INFORMATION FOR PATIENTS

Total knee replacement: The enhanced recovery programme

Aim
This leaflet aims to explain the enhanced recovery programme after total knee replacement surgery, and outline what will happen when you come to hospital for your operation. This programme is different from traditional care and can improve your recovery considerably.

Introduction
A knee replacement has been recommended for you because of the severity of your arthritis. It is important you understand what to expect and feel able to take an active role in your treatment and recovery.

Your orthopaedic team consists of:
- Consultants
- Pre-operative assessment nurses
- Registrars and junior doctors
- Physiotherapists
- Occupational therapists
- Ward nurses
- Anaesthetists
- Theatre staff
- Pain management nurses

During your short stay of three to four days you will see a lot of the orthopaedic team members. They are here to assist with all your needs and provide you with the best advice.

What is the enhanced recovery programme?
The aim of the programme is to increase your independence, allowing you to return home sooner and continue your rehabilitation. Research indicates that, after surgery, the earlier we get you out of bed and start eating and drinking the better.

What is a knee replacement?
In this operation an orthopaedic surgeon replaces the worn or damaged joint with an artificial one.

Benefits of surgery
A knee replacement may provide benefits such as:
- Reduced pain: The majority of patients experience less pain. It is normal and expected to have some degree of soreness immediately after the operation.
- Decreased stiffness. The new joint will move freely. The aim is for you to have less joint stiffness than before the operation.
- Increased mobility: With a combination of reduced pain and stiffness your overall mobility is likely to be improved. This helps you to return to a fitter and more active lifestyle.
**What are the risks of surgery?**
Knee replacement is generally a very successful operation and patients usually have an excellent result. There is, however, a risk of some complications which are listed below.

Fortunately these risks are rare and less than 5% of patients will experience any complications.

- **Deep vein thrombosis (DVT, blood clot in the leg) and pulmonary embolism (PE, blood clot in the lung).**

DVT can occur after any operation but is more common after operations on the leg. DVT occurs when blood in the large veins of the leg forms blood clots within the veins. This may cause the leg to swell, become warm to touch and painful. If the blood clot in the vein breaks away, it can travel to the lungs and cause a pulmonary embolism (PE).

Several methods are used to reduce the risk of a DVT and PE:

1. We assess all patients for the risk of DVT. All patients are given a blood-thinning agent in the form of an injection or tablet, or a combination of the two.
2. We now mobilise patients as soon after surgery as their condition allows. Sometimes it may be on the day of the surgery.
3. We use below-the-knee elastic stockings. You will need to wear these for six weeks after the operation.

4. You will be discharged with a prescription for blood thinning medication.

- **Joint infection**
You will be screened for bacteria before you come into hospital. Please let us know if you think you may have an infection already. This could include things such as a persistent toothache, burning sensation when passing urine or cuts/grazes on your skin.

With any operation there is a risk of infection. Steps will be taken by the team caring for you to reduce the chances of this happening.

Symptoms of infection include a sharp increase in pain, sudden swelling or a sharp increase in temperature. You will be given antibiotics to reduce the risk of infection.

You should always let the ward staff/surgeon know if you suspect an infection and this can then be treated appropriately.

- **Loosening of the joint**
Some loosening may occur over time where the new implant is fixed to your bone. If this happens, you will experience a new pain in the joint.

Total knee replacements do have a limited life span. Occasionally further surgery is needed at some stage. The lifespan of most joint replacements is about 10-15 years.
**Stiffness**  
Stiffness can sometimes occur and some patients can end up with less movement than they had before surgery.

**Fracture**  
There are occasions when a bone may break during this procedure.

**Medication and anaesthetic complications**  
Occasionally you may develop sickness after the operation, which can be a reaction to the medications given.

Some patients complain of mild symptoms, which could be related to the anaesthetic, operation or the pain relief medication. If you are concerned about this, please discuss it with any member of the team caring for you.

**Persistent pain**  
Knee replacement is a very good treatment for arthritis. However, some patients are left with some pain and discomfort around the wound.

**Memory problems/confusion**  
Some patients complain of mild symptoms which could be related to the anaesthetic or operation.

**Nerve/blood vessel damage**  
Occasionally during the operation there may be damage to a nerve or blood vessel. A damaged nerve can lead to areas of numbness in the knee after the operation.

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**Pre-Operative Assessment**  
You must attend the Pre-Operative Assessment Unit before your operation to ensure you are fit for surgery.

Your expected admission and predicted discharge date will also be discussed. However, you will only be discharged home when you are fit to go and can manage safely.

Information will be given to you about your operation and about the enhanced recovery programme. You will be given advice about any medications which you may need to discontinue prior to surgery.

You will have checks on your heart and lungs, and blood tests will be taken. You will be asked about your previous medical history.

You will be invited to attend a pre-operative hip and knee group, which will take place in the Therapy Department. The physiotherapist will discuss exercises, mobility expectations and ongoing recovery after discharge. You will also be provided with elbow crutches to practice with at home. The occupational therapist will also discuss their role and provision of equipment.

Your nurse will discuss your home circumstances with you, so that together we can plan any help you may need after you are discharged.

You will be given a prescription for some extra medication we would like you to take to help you in the days following your operation.
You should begin to take this on the night before your admission for the operation, and you should bring the remainder into hospital with you.

Full instructions for taking the medication will be on the labels, and a patient information leaflet about the drugs will be provided by Pharmacy.

These drugs may or may not include:
- Gabapentin: 300mg by mouth the night before your operation (to reduce pain afterwards). You will need to continue to take this medication twice a day for five days following the operation.

You must bring any other prescribed medication with you.

You will receive a questionnaire requiring details of your bed, toilet and chair heights from Occupational Therapy, which you will need to complete and return to the hospital as soon as possible. This will enable the Occupational Therapy Department to ensure that any adaptations or equipment you will need on discharge will be available to you.

We aim to contact you by phone before admission. If this is not possible you will be assessed on the ward and any necessary equipment for your use at home can be provided.

**Admission**
- You will be admitted to the ward on the day of your operation. Please be aware that there may be some waiting about on this day, so you may wish to bring a book or magazine to read.
- You can eat until six hours before your operation.
- Up to two hours before your operation you can drink water or clear fluids such as diluted squash or cordial, or black tea or coffee.

**Anaesthesia care**
When you are admitted to the ward you will be seen by an anaesthetist, who will discuss different methods of anaesthetic and post-operative pain relief suitable for your operation. Your anaesthetist will also help you choose which anaesthetic you would prefer.

Most patients having this procedure will normally be offered a spinal anaesthetic, which involves injection of local anaesthetic near nerves in your lower back. This is a very safe and effective anaesthetic, which will temporarily numb you from the waist down. You may be given sedation (to make you sleepy and relaxed).

You will be fitted with a compression stocking on your un-operated leg before you go for your operation. The second stocking will be fitted on your operated leg in recovery room.

**The operation**
At the end of the operation your knee will be bandaged and observations (pulse and blood pressure) will be recorded regularly.

From the operating theatre you will go into the recovery room.
The staff here will frequently:
- Check your general condition
- Take observations
- Check your wound
- Assess if you need any further pain relief.

You will be given a drink in the recovery room, or soon after you arrive back on the ward.

You will have an x-ray on your way back to the ward.

The ward staff will continue monitoring:
- Your pulse and blood pressure
- Your bladder and bowel function
- The return of feeling in your leg or lower body following the spinal anaesthetic
- The ward nurses will change your position in bed.

**Pain relief**
Knee surgery is painful and unfortunately we cannot make you completely pain-free, but we will do all we can to help you manage your pain. You will have regular pain relief prescribed. If you feel this is inadequate at any time, then you must let the ward nurses know so they can help you to feel more comfortable.

**Day of the surgery (day 0)**
You will be encouraged to sit up in bed after completion of the surgery. This will initially be with the help of the physiotherapist and qualified nursing staff. You will be encouraged to move your feet and you may try to do the exercises you have been taught.

**Post operative day 1**
You will be encouraged to be as independent as possible.
- You will get dressed into your normal clothes, with assistance if required. Please bring easy-fitting clothes and well-fitting slippers when you are admitted.
- You will be given routine pain relief and any other drugs you normally take.
- You will be helped with walking to the toilet.
- Ice packs will be offered as often as needed to reduce any swelling.

The physiotherapist will visit you at least once daily, possibly twice, including weekends.

Occupational therapy staff will carry out a full assessment on day 1 or day 2 post-operatively. Your equipment will already be at home, or will be supplied to you during your hospital stay.

**Post operative day 2**
You will be encouraged to:
- Attend to your own personal hygiene and walk to the toilet, with assistance if required.
- Practice stair climbing if necessary.

**Post Operative day 3**
- Today you will attend to your own personal hygiene and continue walking to the toilet unassisted.
- Further practice climbing stairs will be carried out if necessary.
- Once your team is happy that you are fit to go home, you will be discharged.
Follow-up

Wound care
Following discharge, if you are concerned about your wound please contact the ward staff where you had your operation. The contact number can be found at the back of this leaflet. If your GP or district nurse prescribes antibiotics for a possible wound infection you will still need to let the ward know.

Your skin clips need to be removed approximately 14 days after the operation. The nursing staff will let you know the arrangements for this.

You will be given an outpatient appointment to come back and see the consultant, one of the team or an orthopaedic nurse specialist. This will be six to eight weeks after your operation.

You will also be given an outpatient physiotherapy appointment before you are discharged from hospital.

Will I be able to cope at home?
You will be discharged when you are able to cope at home. You will need help with shopping and housework. If you don’t have someone to help with this, then please let the nurses looking after you know.

When can I sleep on my side?
It is advisable to sleep on your back for the first six weeks after your surgery.

Advice for daily activities
If possible, use a high, firm chair. Do not flop down heavily into the chair.

Sit well back with your knees and hips level, feet flat on the floor.

You will be provided with a raised toilet seat to assist you in getting on and off the toilet. It is not advisable to use a bath, or shower over the bath, for six to eight weeks after the operation.

Work and leisure
Your consultant will advise you when you can return to work at your follow up appointment. Light exercise may be resumed at the advice of your consultant/physiotherapist.

When can I drive?
You will be able to sit in the car and go out as a passenger as soon as you feel ready. Short trips or longer journeys with frequent stops will be more comfortable in the first few weeks.

When getting into the car, push the seat fully back and place a cushion on the seat to make it level. Stand with your back facing into the car, sit down on the seat and gently slide yourself round (do not twist).

It can help if you put a plastic bag on the seat.

You will normally be able to start driving again six to eight weeks post operatively. You need to be safe and be able to perform an emergency stop.

Please check your car insurance policy before you resume driving as exceptions may apply.

What sort of food should I eat?
You should continue to eat normally. A balanced and varied diet is recommended.
Do I need to keep taking pain relief at home?
Continue to take pain relief regularly as required, particularly when you are doing your exercises. Continue to use ice packs wrapped in a towel if you feel this is helpful.

Exercises
Do your exercises three to four times daily. Slowly increase your walking distance.
Continue to sit with your leg raised at home when resting and after your exercises

Contact details
King’s Mill Hospital
Ward 11
Telephone: 01623 672222
Ext. 3640/3641

Your notes

Further sources of Information
Our website: www.sfh-tr.nhs.uk

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. Stating a web address does not imply we endorse a particular site. Neither does not stating a web address imply lack of endorsement.

Patient Advice and Liaison Service (PALS)
The PALS team is available to help with any of your comments, compliments or concerns and will ensure a prompt and efficient service. Contact details:

- King’s Mill Hospital 01623 672222
  (Out of hours answer phone)
  Email: Pals.kmh@sfh-tr.nhs.uk

- Newark Hospital 01636 685692
  (Out of hours answer phone)
  Email: Pals.nwk@sfh-tr.nhs.uk

If you need this information in a different language or format, please contact PALS, as above.

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