



Midlands
Orthopaedic Centre

Total Knee Replacement

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Patient Information Leaflet

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~~Telephone:~~ Telephone: 01273 278 235
~~Email:~~ Email: midlandsorthopaediccentre@nhs.net



The Dudley Group
NHS Foundation Trust

Introduction

Welcome to The Dudley Group NHS Foundation Trust Orthopaedic Department. This booklet is designed to provide information about total knee replacement. It is for people who have decided to have surgery after discussing the options, benefits and possible risks with their consultant.

There is information:

- About what to expect before and after surgery.
- To help you prepare for surgery.
- About recovery and rehabilitation – to help you to get back to your everyday life after surgery.

We recommend that you read this booklet before your surgery and write down any questions you may have. If you have any questions, please feel free to ask a member of staff.

We want to restore your knee so that it works again and is pain-free. We also wish to make your hospital stay as beneficial, informative and comfortable as possible.

Total knee replacement – what is it?

It is surgery to remove the joint damaged by osteoarthritis and replace it with a new joint made of metal and plastic. The operation can be carried out under a general or a spinal anaesthetic. The anaesthetist will discuss your options with you before your operation.

When is a total knee replacement considered?

A total knee replacement is only carried out after other treatments have been tried. It is offered to you to relieve your pain, to hopefully ease movement, and finally, so that you can resume some normal daily activities.

Should I have a total knee replacement?

The total knee replacement is a planned operation; it is not a matter of life and death. There are always alternatives that do not involve an operation. The decision to have the operation is up to you. It is you who must accept the risks and complications. The consultant may recommend the operation; however, your decision must be made by weighing up the benefits of the operation against the risks. All your questions should be answered before you decide to have the operation. Please feel free to ask any questions you may have in order to make your decision easier.

What are the benefits?

- The main aim of surgery is to reduce pain, and knee replacement is usually very successful in achieving this.
- You will usually be able to move much better after the operation as a result of better pain relief.

- However, if there are other reasons for reduced movement, like poor balance or poor muscle strength, they are unlikely to be improved by joint replacement surgery.

What are the risks of a total knee replacement?

As with all surgery, this operation carries some risks and complications. Do not panic, as although all this may sound extremely gloomy when you hear it all together; in fact, all these possible complications are rare and the majority of patients get through with no major problems at all. It is important that we tell you about these risks so that you can make an informed decision about your proposed surgery.

Common risks (two to five people out of 100 experience these)

Blood clots: a deep vein thrombosis (DVT) is a blood clot in a vein that usually causes symptoms of red, painful and swollen legs. The risks of a DVT are greater after any surgery and especially after bone surgery. Although not a problem themselves, a DVT can move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition which affects your breathing.

To limit the risk of a DVT, you will be prescribed medication to thin your blood when you have your operation. This is given through a small needle under the skin, usually into your 'tummy area'.

If you are able to wear them, you will also be given some elasticated stockings that are specific to your calf and thigh measurements. Nursing staff will advise you on how to use and care for these. Starting to walk and getting moving is one of the best ways to stop blood clots from forming.

Bleeding: this is usually only a small amount and can be minimised in the operation. However, large amounts of bleeding may need to be treated with iron tablets or a blood transfusion. A blood transfusion, in rare cases, can cause transfusion reactions or infection. Rarely, the bleeding may form a blood clot or large bruise within the wound. This may become painful and require an operation to remove it.

Pain: it is normal to experience some discomfort after the operation. If you are in pain, it is important to tell staff so that you can be given appropriate painkillers. Pain will improve with time and is rarely a long term problem.

Wear or loosening of the knee replacement (prosthesis): most knee replacements last over 15 years. In some cases, this is a lot less. The reason for this is often unknown although implants can wear with over use. The reason for loosening is also unknown, however, sometimes it happens after an infection. This may require removal of the implant and correction surgery.

Less common risks (one to two people out of 100 experience these)

Infection: when you go home, if there is anything that makes you think there may be some infection, however minor, please contact the ward you stayed on so that we can check it early. Signs of a possible infection are as follows:

- Swelling.
- Discharge or oozing from the wound.
- A lot of heat around the wound.
- Redness around the wound.
- Edges of any part of the wound separated or gaping open.

If you think you may have an infection, you should contact the hospital and be seen by one of our doctors. It is very important that a decision is taken by an experienced surgeon to determine whether you need a course of antibiotics.

MRSA and hospital-acquired infections: The Dudley Group tries very hard to avoid the spread of infections, including methicillin-resistant *Staphylococcus aureus* (MRSA). We screen all patients who are having planned orthopaedic surgery before they come in for the operation. We emphasise the importance of hand washing and the use of hand cleansing gels to staff, patients and visitors.

What are the alternatives to a total knee replacement?

If you choose not to have the operation, your arthritis will not get any better but the disease usually progresses slowly. Having arthritis may make life a bit difficult but it will not shorten it. There are many different types of drugs to relieve pain; paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs) are the most effective. Steroid injections into the knee can sometimes give short term pain relief. There are a number of things you can do to help manage your arthritis without using drugs. These include staying active, keeping your weight down, physiotherapy and use of devices to help movement, such as walking aids.

How do I prepare for surgery?

Preparing for a total knee replacement begins as soon as you make the decision to have surgery.

Joint school

You will be invited to attend the joint school clinic. Here, you will have the opportunity to be seen by a senior orthopaedic nurse and a member of the therapy team. This will determine whether there are any reasons why you should not have surgery.

During this health assessment, we will:

- Check your suitability for anaesthetic.
- Provide you with information about the surgery and recovery process.
- Give you the opportunity to meet patients who are waiting for similar surgery and/or those who have recovered from similar surgery.

You will also have an anaesthetic review at a separate appointment. During this assessment, you will discuss your past medical history and current medications. A range of investigations will be carried out, such as:

- A blood test.
- An electrocardiogram (ECG) – a heart trace test. This is nothing to be alarmed about, it is just a routine test.
- Your blood pressure, pulse and weight will be recorded.
- An X-ray – if your last X-ray was over six months ago, a repeat X-ray will be required.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.

After this assessment, please contact the Orthopaedic Department on 01384 456111 ext. 4465 or your consultant's secretary if you develop any of the following:

- A cold, chesty cough or throat infection.
- Skin problems, for example, cuts, rashes or infections, especially on the area that is to be operated on.
- Dental abscess.
- In growing toenail, athlete's foot or any foot infection.
- A urine infection.

What do I need to bring into hospital?

Please have a shower or bath before you come to the hospital. Please bring night clothes and a dressing gown, toiletries and a towel. You will also need loose, comfortable daywear such as shorts, a skirt or a dress. This is for when you start therapy and also so that your wound can be checked easily. Please wear flat well-fitting shoes or slippers, but not ones with open backs.

What you will not need:

Please do not wear any make-up or nail varnish (including on your toenails). Please remove all jewellery (except wedding rings) before surgery. We advise you to leave your jewellery at home. Do not bring in any electrical items as these cannot be used in the hospital.

What happens when I come in for my operation?

You will be admitted to the ward and shown to your bed and locker, where personal belongings can be stored. It is important that valuables, for example jewellery and large cash sums, are not brought into hospital, as the Trust will not accept responsibility for loss or damage (you will have signed a Trust disclaimer form during your assessment). When you have settled into your area, a member of the nursing team will check your admission paperwork.

You will be seen by:

- A consultant surgeon or senior doctor before surgery.
- The consultant anaesthetist.
- A member of the therapy team may see you to discuss your home situation.

Please note that visiting times are:
11am – 8pm

Please bring your usual medications when you come into hospital. It is a good idea to ensure that you have enough of your regular medications for when you return home, especially if you have a regular repeat prescription. The hospital will provide any new medications for you when you go home.

The morning of your surgery:

- You will be given a clean theatre gown, underpants and cap to put on.
- A nurse may measure you for some elasticated stockings if your consultant surgeon advises this. These are knee high or thigh length. They are worn during your stay in hospital and for six weeks after your operation, to help prevent blood clots forming in your legs.
- A member of the theatre team will check your details.

Computer navigation:

During the operation, your surgeon may use a computer system, consisting of infrared cameras and instruments that reflect light back to the camera to create an image of the knee joint. This allows the surgeon to accurately check and adjust each step of the knee replacement operation. This requires two very small cuts (half a centimetre long) to be made on the skin over the shin bone, in addition to the standard scar over the front of the knee.

Immediately after surgery:

When you return from theatre, you will be lying flat on your back.

A nurse will monitor you frequently. This is routine and nothing to be concerned about.

A nurse will:

- Check your blood pressure, pulse rate, breathing and temperature. This is carried out by a machine and displayed on a screen.
- Check your oxygen mask (you will probably only need to wear this for a few hours).
- Check the drain sites and wound for any oozing, if you have drains in place. The drains are small tubes to remove fluid from the wound area. This helps to stop excessive swelling and bruising. A nurse will remove the drains after 24 hours.
- Monitor your pain – you may feel weak after the operation, but we do not want you to be in severe pain. Nursing staff will assess your pain and give you strong pain relief.

You may have a blood transfusion of your own blood after your surgery. This is a process where blood from your wound site is collected via a drain and then transfused back into your blood system. In addition, you may require a further transfusion of blood.

If you need the toilet, a bedpan or urinal is used until you are able to get out of bed.

Depending on the time of your surgery, you may be able to get up within a few hours from your surgery.

You may sit out of bed on the day of your operation if you are well enough and back from theatre early enough.

What happens after this?

Your intravenous infusion (drip) will be removed and you can eat normally. You may find that you do not have much of an appetite at first.

You will be given assistance with personal hygiene (washing) whilst you are in bed, and you will be reminded to carry out your exercises.

A check X-ray is normally carried out to make sure that your knee is in a 'good' position. Once you have been shown how to get out of bed, you should be able to wash yourself at the sink and get dressed in your own clothes. Therefore, please bring some loose, comfortable clothing into hospital with you.

You will be shown how to walk with a walking frame and then progress to crutches when you are safe to do so.

The therapy team will complete the necessary assessments to ensure your safety following your discharge home. This will include teaching you how to manage stairs and steps if you need to. You will be taught exercises to increase the range of movement at your knee, and we will ensure that you can bend your knee to enable your safety at home.

You continue using elbow crutches until you are reviewed by the physiotherapist in the Outpatient Department. Then you will progress to using a walking stick when you are ready.

When can I go home?

You will be able to go home when the medical / therapy team deem it safe to do so - usually zero to two days. In order that you can start making plans for home, your team will discuss with you how long you are likely to be in hospital. They will do this either before your operation or when you come into hospital to have it. We want to make sure that you go home as soon as you are well enough and are not kept waiting to be discharged. You will be able to travel home from hospital in a car and where possible, we encourage you to arrange your own transport.

When you are discharged:

- You will be given a follow up appointment to be seen in six to eight weeks.
- You will be referred for outpatient physiotherapy.
- We will check you have a good supply of your usual medication before you go home and prescribe any new medications.

What should I do at home?

To help you get back to your everyday life, you will need to carry on with the rehabilitation exercises that you have been practising on the ward. You will need to follow all instructions given to you and carry on with your knee exercises.

If you develop any minor infection or need any dental treatment, it is very important that you visit your GP or dentist. You may need a course of antibiotics to treat the infection.

It will probably take up to six weeks until you can carry out all your normal activities such as driving a car or gardening. It may take up to six months for your knee to settle down completely.

Important advice

- Never put a pillow under your knee joint before you go to sleep or when you are sitting - please follow your therapy instructions.
- If you experience swelling in your knee or leg, please do not be alarmed. Make sure you raise your leg whilst resting.
- Ensure that you are walking or exercising as you have been instructed.
- If your calf swells a lot and becomes painful, contact your GP or Ward B1 immediately. Alternatively, visit your local Accident and Emergency Department.

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

- **The nurse consultant / advanced nurse practitioner, Orthopaedic Department on 01384 456111 ext. 4465 (8am to 4pm, Monday to Friday)**

Or

- **Ward B1 on 01384 244692 (out of hours)**

Staff will be pleased to offer advice and to answer any questions you may have about your operation.

This leaflet can be printed or downloaded from:

<http://dgft.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.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

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 vă rugăm sunați la 0800 073 0510.

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