

Vision | Openness | Integrity | Compassion | Excellence



Bolton
NHS Foundation Trust

Preparing you for your Knee Replacement

... for a **better** Bolton

Introduction



Welcome



Housekeeping



Informal- please feel
free to ask questions at
any time



There will be opportunity
to ask questions on 1:1
basis at end of session

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What we will discuss today



How you can prepare



What will happen during your hospital stay



What to expect when you leave hospital



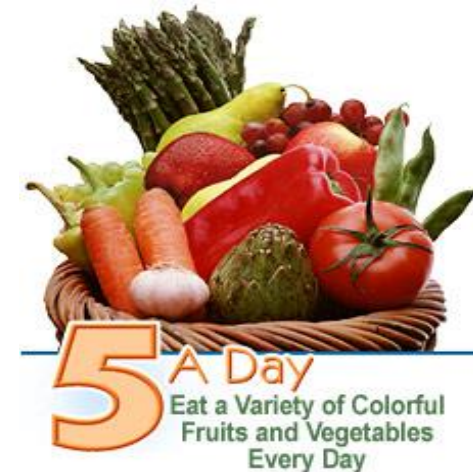
At the end of presentation:

Discuss home circumstance questionnaires and any possible equipment needs

Practice use of elbow crutches and stairs (if needed)

What you can do now

- Look at Trust website patient information videos
 - <https://youtu.be/ZBchUv3PtmM>
- Stop/ reduce smoking
- Stop/reduce alcohol intake
- Increase exercise within tolerance



Total knee Replacement

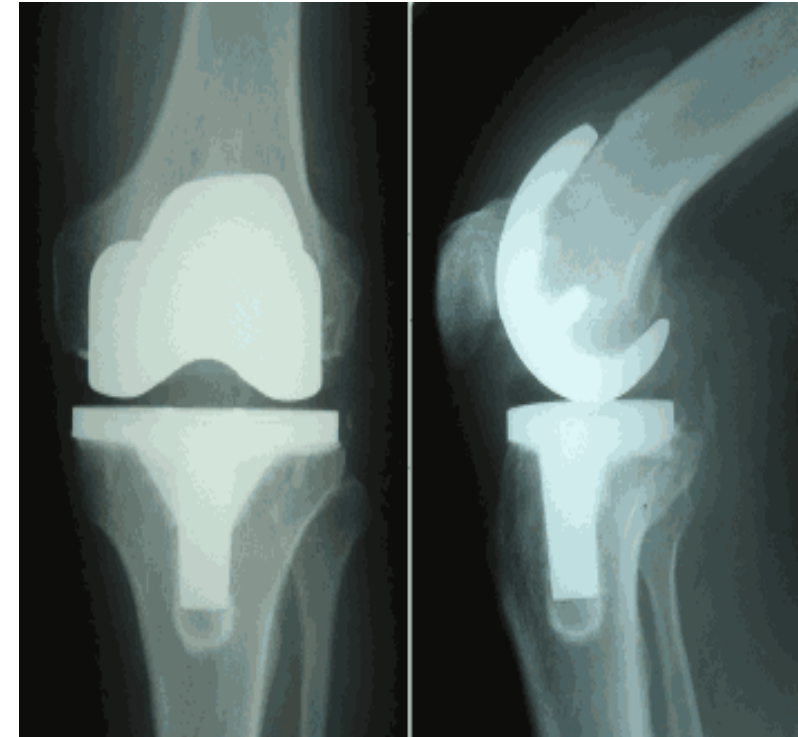
“Normal” knee



Osteoarthritis- ‘wear and tear’ of joint



Example of prosthesis/replacement



Stryker Triathlon Knee Replacement

- While you may think of the knee as a hinge, it is really much more complex.
- The various surface parts of the knee roll and glide as the joint bends.
- This prosthesis used at Bolton



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Benefits to surgery



Reduce Pain – improve
mental wellbeing



Increased mobility –
subsequently improve
overall health and fitness



Improve quality of life



Improve function

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Total Knee replacements (TKR)



TRIATHLON KNEE
REPLACEMENTS – 96.96%
LAST 10 YEARS



82% LAST 25 YEARS



THE LIKELIHOOD OF NEEDING
REVISION SURGERY IS
INCREASED IF GUIDANCE ON
JOINT CARE NOT FOLLOWED



TO MAXIMISE YOUR KNEE
REPLACEMENT STAY
ACTIVE BUT AVOID HIGH
IMPACT ACTIVITIES

Possible complications



**Explained by your consultant
during the consent process**



20% dissatisfaction rate post TKR



**Complications are rare but
do include:**

- Infection
- Stiffness
- Blood clots
- Stroke or heart attack
- Persistent pain
- Bone fracture
- Nerve damage

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Things to think about at home....

- Ensure space for walking aids
- Clear doorways and walkways (de-clutter/ loose rugs or wires)
- Cleaning/Laundry- pre plan
- Family/friends to help- shopping etc.



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Things to think about at home



**Personal care/washing
and dressing:**



You may be unable to
manage shower
cubicle/shower over bath
when you first go home



May need to have a strip
wash at sink



You will need to keep the
wound and dressing dry

Things to think about at home

Meals

- Consider easy to prepare meals/frozen meals for when you first go home
- Have somewhere to sit whilst you prepare and to eat meals
- You will be unable to carry any food/drink using elbow crutches
- Ice- have ice in your freezer available for when you go home



What YOU need to bring

- Medication- bring them to the ward in packets
- Medication – bring in original packaging
- Footwear- full shoe, normal to have swelling
- Clothes- loose fitting and comfortable
- Walking aid issued today
- Toiletries
- Money for TV/phone (can use mobile phone)



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COVID 19 Isolation GUIDANCE

- Good news - we are no longer doing routine testing for covid.
- You will not require swabs or any isolation period prior to your admission.

Admission to Hospital

- Somebody available to bring you on the day of your operation
- Telephoned the day before with admission details:
- Morning list (6.30am-7.00am).
 - No food after 2am, clear fluid up to 7am. Please adhere to the advice given and do not unnecessarily avoid fluids/food for longer than required pre surgery.
- Afternoon list (10.00am).
 - No food after 7.30 (light breakfast), clear fluid up to 11am. Please adhere to the advice given and do not unnecessarily avoid fluids/food for longer than required pre surgery.

F6 Ward

- Directions
- Mixed sex ward (separate bathrooms)
- Reducing Risk of Infection:
 - Elective orthopaedic patients only- all MRSA screened
 - Visitors- Open Visiting (please be mindful of mealtimes).
 - We are aware of the importance of support from family and friends after your surgery but please also be mindful of infection risk from visitors
 - Please ask any visitors to avoid visiting the ward if they are unwell, have any issues with broken skin, have had a recent hospital stay or are care home residents. We would encourage you to keep in touch digitally in these instances.
 - Uncluttered lockers/bed area

Day of Operation



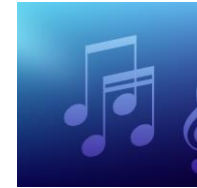
**Greeted by ward staff
(nursing station, shown to
bed)**



**Prepared for theatre-
nursing admission**



Anaesthetic visit
General
Spinal



**Could be waiting to go to
theatre for some time,
bring something to
occupy yourself**

Music - proven decrease
post op pain & anxiety

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Day of Operation



PORTERS TAKE YOU
THROUGH TO
THEATRE



ANAESTHETIC
ROOM



THEATRE



RECOVERY



RETURN TO WARD

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Possible Attachments

- Oxygen
- Calf Compression Pumps
- IV fluid
- Nurse call button



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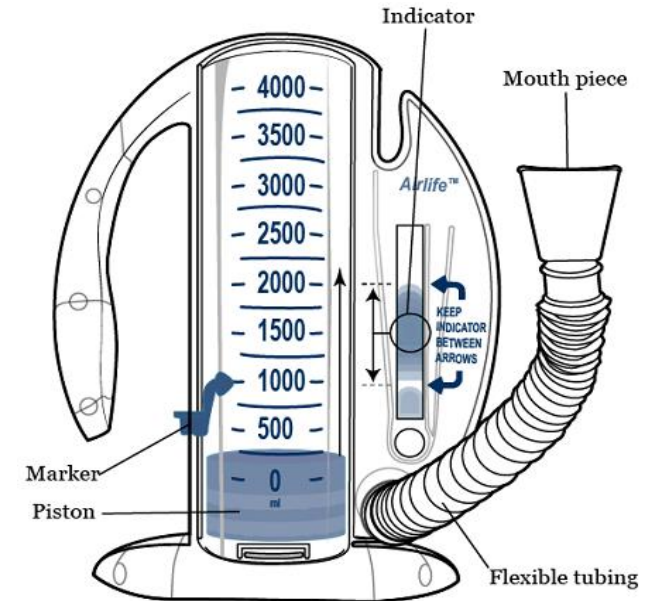
Breathing Exercises



- Breathe in deeply and slowly through your nose, expanding your lower rib cage, and letting your abdomen move forward.
- Hold for a count of 3 to 5.
- Breathe out slowly and completely. Don't force your breath out.
- Rest and repeat 10 times every hour. Rest longer if you become dizzy or lightheaded.
- Cough to clear chest as able.

Immediately after surgery

- **Breathing exercises**
 - ASAP after surgery
 - prevent any chest infection
- Incentive spirometer – if known chest condition
- Gentle knee and ankle exercises



Day of Operation



Once sensation returned in lower limbs - can transfer and mobilise out of bed onto a commode with ward or therapy staff



It is important to get moving ASAP after surgery:

Reduce risk of DVT

Reduce risk of chest infections

Reduce risk of muscle loss

Alleviates pain and stiffness

Reduces length of stay in hospital

Post operative physiotherapy



**Can put full weight through knee
as able**



**Exercises - breathing and lower
limb exercises**



Mobility practice

We will practice and provide
elbow crutches at end of the class

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Ward stay



REGULAR
PAIN RELIEF



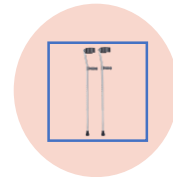
EXERCISES
CHECKED
AND
PROGRESSED



STAIRS
ASSESSMENT
IF NEEDED



WASH AND
DRESS SELF



CONTINUE TO
WALK REGULARLY
ON THE WARD
(THERAPY OR
NURSING STAFF)



ENSURE
GOOD
HYDRATION
AND
NUTRITION



Recliner beds- make sure knee support on the beds is NOT used.
It is important to get your knee straight.

Your Rehabilitation

- Ice for approx. 10-15 minutes 3xday to relieve pain and swelling
- Link to the trust website for exercise and functional activity information

<https://www.boltonft.nhs.uk/services/trauma-and-orthopaedic/>

Direct Youtube link:

<https://youtu.be/ZBchUv3PtmM>



Discharge Checklist

- Bloods checked
- Passed urine
- X-ray satisfactory
- Observations Stable
- Eating and drinking
- Pain controlled
- Nausea controlled
- Stairs assessment if required
- Wash and dress self
- Safe functional distance with appropriate aid
- Any equipment or support required in place



Length of Stay

Can go home as soon as checklist completed

Important to mobilise on day of surgery

Aim for discharge day of surgery (Day 0) - day after surgery (Day 1)

Better for you:

- Increase mobility
- Control your own diet/fluid intake
- More relaxed and less noise in own environment

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On Day of Discharge

You can go home by
car

- You will need to arrange someone to take you home

You will take with you:

- Electronic GP information
- Medications
- District Nurse referral- Wound/injections/clip removal
- Any follow up appointments
 - Physio
 - Consultant (vary/may be physio led)

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Complications

- Any problems with your hip let somebody know
 - Please contact the ward staff for advice – 01204 390178
 - If any wound concerns – needs review. The post op dressing should not be removed and no antibiotics should be prescribed without being discussed with your surgeon/team.
 - Do not attend A&E / your GP, speak the ward/your surgeon's secretary.
- Things to look for
 - Feeling generally unwell - temperature
 - **Unexplained** increase in pain (whilst still taking regular pain relief)
 - Oozing wound – requires review
 - Red, inflamed, hot to touch
 - DVT- swollen, hard, hot, painful area



After discharge

Take painkillers regularly
- monitor for constipation

Continue to use patient information for exercises and functional activity advice – refer to information booklets / online videos

Physiotherapy referral – routine outpatients

District nurse wound check - 14 days – do not remove dressing before

Use ice regularly – helps with pain and inflammation

Increase walking gradually everyday (outdoors if feel able)

Swelling and bruising is normal

- Often starts once home – do not panic
- Tends to increase as day progresses – gravity
- Can last up to 3 months

Long term expectations

- Your recovery from knee surgery can take up to 12 months
- Normal to feel clunk/click in knee post surgery – especially if on uneven surfaces
- You may struggle to kneel or may not be able to kneel following surgery
- Your knee may feel heavier and not like your own
- You may experience tender scar – usually temporary. You may experience numbness on/around scar – can be permanent
- Driving- 6 weeks after operation, physio can advise (inform insurance after operation for legal reasons).
- Flying- 3 months, short haul 6 weeks after operation
- Discuss with your consultant re returning to high impact activities

Reminders

- Contact orthopaedic consultants secretary if within the days leading up to your operation you:
 - are feeling unwell- cold/flu/chest infection/covid symptoms
 - have any open sores/insect bites on the lower limbs
- Please bring in issued walking aids for surgery and return to the hospital once they are no longer needed
- Any equipment provided through social services- can be collected when no longer needed – yellow sticker with details

Useful Contact Numbers

- Orthopaedic Therapy Team: 01204 390314
- F6 ward: 01204 390178
- Social services: Older adults (65+) (01204) 338027
Under 65 years
(01204)337970/337971
- Smoking help & support: <http://smokefree.nhs.uk/>
Tel: 0800 022 4 332
- Alcohol consumption: www.drinkaware.co.uk

Any Questions...



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