

# Total Hip / Knee Replacement post-operative FAQs

**This leaflet explains more about returning to your everyday activities after your total hip (THR) or knee (TKR) replacement. If you have any further questions, please speak to a doctor or nurse caring for you.**

## **For how long will I need crutches?**

You will probably need to use some sort of mobility aid (e.g. walking frame, elbow crutches, walking stick) for approximately four to eight weeks following your surgery. However, this varies significantly from patient to patient, depending on several factors, for example, your level of mobility before your surgery, your pain, strength and how much exercise or rehabilitation you do following your surgery.

Overall, the better you do your rehabilitation exercises, the quicker you will get your strength and movement back.

## **How can I prepare my home for recovery? What special equipment is available for my home to assist ADLs?**

If you live in a multiple storey house, you may want to consider preparing a bed on the ground floor so that you can avoid the stairs when you first return. If appropriate, your physiotherapist will advise you how to manage the stairs safely following your surgery.

Make sure your house is free of obstruction and hazards such as power cords, area rugs, clutter and furniture to minimise risk of falls. Focus on pathways, hallways and other places through which you are likely to walk.

Various items and equipment are available for your home designed to assist with certain activities, for example, grab rails in the bathrooms, raised toilet seats, toilet frames with handrails, chair raisers, shower seats and bath boards. Most of these are available online or in stores such as Argos.

### **How long will the artificial hip/knee last?**

According to research, most joint replacements (over 85%) will still be functioning 25 years later.

### **My hip / knee is red and swollen, is this normal?**

Mild swelling and redness around your knee are normal following your surgery. These can remain for up to twelve weeks post operatively. Using ice packs at this stage may help to reduce swelling. Raising your leg at night and when you are resting is also advisable. Make sure to place the support under your heel, as opposed to under your knee to encourage circulation.

If you notice the following signs or symptoms in the weeks following your surgery then please contact your GP:

- An **increase** in redness, warmth to touch, swelling or pain around the hip/knee/scar
- Fever or temperature above 37.8C degrees (100 F)
- Chills
- Discharge or oozing from the scar which may be white or grey and have a bad smell.

### **My hip / knee is very painful at night, is this normal? Will this get better?**

Hip and knee pain at night is normal for a period post-surgery as you progress through rehabilitation and begin to put more weight through your joint for longer periods as you return to full function. This should get better with time and sometimes placing a pillow between your knees throughout the night or pain relief may be necessary.

Please monitor swelling, redness and well-being in case of an infection and if worried please contact your GP immediately.

If you are not concerned about infection and this continues, please liaise with your GP or physiotherapist as some advice on pacing or stronger pain relief may be necessary.

### **When can I drive again?**

You can resume driving when you can bend your knee enough to get in and out of the car, can control the car properly and perform an emergency stop. This is usually between four to six weeks after your surgery but if you are concerned, please consult your therapist or doctor.

### **When will I be able to get back to work?**

This depends on the nature of your job. For example, if your job is sedentary you can return to work within three to six weeks as you deem able. If your job is more physically demanding, it may take six to twelve weeks plus, depending on how you are progressing with your rehabilitation.

### **Why is my hip / knee / scar numb?**

After a hip or knee replacement, it's common to experience new numbness around the joint itself and the scar. This is largely due to swelling compressing the nerves around your knee and should resolve within a few weeks. If you experience numbness or pins and needles in your lower leg e.g. calf, shin or foot, discuss this with your doctor or therapist.

### **Will I regain full range of movement?**

The amount of range of movement achieved following surgery varies significantly from person to person and depends on several factors such as the range of movement you had prior to your surgery, as well as how well you comply with your rehabilitation exercises. It is not always possible to achieve full range of movement but we

always aim for a significant improvement. Optimally we would aim for at least 0 degrees extension (i.e. fully straight), and at least 90 degrees flexion.

### **Why does my leg feel like it may give way?**

It is normal for you to develop a weakening of your leg following your surgery. This is a normal response of your muscles and does not indicate an issue with the integrity of your joint replacement. As you increase your activity levels, and rehabilitation, the sensation of giving way should improve.

### **For how long do I wear TED stockings?**

Continue to wear your support stockings as your doctor or surgeon advises you. These help to prevent blood clots. The length of time that you will have to wear them depends on your activity level and the amount of swelling.

### **When do the hip precautions end?**

A small proportion of total hip replacement patients are advised to follow a set of rules called “hip precautions” following their surgery. This should be clearly stated by your surgeon and explained by your therapist. The amount of time you need to abide by these instructions is decided by your surgeon but is usually between six to eight weeks.

These precautions are:

- Avoiding bending your hip beyond 90 degrees, e.g. sitting in a low chair or bending to floor
- Avoiding crossing your leg across midline (adduction)
- Avoiding twisting your body (trunk rotation)
- Avoiding turning your operated leg in (internal rotation).

### **How many times a day should I do my exercises?**

It is important to move your knee as soon as possible after the surgery unless your surgeon or therapist advises you not to do so.

This will minimise stiffness, pain and swelling and will reduce the formation of scar tissue.

For the first three weeks, you should do your exercises (as in your booklet) at least three times throughout the day. You do not have to do them all at the same time. These will focus primarily on range of movement, i.e. bending and straightening your leg as much as you can.

Following the three weeks, you can do all the exercises for the suggested number of repetitions or holding time, at least approximately three to five times a week (the strengthening exercises). If your knee is still stiff at this point you should hold a “stretch” with your leg in both a bent and straight position daily for 30 seconds (stretching exercise).

### **How much time should I spend doing my exercises?**

This will depend on both your pain levels and your baseline strength. Your physiotherapist should prescribe you a certain number of sets and repetitions to perform each exercise.

Overall, you should be guided by your sense of fatigue. Generally you should not push through “pain” more than approximately 4/10 and your exercises shouldn’t cause you pain of more than 4/10 later in the day / evening. If you are finding that your pain exceeds this level, then consider reducing either the number of repetitions or weight you are using.

### **My hip / knee is painful when doing exercises and following exercise, is this normal? I’m finding the exercises very challenging. Will the exercises get easier?**

It is normal for your exercises to feel challenging, particularly in the initial stages. Exercises should certainly begin to feel easier, as your strength, range and pain levels improve but this can take between two to six weeks to take effect. As mentioned, it is not advisable to

push through 4/10 level of pain during your exercises and if your pain levels are significantly more than this, consider reducing your repetitions and / or weight.

### **Useful sources of information**

Please refer to South West London Elective Orthopaedic Centre (SWLEOC) for any other concerns; their comprehensive website has extremely useful videos and information for THR and TKR.

<https://www.eoc.nhs.uk/what-we-do.html>

### **Contact us**

If you have any questions or concerns about your physiotherapy appointments, please contact our central booking system on 020 8725 0007 (Monday to Friday, 8am to 5pm).

Out of hours, please leave a voice message

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit

**[www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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### **Additional services**

#### **Patient Advice and Liaison Service (PALS)**

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

#### **NHS Choices**

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

## NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

## AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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