



Spire

Claremont Hospital



sheffield **orthopaedics** ltd



Sheffield Orthopaedics Ltd



Welcome

We want you and your family/carer to understand as much as possible about the operation. By learning what to expect, you and your family will be better prepared for your hospital stay and recovery. This booklet should help you.

However, if after reading this booklet, you have any questions, please speak to a member of staff who will be pleased to help you. Please do ask any questions at your next clinic appointment.

Total knee replacement

The knee joint is a bit like a hinge joint. The joint is made up by the ends of the thigh bone (Femur) and shin bone (Tibia) and the back of the knee cap (Patella). A total knee replacement is an operation to replace the worn knee joint. During the operation, the worn surfaces of your knee joint are removed and replaced with smooth artificial surfaces.

The benefits of a total knee replacement operation

A total knee replacement operation is usually carried out for severe arthritic conditions and has proved to be a very successful procedure. Approximately 95% of knee replacements last for more than 10 years¹. The benefits are:

- 90% of patients have relief of symptoms²
- Increased activity and independence



In August 2019 Sheffield Orthopaedics Ltd (SOL) was awarded an overall rating of 'Good' by the Care Quality Commission (CQC). The CQC is the independent regulator of health & adult social care services in England. It's purpose is to make sure health & social care services provide people with safe, effective, compassionate, high-quality care, & it encourages care services to improve.

What are the risks of a total knee replacement operation?

A total knee replacement is a major operation, as with any operation there are some risks.

These include general complications:

- Blood clots in the legs (Deep vein thrombosis, DVT) or in the lungs (Pulmonary embolus, PE)
- Urinary infections
- Difficulty passing urine
- Chest infection

Complications specific to total knee replacement include:

- Infection of the new knee
- Stiffness of the new knee
- Nerve or blood vessel injury (bleeding)
- Injury of tendons or ligaments
- Ongoing pain
- Eventual wear and failure (90% will last more than 15 years)

Further information about the risks individual to you, will be given when you see your surgeon and discuss consent for the operation. If any of these risks particularly concern you, please make sure you ask for details. The team involved in your care takes every opportunity before the operation to ensure that you are as fit as possible. If we feel that you would benefit from some other medical treatment before your operation, then we will discuss this with you.

The alternatives to surgery

Before considering knee replacement surgery, your doctor will have suggested trying other measures to help relieve your symptoms. These include:

- Weight loss - if you are overweight, losing weight will normally help to reduce pain from an arthritic joint
- Drug treatments, such as simple or strong painkillers
- A health supplement called Glucosamine, a tablet which is not a drug but evidence has suggested it does help some people with arthritis
- Physiotherapy and exercises
- Appliances to help you to walk more easily, such as a walking stick

Should I have a total knee replacement?

Although your surgeon may have suggested an operation, the final decision is yours and must be made after you have weighed the benefits of the operation against the risks. You may wish to discuss the operation with your GP or family/ carer. All your questions should be answered before you decide to have the operation and you should ask any questions you have in order to make your decision easier. If you have decided to have the operation and have any severe health problems an anaesthetist may be asked to review your suitability for anaesthetic before you have the operation.

Orthopaedic infection control policy

At the pre-operative assessment clinic you will have swabs taken to look for MRSA. Methicillin Resistant Staphylococcus Aureus (MRSA)

is a germ that can often be found on the skin or in the nose. If you have MRSA after your operation it can cause problems with wound healing. If we find that you have MRSA we will ask your GP to treat you with antibacterial wash and ointment before your admission. Further swabs will be taken by your GP after you have had this treatment. It is important that if needed this is done before you have surgery. The swabs may also be repeated when you come into hospital and during your hospital stay. If you want further information please ask at pre-operative assessment clinic.

Methicillin Sensitive Staphylococcus Aureus (MSSA) is a common organism that many people have living on their skin and does not normally cause a problem. However, occasionally after an operation it can cause wound infections.

To minimise the risk of this, you will be given some antibacterial body washes and nose ointment to use in the days leading up to your operation.

Before your operation

Before you have your operation, there are a number of things you can do to improve the success of your knee replacement. This section also explains what happens at your pre-operative assessment appointment. You should start to prepare for your operation as soon as your name is placed on the waiting list. It is important for you to try and keep as healthy and active as possible whilst you are waiting for your operation. Things to think about are:

- **Diet/weight control** - the success of your operation may be affected by your weight and if you are worried about this, you should contact your GP/Practice Nurse.
- **Smoking** - it is advisable for you to stop smoking in order to reduce your risk of developing chest or breathing problems following your operation.
- **Exercise** - you should try to keep as mobile as possible and continue with your normal everyday activities to help your recovery.
- **Good dental hygiene** - your teeth need to be in good condition, as infected teeth or gums may be a possible source of infection for your new knee. It is important that any dental decay is treated before your knee replacement. If you are worried about your teeth, you should visit your dentist.

The pre-operative assessment appointment

You will have been given a date for your pre-operative assessment appointment after you were put on the waiting list at your outpatient visit. The purpose of this clinic attendance is to assess your general health. At this appointment we can note and treat any problems, if necessary.

The Pre-Operative Assessment Nurse will discuss your stay in hospital and organise all the tests and care that you need to have in preparation for your operation. The range of tests may include the following:

- Blood
- Urine
- MRSA
- Heart – by ECG (heart tracings)
- X-rays

We will also discuss with you the plan for your admission to and discharge from hospital. You may also need to see a physiotherapist at your appointment. They will ask you about your home and social circumstances in order to plan your discharge from hospital. Aids or adaptations that you may need to help your recovery may be provided by Social Services. The team will assess your needs and discuss this with you at the pre-operative assessment clinic.

When you go home after your surgery you will need someone to help you. If you do not have anybody, a home care assessor can discuss your needs with you. Not having any help arranged before your admission may delay your surgery. After your operation any arrangements made will be discussed with you to make sure they are still meet your needs.

It is helpful if you think of how you are going to manage at home after your operation before you come to your pre-operative assessment clinic appointment. Further details about your visit to the pre-operative assessment clinic will be sent to you with your appointment letter.

What should I do if my medical condition changes after my pre-operative assessment clinic?

If you have had any changes to your health after visiting the pre-operative assessment clinic please contact us as it is important that we know.

When will I know the date of my admission?

You will already know your surgery date by the time of the pre-assessment clinic.



A vertical strip on the left side of the page shows several layers of patterned curtains in various colors like orange, green, and white. The main content area is a light beige color.

Coming into hospital

The day of my admission

Patients are admitted on the day of their surgery. The day you come in you will see various members of the hospital team. They will go through the plans for your surgery and confirm with you the surgery you are having. They will also be able to answer any further questions you may have.

You will also see the anaesthetist and have the chance to discuss options with them. On the day of your operation, you will not be allowed to have anything to eat for six hours before your operation and only allowed to drink clear fluids until two hours before your operation.

It is very important that you have a bath or shower before you come in for surgery. You will need to wear a surgical gown and to remove all makeup, nail polish or jewellery except wedding rings (it is advisable to get someone to take valuables home). Spectacles and dentures can be removed in the Anaesthetic room if you wish. You will have your blood pressure, pulse and temperature checked and the nurse will ask you some questions. We may have already asked you some of these questions but we usually repeat them to check they are still correct. The doctor will also see you and mark the site of the operation on your skin with a pen.

A nurse will then check that you are ready and take you to the operating theatre when it is your turn on the list. You will have either a general or a spinal anaesthetic. The Anaesthetist who will care for you throughout the operation will discuss both options with you.

How long will the operation last?

The operation usually takes between 1–2 hours, but the time away from the ward will be longer as you will spend time in the theatre recovery room.

After your operation

After your operation, you will be taken to the recovery room where we will monitor your condition. We will check your blood pressure, pulse, breathing rate and temperature and pay close attention to your wound and the circulation and sensation in your legs and feet.

When the recovery room staff are happy that your condition is stable we will take you back to your ward. If you need closer observation you may go to the Enhanced Care unit overnight. The nursing staff on the ward will continue to monitor your condition and your blood pressure, pulse, breathing rate, temperature and legs will be checked regularly. You may find you have been prescribed oxygen, which is given through a mask or tubes resting just inside your nose. A drip will have been put into a vein in your arm to replace lost fluids until you are eating and drinking. If necessary, we also use this to give blood transfusions.

How will I feel?

Pain after a knee replacement is inevitable but we will give pain relief to help with this. This medication and/or anaesthetic may make you feel sick. If needed, medication can be given to relieve this. You will have a large dressing on your leg to protect the wound. On the first day after your operation we will reduce this dressing. The whole dressing will only need to be changed if there is significant leaking.

After your operation you are at risk of developing blood clots in your legs/lungs. To help prevent this happening we will give you a small injection into your abdomen each evening until you go home. This thins your blood and stops clots forming. We will also give you special stockings to wear. Because of your position in bed you may need help using a bedpan or changing position and the nursing staff will help you with this. They will also encourage you to breathe deeply, cough and do leg exercises to help your recover.

We stress that where possible we encourage patients to mobilise on the day of surgery.

Eating and drinking again

You may be allowed to have a drink about one hour after you return to the ward and then about two hours you will be allowed to have food if your condition allows. It is not

unusual to have a poor appetite for a week or two after surgery like this. Your appetite should return to normal slowly but even if you are not eating normally, it is important to drink plenty of fluid as this helps reduce the risk of DVT and PE. If you need advice, speak to the ward staff who will be able to help you.

Will my relatives be able to visit on the day of my operation?

Yes, sensible visiting is encouraged although not too many visitors at once and not for too long. Surgery such as this is tiring and you will need your rest. If you are having therapy your visitors may be asked to wait until you have finished your treatment.

What will happen during the rest of my stay?

After your operation, the Orthopaedic team will assess you and help you to regain your independence as quickly as possible. They will also make sure that you are able to manage at home once you leave hospital.

Please bring your day clothes into hospital with you.

You will be expected to get dressed after your surgery. In the first few weeks after your operation you are likely to need crutches or a frame.



The physiotherapist will see you and show you how to use them. You may have some swelling and bruising after your operation, but this can be helped by keeping your leg elevated in between exercising. The physiotherapist may also use ice packs or cold therapy (Cryocuff). If you plan to continue to use ice after you leave hospital we would advise you to have spoken to a member of staff before you leave, as ice can cause burns if used incorrectly.

Before you go home we may take an x-ray of your new knee joint. This is not always necessary and many Consultants leave this x-ray until the first clinic visit as better views can be obtained when you are more comfortable.

Going home from hospital

You will be able to go home as soon as you are comfortable and the Orthopaedic team feel that you can manage safely at home. If you are making good progress you may be able to go home the next day, most people will go home by day two but it depends on your individual needs.

Once we are happy that you are well enough to go home we will arrange for your discharge from hospital. Generally, we try to make sure that you can go home before 10.30am. However, please do not worry if you cannot get transport until the afternoon, as you will be able to wait in our discharge lounge until you are picked up. We will also give you the following to take home with you:

- Any information you will need
- A supply of and painkillers if you need them. Before the tablets we give you run out you should ask your General Practitioner (GP) for some more if you need them.
- A 10 day supply of a drug called Rivaxaban to protect against blood clots.
- An appointment for outpatient clinic so that the medical staff can assess your progress. Your appointment will usually be about six weeks after you go home and will be posted out to you.
- A letter to take to your GP to tell him or her of any tablets you have been given to take home.
- A contact telephone number for the ward so that if you have any worries or problems at all you will be able to talk to a member of staff.

If you have had stitches that need to be removed, the practice nurse at your local GP practice can do this for you. You will need to make an appointment when you get home.

The ward nurse will give you a letter for the Practice Nurse and any dressing/s you need.

When you get home, you should take it easy for the first few days. Aim to rest on your bed for a couple of hours each afternoon. You may find yourself trying to do far more than you did on the wards and you should not be surprised if you find that you feel very tired. After a knee replacement operation the muscles and tissues around the joint do take some time to heal and during this time, you should follow the advice you have been given by the Orthopaedic Team during your stay in hospital.

Some swelling of the leg is normal, but if the swelling increases, or you have a pain in your calf, you should contact your GP, or telephone the ward.

Protecting your new knee

General principles:

- Work hard on your exercises, as this will prevent stiffness.
- Being able to keep the knee going fully straight is very important.
- Your bend will continue to improve as you work with physiotherapy on it.
- Do not kneel down on the replacement knee until you have checked with your Consultant at your follow up appointment.

How will I manage after my operation?

You will find some activities more difficult to do for a while after your operation. However, this will improve and there are a number of things that you can do to help this.

Rehabilitation & Physiotherapy

Early return to function is a key objective with the surgery therefore you will be encouraged to mobilise soon after the surgery. This may be possible on the day of surgery.

Exercise is a vital and important part of your rehabilitation as it helps to ensure that you regain a good range of movement and strength in your knee. Your Physiotherapist will help you with this and give you specific exercises to do. How successful the therapy is, ultimately is up to you as only you can get your knee working again.

The majority of patients will need to continue with physiotherapy as an outpatient after they leave hospital. We will discuss this with

you before you go home. You can usually start exercising your knee on the day of your operation. However, it is important to make sure that you have taken painkillers before you start, as the exercises can be uncomfortable.

You will receive a brochure on physiotherapy. Please read this as it contains important information on exercises and your recovery and bring it with you when you come into hospital for your operation.

Please remember to return all aids, which have been loaned to you, when you no longer need them.

Other information

Please visit www.sheffieldorthopaedics.com to see more information and some patient's comments

NHS choices website

<http://www.nhs.uk/conditions/Knee-replacement/Pages/Kneereplacementexplained.aspx>

References

1. National Joint Registry 12th Annual report 2015.
2. NHS digital PROMS publication August 2016-09-17



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