

Knee Replacement Information – My Recovery at Home



Introduction

Your orthopaedic consultant has recommended a knee replacement. This booklet aims to provide you with all the information you will need about your recovery at home.

Please read it carefully and bring it with you to all your appointments and when you attend hospital for your operation. There is space at the back of the booklet to write down your questions.

Recovery at home & Returning to daily activities

Precautions

- Avoid twisting your knee or crossing your legs
- Ensure your foot is supported when sitting on the edge of the bed or chair
- Avoid placing a pillow under your knee as this may encourage a permanently bent knee
- Avoid kneeling

Mobility with elbow crutches after surgery

- Stand up before you take hold of your walking aid (Zimmer frame, elbow crutches or walking stick)
- Mobility sequence is:
 - Walking aid (Zimmer frame, elbow crutches or walking stick) moves first
 - Then operated leg
 - The un-operated leg

Walking

- Gradually increase the amount of walking you do each day

- Remember to continue doing all your exercises as instructed by the therapists
- Continue to use your elbow crutches (or prescribed walking aid) until you are reassessed by the physiotherapist post op
- Most people progress to one crutch or walking stick by 6 weeks post op and can walk independently by 12 weeks post op (depending on how restricted your walking was before the operation)

Stair Mobility

- Always use a handrail if there is one
- Going up: Lead with the unoperated leg, followed by the operated leg and then the crutch or stick
- Going down: Lead with the crutch or stick, then the operated leg followed by the un-operated leg
- Continue with this method until you feel strong enough to walk up and down stairs normally
- This is usually at about 6 weeks post op

Transfers

- The occupational therapist will have discussed your home environment at your 1:1 assessment when you attended the Joint Education Group prior to your operation
- Any equipment needs will have been discussed with you at this stage

The following transfer technique guidelines refer to transfers when using 2 arms to push up from the arms of a chair or a toilet frame or the cushion / seat of a chair or bed.

Therapists will practice an alternative transfer technique using 2 elbow crutches during your postop assessments if appropriate.

Chair Toilet – Transfer technique to stand:

- Slide forward on your chair / toilet keeping operated leg slightly forward
- Push up using the arms of the chair / toilet frame or seat of the chair / toilet

To sit:

- Back up to the chair / toilet until you can feel it behind your legs
- Slide operated leg slightly forward
- Reach behind for the arms of the chair / toilet frame or seat of the chair / toilet: Sit down

Bed – Transfer technique to transfer INTO bed:

- Back up to the bed until you can feel it behind your legs and slide operated foot slightly forward
- Reach behind, feel for the mattress with both hands and slowly lower yourself down onto the bed
- Shuffle bottom back onto the bed, if possible until your feet are off the floor and the bed is taking the weight of your thighs
- Gradually shuffle back up the bed until both legs are on the mattress
- Adopt this technique until you are able to lift your operated leg easily and independently

To transfer OUT of bed:

- Reverse the above technique

Car Transfers

- Car transfers should not be a problem after your total knee replacement
- For ease of transfer, however, we recommend that you get into the car from the drive or the road and not from the pavement: slide the seat back to provide more room to manoeuvre

Personal Activities

Washing

- We recommend that you strip wash on initial discharge
- Avoid sitting in the bottom of the bath until you are confident that you are able to flex your knee sufficiently to transfer safely

Dressing

- We recommend that you dress sitting down, it is easier to dress the operated leg first
- Wear sensible shoes and avoid high heels

Domestic Activities

- Gradually return to all of your usual activities, such as housework, with regular periods of rest.

Driving

- We recommend that you inform your insurance company: This is a major operation
- You may return to driving when you can safely perform an emergency stop: usually 6 weeks post-op.

Flying

- We recommend that you do not fly for up to three months due to the risk of DVT
- Will I set off the alarms at the airport? Most patients will set off the alarms at the airport and a security check will still be undertaken

Leisure Activities

Swimming

- Gentle exercise in water is allowed once your wound is completely healed

- For further details seek advice from your nurse or physiotherapist

Gardening

- Avoid for the first six weeks post op
- Return to this activity gradually

Exercise / Sport

- It is not recommended that you undertake high impact activity or contact sport
- Cycling may be resumed gradually
- If returning to golf: avoid a full swing until 12 weeks after your operation
- For further details seek advice from your nurse or physiotherapist
- Sexual relations
- You may resume sexual relations as soon as you are comfortable
- If you have any further questions, please speak to the occupational therapist who can discuss this with you and/or provide you with a booklet.

Post-Surgery Concerns

Complications

Complications do not happen very often, however it is important that you know what to look for and contact us using the contact numbers provided to contact us as soon as you can, so we can reassure you or arrange for someone to see you.

Pain

You may go home with some pain/discomfort, this is normal. You will probably need to take the strong pain killers for a few weeks once you are at home, we will provide you with a week's supply of painkillers, but please make an appointment at your GP for further medications and for these to be reviewed.

If this pain becomes more severe and lasts for more than 2 hours, or you develop:

- Fever
- Feeling hot and sweaty
- Feeling sick and or vomiting
- Generally feeling unwell

please contact us for advice or go to your nearest A and E.

Wound infection

Following knee replacement surgery it is normal to experience some degree of bleeding, redness, heat and swelling, however if any of the above symptoms get worse, your wound dressing starts to leak or you have any concerns regarding your wound following discharge from hospital please contact the ward you were discharged from.

Diet

You may find that your appetite takes some time to return after your operation, try eating little and often rather than having one or two big meals a day

.

Deep Vein Thrombosis

If you get severe, sudden onset swelling of your leg where it feels really 'tight', and/or pain in your calf then please ring us.

Useful Numbers

Trafford
Ward 12 Admissions: 0161 746 2414
Ward 12 Inpatients: 0161 746 2110
Orthopaedic Senior Nurse: 0793 257 0978
Orthopaedic Occupational Therapist: 0161 746 2717
Orthopaedic Physiotherapist: 0161 746 2053
Pre-op Assessment clinic: Trafford: 0161 746 2781
Orthopaedic Pathway Co-ordinator: 0161 746 2759 or Bleep 138 via switchboard for any pre-operative concerns

Wythenshawe
F4 inpatients: 0161 291 4887
Enhance Recovery Nurse: 0161 291 4887
Orthopaedic Occupational Therapist: 0161 291 6596 (Ward A5) 0161 291 2110
Orthopaedic Physiotherapist: (inpatients) 0161 291 6596 (Ward A5) (outpatients) 0161 291 2178/2179
Pre-Op Assessment Clinic: 0161 291 2054
MRI
In patient ward: 0161 276 8688
Orthopaedic Occupational Therapist: 0161 701 0267
Orthopaedic Physiotherapist: 0161 701 0267
Pre-Op Assessment Clinic: 0161 276 3624

No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.

For advice and support on how to give up smoking, go to www.nhs.uk/smokefree.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in goys, qaraaboamasaaxiiboaysanu tarjumikarinbukaanka. Haddiiaad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



@MFTNHS



Follow us on Facebook

www.mft.nhs.uk

© Copyright to Manchester University NHS Foundation Trust

TIG 49/20

Produced Jan 2020
Review Date Jan 2022
(SF Taylor CM14169)