

Patient information

I want my hips and knees to hurt less

A Guide to Having Healthy Hips and Knees

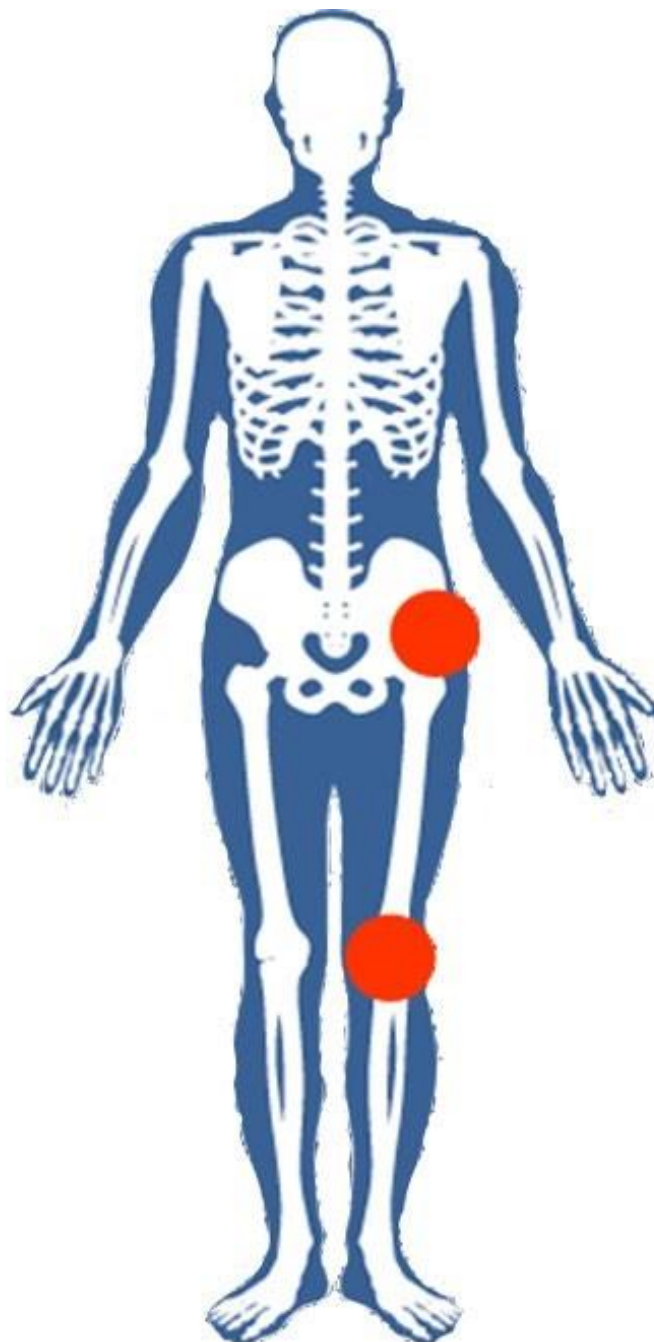


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A little information about hips and knees

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). As you become older changes in the joint surfaces are often seen on x-ray. This is normal. The good news is 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.

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.

For more in-depth descriptions go to:

<https://www.versusarthritis.org/about-arthritis/conditions/osteoarthritis-of-the-knee>

<https://www.versusarthritis.org/about-arthritis/conditions/osteoarthritis-oa-of-the-hip/>

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

Another common symptom of arthritis is cramp (although you can have cramp without arthritis). You will often feel this in your thighs, back or the legs and buttocks. For advice on relief please see page 7, Warmth and Cold section.

What you can do to help your hips and knees

There are two main ways to help your hips and knees: weight control 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?

If you are over-weight you are putting strain on your hips and knees, as well as your back, feet and ankles (1, 2.) This increases the risk of developing osteoarthritis and it makes it more likely that your arthritis will get worse over time (3). 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 cause swelling inside the joint.

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 to 3 times your weight going up or down stairs and 4 to 5 times when you squat to tie up a shoe lace or pick up a dropped item.

This means that if you are over-weight and you lost 2 pounds you would take a load of at least 1/2 stone off your knees and hips (4). How much of a difference could this make?

Studies show that people who are overweight and manage to lose weight have less pain and better function. The most benefit is seen where people lose 10% or more of their weight and exercise (for example losing 1.5 stone if you currently weight 15 stone) (5).

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 (6).

If you have not been moving much then start by exercising a little and often. Find something you enjoy, for example walking, dancing to the radio, mowing the lawn, cycling, swimming – the list is endless. Start gently and gradually increase the time. Aim to reach a minimum of 30 minutes a day. Try breaking this down into smaller chunks, say, 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 park further away from your work or the shops than usual. Get off the bus and stop earlier. What can you think of?

You can find out more on the Versus Arthritis website <https://www.versusarthritis.org/> and, if you like walking, go to: <https://www.walkingforhealth.org.uk/> Free one-to-one help is available for anyone in East Sussex at: <https://oneyoueastsussex.org.uk/> They offer weight management (including light exercise), health coaching and other helpful programs.

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.

But it hurts! How can I exercise?

Painkillers can reduce the pain in your knees and hips. Many people find it useful to take painkillers so that they can exercise and as they improve their movement they can then reduce their painkillers over time.

For some people, over-the-counter remedies 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.

There is a helpful section with lots of advice on various aspects of managing pain if you cannot, or do you not want to take medication at:

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

Did you know?

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

ESCAPE-Pain: a specialised program for hip and knee osteoarthritis www.escape-pain.org/

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 become confident in dealing with your knees and hips and will also learn techniques to help with your back which may have been affected by your hips or knees.

ESCAPE-Pain Online programme and App are also available if attending a group session is not possible or you prefer to work independently www.escape-pain.org/ESCAPE-pain-Online

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

Physiotherapy

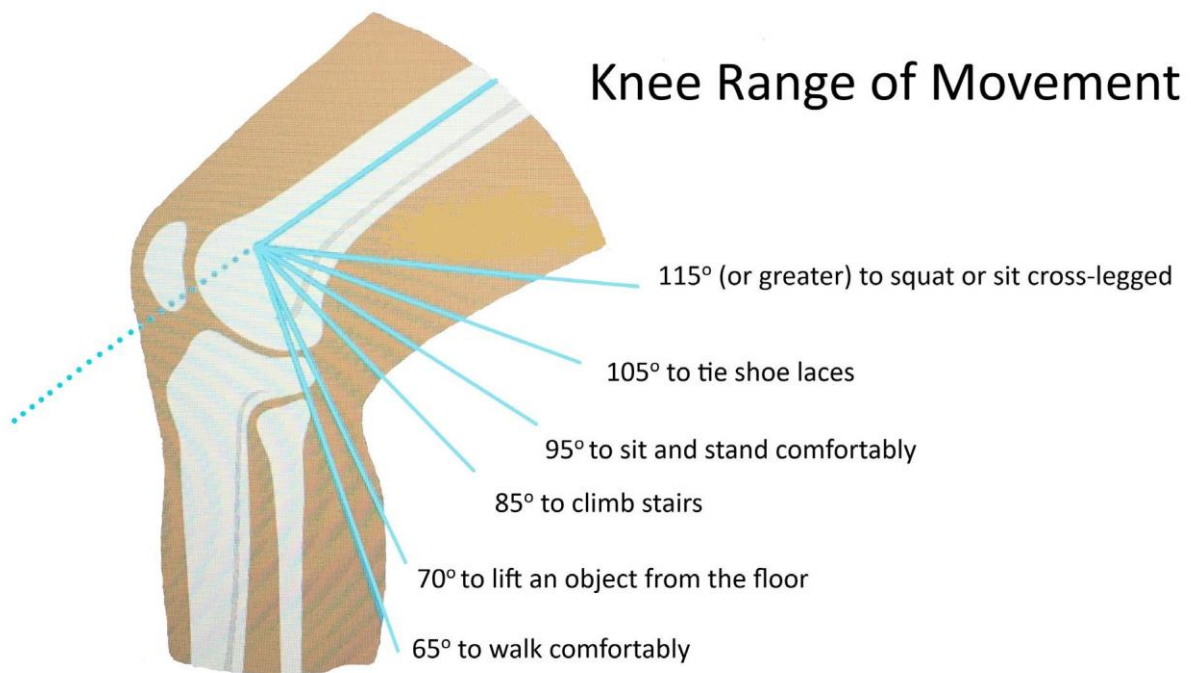
A physiotherapist (physio) can assess you, help you understand what is happening to your joints and muscles and provide advice and reassurance.

- They can help you become confident in managing your exercise 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.

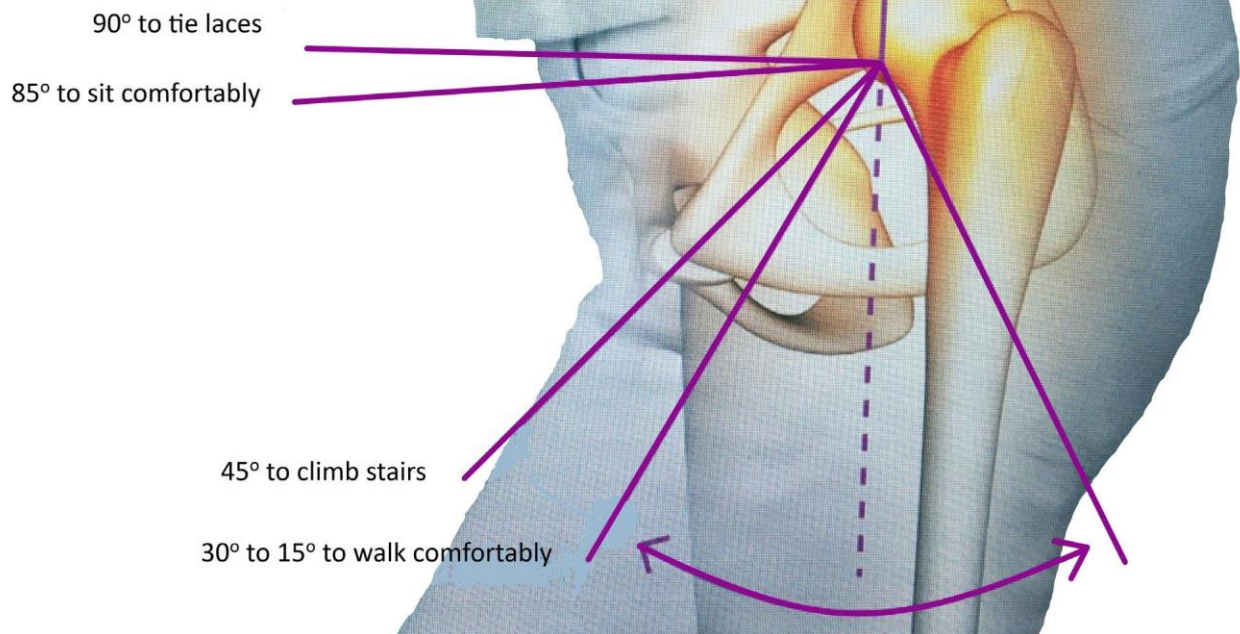
They can provide walking aids and insoles. They may suggest a programme of specific exercises, a specialised activity such as ESCAPE–Pain, TENS, exercise in water or many other therapies. They may use manual therapy where they use their hands to help relieve pain and stiffness and encourage better movement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

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

Range of movement



Hip Range of Movement



Self-help for hip and knee osteoarthritis

Apart from keeping an eye on your weight, there are a number of other ways you can reduce the strain on your knees and hips.

Pacing 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 you find easier. Or think about other ways of doing a job that would cause less pain. Remember it is safe to keep using your hip or knee and pain does not mean harm, but rest before it becomes too painful. Find out more at:

<http://sussexmskpartnershipeast.co.uk/patient-information/doing-what-is-important-toyou/practical-strategies-to-help-you-manage-activity/>

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, then it's worth seeing a Podiatrist

for more specific advice. Wearing the right shoes can reduce the shock through your hips and knees as you walk and prevent any changes to your feet.

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.

Walking aids

Using a walking stick, if needed can reduce the weight and stress on a painful knee or hip. Holding the stick in the opposite hand to your painful joint may make your hip or knee less painful when walking. If your leg sometimes gives way then a stick may be helpful you feel less afraid of falling. It is important to have the stick handle at the height of your wrist 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.

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.

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.

Stretching exercises should be done daily, strengthening exercises should be done two or three times a week and aerobic exercise (such as walking, cycling or swimming) should be done between two and five times a week.

Start by exercise gently and gradually 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 full range of movement). Can you work to lessen pain and stiffness? Think "Little and often".

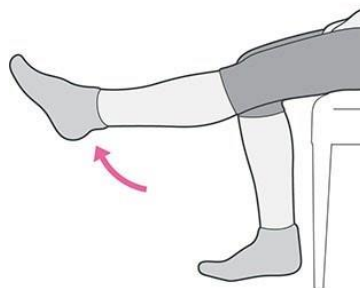
If you have any questions about exercising or if you are unsure how to do a certain exercise, ask your doctor or physiotherapist before you start. They may be able to give you a personalised exercise plan.

Try to do these exercises every day.

You can see many of these on video on the ESCAPE-Pain website or app:

Stretching exercises

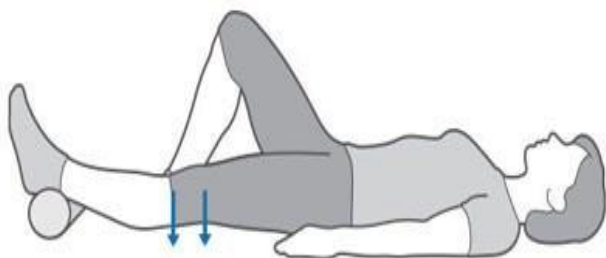
Exercise 1 - Straight-leg raise (sitting)



Sit with good posture in a chair. Straighten one of your legs, hold for a slow count of 10 and then lower your leg slowly. Repeat 10 times with each leg. If you find you can do this easily, straighten and then raise one leg, before holding for a count of 10. Try to get into the habit of doing this exercise every time you sit down. If you find this easy and want to help your muscles more, either put a physio band around your ankle and the chair or use an ankle weight. You can see a video of using a physio band on the ESCAPE-Pain website or app.

Notes: _____

Exercise 2 - Muscle stretch



Lie down with a rolled – up towel under the ankle of your leg. Bend the other leg at the knee. Use the muscles of your straight leg to push the back of your knee firmly towards the bed or the floor. Hold for a count of 5. Repeat at least 5 times with each leg. This exercise bit helps to prevent your knee becoming permanently bent. Try to do this at least once a day while lying down.

Notes: _____

Exercise 3 – Leg stretch



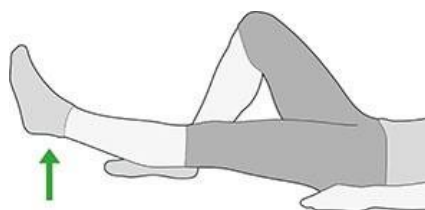
Sit on the floor with your legs stretched out straight in front of you.
Slowly bend one knee up towards your chest, sliding your foot along the floor, until you feel a gentle stretch.
Hold for 5 seconds.
Straighten your leg as far as you can and hold in this position for 5 seconds.
Repeat 10 times with each leg.
If you can't get down onto the floor, sit on a sofa and use a board or tea tray as a surface to slide your foot along.

Notes: _____

Strengthening exercises

The following exercises might be quite hard to do, so try to do them two or three times a week. You will get more benefit from exercising if you regularly increase the number of times you repeat the exercise or by increasing the effort required. This may mean adding weights to these exercises over time or trying different exercises if these become easy!

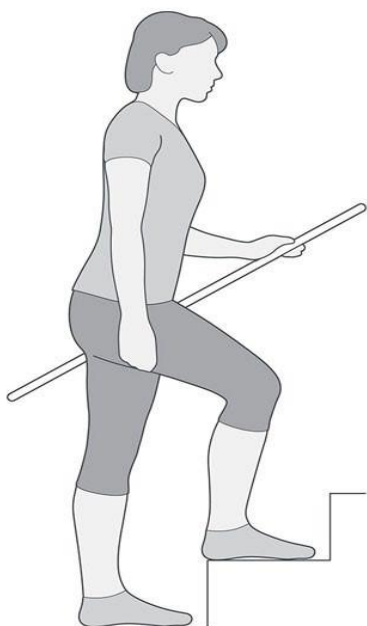
Exercise 4 – Straight-leg raise (lying)



Lie down and bend one of your legs at the knee. Hold your other leg straight and lift your foot just off your bed or floor. Hold for a slow count of 5, then lower. Do this until you cannot do any more, rest for a minute then do this a further 3 times.

Notes: _____

Exercise 5 – Step ups



Step onto the bottom step of stairs with your right foot. Bring up your left foot, then step down with your right foot, followed by your left foot. Hold onto the banister if necessary. Repeat with each leg until you can't do any more. Rest for 1 minute and then repeat this another 2 times. As you improve, use a higher step.

Notes: _____

Exercise 6 – Knee squats

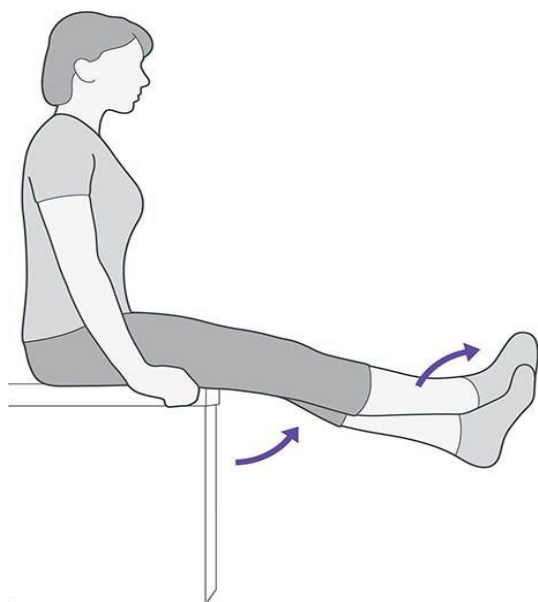


Hold onto a chair or work surface for support. Squat down until your kneecap is directly over your toe. Return to stand to normal standing.

Repeat until you can't do any more, rest for 1 minute as you improve, try to squat a little further, but don't bend your knees beyond a right angle, as if you are sitting straight on a chair with your feet flat on the floor.

Notes: _____

Exercise 7 – Leg push



Sit on the edge of a table, seat or bed and cross your ankles.

Push your front leg backwards and back leg forwards against each other until your thigh muscles become tense.

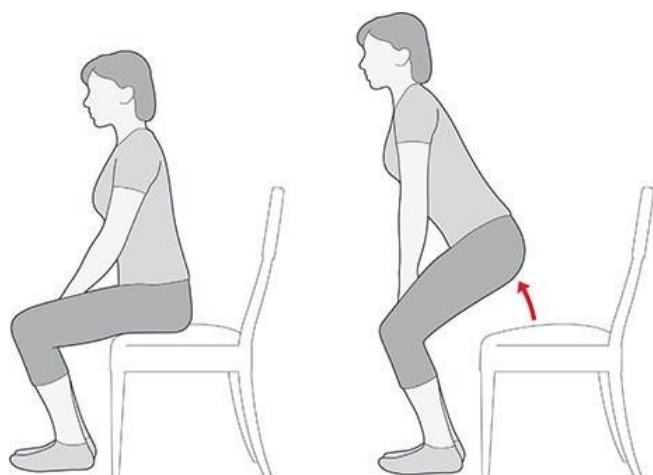
Hold this for as long as you can, then relax.

Rest for one minute and then repeat another two times.

Switch legs and repeat.

Notes: _____

Exercise 8 – Sit to stands



Sit on a chair.
Without using your hands for support, stand up and then sit back down.
Make sure each movement is slow and controlled.
Repeat until you can't do any more. Rest for 1 minute then repeat another 2 times.
If the chair is too low, start with rising from a cushion on the seat and remove when you don't need it any more.

Notes: _____

Emotional well-being

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 well-being is, therefore, essential and may help to improve your function and reduce pain.

Mindfulness, for example is a form of meditation that has been found to support people to better understand and manage their pain. For more information on mindfulness please see NHS choices information page:

<https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/>

If you feel that you would like further support “Health in Mind” is a free NHS service for anyone in East Sussex experiencing emotional or psychological difficulties such as stress, anxiety and depression, the further information please visit:

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

About me

The following pages will help you 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 works 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.

Name

DOB

NHS Number

GP

Which joints cause me most pain?

My X-ray / Scan results

Investigation	Joint (left/right)	Date	Result

Previous surgery / physiotherapy / injection for my hip or knee pain(if any)

ESCAPE-Pain	<input type="text"/>	Date	<input type="text"/>
Outcome	<input type="text"/>		
Surgery	Date	<input type="text"/>	<input type="text"/>
Outcome	<input type="text"/>		
Physiotherapy	<input type="text"/>	Date	<input type="text"/>
Outcome	<input type="text"/>		
Injection	Date	<input type="text"/>	<input type="text"/>
Outcome	<input type="text"/>		

Long term health conditions e.g. Diabetes / Angina etc

Current medication

My Height	<input type="text"/>	Weight	<input type="text"/>	BMI	<input type="text"/>
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You can calculate your BMI on <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>If you would like help in losing weight or giving up smoking please go to <https://oneyoueastsussex.org.uk/>

Non-Smoker	<input type="text"/>	Ex-Smoker	<input type="text"/>	Smoker (No.per day)	<input type="text"/>
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Alcohol (units per week) if applicable

What have I tried to help my symptoms?

Things to try	What I did	When (dd/mm/yy)	How often	What happened / did it benefit me?
Aerobic activity e.g. cycling, swimming, walking, fitness classes				
ESCAPE Pain Programme				
Physiotherapy				
Pacing activities				
Footwear – supportive shoes, insoles				
Walking aids: walking stick, wheeled walker etc				
Creams and ointments e.g. antiinflammatory gel				
Pain relieving medicine e.g. paracetamol, co-codamol, ibuprofen				
Cortico-steroid injection				
TENS				

Complementary therapy acupuncture/osteopathy etc				
Peer support group / family / friends				

My record and plan

Test Your Ability

See how many times you can sit down and stand up from a chair, with your arms crossed, in one minute. Check how you're doing every few weeks. This is called the "sit to stand" test.

Date							
Number							

My Target Weight

Date							
Weight							
BMI							

Your option checklist

Can you answer YES to the following questions?

Do you understand your condition?

Do you know what to do next?

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

If NO, what else do I want to know?

Hip and Knee Replacement Surgery

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.

When is Total Knee or Hip Replacement considered?

When pain caused by osteoarthritis severely limits your ability to walk, work or even perform simple activities and when other treatments such as medications, physiotherapy and potential injections are no longer helpful, total knee or hip replacement 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.

Find out:

- “How will my knee movement change after my operation?”
- When will I be able to drive after surgery?
- How long will my symptoms last after surgery?
- How long will I be in pain after surgery?
- What am I less likely to be able to do as a result of surgery (e.g. will I be able to kneel?)

What other questions are important or worrying you?

For example:

- I am taking medication, how might this affect the surgery?
- How important is exercise before and after surgery?
- Can I eat before 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)?

Did you know?

- 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".
- Think of this as the surgery sandwich:

EXERCISE



SURGERY



EXERCISE

Frequently Asked Questions

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 recover and the more likely it is that you will get back to doing the things you want to do.

- Recovery from the surgery can often take as long as a year. It is quite normal to have pain for some months after the surgery.
- Increased weight is also a problem if you need to go on to have an operation. People who are obese are much more likely to experience complications during an operation such as a joint replacement. It is more likely that the new joint will fail after a few years and need complicated revision surgery.
- In summary increase 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.

How long will I be in hospital?

Usually 1-5 days.

How will I know what I can and can't do after the operation? You will be given a list of do's 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 - 14 hours of your operation. Most people need walking aids, sticks

or crutches, for up to 6 weeks after the 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 3 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 2 years after your operation. Scar tissue will gradually heal and your muscles will be restored through exercise.

How long before I can return to my usual daily activities?

Most people can resume their daily activities after 6 weeks. Most patients feel recovered after 3 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, smoke 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 6 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 more 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 new knee?

You can try kneeling on a soft surface after 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?

What is a Total Hip Replacement (THR)?

Hip replacement 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). The surgeon makes an incision into the hip, remove the damaged hip joint and replace it with an artificial joint made of a metal alloy or, in some cases, ceramic.



Once you've been anaesthetised, the surgeon removes the existing hip joint completely. The upper part of the thighbone (femur) is removed and the natural socket for the head of the femur is hollowed out.

A socket is fitted into the hollow or 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 thighbone. The cup and the stem may be pressed into place or fixed with acrylic cement.

The surgery usually takes around 60 to 90 minutes to complete.

85% of hip replacements last for 15 years and 58% for 25 years (11)

Benefits of surgery

When outcomes of hip replacement surgery were reviewed 95 in 100 people said their hip was much better or better after their surgery. 2 in 100 people said their hip was about the same. 3 in 100 people said their hip was worse or much worse after the operation (11).

Benefits include:

- Reduced pain
- Improved walking ability
- Improved quality of life because everyday activities and exercise are easier.

Disadvantages of hip replacement surgery

All operations carry some risk:

- 5 in 100 people feel their hip was unchanged or worse after the operation.
- 1-2 in 100 people had a dislocated hip needing another surgery.
- Around 5 – 20 people in 100 had a difference in leg length of 1cm or more.
- 1-2 people in 100 had an infection needing another surgery (11,16).
- Around 1 person in 100 had a deep vein thrombosis (DVT a blood clot usually in the leg) of which about half travels to the lungs causing a pulmonary embolus (PE) requiring urgent treatment (11,15).
- 1 in 100 people had nerve damage that changed the feeling in their leg (11).
- 0.65% or 6-7 people in 1000 are at risk of dying within 90 days of a hip replacement (17,18).

The risk of complications relating to THR surgery increases with underlying medical problems such as heart or lung disease, if a patient is overweight or is a smoker. However, the risk of serious complication is low – estimated to be less than 1 in 1000.

Other complications of a hip replacement can include:

- Hip dislocation.
- Loosening of the joint in 10 in 100 cases.
- Injuries to the blood vessels or nerves.
- A fracture.
- Differences in leg length.

Risk of needing the operation repeated

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

Some people may require what is called “revision surgery” to repair or replace the joint. 7 in 100 people (7%) needed their hip redone within 15 years after a total hip replacement (11).

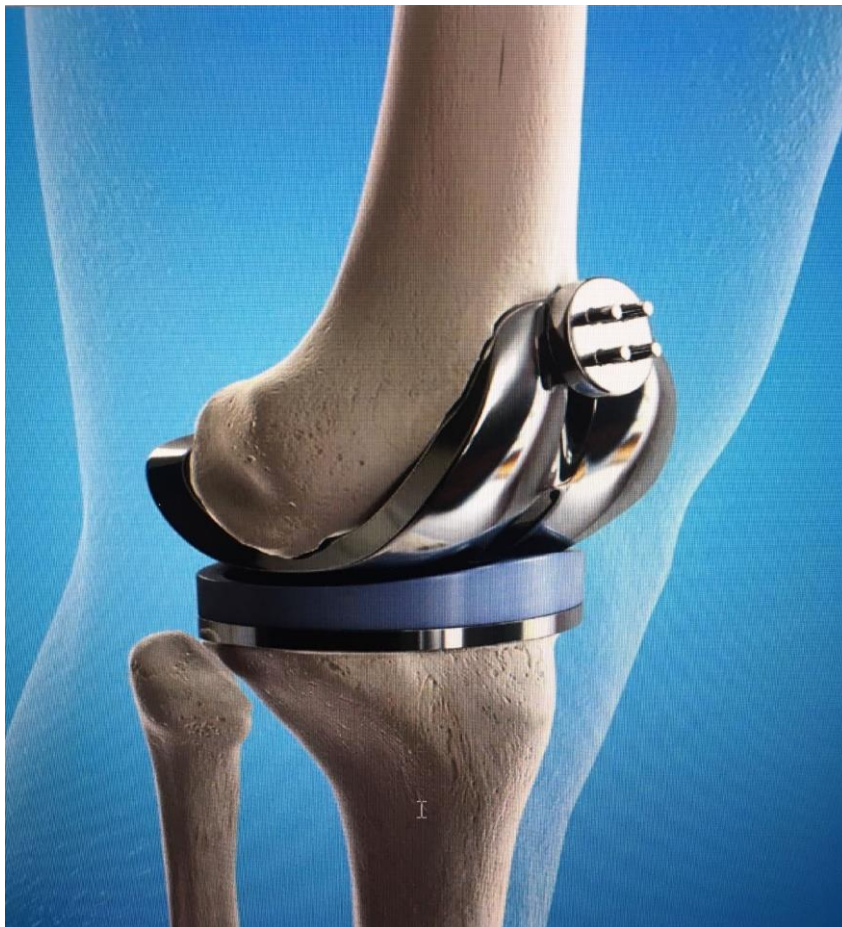
What is a Total Knee Replacement (TKR)?

A total knee replacement is an operation to replace the worn areas of the knee joint with artificial components. The femoral (the bottom end of the thigh bone) component is made of metal, while the tibial (top end of the shin bone) is made of metal and plastic, or plastic alone. The underside of the kneecap may also be replaced with plastic at the same time.

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

The operation usually takes between one and three hours.

There is a 96% chance that a total knee replacement will last more than 15 years (10). There is an 83% chance that a partial knee replacement will last 15 years (10, 12, 13).



Benefits of surgery

- Out of 100 people that have a knee replacement 75 people (75%) consider their knee to be much better and 15 (15%) a little better after the surgery (10).
- Reduced or no pain.
- Improved walking and mobility.
- Improved quality of life because everyday activities and exercise are easier.
- On average patients can bend their knee to 105 degrees (see page 6).

Disadvantages of knee replacement surgery

All operations carry some risk. Nationally:

- 4 people in 100 (4%) who have a knee replacement feel that their knee is unchanged (no better or worse). 6 people in 100 (6%) feel their knee is worse after the operation (10).
- 1-2 people in 100 are at risk of deep vein thrombosis (DVT). This is a deep blood clot usually in the leg about half of these travel to the lungs (pulmonary embolus) needing urgent treatment (10,15),
- 4-5 people in 100 are at risk from infection needing another operation as a result of the surgery (10,16).
- 0.39% of people (or 3-4 people in 1000) are at risk of dying within 90 days of a knee replacement operation (17,18).

Risk of needing the operation repeated

Wear and tear through everyday use means your replacement knee won't always last forever.

Some people will need further surgery called "revision surgery".

In the UK, around 4 people in 100 (4%) who have a Total Knee Replacement will need further surgery within 15 years. Around 17 people in 100 (17%) who have a Partial Knee Replacement will have further surgery within 15 years (10).

What matters most to you?

What else should you think about for hip or knee surgery?

Considering the risks and benefits – what is the risk of surgery you are most concerned about?

What do you want the operation to achieve for you?

What questions do you still have?

Do you smoke?

If you smoke the risks of surgery are higher than for non-smokers (13).

Some surgeons may decide surgery is too much of a risk to take if you are a smoker, especially if you have other significant health problems as well. For help with giving up smoking visit

<https://oneyoueastsussex.org.uk/services/quit-smoking/>

Helpful organisations, apps and websites

Local support organisations and focussed activities:

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

A large site with a very wide range of information about different types of arthritis and joint pain.

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

Offers weight management classes (including light exercise), health coaching. NHS Health Checks and stop smoking support.

<https://weareundefeatable.co.uk/>

A movement supporting people with a range of long term health conditions to find ways to be active that work with each person's conditions, not against them.

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

Walking for Health support thousands of people to experience the benefits of getting and staying active, improving their mental and physical wellbeing, and reducing social isolation.

<https://www.escis.org.uk/category/leisure-sport-and-hobbies/>

East Sussex Community Information Service's site lists many local groups and activities.

<https://www.esht.nhs.uk/caring-for-you/patient-information-leaflets/> Some

basic information in downloadable form.

<https://sussexmskpartnershipearst.co.uk/knee/> Some

basic information in downloadable form.

<https://sussexmskpartnershipearst.co.uk/pain/>

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

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

"Health in Mind" is a free NHS service for anyone in East Sussex experiencing emotional or psychological difficulties such as stress, anxiety and depression.

Apps:

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

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 can continue to do at home.

<https://www.nhs.uk/oneyou/active10/home>

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

Further information:

https://www.keele.ac.uk/media/keeleuniversity/ri/primarycare/pdfs/OA_Guidebook.pdf For readers interested in listening to an international expert:

<https://soundcloud.com/bmjpodcasts/professor-david-hunter-talks-osteoarthritis-exercisetherapies-better-outcomes>

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Sources of information

We would like to thank the Sussex MSK Partnership, Horder Healthcare, Versus Arthritis and the many patients who contributed to the formation of this booklet.

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 (direct dial) 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 4434 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 or doctor.

References

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

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The directorate group that has agreed this patient information leaflet:
URGENT CARE

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Responsible clinician/author: Emergency Department Consultants

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