

Enhanced Recovery Programme for total hip and knee replacement

Orthopaedic Department Patient Information Leaflet

Introduction

This leaflet aims to give you information on what is involved in the Enhanced Recovery Programme, what you can expect from us and what is expected from you.

The leaflet will hopefully increase your understanding about the programme and will tell you how you can play an active part in your recovery. If there is anything you are not sure about, please ask.

What is the Enhanced Recovery Programme?

When you are admitted to hospital for your operation, you will be taking part in the Enhanced Recovery Programme which aims to help you recover quickly and safely.

In order to do this, during your hospital stay, there will be daily goals which you will be encouraged to achieve. A team of doctors, nurses and other healthcare professionals will be monitoring your progress and will support you in reaching these goals.

What happens before my operation?

You will be involved in planning your care and recovery from the time that we see you for your pre-admission assessment. This is an opportunity for you to tell us all about your individual needs and circumstances.

You will be in hospital for three days after your operation and it is important that you plan for your return home. The hospital physiotherapist will assess how mobile you are after your operation and whether it is safe for you to return home.

It is important that you tell us as early as possible if you have concerns about whether you will be able to manage your daily activities when you go home after your operation. You should also let us know if any of your social or home circumstances change during your admission.

We have a team of healthcare professionals who can help you to organise whatever support you might need. These include the physiotherapy team, occupational therapists, social workers and the discharge assessment team.

How do I prepare for my operation?

Eating and drinking

The day before your surgery you can eat and drink as normal. It is important that you have your usual evening meal followed by a snack later in the evening. You can drink water until two hours before your surgery and we encourage you to have a drink of water during the night, if you are awake.

On the day of surgery, you will not be able to eat before your operation. As you can drink water until two hours before surgery, you can take any regular medication as directed at your pre-assessment appointment.

Admission to the ward

Ward B1 is the orthopaedic ward which you will be admitted to, usually on the day of your surgery. Please bring any regular medication with you as we may not have all these items available on the ward.

What happens after my operation?

Eating and drinking

You will be able to start eating and drinking normally as soon as it is safe to do so. If you are not feeling sick, we will encourage you to try a light meal very soon after returning to the ward. It is important that you eat and drink early after your operation as the nutrients (vitamins) from this will help with your recovery.

Sickness

Sometimes after an operation, people may feel sick or occasionally be sick. Many things contribute to this but your anaesthetic is designed to reduce the risk of sickness as much as possible.

If it occurs, it does not usually last very long and you can be given anti-sickness medicine through your drip so if you feel sick, please tell a member of staff. It is important that we relieve your sickness to allow you to feel better so that you can eat and drink normally.

Pain control

Effective pain control is an essential part of the Enhanced Recovery Programme as this will allow you to start moving around, exercising, feel relaxed and sleep well.

The pain control you receive will depend on the type of your operation but usually involves a combination of local anaesthetic (given at the time of the operation), painkillers put through your drip, as well as tablets or syrup that you take by mouth.

Please let a member of staff know if the pain control you are receiving is not enough as there are several extra things that can be done to make sure you are as comfortable as possible.

Tubes and drips

A drain may be inserted into your operated joint to allow any excess blood to drain away and be collected. This blood may be transfused back into your circulation through a drip with a special filter – basically you are giving blood back to yourself.

You will also have a drip put into a vein in your arm so that we can give you fluid during and after your operation, to prevent you from becoming dehydrated. The drip will usually be taken out as soon as you are drinking normally.

Preventing blood clots

When you are in hospital, we will give you a daily enoxaparin injection. This helps to reduce the risk of blood clots (thrombosis) occurring in your legs, by thinning the blood.

You will be asked to wear compression stockings which also help to prevent blood clots from forming. In addition, it is very important that you move around as much as possible. While you are awake and in bed or in a chair, you should plan to exercise your feet, legs, hands and arms for at least five minutes every hour.

What exercises do I have to do?

You will be given an exercise sheet when admitted to hospital. It is important that you start doing these exercises as soon as possible. This will help to improve your muscle tone and speed up your recovery after the operation.

When you wake up from your operation, it is helpful to start doing deep breathing exercises, and exercises to move your arms and legs as soon as possible, and repeat them each hour. These exercises will help you to recover quickly and in particular, they can reduce the chance of a post-operative chest infection or blood clot.

Sitting out of bed

The ward staff and physiotherapist will help you out of bed and into a chair as soon as possible after the operation. We aim to do this on the day of surgery or if not, the following day. You will be taught the correct technique for moving from a bed to a chair on your own. You will be encouraged to walk a short distance with a walking aid as soon as possible.

What happens when I go home?

Once you can move around on your own and you are medically fit, you will be able to leave hospital. It is important that you have support at home to help you with daily activities.

Complications do not happen very often but if they do, it is important to treat them as early as possible. Therefore, it is important that you know what to look out for, especially during the first six weeks after surgery (please see next section 'What do I need to look for?').

If you are worried about anything, please contact us using the numbers at the back of this leaflet. If you cannot contact the people listed, contact your consultant's secretary.

Approximately two weeks after your operation, an appointment will be arranged for you to attend your GP surgery. This is to remove any clips or stitches from your wound and check that there are no complications. Normally, your operated leg will be swollen and occasionally, blisters may form near to the operation site.

What do I need to look for?

Blood clots

Blood clots are possible after any form of surgery and although uncommon, it is important you know what to look out for. If you develop pain, redness and/or swelling in either leg, you should contact ward B1 on 01384 244692 or your GP straight away.

Very rarely, blood clots can travel to the lungs and cause you to experience chest pains and/or shortness of breath. If you experience chest pains or shortness of breath, you should dial 999 and ask for an ambulance.

When you have had major joint replacement surgery, we will give you two pairs of compression stockings when you leave hospital. It is important that you wear these stockings for six weeks after surgery.

You must leave these stockings off for one hour every day and then change them for a clean pair. You might need some help from a relative or friend to do this. You need to continue to wear the stockings when you are in bed or resting.

When you have had hip or knee replacement surgery, you will need a course of blood thinning injections to help prevent blood clots from forming. We will show you how to give these injections to yourself while you are in hospital. Total hip replacement patients will be given a course of injections lasting 28 days. Total knee replacement patients will be given a course of injections lasting 10 days.

Infected wound

It is not unusual for your wound to be slightly uncomfortable during the first one to two weeks and it may feel a little warm around the wound site. However, please let us know if your wound is:

- Becoming very hot, inflamed, swollen or painful
- Starting to discharge fluid or is oozing through the dressing
- Smelly

as you may have an infection.

Constipation

Constipation is a common side effect of the strong painkillers you will be taking after your operation. We will give you laxative tablets to take home with you and it is important that you take these regularly. Make sure that you eat regular meals three or more times a day and have plenty to drink as this will help prevent constipation.

What diet should I eat after my operation?

A balanced, varied diet is recommended and you should try to eat three or more times a day. Diet information leaflets are available from ward B1 so please ask a nurse if you would like some information.

What do I do about hobbies and work?

You will need to stop most of your normal activities for six weeks after surgery. We will give you more advice about this during your follow up appointment.

Many people are able to return to work six to 12 weeks after their surgery but this depends on your occupation and how well you recover. If your job involves heavy manual work, we would advise that you take a minimum of 12 weeks off work. You can discuss this with your consultant at your follow up appointment, six weeks after your surgery.

What about driving?

You will not be able to drive for at least six weeks after your operation. It is important that any pain and swelling has gone away so that you are able to perform an emergency stop and turn the wheel quickly in an emergency. Therefore, we advise that you wait for your six week follow up appointment and seek advice there.

You will also need to check with your insurance company and inform them of your recent surgery before you start driving again.

Can I find out more?

If you have a problem, any concerns, or if you have any questions which have not been answered in this booklet, please contact us on the numbers provided on the next page.

Hopefully, we will be able to deal with your query over the phone. However, if you have a problem which requires a physical assessment, we will advise you whether you should come back to see the orthopaedic team at the hospital.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Orthopaedic Consultant Nurse, Advanced Nurse Practitioner on
01384 456111 ext. 4465 (8am to 5pm, Monday to Friday)

Out of these hours, please contact:

Ward B1 on 01384 244692

Ask to speak to the nurse in charge. If nursing staff are unable to answer your questions, they will suggest other contacts.

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/trauma-and-orthopaedics/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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