

Total knee replacement

Your guide to a successful outcome following surgery

Orthopaedic Department



Patient information leaflet

Contents

About the knee	3
Advice while you are waiting for your knee replacement	6
Enhanced recovery programme and Preload	7–8
What happens before your operation	9
Pre-operative knee group	9
Pre-assessment clinic	10
Admission day and the operation	11–12
Physiotherapy	13
Bed exercises	13–16
Discharge from hospital	18
Advice from six weeks	20
Maintenance exercises	21–24
Possible complications	25
General advice	27
Appointments record	28
Reference source	29
Helpful telephone numbers	29

Introduction

This booklet has been written to help prepare you before you come into hospital for your Total Knee Replacement (TKR) operation. Other treatment options will have been discussed with you by your Consultant.

Please read this booklet carefully and ask the ward physiotherapist if you are unsure about any information or instructions within the booklet, when you come into hospital or at your pre-operative knee group appointment.

Remember, once the surgeon has replaced your knee, it is up to you, with guidance from the ward staff, to follow the advice and carry out the exercises in order to achieve the best results from your new knee.

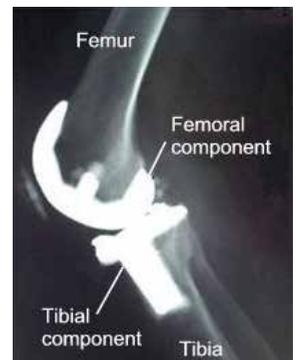
About the knee

Your knee has three parts: your thigh bone (femur), shin bone (tibia) and knee cap (patella). Where the bones meet, they are covered with a smooth substance called articular cartilage which helps them slide over each other easily. The joint is held together with tough bands of tissue called ligaments and is lubricated with a special fluid.

Arthritis is a process in which the articular cartilage is destroyed: once cartilage has been damaged or destroyed it is gone for good as it cannot repair or heal itself. Serious injury, wear and tear and a family history of arthritis all seem to play a part. Arthritis can develop over many years or fairly rapidly and can follow serious injury.

What is a Total Knee Replacement?

Total knee replacement is a surgical procedure in which the knee is resurfaced with artificial parts. Your knee replacement will consist of a metal shell on the end of the femur and a metal and plastic trough on the tibia. A plastic button will be used to resurface the back of the kneecap if needed.



An artificial knee is not a normal knee but aims to:

- Provide pain relief
- Allow you to walk a good distance again
- Correct deformity i.e. give you a straight leg
- Remove symptoms such as giving way and locking
- Improve your quality of life

The consultant will recommend this operation, however it is your choice to have this operation and the outcome is reliant on the amount of work you do. After the operation your deep osteoarthritic pain should resolve, however for a period of time this will be replaced with 'surgical pain' from the trauma of the operation. It is important to take regular pain relief to allow you to perform your exercises.

A total knee replacement is a large commitment and you must be motivated and prepared to spend time making the process a success.

How long will I be in hospital?

The average length of stay for a total knee replacement is 2-4 days, however this is dependant on your previous level of fitness, medical complications and home circumstances. If you are motivated you may be able to get home sooner.

How long will my knee replacement last?

All knee replacements have a limited life expectancy dependant on an individual's age, weight and level of activity. Their longevity will vary but all knee replacements will eventually wear out. Currently 10-20 years is the expected life span but up to 5% of knee replacements will not last 10 years. There is no guarantee that your particular implant will last a specific length of time. It is important to follow your Surgeon's advice after surgery.

Why do implants fail?

The most common reason for failure in a knee replacement is loosening or wear of the implant. This can usually be replaced with another one which is called a revision.

Will I have restrictions after surgery?

You will be advised against participating in high impact activities such as running, jumping, squash, singles tennis and contact sports.

Will I notice anything different about my knee?

You will notice some numbness on the outside of the scar. The area around your scar may feel warm for up to six months. In the initial post-operative period you will find your knee becomes stiff, this will improve with regular exercises. Initial swelling in your knee should settle in six weeks however your knee can continue to swell following activity for about a year. You may also notice some clicking as you move your knee due to the artificial surfaces coming together, this should improve in time.

When will I be able to return to work?

We recommend that most people will need at least six weeks off from work. Patients with more sedentary jobs may be able to return to work sooner. The timing of your return to work will depend on your progress.

When will I be able to drive?

Most people would not be fit to drive in the first six weeks. If you have had your right knee replaced you must be able to perform an emergency stop effectively. Driving will depend on your progress and individual circumstances. Please seek advice from a health professional or at your six week follow up if you are unsure. Remember to let your insurance company know you have had an operation.

Advice while you are waiting for your knee replacement

General exercise

General exercise is always of benefit and continues to be so whilst you are on the waiting list. It will also help your recovery following your operation. You may find that gentle exercise (within your limits of pain) such as cycling, swimming, or walking with periods of rest in between are of benefit.

Specific exercise

Exercising the muscles around the joint will help to maintain or possibly improve the strength of your muscles and also the range of movement of the joint. This will also benefit you after your operation. These exercises will be taught to you at the Pre-operative Knee Group.

General health

Keep yourself as fit and healthy as possible whilst you await your operation. This will greatly help with your recovery. If your general health deteriorates, it is important to contact your GP so that problems may be dealt with before your operation. In particular it is beneficial to stop or at least reduce, smoking.

Pain relief

If you are experiencing pain in your joint and you are not taking any pain medication, or the medication you are taking is not effective, your GP may be able to prescribe something to relieve your pain.

Load reduction

Reducing the pressure taken through the knee may also help with the pain. You may find that using a walking stick, (held in the hand on the opposite side to the affected knee) will help reduce pressure whilst you are walking.

Dieting to lose weight will reduce your anaesthetic risks and improve the life of the prosthesis.

Adequate rest periods and avoidance of unnecessary strain also help to reduce the pressure on your knee joint.

Skin and dental care

If you have any cuts, abrasions, rashes or other skin conditions around your knee, leg or foot please see your GP as this may delay your surgery if left untreated. It is important to pay particular attention to foot hygiene.

It is advisable to visit a dentist to ensure your teeth and gums are in good order prior to your operation. Infection in your teeth or gums may spread to your knee joint if left untreated.

Enhanced Recovery Programme

When you are admitted to hospital for your operation you will be taking part in an enhanced recovery programme. This programme of care aims to help you recover quickly and safely. The Enhanced Recovery Programme is about improving outcomes and speeding up the recovery period after your surgery, as well as reducing complications. For the programme to be successful, it is important that you actively participate in your own recovery programme and take responsibility for certain aspects of your recovery. This programme is different to traditional care and can improve your recovery considerably.

The programme particularly focuses on:

- Reducing the physical stress of the operation
- A structured approach to immediate post-operative management, including pain relief
- Early mobilisation
- Early return to normal diet

Some patients will be able to benefit from all aspects of this programme, whilst others will be able to benefit from just some aspects of it. This will depend on several factors, particularly your state of health and fitness at the outset. However we will endeavour to use as much of the programme as is practicable in each individual patients' case.

Preload

A key aspect of your enhanced recovery programme is that you will be given a carbohydrate (sugary) drink before your surgery. This drink is called preload.

These drinks have several benefits to your recovery. They will:

- give you energy to help you recover
- reduce the risk of nausea (sickness)
- help your wounds heal
- reduce the risk of infection
- generally aid your recovery.

You will receive the carbohydrate drinks at your pre-assessment clinic appointment.

Preload: Preparation Guidelines

Step 1

Pour 400ml of water into a cup

Step 2

Add the contents of the sachet/s of preload into the cup, stir continuously until the powder has dissolved

Step 3

Drink as directed below

When to take preload

Evening before surgery

- Eat your normal evening meal along with 2 sachets of preload
2 sachets of preload in 400mls of water

If your surgery is scheduled for the morning

You should have nothing to eat or drink after 2am, but you may have a small amount of water and your carbohydrate drink, up to 2 hours before your operation.

- 1 sachet of preload in 400mls to be finished by 6am

If your surgery is scheduled for the afternoon

You should have a light breakfast before 6.30am, and then have nothing except a small amount of water and your carbohydrate drink up to 2 hours before your operation.

- 1 sachet of preload in 400mls to be finished by 10.30am

These instructions will be clarified during a phone call that you will receive the evening prior to admission from the Elective Surgical Unit (ESU). It may be unknown whether you are on a morning or afternoon list at the preadmission clinic stage.

On the day before your surgery you will be able to eat and drink as normal. In order to maximise your nutritional status we recommend you include a few extra snacks in your diet. You can eat a normal diet up to 6 hours before your surgery.

What happens before the operation?

Pre-operative Knee Group

It is essential that you attend the group at any time before your operation as it will be beneficial in order to help you prepare for your operation. The group is run by the Orthopaedic Physiotherapy team and it includes an informative talk on what to expect during your post-operative recovery, the importance of exercises for your knee replacement, and preparing for your discharge. It also includes a practical session involving exercise and mobility aid (elbow crutches) demonstrations. You will have the opportunity to meet others who are going to have a total knee replacement and you can ask questions.

Please telephone the Physiotherapy Department to book your place in the Pre-operative Knee Group

Call 01483 464153

Pre-assessment Clinic

A few weeks before your operation you will be asked to attend the Pre-assessment Clinic. A thorough medical assessment will be carried out to make sure you are medically fit enough for surgery.

At this clinic routine pre-operative tests including urine, blood, ECG (heart trace) and x-rays will be carried out. You will also be screened for MRSA (Methicillin Resistant Staphylococcus Aureus), a normally harmless bacterium that can on occasions cause wound infections.

Part of the pre-admission process involves gathering accurate information regarding current medication, which is important for us to give you the best possible care.

Please bring a list of your regular medication, including any inhalers, eye drops, patches or creams as you will be asked what medication you usually take, the dosage and how often. It may also be helpful for you to bring in the repeat prescription request forms from your GP surgery. Please also remember to mention any medicines you buy regularly (that are not prescribed by your doctor) and any herbal or vitamin supplements that you might be taking.

In anticipation of the surgery you may be asked to stop taking some of your medications before coming in to hospital (e.g. if you take warfarin) and you may be prescribed alternative medications leading up to the operation. You will be advised by a Nurses or a Doctor if this is necessary.

This appointment will also provide you with a further opportunity to speak to your Consultant, their Registrar or an Extended Scope Practitioner. You will also be asked to sign a consent form if you have not already done so.

You can be in clinic for 3-4 hours

Before coming in to Hospital

- Ensure that you assess your home for ease of walking with crutches, sticks or a walking frame. Remove any loose rugs, which may cause you to trip
- Put objects that you use regularly within easy reach so that you do not have to bend or stretch

- Identify people who will help you do your shopping, washing and cleaning
- Arrange transport in and out of hospital
- Please make sure that you have at least 2-3 weeks supply of any regular medication which you are taking. It is very important that we know what medications you are taking.

Admission day

In addition to your personal belongings you will need to bring the following:

- Any regular medication you are taking (at least 2 weeks supply and in their original containers) along with a copy of your repeat prescription request forms from your GP surgery if you have them. Please also bring any medications which you were asked to stop taking before the procedure, as you may need to restart these whilst in hospital. Please let us know if there have been any changes to your regular medications between your pre-assessment visit and the day of surgery
- Appropriate foot wear e.g. trainers or well fitting shoes (NOT mules or 'flip flops')
- Loose comfortable clothing (you will be encouraged to dress normally the day after your operation)
- Nightwear
- Towels and toiletry bag

Please leave any valuables at home

The operation

The operation will usually take place under a general anaesthetic, but it is sometimes done with a spinal anaesthetic where your legs will be completely numb. The anaesthetist will discuss this with you before your operation takes place. The surgery takes approximately 1- 2 hours. You will remain in the recovery area until your condition is stable and your pain is well controlled.

Recovery

Following surgery you will be returned to the ward lying on your back with a thick dressing over your knee. Nerve blocks inserted by the Anaesthetist in the operating theatre may leave your leg feeling weak and numb. You may have some of the following drains or tubes attached to you:-

- Wound drain(s): there may be a bottle attached via a tube to your knee wound. It prevents excess swelling and bruising and is usually removed after 24 hours
- Fluids: you may have a tube in your arm connected to a 'drip' to give you fluid until you are eating and drinking properly
- Catheter: if you are unable to pass water following your operation, you may need a short term catheter

Changes to medications

It is normal to have some pain after the surgery and so you will be offered regular painkillers. It is very important that you take the painkillers regularly to keep your pain under control and speed up your rehabilitation. The painkillers can cause constipation but early walking and exercise can help this and if necessary you may be prescribed laxatives. If you wish to know more about the types of pain relief available, please discuss it with your doctor or pharmacist. If you want any other information before you come into hospital, booklets about pain relief are available in the orthopaedic clinic.

You may also be prescribed some medications to help the strength of your bones, such as calcium & vitamin D supplements and possibly a bisphosphonate to help bind the calcium into the bones. Please follow the instructions on how to take these carefully.

You may also be prescribed medications to reduce the risk of a venous thromboembolism or VTE, which is a type of blood clot. The risk of developing a VTE may be increased by having surgery and being less mobile. During your hospital stay you may be prescribed medications to thin the blood. You may also need to complete a course when you go home.

Please read the patient information leaflets supplied with new medications discuss any concerns with your Doctor or Pharmacist.

Physiotherapy

You will begin physiotherapy as soon as possible after your operation. This can be the same day as your operation.

The physiotherapist will teach you knee exercises, which you should continue independently. You will be shown how to safely get out of bed, stand and transfer into a chair. The physiotherapist will progress your mobility as able and prior to discharge you will be shown how to climb stairs safely with aids, if needed.

Bed exercises following knee surgery

These exercises should be performed at least 4 times a day.

1. Deep Breathing Exercises (to prevent a chest infection)

Sit upright in your bed or chair. Take 3 slow deep breaths, in through your nose and out through your mouth. Keep your shoulders relaxed.

Repeat every _____ minutes you are awake.

2. Ankle Pumping (To prevent blood clots)



In the bed or chair, pump your feet up and down. If your heel becomes sore please elevate using pillows

Repeat as often as possible.

3. Bridging (To prevent bedsores)



Lying on your back, bend your non-operated leg and push through this and your arms to lift your bottom off the bed.

Repeat as often as possible

Please only perform the exercises marked with a tick in the

Repeat all exercises at least 4 times per day

4. Static Quads



Lying on your back. Pull your foot up and push your operated knee into the bed tightening your thigh muscles.

Hold for 5 seconds

Repeat 10 times

5. Hanging Out

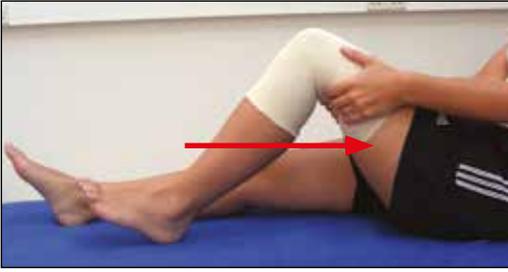


Place heel on roll (heel must be high enough so calf and knee are off the surface).

Hold for up to 20 minutes

This should be done when icing and resting your leg. You can also tighten and relax thigh muscle in this position.

6. Heel slides in bed

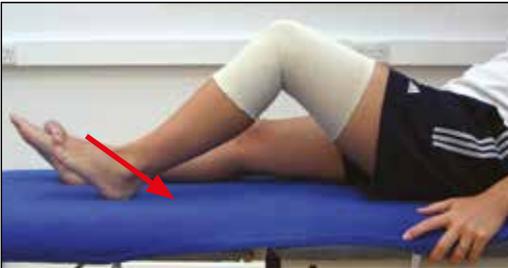


Lying on the bed, place a plastic bag under the heel of your operated leg and slide your heel towards your bottom, you can use your hands to obtain as much bend in your knee as possible. You may use a plastic bag or "doughnut" under your heel to reduce friction.

Hold for 5 seconds, then bend knee a little further before releasing.

Repeat 10 times

7. Heel digs



Lying on your back, bend the operated knee slightly.

Push your heel into the bed.

Hold for the count of 10

Repeat 10 times

8. Buttock clenching



Lying on your back. Squeeze your buttocks firmly together.

Hold for 5 seconds

Repeat 10 times

9. Knee extension over roll (Inner Range Quads)



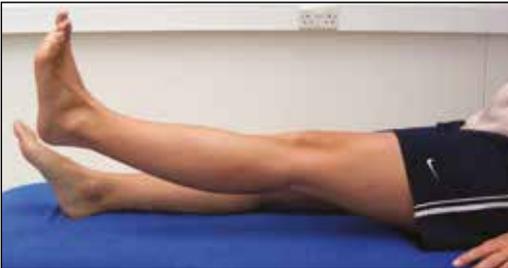
Place a rolled towel under your knee, pull your foot up and keep the knee in contact with the pillow whilst straightening the knee.

Hold for 5 seconds

Repeat 10 times

DO NOT LEAVE YOUR OPERATED KNEE RESTING ON A PILLOW AS THIS WILL STOP YOU GETTING A STRAIGHT KNEE

10. Straight leg raise



Lying on a bed. Pull your foot up and brace your knee straight. Lift the leg 5 inches off the bed keeping your knee straight. You should have your non operated leg bent up during this exercise.

Hold for 5 seconds

Then lower slowly back down to the bed.

Repeat 10 times

11. Assisted knee flexion in sitting

Sitting in a chair, slide your operated foot backwards along the floor to bend your knee as much as possible. Keeping your foot still, hold the arms of the chair and move your bottom forwards slowly. You should feel a stretch down the front of your knee as your knee bends. Hold for 5 seconds, then move your bottom back in the chair.

Repeat 10 times.

Steps and stairs – the safest technique

Use a banister if available and take one step at a time

Going up

Un-operated leg	Operated leg	Walking Aid(s)
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Coming down

Walking Aid(s)	Operated Leg	Un-operated leg
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Good leg up..... Bad leg down.....

PRICE regime

Protection

Use walking aids to help you carry out your daily life until advised by your Physiotherapist.

Rest

You should increase the amount of walking you do slowly and take regular periods of rest.

Ice

Ice is used to reduce the amount of swelling, and can help to relieve pain. Do not use ice if you have cold allergies or circulatory problems. On the ward the physiotherapist will show you how to use a 'Cryocuff'.

Before using ice make sure you have normal sensation on the knee. Do not put ice directly on the skin.

At home apply a bag of frozen peas or crushed ice wrapped in a damp towel onto the knee. Rest the ice on top of the knee, never rest the knee onto the ice. It is normal for the area to go red and slightly numb during icing. After the ice has been on for 5 minutes check the skin. If you notice that the area has gone white remove the ice immediately. If not, leave the ice in place for 20 minutes if you can tolerate it.

Compression

Your Physiotherapist may provide you with a tubigrip which you should wear throughout the day.

Elevation

Elevate the area as much as possible to help reduce swelling. The most effective way to do this is by spending one hour in the morning and afternoon lying flat on the bed with your operated leg resting on pillows so that your heel is higher than your heart. Ensure that your knee is straight whilst the leg is elevated.

Discharge from hospital

Before you go home you must;

- Have an acceptable range of movement
- Be able to get up from a low toilet (you may be referred to the Occupational Therapist if this is problematic for you)
- Be able to walk independently and safely with the walking aid of choice
- Be able to safely negotiate stairs with the same set up as yours at home
- Be able to independently carry out your individualised home exercise program

On discharge the nursing staff will give you;

- Medication as appropriate
- A letter for your GP
- A sick certificate if required
- Your physiotherapist will discuss follow-up physiotherapy arrangements. If you are coming back to the RSCH, an appointment will be made for you. If not, a referral will be sent to your local hospital and they will contact you with an appointment. If they have not contacted you within 2 weeks please let us know

- Written instructions regarding follow up care for your wound and further appointments etc.
- You may be given stockings to wear at home.
- Practice nurse appointment

Please do the following:

- Continue your exercises as instructed by your physiotherapist. You will need to continue to take your pain medication to allow you to do these.
- Apply your ice pack/frozen peas regularly
- Try to take regular daily walks increasing the distance as you are able (however walking does not replace your exercise program)
- Keep your wound clean and dry
- Take a daily rest on your bed for at least an hour elevating your knee above heart level
- Contact your GP if there is increased pain or swelling in your calf
- Contact your GP if you are worried about signs of infection in your knee e.g. red, hot and swollen and/or oozing wound

Please avoid the following:

- Sitting for too long as you may become stiff and find it difficult to get up and going again
- Resting with a pillow under your knee
- Stepping your operated foot in front when sitting onto the chair
- Walking with a stiff knee

**It will take at least 12 weeks for your knee to feel like a knee
and it will go on improving for 18 months**

Advice after six weeks

Housework

Increase the amount of housework that you do over the next few months. Be careful when bending or twisting. You may kneel on your knee replacement if it is comfortable to do so but always kneel on something soft. It may take 1-2 years to be able to kneel on your knee.

Wound

If your wound is tender to touch you may massage it firmly using moisturising cream to desensitise the skin and underlying tissues. You should only begin to massage once the stitches/staples have been removed and the wound is clean and dry (normally at around 2 weeks post operation).

Sleeping

You may adopt any sleeping position that is comfortable. You may wish to put a pillow between your knees. Avoid placing a pillow under your knee. If you are having problems sleeping because of pain please see your GP.

Sport/leisure

Most sporting activities can be resumed after 3-6 months depending on comfort and level of competition. Low impact sports are such as swimming, cycling, and golf are usually not a problem after your knee replacement. High impact sports, such as jogging, squash and football are not recommended. Gardening should be done with care. If possible use a kneeling stool and long handled tools.

Travelling

Ideally you should not travel within 3 months of your surgery. Sitting for prolonged periods increases the risk of developing Venous Thromboembolism (VTE). We do not recommend any form of prolonged travel within 6 weeks of surgery.

Exercise

Continue with the exercises as instructed by your physiotherapist. This will increase your strength and maintain a functional range of movement. You will need to continue some of your exercises to successfully regain your knee strength for the first year, and possibly the life of the knee replacement. Progress your walking distance, as you feel comfortable.

Maintenance exercises

Please only perform the exercises marked with a tick in the

Repeat the exercises once per day.

1. Wall Slides



Place your back against the wall, step your feet 2 foot from the wall.

Slide your back down the wall performing a small squat. Keep your knees over your toes.

Repeat 10 times.

2. Balance



Stand by a stable surface. Stand on your operated leg with your knee slightly bent. Try to take your hands off the supporting surface for 10 seconds.

Progress by standing barefoot on different surfaces e.g. carpet/pillow.

Progress again by moving your arms around.

3. Standing from a chair



Sitting in a chair, place both feet level with one another. Stand up from the chair without using your hands, try to take the weight evenly through your legs.

Repeat 10 times

4. Resisted Knee Flexion



Sit in a chair, hook your non-operated leg behind the operated leg. Attempt to pull your operated leg under the chair and resist this movement with the other leg.

Repeat 10 times

5. Resisted Knee Extension



Sitting in a chair. Place your non-operated leg in front of the operated leg. Attempt to straighten your operated leg whilst resisting with your other leg.

Repeat 10 times

6. Patellar Mobilisation



Hold your kneecap as shown.

Move your kneecap from side to side 5 times and up and down 5 times.

7. Hanging out

(See Post Op Exercise 5)

Continue to “hang out” your knee to maintain extension

Possible complications

(Your Consultant will discuss possible complications with you)

Anaesthetic and medical

We will make sure you are medically fit for your operation and measures will be used to reduce the risk of blood clots occurring. Any anaesthetic and major operation carries a very small increased risk of being complicated by the following medical conditions:

- Heart attack
- Stroke
- Venous Thromboembolism (VTE) (blood clot in the vein)

Complications affecting the knee are less common. These include;

- Stiffness
- Persistent knee pain
- Infection in the joint
- Loosening of the prosthesis
- Fractures around the prosthesis

Blood transfusion

During and after the operation you will lose some blood. The blood you lose will usually be made up by your own body in the weeks after surgery. A blood transfusion is required in roughly less than 2% of patients. Blood needed for transfusion is always tested and matched to your own blood but still carries a very small risk associated with it such as:-

1. Rejection and reaction to the donor blood
2. Transmission of infection

Infection

An infection can occur after any operation but it is particularly important that you understand its consequences when undergoing a knee replacement.

You must look out for signs of an infection e.g. red, hot skin around the knee, feeling unwell or fever.

Prophylactic antibiotics (to reduce the risk of infection at the time of the surgery) are routinely used. If you are concerned you may have an infection you should see the Orthopaedic team at the hospital via Accident and Emergency or Fracture Clinic.

Venous thromboembolism

This is possible following any surgery. You will be given daily medication to reduce this risk and will also be taught preventative circulatory exercises by your physiotherapist which you should begin immediately after your operation.

Haematoma

Bruising can develop around the wound and this can seep down towards your ankle and foot. This is not usually a problem and will resolve over a few weeks.

Occasionally a more significant bruise (haematoma) occurs under the wound and this can delay healing. An operation may be required to release this collection of blood. This is more likely to happen if you are taking aspirin, clopidogrel, warfarin or an anti-inflammatory medication (e.g. Ibuprofen, Voltarol). Please inform us at your pre-assessment appointment if you are taking this type of medication. The risk is reduced by stopping it for a week before your operation.

Leg swelling

Leg swelling is quite common after the operation. It tends to improve each night with rest and elevation. You are advised to use the PRICE regime to reduce swelling. If it is worsening or becomes painful then you need to seek advice as one of the causes of swelling in the first six weeks is venous thromboembolism. Swelling may remain around the knee for up to 12 months after the operation.

Vascular injury

Where there is pre-existing vascular damage there may be damage to the arteries behind the knee. This will be identified and treated quickly should it arise.

Nerve damage

During the operation nerves in your leg can be damaged but this is rare. Nerve damage causes numbness and tingling in your leg. It can also weaken your ankle or foot.

Instability

If your knee gives way or buckles this can interfere with your daily life and can be painful. It also increases the wear and tear on your new knee. This will be improved by strengthening exercises, however, you should seek advice if this persists. You may need to wear a brace for a period of time.

General advice

If you develop pain in your calf or chest, or your wound becomes red, swollen, hot and/or oozing, please contact your GP urgently, or come to the Accident & Emergency department at the hospital.

If you have any further questions that are not answered by this booklet, please ask the ward staff who are there to help you.

■ You still have pain in your knee

Your knee may carry on hurting despite the operation. Your surgeon will investigate to see if a cause can be found but sometimes they won't be able to find one. Usually the pain will improve but this can take several months and a background ache may persist.

■ You have problems bending your knee

If you had a stiff knee before your operation you may not gain a full range of movement afterwards. Less than 100 degrees of movement can lead to functional problems. If you have not achieved this by 3 months post surgery you may benefit from Manipulation Under Anaesthetic (MUA).

Please bring this booklet with you to all your appointments regarding your knee replacement.

Appointments record

Pre-assessment Clinic (in Fracture Clinic, RSCH) on:

Pre-Operative Knee Group Date:

Operation Date:

Estimated Discharge Date

Post Operative Physiotherapy appointment:

At:

On:

If you are not having physiotherapy at the RSCH a referral will be sent to your local hospital and they will contact you with an appointment.

Follow up Orthopaedic Appointment (in fracture clinic) on:

Reference source

- National Joint Registry (NJR) Website
<http://www.njrcentre.org.uk>

Further information

- NHS Website
www.nhs.uk
- British Orthopaedic Association Website
boa.ac.uk
- Arthritis Research UK Website
arthritisresearchuk.org

Helpful telephone numbers

Fracture Clinic:	01483 464158
Admissions Desk:	01483 571122 ext 4355
Physiotherapy Department:	01483 464153
Occupational Therapy Department:	01483 571122 ext 4766
Bramshott Ward:	01483-571122 ext 4064/4065
Ewhurst Ward:	01483-571122 ext 4073/4075

Contact details

If you require any further physiotherapy advice please leave a message for the Orthopaedic Physiotherapists on **01483 464153**. We will then call you back.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Future review date: October 2020

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