

# Enhanced recovery pathway following a knee replacement

Inpatient daily progress information



**Information for patients**  
Orthopaedics - Arthroplasty

## Welcome to the Lower Limb Arthroplasty Unit (LLAU)

Patient name:
Hospital number:
Your expected date of discharge is:

This is the plan of care you will receive while on admission to either:

- Ward P2 at the Royal Hallamshire Hospital
- Ward Firth 1 at the Northern General Hospital

The level of care has been specifically planned to meet your individual needs.

### Our aims are:

- To make all instructions and procedures clear so that you can understand them.
- To help you in controlling your pain effectively following your operation.
- To help you to improve or return to your previous level of activities.

Please do feel free to ask if you have any questions or concerns about any of these aspects of your care.

Useful contact numbers		
Ward P2 (RHH)	0114 271 3142	
Ward Firth 1 (NGH)	0114 271 4048	
Arthroplasty Nurse Specialist	0114 226 6229	8.00am - 4.00pm
Physiotherapists / Occupational Therapists (RHH)	0114 271 2895	8.00am - 4.00pm
Physiotherapists/ Occupational Therapists (NGH)	0114 271 4112	8.00am - 4.00pm
Pre-operative Assessment Clinic	0114 226 6235	8.00am - 5.00pm

## Visiting

Visiting times are 8.00am to 8.00pm. To help reduce infection we kindly ask that visitors abide by the following rules:

- To limit visitors to 2 per bed
- To not bring children under the age of 12 years old
- To use visitors' chairs and return them to the pick up point after use
- Not to sit on the patient's bed or chair
- Not to bring flowers

## Before admission

<b>Diet</b>	Eat a high fibre diet and increase your fluid intake
<b>Activity</b> (Physiotherapy / Occupational therapy)	Undertake normal day to day activities. Practice knee exercises in your booklet 'Total knee replacement – Inpatient and home exercises' ref: PIL1633. These exercises are also available on MyPathway NHS online 'app' (application). To register go to: <b><a href="https://mypathway.care/register/sth">mypathway.care/register/sth</a></b> (PIL4345)
<b>MRSA and MSSA treatment</b>	When you receive confirmation of your surgery date, please take you nose and groin swabs and take them to your GP surgery before 11.00am. Start antiseptic body wash and nasal gel 4 days before your date of surgery as instructed in your leaflet 'Antiseptic treatment for MSSA before admission' ref: PIL 3876. <b>Please use the checklist in your leaflet to ensure you have completed each treatment.</b>
<b>Pain control / medication</b>	If you have been advised to stop some medication before surgery, please follow the instructions you were given at the Pre-Op Assessment Clinic. If you are unsure contact them on <b>0114 226 6235</b> .
<b>Bowel / bladder</b>	Try to maintain good bowel and bladder functions. If you are straining to open your bowels we recommend using laxatives.
<b>Pressure ulcer prevention</b>	Please read our leaflet on how to avoid pressure ulcers: 'Time to turn' ref: PIL599LP.
<b>Discharge planning</b>	During 'Joint School' (pre-operative education class) we discuss ways in which you can prepare for your discharge. Do start to put these things into practice. You are particularly encouraged to plan transport home ready for discharge where possible.

## Before surgery

<b>Diet</b>	Do not eat anything from 12 o'clock midnight the night before surgery. You can drink water from midnight until 6.00am.
<b>Activity</b> (Physiotherapy / Occupational therapy)	Undertake normal day to day activities. Practice knee exercises in your booklet 'Total knee replacement – Inpatient and home exercises' ref: PIL1633.
<b>MRSA and MSSA treatment</b>	Please use your antiseptic body wash and nasal gel on the morning of your surgery. <b>Please bring your leaflet and treatment with you on admission.</b> You will also need to use your nasal gel in the afternoon and at night, as instructed in your leaflet 'Antiseptic treatment for MSSA before admission' ref: PIL3876.
<b>Pain control / medication</b>	If you have been advised to stop some medication before surgery, please follow the instructions you were given at the Pre-Op Assessment Clinic. If you are unsure contact them on <b>0114 226 6235</b> .
<b>Bowel / bladder</b>	Try to maintain good bowel and bladder functions. If you are straining to open your bowels we recommend using laxatives.
<b>Pressure ulcer prevention</b>	Please read our leaflet on how to avoid pressure ulcers 'Time to turn' ref: PIL599LP.
<b>Discharge planning</b>	During 'Joint School' (pre-operative education class) we discuss ways in which you can prepare for your discharge. Details are also in your booklet 'Total knee replacement surgery' ref PIL308. You are particularly encouraged to plan transport home ready for discharge where possible.

## Day 0 - Day of surgery

<b>Diet</b>	Do not eat or drink anything before surgery. After surgery start drinking and eating as tolerated. This will depend on what type of anaesthetic you have had.
<b>Activity</b> (Physiotherapy / Occupational therapy)	You should aim to get up in your chair 4 - 6 hours following surgery. Start walking with the support of your frame and nursing staff. We encourage you to lift your leg to ease pressure areas.
<b>MRSA and MSSA treatment</b>	Please continue to use your antiseptic nasal gel three times a day.
<b>Pain control / medication</b>	You will be given pain control medication as required. Please do ask for extra pain control medication if it is needed. Do not let your pain build up. You should also start using your CryoCuff. Dalteparin injection is given to reduce the risk of developing a blood clot in the veins of your leg.
<b>Drips / antibiotics / blood tests / x-rays</b>	You will have a drip and oxygen therapy following surgery.
<b>Bowel / bladder</b>	When you are assessed as stable, walk to the toilet with assistance. If this is difficult use the commode by your bedside.
<b>Pressure ulcer prevention</b>	Please read our leaflet on how to avoid pressure ulcers: 'Time to turn' ref: PIL599LP.
<b>Dressings / anti-embolic stockings</b>	Ensure you wear your anti-embolic stocking on your un-operated leg. This will help to prevent blood clots developing.

## Day 1- After surgery

<b>Diet</b>	Aim to eat a normal diet. Ensure you have plenty of fibre and increase your fluid intake. This will help to prevent constipation and dehydration and will help to maintain bladder function.
<b>Activity</b> (Physiotherapy / Occupational therapy)	Follow the exercise regime which has been recommended. Walk with your frame / crutches. Follow the advice on walking and using stairs. Try to gradually increase the distance you walk. Assessment of your activities of daily living will now start.
<b>MRSA and MSSA treatment</b>	If you have not completed your 5 days course of treatment of antiseptic body wash and nasal gel, please continue to use them until you have completed the course as instructed in your leaflet 'Antiseptic treatment for MSSA before admission' ref: PIL3876. You may need to use your antiseptic wash as part of a strip wash. Please do not put the antiseptic wash in your wash bowl. <ol style="list-style-type: none"> <li>1. Dampen your skin</li> <li>2. Put some of the antiseptic wash on a damp disposable wipe</li> <li>3. Apply it to your skin</li> <li>4. Rinse off after 60 seconds.</li> </ol> Nursing staff will assist you with this.
<b>Pain control / medication</b>	Pain control medication will continue to be given as needed. Please ask for extra pain medication if required. Do not let your pain build up. You are encouraged to use your CryoCuff, you will be given information how to apply it. Dalteparin injection is given to reduce the risk of developing a blood clot in the veins of your leg.
<b>Drips / antibiotics / blood tests / x-rays</b>	Blood tests will be taken. An X-ray of your knee will be arranged. Your drip will continue until you are drinking adequately.
<b>Bowel / bladder</b>	Where possible walk to the toilet with assistance or use a commode chair. Laxatives will be given to you if they are needed.
<b>Pressure ulcer prevention</b>	You are encouraged to keep moving to help avoid pressure ulcers. Please read our leaflet on how to avoid pressure ulcers: 'Time to turn' ref: PIL599LP.
<b>Dressings / anti-embolic stockings</b>	Your bandages will be removed, though the Aquacel dressing will be left in place. Anti-embolic stockings should be worn on both legs to help prevent blood clots. They should be removed each day to wash your legs. Heels and feet are checked and stockings re-applied.
<b>Discharge planning</b>	Plans for your discharge will be discussed with you and your family. This will include discharge transport arrangements.

## Day 2 - After surgery

<b>Diet</b>	<p>Aim to eat a normal diet. Ensure you have plenty of fibre and increase your fluid intake. This will help to prevent constipation and dehydration and will help to maintain bladder function.</p> <p>Continue this at home.</p>
<b>Activity</b> (Physiotherapy / Occupational therapy)	<p>Follow the exercise regime which has been recommended. Walk with your frame / crutches. Follow the advice on walking and using the stairs.</p> <p>Assessment of your activities of daily living will continue.</p>
<b>MRSA and MSSA treatment</b>	<p>If you have not completed your 5 day course of treatment of antiseptic body wash and nasal gel, please continue to use them until you have completed the course.</p>
<b>Pain control / medication</b>	<p>Continue with your pain control medication. Please ask for extra pain medication if required. Do not let your pain build up.</p> <p>You should continue to use your CryoCuff.</p> <p>Please remember to take your CryoCuff home, put it in a plastic and put it in your fridge.</p> <p>You will be given 2 weeks' supply of pain control medication. For further pain control medication please contact your GP. A copy of your medication will be sent to your GP when you are discharged.</p> <p>Please note your Dalteparin injections will stop after discharge and you will be given Rivoraxoban 10mg tablets to take at 6.00pm for 10 days.</p>
<b>Drips / antibiotics / blood tests / x-rays</b>	<p>An X-ray will be arranged if it was not done on Day 1.</p>
<b>Bowel / bladder</b>	<p>Please inform the nursing staff if you are experiencing problems with your bladder or bowels. Continue using your laxatives at home.</p>
<b>Pressure ulcer prevention</b>	<p>You are encouraged to keep moving to help avoid pressure ulcers. Please read our leaflet on how to avoid pressure ulcers: 'Time to turn' ref: PIL599LP.</p>
<b>Dressings / anti-embolic stockings</b>	<p>Continue to wear your anti-embolic stockings. You will be given some to take home. The stockings need to be removed daily to wash your legs and then re-applied. You need to wear your stockings for 6 weeks, see 'Anti-embolism stockings' ref: PIL2560.</p> <p>Your Aquacel dressing should be left in place.</p> <p><b>Please ring your GP Surgery to make an appointment with the Practice Nurse as soon as possible. You will need an appointment booking for 14 days after surgery.</b> Your Practice Nurse will remove / snip the ends of your stitches and check your wound at this appointment.</p>

**Discharge planning**

Plans for your discharge will be discussed and agreed with you and your family. This will include your discharge medication and discharge documents.

Your physiotherapy appointment will be posted on to you.

You will have an appointment to see your consultant after 6-8 weeks and then a virtual clinic appointment at one year following your hip replacement. Your virtual clinic involves you completing a questionnaire and then attending for an x-ray. On the virtual clinic date you do not attend clinic; your questionnaire and x-ray are checked and you will be notified of the outcome. ('Your virtual clinic appointment' PIL4369)

For further discharge information, please see 'Discharge advice following hip and knee replacement' PIL3077.

## Day 3 - After Surgery

<b>Diet</b>	Aim to eat a normal diet. Ensure you have plenty of fibre and increase your fluid intake. This will help to prevent constipation and dehydration and will help to maintain bladder function.
<b>Activity</b> (Physiotherapy / Occupational therapy)	Continue to increase the distance you walk with the use of aids. Continue to carry out your exercise regime and use your CryoCuff. Assessments of daily living will continue.
<b>MSSA and MRSA treatment</b>	If you have not completed your 5 day course of treatment of antiseptic body wash and nasal gel, please continue to use them until you have completed the course. See leaflet for further details 'Antiseptic treatment before hip and knee replacement' ref: PIL3876.
<b>Pain control / medication</b>	Continue to take pain control medication as needed. Do not let your pain build up. Remember to take your CryoCuff home, put it in a plastic and put it in your fridge. You will be given 2 weeks' supply of pain control medication. For further pain control medication please contact your GP. A copy of your medication will be sent to your GP when you are discharged. Please note your Dalteparin injections will stop after discharge and you will be given Rivoraxoban 10mg tablets to take at 6.00pm for 10 days.
<b>Drips / antibiotics / blood tests / x-rays</b>	An X-ray will be arranged before discharge if this was not done on Day 1 or Day 2. A blood test will be arranged before discharge.
<b>Bowel / bladder</b>	Please inform nursing staff if you are experiencing problems with your bladder or bowels. Continue using your laxatives.
<b>Pressure ulcer prevention</b>	You are encouraged to keep moving to help avoid pressure ulcers. Please read our leaflet on how to avoid pressure ulcers: 'Time to turn' ref: PIL599LP.
<b>Dressings / anti-embolic stockings</b>	Continue to wear the anti-embolic stockings. You will be given some to take home. The stockings need to be removed daily to wash your legs and then re-applied. You need to wear your stockings for 6 weeks, see 'Anti-embolism stockings' ref: PIL2560. Your Aquacel dressing should be left in place. <b>Please ring your GP Surgery to make an appointment with the Practice Nurse as soon as possible. You will need an appointment booking for 14 days after surgery.</b> Your Practice Nurse will remove/snip the ends of your stitches and check your wound at this appointment.

**Discharge planning**

Plans for your discharge will be discussed and agreed with you and your family. This will include your discharge medication and discharge documents.

Your physiotherapy appointment will be posted on to you.

You will have an appointment to see your consultant after 6 - 8 weeks and then a virtual clinic appointment at one year following your hip replacement. Your virtual clinic involves you completing a questionnaire and then attending for an x-ray. On the virtual clinic date you do not attend clinic; your questionnaire and x-ray are checked and you will be notified of the outcome. ('Your virtual clinic appointment' PIL4369)

For further discharge information, please see 'Discharge advice following hip and knee replacement' PIL3077.



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