

A Guide To Healthy Hips & Knees





Foreword

We believe that good health is about more than just the problem with your hip or knee. There are various local and national services which could help you in your journey to better health, some of which are signposted throughout this booklet. In this booklet you will find information about how your joints work, what to do to keep them healthy, options about your care and what to expect if surgery is the next step for you. This booklet's aim is to give you a starting point towards better health with information to help you to better understand and manage your problem.

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Sussex MSK Partnership East would like to thank clinicians from East Sussex Healthcare NHS Trust and Horder Healthcare and the many patients who contributed to the formation of this booklet.

YOUR HIPS AND KNEES

DID YOU KNOW?

Musculoskeletal (MSK) problems relating to bones, joints and muscles, affect over 20 million people in the UK, almost **one third of the population**.

Poor MSK health has a huge impact on people, their employers, the NHS and the wider economy. In fact, over 30 million working days are lost due to MSK conditions every year in the UK and they account for up to 30% of GP consultations in England.⁽¹⁾

Your knee joint is the largest joint in your body, closely followed by your hip. These joints do a wonderful job of being strong enough to take your body weight at the same time as being flexible enough to allow you to move and live an active life.

As we get older our joint surfaces change, much the same as other more visible parts of our body. Symptoms of pain and stiffness associated with these changes are often called **osteoarthritis (OA) (more on page 9)**.

As you become older, changes in the joint surfaces are often seen on x-ray. This is normal. The good news is that our bodies can adapt so the changes don't necessarily cause problems. Many people with significant changes on x-ray report having no joint pain. X-ray images tell us very little about how painful a joint will be or how well it will work.

Hip or knee OA often causes pain in other areas, such as the thigh, lower leg and buttock. Hip OA can also travel into the groin and pain can reach as far as the feet. This is called "referred pain".

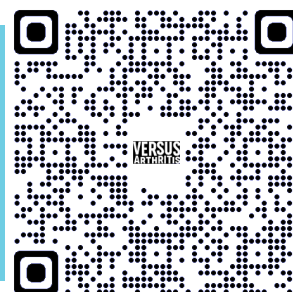
The pain associated with osteoarthritis can lead to people being less active. In turn the muscles that support our joints become weaker and so normal activities become more difficult.



Only 1 in 10 patients opt for a hip or knee replacement. 9 in 10 patients find they can manage their osteoarthritis without surgery.⁽¹¹⁾



For in-depth descriptions visit:
<https://www.versusarthritis.org/about-arthritis/conditions/osteoarthritis-of-the-knee> and
<https://www.versusarthritis.org/about-arthritis/conditions/hip-pain>



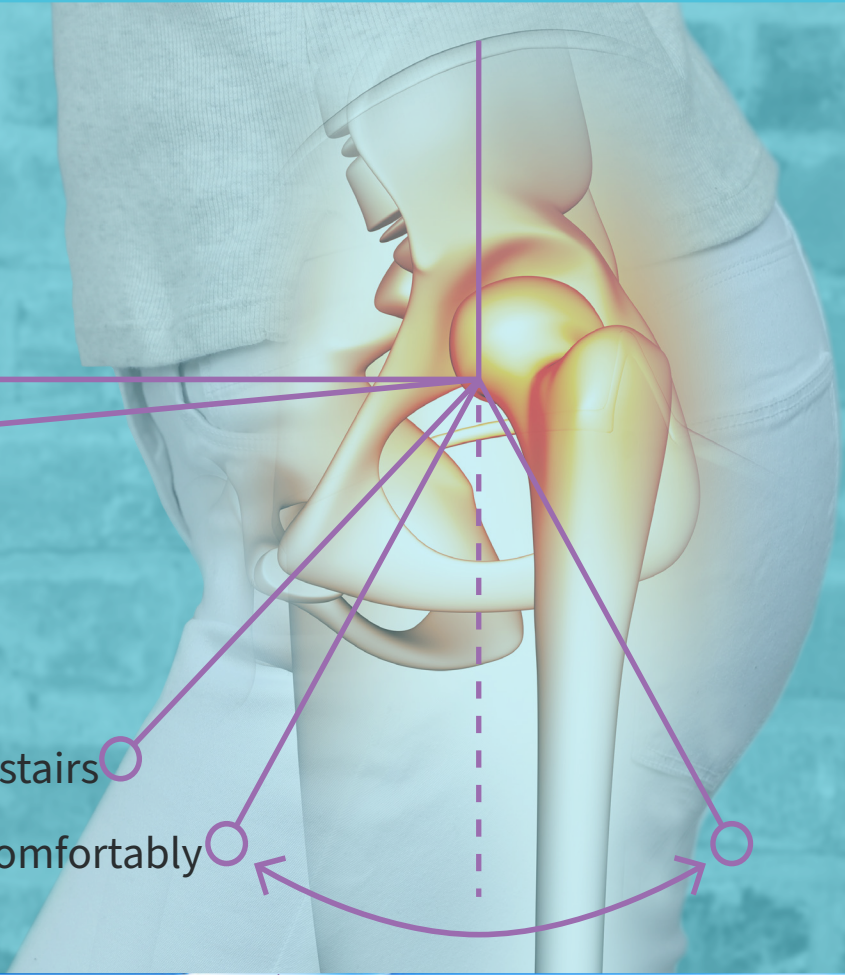
RANGE OF MOVEMENT

The hip joint

90° to tie shoelaces
85° to sit comfortably

45° to climb stairs

30° to 15° to walk comfortably



The knee joint

115° (or greater) to squat
or sit cross-legged

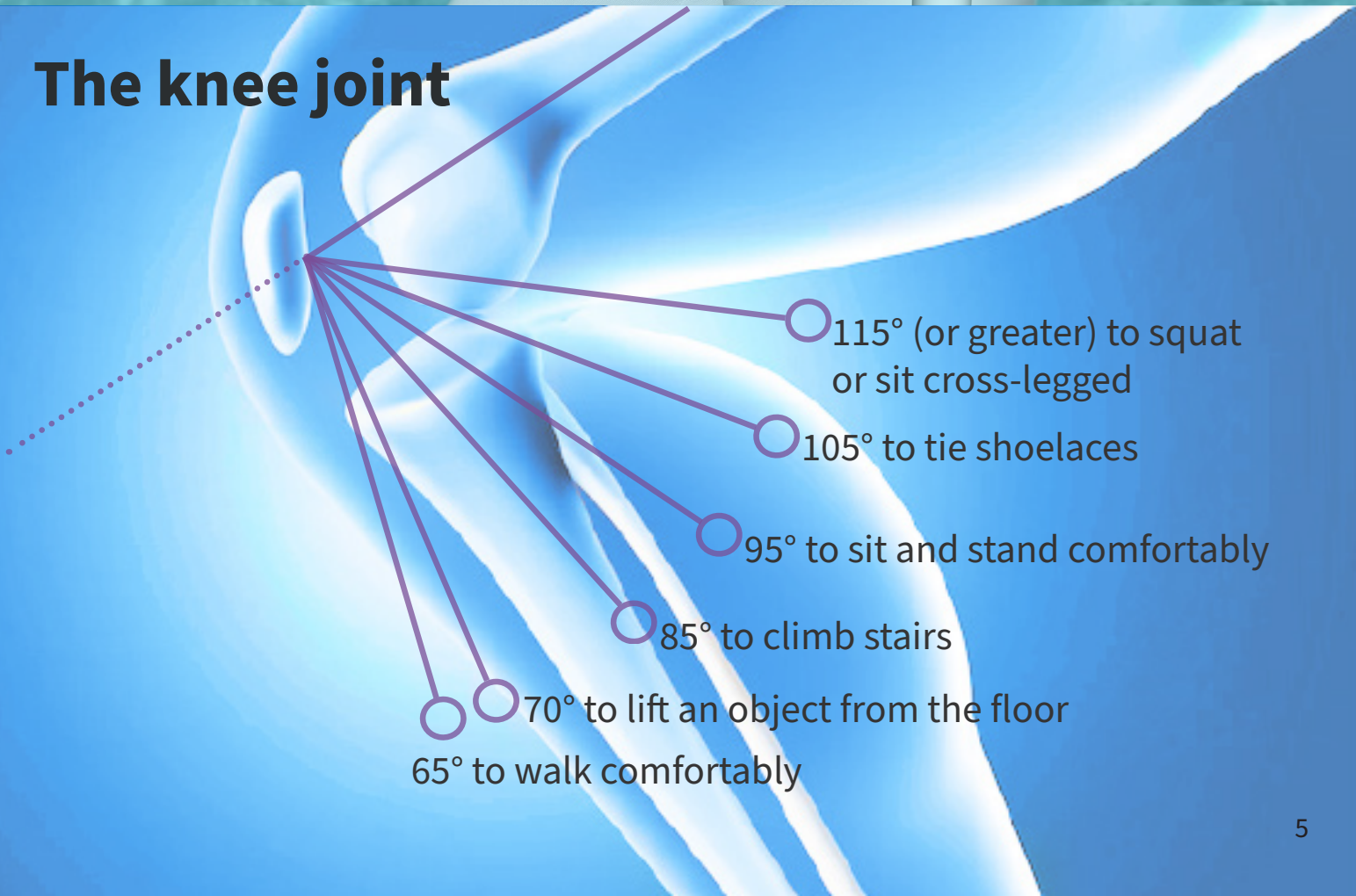
105° to tie shoelaces

95° to sit and stand comfortably

85° to climb stairs

70° to lift an object from the floor

65° to walk comfortably



HOW TO HELP YOUR HIPS AND KNEES

There are two main ways to help your hips and knees: weight loss and exercise. Many studies show that increasing exercise and, if you need to, losing weight will allow you to do more things and decrease your pain. Pain killers can help but some people will go on to have surgery.

Are you a healthy weight?

Having a higher weight puts strain on your hips and knees, as well as your back, feet and ankles. This increases the risk of developing osteoarthritis and makes it more likely that your arthritis will get worse over time. This is partly because you are asking your joints to carry more weight than they should but partly because chemicals produced by the fat may increase inflammation in the whole body including joints.⁽²⁾⁽³⁾

The force put through your knees and hips when you walk and move can be several times your actual body weight because of the way your joints work. It has been calculated that the pressure on your knees is 1½ times your body weight on flat ground, 2-3 times your weight going up or down stairs and 4-5 times when you squat to tie up a shoe lace or pick up a dropped item. This means that, for example, a loss of two pounds would take a load of at least half a stone off your knees and hips.⁽⁴⁾⁽⁵⁾

Studies show that people who are overweight and manage to lose weight have less pain and better function - especially if they manage to lose 10% or more of their weight (for example losing 1.5 stone if you currently weigh 15 stone).⁽⁶⁾

Are you a smoker?

Smoking damages your body in many ways. From the day-to-day effects on your heart and your breathing, to longer-term smoking-related diseases such as heart disease, cancer and stroke. If you smoke, the risks of surgery are higher than for non-smokers. If you quit you may reduce the chance of having complications during and after an operation as well as lead a healthier lifestyle for you and your family.

If you are considering surgery, it is strongly recommended that you stop smoking at least eight weeks prior to any operation.

**ONE YOU
EAST SUSSEX**

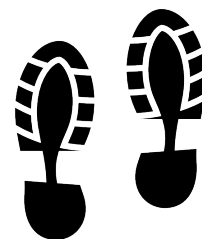


<https://oneyoueastsussex.org.uk/>

One you East Sussex can offer help with both weight management and smoking cessation. They offer courses, support and guidance on subjects like smoking, diet, moving more and also offer free NHS Health checks.

Footwear

Choosing comfortable, supportive shoes can make a difference not only to your feet, but also to other weight-bearing joints including the knees, hips and joints in your back. In general, the ideal shoe should have a thick but soft sole, soft uppers, and plenty of room at the toes and the ball of the foot. If you have particular problems with your feet, a podiatrist can offer specific advice. Wearing the right shoes can make you more comfortable.



Walking aids

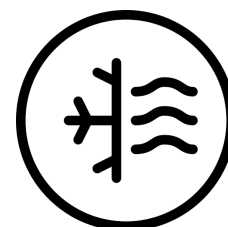
If needed, a walking stick can reduce the weight and stress on a painful knee or hip. If your leg sometimes ‘gives way’ then a stick may help you feel less afraid of falling. **Holding the stick in the opposite hand to your most painful leg can help you lean weight away from that leg and reduce pain when walking.** To measure the correct height, have the stick handle at wrist height when you are standing up straight with your arms by your side. Try using a handrail for support when going up or down stairs. Go upstairs one at a time with your better leg first. Come down with your most painful or weakest leg first.



Warmth and cold

Using a heat pack or something similar on a painful knee or hip might help to relieve the pain and stiffness of osteoarthritis.

Applying a hot-water bottle, wrapped in a towel to protect your skin, or a wheat-bag that you heat up in a microwave, can help to ease pain. An ice pack, again wrapped in a towel to protect your skin, often helps to reduce swelling and discomfort. Ice can be applied for up to 20 minutes every couple of hours.



Posture

If you have arthritis, you’ll find that good posture can help to put less strain on your joints. When your posture is good, your body will feel more relaxed. Think about your posture throughout the day. Check yourself while walking, at work, while driving, or while watching TV.



Physiotherapy

A physiotherapist can assess you, help you understand what is happening to your joints and muscles and provide advice and reassurance.

- They can help you become confident in managing your arthritis and advise you on exercise and pain relief.
- They can teach you how to improve your walking and joint movement and how to strengthen your muscles.
- They can help you set specific goals to help you with your lifestyle.



They can provide walking aids and insoles. They may suggest a programme of specific exercises, a specialised activity such as ESCAPE-Pain, exercise in water or many other therapies. They may use manual therapy where they use their hands to help relieve pain and stiffness and encourage better movement of the body. All of these may contribute to helping you manage better and reduce your pain levels.

REMEMBER, it is really important to continue your exercises even after you have finished seeing your physiotherapist. How can you fit these into your everyday routine? For example, can you do some whilst watching the television?

DID YOU KNOW?

If you would like an assessment from a physiotherapist, **you can self-refer to SMSKPE**, without the need to see your GP. The information coming directly from you is usually better quality and saves your GP practice resources, saving the NHS time and money. To self-refer visit: <https://sussexmskpartnershipeast.co.uk/gethelp/>

ESCAPE-Pain

ESCAPE is a specialised programme for hip and knee osteoarthritis. There are specific stretching and strengthening exercises for your knees and hips which you can learn in local group programmes. You need to attend two classes a week for six weeks. This course is very successful for those with mild to moderate OA and you will meet others with similar problems. If you are unsure whether you are suitable for ESCAPE-Pain discuss this with your clinician – either your Advanced Practitioner or Physiotherapist.

These sessions, tailored to each individual within the group, will help and encourage you to carry out your normal activities, be in less pain, know how to exercise safely and generally become more active. You will also learn techniques to help with your back which may have been affected by your hips or knees.

REMEMBER, to maintain long term success, you must continue to do the exercises twice a week at home after the programme has finished.

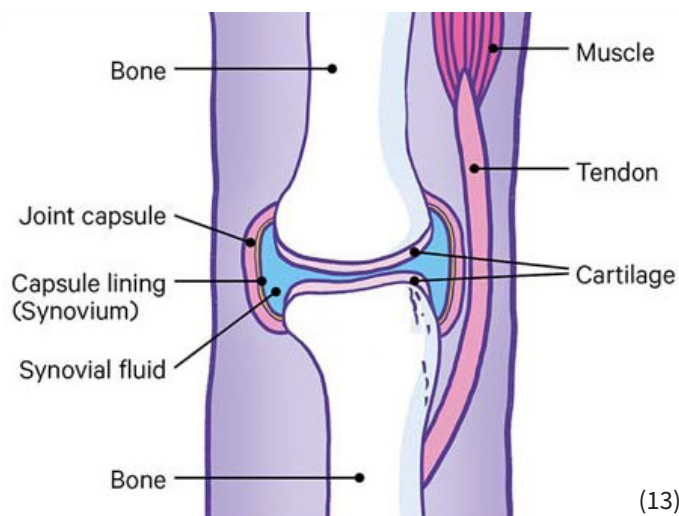


Find out more about ESCAPE-Pain
<https://escape-pain.org/>

WHAT IS OSTEOARTHRITIS?

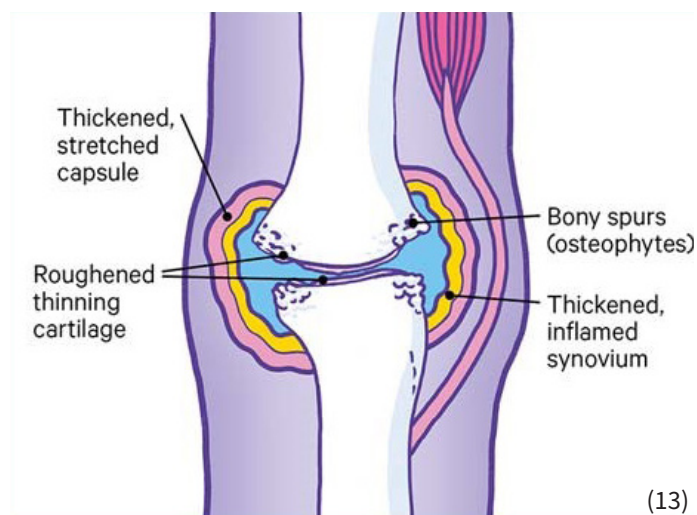


Osteoarthritis (OA) is a very common condition, which can affect any joint in the body. It is most likely to affect the joints that bear most of our weight such as the knees and hips, but also commonly affects joints we use a lot in everyday life such as your hands and feet.



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In a healthy joint, our cartilage covers the surface of the bones and helps them move freely against each other. When a joint develops OA, part of the cartilage thins and the surface becomes rougher. This means the joint doesn't move as smoothly as it should. When cartilage becomes worn or damaged, tissues within the joint become more active than normal as the body tries to repair the damage. This may change the structure of the joint but often your joints will still work normally and without pain or stiffness.



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Almost everyone will develop OA in some of our joints but many may not even be aware of it!

OA is a repair process in overdrive. Over time, joint structure can change and sometimes cause pain, swelling and difficulty in moving normally.

Although we are still learning more about OA, we know there are lots of factors that can contribute to it, including: age, gender, obesity, previous joint injury and joint abnormalities all play a part.⁽¹²⁾

EMOTIONAL WELLBEING



Looking after yourself emotionally

Osteoarthritis can cause pain, stiffness and loss of function which can lead to feelings of isolation, anxiety and depression. Looking after your emotional wellbeing is, therefore, essential and may help to improve your function and reduce pain. Mindfulness, for example, is an awareness of our thoughts and feelings as they happen moment to moment and is a valuable wellbeing tool to practice.



<https://www.nhs.uk/mental-health/self-help/tips-and-support/mindfulness/>

Paying more attention to the present moment – to your own thoughts and feelings, and to the world around you – can improve your mental wellbeing.

Some people call this awareness “mindfulness”. Mindfulness can help us enjoy life more and understand ourselves better. You can take steps to develop it in your own life.



<https://healthinmind.org.uk/>

“We all go through low points at times in our lives and it is not unusual to experience symptoms such as stress, anxiety and depression.

Health in Mind is a free NHS service for anyone in East Sussex experiencing these kinds of emotional or psychological difficulties.”

LOOKING AFTER YOUR SLEEP

Sleep is vital for general health as well as recovering from injuries and reducing pain. Below are some tips for better sleep. Follow this link for more:

<https://www.nhs.uk/every-mind-matters/mental-health-issues/sleep/>



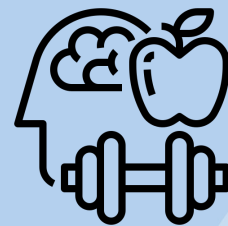
Making a habit of going to bed when you feel tired and getting up at roughly the same time helps teach your body to sleep better. Try to avoid napping where possible. Adults need 7 - 9 hours' sleep every night.



Caffeine and alcohol can stop you falling asleep and prevent deep sleep. Try to cut down on alcohol and avoid caffeine close to bedtime.



Think about your environment. Keep the room **dark**. Keep the temperature comfortable - keep your feet and hands **warm**. Ensure the room is **quiet** - try thicker curtains, sleeping at the back of the house, or even use ear plugs, to avoid being woken by noise.



Regular exercise is good for your physical health and your mind too - and being active during the day can help you sleep better. Just remember to avoid vigorous activity near bedtime if it affects your sleep.



If you often lie awake worrying about tomorrow, make it a part of your daily routine before bed to write a list for the next day. This can help put your mind at rest.



If you are lying awake unable to sleep, do not force it. Get up and do something relaxing for a bit, and return to bed when you feel sleepier.

EXERCISE

It is important to exercise to keep your joints moving and your muscles strong. It is natural to try to avoid moving if you are in pain but this can increase stiffness and weaken your muscles. This becomes a vicious cycle as movement becomes increasingly more difficult and painful. Your exercise should be a mixture of general movement, stretching and strengthening.

If you have not been moving much then start by exercising '**little and often**'. Find something which you enjoy, for example, walking, dancing to the radio, mowing the lawn, cycling, swimming – the list is endless.⁽⁷⁾



You are aiming to reach a minimum of 30 minutes daily, but any increase in activity will have benefits for your health. Try breaking this down into smaller chunks, say, 5-10 minutes at a time if that is easier. Try to build this movement into your daily routine.

How can you “tweak your week” to add exercise? For example, parking further away from your work or the shops than usual. Get off the bus a stop earlier. What can you think of?



<https://oneyoueastsussex.org.uk/>

East Sussex 1Space is East Sussex County Council's online directory.

It brings together groups and organisations that offer care, support and wellbeing services to people in East Sussex.



<https://www.versusarthritis.org/>

Whether you're looking for information about your arthritis and musculoskeletal conditions, or you want to support family and friends, Versus Arthritis provide resources, videos and surgery tool-kits.

But it hurts! How can I exercise?

Ways to reduce pain can include creams that you rub on your joints, tablets that you take and injections into your joints such as steroids. **See also warmth and cold on page 7.** Many people find it useful to take painkillers so that they can exercise and as they improve their movement they can then reduce their pain killers over time.

For some people, an over the counter remedy such as paracetamol may be enough. Non-steroidal anti-inflammatory drugs (NSAIDS) may help if your knee or hip is swollen. Using painkillers can allow you to overcome the pain sufficiently to enable you to exercise and start returning to your more usual activity.

If you are thinking about taking medication (e.g. tablets) for your hips or knees, it is recommended that you speak to your GP or local pharmacist first.

REMEMBER, using muscles that have been immobile will hurt. This is normal. The pain will reduce as your muscles get warmed up and used more.

DID YOU KNOW?

If you exercise for at least 20 minutes your brain will produce its own pain killers, called endorphins.

Pace yourself

If your pain varies from day to day, it can be tempting to take on too much on your good days, leading to more pain afterwards. Learn to pace yourself. If there are jobs that often increase your pain, try to break them down, allow time for rest breaks, and alternate with jobs that you find easier. Or think about other ways of doing a job that would cause less pain. Remember it's safe to keep using your hip or knee and pain does not mean harm, but rest before it becomes too painful.



<https://www.nhs.uk/live-well/>

Do you know your Body Mass Index?
NHS Live Well provides a BMI healthy weight calculator as well as advice about healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol.

EXERCISES TO MANAGE KNEE AND HIP PAIN

This section contains some simple exercises that are designed to stretch and strengthen, and aim to make your knee or hip feel stronger when you are moving around.

Start by exercising gradually and build up over time. Carry on exercising even if your pain gets better, as this can stop it coming back and will help you do your everyday things more easily (see the diagrams showing **range of movement** on page 5).

REMEMBER “little and often”

Drink plenty of water when exercising, and check the space around you for hazards!

If you have any questions about exercising or if you are unsure how to do a certain exercise, ask your doctor or physiotherapist before you start. They may be able to give you a personalised exercise plan.

You can see the exercises outlined over the next few pages, as well as many more, demonstrated by video via the ESCAPE-Pain website, or the Arthritis Action website, linked below:

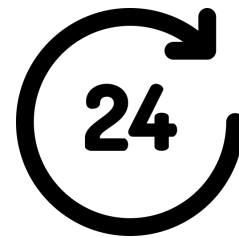


Supported by **Orthopaedic Research UK**

<https://escape-pain.org/i-have-knee-hip-pain/exercise-videos/>

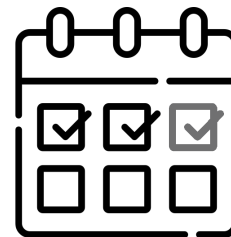


<https://www.arthritisaction.org.uk/living-with-arthritis/resource-centre/arthritis-exercises/>



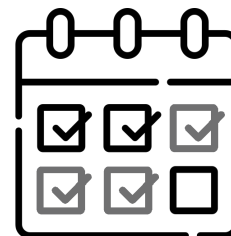
Stretching exercises

should be done daily.



Strengthening exercises

should be done two or three times a week.



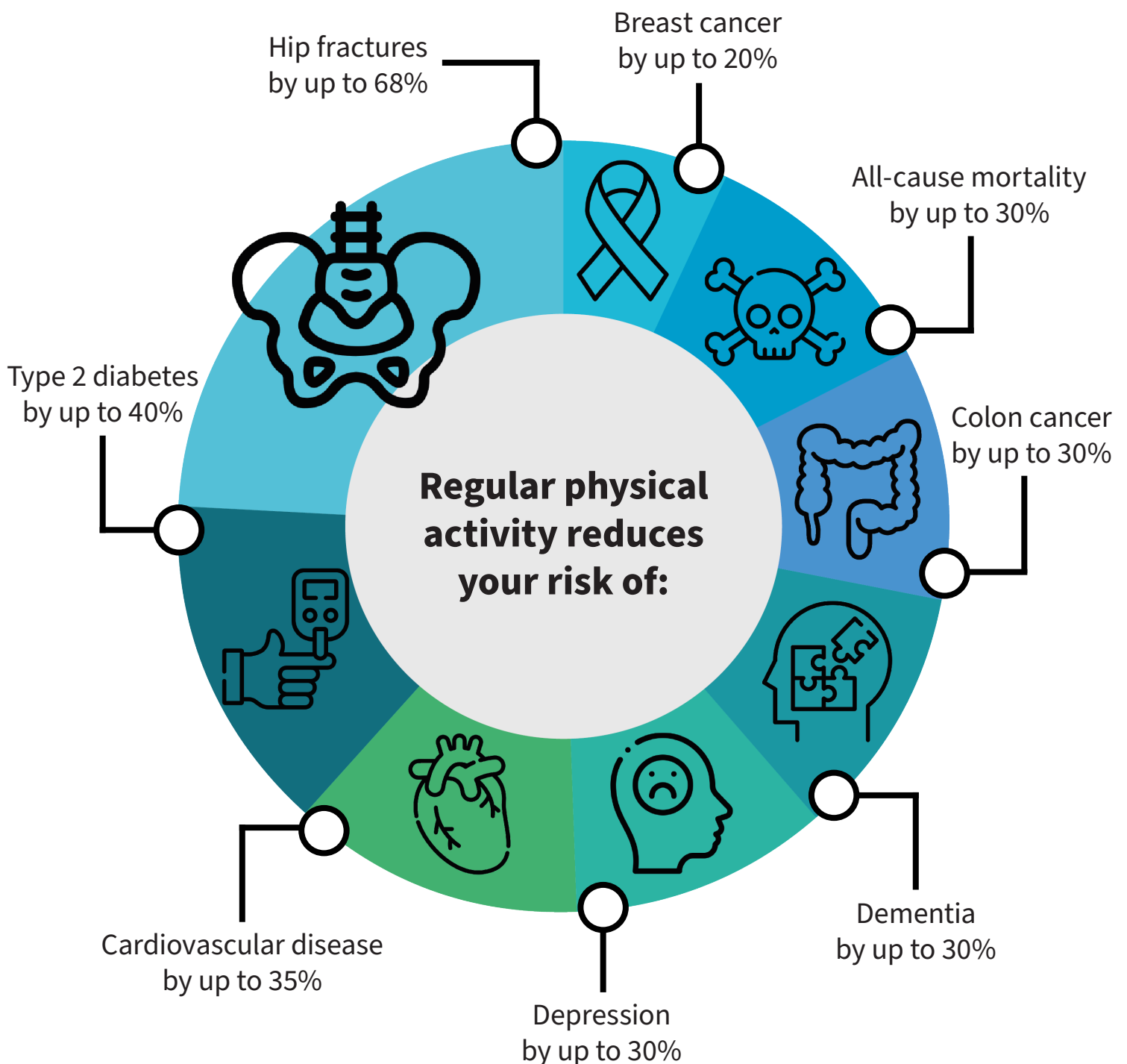
Cardiovascular exercises

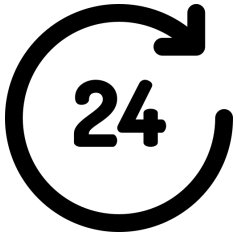
(such as walking, cycling or swimming) should be done between two and five times a week.

What are the Health Benefits of Physical Activity?

As you have already seen, small changes and small amounts of weight loss (page 6), can have a marked impact on pain levels and lead to healthier and happier joints.

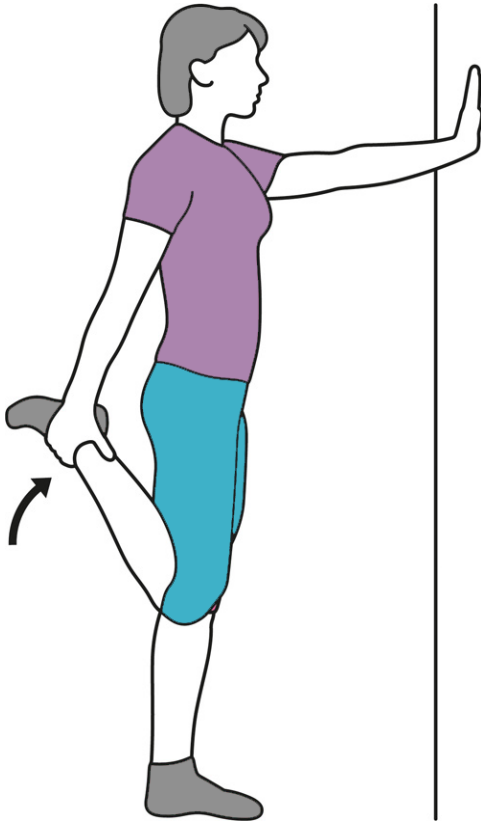
But that isn't the only health benefit that a good regime of physical activity offers. Finding and making time for activities you enjoy can have long lasting health benefits.





Stretching Exercises

should be done daily.



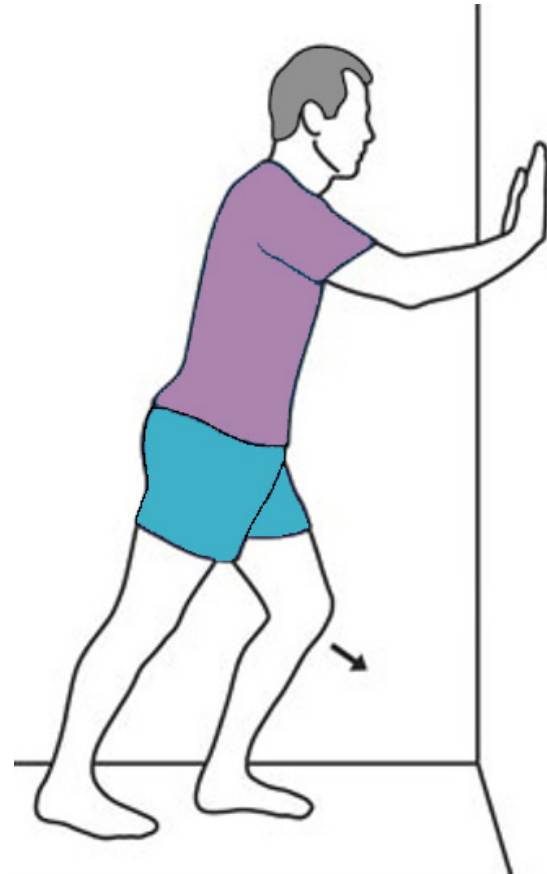
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Quad Stretch

Using a wall for support, hold one foot back, straighten your back and push your hip forwards whilst keeping your knees together. You should feel the stretch in the front of your thigh. Hold for around 30 seconds, then switch legs and repeat.

Too difficult?

If you cannot reach your foot, try using a band, belt or scarf etc. to loop around your ankle.



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Calf Stretch

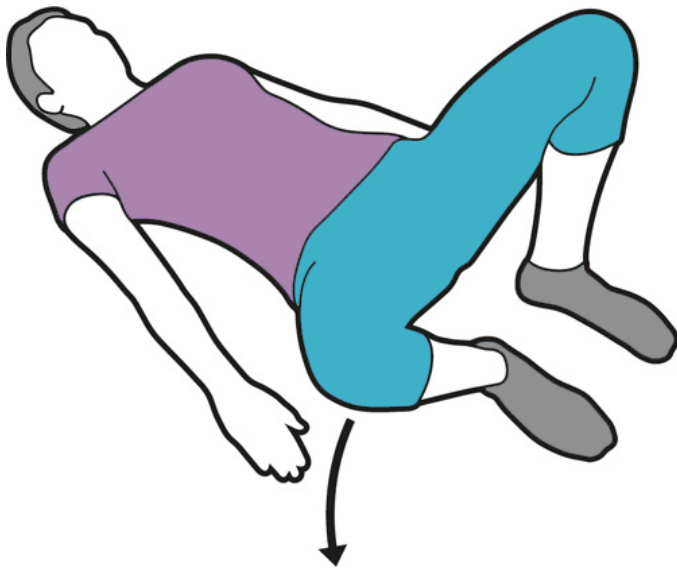
Using a wall for support, step one leg forward, keeping both feet facing forward and heels on the ground. Slowly bend your front knee and move your hips forward until you feel the stretch in your rear calf. Hold this position for 30 to 60 seconds. Switch legs and repeat.

Alternative exercise - Achilles Stretch

Do this exercise sat on the floor and with straight legs, point your toes to your head and hold. Try using a band, belt or scarf to pull your toes up more strongly.

DID YOU KNOW?

Studies now show that if you are sat for more than eight hours a day, with little to no physical activity, you share similar risks to your health with those who are struggling with obesity and smoking.⁽⁸⁾



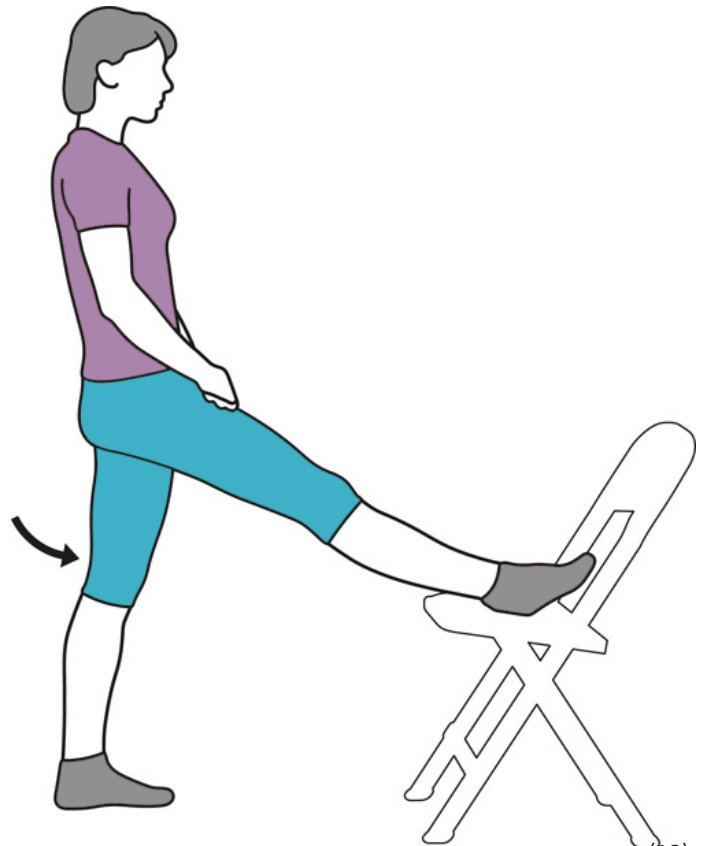
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Inner Thigh Stretch

Lie on your back with your knees bent. Let one knee fall out to the side until you feel a stretch in your inner thigh. Remember to relax and breath through the stretch.

Too easy?

To increase the stretch you can drop both knees out at the same time!



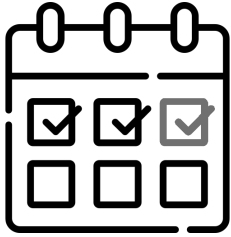
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Hamstring Stretch

Standing up straight, place one foot on a chair. Keeping your raised leg straight, bend the supporting knee forward, reaching towards your toes, to stretch your hamstrings. Keeping your back straight will increase the stretch. Repeat three times each side.

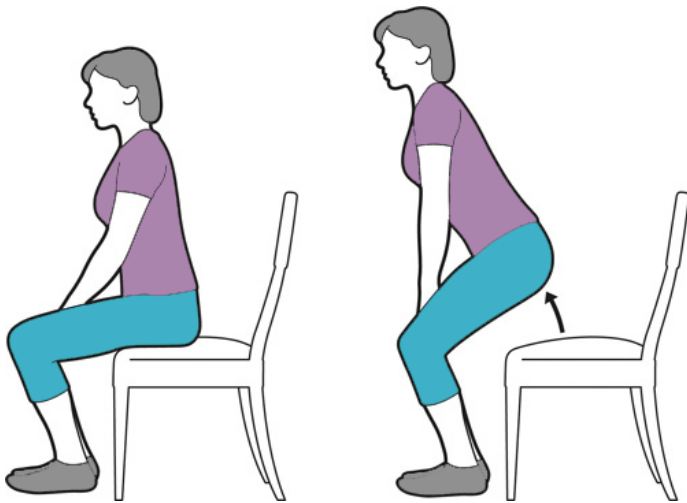
Alternative exercise - Hamstring Stretch Sitting

You can also stretch your hamstrings whilst sat with both legs straight in front of you. Lean forward as if to reach your toes, don't worry if you can't reach!



Strengthening Exercises

should be done two to three times a week.



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Sit To Stand

Sit upright on a chair. Without using your hands, lean forward and push through your legs to stand up. Then, slowly sit back down. Keep your feet hip distance apart and try not to let your knees touch. How many times can you do this in a minute? Keep track, see if you can beat yourself next time!

Too easy?

Use a lower chair, or hold a weight. You could also put one leg forward to start, so that the leg underneath you will have to work harder

Too difficult?

Use a higher chair or use your hands to support you.



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Hip Abduction (Standing)

Stand upright with one hand resting on the back of a sturdy chair or surface. Putting your weight through one leg, lift the other leg straight up to the side. Hold for five seconds then slowly lower your leg. Repeat five times on each side.

Too easy?

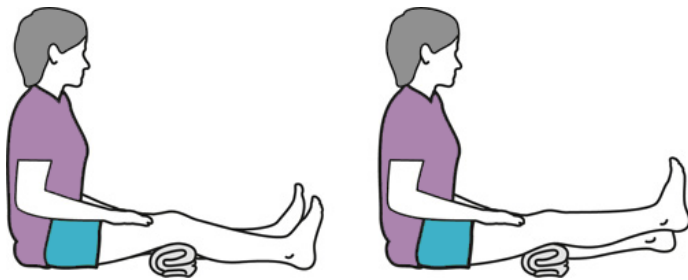
Try doing the movement without the chair or surface OR use an exercise band around your ankles to help add resistance to the movement

Alternative exercise - Hip Abduction (Laying)

You can do this exercise laying on your side, raising a leg from the ground.



Order Healthcare's booklet 'Keeping Well Whilst Waiting' - a guide on how to maintain physical activity and health for and after surgery - covers similar topics and might also be useful in your journey: <https://sussexmskpartnershipeast.co.uk/keeping-well-whilst-waiting/>



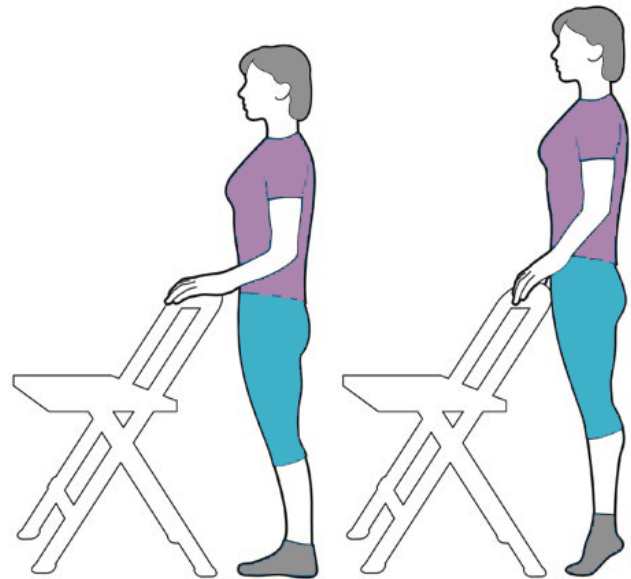
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Inner Range Quads

Sit on a floor, sofa or bed, with your legs stretched out in front of you. Put a rolled up towel under one knee. Push your knee down into the towel. Point your toes and foot up and you should feel your thigh muscles stretch, and your heel should lift. Hold for 5 seconds, then relax for 5. Repeat 10 times per leg.

Too easy?

Hold the knee straight for a few seconds longer OR try putting weights on your ankles - A home remedy for this, try a few objects in a shopping bag or within a double oven glove.



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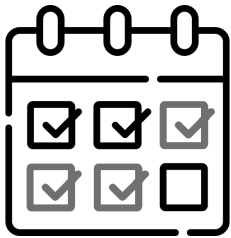
Calf Raise

Using a chair or a counter for support, slowly rise up onto your toes, keeping your knees straight. Then, slowly lower your feet back down. Try not to lean forwards. Repeat this 10 times.

Too easy?

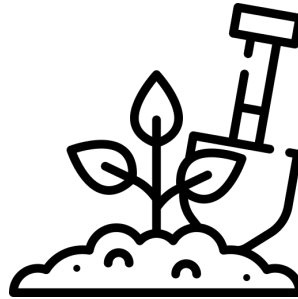
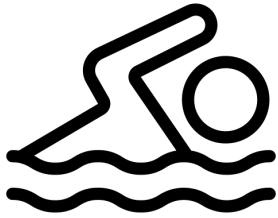
Hold a weight OR complete the exercise on one leg.

You can also increase the range of movement by using a stair to raise and lower yourself from higher up.



Cardiovascular Exercises

should be two to five times a week.



Adults should aim to do at least 150 minutes of **‘moderate physical activity’** a week. **‘Moderate activity’** means activity that makes you slightly short of breath – for example, you should be able to talk but not sing a song. This doesn’t all have to be at once, this can be broken up throughout the week. Every little helps, so do what you feel you can.

Perhaps you already do some walking, jogging or hiking. Maybe you go swimming, enjoy gardening or dancing. Finding something you enjoy and doing it more regularly could be all you need. There are also various groups that meet at gyms or in dedicated programmes where you can exercise with like-minded people.

Many of your local gym’s will offer group classes where you can meet and join others for fitness, fun or both!



Freedom Leisure offer Aqua aerobics, walking sports, health referral programmes and a good choice of classes.

<https://www.freedom-leisure.co.uk/>



Dedicated senior activities like ‘active age exercise’ classes, walking football, swimming and numerous other classes and opportunities.

<https://www.waveleisure.co.uk/>



If you enjoy walking, Ramblers offer wellbeing walks, health walks, and there are plenty of local groups and routes to explore.

<https://beta.ramblers.org.uk/>

THINGS I HAVE TRIED

	What I did	When (DD/MM/YY)	How often	What happened/did it benefit me?
Aerobic activity e.g. cycling, swimming, walking, fitness classes				
Losing weight, One You East Sussex/private group e.g. Weight Watchers/my own method				
Escape Pain Programme				
Physiotherapy				
Pacing activities i.e. doing activity little and often				
Footwear - supportive shoes, insoles				
Walking aids: Walking stick, wheeled walkers etc.				
Creams and ointments: e.g. anti-inflammatory gel				
Pain relieving medicine e.g. paracetamol, co-codamol, ibuprofen etc.				
Hot/ cold packs				
Corticosteroid injection				
TENS				
Complementary therapy e.g. acupuncture/osteopathy etc.				
Peer support group/family/friends				

CONSIDERING SURGERY?



Decision support tools can be found via the link below, thanks to NHS England for these resources, which we will also outline over the next few pages.

<https://sussexmskpartnershipeast.co.uk/decision-support-tools/>

Some people go on to require surgery. In this section we look at some of the things you should think about, frequently asked questions and then some separate information for hip and knee operations, including pros and cons, as there are some differences.

It is very important that you find out as much as possible and ask as many questions as you can, so that you are completely comfortable with your decision about whether to have the operation or not.

Bear in mind that research shows that many of those who are not happy with surgery are dissatisfied because of continuing pain, which may not be due to a problem with the operation itself. If you have only minor joint damage (although you may still be in a lot of pain) it is normally better to carry on with non-surgical treatments (such as physio or self-management, such as exercises at home) rather than risk a poor outcome from surgery.

When is total knee or hip replacement surgery considered?

Joint replacement surgery is most effective in managing advanced osteoarthritis and is not normally recommended for mild or moderate osteoarthritis, where it is proven to be less effective. When pain caused by osteoarthritis severely limits your ability to walk, work or even perform simple activities, and when treatments such as medications, physiotherapy and potential injections are no longer helpful, total knee or hip replacements can give you a new lease of life and help you regain your normal lifestyle.

Who should I speak to?

If you are thinking about surgery, it is important that you speak to a specialist clinician, physiotherapist or surgeon about what is important to you and to consider the impact, short or long term, that surgery can have on your day to day life.

Do you just want to be pain free or has your lifestyle been affected? For example, is there a hobby or activity which is important to you? Will you be less likely to do something following surgery, for example kneeling? How long might your symptoms last after surgery?

What should I be asking?

What is important to you and what do you need to know should surgery be the next step for you? Here are some more suggestions:

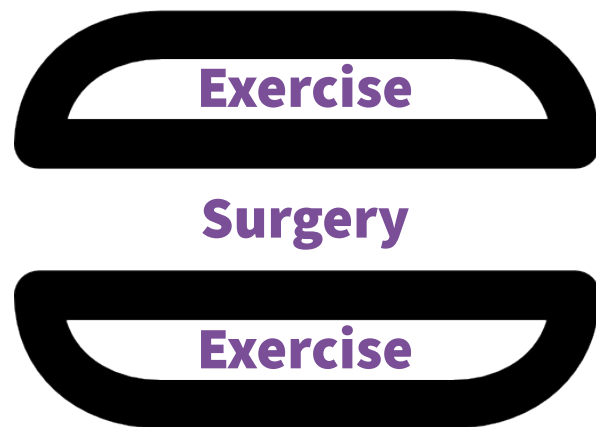
- I am taking medication, how might this affect the surgery?
- How important is exercise before and after surgery?
- Will I be able to do... or play...?
- Do I have to lose weight?
- Do I have any medical conditions which may stop me having surgery or make it more complicated (e.g. sleep apnoea, high blood pressure, COPD)?

What our consultants say about surgery:

To get the best chance of returning to a normal life you need to make an effort. As one of our surgeons tells all his patients: “A new hip or knee is a shared responsibility, a team effort. I (the surgeon) do the operation and YOU do the exercises”.

The surgery sandwich:

You will have to do the physio exercises to work on the range of movement and strength and also slowly increase your walking after your operation. The more you exercise before and after surgery the quicker you will recover and the more likely it is that you will get back to doing most of the things you want to do.



Recovery from the operation can often take as long as a year. It is quite normal to still have pain for some months after the surgery.

Increased weight is also a problem if you go on to need an operation. People who are obese are much more likely to experience complications during an operation such as a joint replacement. It is also more likely that the new joint will fail after a few years and need complicated revision surgery.

In summary increased weight makes you many times more likely to have joint pain, more likely for it to get worse over time and, if you need surgery, your chances of it being successful are less.

HIP REPLACEMENT SURGERY

Types of Surgery

You could need a total hip replacement, which is where the entire hip joint (ball and socket) is replaced. Hip surgery is usually performed either under general anaesthetic (you are asleep throughout the procedure) or under spinal or epidural anaesthetic (you are awake but have no feeling from the waist down).⁽⁹⁾

Sedation is often used in combination with spinal anaesthetic to make you more relaxed and sleepy during your operation.



During a total hip replacement, the surgeon will make an incision into the hip and remove the damaged bone and cartilage. The upper part of the thigh bone (femur) is removed and the natural socket for the head of the femur is hollowed out.

A socket is fitted into the hollow in the pelvis. A short, angled metal shaft (the stem) with a smooth ball on its upper end (to fit into the socket) is placed into the hollow of the thigh bone. The cup and the stem may be pressed into place or fixed with a special acrylic cement. The surgery will take between 1 - 2 hours to complete.

DID YOU KNOW?

A modern hip replacement is designed to last for about 15 years.

Potential benefits and risks of surgery

Research shows the following after an operation: ⁽¹¹⁾

87 in 100 people feel much better.

8 in 100 feel better.

2 in 100 people feel about the same.

3 in 100 people feel worse or much worse.



All operations carry some risk. These risks are increased if you suffer from underlying medical problems, for example heart or lung disease and if you are overweight or a smoker. Nationally:

- 5 - 20 in 100 had a difference in leg length of 1cm or more.
- 1 - 2 in 100 are at risk from infection that may require a further surgery.
- 1 - 2 in 100 cases report a dislocated hip that required a further surgery.
- 1 in 100 are at risk of deep vein thrombosis (DVT), a deep blood clot usually in the leg.
- 3 in 1000 are at risk of dying within 90 days of a hip replacement.

Risk of needing the operation repeated



There is the risk that an artificial hip joint can wear out, or loosen, earlier than expected or go wrong in some way.

In the UK, **7 in 100** people need the operation repeated within 15 years. This is called “revision surgery” to repair or replace the joint.

Replacement joints do not last forever. It is a very big, difficult surgery to replace a joint that has already been replaced once. This is why you generally won't be offered surgery unless you have severe pain and have tried conservative management first.

KNEE REPLACEMENT SURGERY

Types of Surgery

You could need a total knee replacement which involves replacing the joint surfaces at the ends of both your thigh and shin bones. However, if the OA only affects one side of your knee (usually the inner side), it may be that you only need a partial knee replacement. Partial replacements are not suitable for everyone as you need strong, healthy ligaments in your knee and for the rest of your knee to be in good condition to indicate that you are unlikely to need further surgery in the near future.⁽¹⁰⁾

Other types of surgery include kneecap replacements, where just the under-surface of the kneecap and groove are replaced, and complex or revision knee replacements - where you may already have had previous surgery or if your arthritis is very severe.



During a total knee replacement, a surgeon will replace the worn areas of the knee joint with artificial components. The femoral (thigh) bone component is made of metal, while the tibia (shin) bone component is made of metal and plastic, or plastic alone. The underside of the kneecap may also be replaced with plastic at the same time. New parts are normally cemented in place.

The new components move together smoothly and should relieve the painful movement of an arthritic joint.

DID YOU KNOW?

There is a 9 in 10 chance that your new knee will last 15 - 20 years.

Potential benefits and risks of surgery

Research shows the following after an operation:⁽¹¹⁾

75 in 100 people feel much better

15 in 100 feel a little better

4 in 100 people feel about the same

6 in 100 people feel worse or much worse



All operations carry some risk. These risks are increased if you suffer from underlying medical problems, for example heart or lung disease and if you are overweight or a smoker. Nationally:

- 19 in 100 reported stiffness.
- 4 - 5 in 100 are at risk from infection that may require a further surgery.
- 1 - 2 in 100 are at risk of deep vein thrombosis (DVT), a deep blood clot usually in the leg.
- 1 in 100 had nerve damage which changed the feeling in the leg.
- 3 in 1000 are at risk of dying within 90 days of knee replacement surgery.

Risk of needing the operation repeated



Some people will need further surgery, called 'revision surgery'.

17 in 100 people needed a second operation, after a partial knee replacement, within 15 years.

4 in 100 people needed a second operation, after a total knee replacement, within 15 years.

Replacement joints do not last forever. It is a very big, difficult surgery to replace a joint that has already been replaced once. This is why you generally won't be offered surgery unless you have severe pain and have tried conservative management first.

FREQUENTLY ASKED QUESTIONS

How long will I be in hospital?

Surgery takes between 1 - 3 hours and you will be in hospital between 1-5 days.

How will I know what I can and can't do after the operation?

You will be given a list of dos and don'ts by the hospital.

How quickly will I be walking again?

You will be given pain relief after your operation. If your pain is under control you should expect to be on your feet within 12 - 24 hours of your operation. Most people need walking aids, sticks or crutches, for up to the first 6 weeks after surgery but this all varies from person to person and how mobile they were beforehand.

How long before the swelling goes down and I'm pain free?

It may take up to three months for your pain and swelling to settle down. It can take up to a year for swelling to disappear.

Your knee or hip will continue to recover for up to two years after your operation. Scar tissue will gradually heal and your muscles will be restored through exercise.

How long before I can do my usual daily activities?

Most people can resume their daily activities after 6 weeks. Most patients feel recovered after three months but it can take a year before they feel 100% normal. Bear in mind:

- If you have carried out knee or hip strengthening exercises or have been regularly walking before surgery you may recover more quickly.
 - If you are older, a smoker or have other health conditions you may take longer to heal.
 - The important thing is to learn what to do from your physio and then keep doing your exercises and gradually increase your walking.
-

How long before I can drive again?

For most people about six weeks after the operation but check with your physio or doctor. You should be off pain medication, be able to bend your knee or hip enough to get in and out of the car, have regained your pre-surgery muscle strength and reflexes and be able to carry out an emergency stop.

How long before I can return to work?

Speak to your doctor or physio before you return to work.

If you have a desk job you may be able to return in 4 – 6 weeks.

If you have a job which involves a lot of standing with occasional bending and lifting, such as teaching, then you may return after about 3 months. Before that standing for long periods may cause your ankles to swell.

It is much more difficult to return to physical work, for example, in construction or gardening. Many people in these jobs may not return to their previous jobs. The frequent pressure may cause the new knee or hip to wear more quickly so that a second operation may become necessary.

Will my new knee or hip set off metal detectors at airports and other public buildings?

Yes, it will. Expect to be carefully screened!

Will I be able to kneel on my knee?

You can try kneeling on a soft surface after about 3 months once the scar tissue has healed enough. Kneeling may never be completely comfortable but should become easier as the scar tissue hardens. We recommend the use of kneeling pads or cushions for kneeling.



What questions do you still have? It can be helpful to write yourself a list for your next appointment.

MORE ORGANISATIONS, WEBSITES AND APPS



<https://www.arthritisaction.org.uk>

Arthritis Action are a UK charity offering hands-on, practical help to combat the pain of arthritis through self-management and lifestyle advice. Offering people with arthritis a holistic self-management approach, looking at both the physical and mental aspects of arthritis. Also offers a membership for access to additional services.



www.cftc.org.uk

Do you look after a friend, family member or neighbour who could not cope without your support? **Care for the Carers** offer a wide range of services and can help you to navigate the maze of health and social care systems.



<https://www.csp.org.uk>

The **Chartered Society of Physiotherapy** brings together over 60,000 physiotherapists, associate and physio students. Their website contains information for patients including exercises and information about various conditions.



<https://www.escis.org.uk>

East Sussex Community Information Service's site lists many local groups, services & activities with opportunities to support your health and wellbeing.



<https://www.njrcentre.org.uk/>

The **National Joint Registry** collects information on hip and knee joint replacement surgery to monitor the performance of joint replacement implants. You can look up your surgeon and venue for statistics and to help in decision making.



<https://sussexcommunity.org.uk/>

Sussex Community Development Association works across Sussex, running community based projects including community kitchens, hubs, advice, healthy lifestyles, counselling and more.



<https://www.versusarthritis.org/surgery-toolkit>

Versus Arthritis have developed a 'Lets Move For Surgery: Surgery Tool-kit'. In the Tool-kit you'll find tailor-made, follow-along exercise routines for hip, shoulder and knee replacement, as well as full body workouts to help you maintain overall fitness. You can also explore personal stories and advice from those living with arthritis who have been through joint replacement surgery, and tips on keeping active from a physiotherapist.

[Sussex MSK Partnership](https://sussexmskpartnershipeast.co.uk/hip)
East

<https://sussexmskpartnershipeast.co.uk/hip>

<https://sussexmskpartnershipeast.co.uk/knee>

Dedicated Hip and Knee pages via for resources and information sheets that could help you further understand or manage your condition.

<https://sussexmskpartnershipeast.co.uk/resources-help-while-you-wait>

Even more signposting to local services, opportunities and self-help resources for education, aid or support in managing your condition.

<https://sussexmskpartnershipeast.co.uk/living-well-with-less-pain-hip-and-knee/>

A large section, including videos, dealing with all aspects of pain including techniques to live your life well despite pain.

Apps:

<https://escape-pain.org/support-tools/escape-pain-app/>

The ESCAPE-Pain app can be downloaded free from Google Play and app Stores. It is helpful as a reminder for those who have been on the programme showing videos of simple exercises you can continue to do at home.

<https://www.nhs.uk/better-health/get-active>

The Active 10 App can be downloaded free from Google Play and app Store. It encourages you to set yourself walking goals and track your progress.

REFERENCES

1. england.nhs.uk/elective-care-transformation/best-practice-solutions/musculoskeletal/
2. “Why weight matters when it comes to joint pain” Harvard Medical School - health.harvard.edu/pain/why-weight-matters-when-it-comes-to-joint-pain
3. “The relationship between body mass index and hip osteoarthritis: A systematic review and meta-analysis”. Liying Jianga,1, Jiesheng Rongb,1, Yingchen Wangc, Fulan Hua, Chundan Baoa, Xia Li a, Yashuang Zhaoa 2011 - ncbi.nlm.nih.gov/pubmed/20580591
4. “Effect of exercise and weight loss in people who have hip osteoarthritis and are overweight or obese: a prospective cohort study.” Paans N1, van den Akker-Scheek I, Dilling RG, Bos M, van der Meer K, Bulstra SK, Stevens M. 2012 - ncbi.nlm.nih.gov/pubmed/23023813
5. “Weight loss reduces knee-joint loads in overweight and obese older adults with knee osteoarthritis”. Messier, SP., Gutekunst, DJ., Davis, C., DeVita P. 2005 - ncbi.nlm.nih.gov/pubmed/15986358
6. “Effects of intensive diet and exercise on knee joint loads, inflammation, and clinical outcomes among overweight and obese adults with knee osteoarthritis”. The IDEA Randomized Clinical Trial. Messier, S.P., Milhalko, S L., Legault, C. 2013 - jamanetwork.com/journals/jama/fullarticle/1741824
7. “Impact of exercise type and dose on pain and disability in knee osteoarthritis: a systematic review and meta-regression analysis of randomized controlled trials.” Juhl, C., Christensen R., Roos, E.M., Zhang, W., Lund, H. 2014 - ncbi.nlm.nih.gov/pubmed/24574223
8. nhs.uk/live-well/exercise/exercise-guidelines/why-sitting-too-much-is-bad-for-us/
9. versusarthritis.org/about-arthritis/treatments/surgery/hip-replacement-surgery/
10. versusarthritis.org/about-arthritis/treatments/surgery/knee-replacement-surgery/
11. Facts and figures have been drawn from decision support tools for hip and knee via england.nhs.uk/publication/decision-support-tools-making-a-decision-about-a-health-condition/
12. Adapted from OA conditions section found at Versus Arthritis <https://www.versusarthritis.org/about-arthritis/conditions/osteoarthritis/>
13. Exercise illustrations and OA illustrations reproduced with permission from Versus Arthritis

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Further information / reading:

For readers interested in listening to an international expert: soundcloud.com/bmjpodcasts/professor-david-hunter-talks-osteoarthritis-exercise-therapies-better-outcomes The podcast is aimed at professionals. David Hunter is the author of numerous books and articles on living with arthritis.

‘Keeping Well Whilst Waiting’ - A booklet created by our colleagues at Horder Healthcare, promoting physical activity for and after surgery. Find it, along with several other resources, here: sussexmskpartnership.co.uk/keeping-well-whilst-waiting/

ABOUT ME

This page will help and your healthcare professional to focus on what is having an impact on your condition and what matters to you.

Patients have suggested that you may also find it useful:

- To record your treatment, such as painkillers, so that you can track which worked best for you.
- To take this record to an appointment with a clinician so that you can refer to it quickly and show them what has happened to you.
- To jot down questions as you think of them so that you build a full list to ask at your next appointment.

You can calculate your BMI via the link to NHS Live Well on page 13.

My Height:	My current weight:	My current BMI:	My target weight:	My target BMI:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are willing to lose weight, log your progress below!
Weigh yourself once a week, at a similar time of day.

Date							
Weight							
BMI							

Alcohol - units per week
(if applicable)

Smoker - Number per
day (if applicable*)

*If you are thinking about, or would like some advice about quitting smoking, there are services that will support you. See the link to OneYou on page 6.

Please list any previous diagnostics e.g. X-ray / MRI / Ultrasound. Your clinician can take a note of these and request copies of the reports and images to help with your diagnosis and further management.

Investigation (XR/ MRI etc.)	Joint (left/right)	Date (DD/MM/YYYY)	Result

Making a note of the following could help your clinician to understand your conditions better:

Long Term Health Conditions e.g. Diabetes/ Angina etc.

Current Medication & Allergies (attach prescription if easier)

Can you answer YES to the following 3 questions?

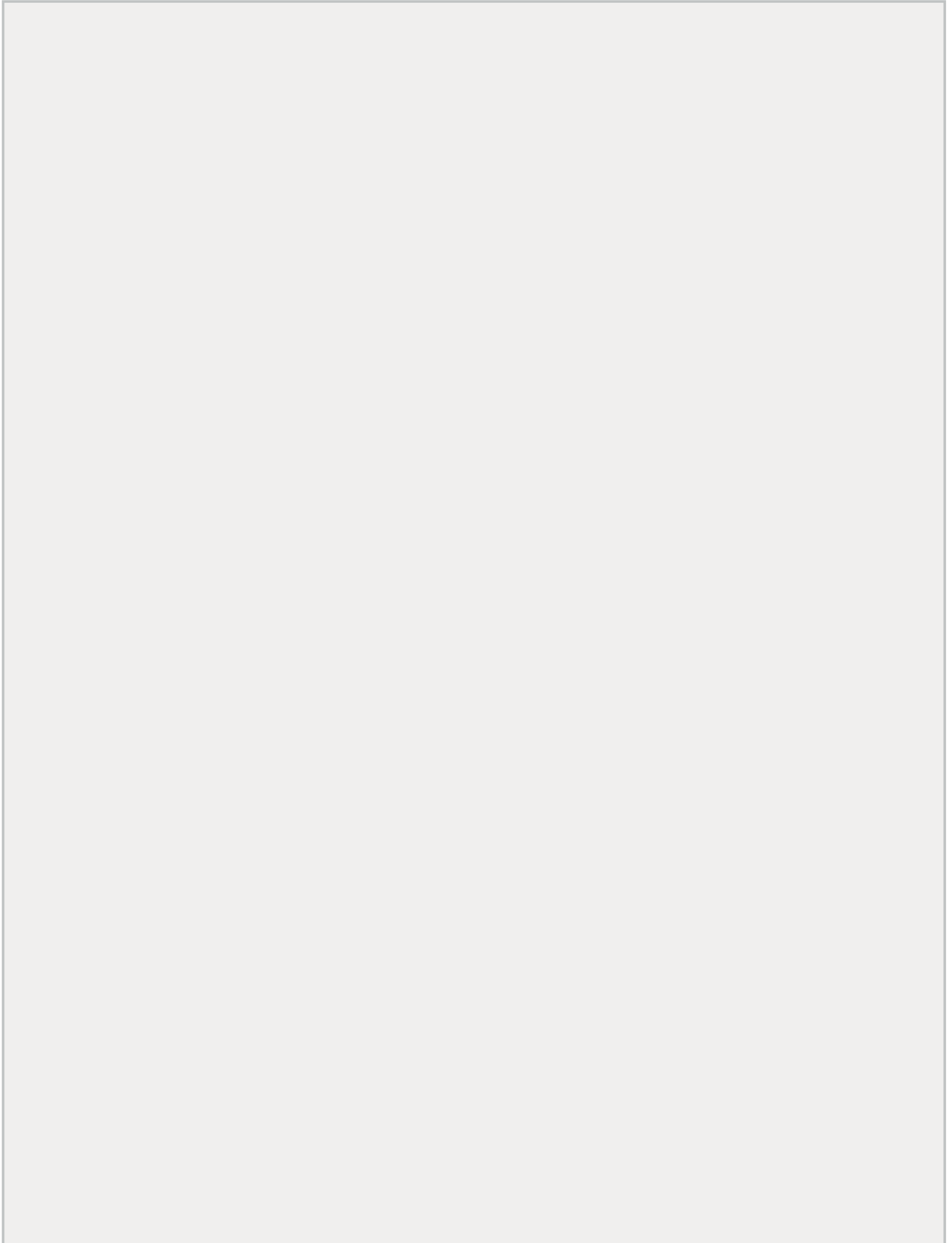
1. Do you understand your condition?

2. Do you know what to do next?

3. Do you know what to do if your condition gets worse?

If NO, what else do you need to know?

NOTES



NOTES

Empty box for notes.

NEED MORE INFORMATION?

East Sussex Healthcare NHS Trust
esht.nhs.uk/service/msk-therapy-services

CALL 0300 131 5225 (Local Rate)

EMAIL esht.hrmsktriagehelp@nhs.net



@ESHTNHS

Sussex MSK Partnership East
sussexmskpartnershipeast.co.uk

CALL 0300 300 0003 (Local Rate)

EMAIL sussexmskeast.contact@nhs.net



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