NHS
Southwest Ambulatory Orthopaedic Centre

Patient Information

Preparing for your Knee replacement operation at SWAOC

A patients' guide

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A joint replacement operation is undertaken to improve your quality of life and hopefully allow you to do some of the things you want to in life that have become difficult with your joint arthritis.

This booklet has been written by the teams who will look after you during surgery. It aims to help you understand the surgery, and how you can best prepare and recover afterwards.

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What is covered in this booklet

This booklet will guide you through these various phases of your operation:

1. Welcome to SWAOC 
2. Preparing for your operation 
3. On the day of your operation 
4. Going home after your operation 
5. Therapy Advice 

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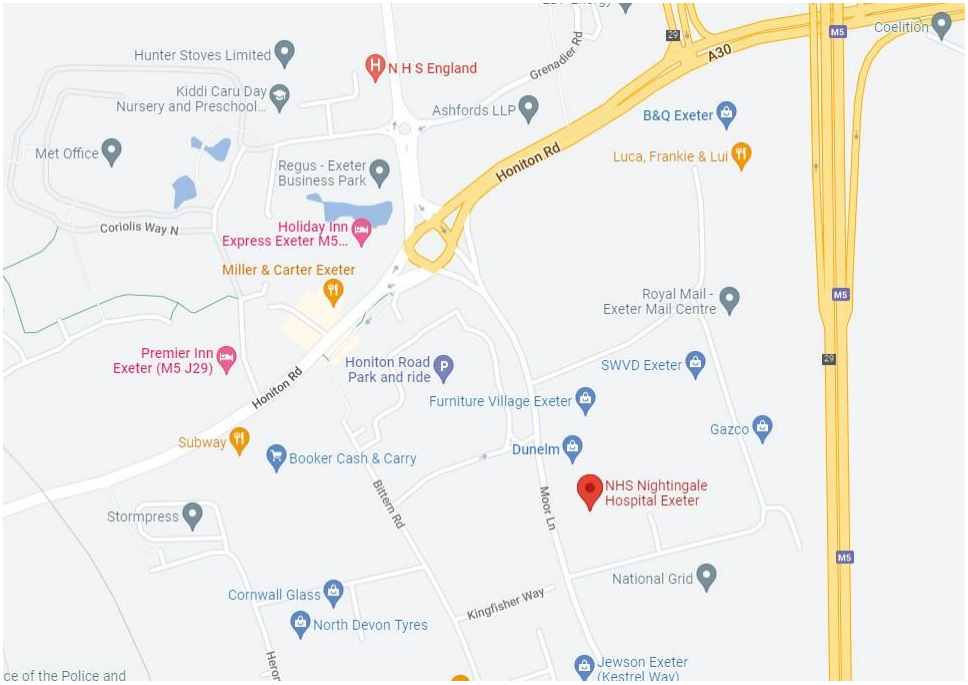
1 Welcome to SWAOC

SWAOC is the **S**outh **W**est **A**mbulatory **O**rthopaedic **C**entre which is based at the NHS Nightingale Hospital in Exeter. This centre has been completely renovated and opened in March 2022.

This centre offers treatment to people across the South West of England.

The unit is an elective care centre meaning that we are only treating patients who have planned surgery. This means that the chance of your operation being cancelled is low compared to having it in one of our busy general hospitals where emergency work can frequently cause planned care to be cancelled.

For more information about the hospital, please visit our website: **www.nightingale-exeter.nhs.uk**



Infection Control

SWAOC is a completely separate building and will only be treating patients who have followed all appropriate infection control guidelines so the risk of catching an infection whilst in hospital is extremely low.

Staffing

The doctors working here are the same consultants as those who would treat you in your local hospital. They are supported by an expert team of nursing staff and allied health professionals.

Returning home the same day as your operation

As a result of expert surgery and anaesthetics, and a highly skilled team of doctors, nurses and allied health professionals, many of you will not need to stay in hospital overnight and will be ready to go home the same day. This is the usual pathway in many orthopaedic centres across the country.

However, some patients may not be ready to return home the same day and need a little longer. If this is the case, we would expect you to be able to go home the day after your surgery.

We will only discharge you once you are recovered and you are able to safely return home.

Managing and understanding the process

It's important for you to have realistic expectations of having joint replacement surgery. You should have a clear understanding of what to expect at each stage. You must prepare appropriately for your surgery and work with the clinical teams you meet during your care.

It's important to remember that your input will determine the quality of your recovery.

2 Preparing for your operation



Prepare ahead

After your surgery, you will either be returning home on the same day or staying for just one night in the hospital. Therefore, you should plan ahead before your surgery and think about how things might be for you when you return home.

Arrange for transport

You should arrange for a family member or friend to collect you after your surgery. The hospital does not provide transport for your return home.

Assistance for after your surgery

You have probably been living with joint pain for some time before your operation and will already have ways of adapting to certain situations at home. However, when you are recovering from your operation you may also need some extra help with general tasks, cooking, shopping, and cleaning initially.

You need to make sure you organise this help before your operation date.

To ensure that your return home is successful and safe, you may consider having someone at home with you for the first few days, and this is essential if you are to go home on the day of surgery.

Care agency support

Very few people require professional care support at home. If your personal choice is to have this help, you must arrange this privately. The NHS can only provide professional care based on specifically assessed need and cannot arrange convalescent care.

Prepare your home

Preparing your home environment in advance is really helpful for when you get discharged.

For example, you can:

- Freeze some simple-to-cook meals or have some 'ready meals' on hand
- Move any regularly used items that are heavy, or out of reach, to more accessible places eg: move the saucepans you use frequently up from any low shelves or cupboards
- Avoid potential trip hazards by removing any loose rugs or obstacles from the floor such as excess furniture or things that would be easy to trip over
- Make arrangements for someone to care for any pets including walking dogs after your surgery

Keep fit and healthy

The fitter you are before your operation, the less likely you are to have complications during and after your surgery.

You should seek to make some lifestyle improvements, such as

- Reducing alcohol intake
- Stopping smoking
- Keeping as mobile as possible and exercising
- Losing weight

If you have long term health conditions you should aim to control these as well as possible before your operation to help prevent any complications and to avoid your operation being postponed. It would be really helpful for you to check your own blood pressure if you are able to do so or get it checked at your GP. If it is above 160/90 you are likely to require medication and the sooner this is started the sooner we will be able to go ahead with your surgery.

Similarly, if you suffer from Diabetes and your HbA1c has not been checked for 6 months or was over 69mmol/mol the last time it was checked, please arrange to have this checked again and work with your diabetic adviser to improve it. It is very unlikely that your surgery will be undertaken if your diabetes is not well controlled and your HbA1c is above this value.

Pre-operative assessment

The pre-operative assessment process is important as it helps the hospital plan your care.

You will be asked by the hospital to provide some information about your general health and current medications. You may need to provide this information via

- A computer or mobile app
- A telephone consultation
- A video consultation, or
- A face-to-face appointment

This allows us to inform and advise you about your procedure, for example, we can provide you with instructions about medications and fasting times before your operation.

What details will be checked?

At your pre-operative assessment appointments, we will check various medical details, such as

- Your general health status
- Your blood pressure
- Your blood count to see if you are anaemic
- Your kidney function, and
- How well you are controlling your diabetes

Medicines

We will also review your medicines. It is fine to continue taking most medicines, **and** to take them on the day of your surgery. However, there are certain medications we may need you to stop taking for a few days before your operation, such as:

- Blood thinning/ anti-clotting medication, or
- Some blood pressure medications

We will give you clear instructions if this is needed and tell you when you should start these medications again after your surgery.

Do your physiotherapy exercises

The exercises in section 5 of this booklet are to be completed both before and after your surgery. Doing these exercises before your operation will strengthen your muscles and will help you to recover more quickly after surgery.

Pre-operative drinks

For your wellbeing, and to help give you energy, keep you hydrated and prevent dizziness on the day of your surgery, the hospital may provide you with some special pre-operative drinks.

You will be given instructions on these drinks if you are advised that you need to have them. You may find they are easier to take if sipped from cold and using a straw to puncture the film lid rather than pouring them into a glass.

3

On the day of your operation



You will be given a specific time to arrive, and this will be stated on the letter with your date for surgery.

Eating and drinking before your operation

You must follow the instructions about fasting times and how to take any preoperative drinks you were given. It is important that you follow the fasting instructions correctly or your operation may be at risk of being cancelled on the day. You must not have any food or very milky drinks within 6 hours of your surgery.

We encourage you to continue to drink plain, still water up to the time of your operation

What to bring with you to the hospital

- All your current medication in original packaging
- Wear loose, comfortable day clothes to get dressed back into after your operation. Your leg may be swollen after your surgery so make sure this is an appropriate size.
- Flat, study footwear with a back in it, for example no mules
- Overnight bag in case you are not ready to return home on the same day (please see suggestions on page 9 of what to pack)
- Glasses, hearing aids or walking aids that you might have
- Your own portable music device and headphones for use while in theatre – if you do not have your own then this can be provided on the day if required.

- It is also a good idea to bring something to read/keep you occupied in case you have to wait. WiFi coverage can be variable.
- Contact details of the person who will be picking you up
- Any letters you receive from the hospital giving you arrival instructions for the day of surgery

Please try to avoid bringing in a large number of items with you and minimize items of high value or cash.

Arriving at the hospital

You will be greeted by a member of the reception team as you arrive at the Surgical Entrance.

Confirming your consent form

The surgical team will confirm with you the operation that they are planning to perform and check your consent form with you. They will mark an arrow with a pen on the leg that is going to be operated upon.

They will also be able to answer any last minute questions that you may have.

Meeting your anaesthetist

Before your operation, you will meet the anaesthetist. They will explain the type of anaesthetic that is going to be used, and answer any questions you may have about the anaesthetic.

Getting ready for your operation

When it is time for your operation, you will change into a theatre gown and walk to the operating theatre with one of the team. There you will meet the rest of the theatre team who will carry out some routine checks.

Attaching monitoring equipment and a drip

One of the team will attach some standard equipment to monitor your heart, blood pressure and oxygen levels while you are having your anaesthetic and operation.

Your anaesthetist will also be giving you various medicines through a drip in the back of one of your hands. These include antibiotics, anti-sickness medicines and fluids.

Spinal anaesthetic

In most cases, your anaesthetist will give you a spinal anaesthetic. This is very safe, and avoids the need for having a general anaesthetic, which may cause unpleasant side effects.

Spinal anaesthetic also helps you to recover quickly and receive the best post-operative pain relief.

Local anaesthetic is placed around some of the nerves in your lower back. This numbs your pain nerves so that you do not feel pain during the operation. Once it is confirmed that the anaesthetic is working well, you will be taken into the operating theatre.

Nerve Blocks

You will also have some special nerve injections performed which help control your pain after the operation. These injections are done around the knee after your spinal anaesthetic so they will not be uncomfortable to have performed. Local anaesthetic is placed directly around some of the nerves that supply the knee and work for several hours alongside the other pain relief we give you.

Your anaesthetist will be able to explain more and answer any questions you have. If you would like more information on this before the day of your operation then please visit:

www.rcoa.ac.uk/patient-information/patient-information-resources/patient-information-leaflets-video-resources

The operation

Once you are in the operating theatre, your leg will be painted with some cleaning fluid and then covered with drapes. You will not be able to see the surgery.

Some people find listening to music through headphones to be a good distraction. If you haven't brought your own, then headphones can be provided. Some people prefer to have a small amount of sedation so that they have a light sleep through their surgery. Your anaesthetist will discuss and agree with you a plan depending on your medical history, and also your wishes.

The operation typically takes about 1½ hours. During this time, your observations will be continually monitored by your anaesthetist.

Collecting blood

We usually collect any blood you lose during the operation via a machine called “cell salvage”. Should you lose a sufficient amount of blood, this allows us to return your blood to you. This will help improve your wellbeing and recovery after the operation. It also reduces your chances of needing a blood transfusion with donated blood.

After the operation

At the end of your operation, you will be transferred to the recovery area where the nurses will monitor your observations. You will also be given a post-operative drink. This energy drink helps support your immunity and healing abilities. It will also give you some energy and balanced nutrients which will help you get up and start walking after your operation.

When your spinal anaesthetic has sufficiently worn off, you will be assessed by the therapy team. Our nursing and therapy teams will help you get up off the trolley, stand, and practise walking with suitable walking aids. The team will practise with you getting on and off the bed, chair, toilet and give advice on how to dress. If you require any equipment to assist you this will be assessed and provided prior to your discharge. You will also be taught how to safely complete the stairs.

In order for you to return home, the team needs to be happy that you can manage these activities at home with walking aids. You will also be encouraged to get dressed in home “day clothes” with supportive footwear.

4 Going home after your operation



Returning home

Everyone reaches their post-operative goals at different times. This determines whether it is safe for us to let you go home on the same day as your operation, or, if you need to spend a little longer with us at the hospital.

Arrange for someone to collect you

When you have been cleared for discharge, you can contact your family or friends to come and collect you from the hospital.

Wound dressing

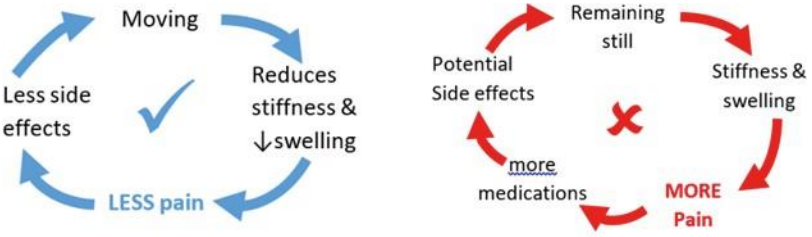
Your wound is covered by a shower proof dressing so you can shower as soon as you feel able but do not aim water directly at the dressing. You will be seen by a healthcare professional two weeks after your operation to have your wound dressing removed. **Please leave it in place until this appointment.**

Keep active after your operation

The sooner you can get up and walk after your operation, the better and faster your recovery will be. You will also have a lower risk of complications after your surgery. Keeping still after your operation tends to result in your leg swelling, which ends up making it even more painful to walk. This can cause more side effects, which requires more pain relief, resulting in a vicious circle.

Pain control

Joint replacement surgery is painful - just like any other surgery. The first few weeks can be a difficult period. However, it is important to stay active and keep up with your movement exercises. We will be giving you strong pain relief medication. However, you should expect there to still be mild-to-moderate pain on movement. It is not going to be 100% pain-free.



Moving makes it better cycle images © CBlandford

The pain relief package you receive has been specially designed to try and control your pain as well as possible. It starts from the day of your surgery, and continues after your discharge home. **We will give you the same pain relief tablets whether you stay in hospital overnight, or return home on the same day as your operation.**

The pain relief package requires you to take your medicines at specific times.

Additional medications

We will be asking you to take additional medications to help minimise side effects, such as nausea or constipation. Other medications will be given to reduce the chance of certain complications, such as blood clots after your operation. You will be given clear information about the medicines you are sent home with, and when to take the doses.

What to expect when you get home

Swelling and bruising

It is common to have some generalised swelling of the leg around the knee replacement. Swelling will often get worse if you sit for prolonged periods so we encourage you to remain gently active. Elevating your leg, ensuring you keep the knee straight will help reduce swelling. If you experience increased swelling and pain, please seek medical advice. You may experience bruising that can track down to the foot.

Constipation

Constipation is usually due to the pain relief medication you are taking. We will give you some laxative medication as part of the routine pain-relief package. However, please ensure that you take these as prescribed, along with plenty of water to drink. Keeping mobile will also help reduce symptoms. If you struggle, then please discuss this with your GP.

Pain

Pain is the biggest issue. It is something you should expect after your operation, but it is key that you do not stop doing your exercises. Please make sure that you follow the pain management programme you were discharged with in order to help control your pain.

Sleepless nights

It is common for people to experience some disturbance in their normal sleep pattern in the first few weeks after an operation. Please do not worry as this usually improves with time. Do not sleep or rest with a pillow underneath your knee.

What to look out for

Deep vein thrombosis (or DVT) Blood clots in the leg can occur after joint replacement surgery. If your leg becomes hard, swollen, hot and painful, especially in the calf area, then this could be a sign

of a blood clot. Please seek medical advice if you get these symptoms. On rare occasions these clots can travel to the lung – a Pulmonary Embolism (PE). If you develop shortness of breath or chest pain you should also seek urgent medical advice.

Infection is very rare. However, if your joint replacement or scar becomes hot, red and/or increasingly swollen or if you feel unwell, then please do seek medical assistance.

Support after discharge

The Ward team will let you know what arrangements have been made for your follow-up appointments.

There is always someone available whom you can contact for advice. You will be given information about whom to contact should you require any help.

You will receive a routine follow-up telephone call to check on you the day after you are discharged.

If you would like more information before your operation or have any questions in the first 7 days after you have been discharged home, please ring SWAOC on **01392 908646** or **01392 908520** and one of the nursing staff will be able to advise you directly or be able to contact people from your surgical team for you.

For therapy related queries please contact **01392 908522.**

If you are unable to contact one of the SWAOC team please ring your surgical consultant's base hospital and ask to speak to their secretary who will be able to assist you with contacting one of the team.

Patients of the Royal Devon University Healthcare Trust Eastern Services (formerly RD&E) can also contact the Aftercare Physiotherapy team based at Wonford on **01392 403509**
(Lines open Monday – Friday 08:30-16:30)

5 Therapy advice following your Knee Replacement Surgery

Completing the following exercises will benefit your recovery, improve movement in the knee joint and develop the strength of the muscles around it.

These exercises should be completed **before and after** your surgery. Doing these exercises before your operation will benefit your recovery.

Complete your exercises **3** to **4** times a day, repeating each exercise up to **10** times.

Initially the exercises may feel difficult due to pain and weakness, so it is important that you take your pain medication regularly. It is normal to feel a stretch around the operation site when exercising. It is important to continue all the exercises once you have left hospital. A video is available on the Orthopaedic page of our website at **www.nightingale-exeter.nhs.uk** with exercise instructions and advice.

Foot exercises

Move your feet up and down from the ankles when you are sitting or lying. Do this up to 10 times regularly throughout the day. This will help with reducing lower limb swelling which can take several months to settle down and it reduces the risk of blood clots.



Static Quadriceps

Sitting on your bed or on a flat surface with your legs out straight and toes pointing to the ceiling. Press the back of your knee on to the bed as firmly as possible to tense up the thigh muscle. Hold for 5 seconds and then relax. Repeat up to 10 times.



Straight Leg Raise



Lying with your legs straight on the bed, pull your foot towards you and tighten your thigh muscle straightening the knee. Lift your leg 15cm which is 6 inches off the bed. Keep your knee straight.

Hold for 3 seconds and slowly lower your leg. Repeat up to 10 times.

Heel lifts



For this exercise you will need to place a rolled-up blanket under the knee and allow the knee to bend. Keeping the back of the knee on the blanket, tense the thigh muscle and lift your heel off the bed. Try and straighten the knee as much as possible and hold for 3 seconds. Lower your heel slowly and repeat up to 10 times.

Knee flexion



Sitting in a chair with the thigh well supported and your foot on the ground. Slowly slide your foot towards you, bending at the knee. Keep your bottom and thigh still on the chair. Placing something under your heel to make a friction free surface to allow your foot to slide on the ground will make this easier. You should feel a stretch in the thigh and knee. Repeat up to 10 times.



This exercise can also be done in lying, sliding your knee towards you keeping your heel on the floor or bed.

Passive knee stretch



It is important to retain full knee extension of your knee. Sitting or lying with your leg out in front of you, put your heel on a block or rolled up blanket so that there is no support beneath the knee. Let the knee stretch in this position. Begin with a short time, working up to 5 minutes as tolerated. The aim is to get your knee as straight as possible which will help you with your walking. Ensure that you do not rest with a pillow under your knee.

Exercise progression

Following your knee replacement you may be referred to your local physiotherapy department to continue your rehabilitation. It is important to continue all the exercises once you have left hospital until you have recovered from your knee surgery.

Ice packs

Using ice packs can help reduce swelling and ease the pain. Use a bag of frozen peas or ice, wrapped into a damp cloth to allow cold through but to protect your skin from an ice burn. Place onto the knee and leave for up to 20 minutes. Allow 1-2 hours between ice applications to allow your skin to return to normal.

Walking

Following your operation you will be encouraged to get up and walk. It is important to walk on a regular basis and to steadily increase the distance as you recover. It is normal to be allowed to put full weight through your operated leg.

As soon as possible try and walk placing one foot past the other in a normal walking pattern. You can progress to using one crutch or a stick held on the side opposite to your operated leg as soon as you feel safe and comfortable to do so. If you are uncomfortable or if you limp when walking continue to use your walking aids.

Stairs

The therapist will practise with you how to safely complete the stairs before going home. To go up and down the stairs, use a banister rail if there is one.

Go **up** leading with the unoperated leg first, followed by the operated leg and then the crutch.

Going **down**, put the crutch on the step below, then step down with the operated leg, followed by the unoperated leg.

Activity

Movement is good for your new knee but remember your knee is an artificial joint. Pace your activity, walk and exercise your knee regularly, little and often.

It is safe to kneel on a knee replacement. Some people find initially the nerve endings around the scar maybe sensitive, this should improve. Kneeling on a cushion to start may help

Rest

It can take time to recover from a total knee replacement. Elevate your leg (ensure you keep your knee straight) to help reduce the swelling. Do not sleep/ rest with a pillow underneath your knee.

Getting dressed

To put pants or trousers over your feet, hold the waistband and lower garment to your feet, inserting the operated leg first followed by the other leg before pulling right up.

To undress complete in reverse. A long handled reacher, shoehorn and sock aid can make dressing easier and would need to be privately purchased. These are readily available from mobility shops, pharmacies and online.

Relationships

It is normal for your sex life to change initially following a joint replacement. Sexual intercourse may be resumed when you feel comfortable.

Driving

You can travel as a passenger in a car immediately following your operation. It is best to sit in the front seat, with the seat well back and reclined. An extra cushion on the seat can be helpful.

As a passenger gently lower yourself down onto the edge of the car seat keeping your operated leg straight and out in front of you. Slide back into the seat then lift both legs in as your body turns to sit upright in the seat. You may find a plastic bag on the seat helps you to turn smoothly. Remove the bag once you are seated. If possible, get into the car directly from the drive or road rather than the kerb or pavement.

You can usually resume driving around six weeks after your knee operation. Ensure you have adequate flexibility as driving requires good knee movement and stability. Stop regularly on longer journeys so you can get out of the car to change position and move around.

You may wish to inform your insurance company before you start driving.

Returning to full activities

Most people are ready to return to work at six to eight weeks after their operation. Air travel should be avoided whenever possible for the first six weeks. Depending on the sensitivity of the security scanner it may set off the alarm.

You can resume most physical activities as soon as you feel comfortable and confident. You can swim once your wound has healed, starting with straight leg kicking and avoid breaststroke initially. Exercise bikes and treadmills can be used once knee movement allows, returning to outside cycling once comfortable.

Equipment

The walking aids and any equipment prescribed to you after your surgery are provided by Millbrook. The equipment can be returned to any of the Devon County Council recycling centres or your local hospital's Milbrook equipment return store.

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Please feel free to use this space to write down any questions you might want to ask

This information can be offered in other formats on request, including a language other than English and Braille.

RD&E main switchboard: **01392 411611**

For Royal Devon services log on to: https://royaldevon.nhs.uk

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