NHS
Maidstone and Tunbridge Wells
NHS Trust

Total Knee Replacement Surgery

Information booklet for patients, relatives, and carers

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This booklet aims to provide information about your total knee replacement surgery, what to expect from your admission at Maidstone and Tunbridge Wells NHS Trust, and how you can take an active role in your recovery.

What is a knee joint?

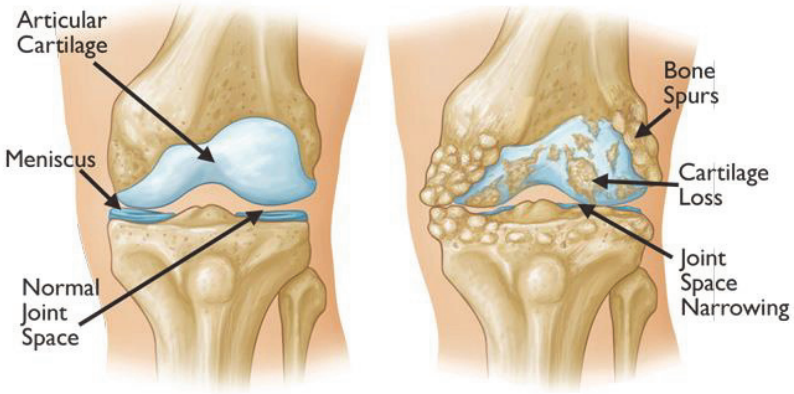
The knee is a 'hinge joint' made up of three bones in a hinge formation: the patella (knee cap), the end of the femur (thigh bone) and the top of the tibia (shin bone). In a healthy knee cartilage covers the surface of the bones in the knee joint and lets you move smoothly and without pain.

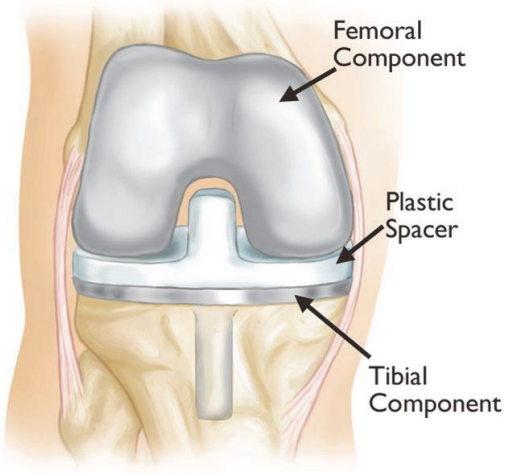
What is a knee replacement?

During a knee replacement the surgeon removes the rough damaged surfaces of your knee and replaces these with new smoother surfaces made from metal and plastic.

Why do I need a knee replacement?

Osteoarthritis of the joint is the most common reason for needing a knee replacement. Osteoarthritis damages the cartilage and roughens the bone surfaces. It is this damage that causes the pain on movement and decreases joint flexibility and strength. Any condition that damages the cartilage covering the bones can cause pain. These include rheumatoid arthritis, avascular necrosis and previous knee trauma.





If you want to know more about the type of knee replacement you are having please discuss this with your Consultant.

Alternative procedures

There is no absolute requirement for you to have a knee replacement. It is usually a decision you make with your surgeon based on your quality of life. If your surgeon offers you a knee replacement the decision to proceed with the operation is yours alone and you may cancel the operation at any time before the anaesthetic if you change your mind. Total knee replacements are usually performed on patients suffering from severe arthritis (although there are other reasons). Most patients are above the age of 55 years.

Alternative treatments for arthritic knee pain include:

- Lifestyle modification: Weight loss
  Avoiding or modifying strenuous exercises or work
  Physiotherapy and exercises
- Medication — Pain killers and anti-inflammatory drugs e.g. ibuprofen
- Alternative surgeries — Partial or unicompartmental knee replacement
  Leg realignment known as osteotomies
- Walking aids such as a stick or a crutch

How long do knee replacements last?

There is no set period that knee replacements last on average. Rarely patients need to have their knee replacement redone early due to infection or fracture. Data from joint registries show that knees last a shorter time in younger patients, particularly those under 55. However, even in this young age group, at 10 years after surgery over 90% of knee replacements are still functioning. At 15 years over 75% of knee replacements are still functioning in young patients. In older patients knee replacements last longer.

Risks of surgery:

Knee replacement is a routinely undertaken operation but is major surgery. In the UK 80 to 85% of patients are satisfied with their knee replacement, this means 15-20% are not satisfied. All surgical procedures have associated risks and complications.

Common: (2-5%)

Blood clots: A DVT (deep vein thrombosis) is a blood clot in a vein. These may present as a red, painful and swollen leg. The risks of a DVT are greater after any surgery and especially lower limb surgery. A DVT can travel through the blood vessels to the lungs causing a pulmonary embolism or PE. This is a serious condition which affects your breathing. The hospital doctors will give you two weeks of medication to reduce the risk of DVTs from forming unless you are already on anticoagulation (blood thinning) medication. When you are in hospital and in bed we use foot or calf compression pumps to improve blood circulation in the leg. Walking and getting moving is one of the best ways to prevent blood clots from forming.

Bleeding: This is usually minor and can be stopped during the operation. However, large amounts of bleeding may need a blood transfusion and/or a return to theatre to stop the bleeding and remove the collection of blood. Many patients suffer significant bruising down the leg following surgery.

Pain: The knee will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. Persisting pain can be a long-term problem.

Prosthesis wear and loosening: Modern operating techniques and implants mean that most knee replacements last over 15 years. However in some cases it may be significantly less. The reason is often unknown. Younger patients wear their knee out faster. Implants can wear from use. The reason for loosening may also be unknown. Sometimes it is secondary to infection. This may require removal of the implant and revision (redo) surgery.

Knee stiffness: This may occur after the operation, especially if the knee is stiff before the surgery. Manipulation of the joint under general anaesthetic may be necessary. It is very important to get the knee moving after the operation despite it being swollen and uncomfortable initially.

Altered leg length: The leg which has been operated upon may feel longer, particularly if arthritis affects the opposite knee as well. This difference is usually less than one centimetre.

Urinary retention: This complication particularly affects patients with prostates. Many patients struggle to pass urine after surgery. Occasionally this requires a temporary catheter (tube) to be passed into the bladder. Rarely patients continue to struggle passing urine and need to be discharged with a urinary catheter.

Post-operative delirium: Some patients become confused after surgery. This is usually short term but rarely can persist. This complication is more frequent in patients with pre-existing dementia. It is also associated with; older age, diabetes, kidney disease, blood transfusions, and sedation.

Less common: (1-2%)

Infection: Infection of the knee replacement is a serious complication and may require the surgery to be redone. We take many precautions to avoid infection. You will be given antibiotics just before and after the operation and additional precautions are taken in theatre. Please follow the advice you are given in pre-assessment clinic regarding showering before the operation, changing bed linen and nightwear. Foot hygiene before the surgery is also important. Despite these precautions infections can still occur. The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is often treated with antibiotics, but an operation to washout the joint may be necessary. In rare cases, the implants may need to be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

Rare: (<1%)

Altered wound healing: The scar may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people.

Tendon damage: The tendon from the kneecap to the shin bone (patellar tendon) may be injured during or after the operation. This is a serious complication as the tendon frequently requires an operation to repair, which has variable results.

Nerve damage: Efforts are made to prevent this however damage to the nerves behind the knee is a risk. This may cause temporary or permanent altered sensation and muscle power to the leg, ankle, and foot.

Bone damage: The bone may break when the implant (metal replacement) is put in. This may require fixation, either at time of surgery or at a later date.

Blood vessel damage: The vessels behind the knee may rarely be damaged. This may require further surgery by vascular surgeons.

Pulmonary embolism (PE): A PE is a blood clot(s) in the lung(s). If a DVT has developed but part or all of it breaks away, then the blood clot can travel to and lodge in the lungs. A PE is a serious condition and can be fatal but if diagnosed can be treated with anticoagulation.

Amputation: Very rarely amputation as a result of complications is necessary. This may be as a result of damage to major blood vessels or severe infection.

Stroke: A very rare complication that tends to affect older patients with other medical problems (co-morbidities) and smokers. If you normally take blood thinners (anticoagulants) you will be advised in pre-assessment clinic on how to stop these before surgery. During the brief period they are stopped there is an increased risk of stroke.

Death: This rare complication can occur from any of the above complications. The risk is increased by underlying medical conditions and advancing age.

Before the operation

Pre-assessment clinic

A few weeks before your operation you will be asked to attend the Pre-assessment Clinic. A thorough medical assessment will be carried out to make sure you are medically fit enough for surgery.

At this clinic, routine pre-operative tests including urine, blood, ECG (heart trace) and x-rays will be carried out. You will also be screened for MRSA (Methicillin Resistant Staphylococcus Aureus) and MSSA (Methicillin Sensitive Staphylococcus Aureus); if detected you will be treated prior to surgery.

Pre-admission knee class

The Enhanced Recovery Programme (ERP) is a patient-focused experience, commencing from the decision to operate and finishing with full recovery at home.

An essential part of the ERP is the pre assessment ‘knee class’, which we encourage you to attend. This is an informal patient education session delivered by the therapy team, where the whole patient journey is explained, including the hospital stay, recovery period, and rehabilitation. It also allows for questions to be answered and anxieties to be relieved.

It provides an opportunity to meet other people going through the same experience and some of the staff that may be involved in your care. The class may be held face to face or virtually.

Equipment provided by the hospital

Equipment needs for knee replacement patients are assessed by the Occupational Therapist after the surgery, whilst you are in hospital. Most commonly patients need a toilet frame and a perching stool to enable them to be more independent once home.

To return the equipment, when no longer required, please telephone the number listed on the equipment.

What can I do prior to my admission?	Done
Assess and rearrange each room you use in your home for ease of walking with crutches, sticks or a walking frame.	
Remove any loose rugs, which may cause you to trip.	
Remove any exposed trailing wires e.g. telephone, which may cause you to trip.	
Move regularly used items so they are easily accessible.	
Practice dressing with long handled aids if required.	
Identify people who will help with your shopping, washing, cooking and cleaning.	
Arrange care for family and pets if required.	
Freeze bread and milk so they are available on return home.	
Pre-cook and freeze meals for convenience after the surgery.	
Arrange transport in and out of hospital.	
Eat a well-balanced diet and limit alcohol intake.	
Stay active and start the knee exercises shown later in this booklet, as pain allows.	
Stop smoking – smoking increases the risk of most complications, it delays healing and will slow recovery.	
Wash bedding and any towels you plan to use after surgery.	
Ensure you have enough of your usual medication and will not run out.	

Preparing your skin before surgery

When you come to the hospital for your pre-assessment, the nurse will give you a bottle of chlorhexidine gluconate skin cleanser (Hibiscrub® Plus). This is an antiseptic body and hair wash which you need to use to prepare your skin before surgery.

Do not use the chlorhexidine solution, and let the doctor or nurse caring for you know if any of the following apply to you:

- You have a known allergy to chlorhexidine gluconate.
- You have an underlying skin condition.

If you experience any signs of allergy following use of the chlorhexidine skin cleanser - for example a rash, breathing difficulties, palpitations, or swelling of the lips, tongue and throat - or if you feel unwell in any way, please seek medical advice immediately. Let them know that you have used chlorhexidine skin cleanser recently, and take the bottle with you if possible.

If you are unsure if you have sensitivity to Hibiscrub when you attend pre-assessment clinic we will tell you how to do a patch skin test at home.

Two days before your surgery:

Routine shaving should be stopped at least two days before your surgery on all areas of your body, including the legs and underarms. This is to prevent any skin irritation or damage which could lead to an infection. **Please do not shave the surgical site.**

Continue to wash/shower or bathe with your regular products at home.

You can continue to shave your face and neck.

Make sure your feet are clean with trimmed toenails.

One day before your surgery:

In the morning of the day before your surgery, you can wash/shower/bathe and wash your hair with the regular products you use at home.

Change your bedding and night-wear so that they are clean.

On the evening of the day before your surgery, your skin needs to be prepared using the chlorhexidine skin cleanser, as explained below. You may need somebody to help you to ensure that all body areas are covered. Do not allow this product to come into contact with your eyes, ears and mouth. Occasionally the chlorhexidine solution may cause skin irritation, such as temporary itching and/or redness.

Once you have started preparing your skin before surgery, please do not apply any other bathing products, lotions, moisturisers or makeup. This is because water and ingredients commonly found in personal care products can reduce the effectiveness of chlorhexidine.

Dress in clean nightwear.

Directions for using the chlorhexidine gluconate skin cleanser (Hibiscrub® Plus):

1. Wet the skin on your face, and then wash your face with undiluted chlorhexidine skin cleanser, especially around the nose.
2. Wet the skin on your body, ideally in the bath or shower.
3. Apply the chlorhexidine skin cleanser directly to the skin using a clean cloth or sponge, paying particular attention to the armpits, groin and buttocks.
4. Leave the solution on the skin for about three minutes.
5. Rinse off thoroughly.
6. Now repeat Steps 1 to 4, this time starting with your hair.
7. After the final rinse, dry yourself with a clean towel.
8. Put on clean clothes.

On the morning of your surgery:

Please repeat Steps 1 to 8 above before coming to hospital.

Pay particular attention to folds in the stomach and groin areas.

Wash the buttocks and the area in between them thoroughly.

The nurse looking after you will ask you to repeat Steps 1 to 6 above if you haven't been able to do this before you arrive at hospital.

If you require assistance with the above steps, please do not hesitate to speak to a doctor or nurse caring for you. It is very important that we ensure all body areas are cleaned.

Why is it important that I follow all of the above steps?

Many microorganisms (bacteria) live in and on our bodies, and are also present in our surroundings. Our skin prevents bacteria from entering our bodies. A surgical wound infection occurs when bacteria enter the cut that the surgeon makes through the skin to perform an operation. Using the chlorhexidine skin cleanser properly will reduce the amount of bacteria on your skin which can potentially enter the cut. This may help to reduce the chances of you getting a wound infection.

The day of surgery

What do I need to bring into hospital with me?	Packed
• This booklet	
• Any consent forms you may have been given	
• All current medications in their original boxes	
• Loose comfortable clothing including night wear	
• Comfortable, supportive, slip on footwear – slippers with a back or trainers	
• Any long-handled aids you have purchased	
• Toiletries	
• Hearing aids and glasses if appropriate	
• Mobile telephone and charger	
• A book, iPad, or tablet, if desired	
• Cash; you are unlikely to need more than £10	

Avoid bringing in unnecessary valuables. Leave jewellery apart from wedding and engagement rings at home.

On the day of admission and the surgery

Please follow the timings using a 24 hour clock below:

TIME	
02:00	Nothing further to eat. We recommend you have a light snack only after 9pm the day before admission. Chewing gum should not be used on the day of surgery as it increases gastric secretions. No drinks apart from clear water after this time.
05:30-06:00	You should drink your two carbohydrate (Nutricia pre-op) drinks provided by the pre-assessment clinic, unless advised not to in pre-assessment clinic, e.g. diabetic patients. Take any morning medication. If you are required to take any of your normal medications on the day of surgery this should have been discussed with you during your pre-assessment appointment.
06:00 onwards	Strictly nil by mouth, this includes chewing gum and water.

On arrival, you will be welcomed and shown around the ward. A nurse will check your details and complete the nursing assessment. Nursing staff may ask you to provide a sample of urine prior to your operation. This can be done using the ward toilets. This is to ensure there is no urinary infection, and to check women under the age of 55 aren't pregnant.

Please be aware that a number of operations will be taking place on the day and the order is dependent on several factors including any medications and any other health problems (co-morbidities) you may have.

The surgery and anaesthetic

You will be visited by your surgeon before the operation. If you have any questions make a note of them as now might be a good time to ask them. The surgeon will mark your leg with a marker pen. This is to make sure the correct leg is operated on.

The anaesthetist will see you before your operation. The anaesthetic given in theatres is likely to be a spinal anaesthetic. This means the area to be operated on is completely numb. Usually you will be offered sedation however occasionally this may not be possible because of other medical conditions you may have. Spinal anaesthetic has been used for joint replacements globally for decades, although remains a worry for many patients. There are many advantages of a spinal anaesthetic over a general anaesthetic. These include patient safety and significant continued pain relief after the surgery. Occasionally for medical reasons we use a general anaesthetic, where you are asleep. You will discuss this and the risks of the anaesthetic with the anaesthetist.

The actual surgery usually takes less than an hour although you will be in the theatre complex for longer to allow the anaesthetic to be administered and recovery to take place. A tight inflatable band (a tourniquet) is often placed across the top of the thigh to limit the bleeding. Your skin will be cleaned with anti-septic solution and covered with sterile drapes. The surgeon will make an incision down the middle of the front of the knee. The knee capsule, the tough, gristle-like tissue around the knee, is then visible and is cut. This allows the kneecap (patella) to be pushed to one side. The surgeon can then trim the ends of the thigh bone (femur) and shin bone (tibia) using a special bone saw. Some surgeons also remove the underside of the knee cap.

Using measuring devices, the new artificial knee joints are fitted into position. The implant is made of metal with a polyethylene bearing which sits on the tibia. A polyethylene button is sometimes placed on the underside of the knee cap.

When satisfied with the position of the implants, the surgeon will close the wound. A drain may be used. This allows any collections of blood or fluid to drain out. The drain is removed painlessly on the ward within a day. The incision may be closed with clips that are removed twelve to fourteen days after the surgery, or a suture that may not require removal.

After the surgery

You will remain in the recovery area until your condition is stable and your pain is well controlled. You may have an intravenous infusion (‘drip’) and an oxygen mask. When you wake up you will have a padded bandage around the knee. If you have had a spinal anaesthetic, you will be pain free. This pain relief lasts several hours. If you have had a general anaesthetic you will feel sore around the knee, this is normal. Nerve blocks inserted by the anaesthetist in the operating theatre may leave your leg feeling weak and numb when you wake up.

The nursing staff on the ward will make regular observations of your temperature, blood pressure and pulse. They will monitor your pain levels and give you pain relief as required. You will be allowed to gradually take fluids and resume a normal diet. You will be encouraged to start walking as soon as possible with the aid of the nurses and physiotherapists. You will begin physiotherapy as soon as possible as it is important to start moving your new knee to promote good blood flow, to regain movement and muscle strength and to help the recovery process.

As soon as normal sensation to the legs has returned (normally within 3-4 hours) and providing pain is well controlled, the aim is for you to transfer out of bed to the chair or commode, with the help of an orthopaedic nurse or the physiotherapist, and a walking frame. An X-ray and a blood test will be taken the next day.

How long will I be in hospital?

The usual length of stay following an elective total knee replacement is 1-2 days. Before going home you will have to be:

- Medically fit
- Independently mobile with an appropriate walking aid
- Independent getting on and off the bed, chair and toilet
- Safe on stairs
- Able to fully straighten your knee
- Able to bend your knee to 90 degrees or a right angle

How should I look after my wound after my surgery?

Before you leave the hospital, we will give you paper copies of your discharge information, including information about caring for your wound when you are at home.

The next few weeks

The first two to four weeks after surgery are difficult for the majority of patients. People that work are off work an average of ten weeks. Most drivers are able to return to driving at four to six weeks. At six weeks most patients are still woken with discomfort at night. It takes an average of three to nine months for a knee replacement to really settle. Although allowed, most patients find it permanently uncomfortable to kneel on a replaced knee. All patients experience numbness, to the side of the scar away from the opposite knee, which is permanent. This area of numbness shrinks with time and one becomes less aware of it.

Pain: Pain following your operation is normal for the first two months. You may still need painkillers at night especially to help you sleep.

Swelling: It is normal for the knee, ankle and foot to be swollen after surgery. The swelling gradually decreases but this can take up to 3 months in some people. Keeping mobile is a good way to reduce swelling so try and have a short walk around your living room, or outside when you feel safe to do so, at least once a day. Raising your foot up or lying down for a short while can help reduce swelling but you must make sure you get up and walk around for a few minutes every hour to avoid an increased risk of blood clots.

Using ice for 15 to 20 minutes at a time may also help. Make sure you do not put ice or ice packs directly on your skin; use a damp tea towel or cloth between your skin and the ice.

Infection: Your wound will be warm and sore initially. However if you notice an increase in pain, redness, warmth, and oozing or an unpleasant smell from your wound you must contact the hospital or your GP. If you have a very painful, hot/hard area in your leg in the first few weeks after your operation you must contact your GP or attend an A&E department.

Sex after joint replacement

It is likely you will be able to have sex after six to eight weeks. Try and find a position that is comfortable and avoids bending the joint too much. Many people feel more comfortable lying on

their back during sex. Please don’t feel awkward about asking for advice about suitable positions.

Sport and exercise

Regular exercise is crucial to your recovery. Walking is excellent exercise for the first few weeks following surgery. Swimming is very good exercise once your wound has been checked and is healed. Cycling is good but getting on and off a bicycle will be difficult at first. You may find you need to raise the saddle to fully turn the peddles. Exercise that involve twisting and bending like golf, dancing, and bowls should be fine after three months

Discuss exercise that involves extreme bending or a risk of falling with your surgeon.

Physiotherapy

What physiotherapy will I need?

You will be seen by a member of the physiotherapy team the day after your surgery. They will assess the safest way for you to transfer with the nursing staff on a daily basis and also teach you some exercises to aid your recovery. It is important you sit out in the chair every day. The multi-disciplinary team will be able to help you with this and will continue with your rehabilitation as advised by the physiotherapy team.

The physiotherapy team will review your exercises daily and aim to progress your transfers and walking with the appropriate aids.

On your return home it is important you continue to stay mobile and do the exercises you have been shown.

Ice therapy

Ice acts as a natural pain relief and can also help decrease swelling after surgery. Once you are home, we recommend you use ice for no longer than 20 minutes at a time. Make sure you avoid direct contact between the ice and your skin by placing a thin towel over the area.

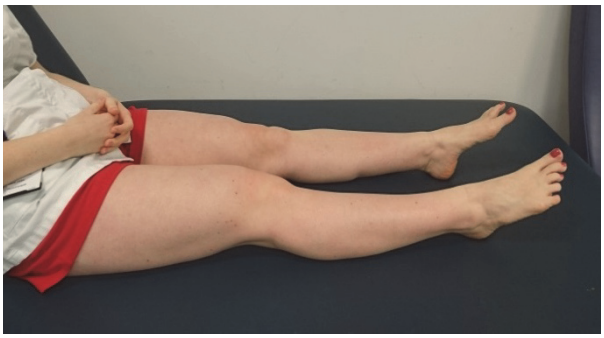
Exercises following knee surgery

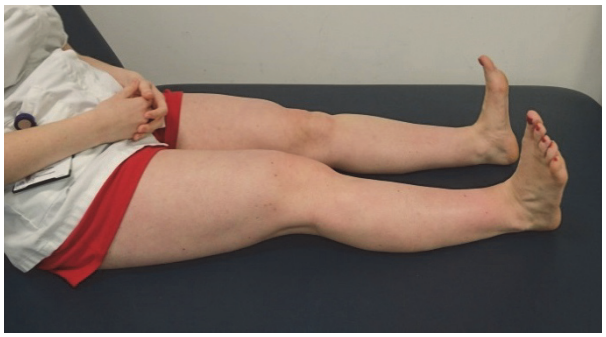
You will be taught exercises to aid circulation, help get your knee moving and improve your muscle strength. You will be expected to complete these exercises outside of your physiotherapy sessions.

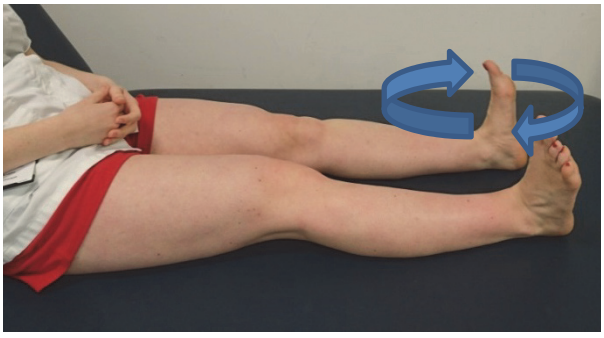
Bed exercises:

Ankle pumps/ rotations

Point your toes towards the end of the bed and then pull them up towards your head.

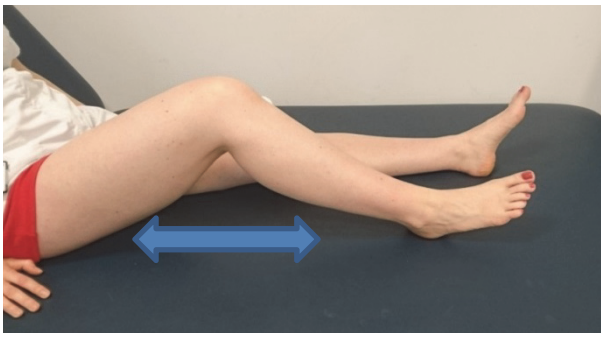






Rotate your feet in circular motions.

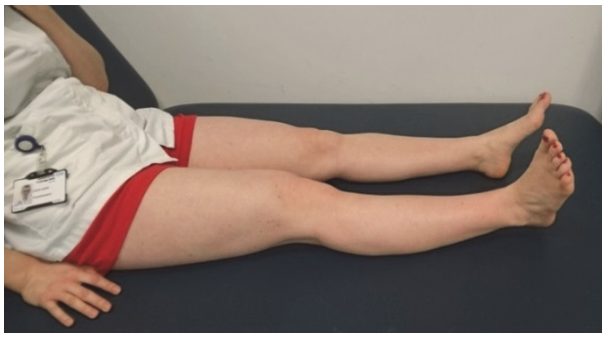
Repeat these little and often throughout the day.



Supported knee bends

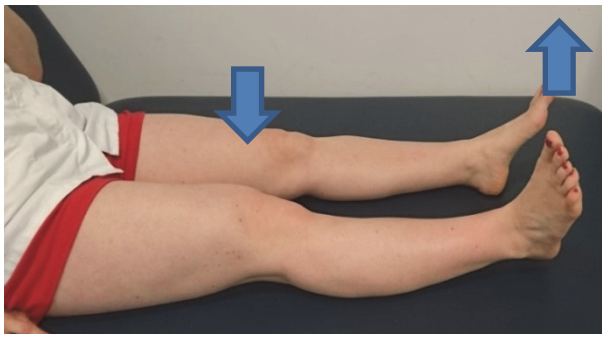
Bend your knee and try to slide your heel towards your buttocks. Do not let your knee roll inward.

Repeat 10 times, 3 - 4 times a day.



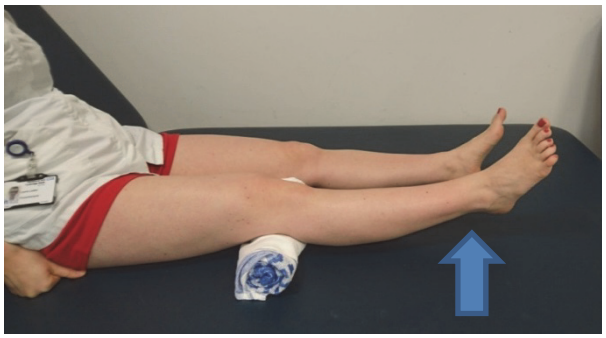
Static glutes/ buttock contractions

Tighten your buttock muscles and hold for 5 seconds. Repeat 10 times, 3 - 4 times a day.



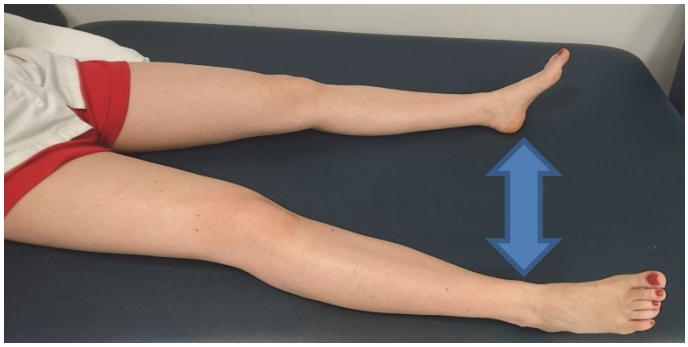
Static quadriceps

Keeping your leg straight, pull your toes up towards your head and push your knee down into the bed. Hold for 5 - 10 seconds. Repeat 10 times, 3 - 4 times a day.



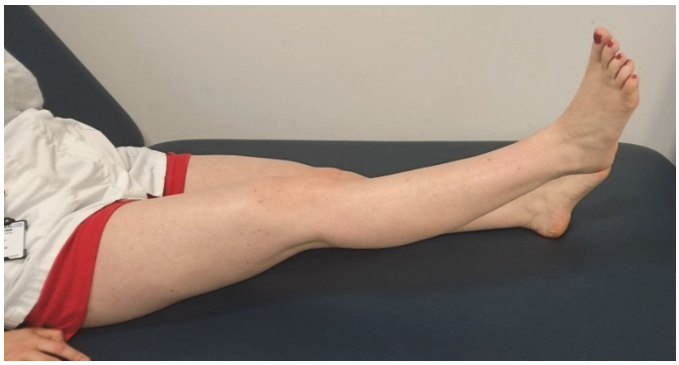
Inner range quadriceps

Roll up a towel and put it under your knee. Push your knee down into the towel, the bottom half of your leg should lift up away from the bed. Hold for 5-10 seconds. Repeat 10 times, 3 - 4 times a day.



Hip abduction

Slide your leg out to the side of the bed and then bring it back into the middle, Repeat 10 times, 3 - 4 times a day.



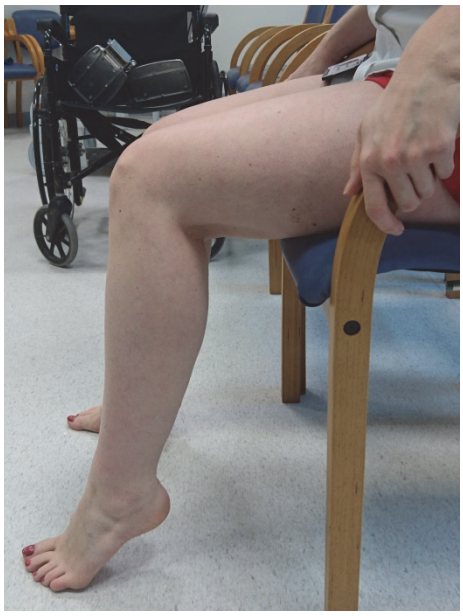
Straight leg raise

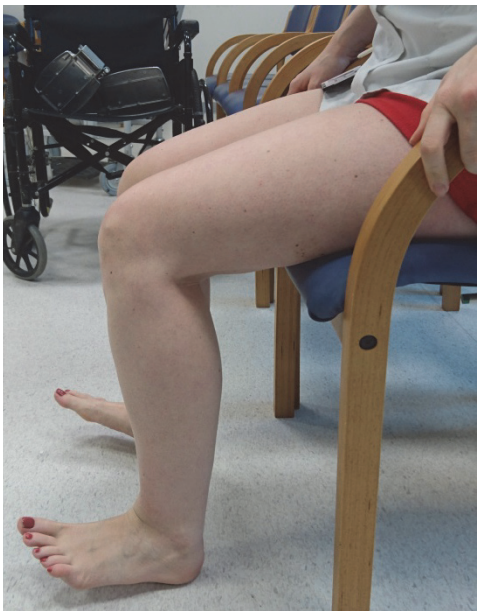
Keep your leg straight, tighten your thigh muscle and lift your leg off the bed. Hold for 5 seconds and lower slowly. Repeat 10 times, 3 - 4 times a day.

Seated exercises:

Ankle pumps

Bend and straighten your ankles. Repeat 10 times, 3 - 4 times a day.





Knee extension

Straighten your leg and hold it out in front of you for 5 seconds. Repeat 10 times, 3 - 4 times a day.

Knee flexion

Sit at the front of the chair. Bend your knee back and slide your foot underneath the chair as far as you can. Try to achieve at least a 90 degree (right angle) knee bend. Hold for 5 seconds. Repeat 10 times, 3 - 4 times a day.

Standing exercises:

Mini squats

Holding onto a chair for support, gently bend your knees as far as you can and then slowly stand up tall. Repeat 10 times, 3 - 4 times a day.

You may find it helpful to photocopy the below timetable for keeping track of your exercises.

Exercise Programme	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Ankle pumps and rotations							
Supported knee bends							
Static glutes/buttock contractions							
Static quadriceps							
Inner range quadriceps							
Hip abduction							
Straight leg raise							
Seated ankle pumps							
Seated knee extension							
Seated knee flexion							
Mini squats							

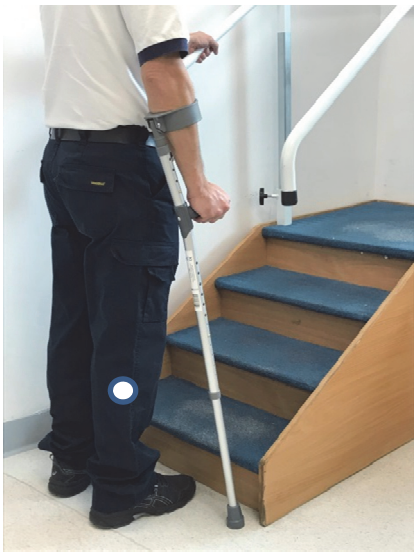
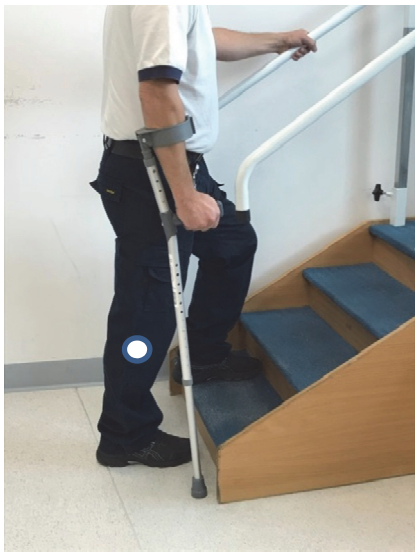
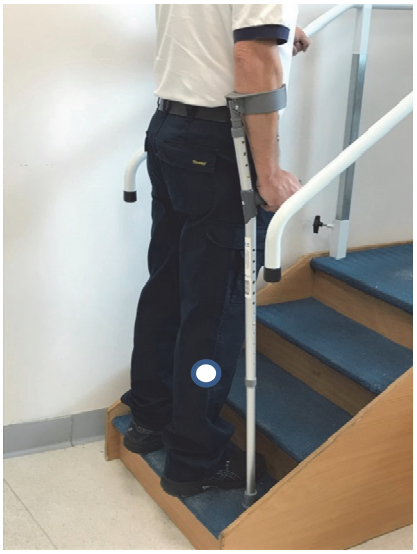
Stairs

Going upstairs

The circle denotes the operated side, in this case right.

Take one step at a time.

Un-operated leg first, followed by operated leg and then the walking aid.

Going downstairs

The circle denotes the operated side, in this case right.

Take one step at a time.

Walking aid first, followed by the operated leg and then the un-operated leg.



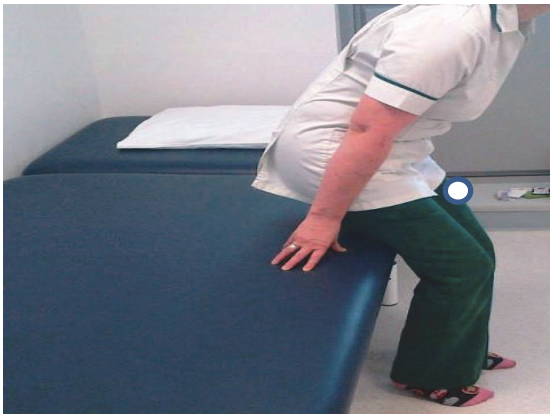
Occupational therapy (OT)

Occupational Therapists assess your ability to manage everyday activities.

You will be seen on the ward after your surgery to assess how you are progressing and make recommendations to help you manage your daily activities on discharge.

Advice for managing your daily tasks

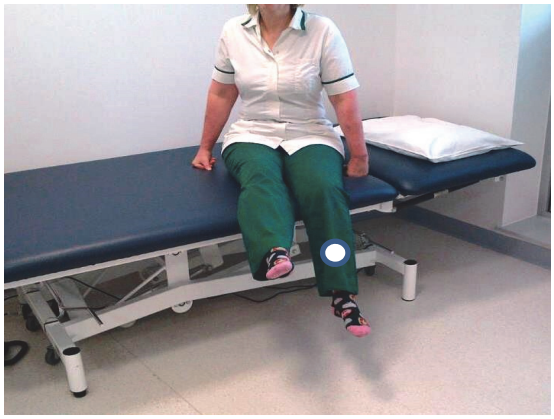
Transferring on and off the bed



Position yourself at the side of the bed, two thirds of the way up. Make sure you can feel the bed on the back of your legs before you try to sit down.

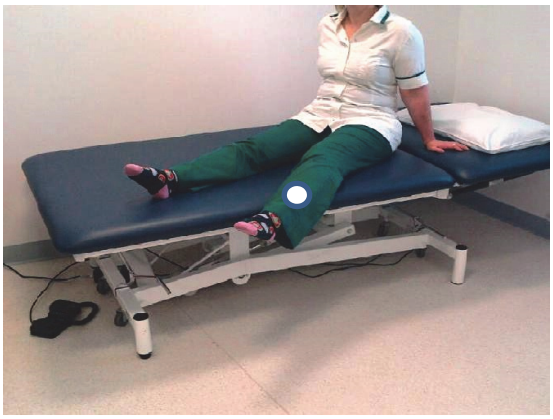
Try to get onto the bed leading with your non-operated leg if possible.

The circle denotes the operated side, in this case left.



Support your upper body with your arms and slide your bottom as far back onto the bed as you can. Bring your non-operated leg onto the bed.

Bring the operated leg up onto the bed gradually and use your upper body to move yourself further up the bed.



Try to get out of bed on the same side, this time leading with your operated leg.

Transferring on and off the chair

- Position yourself in front of the chair so that you can feel it on the back of your legs.
- Reach back for the arms of the chair. Straighten your operated leg out in front of you and lower yourself down gently into the chair.
- When getting out of the chair, shuffle your bottom forwards and push up using both hands. Make sure you are balanced before taking your hands off the chair and onto your walking aid

Driving and getting in or out of the car

Most drivers are able to return to driving at 4-6 weeks. This can depend on which side knee has been replaced and whether you drive a manual or automatic car. You must ensure you are not a risk to yourself and other road users. If you are able to stamp the operated side foot hard on the floor, try performing an emergency stop in a stationary car with the engine off. We would advise you discuss driving with your consultant and you will need to contact your insurance company to inform them of your recent surgery.

When transferring in or out of a car as a passenger, we advise:

- The passenger seat should be slightly reclined and as far back as possible to allow for maximum leg room. If necessary put a cushion on the seat to raise it.
- Sit on the seat before lifting your legs into the foot well. You may find it useful to grip the door frame whilst someone holds the door steady so you can lower yourself gently onto the seat.

Getting in or out of the bath or shower

It is usually advised that you strip wash initially on discharge and sit down to dress.

Your Occupational Therapist will discuss with you whether you are safe to access the shower after your surgery.

How to use long handled aids following knee surgery

You can purchase the following aids which may be helpful after your surgery:

Helping hand

Long handled shoe horn

Long handled sponge

Sock aid (please note this will not work with anti-embolism (surgical) stockings)

We recommend sitting on a suitable chair or perching stool to wash and dress. Always dress your operated leg first for ease.

To use long handled aids to dress your lower half:

- Hold the waist band of your clothing with the helping hand and lower to the floor. You can use the hooked end of a long handled shoe horn to open the leg hole of the clothing.
- Using the helping hand, guide the clothing over your leg and up to your knees, where you can safely reach it
- You can now carefully stand to a walking aid to finish dressing your lower half

  Undress your non- operated leg first

Managing kitchen tasks

Your Occupational Therapist will discuss how you are going to manage your kitchen tasks safely on discharge. It is advised that you use easy meals initially and build up gradually to your usual cooking routine.

You are likely to be discharged home using a walking aid which will affect your ability to carry items. Before your admission, it is helpful to consider the set-up of your kitchen and arrange items within easy reach. Your Occupational Therapist will identify any equipment that may help to increase your safety and independence when managing your meal and hot drink preparation.

Managing household tasks

During your recovery period, you will need some help with managing heavy household tasks such as housework, heavy laundry (i.e. bedding), and gardening. If you do not have any family or friends that are able to help, please discuss this with your Occupational Therapist as they may be able to signpost you to suitable charities and services who can provide this type of support on discharge.

Discharge information

On the day of your discharge the ward nurse will provide you with the following:

- Painkillers (analgesia) and blood thinners (anticoagulation) medication
- Dressings and a date when your wound should be reviewed by your practice nurse
  A 6 week orthopaedic follow up appointment will be sent to you by post.

If you have any concerns telephone the ward which you were on.

It is important you continue to stay mobile and complete the exercises you have been shown in order to maintain your level of independence and safety.

Useful phone numbers:

Pre-assessment clinic

Maidstone Hospital:	01622 224607
Tunbridge Wells Hospital:	01892 635854

Wards

Maidstone Orthopaedic Unit (MOU):	01622 228844
Ward 30 Tunbridge Wells Hospital:	01892 635868

Orthopaedic Secretaries

Clinical Administration Unit (CAU):	01622 228221

Physiotherapy

Tunbridge Wells Hospital Outpatient Physiotherapy	01892 632902
Maidstone Hospital Outpatient Physiotherapy	01622 224300

Frequently asked questions

When should I start my knee exercises?

You should aim to be undertaking your knee exercises before your surgery date, during your inpatient stay and for a minimum of 6 weeks after surgery.

Will I hear anything during the operation?

Patients very rarely do hear noise during the operation, some even chat to their anaesthetist. Please be aware that you will be in a relaxed state and the heightened anxiety you experience before the surgery will have settled naturally and with the help of medication. Most patients sleep through the entire procedure.

Will I have pain after my surgery?

Yes, it is normal to have pain following surgery; this pain will improve as your muscles get stronger. You are likely to require regular pain relief for the first few weeks after surgery. You will have pain relief prescribed as an inpatient and also be given pain relief to take home. Please let the nurses know if your pain is not controlled, you do not have to wait until the next drug round for more pain relief.

Will I be at risk of a Deep Vein Thrombosis (DVT)?

A DVT can occur in patients after a joint replacement, see the section **'Blood clots'** within the 'Risks of surgery' section.

Should I be concerned about my wound?

It is normal for the wound to be red, swollen and painful after the operation and for a few weeks after. It is not normal if these symptoms are accompanied by a discharging wound, a temperature and worsening pain, despite taking pain relief. In this instance, see your GP or practice nurse for a wound review. If the surgery is closed please ring 111**.** Please remember to take your hospital discharge letter with you if you attend a GP appointment.

When can I have a bath?

It is usually advised that you strip wash or shower initially on discharge and sit down to dress. Your Occupational Therapist will discuss with you when you will be safe to have a bath after your surgery.

When can I travel?

Try to avoid long journeys in the immediate recovery period. You will need to speak to your Consultant if you are planning on flying but generally you can travel on a short haul flight at 6 weeks post-operatively and a long haul flight at 3 months post-operatively.

When can I return to my hobbies?

Everyone recovers differently. Please discuss specific activities with your Consultant or Physiotherapist who will advise you on this following your surgery.

Will I be referred to Outpatient Physiotherapy?

You will be referred to Outpatient Physiotherapy after your surgery. Your Physiotherapist will provide you with further information on this when you are on the ward.

You should also receive a letter following your discharge from the hospital, inviting you to call the Physiotherapy Department to make an outpatient appointment. If you have not received this letter after 2 weeks of being discharged please contact us on the below numbers:

Tunbridge Wells Hospital Outpatient Physiotherapy 01892 632902

Maidstone Hospital Outpatient Physiotherapy 01622 224300

If you have any further questions or concerns please note them down below and they can be answered on your admission.

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

Issue date: June 2021
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Database reference: RWF-TO-LEA-PAT-75

FAMILY NAME:	
Given name:	
Preferred name:	
Title:	Gender:
NHS number:	
Hospital number:	
Date of birth:	_ _ / _ _ / _ _ _ _
Complete above in full or affix patient label	
Location:	

NHS
Maidstone and Tunbridge Wells
NHS Trust

Total Knee Replacement Surgery Confirmation Statement

Guidance to clinician:

- Respond to all questions the patient has regarding their specific surgical procedure and risks due to COVID-19
- Check the patient has capacity to sign their consent form and this form and that they have no additional communication needs
- Ask the patient to sign below
- Cut off this page and file in the patient's healthcare record
- Give the patient information leaflet back to the patient

Additional communication needs identified:
……..
……..

Confirmation information provided and understood

I have been provided with and have read the leaflet titled 'Total Knee Replacement Surgery 'and my surgical consent form. I have had the opportunity to discuss all my questions and concerns with clinical staff involved in my surgery.

Signature: ……

Print name: ……

Date: ……

Second confirmation (to be signed on the day of surgery if above was signed at an earlier date)

Signature: …….... **Date:** ……..

Name of Surgeon: ……**Position:** …….....

Signature: …… ……..**Date:** ……..

Statement of Interpreter: (where appropriate)
I have interpreted the information contained in the leaflet to the patient to the best of my ability and in a way in which I believe the patient can understand.

Signed: …… ……**Date:** ……

Print Name: …….....