

University College Hospital

Knee joint replacement and your recovery programme

UCLH Trauma and Orthopaedic Team

Please bring this booklet with you when attending your pre-assessment appointment and when you come in for surgery.



If you would like this document in another language or format, or require the services of an interpreter, please contact us on 020 3456 7890, or contact our call centre on 020 3447 9393. We will do our best to meet your needs.

Contents

Your Knee Joint Replacement Recovery Plan	5
Introduction	9
The knee joint	9
How can a knee joint replacement help?	9
How long will your knee joint replacement last?	11
Important things to consider before having a knee replacement	11
What are the risks of surgery?	13
Problems that can happen months or years after your knee operation	15
What will happen if you choose not to have surgery?	16
What are the alternatives to surgery?	17
Asking for your consent	17
Research	18
What happens before you come in to hospital?	18
Plan before you come in to hospital	19
What happens on the day of your operation?	22
What should you expect straight after your operation?	23
Getting up after your operation and preparing to go home	24
On the day you go home	31
Your recovery and frequently asked questions	32
Your exercises	36
Where can I get more information?	38
Contact details	39

Your Knee Joint Replacement Recovery Plan

GP referral

- Your GP refers you to the Orthopaedic Consultant to discuss joint replacement surgery.
- Your GP will request any tests needed to ensure you are fit for surgery.

Making the decision to have surgery

- The Consultant and their team will explain to you what is involved in knee joint replacement surgery, including benefits and risks.
- The expected length of stay for knee joint replacement surgery is two to four nights.
- You will make an informed decision to have the operation.
- The admissions co-ordinator will contact you with a pre-assessment date, an admission date and your first follow up appointment in your Consultant's clinic after your discharge from hospital.

Pre – assessment clinic

- This normally takes place four weeks before your operation.
- You should allow three to four hours for the whole process.
- You will attend an education session on how to prepare for joint replacement surgery.
- In this session you will meet the therapists to discuss your needs to make your recovery faster and easier.
- You will be asked questions regarding your medical health by the nursing staff.
- You may have an x-ray and blood tests.

When you come to pre-assessment please bring:

- ✓ Any questionnaires you were sent, completed
- ✓ Any forms you were sent, completed
- ✓ Your medication list
- ✓ Allergy list

The day of your surgery

- You will be admitted to hospital on the day of your surgery.
- Bring all your medication with you.
- You will be asked to report to the surgical reception.
- You will meet your surgeon's team and you will be asked to give your consent for surgery.
- You will meet your anaesthetist and you will be assessed to decide what anaesthetic will be best for you.
- You will meet a nurse who will complete the final health checks.
- You will change into your hospital gown and your personal belongings will be securely locked away.

Your surgery

- You will be escorted to theatre and the anaesthetic room.
- You will have your anaesthetic.
- You will have your surgery.
- You will wake up in the recovery area.
- After a short stay in recovery you will be taken to your ward.

The evening after your surgery

- You can eat and drink normally when you are on the ward.
- You will have medication to prevent blood clots forming and to manage pain.
- You will wear compression stockings to help circulation.
- If you are comfortable and able to, you can sit in a chair and walk a short distance with staff assistance.
- You should start your leg exercises.

Day one after your surgery

- You should expect some pain after surgery, but you should be made comfortable with pain relief.
- You will have your post-operative x-ray.
- You should get dressed in your own clothes.
- You will walk around the ward with walking aids.
- You will practise your exercises 3 to 4 times during the day.
- You will meet the therapists.

Day two after your surgery

- Any drips or drains after surgery will be removed either on day one or day two.
- You will progress your walking and exercise programme.
- You will practise activities to prepare for discharge – including washing, dressing and using stairs if needed.

Day three/four after your surgery and discharge

- When you are safe and confident with your activities and walking, you can go home.
- Your medication prescription will be prepared.
- Your post-op physiotherapy follow up arrangements will be confirmed.
- Your consultant appointment will be booked.
- You will be given the contact details for the orthopaedic team.
- On your day of discharge, we aim to discharge you from the ward before lunchtime.

When you are home

- If you have stitches or clips in your wound, we will inform your GP practice.
- You will have physiotherapy one to two weeks after your surgery date. This can be at UCLH or at your local services.
- You will have a consultant review six to eight weeks after your surgery.
- You will wear compression stockings for four weeks from the date of your surgery.
- You will continue with your knee exercise programme for at least 12 weeks from the date of your surgery.

Introduction

If you are thinking about having a knee joint replacement or you have decided to go ahead with the operation, it is important that you understand every stage of the surgical process. This booklet explains what you should expect and how you can prepare for the surgery. Planning for your operation at each stage of the process will make your recovery much easier.

At UCLH, patients are admitted on the day of their surgery, and will stay in hospital for an average of two to four nights.

The information in this booklet is based on our practice at UCLH. It may be slightly different at other centres. The orthopaedic team will explain any differences to you and try to answer any questions you have.

The knee joint

The knee joint is a complex joint between the bottom of your thigh bone (femur) and the top of your shin bone (tibia). The knee cap (patella) rests in front of the knee joint. This type of joint is called a “hinge” joint. The surfaces of the knee are coated with a smooth cartilage lining. In osteoarthritis, the knee joint space can reduce, and small, bony outgrowths called ‘osteophytes’ can form, resulting in painful and restricted movements.

How can a knee joint replacement help?

Knee replacement surgery, or knee arthroplasty, is a treatment for severe arthritis of the knee joint. A knee replacement is recommended when the joint pain is causing disability and has a serious effect on your day-to-day activities.

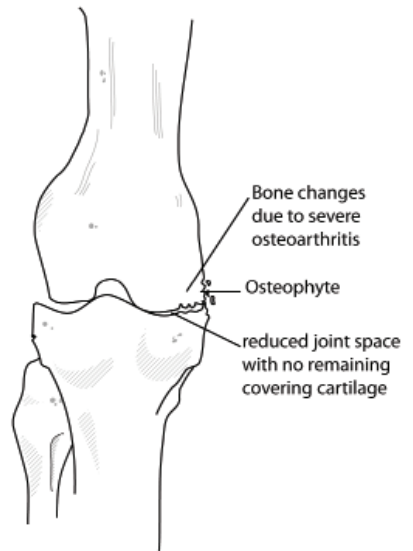
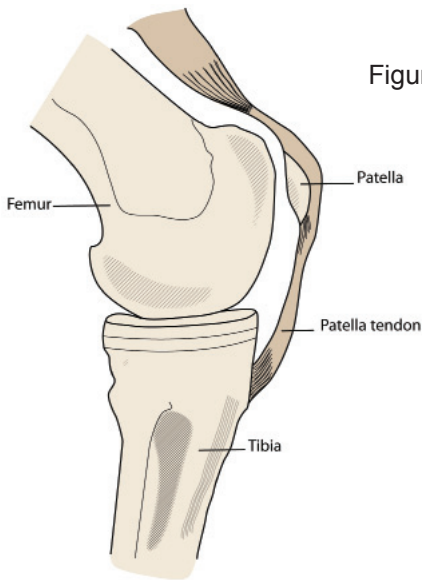


Figure 2. Knee joint with osteoarthritis

By replacing your arthritic knee joint with an artificial one, surgeons aim to:

- Reduce the pain in your knee joint
- Help you move more easily
- Stop your knee from locking
- Improve your quality of life

The surgery replaces the osteoarthritic surfaces of the knee joint with new artificial parts that have metal and plastic. Sometimes, a special grout called “bone cement” is used to fix the new parts in place.

The operation that replaces both sides of your knee joint is called a total knee replacement and the operation that replaces one side of your knee joint is called a uni-compartmental knee replacement. You and your surgeon will decide the best type for you.

How long will your knee joint replacement last?

A knee joint replacement should work well for many years. In research studies, nine out of ten people find that their knee joint replacement lasts at least ten years. If your knee joint replacement eventually stops working properly through wear and tear, you can have an operation to replace it.

Important things to consider before having a knee replacement

- Surgery is harder with people who are overweight and the recovery after surgery might be more difficult.
- Your age is less important than how fit you are.
- A knee operation is a serious operation. You may not be able to have one if you have a serious heart disease or another serious illness.
- If you have a knee replacement when you are young, you are more likely to need a second one later on in life. When this happens, you can have an operation to replace it. Second knee joint replacements (revisions) are harder to do and the recovery and outcome might not be as good as the first knee replacement.

Figure 3. Total knee replacement

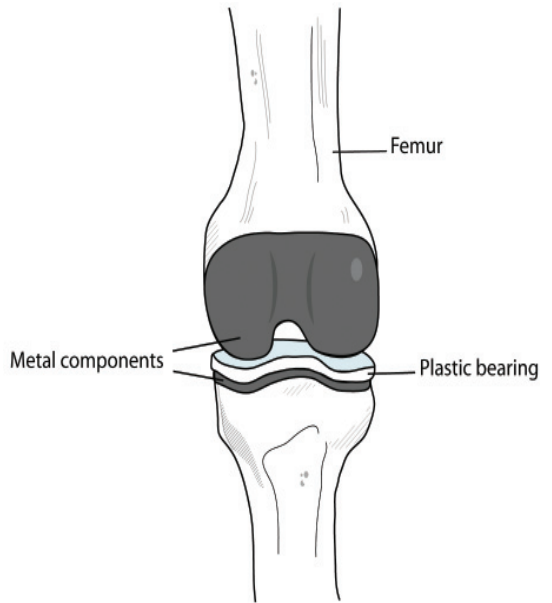
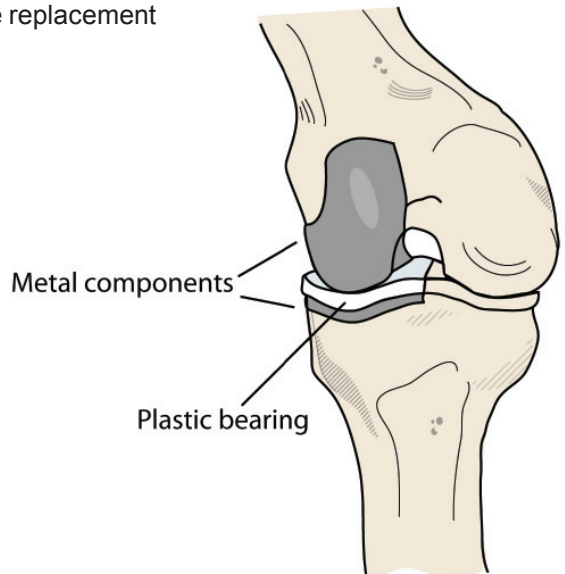


Figure 4. Uni-compartmental knee replacement



What are the risks of surgery?

Knee joint replacement surgery generally has very good results and complications are rare. However, like any surgery, there are risks.

- **Anaesthetics can have side effects:** You may feel sick after your anaesthetic. If so, we will give you medication to help this. You may have an allergic reaction to your anaesthetic, or develop breathing or heart problems. These problems are serious **but rare**. You will be monitored closely after surgery and we have the facilities and staff to address these problems, if they occur. If you do have allergies, you must let us know before your surgery.
- **A blood clot (thrombosis) in your leg: (3% or 3 in 100 risk) or a blood clot in your lungs: (under 1% or 1 in 100 risk).** The latter is a serious complication and occurs when a blood clot in your leg travels through your bloodstream to your lungs. Wearing the elastic Thrombo-Embolitic Deterrent (TED) stockings that we provide after your surgery, taking medication that thins the blood, walking and keeping active as soon as you are able, will all help the blood flow and reduce the risk of thrombosis. If you do develop a thrombosis, we will treat it with further medication that thins your blood. **In most people, the clot causes no trouble and goes away after treatment.**
- **A heart attack, stroke or chest infection: (under 1% or 1 in 100 risk).** These things are more likely to happen if you already have heart disease or chest problems. We will identify any health risks you may have in your pre-operative medical assessment, before you have your operation.
- **Infection: (under 1% or 1 in 100 risk).** There is a risk of infection in the skin and tissue around your operated knee joint. Antibiotics directly before and after your surgery and keeping your wound clean will reduce the risk of infection.

You will reduce the risk of infection if you and your visitors clean your hands on a regular basis, and avoid touching wounds, drips and drains. Whether in hospital or back at home, if you notice swelling, discharge or itching around your wound at any time, let your nurse, therapist or doctor know as soon as possible. It is important we treat any signs of infection early because a joint replacement that becomes infected might need another operation. If you do get an infection we will give you more antibiotics.

- **Damage to blood vessels:** (under 0.5% or 5 in 1000 risk). This can happen during the operation if an instrument tears a hole in one of your big vessels around your knee joint.
- **Urine problems:** (under 0.3 % or 3 in 1000 risk). If you cannot urinate (pass urine) after your operation, you may need a plastic tube (catheter) inserted to help you empty your bladder.
- **Dying from surgery:** (extremely rare). Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK. Your anaesthetist will discuss the risk of the anaesthetic with you. The risk of death after a hip or knee replacement is minimal (0.1% or 1 in 1000 risk).
- **Damage to the nerves in your leg:** (extremely rare). The nerves in your leg might be damaged during surgery. This can make your foot floppy and weak. Most people recover from this complication, but this can take up to six months or more. If it happens to you, you may need further investigations to identify the problem. Many patients experience some numbness around their wounds, which may be permanent.
- **Damage to the nerves in your leg:** (extremely rare). The nerves in your leg might be damaged during surgery. This can make your foot floppy and weak. Most people recover from this complication, but this can take up to six months or more. If it happens to you, you may need further investigations to identify the problem. Many patients

experience some numbness around their wounds, which may be permanent.

- **Not all the pain disappears.** This operation will only take away the pain that is caused by your arthritic knee joint. It will not help to relieve pain that is caused by problems elsewhere. Your surgeon will explain this to you in more detail when you are deciding about having surgery.

Problems that can happen months or years after your knee operation

- **Your knee gives way or buckles.** Doctors call this “instability”. It is painful and can interfere with your daily life. It also increases the wear and tear on your knee replacement. If this happens, you may need a revision knee replacement or other surgery to make it more stable.
- **You still have pain in your knee.** Your surgeon will investigate to see if a cause can be found. Sometimes, he or she won’t be able to find one. Usually the pain will go but it can take many months.
- **The knee replacement becomes loose.** This can happen slowly over time, usually taking longer than 10 to 15 years to become noticeable. If it happens, you may need another operation to replace the loose knee joint.
- **You have problems bending the knee.** Occasionally, the knee has to be manipulated to get it moving. Exercising straight after surgery is always best. This gets it going much earlier and allows an earlier return to full function.
- **The knee replacement stops working.** This is rare, but sometimes your knee replacement can “break down” (surgeons call this “mechanical failure”)

- **You need a second knee replacement (a revision).** Most revisions are done because the original knee replacement has become loose from the bone, possibly because of an infection. The knee becomes painful and unstable.
- **Your knee joint needs to be permanently removed.** This is the worst that could happen some time after your operation, but it is very rare. If it did happen, it may leave you with a leg that is permanently straight.
- **Your knee replacement gets infected.** Very rarely, knee replacements can get infected months or years after surgery. Your knee may get better with antibiotics, but sometimes you may need another operation to clean out the joint. On rare occasions, if the infection can't be controlled with antibiotics, the replacement joint may need to be taken out. If your surgeon doesn't think it is possible to put another artificial joint in, then you may need to have an operation to make your knee joint stiff. This means the knee is left permanently straight.

What will happen if you choose not to have surgery?

If your pain does not get any worse, and you can cope with it, you may not want to go through joint replacement surgery. A painful knee joint will not shorten your life. Some people find that the pain does not get worse over time and manage to live with it. If you have joint symptoms that are stopping you from enjoying life, research suggests that it is better to have surgery before you become too disabled.

What are the alternatives to surgery?

If you decide not to have knee joint replacement surgery there are strategies that could help you manage your daily difficulties.

- **Stay active:** taking regular exercise may reduce your pain. Gentle exercise like walking, swimming, low impact exercises at home or a gym can be helpful.
- **Weight control:** carrying extra weight puts a strain on your hips and knees. This is likely to make your pain worse. If you are overweight, losing weight may be all you need to do.
- **See a physiotherapist:** physiotherapists can teach you how to exercise so you can strengthen your leg muscles and keep you mobile.
- **Get help with mobility:** there are many devices to help you move around more easily and confidently, including walking sticks, other walking aids and shock-absorbing shoes.
- **Pain relief with medication:** Painkillers may help to control your pain. The most common painkillers are paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs). Speak to your GP and pharmacist before taking any medication as there are risks with taking any medication.

Asking for your consent

If you decide to go ahead with the surgery, we must ask you to sign a consent form. This confirms that you agree to the procedure and understand what it involves. The surgeon will explain all the risks, benefits and alternatives before you sign the consent form. If you are unsure about any aspect of your proposed treatment, please speak to a senior member of staff again.

Research

We are asked by the Government to gather information about knee joint replacements so you will be asked to fill in questionnaires about yourself and your knee pain before and after your operation. We are also a large teaching hospital and carry out important research about joint replacements. You may be asked whether you would like to participate in this research but you do not have to take part.

What happens before you come in to hospital?

Following your decision to have a knee joint replacement you will be offered a date for your pre-assessment clinic and the admission date for your surgery and information on these dates will be posted to you.

The Pre-Assessment Clinic (PAC) is an outpatient clinic which you must attend before you are admitted to hospital for your operation. This clinic normally takes place four weeks before you come in to hospital. It can take up to two hours so please allow time. You will meet a nurse who will ask you questions about your general health and you might have medical checks, such as X-rays and blood tests. It is important that you bring your medication list with you and you inform us of any known allergies. Depending on your medical history you might meet an anaesthetist who will assess you regarding your anaesthetic.

The joint recovery programme education session takes place on the same day as your PAC assessment and is a group session led by therapy and nursing staff who will be involved in your care. This session lasts approximately one hour. There will be a talk explaining what you should expect from your admission and advice on how you can prepare before and after your operation. During this session, the therapist will review your completed questionnaire to assess your individual needs and to identify the support you need to return safely home after your operation. Please feel free to bring a member of your family or a friend with you to the therapy session. Having someone with you can help you plan your time at home before and after your admission.

It is important you attend both the PAC outpatient session and the therapy assessment and bring your completed forms with you. **Not attending these sessions may delay your surgery.**

Plan before you come in to hospital

Coming in to hospital

Patients having a knee joint replacement on average stay in hospital two to four nights. You will be admitted on the day of your operation. When you come in to hospital:

- Please bring in all the medication you take.
- Arrange how you will arrive on the day of your operation and who will pick you up when you leave hospital. On your day of discharge, we aim to discharge you from the ward before lunchtime. You will be able to travel as a passenger in a normal car and we will discuss with you how to get in and out of a car. Hospital transport is only provided to patients who for medical reasons are unable to use any other forms of transport. Joint replacement surgery alone does not make you eligible for hospital transport.
- We recommend you bring your mobile phone, pens, paper and reading material. There is a pay phone system by each bed. Hospital gowns and soap is provided however most patients bring their own nightwear and toiletries. Bring comfortable and easy fitting clothes and shoes. Shoes should be flat, supportive and non-slip. A bedside TV is available at a daily cost. Although there is a small locker next to your bed, we advise you do not to bring valuables to the hospital.

Home: shopping, housework and environment

Preparing your home environment and planning how you will manage daily tasks before you come in to hospital will help you regain your independence and confidence, once you are back at home.

Before you come into hospital, you may find it helpful to:

- Stock up on supplies. If you have access, you may find internet shopping useful. Plan how you will get your supplies for the first six weeks after your operation.
- Re-arrange cupboards, drawers and the fridge so items you need are at waist height and easy to reach.
- Make or buy frozen meals and vegetables to use when you first get home.
- Plan where you will have your meals. It will not be easy to carry items when you are using elbow crutches.
- Plan your housework. Do things like washing, cleaning and sorting out cupboards before you come in to hospital.

After your knee joint replacement, you may go home with elbow crutches and your operated leg will be sore. This may affect your balance and your walking will change for the first few weeks after your operation.

- Plan how you will carry things like cups and drinks if you have elbow crutches.
- Practise using your walking aids. You may be shown how to use elbow crutches when you attend your pre-operative therapy assessment. You can practice walking and going up and down stairs with the elbow crutches, after your operation.
- Think about what shoes you can wear when you are home. Choose flat or low heel shoes with a good grip.
- Remove cables, wires, rugs or small carpets that you might trip on.
- Do your rooms (such as the bathroom, bedroom, and kitchen) have easy access? Consider moving furniture around to give yourself more space whilst you are using elbow crutches.

- If you have pets that need looking after, dogs that need walking or get excited and jump up towards you, consider asking a friend or a family member to help look after them for the first few weeks after your operation.
- Ensure your home is well lit.
- Your seating surfaces (such as chairs, bed and toilet) must be at a comfortable height for you to sit and stand with ease.
- It may be useful to have a stool or high chair in your kitchen so you can sit if you need to.

Ask friends or family to assist you with some of these home tasks, before you come into hospital and try to have arrangements in place for when you get home.

Furniture Measurement and a Social History forms will be posted to you.

Please complete and bring these to your pre-assessment clinic. This will help the therapists assess your needs and plan your discharge with you. The therapists will contact you if they assess you as requiring equipment to assist you with your recovery.

Outdoors and public transport

Plan how you will manage your outdoor home environment.

- Steps and uneven surfaces outside your house can be challenging. Please ensure that any stair rails are fixed securely before your admission. Plan how you will manage these before you come in to hospital. Discussing the environment set up with the therapists will help you manage more easily once you are home after your operation.

- Unfamiliar surroundings with a lot of people, such as on public transport, might not be easy to cope with straight after your operation. Steps on to buses and trains can be higher than the average house step. We would advise that you think carefully before using public transport for the first few weeks after your operation, particularly busy times of travelling.

Driving

We normally advise patients not to drive for a minimum of six weeks and not until they have seen the consultant after their surgery. You should also inform the DVLA and your insurance company that you have had surgery.

Work

If you work, the general advice is a minimum of six weeks off work. You must discuss with your consultant how much time you should take off work after your operation. The time you have off will depend on the physical demands of your work.

Improve your fitness and practice your exercises

Stay active and improve your muscle strength and fitness by practising your knee exercises before and after your operation. This may help you recover more quickly after your knee joint replacement.

What happens on the day of your operation?

You will be admitted on the day of your surgery. On the day of surgery, if you have been asked to come into hospital at 07:00, you should not eat after midnight but you may drink water until 06:00. Please have a large drink of water, ideally one or two cups, at 06:00. You may also drink Powerade or Gatorade if you are not diabetic. These contain some sugar, which may help you feel better than water alone. If you are diabetic you may only drink water.

It is very important that you do not have any other type of drink as we may have to delay your surgery if you do. **Fizzy drinks and anything containing milk are not safe.** Do not drink anything after 06:00 unless instructed to do so by the hospital staff. If you have been asked to arrive at a different time, you may eat until six hours before your planned arrival time. You may drink water until two hours before your planned arrival time. Do not drink after this time unless instructed to do so.

On the morning of your operation you will meet your consultant's surgical team, the anaesthetist and a nurse. Once you have been assessed, you will be escorted to theatre. A knee joint replacement takes between one to two hours and you will also spend time in the recovery unit before you go to your ward. You will have either a general anaesthetic (a drug that sends you to 'sleep'), or an epidural (an injection into the spine), or both. If you only have an epidural, the lower part of your body will be numb and you will not feel anything. The theatre staff will put a screen up so you will not be able to see the surgery, but you may be able to hear what is going on.

What should you expect straight after your operation?

When you wake up, you will be lying on your back with a needle in your arm that is connected to a bag of fluids and/or medication (called a 'drip'). You may also notice a plastic tube (a 'drain') coming out the side of your knee, which stops fluid collecting under your scar. The drip and drain will usually be taken out after one day. We will give you elastic stockings (TED stockings) to help the circulation in your legs. Your scar will be over the top your knee, closed with stitches, clips or surgical glue and it will be covered with a dressing.

Most patients will be able to drink water soon after the operation and eat and drink normally once back on the ward.

You will feel pain and stiffness in your operated knee joint. You should tell the nurses if you are in pain as too much pain can delay your recovery. The nurses will provide you with the right painkillers and can contact the doctors if there are any problems.

There are several options to help control pain:

- Medication may be given to you through a drip and you will be able to control your own pain relief by pressing a button. This is called PCA (patient controlled analgesia). You can press the button as often as you need to; a limit is set to stop you taking too much. Taking more painkillers than you need may make it harder for you to get out of bed.
- There is a wide range of painkillers (analgesics), which are available from the hospital pharmacy. These drugs may cause side effects like vomiting or constipation. If you feel sick or constipated, please tell a nurse. Tablets or an injection can be given to stop you feeling sick, and laxatives can be given to prevent constipation.

Getting up after your operation and preparing to go home

Most patients can get out of bed and walk, taking their full weight on their operated leg, as soon as they feel able after their knee replacement surgery. This can happen on the evening of your operation day.

Once you are walking safely, able to perform your home exercise programme and can carry out day-to-day tasks like washing, dressing and climbing steps or stairs, you can go home. Most patients recover quickly and stay in hospital for two to four nights.

Nursing and therapy staff will guide you through your post-operative rehabilitation programme and advise you how to manage your day-to-day activities when you return home. Remember to take care when doing these activities and follow the advice we give you.

During your stay, you will have an X-ray to check your knee joint replacement.

Exercising

You can start your knee exercises on the evening of your operation day. This will help reduce stiffness and post operative complications such as chest infections, blood clots and pressure sores.

You will find the exercises at the end of this booklet.

The exercises will:

- assist circulation
- strengthen the muscles of your operated leg
- help regain the movement of your knee joint

Try to carry out your exercises three times a day. Start with five repetitions of each exercise, increasing to 10 repetitions by the time you go home. Always exercise within comfort and pain limits.

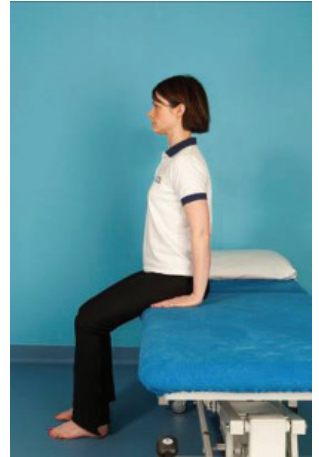
Exercise is very important: you need strong muscles to support your operated knee joint and help the healing process. **You should continue these exercises after you go home.**

Getting in and out of bed

Most patients get out of bed on the same day after their operation. Your operated leg is likely to feel heavy for the first few days after surgery and you will need to change the way you get in and out of bed. Staff on the ward will help you practice how to get in and out of bed after your operation.

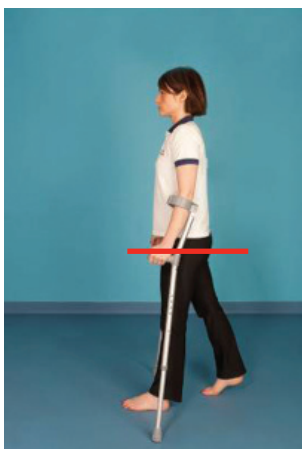
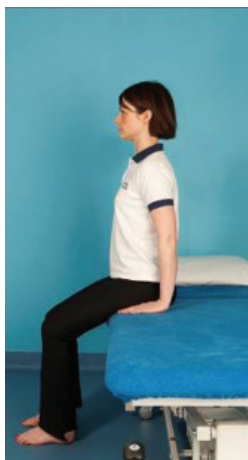
To get out of bed:

- Consider which side of the bed you will use to get in and out of bed when you go home.
- First, move your leg towards the edge of the bed, keeping your hips apart.
- Bring both legs over to the edge of the bed, without twisting and sit up. Use your arms to push up.



To get in to bed:

- First, sit down close to the head of the bed and far back enough that the back of your legs are supported by the bed.
- Using your arms to help by pushing up through the bed, bring your legs onto the bed, without crossing or twisting them.



Sitting and standing

Make sure your chair is at the appropriate height for you and your operated knee joint.

To sit down, whilst your operated leg is uncomfortable, put your walking aids aside, use your hands to feel for the arms of the chair, and slide the operated leg forwards as you lower yourself onto the seat. Your arms and non-operated leg will take your weight as you sit down.

To stand, use the same process in reverse. Take your weight on the non-operated leg and push up firmly with your hands, through the arms of the chair.



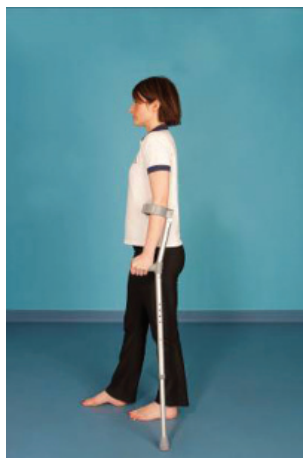
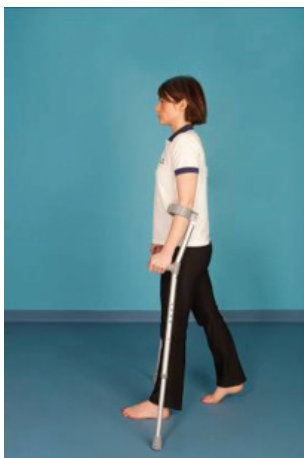
Walking

At first, you will use a frame or crutches when walking, and then you may progress to using sticks.

When walking on flat ground, you should:

- Place your walking aid in front of you.
- Step forwards to the level of your walking aid with your operated leg.
- Then bring your non-operated leg forwards, to be in line with your operated leg.

Your therapist will advise you when you can try to walk with one crutch or stick. You may even achieve this before you leave hospital.



Stairs

Once you are safely walking with two crutches, we will teach you how to climb stairs, if you need to do this. This usually happens on the second or third day of your stay.

- When going upstairs:
 1. 'non-operated leg (sometimes referred to as 'good leg')
 2. 'operated leg (sometimes referred to as 'bad leg')
 3. crutches/sticks
- When going downstairs:
 1. crutches/sticks
 2. operated leg ('bad leg')
 3. non-operated leg ('good leg')

If you have a sturdy banister or rail, you should use this and use your walking aid in the other hand.

Washing and dressing

You should expect to practice washing and dressing yourself on the ward within one or two days after surgery. There are walk in showers with seats for you to use on the ward. Please ensure that you have a waterproof dressing on.

Wearing comfortable loose clothes in hospital and whilst you are recovering from your operation, will make dressing easier. It is best to get dressed sitting on a bed or a chair.

You will not be able to have a bath until your wound is completely healed. At home you may wish to wash whilst sitting at the sink.

Toileting

Follow the same instructions in sitting and standing. Make sure that the toilet paper is within easy reach to avoid twisting your knee.

On the day you go home

On the day that you go home we will aim to discharge you from the ward by 11:00. You may be asked to wait in the discharge lounge whilst you wait for your prescription.

Car parking is very difficult around UCLH sites. Parking meters are located around the hospital site and you might not find free spaces. There is a drop off and pick up area at the back of the hospital and a free phone in main reception to a local taxi company. We do advise you to plan your travel back home before you come in to hospital.

You will be discharged with a prescription of medication to help with your pain and medication that helps thin your blood (anti-coagulants). The medication prescribed for pain is generally similar to what you have been taking before you came in to hospital.

A discharge summary will be sent to your GP practice. If you have stitches or clips to your these will require removal two weeks after your operation. Ward Nursing staff will discuss with you about having them removed at either your GP Practice or a District Nurse can be arranged. Wound dressings and equipments for wound care will be provided to you by the ward before you are discharged.

You will have a follow-up appointment with your consultant team six to eight weeks after your operation to check how things are going.

You will have a physiotherapy referral to check your mobility and exercises within one to two weeks after your operation date. This can be arranged either at University College London Hospital or your local physiotherapy department. Please let us know in the pre-assessment clinic where you prefer to attend physiotherapy.

Your recovery and frequently asked questions

Will I have pain after my operation? Pain caused by osteoarthritis will be helped by having a knee replacement. You will experience some pain because you have had your operation and this continues for a short period of time after you have gone home. It is important that you take your prescribed pain relief medication on a regular basis once you return home. If you feel that you still have discomfort despite taking medication speak to your GP.

What do I do if my knee swells up? We expect patients to have some knee swelling following surgery. Keeping mobile will help reduce the swelling. If the leg becomes hot and red please notify your GP immediately.

When do my stitches or clips come out? If you have stitches or clips, to your wound these will require removal two weeks after your procedure. We will notify your GP and the practice should arrange this.

How do I get in and out of a car? Before you travel by car as a passenger, follow these instructions:

- Ensure the driver parks the car a few feet away from the kerb, so you can stand at the same level as the car.
- Ask someone to put the front passenger seat back as far as possible to give you plenty of leg space. Recline the seat half way.
- Facing the kerb, carefully lower yourself down, sliding your operated leg forwards. Do not hold onto the door. If you need support, hold onto the car frame or the seat behind you. Sit down carefully.
- Lean back. Then, keeping both knees together, lift both your legs into the car. You can make swivelling easier by sitting on a plastic bag.

Travelling by black taxis (cabs) might be difficult for the first few weeks due to the height of the step to get in and out of the vehicle. The therapist will discuss this with you and give you individual advice. If you use taxis regularly, you may want to use a local minicab company.

How long do I have to wear my TED stockings? We advise patients to wear TED stockings to both legs for up to four weeks after their surgery date. Your ward will provide you with an additional pair before you are discharged. Your TED stocking will require daily removal for no longer than 30 minutes in order to facilitate personal care. You may require assistance of a family member or carer to support you with your TED stockings.

When can I sleep on my side? You can sleep on your operated side as soon as you feel comfortable sleeping on that side.

When can I have a bath? You can have a bath six weeks after surgery. Your wound should be completely healed, and you should be able to get in and out of a bath safely. You can discuss how to get in and out of the bath with the outpatient physiotherapist.

What about my personal relationship? If you do not have severe pain, it is safe to continue sexual activities as long as you. You may find it safer and less stressful to remain on your back.

When can I continue gardening? You can garden when you feel ready. If you start gardening soon after your operation you might find it easier sitting on a chair.

When can I kneel? We do not advise you to try kneeling for the first six weeks after your operation. Ask your therapist to show you how to kneel. It may take some time before you are comfortable kneeling to your operated knee.

When will I see my consultant again? You will be given an appointment to see your consultant team six to eight weeks after your surgery date. You are more likely to see one of his team members rather than the consultant himself.

When can I fly? Will I be stopped by airport security? We do not advise travelling on a long flight for the first few weeks after your surgery. **If you do travel**, we advise you to wear TED stockings. Most people with knee replacement surgery will alert the airport security. Just inform the security staff that you have had joint replacement surgery.

Since I have been home I feel more tired than usual. Is that normal? After your operation you might feel more tired than usual or that your knee joint is painful after you have been active. It is important that you take time to rest in between your active periods. You can discuss any questions you have with your therapist.

How long will it take me to recover from my knee replacement? Your old knee pain and stiffness should go away very quickly but it does take time to get over having knee replacement surgery. It may be three to six months before you feel back to your normal self. It is important that you give yourself time to recover after your operation. If you work, discuss with your consultant how much time you should take off work after your operation.

What exercises can I do? Depending on your previous level of physical activity and exercise, you may have to decrease or increase your activity after your operation. If you have never exercised on a regular basis you might find the idea of exercising difficult. However, it is very important that you start and continue with your knee exercises for a minimum of three months.

If you are usually very active, discuss with your consultant and your physiotherapist what would be the advisable level of exercise for the first few weeks after your operation.

You will need to discuss with your consultant which sport activities you can do after knee replacement surgery. We advise patients that have had a total knee replacement to avoid impact activities/sport for life.

How can I help my knee joint in the long term? Reducing or keeping your weight stable will help you keep mobile. Regular exercise is good for your joint replacement and for you. Walking, swimming and cycling are some activities that you can do in the long term. You can ask your consultant or your physiotherapist about what exercise you can do.

Your exercises



Ankle Pumps

In a lying or sitting position, slowly move your foot up and down. Try to avoid rubbing your heel on the surface of the bed. You can start this exercise straight after surgery.



Static quads

Push your knee down into the bed, tightening the muscle at the front of your thigh. Hold for 5-10 seconds and then relax.



Static glutes

Slowly squeeze your bottom muscles, hold for 5-10 seconds and relax.



Inner range quads

Place a rolled up towel under your knee. Keeping your knee on the towel, lift your foot off the bed. Try to get your knee completely straight, and then relax.



Hip flexion (bending)

Lying on your back, keep your foot on the bed and slide it towards you to bend your knee, on the operated leg.



Quadriceps stretch

Stand holding on to a steady surface for support. Slowly bend the knee of your operated leg, bringing your foot towards your bottom. Keep your knee pointing down to the floor, and do not lean forwards during this exercise. Slowly straighten your knee.



Heel raises

Stand holding on to a steady surface for support. Push up on to your toes, for 3-5 seconds. Then bring your heels back to the floor.



Knee extension

Sit on a chair: straighten your knee and tighten your thigh muscles. Hold for five seconds and slowly relax knee down again.



Mini Squats

Stand holding on to a steady surface for support. Slowly bend your knees, keeping your heels in contact with the floor. Return to the upright position.

Where can I get more information?

Arthritis Research UK

Address: Copeman House
St Mary's Gate
Chesterfield
Derbyshire SA1 7TD

Telephone: 0300 790 0400

Fax: 0300 790 0401

Email: enquiries@arthritisresearchuk.org

Website: www.arthritisresearchuk.org

National Joint Registry

Website: www.njrcentre.org.uk

NHS Choices

Website: www.nhs.uk/Conditions/Knee-replacement/Pages/Kneereplacementexplained.aspx

The Royal College of Anaesthetists

Website: www.rcoa.ac.uk

“Having surgery at UCLH” a patient education film

Website: www.uclh.org/PandV/Pages/HavingsurgeryatUCLH-vids.aspx

UCLH cannot accept responsibility for information provided by other organisations.

Contact details

On discharge you will be given contact details in case you have any questions regarding your post-operative recovery.

To enquire about [district nursing services](#) please contact your general practitioners practice.

To enquire about your [consultant follow up appointment](#) please call the UCLH contact centre on:

Telephone: 020 3447 9393

To enquire or make a [physiotherapy outpatient appointment](#) please call the UCLH contact centre on:

Telephone: 020 3447 9393

To contact the UCLH Therapy and Rehabilitation (physiotherapists and occupational therapists) team regarding [therapy questions](#) other than outpatient appointments call:

Telephone: 020 3447 3618

Email: orthopaedictherapies@uclh.nhs.uk

Both telephone messages and email in therapies are checked daily Monday to Friday.

Website: www.uclh.nhs.uk

First published: April 2006
Last review date: November 2014
Next review date: November 2016
Leaflet code: UCLH/S&C/SUR/ORTHO/HJR/1
© University College London Hospitals NHS Foundation Trust

Created by Medical Illustration RNTNEH 020 3456 5103 Unique Code: 29219

uclh

We are committed to
delivering top-quality patient
care, excellent education
and world class research

Safety
Kindness
Teamwork
Improving