

# Total Knee Replacement

## Education Group



# What to Expect

1. Pre-Op
2. Admission
3. Post-Op
4. Possible Complications
5. Discharge



# Therapy Role in this Setting

To perform Individual assessments based on:

- Individual assessments (Physio & OT)
- - Person/ Task/ Environment
- Advise **YOU** how to prepare for surgery
- Provide post op advice following TKR
- Ensure safe for discharge
- Home exercise programme



# Post op advice for TKR

- Avoid twisting your knee or crossing your legs



- Ensure your foot is supported when sitting on edge of bed or chair



# Post op advice for TKR (continued)

- Avoid placing a pillow under your knee



- Do not use “knee break” on hospital bed



- Kneeling (as pain allows)



# Mobility and Transfers: Demonstration

- Mobility: Walking Frame
- Chair & Toilet transfers as normal



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# Bed and Car Transfer

## Bed

- Demonstrate bed transfer



## Car

- Car: Park away from curb, use front passenger seat, make room in foot well
- Do not drive until you can do an emergency stop



# What **YOU** can do to prepare for surgery

- Practise transfers & exercise programme
- Practise with Long Handled Dressing Aids
- Prepare your home environment:
  - Rugs: move to one side
  - Ensure you have space to mobilise
  - Kitchen/bathroom: minor adjustments
  - Freezer: stock up
  - Shopping: plan ahead
- Elective Surgery: expected to provide your own transport





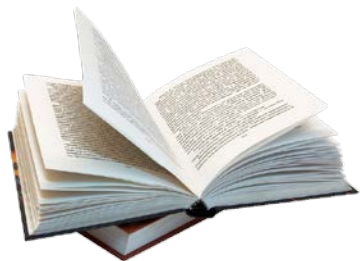
# What **YOU** can do to prepare for surgery (continued)

- Good hygiene can dramatically reduce the risk of infection post operation
- Shower on the morning of surgery if possible
- Maintain good oral hygiene before/after surgery
- Don't forget to bring your toothbrush & toothpaste into hospital



# What to bring into hospital

- Loose fitting clothes & proper slippers/shoes
- TKR booklet with exercises
- Book, Kindle, magazines, crosswords etc
- Juice: if you don't like water
- Medication labelled in original packaging and placed in green bag provided



# Carbohydrate Drinks

- If you are not diabetic: you will be provided with 6 carbohydrate loading drinks to take prior to admission
- You need to take 4 drinks the night before surgery, and 2 drinks on the day of surgery, both in the last hour you are allowed to drink. For example, if you are due in at 7am, you take them at 6am. If you are due in hospital at 11am, then take them at 10am.



# Admission: Admitted in list order at either 7a.m. or 11a.m.

- Observations taken: to check no change since pre-op assessment (temp, pulse, respiratory, Blood Pressure, Saturated Oxygen)
- Meet surgeon: consent form confirmed
- Meet anaesthetist: techniques discussed – spinal & sedation is the norm
- Limb marked & jewellery taped up
- No nail varnish
- Can take MP3 player/phone into surgery
- If you have asthma: take inhalers to theatre with you



# Anaesthetic Room, Theatre & Recovery

- Walk to theatre if possible
- ECG electrodes put in situ & attached to heart monitor
- Cannula put in back of hand & IVs attached
- Position for spinal explained & given/sedation given
- Into theatre: Screen between you and surgeon
- Operation: approx. 1 hour – 1 hour 20
- In recovery for around 40 minutes
- Transfer back to ward once clinically stable



# Post-Op Nursing

## **Day 0 – On return to ward:**

- Observations taken & wound checked: can eat and drink
- Crepe bandage in situ
- Drink plenty of fluids: can become dehydrated quickly
- Oral analgesia commences at about 6 pm

## **Day 1 Post-Op:**

- Oral analgesia at about 6 am
- Crepe bandage removed
- Bloods, HB & kidney function will be checked
- Post-Op X ray



# Therapy Input Day 0

- ROM – muscle strength – exercises
- Start to mobilise with walking frame
- If back early: can sit in chair for short time
- Exercises: essential between therapy



# Therapy Input Day 1

- Expected to **Get dressed on day 1!!!**
- Progress mobility from walking frame to elbow crutches
- Stairs assessment
- Practice transfers and washing/dressing





# Therapy Discharge Goals

## Aiming for:

- Good functional knee bend
- Straight leg raise if possible
- Independent mobility, stairs & transfers
- Independent washing & dressing



# Pain

- Your knee will be painful:
- Take pain relief on a **REGULAR BASIS**
- You will still be expected to do your exercises, sit out of bed and mobilise as this will decrease the pain
- Therapist will advise you, re: the use of ice



# Constipation

- Pain relief meds can cause constipation
- We prescribe laxatives which start on night of surgery
- BUT: mobilisation, change of position, drinking water and eating fruit & vegetables will all help
- Important to maintain good bowel habit pre-op and try to avoid becoming constipated



# Possible Complications:

## Infection

- Risk after any operation
- Hand hygiene: strict hospital guidelines
- Inform hospital if unwell prior to operation
- Nursing staff will monitor for infection in hospital
- You will need to monitor wound on discharge
- Dressing can remain in place for 2 weeks post op
- Signs of Infection:
- **Temperature - Increase in redness – Heat Swelling – Pain – Discharge**
- Contact the orthopaedic team if concerned



# Deep Vain Thrombosis

- Risk after any operation
- Medication prescribed pre and post op & foot pumps fitted post op
- Drink plenty of water
- Do your exercises regularly & early mobilisation
- **Signs of DVT:**
- Swelling in thigh-calf-ankle (that does not go down with elevation)
- Pain-redness-increased temperature in calf



# Swelling

- Natural part of healing process
- Sitting in 1 position: increases fluid build up
- Reduce swelling by:
  - Doing your exercises
  - Walking
  - Elevating your leg when sitting
- Aim for a balance between exercise & rest



# Lung Complications

- Following surgery you are at increased risk of lung complications
- We use ICOUGH to reduce the risk of you developing a chest problem
- What is ICOUGH?
  - Incentive Spirometer exercises
  - Coughing and deep breathing
  - Oral Care
  - Understanding ICOUGH
  - Getting out of bed
  - Head of bed elevation
- An information booklet is found in your pre-op pack and you can visit the ICOUGH UK website it is important you read this



# Further “possible” Complications

- P.E. (Pulmonary Embolism)
- Scarring
- Stiffness
- Nerve and artery injury
- Numb area of skin on lateral aspect of wound
- Revision of operation
- Fracture
- On going/chronic referred pain





# Falls: Avoidance/Awareness

- Footwear: Wear good, sensible shoes
- Dehydration: Easy to become dehydrated in hospital: drink plenty of water/juice
- Light headed: Pause before standing, mobilising etc and SIT DOWN if you feel light headed. Ask for assistance if you are unsure
- Clutter: Be aware of clutter around bedside: table legs, elbow crutches etc = trip hazard



# Visitors & Therapy

- **2 visitors per bed please!** – open visiting
- PLEASE co-operate with therapists when asked
- PLEASE do not turn therapists away – even if you have visitors.
- Therapy will continue throughout visiting times



# Length of Stay and discharge

- When medically fit (Confirmed by Ward Doctor)
- Met all therapy goals. (Physio and Occupational Therapy)
- You will not be seen by your consultant or surgeon.
- Advised not to fly for 3 months (DVT risk)
- Discharged with 1 week supply of meds:
  - Contact your GP for further analgesia post op
- Therapy follow-up will be arranged with the Physio prior to discharge.



# Concerns on Discharge

- Any concerns regarding your wound please contact:
  - Senior Orthopaedic Nurse (Mobile number on business card)
  - Ortho Ward directly
- In an emergency: contact your local A & E

**\*No emergency trauma service at Trafford site\***



# Key message to take home

- Important post op to engage with both the therapy and nursing teams 'get out what you put in' – TKR is hard work!!
- Gradually increase mobility
- Continue exercises: **Regularly!**
- Rest with leg elevated

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- Gradually return to normal activities
- Take analgesia for as long as required

