



Trauma and Orthopaedics - Primary Total Prosthetic Replacement of Knee Joint Using Cem - Total Prosthetic Replacement of Knee Joint Using Cement

Introduction

The COVID pandemic has had a significant impact on the NHS' ability to provide routine elective services. We recognise that patients are waiting longer than we would like and that it is not always possible to say when treatment will take place. This document provides our patients with information on how you can support yourself while waiting for treatment at the hospital. The guidance has been written by the clinicians who are responsible for your care.

While waiting, it is imperative to look after both your physical and mental health. Below is some useful condition specific information which can assist you in managing your condition while awaiting surgery. Should you believe your condition has worsened and you need a fresh review or you have changed your mind please get in touch with us at your earliest opportunity on any of the contact details provided below.

Guidance for Patients

Pain Management

It is important to ensure you have appropriate and adequate painkillers / anti-inflammatories, with the guidance of a GP or a Consultant Pain Specialist, where necessary. Some patients may cope well with topical treatments such as anti-inflammatory gels and creams.

Other alternatives to medicinal pain management include:

- Heat Pack
- Ice therapy
- Massage
- TENS Machine (Transcutaneous electrical nerve stimulation)

Physiotherapy/ Exercise

Some might think exercise will aggravate your knee pain and stiffness, that's not the case. Lack of exercise can make your knee even more painful and stiff by weakening your muscles and creating more stress in the joints. Exercise increases strength and flexibility, reduces joint pain, and helps combat fatigue.

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Assistive devices

Consider using walking aids such as sticks or crutches as this will also help with maintaining a good posture and take some weight off the affected knee. There are tools you can use for gripping and grabbing such as long handled reachers or long handled shoe horns which can help with everyday tasks.

Surgical appliances

Your surgeon may recommend special knee braces such as off-loader knee braces for patients where their arthritis is only affecting one side of the joint. If you have a very bad deformity of your knee (very bowed or very knock kneed), your surgeon may recommend some insoles into your shoes to make walking easier.

Managing stairs

You may find it easier to go up with the good leg and down with the bad leg. Try leaning onto handrails for support when going up or down. If you do not have handrails on your stairs, you may want to get these fitted.

Activity modification

While it is important to keep active, try and reduce or stop activities which cause you a lot of pain such as high impact repetitive activities. We recommend swapping for non-impact fitness exercises such as swimming, cycling, golf

Intra-articular injections

Injections of cortisone into your knee may provide temporary relief of symptoms for patients with OA. The pain relief is variable, and any relief is usually short term. However, there is an increased risk of periprosthetic infection in joint replacements if the injection is given within three months of surgery.

Diet and weight loss:

Eating healthily provides nutrients to the bones and tissues and maintaining a healthy weight will reduce the amount of strain in your knees. If you are overweight, even reducing a small amount of weight can reduce your symptoms

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Additional tips for protecting your knee include:

- Use several joints to spread the weight of an object. Use both hands to carry your shopping or distribute the weight evenly in a shoulder bag.
- Rearrange basic household items to make it easier to reach so you are not bending or crouching
- Consider getting a shower chair and a hand rail next to the toilet to make bathroom activities easier and safer

Additional resources

<https://www.nice.org.uk/guidance/cg177/chapter/1-Recommendations#non-pharmacological-management-2>

<https://www.versusarthritis.org/news/2021/april/ways-to-manage-your-pain-while-waiting-for-surgery>

<https://cks.nice.org.uk/topics/knee-pain-assessment/diagnosis/non-traumatic-causes>

https://www.westhertshospitals.nhs.uk/patientinformation/documents/preopassessment/00071_4-17v03%20Advice%20leaflet%20to%20regain%20fitness%20prior%20to%20surgery%20FINAL

What should I do if my health is deteriorating?

If you think your condition has worsened, please get in touch with us immediately via our contact details provided.

Below is a list of common red flags to be aware of:

- **Redness, swelling, heat, and reduced movement of the knee**, especially if it is of sudden onset and movement is severely restricted, with pain associated with any attempt at movement.
- **Knee pain is severe** or, in people with pre-existing joint disease (for example rheumatoid arthritis and osteoarthritis), out of proportion to the usual symptoms.
- **Sudden difficulty weight bearing**
- **Persistent, non-mechanical bone pain.**
- **Unexplained weight loss** more importantly in patients with a history of cancer
- **Unexplained lump or hard, localised mass adjacent to the knee.**
- **Sudden onset of pain** (may indicate a fracture but can also occur in osteonecrosis).
- **Suspected Quadriceps or Patellar tendon rupture**
- **Increased pain, heat and or redness in the calf** may be indicative of deep vein thrombosis

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