



KNEE REPLACEMENT



SULIS
HOSPITAL
BATH

PATIENT GUIDE

YOUR PATIENT GUIDE

This Patient Guide is designed to help you to know what to expect from your Knee Replacement surgery at Sulis Hospital. Your participation in your recovery will help your rehabilitation and your return to the activities you enjoy and to achieve the best possible outcome after your operation. Please read this guide to help you know what to expect at various stages, from the decision to have surgery, to your rehabilitation afterwards. If you need clarification or have questions, please do not hesitate to ask a member of our team.

Some useful contact numbers can be found at the end of the booklet

SULIS HOSPITAL

Sulis Hospital Bath is an award-winning hospital designed to feel modern and relaxed so you can enjoy your stay in comfort. Every member of staff is handpicked, based on their skill level and their enthusiasm for providing exceptional care. This means that we can deliver clinical excellence and the highest level of customer service, every step of the way.

ENHANCED RECOVERY

Enhanced recovery is an evidence-based approach that helps people recover more quickly after having major surgery. Enhanced Recovery at Sulis Hospital is a multi-disciplinary approach to patient care that means using the current best practice and techniques at key stages of your pathway. To achieve this, we focus on the elements below:

Preparing you for surgery – a thorough assessment and plan to ensure you are safe and prepared for your operation.

Information – we do our best to make sure you are informed about the plans for your care at every step of the way

Teamwork – we employ skilled teams who work closely together before, during and after your operation.

Advanced techniques – We keep up to date with all medical advances and current research in surgery and anaesthetics to aim for the best surgical outcome for you.

Post-operatively - the focus is on providing the best pain relief for you and to help you to get up and about as soon as possible. By getting your pain under control and moving sooner, you reduce the risks of many complications and prevent joint stiffness.



LISTENING TO WHAT YOU SAY

At Sulis we aim to give you the best possible experience while you undergo your diagnosis and treatment. Our staff are committed to providing you with the highest level of care in a way that meets your individual needs. We value your feedback and regularly review our services to see where we can make improvements.

Patient questionnaire

At discharge you will be asked to complete a short survey form. We hope you will take the time to complete this even if you have no particular comments to make. All feedback is important to us to ensure that we provide our patients with exceptional care.

CONCERNS AND COMPLAINTS

Sulis takes all complaints from patients and relatives seriously and we try to make the process as easy as possible. If you have a concern, you should feel free to speak to any member of staff so that it can be resolved as soon as possible. If you wish to discuss your concerns with the Head of Nursing, a Consultant or the Hospital Director, this can be arranged. Some patients prefer to provide their feedback in writing. The sooner you do this, the easier it will be for you to recall the facts clearly and help us address the situation.

COSTS OF TREATMENT

If you're a self-pay patient, then the fees for your treatment or surgery will be discussed with you individually and a detailed written quote prepared for you. If you'd like an estimate of the likely costs of surgery, please call us on 01761 422288 and we'll be happy to discuss this further with you.

Whether you're funded by your Private Medical Insurance, Self-Funding or coming to Sulis Hospital funded through the NHS, we aim to ensure that any financial aspects of your visit to the hospital, where appropriate, are dealt with efficiently, transparently and confidentially. The registration document which you sign when you arrive forms your contract with the hospital for services and facilities.

SULIS STAFF

The staff at Sulis are professional carers committed to using all the resources at their disposal to provide high quality care for all patients, regardless of status, religion, or ethnic background. Staff work together as a team within a multi-disciplinary framework and are supported in the development of personal and professional skills to ensure the highest possible standard of care.

We recognise the importance of involving you and your carers wherever possible in planning your stay and discharge from hospital, aiming to provide care based on your individual needs. We are happy to provide information to promote understanding in a friendly and supportive environment which encourages people to seek information and advice.



PATIENT CONSENT Every patient has the right to make their own decisions regarding medical treatment and care. In order to make those decisions you are entitled to have full information about your treatment options, potential risks and the intended outcome of any treatment or procedure. The consent may be written, verbal or by a gesture, depending on the circumstances. If you feel that you have had insufficient information about your treatment, please speak to a member of staff.

DATA PROTECTION Your name is entered on our computer database, enabling us to keep effective clinical records, and to send you up-to-date information. Under the rules of General Data Protection Regulation, you have the right to see any records held by Sulis. To obtain a copy of your personal data please apply in writing to our Medical Records Department. Please be aware that a fee may be charged for this service. For further information please visit the Sulis Hospital website.

CHAPERONE All patients have the right to have a chaperone present at any time during their stay or for any element of their consultation or treatment. Please ask a member of staff if you would like someone to support you.

SMOKING on hospital premises is prohibited. Coming into hospital provides an opportunity to consider giving up smoking. If you smoke, it may be useful to discuss nicotine replacement therapy with your GP or pharmacist before your admission. Please note that the use of any form of e-cigarette is also prohibited as they pose an electrical fire risk.

DIETARY REQUIREMENTS We have enlisted the help of experts to provide a range of quality, locally sourced organic meals, catering for a range of diets. After surgery food will be available at any time you

wish to eat. Please tell staff of any food allergies or intolerances, or special dietary requirements. Tea, coffee and water are free of charge during your stay.



MOBILE PHONES Patients and visitors are welcome to use their mobile phones in designated areas within the hospital.

RISK MANAGEMENT We operate a comprehensive risk management process which ensures patient safety and helps us identify and implement improvements.

HEALTH AND SAFETY In every department we have health and safety link workers led by a Health and Safety lead. It is important that you report anything that you feel may cause an accident, or if you have an accident yourself.

EMERGENCIES Our emergency team is fully trained and competent in life support for both adults and children, and the Resident Medical Officer is trained in Advanced Life Support. We undertake emergency testing on a regular basis to maintain our team's expertise in emergency care.

TOTAL KNEE REPLACEMENT



The artificial joint, or prosthesis, is made of surgical quality stainless steel, a metal alloy or polyethylene (plastic). The bearing surfaces of some joints are made of ceramic, a porcelain like material. Some prostheses are secured in the bone with bone cement, whereas others have a special coating (hydroxyapatite), which binds with the bone.

Why do I need a Knee replacement? You may have a lot of pain and stiffness which can be disabling and make it difficult or impossible to carry out normal daily activities such as walking, going up and down stairs or getting dressed.

The operation Knee replacement is a major operation, which normally takes between 45 minutes to 1 ½ hours. You will go home as soon as you have recovered and are safe to be discharged. This could be on the same day of surgery or as soon as you are ready after that. 90% of patients tell us they are happy with their outcome. Some patients take longer to recover than others and a small minority are less than fully satisfied. This may be due to complications arising or persistent discomfort. Remember to allow time for full recovery which can take months to reach your full potential.

COMPLICATIONS

These are routine operations, and you should remember that a very large majority are performed without incident. We do everything we can to reduce the chance of complications and have rigorous policies in place to make your stay as safe as possible.

The main possible complications are described below:

Blood clots Blood clots in the deep calf veins, known as Deep Vein Thrombosis (DVT) or lungs, Pulmonary Embolism (PE) occur in a few patients. We do all we can to prevent this by giving you anti-clot medicine and anti-embolic calf stockings and/or 'flowtron' boots during surgery. We also encourage you to walk as soon as possible after surgery, which helps reduce the risk of clot formation. If a clot does form, we treat you with blood-thinning tablets for a while. It is routine for patients to go home with blood thinning tablets. Stockings are not usually required after discharge; this will depend on your surgeon's recommendation.

Delayed healing Wounds sometimes ooze fluid or blood after surgery, partly due to the medicines we give to prevent blood clots. This usually stops within a week. If a large collection of blood forms in the knee it usually disperses on its own, but very rarely may need to be drained at a second operation. Redness around the operation site is common and can take time to settle.

Persistent stiffness The Knee joint can become very stiff after replacement surgery. It is very important that you exercise frequently in order to achieve good movement in the first few weeks. Physiotherapy and exercise are essential parts of your recovery to a good outcome

Infection All surgery carries the risk of infection. Although infection can be serious, it is very uncommon. We pride ourselves on our cleanliness and approach to infection control. Please inform us if you are concerned as your Consultant would like to be contacted by us in the first instance.

Joint replacement wear Most knee replacements last at least 10-20 years, but all joints wear with time as they are not self-healing like the human body. The patient's weight and activity can influence rate of wear.

Nerve Injury Any incision can result in damage to the sensory nerves in the area. Significant nerve damage can occur very occasionally causing loss of muscle function after surgery, such as a 'foot drop' or inability to raise the ankle or toe. The injury is rare and usually recovers spontaneously but may take up to 2 years, although some may never fully recover.

ANAESTHETIC

What types of anaesthesia are available? The aims of anaesthesia are to ensure your safety and comfort and to get you ready for your recovery. Decisions about your anaesthetic are tailored to your personal needs by our expert anaesthetists. The vast majority of patients who have a knee replacement have spinal anaesthesia together with local anaesthetic. In our experience this is the best way to feeling as good as you can be as soon as possible after the operation.

Regional anaesthesia

Spinal Anaesthetic This is where local anaesthetic is injected near the nerves in your back. You feel numb from the waist downwards and feel no pain.

Sedation You may be able to have sedation during your surgery. This will be with drugs which make you feel sleepy and relaxed. Your anaesthetist will be able to discuss this with you.

Nerve Block This is an injection of anaesthetic near the nerves which go to your leg. Part of your leg should be numb and pain free for some hours afterwards. You may not be able to move it properly during this time. If you are having a general anaesthetic, this injection may be done either before the anaesthetic starts, or when you are unconscious.

General Anaesthesia Sometimes it is not possible for patients to have a spinal anaesthetic. In this situation we may offer you a general anaesthetic.

MANAGEMENT OF PAIN

Pain following an operation is inevitable and everyone experiences pain differently. Pain control is an essential part of your care and recovery and should enable you to get up and about and start your physiotherapy.

How can we reduce your pain?

Mobilising The key to pain control is to get up and about as soon as possible after the operation. Moving and putting weight through your new knee is important and will be aided by taking pain killing medication. All of the pain relief techniques listed below are aimed at facilitating this.

Regional and local anaesthetics as described above. They will be carried out at the time of your operation and will give you a numbing sensation for 2 to 24 hours, depending on which block is used. The Anaesthetist will discuss this with you.

Tablets When you are able to drink and eat you will take your painkillers as tablets. Most patients will need to continue taking pain relief for a few weeks after surgery to manage their pain and discomfort. The pain killers will include paracetamol, anti-inflammatories (like Ibuprofen) if you are able to take them, and moderate strength and strong opiate medicines. We will also give you laxatives and anti-sickness tablets to help with the side effects.

Ice An ice pack can be applied to the knee to help with pain relief. This can be kept on the knee for 20 minutes and can be reapplied regularly during the day to help reduce discomfort in the knee. Ensure you place a cloth or towel between the pack and the skin to avoid the risk of burning the skin. Regular movement and exercise will also help to prevent stiffness and increasing pain.

Effective pain control is achieved by taking painkillers regularly. Good pain control will enable you to progress through your recovery. Please discuss any concerns with the Nurses.

Further information about different kinds of anaesthesia and pain relief and the risks involved can be found on the royal college of anaesthetists website:

[Patient information resources | The Royal College of Anaesthetists](#)

BLOOD TRANSFUSION

Why might you need a blood transfusion? Fluid lost during surgery can be replaced with saline, but very occasionally a transfusion is given to replace blood lost in surgery and to treat anaemia. A transfusion is given only when there is no alternative and is only needed for a minority of patients having surgery.

What can I do to reduce my need for blood before an operation?

Eat a well-balanced diet in the weeks before your operation. If you are taking anti-coagulant medicines, you may be advised to stop these drugs prior to surgery. Please check this with your Consultant and our pre-assessment nurses. You may have a blood test before your operation to check whether you have anaemia, which can be treated in advance. **Are transfusions safe?** To ensure that you receive the right blood, the clinical staff make careful identification checks before any transfusion. Donated blood is specially selected to match your own blood as closely as possible. Fortunately, severe reactions to blood transfusions are extremely rare. If they do occur, staff are trained to recognise and deal with them. Some people have a card saying that they need to have special blood; if you have one, please show it to your Nurse and ask them to tell the hospital blood bank.

Safe Blood Transfusion Nothing matters more than the safety of both the donors who give and of the patients who receive blood. All blood used for transfusions at Sulis is obtained from the National Blood Service (NBS), which is part of the NHS. Other information If you are interested in finding out more about blood transfusions and have access to the internet, you might find the following website useful: www.blood.co.uk

PREPARATION FOR YOUR HOSPITAL STAY

If you can, please watch our short film on our website where you will learn about the surgery, your stay in hospital and expectations on your return home at [Sulis Hospital Bath | Joint School](#)

You will be seen by a Pre-Assessment Nurse who will carry out any necessary investigations or tests which will help us to assess your fitness in preparation for your surgery. In view of this please avoid using bath oil, creams or lotions prior to your visit. **This visit can last approximately 90 minutes.**

Please bring with you a list of current medication/repeat prescriptions and Contact details of next of kin.

Getting ready for an operation It is very important that you refer to your procedure confirmation letter and follow the instructions about what you can eat and drink before you attend for your operation. If in any doubt, please contact the hospital the day before.

Diabetes If you are diabetic the regime will be different. Please complete your pre-assessment questionnaire accordingly and inform the staff at the pre-admission clinic.

Illness If you become unwell before your admission with an unrelated illness such as a cold, flu, chest infection, urine infection, diarrhoea or vomiting, please contact the hospital at the earliest opportunity as it may be necessary to reschedule your operation to ensure your safety and post-operative recovery. **Any cuts or abrasions on the skin may also mean that we have to postpone your surgery.** However mild the illness, please let us know.

Bowels Avoid constipation prior to admission. Advise Nurses if this is an issue, analgesia can cause constipation.

PLANS FOR DISCHARGE

You will go home as soon as you are walking safely and medically well enough. This could be on the day of surgery or soon after. Please ensure you have someone available to collect you from the day of your surgery so as not to cause delay. It is also advisable to have someone stay with you for the first week.

If you have concerns as to how you will manage at home, please call our **Physiotherapy Department** who will be able to advise you or ask one of our **Occupational Therapists** to contact you by telephone to help advise you to plan for your discharge home and assist with arranging for any equipment you might need in the short term.

Exercising before surgery It is important to be as fit as possible before undergoing knee surgery to help with your recovery. You should start doing exercises if possible and continue until day of your surgery. There are some suggestions of pre-hab exercises on the website as above. Also remember that it is helpful to strengthen your entire body, not just your leg. It is important to strengthen your arms as you will be relying on your arms to help you get in and out of bed and chairs, and to walk with sticks. If you find these exercises difficult at first, build up to the suggested number gradually. Stop any exercise that is too painful. If you do regular exercise such as cycling, walking etc, continue these as able until your day of surgery.

Other matters Before your operation please remove any make up, nail varnish and false nails. We advise you to leave jewellery and other valuables at home, as we cannot be responsible for mislaid items, although wedding rings can be covered and need not be removed. We will provide all the conveniences you would expect, including fresh linen, bath and hand towels. However, should you be staying with us

for more than a day it is advisable to bring the following items with you:

Toiletries; Nightwear; comfortable shoes that are easy to put on; Casual, loose-fitting clothing to wear during the day.

YOUR HOSPITAL STAY

On Arrival You will be admitted by a nurse who will check your details and provide you with an identity bracelet. Your Consultant Surgeon and Anaesthetist will visit you before the procedure to ensure that you fully understand the operation, and to answer any questions you may have. Your Consultant will supervise your care throughout your stay and will be available for advice. Your Anaesthetist will review all information needed to evaluate your general health including your medical history, laboratory test results, allergies and current medication. With this information, you will together determine the type of anaesthetic best suited to you and he or she will answer any questions you may have.

Drugs Your medicines will be checked, counted and recorded by the Nurse on admission. The Doctor will prescribe on your drug chart your usual medication and any further drugs you may need while in hospital. These usually consist of anti-sickness medication, antibiotics and analgesia (painkillers). The pharmacist checks your drug chart and dispenses any regular new treatments prescribed. Pre-operative medication will be given, if needed. Once you are in the anaesthetic room, monitoring devices such as a blood pressure cuff and electrocardiogram (ECG) which monitors your heart, will be attached for your safety. Please bring original medication packages if you use a dossette box.

During Surgery Your Anaesthetist is responsible for your comfort, well-being and safety before, during and immediately after your surgical procedure. They will manage vital functions, including heart rate and rhythm, body temperature and breathing. The anaesthetist will also be responsible for fluid and blood replacement if necessary.

Post-op You will be taken to a recovery area where pain control will be established, and your vital signs monitored by specially trained nurses. You may be given extra oxygen, and your breathing and heart functions will be closely observed. When you are ready, you will be taken to your room.

Side effects After surgery some people may experience nausea vomiting, constipation, headache, dizziness, sleepiness and sometimes mild confusion. Due to improved anaesthetics these side effects are less of a problem today, however they still occur for some patients. They can be reduced with anti-sickness drugs, plenty of fluids, laxatives and time. Please let the Nurses know if you feel any of these side effects. If you are taking other medication or have had a reaction to medication in the past, please let us know.

Pain The amount of pain you experience will depend on several factors. Most of the discomfort occurs in the first 24-48 hours following surgery. Methods of controlling pain are described earlier in this Patient Guide (page 11 & 12). Your recovery will be best by taking painkilling medications as advised by your Doctors and Nurses for at least several days to a few weeks after surgery. However, you should not expect to be totally pain free.

After your surgery Once you have recovered sufficiently from your anaesthetic, the physiotherapy and nursing team will work

together to encourage you to get back on your feet as soon as possible. They will explain your post-operative exercises and encourage you to be independent straight away. You will use walking aids to help you as required and the Physiotherapist will help you to practice stairs and progress your exercises. You will be able to dress in comfortable clothes. You will be reviewed by an Anaesthetist to ensure your pain is well managed and the nurse will check your wound and your general health. When you are safe and confident with moving around independently, going up and down the stairs, and doing your exercise regime you will be able to go home, provided you are also medically fit for discharge. This is usually on the day of surgery or the next morning.

Visitors you are welcome to have visitors while you are in hospital. We recommend between 9.00 and 20.00, remembering that you will want to have some time for rest while you are recovering.

Please ensure you have arranged your **discharge plans prior to admission**. Please note - Once you have achieved all your goals you will be ready to go home. Please make sure you have someone to collect you from the day of surgery.

Discharge from hospital You will be given an interim box of analgesia and any other medication prescribed by the Doctor. If you need to continue with the prescribed treatment you will need to order more from your GP, before you run out.

Preparing to leave the hospital. You should feel prepared to go home quite quickly. If you have any further queries please do not hesitate to ask, either while you are in hospital or by giving us a call when you get home. On the day of discharge make sure you see a Nurse and Physiotherapist, who will make sure you have a discharge letter and relevant instructions for wound management, enough

painkillers to take home with you to last for a few days, anti-coagulant tablets for 14 days and that your plans for safe discharge home are all in place. and A member of the Nursing or Physiotherapy team will escort you to your car and help you get in.

RETURNING HOME

Pain relief Continue pain relief as required and take as directed, not exceeding the stated dose. Have some Paracetamol and Ibuprofen at home and you can obtain further prescribed medicines from your GP or your local pharmacy. Continue to use ice packs to help with pain relief as required for 20 minutes, approximately every 2 hours during the day. **Becoming mobile again** Prior to surgery you may already find walking normally difficult. Initially after surgery this will continue or be even more difficult, but gradually will become easier and better in the long-term. Your body adapts to protect against pain and limitations and continued exercise after surgery is important to achieve the best recovery from your surgery. There are some suggestions of exercises that might help on our website for other ideas of exercises you might like to try. [Sulis Hospital Bath | Joint School](#)

Rest and activity It is perfectly normal to feel very tired during your first weeks at home. You may also feel frustrated at not being able to do all the things you want and it may help to make a plan to increase your activities gradually over the following weeks. You should also take some time each day for rest and, if possible, lie flat on your bed to stretch your knee.

Healing All wounds progress through several stages of healing. Depending on your treatment, you may experience bruising and such sensations as tingling, numbness and itching. You may also feel a slight pulling around the wound site, and a hard lump forming. These are

perfectly normal and are part of the healing process. However, if a wound starts swelling or discharging fluid then you should contact Sulis and ask to speak to a member of the Outpatient Nursing staff or Inpatient nursing team after 20:00 or at weekends. Remember redness around the wound site is usual and can take a couple of weeks to subside. *refer to Sepsis leaflet*

Eating Reduced activity and some medications may cause you to lose your appetite or suffer from indigestion. Small meals taken regularly can help.

Going to the toilet Difference in diet, the change in the level of activity and the medication can lead to irregular bowel habits. This is perfectly normal and the problem should correct itself in time. If you are suffering from constipation, eat a high fibre diet with plenty of fresh fruit and vegetables and drink plenty of water.

Household jobs You should avoid strenuous and taxing jobs immediately after surgery but when you feel up to it should you attempt small chores and gradually get back to normal over the next few weeks.

Washing and Dressing Your wound dressing is waterproof but shouldn't be soaked. After the dressing has been removed (about 7-10 days after going home) and your wound is completely healed, you may gently wash the wound. Loose garments are generally more comfortable and a lot easier to put on.

Work Depending on your job, you may need to think about going back on a part-time basis and then build up your hours gradually. Discuss this with your Consultant or GP, as it depends on your type of work. Please let the nursing staff know if you require a FIT note to take to your employer.

ADVICE FOR THE FIRST FEW WEEKS

Sitting Choose a comfortable chair. It may be easier if it is not too low and has arms to help you up and down. You may need to add a cushion to raise you up a little.

Getting into a car and driving You are advised not to drive for the first 6 weeks. For comfort in the passenger seat, slide the seat back on its runners and recline the seat slightly to give yourself maximum legroom. It will be easier if the car is parked away from the kerb, so that you can get into it on the level. If you have an automatic car and it is your left leg that has been operated on, you may drive after 2-3 weeks if you feel safe to do so. Only start driving again when you are safe to do so and able to perform an emergency stop.

Stairs Most people will be able to go up and down stairs safely before going home from hospital. Going up, lead with the un-operated leg followed by the operated leg and the stick. Going down, lead with the stick and the operated leg followed by the un-operated leg. Keep this up until you feel strong enough to walk up and down stairs normally.

Swimming and gardening Build activity up through the first few weeks. Gentle exercise in water is allowed if your wound is completely healed and so you may begin Hydrotherapy if you wish.

Post-operative progression During the first few weeks you will progress steadily by exercising little and often and using pain relief as you need to be comfortable and enable you to exercise and rest. If discomfort increases, ensure you are taking sufficient pain relief and make sure you balance exercise with rest. Gradually build up your walking distance and reduce using your sticks when you feel safe to do

so and can walk with a steady pattern and no limp. Gradually resume household activities.

If you require further guidance, please call Sulis Physiotherapy department on 01761 422388.

Please refer to our website for tips on progressing exercises, how to get in and out of a bath or car and using your walking aids on the stairs.

CARING FOR YOURSELF AT HOME

When you go home you can help our recovery as below:

Control your discomfort Don't try to stop your pain relief too early.

Post-operative swelling Elevate the leg for short periods throughout the day to reduce swelling. It is best to lie down and raise the leg above heart level. Notify your GP if you notice increased pain or swelling in either leg.

Caring for your wound Keep your wound dry and covered with a light dressing for 10 - 14 days. Sulis will send you home with extra dressings if needed. Please contact Sulis if there is increased drainage, redness, pain, odour or heat around the wound. If you feel warm or sick, take your temperature. Call Sulis if it exceeds 38°C. In all cases inform Sulis if there is a concern with the wound rather than your GP.

RECOGNISING & PREVENTING COMPLICATIONS

Signs of infection may be as below:

- Marked increase in swelling or redness of wound after 2 weeks.
- Change in colour, amount of odour or drainage.
- Marked increase in pain in the knee, not controlled by regular medication.
- Fever greater than 38°C with 'flu-like' symptoms.

refer to Sepsis leaflet

Prevention of Infection

Take care of your wound as explained and keep the dressing in place wherever possible.

If visiting the dentist, advise them that you have undergone joint replacement surgery.

BLOOD CLOTS

Blood clots are not common, but surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. You will be prescribed blood thinners after surgery. If a clot occurs despite these measures, you may need further treatment. Prompt treatment usually prevents the more serious complication of a pulmonary embolus (see below). **Signs of blood clots in legs** are Pain, tenderness and heat in the calf muscle and sharp pain in calf when pulling the foot up. **NOTE:** Blood clots can form in either leg. If you are worried, please call your GP or Sulis promptly.

Prevention of blood clots

- Ankle pump exercises
- Early mobilisation and gentle walking.
- Compression stockings.
- Oral anticoagulant given for 28 days post-op.
- Blood thinners if prescribed
- Drink plenty of liquid.

Pulmonary embolus This occurs when a blood clot breaks away from the vein and travels to the lungs. This is an emergency, and you should **call 999** if a blood clot is suspected.

Signs of a pulmonary embolus

- Sudden chest pain.
- Difficult and/or rapid breathing.
- Sweating.
- Confusion.

Prevention of pulmonary embolus

Prevent blood clots in legs (see above). Recognise a blood clot in leg and call your GP promptly.

**If any signs of infection or clot occur please ring Sulis
Unless you feel acutely unwell, then contact 111 or
999**

THIS IS YOUR FUTURE

Knee replacement surgery is performed to give patients a better quality of life, and most people are naturally keen to return to normality as soon as possible. However, it is important to balance activity with rest in the early days to allow healing to be as complete as possible. After the first few weeks have passed, you will already have begun resuming normal activities. You may discard sticks when you feel comfortable but may prefer some support when walking on rough ground or over longer distances. Stairs can be climbed normally, one foot after the other as soon as you feel safe. If using Public transport, try to ensure that you have lots of legroom for comfort. **Long-haul flights** (over 4 hours) are acceptable after 6 weeks but please check with your consultant. When returning to **driving**, make sure you can reach and use the pedals without discomfort and are safe to perform an emergency stop. If you take a long trip, stop regularly to get out, stand up and stretch. Resume sports gradually, avoiding contact sports. Take care when getting on and off a bicycle, whether on the road or static. If **gardening**, long-handled tools are very useful. Try to avoid heavy digging in the early weeks, and then start carefully.

After a few weeks you may cycle. Try using a static bicycle first, **Swimming** – Straight Crawl Kick may be easiest at first. Introduce breaststroke gradually.

Do's and don'ts - for the rest of your life. All Joint Replacement patients need regular exercise to maintain their fitness and the health of the muscles around their joints. Impact activities such as running and tennis may put too much load on the joint and are not recommended.

Suggestions for exercise

Stationary cycling, regular exercise at a fitness centre, low-impact activities – golf, bowling, walking, gardening, dancing and so on are all ways you can start to get more active. If you are not sure about starting any exercise, please call the physiotherapy department for advice.

We advise you not to run or engage in high impact activities.

Your new knee continues improving for up to 12 to 18 months, so do not expect too much too soon. It is normal to feel slight discomfort in your leg at times. DO NOT compare yourself with others, as everybody makes progress at a different rate.

FREQUENTLY ASKED QUESTIONS

Why have I still got swelling?

Healing tissues are more swollen than normal tissue and this may last for up to 6 months or more. By the end of the day lots of people complain that their ankle is more swollen. **What can I do about it?** When sitting, ankle pump exercises work the calf muscles and help pump the fluid away. Keep active and try to put equal weight on each leg and 'push off' from your toes on each step. Have a rest on the bed after lunch for an hour.

Why is my scar warm?

Even when the scar has healed, there is still healing going on deep inside. This healing process creates heat which can be felt on the surface. This may continue for up to 6 months and is a different warmth from that caused by infection.

Why do I get pain lower down my leg?

Referred pain into the shin or behind the knee is quite common and should settle after a few weeks.

Why do I stiffen up?

Most people notice that while moving around they feel quite mobile, but after a period sitting down, the knee feels stiff when they stand and takes a few steps before it loosens up. This is because the healing tissues are still swollen and are slower to respond than normal tissue.

Is it normal to have disturbed nights?

Very few people sleep through the night for a few weeks after the operation. You may not be using your normal sleeping position, so sleep patterns are disturbed. A pillow between your legs can help with comfort if lying on your side. If sleeping on your back, try to keep the knee straight as it can become stiff overnight and difficult to straighten afterwards.

I have a numb patch – is this OK?

Numbness around the wound is due to small nerves being disrupted during surgery. The patch usually gets smaller with time, but there may be a permanent small area of numbness.

Why does my joint click?

This is normal and is usually a sign that those swollen tissues are moving over each other in a different way. You should not let this worry you; it should improve as healing continues.

When should I stop using a stick?

Stop using a stick when you can walk well without it. It is better to use a stick if you still have a limp so that you do not get into bad habits that are hard to break.

How far should I walk?

This varies with your fitness and your home situation. You should feel tired but not exhausted when you get home, so gradually build up distance remembering you have to get back.

Will I set off the security scanner at the airport?

Most knee joints are made of metal and these may set off the alarm. If this happens, explain to the security staff. If you have metal sticks or crutches, they will be x-rayed and can then be used on the aircraft.

Will it get better? Yes - do not despair, it can take up to TWELVE months to recover fully.



[Sulis Hospital Bath | Joint School](#)



USEFUL NUMBERS and CONTACTS

Inpatient Ward	01761 422201
Switchboard	01761 422222
Physiotherapy	01761 422388
Pre- assessment	01761 422200
Radiology	01761 422250
Private enquiries	01761 422288

Physiotherapy enquiries: physio.enquiries@sulishospital.com