

Orthopaedics, Charing Cross Hospital

Knee Replacement

Information for patients, relatives and carers

Contents

Introduction.....	page 3
Why do I need a knee joint replacement?.....	page 3
Is there another form of treatment for my knee?.....	page 3
What does surgery involve?.....	page 3
What are the risks involved in having a knee joint replacement?.....	page 4
What are the benefits of having a knee joint replacement?.....	page 4
How do I prepare for a knee joint replacement?.....	page 4
Before coming to hospital	
Exercises.....	page 5
Pre-admission assessment.....	page 6
Preparing your home for your return after surgery.....	page 7
What do I need to bring with me for my stay in hospital?.....	page 7
During your hospital stay	
When will I be admitted for my operation?.....	page 7
On the day of your operation.....	page 7
What happens after my operation?.....	page 8
Recovering from the operation.....	page 8
Getting dressed and undressed.....	page 8
Getting into bed.....	page 9
Getting out of bed.....	page 9
Sitting onto a chair or toilet.....	page 9
Getting up from a chair or toilet.....	page 9
Preparing to go home.....	page 9
After leaving hospital	
Getting into a car.....	page 10
Getting out of a car.....	page 10
Bathing.....	page 10
Household chores.....	page 10
Is there anything I can do to help my recovery?.....	page 10
When should I return to work or leisure activities?.....	page 11
Important reminders.....	page 11

Please see the latest Trust guidance about undergoing a planned procedure:

www.imperial.nhs.uk/patients-and-visitors/patient-information/planned-procedures-and-surgery

Introduction

We want you to have a full understanding of your hospital stay, the operation itself and the care you will receive before, during and after surgery. This booklet has been provided to help answer some of the questions you may have about knee replacement surgery. It may not answer all of them, so please do not hesitate to discuss any questions you may have with your surgeon, physiotherapist, occupational therapist or one of the nursing staff, who will be happy to help. It may help to write your questions down before you next contact a member of the team.

Why do I need a knee joint replacement?

Joints can be replaced for a few different reasons, the most common being **osteoarthritis** or wear and tear to the lining of the joint. This causes inflammation (swelling) and pain.

Osteoarthritis can happen after an injury, genetic abnormalities, infection or developmental conditions. However, in most cases, the cause of the osteoarthritis is unknown. Rheumatoid arthritis, which causes pain and swelling of the joints, can also lead to deterioration (weakening) of the knee joint.

Is there another form of treatment for my knee pain?

Surgery is a last resort. You may have tried a number of different treatments already, including steroid and local anaesthetic injections, rest, painkillers, avoiding some activities and physiotherapy. Surgery is a big step and is generally only done when all other treatments have been tried.

What does the surgery involve?

It is an operation to replace the damaged surfaces of the knee joint with artificial ones. The bones are capped in much the same way as a dentist caps a tooth. A total knee replacement replaces all three surfaces in the knee.

The implants are usually made of a combination of metal (such as stainless steel) and polyethylene (plastic) (see pictures below). In a total knee replacement, the femur (thighbone) and the tibia (shinbone) are resurfaced; often the back of the kneecap (patella) is resurfaced too but this depends on how much wear and tear there is there. In a partial knee replacement, just the affected part of the joint is replaced, leaving the rest of the knee intact.

Your surgeon will advise which procedure is the most appropriate for you.



What are the risks involved in having a knee joint replacement?

Knee surgery is very safe. However, as with any operation, there are risks related to the surgery and the anaesthetic. Your surgeon will take you through these whilst obtaining your consent for surgery.

What are the benefits of having a knee joint replacement?

It is important that you have realistic expectations about what this operation can achieve. A knee replacement will not restore the full range of motion and function that you had before you began to have problems with your knee.

The main aim is to relieve the pain in your knee significantly. We also aim to increase your mobility (getting around) and ability to do everyday activities.

How do I prepare for a knee joint replacement?

- If you are a smoker, you should stop smoking to reduce the risk of chest trouble and improve wound healing
- Losing excess weight will help to reduce the strain on your new knee, as well as your heart and other joints
- Ensure your diet is balanced and includes enough fibre; drink plenty of fluids too

For more help with your diet visit: www.versusarthritis.org/about-arthritis/managing-symptoms/diet/

- You must be fit and healthy before to your operation. Any infections (such as urinary infections, coughs and colds) may mean your operation gets cancelled. If you have any open wounds or irritant skin on your affected leg, these must be healed before surgery. **Please contact the surgical team if you have any of these within four weeks of your operation.**
- Let your doctor know details of all medication you are currently taking, particularly steroids

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- Having a positive outlook before your operation will help you feel better overall and speed up your recovery

Find out more on our website:

www.imperial.nhs.uk/patients-and-visitors/patient-information/your-stay-in-hospital

Before coming into hospital

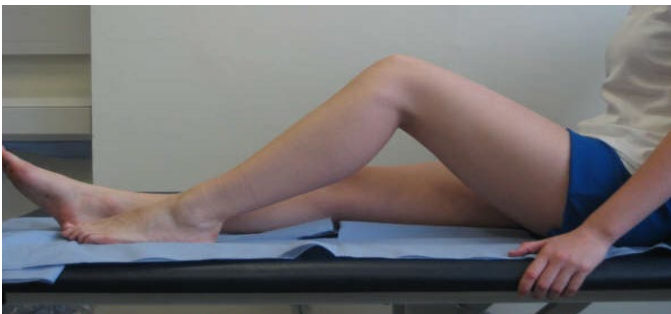
Exercises

Please start the following exercises as soon as you agree to have a knee replacement. Practising before your operation will help you recover sooner afterwards. It is a good idea to practise with both legs 2 - 3 times a day.

1. Move your ankles up and down briskly through their full range of movement to help your circulation. You should do this little and often throughout the day, e.g. 10 times every 30 minutes.



2. With your legs stretched out and your heel on the bed (see picture), slowly bend your knee up towards you. Stop at the point you feel any discomfort or pain. Repeat 4 - 5 times.



3. With your legs stretched out, keep your leg straight and pull your foot up towards you. Tighten the quadriceps muscles (front of your thigh) to push your knee down into the bed or floor.

Hold for three seconds and then relax. Repeat 4 - 5 times.



4. With your legs stretched out pull your foot up towards you. Tighten the quadriceps muscles (front of your thigh) and lift your leg about 30 centimetres off the bed. Hold for 3 seconds and then lower. Repeat 4 - 5 times.



Pre-admission assessment

The **pre-admission assessment** is an opportunity for us to ensure that you are fit for your anaesthetic. You will come into hospital and we will discuss your full medical history and take some swabs.

Multiple swabs are taken from the nose, mouth and groin to check for various infections, such as MRSA.

If you test positive for MRSA we will offer you treatment and rearrange your admission date once you are treated.

It is essential everyone follows the current government and Trust guidance with respect to Covid-19 for attending a hospital appointment. If you have tested positive and are isolating or you have any symptoms you must not attend your appointment.

Find out more here:

<https://www.imperial.nhs.uk/patients-and-visitors/patient-information/coronavirus-latest-information>

A separate **occupational therapy pre-admission assessment** is to assess your individual needs and establish how you are likely to cope at home after the operation.

Make sure you measure the height of your bed, chair seat and toilet in advance, and you can discuss with the occupational therapist if any of these are lower than your sitting height (the height from the back of your knee to the floor when seated).

Preparing your home for your return after surgery

- Move essential items to a height within easy reach to avoid bending or twisting, such as your kitchen cupboards or wardrobe
- Move any rugs or cables that could be a tripping hazard when you are using crutches
- Ensure your bed, chair and toilet are easy to get on and off safely. Your knees should not be higher than your hips when sitting down. You can discuss with the occupational therapist if you have any concerns.
- Stock up on easy-to-prepare food such as frozen meals and store cupboard items
- Do laundry and cleaning before you go in for your operation, or arrange for others to help you with heavy tasks

What do I need to bring with me for my stay in hospital?

- Any medicines that you are currently taking, in their original packaging if possible. Alternatively, please bring a recent copy of your repeat prescription from your GP
- Contact details of anyone you receive care from in the community, for example, your social worker and/or district nurse
- Name, address and telephone number of any other doctors you are receiving treatment from. If you attend any other hospitals for treatment, please bring details of your hospital number(s)
- Contact details for your next of kin
- The letter giving you a date for your admission to hospital
- Your usual walking aid (sticks, crutches or frame) and a pair of flat shoes or trainers suitable for walking in. Clothes that are loose-fitting will be more comfortable over your wound
- Please **do not** shave your legs before surgery, as cuts can be a source of infection. If necessary, this will be done at the time of your operation

During your hospital stay

When will I be admitted for my operation?

You will be asked to come into hospital on the date agreed with you for your operation. The operation takes around two hours and you may have to wait before you go to the operating theatre. You should expect to be in hospital for a maximum of 48 hours.

On the day of your operation

You will not be allowed to have anything to eat for at least 6 hours before your operation. You may drink water up to 2 hours before your operation. The surgeon will explain the procedure to you in detail before asking you to sign a consent form; this may have been done electronically in the days or weeks before surgery but will be repeated on the day. This is to make sure that you understand the risks and benefits of having the operation.

The anaesthetist will also visit you to discuss the anaesthetic. It could be a general anaesthetic, which puts you to sleep, or a spinal anaesthetic, which puts your leg to sleep. Sometimes a local anaesthetic is also used to provide extra pain relief.

What happens after my operation?

You will wake up in the recovery room before returning to the ward. You may still be very sleepy or not feel well enough to eat or drink. A drip may be attached to your hand/arm to provide you with fluids and stop you becoming dehydrated. A blood transfusion might also be needed if your blood count is low.

Please tell us if you are in pain or feel sick. We have medication that we can give you so that you remain comfortable, but you should expect to feel some pain.

Recovering from the operation

An x-ray will be taken after surgery to check the new knee replacement. You will have a wound on the side of your hip with stitches or clips that may need to be removed after approximately 14 days by the practice nurse at your GP surgery. Your leg will be swollen and feel sore, as if it is badly bruised, for a few weeks after the operation.

Patients get out of bed on the same day as their operation with the help of a therapist or nurse. Although this may seem early, walking as soon as possible after your operation will assist in your recovery and help to avoid complications such as blood clots and chest infections.

You will start walking again with the help of elbow crutches and your walking will gradually improve over the next few weeks.

Unless you have been told otherwise by the team looking after you, you can safely put all of your weight on your operated leg.

The physiotherapist will review your exercises with you as soon as possible after the operation. The exercises are the same ones you will have been practising before your operation (**see pages 5 – 6 of this booklet**) and you should start them as soon as you can after you wake up from the anaesthetic.

Your dedication to doing your exercises and following the advice from the team looking after you will make a big difference to how well you feel, as well as how quickly you get better. Knowing you can do things to help yourself, and practising them, means you will feel less helpless, stronger in yourself and more in control.

You will practice going up and down stairs before leaving hospital, if necessary. Going up stairs you lead with the un-operated leg and coming down stairs you lead with the operated leg, only going one step at a time.

Getting dressed and undressed

It is safer to get dressed and undressed sitting down, but avoid low chairs. Long-handled reaching aids and shoe horns can be helpful. When getting dressed it will be easiest to put your operated leg in your trousers or skirts first; when getting undressed, remove it last.. Slip-on shoes without laces will be easier to manage by yourself.

Getting into bed

- Sit down on the side of the bed
- Move yourself back as far as possible so that your thighs are well supported
- As you lie down, bring your legs up onto the bed

Getting out of bed

- Lying on your back, make yourself parallel to the side of the bed
- Sit up as you move both legs and your bottom to the side of the bed
- Turn your body to bring your legs over the side of the bed so you are now sitting on the edge of the bed
- Stand up using your elbow crutches

Sitting on a chair or toilet

- Make sure that you can feel the chair seat at the back of both your knees before you start sitting down
- Slide your operated leg forward slightly
- Feel for the chair with both hands and gently lower yourself down

Getting up from a chair or toilet

- Move to the front of the seat and slide your operated leg forwards before standing up
- Have your crutches close by or in the 'H' shape and push through your arms and legs at the same time to stand up

Preparing to go home

- Where possible, you should continue to wear your anti-embolic compression stockings at home for about six weeks, as there is still a risk of blood clots forming during this time. You should wear the stockings all the time (even in bed), only removing them when you wash. Please ask someone to help you with this. After six weeks, you can throw the stockings away
- The physiotherapist will discuss with you the need for further physiotherapy when you're ready to leave hospital. We will give you 2 weeks' supply of your prescribed medication to take home with you
- We will send a letter to your GP, giving them details about your operation and recovery. Your stitches or clips should be removed around 2 weeks after your operation. We will give you a letter to give to your practice nurse asking them to do this
- You will need to come back to the outpatient clinic for a check-up 6 to 8 weeks after your operation. We will either give you an appointment for this when you are discharged, or send one to you
- You should organise your own transport home. You will need to travel in the front seat of a car (see below)
- Do not drive until your surgeon gives you permission and you are able to perform an emergency stop. Tell your insurance company that you have had this operation before you start driving again
- When you are a passenger, you should sit in the front passenger seat with the seat pushed as far back as possible and partially reclined

After leaving hospital

Getting into a car

1. With the car door open, stand with your back against the side of the car.
2. Place your left hand on the top of the passenger seat for support and hold on to the car door with your right hand (someone should hold the car door steady for you).
3. Keeping your operated leg out in front of you, lower yourself as far back onto the seat as possible.
4. Try to keep your legs together as you swing them into the car.

Getting out of a car

1. Open the car door and, keeping your legs together, swing them out of the car.
2. Place your left hand on the back of the seat and your right hand on the car door (someone should hold the car door steady for you).
3. Keeping your operated leg out in front of you, push yourself up into a standing position.

Bathing

It is not recommended to sit on the bottom of the bath or climb into a bath to shower for the first 6 weeks. Remember that a good strip wash is just as hygienic as having a bath or shower.

Household chores

It will be easiest if you can avoid bending down to reach items from low shelves, so you may need to rearrange items in your kitchen and other cupboards before your operation admission, or ask a friend or relative to help with this before you go home.

You will be able to move around the kitchen whilst using your crutches or by holding onto the work surface. You may want to slide items across work surfaces instead of carrying them, or use a carrier bag or backpack to move items from room to room. Food and drinks could be moved in sealed containers or flasks if you eat in a different room.

The nursing staff and therapists will discuss with you how you will manage at home before you are discharged from hospital. Please do not hesitate to ask any questions you may have during your short stay in hospital.

Is there anything I can do to help my recovery?

Continue to exercise the hip as instructed by your physiotherapist - the more movement that you can restore to your hip, the better the end result will be. Please note that it will take approximately 3 months to get back to feeling more normal.

When should I return to work or leisure activities?

This will depend on how well you are recovering and the type of work you do or activities you do. Discuss this with the team before you go home because this requires individual advice.

Important reminders

- If your leg suddenly becomes swollen, hard, painful to touch or there is inflammation (swelling) or discharge (oozing) from the wound, contact your GP immediately as you may have an infection
- If there's a sudden change in pain that is t so severe you cannot walk on the operated leg go to your nearest A&E
- Avoid pivoting or twisting when turning round by picking up your feet with every step
- Do not bend over to pick things up from the floor or to put your socks and shoes on
- Keep as active as possible once you are home. Continue the exercises little and often throughout the day. Increase the number of exercises as well as the length and frequency of your walks with time
- Bacteria in the bloodstream can infect joint replacements even years after surgery. If you develop any infection, or if any medical or dental procedure is planned for an area of your body that is infected, you should consult your doctor for advice on taking antibiotics as a precaution

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any suggestions or comments about your visit, please either speak to a member of staff or contact the patient advice and liaison service (PALS) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street, London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

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