.nhs.uk | For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport

<https://www.uhs.nhs.uk/contact/tell-us-about-your-experience/raising-concerns-or-making-a-complaint>

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