

## Patient Experience Hints & Tips

### Knee Replacement Surgery (1)

These notes are based on my experiences and what I've been told by others who have gone through the same operation. They are not cast in concrete and your experience may vary.

I'm lucky in that I've been able to have total knee replacement operations on both knees done privately (at Clementine Churchill Hospital). Although the care you'll get privately may be more flexibly attuned to you, the overall process is going to be much the same on the NHS. So what follows should be applicable whether you have the operation on the NHS or privately.

Knee replacement is major surgery and you need to treat it as such; recovery and rehab is going to take a number of weeks.

#### General

- There are three critical things for a good outcome: a good surgeon, a good physiotherapist and you!
- Your attitude, especially to rehab, is critical to a good recovery.
- In all this your biggest two enemies are infection and deep-vein thrombosis (DVT).

#### Before the Operation

- Clear all the gangways around your home, and remove any trip hazards like rugs. If rugs *etc.* can't be easily removed, ensure they are fastened down.
- Get a urinal (something to pee in overnight) with a lid – many come with a female adaptor. You do not want to be negotiating your way to the bathroom, in the dark, only half awake, with crutches, possibly in pain, while trying to avoid the cat!
- Get a seat (high-ish stool) to sit on in the bathroom so you don't have to stand to wash.
- You may also wish to get a seat for the shower.
- Get a bag to carry things around when you're on crutches (either a shoulder bag or one that will go round your neck).
- Ensure your dental work is up to date, in order to avoid any unnecessary risk of infection.
- The more exercise you can do now to strengthen your quads (thigh muscles) the better.
- The hospital will want to do pre-assessments, including x-rays, and some hospitals will insist you attend a pre-op "knee class".

#### While in Hospital

- No-one should touch the operated leg unless they've visibly washed their hands and are preferably wearing gloves. This is essential to avoid infection.
- My personal preference is to have a spinal anaesthetic (rather than a general anaesthetic). Spinal is similar to an epidural; you will be numb from your lowest ribs down. This way you remain conscious, you may be allowed to listen to your own music on headphones and the

recovery is much nicer. The downside is you can hear parts of what's happening, which some will not like. However not all surgeons and anaesthetists are happy doing this.

- You should expect to be in the operating theatre for a total of about 2 hours.
- Your wound may be closed with stitches (sutures), staples or glue on the outside (it will have sutures internally). Every surgeon has their preference on which to use. If you have a choice, then glue works brilliantly, gives the neatest result and doesn't have to be removed afterwards.
- You will probably (should) be started on physiotherapy within 24 hours after the operation – the sooner you are mobile the better you'll recover. You will probably be started on a Zimmer frame but quickly progress to elbow crutches.
- Your physio should ensure that you can safely negotiate a flight of stairs before they agree to your discharge. They should also show you how to get in and out of a car.
- You will be given anti-DVT stockings to wear for several weeks following the operation. Nobody likes them but they're better than having DVT.
- You should expect to be in hospital for 3-4 days after the operation.

### Post-Operative Care

- A week or 10 days after your discharge you will probably be asked to see either your GP practice nurse or go to the hospital to have the dressing changed/removed and any stitches or staples removed.
- You will have been given crutches. Use them; don't get over-confident too quickly although you will be encouraged to dispense with the crutches as soon as you are safe to.
- When using crutches, remember the sequence for walking (and going down stairs) is C-B-A (Crutch – Bad Leg – Able (Good) Leg). Going up stairs it is A-B-C. (Getting this wrong on the stairs is going to be painful and may cause you to fall.)
- You will be given exercises. It is critical to your rehab that you do them! The exercises will be painful, but you should stop before the pain is overwhelming.
- Go to your follow-up physio sessions – get as much physio as you can.
- You should have your first out-patient physio session within about 7 days of leaving hospital. The NHS seems to be especially bad at getting this arranged, so you may have to fight for it, because without it you are much more likely to have problems down the line.
- You will be given painkillers – take them; they will not only make life more bearable but the pain reduction will help you with doing the exercises. Just don't get hooked on the opiates.
- You may need to get more painkillers from your GP, although you should start reducing them as soon as you reasonably can – but that will probably be 3-4 weeks in (and maybe longer).
- If you are on codeine (or similar opiates) you may well be given a laxative. Again take it as the codeine will cause constipation.
- Ice-packs on the knee will help reduce the swelling; take advice from your care team over how often and for how long.
- You will probably not be allowed to drive for up to 6 weeks after the operation – you must legally be able to be in full control of the vehicle. You need to get medical agreement before you start driving again.
- Take advice from your consultant or nurses as to when you are allowed to shower (*ie.* get the wound wet); this may well not be until after the dressing/stitches/staples have been removed.
- When getting dressed put the operated leg into trousers/knickers/*etc.* first, followed by the good leg. Undressing is the reverse.
- As your mobility returns, walk! Start by walking round the house and progress. The more you can walk the better as your muscles need to adjust to the changed movements – but do not go beyond the point where you are safe or in excessive pain.

- Henceforth you should always remind your doctor and dentist that you have a prosthesis. Infection control is a concern long-term and you may need more frequent antibiotics.
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## Knee Replacement Surgery (2)

### What to take into Hospital

- I would suggest nightdresses (or nightshirts for men) as opposed to pyjamas as they are easier to get on and off. As you won't know how long you will be in take a sufficient supply of nightwear, knickers, etc.
- Slippers but specifically with backs on because one has little control of the operated leg to begin with and one is walking with a Zimmer frame and then crutches.
- A dressing gown and washing equipment. It is easier if the wash bag has handles as it has to be carried from bed to bathroom (and in an NHS hospital you may have a fair distance to walk if your bed is at the far end of the ward).
- Something to read. Not everywhere has WIFI available.
- A small amount of money to buy things like a daily newspaper, fruit juice etc.
- A mobile phone (and charger) to contact friends or relatives when one is to be discharged.
- A supply of all your normal drugs.
- Perhaps a carton of juice and some fruit. I found I drank a lot of juice in the first 24 hours following the operation.
- Make sure that on discharge if wearing trousers that the legs are wide enough to accommodate the knee dressing – each surgeon has differing views on the size and type of dressing on discharge. Also flat shoes – I was most comfortable wearing lace ups.

My major problem was getting the Zimmer frame into my friend's car. She managed it eventually but it was a struggle.