

Patient information

**Knee Replacement Surgery
Before, During and After Guide**

Orthopaedics Department

This booklet has been written by the Orthopaedic and Therapies staff at Liverpool University Hospitals NHS Foundation Trust

It has been designed to guide you and your family and friends through the process of having a knee replacement and your recovery afterwards.

Remember, each person is different and advice may vary from one person to another. Your team of specialists will talk to you about any individual needs.

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Ward 2 Mission Statement

Safely discharge all joint replacement patients day after surgery

We aim to discharge all patients on the day of their operation or the day after.

You will be expected to be get up to walk on the day of your surgery.

An Xray will be taken following your surgery.

Pain is to be expected: you will be given painkillers to manage your pain.

Please bring your own comfy clothing (gym or loose clothing) no nightwear during the day

You will be required to arrange your own transport home.

Receiving this information now will allow you to make the appropriate arrangements.

Your wound will be managed in our wound clinic, you can contact us 7 days a week 7.30am to 8pm for advice.

We look forward to meeting you on day of surgery

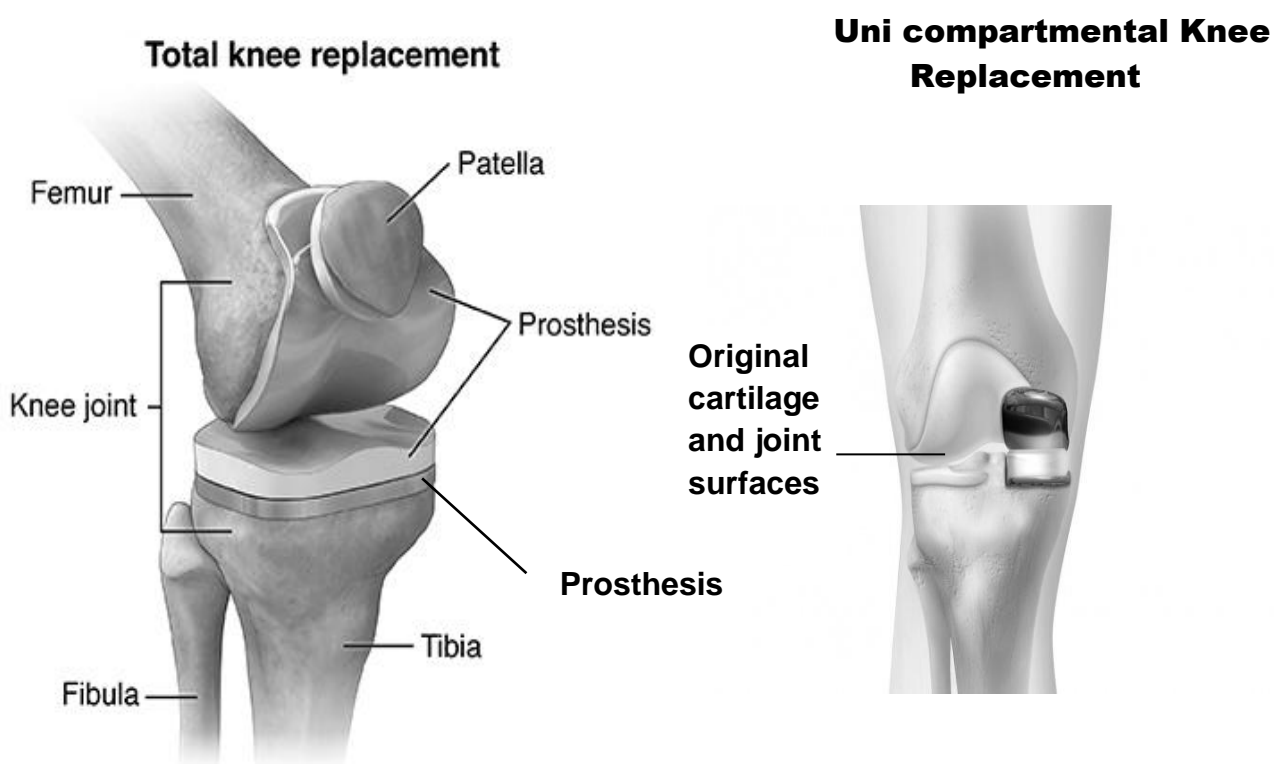
If you would like to visit the ward before to your admission, please contact ward manager on 01512826124.

About Your Knee replacement

After knee replacement surgery we aim to promote health and a 'return to feeling well' as quickly as possible. We can best achieve this by working together.

Evidence tells us that people do best when we offer:

- Good advice and information before the surgery.
- Good pain control and nausea control after surgery.
- Early feeding following surgery.
- Early movement after surgery.



What is a knee replacement?

A knee replacement is an operation to address knee pain and reduced knee function. It is most commonly performed for arthritis of the knee. During a knee replacement operation, the surgeon removes the damaged surfaces of the joint and replaces them with an artificial knee joint. Joint implant manufacturers, orthopaedic surgeons and scientists continually work to improve the implants. Implants are made from very hard-wearing materials, typically metals and plastics.

Different types of knee replacement are used, depending on your symptoms and joint damage. A total knee replacement is the most common type. This involves replacing the whole knee joint, and may or may not include re-surfacing the kneecap. A partial knee replacement (uni-compartmental knee replacement) only resurfaces part of the knee joint. A patella-femoral replacement resurfaces the kneecap and replaces part of the thigh bone.

How long will a knee replacement last?

Most knee replacements can last 20 years, many last longer.

It is possible to have another replacement knee if the first implant wears out, or if you develop a complication. This is known as a revision knee replacement.

What are the benefits of having a knee replacement?

The aim of the operation is to reduce knee pain. About 90 in every 100 people who have this operation say it leads to relief of most or all of their pain. The majority of people also experience improvement in activity levels, so that walking, carrying out jobs, and exercising becomes easier. Not everybody sees differences in their ability to walk or climb stairs.

What are the risks of having a knee replacement?

Most people recover from a knee replacement without any major problems, but with all operations there are some risks. Serious complications are more common if you have other conditions, such as heart disease, lung disease, and diabetes.

When you sign your operation consent form it means that you are aware of the possible complications, and of how that might affect your future health.

These include:

1. Deep vein thrombosis (DVT)

There is increased risk of developing blood clots in the veins of the legs following surgery, and we take measures to try and prevent this. These include blood thinning medicines, compression stockings, and staying as mobile as possible.

If blood clots do occur, they are usually treated with blood-thinning medicines which could be tablets or injections. The pain and swelling usually fully recovers, but some patients can be left with persistent leg swelling and discomfort.

2. Pulmonary Embolus (PE)

If you develop a blood clot in the legs, part of the clot can break off and travel in the bloodstream. If the blood clot travels to the lungs, it may cause breathing problems and it can result in sudden death. Most patients who develop this condition do survive after emergency treatment.

3. Death

The risk of death is 1 in every 400 people who have knee replacement operations. This is generally due to pulmonary embolus (PE) or anaesthetic complications. If you are worried about any of these risks, please speak to your surgeon or a member of the team.

4. Infection

Infections after knee replacements are of two types. The first is a wound infection, which occurs in about 2 in every 100 cases. The wound becomes more painful, red, inflamed and moist. Infection is usually easily treated with antibiotics. Occasionally, an operation to clear the infection is needed.

The second type of infection is a deep infection in the new knee joint. This affects 1 in every 200 patients following knee replacement surgery. It can result in further surgery, including taking out the new knee to help get rid of the infection. A second knee replacement is then needed. This is known as a “revision” knee replacement. Revision surgery is more difficult than the original operation and can be more risky. In very rare cases where the infection cannot be cured the knee replacement has to be removed. The leg bones might then be fused together to make a stiff leg. Even more rarely the leg may have to be amputated above the knee.

It should be noted that both types of infection are more common in patients who are overweight or obese. Diabetes and skin conditions such as psoriasis can also increase the risk.

We suggest you take care of your skin including not shaving your leg or groin area before your operation. This is because any cuts or scratches may result in your operation being cancelled. Most of the bugs that cause infections are those which live on normal skin. Hospital “super bugs” such as MRSA rarely infect knee replacements.

Infection can spread from **dental infections**. If possible dental procedures should not be done within 6 months of a joint replacement. Antibiotics are recommended for dental procedures within 1 year of your joint replacement or if your immune system is not working as well as it should. This might be due to other disease or treatment such as chemotherapy. **You should bring this to the attention of your dentist.**

5. Nerve and blood vessel damage

The nerves of the leg can be damaged, resulting in weakness and loss of feeling in the leg. Damage to blood vessels in the leg may need emergency repair at the time of the knee operation. Damage to nerves and blood vessels are very rare and occur in less than 1 in every 100 of cases.

6. Limping

Limping after surgery is common and generally gets better. Exercises can help improve walking.

7. Knee stiffness

A small number of people end up with a stiff knee after the operation. This is normally due to tight scar tissue. In some cases, it is due to extra bone growing around the knee after the operation. If your new knee does not bend or straighten very far it can cause difficulty with some activities. Examples might be when going up and down stairs, sitting on low furniture or cycling. Kneeling is a common difficulty that might be due to stiffness or sensitivity of your scar.

You should be shown exercises to help prevent stiffness. These are normally started from the day of your operation. If you are worried about your knee movement after your operation, please talk to a member of your care team.

8. On-going Pain

20 in every 100 people are left with some pain around their knee, with no evidence of anything wrong with the artificial joint. In some cases, no treatment is available to get rid of the pain although support is available to help people cope.

Are there any alternatives to knee replacement surgery?

The alternative to surgery would be to manage the problem with pain medicines, exercises, walking aids and pain coping techniques. Some people find wearing a knee brace/support helps.

What would happen if I had no treatment?

Your knee symptoms would continue and possibly worsen.

About your anaesthetic

You will be having either a spinal anaesthetic also known as an epidural, or a general anaesthetic (GA) for the operation.

For more information, please ask for a copy of the leaflet 'You and your anaesthetic' (PIF344) or 'Anaesthetic choices for hip and knee replacement' (PIF 762)

You will have the opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

Getting ready for admission

What can I do to prepare for my knee replacement?

1. Be positive about your operation and its success.

After your knee replacement you should be able to return to most normal activities including walking, stairs, housework, swimming, dancing and golf. You will have a better long-term result if you commit to staying active and exercising your knee.

Full recovery can take 1 year following the operation. You may need others to support you at first but try and stay positive. Let your friends and relatives know when you are ready to do more for yourself. Remember that most people are very pleased with the end result of knee replacement surgery.

2. Eating

If you are overweight, you will find it very helpful to lose some weight before the operation. In some cases, this can make the operation unnecessary. Weight reduction can also improve your mobility after the operation. If you would like some help losing weight, please discuss this with your own family doctor (GP).

3. Smoking

You should try to stop smoking before the operation, for many reasons:

- Operations may be delayed or cancelled because of the impact of smoking on the body.
- Smokers can be more difficult to anaesthetise than non-smokers.
- Non-Smokers usually need less time in hospital to recover after the operation and are less likely to develop problems such as a chest infection.
- Smokers' wounds can take longer to heal.
- Smokers are more likely to develop dangerous blood clots after surgery.

For help with stopping smoking please contact:

Liverpool Residents – Smokefree Liverpool
Tel: 0800 061 4212

Sefton Residents – Smokefree Sefton
Tel: 0300 100 1000

Knowsley Residents – Knowsley Stop Smoking Service
Tel: 0800 324 7111

4. Alcohol

There is no reason why social drinking should be stopped before surgery. It is recommended that you limit your intake to 14 units per week for men and women. If you usually drink more than 14 units per week, please talk to your GP and get some advice on how to safely reduce your alcohol intake.

1 unit = 1 pub measure of spirit or wine or half a pint of beer.

5. Infection

If we operate on you when you have an infection such as a skin or tooth infections, the infection could enter the new joint and cause problems. It is very important that you have any infections treated straight away - make an appointment to see your GP or dentist.

6. Exercise

We recommend a low-impact exercise plan that will strengthen your knee. Improving physical fitness before your surgery can help your recovery.

What should I consider/arrange before my admission?

Planning for your needs for after the operation will make life a lot easier for you on your return home. You may find it helpful to think about those items you use a lot during the day and where they are kept e.g. clothes/crockery/food. If they are in low cupboards or drawers, it may be a good idea to move them to a more accessible height.

At first you will not be able to carry out many of your normal tasks e.g. shopping, housework, laundry. It is also not advisable to carry items when using walking aids. It is important that you think about this and organise help from family and friends.

If you are worried about how you will manage at home following your operation, inform the therapist during your pre-admission therapy assessment. If you will need extra support to return home safely, we will help you organise this. You may need to pay for your care in the community depending upon your financial situation.

You will be expected to arrange your own transport for getting home from hospital. It may be helpful to make arrangements with your relatives or friends who can pick you up in a car or taxi.

What appointments should I expect before the operation?

Pre-operative assessment

Before your admission for your operation, you will attend the pre-operative assessment clinic at Broadgreen Hospital. This is to make sure that you are fit for surgery and anaesthetic. At the clinic a qualified nurse will check your general health. Usually this will include checking your blood pressure, pulse, weight and height. You may also be sent for blood tests, ECG (heart tracing) and X-rays. A urine sample might be collected to ensure that you do not have a urinary infection.

If any problems are found during pre-operative assessment, the nursing team will contact you and advise you on the next course of action. A letter will be sent to your GP.

If for any reason you are unable to attend for your pre-operative assessment appointment, you can call 0151 282 6756 or 0151 282 6853. Text phone numbers: 18001 0151 282 6756 or 18001 0151 282 6853. **Failure to do so may result in your operation being cancelled.**

The NHS is asking patients about their health and quality of life before and after surgery. Before knee replacement you will be invited to complete questionnaires usually when you are listed for surgery. You will also be asked if your surgery details can be recorded on the National Joint Registry. This is a registry of medical implants.

Pre-admission Therapy Clinic

You will be also sent an appointment letter to attend a pre-admission therapy clinic. This will include a furniture measurement form. **Please bring your completed form with you for this appointment.** The appointment lasts approximately one hour and includes an assessment of your knee. You will receive advice about your recovery and exercises.

The therapists will ask you about your home environment, and any support you may have. They may arrange for equipment to be delivered to your home before your surgery. They will also answer any questions about how you will manage after your operation. Therapy staff will show you how to use walking aids and how to safely go up and down stairs following your operation.

If for any reason you are unable to attend for your pre-admission therapy clinic appointment please contact appointments on 0151 706 5555.

What do I need to bring into hospital with me?

Most patients go home on the day of surgery, or the day after.

It is helpful to pack your bag before the day you are admitted. There is very little storage space available and staff need to move freely around your bed. Please keep your personal possessions to the minimum.

You should bring with you:

- Day clothing – comfortable loose clothing that can allow access to your operation wound. We encourage patients to get dressed in normal clothes as soon as possible after their operation.
- Nightclothes and a loose-fitting dressing gown.
- Underwear.
- Supportive flat slippers and shoes.
- Soap, flannels/sponge, make up and hand mirror.
- Shaving equipment - please bring an adapter if you have an electric razor.
- Comb or hairbrush.
- Toothpaste and toothbrush or denture tablets and pot.
- Towels, large and small.
- Any walking or dressing aids (don't forget the crutches which you may have been given in pre-admission therapy clinic).
- All medication you are taking including inhalers and anything bought from a chemist or health food shops.

Please leave cash and valuables at home. If you need to bring any valuables into hospital, these can be sent to General Office for safe keeping. General Office is open between 08.30-4.30 Monday to Friday. If you are discharged outside these times, we cannot return your property until General Office is open.

The Trust does not accept responsibility for any valuables.

What will happen when I am admitted to hospital?

Shower

You should shower at home before you are admitted.

When you come into hospital you will be seen by the various members of the team:

Nursing staff

On admission you will be introduced to the nurse who will be looking after you. She or he will check that there has been no change with your health. The nursing staff will discuss with you any fears or concerns you may have about your care.

Surgeon

A member of the surgical team will see you. He or she will examine you and arrange for any further tests to be done to ensure that you are fit for the operation. If you require any medical treatment to get you fit for your surgery this will be arranged. Consent for the operation should already have been taken in clinic. However, if for some reason this was not done you will be consented on the morning of your surgery. A member of the surgical team will mark your leg for the operation.

Anaesthetist

He or she will see you on the ward before surgery to discuss with you the anaesthetic. Pain relief to help you after the operation will also be discussed.

Preparing to go to the operating theatre.

You will need to put on a theatre gown and disposable underwear. You will be asked to remove jewellery - plain rings can be worn but they will be taped. False nails and nail polish will also need to be removed. If you take regular medicines, you should have been told in your pre-operative assessment what you need to take on the day of your surgery.

A bracelet with your personal details will be attached to your wrist. When the surgeon is ready, a porter will walk you to theatre. If you are unable to walk a wheelchair will be provided. Your dentures, glasses or hearing aids can stay with you on your journey to the operating theatre. When you arrive in theatre, a theatre nurse will check your details with you and you will be taken into the anaesthetic room.

The operation

The operation is performed in a very special ultra clean operating theatre to reduce the chance of infection getting into your new joint. Metal staples or stitches are used to fasten the wound and bandages applied around the knee.

The operation itself takes between one to two hours. After this, you may spend at least an hour in a recovery area while the anaesthetic wears off. You should expect to be away from the ward for at least three hours.

Recovery

When you wake up in the recovery area you will have an oxygen mask on your face, a drip in your arm and bandages around your knee. Most people also have a cold wrap placed around the knee to assist pain relief and reduce swelling. A nurse will check your pulse, blood pressure and breathing rate. The nursing staff will also advise when you can start taking sips of water.

Anaesthetics can make some people feel sick. If you feel sick, we advise you not to drink until this feeling has passed. The nursing staff may offer a tablet or injection to help this feeling go away. After you have recovered from the anaesthetic a nurse will escort you back to the ward.

Pain management

We aim to keep you as comfortable as possible after surgery. Painkillers are given in tablet or liquid form. Some people also have painkillers through a tube in the arm (intravenously). You may feel side effects such as nauseous, dizziness, itching, tiredness and constipation. Please let us know if this happens.

Studies have shown that good pain relief can help people recover and go home more quickly. Please remember it is important that you are comfortable enough to rest, and that you can tolerate exercises and begin to move around. Nursing staff will ask you regularly about your pain levels and can involve the pain team if required.

If you would like more information about your pain medicine regime, or there is anything you don't understand, please speak to the nurse looking after you.

Intravenous infusion (drips)

Drugs and fluids may be given through a tube into your arm. Occasionally people also need a blood transfusion after the operation. This may restrict the movement of your arm. The drip will usually be removed within 24 hours. The drip may feel uncomfortable at times, but it should not be painful. If it is painful please tell your nurse.

Wound

Your wound will be covered with a dressing which will not be removed unless there is a reason for this. Changing dressings less often can lower the risk of infection. Before you are sent home you will be given an appointment to come to the Broadgreen dressing clinic. This appointment is usually 14 days after your operation. Staples or stitches can be removed at this appointment. This is not usually painful, but some patients report discomfort.

It is really important that any signs of infection in your wound are treated early and effectively. You will be given a leaflet PIF 1411 'Monitoring surgical wounds for infection' to help guide you. See end of booklet for "wound problems" contact details.

Drinking and eating

You can normally start to drink and eat as you feel able. Take small drinks and light meals at first.

Visiting

Your family should be able to visit on the evening of your surgery. We suggest they phone the ward first to check you have returned from the theatre recovery unit.

Prevention of blood clots

Most people are given medication to reduce the chance of blood clots forming. This is often a daily injection that will continue once you go home. You or your carer will be shown how to administer this.

Exercises and walking should be started as soon as possible to prevent complications such as blood clots and chest infection (see end of booklet).

What will happen in first few days after my operation?

Eating and drinking

The day after your operation you can start eating and drinking normally. You choose meals from the hospital menu. A member of staff will help you to select from the menu. Patients who require special diets should inform nursing staff.

Toileting

For the first few hours after your operation, you may need to stay in bed and use bedpans/urinals. Please do not be afraid or embarrassed by this. Staff will tell you when you may start to use the commode/toilet. Due to your reduced activity, you are more at risk of constipation over the next 12 weeks. The best cure, as ever, is prevention.

You can help yourself to prevent constipation:

- Drink regular glasses of fluid in addition to hot drinks offered.
- Eat food with plenty of vegetables and choose high fibre cereals for breakfast.
- If you feel uncomfortable or if you go more than two days without having your bowels moved, let the nursing staff know. They can arrange to have a stool softener, or laxatives prescribed for you which you can take home.

X-rays/blood tests etc.

If a routine X-ray was not taken in recovery, it will be taken within a day or so after the operation. Various check blood tests may also be carried out.

Throughout your stay in hospital the nursing team will:

- Carry out routine observations.
- Monitor pain relief and medication.
- Carry out wound care if necessary.

On your day of discharge the nurse will check you have the following:

- Arranged for someone to collect you from hospital.
- Outpatient clinic appointment to see your consultant.
- Medication to take home possibly including blood thinning injections and sharps box which you will need to dispose of your injection syringes safely.
- Medical certificate (fit note) if needed.
- The dressing clinic appointment and wound leaflet (PIF 1411)
- A spare pair of stockings if applicable.
- A discharge summary. A copy of this will also be sent to your GP.

What will my therapy involve?

On the day of your operation or on the following morning the therapist will visit you to remind you about your breathing, circulation and knee exercises. You may be taught how to get out of bed and walk on the day of your operation.

The exercises are all at the end of this booklet. If you can practice these exercises before you come in for your surgery, it will be helpful.

The therapy team will help and guide you to regain mobility. The first time you walk you will probably be on a walking frame and most patients quickly progress onto their crutches. You are usually discharged from the ward using crutches.

Unless told otherwise you can progress onto one crutch as you recover and feel able. This is usually best held in the opposite hand to your knee replacement. Some people also find a stick helpful during their recovery. The aim is to eventually walk unaided but this may not be possible for everyone. It depends on your walking status before your operation, and any other health problems that may affect your walking.

Ice

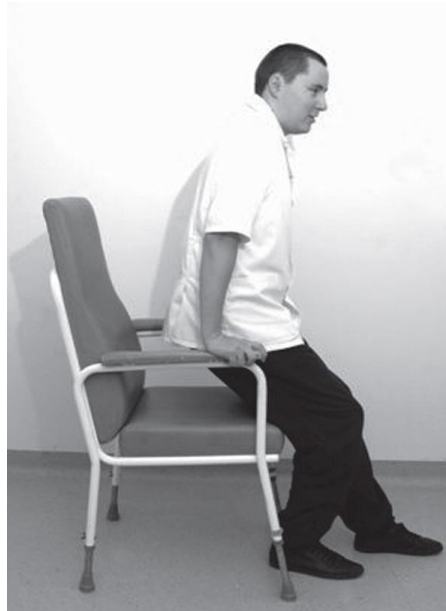
You usually return from theatre with an icepack around your knee over your bandages. This will need to be replaced in the freezer on the ward and used approximately every two to three hours. Either the therapists or nursing staff can apply this for you on the ward. You will be instructed on how to use ice packs at home.

Tips to help you move around after the operation:

Sitting and standing

Keep your operated leg a little in front of you.

Lower onto the edge of the seat using your arms, letting your operated knee bend.



Walking up stairs with a handrail

Stand close to the stairs. Hold onto the handrail with one hand and crutch/crutches with the other hand.

First take a step up with your non-operated leg.



Then take a step up with your operated leg. Bring your crutches up on to the step. Always go one step at a time.

Walking down stairs with a handrail

Stand close to the stairs. Hold onto the handrail with one hand and the crutch/crutches with the other hand.



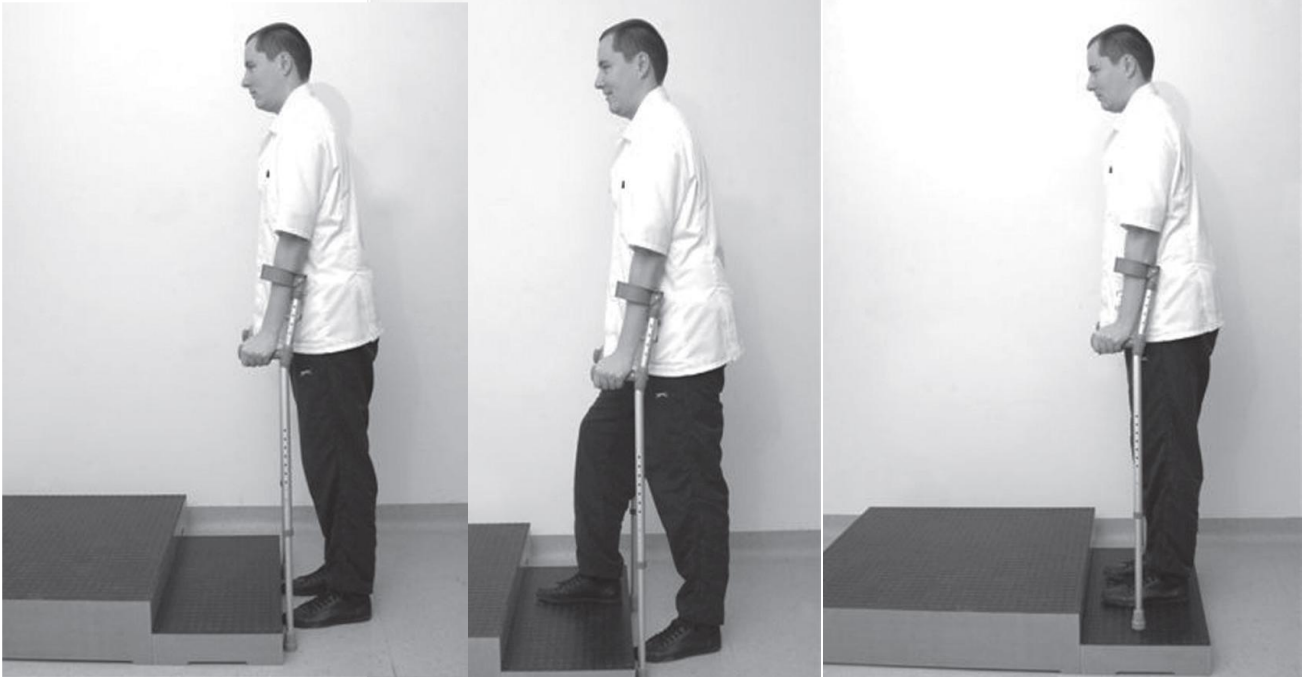
First put your crutch one step down. Then take a step with your operated leg.

Then take a step down with your non-operated leg, onto the same step as your operated leg.

Always go one step at a time.

Walking up stairs without handrail - (Same for kerbs)

Stand close to the stairs with the crutches.



First take a step up with your non-operated leg. Then take a step up with your operated leg. Bring your crutches up on to the step. Always go one step at a time.

Walking down stairs without handrail - (same for kerbs).

Stand with crutches/sticks close to the stairs.



First put your crutches one step down. Then take a step down with your operated leg.

Then take a step down with your non-operated leg onto the same step as your affected leg. Always go one step at a time.



Getting in and out of your car

Getting into the passenger seat

- Move the seat as far back as it will go and if possible recline the seat backwards. If you can, get into the car from a driveway or road rather than a pavement.
- Keeping your operated leg straight out in front of you, or if you are able to bend your knee you may do so, then lower your bottom onto the seat.
- Slide your bottom back towards the driver's seat.
- Turn carefully and slide legs down into the well of the car one at a time



Getting out of the car

- Reverse of getting in the car.

Driving

Your physiotherapist will give you advice about when you can return to driving. Six weeks is a rough guide. Before returning to driving you should find it possible to sit comfortably in a car. You should also be able to perform an emergency stop without hesitation or discomfort.

You should also contact your motor insurance company and inform them that you have had a knee replacement. Failure to do so may render your policy invalid.

If you take a new motor insurance policy out in the future it is advisable to inform the insurance company about your knee replacement. If you currently hold an ordinary car license you do not need to inform the DVLA. Please inform DVLA if you hold a HGV license.

What should I consider once I am discharged from hospital?

Pain

You will still experience discomfort after discharge from hospital as all your muscles and tissues repair. This usually improves by three months after the operation. Some people experience discomfort for up to twelve months. When you leave hospital, you may be provided with painkillers or be advised to take some simple over the counter drug like Paracetamol.

Your wound

If you are worried that you have a wound problem, it is very important that you contact the wound assessment nurse. This is so that we can treat you quickly and reduce the risk of further complications with your new joint.

The contact number is 0151 282 6000 Bleep 4199. Text phone number: 18001 0151 282 6000 Bleep 4199

Swelling of your leg and foot

It is normal to have some swelling and bruising after the operation. It may be useful to use ice to help reduce the swelling and pain. Swelling usually goes down if you rest your leg higher up than your hip for more than 20 minutes. It may be helpful to elevate like this at regular intervals in the first few weeks. Regular short walks will also help to reduce your swelling.

Prevention of blood clots

You will need to continue to take the medication which you were given on the ward to help prevent blood clots. It is also important to keep moving. If you are worried about leg swelling that does not improve with elevation, and/or you develop calf pain, you should check this with your Physiotherapist or GP. If you develop breathlessness or chest pain you should present to the Emergency Department (A&E) to be checked.

Infections

It is important to seek medical help if you suspect you are developing an infection anywhere in your body. This is because some infections could travel to the tissue around your new joint and cause problems. Infection of the joint is not common but can happen any time in the future.

Walking

It is important that you build up the distance you walk gradually. If you lack confidence at first, ask a friend or your partner to accompany you. When you can walk well without limping and feel confident in your balance, you can choose to stop using one or both of your walking aids. If you choose to use one walking aid, it is usually best held in the opposite hand to your knee replacement.

Sexual Intercourse

You may not like pressure on your knee for some time after the operation. It may initially be best to avoid positions which involve kneeling directly on your operated knee, or pressure on the operated leg. Long term you should not need to protect your knee during sexual intercourse, however your final amount of knee flexibility might affect your position choices.

Flying

We advise you to avoid flying after the operation for two months for short haul flights and three months for long haul flights. If you are planning a flight, please discuss this with your consultant's team before the operation.

Looking after your new knee joint

Looking after your new knee joint into the future involves maintaining regular activity and keeping your weight down. High impact activity, for example running and contact sports should be avoided.

Return to work

This varies depending on the physical demands of your job. Lighter work such as desk-based jobs typically can resume at two to three months. Heavier or manual jobs may be resumed from three months depending on your recovery rate.

Exercises Following Knee Replacement Surgery

It is useful to begin these exercises from the day you are listed for surgery, this will help prepare you for the operation.

Patient information

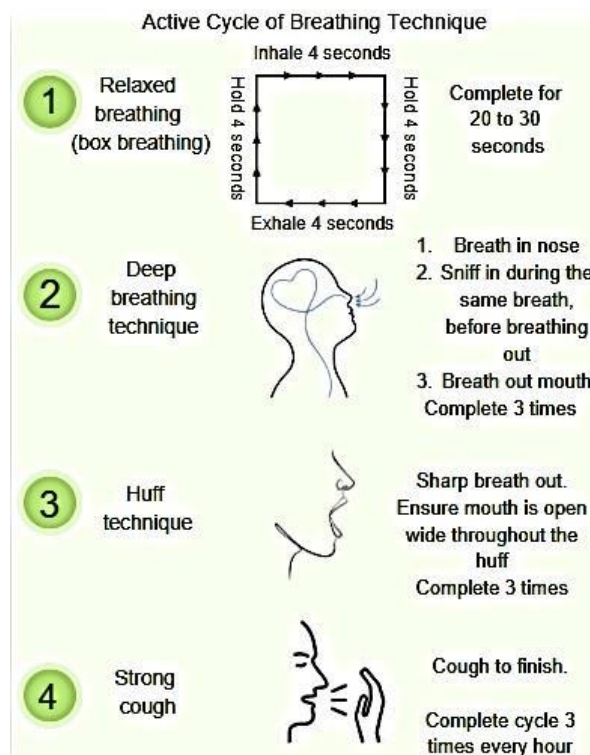
Deep breathing exercises

These exercises keep air flowing to all parts of your lungs and helps prevent chest infection. Sit upright and take a deep breath in through your nose. Concentrate on getting the air to the bottom of your lungs so that you feel your lower ribs moving outwards. Breathe out through your mouth. Do this two to three times every 30 minutes.

Circulatory exercises

These exercises help keep the blood flowing at a good rate through your legs, which reduces the risk of a blood clot. They are especially important in the first few days after your operation or any time when you are resting. Keeping legs straight, pull toes and foot towards you and then point them away. Do this rapidly - at least ten times every 15 minutes.

Quadriceps / Thigh Strength

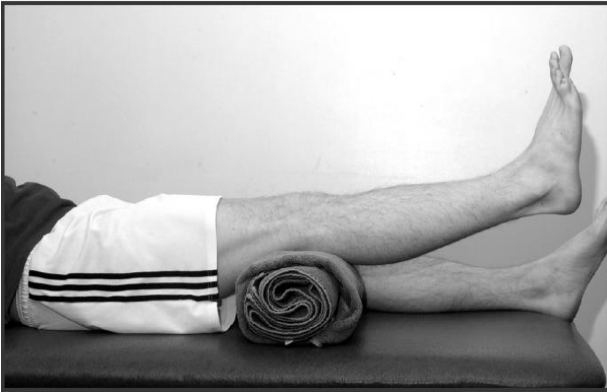


- Tighten the muscle by pulling toes towards you and push the back of the knee down into the bed
- It may help to press the sole of your foot against something placed on your bed to stimulate the correct muscles.
- Hold for ten seconds then relax.
- Try to do ten of these every two to three hours while you are in hospital.

Quadriceps/Thigh Strength



- Lie on the bed with your affected leg resting on a plastic bottle wrapped in a towel/or a thick towel rolled up.



- Pull your foot and toes up, tightening your thigh and straightening your knee. Hold for five to ten seconds and repeat ten times.



- Lie flat on your back with a sliding board or slippery surface under your leg. Slowly bend and straighten your leg by sliding your foot up and down. It is normal for the knee to feel tight at first. Repeat ten times.

Improving knee bend



- Start in sitting with your feet off the ground. Place a towel under your thigh.
- Tighten your operated thigh muscle and straighten your knee.
- Hold this position for a few seconds.



- Next bend your operated knee as far as possible.
- Make sure you have space underneath you to achieve a full bend.
- Hold this position for few seconds
- Repeat both movements ten times.



You can progress this exercise as follows:

- Place your un-operated leg on top to apply some gentle pressure.
- Push into the stretch until it feels tight in your knee.
- Hold this position for 45 seconds.
- Repeat three times.

Achieving a straight knee



- Place a rolled up towel under your heel. Relax your leg in this position so that your knee moves down into a straight position. It is normal to feel tight at first.
- Allow your knee to relax into the stretch for 45-60 seconds
- Repeat three or four times

Out-Patient Rehabilitation

Out-patient physiotherapy generally starts at 2/3 weeks following your operation and can be arranged at Broadgreen or Aintree Hospital sites. These appointments are arranged when you are discharged from hospital. The purpose of physiotherapy is to guide you through exercises that will aid your recovery, and to offer advice that will help you to achieve the best outcome. Some people require regular appointments with the physiotherapy team, while others can be guided to self-manage their recovery.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any problems or questions relating to the following, contact the member of staff concerned:

Helpline number:

Pre-operative Assessment Clinic

Tel: 0151 282 6756 or 0151 282 6853

Textphone Number: 18001 0151 282 6756

Wound problems

Broadgreen Hospital Outpatients

Tel: 0151 282 6000 and ask for bleep 4199.

Textphone Number: 18001 0151 282 6000 Bleep 4199

This service is available daily from 07.30 to 20.00.

Excessive swelling of your leg and/or breathlessness

Phone your GP or attend the Emergency Department (A&E).

Therapies pre-admission clinic enquiries

Tel: 0151 706 2760

Textphone Number: 18001 0151 706 2760

Broadgreen Elective orthopaedic therapies Dept. on 0151 282 6260

Textphone Number: 18001 0151 282 6260

Mon - Fri 08:30 am - 4.30 pm (answer phone available out of hours)

Equipment Returns

Liverpool Community Equipment Service on Tel: 0151 295 9800

Knowsley Community Equipment Service on Tel: 0151 351 8705

Sefton Community Equipment Service on Tel: 0151 288 6208

Long Term Follow-up Clinic (1-year onwards) including Virtual Arthroplasty Clinic

Broadgreen Arthroplasty Research Office Tel: 0151 282 6481

Textphone Number: 18001 0151 282 6481 (Answer phone is available out of normal office hours)

Checking / Changing Clinic Appointments (up to 1-year)

Broadgreen Orthopaedic Clinics

Tel: 0151 706 5555

Textphone Number: 18001 0151 282 6481

Aintree Orthopaedic Clinics

Switchboard Tel: 0151 525 5980

Online: [nhs.my/Aintree](https://nhs.uk/my/aintree)

Physiotherapy Appointments

Broadgreen Physiotherapy Dept. at BGH on 0151 706 2760

Textphone Number: 18001 0151 706 2760

Mon - Fri 08:30 am - 4.30 pm (answer phone available out of hours)

Aintree Physiotherapy department: 0151 529 3335

General advice:

Arthritis Research Campaign

Copeman House, St Mary's

Court, St Mary's Gate

Chesterfield, Derbyshire

S41 7TD

Liverpool Disabled

Living Centre

Unit 4-5

Dempster House, Brunswick Dock,

Liverpool, L3 4BE

Tel: 0151 296 7742

Joint Replacement Information Network:

Tel: 0151 737 1862

Textphone Number: 18001 0151 737 1862

Email: manager@jrin.info

Email: advice@jrin.info

www.jrin.info

www.besttreatments.co.uk/btuk/conditions/4478.html

www.besttreatments.co.uk/electsurgeryside/869.html

Remember the information and guidelines given in this book are general and you may be given different advice depending on your circumstances and medical history. If you are in any doubt about whether the information applies to you please speak to a member of staff.

We wish you a speedy and safe recovery and hope the service provided by the hospital has been satisfactory.

If during any stage in your outpatient or inpatient stay you notice something that could be improved or if you have any complaint about the service provided please tell us.

We really do want you to let us know when we get things wrong, but we also like to know when you feel we are getting it right. If you have been satisfied with the service you have received from us, or have any suggestions about how we can improve our service, please let us know.

Author: Orthopaedics Department
Review date: October 2028

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحرروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

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Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.