



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Knee Replacement



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TOTAL KNEE REPLACEMENT

This leaflet has been produced by the Orthopaedic Unit in partnership with patients. It is designed to provide information about knee replacement surgery and what to expect before and after the operation.

This advice is provided to help you prepare for surgery, recovery, and rehabilitation. It is recommended that you read this booklet before your surgery and write down any questions you may have.

Introduction

A knee replacement is a common orthopaedic operation. Hundreds of thousands of these operations are now carried out every year worldwide with excellent results. However, a total knee replacement or a uni-compartmental knee replacement (only half of the joint is replaced) is an elective or planned operation. This procedure is not a matter of life or death and should only be considered after careful thought. Sometimes there are alternatives.

The decision to have the operation is not made by the doctor; you make it, for it is you who must accept the risks and possible complications. The doctors, nurses, and physiotherapists will give you advice but the final decision is yours. The doctor may recommend an operation but will not decide on your behalf.

Your decision must be made after carefully considering the benefits of the operation and the risks. You may wish to discuss things with your family, general practitioner, physiotherapist, or nurse. You must really want the surgery and be prepared to work hard following it and also be prepared to accept certain limitations afterwards.



Knee replacement

Knee replacement

What is it?

It is the replacement of a damaged knee joint with an artificial one. This can be done by either replacing the whole knee joint or by replacing just one side of the knee.

Total knee replacement

A total knee replacement is made of a metal upper part and a metal and plastic lower part. These will be held in place with a special type of cement.

Uni-compartmental knee replacement

This is performed when only one side of the knee joint is worn away. It is a smaller operation and much more easier to re-do at a later stage if your arthritis gets worse.

Why do I need this operation?

Many people with arthritis of the knee do not need or want surgery. Knee replacement surgery may be advised if your knee joint is damaged from arthritis due to wear and tear, malformation of the knee joint due to abnormal development or damage from injury. A knee replacement may be advised if one or more of the following are present:

- You are in constant pain
- You have severe pain in your knee that stops you from sleeping on a regular basis
- You can't do everyday things and so you are less independent (for example, you may not be able to get out of the bath or tie your shoelaces)
- Treatments such as physiotherapy have stopped helping & you rely on walking aids
- X-rays confirm that your knee joint is damaged by arthritis
- You have undergone an arthroscopy of the knee joint (Keyhole surgery) and this confirms that you have arthritis.

Knee pain is often lessened by losing some weight if you are overweight. This is because losing weight will reduce the stresses on your diseased knee and may reduce the pain.

It is often helpful to use a walking stick in the hand opposite to side of the painful knee as that can reduce the pain by lowering the forces on the bad knee. You could take pain killers and anti-inflammatory medications, please discuss this with your GP. Your doctor may offer you an injection into your knee joint. Well-meaning friends and relatives may tell you things which you find alarming and in your case may be inaccurate. Treatments do vary from patient to patient and from consultant to consultant so it is important that you discuss any worries with a nurse, doctor or physiotherapist.

What does the operation consist of?

The operation is usually carried out with a spinal/epidural anaesthetic (needle in the back) in which your lower body is numbed. Sometimes a full general anaesthetic can be given in which you are put to sleep by having an injection into the back of your hand. If the spinal anaesthetic is used then a sedative can be given. This will make you relaxed and sleepy. The pre-assessment nurse and your anaesthetist will discuss which anaesthetic is the best for you and leaflets giving more details are available at the 'joint school'. Alternatively, they are available on the internet at www.youranaesthetic.info

At the operation, a cut is made over the front of the knee joint. The worn bone is removed and the new knee joint is put in place. The knee joint will be made of metal and plastic. The wound is closed with stitches or metal staples.

What would happen if the operation was not performed?

You may become less mobile, your pain may get worse and your knee may get stiff. A knee replacement is an artificial joint and, therefore, it will never be as good as your original.

It is usually a very successful operation. However, if you do not need the surgery now then delay the operation. Discuss your needs and lifestyle with the nurse, physiotherapist, or doctor and alternative treatments or a delay in performing the operation can be arranged.

Just because your X-ray shows arthritis this does not mean you need to have a knee replacement. Please remember, the main aim of this operation is to treat the pain.

If you can manage without surgery at the present then you should wait.

How could the surgery effect me?

A knee replacement is usually a successful operation. However, as with any medical operation or procedure, there is always a risk to your health and complications, including death, can occur.

Before surgery, your general condition is thoroughly monitored and checked and if you feel there is anything we should know, please tell us. Contact numbers are available on the back page if you think of anything you would like to discuss.

You may have difficulty in passing urine after the operation and a catheter may be put into your bladder. The catheter will be removed as soon as possible but rarely symptoms may persist and drug therapy or further treatment may be necessary.

Infection is always a risk with any surgical procedure. Antibiotics will be given to you through your drip (cannula). This will help prevent the onset of infection although in rare cases infection may still set in. Do not take off the dressing covering your wound at any time without the advice of the doctor or nurse. There are two types of infection:

1. A wound infection in which the skin and tissue just underneath the skin can get red and sore.
2. Knee infection in which the new artificial joint becomes infected. This is rare, but if the artificial knee does get infected and doesn't clear up, you might have to have the knee taken out and then once the infection has cleared up, another one can be put back in. Rarely, your artificial knee joint may have to be removed and not replaced.

Knee joints can become loose or if too much pressure is put on them, they can wear out. If this should happen, it may be necessary to replace the artificial joint with another.

This is usually after a considerable period of time but unfortunately, in some people, it can occur sooner.

Obviously, if you are overweight or put excessive pressure on the joint, such as by carrying heavy loads or jolting or falling onto the joint, then loosening may occur much sooner. However, it is important that you regularly exercise to prevent stiffness. A golden rule is 'little and often'.

Following any surgery there is always the risk that you can develop a thrombosis (clot in a vein). To help prevent this you will usually be given a small tablet or injection daily. This alone is not usually sufficient to prevent a clot occurring and it is important that you begin to move straight away. At first, after surgery you will be able to 'wiggle' your toes, circle your ankle and tighten the calf and thigh muscles in your leg. Ask the nurse to check you are doing these properly. Occasionally take 2-3 deep breaths, filling your lungs. Once you are allowed out of bed then you must exercise often as directed.

It is very important to prevent a clot occurring as, very occasionally, should the clot travel to the lungs, it could be fatal. Swelling and a tight feeling in your calf are probably normal but it is important that a doctor, nurse, or physiotherapist examines your leg if it feels 'strange', so please inform someone.

The operation involves some sawing, drilling, and hammering and therefore occasionally the bone may become chipped or broken. If this occurs, you will be advised as to the appropriate way of walking or you may be kept in bed or your leg in a splint for longer than usual.

The knee joint is a major joint of the lower leg and has many blood vessels and nerves travelling through or near it. There may be problems with bleeding and deep bruising after surgery. Blood transfusions are rarely needed after a knee replacement. The incision will cut the small nerves in the skin and could leave a numb patch on the out side of the knee. Very rarely the nerve supplying the mussels can be damaged leaving you with a weakened or dropped foot.

You may need to wear a splint on the affected leg. This is often temporary but can be permanent.

Occasionally any knee pain you may have had does not entirely go away and in rare situations you can be in more pain than before. In most cases, knee replacement surgery will give you a significant improvement to your pain but rarely patients have continued pain following surgery and the cause of this pain cannot always be accounted for. Some replacement knees can “click” following surgery.

As previously explained, you are entitled to know the main possible complications before you consent to surgery. The main ones have been identified here. Please do not dwell too much on the negative, as this is usually a very successful operation.

All major surgery carries some risk. There are risks in everything we do in life. The staff will do everything in their power to minimise the risks of surgery but it is up to you to decide whether or not the risks are worth taking. The worse your symptoms are pre-operatively the more reasonable it is that you take the risks of having a knee replacement.

Can I do anything to prepare for my knee replacement?

Stop smoking before your operation and get well sooner.

Quitting before or even during your hospital visit can speed up your recovery and reduce the risk of complications.

For more information and advice, go to: Smoke Free national help line England 0300 123 1044.

If any other illnesses or medical conditions develop while you are waiting for surgery, you should inform the pre-assessment nurse.

Infections anywhere in your body would probably cause your operation to be postponed. It is important to seek guidance from your GP if you think you have an infection.

If you develop an infection you must make the pre-assessment nurse aware as soon as possible (see back page).

Skin condition over the knee is very important, any damage to the skin could result in your operation being postponed.

In men, problems with the prostate gland should be investigated before you have your knee replaced if you feel you have any problems please inform the assessment nurse or your GP.

Good head to toe personal hygiene is essential prior to and after surgery.

To assist with this you will be given a pack containing a bottle of Prontoderm Foam and a tube of Prontoderm Nasal Gel at your pre-assessment appointment.

It is important that you start these treatments and complete the course fully before coming in for your operation.

Prontoderm Foam removes bacteria that normally lives on the skin and Prontoderm Nasal Gel removes bacteria that can be found in the nose. Although wound infections are uncommon following hip or knee replacement surgery, using these treatments may reduce the risk of you developing an infection, which could mean a longer stay in hospital and a prolonged recovery time.

In some cases, infection can cause complications to the hip or knee implant, leading to lengthy antibiotic treatment and further surgery.

Prontoderm Foam:

After washing/bathing/showering and drying, Prontoderm Foam should be applied to the whole body once every morning for five days before coming in for your operation. Remember to apply the foam to your hair, armpits, belly button, in any skin folds (e.g. under your breasts), groin and perineum (genital area).

Please do not wash the foam off – it should be applied neat to the skin and rubbed in until it has dried. Please also use the foam on the morning of your operation and every day whilst in hospital, then continue to use at home until it's all gone.

Prontoderm Nasal Gel:

Please apply a small pea-sized amount of gel to each nostril and pinch the nostrils softly together three times a day (morning, midday and night) for five days before coming in for your operation.

A Guide to Physiotherapy following a Total Knee Replacement

The period following surgery is painful and you will be expected to work with the physiotherapists straight away.

You will need pain relief to be able to do the exercises and activities.

It is very important that you communicate your pain levels to the hospital team so they can help manage the pain you experience and enable you to 'get going' as soon as possible.

Some of the exercises will be explained to you at 'joint school' and it is advisable to practice these at home in the weeks leading up to your operation.

Starting these exercises as soon as possible following surgery is in your best interests as it can reduce the risk of complications and speed up your recovery.

Exercises for knees



1. Lying on your back or sitting. Bend and straighten your ankles briskly.

Repeat 10 times regularly.



2. Lying on your back with legs straight

Pull your foot up towards you and push your knee down firmly against the bed. Hold for 5 seconds. Repeat 10 times.



3. Lying on your back

Squeeze your buttocks firmly together. Hold 5 seconds. Repeat 10 times.



4. Lying on your back

Bend your knee sliding your foot towards your bottom and then gently lower your leg, straightening your knee. Repeat 10 times.



5. Sit with your legs out in front of you

Place a rolled towel/pillow under your knee. Straighten your knee lifting your heel. Clear off the bed for 3 seconds then gently lower. Repeat 10 times.



6. Lying on your back

Brace your knee straight and lift your leg a few inches off the bed, then gently lower the leg. Repeat 10 times.



7. Sit or lie with your leg straight out in front of you

Place your heel on a stool or firm pillow so that your knee hangs. Let your knee stretch for as long as is comfortable.



8. Sitting on a chair

Slowly straighten your knee, pulling your toes up and hold for approximately 3 seconds, then slowly lower your leg.

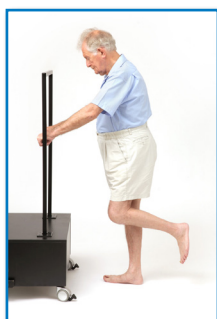
Repeat 10 times.



9. Sitting

Bend your knee as far as it can go and hold for 5 seconds.

Repeat 10 times.



10. Standing holding onto a support

Slowly bend your knee bringing your foot towards your bottom.

Repeat 10 times.

You are the most important factor affecting the outcome of surgery, if you are well prepared and motivated to work hard we can help you to achieve the best possible surgical outcome for you. You must accept that everyone recovers to different levels and at their own pace.

After your operation, on the day of your surgery, you will be expected to transfer out of bed using a frame with the help of the physiotherapist or nursing staff. This will usually be around 4 hours after your surgery (or once the anaesthetic has worn off). This helps to start strengthening your muscles and prepare you for the days ahead.

When you first meet the physiotherapist, they will carry out an assessment to determine your current range of movement in your new joint, your muscle strength and your ability to transfer out of bed. They will also practice the exercises you will be shown today and expect you to carry on with them on your own in between treatments.

It is very important that your knee remains straight when at rest. You will also be encouraged to start bending your knee. The aim is to achieve as much bend in the knee as possible before you leave hospital. Your physiotherapist will monitor the bending and let you know when they feel you have achieved a sufficient bend in order to go home.

Once again it is important that you take responsibility to continue with the exercises throughout your stay in hospital and when you return home, particularly bending the knee.

In the days following surgery the physiotherapist will continue to work with you to progress your mobility, initially using the frame but moving onto elbow crutches as soon as possible.

When you are deemed safe mobilising on the ward without any supervision, the physiotherapist will carry out a step or a stairs assessment, in preparation for your discharge home.

Physiotherapy after discharge from hospital

After you have been discharged from the ward you will be expected to continue to work at the exercises prescribed by the physiotherapists. You will be referred to out-patient physiotherapy at approximately - 3 weeks after your discharge from hospital. This class is a circuit based exercise class designed to give you more information and confidence to progress your mobility. You will be expected to attend a joint replacement class that will focus on progress mobility and exercises.

Any questions or concerns please contact:

Doncaster Royal Infirmary Physiotherapy Department on: 01302 644207
or

Bassetlaw Hospital Physiotherapy Department on: 01909 572302, ask for the in-patient orthopaedic team.

Preparing your home

To inform us of your home environment and to identify hazards/problems post surgery we need you to fill in a questionnaire (issued at joint school). This will allow the occupational therapist and physiotherapist to assess YOUR needs and make sure your discharge, from hospital, is as safe as possible. This may mean, initially, having some equipment to aid you to complete daily living activities independently. It is important you complete this form fully and honestly to enable us to meet your specific rehabilitation needs.

IT IS IMPORTANT YOU BRING THE COMPLETED QUESTIONNAIRE TO PRE ASSESSMENT CLINIC.

The more prepared/organised you are before admission, the easier your return home following surgery will be. Here are a few suggestions to prepare:

- Remove/fix loose rugs/carpets to avoid tripping.
- If you have any pets, think carefully about whether you can manage to feed and care for them and if they could trip you up. Perhaps a relative/friend could look after them for a while, especially if you live alone.
- Think about dependent relatives. Speak to your occupational therapist or a pre-assessment nurse if you have any concerns.
- Remember lifting people or heavy objects is not recommended following knee replacement surgery.
- Think about meals that you will be having. Perhaps buy ready made meals, which can be kept in the freezer, or prepare your own in advance. Initially on discharge you will need help to get shopping.
- Move everyday items within easy reach and close to one another so you are not having to walk far to obtain all items to complete a task (i.e. making a cup of tea).
- You may struggle with getting on/off toilet or low chairs therefore this needs to be identified in your questionnaire for your occupational therapist to provide equipment to enable safe transfers.
- A strip wash or brief shower should be used to maintain good hygiene levels. It is important that the dressing keeps your wound dry whilst the stitches or clips are in place.

Do you take any medication from your GP for your heart or blood pressure?

If you do, you need to make sure the practice nurse is aware of your planned knee surgery. The nurse can check that your blood pressure is controlled. Any adjustments to your medication can be made by your GP who can order some further investigations if necessary.

If you take any medication for arthritis or take tablets to thin your blood (e.g. Aspirin, Clopidogrel or Warfarin), you will possibly need to stop these for a while before your operation. The pre-assessment nurse will advise you on this matter.

Pre-operative assessment

You will be assessed by a nurse before admission to ensure you are fit enough for surgery. Investigations including blood tests, ECG's and others will be requested. At this time, you need to tell the nurse of all medication you are taking, preferably by showing tablet bottles that have been labelled by your pharmacist. Please inform the nurse of any allergies. This includes allergies to rubber gloves, condoms, elastoplasts or foods. Any problems with your heart and chest need to be assessed and, if need be, treated before your knee replacement. Please be prepared to give the nurse as much information as possible about your health and that of blood relatives.

At this stage you can ask any questions you may have.

If you develop any illness in the days or weeks before admission, e.g. cold, cough, urine infection or sores on your skin, you must let the pre-assessment or the ward nurse know. Please give plenty of notice if you are not fit for your operation, then we have time to find another patient to take your place. This, in turn, will reduce the amount of time you are waiting for another date for surgery once you are fit and well.

Your admission to hospital

Most patients are admitted on the day of their operation. You will receive a letter (or if at short notice, a telephone call) from the hospital telling you the time and date.

The letter will inform you of any arrangements you need to make before admission and should tell you a time when you have to stop eating and drinking. You will be given a telephone number of a coordinator whom you should ring to confirm that you have received the letter and that you intend to have the operation. If for any reason you cannot come into hospital on the date and time planned, please ring and let someone know as soon as possible.

What to bring into hospital

Please bring with you:

- Prontoderm pack
- Your current walking aids
- Some light loose daytime clothing to wear after your operation (elasticated waist bands are quite comfortable, but avoid tight-legged trousers)
- Night clothes
- Washing and shaving equipment
- Slippers of the full shoe type, (preferably a little on the big side and not new)
- A book/magazine to read or something else to occupy yourself
- Your tablets/medication
- You may have a bedside TV. You have to pay for some of these services
- If possible, please leave jewellery and valuables with a relative or friend. You may like to bring in an inexpensive watch. Valuables can be put in the hospital safe if there is nowhere for you to leave them, although large amounts of money will be returned as a cheque
- With the exception of your wedding ring, all jewellery will need to be removed before your operation. If you wear spectacles, dentures, or a hearing aid, please discuss if you need to remove these with the nurse.

Visitors

Visitors are allowed at the designated visiting times. Any visiting outside of these times is at the discretion of the nurse in charge of the ward. Please discuss any difficulties with the nursing staff and where possible alternative arrangements will be made.

We ask visitors to avoid meal times. Visitors should use the visitors' chairs and not sit on the bed or in the patient's chair. Visitors should clean their hands with the alcohol gel on entering and leaving the ward.

Arriving on the ward

Please arrive at the orthopaedic theatre assessment unit (OTAU)/ward at the arranged time, your details will be checked and any changes since your pre-admission assessment noted. The OTAU is a spacious seated area, consultation rooms are available for privacy. The anaesthetist will see you at some point before your operation and discuss your anaesthetic.

When you arrive your details will be checked and any changes since your pre-admission assessment noted. Please have a bath or shower before admission if at all possible. Please do not use any deodorants or talcum powder following your bath/shower.

Fasting for theatre

Good nutrition is important in both preparing for surgery and your recovery from surgery. You must have nothing to eat for six hours before your operation and nothing to drink for two hours before. Milk, sweets, chewing gum and fizzy drinks are classed as food. If you are unsure of the time of your surgery, please ask the nursing staff.

Going to theatre

Before you leave the ward, a mark will be placed on your leg to indicate which knee will be operated on. You will be given a clean operating gown to wear. A nurse will ask some questions to make sure nothing has been overlooked. These questions will be repeated once you arrive in the anaesthetic room in the theatre suite. You will be escorted to the theatre suite by a nurse (walking if you are able). The operation is usually carried out with a spinal/epidural anaesthetic in which your lower body is numbed (see page 5). However, sedatives are often given to make you relaxed and calm. You can bring in an MP3 player or some other sort of portable player if you wish to listen to some music during your surgery. After the operation you will be taken, on your bed, into the recovery area. You will stay there for a short while where your general condition is assessed, and the recovery nurse ensures you are comfortable enough to start your exercises.

You will be repeatedly asked about your pain, having a knee replacement is a painful procedure, however it is very important that you are able to exercise and get mobile again as soon as possible after the operation.

You are the only person who knows how you feel, it is important that you discuss your pain levels with us so we can work together to balance activity and comfort. You will have an intravenous infusion attached to your arm (commonly known as a drip). This is a way of giving fluids (sometimes blood) into your body until you are eating and drinking again.

When you return to the ward, the nurse will record your temperature, pulse, blood pressure, and respiration rate. These will be repeated fairly often at first. It is not unusual to feel emotional and tearful after a big operation.

You will be allowed a drink as soon as you are fully awake. If you do not feel sick then you will be allowed to eat and drink, if you want to. However, it is often a day or so before you are back into your normal eating habits.

If you feel sick (or are sick), please let the nurse know as medication can be given to help with this. We want you to continue with the exercises show in the recovery ward and when you have eaten and your nurse is satisfied with your recovery from the anaesthetic you will be encouraged to start mobilising (probably on the day of your operation and only with the supervision of the ward staff).

Some surgeons prefer to put a catheter (tube) into your bladder while you are in theatre; others prefer that you attempt to pass urine normally. If you can't manage to use a bedpan or bottle then the nurses may suggest that you sit out of bed on the commode or toilet. If you can't manage to empty your bladder then the nurse may need to put a catheter into your bladder. You will probably not open your bowels for about 3-4 days after surgery. Please do not get upset by this, it is quite normal. However, if you are uncomfortable a mild laxative can be given. Please ask your nurse for this.

Pain

After your operation, the pain you have previously felt from the arthritis (the rubbing of worn out bone) will have gone. However, a knee replacement is a major operation and you will have some pain caused by the operation itself. This pain can be very intense, but is usually quite different from the pain felt before. You will be prescribed strong painkillers. The nurse will ask you to score your pain on a 0 – 4 scale (none, mild, moderate or severe) at rest and when moving. The nurses will give you painkillers as required, and advice on posture and comfort as necessary.

Getting mobile again

It is very important that you walk as soon as possible after your operation although you need to do this correctly and safely. You will usually be allowed to get out of bed on the day of surgery with the supervision of ward staff. You probably will be in pain but you must try hard to follow the instructions of the ward team.

Over the next few days you will be advised to walk. First, using a zimmer frame for support and then progressing to elbow crutches. You will be instructed to bend and straighten your knee. This will be painful but it is very important that you follow the advice of the doctor, nurse and physiotherapist. Do not come into hospital expecting it to be easy only you can do this hard work.

Your wound

The dressing on your wound will be checked regularly but will not be completely changed unless necessary. Do not be upset or alarmed if the dressing is not changed at all but also do not be upset if the nurses have to pad or change the wound daily.

Going home!

You will be given an estimated discharge date before admission, and will be updated daily about your ability to achieve this. As soon as you are fit for discharge we expect you to have plans in place to go home.

If you have the uni-compartmental (half) knee replacement then you will be ready for home after one or two days.

The usual method of transport home is by private car. Please ensure this is organised in advance. You will need to sit in the front seat of the car and a member of staff will take you from the ward to your car. You will be given pain relief medication to take home, it is important you follow the instructions and guidance of the ward team regarding exercise and pain relief so you can continue your rehabilitation at home successfully. You will be telephoned by a nurse two days after you are discharged from hospital.

Following your operation you will have a surgical wound.

General instructions

- Shower briefly (from the second day after surgery) or strip wash
DO NOT SOAK in the bath
- Leave your dressing in place
- Avoid touching your wound.

when you are discharged the ward nurse will issue clip removers and instructions on when you should arrange for your GP practice nurse to remove the wound clips(usually 14-21 days after surgery).

Swelling and some redness are normal at this stage of wound healing. You should not attempt to tamper with the dressings at all (part of the role of the dressing is to protect the wound from infections getting in, disturbing it unnecessarily reduces its effectiveness).

Wound Appearance

Normal	Abnormal
Clean intact dressing	Increasing redness
Feels comfortable	Increased warmth/tenderness
Some redness or swelling may be evident	Leaking and/or smelly
	Pain increasing

If you experience any of the above symptoms contact either **St Leger Ward, Doncaster Royal Infirmary**, Tel: 01302 644462, **Bassetlaw Hospital, Ward B5**, Tel: 01909 572251 or **Parkhill Hospital**, Tel: 01302 553337 for advice **rather than contacting your GP**. You may be asked to attend fracture clinic or the ward to have your wound checked.

Swelling to your leg

It is quite normal for your whole leg to swell after knee surgery and this will continue after you leave hospital for a considerable time (three to six months). Generally this is nothing to worry about but please seek advice should your leg or your calf become excessively swollen and painful.

This could indicate a thrombosis if you experience any of the above symptoms contact the numbers above for advice, you may be asked to attend fracture clinic or the ward. If you work, you can return to work when you feel able to manage. It is best if you take the advice of your surgeon on when to return to work. An outpatient appointment will be made for you at about six to eight weeks following discharge from hospital.

It is important to keep your weight down and do not do any in activities that can cause sudden jolts to the knee.

Sexual activity can resume as soon as you feel able, but avoid excessive pressure on your knee joint.

Driving

Before attempting to drive you need the permission of your surgeon, you will have the opportunity to discuss this at the six to eight week follow-up appointment. Driving before this is likely to invalidate your car insurance. However, the surgeon cannot say whether or not you are safe to drive. It is your responsibility to ensure you are safe.

If the surgeon says you may drive, you must first practice an emergency stop and be confident you can do this safely.

Please inform your insurance company of your condition but usually they will ask if you have permission from your surgeon to drive.

DO's

- Take small steps when turning round
- Continue the exercises shown by the physiotherapist
- Go for regular walks when you go home and try to increase the distance a little each day
- Inform staff that you have had a joint replacement before any invasive treatment, e.g. dental treatment.

Please use this space to write any specific instructions for your aftercare or ask the nurse, physio, OT, or doctor to write them for you.

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Patient Advice and Liaison Service (PALS)

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059
Email: dbth.pals.dbh@nhs.net



The Pre-assessment Nurse can be contacted as follows:

Doncaster Patients:

01302 366666 ask for 644221

Bassetlaw Patients:

01909 572260

After you go home, if you are worried about anything or need further advice you can ring the ward nurses, physiotherapists or occupational therapists who can be contacted on:

Doncaster Patients:

01302 642007

(Direct Number for St Leger Ward)

Bassetlaw Patients:

01909 572251

(Direct dial number for B5 Ward)

Parkhill Hospital:

01302 553337.

If you are worried about anything, please contact someone for advice.



Orthopaedic Department