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Rapid Recovery Programme Introduction

The Wrexham Maelor hospital provides a Rapid Recovery Programme for its Joint Replacement Patients. The aim of this programme is to get you back to full health as soon as possible after your operation. Research indicates that after surgery, the earlier we get you eating and drinking and out of bed, the quicker the recovery. This will speed up your recovery making it less likely that complications will develop.

Our aim is for you to be able to go home 3 days following your operation. In order to achieve this we need you to take an active part in your recovery and work together with us.

This booklet is designed to provide you, the patient, with information about what it means to be a Rapid Recovery patient, and the knee replacement surgery offered at this hospital. Please take the time to read it, as it may answer a number of questions you have. It may also help you make an informed decision before signing the consent form for your operation.

If this booklet raises any questions, it may help to write these down; you can clarify them with the clinical team at your hospital appointment or when you attend Joint School. Space for you to record your notes and questions is provided at the end of this booklet.
Preparation for Surgery

Pre-Admission Assessment

You will be invited to attend a pre-assessment clinic appointment; this should ideally be 4-6 weeks before your operation.

You will be seen by a nurse practitioner who will carry out a general health assessment and a pharmacist who will review your current medication. This can take between 2-3 hours. They will ask you about your general health, medical history and medication. A number of investigations will be carried out such as blood tests, urine test, ECG (heart trace) and X-Rays.

Please bring all of your current medication so that you can discuss them with the pharmacist. Make sure you tell the pharmacist everything that you are taking, including any herbal supplements and any ‘over the counter’ medicines. They will then be able to tell if you need to stop taking any of your medicines and when. This is important because a number of drugs and herbal remedies can interact with the anaesthetic and can potentially cause complications.

Attend with a full bladder or bring a urine sample with you. Your results will be reviewed by the nurse to ensure you are fit to proceed with your planned surgery.

Some patients may be seen by their consultant at this visit for consenting to surgery unless this has already been done at a separate appointment.

Please express any concerns you have to the nursing staff as soon as possible, regarding any discharge problems you foresee, i.e. transport. This will help us to ensure you have an appropriate plan in place, to prevent your discharge being delayed and to ensure you are well supported after you leave the ward.
Joint School

You will be given an appointment to attend Joint School (a group patient education session); this is a very important part of your preparation for surgery where the whole patient journey is explained, questions answered and anxieties relieved. The Joint School ensures that you receive the required information and clear expectations regarding your operation, which results in the best possible outcome. It provides an opportunity to meet other patients going through the same experience and many of the staff that will be involved in your care.

It is important to invite your coach (explained below) to join you at the Joint School.

A coach is a person chosen by you to support and encourage you throughout your treatment, before your admission to hospital, while you are in hospital and at home afterwards. A coach is often a partner, a family member or a good acquaintance but can be anyone you choose.

The coach will not be expected to carry out any clinical (nursing) duties nor do they need any medical expertise. They will, however, play an important role in supporting you throughout your experience. Coaches play a vital role in the recovery and rehabilitation process and evidence shows that this encouragement greatly enhances recovery. They therefore, will need to be committed in providing their time to be a Coach.

Involve your coach as much as possible during your time leading up to your operation. They can be invaluable to you in organising your home and helping you with your pre-operative exercises.

Do not worry if you do not have a coach, please discuss with the hospital team, it will not affect your recovery.
Things to do before your Operation

Preparing your home

Remember, when you first go home you will not be fully mobile and may have some restrictions on what you are able to do. Think about the things you normally do and make some adaptations.

For instance;

- Move items regularly used to be easily accessible.
- If you have to cook for yourself, consider making or buying some ready meals that are easy to prepare when you come home.
- It is also wise to be up to date with household chores like cleaning and laundry.
- Remove loose rugs.
- Arrange care for pets and family.
- Freeze milk and bread for the first few days once home.
- Arrange discharge plans i.e. lift home.

You won’t be able to do these in the first few weeks after your operation. Involve your ‘coach’ in making the necessary preparations.

Smoking and your operation

Think Stop before the Op

If you smoke the best thing you can do is to try and quit for a few weeks before and after the operation. The best time to quit is at least 12 weeks before your operation. Quitting at any time before your operation will really help your recovery.

Why is quitting smoking so important at this time?

If you are still smoking:

- You may need more specialist care and planning before and after the operation.
- You have a higher risk of getting a chest infection, which could lead to further problems.
- You have a higher risk of getting a wound infection which may mean having to stay in hospital longer. Smoking takes the oxygen from your blood. This means that the wound will be much slower to heal.

If you quit you are more likely to be up and about and getting better much quicker after your operation.
You don’t have to quit on your own. More people manage to quit smoking for longer if they have help.

For help talk to your pharmacist or contact the Stop Smoking Wales Helpline on 0800 085 2219.

**When you come for your operation.**

If you are using patches or other types ofNicotine Replacement Therapy (NRT)to help you stop smoking, please bring them with you to hospital. Tell the nurse that you have them with you.

**General Health**

Before surgery can go ahead you need to make sure that you are in the best physical health; you must make sure that if you experience any of the following problems, that these are addressed as soon as possible:

- Dental problems such as a broken tooth or abscess
- Open wounds, or inflamed stings and bites

This is to prevent any infection travelling to the joint; infection can have a detrimental effect on the outcome of the replacement and your recovery.

If you have any concerns, visit your GP or Dentist for an assessment; you should also inform the nurse during your pre-operative assessment clinic appointment.

**Diet**

Proper nutrition is a concern for joint replacement patients. Orthopaedic surgeons recognise that many joint replacement patients may not be in peak nutritional health. Proper nutrition can assist in a Rapid Recovery.

You will recover more quickly from surgery if you are healthy beforehand. Try and eat a healthy diet in the time leading up to your operation. If you are overweight, it is important to reduce your weight in preparation for your surgery. This will help to reduce any risks associated with anaesthetic and your knee will last longer.
Medication
You will need to bring all of your current medication in to hospital with you.

If you are running low on supplies of your medication before the operation please get a repeat prescription from your GP.

Exercise
It is important to be as fit as possible before undergoing joint replacement. Participating in an exercise programme before surgery can help patients make a more rapid recovery. Moderate exercise is an integral part of treating arthritis.

Activities such as walking, swimming, riding a bike or gardening can assist in keeping your bones strong and your joints supple, which may help relieve stiffness. Low-impact exercise will not wear out your joints. Although exercise may sometimes cause discomfort, proper exercise will help nourish the cartilage, strengthen the muscles, and prolong the life of your joints.

It is important to do the recommended exercise leading up to your planned surgery as this will strengthen your muscles and help in the recovery period. Refer to “Additional Information” for a full exercise guide.

What to bring into hospital with you
After your operation you will be transferred to the Prince of Wales ward; for a checklist of what to bring into hospital with you, please refer to the additional information section.
Your Inpatient Stay

Arriving in Hospital

On the day of your surgery you will be admitted to the Arrivals Unit, this is located on the first floor of the hospital – department U4.

Please note that once your admission is completed, you may have a long wait, depending upon where you are on the theatre list and it would be advisable to bring something to read with you.

Please express any concerns you have to the nursing staff as soon as possible, regarding any discharge problems you foresee, i.e. transport. This will help us to ensure you have an appropriate plan in place, to prevent your discharge being delayed and to ensure you are well supported after you leave the ward.

Anaesthetic Review

Your Anaesthetist will visit you before your operation. Your Anaesthetist will ask you again about your health and discuss the anaesthetic and pain relief techniques suitable for you, together with their advantages and risks. Hopefully your questions will all be answered by now but if not, do not hesitate to discuss any concerns you have with your Anaesthetist.

Therapy Team Review

You will also be seen and assessed by an Occupational Therapist and a Physiotherapist. They will talk with you about your personal home needs and help address any concerns you may have regarding returning home. You will be provided with walking aids and taught techniques for mobilizing and managing stairs if this is necessary.

Going to Theatre

When it is time for you to go to Theatre, you will walk, if able, with an Arrivals Nurse who will escort you.

Relative Waiting Areas

If your Coach/Relative or Friend has accompanied you to hospital they may wait with you in the Arrivals unit until you have been transferred to Theatre for your operation; however they are not able to remain here once you have left the unit due to the limited space available.
There are a number of areas that they would be welcome to rest, including the League of Friends tea bar, located at the front of the hospital, or the hospital canteen, located along the corridor from the General Outpatients department. There is also seating available along the corridor from the Prince of Wales Ward.

**Glasses, Jewellery, Dentures**

You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may keep them on. Jewellery and decorative piercing should be removed. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin.

**In the Anaesthetic Room**

This is the room next to the operating theatre where you will be positioned on the operating table. Several people will be there, including your anaesthetist and an anaesthetic assistant.

*Equipment will measure your:*

- Heart rate - 3 sticky patches on your chest (electrocardiogram or ECG)
- Blood pressure - a cuff on your arm
- Oxygen level in your blood - a clip on your finger (pulse oximeter)

A needle is used to put a thin soft plastic tube (a cannula) into a vein in the back of your hand or arm. Drugs and fluids can be given through this cannula. If needles worry you, please tell your anaesthetist. A needle cannot usually be avoided, but there are things he or she can do to help.

Finally, the type of anaesthetic chosen e.g spinal will be given.

**In the Operating Theatre**

The Anaesthetist will be there the whole time to monitor you; if needed they will vary the anaesthetic appropriately to keep you comfortable.

As an important part of the Rapid Recovery programme the surgeon will apply a special mix of drugs around the pain receptors of your knee, which will help to make sure you are as pain free as possible and able to mobilize more quickly and easily afterwards.

Once your surgery is complete, a compression bandage will be applied to support your knee, and you will be transferred to the Recovery area. The bulky dressing covering the knee will be changed to a smaller one, before you are discharged.
Recovery from surgery

You will be transferred to the ward after a short stay in Recovery. You will be given oxygen to help you recover from the anaesthetic.

Tubes & Drips

When you wake up (if you are having a General Anaesthetic) you may expect to find that you have

- a urinary catheter in your bladder to drain the urine.
- an Intravenous (IV) drip, a temporary tube which puts essential fluid back into your body via a cannula in your arm.

Back on the Ward

Your Care

Our nurses will look after your needs, attending to any tubes and dressings you may have, and assist you where necessary.

A positive frame of mind is vital to your recovery and you will be encouraged to spend the day out of bed and in comfortable day clothes, returning to your night wear and bed only for sleeping. Although they will look after you and care for you, the hospital staff will encourage you to take responsibility for your recovery and you will be expected to become independent as you progress following your surgery.

Pain Assessment

Good pain relief is important and the selection of appropriate pain management will vary according to individual circumstances.

On return to the ward the nurses will reassess the degree of pain you may have. Be honest with your answers. An assessment scale is used to measure your pain regularly. The nurses will ask you to rate your pain at rest and on movement on a scale of 0-3.

| Score 0: | No pain at rest or on movement |
| Score 1: | No pain at rest, slight pain on movement |
| Score 2: | Intermittent pain at rest (pain restricting movement/respiration), moderate pain on movement |
| Score 3: | Continuous pain at rest, severe pain on movement |
Deep Vein Thrombosis (DVT) Prevention

There is a risk of a thrombosis or clot developing in a deep vein (DVT). A DVT can develop whilst in hospital or after discharge. Along with other preventative measures such as calf pumps, a drug called Clexane will be given via an injection into your abdomen.

While you are on the ward you will be taught how and when to administer this injection as it is very important this is continued after you leave hospital. Your ‘coach’, a close relative or friend may also be taught how to do this if you do not feel comfortable or able to do so yourself.

Swelling/Bruising

You can expect some swelling, which often extends down to the calf and ankle. This can take from a few weeks to up to a year to settle. You can help reduce the swelling by resting your leg up on a small stool or table when sitting. This is more effective if the knee is raised higher than the hip but your knee should remain straight. Bruising should settle in a couple of weeks.

Ice Therapy

You may have a cold wrap around you knee which is filled with ice water. Ice can be used for pain relief, especially if the joint is hot and/or swollen. Only use ice if your skin is in good condition and you do not have any problems with circulation. The skin should be pink, not red, after applying ice. If swelling occurs, place an ice pack over the knee for no more than 20 minutes. Your wound needs to be kept dry until it is healed so place a plastic bag over your knee. Wrap the ice pack or medium size bag of frozen peas in a tea towel before placing it on top of the plastic bag on your operated knee. (NB. Peas that have been defrosted and refrozen should not be eaten.)

You may repeat this 2-3 times a day.
Your Rapid Recovery Daily Goals

**Following your operation (same day)**

- Your drip, oxygen and pain level will be continually checked.
- Your dressing will be checked.
- The Physiotherapist or Nurse will assist you to get out of bed and you will sit out in a chair if your condition allows.
- In the afternoon you will walk a few steps with a Nurse or Physiotherapist.
- Your blood pressure, pulse, breathing, temperature and pain score will be measured regularly.

**Day One (first day after your operation)**

- You will have a wash and put on normal ‘day clothes’ and have breakfast.
- Your drip and oxygen will be removed.
- The dressing over your wound will be reduced.
- Your blood pressure, pulse, breathing, temperature and pain score will be measured.
- A blood sample will be taken from you to determine how much blood you have lost during and after your operation.
- You may go to the x-ray department and have an x-ray of your new joint.
- You will see your Consultant or a member of their team.
- You will see the Physiotherapist team in the morning and the afternoon. They will practice your walking with an appropriate aid and show you your exercises. You will be expected to carry out these exercises on your own, throughout the day.
Day Two

- Up and about wearing ‘day clothes’.
- Blood pressure etc, measured as before.
- Supervised exercises and walking practice with the Physiotherapy team, morning and afternoon.
- Staff will ensure that you have adequate pain relief.
- Dressing over operated joint inspected by Nursing staff.
- An Occupational Therapist will assess your activities of daily living.

Day Three (most patients will be discharged home on this day)

- Up and about wearing ‘day clothes’.
- Blood pressure etc. measured as before.
- Continue to practice your exercises. Increase your walking distance with appropriate walking aids. If appropriate you will also practice the stairs with the Physiotherapy team.
- Staff will ensure that you have adequate pain relief.
- Feet washed.
- Dressing over operated joint inspected by the Nursing staff.

Day Four (if you haven’t been discharged on Day 3)

- Up and about wearing ‘day clothes’.
- Blood pressure etc, measured as before.
- Physiotherapy as before, progressing to walking with greater independence.
- Staff will ensure that you have adequate pain relief.
- Dressing over operated joint inspected by the Nursing staff.
Going Home

Day of Discharge (normally Day 3)

Our aim is for you to be able to go home 3 days from the day of your surgery. You will have had plenty of opportunity to make plans for today with your family, Nursing staff, Physiotherapy and Occupational Therapy staff who have been helping you with your rehabilitation.

On the morning of your discharge you will be discharged from the ward or transferred to the discharge lounge.

The Discharge Criteria

You will only be allowed to leave hospital when the care team is happy with your progress, it is safe to do so, and you meet the following criteria:

- You have the correct take home medication, including pain killers. That you are confident and understand how and when to take these at home.

- You have been assessed by an Occupational Therapist, and your equipment has been provided to you, your Coach, relative or friend.

- You have been assessed by a Physiotherapist and you are safe to walk with your crutches/frame, and that you can manage stairs or steps.

You will also be given

- Dressings, and a letter for your District Nurse.

- The date that your clips will need to be removed (this is done by the District Nurse).

- A follow-up outpatient appointment to see your Consultant Surgeon, or a member of their team (usually 6-12 weeks after your operation).

- A Physiotherapy outpatient appointment.

- A contact card, with telephone numbers for support and advice.
Your Continued Recovery

After discharge, you will be visited by a District Nurse, who will check your wound and remove your clips. They will also make sure that you are continuing with your anti-coagulant therapy to prevent a deep vein thrombosis from developing. The District Nurse can also act as a liaison with the Orthopaedic care team and help to signpost you to other support services you may need.

It is really important for the long-term success of your new joint that you continue your exercises. You may be reviewed initially at between 6-12 weeks, and then at 1, 2 and 5 year intervals so that your Consultant can monitor your long term progress.

Exercise

You should continue to follow the exercise programme discussed with your Physiotherapist; aim to gradually increase your walking distance and the amount of activity that you do a little each day.

It is not uncommon to get a slight increase in pain at around 6-12 weeks post discharge; this is usually as a result of increased confidence, and therefore increased activity. You must remember to rest your knee after activity.

Driving

Driving usually begins when your knee bends sufficiently so you can enter and sit comfortably in your car and when your muscle control provides adequate reaction time for breaking, acceleration and performing an emergency stop. For most individuals this will be approximately 6 to 8 weeks after surgery. Please always check with your insurance company before starting to drive.

12 weeks

You should be ready to return to work (depending upon your occupation) and your walking distance should be unlimited.
**Sport**

After 12 weeks you can return to certain sports. Walking and swimming are excellent but sports that require jogging and jumping are not, e.g. football, squash, and athletics.

**Gardening**

This can be resumed after 3 months, however you must minimise kneeling and avoid entrance of foreign body to the knee, which may lead to serious complications such as infection. You must also take great care with heavier work such as digging. Avoid kneeling until your wound has healed and you have an adequate bend.

**Sexual intercourse after your knee replacement**

In the absence of pain, or advice to the contrary from your consultant, sexual activity may resume approximately 6 to 12 weeks after your operation.

**Things to Remember**

Loss of appetite is common for several weeks following surgery. A balanced diet often with an iron supplement is important to promote proper tissue healing and restore muscle strength.

Constipation advice – It is important to inform the nursing team if you are feeling constipated. If there is a problem once you are home you should seek the advice of your GP. Exercise and a balanced diet will help prevent this problem occurring but you may need some gentle laxatives while you are taking strong painkillers.

Do not twist your knee as you turn around but take small steps.

Do not stand for prolonged periods as this may lead to your leg swelling.

If you are not walking keep your leg elevated when sitting or lying down whilst exercising the foot and ankle.
Contact your GP immediately if you develop an infection anywhere in or on your body, as it is essential to have it treated. Inform staff that you have had a joint replacement before any invasive treatment, e.g. dentist.

It is advisable that you continue with your exercise programme on your return home and increase the amount you walk gradually, remembering not to try and do too much too soon.

It is necessary for you to have some Physiotherapy following your return home. Your Physiotherapist will arrange this before you go home. If you have not heard anything regarding your outpatient Physiotherapy appointment within one week of your discharge from hospital, please contact your local Physiotherapy Department.

**Summary**

We know the decision to have surgery is sometimes difficult. We hope this brochure has helped you understand some of the basics of the Total Knee Replacement surgery and about the planned care you will receive. Please find the time to read this information before you attend Joint School.

For further information on the Rapid Recovery Programme, please visit; www.rapid-recovery.co.uk
Additional Information

About my Knee Replacement - why do I need a knee replacement

The main cause of a knee replacement is Osteoarthritis, this is a common disease affecting the joints in the body, most commonly the knee and hip. The joint surfaces, which are covered in smooth cartilage, become damaged and gradually thin and roughen - this produces pain. Eventually, there may be no cartilage left in some areas of the joint. There are other diseases which cause joints to be replaced because of pain, such as rheumatoid arthritis.

What is a Knee Replacement

A knee replacement is an operation to replace all or part of your knee. The knee is made up of the thigh bone (femur) and the shin bone (tibia), held in place by ligaments and covered by the knee cap (patella). The bone ends can glide smoothly over each other because of a covering of articular cartilage. When the cartilage is damaged by injury or worn away by arthritis, the bones can rub together painfully, making movement difficult. During a knee replacement, the surgeon removes the parts of your knee that have been damaged and replaces them with new parts made of metal and plastic.

You may benefit from a knee replacement if:

- Severe knee pain limits your everyday activities, including walking, going up and down stairs, getting out of chairs, and needing a walking aid for walking.
- You have moderate or severe knee pain whilst resting either day or night.
- You have chronic knee inflammation or swelling that does not improve with rest or medication.
- There is knee stiffness and the inability to bend and straighten the knee.

Your suitability for surgery will be discussed at your hospital appointment.

What Can I Expect After My Knee Replacement

What to expect from an Artificial Knee

- Relief of pain
- Restored function and mobility
- Correction of deformities

However, an artificial knee is not a normal knee, and activities that overload it must be avoided. The aim of surgery is for you to be able to resume your normal everyday activities without pain, including climbing stairs and walking. It will also
be possible to participate in recreational walking, swimming, golf, driving, light hiking, cycling and ballroom dancing.

Activities not suitable include jogging or running, contact sports, jumping sports and high impact aerobics. The reasons for this are that the knee replacement will wear out more quickly or an injury involving the replacement may be difficult to treat.

Although implant designs and material, as well as surgical technique, have improved, wear of the weight bearing surface or loosening of the components may occur between 10-15 years after surgery. Excessive activity or being overweight may accelerate this wear process.

**What Complications Can Occur**

This section is not meant to frighten you but to help you to make an informed decision on whether to have a knee replacement and help you to cope better with any complications that may occur. It is important that you understand the possible risk linked with any major operation and total knee replacement is no exception. Total knee replacement is 90% successful but 10% of patients can develop complications.

Illness, smoking and obesity may increase the potential for complication. Though uncommon, when these complications occur, they may delay or limit your full recovery.

**Infection**

The wound on your knee can become inflamed, painful and weep fluid, which may be caused by infection. The majority of wound infections can be treated by a course of antibiotics and often settle down following treatment. Deep wound infection where the new knee is infected may require the new knee to be removed and your knee replacement re-done at a later date. You can help prevent infections by keeping your wound clean and dry. The wound dressing should normally not be disturbed, and should only be redressed by your Nurse. You should also inform your doctor if you have a skin or urine infection, as you may need antibiotics. Serious infection occurs in less than 2% of patients.

**Deep Vein Thrombosis (DVT)**

This is the term used when a blood clot develops in the deep veins in the back of your lower leg. When detected the treatment may involve blood thinning injections followed by a course of blood thinning tablets. There is about a 1.4% risk of developing a DVT following surgery.

To help prevent DVT, you will be given foot and ankle exercises, to do immediately after your operation. Nursing staff will also give you medications to reduce the risk of DVT.
**Pulmonary Embolism (PE)**

This can happen when a part of a blood clot formed in your leg vein breaks off and travels to your lung. The risk of developing a life threatening pulmonary embolism is low. Treatment is the same as DVT but requires a longer hospital stay.

**Your Anaesthetic**

As there are a number of anaesthetic choices available for your surgery. Both our experience and that of others has shown an excellent method of anaesthetic for your recovery, rehabilitation and speedy journey home is a spinal anaesthetic, a type of ‘regional anaesthetic’.

**Regional Anaesthesia**

This means you will be numb from the waist down (the ‘region’ anaesthetised) and feel no pain during the operation and you can also be asleep if you wish. It is different from a ‘general’ anaesthetic where you are unconscious with a breathing tube in your throat.

**Spinal Anaesthetic - Local anaesthetic is injected near to the nerves in your lower back.**

- You are numb from the waist downwards.
- You feel no pain, but you remain conscious.
- You can also have sedation, which makes you feel sleepy and relaxed or even completely asleep.
- It will take 4-6 hours before normal movement in your legs returns.

**Advantages – compared to a General Anaesthetic**

- You should have less sickness and drowsiness after the operation and may be able to eat and drink sooner.
- You will be able to sit out of bed and take some supervised steps on the same day as your operation.
- It helps to avoid blood clots in the legs and lungs.
• There may be less bleeding during surgery and you will be less likely to need a blood transfusion.

• You remain in full control of your breathing and you will breathe better in the first few hours after the operation, reducing the risk of chest infection.

• You do not need such strong pain relieving medicine in the first few hours after the operation.

Because of the advantages spinal anaesthetic gives you, we recommend this type of anaesthesia for your operation.

**General Anaesthetic**

Drugs produce a state of controlled unconsciousness during which you feel nothing.

You will receive:

• Anaesthetic drugs (an injection or a gas to breathe).

• Strong pain relief drugs (morphine or something similar).

• Oxygen to breathe.

• Sometimes a drug to relax your muscles.

You will need a breathing tube in your throat to make sure that oxygen and anaesthetic gases can move easily into your lungs. If you have been given drugs that relax your muscles, you will not be able to breathe for yourself and a breathing machine (ventilator) will be used. When the operation is finished the anaesthetic is stopped and you regain consciousness.

**Advantages**

• You will be unconscious during the operation.

**Disadvantages**

• A general anaesthetic alone does not provide pain relief after the operation. You will need strong pain relieving medicines afterwards, which make some people feel quite unwell and sick.

• Some patients may feel sick, nauseous, light headed or drowsy after their operation.

• This may prevent you from sitting out of bed soon after surgery and delay your mobilisation.
Side Effects, Complications and Risks of Anaesthesia

Serious problems are uncommon but risk cannot be removed completely. Modern equipment, training and drugs have made anaesthesia a much safer procedure in recent years. Anaesthetists take a lot of care to avoid all the risks described in this booklet. Your Anaesthetist will be happy to give you more information about any of these risks and the precautions taken to avoid them.

Common and very common side effects

Pain around injection sites and general aches and pains. You may not be able to pass urine or you may wet the bed. This is because you are lying down, you may have pain and you may have received strong pain relieving drugs. A soft plastic tube may be put in your bladder (a catheter) to drain away the urine for a day or two. This is more common after spinal anaesthetics.

Spinal anaesthetics

You will not be able to move your legs properly for a while. If pain relieving drugs are given in your spine, as well as local anaesthetic, you may feel itchy.

General anaesthetics

Sickness and sore throat – treated with anti sickness drugs and painkillers. Drowsiness, headache, shivering, blurred vision – may be treated with fluids or drugs. Difficulty breathing at first – this usually improves rapidly. Confusion and memory loss are common in older people, but are usually temporary.

Uncommon side effects and complications

All anaesthetics

Heart attack or stroke.

General anaesthetics

Damage to teeth, lips and gums, chest infection, awareness (becoming conscious during a general anaesthetic).

Rare or very rare complications

Serious allergic reactions to drugs, damage to nerves (more common with spinals), death.
General anaesthetics
Damage to eyes, vomit getting into your lungs.

Needles
A needle may be used to start your anaesthetic. If this worries you, you can ask to have a local anaesthetic cream put on your arm to numb the skin before you leave the ward. The ward Nurses should be able to do this.

People vary in how they interpret words and numbers
*This scale is provided to help*

<table>
<thead>
<tr>
<th>Very Common</th>
<th>Common</th>
<th>Uncommon</th>
<th>Rare</th>
<th>Very Rare</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 10</td>
<td>1 in 100</td>
<td>1 in 1000</td>
<td>1 in 10,000</td>
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Physiotherapy Exercises

Physiotherapy following Total Knee Replacement

The Physiotherapist will see you the first day after your operation. You will then be seen once or twice a day during your stay in hospital.

The role of the Physiotherapist is to teach you exercises to increase the range of movement and the strength of your new knee. They will also ensure that you are walking safely with appropriate aids and safely ascending and descending stairs.

*From the time you wake from your operation it is important to do the following exercises.*

1. Take 6 deep breaths every hour to encourage lung expansion.
2. Bend and straighten your ankles briskly. Keeping your knees straight during this exercise will also stretch your calf muscles.

Repeat 10 times at least 3 times a day.

3. Rotate both ankles in a clockwise and anti-clockwise direction.

Repeat 10 times at least 3 times a day.
4. Sit on the bed with a sliding board under your leg. Bend and straighten your hip and knee by sliding your heel up and down the board.

Repeat 10 times at least 3 times a day. 

5. Static Quads: With your leg straight, pull your toes towards you and tighten your thigh muscle by pushing your knees firmly down into the bed. Hold for 5 seconds.

Repeat 10 times at least 3 times a day. 

**Progression exercises to be carried out once instructed by your team.**

6. Place the roll provided or a rolled up towel under your knee. Pull your foot and toes up by tightening your thigh muscle and straightening your leg. Hold for 5 seconds. Slowly relax.

Repeat 10 times at least 3 times a day.
7. Pull your toes up and straighten your knee. Lift your leg up off the bed. Hold for 5 seconds. Slowly relax.

Repeat 10 times at least 3 times a day. ☐ ☐ ☐


Repeat 10 times at least 3 times a day. ☐ ☐ ☐

9. Hamstring Stretch: Sitting, with your heel supported on a chair or rolled up towel as shown. Bend your ankle and allow your knee to straighten. Hold for 10 seconds.

Repeat 10 times at least 3 times a day. ☐ ☐ ☐
10. To progress this exercise, bend your upper body forwards from your hips keeping your back straight. You should feel the stretching behind your knee and thigh. Hold for 10 seconds.

Repeat 10 times at least 3 times a day. □ □ □

Start by doing 10 of each exercise 3 – 4 times a day. As this becomes easier you can increase the number of each exercise.

NB: Normal hip precautions must be maintained for patients who have previously undergone a Total Hip Replacement. If you are unsure please ask a member of the team.

Following your operation it is important to follow the instructions given to you by the ward staff and to complete your exercises as directed by the physiotherapists. Whilst you are at rest it is important to rest with your leg fully extended (straight) to prevent the formation of fixed flexion deformity (where you are unable to fully straighten your leg). You must resist the temptation to rest with your knee on a pillow as this will not allow your knee to fully straighten.
Post operative Physiotherapy Advice – Total Knee Replacements

- Exercise will improve the healing process and increase the strength and flexibility of your joint.

- You should perform your exercises as soon as possible after your operation.

- You should perform them gently and as pain allows until the sutures/ clips are removed then gradually build up to four times a day.

- Aim to perform 10 repetitions of each exercise.

- It is important to exercise gently and not push yourself to the point of causing too much pain.

- You should walk as soon as possible after the operation, short distances initially, slowly increasing the distance.

- When going upstairs lead with the un-operated leg. When going downstairs lead with the operated leg.

- You can return to swimming once your wound has healed.

- You can return to other activities as soon as you feel comfortable.

- When using one walking aid, hold it on the un-operated side.

- To help reduce swelling in your leg, lie with your leg well supported and your foot raised higher than your hip.

- Bend and straighten your ankle frequently when resting.

- Do not put a towel/cushion under your knee to make it more comfortable.
**Prince of Wales Ward**

**What to bring into hospital**

A toiletry bag with soap, face cloth or sponge, toothpaste and tooth brush, shampoo, deodorant etc.

- *Dressing gown and pyjamas for men, and knee length nightgowns/pyjamas for women.*
- *Clothing to wear during the day, as you will be getting dressed in the morning for the day. Men should if possible bring shorts which move easily over the bandaged leg.*
- *Full fitting slippers (not slip-ons), preferably with non-slip soles, that are easy to put on.*
- *Comfortable shoes for your return home. (Women’s shoes must be low heeled).*
- *The helping hand, long-handled shoehorn or sock that was given to you by the Occupational Therapist.*
- *All of your current medication including tablets, inhalers, creams and eye drops. These should be brought into hospital in the original packaging.*
- *A selection of books or magazines.*
- *Telephone contact numbers.*

**Check List**

- Toiletries
- Pyjamas / nightgown
- Dressing gown
- Day clothes
- Full fitting slippers
- Comfortable shoes
- Helping hand
- Medication
- Books / magazines
- Telephone contact numbers
- Small amount of change
- Medicated hand wipes
- Patient information booklet
Visitors

Ward visiting hours are 3pm-4pm and 7pm-8pm, 7 days a week. If this is not convenient, visiting hours can be flexible by telephoning the ward in advance to arrange. However, it is important to remember that your successful rehabilitation following your knee replacement is our priority and receiving visitors should not be allowed to impact on that. Visitors may be asked to leave if any member of the care team needs to provide care to you.

It is however for both yourself and your Nurse to decide when you feel you are ready to see people, how often and for how long. We encourage your relatives/ friends to be involved in your care if you wish, we do ask that consideration for other patients needs are thought of at all times. Clinical information will not be given to relatives/friends without your prior permission. This booklet contains information you require to understand more about the planned care given at this hospital.

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