

## Total knee replacement surgery

### Welcome to the East Sussex Healthcare Enhanced Recovery Programme

This information is a guide to help you through your Total 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 booklet 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.

**Please use this booklet as a source of information throughout your patient journey and bring it along when coming into hospital.**

### 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.



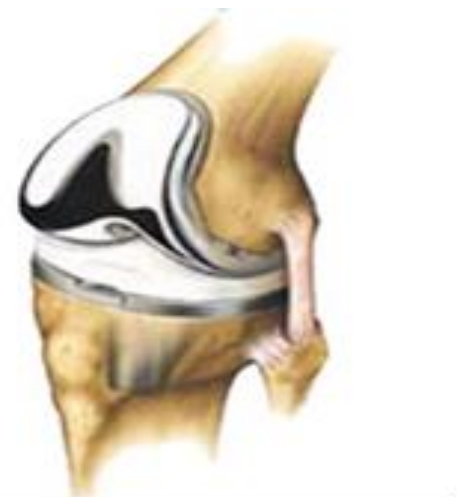
The knee joint is formed by the ends of the femur (thighbone) and the tibia (shinbone) and also by the patella (kneecap), which glides on the thighbone. It basically works as a hinge joint. Normally the bones are lined with smooth cartilage, which allows the joint to move in a smooth and pain free manner. 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 (unicompartmental or patello-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**

## Before surgery

### The Pre- assessment Clinic

The purpose of this clinic is to prepare you for your admission and discharge from hospital. You will be contacted by members of the hospital team who will be involved in your care. The clinic gives us a chance to speak to you, discuss your home circumstances and provides an opportunity for you to ask any questions you may have. A short video will provide information on what to expect before and after your knee replacement so you can be best prepared for your operation and achieve the greatest recovery possible. Please ensure you watch the video prior to your consultation.

### Video links:

- Knee Replacement Pre-admission, OT - <https://youtu.be/U3mVBuM3QIQ>
- Knee Replacement Pre-admission, Physiotherapy - <https://youtu.be/egmd2Ysk03M>

### Nursing Staff

The nursing staff will document an in-depth medical, surgical and social history. You might 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.

### Physiotherapist

The physiotherapist will discuss your current level of mobility and give you appropriate exercises to do prior to admission. **It is important you start your exercises before your operation as this will speed up your recovery. These exercises can be found later in this booklet.**

### 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 complete the furniture height form and have it ready when you are contacted by the Occupational Therapist for your pre-assessment.**

### Making plans for your return home

It is advisable to plan and prepare as much as possible for when you leave hospital, for example:

- You should remove 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 freeze meals if you can.
- Place food in fridge and freezer at accessible height.
- There are certain tasks that you may find difficult initially i.e. shopping, making beds, doing housework. 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, please inform the Occupational Therapist during your pre-operative assessment.
- Purchase any dressing aids you may need before you come into hospital and start practising with them. You can buy them from the chemists or on-line. You may like to bring them with you into hospital to increase your independence with personal care.
- Loose fitting clothes are much easier to wear after a knee operation. Please bring appropriate clothing into hospital.

**We aim to get all our knee replacement patients ready to go home as soon as is appropriate, usually 2 days post-op. This will depend on your safe mobility and that you are medically fit to do so.**

## On admission

### Day of admission

- **You will need to stop eating by midnight the night before your surgery.**
- Please read your admission letter for fasting instruction.
- You will be seen by your Consultant or the Registrar to confirm the operation that you have consented to.
- 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.

### After the operation

- Immediately following surgery you will go to the recovery area. There 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.
- 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.
- 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 stimulate the circulation by pumping against the soles of the feet 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 taken off daily to allow you to wash and check your skin.
- Regular pain relief is recommended to 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. If you have any special dietary needs i.e. vegan, wheat intolerance etc, please let the ward staff know.

- 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.
- 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.

## Rehabilitation

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.

## 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; it is beneficial to lie completely flat for half an hour at a time each day to stretch the muscles over the front of the hip.
- You may start exercise number 1 to help the circulation in your legs.

## After the operation

As long as your blood pressure and pain is well controlled and the doctors have deemed it safe to do so, the ward team will assist you out of bed to stand with an appropriate walking aid. 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.

- We will teach you safe techniques to get in and out of bed and to get on and off the chair.
- The physiotherapist will check your post-operative progress. You will be encouraged to walk as far as you feel able with appropriate walking aid and supervision. It is important for you to walk as this will improve your muscle strength and stamina.
- If you have been advised by the physiotherapist or nursing staff to walk to the bathroom but not alone - please ask the staff for assistance even if you think they are too busy.

**Please ask if you are unsure.**

## Exercises

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

- 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 your knee take *at least* three months to heal.
- After a routine knee replacement the person is normally able to put their full weight through the leg.
- You will normally start mobilising with a walking frame and then progress to crutches or walking sticks. Walking aids will be supplied for you to take home.

## Exercises post-op Total Knee Replacement

### Exercises on the bed



#### Exercise 1

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

You should do this as often as you remember e.g. 20 every 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. Then relax.

Repeat 10 times, 4 times daily



#### Exercise 3

Place a rolled up towel under the knee of your operated leg.

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, then lower your heel slowly.

Repeat 10 times, 4 times daily



#### Exercise 4

Lie on your back with a plastic bag under your operated leg/foot if required.

Gently bend and straighten your knee by sliding your foot up towards you. Keep your kneecap facing the ceiling throughout the exercise.

Repeat 10 times, 4 times daily.



#### Exercise 5

Lie on your back on the bed with your legs straight.

Place a small rolled up towel under your ankle.

Allow your leg to relax. Build up the time to 10 minutes in this position as you are able to tolerate.

Repeat 2 times daily.

### Exercises sitting on a chair



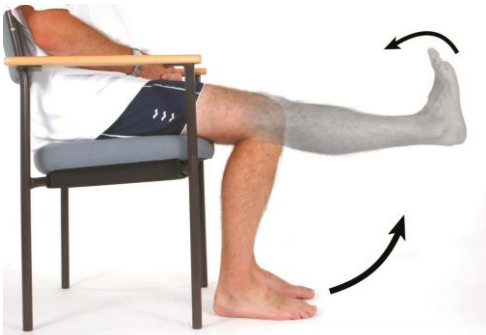
#### Exercise 6

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, 4 times daily.



#### Exercise 7

Sit well back in the seat.

Pull your toes up, tighten your thigh muscles and straighten your knee.

Hold for 5 seconds. Then lower slowly.

Repeat 10 times, 4 times daily.

#### Ice:

Apply for 10 to 15 minutes 4 times a day. Ensure ice/frozen peas are wrapped in a damp tea towel/thin pillow case to avoid direct contact with the skin.

Regularly change position and elevate your leg on a foot stool to help with swelling.

#### General advice:

Always remember that the quality of the exercise is more important than the number of times you can repeat the exercise. For exercise 2 onwards, the slower you perform each movement, the harder you will work your muscles. You might find some exercises harder than others. So build up the repetitions as able. **Regularly change position and elevate your leg on a foot**

**stool to help with swelling. Have a rest on your bed midday for elevation.**

### **Walking with crutches or sticks**

- 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.



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

### **Stairs with a hand-rail**

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 other. If you are on your own, carry the spare crutch or stick on the outside of the other crutch/stick handle.

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

Step up with the un-operated leg, step up with the operated leg, so both feet are on the same step/level. Bring the crutch / stick up level with your feet.



**To descend** - Put the crutch/stick down first, step down with the operated leg, step down with the un-operated leg, so both feet are on the same step/level.

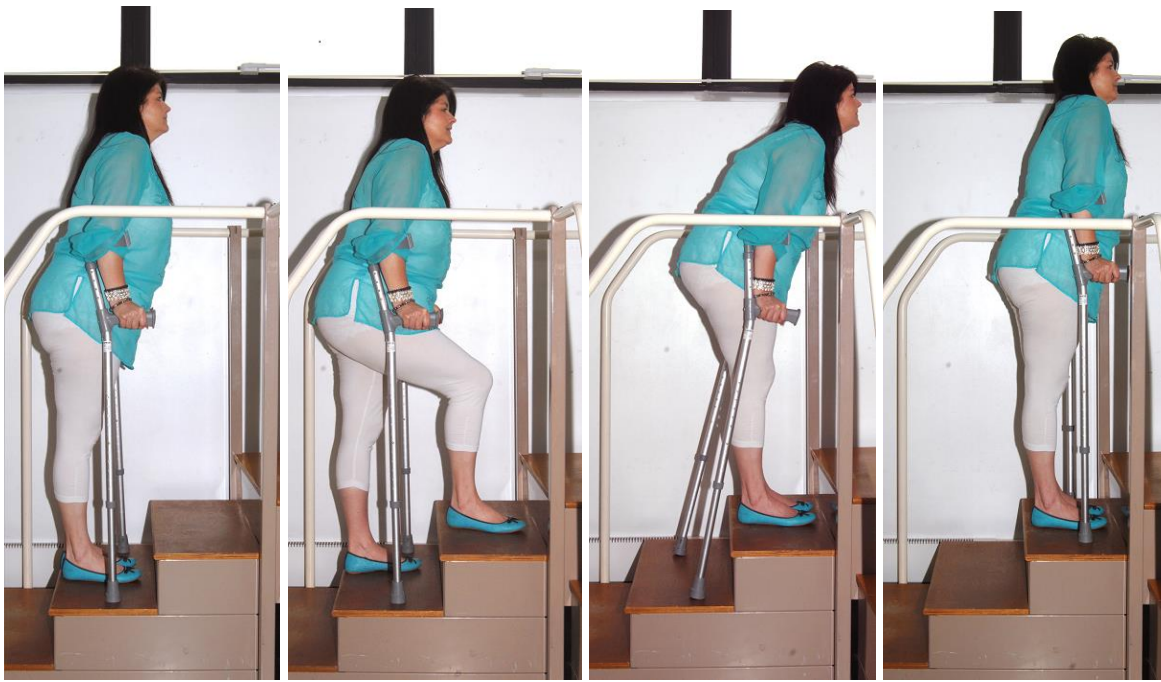


### Stairs with no handrails

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

**To ascend** - Step up with the un-operated leg, step up with the operated leg so both feet are on the same step/level. Finally bring both crutches/sticks up level with your feet.





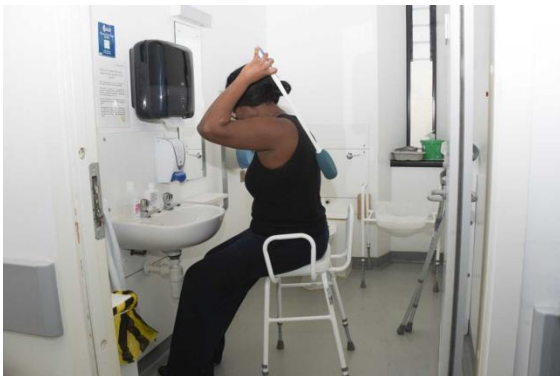
**To descend** - Put your crutches or sticks down first, step down with the operated leg, step down with the un-operated leg so both feet are on the same step/level.



## Managing at home

### Washing and dressing

- You should not get into a bath for 6 weeks after your operation.
- If you have a walk-in shower/ cubicle you can use it providing you feel safe and confident to do so and as long as you don't get the wound and dressing soaked.
- Keep the wound area dry until your wound is healed (12-14 days after your operation). You should continue to wear the dressing for the time period advised on discharge from hospital.
- If you don't feel confident to use your shower or your property only has a bath we recommend that you strip wash at the sink.



- Always sit down when getting dressed.
- Always dress your operated leg first.
- Always undress your operated leg last.
- Always use long handled aids, e.g. to dress your lower half.



### Kitchen activities

- Try to keep kitchen tasks as simple as possible. If someone is around that can help, let them assist.
- Ready or pre-prepared meals may be easier to start off with.
- If you have a table and chair in the kitchen it is best to eat there for the first 6 weeks, as you will be unable to carry food and drink whilst using your walking aid.
- To transport food and drink around use a large shoulder bag or rucksack to carry a flask, plastic drinks bottle or plastic food container. This will allow you to use your walking aid safely.

- If not possible, do you have someone who could carry items for you to where you eat?
- If you have any concerns about completing kitchen tasks please inform your Occupational Therapist during your pre-assessment appointment.

## Shopping

- Consider internet/telephone shopping or asking someone to do it for you until you are able to do so yourself.
- Try and bulk buy some items before your surgery.
- Consider frozen meal companies that will deliver to your home on a short term basis.

## What about cleaning and laundry?

- Prior to surgery ensure you are up-to-date with all your laundry, including your bedding.
- Try to do a 'big clean' before you come into hospital.
- Using a helping hand to load/unload the washing machine might be helpful.



Avoid heavy activities, e.g. vacuuming more than a few crumbs until 3 months from surgery.

- 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.

## Driving

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.

## 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 the muscles around your joint replacement gain strength. Alternatively you can look to modify your work situation and working environment. Your specific circumstances will be discussed with you at your 6 weeks follow-up 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 for 6 months after the surgery. Also avoid standing long periods of time.

### **Average time scale:**

Numbness:	6 – 8 weeks
Swelling:	3 – 4 months
Warmth:	3 – 4 months
Pain:	6 – 9 months
Recovery:	up to 2 years

The duration of using walking aids is very variable for each patient. The main aim is that you are walking safely and correctly rather than stop using your walking aids at a particular time.

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. The choice and the responsibility are yours.

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

### **Following hospital discharge**

A member of the team will contact you around 1 week following your discharge from hospital to review and discuss your progress.

A further routine follow-up appointment will be around 6 weeks post-op.

### **What should I look out for after my 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.

### **Frequently Asked Questions**

#### **What happens before my Total Knee Replacement operation?**

Having spoken to your consultant and agreed to the surgery to your knee, you need to think ahead and plan your life whilst awaiting admission.

#### **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. Smoking is not allowed anywhere on the hospital property. Nicotine replacement therapy (patches or gum) may be considered, ideally 4 weeks prior to your admission to the hospital.

### **Is a Knee Replacement operation painful?**

It is normal to experience some 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 hip 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 during your follow-up appointment.

### **How long do I have to keep anti-embolism stockings on?**

If you have been asked to wear Anti-embolism stockings, please ensure that you take them off daily for washing and skin check and continue to wear them as advised by your medical team.

### **Who do I ask for more pain relief?**

If you feel you don't have adequate pain relief please contact your GP.

### **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. Avoid kneeling positions if possible.

### **When can I fly after a knee replacement?**

Flying is not recommended for the first three months for short haul flights (2-3 hours) after knee replacement surgery due to increased risk of blood clots. If you are planning a long haul flight please discuss this with your surgeon. 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 life 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.

### **Will I need an anaesthetic?**

In order to have a Total 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).
- 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

**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.

## **Monitoring our performance**

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

**Patient Reported Outcome and Experience Measures (PROMS and 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.

**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.

## 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 - [www.boa.ac.uk/Publications/Documents/tkr\\_good\\_practice.pdf](http://www.boa.ac.uk/Publications/Documents/tkr_good_practice.pdf)

Guidelines for Clinicians for Medical Records and Notes, 1994 Online - [www.rcseng.ac.uk/publications/docs/med\\_records.html](http://www.rcseng.ac.uk/publications/docs/med_records.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](http://www.njrcentre.org.uk)

The Friends and Family Test - [www.england.nhs.uk/ourwork/pe/fft/](http://www.england.nhs.uk/ourwork/pe/fft/)

Shared Decision Making NHS (2012) - <http://sdm.rightcare.nhs.uk/>

Patient Reported Outcome Measures PROMs. The NHS Information Centre - [www.ic.nhs.uk/proms](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](http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/MediaCentre/Media/DH_112226)

**Atrey, A., Edmondson, M.C., East, D., Ellens, N. & Butler-Manuel, A. (2014) The retrospective medium to long-term results of 1500 AGC total knee replacements – an independent centre functional follow-up and survivorship study. Journal of Orthopaedics 11 (1):37-42.**

## 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.

## Contact Information:

Conquest Hospital: Tel: 0300 131 4500 Ext: 148481

Eastbourne Hospital: Tel: 0300 131 4500 Ext: 134705

## 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: [esh-tr.patientexperience@nhs.net](mailto: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.**

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

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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: June 2021

Responsible clinician/author: Clare Archer – Team Lead Occupational Therapist  
Andrew Bridges – Team Lead Physiotherapist, Conquest Hospital  
Julia Brook – Team Lead Physiotherapist, Eastbourne DGH  
Helen Harper-Smith – Clinical Specialist Orthopaedics, ESHT

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