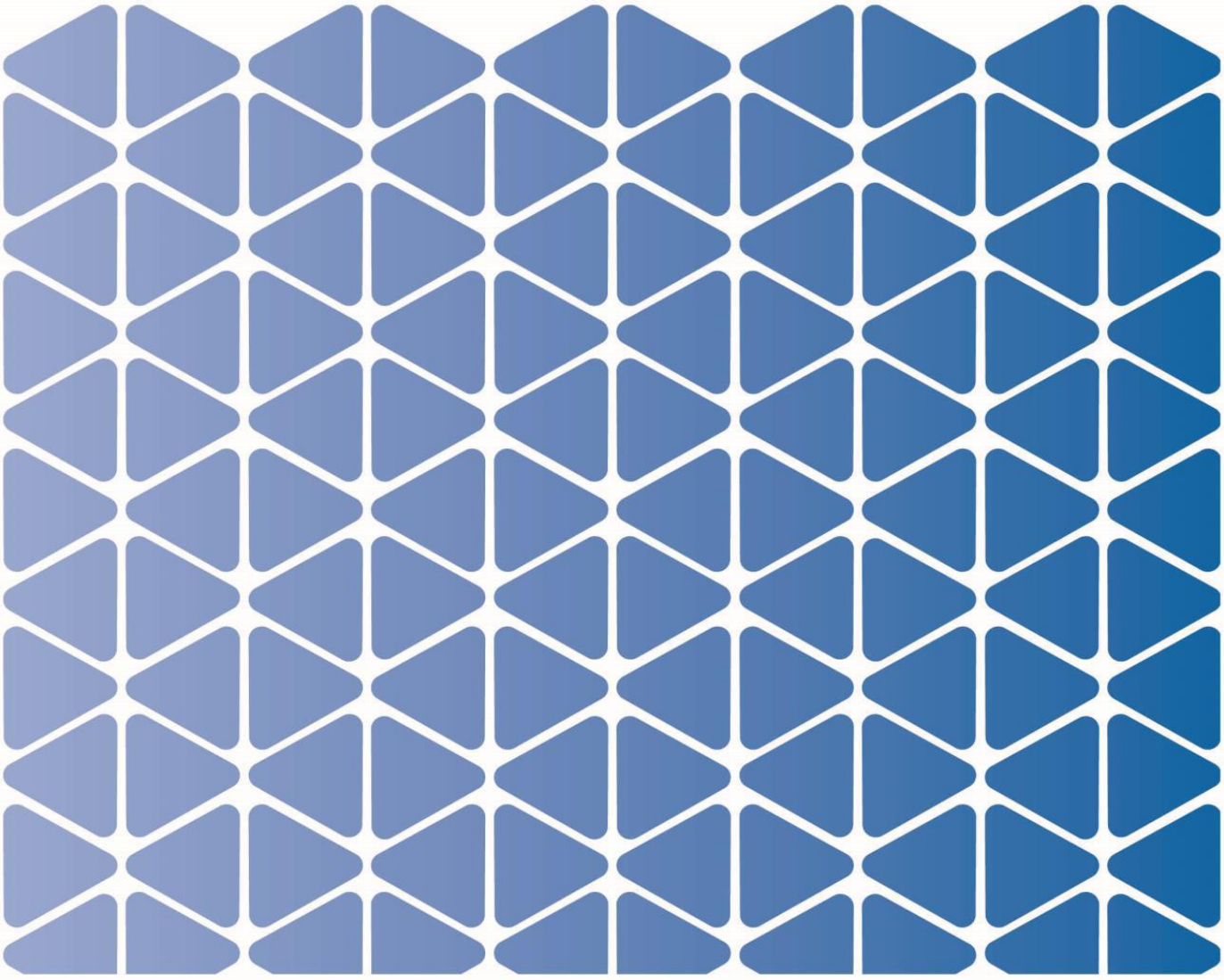
PATIENT INFORMATION

UNICOMPARTMENTAL KNEE REPLACEMENT (UKR)



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Introduction

It has been recommended by your consultant team that you have a partial knee replacement also known as a unicompartmental knee replacement (UKR). This leaflet will explain what this means for you and will answer most of the questions you may have regarding your surgery and what will happen.

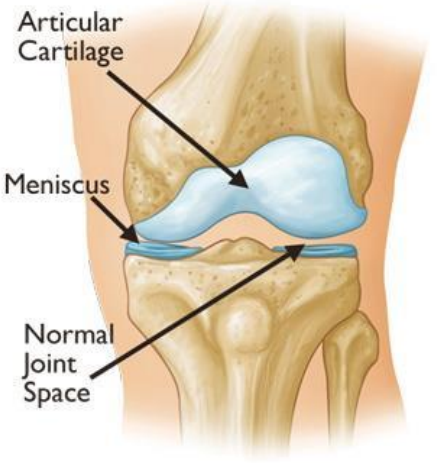
Please read the information carefully and bring it with you to all of your appointments and on admission to hospital for your UKR. If there is anything you are still unsure about, please ask your consultant or one of the team. You should feel like you have all the information you need.

You and your doctor or other healthcare professional in the team will need to record that you agree to have the procedure by signing a consent form.

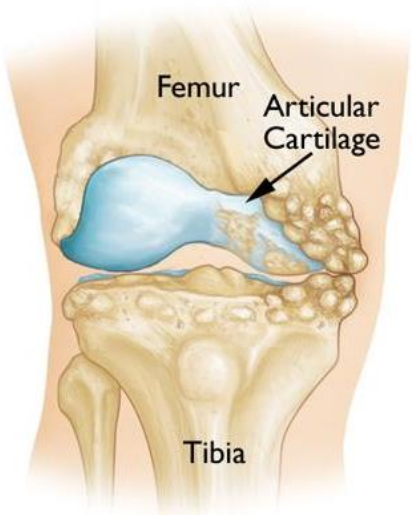
We estimate your time in hospital to be short, around 1 – 2 days. During this time, you will encounter a lot of different professionals that make up the team. We all work together to make your experience as pleasant as possible and to maintain high standards of care.

The Knee Joint

The knee joint is a complex hinge joint made up of 4 bones. The Femur (thigh bone), the Tibia (shin bone), the Fibula (small bone on the outside of the shin) and the Patella (knee cap). Each of these bones is lined by a smooth cartilage and there are 2 cartilage discs (meniscus) in your knee, one on the inside and one on the outside.



Picture: Front view of normal (left) knee joint. Knee cap (patella) not shown.

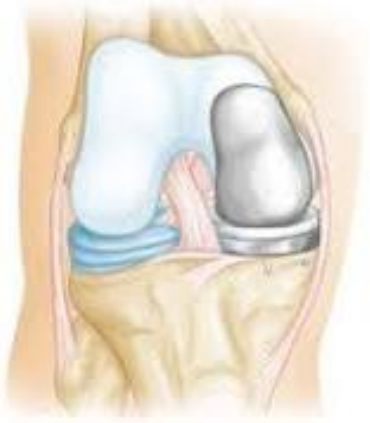


When you have osteoarthritis, the smooth cartilage lining of the joints becomes worn away and rough. In some severe cases it can even distort the joint so that your leg bows one way or the other. There are other forms of arthritis and disease that can also affect this cartilage lining such as rheumatoid arthritis and osteonecrosis.

When this happens, the knee can become painful, stiff and swollen and walking can become difficult. In some people, the arthritis can affect just one side of your knee joint. If this is the medial (inner side) of your knee, a UKR may be offered instead of a total knee replacement.

Picture: Front view of medial compartment arthritis in the right knee. Knee cap (patella) not shown.

What is a Unicompartmental Knee Replacement?



A unicompartmental knee replacement (UKR) is when the inner (medial) end of the femur and the medial surface of the tibia are replaced by metal components with a plastic insert between the two to allow it to move. There are many different types of implant. Your consultant will be able to make decisions about the best type of implant for you before your surgery and discuss this with you.

Picture: Front view of a unicompartmental knee replacement in place.

Alternative Treatments

A UKR is the best option for you due to the severity of your arthritis. This option will only be offered to you after other options have been tried and have not relieved your symptoms. This would include medication to relieve the pain, weight loss if necessary, physiotherapy and exercise to reduce stiffness and improve muscle strength and the use of walking aids. In most cases, the clinical team can say whether a UKR is possible before your surgery. However, the final decision whether to perform a UKR or a Total Knee Replacement (TKR) can be made at the time of your surgery when the surgeon inspects the knee joint surfaces and ligaments. Your surgeon will discuss this with you.

Benefits of a UKR

The aim of the surgery is to reduce the pain and stiffness in your knee. As a result of this you will be able to increase your mobility and return to a more active lifestyle. Immediately after your surgery it is normal to have some pain and stiffness related to the operation, but this should settle with your exercises and rehabilitation. You will be given painkillers to help control the pain, it is important to ask if you feel they are not providing enough relief.

Patients with a UKR have a shorter stay in hospital - usually this is 24 - 48hrs vs a total knee replacement where the length of stay is 3-4 days.
The operative time for a UKR is shorter and post operative pain is less than a total knee replacement The risks of infection and DVT/pulmonary embolus are less with unicompartmental knee.
The risk of anaesthetic complications and peri operative medical complications are lower with UKR surgery.

Patients with a unicompartmental knee have higher functional outcome scores and satisfaction scores than those undergoing total knee. A unicompartmental knee can last as long as a total knee.

Current research suggests 85% of patients who undergo a UKR have a successful outcome with a large improvement in their quality of life. Of the remainder, 10% of

patients improve but not quite to the extent they had hoped, and 5% have a poor outcome.

Risks of Surgery
Knee replacement surgery is usually very successful with the majority of people being very happy with the outcome of their surgery. As with all surgeries, there are some risks associated with the procedure. These risks are different for each individual but will be explained to you by your surgical team, there will be plenty of opportunities for you to discuss any concerns you may have.

You and your doctor or other healthcare professional in the team will need to record that you agree to have the procedure by signing a consent form.

Some of the risks are listed below:

- **Blood clots** – Deep Vein Thrombosis (DVT, blood clot in the leg) or Pulmonary Embolism (PE, blood clot in the lung). This is less than in patients having a total knee replacement.
- **Infection** – superficial infection around the wound or deep or joint infection.
- **Persistent pain** – ongoing after your recovery and rehabilitation period.
- **Stiffness in the knee** – difficulty bending or straightening the knee which is worse than before your surgery.
- **Instability** – occasionally your knee replacement may feel unstable and require a brace or further surgery.
- **Peri-Prosthetic Fracture** – this is a fracture that occurs in the bone around the joint replacement and can occur either during the operation or afterwards.
- **Prosthesis Wear or Loosening** – the mechanical joint may eventually wear out and need replacing. In some patients this can happen earlier.
- **Nerve or Vascular Injury** – It is normal to have some patchy areas of numbness on the skin at the front of the knee, which is often permanent but does not cause a problem. There are also several large nerves in the area, and although very rare, if damaged can lead to numbness and / or weakness lower down in the leg. This normally resolves in a few months but can sometimes be permanent.
- **Medical Problems** – there is a small risk of developing medical problems which can include problems with breathing, the heart, a stroke or bleeding. There is a very small chance you will require a blood transfusion after the operation.
- **Progression of arthritis** – A UKR may need conversion to a TKR if you develop arthritis in other compartments of the knee or if the knee becomes unstable.
- **Discolation -** of the mobile bearing.
- **Revisions rate:** Overall the 10 year revision rate for unicompartmental knee replacement is 6-7/100 vs 1-2/100 for total knee replacement.

Reducing the Risks
You will be carefully monitored but in order to reduce the risk of some of these complications, the team will encourage you to mobilise early after your operation, sometimes on the same day. You may be asked to wear elasticated compression

stockings on one or both legs. You will be given some antibiotics as a precaution during your operation and sometimes afterwards.

If you are overweight, losing some weight can help reduce your risk of infection, and developing some of the other medical problems. Stopping smoking can also reduce these risks, as smoking can cause the wound to take longer to heal.

Getting your knee moving soon after your surgery with the Therapy Team will reduce your chance of getting ongoing stiffness and pain, improve your rehabilitation and maximise the chances of getting an excellent outcome from your surgery.

The Knee Replacement Journey – What Happens Now?

Once you have been placed on a waiting list by your surgeon, there are a number of things that you need to do and some appointments you need to attend.

You will be notified by the hospital for any clinic appointments and your date of surgery.

You will be encouraged to **lose weight** if appropriate and **stop smoking** as these two changes have been shown to reduce post-operative complications.

Pre-operative assessment clinic
It is **vital** that you attend your pre-operative assessment clinic appointment. During the appointment you will undergo some medical checks and tests that ensure you are fit for surgery. They will also ask about your current symptoms, past medical history and any medications you may be taking.

It is important to let us know in the pre-op assessment clinic if you are taking any blood thinning tablets for example warfarin, aspirin, clopidogrel or non-steroidal anti-inflammatory (NSAIDs) such as ibuprofen or diclofenac medications as you may need to stop taking these prior to your operation. Only do this under the direction of the medical team.

Please bring with you a list of the medications you are taking or have recently stopped taking. These include medicines prescribed by your G.P. and other specialist consultants and also over the counter and herbal medications.

You will also need to bring a list of your past medical history and any documentation or paperwork you may have regarding this.

If you have a long-term illness, heart, lung, diabetic or thyroid conditions, you will likely need to see an anaesthetist and maybe a specialist prior to your operation.

If it is deemed you are not fit for surgery, your operation will be cancelled, and an out-patient appointment will be made with your consultant team to discuss further options and future plans.

Pre-operative Information
You will be provided with information to help you prepare for your surgery and discharge home.

This leaflet contains essential basic information. To supplement this leaflet we have made a series of videos available on our website www.worcsacute.nhs.uk/pre-operative-assessment-clinic. These videos provide information about your operation and recovery. They also cover essential exercises and occupational therapy advice for you to follow after your surgery.

If appropriate, the occupational therapy team will contact you before your operation date to assess your ability to manage safely and independently at home. If you are contacted you will be given advice about daily activities and where necessary, equipment will be provided.

Preparation for Hospital
As soon as you are placed on the waiting list for surgery, you can start to make sure you are preparing for coming into hospital. Having a joint replacement is a major operation and should not be undertaken lightly. **The harder work and effort you put in both before and after your operation, the better results you are likely to get**.

- **Diet** – ensure you are eating a healthy balanced diet. Our pre-admission nurses will advise you if you need to do anything specific regarding your diet.
- **Medications** – check with your GP to ensure your medication is up to date and as effective as it can be.
- **Exercise** – getting stronger and fitter before your operation will help your recovery afterwards. It is good to begin the exercises at the end of this booklet as soon as possible, don't wait until after your operation.
- **Walking** – practice using your walking sticks or crutches if you have been given them in a pre-operative appointment.
- **Dental** – if you have loose or broken teeth or crowns that are not secure it is a good idea to see your dentist, as they can become broken or dislodged during the anaesthetic procedure.
- **Skin** – if you have any cuts, grazes, ulcers or broken skin, please inform us before coming to hospital.
- **Nails** – remove any nail varnish or false nails prior to admission.

It is also important to prepare your home and environment before coming to hospital. This will mean less worry for you after your operation and will prevent any delays to your discharge.

- **Shopping** – it will be difficult to shop for the first few weeks when you are using walking aids and you will be unable to carry heavy items. Ensure you are well stocked prior to admission and arrange for somebody to assist with shopping on discharge from hospital until you are fully mobile. Do not lift heavy bags.
- **Meals** – plan ahead and have the fridge/freezer well stocked with "easy" meals e.g. ready meals.
- **House** – locations . Check that you have enough room to get around your house with walking aids e.g. sufficient gaps between furniture and remove loose rugs or mats. Do not carry food or drink whilst using a walking aid, consider eating your meals in the kitchen so you do not have to carry hot food or drinks. Consider placing a solid chair or stool in the kitchen
- **Housework** – arrange for someone to do the heavy housework for approximately 2-3 months after your operation. You will be able to do the lighter household chores as soon as your walking has improved.

What to bring to Hospital?

- **Medication** – we will normally ask that you take your normal medication whilst in hospital so please bring it with you.
- **Clothing** – it is expected that you change into day clothes during the day rather than sit in night clothes. The ward is warm, so loose fitting clothes, shorts or skirts and t-shirts may be all you need but bring a cardigan or jumper in case you feel cold.
- **Shoes** – bring sensible footwear that fits securely to your feet, either well-fitting slippers with backs on or some pumps or trainers. We do not recommend slippers without backs, mules, heeled shoes, flip-flops or sliders. Make sure that shoes or slippers are not too tight as your feet will often swell after your operation, so adjustable footwear is a good idea.
- **Valuables** – please do not bring any valuables or money with you as Worcestershire Acute Hospitals NHS Trust cannot accept responsibility for these items.
- **Headphones** – mobile telephones, portable televisions and personal stereo systems must only be used with headphones.
- **Smoking & Alcohol** – the hospitals operate a no smoking policy and smoking is not permitted in any of the hospital buildings. Alcohol is strictly not allowed.

Please contact your pre-op assessment clinic:

- If you are unsure which medications you must stop. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do.
- If you do not feel well and have a cough, a cold or any other illness in the four weeks before you are due to come your operation. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Admission to Hospital (Day 0)

You will normally be admitted on the day of your surgery and will be told a time to come to the ward. Please follow the **fasting guidelines** you will have been given and ensure you have a bath or shower before you come in. Do not apply creams after your shower unless you have been advised to do so.

On arrival you will be welcomed to the ward, your details checked and given a wristband with your details on. The nursing staff will check your blood pressure, temperature and pulse. You may be asked to put compression stockings on before your operation. Before you go to theatre, the nursing staff will ask you to change into a hospital gown.

Anaesthetist Visit

Once you have been admitted to the ward the anaesthetist will come to see you and discuss the options for your anaesthetic. They will ask you about your general health, past medical history, any previous anaesthetics, allergies, medicines you are taking, your dental history and how good the movement in your neck is.

They will then explain all the options available, together with the risks and benefits of each option. Together you will be able to decide which anaesthetic option is best for you.

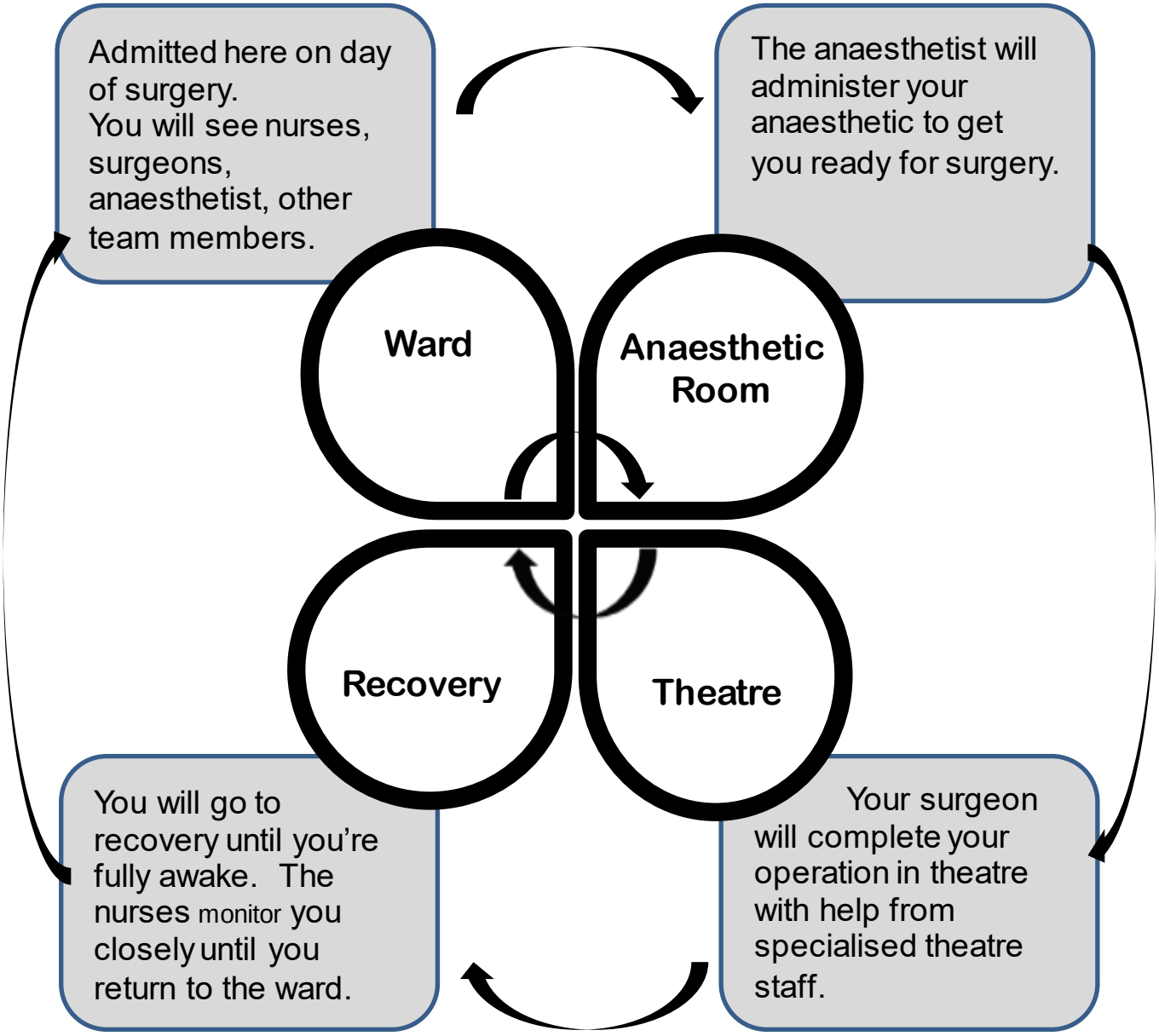
- **Spinal Anaesthetic** – we will usually carry out the surgery with a spinal anaesthetic, which means you have an injection in your back that numbs the lower half of your body.
- **General Anaesthetic** – is one of the alternatives, where you are completely asleep and will feel nothing.
- **Epidural Anaesthetic** – is similar to a spinal anaesthetic, a small tube is placed in your back near the nerves and local anaesthetic and painkillers can be given through this. Sometimes an epidural remains in place for 24 hours after your operation.
- **Nerve Block** – an injection of local anaesthetic near the nerves that go to your leg. This will numb your leg and provide pain relief for some hours after your surgery.
- **Local anaesthetic infiltration** – anaesthetic and pain relief administered directly to the surgical site during your operation. This helps with pain relief after surgery and means you can usually get up and moving more quickly.
- **Sedation** – if you are having a spinal anaesthetic you will not need a general anaesthetic as well, but you will usually be sedated. This is done via a small tube in the back of your hand and will make you feel relaxed and sleepy.

What are the risks of anaesthetic?
Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 100,000. This risk increases if you are older, having major surgery or have previous problems with your health.

Common side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache.

Side effects of having a spinal or epidural anaesthetic are headache (1%), low blood pressure, itching of the skin and temporary difficulty in passing urine requiring a catheter. Rare complications of a spinal anaesthetic are temporary loss of sensation in your legs, 'pins and needles' or muscle weakness in your legs. Permanent damage to your nerves is very rare. We will discuss with you the risks of your anaesthetic.

Your Surgical Journey



Returning to the Ward

When you return to the ward you will rest until the effects of your anaesthetic have worn off, this can be just a few hours. You may have a drip in your arm to keep you hydrated, this will be removed once you're eating and drinking normally. You may also have a catheter (a tube to your bladder to drain your urine into a bag) and a wound drain (inserted near your wound to drain fluid from the surgery site). These will usually be removed once you are up and walking.

Pain Relief

Good pain relief is essential after your operation as it helps you recover more quickly. All staff will review your pain and work together to ensure it is well enough controlled to allow you to get up and about and do your exercises. Nursing staff will offer pain relief on the regular drug rounds, but if you need extra pain relief please ask. The hospital has a specialised acute pain team that can see you if you're struggling to get pain controlled.

The ward staff will ask you to describe any pain you have using the following scale;

0 = No Pain
1 = Mild Pain
2 = Moderate Pain
3 = Severe Pain

It is important that you report any pain you have as soon as you experience it. Sometimes patients are given a PCA (patient controlled analgesia) pump. This is a pain relief method using a machine that allows you to control your pain relief yourself.

Physiotherapy

You may be seen by the physiotherapy team as early as 4 hours after your operation. They will teach you some exercises and may help you to stand up or start walking a short distance if you're able to do so.

Exercises

It is essential that you carry out these exercises as soon as possible after your operation and whenever you are resting to help prevent blood clots.

Deep Breathing Exercises

To help to keep your chest as clear as possible, take **3 or 4 deep breaths every hour**. Try to breathe as deeply as possible, hold the breath for 3 seconds and then breathe slowly out. After the last breath try to "huff" out the air. This may stimulate a cough. Some people may experience a productive cough after anaesthetic. If you are productive, try to cough the phlegm up and clear it from your chest.

Ankle Exercises

To help maintain good circulation in your legs, for 5 minutes every hour you should pump your feet up and down and make circular movements in both directions.

Exercise Programme

It is essential to practice the exercises independently and regularly throughout the day.

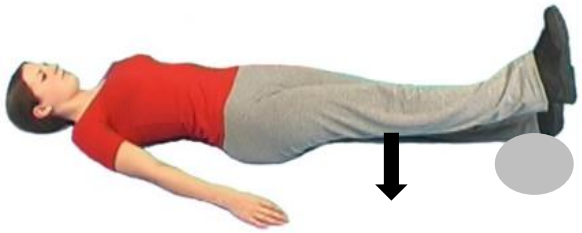
It is also a good idea to start doing these exercises regularly before you come into hospital.

After your operation the physiotherapy team will check how you are managing with your exercises and will encourage you to do them on your own at least three times per day. It is important to continue them once you have been discharged home from hospital.

Knee Straightening

1. Lying or sitting on the bed with your leg straight out in front of you. Tighten the muscles at the front of your thigh to press the back of your knee into the bed. Hold the tightening for 5 seconds and repeat 10 times.

2. Do the same exercise with your heel elevated on to a pillow or a rolled-up towel.



3. Try to rest with your leg as straight as possible, **avoid the bed having a bend in it**, and rest some time with your heel on the pillow or towel.

Strengthening

1. Lying or sitting on the bed with your legs out in front of you, place a rolled towel or a block under your knee. Keeping the back of your knee on the towel or block, straighten your knee as much as possible so your heel lifts off the bed. Hold for 5 seconds and slowly lower your heel back to the bed. Repeat 10 times.

2. Clench your bottom cheeks firmly together. Hold for 5 seconds and relax. Repeat 10 times.

3. Sitting on a chair or the edge of your bed. Lift your heel off the floor and straighten your knee. Hold for 5 seconds as straight as you can. Slowly lower your foot back to the floor. Repeat 10 times.

Knee Bending

For the first few days after your operation you **may** have large bandages around your knee. **You should only push the knee bending as much as the bandages and your pain allows**. Do not push in to too much pain with bending at this stage. Once the large bandages have been removed, you will be encouraged to increase your knee bend as much as you can.

1. On the bed, with a sliding board or sliding sheet under your heel, bend your knee up as far as you can, sliding your heel towards your bottom. Hold the bent position for 5 seconds and slowly straighten back out.

2. In the chair with your foot on the floor, slide your heel back towards the chair. Hold for 5 seconds and then straighten back out.

Do not worry if some exercises are difficult to start with. Keep trying and they will get easier. Stop if they are very painful and ask your physiotherapist for advice.

Mobilising

You will usually begin to walk on the same day of your operation, or if not, the day following your operation. Sometimes this is not the case, but do not worry. The physiotherapy or nursing staff will advise you when this can happen.

You must wait for a member of staff to help you get out of bed and walk for the first time, do not try to do it by yourself.

The nursing staff or physiotherapy team will help you to get out of bed. Once you have the required strength and balance the physiotherapy team will show you how to walk correctly using an appropriate walking aid (elbow crutches or walking sticks). Once you have been assessed by the physiotherapy team, it is important that you continue to practice walking regularly and this may be with other members of staff. The aim is to gain independence with walking with the aids as soon as possible, so you can get around the ward and to and from the bathroom on your own or with minimal supervision as soon as it is safe to do so.

Standing Up and Sitting Down

From a chair / bed / toilet etc. the advice is the same;

It is more comfortable to put the operated leg out in front of you when you stand up or sit down. Place your hands on the arms of the chair or on the bed either side of your bottom. Use your unoperated leg and your hands to push yourself up to standing or to lower yourself back down slowly.

Do not pull up on a walking frame or have your arms through the supports of your elbow crutches to move.

Walking Sequence

You will normally start with elbow crutches and may progress to sticks or be discharged with crutches. Sometimes if you have problems with your other leg or poor balance it is possible to use a zimmer frame. Whether you are using a frame, stick or crutches, the sequence should be as follows;

- Move the walking aid forward.
- Step your operated ("bad") leg forward.
- Step your unoperated ("good") leg forward.

Turning around can be to either side, but you must prevent twisting or pivoting on your new knee. Therefore, you must pick your feet up with each step so that the operated leg is not placed too far in or out.

It is important that you are measured correctly by your physiotherapist for the walking aid you are using.

Day 1

On the morning after your surgery, if you are still in hospital, the nursing staff will encourage you to get washed and dressed as independently as you can. They will help as you need it. They may assist you to sit out in your chair. They will administer your regular medications and any pain killers you need. The nurses will check your dressings daily.

Your consultant's team will be reviewing you regularly throughout your stay, although you will not see your consultant every day.

You will be seen by the physiotherapy team. They will teach you some exercises and try to start to get you walking if you didn't do that the previous day.

You should practice your exercises independently and the physiotherapy team will continue to practice and progress your mobility as able. Once you are ready you will practice stairs or steps if required.

If required The Occupational Therapy team may see you whilst you are in hospital to assess your ability to manage safely and independently when at home. You will be given advice and, where necessary, equipment will be provided.

The ward Pharmacist will see you during your stay to check all of your medications are prescribed correctly for when you leave hospital. This will include your usual medications alongside any new ones required after your operation. They will be happy to answer any questions you have regarding your medication.

Stairs

Once you are walking independently, with or without a walking aid, you will practice some steps or stairs. This will depend on your individual needs for discharge home. It is important to take one step at a time and if there is a handrail or bannister to use it. It does not matter which side the rail is on.

Going Up

Use the rail on one side and the stick or crutch on the other;

- Step up with your unoperated leg.
- Step up with your operated leg.
- Bring your stick or crutch to the same step.

Going down

Use the rail on one side and the stick or crutch on the other;

- Put your stick or crutch down on to the next step.
- Step your operated leg down.
- Step your unoperated leg down to the same step.

Without rails or getting up and down kerb stones
If there is not a rail or to go up or down kerbs, use the same order as above, but use both of your sticks or crutches. They should be moved in the same order.

Leaving Hospital

Once you are feeling well and have met all of the discharge criteria below you will able to leave the hospital and go home.

Length of Stay
This can vary from person to person and will depend on a number of criteria being met prior to discharge. Some people go home on Day 0, most people will be discharged home on day 1 and some need to stay a bit longer.

It is quite normal for your knee to be swollen for up to 6 months after surgery. Keep your leg elevated when sitting, and 'paddle' your ankles. If however your calf becomes swollen, hard, hot, red and tender, it may mean you have a blood clot in your vein (DVT) and you need to contact your GP immediately.

Discharge Criteria
However long you are in hospital for, you will need to meet the following criteria before you are discharged home;

- Walk independently with an appropriate walking aid.
- Get up and down steps or stairs (if required).
- Get on and off the bed, a chair and the toilet unaided.
- Be medically stable.
- Have made sufficient progress with bending and straightening your knee.
- Have made sufficient progress with your knee strength.
- Have all the equipment in place that you require.

Medication when you leave hospital
Before you leave hospital, the pharmacy may give you any extra medication that you need to take when you are at home, for example, strong painkillers. The Trust will **not** provide any:

- Over the counter medications (i.e. simple painkillers) when you go home. Please obtain a supply before your procedure for use at home.
- Additional supplies of the medicines you obtain via GP prescription. Please ensure you have sufficient supplies of these medicines before coming in to hospital.

Recovery time
How long it takes for you to fully recover from your surgery varies from person to person, but usually it can take from 6 to 12 weeks. You may have family or close friends nearby who are able to support you in your home during the early part of your recovery period.

Stitches
Any clips or stitches that seal the wound will need to be removed after about 14 days. You may have an absorbable suture and will only require a steristrip to be removed. We will usually arrange for a community nurse to do this. The nursing staff will advise you of this before you leave.

Compression Stockings
You must keep compression stockings on for at least six weeks after surgery. These can be taken off during the day to be washed but must be worn at night.

Getting Dressed
Sit down on a firm chair or bed while getting dressed. Remember to dress your operated leg first and undress it last. Do not force the knee to bend beyond discomfort.

Personal hygiene
You will not be able to use the bath or shower until your wound is dry and completely healed. The time for this may vary.

Once your wound has healed, when stepping into a shower cubicle use your un-operated leg first (the same technique as when managing stairs). You will not be able to sit in the bottom of the bath or get in/out the conventional way initially following your operation. The options are using a walk in shower or you may prefer to strip wash

Diet
You do not usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

Household tasks
We recommend that you only do light household duties for the first two months. In the kitchen cook on the top of your cooker – not the oven as this requires lifting hot things out with both hands. Use the grill and microwave oven if you have one. Move around the kitchen with your walking aids or with a stick in one hand and your other hand supported on the work surface.

Light exercise and hobbies
You can return to your hobbies again for example light gardening and walking six to 10 weeks after your surgery. You may also begin exercise classes again, letting your instructor know that you have had a knee replacement. All should be done in moderation without excessive effort. Your Consultant will advise you on sporting activities.

Sex
You may resume sexual activities as soon as you feel ready. Let your partner take an active role. You may find that certain positions are more comfortable.

Car Driving or being a passenger
You should not drive until you feel confident that you could perform an emergency stop without discomfort – probably at least 6 to 8 weeks after your operation. It is your responsibility to check with your insurance company. You should avoid prolonged journeys after your knee replacement. You should avoid long car journeys for at least six weeks after surgery and should not go on car journeys for more than 30 minutes without stopping to exercise your leg

When getting out of a car make sure that it is on level ground and not too near the kerb. It is useful to push the seat as far back on the runners as it will go to allow maximum leg room.

Work
How long you will need to be away from work varies depending on:
- How serious the surgery is;
- How quickly you recover;
- Whether or not your work is physical; and
- Whether you need any extra treatment after surgery.

Most people will not be fully back to work for 6 to 12 weeks. Please ask us if you need a medical sick note for the time you are in hospital and for the first three to four weeks after you leave.

Outpatient appointment
Before you leave hospital, we may give you a follow-up appointment to see the consultant, or, if not, this will be sent to you in the post.

You will be referred to your local hospital for physiotherapy. The ward physiotherapy team will discuss this with you and establish where would be the most appropriate

location for you to be referred to. You should normally have your first appointment within the 2-3 weeks of leaving hospital. Continue with your exercises above until you see them.

Contact details
If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

Alexandra Hospital

Ward 16 - 01527 512104

Kidderminster Treatment Centre

Ward 1- phone 01562 512356

National Joint Registry
The National Joint Registry (NJR) for England, Wales, Northern Ireland, the Isle of Man and the Sates of Guernsey collects information on all hip, knee, ankle, elbow and shoulder replacement operations, to monitor the performance of joint replacement implants and the effectiveness of different types of surgery, improving clinical standards and benefitting patients, clinicians and the whole orthopaedic sector. You can access the information online at www.njrcentre.org.uk

Other information
The following internet websites contain information that you may find useful.

- www.patient.co.uk for information fact sheets on health and disease
- www.rcoa.ac.uk for information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk an On-line health encyclopaedia
- www.worcsacute.nhs.uk Worcestershire Acute Hospitals NHS Trust

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences. Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.