

Total knee replacement surgery

i **Information for patients**
Orthopaedics - Arthroplasty



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



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1. Introduction

This booklet has been designed to help you prepare for your operation and help you in your recovery afterwards. By planning and actively participating in the steps to success before and after your operation you can help yourself to:

- Leave hospital sooner
- Feel better
- Return to normal living longer

If you have any questions, please do speak to us at your next clinic appointment or contact the helpline on:

- **0114 226 6229**

This booklet contains information on current practice; if anything changes you will be notified at the pre-operative assessment clinic.

2. What is a total knee replacement (or knee arthroplasty)?

The knee joint is a hinge joint.

The joint is made up by the ends of the thigh bone (femur) and shin bone (tibia) and the back of the knee cap (patella). A total knee replacement is an operation to replace the worn knee joint.

During the operation, the worn surfaces of your knee joint are removed and replaced with smooth artificial surfaces.



What are the benefits of a total knee replacement operation?

A total knee replacement operation is usually carried out for severe arthritic conditions and has proved to be a very successful procedure.

The benefits are:

- 90% of patients have relief from pain
- Increased range of movement of the knee
- Increased activity and independence
- Over 95% last more than 15 years (information obtained from National Joint Registry)

What are the risks of a total knee replacement operation?

A total knee replacement is a major operation; as with any operation there are some risks. These include:

- Blood clots in the legs (deep vein thrombosis) and in the lungs (pulmonary embolism)
- Urinary infections
- Difficulty passing urine
- Chest infection
- Death (0.25% or 1 patient in every 400)

Complications after a total knee replacement include:

- Infection of the new knee (less than 1% or 1 patient in every 100)
- Deep vein thrombosis / pulmonary embolism (0.44% or approximately 1 patient in every 250)
- Stiffness of the new knee joint (5% or 1 patient in every 20)
- Wound healing problems
- Skin blisters
- Bleeding

Further information about the risks and how they apply in your particular case, will be given when you see your surgeon.

The team involved in your care takes every opportunity before the operation to ensure that you are as fit as possible. If we feel that you would benefit from some other medical treatment before your operation, then we will discuss this with you.

Are there any alternatives?

Before considering knee replacement surgery, your doctor may have suggested trying other measures to help relieve your symptoms. These include:

- Weight loss: If you are overweight, losing weight will normally help to reduce pain from an arthritic joint.
- Drug treatments, such as simple or strong painkillers.
- Physiotherapy and exercises
- Appliances to help you to walk more easily, such as a walking stick
- Injection into the knee joint

Should I have a total knee replacement?

Although your doctor may have suggested an operation, the final decision is yours and must be made after you have weighed the benefits of the operation against the risks. You may wish to discuss the operation with your family/carer. All your questions should be answered before you decide to have the operation.

As with any procedure we must obtain your consent beforehand and staff will explain all the risks, benefits and alternatives before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

If you wish to discuss your concerns with a member of staff after you have seen the surgeon, please telephone the Arthroplasty Clinical Nurse Specialist on **0114 226 6229** or contact your surgeon's secretary.

Useful contacts and information:

Patient decision support tool for joint replacement

- **<https://jointcalc.shef.ac.uk/>**

National Joint Registry (NJR)

- **<http://www.njrcentre.org.uk>**

Versus Arthritis

- **<https://www.versusarthritis.org/>**

NHS Choices

- **<https://www.nhs.uk/>**

3. Before your operation

Here are some healthy steps you can take before the operation to improve your recovery afterwards:

- **Food and drink:** Eat well, your body needs fuel to repair. The success of your operation may be affected by your weight and if you are worried about this, you should contact your GP / Practice Nurse.
- **Sleep, rest and play:** Staying physically active before your operation will help you get better more quickly. Try to relax. Try not to worry. Get together with family and friends.
- **Smoking and alcohol:** If you do drink or smoke, use this as an opportunity to stop or cut down. This will help your recovery and reduce the risk of complications.
- **Good dental hygiene:** Your teeth need to be in good condition, as infected teeth or gums may be a possible source of infection for your new knee. It is important that any dental decay is treated before your knee replacement. If you are worried about your teeth, you should visit your dentist before your surgery. After your surgery, if you are having teeth extracted or root canal work, please ensure your dentist is aware that you have had a joint replacement.
- **Home environment:**
 - If you are struggling on the stairs and you don't have handrails you will need to arrange for them to be fitted before you come into hospital.
 - If you are struggling to stand from your chair you may need to consider buying or borrowing a suitable high chair with arms.
 - Consider buying ready meals or freezing pre-made meals, to make it easier when you go home.

Please plan your own transport home wherever possible.

What will happen at pre-operative assessment?

At this clinic, the pre-operative assessment nurse will discuss your fitness for surgery and organise all the tests you need to have in preparation for your surgery, this may include the following:

- Blood
- Urine
- MRSA
- Heart - by ECG (heart tracings)
- X-rays

Infection control

MRSA

At the pre-operative assessment clinic you will have swabs taken to test for MRSA.

Methicillin Resistant Staphylococcus Aureus (MRSA) is a germ that can often be found on the skin or in the nose. If you have MRSA after your operation it can cause problems with wound healing.

If we find that you have MRSA we will ask your GP to treat you with antibacterial wash and ointment before your admission. Further swabs will be taken by your GP after you have had this treatment. It is important that if needed this is done before you have surgery. The swabs may also be repeated when you come into hospital and during your hospital stay.

MSSA

You will also be given antiseptic wash and nasal gel to reduce the risk of Methicillin Sensitive Staphylococcus Aureus (MSSA), which is a similar germ to MRSA. MSSA is also a germ that is often found on the skin or in the nose and can cause problems with wound healing.

The course of treatment is for 5 days, which starts 4 days before your date of surgery.

Please read your booklet 'Antiseptic treatment for MSSA before admission' (PIL3876) for further information.

- Please start your treatment **4 days** before your date of surgery
- Please use your treatment on your day of surgery which is your **5th** day of treatment. Remember to bring your nasal gel with you on admission to complete your treatment.
- **If you have been late starting your treatment, please bring your treatment on admission to ensure you can your complete 5 days course of treatment.**
- Please use your 'Antiseptic treatment for MSSA before admission' leaflet to tick off when you have completed each treatment. **Bring this leaflet in with you when you come to the hospital so it can be clarified where you are with your treatment.**

What should I do if my medical condition changes after my pre-operative assessment?

If you have had any changes to your health after visiting the pre-operative assessment clinic please contact us as it is important that we know.

Pre-operative admission clinic:

- **0114 226 6235**

Joint School

You must try to attend your Joint School appointment. The aim of this appointment is to provide you with information and advice, allowing you to take an active part in your recovery. You are welcome to bring someone with you if you wish.

What should I do to prepare for coming into hospital?

- Stock up your fridge and freezer
- Do all heavy laundry
- Arrange help with any heavier tasks
- Arrange for help putting on / taking off anti-embolism stockings for 6 weeks
- Arrange transport to and from hospital
- Pack a small bag ready for admission
- Remember to take all medications with you to hospital
- Bring the exercise booklet from joint school with you

4. Coming into hospital

What will happen on the day of my operation?

On the day of your operation, you will not be allowed to have anything to eat for six hours before your operation and only allowed to drink clear fluids until two hours before your operation.

Use your antiseptic wash and nasal gel as directed before admission. Remove all makeup, nail polish or jewellery except wedding rings (it is advisable to get someone to take valuables home). Spectacles and dentures can be removed in the Anaesthetic room if you wish.

You will have your blood pressure, pulse and temperature checked and the nurse will ask you some questions. We may have already asked you some of these questions but we usually repeat them to check they are still correct.

Your legs will be measured for your anti-embolism stockings and a doctor will mark the site of the operation on your skin with a pen.

What type of anaesthetic will I have?

You may have either a general or a spinal anaesthetic. The Anaesthetist who will care for you throughout the operation will discuss both options with you.

How long will the operation take?

The operation usually takes between 1 and 2 hours, though you will not return to the ward until your condition stabilises and this may take a few hours.

Most patients are admitted at 7.00am on the day of surgery. There are usually several patients on each list so please be aware that you may not be the first on the list and may need to wait.

5. After your operation

What will happen immediately after my operation?

After your operation, you will be taken to the recovery room where your blood pressure, pulse, temperature, breathing rate, your wound and the circulation and sensation in your toes and feet will be monitored. You will have a drip in the back of your hand and an oxygen mask on.

You will have some pain but medication will be given to help to relieve this. If you are feeling sick we can give medication to relieve that also.

You will have a bandage over your dressing on your knee wound, this bandage will be removed the following day on the ward. You will also have a cryo-cuff (ice pack) over your bandaged knee, which you will continue to use during your hospital stay.

Your knee dressing normally stays on for 14 days. It is waterproof.

After your operation you are at risk of developing blood clots in your legs/lungs. To help prevent blood clots happening we will give you an injection into your abdomen each evening until you go home. This thins your blood and helps stop clots forming.

The aim is to get you out of bed 4 hours after surgery. Nursing staff will assess you for this.

When can I eat and drink?

If you have a spinal anaesthetic you will be able to eat and drink when you return to the ward.

If you have a general anaesthetic your nurse will assess when you are able to eat and drink.

What will happen during the rest of my stay?

The nursing staff, physiotherapists and occupational therapists are here to support and guide you in regaining your independence as soon as possible. To achieve this you need to mobilise and exercise regularly and rest as necessary. You will continue to use your cryo-cuff (ice pack) during your stay in hospital. You will take the cryo-cuff home to continue using it.

An x-ray of your new knee will be taken before you are discharged.

The average length of stay in hospital is 2-4 days.

6. Going home from hospital

Discharge information

We will give you the following to take home with you:

- Information about how to look after yourself at home.
- A supply of your tablets, painkillers and laxatives. Please go to your GP to get further supplies before they run out.
- Medical staff will assess your risk of deep vein thrombosis / pulmonary embolism and will discharge you with rivaroxaban tablets (please note that this does not apply if you are already taking warfarin, apixaban, edoxaban, dabigatran).
- Anti-embolism stockings to wear for 6 weeks. These need to be removed daily for half an hour for washing your legs. Please see 'Anti-embolism stockings' (PIL2560) patient information booklet.
- Ensure you take home your cryo-cuff to put in the fridge to chill before using. Use it regularly, especially after exercise and as pain relief.
- Information regarding your hospital stay (discharge letter) will be either sent electronically to your GP or given to you to hand in at your GP practice. We will also give you your own copy.
- There is also useful information in the 'Discharge advice following hip and knee replacement' (PIL3077) patient information booklet.
- You will be given contact numbers for the ward and the Arthroplasty Clinical Nurse Specialist, so that if you have any worries or problems at all you will be able to talk to a member of staff.

Follow-up appointments

An appointment for the outpatient clinic about 6-8 weeks after your operation will be posted to you. At the appointment your consultant team will assess your progress.

After your first follow-up appointment, you will have a series of follow-up appointments planned. These follow-up appointments will be done by '**Virtual Clinic**'.

Virtual Clinic involves you completing a questionnaire about your knee replacement. If you have an email address this can be completed online via **MyPathway NHS Online System**.

You will then be asked to attend for an x-ray within a 3 week period, which can be either at the Northern General Hospital or the Royal Hallamshire Hospital. 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.

To register go to: <https://mypathway.care/register/sth>

What do I do about any stitches?

The practice nurse will take off your dressing and remove any stitches (if present) 14 days after your operation. On discharge you will be given a referral letter and dressings to pass on to the practice nurse.

It is important that you ring your GP Practice to arrange your appointment to see your practice nurse as soon as possible, in order to ensure that you get an appointment for 14 days after surgery.

What will I need to do when I get home?

When you get home you should gradually increase your level of activity. You need to exercise regularly and also ensure you rest and elevate your leg during the day as your leg will swell. Use your cryo-cuff as often as you need it. You may find yourself trying to do far more than you did in hospital and you should not be surprised if you find that you feel very tired. After a knee replacement operation the muscles and tissues around the joint do take some time to heal and during this time, you should follow the advice you have been given by the Team during your stay in hospital.

Is there anything I should look out for?

Swelling is normal and likely to affect your knee and lower leg. If this increases significantly, becomes more painful or you have pain in your calf, you should contact the ward or contact the Arthroplasty Nurse Specialist on:

- **0114 226 6229**

7. Other important information

Research studies

The Department of Orthopaedics undertakes research. No patient is entered for a clinical trial, or included in non-clinical research, without their informed consent being obtained. Your doctor will provide you with information about current research that you may be suitable to enter. You will be given a full written explanation about the purpose of the research, time to consider whether you wish to be included or not and your written consent will be obtained. If you do not wish to participate in research your care will not be affected in any way.

8. Useful telephone numbers

Pre-operative admission clinic: **0114 226 6235**

Arthroplasty Clinical Nurse Specialist: **0114 226 6229**
(8.00am-4.00pm, Monday to Friday)

Ward P2 (RHH): **0114 226 8228**
0114 271 3142

Ward Firth 1 (NGH) **0114 271 4048**
0114 22 69350

Therapy (RHH) **0114 271 2895**
(please leave a message)

Therapy (NGH) **0114 271 4112**

Should you have any concerns about your care whilst you are in hospital please discuss these with the nurse looking after you, or with the senior nurse.

If the senior nurse is unavailable, please ask the staff to contact the Matron, or Lead Nurse. Alternatively, if you wish to discuss your concerns with one of our Patient Advice and Liaison Officers, please ask a member of nursing staff to contact them for you.



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