



Bòrd SSN nan Eilean Siar  
NHS Western Isles

Physiotherapy Department

# Knee Joint Replacement



An Information Guide for Patients and Carers

# Your Information

This Information Guide belongs to:

.....

Orthopaedic Assessment Date: .....

Pre-op Date: .....

Joint School Date: .....

Surgery Date: .....

Post-op Clinic Date: .....

Other appointments:

Date	With	Where

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# Introduction

You have been given this booklet as you are considering having a knee joint replacement.

This Information Guide is provided to give you and your family a basic knowledge of the knee joint replacement process.

It includes what's expected of you on the run up to your operation and the rehabilitation process afterwards. It also recommends things to consider prior to your operation and outlines the things you should know after the operation.

We strongly recommend you read this booklet to allow you to make an informed decision, whether a knee joint replacement is best way forward for you at this time.

The success of your operation is a team effort including:

- **yourself**
- your family and friends
- Surgeons
- Anaesthetists
- Doctors
- Nurses
- Physiotherapists
- Occupational Therapists
- Pharmacists

The exact nature of the routine as laid out in this booklet may vary from hospital to hospital and you will be guided by your own surgeon and therapists as they know the particular circumstances of your condition.

**Keep this Information Guide so that you may refer to it at a later date.**

# Section 1: What is a Knee Joint Replacement?

## Why may I benefit from a Knee Joint Replacement?

The main benefit of a knee joint replacement is to reduce pain and increase mobility when you are finding your symptoms difficult to manage. The most common cause of pain and reduced mobility in the knee is osteoarthritis, sometimes referred to as 'wear and tear'.

The bone ends lose their smooth surfaces and protective cartilage due to wear and tear, injury or a different kind of inflammatory arthritis. This can result in a stiff and painful knee.

If these changes get worse, it can interfere with normal daily life. Walking, climbing stairs, shopping, hobbies and employment can become more difficult and sometimes become impossible.

It is important to note that symptoms of osteoarthritis **do not** always worsen over time. You may find your pain improves and does not interfere with daily life, particularly if you have:

- undergone a course of physiotherapy
- taken appropriate analgesia
- made modifications to work and daily routine
- made use of adaptations from Occupational Therapy
- lost some weight
- started using walking aids.

However, if you have tried all of the above and still have had no improvement with your symptoms, it may be that you would benefit from a joint replacement.

A knee joint replacement can never be as good as the knee you were born with. After surgery you may find that you still have some difficulties with movement and doing things like kneeling.

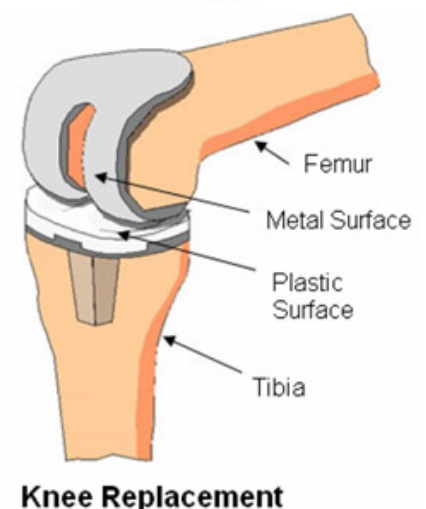
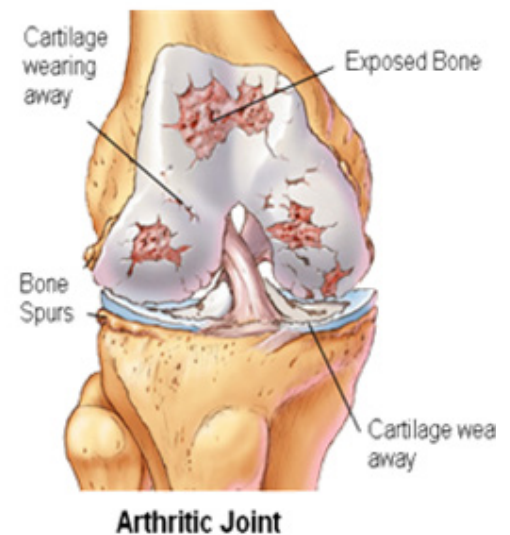
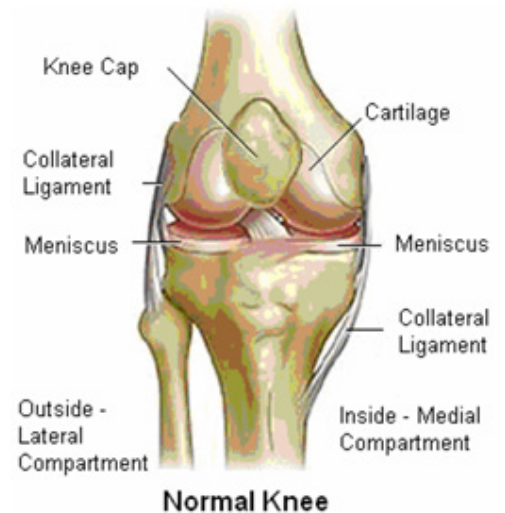
## What is a Knee Joint Replacement?

A knee joint replacement involves a surgical operation where the damaged surfaces of the joint are removed and are replaced with metal and plastic components which fit together to mimic the natural movement of the knee.

The kneecap may be left untouched and the final decision on whether the under surface should also be replaced is usually made during the operation.

## Benefits and Risks of Replacement Surgery

A knee replacement is a major operation and is not without surgical risks. Often patients decide to proceed with the operation when the benefits of surgery outweigh the risks involved. You should only be considering a replacement if you are in severe pain and your mobility is greatly restricted and impacting on your activity and lifestyle. It's worth noting that 1 out of 5 patients who have had a knee replacement are not happy with the results.



You should be prepared to work hard at the exercises given to you by the Physiotherapy staff to achieve a good result with increased movement, activity and mobility. Many knee replacements will last 10-20 years but all joints wear with time.

## Risks and Complications of any Surgery

- **General** - Difficulty passing urine. You may need a catheter (tube) in your bladder for 1-2 days.
- **Blood Clots** - Deep vein thrombosis (DVT) is the most common surgical complication. Preventative measures to reduce the risk include exercises and movement soon after surgery, appropriate blood thinning medication and compression stockings
- **Pulmonary Embolism (PE)** – A serious complication of DVT and occurs when a clot moves from the calf to the lungs and can be fatal. This is rare.
- **Mortality** – Risk of death within 30 days of surgery occurs in the region of 1:1000.

## Specific complications of this operation

- The surgeon will try to keep your legs at an equal length but this cannot be guaranteed
- **Wound Infection** - Although uncommon, wound infection can be a serious problem and may require further surgery. Occasionally in the first few days following your operation a small amount of ooze may be present – this is common and not indicative of any problem. However, if it persists for more than one week it may indicate infection.
- **Pain** - Unfortunately a small portion of people experience ongoing pain after their replacement.
- **Nerve damage** - Although extremely rare, there are major nerves near the knee which can be damaged. This is usually temporary and can improve as swelling and bruising reduces after surgery.
- **Loosening of new joint**
  - when your knee replacement is inserted, in rare cases the bone can split if the bone is weak (risk: 1 in 1,000). Your surgeon may need to fix the bone, or use a different type of knee replacement if this happened.
  - if your replacement joint loosens over time, you may need another operation to do your knee replacement again (risk: 1 in 30 patients in first 10 years).

## Are there any alternatives to surgery?

- Using a walking stick on the opposite side to the affected knee can make walking easier.
- Regular moderate exercise can help to reduce stiffness in your knee.
- Taking regular analgesia as prescribed by your GP.
- If you are overweight losing weight will help reduce the load on your knee.
- A steroid injection into your knee joint can sometime reduce pain.
- Making modifications to work and daily routines. Occupational Therapy can help with this.

However, please note that all these measures become less effective if your arthritis gets worse.

## What will happen if I decide not to have the operation?

Arthritis varies from person to person. Some people will not get any deterioration in their symptoms, whereas others find their symptoms worsen over time. Arthritis is not life threatening, but for some it can be disabling. Symptoms can be worse at some times than others.

## Section 2: Preparing For Your operation

Joint replacement surgery requires careful preparation to ensure the best results.

Before the operation, it is important to have undergone a course of physiotherapy and to be doing your knee exercises daily.

### Exercises

The following exercises are to help ensure you are as fit as possible before your surgery. This will also help your recovery after the operation.

The following exercises should be done 3-4 times per day – it is not harmful to do more. If you find them too difficult, build up the number gradually. Stop any exercise that is too painful.

#### 1. Ankle Pumps



- Move your ankle up and down as far as you can go
- Repeat 10-15 times

#### 2. Knee Bends



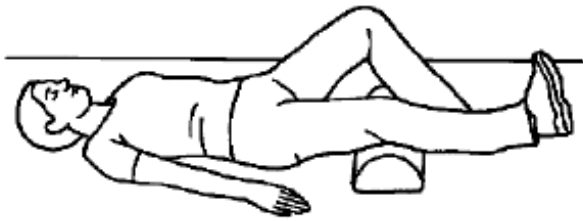
- Lying down
- Slide your heel towards your bottom
- Repeat 10-15 times

#### 3. Static Quads.



- Lying down
- Push your knee down into the bed
- Don't hold your breath
- Repeat 10-15 times

#### 4. Inner Range Quads



- Lying down, place a roll or cushion under your knee
- Slowly lift the foot, straighten the knee and hold for 5 seconds. Slowly lower back down
- Repeat 10-15 times

#### 5. Straight Leg Raises



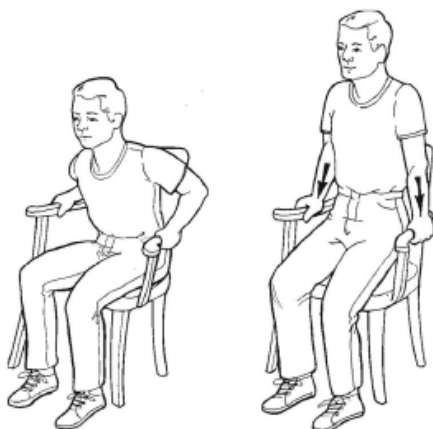
- Lying down. Bend your unaffected leg and place your foot on the bed
- Lift your affected leg up approx 6 inches. Keep your knee straight and toes pointing up
- Repeat 10 times

#### 6. Knee Extension in Sitting



- Sitting on a chair
- Slowly lift your affected leg to straighten the knee
- Repeat 10 times

#### 7. Armchair Push-Ups



- Sit in an armchair with your hands on the armrests
- Straighten your arms to raise your bottom off the seat. Keep your feet on the floor
- Repeat 10-15 times

**Note.** General exercise is also encouraged. Any physical activity that raises your heart rate and gets you breathing more heavily e.g. walking, cycling and swimming are all excellent forms of exercise for people with arthritis.

## Pre-op Assessment Clinic

You will be sent an appointment to attend the Pre-op Assessment Clinic. This is a health check given before your operation to find out if you are fit for the anaesthetic. A nurse will examine you and ask some questions about your general health and anaesthetic history.

**Please bring a list of your medications with you.**

It is important to tell the nurse about any health problems you may have e.g. high blood pressure, angina, diabetes, etc.

## Tests and Investigations

It may be necessary to have some investigations and tests to assess your fitness for the surgery and anaesthetic. These usually include:

- tracing of your heart beat – an electrocardiogram (ECG)
- blood tests – to check your iron levels and blood type in case you need blood after your operation
- urine testing - to check for any infection

The assessment findings will be discussed with you on the day and you will have the opportunity to ask questions and discuss any worries you may have concerning the anaesthetic.

## Joint School

The Joint School is an informative group session for those about to undergo a joint replacement. Your consultant would like you to attend this class in order to get the best out of your joint replacement.

The class consists of a talk through the journey you are likely to experience, practice in the use of walking aids and review of exercises. This is your opportunity to ask any questions you may have about this process. The class also allows you to engage with other people who will be going through the same operation as you. The sessions are attended by a physiotherapist, occupational therapist, Orthopaedic Nurse, Pre-assessment nurse and Pharmacist.

## Getting Ready at Home

After your surgery you will have to change the way you do some every day tasks. The following are a few simple things you can do to help prepare for when you return home.

- Ensure arrangements are in place for getting home after your surgery
- Do any cleaning and laundry and put it away
- Have clean sheets on your bed
- Prepare and freeze meals in single portions
- Do any heavy housework or gardening
- Pick up loose rugs or trip hazards
- Check there is room to move around without obstacles getting in your way
- Ensure you have a stool available to elevate your leg
- Arrange for someone to care for loved ones or pets, as necessary
- Think about putting a chair in the bathroom
- Some people find it useful to have a small backpack for carrying things around the house.

**Important.** Please contact the Pre-assessment Clinic by telephoning 01851 708216 if you become unwell or develop an infection any time after you have been seen in Orthopaedics in the lead up to your surgery.

# Section 3: Coming into Hospital

## What to Bring to Hospital

- **Admission Letter**
- **Bring this booklet**
- **Daywear:** You will be encouraged to dress after your operation. We recommend loose, light weight clothing and underwear. Shorts, loose skirt or loose trousers are ideal
- **Nightwear:** Loose lightweight pyjamas/nightdress and a dressing gown
- **Footwear:** Your foot may swell after your operation. Adjustable slippers or light day shoes with closed backs and a good non-slip sole
- **Toiletries:** Bring your usual toiletries. Towels will be provided
- **Aids:** Walking sticks or crutches, if you normally use them  
Equipment provided by O.T. - e.g. grabber, shoe horn, 'sock-on'
- **Entertainment:** Books/magazines, personal radio, ipad/tablet/kindle (free public access Wi-Fi is available)
- **Medication:** All prescribed and over-the counter medications you take, in their original containers or blister packs
- **Money** A small amount of money (in change) may be required for newspapers, etc

## What Not to Bring to Hospital

### Do NOT bring valuables

Smoking and drinking alcohol is strictly prohibited in NHS Western Isles premises, vehicles or grounds. This also includes the use of e-cigarettes.

Patients coming into Hospital often take the opportunity to stop smoking or at least to dramatically cut down their consumption. If you would like help with quitting, contact the Senior Charge Nurse/ Ward Sister or Nurse in Charge, or the Quit Your Way Hebrides (Smokefree Hebrides) team, tel. 01851 701623.

## Hospital Admission

You are usually admitted to hospital the day before your operation, but you may be asked to come in the morning of your surgery. Please follow the instructions on your appointment letter.

When you arrive on the ward you will be introduced to the ward staff and shown to your bed space. A doctor will visit you and take your details.

**Pre-Load Drink** - You will be asked to drink four bottles of a 'pre-load' drink (an energy drink) the night before your operation. This is to aid your recovery and help prevent dehydration after your operation.

**Showering** - To make sure your skin is very clean, you will be given Skinsan (a special anti-bacterial soap) to shower with the night prior to your operation. You can wear your own night clothes to wear to bed.

The Consultant and Anaesthetist will also visit you during the day. You will have blood tests and a urine analysis done.

## Anaesthetic

Your anaesthetist will review you to evaluate your health and help determine which anaesthetic is best for you.

**The two most common anaesthetic options are:**

**Spinal Anaesthetic** – Local anaesthetic injected into your back beside the nerves. It will make you numb from your waist downwards. This means you cannot feel the operation being done. Most patients choose to have some medication to make them feel calm and drowsy throughout the operation. You can also choose to be fully awake or asleep. Patients are less likely to be sick after the operation with this anaesthetic.

**General Anaesthetic** – This will give you a controlled unconsciousness. You will be asleep and feel nothing.

If you would like further information to help you decide which anaesthetic option would be best for you, please view the short online film produced by NHS Golden Jubilee National Hospital 'Anaesthetic patient information for joint replacements' at: <https://youtu.be/2ok-EBY9a5g>

## Hospital Visiting

Visiting time is from 11am-8pm but patient meal times are protected: 8am-9.30am at breakfast, 12 noon-1.30pm at lunchtime and 5pm-6pm at dinner time.

**Please note:** You are taking part in an active rehabilitation programme. This may include activities or sessions during visiting times.

## Visitor Guidelines

It is widely recognised that support from family and friends, in the form of hospital visits, is an integral part of any patient's recovery and this is why extended visiting, from 11am to 8pm, seven days a week, has been introduced by NHS Western Isles.

Further information entitled 'Extended Visiting: Guidance for Families and Visitors' can be found at: [www.wihb.scot.nhs.uk](http://www.wihb.scot.nhs.uk)

# Section 4: Operation Day

## Eating and Drinking Before Surgery

Approximately six hours before you go to theatre, you will be allowed your last meal. You will be allowed to drink clear fluids up to 2 hours before your operation.

### Instruction about eating and drinking before your surgery

Time of operation	Allowed food until	Allowed clear fluids until
If your operation is in the morning	Midnight on the night before your surgery	05.30am
If your operation is in the afternoon	06.00am on the day of surgery (light breakfast)	10.00am

*Note. Clear fluids include: water, black tea/coffee, weak diluting juice and flavoured water (non-fizzy).*

If you eat anything after the times detailed above, your operation may be delayed or even postponed.

If you are unsure contact the ward staff who will be able to help you (telephone contact details are at the back of this booklet).

## Morning of Your Surgery

**Pre-Load Drink** - You will be asked to drink a further 2 cartons of a 'pre-load' drink (an energy drink) the morning of the operation.

**Showering** - You will be required to shower again in the morning using the Skinsan anti-bacterial soap. You will also be required to wash your hair with Skinsan. Your nurses will give you an operation gown to wear.

**Pre-medication** - You may be offered pre-medication before leaving the ward. This may make you more relaxed and a little bit sleepy. You will then be transferred to the operating theatre.

**Going to Theatre:** A member of the Theatre staff will come up to the ward to collect you and you will be encouraged to walk to Theatre. However if you are unable to do this then, you will be taken to Theatre in a wheelchair. Please ensure you bring a pair of slippers with you.

## Immediately After Surgery

After surgery you will be taken to a recovery area where you will be taken care of until you are properly awake. You will then be taken back to your own ward.

- You may have an oxygen mask to help you recover from the anaesthetic
- You will have a dressing on your wound and may have a drainage tube to remove excess fluid from your wound. The drain can be in place for 24-48 hours.
- Your blood pressure and all your observations will be monitored on a regular basis

- **Eating** - If you had a **spinal anaesthetic** you will be able to eat and drink something light
  - If you had a **general anaesthetic** you will require to be fully recovered before you are able to eat anything.

## Pain Relief

During your operation, local anaesthetic is injected into the tissues around the knee. This provides effective pain relief immediately after the operation but it will wear off.

There are many different pain relief options available. The anaesthetist, pharmacist and ward staff will work with you to find the best option for you.

**You must let nursing staff know if you have any pain so they can help you.  
Do not suffer pain for too long – it is easier to keep control of pain  
if it is treated before it gets too bad.**

**Tablets (oral analgesia)** – You will require painkiller tablets for a period after your surgery. Some of these tablets will be given to you at regular times during the day as a basic level of painkiller.

You may find that although you have no pain in bed or sitting up, your pain could increase when walking or doing your exercises. Therefore, for the first few days after surgery, it is important to take the painkillers even if you do not have pain to allow you to walk and do your exercises.

## Section 5: After the Operation to Going Home

**You are taking part in an active rehabilitation programme and will be encouraged to do tasks as independently as possible.** This is your new knee joint. You have to work hard to get the most from your joint. The staff are here to help and advise you with this process.

### Precautions

#### DO NOT:

- **leave a pillow under your knee (only during exercises). Once you have finished your exercise, remove the pillow straight away.**
- **leave an ice pack on for more than 20 mins. You can reapply an ice pack up to every 2 hours.**

### Day 0 post-op

As soon as the feeling has returned in your leg you can start your bed exercises from this booklet (see Initial Exercises below). If you are back on the ward in the early in the afternoon, the physiotherapist will visit you.

Once the feeling in your leg has returned and you have had something to eat, you will be encouraged to get out of bed and to take a few steps using a zimmer frame. We will aim for you to sit up in a chair for a while.

Early mobility is encouraged to reduce the risk of blood clots. It also helps with reducing pain in your knee.

### Day 1 post-op

**Remember: You must let staff know if you are in pain!**

You will be encouraged to get washed and dressed in the morning and will be assisted out of bed and into a chair. At some point during the day, you will have blood tests and an x-ray.

If you weren't seen by the physiotherapist after your surgery, you will be assessed and be given a walking aid (either a zimmer frame or crutches). You may progress to using walking sticks.

Once the physiotherapist is happy with your walking, you will be able to walk around the ward yourself. You will be encouraged to do this several times a day

You are encouraged to do your exercises yourself. These are the same exercises that you will have been doing before your surgery. These should be done 3-4 times every day to improve the strength and flexibility at your new joint. It also helps minimise the risk of blood clot formation.

**Note.** With some of the following exercises, you may initially be unable to lift your leg. However, it is important to keep trying to raise your leg, as the muscles will start to work with practice.

## Initial Exercises

### 1. Ankle Pumps



- Move your ankle up and down as far as you can go
- Repeat 10-15 times

### 2. Knee Bends



- Lying down
- Slide your heel towards your bottom
- Repeat 10-15 times

### 3. Static Quads



- Lying down
- Push your knee down into the bed
- Don't hold your breath
- Repeat 10-15 times

### 4. Inner Range Quads



- Lying down, place a roll or cushion under your knee
- Slowly lift the foot, straighten the knee and hold for 5 seconds. Slowly lower back down
- Repeat 10-15 times

### 5. Straight Leg Raises



- Lying down. Bend your unaffected leg and place your foot on the bed
- Lift your affected leg up approximately 6 inches. Keep your knee straight and toes pointing up
- Repeat 10 times

### If you have difficulty straightening your knee:

#### 1. Extension Stretch



- Elevate your heel on a chair or footstool with your knee unsupported
- Press your knee as straight as possible then let it relax straight for 10-20 minutes
- Repeat 5-6 times per day

#### 2. Knee Extension



- Lying face down on a bed with your feet over the edge
- Let the weight of your feet straighten your knees. and hold for 5-10 minutes
- Repeat 4 times a day

### If you have difficulty bending your knee:

#### 1. Knee Bend in Sitting



- Sit on a chair with a towel under one foot
- Slide the foot under the chair as far as you can. Move your knee forward keeping the sole of your foot in contact with the floor and hold for 30 seconds
- Repeat 5 times a day

#### 2. Prone Knee Bend



- Lie face down with a band around your ankle
- Bend your knee and pull the band with both hands until you feel tightness on the front of your thigh. Hold for 30 seconds then relax
- Repeat 5 times a day

### 3. Knee Bend in Long Sitting



- Put a band around your foot
- Bend your knee as far as possible. Gently pull the band to bend your knee a little more. Hold for 30 seconds then relax
- Repeat 5 times a day

**It is important that you really work on your exercises in the initial stage of your rehabilitation to achieve the optimum movement of your new joint.**

### Day 2 to Discharge

On Day 1 or 2, depending on how well you are getting on with your walking, the physiotherapist will take you on the stairs. It is important to do this even if you don't have stairs or steps. In case you come across any when you are out and about. Always use the handrail if there is one. Hold your spare stick horizontally in a "T" shape with the other stick.



#### **Going up stairs**

Place unoperated leg up on to the step first, followed by operated leg then lastly your stick.



#### **Going down stairs**

Place your stick down on the step, Then place your operated leg down then the unoperated leg.

You will be ready to go home when you are able to walk independently with your crutches or walking sticks and have done the stairs. **This can be as early as the next day after surgery.**

You will not normally require physiotherapy after you have left hospital, but this may be arranged if the physiotherapist on the ward feels it is required. You are expected to continue with your exercises for three months after your surgery.

### Blood Clot Prevention

**Stockings** – You must wear your TED stockings day and night for 6 weeks. You should have a second pair so they can be washed.

**Injection** – To help reduce the risk of blood clots, you will be asked to self-administer a small pre-made injection on a daily basis for two weeks after your operation. The nurses will teach you how to do this while you are in hospital and will give you a sharps box to take home with you to dispose of the used needles. The sharps box should be handed in to your GP for disposal once the course of injections is complete.

**Remember: You must ask for more pain relief if required!**

Most people go home 2 to 3 days after their operation. Some people may be able to go home the day after their operation, but everyone is different. Once you have achieved the goals you can go home

## Goals for Getting Home: Can you...?

- get in and out of bed without help?
- get on and off toilet?
- wash and dress by yourself?
- walk with sticks or other walking aid?
- go up and down stairs or steps safely?
- bend and straighten your knee?
- lift your leg off the bed with your knee completely straight?
- is your pain under control?
- is your knee wound healing satisfactory?

## Useful Advice

**Sleeping** – You may be more comfortable sleeping on your back for the first few weeks after your operation. If you must sleep on your side, lie on your operated side and place a pillow between your knees.

Don't put a pillow under your knee whilst lying on your back.

**Cooking/Housework** – Avoid standing for too long initially. You should be able to do light housework and cooking. Avoid heavy chores such as vacuuming initially.

**Getting into a car** – You may be most comfortable in the front passenger seat with the seat as far back as possible. The seat may need to be reclined to avoid too much knee bend.

**Driving** – No driving for 6 weeks after your operation. After 6 weeks, it may help to plan your first drive. You must be able to perform an emergency stop and change gear comfortably. Avoid long journeys at this stage.

## Sports & Hobbies

Artificial joints are very durable but are not designed to cope with high impact activities such as running, squash or tennis. Resume sport gradually and avoid contact sports.

**Swimming** – Avoid for the first 6 weeks or until your wound has healed fully. Be careful with breast stroke as it may increase knee pain.

**Bowls** – After 12 weeks.

**Cycling** – Use an exercise bike at a low resistance once comfortable and pain free. You can progress this as able. Care should be taken when getting on and off.

**Flying** – Short haul flights after six weeks are ok. Long haul flights after 12 weeks. Try to ensure you have lots of leg room for comfort. Also move and walk regularly during the flight.

**Kneeling** – Most people find kneeling on their operated knee extremely difficult. It is okay to kneel for short periods of time only.

# Section 6: Ongoing Management

## The first 6 weeks at home

As your walking improves you can gradually progress to using just the one crutch/stick. Hold it in the on the unoperated side. People are usually able to progress to one crutch/stick around 5-6 weeks after surgery, when they feel comfortable, can walk with minimal pain and no limp.

By week six, you should be able to walk between a quarter to half a mile. You may also begin walking up and down stairs normally.

## Wound Care

Two weeks after the operation, your dressing will be removed and any clips or stitches taken out. This will be done by your practice nurse or at home by a community nurse.

### Inform your GP if you:

- notice any marked increase in swelling, redness or discharge from the wound.
- feel generally unwell.
- have severe swelling of the leg that does not reduce with elevation.
- have pain, tenderness and heat in the calf muscle.

## Week 6 to Week 12

Your goals during this period include:

- Walking without sticks without a limp
- Climb and descend stairs in the normal way
- Walk half a mile to 1 mile
- Resume previous activities
- Improve strength to 80%.

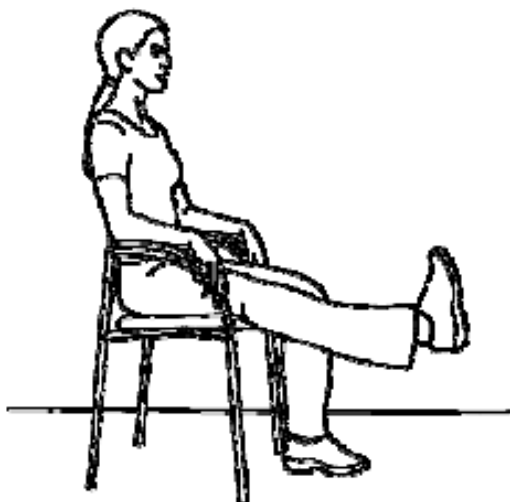
You will have a clinic appointment at approximately six weeks after your operation.

## Exercises

Continue the initial exercises on pages 15 and 16 four times daily:

You can also add the following exercises overleaf:

**1. Knee extension in sitting**



- Sitting on a chair, slowly bend your operated knee underneath the chair as far as you can, then straighten it out in front of you
- Repeat 10 times

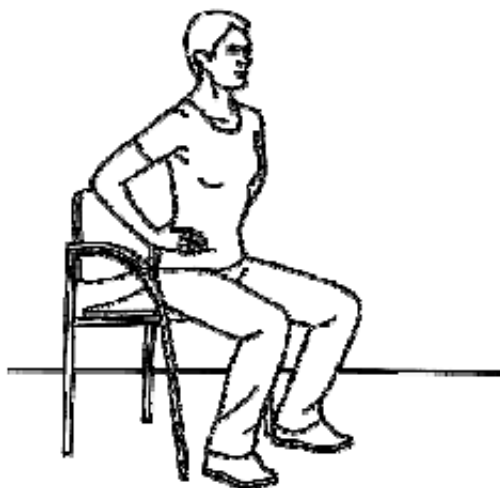
**2.**



**Step-ups**

- Stand with your involved foot on a step (you can hold on to a banister if you wish)
- Then lift your unaffected foot onto the step and slowly lower it back down again
- (Keep involved foot on step)
- Repeat 10 times

**3.**



**Sitting to Standing**

- Sitting on a chair
- Stand up then slowly sit down. You can use your arms on the armrests
- Try to put weight evenly through both legs
- Repeat 5-10 times

# Section 7: Additional Information

## Frequently Asked Questions

**1. Will I get physiotherapy after leaving hospital?**

Most patients do not need physiotherapy once they are going home. If your physiotherapist decides you need more sessions, an appointment will be arranged with you before you leave hospital.

**2. How far can I walk?**

Gradually build up the distance you are walking. This will vary depending on your fitness before your operation. You may feel tired once you get home but should not feel exhausted. Rough goals can be found on page 19.

**3. When can I stop using walking sticks?**

You can reduce the number of sticks you use when you can walk with no limp. When you do reduce to one stick, hold it in the hand opposite to your operated leg. Most patients stop using their sticks approximately 6 weeks after their operation.

You may find a stick helpful after this if you are tired, walking longer distances or if you are walking outside.

**4. When can I drive?**

Do NOT drive until 6 weeks after your operation. When you do return to driving, you must be able to perform an emergency stop and change gear comfortably. Avoid long journeys at first.

**5. Why is my leg still swollen?**

You may have swelling for months after your surgery. Normally, swelling in our legs is reduced as our calf muscles contract during walking. If you are not walking as much, or with less weight on the leg, your calf muscles may not be as effective at reducing swelling. After surgery, many people report that their ankle is more swollen at the end of the day.

**6. Why is my scar warm?**

The healing process creates heat which can continue for up to 6 months. This is different than the heat created during an infection but you should monitor for other signs of infection. These include:

- Increased swelling and redness at incision site
- Change in colour, amount or smell of drainage
- Increased knee pain
- Fever over 38°C.

**7. Why am I still in pain?**

Healing tissues can be painful and this takes time to settle. It is common for pain to be referred to the knee or shin.

**8. Why is there numbness?**

Numbness around the incision site can be caused by superficial nerves being disrupted during surgery. This numb area usually gets smaller but some numbness may be permanent.

**9. How long should I continue doing the exercises?**

Everyone is different. If you feel that you are back to normal strength and activity levels after 12 weeks then you could stop. However, if you feel things are not yet back to normal, it may be advisable to continue with your exercises until they are.

**10. When will my leg get better?**

Remember, it can take 6 months to fully recover from a total knee joint replacement. Be patient and continue to follow the advice in this guide. Any other concerns can be discussed at your review appointments at clinic.



# Further Information

If you require further information, please contact the relevant department:

Pre-op Clinic	01851 708216
Orthopaedic Secretary	01851 708269
Surgical Ward	01851 708317
OT Department	01851 708287
Physiotherapy Department	01851 708258

## Western Isles Hospital Contact

Western Isles Hospital  
Macaulay Road  
Stornoway  
Isle of Lewis  
HS1 2AF  
Tel. 01851 704704

## Informative Short Films

A range of informative short films have been produced for patients in Scotland by NHS Golden Jubilee National Hospital. The short films offer useful information on joint surgery, anaesthesia and physiotherapy. These can be viewed at: <https://bit.ly/38rMAFI>

# We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website [www.wihb.scot.nhs.uk/feedback](http://www.wihb.scot.nhs.uk/feedback) or share your story at: [www.careopinion.org.uk](http://www.careopinion.org.uk) or tel. 0800 122 31 35
- tel. 01851 708069 Monday-Friday between 9am-5.30pm.

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### Disclaimer

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