


Discharge information for patients undergoing a total knee replacement


Information for you

This booklet is designed to give you some advice about how to manage at home following your knee replacement. If you have any further questions please see the contact details on the back of this leaflet.

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The orthopaedic team has agreed that they are happy with your progress and it is time to go home. This normally means that;

- You are walking with the appropriate walking aid
- You have been shown exercises to do by the physiotherapist
- You can manage to walk up and down stairs
- Your pain is manageable with pain medication
- You can attend to your personal care

You may find the thought of going home is daunting. However, with the information that you have been given on the ward, the booklet you received before the operation and this booklet, you should have all the information you need.

First few days at home

When you are discharged from the ward you are provided with pain medication that should last one week. It is a good idea to contact your family doctor (GP) surgery to make sure that you have pain medication that can be used after that. A letter detailing what has happened to you in the hospital will be sent on discharge electronically to your GP. If you need any sutures or clips removed the ward nurse will have explained what is to happen with regards to this when you were discharged.

It is important to remember the advice given to you by the occupational therapist regarding managing at home.

A night light is a good idea to help you find the toilet safely

If you have pets you may need help when feeding them or consider putting their food dish on a chair. Be aware of pets around you if they are likely to jump up or get under your feet when you are walking

Remove loose rugs and mats

No trailing cables. Move furniture to ensure you have enough room to walk with your sticks

Use a wrap over bag to carry things as you go from room to room

Keep everyday kitchen items on a level surface so you are not bending

When you were in the ward the physiotherapist would have given you an exercise booklet. It is important to continue these exercises regularly to improve range of movement and strengthen the muscles around your knee. The muscles around your knee are prone to becoming weak following the surgery. The exercises given to you are designed to strengthen these muscles. Keep doing these exercises routinely for about six or eight weeks. You will have an appointment to visit the physiotherapist following discharge who will guide you. It is also important to go for short walks. Remember not too far at first as you have to walk back again! Remember to do your exercises little and often during the day. When resting, remember to raise your operated leg on a stool and do lots of ankle paddling to help reduce swelling and decrease the risk of blood clots.

Wound care

You will normally attend the practice nurse so they can check your wound and remove your clips (if applicable). The ward staff will have advised you when to arrange this for and will have provided details for the practice nurse, please pass this on at your appointment. The dressing over your wound is waterproof so it is safe for you to take a shower. The scar will be dark pinkish in colour, over time this will turn to a pale pink. The skin surrounding the scar may feel 'funny', you can massage the area with a non-perfumed moisturising cream.



Contact ward or clinic, details and numbers at end of booklet

Swelling

Your knee and ankles will swell for a couple of months or even longer after your operation. If this happens you must sit with your leg up and well supported. Use your cryocuff and avoid any strenuous exercise until your swelling has gone down. You must make sure that you continue with your exercises.

Painful, hard, red, swollen calf. This may be a sign of deep vein thrombosis (DVT). It is common to experience swelling in the operated leg after surgery, however the calf should normally be soft to touch.



Contact your GP or go to nearest Emergency Department (ED)

Constipation

Constipation is common after surgery. This is caused by the pain medication and because you are less active. Drink plenty of fluids and increase your fibre intake (fruit, vegetables, fibre cereals). If this becomes an issue contact your GP surgery or visit your pharmacist for advice on medication.

Pain Control

You will be given strong painkillers on discharge. We do not expect that you will need to take the stronger painkillers for longer than two weeks. You will be given step down pain relief from the hospital. It is important that you take these regularly and decrease them slowly.

Tiredness

It is normal for you to feel tired at first, you have had major surgery. It takes time for the muscles and tissues around your knee to heal. You may feel discomfort/pain, particularly at night, for the first few months but this should gradually decrease.

Numbness around the scar

The nerves around this area cross in front of your knee. This means they may be damaged when the cut is made for your replacement surgery. Unfortunately this is unavoidable. This may lead to some numbness on the outer side of your knee. This is likely to improve over

time but it is possible that you will experience numbness in this area indefinitely.

Difficulty kneeling

Most people requiring knee replacement have difficulty kneeling before their surgery. The majority will continue to have some difficulty after their surgery, mostly due to sensitivity within the scar.

Walking

Many people worry about when to come off their sticks. This is your choice, however; we would expect you to be using one stick when you attend your follow-up clinic appointment. Your confidence will grow when walking in the first few weeks. Your MSK physio will guide you regarding when to progress to walking with one stick. If you go out, we advise you to have the other stick in the car in case you need it.

Driving

Most people will be able to start driving about six weeks after surgery following a left total knee replacement and seven to eight weeks following a right total knee replacement. Please check with your insurance company before you start to drive as you may not be insured to drive your car for six weeks. Practice with the engine turned off, trying all the controls and ensure you can complete an emergency stop procedure.

Sexual activity

You may resume sexual activity at around six weeks after your operation if you are not in pain, or if your consultant has advised it is safe for you to do so.

Hobbies

- Gardening. You can start gardening again two months after your surgery. You must reduce the amount of kneeling you do and avoid damaging the skin around the knees as this can lead to serious problems, such as infection.
- Swimming. This is a great way to exercise. It is non-impact and helps strengthen the muscles. As soon as your wound has fully healed it is safe to go in the pool.
- Golf. Returning to the golf course is good. Work on your short game initially, progress to the driving range when you feel ready and then gradually increase the number of holes you play
- Static cycling. Many people enjoy this activity as they can see their improvement. You may not manage to achieve a full range of motion to begin with, however with practise you should achieve this. Again, take things easily and begin on a low resistance setting on an exercise bike before increasing resistance and duration. Don't cycle on the roads until your knee is strong enough.

- Bowling. You can return to bowling when you feel that you have a better range of movement in your knee. You may need to adapt your style slightly.
- High Impact Sports. Activities such as jogging, running, football or tennis can put extra stress on your joint. We do not recommend them.

Travelling on Aeroplane

We normally advise against flying for at least six weeks after surgery. This is to limit the chance of developing a clot during your flight. Your new joint may activate security metal detectors. You can ask for a card to state that you have a joint replacement however, you may still have to be searched by the security personnel. Be sure to arrive at the airport early to allow for extra time at security check-in.

Contact Numbers and who to call

Helpline

For general advice regarding your joint replacement and rehabilitation.

Telephone: 01563 825097

Available Monday to Wednesday 8.30am to 12.15pm,
Friday 8.30am to 12.15pm.

(Please leave a message out with these times)

Concerns regarding your wound

Monday to Friday (9am to 4pm) Orthopaedic Outpatient Clinic at University Hospital Ayr
Telephone: 01292 610555 Extension 14208.

Monday to Thursday 9am to 4pm and Friday 9am to 12pm Orthopaedic Outpatient Clinic at University Hospital Crosshouse.
Telephone: 01563 827205

Out of hours/weekend all patients should contact Station 16 University Hospital Ayr on 01292 610555 extension 14677.

Physiotherapy

Your ward Physiotherapist will refer you for follow up physiotherapy at the hospital or health centre nearest your home. This should begin within 2 weeks of your discharge from hospital. If you have not received your first appointment within this time, please call our MSK Hub Tel: 01292 665005.

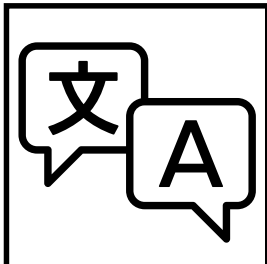
You can find valuable information regarding exercises on the Ayrshire & Arran Website.

<https://www.nhsaaa.net/musculoskeletal-service-msk/>

GP

Please contact your GP for information on medication, pain control, unexpected swelling.

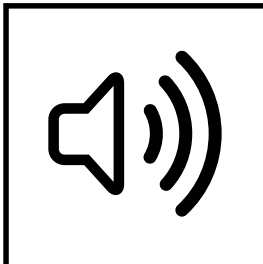
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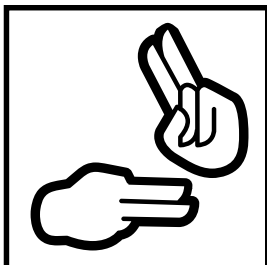
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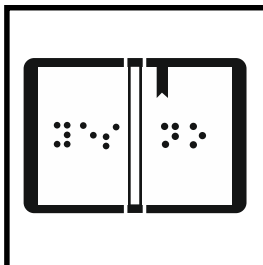
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Call: 01563 825856



Email: pil@aapct.scot.nhs.uk



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