

Total Knee Joint Replacement

Ascot Hospital

This information booklet gives you an overview of your care and guidelines for your day-to-day activities while in hospital.

This booklet serves as a guide only. Events may vary depending on your health and your surgeon's preference.

We strongly recommend that you and your family read the entire booklet prior to admission as this information will assist you in understanding the healing process and can promote your timely recovery. Please bring it with you to hospital.

Please ensure that you have made arrangements for discharge prior to admission, i.e. Person to stay with you, person to pick you up, meals prepared in freezer for when you get home

BEFORE YOUR OPERATION – at home

EXERCISES

Just as athlete's train for the big race, it is a good idea for you to train for your surgery. If your muscles and joints are in the best possible condition before the operation we know that you will recover and mobilise with less difficulty. Start today!

Try and set several short periods each day to do the following exercises (while watching television is a good time). The effort will certainly be worth it in the long run.

If any of the exercises cause you significant pain or your joints hurt more than normal afterwards either reduce the number of exercises you are doing or stop for a while and start again at a less intense level.

ARM EXERCISES

You will be using crutches for the first few weeks after surgery until you are able to walk safely and take full weight through your leg. You will also need strong arms to help you get in and out of beds and chairs.

LEG EXERCISE

This exercise will strengthen your quadriceps muscle, the large muscle on the front of your thigh. If this muscle is strong before your operation your walking will be easier.

Sitting in a firm chair with your bottom well back on the seat.

Lift your leg that is going to be operated on straight and try and hold it for 5 seconds. Repeat five times. Each day try and hold the knee very straight for a little longer. Do a set of these every time you sit down in a chair.

Sit in a firm chair with strong arms. Push down on the arms of the chair and lift your bottom off the seat. Hold for several seconds - as long as you feel comfortable - repeat ten times.

Each day try and hold your bottom off the seat for one or two

Swimming

If you are able to get to your local indoor swimming pool and get in and out of the pool safely walking in the pool is an excellent strengthening exercise before your operation.

Exercycle

If you have access to an exercycle and are able to get on and off safely, this too is good training exercise before you operation. Start with a very low resistance and slowly increase it by measured amounts as the days go by. It is important to 'warm up' and 'cool down' before and after exercise, that is, start slowly with the resistance low for five minutes and finish the same way.

PLAN FOR YOUR RETURN HOME

SAFETY CONCERNS

- Please lift all loose mats in the house before your discharge home, as it is very easy to catch the corner of these and fall.
- Be especially careful in the bathroom and kitchen where spilt water may create a slippery surface
- Be careful around small animals (or children!) that they don't trip you up
- Wear well fitting shoes – avoid scuffs / jandels

Please bring with you to hospital

- Medicines, drugs inhalers that you are currently taking
- Personal toiletries - powder is beneficial for bed care during the first few days
- Clothing - nightwear - loose sleeved nightshirt, boxer shorts and tee shirt or nightie as you will have a drip in your arm for the first couple of days. You will have a urinary catheter in for 24 – 36 hours
- Firm fitting slippers
- After the first day or two we will be encouraging you to get dressed each day so bring comfortable loose fitting day clothes.
- Please leave valuables and money at home
- Please bring with you any aid for walking you are using i.e. walking frame, crutches. Crutches may be purchased at the hospital, or rented from the Ascot Pharmacy.

Day of admission and surgery

Please shower the morning of surgery prior to going to the hospital. If your surgeon has sent you an antiseptic scrub, please shower with this.

Arrival to Hospital

Please report to the Inpatient and Day stay Admission Centre, found to the right as you come into the main entrance at Ascot Hospital on the ground floor.

Room Features

You will have a private room and bathroom on level four of the Ascot Hospital. Each room has its own television set, telephone, tea and coffee making facilities and a small fridge. A cafe is on the second floor should visitors need refreshments. The pharmacy is on level one

adjacent to the main entrance.

Clinical Health Check / Nursing Admission

The admitting nurse will ask a number of questions to ensure your safe progress while in hospital. Details of your name bracelet will be checked, allergies, when you last ate or drank etc.

The nurse will record your temperature, blood pressure, pulse and weight and ask some general health related questions. You may be shaved in the area of your operation. An ECG may be done to ensure normal heart activity.

The Physiotherapist will teach you bed exercises, (limb and breathing), to do after your operation while you are resting in bed and when mobilising. The Physiotherapist will show you;

- How to use the crutches or a walker if indicated.
- How to go up and down stairs with the crutches.
- The best way to get in and out of bed after the operation
- Safety instructions regarding your new knee

Before the surgery

- Your surgeon will see you for a short period to mark the correct knee for surgery.
- Your anaesthetist will also see you to discuss your anaesthetic and how your pain will be managed after surgery.

Please feel free to ask questions

Your anaesthetist may prescribe a pre-med (medication) to have before you go into theatre.

Surgical Procedure

During the transfer from the admissions unit to the theatre you may have

the rails on your bed raised. This is for your safety and can be lowered at you request.

You will be in the recovery room until you are fully awake and able to return to the ward.

•Once back on the ward

You will wake up in recovery room with an oxygen mask on your face, an intravenous line (drip) into a vein in your arm, a pain relief pump which is connected in with your drip, and a catheter (tube in your bladder) which will drain your urine for the first 24 hours..

The nursing staff monitor your condition regularly taking blood pressure, pulse, breathing rate and oxygen levels.

As soon as you wake up remember to start your foot pumping exercises

Antibiotics will be administered through your 'drip' for the first 24 -48 hours

The nurses will need to roll you regularly onto your side to check for pressure areas on your lower back and buttocks. You will be rolled with a pillow between your legs. During this is a good time to be doing your deep breathing exercises

The nurse will position foam heel wedges under the heels or heel "Booties" around the heels to give more padding around the heel which helps prevent pressure.

Pain Management - The aim of pain management following surgery is to control your pain at a level that allows you to carry out activities that will support your recovery (e.g. performing exercises, mobilising as well as being able to have periods of rest).

Pain will vary from person to person so your nurse will assess your pain by asking you to score

- 0/10 meaning you have no pain at all

- 10/10 means extremely severe pain

The anaesthetist will prescribe pain relief for you based on your surgery and your health history. Please tell the anaesthetist if you have had side-effects from pain relief medications in the past.

As well as regular pain relief tablets/capsules the anaesthetist may prescribe one of the following for you during the first 24 hours after

your operation;

PCA Machine (Patient Controlled Analgesia, **also known as a pain pump**). **The medication** is delivered into the drip in your arm via a machine. The machine has a button on a cord that remains with you at all times. When you push the button a small amount of medication is delivered directly into your arm. The medication will take around 5 minutes to start working and during this time the machine will not deliver another dose. If you are still sore you can press the button again when the 5 minutes is up. You cannot overdose yourself.

Epidural. A small catheter is inserted into your back and pain relieving medication is delivered through it. This will control pain but not interfere with the movement in your legs.

Brochures with more details about PCA's and Epidurals will be available for you on request.

Please let the nurses know if your pain is not well controlled, or if you are experiencing any other side-effects of surgery (e.g. you think you may vomit).

Food & Fluid – Usually you start with water until your Nurse is happy for you to start having food.

Day 1

You will be seen by your surgeon and your anaesthetist.

- The nurse will regularly check your oxygen levels, blood pressure, pulse etc.
- Your outer dressing will be removed.
- You will have a bed sponge and sometimes a shower (with assistance)
- You will have a blood test to check you haven't lost too much blood. Sometimes a blood transfusion is needed if your blood levels are too low. Should you need a transfusion this will be discussed with you.
- During the morning the physiotherapist will help you to get you started on the exercise program. The physiotherapist will help you out of bed and you will start walking with your crutches, morning and afternoon. Between exercise sessions it is important to rest.

- Rarely your leg may be put on a knee-bending machine for short period
- Once your IV fluids are stopped it is important to remember to drink a glass of fluid every hour that you are awake.
- Antibiotics are given via the drip and you will continue to have the pain pump to use for today.
- You will receive regular pain relieving tablets or capsules.

Goals for today

- **Foot pumping hourly for 30 seconds**
- **Hourly thigh exercises**
- **Walking with the crutches/walking frame**
- **Knee exercises**

Day 2

You will be seen by your surgeon and your anaesthetist

- Your drip will be removed by the end of the morning.
- Your pain will be managed by regular pain relieving tablets or capsules as your “pain pump” is usually stopped.
- It is **important** if you are in pain to let your nurse know - they can not manage pain they don’ t know about!
- You can shower with assistance.
- If you feel well enough get dressed into day clothes after you shower.

The physiotherapist will again visit you to help you with your exercise

program and reinforce correct walking technique..

- You will be starting to feel more confident but do not attempt to get out of bed and walk on your own until your physiotherapist tells you it is safe to do so.

Goals for today

- **Walking and / or exercising every 1 - 2 hours. Lap the ward**
- **Walk to toilet and shower and around the ward**
- **Knee exercises and stairs**

Day 3-4

By day 3 you will be starting to feel like your old self and gaining confidence in your new knee

- The physiotherapist will continue to see you once or twice a day to progress your exercise program.
- When you are confident enough on crutches you will be taught how to go up and down stairs and ride an exercycle.

If you have any unusual pain or swelling in your lower leg please tell your nurse.

Goals prior to discharge:

- **Toileting and showering independently**
- **Walking and getting in and out of bed on your own**
- **Greater than 90 degrees of bend in your knee**
- **Exercising and walking 2 hourly - Complete circuits of the ward with crutches**

- **Able to walk up and downstairs with crutches**
- **Able to do a go around on the exercycle**
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DAY OF DISCHARGE – Usually Day 3

- Arrange for family or friends to pick you up. The discharge time is 10.00 am
- Please ensure your physio has been through your home exercise programme before discharge and *remember* to take home your discharge exercise programme.
- Please do not leave the ward without letting your nurse know. Your surgeon or anaesthetist will have completed a prescription for discharge, which can be filled at the Ascot Pharmacy before discharge.

CARING FOR YOUR NEW JOINT AT HOME

- **AVOID TWISTING MOVEMENTS ON YOUR KNEE**
- **CONTINUE TO EXERCISE YOUR KNEE DAILY**
- **TREAT CUTS AND SCRATCHES PROMPTLY TO DECREASE INFECTION RISK TO YOUR KNEE**
- **TAKE ALL YOUR MEDICATION AS PRESCRIBED
BEING BRAVE IS BEING STUPID!!**

EXERCISE

This is the most important part of rehabilitation from knee surgery. It is important to continue with the exercise from your physiotherapist.

Try to walk a little further everyday. Practice straightening and bending the knee every 1-2 hours.

An exercise bike is an excellent way of regaining movement and strength around your knee, and will help your to increase your general fitness as well

Do not, when resting, place pillows under the back of the knee.
Pillows under the knee prevent the leg becoming straight and the knee

POSSIBLE COMPLICATIONS

No operation is without its risks and complications, and knee surgery is no exception.

DEEP VEIN THROMBOSIS (DVT)

A DVT can occur when blood clots form in the veins of the calf, thigh or pelvis. A piece of the clot can break free and lodge in the lung causing a pulmonary embolus.

You should contact your GP immediately if:

- you develop undue swelling or pain in the leg or lower abdomen
- develop sudden breathlessness, chest pain or coughing
- persistent discharge from your wound

The best way to prevent DVT is constant and regular exercise. When you return home continue getting up to walk every hour during the day, even if you feel tired, it is necessary for your circulation to be stimulated by movement.

INFECTION

You will be given antibiotics during and after your operation to guard against the possibility of infection. The risk of infection after you go home is very small. If you develop seepage from your wound or the wound feels very warm and looks red contact your surgeon not your GP.

ANY INFECTIONS ELSEWHERE IN THE BODY SHOULD BE TREATED PROMPTLY. THERE IS A RISK OF IT SPREADING TO YOUR HIP. LET YOUR DOCTOR KNOW THAT YOU NEED ANTIBIOTIC COVER BEFORE ANY SURGICAL OR DENTAL PROCEDURES