Enhanced Recovery After Surgery

Hairmyres Hospital

Total Knee Replacement

Please bring this booklet with you for your admission to hospital
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Please bring this booklet with you each time you come to Hairmyres Hospital
Enhanced Recovery After Surgery

ERAS is a modern, evidence based concept, designed to aid recovery after surgery. It allows for a faster recovery with reduced complication rates. Our aim is to continually improve the quality of care provided to you before, during and after your surgery and to improve your experience as a patient by having a good understanding of what to expect from your Knee Replacement Surgery.

The main elements of our ERAS programme are pre operative preparations, specific care during your operation and post-operatively and planned discharged timing. You will be regularly assessed throughout this process and followed up on discharge.

Pre Operative Planning:

It is important to be in the best physical health you can be prior to elective/planned surgery. There are a few things you should consider prior to your admission.

Smoking - It is recommended that you should stop smoking 6 weeks prior to your surgery. This will significantly reduce the incidence of serious postoperative complications such as chest and wound infections. Do not smoke for at least 24hrs prior to your admission.

Reduce alcohol intake - It is advisable to reduce alcohol intake prior to your surgery as it increases the risks of complications and slows down the recovery process. Do not drink alcohol for at least 48 hrs prior to surgery.

Diet – Think about improving your diet prior to your surgery. Reducing high fat/sugary foods can lead to weight loss and eating a healthy balanced diet can help reduce infection complications.

Gentle exercise is encouraged, for example, short walks and stretching. You will also be shown exercises by the physiotherapist which we encourage you to do prior to surgery. This helps with muscle strength and stamina, which will help you during and after your surgery.

We ask you attend Joint School to enable you to understand the key elements of Knee Replacement surgery. We go into detail about your forthcoming surgery and what we expect from you. You play a key role in your own recovery. We require proactive participation by you. By managing your expectations we can help reduce anxiety that in turn can have a positive impact on your recovery.
During and After Surgery

By streamlining and modifying practice we ensure all patients receive the same high level of care during surgery. All techniques used are to promote a faster recovery for you and will help reduce post operative complications. This includes effective pain control throughout your surgery and post operatively.

Research shows that after surgery the sooner you begin to mobilise, the better result you will get from your new knee. The sooner you eat and drink, the quicker your recovery will be. Speeding up this process reduces the risks of complications. This is why it is important that you not only comply with this process but also understand the reasons behind it. Essentially your hospital stay becomes shorter as a result. We have criteria based discharge goals that you must meet prior to going home. You will never leave hospital until you are ready. On average most people will be in hospital for 3–5 days following their surgery.

Discharge and Follow up

The Enhanced Recovery (ERAS) Nurse will aim to contact you via telephone several times after discharge. If you have met the discharge goal of 3–5 days then you will be telephoned the day after you go home. You will then be telephoned at 7 days and 30 days following your discharge. If however, you do not manage to get home within this time period you will be telephoned at 30 days following your discharge. You will be able to contact the ERAS Nurse if you have any issues or questions. You will then be seen in the out-patient clinic by your Consultant Surgeon or Arthroplasty Physiotherapy Practitioner at your 6–8 week check. Our aim is for you to feel fully supported throughout this whole process, even after you are discharged home.
Osteoarthritis of the Knee

What is Osteoarthritis?

Osteoarthritis (OA) is the most common form of joint disease. It can cause pain, stiffness and deformity. It is also known as degenerative joint disease. It occurs when the healthy, smooth cartilage on the ends of the femur (thigh bone) and tibia (shin bone) becomes rough and thins out. The lining of the joint can become inflamed and in some cases ligaments can contract and new bone can grow. The exact cause in most people is unknown. However, some people develop OA after having an accident or fracture earlier in life. Pain is the main symptom people experience. This is normally felt around the knee but can sometimes be felt in the front of the thigh and down the shin into the ankle. This can lead to difficulty with the most simple of daily activities and sleeping, which all leads to a poor quality of life.

What is a Knee Joint Replacement?

A knee joint replacement is the resurfacing of the rough damaged bone ends of your knee, with smooth pieces of metal.

- A smooth metal component replaces the damaged end of your thigh bone (Femur).
- A plastic component replaces the cartilage between the 2 knee joint bones.
- A further metal component is used to replace the damaged end of your shin bone (Tibia).
- Sometimes the back of your kneecap (Patella) is resurfaced if required.
Why do I need a knee replacement?

Most people need a knee replacement to get rid of the pain they are experiencing and to allow them to have better movement of the knee. It allows you to walk better and further, you should sleep better if this is a problem at the moment and you should not need to take pain killing medication.

Are there different types of knee replacement?

Yes. Most people have a TOTAL Knee replacement. As the name suggests it replaces the whole knee as the OA is affecting every part of the knee. A small number of people are suitable for a unicompartmental knee replacement (half knee replacement). However, there are specific criteria for this and your surgeon will decide if this is suitable or not.

Can both knees be replaced at the same time?

Yes. Both knees can be replaced at the same time. It can make the rehabilitation process a little more difficult but you only have to go through the process once instead of twice.

How long does a knee replacement last?

Most knee replacements last between 10 and 20 years.
Pre-Assessment Clinic

Once you have been put on the waiting list for a knee replacement an appointment for the Pre-assessment clinic will be generated automatically. This will be given to you following your consultation in the outpatient clinic.

Pre-assessment is an important part of the process in preparing you for your knee replacement. It is our opportunity to ensure you are as fit as possible before surgery. You will have some blood tests performed, including blood grouping. Swabs will be taken to screen you for MRSA. If these are positive you will be given treatment for this prior to your surgery. An ECG (heart tracing) will also be performed. If there are any issues identified at the time the pre-assessment nurses will speak to an anaesthetist and further investigations may be arranged.

Some of your medications may need to be stopped prior to surgery, especially ones which ‘thin’ the blood, such as warfarin or clopidogrel. The pre-assessment staff will explain which medication you need to stop and when. Fasting instructions will also vary depending on what time of the day you surgery will be performed. When you are finally given your date for surgery by the Orthopaedic secretaries you will be told whether you will be admitted the day before your planned surgery or on the day of surgery. Below is a reminder of the fasting instructions.

Pre-operative fasting instructions and advice

To fully prepare you for your admission to hospital, it is important that you read the following carefully. Failure to adhere to the guidelines below could make your anaesthetic very dangerous and result in your operation being cancelled on the day.

Please follow these instructions depending on when you are coming into hospital.

Admission the day before your operation date

You have no restrictions on eating or drinking. Instructions will be given on the ward.

- Make sure you do not have a very heavy meal the night before your surgery
- You must have nothing to eat for 6 hours before your operation time. No other drink or foodstuff to be taken
- You may have water only up until 2 hours before your admission time
- IMPORTANT: You should drink 300 ml (1 glass) of water 2 hours before your operation time with or without your medications that you normally take as advised by the Pre-Assessment Unit

Morning admission time on day of surgery

- Make sure you do not have a very heavy meal the night before your surgery
- You must have nothing to eat for 6 hours before your admission time. No other drink or foodstuff to be taken
Specific Instructions for your Medications

Please bring all medicines, inhalers and insulin injections with you on your admission to hospital. Take all usual medications prior to admission.

Do not take the following medication prior to admission:

- If you have been given RANITIDINE tablets by your Pre-Assessment Nurse, please take one the night before your admission at 10:00pm. Take the second tablet on the morning of your admission with your normal medications.

Afternoon admission time on day of surgery

- You may have a light breakfast e.g. tea and toast at 6:00am
- You must have nothing to eat for 6 hours before your admission time
- You may have water only up until 2 hours before your admission time
- IMPORTANT: You should drink 300 ml (1 glass) of water 2 hours before your admission time with or without your medications that you normally take as advised by the Pre-Assessment Unit
- Do not take tea, coffee, milk or any carbonated drinks

If you are unwell in the days leading up to your operation you must inform your consultant's secretary. Even simple illnesses such as colds or urinary tract infections may require treatment.
Joint School

Joint School is an educational class you will attend prior to your surgery. At the Joint School you will meet the whole team who will be looking after you throughout your stay in Hairmyres. You will meet our Enhanced Recovery Nurse Specialist, an Anaesthetist, Orthopaedic Surgeon, Physiotherapist, Occupational Therapist and a Staff Nurse from ward 1.

It is a great opportunity to meet the whole team, learn more about what will happen while you are in hospital and to find out what is expected from you during your stay. Importantly there are many opportunities to ask questions.

We recommend you bring a partner/friend or family member with you. It is important they know what to expect while you are in hospital and more importantly when you are discharged. They are an integral part of the process and can provide a lot of encouragement and motivation if you are finding things difficult.

The Joint School is held in the Rehabilitation Department, Hairmyres Hospital on Friday afternoons. It runs from 1:30-3:00pm. If you do not attend Joint School it may lead to a delay in your surgery.

You will be given an appointment for the Joint School when leaving the pre-assessment clinic. If this has not happened, you can phone the reception desk at pre-assessment to make your appointment.
Your Hospital Admission

You will be informed before your date of surgery where and when you will be admitted. The first patient is usually admitted the evening before surgery to ward 1. Everyone else is admitted via the Day Surgery Unit on the day of surgery.

Ward 1 is an elective orthopaedic ward. The ward has 28 beds, it is divided into 6 single rooms, a 6 bedded room and three 4 bedded rooms.

Televisions are situated in all rooms and the day room. You may use your mobile telephone. Newspapers can be purchased daily in the ward.

You are welcome to visit the ward prior to your admission, to familiarize yourself with the ward and to meet the nursing staff. This can be arranged for you when you attend the Joint School.

What to bring into hospital

- Your present medication.
- Wash bag toiletries and shaver etc. (towels can be provided by the hospital).
- Nightclothes.
- Outdoor clothes, this is to allow the occupational therapist to carry out dressing practice with you.
- Slippers/outdoor shoes.
- Full shoes are preferable with no laces.

As you are having a knee joint replacement it is preferred that you do not wear tight trousers as this can irritate the wound when exercising.

**DO NOT BRING ANY VALUABLES OR LARGE AMOUNTS OF MONEY INTO HOSPITAL**

Please shower or have a bath the morning of your surgery. Please do not shave you legs. Do not use moisturiser, deodorant or talcum powder.

VISITING HOURS ARE 3pm-8pm (Avoid 5pm-6pm for meal times)

Please ensure all of your visitors follow our hand hygiene instructions before entering and on leaving the ward.
Anaesthesia and Pain Control

You will meet your Anaesthetist either the day before or the morning of your operation. They are responsible for your care during your operation and for ensuring that an appropriate plan is made for post-operative pain control. During their pre-op visit they will ask you questions about your health and also discuss your anaesthetic options.

There are several different types of anaesthetic available for your operation. Your Anaesthetist will discuss your options and suggest their preferred method for the operation. Your preferences are important. Nothing will happen to you until you understand and agree with what is planned for you.

What is a Spinal Anaesthetic?

A spinal anaesthetic involves an injection into your lower back of local anaesthetic and usually a long acting pain killer. This makes your legs ‘go to sleep’ and numb from the waist down. You feel no pain during the operation. You will usually be offered a sedative. This method has several advantages over a general anaesthetic: lower risk of nausea and vomiting, chest infection, deep venous thrombosis (DVT) and better immediate post-op pain control. However, a spinal anaesthetic is not suitable for all patients and you may also prefer a general anaesthetic.

Are there any complications?

Spinal Anaesthetics are a very safe method of anaesthesia however, as with any procedure there are potential complications.

- Headache – less than 1%
- Nerve damage – less than 1 in 24,000
- Permanent paralysis – less than 1 in 55,000

What is a General Anaesthetic?

During a general anaesthetic you are made fully unconscious during which you feel nothing. Once you are unconscious a breathing tube is placed through your mouth and into your throat to help with your breathing. A general anaesthetic alone does not provide pain relief. You will need strong pain relieving drugs after your operation. Your Anaesthetist may also offer you a nerve block to help with your pain control.

What is a Nerve Block?

A nerve block is performed by your anaesthetist before your operation. This is an injection of local anaesthetic near the nerves which go to your leg. Part of your leg should be numb and pain-free for some hours afterwards.
Pain Management

What is pain?

Following an operation, tiny cells send pain messages along nerves into your spinal cord and on to your brain. Pain management or pain relief can stop these messages or reduce their effect.

Severe pain is not something ‘you have to put up with’.
Your doctor and nurses can do a lot to relieve any pain that you may experience.

Why treat pain?

Pain control is not only important for your comfort, but also your recovery. Good pain control allows you to start your rehabilitation early and effectively, this can help avoid other problems after your operation, for example: blood clots, chest infections and heart attacks.

Pain relief – What can we do?

There are both drug and non-drug treatments that can help to control your pain. We can tailor these treatments to the type of pain or operation you are having. We can also use a combination of both to improve pain relief.

Drug Treatments

Oral painkillers: These are tablets or liquid medicine taken by mouth. We give these if you are drinking normally and not feeling sick. They can be used alone or in combination with a PCA (see below).

Patient Controlled Analgesia (PCA): This is a painkiller given into a vein in your arm from a pump, which you control. When you are sore, you press a button to get a safe amount of the painkiller. This pump is set to give only a small amount of painkiller at timed intervals. Not everyone requires PCA.

To make sure that the painkillers are working well, the nurses will ask you on a regular basis to look at a pain scoring scale and score your pain from number 0 meaning no pain, to number 4 meaning the worst pain you can think of.
Pain Assessment Chart

Measuring pain improves awareness and treatment.

Non-drug treatments

- Repositioning, making yourself more comfortable
- Cold packs/ice packs
- Taking your mind off the pain such as relaxing music, television or doing something which you enjoy
- Gentle exercise and movement can also help

REMEMBER

It is important to tell the nurses and doctors how sore you are and don’t feel embarrassed by doing so. If you feel sick or drowsy or your skin feels itchy, tell your nurse or doctor and they will give you something to make you feel more comfortable.
Patient Controlled Analgesia (PCA)

PCA is where a painkiller (analgesia) is given into a vein in your arm from a pump, which you control. When you are sore, you press a button to give yourself a safe amount of painkiller at timed intervals.

How long will I have the pump?

On average patients use the pump for 24 hours. During this time the amount of pain killer you need will gradually decrease. As you begin to feel better you will press the button less often.

Additional Painkillers

It is quite normal for your doctor to prescribe other painkillers while on your PCA.

What are the advantages of the PCA?

The main advantage is control. You control the relief of the pain and do not have to wait on a nurse preparing an injection. Another advantage is, as the painkiller goes directly into your blood stream, you should notice the effect within minutes.

What are the side effects/complications

- Nausea (feeling sick) and vomiting (being sick)
- Itching
- Over sedation (too sleepy)
- Constipation
- Respiratory depression (slow breathing)

How to get the best effect from the pump

- Press the button when the pain is uncomfortable. Do not wait until it gets sore.
- Press the button before physiotherapy.
- Press the button before moving up the bed, getting out of bed, and so on.
Your Operation

Theatres

Following your anaesthetic you will be brought into the operating theatre. All joint replacements are performed in ultra clean theatres to try and minimise the incidence of infection. In addition to this everyone is given antibiotics at the start of surgery. A tourniquet is used around your thigh to stop any bleeding throughout the operation. The operation usually last around 90 minutes.

When your operation is finished you will be transferred back onto your bed from the operating table and taken to the recovery room. While in the recovery room, anaesthetic and nursing staff will ensure you are comfortable and regularly monitor your temperature, pulse, blood pressure and level of oxygen in your blood. When the recovery staff are happy with your progress you will be transferred to Ward 1.

Computer Navigation

At Hairmyres we use computer navigation with our knee replacement surgery. This allows very accurate positioning of your knee replacement. The aim is to get a better functioning and longer lasting knee replacement.

Complications

As with all types of surgery there are some associated risks. Every effort is made to minimise these but they cannot be eliminated. The main risks are:

- Infection     less than 1%
- Dislocation   less than 1%
- DVT(symptomatic) 2%
- Pulmonary Embolism (P.E) less than 1%
- Fracture      less than 1%
- Neurovascular Injury less than 1%
- Death         1: 1000

However, despite the potential complications the benefits are great:

- 95% happy
- Little or no pain
- Sleep better
- Walk better
- Better function
Reducing your Risk of Blood Clots

What are blood clots?
A ‘blood clot’ or Deep Vein Thrombosis (DVT) usually forms in the veins within the legs. If the clot moves, or a piece breaks off and travels to the lung, it is called a Pulmonary Embolism (PE). A PE is a serious condition that may result in serious illness, long term disability or even death.

Help us to reduce your risk
You will be prescribed either Aspirin or a small injection when admitted to ward 1. You should take this for 6 weeks after your surgery.

If you have been prescribed compression stockings (white elastic stockings) - please wear them for 6 weeks following your operation.

When you first return from theatre you will have a compression pump on each foot, these will remain on for the first 24 hours following surgery or until you are mobile.

- Do any exercises recommended to you by the physio, even when lying in bed.
- Drink plenty of water.
- Stop smoking. If you need help to stop smoking contact your local Practice Nurse or ask to be referred to the Smoking Cessation Service.

Am I still at risk when I leave the hospital?
It is still possible that you could be at risk of developing a clot when you leave hospital. Therefore, you should continue to follow the advice given to you by your healthcare team.

Stopping Smoking
Stopping smoking before surgery can significantly reduce the risk of complications during and after your surgery.

- Quicker recovery from your anaesthetic
- Less likely to develop infections
- Wounds can heal more quickly
- Shorter stay in hospital
- Bones repair and heal faster

The sooner you stop before your op the better; the recommended time is 6–8 weeks before your surgery however, stopping at anytime will benefit your health and aid recovery.

For Specialist help to quit before you go into hospital contact Hospital Stop Smoking Service on Hairmyres 01355 585502.
Specialist support is available as an inpatient with Nicotine Replacement Therapy if appropriate, ask your nurse to refer you to the hospital Stop Smoking Service.
Physiotherapy

It will take a lot of hard work from you to get the best results from your new knee replacement. Your physiotherapist will guide you through each step of your rehabilitation but ultimately the responsibility for following your rehab programme lies with you.

MOTIVATION and HARD WORK are essential.

Remember!
- You are not ill
- To get the best results after knee replacement requires a lot of hard work by YOU
- Your rehab starts before the operation!
- First 6 weeks are the most difficult
- Some find their new knee can improve up to 1 year after surgery

EXERCISES

1. Gently stretch your operated leg away from your body while firmly pushing the back of your knee against the bed. Hold for 5 seconds then relax. Repeat 10 times.
2. Tighten your thigh muscle until your knee is straight and raise your leg 6 inches off the bed. Hold for 5 seconds and then slowly lower. Repeat 10 times.

3. Place a rolled-up towel under your knee. Press the back of your knee into the roll and lift your heel off the bed so that your knee is straight. Hold for 5 seconds and lower slowly. Repeat 10 times.

4. Slide the heel of your foot slowly up the board as far as possible. Then slide your heel down slowly until your knee is straight. Repeat, as instructed.

Aim to do these exercises 2–3 times a day.
Walking

In most cases, you will begin walking on the day of surgery or the following day. At first you will use a walking frame. This will provide support when walking and will reduce the weight through your operated leg.

You will go onto use two sticks/crutches as instructed by your physiotherapist.

The sequence is always:

- walking aid first
- then operated leg; and finally
- un-operated leg.

When turning round, you must not turn or pivot on your operated leg. Always remember to lift your feet when stepping round.

Stairs

Before you go home, your physiotherapist will show you how to climb stairs. Try to use a handrail if there is one and use your sticks/crutches in the other hand.

Going Upstairs

- Place your un-operated leg on the step first
- Then step your operated leg up
- Bring the sticks/crutches up last

Going Downstairs

- Place the sticks/crutches on the step first
- Step your operated leg down
- Step your un-operated leg down last
Do's and Don'ts

Do:
- Keep doing your exercises
- Try to walk a little further each day
- Keep using your walking aids as instructed by your physiotherapist
- Apply ice if instructed by your physiotherapist

Do Not:
- Kneel on your operated knee
- Twist or swivel on your knee replacement
- Place a pillow under your knee when resting
- Sit for long periods as this causes stiffness and swollen ankles
- Drive until you are told it is safe to do so
- Cross your legs

Occupational Therapy

The Occupational Therapist (OT) will meet you at Joint School and again on the ward. They will discuss your home circumstances with you. They will carry out an assessment of your ability to do transfers, i.e. getting on/off a chair, bed and toilet. They will make sure you can manage every day activities independently. The OT will offer practical advice on coping at home when you are discharged from hospital. Homecare is not routinely provided after Total Knee Replacement. Please discuss with your OT if you feel you will need more assistance at home.

Practical tips for before surgery

- Make sure that you have an appropriate chair to sit on when you come home from Hospital.
- Remove loose rugs before coming into hospital.
- Get plenty of shopping in. Freeze meals, bread and milk for the first few days home.
- Think about who can do your shopping and heavy housework.
- Organise your lift home from hospital.

Work

If you are in employment or considering returning to work after your surgery, please speak with your OT on the ward before you go home.
Daily Diary

Day of Admission

- The first person on the theatre list will usually be admitted the evening before surgery to ward 1
- All other patients will be admitted on the day of surgery via the Day Surgery Unit (DSU) on level 1
- Your personal details and previous medical history will be checked
- You will be measured for surgical stockings
- Your checklist for theatre will be completed
- You will meet your Anaesthetist
- You will meet your surgeon who will mark the leg to be operated on and your consent for the procedure will be taken
- You will be asked to change into your theatre gown
- You will be taken to the theatre reception area and then on to the anaesthetic room

Day Zero (Evening of Surgery)

- Following your operation you will spend some time in the theatre recovery room
- When the Recovery Nurses and Anaesthetists are happy that all is well and you are comfortable you will be transferred back to ward 1
- We aim to get the first two patients on the operating list out of bed on the day of surgery if you have returned to the ward in time
- This can simply be a few steps around your bed with the aid of a frame or taking a few steps and sitting in a chair
- You may find you will need to get out of bed to use the toilet. If you do not get out of bed then you may have to use bedpans and/or bottles for toileting
- A small number of patients can struggle to pass urine the evening of their surgery and may require a catheter to be passed into their bladder
- We encourage you to eat and drink normally
- You will be given regular painkillers. Ask for more painkillers if you need break through pain relief
- Try to get a good night’s sleep!

My experience on the evening of surgery: __________________________

______________________________________________________________

______________________________________________________________
Day One

- The large theatre dressing will be removed to allow you to freely bend and straighten your knee
- You will be given exercise equipment and taught bed exercise to perform independently 3–4 times daily
- Swelling and bruising is normal post operatively - ice packs (or a cryo-cuff may be applied)
- Some discomfort after your operation is expected, especially during and after exercise
- You will be assisted out of bed and encouraged to walk using a zimmer frame under the guidance of the physiotherapist
- Occasionally you may feel dizzy and/or lightheaded, this is normal but should resolve after a few minutes – if it worsens please inform your physiotherapist/nurse
- You will be up sitting in a chair beside your bed – it is important to bend your knee as much as possible whilst sitting
- If you can perform all of the above tasks your physiotherapist may allow you to walk independently to the bathroom with your walking aid
- You can wear your normal 'day clothes'
- We will take your drip down and oxygen off
- A blood sample will be taken and you will be taken to radiology for an x-ray

My experience day 1:

Day Two and Onwards

- Continue with your exercises to improve your movement and muscle power
- Increase your walking distance
- Improve your walking pattern
- Progress from zimmer to sticks or crutches
- You may progress onto two sticks or crutches today
- You will be shown how to do stairs properly, even if you do not have stairs
- Your wound dressing can stay on through your stay. It will be changed only if the nurses or doctor feels it needs it
- Continue getting up on your own and doing your exercises
- Continue with you pain relief regularly and in-between if you need it

My experience day 2:
Discharge Goals

Get in and out of bed yourself

☐

Wash and dress yourself with minimal or no help

☐

90 degree bend

☐

Able to fully straighten your leg

☐

Able to lift your leg clearly from the bed

☐

Able to walk independently with an appropriate walking aid

☐

Able to manage stairs if required

☐

Medically fit for discharge

☐

After Discharge

You will be reviewed 6-8 weeks after your surgery by your consultant. If all is well at that time, your subsequent follow up will be with our Arthroplasty Practitioner. Their clinic runs alongside your consultant’s, so if there are any concerns your consultant can see you.

Our Arthroplasty Practitioner will review you at 6 months and 1 year following surgery. Thereafter your follow up will be at 5 yearly intervals. We have a local registry which holds information on all hip and knee replacements performed in Hairmyers hospital. You will be asked to fill out some questionnaires about your knee before surgery and after your knee replacement.
**Frequently Asked Questions**

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<th>Answer</th>
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<td>Approximately 90 minutes</td>
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<td>When can I drive?</td>
<td>6-8 weeks after surgery</td>
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<td>How long do I keep the stocking on for?</td>
<td>6 weeks</td>
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<td>When can I sleep on the operated side?</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Why didn’t I get physiotherapy on discharge?</td>
<td>Not usually required</td>
</tr>
<tr>
<td>Can I return to all activities?</td>
<td>Non-impact activities only</td>
</tr>
<tr>
<td>When can I swim?</td>
<td>When the wound has healed</td>
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<td>What is the joint made of?</td>
<td>Titanium/Cobalt Chrome and Polyethylene</td>
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<td>Will the metal detector at the airport bleep?</td>
<td>Possibly, it depends on setting of the metal detector</td>
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<td>How long will I be in hospital</td>
<td>3-5 days on average</td>
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<td>When can I fly?</td>
<td>Short haul: 6 weeks</td>
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<td></td>
<td>Long haul: 12 weeks</td>
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Useful Resources and Telephone Numbers

Online Resources

Video Clip
http://www.youtube.com/watch?v=xAL_TrQdtTY

Arthritis Research UK
http://www.arthritisresearchuk.org

American Academy of Orthopaedic Surgeons Patient Information
http://orthoinfo.aaos.org

Royal College of Surgeons of England
http://www.rcseng.ac.uk/patients

Royal College of Anaesthetists
http://www.rcoa.ac.uk/patientinfo#Info_leaflets

NHS Lanarkshire
www.nhslanarkshire.co.uk

The NHS Lanarkshire website has additional information for patients coming to Hairmyres Hospital for Joint Replacement Surgery.

Search on the homepage for the following topics:

- Pre assessment clinic
- Easy read leaflets
- In-patient information
All the Apps are free

Pocket Physio

British Orthopaedic Association

Osteoarthritis of the knee-NHS

NHS 24 MSK Help

Telephone numbers

Hairmyres switchboard 01355 585000
Hairmyres pre-op assessment 01355 584560
Physiotherapy department 01355 585420
Occupational therapy 01355 585434
ERAS Nurse Specialist 01355 584517
Ward 1 01355 585011
Day Surgery Unit 01355 585630
Arthroplasty Clinic 01355 584679
NHS 24 0845 4242424
Smoking Cessation Helpline 0800 84 84 84

With Thanks To:

Mr Gavin O’Neill – Consultant Orthopaedic Surgeon
Dr Grant Haldane – Consultant Anaesthetist
Emma Scott – ERAS Nurse Specialist
Kathleen Longmuir – Specialist Physiotherapist
Heather Cherrie – Specialist Occupational Therapist
The Staff in Ward 1

And we would like to thank B. Braun Medical Ltd for printing this booklet.
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