

Total knee replacement



Orthopaedic Surgery

patient**information**

Hearing about your experience of our services is very important as it means we can pass compliments to our staff and make improvements where necessary. Tell us what you think at feedback@rothgen.nhs.uk

Slovak

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Slovensky

Kurdish Sorani

كوردی سۆرانی
نه‌گه‌ر تۆ یان که‌سێک که تۆ ده‌یناسی پێویستی به‌یارمه‌تی هه‌یه‌تی یۆ نه‌وه‌ی لهم به‌لگه‌نامه‌ به‌ تێبگه‌ت یان بێخۆتێنته‌وه‌، تکایه‌ به‌یوه‌ندیمان پێوه‌ بکه‌ له‌سه‌ر نه‌و ژماره‌یه‌ی سه‌ره‌وه‌دا یان به‌و نێمه‌یه‌.

Arabic

عربي
إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

أردو
اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کی سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی
اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille or audio version, please contact Patient Information on 01709 424281 or email patientinformation@rothgen.nhs.uk

What is a knee replacement?

Knee replacement surgery is when a damaged, worn or diseased knee is replaced. It provides a long term solution for worn or damaged knee joints caused by disease or injury such as osteoarthritis and rheumatoid arthritis both of which can cause severe pain and loss of mobility. Here are a few questions you may ask?

What are the benefits of a knee replacement?

A knee replacement is a major operation, it is mainly performed to relieve pain, it will not necessarily improve your mobility but hopefully walking without the arthritic pain may do so.

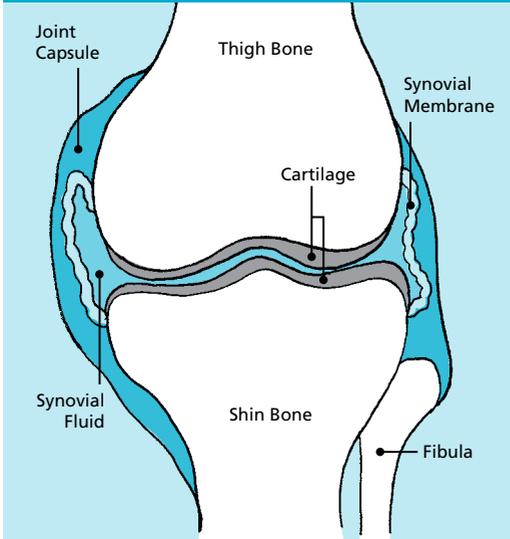
Are there any alternatives to a knee replacement?

The consultant in charge of your case will have considered your situation and feels that a knee replacement is the most appropriate treatment for you, however, if you do not wish surgery to be carried out, you can discuss your options with the consultant and possible alternatives listed below may be discussed with you.

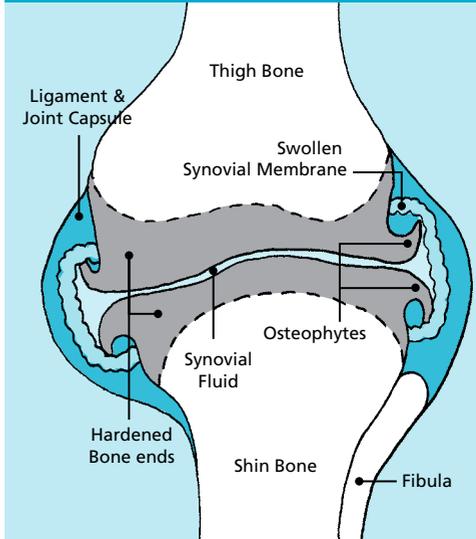
- Weight reduction
- Analgesia
- Physiotherapy / hydrotherapy
- Alternative remedies, i.e. acupuncture.

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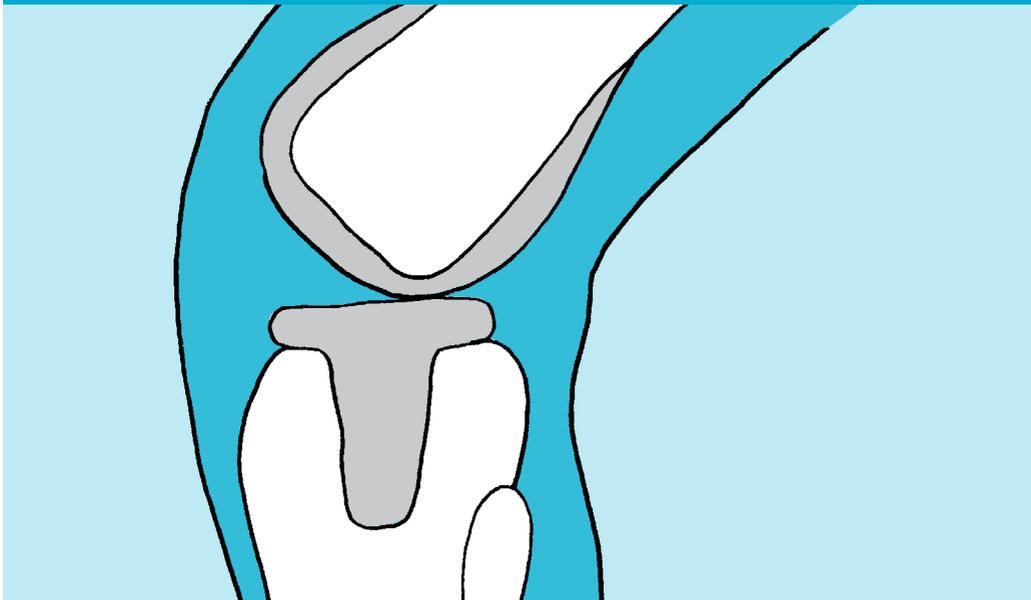
Normal knee joint - front view



Osteoarthritic knee joint



Knee replacement - side view



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What happens in the operation?

In brief the surgeon removes the worn out part (bone and cartilage) and replaces them with metal and plastic which forms the new knee joint (see diagram on page 4) this can be either a full knee replacement or a partial knee replacement (this type of replacement may be used if the disease has affected only one side of the joint.) Your consultant can advise you on which one is the most suitable for you.

Enhanced recovery programme

At The Rotherham NHS Trust we operate an enhanced recovery programme, this is an evidenced based approach which allows you to play an active role in your care and helps you to recover more quickly after having major surgery so that you can return to a normal life as quickly as possible. You can find out more about Enhanced Recovery by asking your doctor or pre-assessment nurse or by using the NHS Improvement website on (www.improvement.nhs.uk/enhancedrecovery) where you can also view patient experiences and case studies.

You will also have the opportunity to visit the ward where you will stay to discuss the enhanced recovery programme.

After you have seen the orthopaedic surgeon and listed for your knee surgery, you will then be contacted to attend an appointment with the Pre-Assessment Clinic.

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Pre-Assessment Clinic

Here you will see a specialist nurse who will discuss your medical history with you and undertake an examination, bloods, swabs and any other investigations that may be necessary to ensure you are medically fit for your surgery. They will also give you an explanation of the hospital experience you will be going through, it is also an opportunity to ask any questions about your stay or operation.

It is important to exercise your knee so the muscles are strong prior to your operation which will aid your recovery. It is also important to visit your Dentist to ensure dental problems are sorted out before surgery.

Knee strengthening exercises

Static quads

Lying on you bed, tense you thigh muscle by pushing your leg straight. Hold for 5 seconds (repeat x 10)

Straight leg lifts

As above, but this time raise the whole leg off the bed keeping your leg straight. Hold for 5 seconds (repeat x 10)

Knee movements

Sitting, bend and straighten your knee as far as you are able.

Knee straightening stretch

This can be done in two ways, sitting or lying. If sitting, use a footstool under your ankle and let the knee straighten. Allow gravity to stretch the back of your knee. If lying, place a rolled pillow case under your ankle for

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the same effect. It is important you do not have anything under your knee. Relax in this position for 20 minutes.

It is very important if you are overweight, to try and reduce your weight before the operation. Failure to do so could have an impact on the success of your knee replacement.

What happens after Pre-Assessment Clinic?

If no problems have been detected in the pre-assessment, you will not hear anything until approximately three weeks, before surgery when you will receive a telephone call from a clerk confirming your date for surgery. They may also need to make you an appointment in the consent Clinic to see the Surgeon prior to your operation so you can sign a consent form.



What happens when I come in to hospital?

The majority of patients will be admitted on their surgery day, occasionally you may need to attend for your admission prior to the day of surgery, but this will already have been discussed with you at your pre-assessment.

If you are attending on the day of your operation, you will come to the Theatre Admission Unit. You will already have been given a Theatre Admission unit booklet at your assessment.

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Operation day

The nurse will tell you when you can have your last food and drink prior to surgery. If you are coming in to hospital on the day of your operation, check your admission letter which will advise you of starving instructions for your operation. Please follow these instructions carefully; failure to do so may result in your operation being cancelled.

Anaesthetic

You will have a consultation with an anaesthetist who will explain your anaesthetic options, the majority of patients if medically fit will have their operations by a spinal anaesthetic, which allows mobilization 4-6 hours after your operation and enables early discharge.



Will it be painful?

Knee surgery can be a very painful operation; however the pain can be controlled. We would like this experience to be as comfortable as possible for you. Everybody experiences pain in a different way, therefore if you are in pain, you must inform the staff, day or night, it is also important when you arrive back onto the ward not to refuse analgesia even if the spinal anaesthetic is still working. We have various methods for controlling the pain you may have so please let us know if you are in pain.

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What is the wound like?

The wound is approximately eight inches in length and is equally placed above and below the knee cap, on return to the ward, the knee will be heavily bandaged and drains may be used to drain away any excess blood that may collect under the skin. If you do have a drain they will be removed 12-24 hrs after surgery. These drains will not affect your mobility or exercises. After a short period, the wound scar will fade and you will hardly notice that you have had a big operation.

Will I be sick?

Nausea and Vomiting are common, but less so with the use of spinal anaesthetics, the nurse looking after you can help by giving you an injection for the sickness, if you are known to be violently sick after previous operations please inform the anaesthetist who can help. You will find an intravenous infusion (a needle with a small tube leading to a drip) in your arm / hand, which will either have clear fluids or a blood transfusion in progress. This drip will give you fluids until you are feeling well enough to eat and drink; it is usually removed on the first day after your operation.

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When will I be able to walk?

Hopefully you will get out of bed and walk on the same day as your operation; the physiotherapist will assess you after your operation and aim to get you walking safely as soon as possible. The physiotherapist will remind you about your exercises and teach you specific exercises for your new knee.

Before you are discharged you will be taken to the x-ray department for a check x-ray which will be reviewed by your doctor.

Are there any knee replacement complications?

Any operation has its risks but we try to minimise them. Listed below are the main complications that can occur after a knee replacement.

Infection

To help prevent infection, you are given antibiotic therapy through your drip, in very rare cases, the artificial joint may become infected, which could result in the joint being removed to treat the infection.

Retention of urine

This sometimes occurs due to bed rest, pain relief and surgery. If this should occur, a tube called a catheter is passed into your bladder, this will be used either to empty the bladder and removed or it will remain in place until you are mobile.

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Swelling

This often occurs, it can take several months to subside, it may require ice packs, or cryo cuffs whilst in hospital but you will be advised on the use of ice at home. It is important to keep as mobile as possible to help with the swelling with intermittent elevation on the leg.

Numbness

This can occur over the knee, it can be permanent or temporary, but should not cause you any harm.

Deep vein thrombosis/pulmonary embolism

This is a blood clot which can occur in the calf or lungs. This is rarely fatal but can be. You could help by taking deep breaths, drinking 2-3 litres of fluid a day and moving your feet backwards and forwards whilst on the bed. You will be given an injection into your abdomen once a day, to thin your blood. You will be given medication to take home on discharge. After the operation you will have special stockings to wear for 6 weeks which will aid the return of blood to your legs, which will be required to be removed daily for washing of feet and checking the skin.

Bleeding

During the course of your operation you will have a degree of blood loss, if your loss is excessive this is called haemorrhage. Depending upon the amount of blood loss, you may require a blood transfusion or iron supplements. Your blood levels will be checked after surgery to determine if you require this. (Jehovah's Witnesses should discuss alternative products with the doctor).

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Knee stiffness

This can occur on the operated knee post operatively. It is important to do all the knee exercises given to you by the physiotherapist even though it will be swollen and painful. If the knee becomes stiff and you can not maintain your knee bend a minor operation called 'manipulation under anaesthetic' may be called for, and will be discussed with you by the consultant if needed.

Nerve and vessel damage

Rarely nerve and vessel damage can occur at the back of the knee. If it does occur it may lead to altered sensation further down the leg and foot drop.

Late loosening

The false joint can work loose at a later date. Particularly if you are young and expected to live for a long time, the knee would then have to be replaced. This is called revision surgery.

When can I go home?

Each person has individual needs, most patients go home around 1-5 days, for others it can be longer, as a guide, once you have fulfilled the following criteria you may go home.

- Your wound is healing or healed
- You are passed safe on your crutches/sticks
- The knee is bending and straightening satisfactorily
- The multi-disciplinary team (doctors, nurses, physiotherapist, social worker, occupational therapist and yourself are happy with your progress)

How will I cope at home?

After a knee replacement, the joint needs to be used carefully in order to give the surrounding tissue time to heal, you will be assessed by the occupational therapist (OT) on how you will manage at home with everyday activities such as:

- **Chair / Toilet** – Sitting and standing safely
- **Bed** – Lying down/sitting up and returning to the standing position safely
- **Bathing** – Discuss and assess appropriate methods of transfer with any equipment necessary.
- **Getting dressed** – You will be encouraged to get dressed after the operation, and the OT will advise you on a safe method. Please bring shorts or loose fitting clothing to wear during the day with sensible shoes; you will change into night clothing in the evenings.
- **Kitchen** – Depending on your home circumstances, you may be taken to the OT kitchen, where you will be given the opportunity to practice daily tasks, advice may be given.
- **Stairs** – If you have stairs at home you will be assessed to ensure you can come up and down stairs safely before your discharge. The physiotherapist will ensure you are safe on crutches/sticks. There is usually no need to bring your bed down stairs.

As a result of the assessments, any appropriate aids you will need will normally be delivered to your home. The OT will ensure you are safe in using these or any other equipment supplied.

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Rarely it may be necessary for the OT to go with you on a home visit prior to discharge, should they feel the need to check your safety in the home.

A social worker is available if you have not already been referred in pre-admission. Their aim is to help you maintain your independence in the community by arranging appropriate care. Similarly they can help with benefit claims. If you think help is needed, please ask early.

If all the criteria for discharge is met a discharge date will be set, and any services required set up after consultation with yourself and/or an appropriate relative. If you need further assistance before being able to return back to your home you may be offered to a place at an intermediate care facility until you are more independent.

The outpatient's appointment is usually six weeks after the operation. Your medications will be provided.

How will I get home?

You can normally go home as a passenger in the front seat of a car, as long as the seat is pushed back to its furthest point. If you need hospital transport, please inform the ward staff with plenty of notice.

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When can I drive?

You may travel in the front seat of a car for short journeys only, but you must not drive a car until you have taken advice from the physiotherapist, doctor or Arthroplasty nurse. It is normally about 6 weeks post surgery, as you must be able to be safe if an emergency stop is required.

What do I do after discharge?

Our aim on discharge is that you should be able to look after yourself at home. Once discharged from hospital, the physiotherapy will continue and may last for several weeks. Remember the success of your operation can be dependent on you and your continuance of the exercises.

If you are concerned or worried about your knee replacement, you must ring the ward, your GP or your Arthroplasty Nurse Specialist who has a help line regarding any problems after your operation.

How long will my knee last?

The modern day knee replacement will usually last 15 to 20 years, depending upon its use. If you abuse the knee or become overweight this will not help the life span of the joint replacement and revision surgery may be required sooner than expected.

General advice

Your artificial knee can become infected, if you develop illness in other parts of your body. Always remind your doctor, or dentist, if they have to treat any other conditions, such as infected cuts, urine, chest or bowel infection, tooth extraction or abscess or dental infection. Please ask your doctor or dentist for advice on this.

Often you may think of questions you want answering, once you have returned home, or you were unsure or unclear on a particular point. Jot your question down straight away, and ring orthopaedic pre-assessment clinic on 01709 427944 or wait until you are admitted.

Please remember this booklet is only intended as a reminder for you and your family. All patients will be dealt with by the appropriate professional whilst you are in hospital.

Finally. Please bring this booklet with you – you will need it. Please remember don't be afraid of joint replacement surgery. A successful outcome depends on your positive attitude.

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How to contact us

Arthroplasty Nurse Specialist

Telephone 01709 427306

Orthopaedic Elective Unit

Telephone 01709 424317

Telephone 01709 424372

Orthopaedic Trauma Unit

Telephone 01709 424316

Telephone 01709 424373

Switchboard

Telephone 01709 820000

Useful contact numbers

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

Patient Services

Telephone 01709 424461

A&E

Telephone 01709 424455

**For GP out of hours,
contact your surgery**

Useful websites

www.nhs.uk

www.direct.gov.uk

www.therotherhamft.nhs.uk

www.arc.org.uk

[www.improvement.nhs.uk/
enhancedrecovery](http://www.improvement.nhs.uk/enhancedrecovery)

We value your comments

If you have any comments or concerns about the care we have provided please let us know, or alternatively you can write to:

Patient Services

The Rotherham NHS Foundation Trust

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

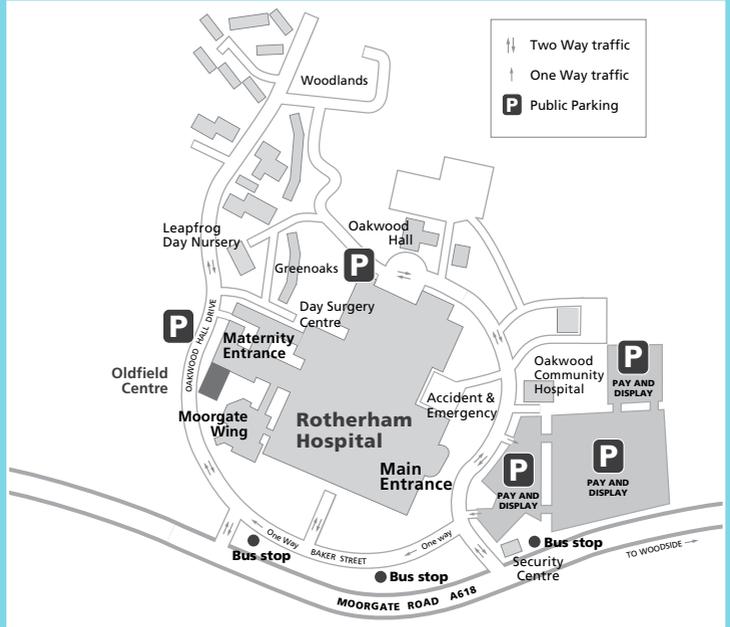
S60 2UD

Telephone 01709 424461

Email complaints@rothgen.nhs.uk

How to find us

Hospital site plan



Rotherham main routes





LS 236 11/13 V7 Jones & Brooks



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