



South West London Elective Orthopaedic Centre

# The Knee Replacement Patient Journey Booklet

Name:

Hospital Number:

Please ensure this booklet travels with you when you come in to hospital and to all of your clinic and physiotherapy appointments

Visit our website for all the information you need

[www.eoc.nhs.uk](http://www.eoc.nhs.uk)

T: 01372 735 800



# Epsom Hospital map



Epsom and St Helier  
University Hospitals  
NHS Trust

## Site: Epsom Hospital

Department / Ward	Location
Emergency Department	Ground
Urgent Treatment Centre	Ground
Ambulatory Care Unit (ACU)	Ground
GP out of hours	Ground
Acute Medical Unit (AMU)	Fourth
Alexandra Ward	Third
Antenatal Clinic	L2 Ground
Ashtead Suite	A Ground
Audiology	B Ground
Bereavement Office	A Ground
Blood Tests	A Ground
Britten Ward	L1 First
Buckley Ward	F Fourth
Cardiac Rehabilitation	L1 Ground
Cardiology Day Unit	G2 Ground
Cardiology Investigation Unit (ECG)	G1 Ground
Casey Ward	A First
Cashier / Patient Fares	A Ground
Chapel and Multi-Faith Room	F Ground
Chaplaincy Office	A Ground
Children's Occupational Therapy	A First
Children's Outpatients	L3 Ground
Children's Physiotherapy	A First
Chuter Ede Ward	F Fourth
Community Assessment and Diagnostics Unit (CADU)	L1 First
Coronary Care Unit (CCU)	F Third
Croft Ward	L1 First
Day Surgery Unit	D Ground
Delivery Suite	C First
Derby Ward (SWLEOC)	E First
Diabetic Unit (John Kilner)	B Second
Dieticians	B Second
Discharge Lounge	A Ground
Ear, Nose and Throat (ENT)	B Ground
Ebbisham Ward	A Ground
Eye Unit	G3 Ground
Fracture Clinic	A Ground
Gloucester Ward	F Third
Haematology and Medical Day Unit	A Ground
High Dependency Unit (HDU)	F Third
Intensive Care Unit (ITU)	F Third
Library (Sally Howell)	F Second
Macmillan Butterfly Centre	B First

Department / Ward	Location
Maternity (Simon Stewart Ward)	C Second
Medical Illustration	L1 Ground
Medical Investigation & Photography	L1 Ground
MRI Department	B Ground
Neonatal Unit	C First
Northey Ward	F Fifth
Oaks Suite (Fracture Clinic)	A Ground
Oaks Ward (SWLEOC)	E First
Occupational Therapy	L1 Ground
Orthotics	L1 Ground
Outpatients	G2 Ground
Pathology	A Ground
Patient Advice and Liaison Service(PALS)	A Ground
Pharmacy	A Ground
Physiotherapy	L1 Ground
Postgraduate Medical Centre	F Second
Pre-operative Assessment / Northey Outpatients	A Ground
Security	B Ground
SKIN	L4 Ground
Special Care Baby Unit	C First
Speech Therapy	L1 Ground
Surgical Care Suite	F First
Surrey Social Services	M Ground
SWLEOC Pre-operative Assessment / Outpatients	G2 First
Swift Ward	F Fifth
Theatre and Theatre Annexe	F First
Therapies	L1 Ground
Ultrasound	A Ground
Undergraduate Student Medical Centre	F Second
Urology Unit	F First
Vascular Diagnostics	A Ground
X-ray Department	A Ground

Retail units	Location
Coffee shop (Costa)	F Second
Marks and Spencer	A Ground
Restaurant (Ingredients)	F Second
The Friends of Epsom Shop	A Ground
W H Smith	C Ground

### Key to coloured zones

<b>A</b> Headley Wing	<b>F</b> Wells Wing
<b>B</b> Bradbury Wing	<b>G</b> Woodcote Wing
<b>C</b> Maternity Wing	<b>L</b> Langley Wing
<b>D</b> Day Surgery Unit	<b>M</b> M Block
<b>E</b> Denbies Wing	Emergency Department & Urgent Treatment Centre



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### Map key:

Main hospital car park	Bus stop	Hospital entrances	Stairs	WC male and female	Chapel	Pharmacy
Accessible parking	Drop off point only	Link corridors	Lift	Assisted WC	Multifaith room	Public telephones
Traffic flow	Taxi point	Wheelchair accessible entrance	Cash point	Baby change	Café	Restaurant

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# Letter from Mr Vipul Patel, SWLEOC Medical Director



Welcome to the South West London Elective Orthopaedic Centre (SWLEOC). This booklet has been designed to support you in your recovery from your knee replacement. It aims to:

1. **Help prepare you for your surgery**
2. **Guide you through your inpatient stay**
3. **Help guide and support you through your ongoing recovery once you return home.**

We encourage you to actively take part in your recovery from beginning to end; this requires you to have a good understanding of key information that is discussed in this booklet, so do take the time to read it.

Having read the booklet, there will be an opportunity to ask questions face-to-face during the pre-operative assessment.

Aside from improving your knee pain, we would like to support your return to physical activity and the things that you love to do. With this in mind, we have included information regarding return to activity, together with four progressive rehabilitation programmes of varying difficulty for you to progress through, under the guidance of your physiotherapist.

The exercises are specifically designed to restore movement and muscle strength to your knee. The first programme is designed for you to start in the weeks leading up to your surgery – so do get started early.

Whilst the great majority of our operations go extremely well there is always a chance of problems and this booklet will go some way to addressing these. Please feel free to ask any of us about the risks of your surgery and the likely outcome at any stage.

We always value your feedback so please get in touch if you would like to. We hope you enjoy your stay at SWLEOC.

Best wishes,

**Mr Vipul Patel**  
Consultant Orthopaedic Surgeon







# Chapter 1



## Preparing For Your Hospital Stay

You can also view the video with information regarding preparing for your surgery at:

[www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)

# Preparing for your hospital stay

## Pre-operative assessment

The pre-operative assessment allows our nurse practitioners to assess your health in detail and make sure that you are fit enough to safely undergo your knee replacement. The process usually takes around 1-2 hours and takes place at the SWLEOC outpatient department. In some cases, parts of the assessment can be conducted over the telephone or electronically via questionnaires.

### During the appointment, the following usually occurs:

- The nurse or assistant practitioner will talk to you about your medical history
- You may undergo a physical examination of your heart and lungs
- You may have new X-rays taken of your knee or chest if necessary
- You may have an electrocardiogram (ECG) which looks at the health of your heart
- Blood will be taken from your arm
- Swabs will be taken from your nose and groin crease to check for a bug called Methicillin Resistant Staphylococcus Aureus (MRSA)
- You may require a screen for Carbapenemase Producing Enterobacteriaceae (CPE) or Carbapenemase Producing Organism (CPO). These bugs are screened for by taking a rectal swab stained with faeces or by providing a sample of faeces

After your pre-operative assessment, you will be contacted if there are any abnormalities that require follow up. You may be asked to attend an appointment with an anaesthetist or we may refer you back to your GP if necessary.

## Pre-operative physiotherapy exercise programme

We have included a pre-operative physiotherapy exercise programme shown below for you to work on in the run up to your knee replacement. It is known that having osteoarthritis in your knee joint causes the surrounding muscles to waste. Additionally, the immobility involved in undergoing a hospital stay and a knee replacement is also a cause of muscle wasting. It may therefore be advantageous to try to reverse or minimise muscle wasting in advance of surgery.

### The aim of the programme is to:

1. Strengthen your leg muscles in advance of your joint replacement
2. Optimise your knee movement
3. Familiarise yourself with some of the exercises you will be expected to complete post-operatively
4. Minimise the impact of muscle wasting that occurs as a result of joint replacement

We do understand that some knees are too sore to tolerate exercise before your replacement surgery. If this is the case, don't worry, you can wait until you have undergone surgery to get started. Ideally, this programme should be performed four days a week or every other day.

## Reasons to contact us in the lead up to your surgery

If you are unwell in the days leading up to your surgery you must get in touch with us as soon as possible. Contact SWLEOC and ask to speak to the nursing staff in Pre-Operative Assessment.

The cost of undergoing a TKR on the NHS is as much as £8,000. Minimising late cancellations allows us to offer the opportunity for surgery to other patients, in addition to looking after our NHS financial resources.

### The list of ailments to let us know about are listed below and can be reasons to cancel planned surgery:

- A cough
- A rash
- A cold
- Any cuts or skin scrapes
- A sore throat
- Sores or open wounds anywhere on your body
- Dental problems
- Insect bites




### Additionally, please contact us if you have:

- An improvement in your symptoms and you feel that you no longer require a knee replacement
- A change in your medication prior to surgery
- A change in your home circumstances that could affect your discharge
- Been referred by your GP to see a specialist (such as heart, chest or kidney doctor)

# Before Surgery - Pre-operative Exercises Knee Replacement

To view the pre-operative exercise in video form, please look online: [www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)

If you are having bilateral knee replacement surgery, please do the below mentioned exercises on each leg

	Exercise	Description	Repetitions	Sets	Frequency
<b>exercise 1</b>	<b>Towel squeezes in neutral (0), 45 and 70 degrees of hip bend</b> 	<ul style="list-style-type: none"> <li>Place a large rolled up towel between your knees</li> <li>Squeeze your knees together to about 60% effort (squeeze less hard if painful)</li> </ul>	<b>10-20 Second Hold</b>	<b>1</b>	<b>Once per day</b>
<b>exercise 2</b>	<b>Double leg bridging</b> 	<ul style="list-style-type: none"> <li>Lie on your back with your hips and knees bent, feet flat on the floor or bed</li> <li>Lift your hips up and then slowly lower</li> </ul>	<b>12-20 as able</b>	<b>3</b>	
<b>exercise 2a</b>	<b>Double leg bridge with alternate heel lifts</b>  <p>When 2a is easy, progress to 2b</p>	<ul style="list-style-type: none"> <li>Lie on your back with your hips and knees bent, feet flat on the floor or bed</li> <li>Lift your hips up and hold, maintaining still and level pelvis</li> <li>Slowly raise one heel and hold</li> <li>Keep your pelvis lifted and swap legs</li> </ul>	<b>5-10 Second Hold as able</b>	<b>12 Each Leg</b>	

**exercise 2b**

**Exercise**

**Double leg bridge with alternate single leg lifts**



**Description**

- Lie on your back with your hips and knees bent, feet flat on the floor or bed
- Lift your hips up and hold, maintaining a still and level pelvis
- Slowly transfer your weight on to one leg, lift the other foot up and hold
- Keep your pelvis lifted and slowly swap legs

**Repetitions**

**5-10  
Second Hold  
as able**

**Sets**

**12  
Each  
Leg**

**Frequency**

**Once  
per day**

**exercise 2c**

**Double leg bridge with heel walks**

*(Do not complete this exercise if you are finding it too difficult or it is exacerbating your pain)*

- Lie on your back with your hips and knees bent, feet flat on the floor or bed
- Lift your hips up and hold, maintaining a still and level pelvis
- Walk one leg out in 3 steps forward and 3 steps back to start position.
- Re-set and repeat with other leg

**10  
Each  
Leg**

**exercise 3**

**Heel raises in standing**



a) Feet parallel

b) Feet turned out

c) Knees slightly bent

- Stand with fingers resting on a wall or table for balance
- Feet parallel
- Lift heels off ground to full height and slowly lower

**12-20  
as able**

**3  
as able**

## exercise 4

### Exercise

#### Mini squat



### Description

- Stand with fingers on a table for balance
- Feet apart and turned out
- Stick your bottom out as you descend
- Only descend a small distance

### Repetitions

**12**

### Sets

**2-3**

### Frequency

**Once per day**

### Exercise for patients with long-term lung conditions

There is good evidence that improving pre-operative fitness leads to better surgical outcomes in patients who have long-term lung conditions. We therefore recommend that patients with long-term lung disease see their GP and request a referral to a pulmonary rehab exercise class.

## Preparing for your surgery group session

We offer a two-hour group session to patients who are due to undergo knee replacement surgery. A Clinical Specialist leads the session providing tips and information on preparing for surgery, the operation itself, and the rehabilitation and recovery process. How to prepare your home environment for when you return will also be covered. The group sessions take place weekly at SWLEOC.

**To book your place, please contact SWLEOC reception.**

## Preparing your home environment

Before you are admitted to hospital, it is essential that you make your home easily accessible and safe to return to. You will be provided with a Helping Us to Help you (HUTHY) Booklet which will tell us about your home environment, including furniture heights, which will help the discharge planning process. If you have any concerns about your discharge from hospital or the safety of your home environment, please contact SWLEOC **before admission** to discuss these with a member of our Discharge Team.

Please consider the following:

- Remove trip hazards such as rugs, electrical cords and phone lines
- Ensure the floors are clear
- Re-organise your possessions so that the objects you use most frequently are easy to get to
- You will probably require a walking aid/s for at least a week or two in the house – this will make carrying things tricky
- Think about using a stool or chair when preparing food. This may also facilitate eating at the kitchen counter as you may have difficulty carrying food whilst using walking aids
- Re-stock your freezer / batch cook in advance so you have access to pre-prepared food
- Consider on-line shopping for the first few weeks after surgery
- You will need help with shopping, meal preparation and house work – please make sure that you have family or friends enlisted to help with this
- Do not book building work for the period you are in hospital - this delays discharge and makes it difficult to assess needs
- Please ensure that you have a supply of your regular pain medication at home

## What to bring with you to hospital

- Your usual walking aids (if you use any)
- Slippers, trainers or sturdy lace up or Velcro shoes  
No open backed footwear
- Loose fitting nightwear and dressing gown
- Loose fitting day clothes
- Personal toiletries, towels and razor if needed
- Sanitary products/incontinence pads if needed
- Long arm grabber – if you have one
- Two week's supply of your regular medication in their original boxes with pharmacy labels still attached
- Any medication that you were asked to stop in the lead up to your surgery
- Glasses, hearing aids, contact lenses with necessary solutions
- Mobile phone and charger (phones should be kept on silent whilst in hospital)
- Coat and house keys
- Small change for newspapers etc
- Please do not bring valuables with you – keep these safely at home



## Single rooms

The SWLEOC wards have been designed to create a spacious and bright environment, whilst giving you both privacy and comfort.

We do have a limited number of single rooms within the centre that we offer, depending on availability, at a rate of £120 per night (price subject to change). Patients are invoiced when they are discharged.

Isolation of patients with certain health conditions takes priority when allocating single rooms. If such need arises during your stay in a single room, you will be re-located to a 3-5 bedded suite on the ward. In these circumstances we ask for your understanding and you will not be charged.

**If you would like to request a single room for the duration of your stay at SWLEOC, please telephone us on 01372 735 801.**



# Chapter 2



## Knee Replacement

You can also view the video with information regarding knee replacements:

[www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)

# Knee Replacement

## What happens during a Total Knee Replacement?

During a knee replacement, the surgeon removes the worn out surfaces of the ends of the thigh bone and the leg bone. Some surgeons use specialised mechanical equipment and some use computer assistance to cut the bones accurately. The operation is done by cutting the tissues in the front of the knee in a straight line. The incision on the skin may be changed if there are previous scars which need to be accommodated. The ends of the bones are then fitted with a high grade metal alloy prosthesis which are sized to allow for a best fit. Most surgeons use bone cement to fix the prosthesis to the bone but some use a cement-less press fit technique which can be equally strong. A High Density Polyethylene (HDPE) bearing is then placed between the metal implants. The decision to resurface the patella (kneecap) is based on the amount of wear and type of symptoms. Your surgeon will weigh up which type of knee replacement is best suited to you.

## What materials will my new knee be made from?

Nearly all knee replacements are made of metal and high density plastic. Some implants may have special coating if the surgeon feels that they are necessary. The connection of the materials is metal on plastic in all cases and not metal on metal. The plastic insert can wear out after many years and can be changed if necessary.

There are generally no time restrictions on returning to impact activities in knee replacements. There is more information later in the booklet about returning to activity and sport. It is important to understand that in a knee replacement only the bony surfaces are replaced. The ligaments, tendons, muscles and other soft tissues have to be strengthened in the postoperative period through rehabilitation and exercises. This is important for a successful outcome.

## What happens during a unicompartmental knee replacement?

The knee is divided into three compartments. Sometimes the arthritis only effects one compartment. In this circumstance your surgeon may suggest that only that part of the knee is replaced. This requires a smaller incision and more of your soft tissues and ligaments remain intact, making the knee feel more natural. Secondly, in many years when the knee wears out it is relatively easy to revise it to a full knee replacement.





## Chapter 3

### Consent

You can also view the video with information regarding consent and potential risks associated with knee replacement surgery:

[www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)

# Consent

Your agreement and consent to surgery is essential. In order to consent to undergoing a knee replacement, it is essential you have an understanding of what will be done as well as the potential benefits, risks, complications, and any further procedures that may be required. You should also understand the alternative therapies available to you aside from knee replacement surgery. A member of the surgical team will discuss these with you in clinic when you are listed for surgery as well prior to your surgery when you will be asked to sign a consent form. You will be able to ask questions at both of these time points.

## Potential benefits

A knee replacement is usually a very successful operation that significantly improves the pain associated with knee arthritis. In tandem with a good rehabilitation programme, it can help to restore mobility and participation in physical activities that your knee pain has prevented you from doing.

## Potential risks

A knee replacement is major surgery and although it is usually a very successful operation there are certain risks that are associated with it that you should be aware of well in advance of your surgery. Although most people undergoing knee replacement experience no significant complications, these do happen from time to time. Some of the risks are impossible to predict in advance and when they do occur they can be life threatening or have a significant effect on your life henceforth.

## Risks specific to knee replacement

- Wound infection - if this occurs, you may feel unwell and will require a course of antibiotics
- Joint infection – If the inside of your new knee joint becomes infected, it will require further surgery to wash the joint out. Additionally you may require revision knee surgery where the infected joint is removed and replaced (either immediately or at a later date) with a new one
- Ligament, artery or nerve damage – this could be characterised by weakness and lack of sensation in the affected leg, with or without pain

- Fracture in the bone around the artificial joint – treatment will depend on the location and extent of the fracture
- Excess scar forming around the artificial knee joint, restricting movement and causing stiffness of the knee. Further surgery may or may not improve this and restore movement
- Allergic reaction to the bone cement or metal
- Wear and loosening of the artificial knee joint. Loosening will result in pain and reduced knee function

## General risks associated with surgery

- Numbness after surgery around the scar is an inherent part of this procedure. This numbness recovers slowly but may not disappear completely
- In some cases it may be necessary to have a urinary catheter placed inside your bladder. Urinary tract infections can occasionally occur as a result of catheterisation and may require treatment with a course of antibiotics
- Deep vein thrombosis (DVT) – a blood clot that forms in the deep veins of the body, usually in the calf. We will give you anticoagulants or ‘blood thinners’ after surgery to reduce this risk
- Pulmonary embolism (PE) – a serious complication which can result from a clot travelling through the bloodstream from the site of DVT to lodge in the lung. A PE can be life-threatening as it can cause the circulation to collapse
- Bleeding in to the surrounding knee tissue that necessitates a blood transfusion. If you hold certain beliefs that prevent you from receiving a blood transfusion, you must highlight this to staff as soon as possible
- Significant painful swelling may occur around the knee joint extending in to the leg. Significant bruising may also occur and track down the entire leg

## Rare complications

- Stroke – blood clots to the brain or a bleed into the brain can result in a stroke that could also cause serious long-term physical and mental disability or death

- Your scar after surgery may heal abnormally leaving a scar with a raised and thickened appearance – a keloid scar
- Permanent nerve damage causing numbness or muscle weakness may occur
- Persistent pain syndromes can occur after joint replacement that can have a serious effect on your quality of life and may require you to take long-term medication

### Blood transfusion

For most individuals blood transfusion is not required. However, if you are particularly anaemic pre-operatively or your medical condition demands it then we will discuss the potential use of blood transfusion.

### Your expectations

Most people do have a straightforward and rapid recovery. However, despite best efforts, life can be unpredictable and when complications do occur they can have a significant impact on your life.

Modern knee replacements are very successful. 5% of patients may have problems of one sort or the other. These may be simple and can be adequately treated early. Serious problems may need more invasive and intensive treatment.

After a knee replacement it is normal to feel more tired for the first 6-8 weeks after surgery. This fatigue should reduce as you move towards the 12-week mark. It is important to listen to your body, eat well and get lots of sleep while you are recovering. 75 % of people who have undergone knee replacement report continued improvement between 6-12 months after surgery. 50% of patients report ongoing improvement between 12 – 24 months after surgery.

### Alternative treatments available

A knee replacement is not the only way to manage knee pain due to arthritis. You have the option of taking medications to control the pain, trying to optimize the function of the joint with physiotherapy, as well as using walking aids to help reduce the amount of force the knee is exposed to in everyday life. If these measures are not acceptable to you or are no longer working for you, then a knee replacement is the next option.

### The National Joint Registry (NJR)

In 2002, the Department of Health and Social Care and the Welsh Government set up the NJR. Its purpose is to collect information on all hip, knee, shoulder, ankle and elbow replacements to monitor

the performance of different implants used. It also monitors the effectiveness of different types of surgeries. In the future, in the unlikely event that there is a problem with the type of implant you have received, the NJR will be able to contact you and advise you.

Once you have arrived in pre-theatre, you will be asked by a staff member if you would like to consent to providing the NJR with the following information:

- Your name and address.
- The type of implant you received.
- Which surgical technique was used.
- Which side of your body was operated on.
- Your gender.
- Your age.



## Patient Reported Outcome Measures (PROMS)

The government requires us to monitor your progress pre and post operatively by collecting information to evaluate the performance of your knee. At SWLEOC we are keen to monitor your progress for up to two years to understand how you are getting on so we are best informed to advise future patients. The first questionnaire will be given to you to complete prior to your operation, you can then opt to receive the following questionnaires by email or post. These are done at set time points:

- Before you undergo your knee replacement
- Six months post-surgery
- One year post-surgery
- Two years post-surgery

For those who have agreed to fill out scores online, there is an online portal where you can gain access to your outcome scores and see them plotted over time. You can also compare your pre-op, one and two year scores with other patients who have undergone a knee replacement, although it is important to note that no personal information will be shared on this portal and your data will be anonymised). If you are currently receiving your questionnaires by post and would like to swap to online submission in addition to having access to the SWLEOC outcomes portal, please call: 01372 735 425.

The centre also collects information regarding patient satisfaction and any complications experienced by patients. These questionnaires are sent to patients via email and occasionally by post at six weeks, six months, one year and two years after surgery. You are welcome to get in touch with us if you have any questions or concerns in between these survey points.

This information is utilised by the doctors in the research department to monitor patients' progress and write research papers that are published in peer-reviewed journals. The research may also be presented at national and international conferences.

## Research Trials at SWLEOC

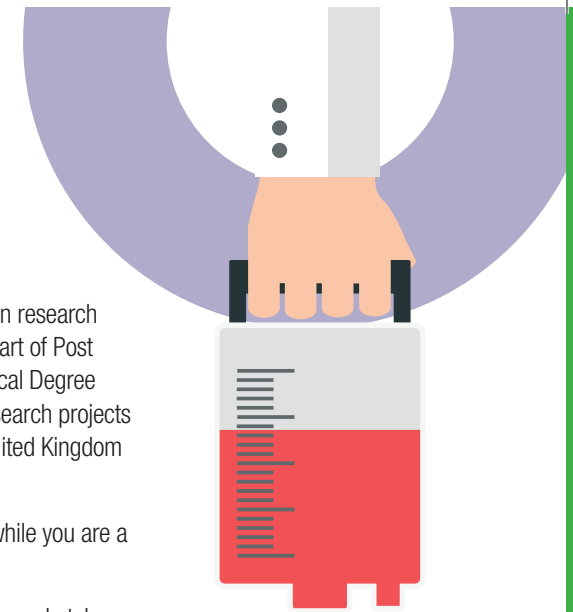
The Research Department at SWLEOC set up and run research studies on a continual basis. These are sometimes part of Post Graduate Doctoral Degree, Masters projects or Medical Degree projects. The Centre is also frequently involved in research projects that are rolled out across multiple hospitals in the United Kingdom and internationally.

You may be invited to take part in a research study while you are a patient at SWLEOC.

Taking part in research studies is entirely optional. If you do take part you may be required to fill out additional questionnaires or attend additional appointments for specific investigations. Findings of such research projects may be beneficial to future patients undergoing orthopaedic surgery. The findings of such projects may also influence clinicians' future thinking and clinical practice. Results of the research may also be published in peer-reviewed journals and presented at national and international conferences.

## Filming and photography

Staff at SWLEOC often perform teaching sessions for other Centres and also present their work nationally and internationally. Occasionally, we may ask if your operation can be filmed. Similarly, we may ask you if photographs of your operation can be taken. You will not be able to be identified by the information or images. This will be discussed with you in advance and will only occur with your written consent. Sometimes, we also take photographs for medical reasons, for example to monitor the progress of a healing wound.







## Chapter 4



**2-5 days to go to the day of surgery**

## 2-5 days to go before surgery

A member of the pre-theatre team will contact you between two and five days before your surgery. If you are not feeling well or if you have an insect bite, cut, sore, tooth abscess or open wound that we are not aware of, don't wait for the team to contact you, please get in touch with pre-theatre immediately on 01372 735 870.

This is also the time to discuss any changes to your circumstances or health since we were last in touch.

You will be informed of instructions for your arrival and will be told exactly when to stop eating and drinking in advance of your anesthetic. You will also be instructed on which of your medications you can take and which you should stop taking.

In the days leading up to your admission keep very well hydrated, eat well but lightly and avoid stodgy foods. Post-operative constipation is a considerable issue. This is because of the body's stress response to surgery as well as potent painkillers such as morphine that cause your normal gut movements to slow down.

If necessary, you may benefit from gentle laxatives to ensure a regular bowel habit. If you have any concerns, please discuss this with the pre-op assessment nurse practitioner.

### The day of surgery

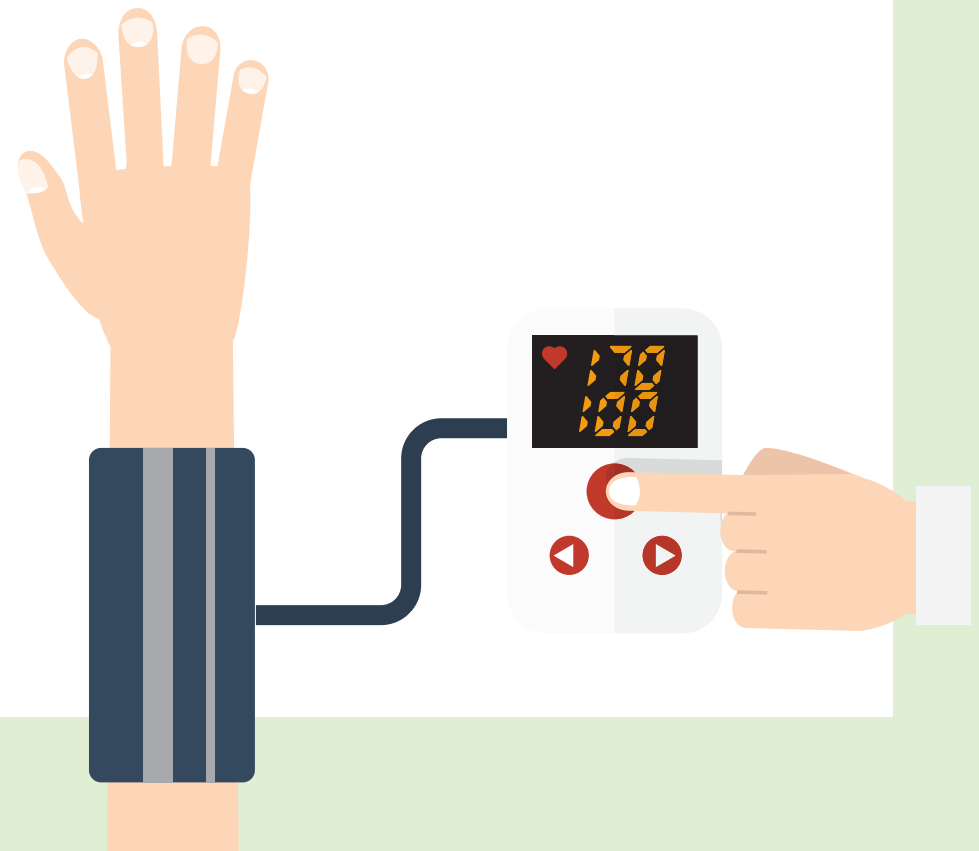
On the day of your surgery, report to the SWLEOC main reception. Wrap up warm on the day to keep your core body temperature up prior to going to theatre. Low body temperature during surgery can be a cause of complications. You will be asked to wait in the reception area prior to being guided up to the pre-theatre area by nursing staff.

Once in pre-theatre, the following will happen:

- You will be asked to change into a surgical gown. Your possessions and clothes will be labeled and taken to the Post Anaesthetic Care Unit (PACU)
- Your blood pressure and other vital signs will be measured
- You may be offered a warming blanket
- You may be fitted with compression stockings to help prevent blood clots in your legs

- An intravenous (IV) line will be put in to one of your veins. This provides an access route for fluids, medications, antibiotics, and if necessary, a blood transfusion to be given. Your IV line may stay in place for 24-48 hours after surgery

Before surgery you will be reviewed by your anaesthetist and surgical team. A member of the surgical team will remind you of the potential benefits, risks and complications of undergoing a knee replacement and ask you to sign a consent form for surgery. The anaesthetist will discuss the type of anaesthetic options suitable for you and how your pain will be managed after your operation.





# Chapter 5



## **Anaesthesia for a knee replacement**

You can also view the video with information regarding anaesthetic choices and potential risks associated with anaesthesia at:

**[www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)**

# Anaesthesia for a knee replacement

The centre uses spinal anaesthesia for all its knee replacements except in circumstances where the medical condition dictates otherwise. The advances in spinal anaesthesia and pain management has shown great benefit to the patients, and is lower risk than a general anaesthetic. The spinal anaesthesia is complemented with appropriate nerve blocks for pain control in the post-operative period.

## Spinal anaesthesia

Most patients receive spinal anaesthesia. This technique involves an injection of anaesthetic into the base of your spine. It is extremely safe and an effective way of numbing your knee for your operation. You will feel numb from the waist down and will not be able to feel or move your legs for a few hours. The spinal anaesthetic may be undertaken whilst you are awake or lightly sedated. Sedation will be used during the surgery and the level of sedation will be discussed with you. Some patients prefer light sedation while others prefer to be asleep. There are few side effects with this technique and a quick recovery. There is no need to be put on a respirator which supports breathing whilst under general anaesthetic.

## General anaesthetic

If you do need general anaesthetic, you will be in a state of controlled unconsciousness during which you feel no sensation. Once in pre-theatre, the following will happen:

- Anaesthetic drugs injected via your IV line or delivered in a gas form via a gas mask
- Oxygen via a breathing machine
- A drug that relaxes your muscles may also be used

This type of anaesthetic means that you will need a breathing tube placed in your throat or inside your windpipe to ensure oxygen and anaesthetic gases move easily in to and out of your lungs.

## Risks of anaesthesia

At the orthopaedic centre every anaesthetic is administered by a Consultant with many years of experience. Our experience is that epidural and spinal anaesthetics can be combined with a good degree of sedation such that you are not aware of the operation.

But, this is only one of the options!

We also have Consultants in Intensive Care Medicine who provide medical cover round the clock, including weekends, ensuring senior medical attention is only minutes away at any point during your entire stay in the Hospital.

Useful links for further information are listed below. The professional body of anaesthetists has put together documents to help you understand the anaesthetic. If you have difficulty accessing the internet, please speak to your anaesthetist if you have any questions about your anaesthetic.

<https://www.rcoa.ac.uk/system/files/02-YourAnaesthetic.pdf>

<https://www.rcoa.ac.uk/system/files/03-YourSpinal.pdf>

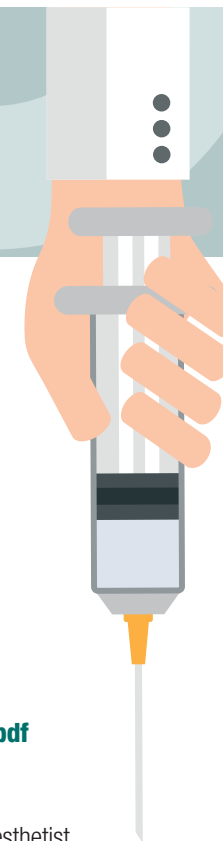
Every patient will have a different set of medical issues and your anaesthetist will discuss risks and options of anaesthesia with you on the day of surgery.

## Nerve block

A nerve block involves an injection of local anaesthetic near to the nerves that supply your knee. Selected parts of your leg will go numb and provide pain relief for many hours. A nerve block may be performed in conjunction with a general or spinal anaesthetic.

## Wound Infiltration and Wound Catheter

Local anaesthetic can be administered via a small tube in the wound through which further local anaesthetic can be given. This is a very effective way of controlling pain after knee replacement surgery and allows patients to get out of bed and walk earlier than traditional techniques. Because it controls pain so well and therefore allows early mobility, it reduces the risks of suffering blood clots.



## Pain management

It is normal to have discomfort or pain after knee replacement. Pain can be felt in various sites around the knee and in the leg.

It will not be possible to eliminate all pain, but it should be possible to make you comfortable enough to walk safely and participate through your rehabilitation. Staff will frequently check that you have sufficient pain relief during your stay at SWLEOC. You will be asked to grade your discomfort on a scale of 0-3. 1 indicates mild pain, 2 indicates moderate pain and 3 indicates severe pain.

It is important that your pain is under control so that you can participate in your rehabilitation and get out of bed; please follow medical advice on how often to take pain medication. Please ask for more or stronger medicine if you are in severe pain.

## Oral medication

Strong painkillers will be given to you for you to swallow in the days after your surgery. These will be reduced in strength as you recover. If you are feeling sick or are not eating or drinking properly, these medications can be given via your IV line.

## Patient Controlled Analgesia (PCA)

This is used occasionally. A pump is set up to deliver pain medication directly in to your IV line. It is called patient controlled because you can press a button on the pump to deliver a shot of pain relief when you need it. The pump is programmed so that you never receive too much medication.

You can access more information regarding anaesthetics online:

<https://www.rcoa.ac.uk/system/files/02-YourAnaesthetic.pdf>











# Chapter 6



## After your surgery

You can also view the video with instructions on walking and getting up and going after your surgery:

[www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)

# After your surgery

Immediately after your surgery, you will be admitted to the Post Anaesthetic Care Unit (PACU). PACU is both a recovery and an intensive care unit. Here you will be closely monitored to ensure that you are recovering from your anaesthetic. Once you are medically stable, you will be transferred to one of the wards. This usually takes place within 1-2 hours of surgery or a little longer if necessary.

Once you are on the ward, you will be taken care of by the ward staff and will be given regular pain relief and medication to reduce the risk of developing blood clots.

## Getting up and about after surgery in hospital and at home

Once the muscle power and sensation has returned to your legs, you will be encouraged to get out of bed and take a short walk. A member of the Therapy team will help you achieve this important milestone. Restoring independent mobility is a priority. Benefits include minimising the chance of you developing blood clots or developing a chest infection.

The majority of our patients get out of bed and walk for the first time with the help of the team on the same day as their knee replacement surgery. You will be expected to complete a short flight of stairs on day one or two after surgery. The therapy team will practice your sit to stand transfers based on the information you provided in your Helping Us To Help You (HUTHY) Booklet. If you feel that this practice is not sufficiently replicating your home environment, please alert the therapy team as soon as possible.

## Getting in and out of bed

- Check that your bed is at a safe and comfortable height. Either too low or too high will create difficulty
- A soft mattress will make movement on the bed and getting off the bed more difficult

## Getting out of bed

- It is easier to lead with the operated leg. Slide one leg at a time, towards the edge.
- Use your hands on the bed to support your upper body
- Once both feet are off the edge of the bed, use your hands on the mattress to raise your upper body while moving your buttocks forward until your feet are comfortably on the floor

## Getting in to bed

- It is easier to lead with the operated leg
- Start by sitting on the edge of the bed
- Slide your bottom back as far as you can with your legs together. Keeping your legs together, bring your legs round onto the bed
- To re-position comfortably in bed, bend both your knees, prop up on your hands, push through your hands and feet until comfortable

## Sit to stand from a chair, bed or toilet

- You may find it harder to stand up from sitting after your operation
- Having your chair or bed at a reasonable height will assist you in this
- When preparing to move from sit to stand, move your bottom forward to the edge of the surface
- Place both of your walking aids in one hand, with your other hand, push up on the edge of the chair or bed and stand up
- This is also what you need to do when getting up from the toilet
- We do not routinely give out raised toilet seats. You will however be assessed to ensure you are able to do this safely

## Advice on the best chair to use after knee replacement

- It is helpful to use a chair that has armrests and is not too low
- Ensure that the back and seat cushions are firm and that the chair seat does not slope down towards the back of the chair making the back of the seat much lower than the front

## Getting in and out of a car

- Very low cars or bucket seats are likely to cause a challenge after a knee replacement
- Aim to park the car well away from a kerb so that there is room for you to stand on the road next to the car
- Ensure that the seat is pushed as far back as possible and ensure that the car foot well is clear

- Back up to the car seat and hold on to the static door pillars if possible. If you have to hold the car door with one hand, ensure that someone is bracing the door open.
- When you feel the edge of the seat or the sill of the car against the back of your legs reach your hand for the back of the car seat and slowly lower yourself to sitting.
- Swing your legs into the car.

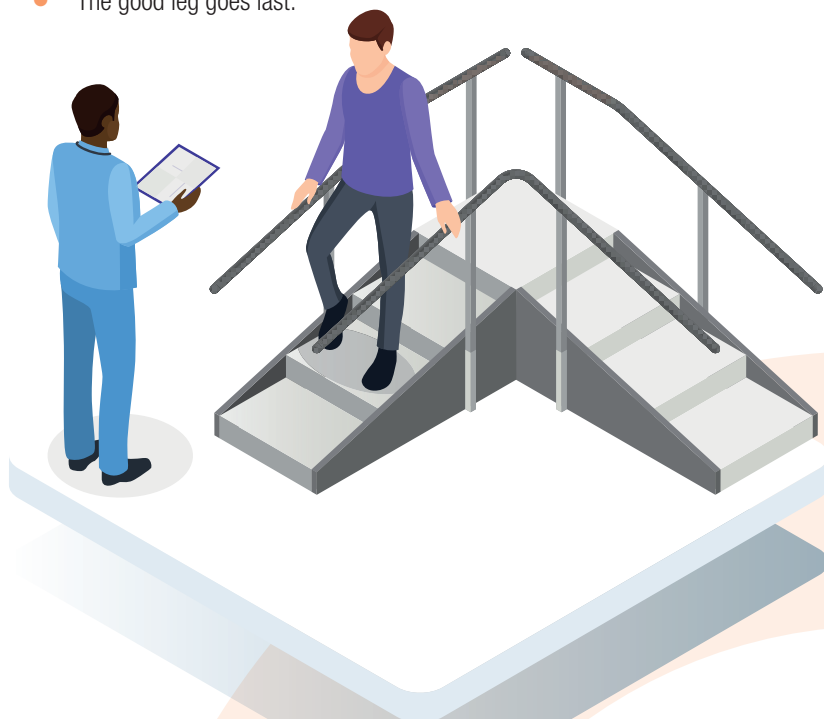
## Stairs

### Ascending stairs

- Place your walking aids in one hand and hold the rail with the other.
- The good leg goes up first.
- The operated leg goes up second.
- The walking aid goes up last.

### Descending stairs

- Place your walking aids in one hand and hold the rail with the other.
- The walking aid goes down first.
- The operated leg goes second.
- The good leg goes last.



## Movement restrictions after knee replacement

Unless your surgeon has specifically stated, we do not ask you to follow specific movement precautions after your knee replacement.

If you are undergoing a revision knee replacement then you may be asked to follow some precautions. Your surgeon will document the movement restrictions on your operation note. Any precautions will be clearly explained to you after your operation when our therapy team sees you for the first time.

## Can I put weight through my leg after surgery?

After knee replacement surgery, unless your surgeon has requested otherwise, you are allowed to put all of your body weight through your operated leg. It is helpful to fully weight-bear and will improve your muscle strength, balance and loading characteristics through the joint.

## How to use crutches/walking aid

The therapy team will assess you and provide you with crutches or a suitable walking aid. They will teach you how to use them when they meet you on the ward. The goal is to ensure that you feel safe whilst walking and that your gait pattern is as normal as possible with the appropriate walking aid. We kindly ask you to return your walking aid to SWLEOC when you no longer require it. We are able to recycle these.

## Normal walking pattern

Ensure the elbow crutches (or sticks) are placed shoulder width apart. Move the crutches forward together at the same time as your operated leg – so that the crutches off-load your operated leg, then step through the crutches with your un-operated leg.

## Early stage post-operative exercises

We have included 3 progressive exercise programmes that range in difficulty. The early stage exercises are listed below. See chapter 9, physiotherapy and rehabilitation, for further detailed advice on return to activity as well as the mid and late stage programmes.

The physiotherapy team on the ward will teach you the early stage exercises. You may also be asked to attend daily exercise classes while you are an inpatient. The inpatient therapy team will also refer you to your local outpatient physiotherapy department in advance of your discharge.

In the early days after surgery, some of the exercises may cause some discomfort. This is acceptable as long as you are not in more pain the next day. We would expect you stay on the early stage exercises for around 2 weeks, at which stage you will most likely be ready to progress to the mid stage exercises (See chapter 7).




## Early stage knee replacement exercises

Please be advised that these exercises are only a guide. It is acceptable for you to complete all or only the exercises that you are comfortable with. Please visit our website to view the early stage exercise program: [www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)

If you have had bilateral knee replacement surgery, please complete the exercises on both legs.

### Exercises to be completed lying down

	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	<b>Ankle pumps</b> 	<ul style="list-style-type: none"> <li>Lying or sitting</li> <li>Pump ankles up and down</li> </ul>	20	1	Hourly throughout the day until fully mobile indoors
	<b>Static quadriceps holds</b> 	<ul style="list-style-type: none"> <li>Small rolled towel under your knee</li> <li>Pull your toes up towards you and push your knees down firmly in to the towel</li> <li>Tighten your thigh muscle, hold, then relax and repeat</li> </ul>	20 sec hold as able	6	

	Exercise	Description	Repetitions	Sets	Frequency
<b>exercise 3</b>	<b>Straight Leg Raise</b> 	<ul style="list-style-type: none"> <li>While keeping your leg straight, pull your toes up towards you and tighten up your muscle at the front of your thigh. Slowly lift your whole leg about 10cms off the bed whilst keeping the leg straight.</li> </ul>	<b>10-20</b>	<b>1</b>	<b>Hourly throughout the day until fully mobile indoors</b>
<b>exercise 4</b>	<b>Static buttock squeezes</b> 	<ul style="list-style-type: none"> <li>Squeeze your buttocks firmly together</li> <li>Hold, then relax and repeat</li> </ul>	<b>20 sec holds</b>	<b>6</b>	
<b>exercise 5</b>	<b>Knee bends</b> 	<ul style="list-style-type: none"> <li>Lie on your back, with your legs out straight</li> <li>Slowly bend one knee up towards you and return to start position, repeat</li> <li>You may feel some discomfort during this exercise, this is acceptable, as long as it is not severe</li> </ul>	<b>12- 20</b>	<b>2 - 3 as able</b>	

**exercise 6**

**Exercise**

**Double leg bridging**



**Description**

- Lie on your back with your hips and knees bent, feet flat on the floor or bed
- Lift your hips up and then lower

**Repetitions**

**12-20**

**Sets**

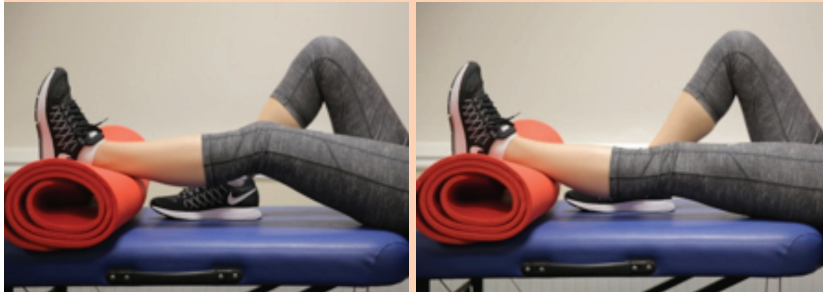
**1-3  
as able**

**Frequency**

**Two to  
three times  
per day**

**exercise 7**

**Knee Hangs**



- Place a rolled up towel under your heel and let your leg relax. Feel the stretch at the back of your knee. Let your knee straighten fully. Hold this position for 5 minutes. Bend your knee to relax it

**5 minute  
hold**

**3  
as able**

**exercise 8**

**Hamstring static hold**



- Bend your knee to approximately 20 degrees. Push your heel into the bend and feel a contraction at the back of your thigh

**5-10 second  
hold**




**10  
as able**



## Exercises to be completed in sitting

	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	<b>Knee Bends</b> 	<ul style="list-style-type: none"> <li>Place your foot on the floor and slide your leg back as far as you can before you start to feel pain. Hold in this position for 5-10 seconds and then slide back a little further if able.</li> </ul>	<b>Hold 5-10 Seconds</b>	<b>3</b>	<b>2- 3 times per day</b>
	<b>Knee Extension</b> 	<ul style="list-style-type: none"> <li>Straighten your knee fully by lifting your foot off the floor. Hold for the count of 5-10 and then slowly lower your leg back to the floor</li> </ul>	<b>Hold 5-10 Seconds</b>	<b>10</b>	

## Exercises to be completed in standing

	Exercise	Description	Repetitions	Sets	Frequency
<b>exercise 1</b>	 <p>a) Feet parallel      b) Feet turned out</p> <p><b>Heel raises</b></p>	<ul style="list-style-type: none"> <li>Stand with fingers resting on a wall or stable surface for balance</li> <li>Feet parallel</li> <li>Lift heels off ground to full height and slowly lower</li> </ul>	<b>10-15 as able</b>	<b>3</b>	<b>Two to three times per day</b>
<b>exercise 2</b>	 <p><b>Standing Hamstring Curl</b></p>	<ul style="list-style-type: none"> <li>Place your hands on a surface for balance if needed. Slowly take your heel up behind you, bending at the knee. Return to the start position.</li> </ul>	<b>2-30</b>	<b>3</b>	
<b>exercise 3</b>	 <p><b>Mini squat</b></p>	<ul style="list-style-type: none"> <li>Stand with fingers on a table for balance</li> <li>Feet apart and turned out</li> <li>Stick your bottom out as you descend</li> <li>Only descend a small distance</li> <li>Return to start position</li> </ul>	<b>10</b>	<b>1</b>	

# Chapter 7



## Going home

You can also view the SWLEOC videos relating to information post discharge from hospital:

[www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)



# Going home

Most of our patients go home between day one and day three after their surgery. In order to be discharged home, you must:

- Be medically fit
- Be independently mobile with an appropriate walking aid
- Have achieved a knee bend which is improving and approaching 90 degrees
- Be independently transferring in and out of bed and on and off the toilet
- Have completed a short flight of stairs if you have stairs at home

Ensure all equipment, that you require to be safe at home, is installed.

Very few of our patients require any equipment when they go home – if you do, the inpatient team will discuss this with you and arrangements will be made.

We appreciate that being in and going home from hospital can be worrying and we are keen to provide support. The team will work with you and your family to assess your needs in preparation for going home. When you leave SWLEOC, you will be given a limited supply of any new medication which has been started while in hospital, a written discharge summary that will tell you about wound care, any necessary future blood tests or actions that should be taken. A copy will also be sent to your GP.

## The day of discharge

- We will aim to discharge you by 11am so that you can settle in to your home early
- You will need to arrange for a friend or family member to collect you – you will be quite fine to travel as a passenger in a normal car
- Make sure that you have outdoor clothes and your house keys with you

If you have any concerns about your discharge home or about your ability to cope at home, please flag these up as early as possible to staff and we can help.

## Recovering at home

A knee replacement is a major event for you and your body and recovery can take several weeks. It is common to experience significant tiredness and fatigue for around six to twelve weeks afterwards.

### We advise you to:

- Take regular pain relief as prescribed. Some discomfort is expected and it is best to keep this well controlled so that you can stay mobile and do your rehabilitation without making your knee sore
- Keep mobile when at home
- Do your exercises regularly
- Eat healthily, stay hydrated
- Sleeping is often difficult and there is nothing wrong with taking a nap

## Diet after surgery

After surgery it is normal to experience a temporary reduction in your appetite because of the medications you had when in hospital. For good bone and muscle healing after your surgery, it is important to eat a balanced and healthy diet including a good amount of protein and fibre.

- Keep well hydrated by drinking 1.5-2 litres of water per day unless told otherwise
- To avoid constipation, eat a high fibre diet such as whole grain foods, wholemeal bread, high fibre breakfast cereal and plenty of fresh fruit and vegetables

## Pain relief

Most patients experience significant pain after knee replacement surgery and this does improve over time. Some patients experience on-going discomfort for some months after surgery. If pain is severe and you are unable to weight bear effectively through the leg, you should get in touch with the centre as this could indicate a problem. For contact details please see advice card provided.

Once you are home, you must manage your pain relief. It is very important that you keep it well controlled and take painkillers regularly when prescribed so that you can be mobile and complete your exercises. This will help your long-term recovery. Pain is much harder to control if you let it build up so do take your pain relief regularly. Most painkillers take about 30 minutes to start working properly.

If your pain medication needs reviewing after surgery, please see your GP.

You may have been given more than one type of painkiller. Different pain killers work in different ways and often work better when combined – please ensure you follow advice on how to combine your painkillers safely.



## Paracetamol

Paracetamol is a good option for pain relief after knee replacement surgery even if you did not find it useful before the operation. Please ensure that you have a two week supply of Paracetamol prior to your admission.

- The dosage for an adult is usually two 500mg tablets every 4-6 hours unless told otherwise
- Do not exceed 4 grams of Paracetamol in one day
- Do not take Paracetamol in combination with other drugs that contain Paracetamol, such as Co-dydramol or Co-codamol
- Paracetamol can take about 1 hour to work

## Ibuprofen

Ibuprofen belongs to a group of drugs called Non-Steroidal Anti-inflammatory Drugs (NSAIDs). They are also used to help control pain after knee replacement. Ibuprofen can be combined with Paracetamol safely.

- The dosage for an adult is usually one 400mg tablet every 8 hours
- Ibuprofen usually takes 20-30 minutes to work
- Always take Ibuprofen with a meal or a snack to help protect your stomach
- Not all patients are able to take Ibuprofen so check with your doctor or pharmacist before you start taking this

Ibuprofen is an anti-inflammatory drug that can irritate the lining of your gut and stomach. If you need to take Ibuprofen for longer than a week then it is prudent to take an additional medication to protect your stomach lining. If you have left hospital, your GP can prescribe this for you. If you experience abdominal pains with this drug then stop it immediately and seek help if it does not resolve.

When you reduce your pain medication, it is best to reduce and stop the Ibuprofen before you reduce Paracetamol.

## What to do if you experience severe pain or complications after surgery

If you develop a complication requiring urgent readmission to hospital please go to your local A&E for treatment.

On rare occasions, patients do experience severe pain after knee replacement surgery and the pain relief detailed above is not sufficient. If you are unlucky enough to fall in to this category, then please contact the ward you have been discharged from. If additional pain relief is ineffective, it can indicate other problems and you will need to be seen by your consultant's team or go to your local A&E.

In the event that you develop sudden and severe pain and are unable to put weight through your leg, then you will need to go to your nearest A&E department for an X-ray to check the new joint and surrounding bone.

If you suspect that your wound has become infected then you must contact the ward you were discharged from who will give you definitive instructions on what to do. Signs of wound infection include, redness around the wound, foul smelling ooze, excessive oozing and poor healing.

If you experience severe swelling or pain in either of your legs, this could be a blood clot forming in your veins (a deep vein thrombosis). This is a medical emergency and you need to get yourself to your nearest A&E for assessment and treatment or call 999 if you are unable to get to A&E.

## Constipation

Some pain-relieving medications will cause constipation especially when coupled with a reduction in your normal mobility. Drinking plenty of fluids and eating high fibre foods such as those listed above will help with this. All laxatives are sometimes given to you to take home or they can be bought over the counter. Constipation can be very serious and the best time to sort this out is before admission. If you have troublesome constipation or abdominal pain after surgery, please go to your GP or local A&E.

## Stockings

Some patients will be required to wear compression stockings. Compression stockings are part of the preventative measures taken to avoid clots forming in your legs. You may be asked to wear these for up to six weeks after surgery or when you are back to a good level of mobility.

It is not unusual for swelling to increase as you become more active, this can cause the stockings to become too tight and mark your leg. If this happens to you, remove the stockings and elevate your leg. Once the swelling subsides, you can put the stockings back on. If you think you have been given the wrong size stockings please get in touch with us, please contact the ward you have been discharged from.

## Swelling and bruising

Swelling, either around the knee, or throughout the whole leg, is normal. It can worsen once you return home, as you start to do more. To help with swelling, elevate your leg whenever you are sitting, continue with any anti-inflammatory that you are taking, continue to mobilise and exercise as much as you can. Lying down during the day, with your leg elevated, should help manage the swelling. The swelling can last for several weeks.

Once you are home, bruising may appear near the operation site and may travel throughout the leg (from hip to knee and down leg to the ankle). In appearance it can start as red areas and then change to a more familiar bruise colour (dark brown/yellow). This is quite normal and may remain for a couple of weeks.

## Washing and dressing

Initially, the safest method of washing after your knee replacement is to sit in front of the washbasin. Another option is to sit on the edge of your bed and have someone bring a bowl of water to be placed directly in front of you within easy reach.

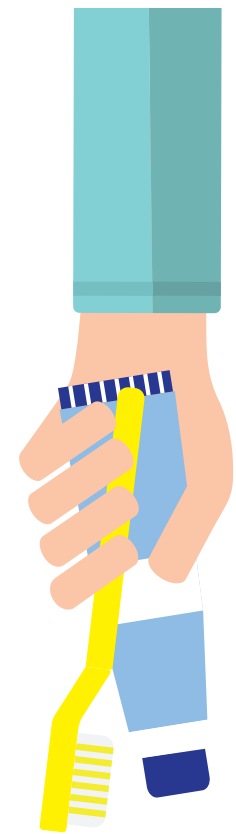
A walk-in shower usually has a lip to step over and should be negotiated with great care. A shower chair, non-slip mat or a grab rail will maximise your safety if you would like to use the shower. Try to arrange for someone to be in the house when you shower to assist in case you need help.

- Gather your wash kit before you wash and arrange them within easy reach
- Undress and dress your operated limb first

## Prevention of blood clots when at home

You can reduce the risk of developing a clot by taking short walks frequently, as your pain allows. This will promote blood circulation in your legs.

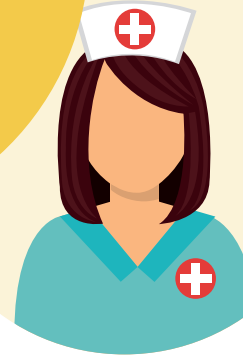
You will be given blood thinning medication for a certain period of time after your surgery, both while you are in the hospital and when you are home. This can be in the form of a tablet or an injection. Your blood clot prevention regime will be tailored to you as an individual and instructions for how you will manage this at home will be discussed with you before you leave SWLEOC.







# Chapter 8



## Wound Care

You can also view the SWLEOC videos relating to wound care:

[www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)

# Wound Care

After your knee replacement, you may have two or three waterproof dressings over your wound.

- A large dressing that covers the wound
- A small dressing that covers the site where the wound infiltration line was
- A small dressing that was applied when the wound drain tube was removed

When you are discharged from hospital, you will ideally have the same large dressing covering the wound that was applied at the time of surgery. Sometimes the nurses may change this dressing if it becomes heavily blood stained. It is important that the number of times the dressing is changed is kept to an absolute minimum.

It is possible that the two smaller dressings may have been removed whilst you were in hospital. If not, you may remove these yourselves as directed by the team. If you or a family member removes the small dressings, a prior hand wash with soap is essential.

Do not change or remove the large surgical dressing until the date specified by the nursing staff in your discharge summary. This is usually ten to fourteen days after surgery. The nurse discharging you will explain how you should care for your wound when you are at home.

If the dressing starts to peel off or water gets underneath, you will need to change it. You will have been given some dressings to take home with you.

## Changing the dressing

- Wash your hands with soap and water and dry them
- Carefully take off the dressing
- Do not touch the healing wound
- Do not wash the wound or put anything on it such as creams or ointments
- If there are white plaster strips called steri-strips over the wound do not touch them
- Do not pull on any stitches that may be poking out of the healing scar

- Wash and dry your hands again
- Apply a new dressing, taking care not to touch the adhesive part of the dressing on the wound
- Press the edges down to seal

## 10 - 14 days after surgery (as specified on your discharge summary)

- The waterproof dressing and the steri-strips, if used, should be removed
- If the skin edges have sealed and the wound is dry, you do not need further dressings on your wound
- If you have been told to see a nurse, they will remove the dressing and sutures/clips. If the nurse thinks that the wound would benefit from another couple of days of being covered, then a new dressing will be applied
- If the wound is moist, a wound swab may be taken and a further dressing should be applied. If the wound remains moist and/or the wound swab result is abnormal, please contact us so that a care plan can be put in place and the Surgeon informed if necessary

## Washing and showering with your dressing

- Do not remove the dressing to shower – it is water resistant
- Do not use soap, gel, lotion or powder around the dressing area
- Be gentle with the wound when drying your skin, pat dry using a clean towel or use a hairdryer on a cool setting





## Chapter 9



### **Your physiotherapy rehabilitation and milestones to aim for after knee replacement**

You can also view your exercises videos on the SWLEOC website

[www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)



## Physiotherapy and return to physical activity

Included within this information pack, are three progressive exercise programmes that range in difficulty. The inpatient therapy team will teach you the early stage exercises whilst you are on the ward. You may also be asked to attend daily exercise classes while you are an inpatient.

Before you are discharged from SWLEOC, you will be referred to your local outpatient physiotherapy department or to the community physiotherapists by the inpatient therapy team. Your local physiotherapy department should be in touch with you within 2-3 weeks of your discharge home. You will be provided with the contact details of the department that you have been referred to. Please contact them directly if you have not received an appointment within this time frame.

Once you have been discharged from SWLEOC, you have the option of working through the different physiotherapy programmes with the guidance of your own local physiotherapist. Your local physiotherapist will tailor the exercise programmes so that they are suitable for your particular knee and situation. They will also give you advice about progressing through the three programmes.

Rehabilitation following your knee surgery should be built up cautiously and gradually over a five to six month period. There should be a graduated increase in the difficulty of the exercise and the length of time that you perform each exercise. Any weights or resistance should be added gradually so that your muscles have time to acclimatise to the additional difficulty and weight.

In the early days after surgery, some of the exercises may cause some discomfort, this is acceptable as long as you are not in more pain the next day. The following pain scale may be helpful to guide you. We recommend that you use a numbers scale to evaluate and describe your discomfort. This rates levels of discomfort from 0-3. 3 is characterised by severe pain, 2, moderate pain, 1, mild pain and 0 is no pain at all. Exercising with pain levels from 0-1 out of 3 is considered acceptable.

However, once you are more than three weeks post-op, if any exercise is painful, you must stop it and further advice must be sought from your local physiotherapist, who is welcome to contact our team if they have any questions. Contact details are listed at the end of the booklet.



## Mid stage knee replacement exercises – 2-6 weeks

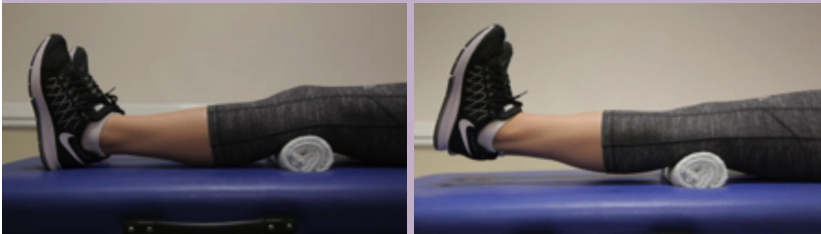
You can also view the SWLEOC videos relating to information post discharge from hospital:

[www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)

**If you have bilateral knee replacement surgery, please complete the exercises on both legs.**

Once you have been discharged from hospital, you will be referred to your local provider for further physiotherapy. This should happen from about 2 weeks post discharge. You may continue with the early stage exercises and when these feel comfortable and easy to do you can progress onto the mid stage exercises. You should practise these once a day. You can break them up into individual exercises if you are unable to complete them in one go.

### Exercises to be completed lying down

	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	<b>Inner Range Quadriceps</b>	<ul style="list-style-type: none"> <li>Place a rolled-up towel under your knee so it is slightly bent. Slowly lift your heel up from the bed whilst keeping the back of the knee on the towel. Slowly lower to start position.</li> </ul>	20	3 as able	
					
exercise 2	<b>Double leg bridging</b>	<ul style="list-style-type: none"> <li>Lie on your back with your hips and knees bent, feet flat on the floor or bed</li> <li>Lift your hips up and then lower</li> </ul> <p>When you can do 20 x3 sets of this exercise progress to 2a</p>	12-20	3 as able	Once per day
					

**exercise 2a**

**Exercise**

**Double leg bridging with alternate leg de-weighting of one heel**



**Description**

- Lie on your back with your hips and knees bent, feet flat on the floor or bed
- Lift your hips up and hold, maintaining still and level pelvis
- Slowly de-weight one heel and hold
- Keep your pelvis lifted and swap legs

**Repetitions**

**10  
second hold**

**Sets**

**5 - 15  
each leg**

**Frequency**

**exercise 3**

**Lateral hip series**



a) Clam

b) Side lying hip abduction with static hold

- Lie on your side with your hips and knees bent
  - Keep your feet together, lift your upper knee, slowly lower knee back to start position
- Lie on your side with your legs out straight
  - Lift your top leg up directly out to the side and hold
- Lie on your side with your legs out straight
  - Lift your top leg up directly out to the side
  - Draw a small figure of eight with the leg moving from the hip

**10**



**3  
cycles  
as  
above**

**Once  
per day**



<b>exercise 4</b>	<b>Exercise</b>		<b>Description</b>	<b>Repetitions</b>	<b>Sets</b>	<b>Frequency</b>
	<b>Knee Hangs</b> 		<ul style="list-style-type: none"> <li>Place a rolled up towel under your heel and let your leg relax.</li> <li>Feel the stretch at the back of your knee. Let your knee straighten fully.</li> <li>Hold this position for 5 minutes. Bend your knee to relax it.</li> </ul>	<b>5 minute hold</b>	<b>3</b>	<b>2-3 times in day</b>

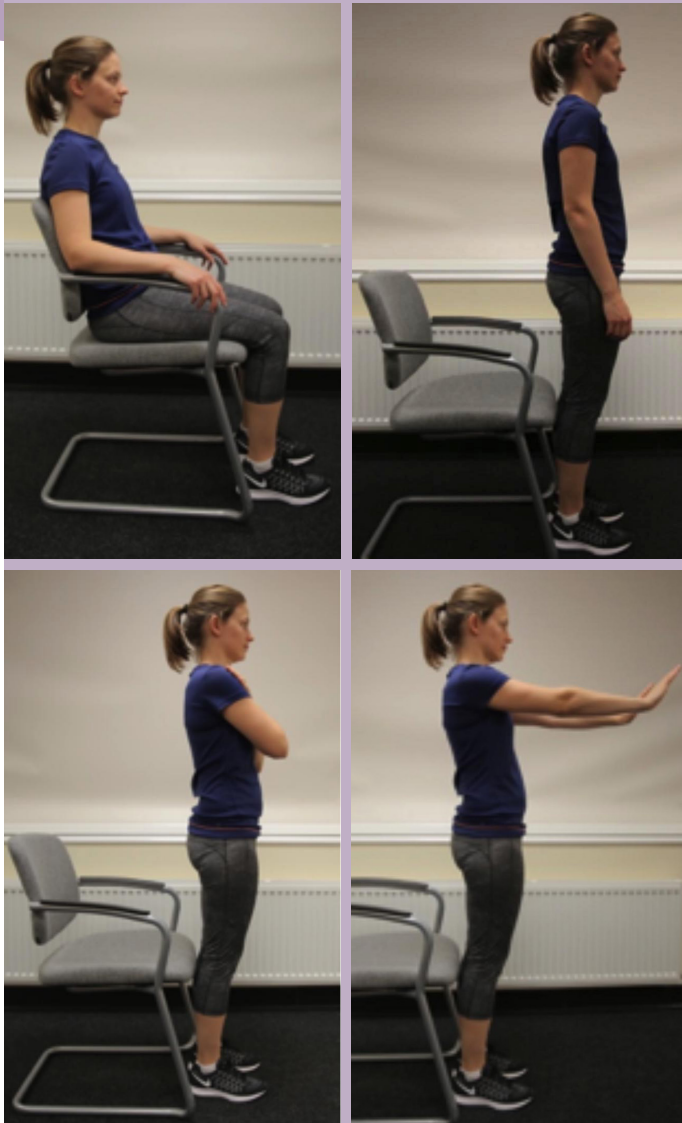
**Exercises to be completed in sitting**

<b>exercise 1</b>	<b>Exercise</b>		<b>Description</b>	<b>Repetitions</b>	<b>Sets</b>	<b>Frequency</b>
	 <b>Exercise bike</b>		<ul style="list-style-type: none"> <li>Rocking cycle with seat as high as is comfortable.</li> <li>Move your leg forwards as far as your knee bend will allow (hold 5 sec) and then backwards as far as your knee bend will allow (Hold 5 sec)</li> <li>When your knee bend progresses, you will be able to complete full revolutions with both legs</li> </ul>	<b>Low Resistance</b>	<b>5 -10 minutes</b>	<b>3 days a week ideal</b>
<b>exercise 2</b>	<b>Exercise</b>		<b>Description</b>	<b>Repetitions</b>	<b>Sets</b>	<b>Frequency</b>
	<b>Knee Hangs</b> 		<ul style="list-style-type: none"> <li>Place your foot on the floor and slide your leg back as far as you can before you start to feel pain.</li> <li>Use the foot of your un-operated leg to assist in pushing it back further</li> </ul>	<b>10-20</b>	<b>1 - 3 as able</b>	<b>Once per day</b>

**exercise 3**

**Exercise**

**Sit to Stands**



**Description**

- Whilst sitting, place your feet hip width apart.
- Move to the edge of your chair and push up to a standing position using your legs and pushing through your arms.
- Slowly lower back to chair.
- Progress this exercise to having your arms out straight and then your arms crossed.

**Repetitions**

**10-20**




**Sets**

**1-3  
as able**

**Frequency**

**Once  
per day**

## Exercises to be completed in standing

	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	 <p>a) Feet parallel      b) Feet turned out</p> <p><b>Heel raises</b></p>	<ul style="list-style-type: none"> <li>Stand with fingers resting on a wall or stable surface for balance</li> <li>Feet parallel</li> <li>Lift heels off ground to full height and slowly lower</li> </ul>	<b>12-20</b>	<b>1-3 sets</b>	<b>Once per day</b>
	 <p><b>Knee Bends</b></p>	<ul style="list-style-type: none"> <li>Stand facing your bottom step. Place your operated leg onto the step.</li> <li>Push forwards as far as you can. Try to take your operated knee over your toes, keeping both heels down</li> <li>Return to start position.</li> </ul>	<b>Hold for 20 seconds</b>	<b>1-3 as able</b>	
exercise 3	 <p><b>Step Ups</b></p>	<ul style="list-style-type: none"> <li>Face your bottom step.</li> <li>Step up with your operated leg. Then follow up with your un-operated leg.</li> <li>Slowly step down again.</li> </ul>	<b>1-2 minutes as able</b>	<b>1</b>	

**exercise 4**

**Exercise**



**Mini sumo squat**

**Description**

- Stand with fingers resting lightly on a table for balance if needed
- Feet apart and turned out
- Stick your bottom out behind you as you squat
- Return to upright standing and repeat

**Repetitions**

**12-20**

**Sets**

**3**

**Frequency**

**Once per day**

**exercise 5**



**Sit to Stands**



- Stand with your feet hip width apart and your back leaning on a wall. Place your feet about 1 foot away from the wall.
- Slide your back down the wall bending your knees and return.
- Descend a comfortable and safe distance. Return to start position

**10-20**

**1-3 as able**

# Late stage knee replacement Exercises

You can also view the SWLEOC videos relating to information post discharge from hospital: [www.eoc.nhs.uk/knee-replacements.html](http://www.eoc.nhs.uk/knee-replacements.html)

**If you have bilateral knee replacement surgery, please complete the exercises on both legs.**

Be aware that not everyone will be able to progress to these exercises. You can progress to these exercises when the pain and swelling is under control and when you feel you are able to do them. They should be delivered under the care of your out-patient physiotherapist. After having a knee replacement, the SWLEOC (South West London Elective Orthopaedic Centre) team want you to have the best possible outcome.

## Activities:


You can now return to low impact activities, such as bowls, table tennis or gardening, as soon as you are able to move freely and bend sufficiently. Walking is the best exercise to do. You should be aiming to walk for at least half an hour, three times a week, at a moderate to brisk pace. It should make you feel slightly out of breath.

## Kneeling:

Kneeling is not advisable for several months following your operation, after which, you may kneel down as you feel able. You may find it more comfortable to kneel on a pad or cushion. Many patients find they cannot kneel after their operation either because it is uncomfortable or because they are experiencing a strange sensation. You must take this into consideration if you kneel a lot due to your work or hobbies.

You should practise these exercises once a day. You can break them up into individual exercises if you're unable to do these all in one go.

## Exercises to be completed in sitting

	Exercise	Description	Weight	Repetitions	Sets	Frequency
<b>exercise 1</b>	 <b>Exercise bike</b>	<ul style="list-style-type: none"><li>The seat must be at a comfortable height so as to allow full revolution of your legs.</li></ul>	<b>Medium resistance</b>	<b>10-20 minutes</b>		<b>Once per day</b>

**exercise 2**

**Exercise**

**Sit to Stands**



a) Hold 2 kg weight to your chest



b) Tie a resistance band around your knees and open knees until hip width apart



**Description**

- Whilst sitting, place your feet hip width apart.
- Move to the edge of the chair and push up to a standing position using your legs.
- Slowly lower back to the chair

**Weight**

**2 kg  
– increase  
weight/  
resistance  
every  
2 weeks as  
able**

**Repetitions**

**10**

**Sets**

**1-3**

**Frequency**

**Once  
per day**



## Exercises to be completed in standing

	Exercise	Description	Weight	Repetitions	Sets	Frequency
exercise 1	<b>Heel raises</b>  <p>a) Feet parallel      b) Feet turned out</p>	<ul style="list-style-type: none"> <li>• Hold weight close to your chest</li> <li>• Lift heels off ground to full height and slowly lower</li> </ul>	<b>Hold a 4kg weight, consider increasing weight by 4kgs every 3 weeks</b>	<b>12-20 as able</b>	<b>1-3 as able</b>	<b>Once per day</b>
	exercise 2	<b>Chair Knee Bends</b> 	<ul style="list-style-type: none"> <li>• Stand facing a sturdy chair. Place your foot of your operated leg onto a chair.</li> <li>• Push your body weight forwards, bending your knee.</li> <li>• Try and get your operated knee over your toes. Keep your heel down.</li> </ul>		<b>20 second hold</b>	

### exercise 3

#### Exercise

#### Lunge



#### Description

- Stand upright. Step forward with one foot. The toes of both feet should be facing straight ahead.
- Be sure your legs are aligned - your front knee should be aligned with the foot.
- Lower your back knee towards the floor. Push back up to the starting position.
- Concentrate on squeezing your buttocks to push yourself up, and keep the abdominals tight and the lower back in a neutral position.
- Throughout the exercise, maintain the body in an upright position and avoid leaning forward.

#### Weight

#### Repetitions

#### Sets

#### Frequency

10-20

1-3  
as able

Once  
per day

### exercise 4

#### Lunge



- Face your bottom step, holding a 4 kg weight. Step up with your operated leg.
- Follow up with your un-operated leg. Slowly step down again.

4 kg -  
Gradually  
increase the  
weight by  
1 kg every  
2-3 weeks.

2 minutes

## exercise 4

### Exercise

#### Mini sumo squat



**This exercise must be pain free and be taught by a physiotherapist**

### Description

- Feet apart and turned out
- Hold weight close to your chest
- Stick your bottom out behind you as you squat
- Maintain a straight back
- Return to upright standing and repeat
- Only squat a pain free distance

### Weight

**Hold a 4kg weight, consider increasing weight by 4kgs every 3 weeks**

### Repetitions

**12-20 as able**

### Sets

**3-5**

### Frequency

**Once per day**



# Returning to physical activity and impact sports after knee replacement surgery

Physical activity is an important part of maintaining your overall health and well-being as the potential changes that occur due to inactivity can have serious consequences for your health. One of our goals is to equip you with information so that you can decide upon the best type of exercise for you.

There are certain factors to take into consideration when deciding which exercise is right for you after your knee replacement. Exercising in a low or non-impact manner is recommended to ensure you achieve a good outcome and achieve longevity of your new knee joint. Examples of low or non- impact exercises include cycling, swimming, Pilates, golf and bowls.

- If you participate in easy to moderate weight bearing exercise such as walking or cycling on the static bike, a healthy amount of force will be transmitted through your new joint
- Physical changes due to inactivity include loss of bone density, reduced fitness, loss of co-ordination and loss of muscle. A loss of muscle will translate to less strength and could increase your risk of falls due to poor balance, which could put your new knee replacement at risk
- If you wish to perform impact exercise, you should be strong enough to cope with the forces involved. Impact exercise, such as jogging, results in forces up to five times your own body weight going through your new joint. Thus, we do not recommend impact activity
- It is best to be cautious and check with your surgeon if he or she supports you returning to impact exercise
- It helps if you are skilled at the sport that you wish to take part in

## Common milestones and time frames to guide your progress

On the following pages, we have listed some common activities that many of our patients choose to return to after a knee replacement. The information below is intended as guidance only.

Every knee and person is individual; we encourage you to seek advice from your local physiotherapist and your surgeon about your physical goals. Some people will be ready to start certain activities before others. We request that you use a common sense approach and seek advice if you are unsure if you are ready to undertake any activity.



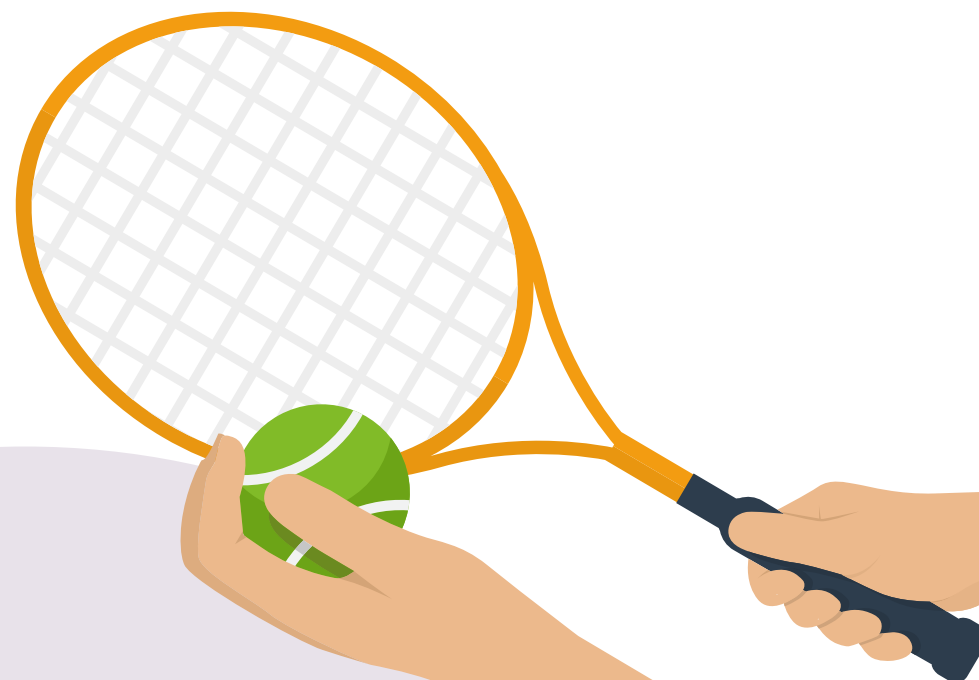
# Examples of early stage activities, milestones and common time frames

Common mid stage activities	Number of weeks after knee replacement usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No if relevant	Common mid stage activities	Number of weeks after knee replacement usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No if relevant
<b>Walking without crutches inside</b> (unless specified by surgeon)	<b>2-6 weeks</b>	<ol style="list-style-type: none"> <li>1. Well controlled pain</li> <li>2. Even walking pattern</li> <li>3. If you are limping without a walking aid – continue to use</li> </ol>		<b>Driving your car</b>	<b>3-6 weeks</b>	<ol style="list-style-type: none"> <li>1. Able to safely perform an emergency stop with your operated leg</li> <li>2. If it is your right knee – minimum of 6 weeks post-surgery. If it is your left knee and you have an automatic car and off any strong pain medication, it should be possible to start driving after 2 weeks.</li> <li>3. Advise your insurance company that you have undergone a knee replacement before driving and check that you are insured</li> <li>4. In a parked car, practice operating the pedals as if you were performing an emergency stop</li> </ol>	
<b>Walking up to a mile without crutches outside</b>	<b>6-8 weeks</b>	<ol style="list-style-type: none"> <li>1. Well controlled pain</li> <li>2. Even walking pattern</li> <li>3. Able to complete the mid stage exercise programme</li> </ol>		<b>Return to work</b>	<b>6-12 weeks</b>	<ol style="list-style-type: none"> <li>1. Depends upon the type of work you perform – speak to your surgeon for advice specific to you</li> </ol>	
<b>Using the static bike with easy resistance</b>	<b>2-4 weeks</b>	<ol style="list-style-type: none"> <li>1. Able to safely get on and off the static bike</li> <li>2. Put the seat up fairly high for comfort and move your knee within range and pain limits. This may require a rocking forward and back motion until your knee range of movement allows for a full revolution.</li> </ol>		<b>Light house work</b>	<b>4-6 weeks</b>	<ol style="list-style-type: none"> <li>1. Able to complete your early stage exercises</li> <li>2. Well controlled pain</li> </ol>	
<b>Kneeling</b>	<b>12 weeks or as comfort allows</b>	There is no restriction in your ability to kneel post knee replacement surgery. You are able to kneel as your comfort allows and this will not affect your new knee joint. Comfort in kneeling varies amongst patients and will be down to the individual. It is advisable to kneel on a comfortable pillow/knee pad.		<b>Light gardening</b>	<b>6 weeks</b>	<ol style="list-style-type: none"> <li>1. Able to perform your mid stage exercise programme easily</li> <li>2. Avoid stamping through your operated leg when digging for 8-12 weeks</li> </ol>	

## Examples of mid stage activities, milestones and common time frames

Common mid stage activities	Number of weeks after knee replacement usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No if relevant
Golf - putting only	From 3-4 weeks	When you feel ready	
Cross trainer machine	4 -8 weeks	<ol style="list-style-type: none"> <li>1. Able to get on and off the machine safely</li> <li>2. Pain free walking short distances without aids</li> <li>3. Able to complete the mid stage programme</li> </ol>	
Medium resistance on the static bicycle	12 weeks	<ol style="list-style-type: none"> <li>1. Able to get on and off the static bicycle safely</li> </ol>	
Walking for more than 2 miles without aids	10-16 weeks	<ol style="list-style-type: none"> <li>1. Able to perform the mid stage exercise programme</li> <li>2. Even walking pattern without aids</li> <li>3. When you feel ready</li> </ol>	
Easy country walks	Not before 6 weeks	<ol style="list-style-type: none"> <li>1. Able to perform the late stage exercises</li> <li>2. Able to walk on the flat for long distances pain free</li> <li>3. When you feel ready</li> </ol>	

Common mid stage activities	Number of weeks after knee replacement usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No if relevant
Golf at the driving range	Not before 12 weeks	<ol style="list-style-type: none"> <li>1. Able to swing a golf club through range without knee pain</li> <li>2. Able to complete the late stage exercise programme</li> </ol>	
Base line tennis shots – No jogging	Not before 10 weeks	<ol style="list-style-type: none"> <li>1. Helps to be a skilled tennis player pre-operatively</li> <li>2. Able to complete the late stage exercise programme</li> </ol>	





# Examples of late stage activities, milestones and common time frames

Common late stage activities	Number of weeks after knee replacement usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No if relevant	Common late stage activities	Number of weeks after knee replacement usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No if relevant
Doubles tennis	3-5 months	<ol style="list-style-type: none"> <li>1. Able to perform the late stage exercise programme</li> <li>2. Low impact</li> </ol>		Rowing machine	Not before 16 weeks	<ol style="list-style-type: none"> <li>1. Pain free and full knee bend</li> </ol>	
9 holes of golf	Not before 12 weeks	<ol style="list-style-type: none"> <li>1. Pain free walking medium distances</li> <li>2. Able to swing a golf club pain free</li> </ol>		Easy on-piste skiing	Not before 6 months	<ol style="list-style-type: none"> <li>1. Able to perform the late stage exercise programme</li> <li>2. Helps if you are a good skier</li> <li>3. If you fall – your knee replacement will be at risk from the impact of falling</li> </ol>	
18 holes of golf	Not before 12 weeks	<ol style="list-style-type: none"> <li>1. Pain free walking medium distances</li> <li>2. Able to swing a golf club pain free</li> </ol>					
Easy horse riding	Not before 4 months	<ol style="list-style-type: none"> <li>1. Able to perform the late stage exercise programme</li> <li>2. Be a proficient horse rider on a well known and safe horse</li> </ol>					
Bowls	Not before 3 months	<ol style="list-style-type: none"> <li>1. Able to perform the mid stage exercises</li> <li>2. When you feel ready</li> </ol>					



# Chapter 10



## Follow up appointments and travel advice





# Follow up clinic appointments

You will be invited by letter to attend an out-patient clinic appointment six weeks after surgery where you will be reviewed by a member of your Consultant's Team. During the appointment, the check x-ray will be assessed. The x-ray will have been performed when you were fit enough to attend the x-ray department while you were in hospital. Your wound will also be checked. The Clinician will enquire how you are getting on and give advice if needed. At this point, if you are recovering well, you will be discharged back to the care of your GP. Some people may be requested to return to clinic for future appointments if further support or monitoring is required.

## Medical certificates

If you require a medical certificate to exempt you from work, please ask a member of the Nursing Team prior to leaving hospital. If you require further time off work, please ask your GP.

## GP

When you are discharged from hospital, a letter will be sent to your GP summarising your inpatient stay. This is known as a discharge summary. It will list the medication you were on when you left hospital. For repeat prescriptions, please see your GP.

## The dentist

Please tell your dentist you have undergone a knee replacement as you may require antibiotics before undergoing certain dental procedures.

## Travel

This advice is relevant for the majority of patients, however it should not override your own surgeon or doctor's decision making about your individual circumstances.

- Patients who have undergone knee replacement surgery are at high risk of developing deep vein thrombosis (DVT) if they fly within 4 weeks of undergoing surgery and should therefore avoid long journeys. DVTs are blood clots that can form in the legs

and may travel to the heart or lungs causing life-threatening illnesses such as heart attack or pulmonary embolus. The risk of developing a clot is related to the length of time spent immobile during travel

If it is unavoidable to travel outside of the above guidance provided, we recommend you discuss the role of medication to thin your blood with your physician, otherwise, please follow the advice in this section.

- Avoid long trips over 6 hours of continuous travel for 2 weeks prior to surgery
- Postpone or cancel flights over 6 hours for 3 months after your surgery
- Postpone or cancel flights under 6 hours for 1 month after surgery

## General travel advice after surgery

- Sit comfortably in the seat and recline as much as possible
- Wear loose-fitting clothing
- Store hand luggage in the overhead lockers to keep the floor in front of the seat free from obstruction
- While seated, bend and straighten legs, feet, and toes every 30 minutes during the flight
- To increase blood flow in the legs press the balls of your feet down hard against the floor or foot rest, hold for 5 seconds 10 times, repeat twice every 20 minutes.
- Do upper body and breathing exercises to further improve circulation



- Take frequent short walks around the cabin whilst the aircraft is cruising at altitude.
- Take advantage of refuelling stopovers where it may be possible to get off the plane and walk about.
- Maintain a normal fluid intake.
- Avoid alcohol, which in excess leads to dehydration.
- Avoid taking sleeping pills.
- Wear compression stockings. Compression stockings must be the correct size for you and prescribed. If you would like advice on compression stockings, seek help from a healthcare professional such as your GP or pharmacist.



# CONTACT DETAILS

## Useful Contact details

The South West London Elective Orthopaedic Centre  
Denbies Wing  
Epsom General Hospital  
Dorking Road, Epsom  
KT18 7EG

[www.eoc.nhs.uk](http://www.eoc.nhs.uk)

Email: [enquires@eoc.nhs.uk](mailto:enquires@eoc.nhs.uk)

SWLEOC Main Reception ..... 01372 735 800

## Concerns or complaints

Please tell us if you have any concerns or complaints. We want you to receive the care that you need.

Speak to a member of staff involved in your care or the ward manager in charge of your ward area while you are an inpatient. They can give you advice and information about our services and help to sort out any issues.

Alternatively if you would like to discuss your complaint with an independent person within the centre, please contact the Head of Quality and Improvement for the SWLEOC on 01372 735 811.

### Head of Quality & Improvement

Complaints Department  
The South West London Elective Orthopaedic Centre  
Denbies Wing, Epsom General Hospital  
Dorking Road, Epsom  
KT18 7EG

[www.eoc.nhs.uk/how-to-complain.html](http://www.eoc.nhs.uk/how-to-complain.html)

If you would like to discuss your complaint who is independent to SWLEOC, please contact the Patient Advice and Liaison Services (PALS).

## PALS

Monday - Friday: ..... 10am – 4pm

Telephone: ..... 01372 735243

Email: ..... [est-tr.PALS@nhs.net](mailto:est-tr.PALS@nhs.net)

[www.epsom-sthelier.nhs.uk/pals](http://www.epsom-sthelier.nhs.uk/pals)

For deaf, hard of hearing  
and hearing impaired (Via Text Relay) ..... 0800 102 082 962 508

### SMS text

For deaf, hard of hearing and hearing impaired ..... 07975 232021









[www.eoc.nhs.uk](http://www.eoc.nhs.uk)