

INFORMATION FOR PATIENTS

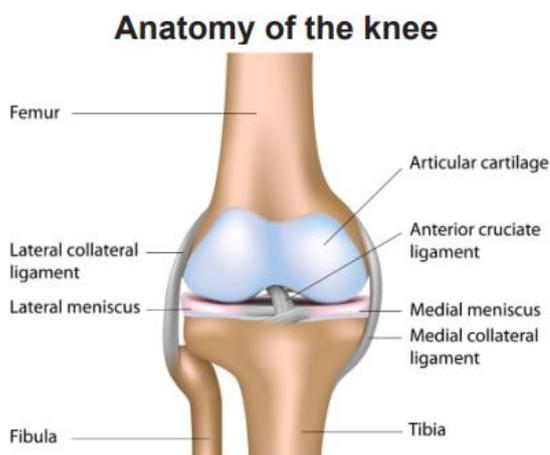
Knee soft tissue surgery - advice and education

This leaflet will provide you with some information and advice on your upcoming, knee soft tissue surgery.

Each person's injury and operation are individual, and you may be given specific instructions that are not included in this leaflet. This guide has been prepared to help you recover from surgery and to answer many frequently asked questions, but you will receive further information from your surgeon and physiotherapist.

What is a soft tissue knee injury?

The term 'soft tissue knee injury' is used to describe an injury to the ligaments, tendons, meniscus, or muscles, rather than the bones. Each of these components have a special role to play in the function of the knee, helping to maintain normal movement and activity.



The majority of surgery performed for soft tissue knee problems is done by keyhole (arthroscopy). Occasionally, more complicated or open procedures are needed, but your consultant and their team will discuss the exact specifics of your surgery with you.

Preparing for your surgery

Exercises

If you had physiotherapy in the build up to your surgery, it is advisable to continue any exercises you were given. This will ensure your muscles are in the best possible condition which will maximise your potential for recovery after the surgery.

Please consult your physiotherapist if you are unsure about your exercises.

Preparations

Having a good understanding of what to expect and how to prepare will optimise your recovery. It is crucial **you** take control of your recovery by considering preparations and aftercare now.

Before surgery

Diet, smoking and alcohol:

- You **can** drink small amounts of clear fluids such as water and isotonic drinks, up until the time of your surgery. Staying hydrated promotes faster recovery immediately after the operation.
- Eat a well-balanced diet and particularly foods high in carbohydrate in the build up to the operation. Maintaining energy levels is essential for your body's recovery after surgery.
- If you smoke, please try to stop. Smoking is scientifically proven to impact the body's ability to heal.
- Reduce your alcohol intake.

Home

It is essential to consider how you will manage at home when you return from your operation.

You may be initially restricted by your lower limb, particularly straight after surgery. This may affect your mobility and physical function to carry out normal activities of daily living (ADLs) such as washing, dressing and toileting.

Before surgery consider the following:

- Will I have the appropriate support following my operation?
- Will I be able to maintain personal hygiene?
- Will I be able to access/use the toilet?
- Will I be able to provide myself with food and drink?

It is likely you will be using a mobility aid such as crutches after your operation. Consider appropriate adjustments to your living space to account for additional space required. Below are some useful tips:

1. Before your surgery, move low and high lying items to waist level (in your kitchen and other areas).
2. Have plenty of food at home (ready meals etc.).

3. Make arrangement for your pets.
4. Have friends and family ready to support you if needed.
5. Assess your environment for any hazards (steps and not accessible areas) and inform therapists on the ward.
6. Have a suitable sized car to collect you from the hospital.
7. After your surgery have a strip wash instead of a shower or a bath.

During surgery

What to expect on the day:

- You will arrive at the Day Case Unit at either King's Mill Hospital or Newark Hospital, unless advised otherwise.
- You will be booked in and taken to a waiting area.
- You will be advised to change into a hospital gown ready for your surgery (underwear can remain on).
- We cannot give an exact time your surgery will start due to many different factors, but you will be kept as updated as possible.
- It may be a good idea to bring along something to occupy your time whilst waiting, such as books or small devices etc.

Immediately after your surgery

You will be seen by a physiotherapist on the Day Case Unit and they will discuss the next steps in your recovery, such as:

- Exercises to begin as required.
- Your return home the **same** day as the operation.
- Practising walking for the first time after your operation, with crutches.
- Practising stairs or steps of required.
- Any instructions to follow that have been advised by the surgeon.
- Fitting you with a brace if required (this will be advised by the surgeon).
- Answer questions or help with any concerns you may have.

When the physiotherapists have completed their assessments and provided you with all required support, they will inform the nursing staff you can be discharged home.

Pain management immediately after and first few days

Pain is a normal symptom after surgery and it is essential it is controlled.

You will be provided with pain relief following your surgery and it is important to continue this as prescribed to assist your recover.

The pain should begin to settle over the coming days to a few weeks after surgery. However, if you begin to notice worsening pain that is becoming unbearable, or any other symptoms you are concerned with, then call a healthcare professional such as your physiotherapist or GP as soon as possible

After the surgery and returning home

Risks to look out for

Although uncommon, complications do occur following knee surgery. These may include (but not restricted to) an infection of the wound/surgical site, pain at the surgical site, excessive swelling or bleeding around the knee and deep vein thrombosis (a clot in the deep vein of the leg and damage).

Complications will be discussed with you prior to your operation, after your operation while on the ward and at your initial assessment with the physiotherapist. If you have any of these symptoms contact your GP for a same day appointment. If this is not available attend your local Emergency Department.

Will I need to use crutches?

You will be provided with a pair of crutches for use when walking. Unless you have been instructed otherwise, due to more complex surgery, the crutches are used for comfort. You can gradually decrease their use as comfort allows. It is important that you take the weight through your leg in the correct manner i.e., putting the heel down first. Be guided by your physiotherapist who will inform you as to when you can stop using them. The crutches can be returned to physiotherapy department.

It is very important you follow the advice on how to use the crutches and avoid twisting or pivoting on your knee. It is also important that you are not on your feet for prolonged periods of time early on after the operation, as this may increase your swelling.

What else may I have to do after my operation?

You may be required to wear a knee brace for a specific length of time after the operation; it will depend on the type of surgery you have. This will be discussed with you and your consultant prior to the operation, and after with the physiotherapist.

Richard splint



Hinged knee brace



This may be because the consultant feels that the knee requires further support to recover, or they may have repaired a piece of cartilage within the knee. The brace will limit twisting movements of the knee and can be set to restrict bending of the knee.

The brace will be fitted around the dressing and will be sized specifically for you. We ask that you ensure the brace is in contact with your skin to enhance the fit and support, therefore we advise you to bring loose fitting trousers or shorts into hospital with you.

You will have had an opportunity to have a look at a brace, and perhaps had a practice at using this, in the preoperative knee education group.

Normally you are able to put full weight through the operated knee, however, you may not be able to achieve this because of pain and swelling. To help with this we will provide you with crutches to help with your mobility. Sometimes the consultant may restrict the amount of weight you can put through the operated knee. You will be notified of this after your operation and taught how to mobilise placing less weight through the operated side.

Wound/surgical site management

Regardless of whether you have stiches, clips or glue, please ensure that you have an appointment booked at your local GP practice to have these removed two weeks after your operation. This appointment may, on occasion, be booked from the ward, however, we ask that you ensure this is booked on return home from the hospital.

Pain management

Is it important to keep the pain to a minimum as this will enable you to move the knee more easily, recover your muscle function in your lower limbs and to complete the exercises set for you by your physiotherapist. You may have been given painkillers in hospital to reduce your pain.

It is important to keep the pain under control by using the medication regularly at first. You feel that your pain is not under control, may need to make an appointment with your GP to discuss pain management.

Ice

If you do not have any circulatory disorders, you will benefit from applying ice regularly following surgery; this will help to minimise pain and swelling. You may have been given a specific piece of equipment from the ward to use, but if not, you can use an ice pack or bag of frozen peas in a damp teal towel. Elevate your affected leg and apply your ice pack for approximately 20 minutes. This should be done regularly throughout the day.

Do I need to do exercises?

It is important to start getting the knee moving but in a controlled manner. The physiotherapist will show you the exercises you will need to start with. These will be progressed as you are physically able, under the guidance of your physiotherapist. You will be referred for continued physiotherapy as an outpatient.

One of the most important things in the early days after your operation is that you can get your knee fully straight. The exercises below will help with this.



Static quads

Place a towel roll under your heel. Push your knee down into the bed. Hold for five seconds.



Extension stretches and ice

Elevate your foot with a foot stool. Ensure the back of your knee is suspended. Place an ice pack over your operated knee. Rest in this position for no longer than 20 minutes at a time. The exercises listed on the next page are to be completed after your knee surgery and while you await your outpatient physiotherapy follow up.

You will find that there are not a set number of repetitions. Use discomfort and pain as a guide to how many repetitions you complete. Small amounts of pain and discomfort are not an indication to avoid exercise. Start with five repetitions and progress as you feel able.

Knee flexion

Bend your operated knee as far as you can tolerate or within the limits of your brace. Use your non-operated leg to assist by placing it over the operated leg and gently pulling back.



Bridge

Bend your knees up, keeping your feet on the bed. Push through your heels and bring your bottom up off the bed. Hold for five seconds. You can perform this exercise even if you are wearing a brace.



Ankle pumps

Pump your ankles up and down. Repeat 20 times.



When can I drive?

You may drive when you are comfortable and safe to do so. You must have stopped using crutches, be able to sit comfortably and have enough power and bend in your knee to perform an emergency stop. The law states that you should be always in complete control of your car. It is your responsibility to ensure this and to inform your insurance company about your surgery. Please ask your physiotherapist for advice.

You may need to consider how you will be able to attend for your follow appointments in the initial weeks following your operation, and how you may be able to get to and from work if returning and still unable to drive. There is a voluntary care service that may be of help. You can contact them on 01623 753192. If you are eligible for hospital transport this can be discussed with your physiotherapist.

When can I return to work?

It may be beneficial to discuss with your employer prior to your operation, on how and when you will be able to return to work, for you to be able to plan this in advance. Consideration of how much and what length of time that you are entitled to sick pay may be beneficial to you, and any financial implications this may have.

When you return to work depends very much on the demands of your job and it is difficult to generalise. You need to feel that you can cope with the tasks involved in performing all duties of your job including any travelling required. As a rule, it is recommended that if you are in a sedentary job, you will require approximately two to three weeks off work. For a heavy manual job or one which involves twisting, turning, and running you may require up to 12-16 weeks. Discuss this with your consultant and physiotherapist before you contemplate a return to work - you may also wish to consider approaching your employer regarding a phased return.

When can I fly?

It is recommended that you do not fly for six weeks after the surgery.

How will I progress?

During your first visit after surgery your physiotherapist will decide how often they would like to see you depending on your progress. Initially you may need regular appointments to help and support you through the early stages of rehabilitation. You will be given exercises to perform at home and you may progress to a gym-based class at the physiotherapy department.

There will be specific milestones/goals to achieve throughout your rehabilitation. This will depend on the type of surgery that you have had. It is extremely important that you continue to work on the exercise programme you are given and follow your physiotherapist's instructions carefully.

Your return to work, leisure activities and normal activities of daily living, will be guided by your physiotherapist and will depend on how you are progressing and whether you are reaching certain goals from the type of surgery that you have had.

Your therapist will advise you when you are physically capable of dealing with different activities and will ensure you progress to a level where it is safe for you to return to sport.

Return to sport will depend on the operation you have had and on your progress. It is extremely important that you take guidance on this by your physiotherapist, as if you return too early you may not achieve as good an outcome from your surgery.

Contact details

Physiotherapy department
Clinic 10
Telephone: 01623 672384

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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