



# **TOTAL KNEE REPLACEMENT**

**This pamphlet is provided for educational purposes. It has not been assumed that it contains the answers to all of the questions you may have prior to giving consent for your operation.**

**If you have any questions regarding your operation, please ask your doctor.**

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## THE KNEE:

The knee joint is made up of 3 bones, and is the largest joint in the body. These bones are:

- the top of the shinbone (called the tibia)
- the lower end of the thigh bone (called the femur)
- the knee cap (patella)



The ends of these bones are surrounded by cartilage and the bones are held in place by ligaments and tendons (strong string-like tissues). The knee is one of the major weight bearing joints of the body.

Over a long period of time however, the cartilage may wear, leaving roughened or distorted bone ends, which can stop the knee bending smoothly and painlessly. Walking becomes painful and difficult.

Knee replacement operations replace worn surfaces of the knee. The operation may require either partial or total replacement of the knee joint. This is determined by the doctor.

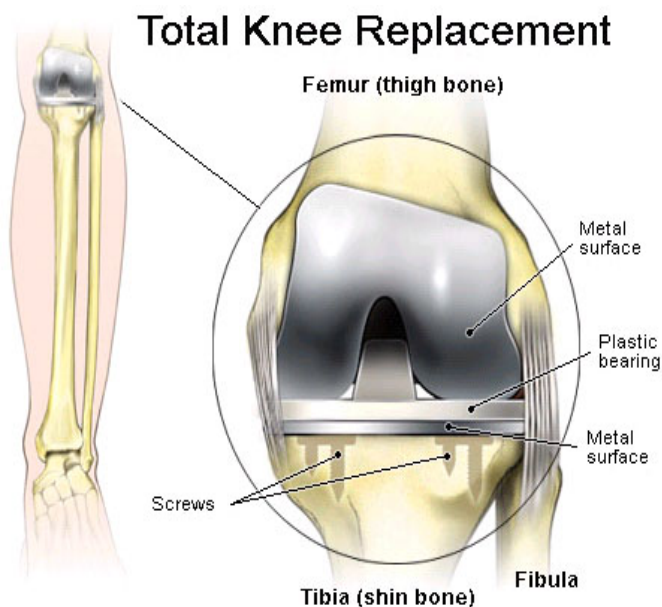
Some of the common reasons for needing a knee replacement include:

- relieve pain
- increase the knee's ability to bend
- correct a deformity
- repair a damaged knee
- improve mobility and stability

Osteoarthritis is the most common reason for knee replacement surgery. This condition is commonly referred to as "wear and tear arthritis" - the knee simply wears out. The major problem in osteoarthritis is that the cartilage on the surface of the bone inside the joint wears away. This results in bone rubbing against bone, causing more pain and less movement.

Total knee replacement joints come in a variety of styles and your doctor will select the most appropriate one to suit your particular need. There are 3 main parts to the knee replacement:

- the top portion ( thigh bone)
- the bottom portion ( shin bone)
- the kneecap portion
- each size varies to ensure a good fit for each patient.



### The Night Before the Operation:

- You are advised to have a shower the night before your operation with an antiseptic soap.
- Do not eat and drink as directed in the Preadmission Clinic.
- Please **DO NOT** shave the operation site.
- It is important that you go to the toilet before your surgery, as constipation can be a problem after your operation
- Remove any nail polish you may have on.

### The Day of Operation: Before your surgery:

- Have another shower with antiseptic soap before admission.
- Please follow the medication instructions given to you in the Preadmission clinic.
- You will be admitted and asked to change into a theatre gown and remove any make-up, jewelry or nail polish (you may ask to get your ring taped if required).
- You will be admitted by a nurse and will also be seen by the Anaesthetist, who will discuss with you the kind of anaesthetic you will have, and you will also be seen by the orthopaedic doctor.

### The Day of Surgery - After Your Operation:

After surgery you are moved into the Recovery Ward and given oxygen through a mask. You will usually be in recovery for approximately an hour or so. You may have:

- An intravenous tube (drip) in your arm to give you fluids, pain relief and antibiotics.
- A small temporary plastic tube(drain) in your knee, which removes any excess fluid from your wound. Some of the blood you lose into that drain may be able to be returned to you using the drip in your arm.
- A small temporary plastic tube called a “catheter” to drain the urine from your bladder.

### Once You Are On the Ward:

- Nursing staff will regularly monitor you closely and record your progress.
- You will be given intravenous antibiotics, usually for 24 hours.
- You will be given white compression stockings to wear to help prevent you from developing blood clots in your leg.
- You will be able to sit out of bed after your operation. You will be assisted to do this by the physiotherapists and/or nurses.
- You are encouraged to practice deep breathing and coughing exercises as often as possible to prevent chest infections, as well as ankle exercises (moving your feet back and forth).
- Your surgeon may have put a small catheter for the injection of painkillers directly into your knee. This will be used to inject a local anaesthetic and anti-inflammatory into your knee joint by nursing staff to help with pain.

## The First Day After Your Operation - Day 1:

- You can either have a wash in bed or be assisted to have a shower if you are well
- You may be given blood thinning medication to prevent you from getting blood clots.
- You will have this medication for your length of stay in the hospital or sometimes, for a total of up to 14 days after your operation, even when you go home.
- The nurses can teach you or a relative/friend to give them or they can organize a community nurse to attend them daily. (This sometimes depends on the area where you live in).
- You will usually be given a drink and will be encouraged to take medication to assist with preventing constipation throughout your stay
- Your wound drain will be removed and your wound dressing will be changed. The dressing used is usually a transparent waterproof dressing which you can shower with.
- Your intravenous drip will usually be removed and you will be given pain relief tablets.
- Ice packs are an effective form of pain relief used in conjunction with the pain tablets. Please don't hesitate to ask for one.
- Sometimes you will need a blood transfusion, depending on your blood test results.
- You will get out of bed with your physiotherapist. They will also help you with ankle and knees exercises, and deep breathing exercises. It is very important to practice these regularly.
- Your urine catheter (if you have one) will be removed.

## The Second Day After Your Operation and Until the Day of Discharge from hospital

- From the second day and on-wards you will have a shower in the morning, and are expected to become more independent each day.
- You will begin walking with the physiotherapist using a walking frame for assistance.
- Nursing staff are ready to assist you as required but you are encouraged to be as independent as possible once you are mobile. This will help you get home quicker and assist your progress. **Your progress ultimately depends on you.**

## The Day of Discharge from Hospital:

- It is important that someone is available to drive you home on the day that you are discharged.
- You will be sent home with all your follow up instructions, necessary paperwork and medications that include pain relief and your blood thinning medication (if required).

## Planning For Discharge from hospital to home

An Occupational Therapist will show you how to perform aspects of personal care. This could include:

- Showering –using special equipment
- Dressing –alternative ways of putting on shoes and socks
- moving around in bed, standing from chairs and toileting

You are encouraged to start planning for your discharge before your operation, for example, preparing meals and freezing them and thinking about how you will manage once you get home.

A social worker is available to provide assistance with services such as home care if you feel you will require assistance. Please inform the nursing staff (as early into your admission as possible) if you feel you will need to see a social worker.