TOTAL KNEE REPLACEMENT
Patient Information Booklet
The information contained in this booklet is a general guide and any specific advice or instructions from your Consultant Surgeon, Nurse or Physiotherapist should be followed.
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The information contained in this booklet is a general guide and any specific advice or instructions from your Consultant Surgeon, Nurse or Physiotherapist should be followed.
In the Mater Private a team of healthcare professionals will assist and support you in your preparation for and recovery from surgery. Our aim is to minimise the unwanted side-effects of surgery such as pain, nausea and immobility, to help you to become independent and back to normal as soon as possible. Central to this is you taking an active role in your care as this can lead to a better recovery and outcome.

Please review this information with family and friends and write down any questions you may have, you can discuss any concerns with your Surgeon.
The knee joint

The knee is the largest joint in the body and each knee carries half the body’s weight. It is a hinged joint between the upper leg bone (femur) and the lower leg bones (tibia and fibula). The surfaces where these bones meet are covered with a thick cushion of cartilage. This cartilage can become damaged or worn away for a variety of reasons, the most common being age degenerative osteoarthritis, causing the underlying bones to rub together leading to pain, swelling, stiffness, instability and often deformity. Severe arthritis can restrict normal everyday activities such as walking, running and climbing.

Painful knee conditions can be treated in several ways including reducing weight, physiotherapy, exercises, and medications and injections to reduce pain and inflammation. When a patient’s symptoms do not respond to these treatments an orthopaedic surgeon may recommend a total knee replacement with the aim of reducing pain and improving the quality of your life. It may also help to restore motion, straighten the leg, improve stability, and improve the function of the joint.

[Images: Normal Knee, Arthritic Knee]
Total Knee Replacement Surgery

In total knee replacement surgery the surface of the joint and arthritic ends of the bones are replaced with metal and plastic parts (prostheses) which can function similar to a normal joint. Most of the supporting ligaments, tendons and muscles around the knee joint are retained. The new joint surfaces will mimic the natural knee it replaces.

However it is important for anyone planning to have a total knee replacement to understand that an artificial knee is not the equivalent of a natural knee. There must be a realistic expectation about what the operation can achieve and, whilst over 90% of patients have a dramatic reduction in pain, the operation will not allow a high level of athletic activities and in particular some high impact sports. In addition, many patients find kneeling and crouching difficult after a knee replacement due to some residual stiffness in the knee.

It is important to remember that the knee heals slowly after a knee replacement and it takes at least three months for the swelling and skin discolouration to settle. The knee will continue to improve for up to one year after the operation as pain lessens and movement recovers.
As with any surgery, there are risks and complications which can occur.

Knee replacement surgery helps thousands of people yearly to relieve pain and resume mobility. The majority of joint replacement surgeries are complication free however the risks vary depending upon your age and overall health. Your Surgeon will discuss success rates and complications with you.

The risks and potential medical and surgical complications include but are not limited to:
- Problems with anaesthesia.
- Heart attack/stroke/death.
- Bleeding (which may require a blood transfusion).
- Infection.
- Blood clots.
- Delayed wound healing.
- Other medical complications.
- Ongoing pain, restricted mobility and dissatisfaction.
- Pressure sores.
- Bone fracture.
- Local nerve damage with numbness/weakness.
- Device loosening or breakage.
- Bone loss (osteolysis).

Problems with the kneecap (patellofemoral disorders) such as instability, loosening, dislocation and failure are considered to be the most common reasons for reoperation.

The lifetime of a joint replacement is not infinite, many will last 10-20 years, however all joints wear with time. This time varies with each individual and a certain percentage of patients will require revision surgery. Although uncommon, implants can develop mechanical problems such as loosening, fracture or wear. Other problems such as infection or instability can also develop and lead to the need for revision surgery.

Your Surgeon will advise you about how best to potentially prolong the lifetime of your prosthetic knee.

Reducing the Risk of Complications

You and your healthcare team can take several actions before and after surgery to reduce the risks of complications.

It is important to be in the best possible overall health in order to promote the best possible surgical experience and there are a number of things you can do to prepare yourself for surgery.

Diet

In the weeks before your surgery it is advisable to eat a balanced diet as this can help the healing process. If you need to lose weight it may be advisable to see a Dietician who will instruct you on how best to achieve this, you can talk to your Surgeon about a referral.
Smoking
If you smoke, stop as far in advance of surgery as possible. Smoking may cause complications with the anaesthetic and nicotine can delay or interfere with healing and bone growth. Surgery may be a perfect excuse to stop smoking altogether.

Blood Clots
To reduce the risk of developing a blood clot in the leg or lungs:
• Do not become dehydrated, we encourage you to drink 2 glasses of water up to 3 hours before your surgery and to resume fluids and a light diet soon after your surgery.
• You will be assisted to mobilise on the day of your surgery and advised to take frequent walks during your recovery.
• Carry out the leg and breathing exercises your Physiotherapist demonstrates to you (changing your position in bed also helps prevent pressure sores developing on your skin).
• Other measures may include:
  - Medications to thin your blood which is generally continued for a period after your discharge.
  - Elastic stockings.
  - Devices/foot pumps which help with blood circulation.

Infection
Our hospital maintains the highest standards in relation to infection control and has several strategies to help prevent infection after your surgery.

Please inform your Surgeon if you have any signs or symptoms of an infection, such as a chest or urinary infection or infected insect bite in the days prior to your surgery. Also inform your Surgeon if you have a rash or flare up of psoriasis or eczema around your knee area or a leg ulcer.

If you have a history of MRSA/VRE or have been in contact with someone with MRSA/VRE, please let us know as soon as possible. We will need to take some swabs to ensure you are clear of these organisms/bugs.

If family or friends have vomiting or diarrhoea, cold or flu or other infections please ask them not to visit you in the days before or immediately after your surgery.

Notwithstanding these measures the best way to prevent infection is by good hygiene and hand washing. **Remember to clean your hands immediately before eating and immediately before touching your wound.**
Exercising before surgery

It is important to be as fit as possible before undergoing a total knee replacement. This will make your recovery much faster. Seven exercises are shown below that you should start doing now and continue until your surgery. You should be able to do them in 15-20 minutes, and it is recommended that you do all of them three to four times a day. Also, remember that you need to strengthen your entire body, not just your leg. It is very important for you to strengthen your arms (e.g. by doing arm push-ups) as you will be relying on your arms to help you get in and out of bed and chairs and to walk with sticks.

You will be asked to continue these exercises after your operation for at least 12 weeks. The exercises increase your flexibility and strength which will aid your recovery.

If you find these exercises difficult, build up to the suggested number GRADUALLY.

Pain may limit your ability to do these exercises before surgery therefore we recommend that you take your pain medication regularly as prescribed by your doctor. It is also helpful to consider taking your pain relief about 30 minutes before you are going to increase activity.

Personal Exercise Programme

Lying on your back with your legs straight.
Bend your ankles and push your knees down firmly against the bed. Hold approximately 5 seconds and slowly relax your leg.
Repeat 3x15 times

Lying on your back. Bend one leg and put your foot on the bed and put a rolled towel under the operated knee.
Exercise your straight leg by pulling your foot and toes up, tighten your thigh muscles and straightening the knee (keep knee on the roll). Hold approximately 5 seconds and slowly relax your leg.
Repeat 3x15 times
Arm chair push-ups
This exercise will help strengthen your arms for walking with a frame or sticks. Sit on an armchair, place hands on the armrest; straighten arms, raising your bottom up off chair seat. Keep your feet on the floor.
Repeat 10-15 times
Pre-operative assessment clinic

Within one month before your operation, you may be invited to attend a Pre-operative Assessment Clinic (PAC). This clinic is part of the preparation for your surgery. We will discuss your medical history and any medications you are taking. You will have blood tests done and may have an ECG and x-ray.

A Consultant Anaesthetist will discuss anaesthetic options as well as the risks and benefits associated with these options.

Pain management plays an important part in recovery and rehabilitation and is often of great concern for patients. The Consultant Anaesthetist and Nurse will talk to you about pain management after surgery which can be achieved by a variety of techniques.

At PAC, there is also the opportunity for you to meet the Physiotherapist and Nurse, to ask any questions you may have and to plan for your discharge from hospital.
Planning for your discharge and preparing your home

It is important to plan for your discharge before you come into hospital.

Your discharge date will be determined by all members of the healthcare team involved in your care, in consultation with you and your family. This normally occurs when you have reached specific goals such as the distance you can walk or that your wound is healing well. Your Surgeon will discuss your expected length of stay with you prior to your admission.

Patients generally return to their own homes after discharge from hospital as they typically do better in their own familiar environment. They are given a home exercise programme and rarely require further physiotherapy.

There are actions you can take to prepare for your return home. For example:

- Place frequently used items where they can be reached without too much bending or stretching.
- You may find it helpful to get a long handled shoe horn and an easy-reacher or grabber to reduce the amount of bending you need to do. For Medical Card holders, enquire with your Public Health Nurse for assistance in obtaining this equipment. Otherwise, they can be purchased (current providers include Murray Medical 20/21 Talbot Street, Tel 01 8555733; Argos Shops; Home Care Medical Supplies, Tel 1890 290390).
- Stock up on groceries, pre-prepare food and freeze meals.
- Rearrange or move food, pots, pans and other cooking utensils to easy-to-reach shelves or counter tops.
- Place shoes, clothing and toiletries at a height where you can reach them without bending.
- Change bed sheets before you leave for hospital.
- Ensure your home is heated if the weather is cold.
- Make sure you house is well lighted.
• Ensure you have adequate supplies of your medication and pain relief.
• Ensure clear access around your home and minimise tripping hazards i.e. remove or secure all rugs and cables.
• Arrange for someone to look after other family members, your pets, your garden.
• You may need to arrange for someone to help you for a few days after your return home with activities like cleaning, laundry and shopping or any household activity that requires bending, reaching or lifting.

In exceptional circumstances there may be times where there are challenges for a patient to return home after surgery. Examples for this include an unsuitable home environment like a very steep stairs or a person who lives alone with limited family support. If you think that you may be unsuitable for discharge home please discuss this with your Consultant Surgeon, the Nurse at the Pre-operative Assessment Clinic or contact our Social Work Department on 01 8858458 prior to admission.

There may still be cases where discharge home is not an option and convalescence should be arranged by you or your family as soon as possible. Unfortunately, organising convalescence once a patient is in hospital is usually too late. There is a huge demand for convalescent beds and in many instances beds are not available at short notice.

If applicable your insurer will provide you with a list of approved nursing homes and the level of cover offered.

Prior to your admission we advise you to make contact with options that are suitable for you to check costs, availability and to pre-book your place.

Your Healthcare team will endeavor to assist you in any way possible and if you have any questions please do not hesitate to contact your Consultant Surgeon or the Social Work Department on 01 8858458.

Medical Social Worker Service
The Medical Social Worker is part of your health care team. Patients who are having difficulty coping with the psychological, emotional, social, including practical aspects, of their illness may benefit from being referred to the Medical Social Worker. Please discuss this with your Consultant Surgeon, at the Pre-operative Assessment Clinic or contact the Social Work Department on 01 8858458.
Medications
You may be instructed by your Surgeon, Consultant Anaesthetist or GP to stop certain medications such as:
• Blood thinners (Warfarin, Coumadin, Clopidogrel/Plavix, Rivaroxaban/Xarelto, Dabigatran/Pradaxa, Prasigrel/Effient, Aprixaban/Eliquis).
• Non Steroidal Anti Inflammatory Drugs (NSAIDs) pain killers such as ibuprofen.
• Certain herbal medication.
• Certain antiosteoporotic medication.
• Oral contraceptive pill.
• Hormone Replacement Therapy (HRT).

This will be discussed with you before the operation. Please bring a copy of your current prescription to the Pre-operative Assessment Clinic and when you are coming into hospital.

What to Bring into Hospital
When packing for hospital please bring the following with you, in addition to toiletries, night clothes etc. Please avoid bringing valuables:
• Suitable footwear.
• Flat shoes which are either:
  - slip on with support and a back.
  - lace up with elastic laces which once tied will remain tied.
  - Slippers with a back.
• Loose comfortable clothes that are easy to put on as you will dress from the second day after your surgery until discharge.
• Easi-reach and shoe horn (optional).
• This information booklet.
• Medications, glasses and hearing aid.

You will need to arrange for transportation to and from the hospital.
What to expect in hospital

The Morning of Surgery
Most patients are admitted to hospital on the day of your surgery. You will need to fast from fluids and food for a number of hours prior to your surgery and you will be given instructions about this. Generally the advice is to only have a small snack (e.g. tea and biscuits) up to 6 hours before your surgery and drink 2 large glasses of water (500mls) up to 3 hours before surgery. Do not eat or drink anything after these times.

This does not apply to your usual medications which you have been instructed to take on the morning of surgery with a sip of water.

It is important that you have a shower on the evening before or morning of your surgery prior to admission. If you require assistance or have difficulty with showering please let us know in advance and we can arrange for you to come into hospital earlier than planned so that we can help you with showering. Contact the Admission’s Manager on 01 8858110 or 01 8858468.

In preparation for surgery, you will be given a gown to wear and asked to remove your clothing (including underwear). In addition you should remove contact lenses, dentures, wigs, hairpins, jewellery including any body piercings and give these to your family members; we advise that you do not bring valuables into hospital.

You will be escorted to the theatre waiting area where you may wait for up to one hour before being transferred to the Anaesthetic Room and into the Operating Room.

After Surgery
The operation usually takes about one hour in addition to the anaesthetic time of about 30 minutes. You will then be moved to the recovery area until you are stable enough to return to the ward where the team will work closely with you to aid your recovery.

You will have a drip for intravenous fluids through a vein into your arm or hand which will continue until you are eating and drinking. You may eat and drink when you wish and we advise that you start with sips of water then a light meal.

Your leg will be wrapped in a large bandage and there may be a drain in your knee which is normally out in the days after surgery.
Recovery and rehabilitation

The goal of your care after surgery is to help you become independent so that you can return directly home. By the time of discharge you should be able to walk with crutches/sticks or a walker, be independent with self-care and have minimal discomfort. However the level of independence and mobility may depend on your clinical condition before operation.

The staff will help you when needed, but they will also encourage you to actively participate in your recovery and to do as much for yourself as possible. While a daily recovery schedule has been organised for after your knee surgery, we encourage you to progress forward at your own pace as quickly, comfortably and safely as possible. You should be prepared to work hard at the exercises given to you.

You will be prescribed medication to manage your pain. You may not be pain free but your Consultant Anaesthetist, Nurse and Physiotherapist will work closely with you to minimise your pain as well as nausea, vomiting and constipation. (Please read the pain relief section at the end of this booklet).

We will get you out of bed and on your feet on the day of surgery. This is safe and is the best way to get your muscles moving and prevent complications. However if you are back late from surgery or are feeling unwell this may be deferred until the following morning. You must have a Nurse or Physiotherapist with you who will instruct you how to move carefully and comfortably with the assistance of a walking frame as patients are often at increased risk of falls after surgery. There is a section on “Falls Prevention” later in this booklet which we encourage you to read.

Your Physiotherapist will practice your exercises with you and progress you onto crutches/sticks as appropriate. As the days pass, you will get out of bed more often and increase your walking distance independently. The aim is that you are getting in and out of bed on your own as you will need to be able to do this for home. Your Physiotherapist will continue to monitor your progress, checking your exercises and correcting your walking pattern as necessary. You will gradually increase activity and self care during your stay until the team are confident that you are well enough for discharge.

Goals to be achieved before going home:
• Independent on sticks/crutches.
• Independent on stairs.
• Independent with exercises.
• Independent moving on and off the bed/getting in and out of the car.

The more you do from the beginning the quicker your recovery will be!
Day of Surgery

With the help of your Physiotherapist/Nurse and a walking frame, you will be able to get out of bed the evening of surgery.

The FOG sequence is followed when walking with a frame:

- Frame.
- Operated Leg.
- Good Leg.

As you progress to crutches/sticks your Physiotherapist will progress your walking pattern.

You will start the exercises as practiced before the surgery.

Your joint may become increasingly stiff and painful if you do not keep it moving. It is essential to walk as soon as possible after surgery and keep active to ensure the best outcome from your knee replacement surgery.

Day One Onwards

You will be seen by the Physiotherapist or the Physiotherapists’ Assistant twice daily for:

- Progression to crutches/sticks.
- Completion of exercise programme to include exercises to straighten and bend your knee.
- Stairs practice.
- Ice pack will be applied to reduce swelling and pain.

You will be encouraged to practice these activities independently or with a family member during your stay.
Activity Advice and Techniques

**Getting into bed**
It may be easier to lead into bed with your un-operated leg.
- Back up to the bed until you feel it on the back of your legs.
- Reaching back with both hands, sit down on the bed sliding your operated leg forward.
- Move your bottom over towards the centre of the bed as far as you can.
- Move your bottom around so that you are facing the foot of the bed.
- Lift your legs into bed.
- Slide your hips towards the centre of the bed.

**Sitting**
Avoid sitting for prolonged periods of time. Choose a firm upright chair with armrests.
- Step back until you feel the chair at the back of both legs.
- Slip your arms out of the crutches and bring your hands back to arm rests.
- Slide your operated leg slightly forward as you sit down.
- If sitting on a sofa ensure it is of adequate height and firmness to support you and sit on an end which has arm support.
- Do not cross your legs, even at the ankles.

**Washing**
- Ensure that all the toiletries are set up in front of you to avoid unnecessary bending and over reaching.
- If the shower is in the bath it is advisable to use a bath board to transfer safely. More information on choosing a bath board and suppliers can be found on www.assistireland.ie

**Dressing**
- Upper body dressing is as normal.
- Always dress operated leg first.
- A skirt goes over the head and then tied at the waist.
- Wear comfortable loose fitting clothes.
Stairs

• If you are able to do the stairs before surgery you should be able to do them after.

Going up

• Hold the rail with one hand and the sticks with the other. Take a step up with your healthy leg. Then bring your operated leg and stick together to the same step. Take one step at a time.

Going down

• Hold the rail with one hand and the sticks with the other. First put your stick down. Take a step with your operated leg. Then step down with your healthy leg onto the same step. Go one step at a time.

Keep this method up until you feel strong enough to walk upstairs normally. Many patients can manage this between 4-6 weeks.

Getting into the car

• When going home, you may travel in the front passenger seat of a car only. Before getting into the car ensure the seat is back as far as possible and slightly reclined (approx 20 degrees) to give yourself maximum legroom and ensure the seat is set at its highest setting. This may not be necessary in SUV type vehicles. Always get in/out of the car from a level road and never from the kerb height. Lower yourself on the seat; bottom first, with the operated leg extended in front of you. Hold onto the door and side of the car for support. Next swing your legs together into the car. You can use a plastic bag placed on the seat to glide more easily when rotating to move the legs around however ensure to remove the plastic bag before the car starts moving as this may impact on your car insurance cover in the event of an accident. Reverse this procedure when getting out.

• Do not drive until cleared by your surgeon to do so, usually about six weeks after surgery.
Preparing for discharge checklist

Planning ahead makes your discharge from hospital easier and prepares you and your family.

This list is to help you prepare for discharge:

- Have you arranged transport to your home prior to 11am on the pre-arranged discharge date?
- Do you know what care is needed for your wound?
- Have you been given extra dressings/clip remover?
- If you are already receiving care or services at home, does the service provider know when you will be discharged?
- Do you know who to contact if you have any problems and do you have the details handy?
- Do you know what problems can occur and how to recognise them?
- Has your own medication been returned to you?
- Have you got a prescription for any new medication? Do you know what your medication is for, how often and for how long should you take it for? Have you someone who can get the medication for you?
- It is important to obtain clearance from your Surgeon before resuming blood-thinning medication (e.g Warfarin/Plavix/Coumadin)
- Have you got all your belongings?
- Do you know when you can return to work and normal activities?
- Do you need a medical certificate for your employer?
- Is your home best set up to allow you access to your bedroom, bathing and toilet facilities safely during your recovery.

You will receive a follow up appointment for about 6-8 weeks after your surgery to see your Consultant Surgeon. This will be posted to you by your Consultant’s secretary.
At home

Once you get home, you should stay active. While you can expect some good days and some not so good, you should notice a gradual improvement over time. Follow the instructions given prior to discharge. No two people will progress at the same rate and the speed and success of rehabilitation following joint replacements depends heavily on you.

General Advice

- Give yourself extra time for dressing/washing until you get used to new ways of carrying out tasks.
- Take your time when you get home, mistakes are made when you rush.
- After your surgery your stamina and endurance will be decreased. You may need to break up activities, doing some parts in the morning and others in the afternoon e.g. meal preparation. Take regular breaks as your body recovers however do not become inactive as regular movement will help healing and recovery.
- The more you practice dressing, walking, your exercises and transferring in hospital before you go home – the less surprises await you at home.

All patients heal from surgery at their own pace but here are some guidelines to return to common activities:

- Household chores: 3-6 weeks.
- Sex: 4-6 weeks.
- Work 6-8 weeks.
- Swimming 6-8 weeks.
- Driving 6 weeks for the right knee or sooner for the left knee, please check with your Surgeon.

Home Exercises

The following is an approximate guideline depending on how you are feeling.

**Weeks 1-2 Goals**

During weeks 1 and 2 of your recovery your goals are to:

- Continue to walk with sticks/crutches unless otherwise instructed.
- Actively bend your knee as far as is comfortable.
• Gradually increase your walking distance.
• Gradually resume light activities.
• Do 20 minutes of home exercises from the programme given to you 3 times a day.

**Weeks 2-4 Goals**
Weeks 2-4 will see you recovering to more independence. Your goals for the period are to:
- Achieve prior goals.
- Unless otherwise instructed, wean from full support to 1 stick/crutch for short distances if you feel safe and steady. If you are using a single stick/crutch it should be held in the hand opposite to the operated limb. You may still require 2 sticks/crutches when walking on uneven ground or for longer distances.
- Continue to increase your walking distance.
- Do 20 minutes of home exercises from the programme given to you 3 times a day.

**Care of your Surgical Wound**
The skin incision over your knee is closed with either stitches/sutures, staples/clips or Steristrips (paper stitches) which should stay in place for two weeks. Your surgical wound will be covered with a sterile dressing; this will be left in place and undisturbed for at least 48 hours following your procedure to keep the wound protected from infection. The dressing will be changed prior to your discharge home.

This dressing will be waterproof and should **only be changed every 5-7 days or as needed**. Your Nurse will give you some extra dressings going home. A dressing covering the incision is recommended for 2 weeks after surgery and a further 48 hours after removal of stitches or staples.

Examine the wound during dressing change. If the dressing does not need to be changed then the area around the dressing should be inspected on a daily basis for signs of infection.

**Weeks 4-12 Goals**
Weeks 4-12 will see much more recovery to full independence. Your home exercise programme remains important. Your goals for this time period are to:
- Achieve prior goals.
- Unless otherwise instructed, generally by week 6 you will be able to progress to walking independently without the use of a stick/crutch.
- Continue with home exercise programme.
- Continue to increase your walking distance.
- Begin progressing on stairs from one step at a time to regular stair climbing.
If the dressing becomes loose or soiled it may be changed as follows:

- It is very important to wash your hands thoroughly and remove the dressing gently. You may prefer to shower first as a wet dressing may be easier to remove.
- If there are Steristrips on the wound, care should be taken not to disturb them as they will dry up and fall off over time.
- Clean the wound of any dry blood using cooled boiled water and gauze.
- Start at the top of the wound line and work down away from the wound.
- Pat the area dry gently with a piece of gauze.
- Do not put any cream or ointment on your wound.
- Cover it again with a clean dressing taking care not to touch the inside of the new dressing.

**Signs of Infection**

Examine the wound each day for signs of infection:

- Redness and heat spreading from the incision (cut) line.
- Yellow or green pus seeping from the wound.
- A foul smell from the wound.
- Increased pain/throbbing from the wound.
- Feeling suddenly feverish and unwell.

Any 2 or more of these signs may indicate infection and you should contact your GP or Consultant Surgeon’s secretary for advice.

12-14 days after your surgery you should attend your GP, Practice Nurse or return to the Mater Private (at no additional cost, however you will need to make an appointment on 01 8858220) for removal of your sutures or clips.

If you have Steristrips in place these can be gently removed after 12-14 days. Ensure the person removing the Steristrips has washed their hands thoroughly. To remove the Steristrips pull each strip gentle towards the wound from both edges before peeling away. Once the Steristrips have been removed the scar can be left exposed provided it is dry.
Most people recover from surgery without any problems. Some days are better than others, but you should see yourself progressing. If you get worse again instead of better, or if you become unwell, you should see a doctor.

Here are some of the most frequent problems which may occur and what to do if you experience them:

- Go to the nearest emergency department if you have signs or symptoms of bleeding or if any of the following occurs which may indicate a clot:
  - Pain in your chest.
  - Difficulty breathing, shortness of breath.
  - A marked increase in pain, swelling and tenderness in your leg that is not relieved by rest and elevation.
- Contact your GP, Consultant Surgeon or the hospital if:
  - Your wound becomes red, hot, swollen or tender.
  - Your wound is weeping fluid.
  - You notice a foul smell from the wound.
  - You feel suddenly feverish (hot and cold) and unwell.

In order to avoid getting a blood clot:

- Do not stay in one position too long.
- Avoid sitting for longer than 1-2 hours at a time.
- Wear your compression stockings, (the white stockings), day and night, generally for about 6 weeks, until you are able to move about frequently. (You may need to request help to take them off each day so that you can wash and check your skin).
- Take adequate fluids of 1.5-2 litres per day.

Your knee may remain warm to the touch and appear swollen for two or three months after your surgery. This is normal. The swelling may vary with activity. The skin below the incision may have some patchy numbness or very sensitive areas. Your knee may click from time to time. All of these signs are normal and will gradually go away as your leg becomes stronger. It is also common to see bruising on the skin which may extend from hip to foot. If you have any doubts about what to expect please ask your Surgeon or Healthcare team.
Diet after surgery

Constipation is a common problem for many people recovering from surgery and there are many simple measures you can take to help minimise this:

- Eat a high fibre diet. Include foods such as wholegrain and high fibre cereals, wholemeal bread, fruit, vegetables, nuts and seeds.
- Ensure you have an adequate fluid intake to allow the fibre to work effectively. This should be in the region of 8-10 cups / glasses per day.
- Do regular activity within your abilities
- Your doctor may recommend laxatives for a limited time if required.
- Inform your GP immediately if constipation persists as ignored constipation can result in an obstruction of the bowel.

It is also important to eat a well balanced diet in order to ensure an adequate intake of calcium and iron. Calcium helps strengthen your bones, while iron helps to build up red blood cells.

Community Services Post Discharge

If appropriate one of your Healthcare team may refer you to a community service to meet an identified need post discharge. (Public Health Nursing, Community Physiotherapy, Community Occupational Therapy etc.) If you have not been referred during your admission and you continue to have difficulties managing at home you can contact your GP or local health centre to see what community services are available. Many HSE community services accept referrals made on a self-referral basis. All patients are eligible for assessment once a need is identified however provision of equipment from these services is dependent on your medical card status.
Pain relief

Whenever someone comes into hospital for an operation they inevitably wonder how much pain they can expect. You are probably feeling the same. Post-operative pain management after total joint replacement surgery is extremely important when it comes to making your recovery as safe and effective as possible. Studies have shown that adequate pain management helps in the post-operative healing process. Adequate pain management also helps you participate to the best of your ability in your physiotherapy program so that you will have a knee that functions well.

Be reassured, nowadays the attitude to pain after surgery has changed significantly. Pain is no longer something to be expected and endured. In fact throughout your hospital stay you, the nurses and the doctors on your ward will be working together with one clear objective, to keep you as pain free as possible.

After your operation you will be asked about your pain and to give a pain score at rest and with movement, from 0 to 10. This will help us to assess the effectiveness of your pain relief.

- 0 = no pain
- 10 = worst pain

Try to answer as accurately as you can. Don’t give a brave answer, give an honest one. It will help the medical/nursing team ensure you have the correct level of pain relief. If you begin to feel pain, tell someone straightaway. Remember… you are not being a nuisance. It is important to realise that YOU have a vital role to play in helping the hospital team control your pain. It is much easier to relieve pain if it is dealt with before it gets bad. So you should ask for help as soon as you feel pain and continue the treatment regularly.

Tell it like it is… Don’t wait to be asked

Types of Pain Relief

There are many methods available to control pain including tablets, injections and suppositories; however these are not the only methods.
What else can I do to help manage my pain?

Other than taking your pain medication, there are a number of ways to help control post-operative pain.

Using a cold pack to ice the affected area a few times a day (15 to 20 minutes at a time; up to four times a day) can help to relieve pain, reduce swelling and bruising, and restore strength and mobility more quickly. Remember to put a thin sheet or pillow case over the skin to prevent direct contact between the ice pack and your skin.

Relaxation exercises such as slow rhythmic breathing can help you deal with your pain. Additionally, pacing your activities, as you can tolerate them, will help the healing process.

Remember, healing takes time.

Take your medication as instructed.

Could I become addicted to pain medication?

It is rare that patients become addicted to surgery-related pain medication. Most patients that undergo routine surgery need pain medication for only a short time, therefore the risk of dependence or addiction is very low. Long-term use (several weeks to months), however, may increase the risk of tolerance, dependence and addiction.

Pain Relief on Discharge

After your stay in hospital, you will be sent home with a prescription for pain medication. The medication may be an opioid (e.g. Morphine-like medications) and/or a combination of other pain relief (e.g. Paracetamol). It is recommended that you take your pain medication regularly as prescribed. While you never want to take medication that is not needed, it is easier to manage your pain with regular pain relief, than treat an acute pain episode. Also it is helpful to consider taking your pain relief about 30mins before you are going to increase your activity. You can expect to have some discomfort following surgery; however it is important to let your GP/Consultant Surgeon know if the pain medication is not giving you adequate relief.
Although post-surgical pain or discomfort is a normal part of the healing process over the coming weeks, **severe pain is not**. After taking your routine pain medication, if you experience new severe pain or discomfort that does not subside, this may be a warning sign that something is not quite right. **DO NOT** increase the dosage of pain relief to treat new onset of severe pain. You should immediately contact your Surgeon’s office or your GP. If you are unable to contact your Consultant Surgeon and you feel that you need immediate attention, please go to the nearest Emergency Department with a list of the medication you have taken.

**If your pain medication is making you feel nauseous/sick**

- Strong pain medication such as Morphine/ opioids can sometimes interfere with the regularity of bowel movements. If you notice your bowel habits have changed and you are constipated follow the previous instructions in this booklet under “Diet After Surgery”.
- If you have been on high doses of Morphine/ opioids prior to surgery, you can work closely with your GP in taking steps to gradually reduce down your medication. When this happens and the timing of this reduction will depend on each individual patient. However it is important to make changes in a gradual manner to avoid any undesirable side effects/withdrawal.
Falls prevention

Did you know?
A third of people aged over 65 years and one half of people aged over 80 years have a fall at least once a year.

We have introduced a falls prevention programme for your safety.

Initially our staff will do an assessment to see if you are at risk of having a fall. You can be rated as at risk or at high risk.

What does this mean for you?
If you are rated as being at risk of falling, we will discuss strategies that can reduce the chances of you having a fall. These strategies will be suited to your individual needs.

Useful points to consider
- Use the nurse call bell to ask for assistance. Keep it in easy reach and ring early if you require assistance.
- Listen to the advice given to you by your Nurse/Physio. If they recommend that you need assistance or supervision when moving, please ask them for assistance and wait until they come to help you.
- If staff recommend that they need to stay with you whilst you are on the toilet please allow them to do so.
- Take care not to over reach for things (e.g. on your bedside table or locker). Keep frequently used items between eye and hip height so that you don’t have to reach or bend down unnecessarily. If needed ask for assistance.
- Ensure that the environment in which you are walking is well lit and clear of any obstacles.

When you are moving from lying down to standing up position
- Sit on the bed for a minute before you stand up.
- Move your ankles up and down to get your blood pumping.
- Get your ‘nose over your toes’ before you stand up.
- Push off the bed or chair; do not pull up.
- Wait a minute before you start to walk.

When you are walking
- Wait for staff before moving if they have recommended that you need assistance or supervision.
- Take your time when turning around. Count each step to help pace yourself.
- If you have a walking aid, make sure it is in good condition.
- Use your walking aid appropriately. Do not use hospital furniture (e.g. bed tables, lockers) to help you stand up or move around.
- Wear your distance glasses or bifocals when walking.
- Wear well fitting slippers or use lightweight shoes that are non-slip and comfortable.
When you are at home

- Conduct a walkthrough of your home to identify possible problems that may lead to slips, trips or falls. Remove throw rugs, keep all chords out of the way and arrange furniture so that you can easily move around.
- Make sure that your home is well lit.
- Place a phone next to your bed/chair.
- Have a firm chair in the bedroom for dressing.
- Avoid holding onto towel bars or shower doors when getting in and out of the shower. Install grab rails as needed.
- Know your medications; some can increase your risk of falling due to side effects. Talk to your GP or pharmacist as needed.
- Be good to your feet: Wear well fitting, supportive shoes with a wide heel and soles with a tread. Avoid shoe laces that may come undone. Do not walk barefoot or in socks.

When in public places

- Watch for obstacles in your path i.e. boxes, doormats, buggies.
- Use your walking sticks or elbow crutches in the community, as recommended.
- Avoid walking on uneven, icy or wet surfaces.
- Use caution on the stairs. Hold onto the handrail(s) and be aware the step height may be higher or lower than normal.
- If somebody is coming towards you quicker than you can react, like a jogger or buggy, stand still and do not attempt to move quickly to get out of the way. Allow the other person time to go around you.

Diet and fluids

- Good nutrition, keeping your fluid levels up and suitable exercise are important to maintain your health and reduce your chance of having a fall.

Remember

Ask for help if you need it. We can teach you other ways to reduce your chance of having a fall.

Some patients will still fall even if we have used the strategies outlined; however we wish to work in partnership with you to reduce your risk of falling.
If I have a problem who should I call?

We are always happy to answer your questions and if you have any concerns about your post operative recovery please do not hesitate to contact:

- Your Orthopaedic Consultant Surgeon
- The Orthopaedic Ward on 01 8858362
- The Physiotherapy Department on 01 8858157
- The Social Work Department on 01 8858458
- The Senior Nurse Manager (covering the hospital) on 01 8858888.

Follow up appointment

- Usually you will have a follow up appointment in approximately 6-8 weeks, or as directed by your Consultant Surgeon.
- Contact your Consultant Surgeon’s secretary on the week following your discharge if you have not received an appointment.

We hope we have answered your questions regarding knee replacement surgery. We strongly encourage you to attend our Joint School, an education class which covers topics such as preparation for surgery, in hospital care, and life with your new joint. For more information please call our hospital main switch on 01 885888 and ask for the “Joint School”.

The success rate of this operation is 95% so this may give you many years of pain free activity and perhaps a new lease of life.

Please do not hesitate to contact a member of the team if you have any questions or comment.
Date: 

Patient’s Phone Number: 

Allergies: 

Dear Nurse/Doctor,

The above named patient had surgery: 

under the care of 

in the Mater Private Hospital on 

Recovery: 

Wound: 

I would be grateful if you would remove their clips/sutures: 
Sutures [ ], Continuous Sutures [ ], Clips [ ], 

On: 

A dressing covering the incision is recommended for 2 weeks after surgery and for a further 48 hours following removal of clips or sutures.

I have given the patient extra post-op op-site dressings for this purpose.

Kindest Regards,

__________________________

RGN

Our Lady’s Ward

Contact Number 01 8858362
A heritage in care,
A reputation in excellence.

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