Northumbria Healthcare
NHS Foundation Trust

Total Knee Replacement at Northumbria Healthcare

Issued by the orthopaedic department

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HOSPITAL | COMMUNITY | HOME

www.northumbria.nhs.uk

On behalf of the orthopaedic team, we wish you a warm welcome.

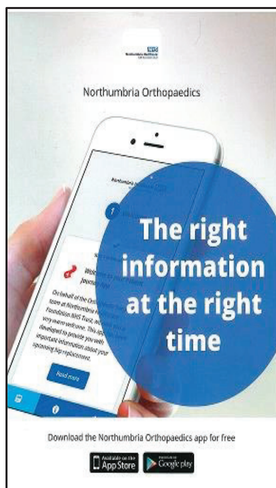
This leaflet explains why you have been referred for a total knee replacement. It tells you about the purpose of the operation which will have already been discussed with you before you agreed to have the operation.

The leaflet also describes what you can expect when you come in for the knee replacement operation.

The orthopaedic team consists of:

- Consultant surgeon, registrars and junior doctors
- Orthopaedic nurse practitioners
- Physiotherapists
- Occupational therapists
- Ward nurses
- Anaesthetists
- Theatre and recovery staff
- Pain management nurses
- Pharmacists/pharmacy technicians

Alternatively you can access this information via the Northumbria Orthopaedic app for free.



App available on apple store and google play.

Across the trust we carry out over 2500 joint replacements every year. Although your stay in hospital will be short, about one to two days, you will see a lot of the orthopaedic team members.

We understand that you may feel nervous about your operation.

The orthopaedic team are here to assist with all your needs and will provide you with the best advice and guidance they can. Please do not hesitate to ask any member of the team if you have any queries or concerns.

We are encouraging patients to have their follow up appointment using a video call through an NHS site known as Attend Anywhere. This allows you to have your appointment with the consultant without the need to travel to hospital, but from your home or place of your choice via your phone, tablet or computer at a dedicated appointment time. Video calling is as convenient as a phone call, with the added value of face to face communication. It can save you time and money, and brings your care closer to home.

Instead of travelling to your appointment, you enter the clinics online waiting area. The Consultant is notified when you arrive and will join you when ready. The service is completely confidential and secure. All you need is a device and good connection to the internet and able to access the internet via Chrome or safari web browser.

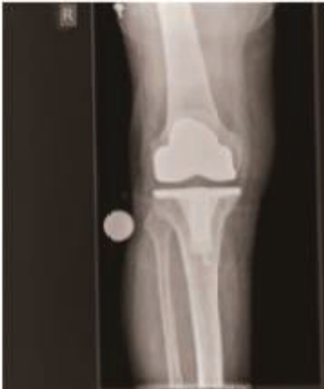
Details will be given to you as part of your preparation and at discharge.

Alternative treatments

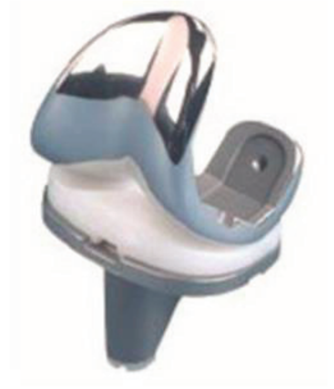
A knee replacement is the best option for you due to the severity of your arthritis. This option will only be offered to you after others such as medication or physiotherapy have been tried and have not relieved your symptoms.

What is a knee replacement?

In this operation an orthopaedic surgeon replaces the worn or damaged joint with an artificial one. The knee is a hinge joint between the lower end of the thigh bone and the upper end of the shin bone. The kneecap sits at the front of the knee joint. This may also be replaced if necessary.



X ray of an implanted knee



Example of knee replacement components

Benefits of surgery

A knee replacement is usually carried out because of severe pain and restricted mobility. These can limit activity and your lifestyle choices.

A knee replacement may provide benefits such as:

- Reduced pain

The majority of patients experience pain relief. It is normal to have some degree of soreness immediately after the operation.

- Decreased stiffness

The new joint surfaces will move freely, the aim is for you to have less joint stiffness than before the operation.

- Increased mobility

With a combination of reduced pain and stiffness your overall mobility is likely to be improved. This helps you to return to a fitter and more active lifestyle.

Partial knee replacement

Some patients, not all patients, may be suitable for a partial knee replacement rather than a total knee replacement.

In partial knee replacements, only the most arthritic part of the knee joint is replaced and in total knee replacements the whole of the knee joint is replaced.

Both partial knee replacements and total knee replacements work well for most patients. Partial knee replacements are associated with a lower chance of less serious medical complications and generally speaking have a quicker recovery than total knee replacements. However, the chance of needing a reoperation is higher in partial knee replacement than in total knee replacement.

If your consultant thinks that you would be suitable for a partial knee replacement then this will be discussed with you. You can then decide along with your consultant whether you would prefer a partial knee replacement or a total knee replacement.

Risks of surgery

Knee replacement is generally a very successful operation and around 80% of patients gain an improved lifestyle benefit. There is however a risk of complications and some of these are listed below:

Sleep

Sleep is important. It may reduce your risk of having a heart attack or getting an infection after surgery. Please make sure you get your full amount of sleep for the 3 nights before surgery – ideally going to bed at the same time of night and then waking up at the same time in the morning. Get your normal amount of sleep, but at least 7 hours. Bear in mind you may have to get up earlier than normal to get to the hospital in time on the day of surgery, so get your body in tune with that.

Leg swelling

It is very common for legs to be swollen after an operation and this normally resolves without any problems. Occasionally it can be due to a deep vein thrombosis (DVT - blood clot in the leg).

Deep vein thrombosis (DVT) - blood clot in the leg and pulmonary embolism (PE) - blood clot in the lung

Deep vein thrombosis (DVT) can occur after any operation but it is more likely following operations on the lower limb. DVT occurs when blood in the large veins of the leg forms blood clots within the veins. This may cause the leg to swell and become warm to touch and become painful. If blood clots in the vein break apart they can travel to the lungs where they can lodge. This is called a pulmonary embolism (PE). In rare cases, perhaps 1 in every 1000, this can cause death.

The most important symptom of pulmonary embolism is breathlessness which can occur suddenly, and is often associated with a sharp pain in your chest, or you may cough up blood in your phlegm.

There are several methods that we use to reduce the risk of DVT and PE:

1. We now mobilise patients as soon as possible, often on the same day as surgery and this increases the blood flow to the leg.
2. We assess all patients for their risk of a DVT as recommended by The National Institute for Clinical Excellence (NICE). After assessment most patients will be offered blood thinning agents if they are considered to be high risk for DVT or PE. These drugs have their own risks and therefore they are not given to every patient. If you are prescribed blood thinning agents you will be given advice on how to take this medication by the orthopaedic team.

You may be given Aspirin tablets or an injection called Tinzaparin. These are required for a variable amount of time after surgery and the nurses with inform you how long to take them for. If you are given the injection a nurse will teach you how to administer this yourself. You will be given a special box for the Tinzaparin syringes to be put into and given information about which chemist to return this box to for safe disposal.

Joint infection

You will be screened for bacteria before you come in for your operation to try to reduce the risk of infection. **It is very important you don't have any cuts, grazes or wounds on your knees and legs when you come in for surgery, and you may wish to avoid activities such as gardening for a few weeks before coming in for your knee replacement.**

We may encourage you to lose weight as being overweight raises the risk of complications including infection. We also need you to stop smoking as there is evidence that smoking can increase your chances of infection due to the wound taking longer to heal.

Infection in the wound or around the joint replacement can occur in hospital or after you have gone home. Deep infection is a very serious complication and occurs in 1% of patients. It is more common to have a superficial infection on the surface of the wound but occasionally these can lead to deep infection. For that reason we always take these infections seriously. If you do have a problem like this you should always let us know immediately via the surgical helpline. We will inform your surgeon and get you an appointment to be seen.

Your GP or district nurse may be treating the infection, but we still want you to let us know. Contact us via the surgical helpline or if you are calling out of hours, please ring the ward you were on.

Surgical helpline number:
Monday - Friday
8:30am-15:30pm
01670 529431 (this phone has an answer machine)

If a deep infection is not treated within the first couple of weeks then revision of the knee replacement is often needed. Early treatment of infection can reduce the need for revision surgery of the total knee replacement.

Loosening of the joint

Total knee replacements do have a limited life span. The younger you are the more likely you are to need a revision at some stage. Around 75% of total knee replacements do not cause problems 15 years after surgery.

Stiffness

Stiffness can sometimes occur and some patients can end up with less movement than they had before surgery.

Fracture

There are occasions when a bone may break during this procedure. Normally these are seen at the time of surgery and are treated with wires or plates. They may sometimes be found following an x-ray after surgery. A return to theatre may be necessary to fix the fracture.

Nerve injury

There are several nerves located around the knee and these can be damaged during total knee replacement surgery. These nerves supply sensation and power the muscles in the leg. Normally the nerves recover themselves over a period of weeks and months. Occasionally the problems can be permanent and may lead to pain, weakness and loss of sensation. It is common to have some permanent sensation loss on the skin around the knee.

Urinary incontinence

A small proportion of people suffer from incontinence after the anaesthetic; this is temporary and resolves itself within a few hours. Inability to pass urine can also happen and may require the insertion of a bladder catheter. This is usually a temporary problem and will resolve within a few days.

Persistent pain

Knee replacement is a very good treatment for arthritis. However there are some patients who are left with pain and discomfort around the wound.

Memory problems

Some patients complain of mild symptoms which could be related to the operation or the anaesthetic.

Revision (re-do) of the joint

Occasionally, for various reasons, operations need to be re-done. This is normally after many years but occasionally this needs to be done soon after the initial surgery.

General medical problems

There is a small risk of developing new medical problems when you undergo surgery. These include heart attacks, strokes, kidney problems and pneumonia. There is also a risk of dying; this is around one in two hundred patients.

Summary

Knee replacement is usually a successful operation, but as with any other surgery there are risks of complications which may affect a small number of patients.

Clinic

When you attend the outpatient clinic a date for your admission to have knee replacement surgery will normally be agreed with the consultant. At this time, the team will also encourage you to reduce your weight and also stop smoking. These are two measures that have been shown to help increase mobility and wound healing. You will be admitted on the day of surgery. If you are unable to agree a date at that time, you will receive a letter later confirming your admission and operation date.

Your predicted date of discharge will also be given to you when you attend the outpatient clinic. For most patients this will usually be on day two post-op. For example you will be admitted at 7.30 am on the 25th (Day 0), have surgery that morning and the expected date for discharge home will be on the 27th (Day two).

You will however only be discharged home when you are medically stable and can manage safely. There are a range of discharge dates, with most people going home within a two or three night stay in hospital.

Around 10% of joint replacements are now done as day cases (discharged same day). If you are keen to be considered you will need to ensure you have someone at home on the night. Your consultants will be happy to discuss your suitability for day case joint surgery.

You must also bring any other medication normally prescribed by your own doctor, or you buy over the counter, with you on admission. Please bring them in the original packs in which they were dispensed - do not pop them out, or bring loose strips as this can cause confusion. Any medication that is not in original packs as dispensed cannot be used on the ward.

Please check with your doctor or nurse at pre-assessment about any medicines you are taking as you may need to stop taking some of these before the operation or on the morning of the operation. If you take any regular medication please bring a copy of your repeat list with you.

***Reminder!** If your medicines have been discussed with the doctor or nurse and you are to take them on the morning of surgery please take them with as small an amount of water as possible.

***Reminder!** Please bring any literature or walking aids given to you into hospital with you.

You will receive an information folder at the outpatient clinic. One of the items will be a questionnaire from occupational therapy. You need to complete and return this as soon as possible. This will enable the occupational therapy department to ensure that any adaptations or equipment you will need on discharge will be available to you.

Before your operation

You will be given a date to attend the pre-operative assessment clinic to ensure you are fit to have surgery. During this clinic visit, you will have simple checks on your heart, lungs and blood tests taken. Swabs will be used and you will be given an antimicrobial body wash to use 3 days prior and including the day of your admission, your urine will be checked to screen for infection. You may require an x-ray and you will be asked questions about your previous medical history.

An occupational therapist will be available during this clinic in order to assess your social circumstances, discuss your home environment and any areas of need in daily living tasks.

***Reminder!** If you are provided with dressing aids by the occupational therapist please bring these with you on admission.

It is essential that you attend this appointment.

Exercises: It is important to practice the exercises found on the app. This will strengthen your muscles and aid your recovery.

Nutrition: You should try to eat a healthy diet leading up to your operation. If you are healthy before your operation you will recover more quickly.

Pre-operative care

Admission

You will have your procedure on the day of admission. You will be given a time slot which is designed to make your stay in hospital before the operation as short as possible.

Advice on diet and fluids before and on day of admission

Food

Morning patients – nothing after midnight
Afternoon patients - light breakfast (no fried food) with tea/coffee by 06:30

Fluid

You may have a cup of tea/ coffee with a small amount of milk until 06:30 for am patients, 11:00 for pm patients. Please feel free to drink water up until you arrive in hospital. You will be provided with water until you go to theatre for your operation.

***Reminder!** It is important that you have a bath or shower before you arrive at hospital. We need you and the operation site to be as clean as possible to minimise the risk of infection. Please use the antimicrobial wash provided as instructed in the shower or bath for three days before your operation – including the morning of your operation. Bring the remainder into hospital with you. Once you have washed with the antimicrobial wash please dress in clean clothes.

It is also important that you do not apply creams or make up after your bath or shower**. If you shave your legs, please do not shave your legs for at least three weeks prior to the operation.** Shaving is known to increase infection rates in joint replacement. It is not known whether hair removal creams increase infection risk, and these may be best avoided.

At Wansbeck and North Tyneside general hospital you will be admitted to the day surgery unit. Following your operation, you will be transferred to the elective orthopaedic ward. At Hexham general hospital you will be admitted to, and remain on, the same ward after your operation.

***Reminder!** Please do not bring too many possessions into hospital with you as storage space is limited. Bring well fitting, comfortable slippers or flat supportive shoes to walk in. New slippers may not fit if your feet become swollen. Shoes without a back are not recommended.

Please do **not** bring a towel in with you one will be provided for your needs.

On arrival to the ward you will be welcomed by a member of the ward staff.

If there have been any changes in your personal circumstances since your preadmission clinic, please inform the ward staff. You also need to tell the doctor or pharmacy staff of any changes in your regular medication or general health.

You will have pre-operative warming via a warming device/blanket which will keep you warm before, during and after surgery. Specialist hats and jackets are also available for those patients who walk to theatre. This is another measure taken to keep you warm, minimising the risk of infection. It is still helpful to warm you up even if you don't feel cold.

The beneficial effect of music on pain after surgery is proven, across all ages, even if you are asleep under general anaesthetic. Pain is an individual and complex experience and there are other ways, in addition to traditional painkillers, that can help you. Research has shown that listening to music relieves the distress caused by pain. Patients who listen to music at the time of their surgery need less pain killers to control their pain after surgery.

Taking fewer pain killers reduces the risk of harmful effects from their use. Music can also reduce the anxiety of surgery and improve the quality of your stay in hospital. Moreover, listening to music triggers a favourable healing environment inside your body because of its calming influence on your blood pressure and breathing.

We therefore suggest that you bring with you some pre-recorded music of your choice on an electronic device such as an iPod. In theatre there is a wide range of music available to you on iPad devices through which you could listen to the music of your choice. We encourage you to keep listening to the music on the wards using your own devices or free hospital radio.

Occasional delays in theatre may mean you have to wait longer for surgery than we would want. You may wish to bring a book or magazine with you.

Anaesthetic care

When you are admitted to the ward you will be seen by an anaesthetist who will discuss your anaesthetic choices and postoperative pain relief with you.

Most patients will be recommended to have a spinal anaesthetic in combination with a light general anaesthetic or sedation, if this is appropriate for them.

The spinal anaesthetic involves a small injection of local anaesthetic between the bones of the lower part of the back around the nerves of the spinal cord. This causes a temporary numbness and heaviness from the waist down and allows surgery to proceed without you feeling any pain. Light general anaesthesia or sedation may then be given to reduce your awareness of theatre activity during surgery. This anaesthetic combination is preferred because it is safe, effective and it's full effects usually wear off very quickly following surgery. This allows most patients to make a rapid recovery with few "hangover" side-effects. It will also allow and promote early mobilisation.

Other anaesthetic choices include general anaesthesia alone or combined with nerve blocks. Nerve blocks involve placing local anaesthetic near to the nerves of the leg to help with pain relief following surgery. Your anaesthetist will discuss the pros and cons of these techniques with you.

Due to the effect of the spinal anaesthetic your bladder will also be numbed temporarily. This can sometimes make it more difficult to pass urine immediately after surgery. A tube (catheter) can be inserted into the bladder to relieve this problem but this is only performed if absolutely necessary.

From the start of the anaesthetic until the end of your operation your anaesthetist will stay with you for the whole time watching your condition very closely. Your heart rate, blood pressure and breathing are monitored throughout and your body temperature is kept normal using a warming blanket.

The operation

You should be aware that in theatre the operating team wear specialist clothing, hoods and masks. This is to further minimise the risk of infection through use of a special air flow system.

At the end of the operation the surgeon may inject lots of local anaesthetic into the tissues around the new joint.

Observations following your surgery

From the operating theatre you will go into the recovery ward. The staff in this ward will frequently:

- Check your general condition
- Take observations – pulse and blood pressure (vital signs)
- Check your wound
- Monitor the reversal of your spinal anaesthetic
- Assess if you need any further pain relief

After a short time you will return to your ward. The ward staff will continue monitoring:

- Your pulse and blood pressure
- Your bladder and bowel function
- The return of feeling(s) in your leg and lower body following the spinal anaesthetic

Pain relief

You will have regular breakthrough pain relief prescribed. If you feel your pain relief is inadequate at any time then you must let the ward nurses know so they can help you be more comfortable.

How is pain assessed?

Your pain will be assessed regularly, measured using a score on a scale from 0 – 10.

Pain Score	Description
0 (None)	No pain at rest or on movement
1-3 (Mild)	No pain at rest but slight pain on movement
4-7 (Moderate)	Intermittent pain at rest or moderate pain on movement
8-10 (Severe)	Continuous pain at rest or severe pain on movement

For pain relief you will be prescribed Paracetamol.

Oxycodone Modified release tablets, Oxynorm, Codeine or Tramadol with Oramorph will be prescribed for breakthrough pain.

When you are discharged home (normally 2 days after your operation) you will also have pain relief prescribed for you. You will be given supplies of Paracetamol and Tramadol or Codeine to take home if you do not already have any. You may also be given a bottle of Oramorph.

Day of surgery (Day 0) – on the ward

You will be encouraged to get up two hours after you return to the ward. This will initially be with the help of the physiotherapists and qualified nursing staff who will show you how to walk and move your leg.

The walking sequence should be:

- Move your walking aid
- Step forwards with your operated leg
- Step forwards with your unoperated leg

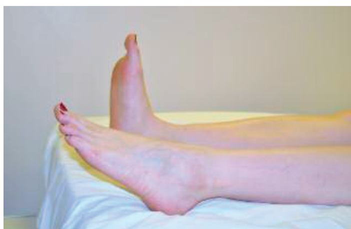
You will then be sat in a chair and you can then return to wearing day clothes. Easily fitting and comfortable clothes are best. It is important that you can fully straighten your leg as well as bend it. You will be encouraged to rest with your leg straight at intervals throughout the day.

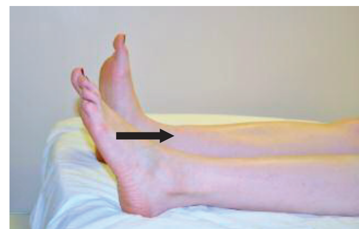
Exercises you should do:

These exercises will be demonstrated to you at the education group.

1. **Take several deep breaths every hour.**

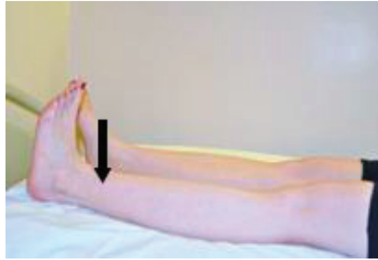
2. **Ankle exercises:** When lying, bend and straighten your ankles briskly. Keep your knee straight during the exercise so that you will also stretch your calf muscle. Repeat 10 times, at least three times a day.



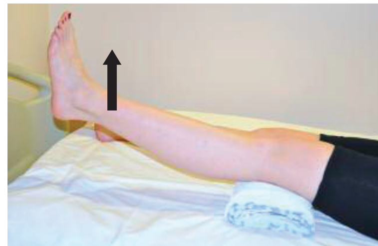


3. **Buttock squeezes:** Squeeze your buttocks firmly together, hold for three seconds then relax. Repeat 10 times, at least three times a day.

4. **Tightening the thigh muscles:** Sit or lie with your leg straight out in front of you. Pull your foot back towards you and tighten the muscle on the front of your thigh by pushing your knee down. Hold the muscle tense for three seconds and relax. Repeat 10 times, at least three times a day.

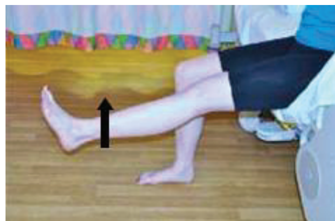


5. **Straight leg raise:** Sit or lie with your leg straight out in front of you. Pull your foot back towards you. Tighten the muscle on the front of your thigh, straighten your knee and lift the whole leg about 10cms up from the floor or bed. Hold for three seconds then lower gently. Repeat 10 times, at least three times a day.

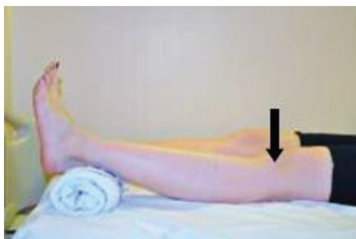


6. **Heel lifts:** Sit or lie with a rolled-up towel under your knee. Pull your foot back towards you, push down onto the towel and lift the lower part of your leg so that your heel lifts off the bed. Straighten your knee as far as possible and hold for three seconds. Repeat 10 times, at least three times a day.

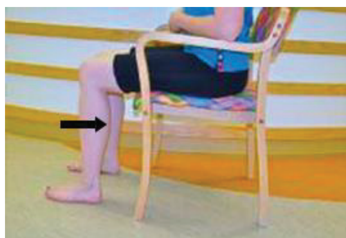
7. **Heel lifts in sitting:** When sitting, pull your foot back, tighten your thigh muscles and straighten your knee. Hold for three seconds then slowly relax your leg and allow your knee to bend as fully as possible. Repeat 10 times, at least three times a day.



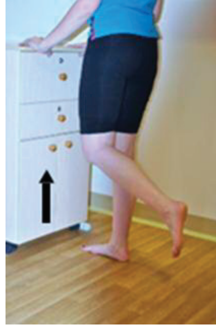
8. **Knee stretches:** Sit or lie with your leg straight out in front of you. Put your heel up on a firm rolled-up towel or cushion. Press your knee back as much as you can, you will feel a stretch at the back of your knee. Try to do this for five minutes, twice a day, or less if it is painful. Repeat 10 times, at least three times a day.



9. **Knee bends in the chair:** Sitting in a chair with your feet in contact with the floor, slide your foot back to bend the operated knee as much as tolerated. Hold for three seconds each time in the fully bent position. Repeat 10 times, at least three times a day.



10. **Knee bends in standing:** Stand holding onto a chair or table. Bend your operated knee backwards raising your heel up behind you. Repeat 10 times, at least three times a day.



11. **Sitting positions:** Alternate your leg position at least every 1/2 hour. Sit with your knees bent and feet flat on the floor.
    Or
    Sit with the knee fully straight and your heel resting on a stool.

Post Operative Day One

You will be encouraged to be as independent as possible:

- You will normally get dressed into your normal clothes. Please bring easy-fitting clothes and well fitting slippers when you are admitted.
- Routine pain relief and any other drugs you may take will be given.
- Assistance with mobilising and dressing will also be given.

You will be visited by a physiotherapist 2-3 times daily, including weekends. If you feel well and manage to safely achieve all your discharge criteria (such as climbing stairs on crutches or sticks) you will be allowed home.

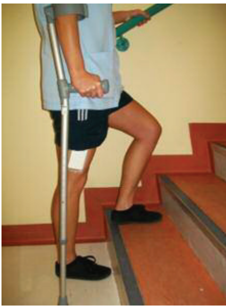
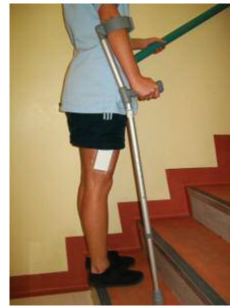
***Reminder!** Cryo/Cuff® (icepack) will be used for pain relief and swelling reduction, use regularly.

How to go up and down stairs:

* Please note that the pictures show a dressing on the outer thigh rather than the knee. This is simply to identify which is the operated leg for the purpose of this demonstration.

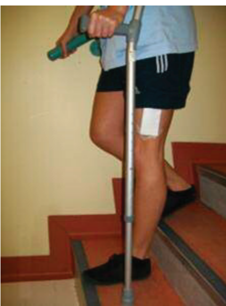
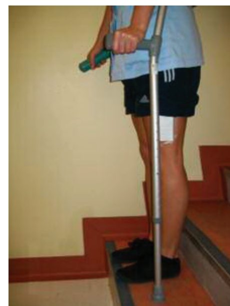
Going UP stairs

First take a step up with your unoperated leg. Then take a step up with your operated leg. Then bring your crutch or stick up onto the step. Always go one step at a time. If there is a rail hold onto this with one hand and you will be shown how to hold onto your other crutch or stick.

Going DOWN stairs

First put your crutch or stick one step down. Then take a step with your operated leg followed by your unoperated leg. Always go one step at a time.

On kerbs or steps without a rail both crutches or sticks are moved together.

Post Operative Day Two

You will be encouraged to:

- Attend to your own personal hygiene and continue with regular walks
- Practice stair climbing if necessary

Staff will continue 4 hourly observations.

Occupational therapy staff will undertake a full assessment of transfers, for example, getting in and out of bed, sitting correctly and getting up from your chair and getting on and off the toilet. They will ensure you are safe with any equipment which has been provided for you.

You will go for a check x-ray, if this has not already been done.

Your discharge home is most likely to be arranged for this day. You will only go home if you have met all the discharge criteria.

Getting in and out of a car:

- Ask your driver to push the seat all the way back and recline it slightly
- If needed use a small cushion to make the seat level
- Putting a plastic bag on the seat can help you slide and turn into position
- Back up to the car until you feel it against the back of your legs
- Carefully lower yourself onto the seat, keeping your operated leg straight out in front of you as you sit down
- Slide across the seat towards the handbrake to give yourself sufficient room to get your legs into the car
- Turn towards the dashboard, reclining backwards as you lift your operated leg into the car
- Remove the plastic bag, make yourself comfortable and put on your seatbelt
- To get out of the car reverse this procedure.

Post Operative Day Three

You will attend to your own personal hygiene and continue with regular walks. Further practice climbing stairs will be arranged, if necessary. Once you meet the discharge criteria you will be discharged home.

There is a range of discharge dates with most people going home within two or three nights in hospital.

Follow-up

Although you have been discharged from hospital having made satisfactory progress following your operation, we are still here to support you should you need us.

If you have any concerns regarding your recovery or think you may be developing a problem please contact the surgical helpline who will be able to offer advice, arrange additional support or organise a review if required. If you wish, your community nurse can contact the surgical helpline on your behalf.

Surgical helpline number:
Monday - Friday
8:30am-15:30pm
01670 529431 (this phone has an answer machine)

Outside of these hours please contact the ward where you had your operation.

It is particularly important that you contact us if you are concerned about your wound. The ward numbers are:

Wansbeck General Hospital

- Ward 10 01670 529107

Hexham General Hospital

- Ward 3 01434 655474

North Tyneside General Hospital

- Ward 8 0191 293 2559

Using your joint in the longer term

We are very keen that you use your joint as much as possible and get back to enjoying your life, although we wouldn't recommend long distance running. Once your wound has healed we are very happy, and would encourage you, to kneel. If you are working in the garden you may be better wearing knee pads to protect the knee joint from any grazes or cuts.

***Reminder!** If your GP or district nurse prescribes antibiotics for a possible wound infection please contact the surgical helpline or ward out of surgical helpline hours. We may need to arrange an appointment with your surgeon.

Also seek advice from your GP or hospital if you notice any excessive bleeding or any difficulty with breathing. If you become urgently unwell call an ambulance.

The dressing on your knee wound has a bacterial barrier to help reduce the risk of infection and contains a waterproof film that allows you to take a shower without changing your dressing.

Your clips or stitches need to be removed between 10-14 days after your operation. The nursing staff will let you know the arrangements that have been made for this to be done. The nurses who remove your dressings, clips or stitches will be wearing gloves to avoid infection.

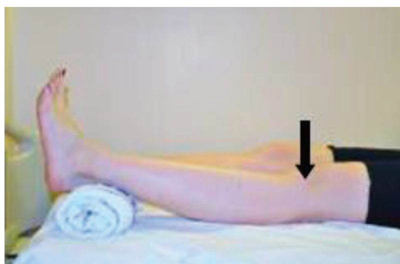
A few days after you have been discharged, you will be contacted by a member of our team to see how you are getting on. You will be contacted again at around 30 days after your operation. Alternatively, you may be sent a questionnaire to complete and a pre-paid envelope to return it in. The information you provide in this questionnaire about your wound and pain control is beneficial to us to help us improve the care and services we provide to patients.

Physiotherapy Appointment

You will have a physiotherapy follow-up appointment which may be given before you leave the ward. If not, you will be contacted by telephone or an appointment will be sent to you in the post. If you have had no contact from a physiotherapist within seven days ring the hospital where your operation was performed.

***Reminder!** You should continue with the exercises you were taught in hospital and use your Cryo/Cuff® as required until you attend your physiotherapy appointment.

A reminder at day 5 post op to pop onto your TKR App (if you have access to it) to check how you are getting on with your exercises. If not refer to the picture below - your aim is to get your knee as bent as you can and as straight as you can and to begin trying to lift it on your own as quickly as you can.



If there is one direction that feels particularly difficult focus on this more with your exercises'.

Can you get your knee as straight as this photo and as bent as this photo' with options yes and no. Then if they click yes message to read 'fantastic continue the good work and focus on gradually increasing your walking and function' if they click no message to read 'keep trying with your exercises'.

You will have a consultant clinic appointment approximately 9 weeks after your operation. This is to ensure you are progressing well and to answer any questions you may have at this time.

Patient reported outcome measures (PROMS)

We will also ask you to fill in questionnaires about your knee before surgery, and six months after surgery. It is really helpful for us to have the results of the questionnaires, so we can improve the outcomes for patients in the future. This form will normally be completed in the pre-assessment clinic. Completing these forms will help us secure funding for your local hospital.

Research

Northumbria is committed to improving the outcomes from surgery within the trust and other NHS hospitals. We may contact you about specific clinical trials we are running comparing treatments so we can improve outcomes for people with your condition in the future; it is completely up to you if you wish to take part.

Notes

My consultant is:

....

My physiotherapist is:

....

My occupational therapist is:

....

Your diary

Clinic	
Education Group	
Pre Assessment	
Day of Surgery (Day 0)	
Post Operative Day One	
Post Operative Day Two	
Post Operative Day Three	

It can be helpful to keep a diary. This can be used to help you to remember information or to remind you of questions you want to ask.

Additional information

No smoking policy

All trust premises and grounds are designated smoke free. Smoking is the main cause of preventable disease and premature death. It is now recognised that smoking not only affects smokers, but also non-smokers through passive smoking. The trust is committed to the provision of good health care standards for the population it serves and to the provision of a healthy working environment for its employees.

Patients who are finding it difficult to go without smoking while in hospital may be supplied with nicotine replacement therapy through referral to the pharmacy.

Mobile phone policy

When anyone is in hospital communication with family and friends is an essential element of support and comfort. Your privacy and dignity are very important to us so we ask all patients, relatives and visitors to not take any photographs or film on these premises. The use of mobile phones is allowed, providing this isn't disrupting other patients.

Please refrain from using your phone if a member of staff is attending to you or delivering treatment.

Frequently asked questions

Why have I still got swelling?

It is normal for healing tissues to be swollen. The swelling may last for several months. When you take a step the calf muscle works to help pump blood back to the heart. If you are not putting full weight on your leg the pump does not work so well and you may get swelling around your ankle, particularly at the end of the day.

What can I do about it?

When sitting do your ankle pump exercises regularly. If needed rest on the bed after lunch for an hour.

Why is my scar warm?

When tissues are healing within your knee they produce heat. This can be felt on the surface for several months.

How long will I have pain for?

It is likely that you may continue to experience some discomfort for several weeks. If the pain is not well controlled please inform your GP. Alternatively please contact the ward to speak to the nurse or physiotherapist involved in your care.

Why do I get pain lower down my leg?

While the tissues are settling it is quite common to get referred pain into the shin or behind the knee.

Why does my knee stiffen up?

After sitting for a while your knee may feel stiff when you stand up. You may need to take several steps before your knee loosens and you feel mobile again.

How often should I do my exercises and for how long?

Please do your exercises as instructed by your physiotherapist. You should focus your attention on the weight bearing exercises in standing unless you were advised otherwise. Continue your exercises and increase your functional activities until you have reached normal levels and achieved any outstanding goals.

Is it normal to have disturbed nights?

As with sitting when you are in bed your knee may stiffen up and the discomfort may wake you. Your sleep pattern may also be disturbed if you are not used to sleeping on your back. You can sleep on your side when it feels comfortable to do so. Do not try to ease the discomfort by sleeping with a pillow under your knee.

Is it normal to have numbness around my scar?

Small nerves are disrupted during the surgery which can cause numbness around the incision. This should resolve but there may be a small area of permanent numbness.

Why does my joint click?

Your new knee works in a different way. If your joint clicks it should improve as healing continues.

When can I walk with one crutch/unaided?

Routinely you will be discharged from hospital with two crutches or sticks. As your strength and confidence improves you will be able to progress your walking onto one stick. Always use the stick in the hand on your unoperated side and move the stick forward at the same time as your operated leg.

Do not discard your walking aids completely unless you are able to walk without a limp.

How far should I walk?

This will vary depending on your fitness. Set yourself realistic targets, building up the distance you walk gradually on a daily basis. Overall your exercise tolerance will improve and the distance you cover will increase.

Driving

If you are keen to drive you can do this as long as you feel safe, can do emergency stops and are not affected by any medications you are taking. You should discuss it with your insurance company before you re-commence driving. Typically people return to driving between 3 weeks and 3 months, depending upon your recovery.

When can I return to work?

This depends entirely on the nature of your job but it is usually between six and 12 weeks after your operation. You may be able to negotiate a phased return or return to lighter duties if required.

Can I go swimming?

You should not swim for the first six weeks and your wound should be fully healed.

Start off gently and avoid breast stroke until your knee is more comfortable.

When can I return to the gym?

This will depend on your previous level of experience and fitness. Low impact activities such as cycling, treadmill walking and swimming are recommended in the earlier stages of recovery until the soft tissues have healed and the muscles are strong enough to protect the new joint. High impact activities such as sports and running should be avoided until after your consultant clinic review.

Will I set off the security scanner alarm at the airport?

Your joint may set off the alarm depending on the type of metal it is made of. Your metal walking aids will also be x-rayed. It is not normally advisable to fly within 6 weeks of your surgery as flying increases the risk of a DVT occurring. Flights of more than 6 hours are not advisable within 3 months. If you are considered to be at high risk of DVT you should get advice from your Consultant or GP. They may recommend you delay your trip. You should also check that your insurance policy provides adequate cover.

What you can do to enhance your safety in hospital

This pamphlet is part of a range of ***ThinkSAFE*** patient safety resources available free to patients, families and carers at: www.thinksafe.care

You can also watch our video
'A guide to patient safety for patients and families'
at: www.thinksafe.care

If you have any queries or comments about *ThinkSAFE* please contact: Thinksafe@newcastle.ac.uk

'*ThinkSAFE* be Safe' materials & logo © 2012 & 2016 Newcastle University

Top Tips to Help Improve Your Safety

Think "SAFE"

✓ **Speak to us.** ***We are here to listen.***

The most important way to improve patient safety is for patients and staff to talk to each other. **Talk to us** if you want more information. **Talk to us** if you have any doubts or concerns.

✓ **Ask us questions.** ***We are here to inform.***

Patients can be reluctant to ask questions because they think staff are too busy or they may think their question is not important enough. **Your questions are important** and we do have time – so please do **ask us**.

✓ **Find out** ***what you can do to help.***

Patients and their families can make a valuable contribution to ensuring the safety of their healthcare. **Staff at your hospital welcome and value your help**. Ask what else you can do to help on a ward like theirs.

✓ **Engage** ***with your healthcare.***

Be informed. Learn about your condition and ask about treatment options. Take part in decisions about your care. **Involved patients feel more satisfied with their care** and staff really do appreciate your interest.

Ask if there are other things to be aware of ...

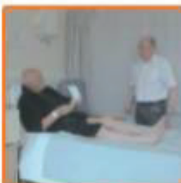
Hospitals often have leaflets about other things that patients and families can do to help keep patients safe. Ask staff if you need information about **how to avoid falls, pressure ulcers** or **blood clots** for example.

What Else You & your Family can Do...

At any time

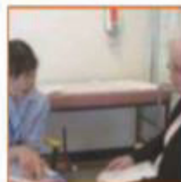
Ask questions to better understand your health problem

Research suggests that asking 3 simple questions can help patients get the information they need about their illness and treatment.



Whether you are in hospital with a new or existing illness, or when you are visiting your GP, try asking:

1. "What do I need to do?"
2. "Why do I need to do this?"



Sometimes there may be choices to make about your healthcare. To help you choose try asking:

1. "What are my options?"
2. "What are the possible benefits and risks?"
3. "How can we make a decision together that is right for me?"

Ask a trusted friend or relative to help you

We know it can be hard for patients to ask questions

If you are uncomfortable about asking questions ask someone you trust to be with you when talking to a doctor or nurse.

They can remind you what to ask, ask questions for you, take notes or ask for answers to be repeated.

Write your questions down

This will remind you what you or your family want to ask about.

You could just show your question list to your nurse or doctor if you find that easier. Use the question prompts provided in this Logbook to help you get the information you need about your care and treatment.

WHAT YOU & YOUR FAMILY CAN DO ....

Before you come into hospital

Make a list of all the medications that you take at home. Include **medicines that you buy** yourself, like cough syrups & vitamins. Remember to **write down any allergies** you have.

When you are admitted

Take your list with you to hospital and show it to the member of staff admitting you.

Ask "Does my list match your records?"
Ask "What tablets might I be given in hospital?"
Ask "What side effects should I watch out for?"

During your stay in hospital

Help prevent infection, find out about and follow hygiene recommendations for your ward. **Wash your hands regularly**, especially before eating and after going to the toilet.

Remind your visitors to clean their hands each time they come on to & leave the ward. Ask your **visitors not to sit on your bed.**

Remind staff to wash their hands too. Protecting You from risk of infection is very important to us. If you think we have not cleaned our hands then please do remind us.

Ask "Before you do that, could you wash your hands please?"

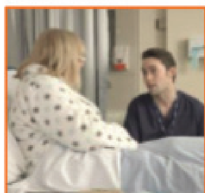
It really is OK to say this. We will not be offended or upset.

What You & your Family can Do...

During your stay in hospital

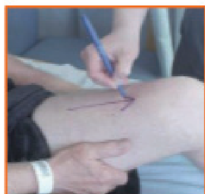
Ask about your care & treatment

If you are not sure about something that is said to you ask for the information again.

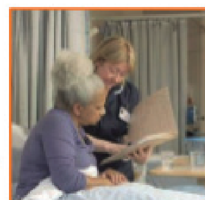


Ask "I didn't quite understand that, could you explain it to me again please?"
Ask "Could you check that for me please, my nurse/doctor has told me something different?"

If you are having surgery, ask your doctor to confirm the part of your body to be operated on?

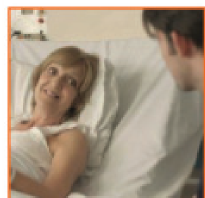


If something unexpected happens, ask why. If you are given unfamiliar medications to take for e.g., or sent for a test or X-ray that you were not expecting.



Ask "These don't look like the pills I usually take' can you tell me what are they are for please?"
Ask "I wasn't expecting to have this test, can you tell me what it is for please?"

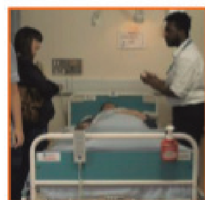
If you do have any tests done, ask for the results and what they mean.



Tell staff if you begin to feel unwell.

Sometimes it can be difficult for staff to notice important changes in a patient's condition.

You know yourself better than anyone – so please tell staff if you start to feel hot or unwell.



Family members should do the same if they think that the patient is unwell or "not quite themselves".

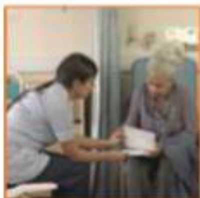
Patients can look out for each other. Encourage other patients who tell you they are in pain or that they are feeling unwell to tell staff how they feel.

WHAT YOU & YOUR FAMILY CAN DO...

Before you go home

Ask about what to expect after leaving hospital

Find out if there is anything that you should know about.



Ask "What happens next?"

Use the discharge checklist in this Logbook for suggestions of other questions you could ask.

Ask "Who should I contact for help or advice?"

Section 4 lists useful sources of information and advice for patients and their families.

Ask about medications you are given to take home

Make sure you understand each new medication that you are given.

Ask "What are they for" "How should I take them?"

Ask "Are there any side effects to watch out for?"

Ask for all changes to be explained to you and for help to update your own medication list.

Make sure you are aware of any changes that have been made to your usual medications.
Ask "Have any of my medicines been stopped?"
Ask "Have any of my medicines been changed?"

Ask for all changes to be explained to you and for help to record this on your own medication list.

After your discharge

Tell your GP about your recent stay in hospital and about any changes made to your medications

Ask them and other staff involved in your care to help you keep your Logbook up to date. This will help you stay informed and involved.

Notes

Notes

Notes

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202
Text: 07815 500015
Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries 03 44 811 8111
www.northumbria.nhs.uk

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