

Dept. of Orthopaedics
Raigmore Hospital
Inverness



Enhancing your recovery after joint replacement surgery



Please bring this booklet with you
each time you come to hospital

Specialist nurse follow-up telephone service

Arthroplasty specialist nurse

The arthroplasty service is your first point of contact for any issues or advice regarding your joint replacement.

The helpline number is 07979245856

Call if you experience:

- signs of infection: high temperature, redness, swelling, shivering, increased excessive wound leaking
- uncontrolled Pain
- if your limb becomes very hot and swollen

It is normal after a joint replacement to have:

- pain that is well controlled with analgesia
- some swelling
- some spotting on the wound dressing
- to require your mobility aids for some weeks after

**This booklet is to support any conversations
you want to have with staff.**

The information contained within this booklet can be provided in different languages, or on audiotape and in large print. We can also arrange an interpreter. Please contact us giving us notice of any special requirements.

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Introduction

This booklet explains some of what you can expect before, during and after your hip or knee joint replacement surgery.

It suggests how you can best prepare for your surgery, and recommends some things to think about after your surgery.

Whether you are having your hip or your knee replaced the information and advice to follow is very similar. The main difference is the exercise programme and so separate sections have been prepared.

Discharge the same day as your operation is a possibility, however, patients that are appropriate for this must meet strict criteria and this will be discussed with you before your operation.

The information is intended as guidance and we strongly encourage you to read it before you have your surgery. Some treatment and advice will vary according to individual needs.

2 Enhanced Recovery Programme and joint replacement surgery

2

What is the Enhanced Recovery Programme?

Enhanced recovery is an evidence based approach that helps patients recover more quickly after major surgery and decreases the length of their stay.

Aims

- *To ensure that you know what to expect and are ready for your surgery*
- *To minimise the stress of surgery on the body*
- *To ensure a safe and quick recovery after your surgery*

A big part of the success of the Enhanced Recovery Programme is down to you taking responsibility before and after your surgery.

Your hospital stay is just a small part of the overall programme.

Planning for your surgery

Joint replacement surgery requires careful preparation to ensure the best results.

General Health

Smoking

If you are a smoker your general health is at risk. Smoking also causes some additional risks and complications for your surgery such as:

- *Increased risk from having an anaesthetic, in particular, developing a chest infection or pneumonia*
- *Increased time for your wound to heal*
- *Increased risk of getting an infection*
- *Increased risk of developing a blood clot after your operation, known as a deep venous thrombosis or pulmonary embolism (section 10)*

As a minimum stop smoking for at least four weeks before and after your replacement surgery.

If you would like support to stop smoking speak to your GP or practice nurse and ask to be referred to our service to help people quit smoking.

For further information or contact details of an adviser, please visit :

www.smokefreehighland.co.uk,
email : admin@smokefreehighland.co.uk
telephone [0845 757 3077](tel:0845 757 3077) or visit your local community pharmacist.

Eat well

A well nourished body is really important to support the healing process. Eating well will reduce your chance of inflammation, infection and help you to recover. Eat regular meals and drink plenty of water. Try and eat a wide variety of foods, and include:

- *Plenty of fruit and vegetables*
- *Plenty of wholegrain bread, wholegrain cereals, pasta, potatoes and rice*
- *Beans, lentils and other pulses.*
- *Fish, especially oily fish – mackerel, salmon, sardines, pilchards etc*
- *Some milk and dairy foods*
- *Meat, eggs, chicken and nuts*

Some foods are of lower nutritional value; sweet and sugary drinks, cakes, biscuits, sweets, chocolate, crisps and takeaway meals.

Being heavy increases the stress on your joints, so it is even more important to eat a good nourishing diet and do any recommended exercises.

If you need help with your diet please speak to your GP or practice nurse who will be able to provide advice in the first instance.

Walking

Try and keep as mobile as possible, and walk regularly, as pain allows.

Get organised

Most people will be in hospital for only a short time and will be able to return direct to their own home.

After your surgery, you will need to change the way you carry out some every-day tasks. To start with you may need some help from others.

There are a few simple things you can do which will make your life a bit easier when you get home from hospital (see box opposite).

Pets

If you have a pet(s) make sure you have arrangements in place. It is also important to remember that after your surgery it is not easy to bend down.

Getting back to work

If you work, you should have an initial discussion with your employer before your surgery and consider anything that will help your return to work. It may be necessary to go back on a part-time basis or have a phased return.

Driving

You may return to driving when you feel comfortable and can competently manage an emergency stop.

Have your home ready for returning home after your operation

- *Throughout your home, and particularly in your kitchen, put things that you use regularly at a height where you don't have to bend or stretch too much to reach.*
- *Do not stand on chairs to reach things!*
- *Remove any loose rugs or anything else that you might trip over or slip on. Keep extension cords or cables well away from where you will be walking.*
- *When you go home you will need to use walking aids. Remove anything which will get in your way of moving easily from room-to-room.*
- *Check that you have suitable clothing and foot wear that is comfortable and safe. If you are not sure ask your occupational therapist.*
- *Have good lighting on and make sure it is easy for you to switch a light on at night time.*
- *Have a stool accessible to elevate your legs (knees only).*
- *Make sure you have a stock of food in the house and other things that you will need on a daily basis. Have food that is quick and easy to prepare and that you will want to eat. Remember, you will be tired and less mobile when you first get home.*
- *Ensure any necessary arrangements are in place for when you are in hospital and for returning home.*
- *Please complete and return the Pre Admission - Orthopaedic Self Assessment questionnaire and return to the OT dept (address on form) if you are having a hip replacement only.*
- *Consider keeping meals in the freezer.*
- *Consider getting someone in place to help with shopping.*
- *Consider your heating and how you will manage this on discharge.*

Pre-operative information and your exercise programme

Before your operation

Infections

All infections must be cleared up before your surgery can take place. This includes tooth abscess, in-growing toe nail, or urine infections. If you have a dental infection, please inform your dentist that you are waiting for joint replacement surgery.

Even minor cuts or broken areas of skin can cause bacteria to circulate through your body and cause infection. When you attend the hospital pre-assessment clinic, please inform staff if you have any symptoms of infection.

Planning for going home after surgery

It will be explained to you that our aim is to support people to be ready for discharge as soon as the criteria is met, this may be from day of surgery onwards.

You need to make your own transport arrangements to and from hospital.

Pre-op exercise programme

It is important to be as fit as possible before undergoing your surgery as it will help your recovery.

Your exercise programme should start after you have been to the pre-operative assessment clinic. You need to keep on doing your exercises up until the day before your surgery.

The Daily Exercise Programme for hip replacement is set out in Section 12 and for knee-replacement in Section 13.

Medications

You should continue to take any regular medication unless advised otherwise by your GP, surgeon or nursing staff.

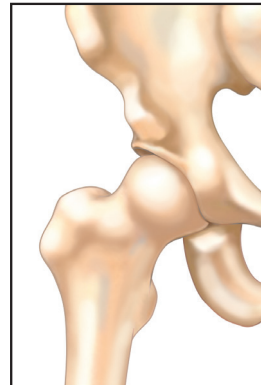
Please bring all your regular medication into hospital in the original packaging, your discharge prescription will not include regular medication therefore it is important you have arranged a supply for when you get home.

What happens during joint replacement surgery?

Your surgeon will remove the worn and damaged parts of the joint and replace it with an artificial joint. The operation takes around 45-90 minutes.

Hip joint

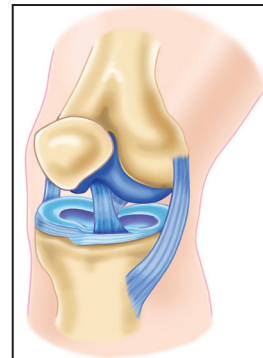
The hip is what we call a 'ball and socket' joint. The 'ball' is formed by the head of the thigh bone (femur), which fits snugly into the socket in the pelvis. The artificial joint is placed and then secured into the socket.



Knee joint

The knee is the largest joint in the body and is a hinge joint. The worn parts of the joint are removed and replaced with three components.

A metal part on the ends of the upper bone (femur) and lower bone (tibia) and a plastic insert which allows the joint to bend.



Partial knee replacement

Partial knee replacement resurfaces only the inner or outer half of the knee (the inner half, nearest your other leg is most common).

This operation can be done through a slightly smaller cut than a total knee operation.

A partial replacement usually means you can move your knee more easily than after a total replacement.

Whether you are suitable for this type of surgery is dependent on your age, medical condition and the x ray of your knee.



Potential risks and complications

Joint replacement surgery is a major operation. While most replacements are carried out without any problems, all operations carry some risks and the potential for complications.

These include infection, dislocation, blood clots, swollen limbs, delayed wound healing and difference in leg length.

Further information on the potential risks and complications are fully detailed in section 10. It is really important that you consider everything before you agree to having your surgery.

If there is anything you are worried about, or do not understand, please speak to your surgeon or any other member of the hospital team. They will be very happy to discuss any concerns or questions you may have.

Count-down to your surgery

■ Three weeks before your surgery

No shaving or waxing legs, under arms or bikini lines for three weeks prior to your surgery. Continue with your exercise programme.

If you have had diarrhoea, nausea and vomiting 48 hours before you are due to come in for your surgery, or if you have a cold or flu-like symptoms please contact the Arthroplasty service who will be able to provide you with advice.

■ One day before your surgery

Please don't wear make-up, nail varnish, acrylic or gel nails on the day of your surgery. Please also remove all piercings.

■ Day of your surgery

Please have a bath/shower/wash on the morning of your surgery. Do not use any talcum powders, body lotions, perfumes or makeup after you have washed.

Eating and drinking before your surgery

On the run up to your surgery it is important that you continue to eat and drink as normal. However, you will need to stop for a period of time before your surgery. Please follow the instructions on the next page.

If your surgery is in the **morning**, have a meal in the evening before your surgery. No fluids should be taken after 07.00 (see box below).

If your surgery is in the **afternoon**, have a light breakfast before 07.30. No fluids should be taken after 11.30 (see box below).

If you are unsure contact the Arthroplasty service who will be able to help you (telephone contact details are at the back of this booklet).

In some circumstances all theatre cases will be asked to fast from midnight, allowing clear fluids until 6.30am.

If you have been fasted as such and your operation is in the afternoon you will be offered a light breakfast and fluids on the ward, once the theatre list has been finalised.

Instruction to follow about eating and drinking before your surgery

Time of operation	Allowed food until:	Allowed *clear fluid until:
<i>If your operation is in the morning</i>	<i>midnight on the night before your surgery</i>	<i>07.00</i>
<i>If your operation is in the afternoon</i>	<i>07.30 on the day of surgery (light breakfast)</i>	<i>11.30</i>

***Clear fluids include:** Water, tea/coffee with a splash of milk, weak diluting juice and flavoured water (non fizzy)

5 Information about the hospital

Patients

All patients who come into hospital are at greater risk of acquiring and spreading infection. The following will help to reduce some of the risks:



- *Do not touch any wounds, dressings or drips that may have been applied as part of your care.*
- *Bring a container of moist hand wipes to hospital to ensure you can clean your hands, for example, before you eat a meal.*
- *Always wear something on your feet when you are walking around the ward/hospital.*
- *Keep the top of your locker and bed table free from clutter. This makes it easier for it to be cleaned.*
- *Always wash your hands after using the toilet.*
- *If you visit the bathroom or toilet and are concerned that it does not look clean, report this immediately to the nurse in charge of the ward.*
- *Your bed area should be cleaned regularly. If you or your visitors see something that has been missed, report it to the nurse in charge.*

Visitors

Visitors also have an important role to play. Visitors who are suffering from any infections, colds and viruses, vomiting or diarrhoea should not visit the hospital.

Hospital visiting arrangements

Only close relatives or friends are advised to visit you on the day of your operation and only for a short period of time.

Please also be aware that you may have to be seen by the physiotherapist or occupational therapist during part of the visiting times. This is an essential part of your rehabilitation.

Kyle Court Patient Lodge

Patients who have a long way to travel may be able to stay in patient accommodation (Kyle Court) which is on the Raigmore site. Contact the Accommodation staff (**01463 705560**) to find out more.

Patients that use this facility must provide their own meals and must be able to perform activities of daily living without assistance.

Mobile phones

You may bring your phone into hospital but please respect other patients in the room by not disturbing them.

6 Coming into hospital for your surgery

You will be asked to come into hospital on the day of your operation. Please follow any instructions in your appointment letter.

- *On the morning of your surgery you will be given an identity bracelet to wear and nursing staff will welcome you to the ward and answer any questions.*
- *A junior doctor or nurse practitioner will take some blood (in case you need a blood transfusion), mark the leg to be operated on and check your consent form.*
- *Your anaesthetist (if you have not already met them in the preoperative assessment clinic) will go over your anaesthetic options.*

What to expect *immediately* before your surgery

Once in the anaesthetic room monitoring devices will be attached to your chest, arm and finger. This allows the anaesthetic team to monitor your heart, blood pressure, pulse and oxygen level during surgery.

You will have a small straw like tube (called a cannula) inserted into the back of one of your hands. This allows the anaesthetist to give you fluids if required.

If you are having a spinal anaesthetic, your anaesthetist will ask you to either sit on the trolley or lie on your side. They will check that the anaesthetic is working fully before giving you a sedative through your cannula. The sedative can be used to keep you comfortable and relaxed during your operation.

If you have brought a personal music player, you may listen to music during the operation if you wish.

What to expect after your surgery

Immediately after your surgery

You will be taken from theatre to the nearby recovery unit where you will stay for a short period of time. You may be given extra oxygen and fluids. You will be looked after by a team of specialist nurses. The anaesthetist will also be on hand to make sure you have a safe recovery.

You will be given a supplement drink following your operation to aid your recovery.

When you return to the ward, nursing staff will monitor you closely. Your wound dressing, blood pressure, temperature and pain levels (see overleaf) will all be regularly checked.

It is important that you start to eat and drink soon after your surgery. Your body needs lots of nourishment to help your wound heal, reduce the risks of infection and to help your general recovery.

You may find you have little memory of the operation taking place.

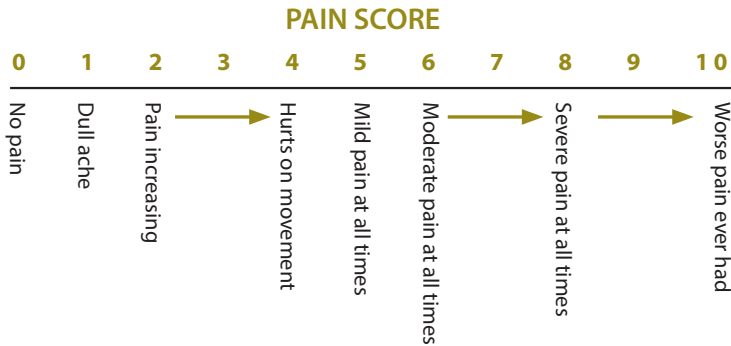
A few hours after your operation you will begin your exercise programme and will be mobilised out of bed with the nurses or physiotherapists.

Controlling your pain after your surgery

Prevention or early treatment of pain is far more effective than trying to treat established or severe pain. If you are in pain let any member of staff know. No matter how busy you think staff might be, helping you to manage your pain will always be a priority.

You will be given a number of different types of painkillers to keep your discomfort to a minimum. Some medication will be given to you regularly – please take all your medication even if you do not feel any pain. It is really important that your pain is well-controlled so that you are not in discomfort and can start to get mobile and do your exercises.

If you are feeling pain, mobilisation will ease this and will be encouraged. Mobilisation has been shown to be an effective front line pain relief and reduced opioid intake will prevent nausea, vomiting and potential confusion.



The days following your surgery

The day after your operation you will have your new joint x-rayed.

If you are a candidate for 23-hour surgery this will be done in the hours following your operative. Your cannula will be removed at the earliest opportunity.

Occupational therapist or OT (Hip only)

Your occupational therapist will check that you can manage to get dressed safely and show you alternative techniques if you struggle. They may also check that you can manage to get on and off the toilet and in and out of bed.

For further information and advice for managing day to day activities after your surgery see section eight.

Physiotherapist or Physio

Your physiotherapist will start you on your post surgery exercise regime. Each exercise is designed to help improve the strength and range of movement in your new joint.

The daily exercise programme for hip replacement surgery can be found in section 12 and for knees section 13.

While you are in hospital the physiotherapist will also teach you to walk with an appropriate aid, this may be a frame, crutches or sticks.

You may also be shown exercises to help reduce the risks of getting a deep vein thrombosis (DVT) and also some breathing exercises.

Managing steps and stairs

Before you go home, the physiotherapists will check that you are able to safely negotiate steps and stairs. This is important even if you do not have steps or stairs at home in case you come across some when you are outdoors or in other buildings.

Going up stairs

Put your hand on the hand rail, step up with your non-operated leg then your operated leg, then finally bring your crutch up onto the same step as your feet. Repeat this for every step, moving you hand up the rail as you go.

- hand on rail
- un-operated leg
- operated leg
- stick/crutch



Going down stairs

Put your hand on the hand rail, move your crutch down to the step below. Lower your operated leg down onto the step, and finally bring your non-operated leg down to the same step. Repeat this for every step, moving your hand down the rail as you go.

- hand on rail
- stick/crutch (to check depth of the step and provide you with support)
- operated leg
- un-operated leg

7 Going home from hospital and follow up arrangements

Discharge plans should have been discussed fully with you by staff at the Pre-Operative Assessment Clinic. This should be confirmed prior to admission.

Occasionally, some people may require further rehabilitation and may need to go to a community hospital before going home.

You will be safe to go home when you are able to answer yes to the following discharge criteria questions:

- *Have you a clean and dry wound?*
- *Are you independent and mobile with your walking aid?*
- *Can you manage your exercise programme?*
- *Are able to wash and dress?*
- *Are able to go to the toilet and get in and out of bed on your own?*
- *Are safe on stairs and steps?*
- *Are you organised at home including with any required equipment?*
- *Do your family/carers/friend or neighbours know you are going home and are they able to collect you?*

Knee replacement only

- *Are you able to straight leg raise and achieve a good bend?*

Day of discharge

On the day you are due to be discharged, a nurse on the ward will give you a letter for your GP and your prescription for any drugs (e.g. painkillers). Please ask for a sick note for your employer if required.

Follow up arrangements

Your discharge letter will be sent electronically to your GP so they are aware that your surgery has taken place.

When you leave hospital you will only be given a supply of painkillers to last for a few days. You will need to contact your GP surgery to get a follow on prescription. Make sure you do this before you run out of any supplies.

You will have dissolvable sutures or clips in your wound. Arrangements will be made to remove your wound dressing 7 days after surgery. If you have wound clips arrangements will be made to have them removed 10-12 days following surgery.

Outpatient physiotherapy is not usually required, but will be arranged by the hospital physiotherapist if necessary.

Outpatient appointments

Your outpatient follow up appointment with either a member of the consultant team or the Arthroplasty nurse specialist is usually 6 – 8 weeks after surgery. This will either be a face to face appointment, a Near Me virtual clinic or a telephone call.

This appointment is an opportunity to ask any new questions you may have. It's a good idea to write down your questions as they crop up so you don't forget them. There is space for you to do this at the back of this booklet and remember to take the booklet in with you to your appointment.

Further follow up arrangement may be required but usually you will be discharged with the understanding you can contact the arthroplasty team via their helpline number should you have any concerns.

8 Managing at home

Now you are at home, what next?

The following pages aim to provide you with some general information and advice to help you manage at home and safeguard your new joint.

Whatever you are doing, remember to take your time and don't take risks.

Getting on and off furniture

A chair with strong arms will make it easier for you to sit down and get up.

Remember (see also page 25)

- Avoid sitting with your legs crossed, even at the ankles
- Avoid sitting for prolonged periods

Going to the toilet

Your occupational therapists should have advised if a raised toilet seat is necessary.

Use the same method for getting on and off furniture to get on and off the toilet. Be careful not to twist round to reach toilet paper or to flush the toilet.

Remember

- *Avoid twisting and overstraining to reach your clothes.*
- *Always dress your operated leg first and undress it last.*
- *To put your pants or trousers over your feet, hold the waistband and lower the garment to your feet. Then put in your foot from your operated leg. And repeat with your other leg before pulling right up.*
- *Always use the shoehorn on the inside of your operated leg.*

If you are struggling with personal activities the occupational therapist may be able to help with equipment.

Be organised: collect all the clothes you are going to wear and put them close to you before you start to dress.

It is a good idea to sit on a chair or on the side of your bed to get dressed. Loose comfortable clothing, easy to fasten is recommended.

Wear comfortable flat slip-on shoes with plenty of room as your foot may swell up during the day.

Shopping

You may want to think about having your shopping delivered when you first return home (if that is an option), or ask family, friends or neighbours to help out.

Cooking

If you were able to prepare your own meals before your operation then you should be able to manage when you return home. You may find that you are more tired than normal, so think about ways you can make your life a little easier and less tiring. If you are cooking, don't stand for longer than ten minutes at a time. Ideally, sit down to prepare your meals and remember to collect anything you need before you start to cook. Place frequently used cooking supplies and utensils where they can be easily reached so that you don't have to bend, stretch or walk about too much.

Housework

Avoid any heavy housework or laundry in the first weeks following your operation.

Do not go down on your knees to clean floors or pick things up.

Preparing to get into the front of the car as a passenger

By the time you leave hospital, you should be able to travel as a passenger in the **front** of an ordinary saloon car. However some patients have told us that they found getting into car when they left hospital difficult.

Before attempting to get into the front passenger seat ask someone to:

- *Push the front seat all the way back and recline it slightly if possible.*
- *Place a plastic bag on the front seat which will help you move across the seat.*
- *If necessary put a small cushion or rolled up towel onto the back of the seat to make it level.*

Getting into the front of the car

- *It is easier to get in and out of the car if you don't stand on, or use the kerb.*
- *Back up to the car until you feel it touches the back of your legs.*
- *Reach back for the car seat and lower yourself down keeping your operated leg straight out in front of you.*
- *Slide across towards the driver's seat to give yourself more room to get your leg into the car.*
- *Turn towards the dashboard, leaning back as you lift your operated leg into the car.*
- *Remove the plastic bag and make yourself comfortable.*



Sleeping

It is very common to have unsettled nights after your operation and this may last for a few months. The discomfort that wakes you is due to stiffness.

It is recommended if you sleep on your side to place a pillow between your legs.

This is your future

A total joint replacement is performed to give you a better quality of life, but you must take responsibility for looking after your new joint.

Most people are keen to return to normal as soon as possible, however, it is important that you DO NOT do too much too soon. You should plan to gradually build up your strength.

It is normal to feel tired after surgery. Taking regular short rests on your bed will help you gain strength and allow you to complete your exercise programme. Remember to eat well.

Some ideas for goals are summarised. These are just indicators. Everyone is different and will recover at different rates.

Your daily home exercise programme

It is really important that you continue to follow your exercise programme for at least three months (section 12 for hips and 13 for knees). Once completed you should continue to exercise regularly. This will help to maintain your fitness and strengthen the muscles that support your joints.

Becoming mobile again

It is essential that you use your walking aid (s) to support you to start getting more mobile. This will stop your new joint from becoming stiff and also make it stronger.

You should aim to increase how far you walk each day. You can move onto one crutch/stick when you feel confident. Use your crutch/stick in the hand OPPOSITE to your operated leg. You may discard your walking aid when you feel comfortable and are no longer limping. It is usually around 6 weeks that people discard aids.

Some people also prefer to continue to use two crutches/sticks for walking outdoors, over rough ground or longer distances.

It is normal to have good days and bad days. So even when you feel you don't need to use any aids we recommend you keep them for a month or so before handing them back to the hospital.

When you are finished with your aid/s, please return them.

Stairs

You should continue to negotiate stairs as taught to you by the physiotherapist until you are no longer using an aid. After this, you can start to climb stairs normally. Typically this might be after 6-12 months or so but everyone is different.

Public transport

You can make some journeys by train, coach and bus but we recommend that you check that you have lots of leg-room for comfort.

Remember, travel arrangements do not always go to plan, so think about how you would manage if there were delays. Always plan some contingencies.

Long journeys of any sort are not recommended in the first six weeks.

Flights : short haul flights can usually be made after 6 weeks.

Due to the risk of blood clots, long-haul flights (over four hours) should be avoided until 12 weeks after your surgery. This should be discussed with your surgeon.

Returning to work

You are advised not to return to work before your orthopaedic follow up outpatient appointment.

Please let ward staff know if you require a sick note at the earliest opportunity.

Sports and activities

High impact activities such as running, tennis, squash etc may put too much pressure on your new joint and are not recommended.

High risk activities such as skiing are also discouraged because of the risk of dislocation and fractures.

10 Potential risks and complications

As with all major surgery there is a risk of dying, however, it is highly unlikely with joint replacements. There are, however, a number of potential risks and complications.

Infections

Many precautions are taken to try and minimise the incidence of infection. This includes thorough washing prior to surgery, antibiotics given during and after surgery as well as using a dedicated theatre for joint replacement surgery.

The incidence of infection is also very low-less than 1%- but it is important to contact The Arthroplasty Service during office hours or the ward directly outwith this if you have any concerns about your wound.

Common signs and symptoms of infection soon after your surgery are:

- *Redness around the site of your wound with increased swelling.*
- *Wound discharge or leakage.*
- *Increase in pain in your hip or wound.*
- *Increased body temperature (above 38°C).*

Dislocation

Incidence of dislocation is also very low – less than 1%- but can happen. Signs of dislocation include:

- *Sudden severe pain.*
- *Rotation/shortening of your leg.*
- *Unable to weight-bear or move your leg.*

Dislocation is severe and at most times very obvious. If you have dislocated you will require emergency care, **please call 999**

Blood clots/ pulmonary embolism

A blood clot in the veins of the leg or pelvis is called a thrombosis. It is relatively uncommon to develop a thrombosis of the leg after replacement surgery. Notably blood clots can form in either leg not just the leg where you have had your surgery.

Common signs include:

- *Swelling in your thigh, calf or ankle that does not go down when you raise your leg up.*
- *Pain, tenderness and heat in your calf muscle.*

In a very small percentage of cases, the clot may leave the leg veins and travel to the lungs. This is called a 'pulmonary embolism'. This is an emergency situation and if suspected you should call 999 immediately.

Signs which might indicate pulmonary embolism include:

- *Sudden chest pain*
- *Shortness of breath*
- *Sweating*
- *Confusion*
- *Feeling faint or unwell*

Blood loss

Sometimes patients may lose a large amount of blood during their operation. If this happens you may require a blood transfusion.

Like all medical interventions, a transfusion will only be used if really necessary.

Limb swelling

Swelling of the foot and ankle is very common following joint replacement surgery and may persist for many months. You may have little or no swelling when you get up in the morning but find that the swelling increases as the day passes.

Some warmth around the joint is often noted. This is due to increased blood flow through the tissues during healing.

Nerve damage

This is rare but can give rise to pain in the leg or weakness of some muscles. This can cause your foot to drop, making walking difficult. This is often temporary and will improve over weeks or months but can also be permanent.

Numbness and scarring

Occasionally, slight numbness around the scar or part of the leg can happen, but is not anything to worry about.

Difference in leg length

Your surgeon will try to ensure your legs are the same length after your surgery. However, if the damage to your bone is too extensive this may not be possible. If this is the case, a small heel raise for your shoe can be provided.

Loosening of the new joint

Most joint replacements last between 10-20 years. After 15 years around one in four (25%) will appear loose on x-ray and 5-10% will become painful and require to be re-done.

Frequently asked questions with answers

How long will my new joint last?

Most replacements will last for 10 to 20 years.

Will I recover and feel better?

Yes-but remember it can take up to a year to fully recover. You may find that you have to adapt the way you do some things for a while.

I don't feel like eating. Is this common?

After surgery you may lose your appetite. This is normal and small meals taken regularly will help.

I have got some swelling after my operation. Is this normal?

Yes, and it may last for several months. Healing tissue tends to be more swollen than normal tissue. You may find that you have little or no swelling when you get up in the morning but it increases as the day passes.

What can I do about any swelling?

Hips - *When sitting/lying do your circulatory exercises (ankle pumps and knee push-downs, as per pages 47 & 48). This will also help to reduce the risk of clots.*

You should try and rest on your bed after lunch for an hour. Your leg should be slightly raised by putting pillows lengthwise under your leg.

Knees - *When sitting/lying do your circulatory exercises (ankle pumps and knee push-downs, as per page 58). This will also help to reduce the risk of clots. When you are sitting your operated leg should be elevated on a stool.*

Your foot must be higher than your hip in order to help the swelling drain. You can use an ice-pack (packet of frozen peas) to help reduce the swelling.

Wrap them in a damp cloth and apply to the swollen area. You should only leave this on for a maximum of 20 minutes and no more than every two hours as ice can burn your skin.

Do I need to follow my exercise programme?

Yes! This is a really important part of your recovery. If you have any concerns, ask your physiotherapist for advice.

What should I do if I think there is a problem with my wound?

If there is any wound discharge or leakage, or increasing redness beyond the suture line, contact your local specialist nurse advice line (section 14, page 65). If in any doubt, go to your local A&E Department and provide them with the details of when you had your surgery.

Why is my scar warm?

While your wound may have healed on the outside, recovery on the inside can take up to six months. This can cause heat on the surface.

Why do I stiffen up?

Your new joint will stiffen if you have been sitting for a period of time. This is due to the swelling of the tissues but should ease off once you get moving. Try not to sit for long periods (eg more than one hour a time).

My bowel movements have become irregular. Is this normal?

This is quite common and should resolve itself in a few days. For instance painkillers can often cause constipation.

I have a numb patch. Is this common?

Yes. This is due to small superficial nerves being disrupted during surgery. This may or may not be permanent.

My joint clicks. Is this normal?

This is normal and should improve as healing continues.

How far should I walk?

Everyone is different and it will depend on how much you used to walk before your surgery. After you have walked, you should feel tired but not exhausted. If you are suffering from pain for a long time after you have walked then you have done too much. Our advice is to gradually build up the distance and remember wherever you go, you have to get back.

When should I stop using my crutches or sticks?

If you are still limping, continue to use an aid as it means your muscles are not strong enough yet. Most people use a walking aid for six weeks but again, everyone is different.

Will I set the security alarms off at the airport?

This can happen. If it does, explain to the security staff about your joint replacement. If you have metal walking sticks or crutches, they will need to be x-rayed.

12 Daily exercises programme - hip replacement

12

It is important that you are as fit and strong as possible before having your hip replacement surgery. The exercises described are designed to strengthen your overall body including your arms. You will rely on your arms to get you in and out of chairs, and also when you are walking with sticks.

Before your hip replacement surgery

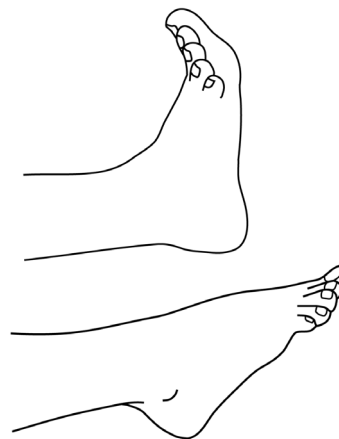
You should start your exercise programme on the day after you have been for your pre-operative assessment. And continue until the day before your surgery.

You should do each exercise 10 times and then move onto the next one. Aim to complete the programme four times each day. It should take you around 20 minutes. Stop any exercise if it gets too painful and build up to the suggested numbers more gradually.

Exercise No.1- Ankle pumps

Move your ankle up and down briskly.

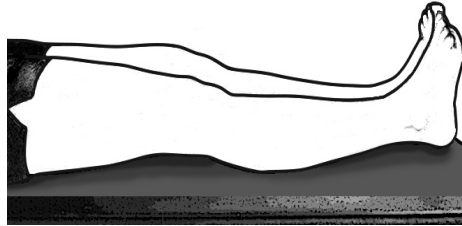
Repeat 10 times



Exercise No.2 - Knee push-downs

Press the back of your knee down into the bed, tightening the muscle on the front of your thigh.

Repeat 10 times

**Exercise No.3 - Buttock squeezes**

Squeeze your buttocks together.

Repeat 10 times

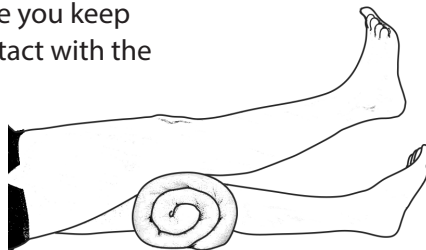
**Exercise No.4 - Inner range quads**

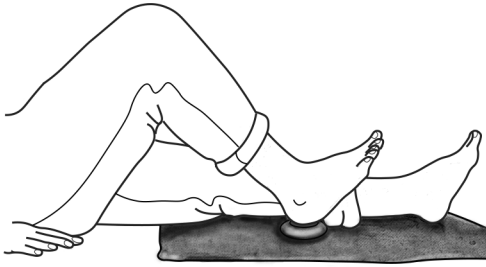
Lie on a couch or bed with a rolled towel under your affected leg. Press the back of your knee into the towel and straighten your leg.

Your heel should lift up off the bed.

Hold for 5 seconds. Make sure you keep the back of your knee in contact with the rolled towel at all times.

Repeat 10 times

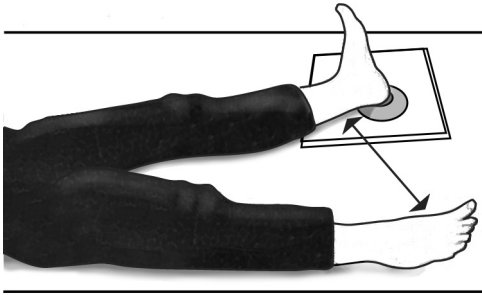




Exercise No.5 - Hip and Knee bends

Lie on a couch or bed and slide your heel up towards your bottom.

Repeat 10 times



Exercise No.6 - Hip abduction

Lie on a couch or bed, slide your heel out to the side and then back to the middle. Try to keep your foot upright.

Repeat 10 times

Exercise No.7 - Arm chair push ups

Sit in an armchair and place your hands on the armrests. Then push through your arms, lifting your bottom off the chair keeping your feet on the floor.

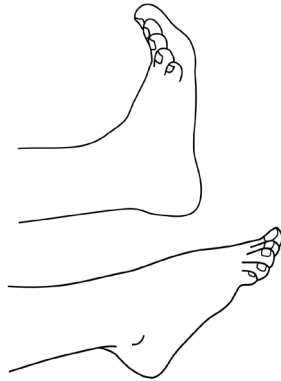
Repeat 10 times



After your hip replacement surgery Part 1 – up until week 6

The following exercises will help you to fully recover from your hip replacement surgery. They will support you to get your range of movement and strength back.

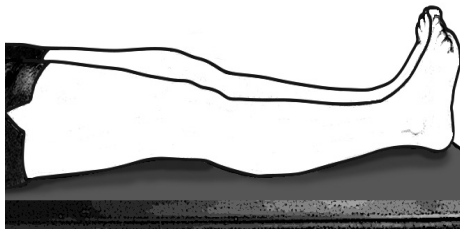
You should do each exercise 10 times and then move onto the next one. Aim to complete the programme four times each day. It should take you around 20 minutes. Stop any exercise if it gets too painful and build up to the suggested numbers more gradually.



Exercise No.1 - Ankle pumps

Move your ankle up and down briskly.

Repeat 10 times



Exercise No.2 - Knee push-downs

Press the back of your knee down into the bed, tightening the muscle on the front of your thigh.

Repeat 10 times

Exercise No.3 - Buttock squeezes

Squeeze your buttocks together.

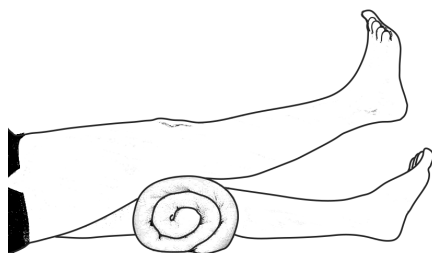
Repeat 10 times



Exercise No.4 - Inner range quads

Lie on a couch or bed with a rolled towel under your operated leg.

Press the back of your knee into the towel and straighten your leg.



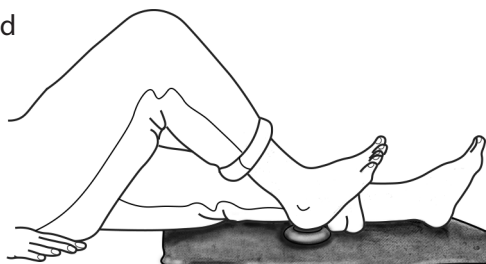
Your heel should lift up off the bed. Hold for 5 seconds. Make sure you keep the back of your knee in contact with the rolled towel at all times.

Repeat 10 times

Exercise No.5 - Hip and Knee bends

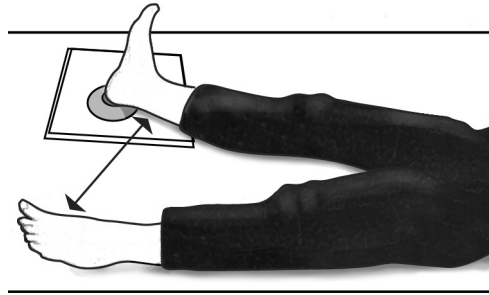
Lie on a couch or bed, with a board under your leg and a 'donut' under your heel. Slide your heel toward our bottom.

Repeat 10 times



Exercise No.6 - Hip abduction

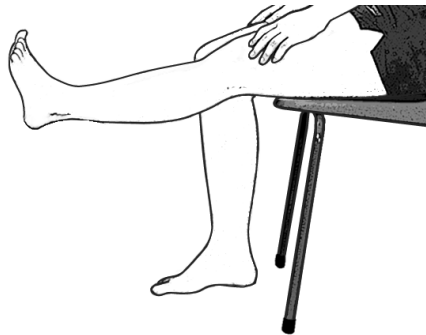
Lie on a couch or bed, with a board under your leg and a 'donut' under your heel. Slide your leg out to the side then back to the middle. Keep your toes pointed up and your knee straight.



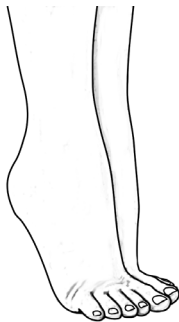
Repeat 10 times

Exercise No.7- Knee extension

Sit on a chair with arm rests. Sit with back against chair. Straighten your leg out.



Repeat 10 times

**Exercise No. 8 - Heel raises**

Stand and hold onto a firm surface. Push up onto your tip toes and slowly lower down.

Repeat 10 times

Exercise No.9 - Hip flexion

Stand and hold onto a firm surface (kitchen work top, table etc). Bend and lift your knee up. Keep your body upright and your toe pointing forwards.

Repeat 10 times



Exercise No.10 - Hip abduction

Stand and hold onto a firm surface. Lift your leg out to the side then back to the middle. Keep your body upright and your toes pointing forwards. Try not to hitch at your pelvis.

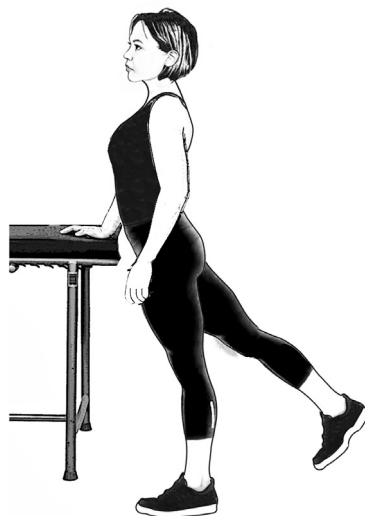
Repeat 10 times



Exercise No.11 - Hip extension

Stand and hold onto a firm surface. Lift your leg out behind you and back to centre. Keep your body upright and try to point your toe forwards and don't lean forward.

Repeat 10 times



After your hip replacement surgery

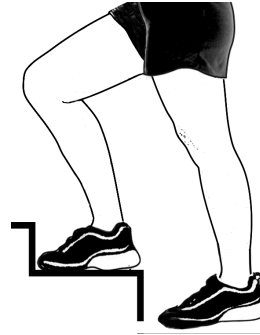
Part 2 – weeks 7 - 12

By now you should be finding it easier and able to return to most of your daily activities. It is still important that you continue with your exercise programme. Complete the exercises shown below four times each day.

Exercise No1 - Step ups

Practice putting your operated leg up onto a step then back down.

Repeat 10 times



Exercise No.2 - Hip abduction

Lying on your side, straighten your leg then lift it up 8-10 inches. Hold for 5 seconds, then slowly lower down.

Repeat 10 times



Exercise No.3- Hip extension

Lying on your tummy, keeping your knee straight, lift your leg up, hold for 5 seconds then lower slowly.

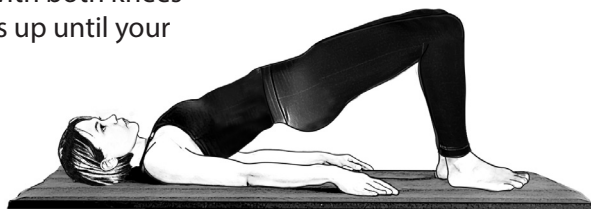
Repeat 10 times



Exercise No.4 - Hip raises

Lying on your back, with both knees bent up, lift your hips up until your body is straight, then lower slowly.

Repeat 10 times



Exercise No.5 - Sitting to standing



Practice moving from sitting to standing and back again in a controlled way. Try to put weight evenly through both legs.

Repeat 10 times

Daily exercises programme - knee replacement

It is important that you are as fit and strong as possible before having your knee replacement surgery. The exercises described are designed to strengthen your overall body including your arms. You will rely on your arms to get you in and out of chairs, and also when you are walking with sticks.

Before your knee replacement surgery

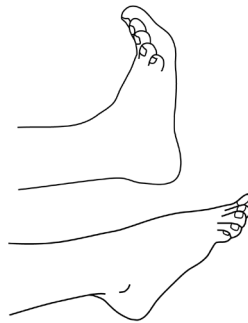
You should start your exercise programme on the day after you have been for your pre-operative assessment. And continue until the day before your surgery.

You should do each exercise 10 times and then move onto the next one. Aim to complete the programme four times each day. It should take you around 20 minutes. Stop any exercise if it gets too painful and build up to the suggested numbers more gradually.

Exercise No.1- Ankle pump:

Move your ankle up and down briskly.

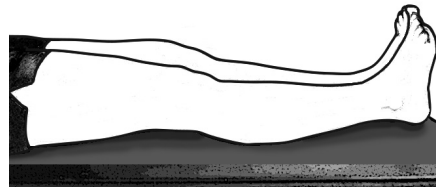
Repeat 10 times



Exercise No.2 - Knee push-downs

Press the back of your knee down into the bed, tightening the muscle on the front of your thigh.

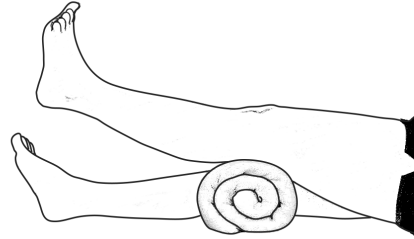
Repeat 10 times



Exercise No.3 - Inner range quads

Lie on a couch or bed with a rolled towel under your affected leg.

Press the back of your knee into the towel and straighten your leg.



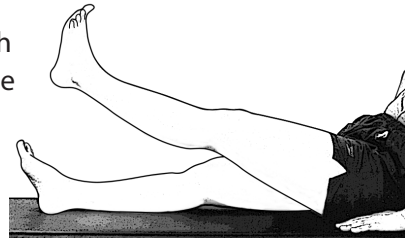
Your heel should lift up off the bed. Hold for 5 seconds. Make sure you keep the back of your knee in contact with the rolled towel at all times.

Repeat 10 times

Exercise No.4 - Straight leg raise

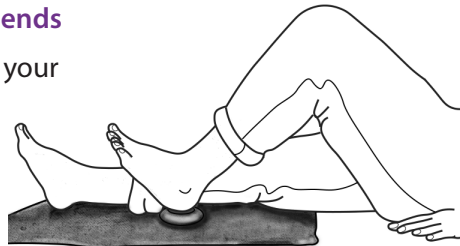
Lie on a couch or bed, tighten your thigh muscle by pushing the back of your knee into the bed. Keep your leg straight, lift up 6-8 inches and hold for 5 seconds. Lower slowly.

Repeat 10 times

**Exercise No.5 - Hip and Knee bends**

Lie on a couch or bed and slide your heel up towards your bottom.

Repeat 10 times

**Exercise No.6 - Arm chair push ups**

Sit in an armchair and place your hands on the armrests. Then push through your arms, lifting your bottom off the chair keeping your feet on the floor.

Repeat 10 times

After your knee replacement surgery

Part 1 – up until week 6

The following exercises will help you to fully recover from your knee replacement surgery. They will support you to get your range of movement and strength back.

You should do each exercise 10 times and then move onto the next one. Aim to complete the programme four times each day. It should take you around 20 minutes. Stop any exercise if it gets too painful and build up to the suggested numbers more gradually.

Exercise No.1- Ankle pumps

Move your ankle up and down briskly.

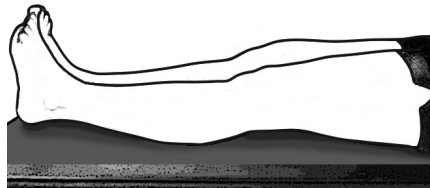
Repeat 10 times



Exercise No.2 - Knee push-downs

Press the back of your knee down into the bed, tightening the muscle on the front of your thigh.

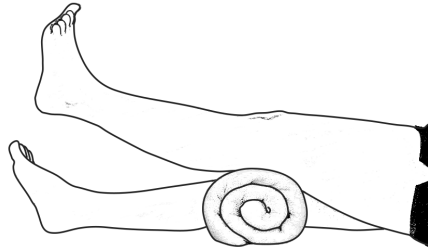
Repeat 10 times



Exercise No.3 - Inner range quads

Lie on a couch or bed with a rolled towel under your affected leg.

Press the back of your knee into the towel and straighten your leg.



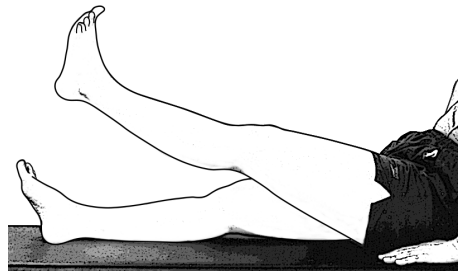
Your heel should lift up off the bed. Hold for 5 seconds. Make sure you keep the back of your knee in contact with the rolled towel at all times.

Repeat 10 times

Exercise No.4 - Straight leg raise

Lie on a couch or bed, tighten your thigh muscle by pushing the back of your knee into the bed. Keep your leg straight, lift up 6-8 inches and hold for 5 seconds. Lower slowly.

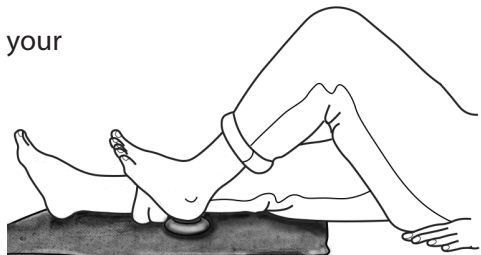
Repeat 10 times



Exercise No.5 - Knee bends

Lie on a couch or bed and slide your heel up towards your bottom.

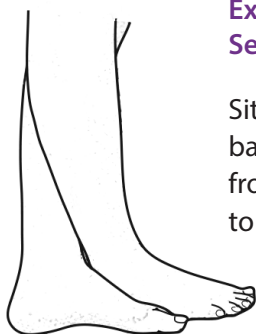
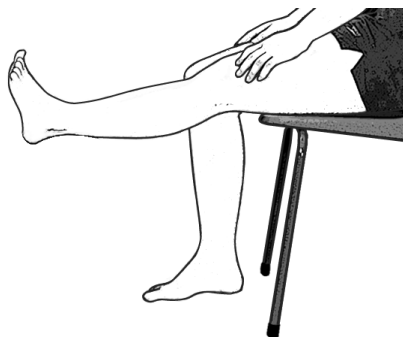
Repeat 10 times



Exercise No.6 - Knee extension

Sit on a chair with arm rests.
Sit with back against chair.
Straighten your leg out.

Repeat 10 times

**Exercise No.7 - Seated knee assisted flexion**

Sit on a chair and bend your operated leg as far back as possible. Hook your other leg round in front of your operated leg and pull this backwards to bend it further.

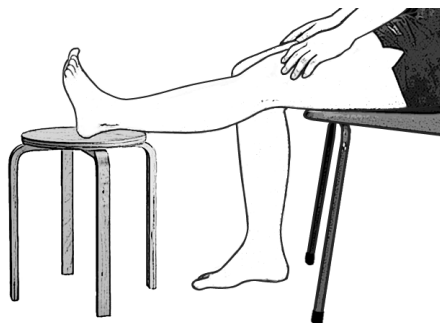
Repeat 10 times

Exercise No.8 - Hamstring stretch

Sit on a chair, and place the foot from your operated knee on a stool. Make sure the back of your knee is not supported. Stay in this position for 10 minutes if able.

You can also lie in a couch or bed, and place a rolled up towel under your heel.

Allow your knee to relax.
Stay in this position for 10 minutes if able.



After your knee replacement surgery - Part 2 – weeks 7-12

By now you should be finding it easier and able to return to most of your daily activities.

It is still important that you continue with your exercise programme. Complete the exercises shown below four times each day.



Exercise No.1- Steps ups

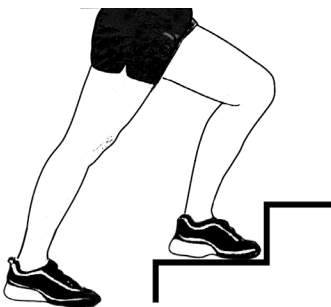
Practice putting your operated leg up onto a step then back down.

Repeat 10 times

Exercise No.2 -Sitting to standing

Practice moving from sitting to standing and back again in a controlled way. Try to put weight evenly through both legs.

Repeat 10 times



Exercise No.3 - Knee bends on steps

Place your foot from your operated leg up onto a step. Lunge forward.

Repeat 10 times

Some goals to think about after your surgery

■ Week one to six

1. Continue with your exercise programme four times daily.
2. Continue to walk using your aid unless otherwise instructed.
3. Aim to increase the distance you walk each day.
4. If you have stairs, aim to be using them regularly.
See page 27 for a reminder on how to negotiate stairs and steps.
5. Gradually resume household activities but remember for hip replacements avoid bending your operated joint beyond 90 degrees.

■ Weeks six to twelve

1. Continue with your home exercise programme four times daily.
2. You should be walking without an aid indoors.
3. You should be able to return to all normal household activities.
4. Return to sports such as cycling, swimming.
5. Consider going back to work.

Useful Information

Check list of items to bring into hospital

Tick	Item	Notes
<input type="checkbox"/>	Daywear	<i>You will be encouraged to dress after your operation. We recommend loose fitting clothing and underwear such as tracksuit bottoms, loose trousers, shorts, skirts, socks or stockings. Avoid tights.</i>
<input type="checkbox"/>	Nightwear	<i>You will need to bring in suitable nightwear. Ear-plugs and an eye mask may help you sleep.</i>
<input type="checkbox"/>	Footwear	<i>Your foot may swell after your operation so comfortable flat walking shoes or slippers with backs on them. No flip flops.</i>
<input type="checkbox"/>	Toiletries	<i>Towels will be provided. Please bring in any toiletries that you feel you will need while you are in hospital.</i>
<input type="checkbox"/>	Medications	<i>Bring in only essential medications in their original containers. This allows staff to check the dosage instruction. Medication such as paracetamol need not be brought in as we will have a supply. Please do not bring any morphine or oxycodone based medications.</i>
<input type="checkbox"/>	Aids	<i>Bring in any aids you use - sticks, crutches, wheelchair. Make sure you label them with your name.</i>
<input type="checkbox"/>	This booklet	<i>Bring this booklet with you!</i>
<p>Valuables - <i>You should avoid bringing jewellery, valuables or a large quantity of money into hospital. If you do we would strongly recommend that you give them to the nurse on the ward, who will give you a receipt and put them in a safe.</i></p>		

Useful contact details

HOSPITAL DEPARTMENT	TELEPHONE No.
Specialist Arthroplasty Nurse	07979 245 856
Feed-back, including complaints	01463 70 5997
Hospital Switchboard	01463 70 4000
Inverness Hospital Radio	01463 70 4500
Kyle Court Patient Accommodation	01463 70 5560
Occupational Therapy Department	01463 70 4293
Orthopaedic Ward (Ward 3C)	01463 70 4456
Pre-operative Assessment Clinic	01463 70 6108
Physiotherapy Department	01463 70 5580

If you wish to contact any other department, or are not sure who to speak to, then get in touch with the Hospital switchboard.

For medical emergencies, such as dislocation, always call 999.

Notes

Many patients have questions and comments they wish to make. You may find it useful to write these down in case you forget to ask.

Notes

Feedback

Positive feedback or complaints

NHS Highland Feed-Back Team
PO Box 5713, Inverness IV1 9AQ
Tel: 01463 705997
Nhshighland.feedback@nhs.net

Patient Opinion www.patientopinion.org.uk

This is an independent, not-for-profit organisation, which runs the [Patient Opinion website](http://www.patientopinion.org.uk), where you can share your experience of NHS Highland.

Patient Advice and Support Service (PASS) www.cas.org.uk/patientadvice

PASS is an independent service which is part of Scottish Citizens Advice Bureau (CAB). It aims to provide free confidential information, advice about services provided by NHS.

Issue No. 2	Date of issue July 2022	Review Date July 2024
Devised by Specialist Arthroplasty Nurse Service		