

Knee Replacement Surgery

Welcome to the East Sussex Healthcare Enhanced Recovery Programme

This information is a guide to help you through your Knee Replacement surgery; preparation before, during your hospital stay and your rehabilitation. The more you know about the procedure and the usual recovery process before you arrive in hospital, the easier your recovery will be. This information is a guide to the pathway you are likely to follow but your individual needs will be discussed at the pre-operation assessment.

Please ask your relatives and /or carers to read this information as they will find it helpful in understanding what your needs will be when planning your discharge.

Introduction

At East Sussex Healthcare NHS Trust (ESHT) we are very proud of our long history of pioneering work in orthopaedic surgery. In the 1960s Michael Devas, described as a “visionary orthopaedic surgeon” by the British Orthopaedic Association, and his colleague Bobby Irvine, worked together to improve the care of patients following fragility fracture. Their ethos of continuous innovation and service improvement has continued to this day.

Whilst providing high standards of care, ESHT recognises that standards of healthcare can always be improved. In recent years our team has led the way in elective orthopaedic surgical pathways with the development of the Short Stay and Enhanced Recovery Programmes. Supported by a dedicated Orthopaedic Research team our Consultant Orthopaedic surgeons regularly present their research findings at regional, national and international conferences and publish their results in clinical journals.

The Short Stay Programme

To date we have some of the best results for hip and knee surgery in the country and have been recognized nationally for our work in developing the Short Stay Hip Programme which has helped set the standard of care for patients across the country. This can only be achieved by ensuring we involve you and your carer or family at all stages of the preparation and recovery process to ensure a comprehensive approach to your care.

We aim to get all our knee replacement patients ready to go home as soon as is appropriate. The aim is for you to be ready for discharge within 2 days of the operation but this will depend on your individual circumstances.

To provide continued input and support after your operation we have dedicated Assisted Discharge and Outreach Teams who will review you in the first few days after your discharge. By redirecting the care you receive to your own home or community, rather than keeping you in hospital, we are able to minimize your risk of complications and accelerate your return to normal.

Monitoring our performance

There are a number of ways in which we monitor our performance:

Patient Reported Outcome and Experience Measures (PROMS / PREMS) - The NHS is asking patients about their health and quality of life before they have an operation and at 6 months after surgery. The aim is to assess the effectiveness of the operation and therefore improve outcomes for patients. You will be asked to fill in a short questionnaire at your pre-operative appointment and then you will receive the second questionnaire by post 6 months after your surgery. We will also ask you to complete a satisfaction survey following your stay in hospital.

The Friends and Family Test (FFT) - The FFT is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. The FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

The National Joint Registry (NJR) - The NJR was set up by the Department of Health and Welsh Government to collect information on all hip, knee, ankle, elbow and shoulder replacement operations and to monitor the performance of joint replacement implants. During your pre-operative appointment we will ask you to consent for your personal information to be entered onto the database. You do not have to consent for us to store your personal information, however all joint replacements are registered onto the National Joint Registry database.

Patient Consent - Our commitment to you is to inform you of all aspects of the intended procedure you are to undergo. You will be required to 'consent' in writing to your procedure. Following your individual consultation with your surgeon, should you wish for further clarification of any aspects of which you have been informed, please ask the nurse who will be happy to clarify issues or arrange for the Consultant team to speak with you. Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

The Data Protection Act - Your name is entered onto our computerized database, enabling us to keep effective clinical records. Under the Data Protection Act you have the right to view any records held by East Sussex Healthcare NHS Trust. Please ask a nurse should you wish to access them. If you or your representatives wish to have copies of your health records you will need to give your written consent for a copy to be made. This should be addressed to the Health Records department.

What is a Knee Replacement?

A knee replacement is an operation to replace a damaged or diseased part of the knee. The purpose of the surgery is to relieve pain and increase mobility.



The knee joint is formed by the ends of the femur (thighbone) and the tibia (shinbone) and also by the patella (kneecap), which glides on the thighbone. It basically works as a hinge joint. Normally the bones are lined with smooth cartilage, which allows the joint to move in a smooth and pain free manner. Problems occur when this cartilage wears down resulting in the bones rubbing painfully together.

The most common cause of this is osteoarthritis. There are three compartments of the knee the medial (inside), lateral (outside) and patello-femoral joint (back of the knee cap). A partial (unicondylar or patella-femoral) knee replacement is possible if only one compartment of your knee is affected, if more than one compartment is affected then a total knee replacement would be required.

Knee replacement surgery involves removing the worn cartilage lining the joint, correcting the deformity and then attaching a metal prosthesis to the femur and tibia with an intervening plastic liner. The muscles and soft tissues around the knee joint are then repaired.



Unicondylar Knee Replacement



Total Knee Replacement

Will I need an anaesthetic?

In order to have a Knee Replacement you will need to have an anaesthetic. Decisions regarding your anaesthesia are tailored to your personal needs and options include the following:

General Anaesthesia - A general anaesthetic gives a state of controlled unconsciousness during which you feel nothing. You will receive:

- Anaesthetic drugs (an injection or a gas to breathe)
- Strong pain relief drugs (morphine or something similar)
- Oxygen to breathe.
- Sometimes, a drug to relax your muscles.

Spinal Anaesthetic

- Local anaesthetic is injected near to the nerves in your back.
- You go numb from the waist downwards.
- You feel no pain, but you remain conscious.
- If you prefer, you can also have drugs which make you feel sleepy and relaxed (sedation).

A Combination of Anaesthetics - You can have a spinal anaesthetic and a general anaesthetic together.

- You gain the benefits of a spinal anaesthetic but you are unconscious during the operation.
- The general anaesthetic will be 'lighter'.
- Unpleasant after-effects of the general anaesthetic may be less.

What are the possible complications of Knee Replacement?

Knee replacement is a common and generally successful operation however, a small number of patients (5%) experience problems, the most common of which are:

Deep Vein Thrombosis (DVT) / Pulmonary Embolism (PE) - Can occur after any operation but is more likely following operations on the lower limb. DVT occurs when the blood in the large veins of the leg forms blood clots within the veins. This may cause the leg to swell and become warm to touch and painful. If the blood clots in the vein break apart, they may travel to the lung where they can lodge. This would prevent the blood supply reaching part of the lung and is called a pulmonary embolism (PE) which in rare cases can cause death. There are several methods employed to reduce the risk of DVT and PE and these include:

- Early mobilisation and exercises to increase blood flow in the leg
- Blood thinning medication (anticoagulants)
- Foot pumps
- Elastic stockings – if you have a past history of blood clots

Infection of the joint - May occur in the wound or around the prosthesis and may occur in hospital or after you have gone home. Minor infections in the wound are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the prosthesis.

Dislocation of the joint - Occasionally following knee replacement the tibial bearing can dislocate. This can be relocated. A brace may be worn for a period of time if dislocation occurs. In order to reduce the risk of dislocation it is important to follow the advice given in this booklet.

Loosening of the joint - Loosening of the prosthesis within the bone may occur following knee replacement. This may cause pain and if loosening is significant the knee replacement may need to be replaced. Most joints eventually loosen but most people may expect more than ten years of service from the artificial joint.

Fracture - Fracture of the bone may occur at the time of surgery or later. This is unusual but if occurring at the time of surgery may be treated with wiring of the bone.

Nerve injury - Nerves in the vicinity of the knee replacement may be damaged during surgery although this is infrequent. This is more likely to occur when there is a greater degree of preoperative deformity or following revision surgery. Over time these nerve injuries often improve or completely recover.

Persistent discomfort/pain - Some patients continue to experience discomfort over the area of their wound for a considerable time. This is uncommon but can be persistent.

Mortality - Nationally, Joint replacement surgery carries a mortality risk of 0.2% (National Joint Registry Report, 2012). Death is usually the result of an unexpected heart attack or stroke or a large pulmonary embolus.

What happens before the operation?

Having seen your consultant and agreed to the surgery to your knee, you need to think ahead and plan your life whilst awaiting admission. It is important to prepare for an operation to reduce the risks of complications. There is information about how to do this at:

<https://www.cpoc.org.uk/patients>.

Keeping Fit and Healthy

It is important to keep yourself as healthy as possible:

- If you suffer from diabetes make sure you follow instruction given to you regarding diet and prevention of leg ulcers.
- If you are over-weight try and lose as much as you can prior to admission. This is not only a big help to you but also to the staff looking after you on the wards. Your knee is likely to last longer if it is not carrying excess weight.
- Keep mobile. Walk little and often and try not to sit for long periods at a time.
- Learn to pace yourself. On good days don't be tempted to do twice as much, you'll only suffer for it the next day.
- Keep a positive attitude towards your operation. You are almost certain to hear of operations that went wrong and not often of operations that went well, so keep a sense of perspective.

Smoking

Smoking is actively discouraged, particularly prior to and immediately postoperatively, as this can increase the risk of complications following surgery. You may find it helpful to discuss giving up smoking with your doctor or practice nurse. Free help is available at <https://smokfree.gov>. Smoking is not allowed anywhere on the hospital property. Nicotine replacement therapy may be considered, ideally at least 4 weeks prior to your admission to the hospital.

The Pre-Operative Clinic

The purpose of this clinic is to prepare you for your admission and discharge from hospital. You will meet members of the hospital team who will be involved in your care. The clinic gives us a chance to meet you, discuss your home circumstances and provides an opportunity for you to ask any questions you may have.

Occupational Therapist

The occupational therapist will assess any extra help and equipment you may require after your operation. A 'furniture height form' will be sent out to you. Please fill it in and bring it with you to the clinic for the Occupational Therapist.

Physiotherapist

The physiotherapist will assess your current level of mobility and give you appropriate exercises to do prior to admission. You will be provided with walking sticks or crutches and instructed how to use them. You must bring these with you on admission. **It is important you start your exercises and practice using your walking aids before your operation as this will speed up your recovery. These exercises can be found later in this information.**

Nursing Staff

The nursing staff will document an in-depth medical, surgical and social history. You will also undergo a range of investigations such as a heart tracing (ECG), appropriate blood tests, and blood pressure, height, weight and urine tests. There may be other tests if appropriate.

You will be provided with anti-septic body wash at the pre-operative clinic which you will need to wash with for 2 days prior to your surgery. Swabs will also be taken for the MRSA bacteria. If you are found to be colonised with this bacteria then you will be asked to start a course of treatment – this will be explained in more detail at the time of the pre-operative assessment.

It is sometimes necessary for the nurse to discuss your care with an anaesthetist to ensure you are as fit as possible for the operation. Very occasionally your operation may need to be postponed whilst we seek further advice / investigations.

Making plans for your return home

You will usually be going home 2 days after your surgery. This will be dependent on your safe mobility and that you are medically fit to do so. It is advisable to plan and prepare as much as possible for when you leave hospital, for example:

- You should lift any loose rugs from the floor to prevent tripping.
- Move anything that is used frequently from low cupboards to within easy reach.
- Stock up on non-perishable foods, pre-cook and freezer meals if you can. Microwaves are very useful.
- If you have a freezer be sure that everything you are likely to need is within easy reach. Make sure that you avoid using the lower half of your fridge or use a helping hand tool to assist you.
- If you live alone try and arrange for a friend or relative to come and stay with you for a few days. It is very reassuring for you and gives you confidence.
- If you have to wear support stockings, you will need help to change them. Please try to arrange with a friend or family member to do this.
- There are certain tasks that you will be unable to do for yourself initially i.e. shopping, making beds, using the vacuum cleaner etc. You may like to make your own

arrangements for help at home through a friend or relative but if you feel that you may need help at home or meals on wheels on discharge, please inform an Occupational Therapist at your pre-operative assessment clinic or as soon after admission in order that this can be arranged. You may have to pay for these services.

- Purchase any dressing aids you may need i.e. helping hand, shoe horn and sock aids before you come into hospital and start practising with them. You may like to bring them with you into hospital to assist you to get dressed.
- If you are overweight please try to lose some weight before your operation and continue to do so after your discharge as this will help prolong the life of your new knee.
- Your specific equipment needs will be discussed as your pre-operative assessment appointment with the Occupational Therapist.
- Please keep your clothes with you on the ward in the locker provided. Loose fitting clothes are much easier to wear after a knee operation so make sure your skirt / trousers are not too tight.

What happens on the day of admission?

- You will be seen by your Consultant or his Registrar to confirm the operation that you have consented to.
- If you have any special dietary needs i.e. vegan, wheat intolerance etc, please let the ward staff know. It is important that you continue to eat a healthy balanced diet prior to your admission
- You will be seen by an Anaesthetist to discuss the type of Anaesthetic that is most suitable for you. Please bring your medication with you.
- **You will need to stop eating by midnight the night before your surgery.**
- **Clear, flat fluids such as water or diluted “squash” (no milk, fruit juice or carbonated drinks) can be drunk until 6.30am on the day of your operation.**
- **At 6.30am on the day of your operation you should ensure you drink at least 330ml of water. This is to help ensure you are not de-hydrated. After this time you should stop drinking. You will be given more information on this before your admission.**

What happens after the operation?

- Immediately following surgery you will go to the recovery area. During your stay in recovery you will be monitored and given oxygen. You will return to the ward when comfortable and stable. You can expect to be away from the ward for between 2 and 6 hours.
- Your Anaesthetist may decide to give you a spinal anaesthetic for pain relief, which may cause a feeling of numbness or heaviness in the legs.
- At this stage you will have your blood pressure and temperature taken and your pulse and oxygen levels measured to ensure you have recovered from the anaesthetic.
- You may have your own blood re-infused or a blood transfusion to replace blood lost during surgery. You may also have a clear fluid drip to prevent dehydration from fluid lost; this will be discontinued when you are able to take adequate fluids and diet.
- Your leg may be placed in a foam trough to protect the new knee. You will be encouraged to start bending your knee slowly once you are awake in order to keep your joints supple.
- Foot pumps may be in use as part of your post-operative management. These consist of felt boots attached to a pump, which simulates the circulation by pumping against the soles of the feet. This process empties the veins in the foot (as happens when you walk) and helps to prevent a blood clot forming. They should be kept on all the time whilst you are immobile or until otherwise advised by a member of the medical team.

- If you have a past medical history of blood clots you may be required to wear support stockings, which again help to prevent thrombosis (blood clot) forming. You will have to wear these stockings for anything up to 6 weeks according to your surgeon's instruction. The stockings should be changed every 3 days to maintain elasticity. **A member of your family or a friend will have to do this for you once you are home.** Please try to make arrangements before you are admitted to hospital.
- Pain control can be given in the form of injections or tablets, please tell a nurse when you require painkillers. It is suggested that regular analgesia be taken until you are comfortable. This also assists with physiotherapy. **Painkillers can sometimes cause constipation. If this is a problem please tell a nurse as medication may be prescribed.**
- Once you have recovered from the anaesthetic try to eat and drink as you feel able. When you are managing to eat and drink normally, the drip will be removed. An x-ray will be taken of the knee the next morning and blood tests will be carried out to make sure that you are medically fit for discharge.
- Try not to touch your wound dressing as this can cause infection. Your discharge support team will check your wound between 5-6 days post-surgery by which time it should be healed.
- You must help the nursing staff to move you in bed by following their instructions when you need to be moved. They are not allowed to lift you but are happy to assist.
- A nurse call bell is available for you to ask for assistance.
- You will be discharged with an anti-coagulant medication (tablets or injections) which you **must** take as prescribed following your surgery. You must complete the course of medication unless advised by a medical professional. This medication is to prevent blood clots post operatively.

The Outreach and Assisted Discharge Teams

The dedicated discharge support service will be discussed at the pre-operation assessment and a follow-up appointment will be made with you before you leave the ward. The team will ensure your care continues after your operation. The ward nursing teams are also available 24 hours a day to offer help and support for the first 2 weeks following your discharge.

For continuity of your care it is advisable to contact the ward direct rather than your GP regarding your knee surgery in these first 2 weeks. You will be given an outpatient appointment for approximately 6 weeks after your operation. At this appointment you will be seen by a member of your consultant's team – usually a Clinical Specialist Physiotherapist who will check your progress and offer you further information and advice on your recovery and return to normal activities.

What should I look out for after your surgery?

It is normal to experience some pain and swelling in the first few weeks after surgery, however if you experience any of the following we would advise you to contact the ward for further advice:

- Oozing from the wound
- Inflammation (heat and redness) below the wound / down your leg
- Calf pain
- Uncontrollable pain
- If you have a fall or incident and are unable to weight-bear on your operated leg

If you experience any other difficulties following your discharge not related to your operation

please contact your General Practitioner.

What does my rehabilitation involve?

Rehabilitation starts immediately after your operation. The nurses, physiotherapists and occupational therapists are all involved in the rehabilitation process enabling you to make a full recovery.

On your return to the ward

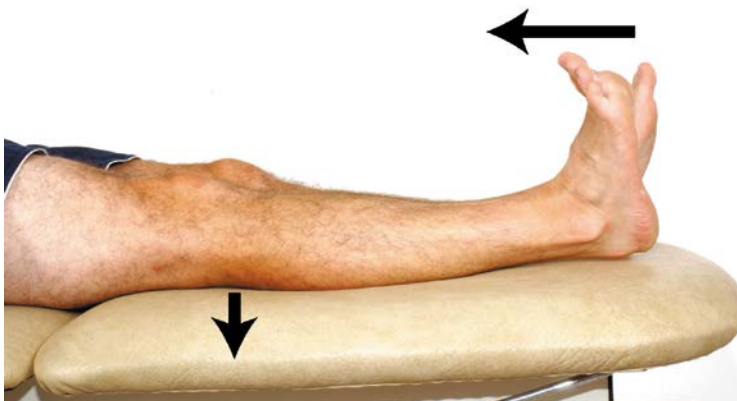
- When you come round from your operation take a few deep breaths and have a good cough to clear your lungs and help prevent chest complications.
- Gradually you will be allowed to sit up supported by a back rest and pillows.
- You should **start exercise 1** to help the circulation in your legs.



Exercise 1

Keeping your legs straight - pull your toes and feet up towards you, then push them down again.

You should do this as often as you remember i.e. 20 every half an hour.



Exercise 2

Pull your toes and foot up towards you and push the back of your knee firmly into the bed by tightening your thigh muscles.

Hold for 5 seconds and relax.

Repeat 10 times.

Getting up after your operation

It is our aim to get you up and out of your bed on the day of your surgery, this encourages you to mobilise (start walking) which will give you confidence in your joint replacement and reduce the risk of developing blood clots. The ward team will assist you out of bed to stand with a zimmer, wheeled frame or crutches. You will be encouraged to take a few steps and then sit in the chair. You will be advised how much weight you can put through your operated leg.

You should continue with the breathing exercises and exercise 1 to help your circulation and strengthen your muscles.

- You should be able to assist yourself in and out of bed initially with ward team support.
- You can sit out of your bed in a chair; we will teach you how to get up and down from the chair correctly to avoid straining the new knee.
- Before your operation you may have been taught how to use crutches. The physiotherapist will check your post-operative progress. You will be encouraged to walk as far as you are able with your frame or crutches, gaining independence.
- If you have been advised by the physiotherapist or senior nursing staff to walk to the bathroom but not alone - please ask the staff for assistance even if you think they are too busy. It is important for you to walk as this will improve your muscle strength and stamina.

Please ask if you are unsure.

Your exercises and walking aids

We would encourage you to practice your exercises before as well as after your operation in order to improve your progress after your operation.

- These exercises are to improve the circulation in your legs and strengthen your muscles, particularly around the knee.
- Be guided by your physiotherapist as to which exercises you should be doing whilst you are in hospital and also once you go home.
- Remember the muscles and tissues around the knee take *at least* three months to heal.
- Try to do the exercises given to you at least 4 times a day. They should not be painful but you may feel a "pulling" particularly on the front of your thigh. Ask the physiotherapist if you are unsure.
- Your leg may remain swollen for several weeks in which case you should spend at least half an hour on your bed, morning and afternoon.

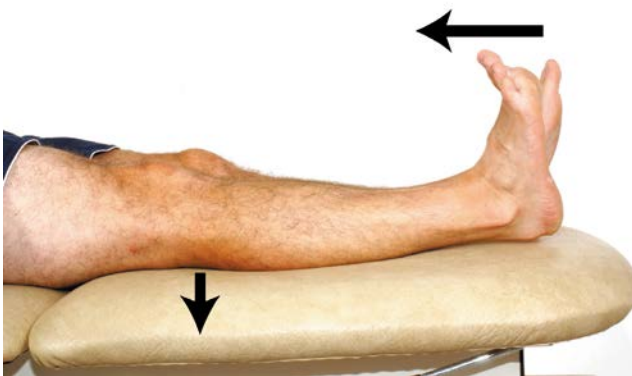
Exercises on the bed



Exercise 1

Keeping your legs straight - pull your toes and feet up towards you, then push them down again.

You should do this as often as you remember e.g. 20 every half an hour.



Exercise 2

Pull your toes and foot up towards you and tighten your thigh muscle to push the back of your knee firmly into the bed. Hold for 5 seconds and relax.

Repeat 10 times.



Exercise 3

Place a rolled towel under your operated knee. Tighten your thigh muscle and pull your toes up towards you to straighten the knee and raise your heel off the bed. Don't lift your knee off the roll. Hold for 5 seconds and lower your heel slowly. Repeat 10 times.



Exercise 4

Lie on your back with a sliding board or plastic bag under your foot.

Gently bend your knee by sliding your foot up towards you. Slowly lower.

Repeat 5 times

Exercises sitting on a chair



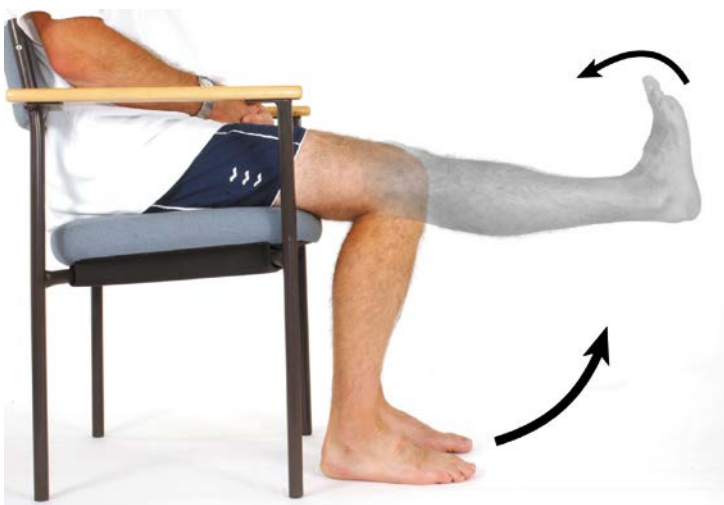
Exercise 5

Sit on a high chair or the edge of your bed.

Let your knee bend by taking your heel underneath you.

Be sure to sit evenly and try to bend the knee further each time.

Repeat 10 times.



Exercise 6

Sit well back in the seat.

Raise the foot and straighten the knee.

Hold for 5 seconds and lower slowly.

Repeat 10 times



Exercise 7

Sit on a chair with your heel supported on a chair or foot stool.

Or lie on the bed with a rolled up towel under your heel.

Tighten your thigh muscles and let your leg straighten in this position and rest for up to 10 minutes.

Repeat 4 times a day.

Walking with crutches or sticks

From standing

A First put both crutches or sticks forward about shoulder width apart.

B Place the operated leg between the crutches.

C Step through the crutches or sticks with the un-operated leg so that your foot goes in front of the operated leg. Repeat steps **A**, **B**, **C**.



A

B

C

If you have any questions about the exercises or using walking aids, please ask a physiotherapist.

Stairs

If you have a hand-rail, the safest way to climb stairs is to use a rail in one hand and a crutch / stick in the order. If you are on your own, carry the spare crutch or stick on the outside of the other crutch handle as shown in **A**.



Preparation

A

B

C

To ascend - Prepare to climb the stairs by holding the rail in one hand and your crutch/stick and spare crutch/stick in the other hand.

A Step up with the un-operated leg, **B** Step up with the operated leg, **C** Bring the crutch / stick up level with your feet.



C

B

A

To descend - **C** put the crutch/stick down first, **B** step down with the operated leg,

A Step down with the un-operated leg.

Stairs with no handrails

If you do not have a hand rail to use at home, then you can climb stairs using two crutches or sticks –



A Step up with the un-operated leg, **B** Step up with the operated leg, **C** Finally bring both crutches/sticks up level with your feet.

To descend stairs with no handrails -



C Put both crutches or sticks down first, **B** Step down with the operated leg, **A** Step down with the un-operated leg.

How will I manage at home after my Knee Replacement?

You will have met an Occupational Therapist at the Pre-admission clinic before your surgery who will have given you some advice regarding managing at home after your operation. If you are concerned that you may find any tasks difficult please do not hesitate to speak to an Occupational Therapist on the ward. If the Occupational Therapist feels that you would benefit from any equipment to make common daily activities easier on discharge from hospital they will organise for this to be delivered before your admission to hospital.

Points to remember:

- Sit only in a high chair that is suitable for you
- You should not get into a bath for 6 weeks after your operation.
- You may use a walk in shower as soon as your wound is dry.
- Take regular exercise “little and often” is better than too much all at once. Gradually progress what you do and be guided by your symptoms.
- If your knee or feet are swollen rest on your bed for at least an hour in the afternoon.

Will I be able to drive after my operation?

You should not drive for the first six weeks following your surgery. Speak with your insurance company as they may have policies surrounding using a car after surgery. It may be possible for you to drive after 4 weeks if you have an automatic car and are having a left knee replacement.

When can I return to work and leisure activities?

The healing process takes time. You will need to be patient and increase your activities gradually as your symptoms allow.

It is recommended that you take 6 weeks off work after a Joint Replacement. If you have a sedentary job you may be able to return to work within 6 weeks. For more physical or strenuous jobs it is appropriate to take 3 months off your normal work duties while your joint replacement gains strength. Alternatively you can look to modify your work situation and working environment. Your specific circumstances will be discussed with you at your post-operative outpatient appointment.

From 3 months after the operation you may gradually resume more physical activities such as golf, bowls, swimming or gardening. You should continue to avoid heavy or strenuous activities such as heavy lifting, digging or heavy resistance on exercises for 6 months after the surgery.

The most important reason for having your knee replaced is to allow you to resume a normal, active, independent life with less pain. You are encouraged to gradually return to that lifestyle but also asked to reflect on what effect it could be having on your new joint. If, for instance, you are keen on tennis there is no reason why you should not participate in the occasional game (after 6 months) but to play on a regular basis over a period of time could cause problems such as early loosening of the joint. The choice and the responsibility are yours.

Remember this booklet is only intended as a general guide. If you are unsure about anything regarding your operation please ask a member of the team.

Frequently Asked Questions

Is a Knee Replacement operation painful?

It is normal to experience pain after knee replacement surgery. This can usually be controlled with regular painkillers. You can expect the pain to gradually improve over the first 6 to 12 weeks after surgery. It can take up to a year or more for the muscles to fully regain strength after your new joint is put in place. During this time you are likely to experience some aches and pains around the knee particularly after physical activity.

How long should I use my crutches or sticks?

Most people are allowed to put their normal body weight through their operated leg immediately after surgery. You will be advised after the operation if this is different for you. Your walking aids are provided so that you walk more comfortably and with a more normal pattern. There is generally no set time that you have to use them but you will be gradually able to reduce the support they provide as you gain strength and walking becomes more comfortable. You will be given further advice on this by the supported discharge team and at your follow-up appointment. You will be referred for further physiotherapy at this stage if you need it.

What about sex?

As soon as the wound is dry, clips are removed and there is no knee pain, it is safe to resume sexual relations.

When can I fly after a joint replacement?

Flying is not recommended for the first 3 months after knee replacement surgery due to increased risk of blood clots. You may wish to discuss this further with your General Practitioner.

Will my knee replacement set off security scanners?

The metal in your knee implant is likely to set off the security scanners. There is currently no formal certification to confirm you have a joint replacement but rest assured that it is very common for people to have metallic implants and routine procedures will be in place. Security officials are likely to carry out additional checks to confirm your joint replacement so you should ensure you leave extra time to get through these security checks.

Can I kneel on my knee replacement?

From 6 months after the operation your knee replacement is strong enough for you to kneel on. You should try to use a cushion or knee pads and avoid kneeling for prolonged periods.

How long will my knee replacement last?

At ESHT we have published clinical results of a long-term follow-up study which found 96% of patients still have a functioning knee replacement 15 years post surgery (Atrey *et al.*, 2014)

If I use my knee less, will it last longer?

The main reason that you are going ahead and having a joint replacement is so that you can continue to enjoy a reasonably active with less pain. It is important to stay active after a knee replacement as it will benefit from you maintaining a healthy weight and keeping your muscles strong. We recommend walking and cycling as good, low impact exercise.

References and useful links

Timescale for care and practice have been set based on Local and National guidelines and protocols including:

British Association of Surgery to the Knee - Knee Replacement: A guide to good practice, Online <https://www.boa.ac.uk/resources/best-practice-knee-arthroplasty.html>

Models of Care have been developed in conjunction with the NHS Enhancing Quality & Recovery, Kent, Surrey & Sussex – The South East Collaborative

National Institute for Health & Clinical Excellence (NICE) guidelines – Surgical Site Infection, prevention and treatment, October 2008 – Reference: CG74

National Institute for Health & Clinical Excellence (NICE) guidelines – Venous Thromboembolism: reducing the risk, January 2012 – Reference: CG92

National Joint Registry Report 2015 - www.njrcentre.org.uk

The Friends and Family Test <https://www.england.nhs.uk/ourwork/pe/fft/>

Shared Decision Making NHS (2012) <https://www.england.nhs.uk/shared-decision-making/>

Patient Reported Outcome Measures PROMs. The NHS Information Centre
<http://www.ic.nhs.uk/proms>

Reducing length of stay following orthopaedic surgery: the Conquest Hospital in Hastings. Department of Health.

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/MediaCentre/Media/DH_112226

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Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

The following clinicians have been consulted and agreed this patient information:

Mr Guy Selmon – Clinical Lead Consultant Orthopaedic Surgeon (Conquest)

Mr Andrew Skyrme – Clinical Lead Consultant Orthopaedic (Eastbourne)

The directorate group that have agreed this patient information leaflet:

Surgery, Anaesthetics and Diagnostics

Next review date: December 2023

Responsible clinician/author: Kate Weatherly – Specialist Orthopaedic and Clinical Research
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