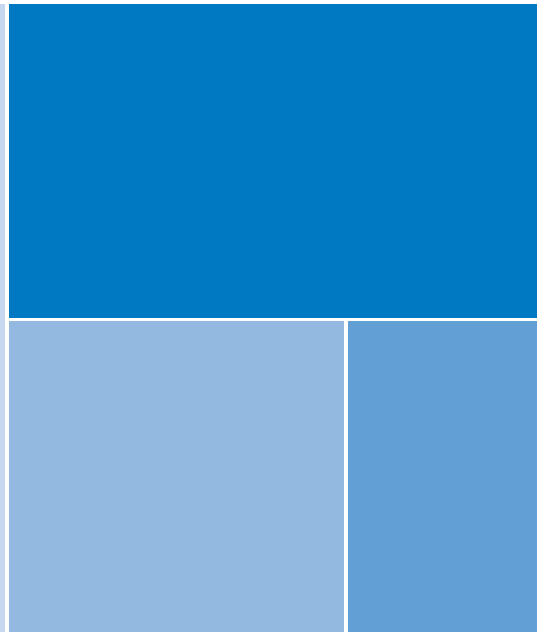
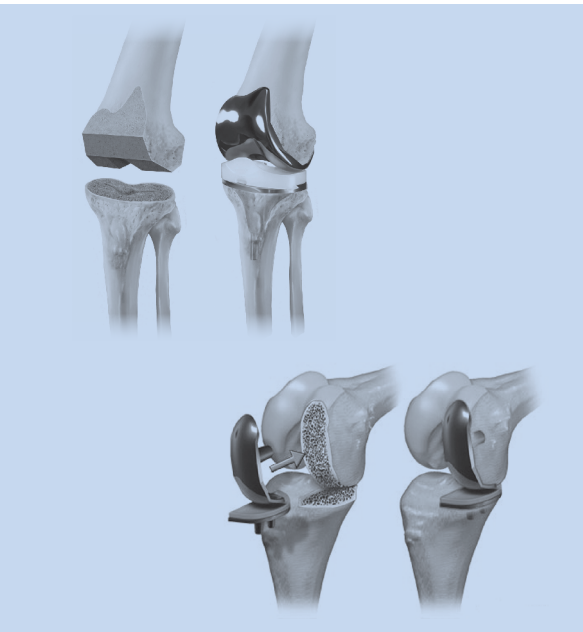


Total Knee Replacement and Unicompartmental Knee Replacement



[Patient Information](#)

Introduction

This booklet is designed to provide information and advice about your Knee Replacement Surgery. The information will aid your recovery and rehabilitation during your stay at the James Paget University Hospital and once you are discharged home.

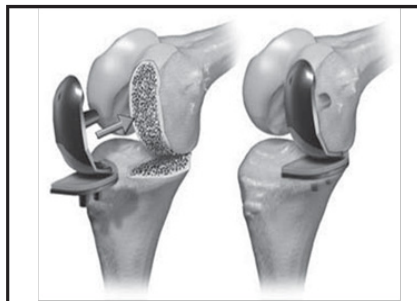
The aim of your surgery and post-operative advice is to reduce your pain, reduce stiffness and improve the movement in your knee, which will in turn improve your walking.

You are able to fully weight-bear through your knee

This means you are allowed to put as much weight on your leg as your pain allows. This is what the new knee looks like.



Total Knee Replacement



Unicompartamental Knee replacement



Post-Operative Advice

Resting position

Whenever you are sitting in a chair you should rest your leg on a stool a similar height to the chair so the knee is not bent. This is very important as a straight knee is essential for you to regain function and improve your walking.



Anti-embolism stockings

On the day of your operation you may be given a pair of stockings, which you would need to wear for six weeks (night and day). The aim of these stockings is to reduce the risk of blood clots. The only time these should be removed is for your legs and feet to be washed. If needed, you will be given two pairs, so you can wear one and wash one. You will need someone to help you put on and take off the stockings. The Red Cross are no longer available to help with this.

Wound care

Your operation has been performed via an open procedure where an incision is made into the skin to enable the surgeon to insert the new knee joint. The wound can be closed with stitches, clips, dissolvable stitches or glue; this is the surgeon's choice. A waterproof dressing will be placed over the top of the wound; this will be removed after 14 days post operation and your wound will be reviewed.

If you have had stitches or clips they will be removed at the same time. This will be done either at your GP practice or by a district nurse.

Wound infection

If the wound edge becomes red, oozy and/or painful please contact the ward that you were admitted to for your surgery. You will be asked to come into the hospital for a physical review to assess if you need antibiotics and which antibiotics you might need. Please do not attend your local GP Practice for a review of your wound if you believe it to be infected.

Washing and dressing



It may be easier for you to wash and dress from a seated position, either on your bed or toilet seat. You may find it easier to dress the injured limb first and undress it last. This is so you can use the full range of movement of the functional limb to assist with clothing needs.

You may like to purchase a helping hand from an independent living centre; it may be useful to assist with pulling clothes on/off over the feet and lower legs.

You may also benefit from a long-handled shoe horn to help you put your shoes on. A friend or relative could help you with this.



Showering

You can normally shower as the wound is protected by a waterproof dressing, but please remember that wet surfaces increase the risk of falling. However, please clarify with the nurse looking after you before you are discharged home as it can depend on how your wound is.

Please remember that wet surfaces increase the risk of falling, especially if still using a walking aid. We advise that you do not shower if you are still using an aid to walk. If it is not safe to shower then continue to strip wash. We do not recommend for you to get into a bath for six weeks. This also applies if you have a shower over the bath.

Sleeping

You can sleep either on your back or on your side. Any of these positions are fine. If you are sleeping on your side, you may find a pillow between your knees helpful.

Pain

As with any surgery, you should expect some degree of pain. Painkillers will be prescribed and it is advised that you take them regularly so that you can perform your exercises and walk as able.

Speak with the ward staff if you have any concerns or questions surrounding your pain relief.

Ice and swelling

You will experience swelling of your knee for up to six weeks post operatively. Ice should be used to help control the pain and reduce swelling.

Sit down and place your heel on a foot stool. Make sure you place a protective layer between your skin and the ice, e.g. a damp tea towel. A large bag of frozen peas is an excellent ice pack. Remove the ice after a maximum of 15 minutes. You can repeat this up to four times a day.

Kitchen

You may benefit from completing kitchen tasks from a seated position initially. This will allow you to conserve energy and take pressure off the operated limb. You might like to think about having a stool or chair close by the work surface when making a hot drink, cooking or washing up.

Think about the activity, e.g. if you are peeling vegetables could you do this whilst sitting at the dining table instead of standing at the work surface? If you have any concerns regarding completing activities please inform a member of the therapy team as soon as possible so that these can be addressed and resolved before discharge.

Driving

Generally you can return to driving six weeks after a left total knee replacement or allow eight weeks after a right total knee replacement due to the power required to brake. However, it is each individual's responsibility to ensure they are fit to drive. It is always recommended to contact your insurance company one month before you return to driving to ensure your insurance is valid. This advice is the same if you drive an automatic car.

Sexual activity

You can return to sexual activity when you feel able.

Leisure activities

You need to pace yourself with daily tasks and perform them as your fitness allows. After three months you can return to the following activities:

- Riding
- Cycling
- Sailing
- Dancing
- Golf – make sure you turn your feet as you swing to avoid twisting
- Swimming-any stroke.

Return to work

Returning to work depends solely upon what your job entails. This may be anything from six weeks for light work or four months for more physical work. If you require a Fit Note, please ask the ward staff after your operation.

Flying

Discuss with your consultant and with the airline's medical department if you wish to fly within six weeks of your operation due to the risk of a clot. You should also discuss with your GP if there are any other measures to be taken as you may be on new medication due to your operation.

Walking

We aim to get you up within two hours of the operation. Initially this will be with a frame. During your stay we will look to change your walking aid as you improve.

It depends on your progress as to which walking aid you will be discharged with. Most people are discharged with sticks or crutches. If you are using one stick, having it the same side as your operated leg makes you limp. Therefore you will be taught to use it in the opposite hand to your operated leg. If your opposite hand is not your dominant hand, you may find it helpful to reverse the stick the other way around, to help with your grip.

Points to remember when you are walking:

- Try to spend an equal amount of time on each leg
- Ensure that both steps are equal in length
- Gradually increase the distance and amount you do each day.

Points to remember when standing and sitting:

- Ensure you are balanced when you stand before placing your hands on the frame/sticks or into the crutches
- Make sure you can feel the chair on the back of your legs before you go to sit down
- Step/slide your operated leg forwards as you sit down
- Reach back for the chair as you sit down – take your hands off the frame or out of your crutches.

Occupational therapy (OT) and equipment

During your admission a member of the Integrated Therapy Team will visit you on the ward to check all identified equipment needs in the preadmission OT clinic have been delivered. If they have not, or if you have any questions regarding your equipment, please speak to a member of the therapy team.

If you have not already done so, it would be beneficial to ask a family member or friend to move all items of clothing/equipment to a good height for you prior to discharge. For example have underwear in a top drawer rather than a bottom drawer, move pots, pans, plates, mugs etc to the work surface or into a cupboard where you do not need to bend down or reach too high to access.

Physiotherapy exercises

These exercises can be commenced as soon as the Physiotherapists have demonstrated them to you. As a guideline we recommend you do these five to 10 times, approximately three to four times per day. However, you can increase the repetitions as your comfort allows.

The exercises are important to build up your strength and reduce stiffness which will then help to improve your walking.

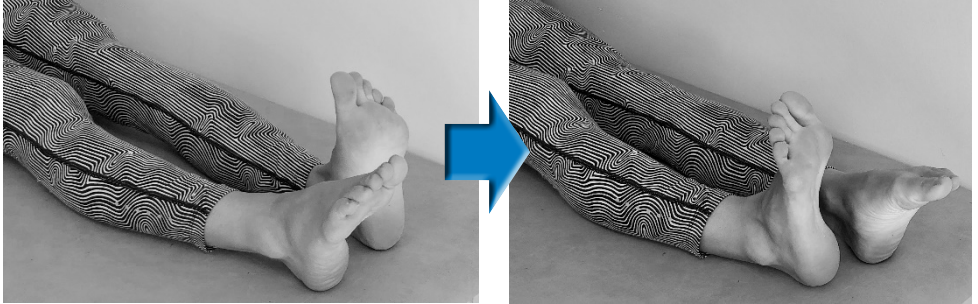
Prior to completing your exercises, ensure that you have taken adequate pain relief as this will allow you to complete them effectively.

The following exercises should not make your pain worse, however if they are too uncomfortable, please inform a member of the ward staff.

Exercise 1 – Ankle Pumps

Sitting in a chair practise pointing your toes up towards your head and then point them away from you. This exercise is important for your circulation and to work your calf muscles. This exercise can be completed either in your chair or bed.

In bed



In the chair



Exercise 2 – Passive Knee Straightening

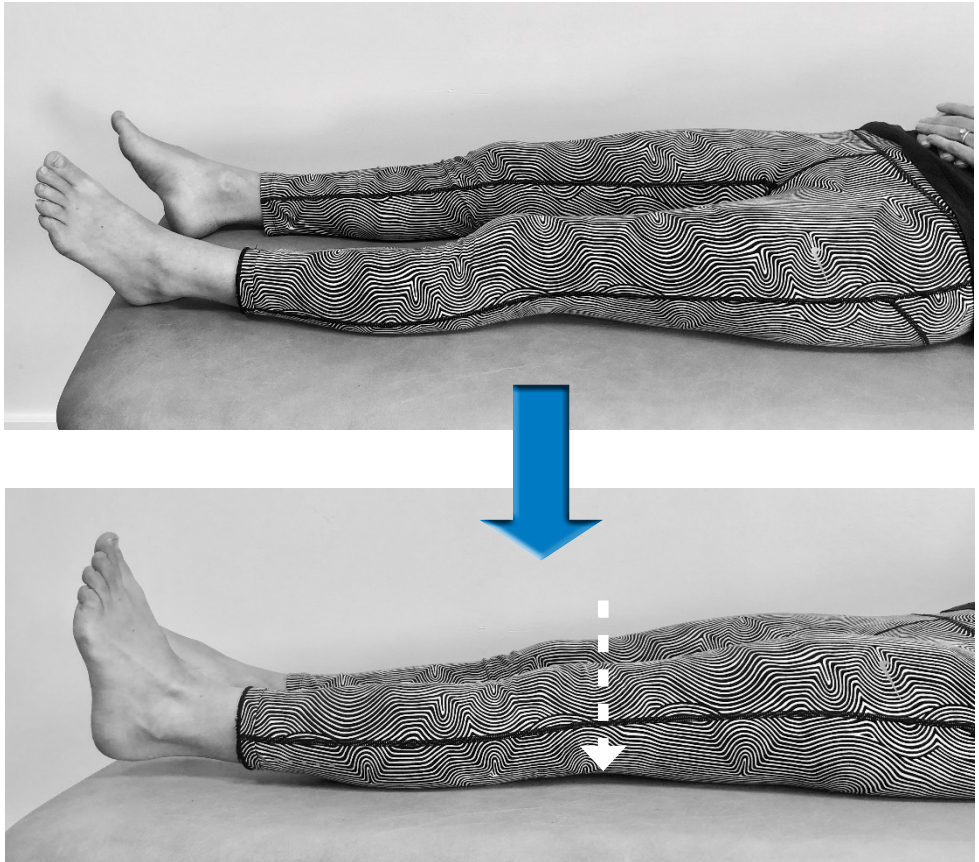
Whilst sitting, practise resting your heel on a stool. Aim to hold your leg in this position for 10 minutes. You may only be able to manage a few minutes to begin with.



Exercise 3 – Thigh Contraction

With your leg resting on the bed or stool and your knee straight, practise pressing your knee down into the bed/stool and hold for five seconds; keep your toes pointing towards the ceiling.

This exercise is important to strengthen the muscles which straighten your knee, which is important for walking.



Exercise 4 – Knee Extension

Sit on the edge of the bed or in a chair. Attempt to straighten your knee out in front of you by lifting your foot off the floor; hold for five seconds. Continue to practise even if you cannot lift your leg, as you are still working the muscles; this exercise is important to strengthen the muscles which straighten your knee.



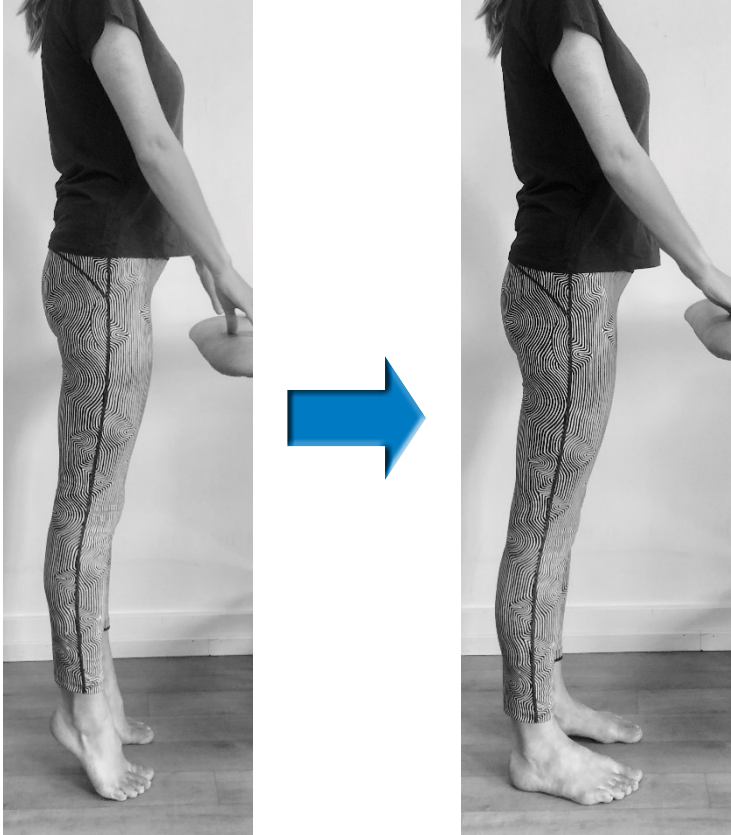
Exercise 5 – Knee Flexion

Sit on the edge of the bed or in a chair. Practise sliding your foot back towards you; once it is as far as your pain will allow you to go, tap your toes on the floor five times, and then slide your foot back further. This is important to improve your knee bend, which helps with walking and stairs.



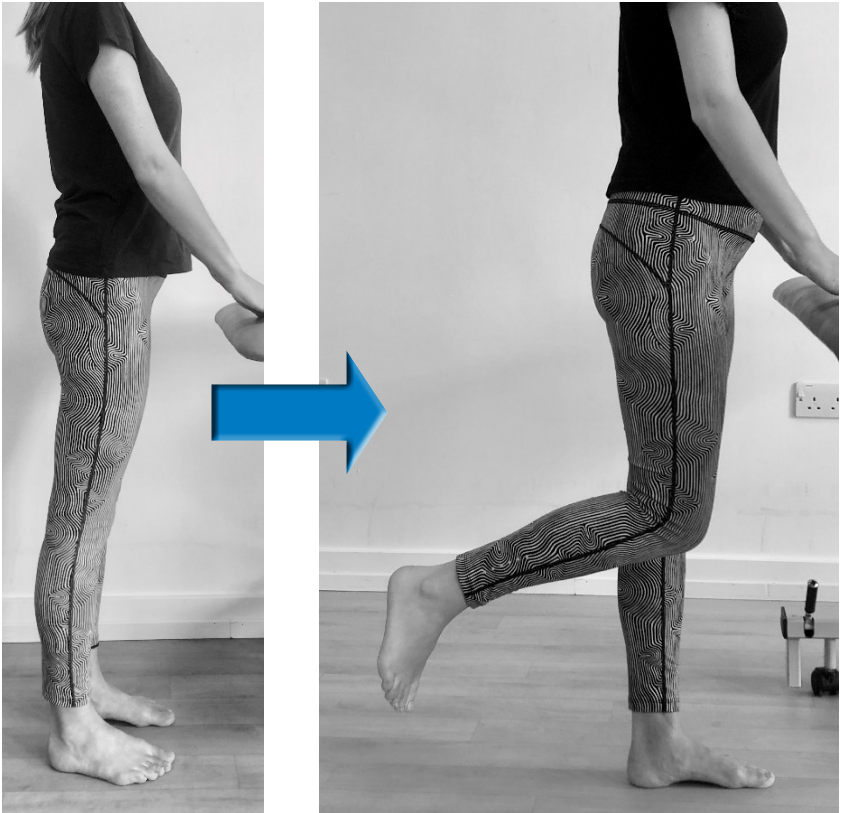
Exercise 6 – Heel Raises

Stand by holding onto your kitchen worktop, or a similar height solid surface. Go up onto your tiptoes on both feet and hold for five seconds. Lower back down to the floor. This is important for your balance but will also help to straighten your knee.



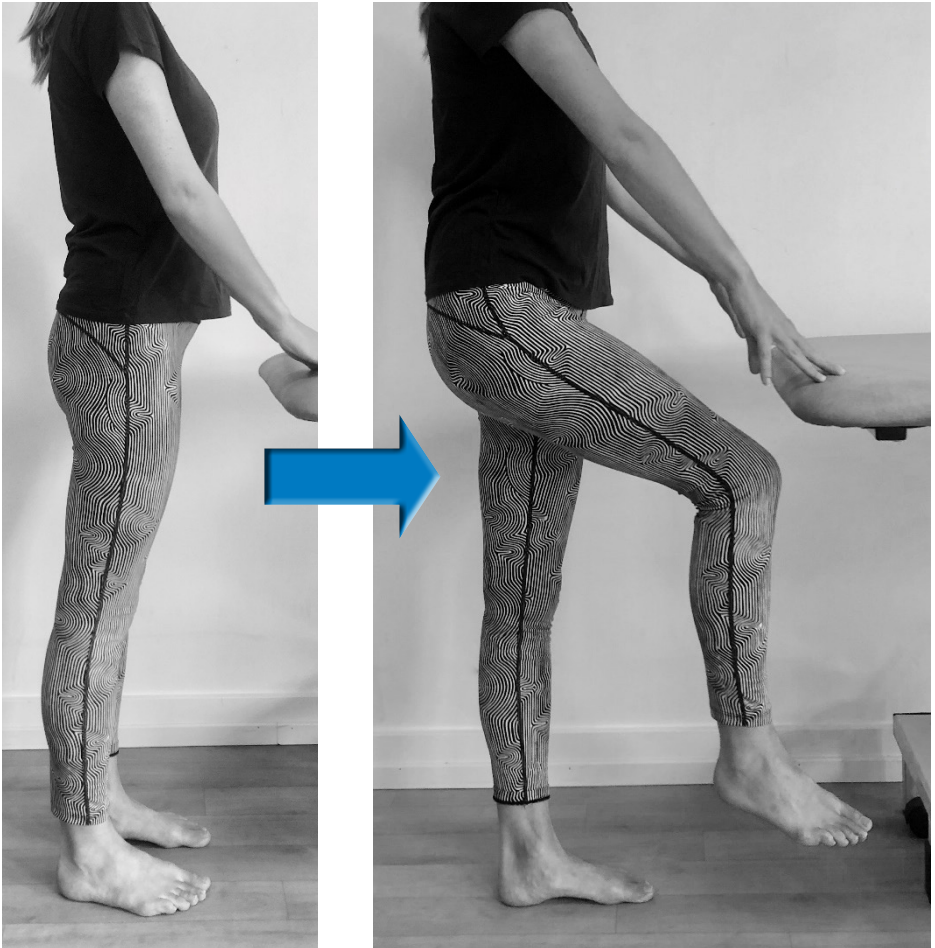
Exercise 7 – Standing Knee Flexion

Hold onto your kitchen worktop, or a similar height solid surface. Stand on your non operated leg, keeping your back straight. Practise bending your operated knee by bringing your heel towards your bottom. This is important to improve your knee bend, which helps with walking and stairs. Repeat the exercises whilst standing on your operated leg as well.



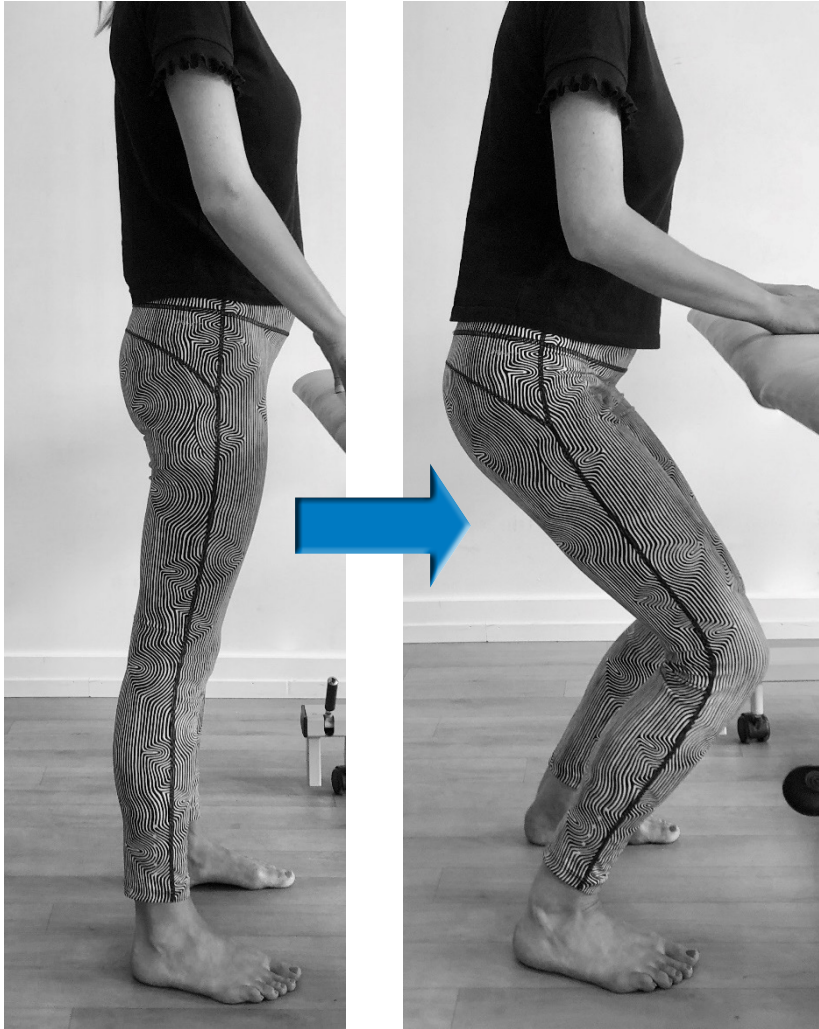
Exercise 8 – Hip Flexion

Hold onto your kitchen worktop, or similar height. Stand on your non operated leg and practise lifting your operated leg up as if you were marching on the spot. This is important to improve your knee bend, which helps with walking and stairs. Repeat the exercises whilst standing on your operated leg as well.



Exercise 9 – Half Squats

Holding onto the kitchen worktop or back of a chair, slowly bend your knees, sinking your weight into your heels. Hold for five seconds and slowly return to a standing position.



Exercise 10 – Side Stepping

Stand holding a stable surface. Step your operated leg out to the side, transfer the weight across and then bring your non operated leg to join it. Repeat the movement for the length of the stable surface. Do this in reverse back the other way. Use the worktop for support but aim to progress to letting go as balance and confidence improves.



Daily Exercise Completion

It is really important once you are home to continue with your exercises.

Those that complete regular exercises will have the best recovery. It will also give you an advantage when you attend your community physiotherapy appointment to get the best out of your time with them.

You could use the table overleaf to keep record of when you are doing them.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							

Steps and Stairs

If you have stairs at home, a therapist on the ward will practise these exercises with you. If you only have one banister on your stairs, and you are using crutches or sticks, you will be given an extra crutch/stick to take home. This extra (third) crutch/stick means you can leave one downstairs, one upstairs, and then the one you're using to complete the stairs. If you do not have a banister, the ward therapist will demonstrate how to complete the stairs.

We will also practise any steps you have to access your property. The method is the same, but you may not have a rail to do this so may need to do it using two crutches/sticks.

If you are using a frame to walk with, we will give you two frames, one for upstairs and one for downstairs. We will also provide you with one crutch to complete the stairs.

The rule is:-

Non-operated leg goes up first,

Operated leg goes down first

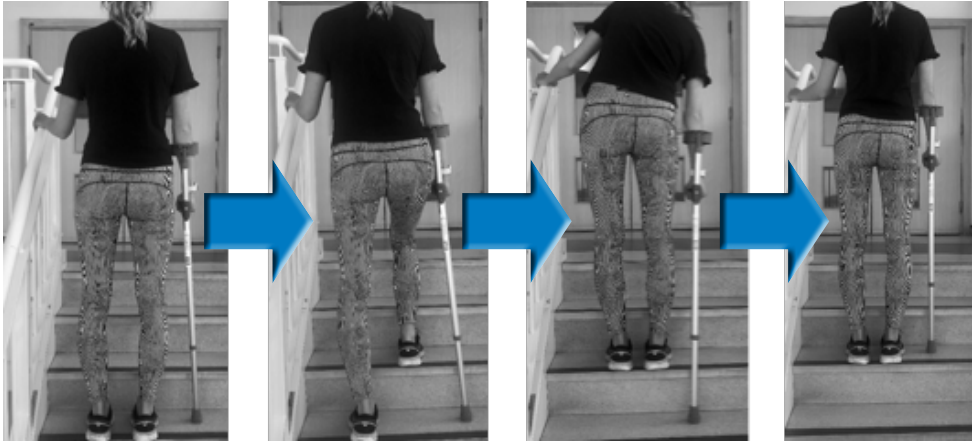
Or

Good foot to Heaven,

Bad foot to Hell

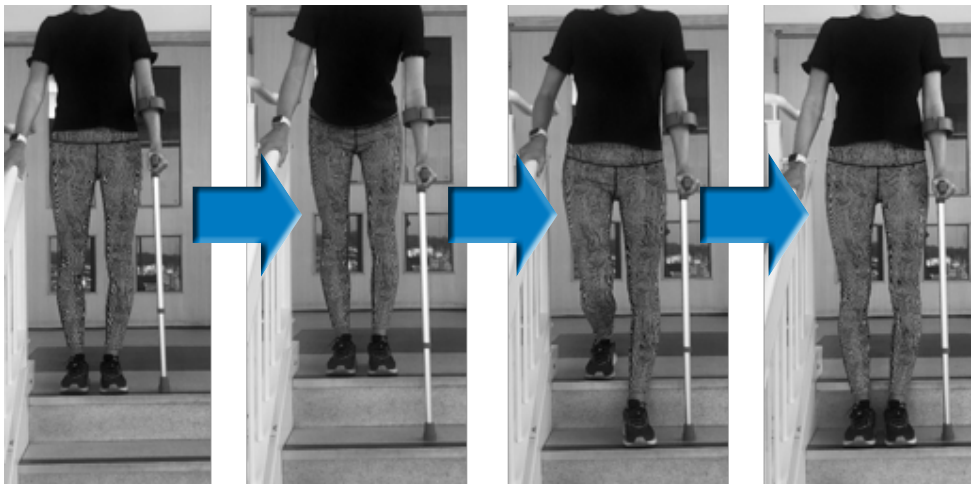
Going Up the Stairs

Hold onto the banister, with your walking aid in the opposite hand. Lead with your non-operated leg, then the operated leg, then the walking aid.



Going Down the Stairs

Hold onto the banister with your walking aid in the opposite hand. Lead with your walking aid, then operated leg, then your good leg.



When are you ready for discharge?

To go home you need to:

- Be well and comfortable
- Have a clean and dry wound
- Be walking safely with an appropriate aid
- Be able to complete steps and stairs safely
- Be able to get in and out of bed by yourself or with help from someone at home
- Be aware of your exercises
- Be able to wash and dress by yourself or have someone to help you with this at home
- Be able to fully straighten your knee and bend your knee to 90 degrees (right angle).

How do I go home?

When you go home, you will travel in the front passenger seat of a car as it is easier to move the chair back as far as it will go.



Sit with your back to the car and have your feet on the road rather than the pavement. You can push your bottom back on the seat as far as you can, then bring your legs around into the car.

Most cars will be of an appropriate height. We do advise that you avoid certain cars initially, i.e. low sports cars, as it will be difficult to get in and out of these.



What will happen once I'm discharged?

It is important when you go home that you continue to walk regularly. The distance walked is dependent on each individual. We do recommend you walk outside but you need to be careful if it is wet or icy. You may want someone with you the first time. Indoors the ground is flat and even, but outside there are more inclines and rough ground, therefore you need to be a little more cautious.

We recommend you continue to do your exercises at home. We also advise you continue to rest with your leg straight on a stool.

You will be sent an appointment in the post to come to clinic to see your consultant around six weeks after your operation. If all is well you may not need to come to clinic again.

Any follow up wound care will be arranged for you by the nurses on the ward before you are discharged.

When do I stop using walking aids?

You only need your walking aid until you are no longer limping. You may want to practise using one crutch/stick first around the property and progress to no aids from there. It is important not to try hobbling around as this encourages limping and bad habits. When you see the community physiotherapist, they can review how you are doing and give suggestions and advice. If you are using one crutch or stick, hold it in the opposite hand to your operated leg.

Return of Equipment

If you have been loaned Occupational Therapy equipment, e.g. a commode, please do not send it back to us at the James Paget University Hospital. Once you no longer require the equipment, please telephone the number below to arrange for it to be picked up.

Nottingham Rehab Supplies (NRS)

03001 000716

Community Physiotherapy

If you require further physiotherapy input on discharge, your ward physiotherapist will refer you to East Coast Community Healthcare (ECCH) for community physiotherapy. The location of your appointment will be where it is most convenient for yourself. Please refer to the table on the following page for possible locations.

If you have been referred by the ward team for further physiotherapy, ECCH will be in contact to arrange your appointment. If you have not heard from them by the end of your first week following your discharge, please contact them directly on 01493 809977.

If you have not been referred and once home you feel that you would benefit from more physiotherapy you are able to self-refer to ECCH. Please visit www.physio.ecch.org or call 01493 809977 to arrange an appointment.

GP Area	Outpatient Clinic
Beccles	Beccles Hospital, St Mary's Road, Beccles NR34 9NQ
Great Yarmouth	Northgate Hospital, Herbert Matthes Block, Northgate Street, Great Yarmouth NR30 1BU
Gorleston	Shrublands Health Centre, Magdalen Way, Gorleston NR31 7BP
Lowestoft	Kirkley Mill Health Centre, Cliff Road, Lowestoft NR33 0DR
Halesworth	Patrick Stead Hospital, Patrick Stead Outpatients Department, Bungay Road Halesworth IP19 8HP
Martham	Martham Medical Centre, Hemsby Road, Martham NR29 4QG
Reydon	Sole Bay Health Centre, Teal Close, Reydon IP18 6GY

Useful Contact Numbers

Hospital Switchboard	01493 452452
Elective Unit, Ward 22	01493 452331
British Red Cross	01493 452080
Orthopaedic Therapy Office	01493 453849
ECCH, Community Physiotherapy	01493 809977

<http://physio.ecch.org>

If you encounter any problems after discharge related to your wound, or medications, please contact Ward 22, Orthopaedic Clinic or your consultants secretary for advice as soon as possible.

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Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective and professional

**#Proud
of the
Paget**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

**For a large print version
of this leaflet, contact
PALS 01493 453240**

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