

Post-Operative Knee Replacement

Service User Information Leaflet

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or phone 01592 729130

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Produced by NHS Fife Musculoskeletal Physiotherapy Service

Diagrams: ©PhysioTools

Useful contact telephone numbers

If you require any orthopaedic advice after discharge, please contact ward 10 staff on:

Ward 10: 01592 648010

If there are any problems with your wound please call the number on your wound care card given to you at the pre-assessment clinic.

Pre-Assessment Unit: 01592 643355 Ext 21626

If there are any problems with your walking or exercises please contact the physiotherapy staff.

Physiotherapy: 01592 643355 Ext 21105

Useful websites for your information

www.nhs.uk/conditions (knee replacement)

www.arc.org.uk (information on arthritis)

Introduction

The aim of your operation is to replace either half or the whole knee joint by removing the worn surfaces of the bones and replacing them with metal and plastic implants.

During the operation cuts will be made in the tissues and the muscles will be stretched. For this reason your leg will feel weak and your movements will be reduced for some time.

After your operation it is important to follow the instructions given to you by the doctor, physiotherapist and nurses. Immediately after the operation it is important to move your legs.

Before You Come into Hospital

You will visit the orthopaedic pre-assessment clinic for tests and measurements. You will be seen by several health professionals such as the nurse, consultant, anaesthetist, and a physiotherapist. They will assess your fitness for surgery and give you advice about your operation and recovery.

During Your stay in Hospital

A physiotherapist will visit to show you how to do simple exercises for both legs whilst you are in bed or in the chair. These exercises will:

- Reduce the risk of a blood clot.
- Strengthen muscles and get your operation knee moving.
- Prepare your operated leg for walking.

Before the operation you may have been unable to use your knee properly due to pain and stiffness so the muscles around the knee are often weak.

Pain relief after your operation

You may have more pain and discomfort in the first few days after the operation. The medical team will give you enough pain killers to reduce and control your pain to a more comfortable level. This will allow you to do your exercises and to walk. If you are struggling with pain discuss it with the nurses or physiotherapist. They can ask the Advanced Nurse Practitioner to review your painkillers. **Do not suffer in silence.**

After Your Operation

After your operation you will return to the ward. The nursing staff will take regular observations and ask about your pain. You will be given pain relief by the nurse when it is required.

If your operation is early in the day, and you feel well, the physiotherapist will start your exercises in the afternoon. We will assist you out of bed to walk a few steps and you can sit in a chair. If your operation is later you will get up to sit the following day. If your knee muscles are weak, or you have a nerve block for pain, you may need to wear a splint to support the knee.

What are you aiming for?

It is important to be clear what you are trying to achieve when you exercise:

1. A straight knee
2. A strong knee
3. A good knee bend

Exercises will help to develop strong muscles around your 'new' knee, improve your knee movements and assist in tissue healing.

Exercise and Walking

The daily plan of your exercises and walking after the knee replacement is:

Day 1 (day after your operation)

- You will do bed exercises number 1 to 6 in the booklet.
- You will be expected to exercise regularly
- You will walk a short distance with a walking frame supervised by physiotherapy staff or a nurse and sit up in a chair.
- You will have help to walk with your walking aid until you are safe and steady on your feet.

Day 2

- You should continue your regular exercises as Day 1

- If the physiotherapist agrees you are safe on your feet you will be expected to walk every hour on your own.
- You will then move on to elbow crutches or sticks.
- The staff will check your progress daily.

Day 3

- You should continue your exercises and walking.
- When you are walking safely we will practice going up and down stairs.

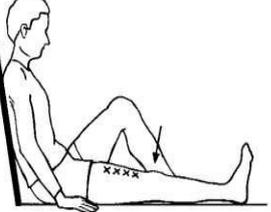
People improve at different rates and you should not become upset if it takes a little longer than you expected.

You should take care not to do too much and cause more discomfort and swelling in your knee. Exercise for a short time several times a day. To improve you need a mixture of rest and regular exercise every day.

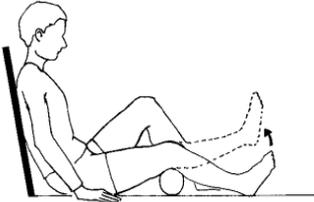
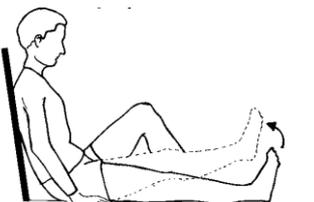
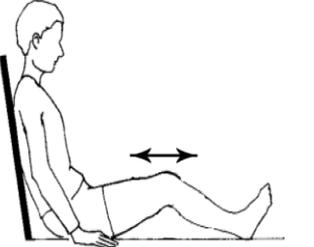
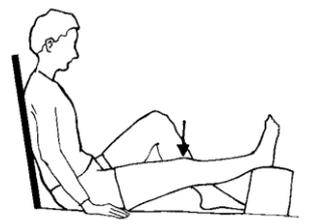
It is important to take your pain relief as advised by the nursing staff. It will allow you to exercise and get your knee moving.

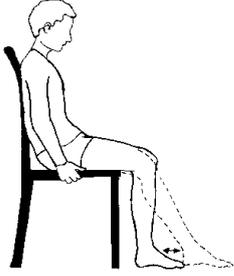
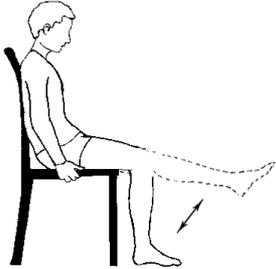
Continuous Passive Motion (CPM)

The CPM machine may be used if you are having difficulty bending your knee in the first few days. The physiotherapist will fit the machine to your leg and it will be on for about 2 hours. The knee bend will be increased gradually.

Exercises on your operation day	
	<p>Exercise 1: Foot Pumps To improve swelling and circulation:</p> <p>On return from theatre: Pump your feet by pulling your toes and ankles up and down. Repeat 20 times</p>
	<p>Exercise 2: Static Quadriceps To improving muscle strength:</p> <p>With the knee straight, tense up the muscles at the front of the thigh as if you are trying to straighten your knee. Hold for a few seconds then relax. Repeat 10 times.</p>

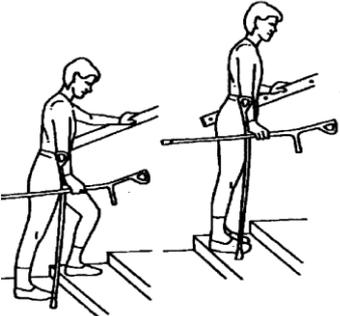
Exercises from Day 1 after your operation

	<p>Exercise 3:</p> <p>To improve muscle strength Inner Range Quadriceps</p> <p>Place a rolled up towel under your knee. Straighten your knee so that your heel lifts off the bed. Hold for 5 seconds then lower. Repeat 5-10 times.</p>
	<p>Exercise 4:</p> <p>Straight Leg Raise</p> <p>Pull your foot up and tighten thigh muscles. Lift leg 6" off the bed, pause and lower slowly. Repeat 5 times.</p>
	<p>Exercise 5:</p> <p>To improve the knee bend: Knee bends</p> <p>Place a sliding board under your foot. Bend and straighten your knee by sliding your heel up and down the board. Try to move your heel further each time, gently increasing the bend in your knee. Repeat 10 times (Use a bandage to assist if required)</p>
	<p>Exercise 6:</p> <p>To improve the knee straighten: Passive knee extension stretches</p> <p>Sit or lie with your leg out in front of you. Put your heel on a rolled up towel so you are stretching the back of your knee. Hold the stretch for 30 seconds then relax.</p>

	<p>Exercise 7: Straighten and bend your knee in the chair Sit in a chair with your foot on the floor. Straighten your knee and hold for five seconds, then lower slowly. Do not allow your hips to move, just the foot. Repeat 5-10 times (Use a bandage to assist if required)</p>
	

These exercises will help you to recover from your operation. You are advised to do the exercises regularly during your hospital stay. Continue exercising at home until your knee is “back to normal”.

Remember: Exercise Little and Often

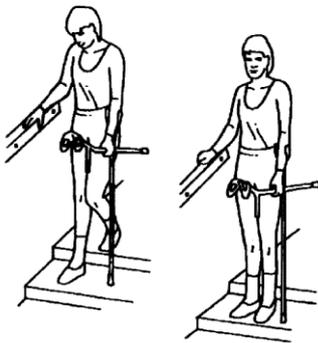
<p>Stairs/ steps using 1 handrail Walking up the stairs</p>	
	<p>Stand with your sticks/ crutches close to the stair. Hold on to the handrail.</p> <p>Hold your sticks/ crutches as shown below.</p>
	<p>Holding the handrail and the crutches. Take a step up with your 'good' leg.</p> <p>Then step up with your operated leg.</p> <p>Followed by your sticks/ crutches onto the same step.</p> <p>Always go one step at a time</p>

Walking down the stairs



Stand with your sticks/ crutches close to the stairs at the top of the stairs.

Hold your sticks/ crutches as shown.



Hold the handrail

Put your stick/ crutch down one step and move your hand down the handrail.

Step down with your operated leg.

Step down with your 'good' leg onto the same step.

Always go one step at a time

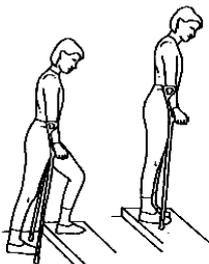
Stairs/ steps with no handrails

Walking up the stairs



Stand with your sticks/ crutches close to the stairs.

Hold your sticks/ crutches as shown.



First take a step up with your 'good' leg
Then step up with your operated leg
Followed by your sticks/ crutches onto the same step the same step.

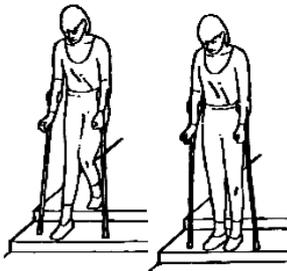
Always go one step at a time

Walking down the stairs



Stand with your sticks/ crutches close to the top of the stairs

Hold your sticks/ crutches as shown.



First put your sticks/ crutches down one step.

Step down with your operated leg.

Then step down with your 'good' leg onto the same step.

Always go one step at a time

These instructions can be adapted to suit your home steps or stairs with either 1 or 2 sticks or crutches.

Your physiotherapist will practice going up and down the stairs before you go home if this is required.

General Advice

Posture:

Remember, always to sit and walk tall with shoulders back. Do not look at your feet.

Walking:

No limping or holding your knee stiff when walking. Use your new knee - **BEND IT**. Swing your knee when you are walking.

Walking Aids:

Continue using your walking aid until you have been seen in the clinic by your Consultant. If you can use one stick always hold it in the opposite hand to your operated leg.

Stairs:

Do the stairs as instructed on the previous page.

As soon as you have gained enough bend and strength in your knee you will be able to walk up and down stairs normally.

Swelling and Bruising:

Your knee and ankle may swell up, particularly after long periods on your feet or when sitting.

- Do Exercise 1 for circulation
- Rest with your feet up preferably with your feet higher than your knees.
- If your knee is swollen, using an ice pack will help to reduce the swelling. Place a plastic bag of ice or a packet of frozen peas wrapped in a thin towel on your knee for approx 10-20 minutes as often as necessary.

Sitting:

When you sit down, **bend** your operated knee. Sit straight in your chair with your knees bent. Do not sit with your knees at an awkward angle which you may have done before your operation.

When you leave the hospital

Dressings:

- The nursing staff will give you dressings for your wound to take home.
- You will be taught how to change your dressings before going home.

Medication:

- You will be advised to take your medications as prescribed.
- Any concerns regarding your medications will be discussed.

District Nurse/ Practice Nurse:

- If a District Nurse or Practice Nurse is required the nursing staff will arrange this before you go home.

- If you have any problem with your wound, call the number on your wound care card given to you at pre-assessment.
- If you require any medical attention after discharge contact your GP, NHS 24 or local Accident and Emergency.

Follow-up appointments:

- If your operated knee is stiff or weak you will attend a physiotherapy outpatient appointment about one week after you go home.
- You will receive an appointment to see the consultant at the clinic 6 to 8 weeks after you go home. This will be arranged by the nursing staff and sent to you by post.

Driving:

- Do not drive for at least **6 weeks** after your operation. Inform your Insurance company before you start to drive.

Occupational Therapy:

An occupational therapist (OT) will see you after your operation. They will talk to you about managing everyday activities at home, such as washing, dressing and getting on and off the toilet.

If you are having difficulties the occupational therapist can provide you with equipment to make the activity easier and safer, for example a raised toilet seat for the toilet (WC).

Occupational therapy can also advise you on all aspects of returning home including housework and leisure activities.

When will I get back to normal?

It may be some weeks or months before you recover from your operation and start to feel the benefits of your new knee joint. You can make a big difference to how quickly you get back to normal by making sure you follow the advice of your hospital team and by continuing your exercises.

You should make sure you have no major commitments, including long-haul air travel for the first 3 months after the operation.

At first your knee is likely to be sore and you will need to walk with at least two walking sticks. It is important that you use your walking aid during the first few weeks after surgery as falling could damage your new joint. Your new knee will continue to improve for over 12 months after your operation.

Frequently asked questions

Why have I still got swelling and bruising?

- It is normal for the knee to be swollen and inflamed as it heals
- The bruising will last for several weeks
- The swelling will last for several months

Leg swelling: the calf muscles contract and help pump blood back to the heart. If you do not put full weight on your leg, the muscle pump does not work as well and fluid builds up around the ankle. By the end of the day lots of people complain their leg is more swollen.

What can I do about it?

- When sitting, the ankle pump exercises work the calf muscles and help pump the fluid away. (Exercise 1)
- Try to put equal weight through each leg and “push off” from your toes on each step
- Have a rest on the bed after lunch for an hour
- When sitting, you can put your leg up on a stool for short periods throughout the day. (15 minutes up then 15 minutes down)

Why is my knee warm?

When the wound has healed there is still healing going on inside the knee. The healing creates heat, which can be felt on the surface. This may continue for up to six months. This is a different warmth to that of an infection.

Why do I get pain lower down my leg?

The tissues take time to settle and pain in the shin or behind the knee is quite common. You may also have bruising and tightness in the calf muscles.

Why do I stiffen up?

Sitting down for a period of time can increase the swelling and stiffness in your knee. To help this it is important to walk short distances around the house every hour. If you are happy to walk outside, start with a short distance and build up.

Is it normal to have disturbed nights?

Yes, very few people are sleeping all night up to six weeks after the operation. When you are sleeping, your knee becomes stiff and the discomfort can wake you. If you are sleeping on your back, which may not be your normal sleeping position, your sleep pattern may be disturbed. You can sleep on your side if that position is more comfortable. Most people find it helpful to sleep with a pillow between their legs when they are on their side.

I have a numb patch – is this okay?

Numbness around the incision is due to small superficial (close to the skin) nerves being affected by the surgery. The patch usually gets smaller but a small area of numbness may remain.

Why does my joint click or clunk?

This can be normal and it is usually a sign that the swollen tissues are moving over each other differently than before the operation. You should not let this worry you, as it should improve as your knee continues to heal.

When should I stop using a stick?

Stop using a stick when you can walk as well without it as with it. It is better to use a stick if you still have a limp. Limping is a bad habit which is difficult to stop. It puts extra strain on your other joints, especially your back and other leg. Many people take a stick outdoors for three to four months after the operation as they find their limp increases when they get tired. **Remember to use the stick in the opposite hand to your operated knee.**

How far should I walk?

This depends on how fit you are and what your home situation is. Start by walking no further than the length of two houses in your street and back, then build up gradually. You should feel tired but not exhausted when you get home.

Can I go swimming?

You can go in a pool with steps as soon as your wound has healed. You can do gentle exercises and walking in the water. Serious swimming can be started after three months. You can swim breaststroke if it feels comfortable, but start off gently.

Will I get better?

It can take up to 12 months to get the full benefit from your knee replacement operation. As you get better it is good to do everyday activities as this help to improve muscle control. It is important to get back to an active lifestyle. Sports such as golf, cycling, swimming and walking are encouraged. Other acceptable activities include bowling and dancing. Avoid activities that produce high impact such as running, jumping or very heavy jobs.

Use of Gym Equipment?

Static bike: You may not be able to pedal normally at first but start with the seat high and rock the pedals back and forth. Once you can pedal you may gradually lower the seat and increase resistance as comfort allows.

Step machine and leg press: It is safe to use this exercise equipment provided your knee is not forced to bend further than comfort allows and resistance is increased gradually.

Caution: If you also have a hip replacement the leg press is unsuitable as is any equipment with a very low seat.