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Patient Information

TOTAL KNEE REPLACEMENT - SURGERY INFORMATION

Before hospitalisation

This is a good time to make sure your home will be a safe environment for you, upon your discharge from hospital.

Position furniture to give clear walkways and roll up any rugs which might cause you to slip.

Put commonly used items within reach in your bathroom and kitchen to prevent you needing to kneel.

It is also a good time to commence some gentle exercises to tone up your muscles, especially the quadriceps. Not all exercises will be possible because of pain or stiffness. You will find examples of some recommended exercises in the pack provided by your surgeon. Your physiotherapist will advise which of these exercises will be suitable after your operation.

Your specialist will advise whether you need to see the anaesthetist prior to admission, generally this is recommended.

You will usually be admitted to hospital on the morning of surgery and will be seen by the nursing staff and your anaesthetist.

You will be advised of your fasting time prior to admission to hospital.

Please bring with you any medication that you take regularly, along with your night wear, toiletries etc.

IT IS ESSENTIAL YOU BRING YOUR X-RAYS TO HOSPITAL WITH YOU.

Length of stay

The length of hospital stay is usually between 3-5 days. We aim to plan your length of stay and have discharge arrangements in place prior to your admission.

On the day of surgery

The nursing staff will:

- Explain hospital routine and orientate you to your new surroundings
- Record your temperature, pulse rate and blood pressure
- May shave your knee and wash it in antiseptic.
- Answer any questions you may have.

The Operation

The operation usually takes about two hours with some time spent in the recovery room.

After surgery

From the operating room you will be taken to the recovery room where you will wake up and remain for about one hour. You will be transferred to your room.

- You will have an intravenous line in your arm. This is to ensure you receive adequate fluids, intravenous antibiotics and it can also be used to administer pain-relieving medication. Your nurse usually removes this after 48 hours
- You will have a pressure bandage on your knee and there may be a drainage tube.
- You may have an oxygen mask on your face or a tube administering oxygen under your nose.
- If you are feeling fine, you may commence drinking fluids.
- It is important for you to do deep breathing and coughing exercises to enhance lung capacity and circulation.
- Movement of your toes and ankles is important to promote good circulation as much as possible.
- The joint is stable immediately after the procedure, but the weakened muscles and soft tissues around the joint require a longer-term program of physiotherapy and exercise to return to normal functioning.

Pain control

During the first few days you will experience some pain. This will be controlled by intravenous or oral medication. After removal of the drip you may require injections and/or tablets.

It is important, initially, to take the pain relieving medication on a regular basis. This will allow you to exercise and move more freely. It will also be necessary to continue taking pain relief tablets when you return home.

Mobility

The physiotherapist will assist you to become mobile again following your operation and teach you specific exercises.

Usually you will stand and begin walking the day after surgery. All the tubes are removed by two days after surgery.

The aim is to walk early and often, bending and straightening the knee is also very important. This minimises complications.

Your mobility will gradually increase and with it, your independence. Once your wound has healed you may go for hydrotherapy.

Ice
Ice helps to reduce pain, swelling and stiffness. The nurse may apply ice to your knee. You may also apply ice at home by using crushed ice inside a damp towel. Leave the ice on for 15 minutes, then removed for 15 minutes, then reapply for another 15 minutes. This can be applied a few times a day if necessary. NEVER APPLY ICE DIRECTLY TO SKIN.

Anti-coagulant
An anti-coagulant will be administered. This is either a tablet or (under the skin) injection to help to thin your blood and prevent clot formation in your legs. Intermittent compression devices on your feet/ calves may also be used. Active movement of your calf muscles is also very important.

Sutures
You may have sutures that lie underneath the skin surface. These do not need to be removed and will dissolve in about 2 weeks.

Removable staples may be used and removed in about 10 days.

Prior to discharge your nurse will speak to you regarding care of your suture line once you are home. Observe your suture line for any signs of tenderness, redness, swelling or discharge. If you have any problems, contact your surgeon, orthopaedic liaison nurse and local doctor.

Sleep disturbances
As you might expect, wound discomfort and restriction of position will mean adopting a sleep position which is un-natural for you. This may result in a disturbance to your sleep pattern and/or restlessness.

You may sleep on your side with a pillow between your legs. DO NOT sleep with a bent knee or a pillow under your knee, it may lead to stiffness.

Oral pain killers and warm drinks before going to bed may assist in relaxation.

Constipation
Your decreased activity level, limited appetite, reduced fluid intake and some medication may lead to bowel irregularity. You will be encouraged to drink fluids, increase the fibre content of your diet and, if necessary, take mild laxatives.

Sexual Activity
Resumption of sexual activity depends on when you feel comfortable. There are no restrictions if you keep to the guidelines given to you by your surgeon and physiotherapist for your daily activities.

Going Home

Doctors appointment
Your surgeon will want to see you about six weeks after your surgery. The appointment will be made before you leave hospital by the nursing staff. It is important that you keep this appointment, as your surgeon will want to check on your progress. You will also be able to ask the surgeon questions regarding increasing your level of activity.

Visits to the dentist
- If you ever suffer a gum infection or abscess your dentist will need to prescribe antibiotics.
- This is not necessary for routine dental care e.g. fillings or cleaning.

Discharge advice

THIS INFORMATION IS MEANT TO BE USED AS A GUIDE AS YOU RETURN HOME

- Continue with your exercises as described by your physiotherapist.
- Continue to take short and frequent walks, gradually increasing the distance in a slow progressive manner. This will be based upon your strength and pain level.
- Allow time for resting – frequently.
- Avoid placing a pillow under your knee.
- DO NOT drive a motor vehicle until advised by your surgeon, generally 4-6 weeks after surgery.

Call your orthopaedic surgeon if you notice any of these symptoms:

- Increased pain not controlled by medication.
- Increased redness, swelling or drainage around the incision.
- Elevated or persistent temperature.
- Tenderness, redness or swelling of your calf.

Chest pains or shortness of breath – seek urgent medical attention i.e. ambulance.

IF YOU HAVE ANY ADDITIONAL QUESTIONS, FEEL FREE TO CONTACT THE ORTHOPAEDIC LIAISON NURSE – PHONE (08) 8267 8267.

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