



**Enhanced Recovery Programme
Patient Information Leaflet**

Total Knee Replacement

Name.....
Consultant.....
Therapy Education Group Date.....
Pre-Op Date.....
Operation Date.....
Target Discharge Date..... (1-3 days from operation)

Please bring this leaflet into hospital with you

This information is available in other formats on request. Please ask your nursing staff to arrange this.

You matter most

Aim

This leaflet aims to explain the enhanced recovery programme after a knee replacement. Aspects of this care may differ from what you expect, as enhanced recovery starts before surgery, continues during your hospital stay and extends into your recovery at home. We aim to explain what you need to do before your operation, what will happen when you come to hospital and planning for discharge home.

What is the Enhanced Recovery programme?

Research indicates that, after surgery, the earlier you get out of bed and start eating and drinking, the better. This will speed up your recovery, making it less likely that complications will develop.

For example, the benefits of getting up early are:

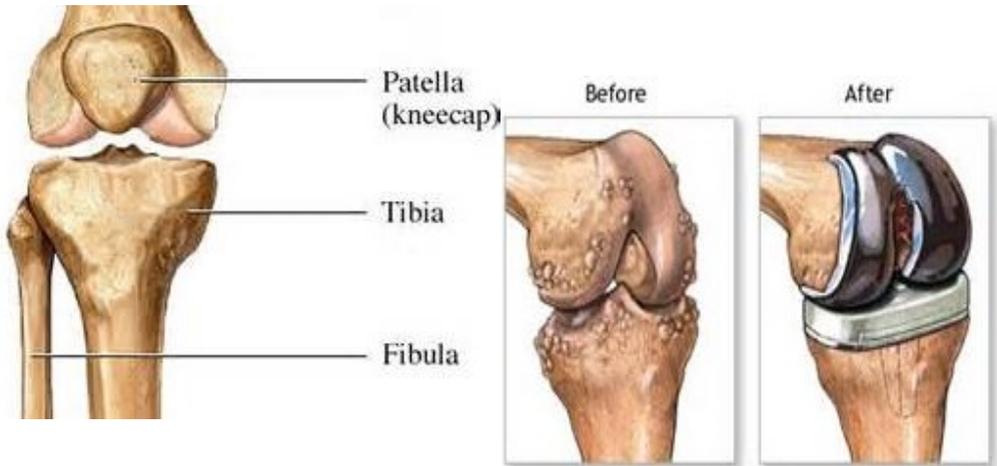
- Reduced risk of chest infections or breathing problems
- Stronger muscles
- Decreased tiredness
- Reduced risk of developing blood clots

Thus, the aim of the programme is to restore you to full health as quickly as possible after your operation.

To achieve this we need you to work with us to reach your full potential.



Knee Joint



Uni Compartmental and Total Knee Replacement

A Total Knee replacement is performed for severe arthritis of the knee causing disabling pain.

Osteoarthritis (OA) is a degenerative disorder often referred to as “wear and tear” arthritis. This is the most common reason for a knee replacement.

The new replacement joint is made up of metal/ceramic components which replace the ends of the Femur (thigh bone) and Tibia (shin bone) and a plastic component which sits on the tibia and separates them.

What will happen before I come into hospital?

Pre-operative Assessment

You will attend the Pre-Operative Assessment Unit (PAAU) before your operation, this is sometimes arranged whilst you are in outpatients clinic.



You may undergo routine investigations such as blood pressure measurement, blood tests and ECG (heart monitoring). These tests are carried out to ensure you are at your fittest before surgery.

If the nurses have any concerns about your health they will discuss these with the appropriate doctors – we may have to postpone your operation until a later date in certain cases.

Information will be given to you about the operation, the enhanced recovery programme and your expected admission and discharge dates.

You will be given advice about any medication you need to stop

Medications to stop prior to surgery

Medication	Stop Date

You will be asked to consent to a national project –The National Joint Registry – which monitors the performance of joint implants in the long term.

Please tell the nurse if you are concerned about your home circumstances so that together we can plan any help you may need when you leave hospital.



You matter most

What can I do prior to surgery?

In order to recover from surgery quickly, prior to having your operation it is important that you –

Eat a healthy well balanced diet

Your body will need energy and nutrients to help repair itself after surgery.

For further information and advice see- <http://www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx> or discuss this with a member of staff.

Sleep, rest and play

Staying physically active will help in your recovery. Continue to socialise as normal with friends and family, which will help reduce anxiety and stress.



If you do drink or smoke use this as an opportunity to stop or cut down. This will help your recovery and reduce complications.



Ensure any dental or gum issues are treated by your dentist – any potential infection may delay surgery



If you have any signs or symptoms of an eye, ear, throat, chest or urine infection or if you are unwell prior to your admission, **please contact your GP and the pre-operative assessment unit for further advice and guidance.** Depending on your illness, your surgery may need to be postponed as it may affect the outcome of the joint surgery.

Therapy education Group:

You will also be booked into a Therapy education group.

This is an information session undertaken by the Therapy team, you will only need to attend once.

You will have received a **questionnaire** asking you about your home situation and furniture heights. It is very important that you bring this information to the group as the therapists will need to discuss these details with you.

Do not hand them in at Pre-Operative Assessment Clinic.

It is advised that you start practising the exercises shown later in this booklet prior to surgery. This will help to build the muscle strength and maintain fitness.

Please see hospital internet for further information and videos, as below:

You Tube: Harrogate Hospital Knee recovery, enhanced recovery programme

Pre admission Checklist:-



Preparing your Home environment

- Arrange support from family and friends
- Transport to return home from Hospital - ask family or friends
- Help with cleaning, laundry, shopping and care of pets
- Help with gardening
- Food cupboards and freezers stocked up with essentials (like bread and cooked meals)
- Find a back pack or apron with pockets to carry items from one room to another while using walking sticks
- Keep regularly used items within reach, to avoid excessive stretching or bending
- Stock up on over the counter medications, i.e. Paracetamol, ibuprofen and laxatives such as Senna – as the hospital may NOT supply these on discharge.**

What to pack for my admission



- Comfortable loose day clothes, as you will be encouraged to get dressed. Night wear and dressing gown
- Comfortable shoes or sandals (**NOT backless slippers**)
- Toiletries and a towel
- Walking sticks (issued by the Therapist's)
- Something to do... books etc.
- Glasses/ Hearing aids (If applicable)
- Drinks – such as cartons of pure apple juice or blackcurrant and diluted squash, avoid fizzy drinks. These must not be low sugar – unless you are diabetic.
- Three days' supply of your usual medications that you normally take (including the boxes they come in).
- This leaflet

IF you take strong painkillers such as morphine, or use pain patches please continue to take as normal.

However, please leave these medications at home – **BUT** tell the ward staff that you are taking them.



You will be required to take a shower or bath as close to the time of surgery as possible.

If you are being admitted on the day of surgery please have a bath or shower before you come into hospital.

If you are admitted on the afternoon before surgery please discuss with the nursing staff. There are showers on the ward. Remove all jewellery, (except wedding ring), nail varnish and make up.

On the night before surgery please eat a large, carbohydrate meal.

Such as breads, pasta dishes.



Go for complex carbs, rather than simple carbs, as they are full of fiber and don't spike blood sugar levels.



Good

Bad

What will happen on the day of my operation (Day 0)

On the day of your admission you will be asked to attend either the ward or the Elective Admissions & Discharge Unit (EADU). Please be aware that there may be some waiting around so you may wish to bring a book or magazine to read.

Please inform staff of any changes to your home circumstances, E.g. address, telephone numbers, next of kin.

A member of the medical team will mark the limb to be operated on, and check you have consented to the operation.



If you are having surgery in the MORNING:

DO NOT eat any solid food (including sweets or gum) after 02:00hrs.

You may drink clear fluids until 06:30 hours. You may be able to have more to drink on the ward but staff will guide you on this. Clear fluids include black tea/coffee with sugar, pure apple juice or diluted squash. Avoid low sugar varieties (unless diabetic).

If you are having surgery in the AFTERNOON:

If your admission is between 10:00 and 13:30hrs

Eat a light breakfast BEFORE 07:30hrs, e.g. 2 slices of toast or cereal. You may be able to have more to drink on the ward but staff will guide you on this. Clear fluids include black tea/coffee with sugar, pure apple juice or diluted squash. Avoid low sugar varieties (unless diabetic).

If you're diabetic you will have specific requirements these will be discussed with you and advice given.

Your anaesthetist will come and discuss the anaesthetic options with you prior to surgery. Your anaesthetist is responsible for:

- Agreeing a plan for your anaesthetic
- Giving you the anaesthetic
- Your wellbeing and safety throughout your surgery
- Planning your pain control with you

Before your operation you may be given an injection into your back (spinal) whilst in the anaesthetic room. This will help control your pain during surgery and for a few hours afterwards.

For further information please see additional leaflet on spinal anaesthesia.

Good pain control is important after surgery as it improves your recovery and enables you to walk about, breathe deeply, eat and drink, feel relaxed and sleep well.

You will be given strong opioid (morphine based) medications for the first 48 hours after surgery, and then we will reduce them to something less strong but very effective.

Please let the nursing staff know if you have any pain.



What will happen following my operation on the ward?

You may have a drip in your arm during surgery, which may or may not be discontinued on your return.

Catheters are not inserted pre-surgery but some patients find it difficult to pass urine post operation due to the spinal anaesthetic and may require a catheter.

Also, some orthopaedic surgeons use drains for 24 hours, to remove excess fluid. These are usually in overnight and removed the following day.

Do not be concerned if you cannot move your leg immediately after your operation, this is temporary and you will regain all sensation as the anaesthetic wears off.

You **MUST NOT** attempt to get out of bed or walk by yourself during this period until you have been assessed as safe and competent to do so by the physiotherapist or qualified nursing staff.

You will be encouraged to eat and drink as soon possible.

Goals for Day 0:

- Sit out of bed/walk short distance with aids, if spinal anaesthetic has worn off
- A qualified member** of staff will assist you. However, if not appropriate to do so, exercise on bed will be encouraged
- Eat and drink

What will happen on the first day after my operation? (Day 1)

You will continue to have regular tablets for pain if necessary, please let the nurse know if you require additional analgesia.

You may eat and drink as normal.

If you have any drains – these will be removed.

You will require a blood test and an X-ray during the course of the day staff will inform you when you are due to go for this.

You will need to tell the nurses if you are having difficulty passing urine.

You will be encouraged to be up and out of bed today for about eight hours. We suggest that this is linked to meal times as you will not be allowed to eat in bed.

You should also rest on your bed for 1 – 2 hours a day, allowing time to perform physio exercises.

You will need to take a few short walks today, with physio or nursing assistance, unless assessed safe to mobilise on your own.

You will be shown how to use the Cryocuff once any bandages have been removed.

Goals for Day 1:

- Eat and drink as normal
- Complete occupational therapy assessment's including washing and dressing assessment (in day clothes), kitchen assessment if needed
- Progress with exercises and walking
- Complete step/ stair assessments
- Aim home if assessments completed

What will happen on the second day after my surgery? (Day 2)

You will continue to have painkilling tablets to ensure your pain is well controlled,

If you experience an increase in pain levels please inform your nurse.

You need to be up and out of bed for eight hours and take regular walks, as on day one, but increasing in distance.

You will be taught to self-administer Tinzaparin (blood thinning injection) as you will be taking this for 14 days when you go home.

The nurses on the ward will finalise plans with you and your relatives for your discharge home. This includes getting your discharge summary and medications. Please let the nursing staff know if you require a sick note.

You may be discharged home this afternoon, providing:

- You feel confident and have completed the physio & occupational therapy assessments
- Your pain is well controlled
- You are passing urine normally
- Blood and X-rays results are deemed satisfactory
- Wound is dry

Goals for Day 2:

- Eat and drink as normal
- Dress in day clothes
- Passed all therapy assessments.
- Home if well

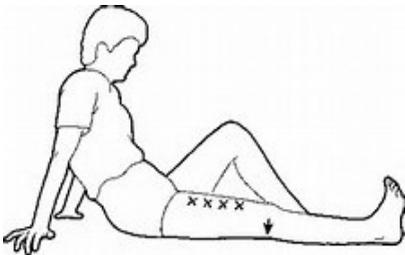
Exercises

Please practice these exercise in the lead up to your surgery twice daily.

Following surgery they will be demonstrated to you by your physio-therapist. Lie or sit reclined on the bed.

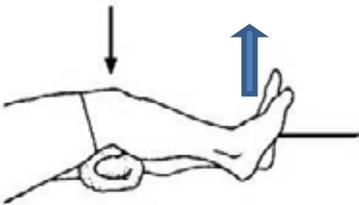
[Watch video on Youtube: Harrogate Knee exercise](#)

Practice all the exercises 3 times daily.



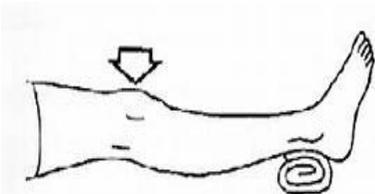
Static quadriceps

Lie or sit with legs straight out in front of you. Point your toes to the ceiling and tighten your thigh muscle to lock the knee straight against the bed. Hold for 5 seconds. Repeat 5-10 times.



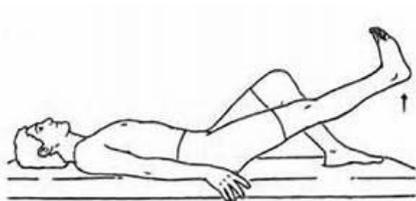
Inner range quadriceps

Lie or sit and place a rolled up towel under the knee of your operated leg. Point your toes to the ceiling and lift the foot to straighten the leg. Keep the knee on the roll. Hold for 5 seconds. Lower slowly. Repeat 5-10 times



Extension hang

Place a folded towel under your heel. Gravity will help the knee to sink down so it is fully straight. Hold for 3-5 minutes.



Straight leg raise

Keeping your knee straight, lift your leg up about 2" off the bed.

Hold 5 seconds. Lower slowly.



Knee flexion

Lie on your back with a plastic bag under your leg.

Bend and straighten your hip and knee by sliding your foot up and down the bed.

Going up and down stairs

You will be taught to negotiate steps by your physiotherapist prior to discharge. You must always use your walking aids to support the operated leg.

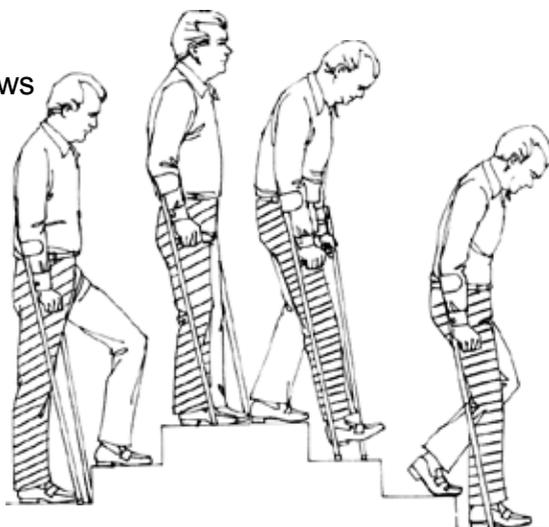
The correct sequence is as follows

Going upstairs

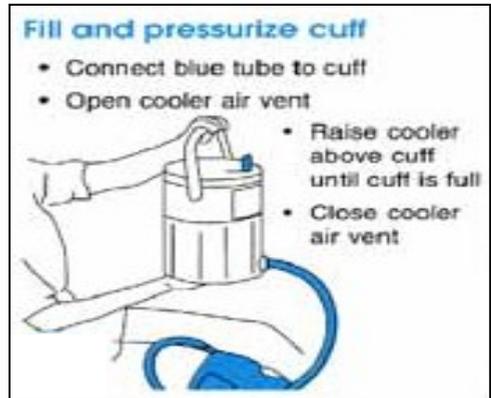
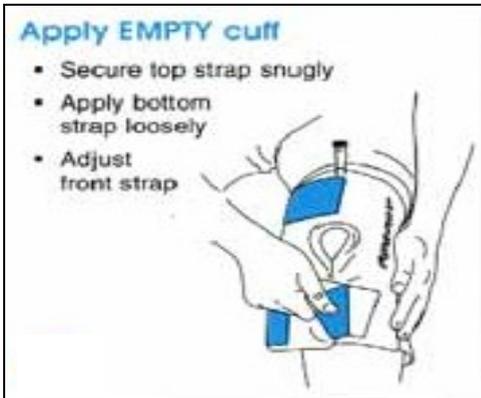
1. Un-operated leg first
2. Operated leg
3. Walking aids

Going downstairs

1. Walking aids first
2. Operated leg
3. Un-operated leg



How to use the Cryocuff on the ward?



How to apply the Cryocuff

Wrap the cuff around your knee, using the Velcro, with the white spout at the top.

Connect the tube from the bucket to the cuff until it clicks.

Lift the valve on the top of the bucket. Raise the bucket higher than the cuff so the water can drain into it.

Lower the valve and then disconnect the cuff by pressing the silver release button on the top of the cuff.

Leave the cuff on for a maximum of 30 minutes

How to remove and drain the Cryocuff?

Remove the cuff using the Velcro straps and reconnect the tube to the cuff.

Lift the valve on top of the bucket.

Raise the cuff above the bucket to let the water drain back into the bucket.

Leave the cuff off for at least 30 minutes.

On discharge from the ward:

Ensure you fill up the cuff and take it home; the cuff can be cooled down in the fridge (not freezer) and can be used 30 min on/30 min off as advised.

Everyday Activities:

Getting dressed:

Sit on the side of the bed or suitable chair. Dress your operated leg first and undress it last.

Getting on/off the toilet:

If necessary, a raise for your toilet will be provided. If you do not have rails, feel with both hands for the seat of the toilet and gently lower yourself onto the seat. You may find it more comfortable to keep your operated leg out slightly in front of you as you sit.

Bathing and showering:

It is essential to keep your wound dry to reduce the risk of infections. A strip wash is advised initially. Once the wound has healed you may return to your usual regime or use a walk-in / step-in shower. You may need help with washing your feet.

Sexual Intercourse:

We advise that you abstain from sexual intercourse until 6 weeks after your surgery. You will need to take a passive role initially, with your partner on top. Pay particular attention to the position of your operated leg, ensuring that you are not putting excessive strain on the new joint. If you experience pain in the knee, **STOP** and try again another time.

DO'S AND DON'T'S AFTER SURGERY

Everyone heals at different rates, so you may find you are able to carry out some of the activities fairly quickly following your operation. Provided this does not cause you pain or discomfort you can continue with caution.

Remember that if an activity causes you pain – **Stop / Rest and return to the activity at a later date.** It's obvious your new knee is not ready yet.

DO's

- √ Carry on with the exercises as instructed by your physiotherapist.
- √ Take regular, short walks
- √ Massage the skin around the knee to help skin become more supple and mobile.
- √ Swelling management: Swelling can regularly last as long as 3 months post operation and sometimes even longer. You may also find the knee periodically swells after this time and this can last for up to 12 months post operation



You will need to rest ideally for a period of 45 minutes 3 times a day with your toes above your nose (see picture)

- √ Cooling the area - Regularly use the Cryocuff provided by the hospital. You can also use frozen peas, instead of or in

addition to the Cryocuff. Wrap them in a damp towel and apply for a maximum of 10 minutes - don't reapply for at least 30 minutes. Please routinely check the skin and discontinue if you have any concerns.

- √ Keep walking with 2 sticks until 4-6 weeks from your operation. Then you may progress to 1 stick held in the opposite hand to your new knee.
- √ Avoid pressure on the wound until fully dry and healed,
- √ You can then start gentle kneeling on the operated leg,
- √ Use a soft cushion/bed initially till you feel comfortable before trying to kneel on a hard surface.
- √ Please return any sticks or equipment when you have finished with them.

DONT's

- χ **Don't stop taking your medications. You need them to help manage your pain and achieve good outcome from your knee.**
- χ Cross your legs, knees or ankles.
- χ Drive a vehicle until advised it is safe to do so. Usually, 6 weeks post-op you should be able to do an emergency stop comfortably.
- χ Do any heavy lifting / housework or gardening or too much too soon – gradually increase your activity as able.

You will have follow up physiotherapy and consultant clinic appointments on discharge from the ward.

If on returning home you have ANY CONCERNS please do not hesitate to contact the WARD or CLINIC

DO NOT seek advice from you GP at this stage.

Useful contact numbers:

Harrogate District Hospital	01423 885959
Orthopaedic Outpatients Department	01423 553440
Admissions Office	01423 553380 01423 553381
Therapy Services (Occupational Therapy and Physiotherapy)	01423 553472 01423553751
(Social Services – Customer Relations Jesmond House, Victoria Avenue, Harrogate	01423 568099
Carers Resource	01423 500555
Wensleydale ward at Harrogate District Hospital	01423 553644 01423 553645

You matter most



Harrogate and District
NHS Foundation Trust

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Version: 1.0
HDFT approval date: August 2017



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