

Enhanced Recovery After Surgery

ERAS

Hairmyres Hospital



Knee Replacement Surgery

Please bring this booklet with you for your admission to hospital

Contents

| | |
|--|----|
| Enhanced Recovery After Surgery (ERAS)..... | 3 |
| Exercise and your Upcoming Surgery – Advice from Physiotherapy | 4 |
| Osteoarthritis of the Knee | 6 |
| Pre-Assessment Clinic..... | 7 |
| Joint School | 8 |
| Your Hospital Admission..... | 10 |
| Anaesthesia and Pain Control..... | 11 |
| Pain Management | 12 |
| Your Operation | 15 |
| Physiotherapy..... | 18 |
| Occupational Therapy | 21 |
| Day Surgery | 22 |
| Your Journey | 23 |
| Discharge Goals and Follow Up | 24 |
| Medications for Going Home | 24 |
| Frequently Asked Questions..... | 25 |

Enhanced Recovery After Surgery (ERAS)

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 surgery. It will also improve your experience as a patient by having a good understanding of what to expect from your Knee Replacement 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 afterwards.

Research shows the sooner you begin to mobilise (move around) after surgery, 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 risk of complications. This is why it is not only important that you comply with this process but also understand the reason 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 are in hospital 1-2 days following a knee replacement.

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.

- **Stop Smoking:** This helps reduce your risk of breathing problems/chest infections post operatively. Wound healing can also be affected with patients who smoke. Do not smoke for at least 24hrs prior to your admission. Please note that we have a No Smoking Policy in Hairmyres Hospital which prevents you smoking anywhere on the hospital grounds. For Stop Smoking advice you can go to www.nhsinform.scot or speak to your local pharmacy about nicotine replacement therapy prior to surgery.
- **Reduce alcohol intake** - It is important 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 48hrs prior to surgery.
- **Improve your diet:** Reducing high fat/sugary foods can lead to weight loss and eating a healthy balanced diet can help reduce infection complications. If you are diabetic, please ensure you keep your blood sugar levels within their normal limits on the lead up to your surgery and after surgery.

- **Increase gentle exercise:** Ensure you are having adequate exercise. Try to take regular walks when you can. This helps with your breathing and your general fitness. See page 4 for more advice on increasing your fitness levels.
- **Joint School:** You may be asked to 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. Managing your expectations can help reduce anxiety that in turn can have a positive impact on your recovery.

Exercise and your Upcoming Surgery – Advice from Physiotherapy

What you do in the time leading up to surgery can have a big impact on your recovery and long term health. Patients who are fitter and are able to improve their health and activity levels prior to surgery will see positive benefits following surgery. Fitter patients will recover quicker from surgery and experience fewer complications.

There are many changes you can make to reduce the risks related to surgery. One of these changes is increasing your daily physical activity.

To stay fit and healthy, national guidance is that you should [complete at least 150 minutes of moderate physical activity a week](#) or 75 minutes of vigorous physical activity a week (for ages 19-64 years old). This could be around 20 to 30 minutes a day. You should also aim to do strength and balance exercises at least 2 days per week also. We understand that if you are in the shielding category exercise is especially challenging. Here are some helpful links and sources of information that we hope will support you to increase your activity levels and maximise your health:

The Royal College of Anaesthetists' **Fitter Better Sooner** resources will provide you with the information you need to become fitter and better prepared for your operation.

<https://cpoc.org.uk/patients/fitter-better-sooner-toolkit>

The video below demonstrates a 10 minute home based warm up, exercise programme and cool down that can be completed in your home.

<https://vimeo.com/424715286/b9dc442662>

If you struggle with physical activity or find beginning to exercise a bit daunting the links below offer a great starting point on your fitness journey. Age UK and NHS Greater Glasgow and Clyde offer a free seated exercise plan to help you get moving.

Age UK

<https://www.ageuk.org.uk/scotland/information-advice/health-and-wellbeing/coronavirus/your-wellbeing/>

NHS Greater Glasgow and Clyde

“Stay Active, Stay Steady” Low Level YouTube Exercise videos

<https://www.youtube.com/playlist?list=PLmuRxyztsS0Nz-LwjwLDvs98W324duuGpg>

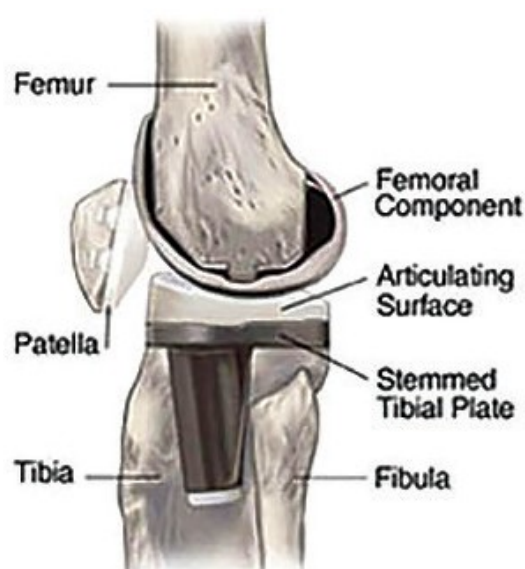
Physiotherapists have designed a set of six simple exercises that you can do from your own home. These are designed to improve your strength and balance.

Chartered Society of Physiotherapy “Stay Active At Home”[https://www.csp.org.uk/public-patient/keeping-active-and-healthy/staying-healthy-you-age/staying-strong-you-age/strength?utm_source=Member%20services&utm_campaign=3446f93929-Coronavirus Update 2020 26 march 2020 COPY 02&utm_medium=email&utm_term=0_2054000848-3446f93929-334200253](https://www.csp.org.uk/public-patient/keeping-active-and-healthy/staying-healthy-you-age/staying-strong-you-age/strength?utm_source=Member%20services&utm_campaign=3446f93929-Coronavirus%20Update%2026%20march%202020%20COPY%2002&utm_medium=email&utm_term=0_2054000848-3446f93929-334200253)

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 (wear and tear). It occurs when the healthy, smooth cartilage (tissue that acts as shock absorber) 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 bone to the ankle. This can lead to difficulty with the simplest 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 knee cap (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 no longer 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 and not twice.

How long does a knee replacement last for?

Depending on what type of knee surgery you have, most knee replacements now last between 15-25 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.

Pre-assessment is an important part of the pre-operative process in preparing you for your knee replacement and you cannot proceed to surgery without it. It is our opportunity to ensure you are as fit as possible before surgery. You will have blood tests taken and swabs taken to screen you for MRSA/MSSA & Covid-19. If the MRSA/MSSA test is positive you will be given treatment for this approximately 1 – 2 weeks before surgery. If the Covid-19 test is positive you will be asked to follow current Government guidelines to self-isolate and will need a negative result before you can proceed to surgery. An ECG (heart tracing) will also be performed. If there are any issues identified during your pre-assessment the nurses will speak to an anaesthetist and further investigations may be arranged.

Some of your medications may need to be stopped before 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.

01355 584560 (Hairmyres)

01698 366154 (Wishaw)

01236 713018 (Monklands)

Joint School

Joint school is an educational class prior to your surgery. It is a great opportunity to meet the team who will be involved in your care, learn more about what will happen while you are in hospital and 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 also an important part of the process and can provide a lot of encouragement and motivation if you are finding things difficult.



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 check your admission time on your letter then follow the instructions below:

You have no restrictions on eating or drinking the day before your surgery – this applies to everyone.

Fasting Guidelines:

- You must have nothing to eat for **6 hours** before your operation
- You **should** continue to drink water until **2 hours** before your surgery

In practice:

Day of surgery, morning admission (7-8am) – No breakfast allowed but you can and we encourage you to drink water freely until 06:30am.

Day of surgery, morning admission (10-11am) – Light breakfast allowed at 6am and you can drink water freely until your admission time.

Please bring all medicines, inhalers, insulin injections etc with you on admission to hospital in their original packaging. Take all usual medications prior to admission unless instructed otherwise by Pre-assessment.

Do not take the following medications prior to admission _____

If you have been given Ranitidine tablets by your Pre-Assessment Nurse, please take one the night before admission at 22:00 (10pm). Take the second tablet on the morning of your admission with your normal medications.

- If you smoke you should make a determined effort to cut down before coming into hospital. For your operation you should not smoke for at least 24hours prior to admission (this includes E-Cigarettes/vaping), Cigarettes reduce the amount of oxygen your blood can carry under anaesthetic

- You should refrain from taking any alcohol for **at least 48 hours** prior to your admission
- You should not smoke for **at least 24 hours** prior to your admission (this includes E-cigarettes/vaping)
- **Do not** take chewing gum or sweets on the morning of your operation, this will cause your operation to be cancelled

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.

Your Hospital Admission

You will be informed before the date of your surgery to present to the Day Surgery Unit on the first floor (opposite wards 7 & 8). After surgery you will go to our elective Orthopaedic ward. This ward has side rooms (single rooms) and 4 bedded rooms. If you are in a 4 bedded room you will only be with patients who have had similar (Orthopaedic) elective surgery.

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

What to bring into hospital:

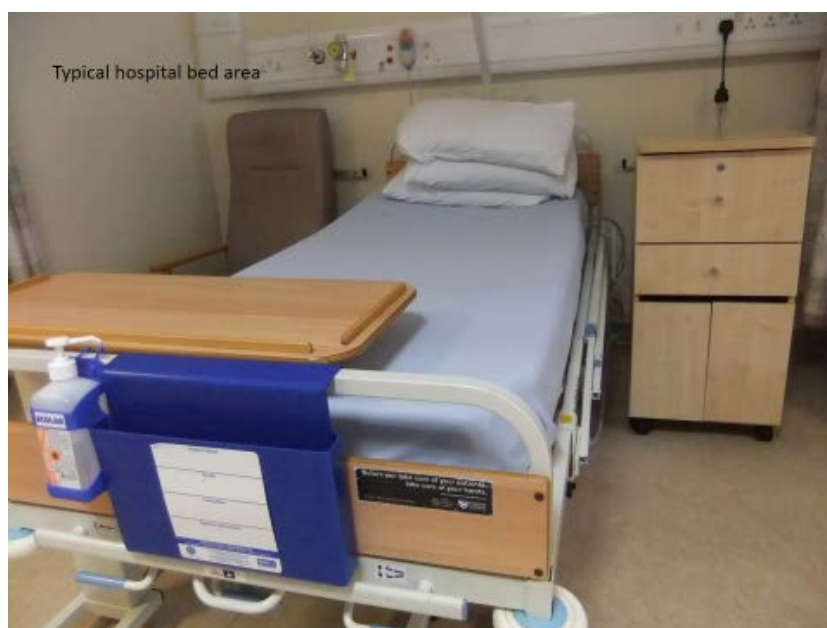
- Your current medication. (**Do not** bring in dosette boxes or morphine tablets)
- Wash bag, toiletries and shaver etc (towels can be provided by the hospital)
- Nightclothes
- Daywear, this is to allow the OT to carry out dressing practice with you.
- Slippers/outdoor shoes (full shoes are preferable with no laces)

Please shower or have a bath on the morning of your surgery but;

- Please **do not** shave your legs.
- **Do not** use moisturiser, deodorant or talcum powder.
- Please **do not** wear any make-up, nail varnish or body sprays

Do NOT bring any valuables or large amounts of money into hospital

Please check the visiting policy of the ward beforehand to ensure your relatives know what to expect. The policy is subject to change during Covid-19 and visiting may be either restricted or not allowed. Relatives should wear a face covering for the entire visit and use alcohol gels at the entrance to the hospital and again at the entrance to the ward and bed areas.



Anaesthesia and Pain Control

You will meet your anaesthetist on the morning of your surgery. They are responsible for your care during your operation. They will ask you questions about your health and also discuss your anaesthetic options. They will ensure that an appropriate plan is made for pain control after the operation.

There are two main choices for your anaesthetic, a spinal or a general anaesthetic. Your anaesthetist will discuss these with you and suggest their preferred method based on your current health and taking your preferences into account. 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 or if you prefer to remain awake feel free to bring in an iPod/talking book etc small earphones are preferable. A spinal anaesthetic has several advantages over a general anaesthetic.

Reduced risk of;

- Nausea and Vomiting (feeling sick or being sick)
- Chest infection,
- Deep vein thrombosis (DVT)

One of the main advantages of the spinal anaesthetic is can provide excellent pain relief initially after the surgery. However, a spinal anaesthetic is not suitable for everyone.

Are there any complications?

Spinal 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?

A general anaesthetic (GA) makes you fully unconscious during which you will feel nothing. Once you are unconscious a breathing tube is placed through your mouth and into your throat to help with your breathing.

What is a Nerve Block?

A Nerve block can be given in addition to either a spinal or general anaesthetic and is performed by your anaesthetist before the operation. This is an injection of local anaesthetic near the nerves which go to your leg. Part of your leg should then be numb and pain free for several hours after the operation.

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 but it is also reasonable to expect some level of pain after a joint operation.

Why treat pain?

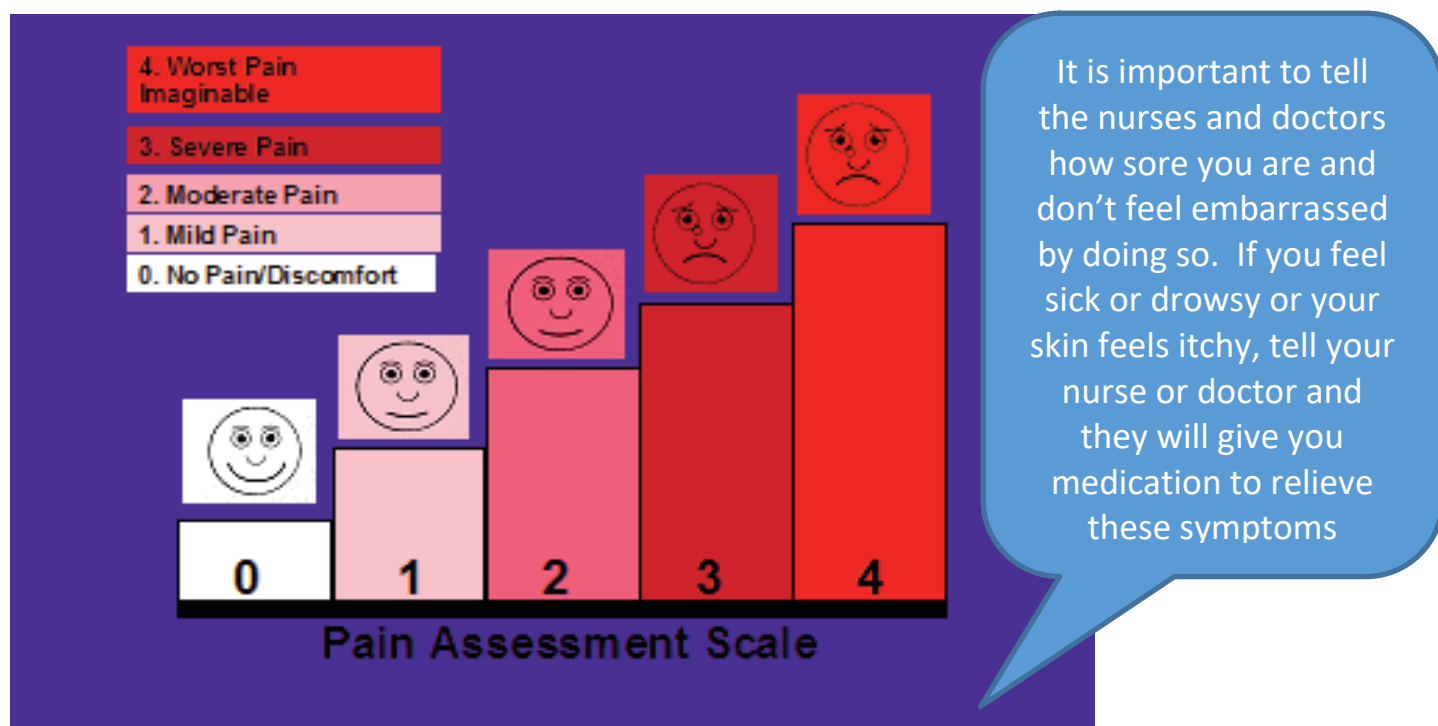
Pain control is not only important for your comfort, but also your recovery. Good pain control allows you to start your rehabilitation early and effectively. This can help avoid other problems after your operation, for example blood clots, chest infections and heart attacks.

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. To ensure the painkillers are working well the nurses will ask you on a regular basis to ‘score your pain’ (see Pain Assessment Chart). However, you do not need to wait for the nurse to ask you and you should let them know if your pain is not improving by asking for regular pain relief.



Non-Drug Treatments

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

Your Operation

Following your anaesthetic you will be brought into the operating theatre. All joints replacements are performed in ultra clean theatres to try and minimise the incidence of infection. In addition to this all patients are given antibiotics at the start of their operation.



The operation lasts 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. Whilst there 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 the elective orthopaedic ward.

Complications

As with all types of surgery there are some associated risks. Every effort is made to minimise these risks but they cannot be eliminated. Your surgeon will discuss these at the clinic and also again when you are consented for surgery.

It is important that you understand the risks, if there are any you do not fully understand then please discuss this with your surgeon. It is important to note that some patients have increased risk factors due to their complex medical history. Your surgeon may say you are at a higher risk of certain complications if you have any other risk factors that affect your health.

(Please note the risks for revision surgery may be different; please discuss them with your surgeon as every case is different.

- | | |
|--|--------------|
| • Infection | 1-2% |
| • Stiffness/Instability | 5 % |
| • Residual Pain | 5-10% |
| • Symptomatic Deep Vein Thrombosis (DVT) | Less than 2% |
| • Symptomatic Pulmonary Embolism | Less than 1% |
| • Neurovascular Injury | Less than 1% |
| • Fracture | Less than 1% |
| • Death | 1:640 |

Please note that there are also longer term complications, some of the rates can go up with the life span of the joint. These will be discussed with you by your surgeon.

Despite the potential for complications the benefits are great:

- 85% 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 an oral anticoagulant such as Aspirin or a small injection of blood thinner when you are in hospital. You will then continue this after you go home for approximately 2 weeks. We ask that patients, where able, administer their own injections at home. You will be given education and practice with nursing staff prior to discharge. If you already take blood 'thinning' medication your options will be discussed with your surgeon.

Compression stockings may be prescribed whilst in hospital.

When you first return from theatre you will have a compression pump on each foot. These will remain on until you are first mobile.

- Remember to do any exercises recommended by the physiotherapists, even when lying in bed
- Drink plenty of water
- Stop smoking

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
- Shorter stay in hospital
- Less likely to develop infections
- Bones repair and heal faster
- Wounds can heal more quickly

The sooner you stop before your operation the better. The recommended time is 6-8 weeks before your surgery however, stopping at any time will benefit your health and aid recovery. If you would like support to help you stop smoking please contact the Stop Smoking Support service via NHS Lanarkshire's website or ask your nurse to refer you. Nicotine Replacement therapy is also available on the ward during your admission.

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.

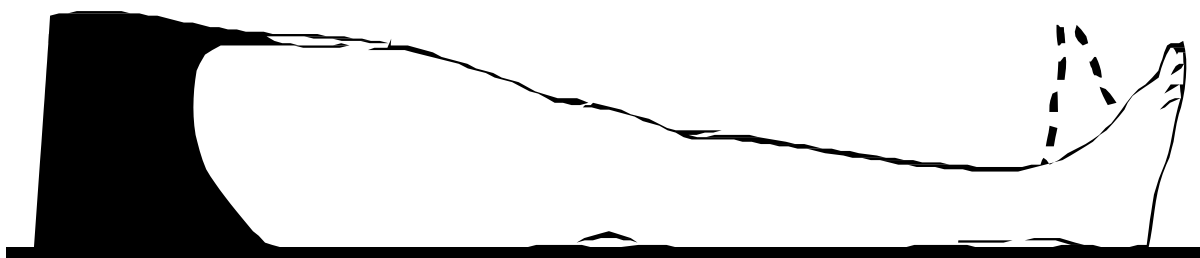
MOTIVATION and **HARD WORK** are essential.

Remember!

- You are not ill
- To get the best results after a hip replacement requires a lot of hard work from YOU
- Your 'rehab' starts before the operation – Pre-habilitation
- The first 6 weeks are the most difficult
- Some find their new hip can improve up to 1 year after surgery

Exercises

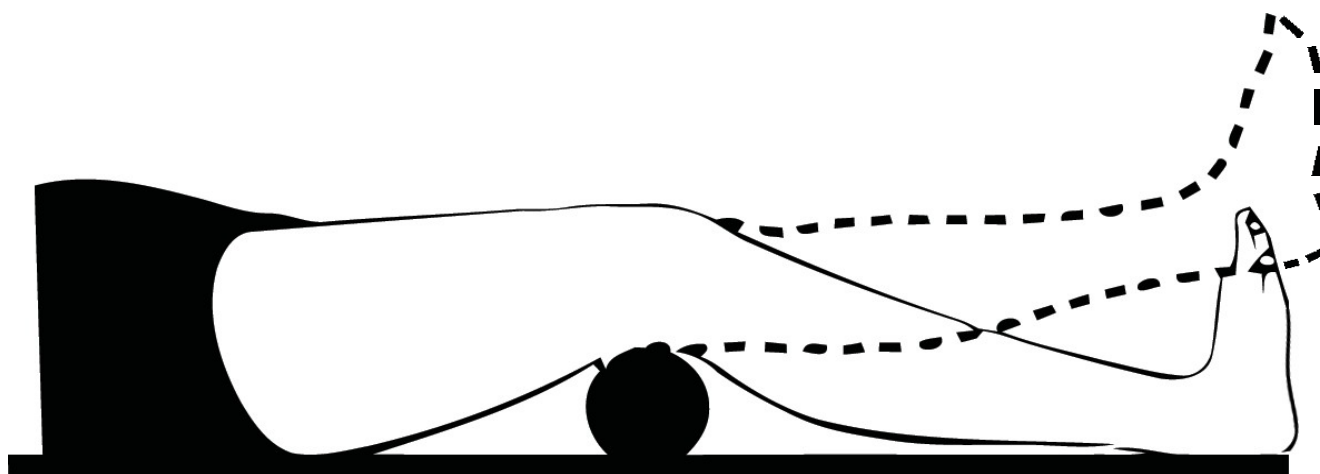
1. Gently stretch your operated leg away from your body while firmly pushing the back of your knee against the bed. Hold for 5 seconds then relax. Repeat 10 times.



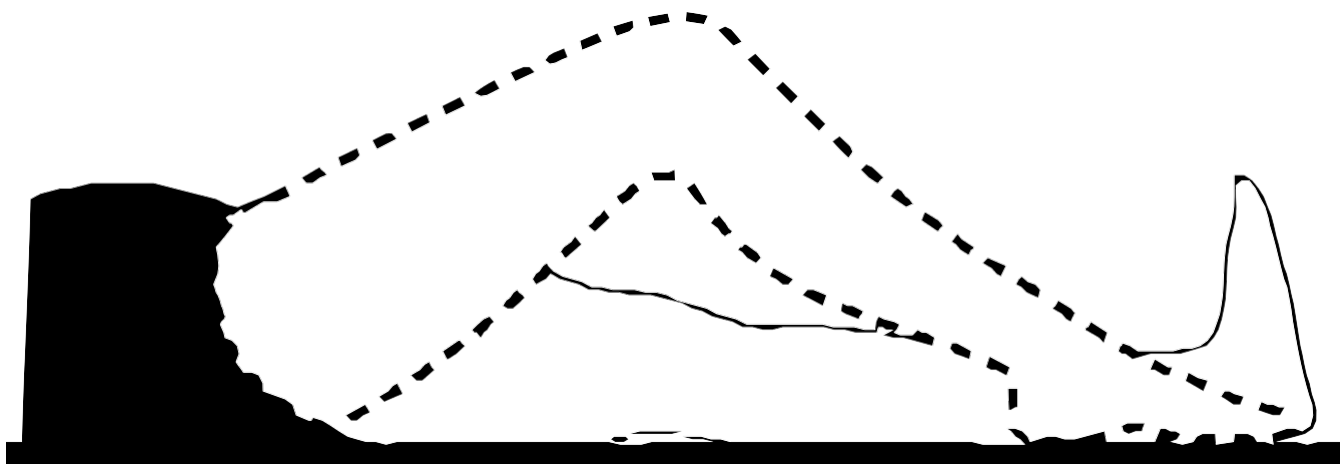
2. Tighten your thigh muscle until your knee is straight and raise your leg 6 inches off the bed. Hold for 5 seconds and then slowly lower. Repeat 10 times.



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 exercise 3 -4 times per day but also try to keep mobile at least every hour!
Do not lie in bed all day!

Do not lie in bed all day!

Walking

In most cases, you will begin walking the same day as your surgery. At first you will use a walking frame. This will provide support whilst walking and will reduce the weight through your operated leg.

You will progress to using 2 sticks or crutches as instructed by your physiotherapist.

The sequence is always:

- Walking aid first
- Then operated leg, and finally
- Un-operated leg

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

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 Up Stairs

Place your un-operated leg on the step first

Then step your operated leg up

Bring the sticks/crutches up last

Going Down Stairs

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:

- Continue to use your walking aid until approximately 6 weeks after surgery though you may feel you are confident to go down to using just 1 stick/crutch (this should be used on the opposite side to your operated joint)
- Continue with your exercises
- Take your painkillers as prescribed

Do Not:

- Twist on your operated leg
- 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

It is natural after a knee replacement to experience redness, swelling and bruising to your knee and also from your thigh to your ankle. We would encourage you to ice and elevate your knee.

Ice therapy works as an anti-inflammatory and helps reduce swelling and can help with pain. Elevating your leg will also help to reduce swelling. Position your ankle above your knee and your knee above your heart by lying on your bed and putting pillows under your ankle and calf to comfortably elevate it (see diagram).



When to ice and elevate?

- Before and/or after exercising your knee
- Before you sleep at night (you may feel there is more swelling to your leg as the day goes on)
- If you feel there is more heat/warmth in your knee/thigh or swelling

Place the ice pack on the affected area for 20 minutes. Use a clean pillow case or towel to protect your skin from direct contact with the ice.

Occupational Therapy

You may be seen by an Occupational Therapist (OT). They will discuss your home circumstances with you. They may carry out some assessments of your ability to do transfers, ie. getting on/off a chair, bed and toilet. Their job is to make sure you can manage all your activities of daily living. They can offer practical advice on coping at home when you are discharged from hospital.

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 how you will get 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.

Day Surgery

Some people may be suitable to be done as a day case. You will be admitted to the Day Surgery Unit at 07:00 and discharged home at approximately 18:30 in the evening. This will be discussed with your surgeon and anaesthetist prior to surgery.

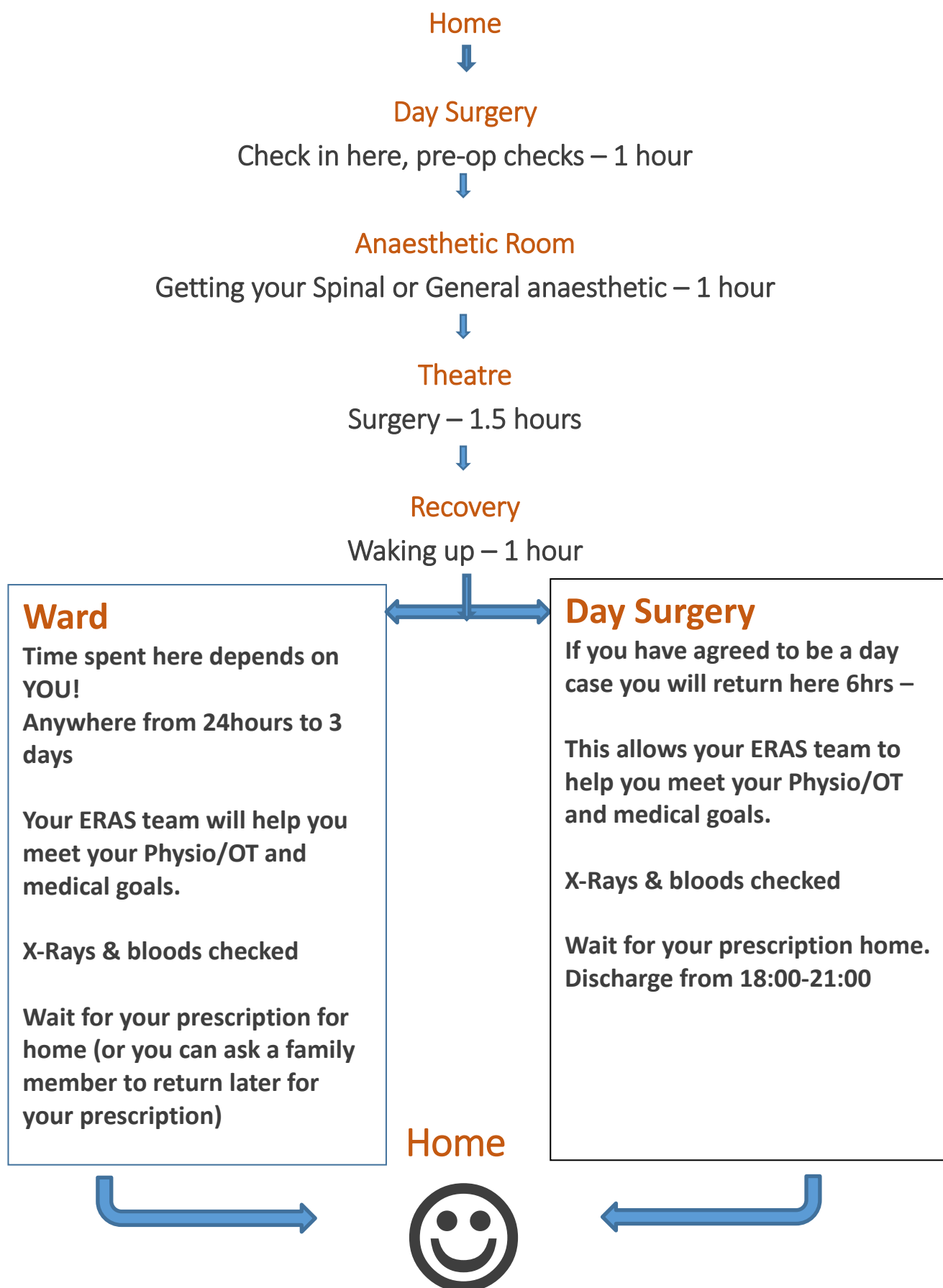
To be considered for day case joint replacement there are some requirements which should be met:

- Your surgeon and anaesthetist will let you know if you are suitable for day case surgery
- You need to be mentally prepared and agreeable to being a day case
- You should be relatively fit and healthy and any pre-existing medical conditions will be discussed with your surgeon
- You must have someone at home with you for the first 24 hours following discharge
- You must have transportation organised to bring you to hospital and take you home
- You will work with the physiotherapist to meet your discharge goals before going home
- You should be prepared to administer your own clexane injections for approximately 2 weeks after surgery. Nursing staff will show you how to do this

Benefits of day case surgery

- Getting home to your own environment with your own bed where you will have a better night's sleep
- You can eat and drink as normal
- Less chance of acquiring a hospital infection

Your Journey



Discharge Goals and Follow Up

- Get in and out of bed yourself
- Wash and dress yourself with minimal or no help
- Acceptable knee 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

The ERAS Nurse will aim to contact you via the telephone following your discharge from hospital at around 30 days.

Please feel free to contact the ERAS Nurse or ward you were discharged from if you have any concerns.

Wound Advice

Once home should should contact your local GP/Treatment Room to have your dressing changed. The hospital will give you a spare dressing to take to this appointment. If there are any problems with your surgical wound once home, please contact your ERAS Nurse or the ward you were discharged from. Do NOT take antibiotics for your surgical wound without speaking to your surgeon first.

Medications for Going Home

You will be prescribed either a 'blood thinning' injection or tablet to take for approximately 2 weeks following your knee replacement. The nurses on the ward will show you or a family member how to administer this injection before you are discharged home. You should continue to inject at the same time each day for the following 2 weeks. The hospital can only supply 10 doses of the injection and your GP is required to dispense the remainder so remember to hand in your discharge prescription to your local GP practice as soon as possible.

Strong painkillers are only prescribed for the first few days and thereafter you can use 'over the counter' analgesia or see your GP.

- **Any unused painkillers should be returned to your local pharmacy.**
- **The sharps box can be brought back to the hospital when you come back for your follow-up appointment.**

Frequently Asked Questions

How long does the operation take?

Approximately 90 minutes

When can I drive?

6-8 weeks after surgery

How long do I keep the stockings on for?

These can be removed once home

How long do I have to sleep on my back?

6 weeks

Why didn't I get physiotherapy on discharge?

All of your discharge goals were Achieved

When can I swim?

When the wound has healed

What is the joint made of?

Titanium/Cobalt Chrome and Polyethylene

Will the metal detector at the airport bleep?

Possibly

How long will I be in hospital?

2-4 days

When can I fly?

Short haul/<4hours: 6 weeks
Long haul/>4 hours: 12 weeks

Does my knee replacement feel like my 'natural' knee?

Most patients report that they are aware their knee replacement is artificial and does not feel like their natural knee

Useful Telephone Numbers and Resources

| <u>Service</u> | <u>Tel no.</u> |
|-------------------------------|----------------|
| ERAS Nurse | 01355 584994 |
| ERAS Mobile | 07866 185 983 |
| Ward 5 | 01355 585051 |
| Physiotherapy Dept | 01355 585420 |
| Occupational Therapy Dept | 01355 585434 |
| Hairmyres Switchboard | 01355 585000 |
| Pre Assessment: Hairmyres | 01355 584560 |
| Monklands | 01236 713018 |
| Wishaw | 01698 366154 |
| Orthopaedic Clinic: Hairmyres | 01355 585370 |
| Monklands | 01236 712212 |
| Wishaw | 01698 366614 |
| Stop Smoking Support | 0800 84 84 84 |
| NHS 24 | 111 |

Useful Resources

NHS Lanarkshire: www.nhslanarkshire.scot.nhs.uk

Arthritis Research UK: www.arthritisresearchuk.org

American Academy of Orthopaedic Patient Information: www.orthoinfo.aasos.org

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

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

Versus Arthritis: <https://www.versusarthritis.org/>

NHS: <https://www.nhsinform.scot/hip-knee-advice>